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Number 22

# **Australian hospital statistics 2002–03**

Australian Institute of Health and Welfare  
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# Foreword

*Australian Hospital Statistics 2002–03* completes a decade of the Australian Institute of Health and Welfare's annual reporting of comprehensive statistics on Australia's hospitals. Detailed information is presented on hospital care and hospitals in 2002–03, as are summaries of changes over time, and comparisons between public and private hospitals.

As previously, the report is based largely on data in the Institute's National Hospital Morbidity Database, the National Public Hospital Establishments Database and the National Elective Surgery Waiting Times Data Collection. These are compiled each year with the assistance of the state and territory health authorities, which have also provided data on waiting times for emergency department care and on numbers of private hospitals and beds. This report would not be possible without the unseen but important and much appreciated collection of data by the state and territory health authorities, and by individual public and private hospitals.

Statistics illustrating changes over time are often the most useful and interesting in any field, and hospitals are not an exception to this rule. The report therefore has a focus on time series information, included in the summary *Hospitals at a glance* section and in 4 other chapters. This collection of time series statistics provides a useful resource for understanding the changing and different roles of public and private hospitals over recent years.

The performance of hospitals is also often of wide interest, and the chapter on performance indicators has once again been revised to include expanded and refined performance indicator information. The Institute is continuing to work towards making hospital performance indicators available in pre-published form for use in other reports that present similar information.

An electronic version of this report can be found on the Institute's website. It is accompanied by an expanding suite of statistical information that is not included in the hard copy form of this publication, including interactive cubes of data on admitted patients from the National Hospital Morbidity Database.

The Institute will continue to work with the data providers and the Australian Hospital Statistics Advisory Committee to maintain timeliness, and to improve the quality and usefulness of this report. Comments from readers are always welcome.

Richard Madden  
Director  
June 2004



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- Ken Tallis (AIHW) (Chair)
- John Agland (New South Wales Health Department)
- Paul Basso (South Australian Department of Human Services)
- Ian Bull (ACT Department of Health and Community Care)
- Ron Casey (Australian Bureau of Statistics)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
- Stephen Duckett (invited expert)
- Andrew George-Gamlyn (Australian Health Care Association)
- Amanda Lanagan (NT Department of Health and Community Services)
- Merryn Lancaster (Victorian Department of Human Services)
- Lynette Lee (Clinical Casemix Committee of Australia)
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# Abbreviations

ABS	Australian Bureau of Statistics	NHPA	National Health Priority Areas
ACHS	Australian Council on Healthcare Standards	NHPC	National Health Performance Committee
ACT	Australian Capital Territory	n.p.	Not published
AIHW	Australian Institute of Health and Welfare	NSSRG	Non-specialist service related group
ALOS	Average length of stay	NSW	New South Wales
AMI	Acute myocardial infarction	NT	Northern Territory
AR-DRG	Australian Refined Diagnosis Related Group	O.R.	Operating room
Ave	Average	OECD	Organisation for Economic Co-operation and Development
behav.	Behavioural	Op.	Operation
CABG	Coronary artery bypass graft	PICQ	Performance Indicators for Coding Quality
Cat.	Catastrophic	PPH	Potentially preventable hospitalisation
CC	Complication and/or comorbidity	Proc(s)	Procedure(s)
CDE	Common duct exploration	Qld	Queensland
COPD	Chronic Obstructive Pulmonary Disease	RRMA	Rural, Remote and Metropolitan Area
dis.	Diseases	RSI	Relative stay index
DoHA	Department of Health and Ageing	SA	South Australia
DHAC	Department of Health and Aged Care	SCRGSP	Steering Committee for the Review of Government Service Provision
DRG	Diagnosis Related Group	Seps	Separations
ECMO	Extracorporeal membrane oxygenation	Sev	Severe
ECT	Electroconvulsive therapy	SLA	Statistical Local Area
Exp.	Exposure to	SRG	Service related group
FTE	Full-time equivalent	SRR	Standardised separation rate ratio
HASAC	Health and Allied Services Advisory Council	SSRG	Specialist service related group
HIV	Human immunodeficiency virus	Tas	Tasmania
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification	URI	Upper respiratory tract infection
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification	Vic	Victoria
ID	(Knowledgebase) identification number	VMO	Visiting medical officer
IFRAC	Admitted patient fraction	W	With
ISO	International Standards Organisation	W/O	Without
mal.	Malignant	WA	Western Australia
MDC	Major Diagnostic Category	..	Not applicable
Mis	Misadventure		
n.a.	Not available		
NCCH	National Centre for Classification in Health		
n.e.c.	Not elsewhere classified		
NHCDC	National Hospital Cost Data Collection		
NHDC	National Health Data Committee		
NHMBWG	National Health Ministers' Benchmarking Working Group		

# Hospitals at a glance

*Australian Hospital Statistics 2002–03* is the tenth of the Australian Institute of Health and Welfare's annual summary reports describing the characteristics and activity of Australian hospitals. The aim of this section is to provide an overview of Australian hospitals. It illustrates changes in hospital activity over time and some differences between hospitals in the public and private sectors.

More information to interpret the data is in the relevant chapter quoted in each subsection. More information about the terms used is in the glossary. Australian hospitals included in this report include public acute care and psychiatric hospitals, private free-standing day hospital facilities and other private hospitals (including psychiatric hospitals).

## Separations and patient days

Separations and patient days provide useful ways to measure how many admitted patients are treated in hospitals. See Chapter 2.

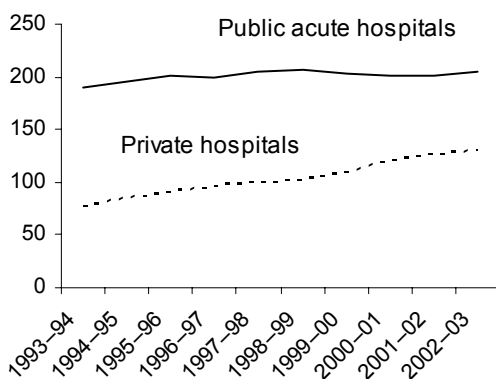
- Overall, separations and patient days in Australian hospitals have increased over time.
- Between 1993–94 and 2002–03, hospital separations increased by 44.4%. There was a 23.6% increase for public acute hospitals and a 95.1% increase for private hospitals (including free-standing day hospital facilities).
- Between 1993–94 and 2002–03 the number of patient days for public acute hospitals decreased by 2.5%, while for private hospitals they increased markedly, by 39.2%.
- Between 2001–02 and 2002–03 activity increased in all hospitals with separations and patient days increasing by 4.0% and 1.5% respectively.
- In 2002–03 there were 6,653,772 separations and these were associated with 23,550,400 patient days. This is compared with 6,398,171 separations and 23,201,050 patient days in 2001–02.
- Between 2001–02 and 2002–03, separations increased by 3.2% for public acute hospitals, and by 5.3% for private hospitals. For states in which there was no change in coverage of private hospitals (New South Wales, Queensland and Western Australia), or for which estimates of under-enumeration of private hospital separations were available (Victoria and South Australia, see Appendix 4 and Chapter 2), the increases were 3.2% and 3.0%, respectively.
- Separations for public patients increased by 3.1% between 2001–02 and 2002–03, and by 5.4% for private patients. For New South Wales, Queensland, Western Australia combined with Victoria and South Australia (adjusted for coverage change), the increases were about 3.1% for both.
- Private patients for whom private health insurance was reported as the funding source increased by 5.4% overall between 2001–02 and 2002–03, and by about 2.7% in New South Wales, Queensland, Western Australia combined with Victoria and South Australia (adjusted for coverage change).
- Over the same period, the number of patient days for public acute hospitals increased by 1.9%, while for private hospitals they increased by 2.3%. For New South Wales, Queensland, Western Australia combined with Victoria and South Australia (adjusted



for coverage change), there was a 1.9% increase for public acute hospitals and a 0.1% increase for private hospitals, approximately.

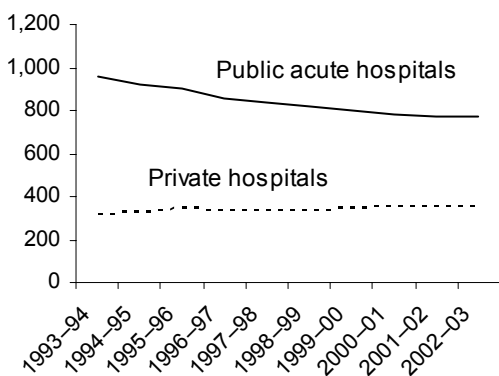
- Separations per 1,000 population increased by 7.6% for public acute hospitals and increased by 66.9% for private hospitals between 1993-94 and 2002-03 (Figure 1).
- Patient days per 1,000 population decreased by 19.2% for public acute hospitals and increased by 14.5% for private hospitals (Figure 2).

**Separations per 1,000 population**



**Figure 1: Separations per 1,000 population, Australia, 1993-94 to 2002-03**

**Patient days per 1,000 population**



**Figure 2: Patient days per 1,000 population, public acute and private hospitals, Australia, 1993-94 to 2002-03**

- For public psychiatric hospitals separations per 1,000 population fell by 23.9% between 1996-97 and 2002-03 and there was a 37.1% fall in patient days per 1,000 population.

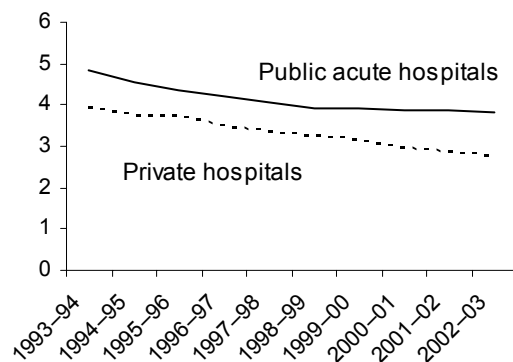
- In 1993-94, 71.5% of separations and 75.7% of patient days in acute care hospitals were in public acute hospitals. In 2002-03, these percentages were 62.0% and 69.2%, respectively, showing a shift from the use of public acute to private hospitals during this period.

### Length of stay

The proportion of separations that are same day is increasing and the average length of stay in hospitals is declining. See *Chapter 2*.

- The proportion of same day separations increased by 12.2%, from 47.9% in 1998-99 to 53.8% in 2002-03.
- The number of same day separations increased by 30.2% (2,747,000 to 3,577,000 separations), 16.4% in public hospitals and 53.4% in private hospitals.
- The average length of stay in hospitals decreased to 3.5 days in 2002-03, from 3.6 days in 2001-02.
- This follows the overall pattern of decline shown in previous years (a decline of 23.9% between 1993-94 and 2002-03, from 4.6 days to 3.5 days) (Figure 3).
- Private hospital stays averaged 2.8 days compared with 3.8 days in public acute hospitals in 2002-03.

**Average length of stay (days)**



**Figure 3: Average length of stay, Australia, 1993-94 to 2002-03**

- For patients staying at least one night, average lengths of stay were 6.5 days in public acute hospitals and 5.6 days in private hospitals (Figure 4).

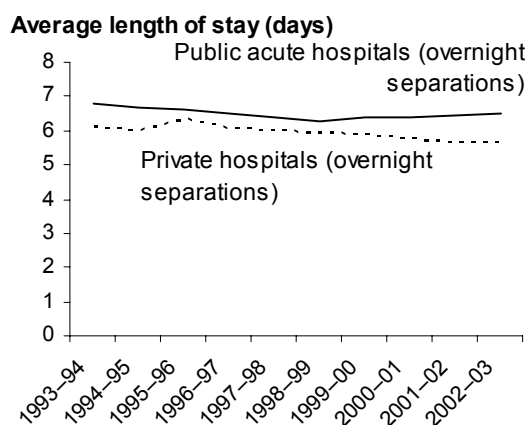


Figure 4: Average length of stay for overnight separations, Australia, 1993-94 to 2002-03

### Females and males

Females accounted for more separations than males. See *Chapter 7*.

- In 2002-03, there were 3,556,294 separations for females compared to 3,097,234 separations for males, 53.4% and 46.5% of separations respectively.
- Overall in 2002-03, there were 357.5 separations per 1,000 population for females, compared to 315.7 separations per 1,000 population for males.
- The differences in the separation rates for males and females varied within age groups. There were more separations per 1,000 population for females than for males in the 15 to 54 year age groups (which include child-bearing ages for women). Male children and males over the age of 55 had higher separation rates than females in those age groups (Figure 5).
- The average length of stay did not vary greatly between males and females, 3.6 days and 3.5 days, respectively. Female children and females over the age of 75 had longer lengths of stay than males in those age groups although males had

more separations per 1,000 population (Figure 6).

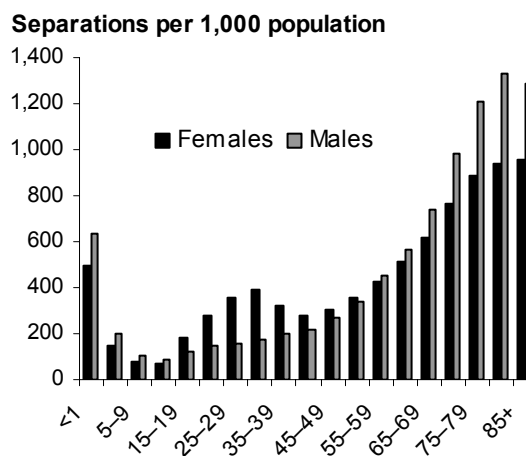


Figure 5: Separations per 1,000 population by age group and sex, 2002-03

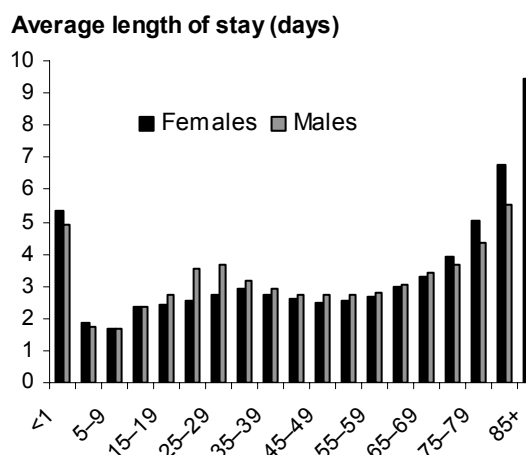


Figure 6: Average length of stay by age group and sex, 2002-03

### Persons identifying as Indigenous

Persons who identify as Indigenous are of Aboriginal or Torres Strait Islander descent. See *Chapter 7*.

- Indigenous persons had higher separation rates than non-Indigenous persons.
- The separation rate for Indigenous persons was higher than the rate for non-Indigenous persons for all age groups, particularly for age groups 35-44 years and older.

- Excluding separations with a principal diagnosis of 'care involving dialysis', the separation rate for Indigenous persons was still higher than the rate for non-Indigenous persons, but the difference for persons aged over 35 years was not as marked (Figure 7).

#### Separations per 1,000 population

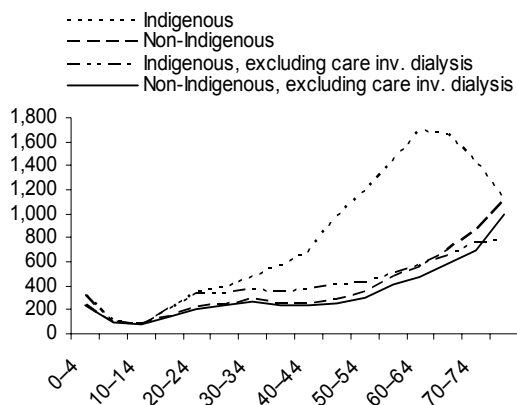


Figure 7: Separations per 1,000 population by Indigenous status and age group, 2002-03

#### Patient area of residence

Remoteness Area categories divide Australia into areas depending on their distance from population centres. See Chapter 7.

- The pattern of separations per 1,000 population by Remoteness Area of usual residence was different for public and private hospitals (Figure 8).
- For public hospitals, separation rates were highest for patients living in very remote areas (429.4 separations per 1,000 population). The separation rate was lowest for patients living in major cities (192.1 separations per 1,000 population).
- For private hospitals, separations per 1,000 population ranged from 44.8 in very remote areas to 139.9 in major cities.
- Overall, remote areas have higher separation rates for public and private hospitals than major cities.

#### Separations per 1,000 population

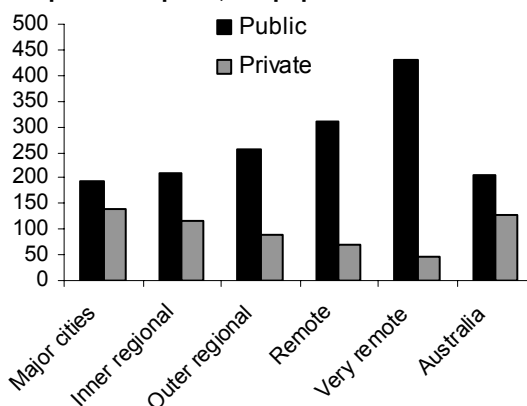


Figure 8: Separations per 1,000 population by Remoteness Area of usual residence and hospital sector, 2002-03

#### Overall type of care

All separations are allocated to a Australian Refined Diagnosis Related Group (AR-DRG) which can be used to describe whether the overall care was medical, surgical or other. Other care includes endoscopies. See Chapter 11.

- In public hospitals, separations with medical AR-DRGs increased by 11.5% between 1998-99 and 2002-03. Separations with surgical AR-DRGs decreased by 6.9% and other AR-DRGs decreased by 5.6% in the same period (Figure 9).

#### Separations

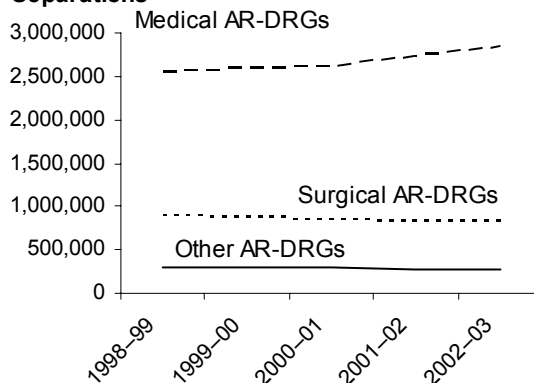
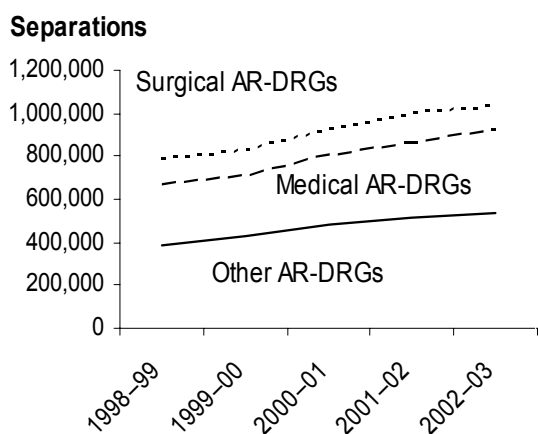


Figure 9: Separations for medical, surgical and other AR-DRGs version 5.0, public hospitals, Australia, 1998-99 to 2002-03

- Between 1998-99 and 2002-03 separations for medical AR-DRGs

increased by 38.4% in private hospitals. There was an increase of 32.1% in the number of separations with surgical AR-DRGs and a 38.2% increase in separations with other AR-DRGs (Figure 10).



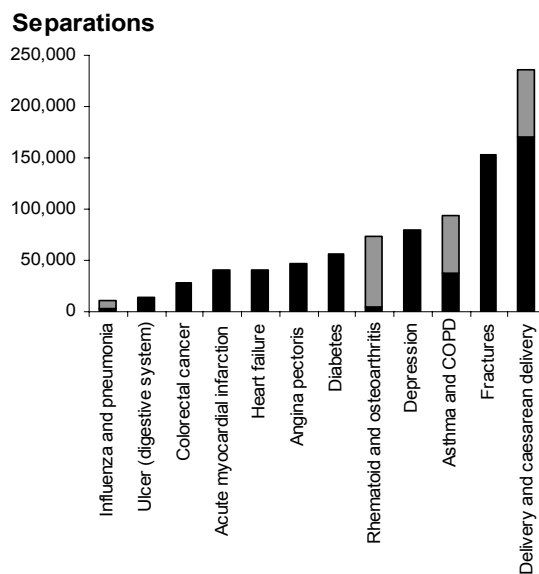
**Figure 10: Separations for medical, surgical and other AR-DRGs version 5.0, private hospitals, Australia, 1998-99 to 2002-03**

### Conditions treated

A range of conditions (diseases or injuries and poisonings) are treated in hospitals. These conditions are classified using the International Classification of Diseases, 10th Revision, Australian Modification (ICD-10-AM). ICD-10-AM is divided into chapters which describe the body site or sort of condition. Using this classification each separation is allocated a principal diagnosis, which is the diagnosis established after study to be chiefly responsible for occasioning the patient’s episode of care. See *Chapter 8*.

- Overall, over half of all separations in 2002-03 had a principal diagnosis from six ICD-10-AM chapters: Diseases of the digestive system; Neoplasms; Diseases of the circulatory system; Pregnancy, childbirth and the puerperium; Injury and poisoning and Contact with health services (which includes care involving dialysis, chemotherapy and rehabilitation procedures).

- The National Health Priority Areas (NHPAs) initiatives focus on chronic diseases that have a significant health burden. They are: asthma, cancer control, cardiovascular health, diabetes, injury prevention and control, mental health and arthritis and musculoskeletal conditions.
- In 2002-03 the NHPAs were represented by some high-volume diagnoses. There were 152,438 separations with a principal diagnosis of fracture (Injury); 37,053 separations with a principal diagnosis of asthma (Asthma) and 56,836 with chronic obstructive pulmonary disease (COPD); 73,009 separations with a principal diagnosis of arthritis (Arthritis); 46,469 separations with a principal diagnosis of angina pectoris (Cardiovascular disease) and 55,926 separations with a principal diagnosis of diabetes (Diabetes) (Figure 11).



Note: Columns with two categories of principal diagnoses are indicated using two shadings.

**Figure 11: Separations ('000) by selected principal diagnosis, 2002-03**

### Selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations presented in this report

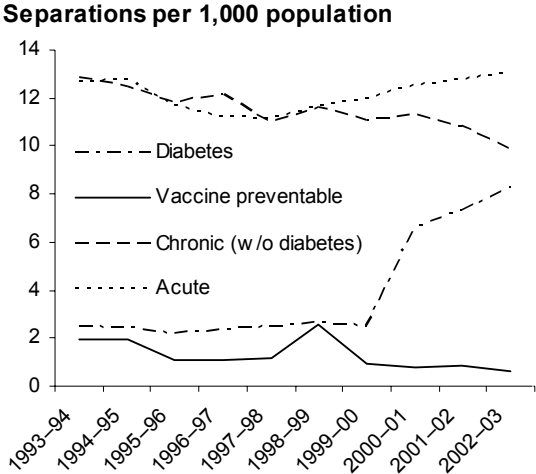
are those where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided. Both acute and chronic conditions are represented. Rates for potentially preventable hospitalisations are potential indicators of the effectiveness of non-hospital care. See *Chapter 4*.

- The separation rate per 1,000 population for the selected potentially preventable hospitalisations has changed over time. Overall, the rate per 1,000 population increased an average of 4.9% per year between 1997-98 and 2002-03.
- Some diseases can be prevented by vaccination. The number of separations per 1,000 population for these diseases decreased an average of 11.6% per year between 1993-94 and 2002-03. Fluctuations reflected varying numbers of separations for influenza each year (Figure 12).
- Potentially preventable hospitalisations decreased by an average of 2.9% for chronic conditions, excluding diabetes. The increase for diabetes between 1999-00 and 2000-01 reflects changes between the first and second editions of ICD-10-AM, which affected the way diabetes was coded.
- Potentially preventable hospitalisations fluctuated around 12 separations per 1,000 population for acute conditions between 1993-94 and 2002-03.

**Procedures undertaken**

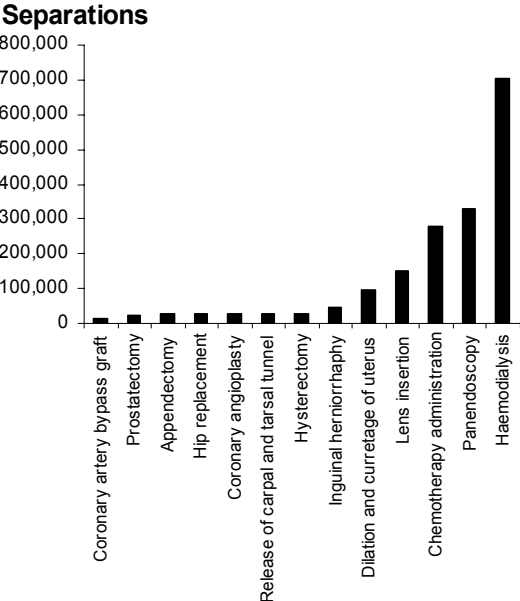
A procedure can be surgical or non-surgical and can treat or diagnose a condition or be of a patient-support nature such as anaesthesia. See *Chapter 9*.

- One or more procedures was reported for 80% of separations for Australian hospitals in 2002-03.



**Figure 12: Selected potentially preventable hospitalisations, 1993-94 to 2002-03**

- Overall, 56.4% per cent of separations that reported a procedure occurred in the public sector, while 43.6% of separations with a procedure occurred in the private sector. This reflects that 73.3% of separations from the public sector recorded a procedure compared to 90.5% in the private sector.



**Figure 13: Separations for selected procedures, 2002-03**

- In 2002-03 there were 27,229 separations reported with hip replacement, 150,654 separations with lens insertion and 15,922 separations

with coronary artery bypass graft (Figure 13).

- Some procedures are being increasingly undertaken in the private sector, for example coronary artery bypass grafts (CABG).
- Between 1993–94 and 2002–03 the number of separations for CABG decreased by 1.5%. Separations increased by 29.0% in the private sector during this time, while they decreased by 16.3% in the public sector (Figure 14).
- In 2002–03, 57.4% of the separations with CABG were from the public sector while 42.6% were from the private sector (9,142 and 6,780 respectively), compared to 67.5% and 32.5% in 1993–94 (10,917 and 5,254 separations).

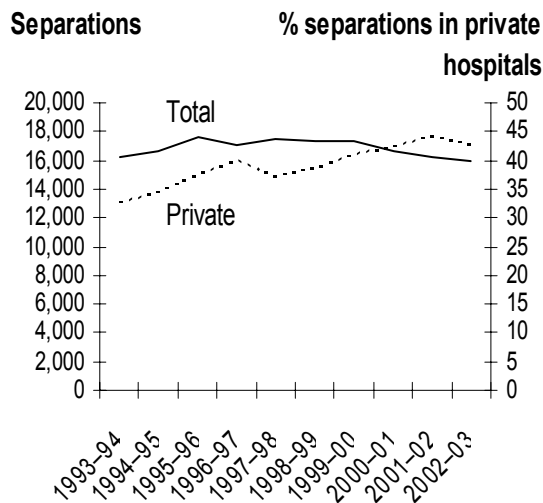


Figure 14: Separations for coronary artery bypass graft and the proportion of separations in private hospitals, 1993–94 to 2002–03

### Waiting times for elective surgery

- The median waiting time for elective surgery in public hospitals in 2002–03 was 28 days. See *Chapter 5*.
- Ophthalmology, orthopaedic and ear, nose and throat surgery were the surgical specialties with the longest median waiting times (61, 45 and 40

days respectively) in 2002–03 (Figure 15).

- All other surgical specialties had a median waiting time of less than 30 days. Cardio-thoracic surgery had the shortest median waiting time (12 days).

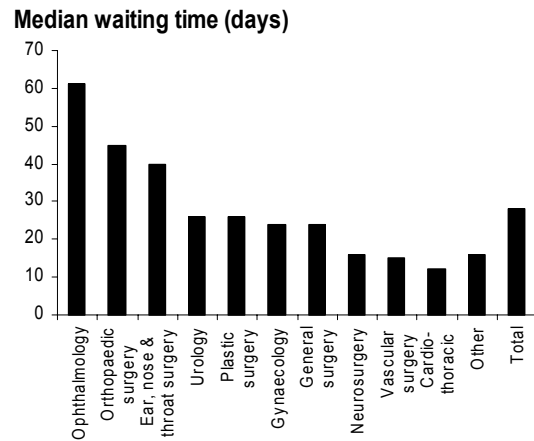
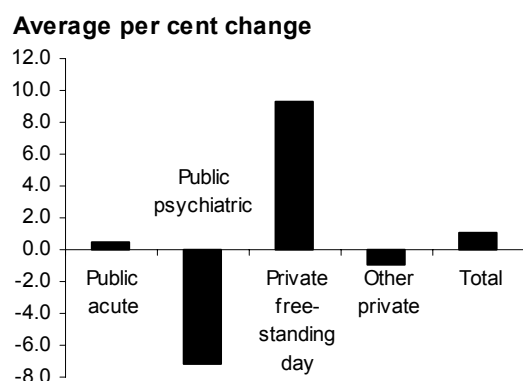


Figure 15: Median waiting time by specialty of surgeon, 2002–03

### Australian hospitals

Overall, the number of hospitals in Australia has increased over time. See *Chapter 2*.

- There were 1,297 hospitals in Australia in 2002–03.
- In the public sector in 2002–03 there were 729 public acute hospitals and 19 public psychiatric hospitals.
- In the private sector in 2002–03 there were 248 private free-standing day hospital facilities and 301 other private hospitals.
- There was a marked increase in the number of private free-standing day hospital facilities, from 111 in 1993–94 to 248 in 2002–03 (an average of 9.3% increase per year, although this increase was from a small base) (Figure 16).
- The number of public psychiatric hospitals declined by 48.6% over this period (an average of 7.1% decline per year since 1993–94).



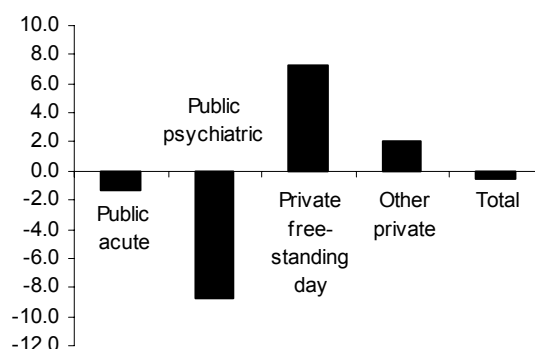
**Figure 16: Average annual change in the number of hospitals, Australia, 1993-94 to 2002-03**

### Available beds

The number of available beds is a better indicator of the availability of hospital services than the number of hospitals because hospital sizes vary considerably. However, comparability of hospital bed numbers can be affected by the casemix of hospitals with differing proportions of beds being available for specialised and more general purposes. See *Chapter 2*.

- There were 79,312 available beds in Australia in 2002-03.
- In the public sector in 2002-03 there were 49,841 available beds in public acute hospitals and 2,358 in public psychiatric hospitals.
- In the private sector there were an estimated 1725 available beds in private free-standing day hospital facilities in 2002-03 and 25,387 in other private hospitals.
- There was a 5.3% reduction in available beds between 1993-94 and 2002-03, an average decline of 0.6% per year.
- Although the number of public acute hospitals increased, the number of available beds decreased by 1.3% per year on average (Figure 17).

### Average per cent change



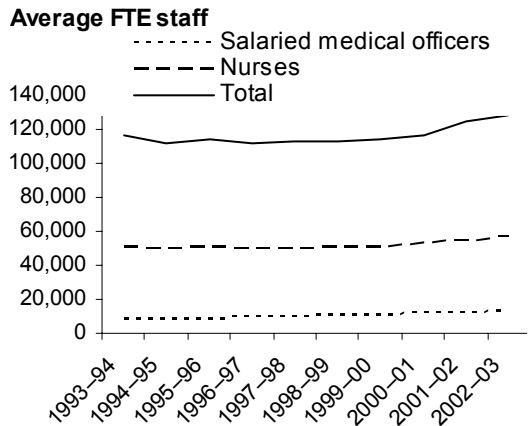
**Figure 17: Average annual change in the number of available beds, Australia, 1993-94 to 2002-03**

- The number of available beds/chairs in private free-standing day hospital facilities increased an average of 7.3% per year between 1993-94 and 2002-03 from 917 to 1,725.
- Although the number of other private hospitals fell, the number of available beds increased by 2.0% per year on average between 1993-04 and 2002-03.
- The number of available beds in public psychiatric hospitals decreased by 56.0%, between 1993-94 and 2002-03 and on average 8.7% per year during this time.

### Hospital staff

Staff numbers in public acute and psychiatric hospitals have remained fairly constant over time. Data for New South Wales for 2002-03 were not available and thus New South Wales has been excluded from Figure 18 for all years. See *Chapter 3*.

- Overall, the number of full-time equivalent staff increased an average of 1.0% per year between 1993-94 and 2002-03 (Figure 18). The number of salaried medical officers increased an average of 4.5% per year over this period and the number of nurses increased an average of 1.0%.



Note: Excluding New South Wales.

**Figure 18: Average full-time equivalent staff, public acute and psychiatric hospitals, 1993-94 to 2002-03**

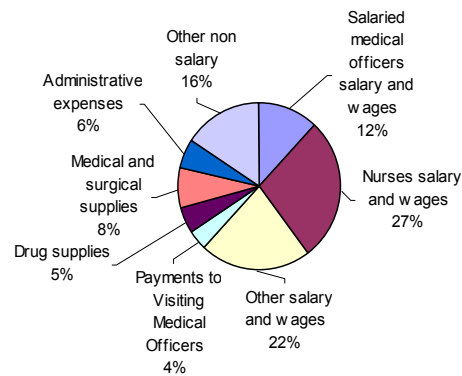
### Recurrent expenditure on public hospitals

Recurrent expenditure is expenditure on goods and services which are consumed during the year, for example, salaries. Data for New South Wales for 2002-03 are preliminary. See *Chapter 3*.

- Recurrent expenditure on public acute and psychiatric hospitals was \$18,323 million in 2002-03.
- The largest share of expenditure was for salary payments, which accounted for 61.8% (\$11,318 million) of expenditure by public hospitals (Figure 19).
- The major non-salary expenses in the public sector were for medical and surgical supplies, administrative expenses and drug supplies.

### Recurrent expenditure (cost) for providing care in public hospitals

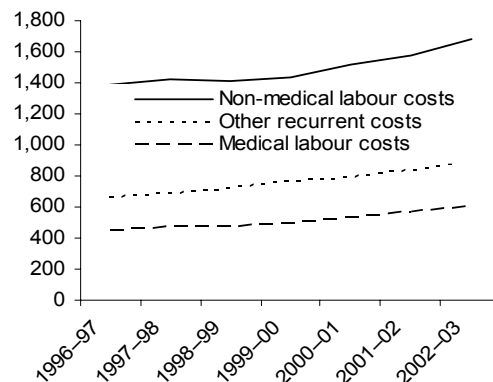
The amount of recurrent expenditure for each casemix-adjusted separation is regarded as a measure of efficiency. See *Chapter 4*.



**Figure 19: Recurrent expenditure, public acute and psychiatric hospitals, 2002-03**

- The average recurrent cost of providing care per casemix-adjusted separation in public hospitals increased from \$2,496 in 1996-97 to \$3,184 in 2002-03 (not adjusted for inflation).
- This represents a total increase of 27.5% in this period, an average of 4.1% increase per year (Figure 20).
- In 2002-03 the cost comprised \$1,683 for non-medical labour expenditure, \$601 for medical labour expenditure and \$899 for other recurrent expenditure. Other recurrent expenditure costs include domestic services; repairs and maintenance; administration and medical, drug and food supplies.

### Cost per casemix adjusted separation (\$)



**Figure 20: Cost per casemix adjusted separation, 1996-97 to 2002-03, by recurrent expenditure type**



# 1 Introduction

*Australian Hospital Statistics 2002–03* continues the Australian Institute of Health and Welfare's (AIHW) series of summary reports describing the characteristics and activity of Australia's hospitals. It completes a decade of continuous reporting, following previous reports for the financial years 1993–94 to 2001–02 (AIHW 1997a, 1997b, 1998, 1999, 2000, 2001, 2002a, 2003a).

This series of reports has been based on data supplied to the AIHW by the state and territory health authorities. Data are provided for the AIHW's National Public Hospital Establishments Database and cover resources, expenditure and revenue for public hospitals, and a summary of the services they provided to non-admitted patients. Data are also provided for public hospitals for the AIHW's National Elective Surgery Waiting Times Data Collection and on emergency department waiting times. Data are provided relating to separations of patients from both public and private hospitals for the AIHW's National Hospital Morbidity Database (see Box 1.1). Included are data on the diagnoses and other characteristics of admitted patients, and on the care they receive.

The collection and reporting of the data in this report were undertaken by the AIHW under the auspices of the Australian Health Ministers' Advisory Council through the National Health Information Agreement. Most of the data collected were as specified in the National Minimum Data Sets for Admitted Patient Care, Public Hospital Establishments, Elective Surgery Waiting Times and Emergency Department Waiting Times. The data element definitions are detailed in the Glossary. They are as specified in the *National Health Data Dictionary* version 11 (AIHW 2002b) for 2002–03 for the National Minimum Data Sets for Public Hospital Establishments, Elective Surgery Waiting Times, Emergency Department Waiting Times and Admitted Patient Care.

## This report

This chapter describes the major data sources and briefly discusses their overall limitations. Chapter 2 presents an overview of hospitals and hospital activity in Australia. This includes a summary of the numbers of hospitals and beds and of non-admitted patient care. It also includes statistics on separations, patient days and length of stay for admitted patients, based on the state or territory of the hospital, and whether it was in the public or private sector. The data are sourced from the National Public Hospital Establishments Database, the National Hospital Morbidity Database and the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection.

Chapter 3 presents further data on public hospitals from the National Public Hospital Establishments Database. Data are presented on the number and type of hospitals, available beds, staff employed, specialised services, expenditure and revenue.

### **Box 1.1: Summary of terms and data sources relating to the use of hospitals**

#### **Admitted patients**

Statistics on admitted patients are compiled when an **admitted patient** (a patient who undergoes a hospital's formal admission process) completes an episode of 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 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 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.

For each separation, patients are assigned a **principal diagnosis**, which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care (see Chapter 8). The principal diagnosis recorded for each separation is usually a disease, injury or poisoning, but can also be specific treatment of an already diagnosed condition, such as dialysis for renal disease, or other reasons for hospitalisation. If applicable, **procedures** are also reported (see Chapter 9). These can be surgical or non-surgical, and therapeutic, diagnostic or of a patient-support nature (for example, anaesthesia).

**Patient day** means the occupancy of a hospital bed (or chair in the case of some same day patients) by an admitted patient for all or part of a day.

The state and territory health authorities compile information on patients admitted to hospitals and supply it to the AIHW for collation into the National Hospital Morbidity Database.

Although hospital separation data are a valuable source of valuable information about hospital care, they have limitations as indicators of ill health. Sick people who are not admitted to hospital are not counted and those who are admitted more than once are counted on each occasion. Hospital separation data are also affected by variations in admission practices, and in the availability of and access to hospitals.

#### **Non-admitted patients**

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other specialised services (see Chapter 2). Summary information on these services is collated nationally for public hospitals by the AIHW and for private hospitals by the ABS.

An **occasion of service** for a non-admitted patient is defined as any examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment each time the service is provided. National data are categorised into broad clinic- or service-based groupings.

Definitions used for non-admitted patient hospital care are not completely uniform among the states and territories, and have varied over time. Existing national systems for counting and classifying this care are being revised with the aim of improving consistency and comparability. For example, collection of more detailed data on non-admitted patients registered for care in emergency departments will be available for 2003–04 for selected public hospitals.

Chapter 4 presents hospital performance indicator data, drawn from the AIHW's hospitals databases and other sources. The indicators have been presented as they relate to the National Health Performance Framework (NHPC 2001). Information on emergency department waiting times is included.

Chapter 5 presents summary data on elective surgery waiting times reported to the National Elective Surgery Waiting Times Data Collection.

Chapter 6 presents separation-based administrative data from the National Hospital Morbidity Database including patient election status and funding source; area of usual residence; overall type of care received; urgency of admission, and modes of admission and separation. Summary data are also presented on hospital in the home care and on inter-hospital contracted care.

Chapter 7 presents demographic information from the National Hospital Morbidity Database, including tables of number of separations and patient days by age group, sex, Indigenous status, country of birth and area of usual residence.

Chapters 8 to 11 present a range of information from the National Hospital Morbidity Database, including information on the principal diagnoses of the patients (Chapter 8), the procedures they underwent (Chapter 9), external causes of injury and poisoning (Chapter 10) and the Australian Refined Diagnosis Related Groups (AR-DRGs) for the hospital separations (Chapter 11).

Appendixes 3 and 4 provide technical notes on the data and analyses additional to those in the chapters. In particular, Appendix 3 includes notes on the presentation of data in the tables and the population estimates used for population rate calculations, and notes on major aspects of the quality and comparability of the hospital morbidity data. Appendix 4 provides information on the hospitals covered by each of the data sources.

Information from the National Hospital Morbidity Database is presented using Service Related Groups in Appendix 5. Summary information from the Department of Health and Ageing's 2001–02 National Hospital Cost Data Collection is provided in Appendix 6. This collection is the source of AR-DRG cost weight and average cost information used in Chapters 2, 4, 6 and 11. Appendix 7 relates to the Department of Health and Ageing's *The State of Our Public Hospitals, June 2004 Report* (DoHA, in press). It notes the major differences between the source databases and the analysis methods used for that report and for *Australian Hospital Statistics 2002–03*.

Throughout the report, unless otherwise specified:

- Public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category
- All public hospitals other than public psychiatric hospitals are included in the public acute hospital category
- Private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category
- All private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

In addition, unless otherwise specified, statistics from the National Hospital Morbidity Database exclude separations for which the care type was reported as *Newborn* and for which no qualified days were reported (see Chapter 6) and records for *Hospital boarders* and *Posthumous organ procurement* (see Appendix 3).

Although the *National Health Data Dictionary* definitions form the basis of the databases, the actual definitions used may have varied among the data providers and from one year to another. In addition, the detail of the scope of the data collections may vary among the jurisdictions and from year to year. Comparisons between the states and territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

## **The National Public Hospital Establishments Database**

The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories.

Essentially all public hospitals were included for 2002–03. However, the collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (for example, some hospitals run by correctional authorities in some jurisdictions and those in offshore territories) are not included. Further information about the hospitals included in the database for 2002–03 (including a list of the hospitals) is in Appendix 4.

The collection is based on the National Minimum Data Set for Public Hospital Establishments. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients (Box 1.1). Data on emergency department waiting times are also included (see below).

Validation processes for 2002–03 data involved detailed consultation by the AIHW with data providers in each state and territory. Summary information on data quality and comparability is presented in Chapter 3. Expenditure and occasions of service data for New South Wales are preliminary while information on revenue and staffing is not available for New South Wales. Tables relating to these data will be updated on the AIHW website when the data have been finalised.

### **Emergency department waiting times data**

The National Public Hospital Establishments Database is also used to collate establishment-level data on emergency department waiting times provided by the state and territory health authorities.

The emergency department waiting times data relate to public acute care hospitals. Private hospitals are not included, except for one private hospital in Tasmania and two in New South Wales that provide services to public patients under contractual arrangements. More information about the coverage of this data collection (which is more complete for larger hospitals), including a list of hospitals included for 2002–03, is presented in Appendix 4.

The AIHW works with the states and territories to validate the data. Summary information on the quality and comparability of the data is included in Chapter 4.

# The National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of summary records from admitted patient morbidity data collection systems in Australian hospitals (Box 1.1). Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory were not published, for confidentiality reasons, but are included in relevant totals.

All public hospitals were included for 2002–03, with minor exceptions. The great majority of private hospitals were also included, although there were a few not included. Counts of private hospital separations presented in this report are therefore likely to be underestimates of the actual counts. In 2001–02, the National Hospital Morbidity Database reported 118,064 (4.6%) fewer separations than the ABS's Private Health Establishments Collection (ABS 2003), which has wider coverage. Further information about the public and private hospitals included for 2002–03 and previous years is in Appendix 4, including lists of all the hospitals contributing to the database for 2002–03.

The data supplied include demographic, administrative and length of stay data, and data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning. Information on the quality of the diagnosis, procedure and external cause data, classified using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification*, (ICD-10-AM) (NCCCH 2002) is included in Appendix 3.

A process of validation of the morbidity database was jointly undertaken by the AIHW and the data providers. Information on major aspects of the quality and comparability of the data is presented in Appendix 3. The following notes should also be used to guide interpretation of the data.

- Records for 2002–03 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2002 to 30 June 2003. Data on patients who were admitted on any date before 1 July 2003 are included, provided that they also separated between 1 July 2002 and 30 June 2003. 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 database.
- Data are not generally available on the number of patients who receive admitted patient care each year. This is because information is not generally available to determine how many admissions occur for individual patients who have multiple admissions, for example for chronic conditions.
- Separations do not always represent periods of 'hospitalisation' for patients because a new separation record follows a change in care type (which can occur with a transfer from, for example, a medical ward to a rehabilitation unit within a hospital), or a transfer from one hospital to another (for example from an acute care hospital to a rehabilitation hospital). In 2002–03, there were 66,911 separations that began with a 'statistical' admission following a change in care type (1.0% of the total) (see Chapter 6). There were also 256,984 separations that began with a transfer of an admitted patient from another hospital (3.9% of the total). If the 'hospitalisations' had not been split into more than one separation with a 'statistical admission', the average length of stay would have been calculated as about 3.6 days, instead of 3.5 days. The average length of stay would have

been calculated as about 3.7 days if they had not been split with a transfer from one hospital to another, or if they had not been split by either of these types of transfer.

- 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 year, this means that not all patient days reported will have occurred in the reporting period (1 July 2002 to 30 June 2003). It is expected, however, that patient days for patients who separated in 2002–03, but who were admitted before 1 July 2002, would be counterbalanced overall by the patient days for patients in hospital on 30 June 2003 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.
- The number and pattern of hospitalisations can be affected by differing availability of other health care services. They can also be influenced by admission practices, which can vary among health service providers and over time. For example, over the past few years there has been a gradual reclassification of chemotherapy patients from admitted patients to non-admitted patients (outpatients) in New South Wales public hospitals.
- There is variation among the states and territories in features such as the demographic structure of the population. Factors such as age, geographical location and Indigenous status can have an effect on the nature of health care delivery and thus on the statistics presented in this report.
- Although data on separations from the National Hospital Morbidity Database can reflect an aspect of the burden of disease in the community, they do not usually provide measures of the incidence or prevalence of conditions. This is because not all persons with a type or severity of illness are treated in hospital, and patients can have multiple admissions for some chronic conditions.

## **The National Elective Surgery Waiting Times Data Collection**

The state and territory health authorities have largely provided patient-level data on elective surgery waiting times to the AIHW's National Elective Surgery Waiting Times Data Collection. The data presented in this report are for patients admitted for their elective surgery between July 2002 and June 2003. Earlier data on elective surgery waiting times were reported for 1999–00 to 2001–02 (AIHW 2002, 2002b, 2003).

The National Elective Surgery Waiting Times Data Collection relates to public acute care hospitals. All public hospitals that undertake elective surgery were generally included. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. More detail on the coverage of this collection, including a list of hospitals in the data collection for 2002–03, is included in Appendix 4.

The AIHW works with the states and territories to validate the data. Summary information on the quality and comparability of the data is included in Chapter 5.

## **This report and additional data on the Internet**

This report is available on the AIHW website at <http://www.aihw.gov.au/>. The text of the report is presented in PDF format and the tables as downloadable Excel spreadsheets. This site also includes additional data, in Excel spreadsheets, from the National Hospital Morbidity Database on diagnoses, procedures and AR-DRGs for admitted patients, and the data used to generate graphs in this report. Some of the report's tables are presented with more detail, such as using 5-year age groups rather than 10-year age groups (see Chapter 7), and all the funding source categories (see Chapter 6). More information on the website tables is in Chapters 7, 8, 9 and 11 and in Appendixes 1, 3 and 4.

After this report is published, the website will also include updates for the tables in Chapters 2, 4, 6 and 11 that use AR-DRG cost weight and average cost information. At the time of publication, 2002–03 cost weights and average costs were not available, so 2001–02 data were used in this report instead. Updates will also be provided for the tables in Chapters 2 and 4 and in Appendix 4, which use data on private hospitals, collated in the ABS's Private Health Establishments Collection. These data were also not available at the time of publication of this report.

### **Interactive data cubes**

Also included on the website are interactive cubes of data from the National Hospital Morbidity Database which allow users to specify tables and graphs as required. There are four data cubes currently available:

- Principal diagnoses for 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)
- Principal diagnoses for 1998–99 to 2002–03 (using ICD-10-AM to classify diagnoses)
- AR-DRGs version 4.0/4.1/4.2 for 1997–98 to 2002–03
- Principal diagnoses for separations that include specialised psychiatric care for 1998–99 to 2001–02 (using ICD-10-AM to classify diagnoses).

Later in 2004, data cubes using AR-DRGs version 5.0 will be added and the cube relating to specialised psychiatric care will be updated to include 2002–03 data.

Each cube includes information on the number of separations (same day and overnight), patient days and average length of stay, by age group and sex and year of separation, for each diagnosis or AR-DRG. The cube on specialised psychiatric care also includes data on the mental health legal status of the patient for each separation.

# 2 Overview of Australian hospitals

## Introduction

This chapter describes the public and private hospital sectors in terms of the number of hospitals and the availability of hospital beds. Summary statistics for admitted and non-admitted patients are also presented for each sector. Information is included on the number of separations for patients and their aggregated and average length of stay, presented on the basis of the sector of the hospital and the type of hospital within the sector. Chapters 6 to 11 present information on the basis of characteristics of admitted patients and their hospital stays.

The summary information on public hospitals is derived from the National Public Hospital Establishments Database. Data on expenditure and occasions of service for New South Wales are preliminary (Tables 2.1, 2.5 and 2.6). These tables will be updated on the AIHW website when the data have been finalised. Information on private hospitals has been provided by the states and territories for 2002–03 and is preliminary. The final data will be included in the AIHW's website when they become available from the ABS's Private Health Establishments Collection. Summary statistics for private and public hospitals are presented at a national level for the years 1998–99 to 2002–03 and for states and territories for 2002–03.

Summary separation, patient day, average length of stay and average cost weight information is derived from the National Hospital Morbidity Database for public and private hospitals. National statistics for the years 1998–99 to 2002–03 and state and territory statistics for 2002–03 are presented.

The hospital sectors and types reported in this chapter are public acute hospitals, public psychiatric hospitals, private free-standing day hospital facilities and other private hospitals. Data are also presented for all public hospitals combined, all acute hospitals (that is, excluding public psychiatric hospitals), all private hospitals and all hospitals. For reasons of confidentiality, the patient-level data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed. Also, private free-standing day hospital facilities were not separately identified for Tasmania. Therefore, totals for Australia for private free-standing day hospital facilities and other private hospitals do not include Tasmania. Further information on the hospitals included is provided in Appendix 4.

As detailed in Appendix 4, there is some variation in the scope of the National Hospital Morbidity Database among the states and territories. There is also some variation in the way in which separations with *Newborn* care were reported and in the inclusion of periods of hospital in the home care, as described in Chapter 6 and Appendix 3. These variations should be considered when comparing states and territories, the public and private sectors, and reporting years.

Data on occasions of service for non-admitted patients in public hospitals, derived from the National Public Hospital Establishments Database, are also presented, as are similar data for private hospitals, provided from the ABS's Private Health Establishments Collection.



## Hospitals and hospital beds

A range of data on hospitals, available beds, expenditure and revenue are presented in Table 2.1 for the period 1998–99 to 2002–03. Over the four-year period, a number of jurisdictions changed from accounting on a cash basis to accrual accounting, and a number of other changes to reporting arrangements occurred so comparisons across years must be made with care.

There were 748 public hospitals and 549 private hospitals in 2002–03, compared with 746 public hospitals and 560 private hospitals in 2001–02 (Table 2.1). Changes in the numbers of hospitals can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings (see Appendix 4). Therefore, change in the number of available beds may be a more reliable indicator of shifts in the availability of hospital services. However, the concept of an available bed is also becoming less important, particularly in the light of increasing same day hospitalisations and provision of hospital in the home care. The comparability of bed numbers can also be affected by the casemix of hospitals with, for example, different proportions of beds available for special and more general purposes. Public hospitals provided 52,200 beds (66% of the national total) in 2002–03, compared with 27,112 beds provided in private hospitals (34% of the national total).

Public sector bed numbers are the average number of beds available through the course of the year. Private sector data for 2002–03 were collated on a different basis from earlier years. Data for 1998–99 to 2001–02 are from the ABS's *Private Hospitals Australia 2001–02* (ABS 2003) publication and from earlier editions of *Private Hospitals Australia*, which report numbers of beds on an average available beds basis. Data for 2002–03 were provided by the states and territories with the exception of New South Wales day hospital facilities beds (estimated using the Australian Bureau of Statistics 2001–02 figure (ABS 2003)) and the Northern Territory, from the *Hospitals and Health Services Yearbook 2004* (APN Business Information Group 2004). Victorian private hospitals beds were reported on an available bed basis. All other private hospital beds were reported on a licensed beds basis, which may overstate the number of beds available. These differences in reporting arrangements may make cross-year comparisons less valid.

Nationally, bed numbers in the public sector decreased by an average of 0.8% per year, from 53,885 in 1998–99 to 52,200 in 2002–03. Over the same period, the private sector grew by 1.8% per year, from 25,206 beds in 1998–99 to 27,112 in 2002–03.

Recurrent expenditure in 2002–03 was \$18.3 billion in current prices. For New South Wales, data are preliminary. In current price terms (that is, not adjusted for inflation), recurrent expenditure increased by 8.4% from 2001–02 to 2002–03 for public hospitals. In constant prices (that is, adjusted for inflation) (referenced to 2001–02), national expenditure was \$17.7 billion in 2002–03, and represented a real increase in expenditure of 5.0% over 2002–03. Data on recurrent expenditure for public hospitals for 1998–99 in Table 2.1 are not comparable with data for later years because New South Wales only included expenditure through community health program funding administered by hospitals from 1999–00. Total revenue for public hospitals increased by 9.2% on average per year in constant prices between 1998–99 and 2001–02.

Information on the number of hospitals and hospital beds available by state and territory is provided in Table 2.2 for both public and private hospitals. The number of available beds in hospitals ranged from 3.4 per 1,000 population in the Australian Capital Territory and the Northern Territory to 4.8 per 1,000 population in South Australia.

# Admitted patients by sector and hospital type

## Separations

There were 6,653,772 separations reported from public and private acute and psychiatric hospitals in 2002–03 (Table 2.4), an increase of 255,601 (4.0%) compared with 2001–02 (Table 2.3). Public hospital separations increased by 3.2% (125,459) compared with 2001–02 and there was a 5.3% (130,142) increase in separations reported for the private sector.

The increases in separations should be interpreted in the light of coverage changes (see Appendix 4). In the public sector, no data were provided for 2 hospitals that had previously been included in the National Hospital Morbidity Database. Together, they reported about 3,300 separations in 2001–02. If they had been included, the increase in separations may have been about 128,700 (about 3.2%).

In the private sector, compared with 2001–02, there was a marked increase in the coverage for Victoria (see Appendix 4), and an increase of 12.3% in separations for Victorian private hospitals compared with 2001–02. Victoria reports that separations in 2001–02 were likely to have been under-enumerated by about 9%, and by about 1% in 2002–03. For South Australia, coverage in 2001–02 was not complete, with data not included for one free-standing day hospital facility for the year, for another for one month, and for periods of 5 months and one month, respectively, for two non-day facilities. In 2002–03, data were not included for 4 months for one small non-free-standing day hospital facility and there was an increase in separations of 7.1% compared with 2001–02. South Australia estimates that the coverage was essentially complete for 2002–03 and that separations were under-enumerated by about 1.4% in 2001–02. In Tasmania, one private free-standing day hospital facility that had not previously reported was included in the database for 2002–03. In the Australian Capital Territory, a private free-standing day hospital facility which had previously been a separate hospital and not included, was included as part of a non-free-standing day hospital facility. There was an increase in coverage for the Northern Territory, with its one non-free-standing day hospital facility included for the first time. There was no change in the coverage of private hospitals for New South Wales, Queensland and Western Australia.

The effects of changes in coverage cannot be accurately estimated for Australia as a whole. To enable a better comparison, the separation counts for Victoria were adjusted by adding 1% to private hospital separations for 2002–03 and 9% to private hospital separations for 2001–02, and separation counts were adjusted by adding 1.4% to private hospital separations for South Australia in 2001–02. These adjusted estimates for Victoria and South Australia, combined with New South Wales, Queensland and Western Australia (for which there was no change in private hospital coverage), may result in a better estimate of the change in the number of private hospital separations. For these five states combined (which accounted for 96% of reported private hospital separations in 2002–03), there was an increase of 3.0% for separations in the private sector between 2001–02 and 2002–03. Thus the increase in private hospital activity presented in Table 2.3 may be an overestimate of the actual increase for Australia as a whole. For public hospitals in New South Wales, Victoria, Queensland Western Australia and South Australia combined, there was a 3.1% increase in separations between 2001–02 and 2002–03.

Information on the 30 AR-DRGs with the largest changes in the number of separations in either the public or private sector (or both) between 1998–99 and 2002–03 is presented in Table 11.17.

The private sector accounted for 38.5% of the 6.65 million separations in 2002–03 (2,562,801), compared with 38.0% (2,432,659) in 2001–02. Private free-standing day hospital facilities, excluding Tasmania, accounted for 455,094 or 17.8% of private sector separations in 2002–03, compared with 376,579 or 15.5% in 2001–02.

## Same day and overnight separations

The proportion of admitted patients being treated on a same day basis, that is, admitted and separated on the same date, continued to increase in the year 2002–03. Same day separations have been distinguished from other separations in this report to illustrate the proportions of total separations which they represent, and also to demonstrate the effect on average lengths of stay when patients receiving this type of hospital care are classified as admitted. In most countries of the Organisation for Economic Co-operation and Development (OECD), same day patients are not counted as admitted patients, and therefore the reported average lengths of stay in OECD publication are greater than those calculated in this publication (OECD 2002).

In 2002–03, 3,577,360 separations were on a same day basis, an increase of 6.8%, compared with 2001–02. There was an increase of 5.9% in public hospitals and 8.1% in private hospitals. In New South Wales, Queensland and Western Australia (for which there was no change in private hospital coverage) combined with Victoria and South Australia (adjusted as above for coverage change, which may not have been the same for same day and overnight separations), increases were 5.7% in both public and private hospitals. Same day separations comprised 53.8% of separations overall, compared with 52.3% (3,348,846) in 2001–02, and there were increases in the proportions of same day patients in both public hospitals (from 47.6% to 48.9%) and private hospitals (from 60.0% to 61.5%).

There was some variation among the states and territories in the proportion of same day separations. For public hospitals, New South Wales had a lower proportion (43.0%) than the national average (48.9%), whereas Northern Territory (56.9%), the Australian Capital Territory (56.7%) and Victoria (54.3%) had markedly higher proportions. In the private sector, Queensland (63.5%) and New South Wales (63.2%) reported higher proportions than average (61.5%).

There was a 0.9% increase in overnight separations between 2001–02 and 2002–03, from 3,049,325 to 3,076,412. There was an increase of 0.7% in public hospitals (from 2,076,284 to 2,090,734), and a 1.3% increase in the private sector (from 973,041 to 985,678). In New South Wales, Queensland and Western Australia (for which there was no change in private hospital coverage) combined with Victoria and South Australia (adjusted as above for coverage change, which may not have been the same for same day and overnight separations), there was an increase of 0.8% in public hospital overnight separations between 2001–02 and 2002–03, and a decrease of 1.1% for private hospitals. Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z *Sleep Apnoea*).

## Separation rates

The age-standardised separation rate per 1,000 population increased by 1.5% between 2001–02 and 2002–03 for public acute hospitals (Table 2.3). Unadjusted for coverage change, the separation rate increased by 1.5% for public hospitals and 3.5% for private hospitals.

Among the states and territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2002–03 (422.5 per 1,000 population; Table 2.4) and Tasmania reported the lowest (163.9 per 1,000 population). Private hospital separation rates ranged from 104.2 per 1,000 population in New South Wales to 162.8 per 1,000 population in Queensland. These rates relate to resident populations, so do not take into account interstate patient flows.

These rates are likely to have been affected by whether or not separate episodes of care (see Glossary) within a hospital stay were counted as individual separations, the way in which hospital stays for patients aged 9 days or less on admission (*Newborn* episodes) were counted, and the reporting of hospital in the home care (see Chapter 6 and Appendix 3 for details). Changes over time and differences between sectors and jurisdictions can also be affected by variation in admission practices. For example, in New South Wales public hospitals, there has been a gradual reclassification over recent years of chemotherapy patients from admitted patients to non-admitted patients (outpatients).

The age-standardised separation rate for public psychiatric hospitals varied widely, from 0.1 per 1,000 population in Victoria and Queensland, to 1.8 per 1,000 population in South Australia. This variation reflects differences in the extent to which public psychiatric services have been provided in public acute hospitals, non-hospital facilities and in the community (AIHW 2004).

## Average cost weight of separations

In Table 2.4, average cost weights are presented for 2002–03 based on the version 4.2 AR-DRG (DHAC 2000) into which each separation was classified on the basis of demographic and clinical characteristics of the patient. Separations were only included where the care type was reported as *Acute*, or was not reported, or where the care type was *Newborn* and the separation had at least one qualified day. Thus separations for *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

The 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. Cost weights for 2001–02 (AR-DRG version 4.2) were used (DoHA 2003), as 2002–03 cost weights were not available at the time of publication of this report. In one part of Table 2.3 and Table 2.4, public sector cost weights were used for both public and private hospitals to enable comparison between the sectors on the same basis. Data are also presented for private hospitals using private sector cost weights. Further information about the AR-DRG classification and cost weights is included in Chapter 11.

Table 2.4 indicates that, within the public sector, most states and territories had average cost weights close to the national average (0.98) for public acute hospitals. The Northern Territory was the only exception, with an average cost weight of 0.75. This reflects the high proportion (37.0%) of public hospital separations in the Northern Territory that were for *Admit for Renal Dialysis* (AR-DRG L61Z), an AR-DRG with a relatively low cost weight.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed, and are therefore included in the public acute hospital data. Cost weights are of less use as a measure of resource requirements for these services because the relevant AR-DRGs are less homogeneous than for other acute services.

In Table 2.4, the average public cost weight for private free-standing day hospital facilities was markedly lower (0.50) than for other private hospitals (0.99), reflecting the lesser complexity and day-only nature of most admissions in these hospitals. The average cost weights for the other private hospitals ranged from 0.91 in Western Australia to 1.04 in South Australia. Nationally, the average cost weight for private hospitals using private sector cost weights was 0.86.

## **Patient days**

Patient days represent the number of full or partial days stay for patients who separated from hospital during the reporting period, and represent the aggregated length of stay for all patients (see Glossary). A total of 23,550,400 patient days was reported for 2002–03, 69.8% in the public sector and 30.2% in the private sector.

There was an increase of 1.9% (284,717) in patient days for public acute hospitals in 2002–03, compared with 2001–02. For private hospitals, patient days increased by 2.3% (160,254), unadjusted for coverage change. In New South Wales, Queensland and Western Australia (for which there was no change in private hospital coverage) combined with Victoria and South Australia (adjusted as above for coverage change, which may not have been the same for patient days as for separations), there was an increase of 1.9% for public acute hospitals and an increase of 0.1% for private hospitals. Patient days for public acute and private hospitals combined (unadjusted for coverage change) increased by 2.0% (444,971), and for all hospitals combined they increased by 1.5% (349,350).

Public psychiatric hospital patient days decreased from 1,014,760 in 2001–02 to 919,139 in 2002–03 (9.4%). This decrease followed a marked increase in patient days from 2000–01 to 2001–02, particularly with New South Wales and Queensland. However, as separations from public psychiatric hospitals can include some very long stay patients, and the pattern of these separations can vary over time, patient day counts can also fluctuate markedly for these hospitals.

The number of age-standardised patient days per 1,000 population in 2002–03 decreased by 0.1% for public acute and private hospitals combined, compared with 2001–02. Public acute hospital patient days per 1,000 decreased by 0.2%, unadjusted for coverage change. For private hospitals, they increased by 0.1%, unadjusted for coverage change.

Of the states and territories, the Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2002–03 (1,333.1 per 1,000 population) and Queensland reported the lowest (663.5 per 1,000 population). The highest age-standardised population rate for patient days in private hospitals was reported by Queensland (464.4 per 1,000 population). The lowest age-standardised rate for public psychiatric hospitals for 2002–03 was 6.9 patient days per 1,000 population in Victoria and the highest was 90.3 per 1,000 population in Queensland.

## **Average length of stay**

The average length of stay for public acute and private hospitals combined decreased by 1.9% between 2001–02 and 2002–03. For public acute hospitals, there was a decrease between 2001–02 and 2002–03 from 3.9 to 3.8 days. For private hospitals, the average length of stay was 2.8 days in 2002–03, a reduction from 2.9 days in the previous year. The average length of stay for public psychiatric hospitals decreased from 60.9 days in 2001–02 to 55.1 days in

2002–03, reflecting the decreased patient days reported for these hospitals, as described above.

New South Wales and Tasmania reported the longest average length of stay for public acute hospitals (4.2 days) and the Northern Territory reported the shortest (3.0 days). For private hospitals other than free-standing day hospital facilities, Queensland reported the greatest average length of stay (3.3 days). With same day separations excluded (as is the practice in most OECD countries), average lengths of stay have not reduced markedly over the last few years (Table 2.3). The average length of stay remained 6.5 days in 2002–03 as in 2001–02. For public psychiatric hospitals, the average length of stay decreased from 72.1 days in 2001–02 to 66.2 in 2002–03. The average lengths of stay are within the range of those reported for 1999 and 2000 average lengths of stay for acute care for other OECD countries (OECD 2002).

## Relative stay index

Relative stay index (RSI) information is presented for the period 1998–99 to 2002–03 in Table 2.3. They are calculated as the actual number of patient days for separations in selected AR-DRGs (version 4.2) divided by the number of patient days expected (based on national figures for the five years combined) standardised for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix of the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected. More details on the methods to calculate the RSIs are in Chapter 4 and Appendix 3.

In 2002–03, the directly standardised RSI (0.97) was 4% lower in public hospitals than the 5-year average. Directly standardised RSIs were higher in private hospitals than in public hospitals for all years. For all hospitals, the RSI decreased from 1.03 in 1998–99 to 0.97 in 2002–03. The average decrease per year was 1.3% for public and 1.1% for private hospitals over the same period.

## Non-admitted patients

Information on non-admitted patient occasions of service and group sessions provided by public acute and psychiatric hospitals for 2002–03 is provided in Table 2.5 by state and territory. Similar information from the ABS's Private Health Establishments Collection is presented for private hospitals for 2001–02 in Table 2.7. Information on occasions of service for New South Wales (Tables 2.5 and 2.6) is preliminary and will be updated on the AIHW website when finalised. Data for private hospitals for 2002–03 were not available at the time of publication of this report.

The most common non-admitted patient occasions of service delivered to individuals through public acute hospitals in 2002–03 (Table 2.5) for states and territories which reported these data was *Other medical/surgical/obstetric encounters*, followed by *Accident and emergency services* and *Pathology*. *Allied health* and *Community health* were also frequently provided services. These categories include services such as physiotherapy, speech therapy, dietary advice, baby clinics, aged care assessment teams and immunisation clinics.

In addition to the services provided to individuals, group sessions were delivered through public acute hospitals. These services include group activities conducted in the same categories against which individual non-admitted patient services are recorded.

Users of these data should note that there is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service data are collected. Differing admission practices between the states and territories will also lead to variation among jurisdictions in the services reported in Table 2.5. States and territories may also differ in the extent to which these types of services are provided in non-hospital settings (such as community health centres), which are beyond the scope of this data collection.

There were differences in the scope of the data reported here for *Accident and Emergency* and for the emergency department waiting times collection in Chapter 4 (Table 4.13). The differences in reporting are discussed in Appendix 3.

Data on the number of non-admitted patient occasions of service provided through public psychiatric hospitals are also presented for Victoria, Queensland and Western Australia, the states or territories for which these data were supplied (Table 2.5). These services include emergency and outpatient care and outreach/community care provided to individuals or groups.

In 2001–02, private hospitals reported about 1,814,000 non-admitted patient occasions of service to the ABS's Private Health Establishments Collection, ranging from 59,800 for South Australia and the Northern Territory combined, to 714,000 for Victoria. Nationally, there were 504,900 non-admitted patient occasions of service reported for *Accident and emergency* in private hospitals (Table 2.7).

Table 2.6 presents data on the supply of accident and emergency non-admitted occasions of service in public hospitals by Remoteness Area of the hospital. The ratio of services provided in the area to the number of residents in the area is presented as an approximation of population utilisation, although services provided in one area may be provided to persons residing in other Remoteness Area categories. The ratio varied from 237 per 1,000 population in major cities to 374 per 1,000 population in regional areas and 831 per 1,000 population in remote areas. The pattern of utilisation may reflect a number of factors including patterns of availability of other health care services such as primary care practitioners, patterns of occurrence of accidents causing injury, and the poor health of Indigenous people who have higher population concentrations in remote areas.

There are also fewer accident and emergency non-admitted patient occasions of service per 1,000 population for private hospitals in regional and remote areas, though the relative number of private services is small. The ratio of services provided to the population resident in the area ranged from 28 per 1,000 population in major cities to 23 per 1,000 population in regional areas and 7 per 1,000 population in remote areas in 2001–02 (ABS unpublished Private Health Establishments Collection data).

Table 2.1: Summary of hospitals, Australia, 1998–99 to 2002–03 <sup>(a)</sup>

	1998–99	1999–00	2000–01	2001–02	2002–03	% change <sup>(b)</sup>	
						Ave since 1998–99	Latest two years
<b>Hospitals<sup>(c)</sup></b>							
Public hospitals	749	748	749	746	748	0.0	0.3
Public acute hospitals	728	726	726	724	729	0.0	0.7
Public psychiatric hospitals	21	22	23	22	19	-2.5	-13.6
Private hospitals	502	509	516	560	549	2.3	-2.0
Private free-standing day hospital facilities	190	207	217	246	248	6.9	0.8
Other private hospitals	312	302	299	314	301	-0.9	-4.1
Public acute and private hospitals	1,230	1,235	1,242	1,284	1,278	1.0	-0.5
<i>Total</i>	1,251	1,257	1,265	1,306	1,297	0.9	-0.7
<b>Available or licensed beds<sup>(d)</sup></b>							
Public hospitals	53,885	52,947	52,410	51,461	52,200	-0.8	1.4
Public acute hospitals	50,942	50,188	49,932	49,004	49,841	-0.5	1.7
Public psychiatric hospitals	2,943	2,759	2,478	2,457	2,358	-5.4	-4.0
Private hospitals	25,206	25,246	26,153	27,407	27,112	1.8	-1.1
Private free-standing day hospital facilities	1,460	1,581	1,688	1,851	1,725	4.3	-6.8
Other private hospitals	23,746	23,665	24,465	25,556	25,387	1.7	-0.7
Public acute and private hospitals	76,148	75,434	76,085	76,411	76,953	0.3	0.7
<i>Total</i>	79,091	78,193	78,563	78,868	79,312	0.1	0.6
<b>Beds per 1,000 population</b>							
Public hospitals	2.86	2.78	2.72	2.63	2.64	-2.0	0.3
Public acute hospitals	2.71	2.64	2.59	2.51	2.52	-1.8	0.5
Public psychiatric hospitals	0.16	0.14	0.13	0.13	0.12	-6.5	-5.1
Private hospitals	1.34	1.33	1.36	1.40	1.37	1.6	3.4
Private free-standing day hospital facilities	0.08	0.08	0.09	0.09	0.09	6.9	8.2
Other private hospitals	1.26	1.24	1.27	1.31	1.28	1.2	3.1
Public acute and private hospitals	4.05	3.96	3.95	3.91	3.89	-1.1	-0.9
<i>Total</i>	4.20	4.11	4.08	4.04	4.01	-1.3	-0.9
<b>Non-admitted occasions of service<sup>(f)</sup> ('000)</b>							
Public acute hospitals	34,251	34,759	40,099	39,523	40,786	4.9	-1.4
Other private hospitals	1,712	1,814	1,688	1,748	n.a.	0.7	3.6
<i>Total</i>	35,963	36,573	41,787	41,271	n.a.	4.7	-1.2
<b>Total recurrent expenditure, constant prices<sup>(g)(h)</sup> (\$ million)<sup>(i)</sup></b>							
Public hospitals	14,915	15,632	16,042	16,848	17,703	4.1	5.0
Public acute hospitals	14,438	15,180	15,612	16,424	17,284	4.4	5.2
Public psychiatric hospitals	477	452	430	423	419	-3.9	-1.6
Private hospitals	4,091	4,223	4,610	4,996	n.a.	6.9	8.4
Private free-standing day hospital facilities	150	174	189	219	n.a.	13.5	15.9
Other private hospitals	3,941	4,049	4,421	4,777	n.a.	6.6	8.0
<i>Total</i>	19,006	19,855	20,653	21,843	n.a.	4.7	5.8
<b>Total recurrent expenditure, current prices<sup>(h)(i)</sup> (\$ million)<sup>(j)</sup></b>							
Public hospitals	13,677	14,647	15,545	16,848	18,323	7.2	8.4
Public acute hospitals	13,240	14,224	15,128	16,424	17,889	7.4	8.6
Public psychiatric hospitals	437	424	417	423	434	-1.1	1.6
Private hospitals	3,751	3,957	4,467	4,996	n.a.	10.0	11.8
Private free-standing day hospital facilities	137	163	183	219	n.a.	16.8	19.6
Other private hospitals	3,614	3,794	4,284	4,777	n.a.	9.7	11.5
<i>Total</i>	17,428	18,604	20,012	21,843	n.a.	7.8	9.1
<b>Total revenue, constant prices<sup>(g)</sup> (\$ million)</b>							
Public hospitals	1,282	1,306	1,421	1,532	n.a.	6.1	7.8
Public acute hospitals	1,258	1,285	1,398	1,512	n.a.	6.3	8.2
Public psychiatric hospitals	24	21	23	19	n.a.	-7.2	-15.1
Private hospitals	4,317	4,486	4,893	5,328	n.a.	7.3	8.9
Private free-standing day hospital facilities	176	204	231	262	n.a.	14.2	13.2
Other private hospitals	4,141	4,282	4,662	5,066	n.a.	6.9	8.7
<i>Total</i>	5,599	5,792	6,314	6,860	n.a.	7.0	8.6
<b>Total revenue, current prices<sup>(i)</sup> (\$ million)</b>							
Public hospitals	1,176	1,223	1,377	1,532	n.a.	9.2	11.3
Public acute hospitals	1,154	1,204	1,355	1,512	n.a.	9.4	11.6
Public psychiatric hospitals	22	20	22	19	n.a.	-4.5	-12.4
Private hospitals	3,959	4,204	4,742	5,328	n.a.	10.4	12.4
Private free-standing day hospital facilities	161	192	224	262	n.a.	17.5	16.9
Other private hospitals	3,798	4,012	4,518	5,066	n.a.	10.1	12.1
<i>Total</i>	5,135	5,427	6,118	6,860	n.a.	10.1	12.1

(a) Some data amended since previously reported. Revenue data for New South Wales for 2002–03 are unavailable.

(b) The average since 1998–99 is the average annual change between 1998–99 and the latest available year of data. The latest two year change is the change between the two latest available years of data.

(c) Apparent differences in the number of hospitals reported are, in many instances, caused by changes in administrative or reporting arrangements rather than by actual differences in the number of buildings. See Appendix 4 for further information.

(d) Before 2002–03 all data were reported on an available bed basis. For 2002–03 public, Victorian private and Northern Territory private hospital beds reported on an available bed basis and all other private hospital beds reported on a licensed beds basis. The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted patient services and other specialised services.

(e) Excludes public psychiatric hospitals. Reporting arrangements have varied significantly across years.

(f) Data for New South Wales for 2002–03 are preliminary. An updated version of this table will be published on the AIHW website when New South Wales data become available.

(g) Constant price values referenced to 2001–02. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year.

(h) Data for New South Wales for 2002–03 are preliminary. An updated version of this table will be published on the AIHW website when finalised data become available.

(i) From 1999–00, New South Wales included community health program expenditure administered by hospitals. This causes discontinuity between 1998–99 and 1999–00. Victoria included insurance payments of \$41 million made by the Department of Human Services Victoria on behalf of hospitals for the first time in 2001–02. Due to improvements in the allocation of expenditure and revenue from attached nursing home entities that had been incorrectly assigned in by some hospitals in previous years, Victoria reported a decrease of \$90 million in revenue and an increase of \$70 million in expenditure for 2002–03.

(j) Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts.

n.a. Not available.

Source: For 2001–02 and earlier private hospital data is ABS 2003 and earlier editions of *Private Hospitals Australia*. Private hospital data for 2002–03 are preliminary, provided by the states and territories.



**Table 2.2: Number of hospitals <sup>(a)</sup> and available or licensed beds, by hospital sector and type, states and territories, 2002–03**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hospitals</b>									
Public acute hospitals	209	143	175	93	79	22	3	5	729
Public psychiatric hospitals	9	1	4	1	1	3	0	0	19
<i>Total public hospitals</i>	<i>218</i>	<i>144</i>	<i>179</i>	<i>94</i>	<i>80</i>	<i>25</i>	<i>3</i>	<i>5</i>	<i>748</i>
Private free-standing day hospital facilities	96	52	51	14	27	2	5	1	248
Other private hospitals <sup>(c)</sup>	84	88	54	27	35	9	3	1	301
<i>Total private hospitals</i>	<i>180</i>	<i>140</i>	<i>105</i>	<i>41</i>	<i>62</i>	<i>11</i>	<i>8</i>	<i>2</i>	<i>549</i>
<b>Total hospitals</b>	<b>398</b>	<b>284</b>	<b>284</b>	<b>135</b>	<b>142</b>	<b>36</b>	<b>11</b>	<b>7</b>	<b>1,297</b>
<b>Available or licensed beds<sup>(d)</sup></b>									
Public acute hospitals	16,919	11,843	9,404	4,817	4,551	1,056	682	569	49,841
Public psychiatric hospitals	1,166	95	503	201	313	80	..	..	2,358
<i>Total beds available in public hospitals</i>	<i>18,085</i>	<i>11,938</i>	<i>9,907</i>	<i>5,018</i>	<i>4,864</i>	<i>1,136</i>	<i>682</i>	<i>569</i>	<i>52,200</i>
Private free-standing day hospital facilities	720	430	327	91	115	9	33	n.a.	1,725
Other private hospitals <sup>(c)</sup>	6,086	6,198	6,004	3,250	2,277	1,089	375	108	25,387
<i>Total beds available in private hospitals</i>	<i>6,806</i>	<i>6,628</i>	<i>6,331</i>	<i>3,341</i>	<i>2,392</i>	<i>1,098</i>	<i>408</i>	<i>108</i>	<i>27,112</i>
<b>Total available beds</b>	<b>24,891</b>	<b>18,566</b>	<b>16,238</b>	<b>8,359</b>	<b>7,256</b>	<b>2,234</b>	<b>1,090</b>	<b>677</b>	<b>79,312</b>
<b>Available or licensed beds per 1,000 population</b>									
Public acute hospitals	2.5	2.4	2.5	2.5	3.0	2.2	2.1	2.9	2.5
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.2	0.2	..	..	0.1
<i>Total beds available in public hospitals</i>	<i>2.7</i>	<i>2.4</i>	<i>2.6</i>	<i>2.6</i>	<i>3.2</i>	<i>2.4</i>	<i>2.1</i>	<i>2.9</i>	<i>2.6</i>
Private free-standing day hospital facilities	0.1	0.1	0.1	0.0	0.1	0.0	0.1	n.a.	0.1
Other private hospitals <sup>(c)</sup>	0.9	1.3	1.6	1.7	1.5	2.3	1.2	0.5	1.3
<i>Total beds in private hospitals</i>	<i>1.0</i>	<i>1.4</i>	<i>1.7</i>	<i>1.7</i>	<i>1.6</i>	<i>2.3</i>	<i>1.3</i>	<i>0.5</i>	<i>1.4</i>
<b>Total beds per 1,000 population</b>	<b>3.7</b>	<b>3.8</b>	<b>4.3</b>	<b>4.3</b>	<b>4.8</b>	<b>4.7</b>	<b>3.4</b>	<b>3.4</b>	<b>4.0</b>

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 4 for more detail.

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

(c) Includes private acute and private psychiatric hospitals.

(d) Public, Victorian private and Northern Territory private hospital beds reported on an available bed basis. All other private hospital beds reported on a licensed beds basis. The comparability of bed numbers can be affected by the casemix of hospitals incl

n.a. Not available

.. Not applicable.

Note: Private hospital data are preliminary. Most were provided by the states and territories. New South Wales freestanding day hospital facility beds are for 2001–02 (ABS 2003). Northern Territory private hospital data from published source (APN Business)

**Table 2.3: Summary of separation<sup>(a)</sup>, patient day and average length of stay statistics, by hospital type, Australia, 1998–99 to 2002–03<sup>(b)</sup>**

	1998–99	1999–00	2000–01	2001–02	2002–03	% change <sup>(c)</sup>	
						Ave since 1998–99	Since 2001–02
<b>Separations ('000)</b>							
Public hospitals	3,860	3,873	3,882	3,966	4,091	1.5	3.2
Public acute hospitals	3,839	3,855	3,864	3,949	4,074	1.5	3.2
Public psychiatric hospitals <sup>(d)</sup>	20	18	18	17	17	-4.8	0.2
Private hospitals <sup>(e)(f)</sup>	1,875	2,026	2,272	2,433	2,563	8.1	5.3
Private free-standing day hospital facilities <sup>(f)</sup>	261	280	333	377	455	14.9	20.8
Other private hospitals <sup>(f)</sup>	1,614	1,746	1,939	1,985	2,040	6.0	2.7
Public acute & private hospitals <sup>(g)</sup>	5,715	5,881	6,136	6,382	6,637	3.8	4.0
<b>Total</b>	<b>5,735</b>	<b>5,899</b>	<b>6,154</b>	<b>6,398</b>	<b>6,654</b>	<b>3.8</b>	<b>4.0</b>
<b>Overnight separations ('000)</b>							
Public hospitals	2,141	2,106	2,086	2,076	2,091	-0.6	0.7
Public acute hospitals	2,123	2,091	2,071	2,062	2,077	-0.5	0.7
Public psychiatric hospitals	18	16	15	14	14	-6.3	-1.4
Private hospitals <sup>(e)(f)</sup>	847	889	943	973	986	3.9	1.3
Private free-standing day hospital facilities <sup>(f)</sup>	2	2	3	4	4	25.3	2.9
Other private hospitals <sup>(f)</sup>	845	886	940	937	951	3.0	1.5
Public acute & private hospitals <sup>(g)</sup>	2,970	2,979	3,014	3,035	3,063	0.8	0.9
<b>Total</b>	<b>2,988</b>	<b>2,995</b>	<b>3,029</b>	<b>3,049</b>	<b>3,076</b>	<b>0.7</b>	<b>0.9</b>
<b>Same day separations ('000)</b>							
Public hospitals	1,719	1,767	1,796	1,889	2,000	3.9	5.9
Public acute hospitals	1,716	1,764	1,793	1,887	1,997	3.9	5.9
Public psychiatric hospitals	2	2	3	3	3	5.4	8.5
Private hospitals <sup>(e)(f)</sup>	1,028	1,137	1,329	1,460	1,577	11.3	8.1
Private free-standing day hospital facilities <sup>(f)</sup>	260	278	330	373	451	14.8	21.0
Other private hospitals <sup>(f)</sup>	769	860	1,000	1,049	1,089	9.1	3.9
Public acute & private hospitals <sup>(g)</sup>	2,745	2,902	3,122	3,346	3,575	6.8	6.8
<b>Total</b>	<b>2,747</b>	<b>2,904</b>	<b>3,125</b>	<b>3,349</b>	<b>3,577</b>	<b>6.8</b>	<b>6.8</b>
<b>Same day separations as a % of total</b>							
Public hospitals	44.5	45.6	46.3	47.6	48.9	2.4	2.6
Public acute hospitals	44.7	45.8	46.4	47.8	49.0	2.3	2.6
Public psychiatric hospitals	11.3	13.3	17.7	15.7	17.0	10.7	8.4
Private hospitals <sup>(e)(f)</sup>	54.8	56.1	58.5	60.0	61.5	2.9	2.6
Private free-standing day hospital facilities <sup>(f)</sup>	99.4	99.2	99.2	99.0	99.1	-0.1	0.2
Other private hospitals <sup>(f)</sup>	47.6	49.2	51.5	52.8	53.4	2.9	1.1
Public acute & private hospitals <sup>(g)</sup>	48.0	49.3	50.9	52.4	53.9	2.9	2.7
<b>Total</b>	<b>47.9</b>	<b>49.2</b>	<b>50.8</b>	<b>52.3</b>	<b>53.8</b>	<b>2.9</b>	<b>2.7</b>
<b>Separations per 1,000 population<sup>(h)</sup></b>							
Public hospitals	207.1	204.6	201.8	202.6	205.7	-0.2	1.5
Public acute hospitals	206.0	203.7	200.9	201.8	204.8	-0.1	1.5
Public psychiatric hospitals	1.1	0.9	0.9	0.9	0.8	-5.8	-0.8
Private hospitals <sup>(e)(f)</sup>	102.3	108.4	119.8	125.1	129.5	6.1	3.5
Private free-standing day hospital facilities <sup>(f)</sup>	14.4	15.1	18.1	20.2	23.9	13.6	18.6
Other private hospitals <sup>(f)</sup>	88.0	93.5	98.9	104.7	105.5	4.6	0.8
Public acute & private hospitals <sup>(g)</sup>	307.5	311.3	319.3	326.9	334.3	2.1	2.3
<b>Total</b>	<b>308.6</b>	<b>312.3</b>	<b>320.2</b>	<b>327.7</b>	<b>333.9</b>	<b>2.0</b>	<b>1.9</b>

(continued)

**Table 2.3 (continued): Summary of separation<sup>(a)</sup>, patient day and average length of stay statistics, by hospital type, Australia, 1998–99 to 2002–03<sup>(b)</sup>**

	1998–99	1999–00	2000–01	2001–02	2002–03	% change <sup>(c)</sup>	
						Ave since 1998–99	Since 2001–02
<b>Average public cost weight of separations<sup>(f)</sup></b>							
Public hospitals	1.02	1.02	1.00	0.99	0.99	-0.9	-0.4
Public acute hospitals	1.02	1.01	1.00	0.99	0.98	-0.9	-0.4
Public psychiatric hospitals	1.99	1.95	1.79	1.88	1.88	-1.5	0.0
Private hospitals <sup>(d)(e)</sup>	0.94	0.94	0.91	0.91	0.90	-1.0	-1.2
Private free-standing day hospital facilities <sup>(e)</sup>	0.52	0.51	0.50	0.51	0.50	-0.9	-1.7
Other private hospitals <sup>(e)</sup>	1.01	1.01	0.99	0.99	0.99	-0.4	0.2
Public acute & private hospitals <sup>(f)</sup>	0.99	0.99	0.97	0.96	0.95	-1.1	-0.7
<b>Total</b>	<b>1.00</b>	<b>0.99</b>	<b>0.97</b>	<b>0.96</b>	<b>0.95</b>	<b>-1.1</b>	<b>-0.7</b>
<b>Average private cost weight of separations<sup>(f)</sup></b>							
Private hospitals <sup>(d)(e)</sup>	0.91	0.89	0.87	0.88	0.86	-1.4	-2.5
Private free-standing day hospital facilities <sup>(e)</sup>	0.50	0.47	0.45	0.46	0.46	-1.9	-1.2
Other private hospitals <sup>(e)</sup>	0.98	0.96	0.94	0.96	0.95	-0.8	-1.2
<b>Patient days ('000)</b>							
Public hospitals	16,274	16,243	15,726	16,237	16,426	0.2	1.2
Public acute hospitals	14,989	15,087	15,010	15,223	15,507	0.9	1.9
Public psychiatric hospitals	1,285	1,156	716	1,015	919	-8.0	-9.4
Private hospitals <sup>(e)(f)</sup>	6,045	6,361	6,743	6,964	7,124	4.2	2.3
Private free-standing day hospital facilities <sup>(f)</sup>	261	280	333	377	455	14.9	20.8
Other private hospitals <sup>(f)</sup>	5,784	6,081	6,410	6,366	6,458	2.8	1.5
Public acute & private hospitals <sup>(g)</sup>	21,034	21,448	21,753	22,186	22,631	1.8	2.0
<b>Total</b>	<b>22,319</b>	<b>22,604</b>	<b>22,469</b>	<b>23,201</b>	<b>23,550</b>	<b>1.4</b>	<b>1.5</b>
<b>Patient days per 1,000 population<sup>(h)</sup></b>							
Public hospitals	884.0	865.1	820.0	827.8	774.7	-3.2	-6.4
Public acute hospitals	815.1	804.2	782.8	775.9	774.7	-1.3	-0.2
Public psychiatric hospitals	68.9	60.9	37.1	51.9	46.4	-9.4	-10.6
Private hospitals <sup>(e)(f)</sup>	332.7	342.4	356.8	357.0	357.3	1.8	0.1
Private free-standing day hospital facilities <sup>(f)</sup>	14.4	15.1	18.1	20.2	23.9	13.6	18.6
Other private hospitals <sup>(f)</sup>	318.4	327.4	336.7	334.9	332.2	1.1	-0.8
Public acute & private hospitals <sup>(g)</sup>	1,145.7	1,144.5	1,134.9	1,133.0	1,132.0	-0.3	-0.1
<b>Total</b>	<b>1,214.6</b>	<b>1,205.4</b>	<b>1,172.0</b>	<b>1,182.5</b>	<b>1,176.0</b>	<b>-0.8</b>	<b>-0.5</b>
<b>Average length of stay (days)</b>							
Public hospitals	4.2	4.2	4.1	4.1	4.0	-1.2	-1.9
Public acute hospitals	3.9	3.9	3.9	3.9	3.8	-0.6	-1.3
Public psychiatric hospitals <sup>(d)</sup>	63.4	64.4	40.1	60.9	55.1	-3.4	-9.6
Private hospitals <sup>(e)(f)</sup>	3.2	3.1	3.0	2.9	2.8	-3.6	-2.9
Private free-standing day hospital facilities <sup>(f)</sup>	1.0	1.0	1.0	1.0	1.0	0.0	-0.0
Other private hospitals <sup>(f)</sup>	3.6	3.5	3.3	3.2	3.2	-3.0	-1.2
Public acute & private hospitals <sup>(g)</sup>	3.7	3.6	3.5	3.5	3.4	-1.9	-1.9
<b>Total</b>	<b>3.9</b>	<b>3.8</b>	<b>3.7</b>	<b>3.6</b>	<b>3.5</b>	<b>-2.3</b>	<b>-2.4</b>
<b>Average length of stay, excluding same day separations (days)</b>							
Public hospitals	6.8	6.9	6.7	6.9	6.9	0.4	-0.2
Public acute hospitals	6.3	6.4	6.4	6.5	6.5	1.0	0.6
Public psychiatric hospitals <sup>(d)</sup>	71.4	74.1	48.6	72.1	66.2	-1.9	-8.2
Private hospitals <sup>(e)(f)</sup>	5.9	5.9	5.7	5.7	5.6	-1.3	-0.5
Private free-standing day hospital facilities <sup>(f)</sup>	1.0	1.0	1.0	1.0	1.0	0.0	-3.5
Other private hospitals <sup>(f)</sup>	5.9	5.9	5.8	5.7	5.6	-1.2	-0.5
Public acute & private hospitals <sup>(g)</sup>	6.2	6.2	6.2	6.2	6.2	0.3	0.2
<b>Total</b>	<b>6.6</b>	<b>6.6</b>	<b>6.4</b>	<b>6.5</b>	<b>6.5</b>	<b>-0.2</b>	<b>-0.3</b>

(continued)

**Table 2.3 (continued): Summary of separation<sup>(a)</sup>, patient day and average length of stay statistics, by hospital type, Australia, 1998–99 to 2002–03<sup>(b)</sup>**

	1998–99	1999–00	2000–01	2001–02	2002–03	% change <sup>(c)</sup>	
						Ave since 1998–99	Since 2001–02
<b>Indirectly standardised relative stay index<sup>(k)</sup></b>							
Public hospitals	1.00	0.99	0.98	0.98	0.96	..	..
Public acute hospitals	0.98	0.98	0.97	0.95	0.98	..	..
Public psychiatric hospitals <sup>(d)</sup>	1.34	1.28	1.29	1.31	1.33	..	..
Private hospitals <sup>(e)(f)</sup>	1.09	1.06	1.05	1.02	1.00	..	..
Private free-standing day hospital facilities <sup>(f)</sup>	0.72	0.74	0.75	0.73	0.73	..	..
Other private hospitals <sup>(f)</sup>	1.11	1.08	1.06	1.03	1.02	..	..
Public acute & private hospitals <sup>(g)</sup>	1.03	1.01	1.00	0.99	0.97	..	..
<b>Total</b>	<b>1.03</b>	<b>1.01</b>	<b>1.00</b>	<b>0.99</b>	<b>0.97</b>	..	..
<b>Directly standardised relative stay index<sup>(l)</sup></b>							
Public hospitals	1.02	0.99	0.99	0.98	0.96	-1.3	-1.7
Public acute hospitals	1.01	0.99	0.99	0.98	0.96	-1.2	-1.7
Public psychiatric hospitals <sup>(d)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Private hospitals <sup>(e)(f)</sup>	1.11	1.09	1.08	1.06	1.06	-1.1	-0.1
Private free-standing day hospital facilities <sup>(f)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals <sup>(f)</sup>	1.13	1.10	1.09	1.08	1.08	-1.1	-0.0
Public acute & private hospitals <sup>(g)</sup>	1.03	1.01	1.00	0.99	0.97	-1.4	-1.5
<b>Total</b>	<b>1.03</b>	<b>1.01</b>	<b>1.00</b>	<b>0.99</b>	<b>0.97</b>	<b>-1.4</b>	<b>-1.5</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) For 1998–99 to 2002–03 data on separations and patient days for public patients, private patients and other categories of patients in the public and private sector are presented in Table 6.5.

(c) Annual average change.

(d) Caution should be used with average length of stay for public psychiatric hospitals. The figures include a small percentage of long stay patients who can affect the average markedly. The median length of stay in 2002–03 was 7 days and the median length of stay excluding same day separations was 9 days.

(e) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See Appendix 4 for details.

(f) The hospital type was not specified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database for 2000–01, 2001–02 and 2002–03. Thus, data for Tasmania are included in the total for private hospitals but not for the private hospital subcategories.

(g) Excludes public psychiatric hospitals.

(h) Figures are rates per 1,000 directly age-standardised to the Australian population at 30 June 2001. For private hospitals, rates were derived using populations of the reporting states and territories only, without adjustment for incomplete reporting.

(i) AR-DRGs version 4.2 and public national cost weights 2001–02 were used for all rows under Average public cost weight of separations.

(j) AR-DRGs version 4.2 and private national cost weights for 2001–02 were used for all rows in Average private cost weight of separations.

(k) Relative stay index based on all hospitals combined for the five-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 five-year average based on the casemix of that group. See Appendix 3 for details on the methodology.

(l) Relative stay index based on all hospitals combined for the five-year period using the direct method. The directly standardised relative stay index is comparable between cells. See Appendix 3 for details on the methodology.

.. Not applicable.

n.p. Not published, because there were too few AR-DRGs in the group.

**Table 2.4: Summary of separation<sup>(a)</sup>, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(b)</sup>
<b>Separations</b>									
Public hospitals	1,291,174	1,149,840	702,166	367,825	367,859	80,215	63,743	68,149	4,090,971
Public acute hospitals	1,280,367	1,149,404	701,701	365,879	365,117	79,933	63,743	68,149	4,074,293
Public psychiatric hospitals	10,807	436	465	1,946	2,742	282	..	..	16,678
Private hospitals <sup>(c)</sup>	708,976	651,106	602,165	280,598	211,711	n.p.	n.p.	n.p.	2,562,801
Private free-standing day hospital facilities <sup>(c)</sup>	160,361	96,742	135,926	29,425	32,640	n.p.	n.p.	n.p.	455,094
Other private hospitals <sup>(c)</sup>	548,615	554,364	466,239	251,173	179,071	n.p.	n.p.	n.p.	2,039,731
Public acute & private hospitals <sup>(i)</sup>	1,989,343	1,800,510	1,303,866	646,477	576,828	n.p.	n.p.	n.p.	6,637,094
<b>Total</b>	<b>2,000,150</b>	<b>1,800,946</b>	<b>1,304,331</b>	<b>648,423</b>	<b>579,570</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6,653,772</b>
<b>Overnight separations</b>									
Public hospitals	736,259	525,369	358,734	187,005	185,455	40,935	27,598	29,379	2,090,734
Public acute hospitals	727,964	524,937	358,272	185,085	182,996	40,657	27,598	29,379	2,076,888
Public psychiatric hospitals	8,295	432	462	1,920	2,459	278	..	..	13,846
Private hospitals <sup>(c)</sup>	260,680	248,156	219,880	117,411	89,260	n.p.	n.p.	n.p.	985,678
Private free-standing day hospital facilities <sup>(c)</sup>	3,501	1	0	445	6	n.p.	n.p.	n.p.	3,953
Other private hospitals <sup>(c)</sup>	257,179	248,155	219,880	116,966	89,254	n.p.	n.p.	n.p.	950,549
Public acute & private hospitals <sup>(i)</sup>	988,644	773,093	578,152	302,496	272,256	n.p.	n.p.	n.p.	3,062,566
<b>Total</b>	<b>996,939</b>	<b>773,525</b>	<b>578,614</b>	<b>304,416</b>	<b>274,715</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>3,076,412</b>
<b>Same day separations</b>									
Public hospitals	554,915	624,471	343,432	180,820	182,404	39,280	36,145	38,770	2,000,237
Public acute hospitals	552,403	624,467	343,429	180,794	182,121	39,276	36,145	38,770	1,997,405
Public psychiatric hospitals	2,512	4	3	26	283	4	..	..	2,832
Private hospitals <sup>(c)</sup>	448,296	402,950	382,285	163,187	122,451	n.p.	n.p.	n.p.	1,577,123
Private free-standing day hospital facilities <sup>(c)</sup>	156,860	96,741	135,926	28,980	32,634	n.p.	n.p.	n.p.	451,141
Other private hospitals <sup>(c)</sup>	291,436	306,209	246,359	134,207	89,817	n.p.	n.p.	n.p.	1,089,182
Public acute & private hospitals <sup>(i)</sup>	1,000,699	1,027,417	725,714	343,981	304,572	n.p.	n.p.	n.p.	3,574,528
<b>Total</b>	<b>1,003,211</b>	<b>1,027,421</b>	<b>725,717</b>	<b>344,007</b>	<b>304,855</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>3,577,360</b>
<b>Same day separations as a % of total</b>									
Public hospitals	43.0	54.3	48.9	49.2	49.6	49.0	56.7	56.9	48.9
Public acute hospitals	43.1	54.3	48.9	49.4	49.9	49.1	56.7	56.9	49.0
Public psychiatric hospitals	23.2	0.9	0.6	1.3	10.3	1.4	..	..	17.0
Private hospitals <sup>(c)</sup>	63.2	61.9	63.5	58.2	57.8	n.p.	n.p.	n.p.	61.5
Private free-standing day hospital facilities <sup>(c)</sup>	97.8	100.0	100.0	98.5	100.0	n.p.	n.p.	n.p.	99.1
Other private hospitals <sup>(c)</sup>	53.1	55.2	52.8	53.4	50.2	n.p.	n.p.	n.p.	53.4
Public acute & private hospitals <sup>(i)</sup>	50.3	57.1	55.7	53.2	52.8	n.p.	n.p.	n.p.	53.9
<b>Total</b>	<b>50.2</b>	<b>57.0</b>	<b>55.6</b>	<b>53.1</b>	<b>52.6</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>53.8</b>

(continued)

**Table 2.4 (continued): Summary of separation<sup>(a)</sup>, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(b)</sup>
<b>Separations per 1,000 population<sup>(e)</sup></b>									
Public hospitals	190.2	231.3	189.4	195.4	231.0	164.5	219.7	422.5	205.7
Public acute hospitals	188.6	231.2	189.3	194.4	229.2	163.9	219.7	422.5	204.8
Public psychiatric hospitals	1.6	0.1	0.1	1.0	1.8	0.6	..	..	0.8
Private hospitals <sup>(c)</sup>	104.2	130.4	162.8	148.1	130.0	n.p.	n.p.	n.p.	129.5
Private free-standing day hospital facilities <sup>(c)</sup>	23.6	19.5	36.6	15.5	19.6	n.p.	n.p.	n.p.	23.9
Other private hospitals <sup>(c)</sup>	80.6	111.0	126.2	132.7	110.4	n.p.	n.p.	n.p.	105.5
Public acute & private hospitals <sup>(i)</sup>	292.8	361.6	352.0	342.5	359.2	n.p.	n.p.	n.p.	334.3
<b>Total</b>	<b>294.4</b>	<b>361.7</b>	<b>352.1</b>	<b>343.5</b>	<b>361.1</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>333.9</b>
<b>Average public cost weight of separations<sup>(f)</sup></b>									
Public hospitals	1.03	0.96	0.97	0.96	1.00	1.08	0.94	0.75	0.99
Public acute hospitals	1.03	0.96	0.97	0.95	0.99	1.07	0.94	0.75	0.98
Public psychiatric hospitals	1.55	2.55	2.66	2.41	2.68	2.68	..	..	1.88
Private hospitals <sup>(c)</sup>	0.92	0.89	0.88	0.86	0.95	n.p.	n.p.	n.p.	0.90
Private free-standing day hospital facilities <sup>(c)</sup>	0.55	0.44	0.50	0.44	0.50	n.p.	n.p.	n.p.	0.50
Other private hospitals <sup>(c)</sup>	1.03	0.97	1.00	0.91	1.04	n.p.	n.p.	n.p.	0.99
Public acute & private hospitals <sup>(i)</sup>	0.99	0.93	0.93	0.91	0.98	n.p.	n.p.	n.p.	0.95
<b>Total</b>	<b>0.99</b>	<b>0.93</b>	<b>0.93</b>	<b>0.92</b>	<b>0.98</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.95</b>
<b>Average private cost weight of separations<sup>(g)</sup></b>									
Private hospitals <sup>(c)</sup>	0.86	0.86	0.84	0.82	0.89	n.p.	n.p.	n.p.	0.86
Private free-standing day hospital facilities <sup>(c)</sup>	0.50	0.43	0.45	0.38	0.41	n.p.	n.p.	n.p.	0.46
Other private hospitals <sup>(c)</sup>	0.98	0.93	0.95	0.87	0.98	n.p.	n.p.	n.p.	0.95
<b>Patient days</b>									
Public hospitals	5,695,687	4,224,297	2,772,005	1,450,914	1,504,023	354,296	219,493	205,745	16,426,460
Public acute hospitals	5,333,202	4,190,384	2,436,481	1,375,537	1,409,552	336,927	219,493	205,745	15,507,321
Public psychiatric hospitals	362,485	33,913	335,524	75,377	94,471	17,369	..	..	919,139
Private hospitals <sup>(c)</sup>	1,893,686	1,829,025	1,697,289	784,936	599,101	n.p.	n.p.	n.p.	7,123,940
Private free-standing day hospital facilities <sup>(c)</sup>	160,361	96,742	135,926	29,425	32,640	n.p.	n.p.	n.p.	455,094
Other private hospitals <sup>(c)</sup>	1,733,325	1,732,283	1,561,363	755,511	566,461	n.p.	n.p.	n.p.	6,458,145
Public acute & private hospitals <sup>(i)</sup>	7,226,888	6,019,409	4,133,770	2,160,473	2,008,653	n.p.	n.p.	n.p.	22,631,261
<b>Total</b>	<b>7,589,373</b>	<b>6,053,322</b>	<b>4,469,294</b>	<b>2,235,850</b>	<b>2,103,124</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>23,550,400</b>
<b>Patient days per 1,000 population<sup>(a)</sup></b>									
Public hospitals	827.5	839.0	753.7	785.0	904.4	709.9	790.9	1,333.1	774.7
Public acute hospitals	773.9	832.1	663.5	745.1	843.1	674.8	790.9	1,333.1	774.7
Public psychiatric hospitals	53.6	6.9	90.3	39.8	61.3	35.1	..	..	46.4
Private hospitals <sup>(c)</sup>	275.3	362.3	464.4	423.4	354.9	n.p.	n.p.	n.p.	357.3
Private free-standing day hospital facilities <sup>(c)</sup>	23.6	19.5	36.6	15.5	19.6	n.p.	n.p.	n.p.	23.9
Other private hospitals <sup>(c)</sup>	251.7	342.9	427.8	408.0	335.3	n.p.	n.p.	n.p.	332.2
Public acute & private hospitals <sup>(i)</sup>	1,049.2	1,194.4	1,127.9	1,168.6	1,198.0	n.p.	n.p.	n.p.	1,132.0
<b>Total</b>	<b>1,102.8</b>	<b>1,201.3</b>	<b>1,218.1</b>	<b>1,208.4</b>	<b>1,259.3</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>1,176.0</b>

(continued)

**Table 2.4 (continued): Summary of separation<sup>(a)</sup>, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(b)</sup>
<b>Average length of stay (days)</b>									
Public hospitals	4.4	3.7	3.9	3.9	4.1	4.4	3.4	3.0	4.0
Public acute hospitals	4.2	3.6	3.5	3.8	3.9	4.2	3.4	3.0	3.8
Public psychiatric hospitals <sup>(n)</sup>	33.5	77.8	721.6	38.7	34.5	61.6	..	..	55.1
Private hospitals <sup>(c)</sup>	2.7	2.8	2.8	2.8	2.8	n.p.	n.p.	n.p.	2.8
Private free-standing day hospital facilities <sup>(c)</sup>	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals <sup>(c)</sup>	3.2	3.1	3.3	3.0	3.2	n.p.	n.p.	n.p.	3.2
Public acute & private hospitals <sup>(l)</sup>	3.6	3.3	3.2	3.3	3.5	n.p.	n.p.	n.p.	3.4
<b>Total</b>	<b>3.8</b>	<b>3.4</b>	<b>3.4</b>	<b>3.4</b>	<b>3.6</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>3.5</b>
<b>Average length of stay, excluding same day separations (days)</b>									
Public hospitals	7.0	6.9	6.8	6.8	7.1	7.7	6.6	5.7	6.9
Public acute hospitals	6.6	6.8	5.8	6.5	6.7	7.3	6.6	5.7	6.5
Public psychiatric hospitals <sup>(n)</sup>	43.4	78.5	726.2	39.2	38.3	62.5	..	..	66.2
Private hospitals <sup>(c)</sup>	5.5	5.7	6.0	5.3	5.3	n.p.	n.p.	n.p.	5.6
Private free-standing day hospital facilities <sup>(c)</sup>	1.0	1.0	..	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals <sup>(c)</sup>	5.6	5.7	6.0	5.3	5.3	n.p.	n.p.	n.p.	5.6
Public acute & private hospitals <sup>(l)</sup>	6.3	6.5	5.9	6.0	6.3	n.p.	n.p.	n.p.	6.2
<b>Total</b>	<b>6.6</b>	<b>6.5</b>	<b>6.5</b>	<b>6.2</b>	<b>6.5</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6.5</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) In the Total column, the rates for private hospitals were derived using populations of the reporting states and territories only, without adjustment for incomplete reporting.

(c) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See Appendix 4 for details.

(d) The hospital type was not specified for Tasmanian private hospitals. Thus, data for Tasmanian hospitals are included in the total for private hospitals, but not for the private hospital subcategories.

(e) Excludes public psychiatric hospitals.

(f) Figures are directly age-standardised to the Australian population at 30 June 2001.

(g) Separations for which the care type was reported as *Acute*, or as *Newborn* with qualified patient days, or was *Not reported*. Public national cost weights were used for all rows under Average public cost weight of separations.

(h) Separations for which the care type was reported as *Acute*, or as *Newborn with qualified patient days*, or was *Not reported*. Private national cost weights were used for all rows in Average private cost weight of separations.

(i) 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.

n.p. Not published.

.. Not applicable.

**Table 2.5: Non-admitted patient occasions of service<sup>(a)</sup>, by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2002–03**

Type of non-admitted patient care	NSW <sup>(b)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(c)</sup>	Total <sup>(d)</sup>
<b>Public acute hospitals</b>									
<b>Individual occasions of service</b>									
Accident & emergency	1,982,190	1,260,848	1,222,777	570,975	472,041	96,604	96,151	94,271	5,795,857
Dialysis	20,215	..	..	..	..	..	..	..	20,215
Pathology	2,552,693	682,346	2,400,981	667,100	..	186,983	33,196	71,014	6,594,313
Radiology & organ imaging	782,604	606,455	745,031	336,894	255,534	67,979	60,941	68,202	2,923,640
Endoscopy & related procedures	9,274	..	3,212	..	..	..	..	..	12,486
Other medical/surgical/obstetric	3,826,738	1,439,821	2,265,376	547,788	846,851	224,134	188,212	86,008	9,424,928
Mental health	606,318	783,005	82,345	30,046	19,029	1,831	5,580	..	1,528,154
Alcohol & drug	883,966	24,718	55,080	..	..	..	..	..	963,764
Dental	653,181	152,537	399,396	9,001	6,724	1,892	..	..	1,222,731
Pharmacy	837,325	372,220	715,088	159,256	..	55,638	451	23,476	2,163,454
Allied health	1,458,603	1,011,483	557,500	854,588	233,830	97,740	8,257	13,091	4,235,092
Community health	2,010,932	447,469	208,897	759,274	..	1,623	492	..	3,428,687
District nursing	881,769	333,916	65,996	184,866	..	..	..	..	1,466,547
Other outreach	320,541	3,303	121,083	132,200	375,247	35,393	17,934	..	1,005,701
<b>Total individual occasions of service</b>	<b>16,826,349</b>	<b>7,118,121</b>	<b>8,842,762</b>	<b>4,251,988</b>	<b>2,209,256</b>	<b>769,817</b>	<b>411,214</b>	<b>356,062</b>	<b>40,785,569</b>
<b>Group sessions</b>									
Other medical/surgical/obstetric	35,747	n.a.	8,436	3	5,903	n.a.	2,017	n.a.	52,106
Mental health	27,087	n.a.	1,714	1,273	1,577	n.a.	1,247	n.a.	32,898
Alcohol & drug	5,114	n.a.	..	0	..	n.a.	..	n.a.	5,114
Allied health	43,363	n.a.	11,406	12,076	6,282	n.a.	636	n.a.	73,763
Community health	57,580	n.a.	2,726	18,853	..	n.a.	..	n.a.	79,159
District nursing	4,828	n.a.	143	2,780	..	n.a.	..	n.a.	7,751
Other outreach	7,615	n.a.	620	2,016	112,349	n.a.	102	n.a.	122,702
Other	376	n.a.	..	..	..	n.a.	..	n.a.	376
<b>Total group sessions</b>	<b>181,710</b>	<b>32,432</b>	<b>25,045</b>	<b>37,001</b>	<b>126,111</b>	<b>n.a.</b>	<b>4,002</b>	<b>n.a.</b>	<b>406,301</b>
<b>Public psychiatric hospitals</b>									
Emergency & outpatient individual sessions	184,585	4,408	156	31,520	n.a.	n.a.	..	..	220,669
Emergency & outpatient group sessions	5,781	0	0	839	n.a.	n.a.	..	..	6,620
Outreach/community individual sessions	2,819	0	83,285	0	n.a.	n.a.	..	..	86,104
Outreach/community group sessions	0	0	0	0	n.a.	n.a.	..	..	0
<b>Total services</b>	<b>193,185</b>	<b>4,408</b>	<b>83,441</b>	<b>32,359</b>	<b>n.a.</b>	<b>n.a.</b>	<b>..</b>	<b>..</b>	<b>313,393</b>

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

(b) Data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when final New South Wales data become available.

(c) Radiology figures for the Northern Territory are underestimated and pathology figures relate only to 3 of the 5 hospitals.

(d) Includes only those states and territories for which data are available.

n.a. Not available.

.. Not applicable.



**Table 2.6: Accident and emergency non-admitted patient occasions of service, by Remoteness Area of hospital, public acute hospitals, states and territories, 2002–03**

	NSW <sup>(a)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Accident and emergency services</b>									
Major cities	1,129,749	825,805	459,744	270,053	309,971	..	96,151	..	3,091,473
Inner regional	609,493	334,848	356,464	47,999	56,564	63,346	0	..	1,468,714
Outer regional	212,075	100,195	271,190	100,120	68,191	28,520	..	36,768	817,059
<i>Total regional</i>	<i>821,568</i>	<i>435,043</i>	<i>627,654</i>	<i>148,119</i>	<i>124,755</i>	<i>91,866</i>	<i>0</i>	<i>36,768</i>	<i>2,285,773</i>
Remote	22,026	0	78,200	90,689	26,195	3,236	..	41,767	262,113
Very remote	8,847	..	57,179	62,114	11,120	1,502	..	15,736	156,498
<i>Total remote</i>	<i>30,873</i>	<i>0</i>	<i>135,379</i>	<i>152,803</i>	<i>37,315</i>	<i>4,738</i>	<i>..</i>	<i>57,503</i>	<i>418,611</i>
<b>Total</b>	<b>1,982,190</b>	<b>1,260,848</b>	<b>1,222,777</b>	<b>570,975</b>	<b>472,041</b>	<b>96,604</b>	<b>96,151</b>	<b>94,271</b>	<b>5,795,857</b>
<b>Ratio of accident and emergency services provided in area to 1,000 population resident in area<sup>(b)</sup></b>									
Major cities	238	231	236	199	284	..	300	..	237
Inner regional	447	325	371	201	298	210	0	..	360
Outer regional	438	396	414	537	382	177	..	341	403
<i>Total regional</i>	<i>445</i>	<i>339</i>	<i>389</i>	<i>348</i>	<i>339</i>	<i>199</i>	<i>0</i>	<i>341</i>	<i>374</i>
Remote	564	0	842	999	572	388	..	1,001	808
Very remote	1,112	..	1,070	1,248	795	587	..	320	874
<i>Total remote</i>	<i>656</i>	<i>0</i>	<i>925</i>	<i>1,087</i>	<i>624</i>	<i>435</i>	<i>..</i>	<i>633</i>	<i>831</i>
<b>Total</b>	<b>299</b>	<b>260</b>	<b>330</b>	<b>297</b>	<b>311</b>	<b>204</b>	<b>299</b>	<b>475</b>	<b>295</b>

(a) Data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when final New South Wales data become available.

(b) The ratio of services provided in the area to the number of residents in the area only approximates population utilisation as services provided in the area may be provided to persons residing in other Remoteness Area categories.

.. Not applicable.

**Table 2.7: Non-admitted patient occasions of service ('000), by type of non-admitted patient care, private hospitals, states and territories, 2001-02**

Type of non-admitted patient care	NSW & ACT	Vic	Qld	SA & NT	WA	Tas	Total
Accident and emergency <sup>(a)</sup>	73.9	127.2	117.9	45.0	90.3	n.a.	504.9
Outpatient services <sup>(b)</sup>	248.1	562.3	222.8	11.7	75.9	n.a.	1,128.9
Other non-admitted services <sup>(c)</sup>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	136.2
Other	n.a.	n.a.	n.a.	n.a.	n.a.	0.0	44.0
<b>Total</b>	<b>448.9</b>	<b>714.0</b>	<b>342.2</b>	<b>59.8</b>	<b>183.4</b>	<b>65.8</b>	<b>1,814.0</b>

(a) Including hospitals which do not have a formal accident and emergency unit but which treated accident and emergency patients during the year.

(b) Includes *Dialysis, Radiology and organ imaging, Endoscopy, Pathology, Other medical/surgical/diagnostic, Psychiatric, Alcohol and drug, Dental, Pharmacy and Allied health services.*

(c) Includes *Community health services, District nursing services and Non-medical and social services.*

n.a. Not available.

Source: Australian Bureau of Statistics' Private Health Establishments Collection, unpublished data.

# 3 Public hospital establishments

## Introduction

This chapter describes the public hospital sector in terms of the number of hospitals, availability of hospital beds, staff employed and specialised services provided. This chapter also provides information on public hospital expenditure and revenue. The main source of data is the National Public Hospital Establishments Database. Data on specialised services, expenditure, staffing and revenue for some small hospitals in Tasmania were incomplete. Data were not provided for a small number of hospitals (see Appendix 4). Expenditure data for New South Wales are preliminary (Table 3.5) while information on staffing and revenue are not available for New South Wales (Tables 3.4 and 3.6). These tables will be updated on the AIHW website when the data have been finalised.

## Hospitals and bed numbers

Table 3.1 presents information on the numbers of hospitals and beds and the distribution of hospitals by their size, which has been determined by the number of available beds. There were 748 hospitals and 52,200 beds reported for 2002–03.

The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. A more reliable indicator of the availability of hospital services may be the numbers of hospital beds. However, the concept of an available bed is also becoming less important, for example in the light of increasing same day hospitalisations and the provision of hospital in the home care. The comparability of bed numbers can also be affected by the casemix of hospitals with, for example, differing proportions of beds available for special and more general purposes.

Based on numbers of available beds, there were more small hospitals, particularly in those jurisdictions that cover large geographic areas. The majority of beds were in larger hospitals and in more densely populated areas. Although 71% of hospitals had fewer than 50 beds, these small hospitals had less than 20% of total available beds. The largest hospital had 818 beds and the median hospital size was 25 beds.

Further detail about the characteristics and numbers of public hospitals is included in Appendix 4 and, by public hospital peer group, in Tables 4.2 and 4.3.

## Geographical distribution of beds

The Remoteness Area classification is used in Table 3.2 to present information on the geographical distribution of public hospitals and available beds, and on the number of available beds per 1,000 population. Information on the Remoteness Area classification is included in Appendix 3.

On a Remoteness Area basis, the highest number of hospitals was in outer regional areas (224) and the largest number of beds was in major cities (32,218).

Nationally, there were 2.7 public hospital beds per 1,000 population. The ratio of public hospital beds in a jurisdiction to the population resident in the jurisdiction ranged from 2.1 beds per 1,000 population in the Australian Capital Territory to 3.2 beds per 1,000 population in South Australia.

On a Remoteness Area basis, the ratio of public hospital beds in an area to the population resident in the area ranged from 2.5 beds per 1,000 population nationally in major cities, to 2.8 beds per 1,000 population in regional areas and 5.1 beds per 1,000 population in remote and very remote areas. This distribution of beds is reflected in separation rates for public hospitals by geographical area (see Figure 7.8 and Table 7.12).

These data should be interpreted noting that hospitals based in central locations can also serve patients who reside in other areas of a state or territory or in other jurisdictions. The patterns of bed availability may also reflect a number of factors including patterns of availability of other health care services, patterns of disease and injury, and the poor health of Indigenous people, who have higher population concentrations in remote areas.

## Specialised services

Data relating to the availability of specialised services (such as obstetric/maternity services, intensive care units, cancer treatment centres and organ transplant services) in public acute hospitals for all states and territories are presented in Table 3.3. By far, the most common specialised services offered by hospitals were domiciliary care services and services provided by obstetric/maternity and nursing home care units. By contrast, acute spinal cord injury units and pancreas, heart and liver transplant services were provided by only a few hospitals, reflecting the highly specialised nature of those services.

Most specialised services were in hospitals located in major cities, for example with all 7 *Acute spinal cord injury* units being located in *Major cities*. However, other services were more spread with 2 of the 13 *Burns units (level III)* being in regional areas and 67 *Obstetric/maternity services* being in Major cities, 174 in regional hospitals and 31 in remote hospitals.

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

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, there were some smaller hospitals that reported having an obstetric unit and reported less than one delivery a week on average to the National Hospital Morbidity Database. There are also a few hospitals that reported not having an obstetric unit, that reported two or more deliveries a day.

For information on service-related indicators of specialised services, see Appendix 5 on Service Related Groups.

## Staffing

Information on the number of full-time equivalent staff employed in public hospitals by state and territory is presented in Table 3.4, as the average available staff for the year. The collection of data by staffing category is not consistent among states and territories – for some jurisdictions, best estimates are reported for some staffing categories. Data for New South Wales are not available and Table 3.4 will be updated on the AIHW website when these data are available.

Nurses constituted the largest group of full-time equivalent staff employed in the public hospital sector; registered nurses were the largest group in those states and territories for which data was available for staffing categories.

Information on numbers of visiting medical officers (VMOs), who are contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals, is not available due to problems in the collection of systematic data on the hours, sessions and/or services provided by VMOs in many hospitals. (See Table 3.5 for data on expenditure on VMOs.)

Variation in some staffing categories (in particular, *Other personal care staff* and *Domestic and other staff*) is most likely due to different reporting practices within the states. Queensland, in particular, has noted that there is little difference between these categories, and that an employee may perform different functions within these two categories on different days. South Australia, Tasmania, and Victoria did not provide data on *Other personal care staff* and these staff are included in the *Diagnostic and allied health* and *Domestic and other* staffing categories.

The outsourcing of services with a large labour-related component (e.g. food services and domestic services) can have a large impact on the staffing figures. Differences in outsourcing may explain some of the differences in full-time equivalent staff in some staffing categories and also some of the differences between the states and territories.

## Recurrent expenditure by hospitals

Nationally, recurrent expenditure by public acute and psychiatric hospitals was \$18,323 million in 2002–03 (Table 2.1). Information on gross recurrent expenditure, categorised into salary and non-salary expenditure, is presented in Table 3.5. Data for New South Wales are preliminary and this table will be updated on the AIHW website when these data are available.

There was an increase in expenditure of 8.8% (\$1.5 billion) in current prices between 2001–02 and 2002–03. In constant prices (referenced to 2001–02), national expenditure was \$17,703 million in 2002–03, and represented a real increase in expenditure of 5.1% over 2001–02.

The largest contributor to these increases was an increase in recurrent expenditure of \$579 million (current prices) by New South Wales, which included \$304 million increase for salaries and wages expenditure. There was an increase of \$416 million (current prices) for Victoria, which included a \$280 million increase for salaries and wages. The implementation of revised annual reporting structures in 2002–03 resulted in expenditure by Victorian public hospitals being more accurately segmented into expenditure on residential aged care (nursing homes and aged care hostels) and expenditure on 'public hospital services'. It is estimated that the effect of this change was around \$70 million of expenditure on 'public hospital services' being incorrectly excluded in 2001–02 and previous years.

The largest share of expenditure for 2002–03 was for salary payments. Even when payments to VMOs are excluded, salary payments accounted for 62% of the \$18.3 billion spent within the public hospital system. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data are available.

Medical and surgical supplies (which include consumable supplies only and not equipment purchases), administrative expenses and drug supplies were the major non-salary expenses

for public hospitals nationally. Data for Queensland includes payments for pathology provided by the state-wide pathology services.

Depreciation has also been reported in Table 3.5. The data show that there is variation between states and territories in reporting, ranging from 6.0% of total expenditure in Queensland to 3.2% in Western Australia and 0.9% for the Northern Territory. No data were available on depreciation for South Australia and Tasmania.

## Hospital revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from state or territory governments) is reported in Table 3.6. In this table, states and territories have reported revenue against three categories: *Patient revenue*, *Recoveries* (income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries), and *Other revenue* (such as from charities). In data reported for Queensland, *Patient revenue* includes revenue for items such as pharmacy and ambulance, which could be considered as *Recoveries*. Data for New South Wales are not available and Table 3.6 will be updated on the AIHW website when these data are available.

Revenue as a proportion of total expenditure was variable across states and territories. Public hospital revenue in Tasmania represented 14% of expenditure, whereas public hospital revenues in Queensland, the Northern Territory and South Australia represented less than 5% of expenditure.

There is some variation among the states and territories in the treatment of revenue data. For example, Victoria's *Other revenue* includes some Commonwealth program grants that are paid directly to hospitals (for example, Rural Health Services Program). In contrast, the Northern Territory does not include Commonwealth grants in its revenue figures. For 2002–03, Victoria improved its validation process and reduced inadvertent reporting of revenue from nursing home entities attached to hospitals that had been included in revenue data by some hospitals in previous years.

There is also some inconsistency in the treatment of income from asset sales. Western Australia netted out asset sales in their capital expenditure accounts, and South Australia netted out land sales in their capital expenditure accounts and reported sales from other surplus goods in the revenue figures. Both the Australian Capital Territory and the Northern Territory reported revenue from asset disposal as part of *Other revenue*. Victoria and Queensland account for asset sales in their capital expenditure accounts. The income from asset disposal (apart from major assets such as land, buildings and some motor vehicles) is usually not very significant as capital assets are generally retained until they are either worn out or obsolete, making their residual value comparatively small. Sometimes there is even a net cost incurred in disposing of an asset.

## Other expenditure and revenue related to hospitals

Expenditure reported in Table 3.5 is largely expenditure by hospitals and not necessarily all expenditure on hospital services by the state or territory government. Revenue reported in Table 3.6 is largely revenue received by individual hospitals, and does not necessarily

include all revenue received by the state or territory government for provision of hospital services.

For example, for some states and territories, expenditure on services purchased by the state or territory government from private hospitals is not included in Table 3.5. Expenditure on public patients (see patient election status in chapter 6) in other jurisdictions is also not identified in Table 3.5 for the purchasing jurisdiction, although it would be largely reflected as expenditure in other jurisdictions' columns in Table 3.5. It would not be included in Table 3.6, which excludes general revenue payments from the state and territory governments.

New South Wales, for example, reported \$88.4 million as expenditure on New South Wales residents treated as public patients in other jurisdictions in 2001-02, and \$1.7 million as revenue for treatment of residents of other jurisdictions as public patients in its hospital system (a net \$86.7 million outflow).

Also not included in the Tables is expenditure by states and territories on services purchased by the state and territory governments (rather than by individual public hospitals) from private hospitals. New South Wales, for example, reported that the state government spent \$74.8 million on services reported from two private hospitals in 2001-02.

## Notes on financial data

Financial data reported from the National Public Hospital Establishments Database are not comparable with data reported in the Institute's annual publication *Health Expenditure Australia* (AIHW 2003b). For the latter, trust fund expenditure is included (whereas it is not generally included in the data here), and hospital expenditure may be defined to cover activity not covered by this data collection.

Capital formation expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National Health Data Dictionary* (NHDD) (AIHW 2002b) categories and the comparability of the data may not be adequate for reporting.

It should also be noted that, because some states and territories have not fully implemented accrual accounting procedures and systems, expenditure and revenue presented in the current report may be mixtures of expenditure/payments and revenue/receipts, respectively. Depreciation represents a significant portion of expenditure and has been excluded from expenditure totals to improve comparability across jurisdictions.

**Table 3.1: Number of public acute and psychiatric hospitals<sup>(a)</sup> and available beds<sup>(b)</sup>, by hospital size, states and territories, 2002-03**

Hospital size <sup>(c)</sup>	NSW	Vic <sup>(d)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hospitals</b>									
10 or less beds	27	36	66	25	6	15	1	0	176
More than 10 to 50 beds	112	49	76	50	57	7	0	2	353
More than 50 to 100 beds	32	24	11	8	8	0	0	1	84
More than 100 to 200 beds	23	13	14	5	3	1	1	1	61
More than 200 to 500 beds	18	21	9	4	5	2	1	1	61
More than 500 beds	6	1	3	2	1	0	0	0	13
<b>Total</b>	<b>218</b>	<b>144</b>	<b>179</b>	<b>94</b>	<b>80</b>	<b>25</b>	<b>3</b>	<b>5</b>	<b>748</b>
<b>Available beds</b>									
10 or less beds	138	235	222	187	35	74	10	..	901
More than 10 to 50 beds	2,859	1,193	1,864	1,152	1,526	167	..	50	8,811
More than 50 to 100 beds	2,340	1,758	808	555	569	..	..	60	6,090
More than 100 to 200 beds	3,523	1,874	2,029	716	496	131	179	164	9,112
More than 200 to 500 beds	5,595	6,280	2,702	1,243	1,624	764	493	295	18,996
More than 500 beds	3,631	598	2,282	1,164	615	..	..	..	8,290
<b>Total</b>	<b>18,085</b>	<b>11,938</b>	<b>9,907</b>	<b>5,018</b>	<b>4,864</b>	<b>1,136</b>	<b>682</b>	<b>569</b>	<b>52,200</b>

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses: See Appendix 4 for more detail.

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

(c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services:

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

.. Not applicable.



**Table 3.2: Number of hospitals<sup>(a)</sup>, available beds and ratio of available beds in area to 1,000 population resident in area, by Remoteness Area, public acute and psychiatric hospitals, states and territories, 2002-03**

Region	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hospitals</b>									
Major cities	65	48	20	20	14	..	3	..	192
Inner regional	75	58	26	9	16	8	0	..	170
Outer regional	63	36	55	28	28	13	..	1	224
<i>Total regional</i>	<i>138</i>	<i>94</i>	<i>81</i>	<i>37</i>	<i>44</i>	<i>21</i>	<i>0</i>	<i>1</i>	<i>394</i>
Remote	12	2	34	24	16	2	..	2	92
Very remote	3	..	44	13	6	2	..	2	70
<i>Total remote</i>	<i>15</i>	<i>2</i>	<i>78</i>	<i>37</i>	<i>22</i>	<i>4</i>	<i>..</i>	<i>4</i>	<i>162</i>
<b>Total all regions</b>	<b>218</b>	<b>144</b>	<b>179</b>	<b>94</b>	<b>80</b>	<b>25</b>	<b>3</b>	<b>5</b>	<b>748</b>
<b>Available beds</b>									
Major cities	12,206	8,331	4,764	3,294	2,943	..	682	..	32,218
Inner regional	4,064	2,808	2,064	346	496	856	..	..	10,634
Outer regional	1,562	797	2,151	768	954	246	..	295	6,772
<i>Total regional</i>	<i>5,626</i>	<i>3,605</i>	<i>4,215</i>	<i>1,114</i>	<i>1,450</i>	<i>1,102</i>	<i>..</i>	<i>295</i>	<i>17,406</i>
Remote	200	2	442	443	354	25	..	224	1,691
Very remote	54	..	486	168	118	9	..	50	885
<i>Total remote</i>	<i>254</i>	<i>2</i>	<i>928</i>	<i>611</i>	<i>472</i>	<i>34</i>	<i>..</i>	<i>274</i>	<i>2,576</i>
<b>Total all regions</b>	<b>18,085</b>	<b>11,938</b>	<b>9,907</b>	<b>5,018</b>	<b>4,864</b>	<b>1,136</b>	<b>682</b>	<b>569</b>	<b>52,200</b>
<b>Ratio of available beds in area to 1,000 population resident in area</b>									
Major cities	2.6	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Inner regional	3.0	2.7	2.1	1.4	2.6	2.8	0.0	..	2.6
Outer regional	3.2	3.1	3.3	4.1	5.3	1.5	..	2.7	3.3
<i>Total regional</i>	<i>3.0</i>	<i>2.8</i>	<i>2.6</i>	<i>2.6</i>	<i>3.9</i>	<i>2.4</i>	<i>0.0</i>	<i>2.7</i>	<i>2.8</i>
Remote	5.1	0.3	4.8	4.9	7.7	3.0	..	5.4	5.2
Very remote	6.8	..	9.1	3.4	8.4	3.5	..	1.0	4.9
<i>Total remote</i>	<i>5.4</i>	<i>0.3</i>	<i>6.3</i>	<i>4.3</i>	<i>7.9</i>	<i>3.1</i>	<i>..</i>	<i>3.0</i>	<i>5.1</i>
<b>Total all regions</b>	<b>2.7</b>	<b>2.5</b>	<b>2.7</b>	<b>2.6</b>	<b>3.2</b>	<b>2.4</b>	<b>2.1</b>	<b>2.9</b>	<b>2.7</b>

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 4 for more detail.

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

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

.. Not applicable.

**Table 3.3: Number of public acute hospitals <sup>(a)</sup> with specialised services, by Remoteness Area, states and territories, 2002–03**

<b>Specialised services</b>	<b>NSW<sup>(b)</sup></b>	<b>Vic<sup>(c)</sup></b>	<b>Qld</b>	<b>WA</b>	<b>SA<sup>(c)</sup></b>	<b>Tas<sup>(b)</sup></b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
Acute renal dialysis unit	22	11	10	4	4	2	1	2	56
Major city	13	8	3	4	4	0	1	0	33
Regional	7	3	7	0	0	2	0	1	20
Remote	2	0	0	0	0	0	0	1	3
Acute spinal cord injury unit	2	1	1	2	1	0	0	0	7
Major city	2	1	1	2	1	0	0	0	7
AIDS unit	8	3	4	1	1	0	1	1	19
Major city	7	3	3	1	1	0	1	0	16
Regional	1	0	1	0	0	0	0	0	2
Remote	0	0	0	0	0	0	0	1	1
Alcohol and drug unit	32	16	7	2	3	0	0	1	61
Major city	22	7	4	1	1	0	0	0	35
Regional	10	9	3	1	2	0	0	0	25
Remote	0	0	0	0	0	0	0	1	1
Burns unit (level III)	4	2	2	2	2	1	0	0	13
Major city	3	2	2	2	2	0	0	0	11
Regional	1	0	0	0	0	1	0	0	2
Cardiac surgery unit	11	7	3	4	2	1	1	0	29
Major city	11	7	2	4	2	0	1	0	27
Regional	0	0	1	0	0	1	0	0	2
Clinical genetics unit	11	7	2	2	2	2	1	0	27
Major city	7	6	2	2	2	0	1	0	20
Regional	4	1	0	0	0	2	0	0	7
Coronary care unit	48	29	20	4	10	3	2	2	118
Major city	30	14	10	3	5	0	2	0	64
Regional	18	15	10	1	5	3	0	1	53
Remote	0	0	0	0	0	0	0	1	1
Diabetes unit	19	18	11	4	8	3	1	1	65
Major city	18	15	7	4	8	0	1	0	53
Regional	1	3	4	0	0	3	0	1	12
Domiciliary care service	141	93	30	54	48	0	0	1	367
Major city	29	25	5	9	9	0	0	0	77
Regional	107	68	11	26	27	0	0	0	239
Remote	5	0	14	19	12	0	0	1	51
Geriatric assessment unit	59	33	7	14	15	3	1	0	132
Major city	29	21	3	8	8	0	1	0	70
Regional	30	12	3	6	6	3	0	0	60
Remote	0	0	1	0	1	0	0	0	2
Hospice care unit	37	27	6	18	21	1	1	0	111
Major city	14	8	4	0	5	0	1	0	32
Regional	20	19	2	16	12	1	0	0	70
Remote	3	0	0	2	4	0	0	0	9
Infectious diseases unit	8	11	6	4	5	1	1	1	37
Major city	7	11	5	4	5	0	1	0	33
Regional	1	0	1	0	0	1	0	0	3
Remote	0	0	0	0	0	0	0	1	1
Intensive care unit (level III)	36	17	14	4	5	3	1	2	82
Major city	24	12	8	4	4	0	1	0	53
Regional	12	5	6	0	1	3	0	1	28
Remote	0	0	0	0	0	0	0	1	1
In-vitro fertilisation unit	3	5	0	1	2	0	0	0	11
Major city	3	2	0	1	2	0	0	0	8
Regional	0	3	0	0	0	0	0	0	3
Maintenance renal dialysis centre	33	53	19	11	9	2	1	3	131
Major city	17	19	5	6	6	0	1	0	54
Regional	15	34	12	3	2	2	0	1	69
Remote	1	0	2	2	1	0	0	2	8

*(continued)*

**Table 3.3 (continued): Number of public acute hospitals <sup>(a)</sup> with specialised services, by Remoteness Area, states and territories, 2002–03**

<b>Specialised services</b>	<b>NSW<sup>(b)</sup></b>	<b>Vic<sup>(c)</sup></b>	<b>Qld</b>	<b>WA</b>	<b>SA<sup>(c)</sup></b>	<b>Tas<sup>(b)</sup></b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
Major plastic/reconstructive surgery unit	11	10	4	3	4	2	1	0	35
Major city	11	10	4	3	4	0	1	0	33
Regional	0	0	0	0	0	2	0	0	2
Neonatal intensive care unit (level III)	11	4	3	1	2	1	1	1	24
Major city	10	4	2	1	2	0	1	0	20
Regional	1	0	1	0	0	1	0	1	4
Neurosurgical unit	10	8	6	3	4	1	1	0	33
Major city	10	8	5	3	4	0	1	0	31
Regional	0	0	1	0	0	1	0	0	2
Nursing home care unit	60	77	6	37	47	10	0	0	237
Major city	2	12	0	3	3	0	0	0	20
Regional	50	65	4	19	30	6	0	0	174
Remote	8	0	2	15	14	4	0	0	43
Obstetric/maternity service	86	63	53	28	30	5	2	5	272
Major city	28	15	7	8	7	0	2	0	67
Regional	56	48	35	13	17	4	0	1	174
Remote	2	0	11	7	6	1	0	4	31
Oncology unit	32	33	9	5	7	3	2	0	91
Major city	19	16	7	4	7	0	2	0	55
Regional	13	17	2	1	0	3	0	0	36
Psychiatric unit/ward	34	30	18	16	8	3	2	2	113
Major city	22	23	9	13	8	0	2	0	77
Regional	12	7	9	3	0	3	0	1	35
Remote	0	0	0	0	0	0	0	1	1
Refractory epilepsy unit	5	6	0	3	2	0	0	0	16
Major city	5	6	0	3	2	0	0	0	16
Rehabilitation unit	48	25	15	12	14	3	1	2	120
Major city	28	15	7	8	5	0	1	0	64
Regional	20	10	8	4	9	3	0	1	55
Remote	0	0	0	0	0	0	0	1	1
Sleep centre	11	7	6	2	4	0	0	0	30
Major city	11	7	4	2	4	0	0	0	28
Regional	0	0	2	0	0	0	0	0	2
Specialist paediatric service	42	26	27	9	8	3	2	3	120
Major city	24	13	9	4	4	0	2	0	56
Regional	18	13	16	3	4	3	0	1	58
Remote	0	0	2	2	0	0	0	2	6
Transplantation unit—bone marrow	8	7	5	3	3	1	1	0	28
Major city	8	7	5	3	3	0	1	0	27
Regional	0	0	0	0	0	1	0	0	1
Transplantation unit—heart (including heart/lung)	1	2	1	1	0	0	0	0	5
Major city	1	2	1	1	0	0	0	0	5
Transplantation unit—liver	2	2	2	1	1	0	0	0	8
Major city	2	2	2	1	1	0	0	0	8
Transplantation unit—pancreas	1	1	0	1	0	0	0	0	3
Major city	1	1	0	1	0	0	0	0	3
Transplantation unit—renal	8	6	1	3	1	0	0	0	19
Major city	8	6	1	3	1	0	0	0	19

(a) Excludes psychiatric hospitals. Rows for regional and remote with no units omitted from table

(b) These data were not available for a small number of hospitals, so the number of services is therefore slightly under-enumerated

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

... Not applicable.

**Table 3.4: Average full-time equivalent staff <sup>(a)</sup>, public acute and psychiatric hospitals, states and territories, 2002–03**

Staffing category	NSW <sup>(b)</sup>	Vic <sup>(c)</sup>	Qld <sup>(d)</sup>	WA <sup>(e)</sup>	SA <sup>(b)</sup>	Tas <sup>(f)</sup>	ACT	NT	Total <sup>(b)</sup>
<b>Full-time equivalent staff numbers</b>									
Salaried medical officers	n.a.	4,973	3,425	1,794	1,621	348	295	235	n.a.
Registered nurses	n.a.	19,447	12,283	7,126	5,853	1,566	1,233	450	n.a.
Enrolled nurses	n.a.	2,495	2,212	810	1,666	176	200	429	n.a.
Student nurses	..	..	..	..	39	..	..	..	..
<i>Total nurses</i>	n.a.	<b>21,942</b>	<b>14,495</b>	<b>7,936</b>	<b>7,558</b>	<b>1,742</b>	<b>1,433</b>	<b>879</b>	n.a.
Other personal care staff	n.a.	n.a.	727	8	n.a.	n.a.	117	17	n.a.
Diagnostic & allied health professionals	n.a.	9,747	3,254	2,139	1,905	342	330	255	n.a.
Administrative & clerical staff	n.a.	8,663	4,644	3,102	2,679	496	529	355	n.a.
Domestic & other staff	n.a.	6,156	6,303	3,607	2,042	952	206	449	n.a.
<b>Total staff</b>	<b>n.a.</b>	<b>51,481</b>	<b>32,848</b>	<b>18,586</b>	<b>15,805</b>	<b>3,880</b>	<b>2,910</b>	<b>2,190</b>	<b>n.a.</b>

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2003 were used. Staff contracted to provide products (rather than labour) are not included.

(b) Data for New South Wales are not available. An updated version of this table will be published on the AIHW website when New South Wales data become available.

(c) For Victoria, FTEs may be slightly understated. *Other personal care staff* are included in *Domestic & other staff*.

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

(e) *Other personal care staff* for Western Australia excludes staff on retention who do not work regular hours. Many hospitals were unable to provide a split between nurse categories and these have been reported as *Registered nurses*.

(f) Data for 2 small Tasmanian hospitals not supplied. *Other personal care staff* are included in *Domestic & other staff*.

n.a. Not available.

.. Not applicable.

**Table 3.5: Recurrent expenditure (\$'000), public acute and psychiatric hospitals, states and territories, 2002-03**

Recurrent expenditure category	NSW <sup>(a)</sup>	Vic	Qld <sup>(b)</sup>	WA	SA <sup>(c)</sup>	Tas <sup>(d)</sup>	ACT	NT <sup>(e)</sup>	Total
<b>Salary and wages expenditure</b>									
Salaried medical officers	683,961	687,535	347,284	232,684	142,551	32,750	38,901	32,902	2,198,568
Registered nurses	n.a.	1,280,085	682,166	444,598	328,604	87,198	75,062	49,028	2,946,741
Enrolled nurses	n.a.	124,375	92,770	33,512	71,445	7,345	8,838	12,692	350,977
Student nurses	n.a.	..	..	n.a.	1,250	..	..	..	..
<i>Total nurses</i>	<i>1,778,461</i>	<i>1,404,460</i>	<i>774,936</i>	<i>478,110</i>	<i>401,299</i>	<i>94,543</i>	<i>83,900</i>	<i>61,720</i>	<i>5,077,429</i>
Other personal care staff	n.a.	n.a.	27,929	235	n.a.	n.a.	4,938	958	34,060
Diagnostic & allied health professionals	493,148	448,313	180,544	115,857	94,443	19,977	17,375	17,724	1,387,381
Administrative & clerical staff	503,331	384,078	189,587	135,600	104,377	19,731	24,171	21,976	1,382,851
Domestic & other staff	440,785	259,519	238,842	140,297	65,768	43,425	8,496	19,894	1,217,026
Salary expenditure category, not further categorised	..	21,024	..	..	..	..	..	..	21,024
<b>Total salary &amp; wages expenditure</b>	<b>3,899,686</b>	<b>3,204,929</b>	<b>1,759,122</b>	<b>1,102,783</b>	<b>808,438</b>	<b>210,426</b>	<b>177,781</b>	<b>155,174</b>	<b>11,318,339</b>
<b>Non-salary expenditure</b>									
Payments to visiting medical officers	357,104	108,111	59,517	66,372	67,155	11,359	20,234	1,562	691,414
Superannuation payments	354,294	285,836	171,341	107,812	75,942	23,025	23,213	11,072	1,052,535
Drug supplies	319,893	236,774	155,506	94,879	70,139	17,720	10,277	14,279	919,467
Medical & surgical supplies	580,214	340,727	273,760	120,854	81,514	35,098	27,955	17,243	1,477,365
Food supplies	85,048	78,015	24,172	12,545	11,234	4,478	3,907	2,546	221,945
Domestic services	150,644	118,934	84,103	82,238	40,257	12,597	15,861	9,177	513,811
Repairs & maintenance	176,109	105,382	58,699	47,229	34,104	14,020	5,284	4,863	445,690
Patient transport	49,214	24,429	16,954	14,130	11,347	2,795	819	6,228	125,916
Administrative expenses	387,469	317,372	152,135	77,458	38,175	21,508	24,948	12,759	1,031,824
Interest payments	1,082	450	8	14,069	5	n.a.	65	n.a.	15,679
Depreciation	294,357	171,641	177,250	58,514	n.a.	n.a.	13,088	2,152	n.a.
Other recurrent expenditure	75,252	174,791	10,284	7,160	187,187	17,047	24,588	3,930	500,239
Non-salary expenditure, not further categorised	..	8,570	..	..	..	..	..	..	8,570
<b>Total non-salary expenditure excluding depreciation</b>	<b>2,536,323</b>	<b>1,799,391</b>	<b>1,006,479</b>	<b>644,746</b>	<b>617,059</b>	<b>159,647</b>	<b>157,151</b>	<b>83,659</b>	<b>7,004,455</b>
<b>Total non-salary expenditure including depreciation</b>	<b>2,830,680</b>	<b>1,971,032</b>	<b>1,183,729</b>	<b>703,260</b>	<b>n.a.</b>	<b>n.a.</b>	<b>170,239</b>	<b>85,811</b>	<b>n.a.</b>
<b>Total expenditure excluding depreciation</b>	<b>6,436,009</b>	<b>5,004,320</b>	<b>2,765,601</b>	<b>1,747,529</b>	<b>1,425,497</b>	<b>370,073</b>	<b>334,932</b>	<b>238,833</b>	<b>18,322,794</b>
<b>Public acute hospitals</b>	<b>6,235,386</b>	<b>4,974,728</b>	<b>2,687,683</b>	<b>1,702,251</b>	<b>1,348,745</b>	<b>366,377</b>	<b>334,932</b>	<b>238,833</b>	<b>17,888,935</b>
<b>Psychiatric hospitals</b>	<b>200,623</b>	<b>29,592</b>	<b>77,918</b>	<b>45,278</b>	<b>76,752</b>	<b>3,696</b>	<b>..</b>	<b>..</b>	<b>433,859</b>
<b>Total expenditure including depreciation</b>	<b>6,730,366</b>	<b>5,175,961</b>	<b>2,942,851</b>	<b>1,806,043</b>	<b>n.a.</b>	<b>n.a.</b>	<b>348,020</b>	<b>240,985</b>	<b>n.a.</b>
<b>Public acute hospitals</b>	<b>6,518,375</b>	<b>5,146,369</b>	<b>2,854,338</b>	<b>1,759,761</b>	<b>n.a.</b>	<b>n.a.</b>	<b>348,020</b>	<b>n.a.</b>	<b>n.a.</b>
<b>Psychiatric hospitals</b>	<b>211,991</b>	<b>29,592</b>	<b>88,513</b>	<b>46,282</b>	<b>n.a.</b>	<b>n.a.</b>	<b>..</b>	<b>..</b>	<b>n.a.</b>

(a) Data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when finalised data becomes available.

New South Wales hospital expenditure recorded against special purposes and trust funds is excluded. Other personal care staff are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(b) Pathology services are purchased from a statewide pathology service rather than being provided by hospital employees.

(c) South Australian *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*. *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*.

(d) Tasmanian data for one small hospitals not supplied and data for five other small hospitals incomplete. *Other personal care staff* are reported as part of *Domestic & other staff*.

(e) *Interest payments* are not reported.

.. Not applicable.

n.a. Not available.

**Table 3.6: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2002–03**

Revenue source	NSW <sup>(a)</sup>	Vic	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Total <sup>(a)</sup>
Patient revenue	n.a.	150,747	58,897	54,294	53,931	31,607	17,498	6,857	n.a.
Recoveries	n.a.	69,176	20,266	26,246	2,759	8,275	5,777	3,171	n.a.
Other revenue <sup>(d)</sup>	n.a.	200,904	48,292	25,807	13,211	12,114	3,837	450	n.a.
<b>Total revenue</b>	<b>n.a.</b>	<b>420,827</b>	<b>127,455</b>	<b>106,347</b>	<b>69,901</b>	<b>51,996</b>	<b>27,112</b>	<b>10,478</b>	<b>n.a.</b>
<b>Public acute hospitals</b>	<b>n.a.</b>	<b>419,553</b>	<b>124,862</b>	<b>104,987</b>	<b>67,582</b>	<b>51,880</b>	<b>27,112</b>	<b>10,478</b>	<b>n.a.</b>
<b>Psychiatric hospitals</b>	<b>n.a.</b>	<b>1,274</b>	<b>2,593</b>	<b>1,360</b>	<b>2,319</b>	<b>116</b>	<b>..</b>	<b>..</b>	<b>n.a.</b>

(a) Data for New South Wales are not available. An updated version of this table will be published on the AIHW website when New South Wales data become available.

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

(c) Tasmanian data for 5 small hospitals not supplied.

(d) Includes investment income, income from charities, bequests and accommodation provided to visitors.

.. Not applicable.

n.a. Not available.

# 4 Hospital performance indicators

## Introduction

This chapter presents information on performance indicators that relate to the provision of hospital services. Performance indicators are defined as statistics or other units of information which reflect, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

In 2001, the National Health Performance Committee (NHPC) developed a framework to report the performance of the Australian health system which has been adopted by Health Ministers. *Australian Hospital Statistics* uses this National Health Performance Framework to present performance indicator information.

This chapter describes the performance indicators presented in this chapter and elsewhere in this report, within the context of the framework. A substantial proportion of the performance indicator information in this report is included in this chapter; however, some is included elsewhere, for example for elective surgery waiting times (Chapter 5).

The performance indicators presented in this report are described within the context of the framework. This chapter includes indicators for cost per casemix-adjusted separation, average salary expenditure, hospital accreditation, separation rates for selected procedures, separation rates for selected potentially preventable hospitalisations, average lengths of stay for a selection of AR-DRGs, relative stay indexes, emergency department waiting times and separations with adverse events. Expenditure and occasions of service data for New South Wales are preliminary (Tables 4.1, 4.2, 4.3 and 4.13) while information on staffing are not available for New South Wales (Table 4.4). These tables will be updated on the AIHW website when the data have been finalised.

## National Health Performance Framework

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

The third tier is the most directly relevant to assessment of the provision of hospital and other health care services. It has been organised into nine dimensions: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable. The questions asked for this tier are: 'How well is the health system performing in delivering quality health actions to improve the health of all Australians?' and 'Is it the same for everyone?'. The latter question underlines the focus throughout the framework on equity.

Table 4.A presents the third tier from the National Health Performance Framework (NHPC 2001). Further information on the Framework is included in Chapter 4 of *Australian Hospital Statistics 2000–01* (AIHW 2000).

**Table 4.A: The National Health Performance Framework, Tier 3**

<b>Health system performance</b>		
<i>How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?</i>		
<i>Effective</i>	<i>Appropriate</i>	<i>Efficient</i>
Care, intervention or action achieves desired outcome.	Care/intervention/action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost-effective use of resources.
<i>Responsive</i>	<i>Accessible</i>	<i>Safe</i>
Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
<i>Continuous</i>	<i>Capable</i>	<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPC 2001.

## Performance indicators in this report

Table 4.B presents performance indicator information that is in this report (both in this chapter and elsewhere), for each of the National Health Performance Framework Tier 3 dimensions. Further information relevant to the interpretation of these performance indicator data is in the text and footnotes accompanying the tables.

### Effective

There are no indicators available to assess effectiveness of the acute care sector. However, Tables 4.8 and 4.9 present data on selected potentially preventable hospitalisations (PPH), hospitalisations considered avoidable if timely and adequate non-hospital care is provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. These are presented by state and territory and Remoteness Area of usual residence.

### Appropriate

Indicators of appropriateness include data on separation rates in Tables 2.4, 6.2, 7.7, 7.8, 7.11 and 7.12, presented for a range of different categories (such as Indigenous status, and area of usual residence) that relate to equity. These indicators should be interpreted taking into



consideration the fact that separation rates are influenced not only by hospital system performance but also by variation in underlying needs for hospitalisation, variation in admission and data recording practices (as noted elsewhere in this report) and variation in the availability of non-hospital services.

The separation rates for selected procedures in Tables 4.6 and 4.7 are also indicators of appropriateness. However, separation rates for some of the procedures may also be indicators of accessibility or of one or more dimensions relating to primary care. For example, separation rates for lens insertion, angioplasty, coronary artery bypass graft, knee replacement and hip replacement may also be indicators of accessibility, and the NHPC describes separation rates for myringotomy and tonsillectomy as indicators of the performance of the primary care sector (NHPC 2001). For all of these, statistics are presented by the state or territory and the Remoteness Area of usual residence of the patient, for equity considerations.

Data presented in Tables 7.11 and 7.12 on the state or territory and Remoteness Area of usual residence of the patient may also be indicators of accessibility of services, for example for the public and private sectors.

**Efficient**

The cost per casemix-adjusted separation statistics in Tables 4.1, 4.2 and 4.3 are indicators of efficiency, as are the statistics on average salaries (Table 4.4), average lengths of stay for selected AR-DRGs (Table 4.10) and relative stay indexes (Tables 2.3, 4.1, 4.2, 4.3, 4.11, 4.12, 11.1 and 11.2). However, variation in length of stay, for example, may be a reflection of different types of service provision, such as between the public and private sectors, and thus not only an indicator of efficiency.

**Table 4.B: Performance indicator information in this report, by National Health Performance Framework dimension**

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
<b>Effective</b>			
4.8, 4.9	Separation rates for potentially preventable hospitalisations	Primary care, Population Health	Presented by state and territory of usual residence of the patient (Table 4.8) and by Remoteness Area of usual residence (Table 4.9)
No indicators available for acute care			
<b>Appropriate</b>			
2.4	Separation rates	Acute care	Presented by state and territory of hospitalisation, and for the public and private sectors

*(continued)*

**Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension**

<b>Table(s)</b>	<b>Indicator</b>	<b>Level(s) of care to which it relates</b>	<b>Presentation that relates to equity</b>
6.2	Separation rates	Acute care	Presented by state and territory of hospitalisation, by admitted patient election status and funding source and for the public and private sectors
7.7, 7.8	Separation rates	Acute care	Presented by state and territory of hospital, hospital sector and Indigenous status
7.11, 7.12	Separation rates	Acute care	Presented by state and territory of usual residence of the patient (Table 7.11) and by Remoteness Area of usual residence (Table 7.12), and for the public and private sectors
4.6, 4.7	Separation rates for: myringotomy, tonsillectomy caesarean section, angioplasty, coronary artery bypass graft, hip replacement, revision of hip replacement, knee replacement, lens insertion, hysterectomy cholecystectomy, prostatectomy, appendicectomy, arthroscopy, endoscopy	Acute care	Presented by state and territory of usual residence of the patient (Table 4.6) and by Remoteness Area of usual residence (Table 4.7)
<b>Efficient</b>			
4.1, 4.2, 4.3	Cost per casemix-adjusted separation	Acute care	Presented by state and territory of hospital (Table 4.1), and by public hospital peer group (Tables 4.2 and 4.3)
2.3, 4.1, 4.2, 4.3, 4.11, 4.12, 11.1, 11.2	Relative stay index	Acute care	Presented by hospital type (Table 2.3), by state and territory of hospital (Table 4.1), by public hospital peer group (Tables 4.2 and 4.3) and, for the public and private sectors, by admitted patient election status and funding source (Tables 4.11, 4.12), and by Major Diagnostic Category (Tables 11.1, 11.2)
4.4	Average salary by staffing category	Acute care	Presented by state and territory of hospital
4.10	Average length of stay for a selection of AR-DRGs	Acute care	Presented by state and territory of hospital, and for the public and private sectors
<b>Responsive</b>			
4.13	Emergency department waiting times (proportions waiting longer than clinically desirable)	Acute care	Presented by state and territory of hospital and by public hospital peer group
<b>Accessible</b>			
5.1, 5.2, 5.4, 5.5	Waiting times for elective surgery (times waited at the 50th and 90th percentiles and proportion waiting longer than 365 days)	Acute care	Presented as a time series (Table 5.1), by state and territory of hospital, and by public hospital peer group (Table 5.2), by surgical specialty (Table 5.4) and by indicator procedure (Table 5.5)

(continued)

**Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension**

<b>Safe</b>			
4.14	Separations with adverse events	Acute care	Presented for the public and private sectors
<b>Continuous</b>			
6.11, 6.12	Separation for non-acute care by mode of separation, age group, sex and patient election status	Continuing care	Presented by patient election status (Table 6.11) and age group and sex (Table 6.12)
No indicators available for acute care			
<b>Capable</b>			
4.5	Accreditation of hospitals and beds	Acute care	Presented by state and territory of hospital, and for the public and private sectors
<b>Sustainable</b>			
No indicators available for acute care			

## Responsive

Statistics on the proportions of patients waiting longer than is clinically desirable for emergency department services (Table 4.13) are indicators of responsiveness, although they can also be regarded as indicators of accessibility. State and territory data can be used to consider equity.

## Accessible

Times waited for elective surgery by patients at the 50th and 90th percentiles and proportions waiting longer than 365 days are presented as indicators of accessibility (Chapter 5). Data by surgical specialty, indicator procedure and state and territory can be used in consideration of equity.

## Safe

The number of separations with external causes for adverse events (Table 4.14) is presented as an indicator of safety. However, this indicator is under development, so should be interpreted with care. It has not been adjusted for risk in any way so, although the data are presented separately for the public and private sectors, comparisons between the sectors may not be valid.

## Continuous

There are no indicators available relevant to the provision of continuous care that are specific for the acute care sector. However, this dimension will probably usually be used in assessments of how the sectors of the health care system work together, rather than individually. Separations for non-acute care by mode of separation, age group, sex and patient election status could be regarded as indicators of continuous care relevant to the

continuing care sector (Tables 6.11 and 6.12). They may also provide information relevant to the integration of the acute (hospital) care and continuing care sectors.

## Capable

Accreditation status of hospitals, beds and separations (Table 4.5) has been identified as an indicator of capability, defined by the NHPC as the capacity to provide a health service based on skills and knowledge. Accreditation of hospitals can be achieved through several different mechanisms that measure different processes and outcomes relating to hospital service delivery. Different types of accreditation could therefore relate to different groups of dimensions of the framework.

## Sustainable

There are no indicators available for sustainability, defined by the NHPC as capacity to provide infrastructure, such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

## Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. It has been published in *Australian Hospital Statistics* since the 1996–97 reference year, and included within frameworks of indicators by the National Health Ministers' Benchmarking Working Group (NHMBWG 1999), the Steering Committee for the Review of Government Services (SCRGSP 2004) and the NHPC (NHPC 2002). It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the expected resource use. Details of the methods used in this analysis are presented in Appendix 3 of this report and in *Australian Hospital Statistics 1999–00* (AIHW 2001).

The calculation of these figures is sensitive to a number of deficiencies in available data. In particular:

- the proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable;
- capital costs (including depreciation) are not included in numerators (see Table 3.5 for available data on depreciation, and Appendix 3 for SCRGSP estimates of cost per casemix-adjusted separation including capital costs);
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 2.7% that were not acute (Table 4.1) (Appendix 3 includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for New South Wales, Victoria, Western Australia and South Australia);
- the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error; and

- the 2001–02 AR-DRG version 4.2 cost weights (DoHA 2003) were used as the 2002–03 AR-DRG version 4.2 cost weights were not available at the time of publication, and AR-DRG version 5.0 cost weights are not being prepared for 2002–03.

The scope of the analysis is hospitals that mainly provide acute care. These hospitals are classified in the public hospital peer groups of *Principal referral and specialist women's and children's hospitals*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals* (see below and Appendix 4). Excluded are small non-acute hospitals, multi-purpose services, hospices, rehabilitation hospitals, mothercraft hospitals, other non-acute hospitals, psychiatric hospitals, and hospitals in the *Unpeered and other* peer group. Hospitals that cannot be classified due to atypical events such as being opened or closed mid-year, or for which the data is of poor quality are also excluded. This scope restriction improves the comparability of data among the jurisdictions and increases the accuracy of the analysis. The hospitals included accounted for 95.3% of separations in public acute and psychiatric hospitals in 2002–03 (Table 4.2), and 91.3% of recurrent expenditure.

The scope for 2002–03 is the same (defined in terms of peer groups) as for 1998–99 to 2001–02. However, a small number of hospitals classified to peer groups which were included in the analysis in some years, may have been classified to other peer groups excluded from the analysis in other years; this mainly applies to the *Small acute hospitals* and non-acute peer groups.

The average costs reported here are based on expenditure by public hospitals in a state or territory and does not necessarily include state government contracted services with private hospitals or allow for the source of funds. Expenditure data for New South Wales are preliminary and Table 4.1 will be updated on the AIHW website when finalised data are available.

Table 4.1 shows the cost per casemix-adjusted separation for the states and territories for 2002–03. At the national level, the average casemix-adjusted separation was \$3,184. A large portion of the costs was attributed to non-medical and medical labour costs; nationally these costs were \$1,683 and \$601 respectively, per casemix-adjusted separation.

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

## Public hospital peer groups

Public hospital peer groups have been developed for presenting data on costs per casemix-adjusted separation to allow more meaningful comparison of the data than at the jurisdiction level. The peer groups were designed to explain variability in the average cost per casemix-adjusted separation. Hospitals are grouped into broadly similar groups in terms of their range of admitted patient activities and their geographical location. The expenditure data for New South Wales are preliminary, therefore Tables 4.2 and 4.3 will be updated on the AIHW website when finalised data are available.

For 2002–03, the dominant hospital peer group category was the *Principal referral and specialist women's and children's* hospital group. This group accounted for 67.8% of public acute and psychiatric hospital expenditure and 66.1% of separations (Table 4.2). The average

cost per casemix-adjusted separation for this group was \$3,226, which was 1.3% higher than the overall average cost (\$3,184) for all hospitals included in this analysis.

Table 4.2 also presents a range of other statistics about the peer groups, such as the number of hospitals in each, average length of stay, relative stay index (see below and in Appendix 3), and the cost per casemix-adjusted separation at the 25th and 75th percentile. The average number of AR-DRGs (with either any or five or more acute separations) reported for each hospital is also presented; it provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

Table 4.3 presents cost per casemix-adjusted separation data and other statistics by peer group for each state and territory. For *Principal referral and specialist women's and childrens' hospitals*, the cost per casemix-adjusted separation varied among the jurisdictions, for example, from \$2,997 in Tasmania, to \$3,363 in New South Wales.

## Average salary expenditure

Average salaries paid to public hospital full-time equivalent staff by states and territories are presented in Table 4.4 as indicators of efficiency. Staffing data for New South Wales were unavailable. This table will be updated on the AIHW website when the data become available.

There was some variation in the average salaries among the jurisdictions. Average salaries for nurses ranged from \$53,098 in South Australia to \$64,008 in Victoria. The comparability of nursing salaries may be affected by the relative proportions of registered and enrolled nurses among the jurisdictions. For medical officers, salaries ranged from \$87,918 in South Australia to \$140,025 in the Northern Territory. Relatively high average salaries for Victoria may partly be the result of underreporting full time equivalent staff (see Chapter 3).

Some states and territories were not able to provide data separately for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. Thus some of the variation in average salaries reported for these categories is likely to be a result of different reporting practices. The variations in the averages are also affected by different practices in 'outsourcing' services, for example for domestic and catering functions. The degree of outsourcing of higher-paid versus lower-paid staffing functions will be a factor that affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors would tend to result in higher average salaries for the domestic service staff.

## Hospital accreditation

Hospital accreditation has been identified as an indicator of capability within the National Health Performance Framework. The indicator originally related to accreditation under the Australian Council on Healthcare Standards (ACHS) Equip program, as this was the only relevant data available on accreditation nationally. However, hospitals may also be accredited by other organisations, including the Australian Quality Council (now known as Business Excellence Australia) and the Quality Improvement Council, and hospitals can also be certified as compliant with quality standards such as the International Standards Organisation (ISO) 9000 quality family. The data presented in Table 4.5 therefore include accreditation through ACHS Equip and other types of accreditation for public hospitals. The

comparability of the public hospital accreditation data among the states and territories is limited because of the voluntary nature of participation in the award schemes for hospitals in some jurisdictions.

For Australia as a whole, 580 public hospitals with 49,019 public hospital beds (94% of the total) were known to be accredited at 30 June 2002–03 (Table 4.5). The proportion of public hospital accredited beds varied by jurisdiction, from 100% in the Australian Capital Territory to 79% in Tasmania. Accredited public hospitals accounted for 3,941,841 separations (96% of public separations) and 15,653,752 patient days (96% of public patient days).

For private hospitals, the data have been sourced from the ABS's Private Health Establishments Collection for 2001–02 and relate to accreditation by any body. Accreditation at any point in time does not assume a fixed or continuing status as accredited. A total of 381 private hospitals and 24,486 private hospital beds (94% of the total) were accredited in 2001–02.

## Separation rates for selected procedures

Separation rates for 'selected' procedures have been identified as indicators of appropriateness and may also be indicators of accessibility or of the performance of the primary care sector.

Most of the procedures were originally selected as indicators of appropriateness by the NHMBWG because of the frequency with which they are undertaken, because they are often elective and discretionary, and because there are sometimes treatment alternatives available (NHMBWG 1998). ICD-10-AM codes used to define the procedures are listed in Appendix 3.

As for other separation rates, these data should be interpreted with caution, as they would reflect not only hospital system performance but also variation in underlying needs for hospitalisation, variation in admission and data recording practices, and variation in the availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (as noted in Appendix 4). This may result in the underestimation of separation rates for some of the diagnoses and procedures, particularly those more common for private hospitals. The separation rates are age-standardised, however, to take into account the different age structures of the populations of the states and territories.

Information on public patients in Tables 4.6 and 4.7 relate to separations for which the patient election status was reported as public (see Chapter 6). For example, the proportion of separations for public patients who had an *Appendectomy* was 65% nationally, ranging from 57% for Queensland to 76% for Northern Territory.

Table 4.6 presents age-standardised separation rates for each procedure for the state or territory of usual residence of the patient, accompanied by the standardised separation rate ratio (SRR) against the national total. If the SRR is greater than 1 then the rate for the state is higher than the national average. Also included is the 95% confidence interval of the SRR which shows the range of values in which the SRR could be expected to fall due to chance. If the confidence interval includes 1, then a difference between jurisdictions is considered less likely (see Appendix 3).

For example, the separation rate for *Knee replacement* for residents of South Australia was 1.36 separations per 1,000 population. The SRR was 1.03 with a 95% confidence interval of 0.99–1.07, indicating that the difference was not statistically significant. For the same procedure in the Australian Capital Territory, the separation rate for was 1.47 per 1,000 population, with

an SRR of 1.12 and the 95% confidence interval of 1.01–1.23, indicating the difference was statistically significant.

Table 4.7 presents similar statistics by the Remoteness Area of usual residence of the patient. For example, the rate for *Hip replacement* for residents of major cities was 1.30 separations per 1,000 population. The SRR was 0.96 and the 95% confidence interval was 0.95–0.97, indicating that the rate for hip replacements in major cities is statistically significant different to the national rate.

The number of caesarean sections is dependent on the birth rate as well as the population so the population rate is less meaningful. The number of in-hospital births has therefore been included in the tables, and the number of caesarean sections reported for separations for which in-hospital birth was reported. Comparability is, however, still complicated by potential under-identification of in-hospital births in this analysis, and in the age at which the mothers are giving birth. Residents of major cities (30.5 caesarean sections per 100 births in Table 4.7) and Queensland (30.3 per 100 births in Table 4.6) had the highest rate on this basis. The national rate of caesarean sections per 100 in-hospital births increased from 22.7 to 29.3 over the years from 1998–99 to 2002–03.

## Separation rates for selected potentially preventable hospitalisations

The potentially preventable hospitalisations (PPHs) presented in this report are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisations 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.

Three broad categories for PPHs have been used in this chapter. These have been sourced from *The Victorian Ambulatory Care Sensitive Conditions Study* (Department of Human Services Victoria 2002).

**Vaccine-preventable.** These diseases can be prevented with proper vaccination. They include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.

**Acute.** These conditions may not be preventable, but theoretically do not result in hospitalisation if adequate and timely non-hospital care is received. These include dehydration/gastroenteritis; kidney infection; perforated ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections; and dental conditions.

**Chronic.** The conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through non-hospital care to prevent deterioration and hospitalisation. These conditions include diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

Tables 4.8 and 4.9 present the number of separations, the proportion of residents treated in hospitals outside their state of residence and the age-standardised separation rates for each PPH condition for the state or territory (Table 4.8) or Remoteness Area of usual residence of the patient (Table 4.9). These tables also include the SRR against the national total as well as the 95% confidence interval of the SRR.



Statistics are presented for the total PPH rate and the rates for each of the three broad PPH categories as well as individual conditions. These conditions include *Appendicitis, Convulsions and epilepsy, Cellulitis, Dental conditions, Dehydration and gastroenteritis* and *Ear, nose and throat infections* from the acute category and *Angina, Asthma, Chronic obstructive pulmonary disease, Congestive cardiac failure* and *Diabetes* from the chronic category. For vaccine-preventable conditions, *Influenza and pneumonia* and *Other vaccine-preventable conditions* are presented. A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Appendix 3.

There were 625,035 of these selected PPHs in Australia in 2002–03, which translates to a rate of 30.8 per 1,000 population. The rates ranged from 18.2 per 1,000 population in the Australian Capital Territory to 53.1 per 1,000 population in the Northern Territory. The separation rate for vaccine preventable PPHs in the Northern Territory was 2.4 times the national rate of 0.78, and the separation rate for the Australian Capital Territory was 0.4 times the national rate.

The rate for *Chronic obstructive pulmonary disease* for residents of Western Australia was 2.74 separations per 1,000 population. The SRR was 0.99 but the 95% confidence interval was 0.96–1.02, indicating that the difference was not statistically significant. The separation rate for the Northern Territory was 6.05 per 1,000 population, with a SRR of 2.18 and the 95% confidence interval of the SRR of 2.01–2.35, indicating the difference was statistically significant (Table 4.8). A public dental hospital in Victoria was not included (see Appendix 4) and this may have affected the statistics on dental conditions.

Table 4.9 highlights that separation rates were higher for the more remote areas for most PPH. For example, the separation rate for *Diabetes complications* in major cities was 7.04 per 1,000 population, 9.23 for inner regional, 10.55 for outer regional, 13.30 for remote and 20.73 for very remote.

## Average lengths of stay for 20 selected AR-DRGs

The average length of stay for 20 selected AR-DRGs has been identified as an indicator of efficiency. The selected AR-DRGs reflect a representative range of services and 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;
- differences between jurisdictions and/or sectors;
- policy interest as evidenced by:
  - inclusion of similar groups in other tables in *Australian Hospital Statistics*, for example, indicator procedures for elective surgery waiting times
  - high volume and/or cost
  - changes in volume over years;
- representativeness across clinical groups (MDCs) and surgical and medical AR-DRGs.

In addition, only non-complication and/or comorbidity (non-CC) AR-DRGs were chosen from groups of adjacent AR-DRGs because AR-DRGs with CCs may be relatively less homogeneous, as they potentially include a range of complications and/or comorbidities.

To aid the comparability between years some minor alterations were made to the selected AR-DRGs classifications to reflect changes due to the introduction of version 5.0 AR-DRGs.

For example, AR-DRGs I04A *Knee replacement and reattachment with catastrophic complications and comorbidity* and I04B *Knee replacement and reattachment without catastrophic complications and comorbidity* in version 4.2 are presented as DRG I04Z *Knee replacement and reattachment*.

These data are not equivalent to the data presented in the tables in Chapter 11, or the predecessor table in *Australian Hospital Statistics 2000–01* (AIHW 2002a) on the top 10 DRGs, as separations with lengths of stay over 120 days are excluded and same day separations are included.

Table 4.10 shows that the average length of stay of the chosen AR-DRGs ranged from 14.3 days for U63B *Major affective disorders age<70 W/O catastrophic or severe CC* to 1.5 days for G09Z *Inguinal and femoral hernia procedures age>0*. The average length of stay for E62C, *Respiratory infection or inflammations without complications*, was 3.9 days for all hospitals in Australia, 3.6 days for public hospitals and 5.4 days for private hospitals. There was some variation between states and territories with South Australian hospitals reporting an average length of stay of 3.7 days overall and New South Wales hospitals 4.1 days.

## Relative stay indexes

Relative stay indexes (RSIs) have been identified as indicators of efficiency. They are calculated as the actual number of patient days for separations in selected version 4.2 AR-DRGs, divided by the number of patient days expected (based on national figures) standardised for casemix. The adjustment for casemix (based on the AR-DRG and age of the patient for each separation) allows variation in types of services provided to be taken into account, but does not take into account other influences on length of stay, such as Indigenous status.

An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected.

This publication uses two methods of standardisation. The method used in most tables (Tables 4.1, 4.2, 4.3 and 4.11, and part of Tables 2.3 and 4.12) is an indirect standardisation method, where the total observed length of stay is divided by the total expected length of stay. Technically an indirectly standardised rate compares a group with a standard population. The indirectly standardised rates of different groups are not strictly comparable as the different groups have different casemixes.

In addition to the indirect method, Table 2.3 and Table 4.12 present a directly standardised RSI. The direct method weights the separations of the group of hospitals to reflect the total casemix of Australia before calculating the ratio, thereby weighting the casemix of the groups of hospitals to a comparable basis. However, the direct standardisation method is not very suitable for groups of hospitals for which a limited range of AR-DRGs is reported, as the weighting of separations for AR-DRGs that are not reported (or are reported in small numbers) is subject to error. Therefore, presentation of the directly standardised method in the public sector in the Northern Territory have been suppressed. In these cells, fewer than 600 of the 639 AR-DRGs used in the national RSI analysis are represented so the RSIs may be affected by estimation of the data for missing AR-DRGs. More detail on these methods is included in Appendix 3, with a description of the number of AR-DRGs represented in each cell in Table 4.12 (Table A3.8).

Tables 4.1, 4.2 and 4.3 present RSI information for public hospitals, using the indirect method and public hospital data to calculate expected lengths of stay. For the hospitals included in

the cost per casemix-adjusted separation analysis, the RSI was 0.99 overall, and ranged from 1.17 in the Northern Territory to 0.94 in Queensland and Victoria (Table 4.1).

Tables 4.11 and 4.12 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for public hospitals was 0.98 indirectly standardised and 0.99 directly standardised and the RSI for private hospitals was 1.04 indirectly standardised and 1.09 directly standardised (Table 4.12). According to this measure, the lower directly standardised RSI in the public sector indicates relatively shorter lengths of stay compared to the private sector.

Table 4.12 also presents RSI information for the medical, surgical and other categories of AR-DRGs (DoHA 2003). In the public sector, the RSI for medical AR-DRGs was 0.96 (indirectly and directly standardised), while the RSI for surgical AR-DRGs was 1.02 indirectly standardised and 1.03 directly standardised. In the private sector, the RSI for medical AR-DRGs was 1.14 indirectly standardised and 1.17 directly standardised, while the RSI for surgical AR-DRGs was 0.97 (indirectly and directly standardised).

## Emergency department waiting times

Emergency department waiting times are regarded as indicators of responsiveness of the acute care sector (NHPC 2002). The indicator presented here is the proportion of patients presenting to public hospital emergency departments who waited longer for care than was clinically appropriate, by triage category.

The triage category indicates the urgency of the patient's need for medical and nursing care (AIHW 2002b). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

Resuscitation: immediate (within seconds)

Emergency: within 10 minutes

Urgent: within 30 minutes

Semi-urgent: within 60 minutes

Non-urgent: within 120 minutes.

There is some variation among the jurisdictions on how the waiting times are calculated, and this may slightly affect the comparability of the data. Queensland, Victoria, Western Australia and the Australian Capital Territory use the national standard method. The Northern Territory uses the time of clerical registration as the starting point, and New South Wales, Tasmania and South Australia use the time of triage. In South Australia, patients are always triaged before being clerically registered. Patients who do not wait for care after having been registered and/or triaged are generally excluded from the data but some may have been included in the data on the number of patients seen for Queensland and the Australian Capital Territory.

The comparability of the data may also be influenced by variation in the coverage of the emergency department waiting times data. Table 4.13 shows that coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and women's and children's hospitals* peer group. Data for 1 New South Wales hospitals, 1 Victorian hospital and 3 hospitals in Queensland were not reported to the collection. For the *Large hospital* peer group, data for 11 hospitals in Victoria was not reported. Data for 21 out of 106

hospitals in the *Medium hospital* peer group were reported. Hospitals that were not included may not have emergency departments or provide emergency department services.

Table 4.13 also presents estimates of the proportion of emergency department visits that were covered by the Emergency Department Waiting Times Data Collection. The AIHW derived these estimates from data provided by the states and territories for the National Public Hospitals Establishments Database. The estimates were derived as:

- the number of outpatient occasions of service for *Accident and emergency* with emergency department waiting times data as a proportion of the total number of outpatient occasions of service for *Accident and emergency* reported to the National Public Hospital Establishments Database.

Based on this measure, the national proportion of emergency visits reported was 71%, ranging from 57% in Victoria to 100% in the Australian Capital Territory and the Northern Territory (Table 4.13). The coverage estimate for New South Wales is preliminary and will be updated when that state's occasions of service data have been finalised. Further information on the *Accident and emergency* outpatient occasions of service reported to the National Public Hospitals Establishments Database and this waiting times collection is included in Appendix 3.

The comparability of the data may also be influenced by the comparability of the triage categories among the states and territories. Although the triage category is not a measure of the need for admission to hospital, the proportions of patients in each category that were admitted can be used as an indication of the comparability of the triage categorisation.

The distribution of patients across triage categories among the states and territories may also provide some indication of the differences between states and territories in the types of patients that present to emergency departments. Table 4.13 shows the proportion of patients seen by triage category and state and territory.

The proportion receiving care on time varied by triage category, from 99% for resuscitation patients to 61% for semi-urgent and urgent patients. Overall, the proportion of patients receiving emergency department care within the required time was 66%, varying from 53% in South Australia to 74% in the Australian Capital Territory (Table 4.13).

Within the triage category 'Resuscitation', the proportion of patients seen on time ranged from 97% in the *Large hospitals* peer group to 99% in the *Principal referral and women's and children's hospitals*. For triage category 'Non-urgent' the proportion of patients seen on time was 85% overall, and ranged from 76% in the *Principal referral and women's and children's hospitals* peer group to 91% in the *Medium hospitals* peer group.

Data are presented for patients subsequently admitted and patients not subsequently admitted. South Australia did not supply this information. There are some differences in the way that subsequent admissions were identified, for example in relation to the transfer of patients to other hospitals for admission.

## Separations with adverse events

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls and other injuries, and medication and medical device problems, some of which may be preventable. Hospital separations data can be used to indicate the occurrence of adverse events as they include information on ICD-10-AM diagnoses, places of occurrence and external causes of injury and poisoning that indicate

than an adverse event was treated and/or occurred during the hospitalisation. However, other ICD-10-AM codes may also indicate that an adverse event has occurred, and some adverse events are not identifiable using these codes. The data presented in Table 4.14 can therefore 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.

In 2002-03, there were 300,612 separations with an ICD-10-AM code for an adverse event, 4.5 per 100 separations. There were 209,140 separations in public hospitals (5.1 per 100 separations) and 91,472 separations in private hospitals (3.6 per 100 separations). However, the data for public hospitals is not comparable with the data for private hospitals because their casemixes and recording practices may differ.

*Procedures causing abnormal reactions/complications (Y83-Y84) were reported for 194,785 separations, followed by 74,119 separations due to Adverse effects of drugs, medicaments and biological substances (Y40-Y59), and 57,965 separations due to Complications of internal prosthetic devices, implants and graft (T82-T85).*

**Table 4.1: Cost<sup>(a)</sup> per casemix-adjusted separation<sup>(b)</sup> and selected other statistics, selected public acute hospitals<sup>(c)</sup>, states and territories, 2002-03**

	NSW <sup>(d)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(e)</sup>	Total
Total separations ('000) <sup>(b)</sup>	1,221	1,124	672	330	343	76	64	68	3,899
Acute separations ('000) <sup>(b)</sup>	1,195	1,088	648	325	334	75	62	67	3,795
Proportion of separations not acute (%)	2.2	3.2	3.5	1.6	2.6	1.4	2.1	1.4	2.7
Average cost weight <sup>(f)</sup>	1.04	0.97	0.99	0.98	1.02	1.09	0.96	0.75	1.00
Casemix-adjusted separations ('000) <sup>(g)</sup>	1,274	1,087	665	325	349	83	61	51	3,895
Total admitted patient days ('000) <sup>(b)</sup>	4,556	3,991	2,255	1,148	1,160	303	219	206	13,838
Admitted patient days for acute patients ('000) <sup>(b)</sup>	4,155	3,244	1,959	1,029	1,052	263	194	196	12,092
Proportion of bed days not acute (%)	8.8	18.7	13.1	10.3	9.4	13.3	11.4	4.7	12.6
Total recurrent expenditure (\$m)	5,756	4,762	2,547	1,493	1,248	342	333	239	16,720
Inpatient fraction <sup>(h)</sup>	0.70	0.73	0.74	0.70	0.76	0.75	0.74	0.77	0.72
Total admitted patient recurrent expenditure (\$m)	4,006	3,482	1,889	1,042	947	255	246	183	12,050
Public patient day proportion <sup>(i)</sup>	0.79	0.87	0.91	0.89	0.84	0.85	0.87	0.95	0.85
Newborn episodes with no qualified days ('000)	48	35	28	13	9	2	3	2	140
Relative stay index <sup>(j)</sup>	1.04	0.94	0.94	1.02	0.95	0.96	1.07	1.17	0.99
<b>Average cost data for selected hospitals</b>									
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	840	909	772	843	714	751	1,001	924	838
Diagnostic/allied health <sup>(k)</sup>	239	294	186	221	179	174	210	265	237
Administrative	246	245	199	253	203	169	289	329	235
Other staff	200	157	255	236	105	335	161	312	196
Superannuation	172	185	175	199	141	191	279	166	178
<i>Total non-medical labour costs</i>	<i>1,698</i>	<i>1,790</i>	<i>1,587</i>	<i>1,752</i>	<i>1,343</i>	<i>1,619</i>	<i>1,941</i>	<i>1,996</i>	<i>1,683</i>
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	73	76	84	142	76	102	190	137	85
Repairs/maintenance	86	68	59	84	60	119	63	73	74
Medical supplies <sup>(k)</sup>	304	225	299	242	171	311	338	258	265
Drug supplies	168	158	167	185	144	155	124	214	164
Food supplies	38	51	23	19	18	34	47	38	36
Administration	182	201	155	137	72	177	300	191	171
Other	58	110	26	67	405	168	307	152	104
<i>Total other recurrent costs</i>	<i>908</i>	<i>889</i>	<i>814</i>	<i>877</i>	<i>945</i>	<i>1,064</i>	<i>1,369</i>	<i>1,063</i>	<i>899</i>
<b>Total excluding medical labour costs</b>	<b>2,607</b>	<b>2,678</b>	<b>2,400</b>	<b>2,629</b>	<b>2,288</b>	<b>2,683</b>	<b>3,310</b>	<b>3,059</b>	<b>2,582</b>

(continued)

**Table 4.1 (continued): Cost<sup>(a)</sup> per casemix-adjusted separation<sup>(b)</sup> and selected other statistics, selected public acute hospitals<sup>(c)</sup>, states and territories, 2002–03**

	NSW <sup>(d)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(e)</sup>	Total
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	356	456	374	452	294	289	470	492	391
VMO payments	181	70	65	128	131	94	244	23	119
Private patients (estimated) <sup>(f)</sup>	139	80	46	74	84	70	104	29	90
<i>Total medical labour costs</i>	<i>676</i>	<i>607</i>	<i>485</i>	<i>655</i>	<i>508</i>	<i>453</i>	<i>818</i>	<i>544</i>	<i>601</i>
<b>Total cost per casemix-adjusted separation<sup>(a)</sup></b>	<b>3,283</b>	<b>3,285</b>	<b>2,885</b>	<b>3,284</b>	<b>2,796</b>	<b>3,136</b>	<b>4,128</b>	<b>3,603</b>	<b>3,184</b>

(a) Excludes depreciation.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(c) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 4 for further information.

(d) Data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when finalised data become available.

(e) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text).

(f) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2001–02 AR-DRG v 4.2 cost weights (DoHA 2003). Updated versions of this table based on 2002–03 AR-DRG v 4.2 cost weights will be provided on the website when available.

(g) *Casemix-adjusted separations* is the product of *Total separations* and *Average cost weight*.

(h) Of the selected hospitals, all hospitals in the Northern Territory and 3 very small hospitals, 2 in South Australia and 1 in Victoria, have had their IFRAC estimated by the HASAC ratio.

(i) Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days. Public patients defined by patient election status equal to *public*.

(j) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(k) Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees; resulting in higher medical supplies costs and lower diagnostic staff costs.

(l) Estimated private patient medical costs calculated as the sum of salary/sessional and VMO payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients, including those self funded and those funded by private health insurance, compensation and the Department of Veterans' Affairs.

**Table 4.2: Cost<sup>(a)</sup> per casemix-adjusted separation<sup>(b)</sup> and selected other statistics, by public hospital peer group, Australia<sup>(c)</sup>, 2002–03**

	Number of hospitals	Separations		Average cost weight	Average length of stay (days)	Recurrent expenditure		Relative stay index <sup>(d)</sup>	Number of AR-DRGs		Cost per casemix-adjusted separation (\$)		
		Number of ('000)	Percent of total			Percent of total	Percent of total		Any acute separations	5 or more acute separations	Average	75th percentile	25th percentile
Principal referral	57	2,483.9	60.7	1.04	3.7	11,213.8	61.2	0.99	574.0	469.6	3,178	3,388	2,765
Specialist women's & children's	10	222.1	5.4	1.11	3.1	1,210.6	6.6	1.00	364.7	241.9	3,750	3,722	2,983
<i>Total Principal referral and women's &amp; children's</i>	67	2,706.0	66.1	1.05	3.6	12,424.4	67.8	0.99	542.7	435.6	3,226	3,506	2,795
Large major cities	21	303.3	7.4	0.98	3.6	1,226.6	6.7	0.96	440.5	279.1	2,946	3,367	2,553
Large regional & remote	23	298.9	7.3	0.92	3.2	1,049.9	5.7	0.95	485.0	301.8	3,010	3,335	2,783
<i>Total Large hospitals</i>	44	602.2	14.7	0.95	3.4	2,276.5	12.4	0.96	463.8	291.0	2,978	3,351	2,598
Medium major cities & regional group 1	28	215.2	5.3	0.89	3.3	776.2	4.2	0.98	394.9	208.9	3,199	3,557	2,861
Medium major cities & regional group 2	69	237.6	5.8	0.79	3.3	739.7	4.0	1.00	308.1	137.1	3,073	3,345	2,559
<i>Total Medium hospitals</i>	97	452.8	11.1	0.84	3.3	1,515.9	8.3	0.99	333.2	157.8	3,140	3,491	2,625
Small regional acute	77	83.3	2.0	0.82	3.8	268.8	1.5	1.04	189.3	58.6	3,068	3,783	2,487
Remote acute	41	54.2	1.3	0.75	3.0	234.1	1.3	1.03	183.4	59.3	3,598	4,726	2,546
<i>Total Small acute hospitals</i>	118	137.6	3.4	0.79	3.5	502.9	2.7	1.04	187.2	58.8	3,271	4,146	2,487
<i>Total hospitals in cost per casemix-adjusted separation analysis (see Table 4.1)</i>	326	3,898.5	95.3	1.00	3.5	16,719.7	91.3	0.99	341.0	197.0	3,184	3,566	2,611
Small non-acute	117	80.4	2.0	0.86	9.5	402.5	2.2	1.15	142.7	34.6	..	..	..
Multi-purpose service	72	29.8	0.7	0.76	5.7	173.2	0.9	1.08	104.8	20.6	..	..	..
Hospice	4	2.8	0.1	2.04	18.4	45.6	0.2	1.18	1.3	0.0	..	..	..
Rehabilitation	6	3.7	0.1	1.93	30.0	102.8	0.6	4.13	0.5	0.0	..	..	..
Mothercraft	8	14.5	0.4	0.67	3.3	22.0	0.1	1.16	16.9	9.7	..	..	..
Other non-acute	22	27.3	0.7	0.64	11.8	212.8	1.2	1.54	35.4	7.9	..	..	..
<i>Total Non-acute</i>	229	158.5	3.9	0.79	9.3	958.9	5.2	1.16	110.3	25.4	..	..	..
Psychiatric <sup>(e)</sup>	18	16.4	0.4	2.12	54.3	433.7	2.4	1.40	14.9	8.7	..	..	..
Unpeered and other acute	109	12.4	0.3	0.68	12.7	208.7	1.1	1.29	43.2	3.0	..	..	..
<b>Total peer-grouped hospitals</b>	<b>682</b>	<b>4,085.9</b>	<b>99.9</b>	<b>1.00</b>	<b>4.0</b>	<b>18,321.0</b>	<b>99.99</b>	<b>1.00</b>	<b>214.3</b>	<b>107.7</b>	<b>..</b>	<b>..</b>	<b>..</b>
Teaching hospitals (excluding psychiatric)	60	2,378.7	58.1	1.06	3.7	11,318.0	61.77	1.00	508.5	406.5	3,287	3,575	2,908

(a) Expenditure data exclude depreciation.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(c) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Expenditure data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when finalised data become available. Some small hospitals with incomplete expenditure data were not included. See Appendix 3 for further information.

(d) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(e) Psychiatric hospitals consist of a mix of short-term acute, long-term, psychogeriatric and forensic psychiatric hospitals.

Note: See Appendix 4 for the definitions of the public hospital peer groups.

.. Not applicable.



**Table 4.3: Cost<sup>(a)</sup> per casemix-adjusted separation<sup>(b)</sup> and selected other statistics, by public hospital peer group<sup>(c)</sup>, states and territories, 2002–03**

	NSW <sup>(d)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral: major cities (&gt;20,000 acute weighted separations) &amp; regional (&gt;16,000 acute weighted separations)</b>									
Number of hospitals	19	15	12	3	4	2	1	1	57
Average beds per hospital	420	550	414	523	385	382	493	295	454
Separations per hospital	36,541	56,112	36,281	55,297	48,642	33,579	49,838	35,073	43,577
AR-DRGs (5+) per hospital <sup>(e)</sup>	471	478	431	517	485	492	545	457	470
Total expenditure (\$'000) <sup>(a)</sup>	3,574,073	3,668,437	1,736,561	n.p.	n.p.	285,209	n.p.	n.p.	11,213,798
Average cost weight <sup>(f)</sup>	1.09	1.00	1.04	1.08	1.09	1.08	0.94	0.83	1.04
Relative stay index <sup>(g)</sup>	1.08	0.93	0.96	n.p.	n.p.	0.95	n.p.	n.p.	0.99
Cost per separation	3,513	3,142	3,047	n.p.	n.p.	3,166	n.p.	n.p.	3,226
Cost per patient day	917	835	867	n.p.	n.p.	807	n.p.	n.p.	876
Cost per casemix-adjusted sep.	3,363	3,227	2,977	n.p.	n.p.	2,997	n.p.	n.p.	3,178
<b>Specialist women's &amp; children's (&gt;10,000 acute weighted separations)</b>									
Number of hospitals	3	1	4	1	1	0	0	0	10
Average beds per hospital	174	541	143	459	309	..	..	..	240
Separations per hospital	17,416	56,776	12,249	33,809	30,260	..	..	..	22,209
AR-DRGs (5+) per hospital <sup>(e)</sup>	229	421	157	360	322	..	..	..	242
Total expenditure (\$'000) <sup>(a)</sup>	307,176	n.p.	231,334	n.p.	n.p.	..	..	..	1,210,560
Average cost weight <sup>(f)</sup>	1.12	1.11	1.15	1.15	0.98	..	..	..	1.11
Relative stay index <sup>(g)</sup>	1.05	n.p.	0.93	n.p.	n.p.	..	..	..	1.00
Cost per separation	3,658	n.p.	3,683	n.p.	n.p.	..	..	..	4,005
Cost per patient day	1,200	n.p.	1,266	n.p.	n.p.	..	..	..	1,305
Cost per casemix-adjusted sep.	3,551	n.p.	3,253	n.p.	n.p.	..	..	..	3,750
<b>Total Principal referral and specialist women's &amp; children's hospitals</b>									
Number of hospitals	22	16	16	4	5	2	1	1	67
Average beds per hospital	387	549	346	507	370	382	493	295	422
Separations per hospital	33,933	56,154	30,273	49,925	44,965	33,579	49,838	35,073	40,387
AR-DRGs (5+) per hospital <sup>(e)</sup>	438	474	363	478	452	492	545	457	436
Total expenditure (\$'000) <sup>(a)</sup>	3,881,249	3,981,884	1,967,895	1,023,401	889,179	285,209	n.p.	n.p.	12,424,358
Average cost weight <sup>(f)</sup>	1.09	1.00	1.05	1.09	1.08	1.08	0.94	0.83	1.05
Relative stay index <sup>(g)</sup>	1.07	0.93	0.95	1.02	0.95	0.95	n.p.	n.p.	0.99
Cost per separation	3,523	3,264	3,111	3,359	2,907	3,166	n.p.	n.p.	3,290
Cost per patient day	933	881	901	931	880	807	n.p.	n.p.	906
Cost per casemix-adjusted sep.	3,373	3,330	3,007	3,152	2,757	2,997	n.p.	n.p.	3,226
<b>Large major cities (&gt;10,000 acute weighted separations)</b>									
Number of hospitals	13	2	2	1	2	0	1	0	21
Average beds per hospital	173	82	134	98	212	..	179	..	161
Separations per hospital	14,192	14,825	12,868	17,140	16,201	..	13,905	..	14,444
AR-DRGs (5+) per hospital <sup>(e)</sup>	300	118	258	258	324	..	300	..	279
Total expenditure (\$'000) <sup>(a)</sup>	738,421	145,157	84,713	n.p.	138,655	..	n.p.	..	1,226,613
Average cost weight <sup>(f)</sup>	0.99	0.88	1.05	0.60	1.14	..	1.01	..	0.98
Relative stay index <sup>(g)</sup>	0.99	0.81	0.86	n.p.	0.96	..	n.p.	..	0.96
Cost per separation	2,781	2,539	2,105	n.p.	3,248	..	n.p.	..	2,777
Cost per patient day	735	1,298	633	n.p.	683	..	n.p.	..	774
Cost per casemix-adjusted sep.	2,906	3,081	2,022	n.p.	2,972	..	n.p.	..	2,946
<b>Large regional (&gt;8,000 acute weighted separations) &amp; remote (&gt;5,000 acute weighted separations)</b>									
Number of hospitals	8	6	6	1	0	1	0	1	23
Average beds per hospital	136	124	134	108	..	131	..	164	132
Separations per hospital	12,020	13,308	13,653	10,472	..	7,639	..	22,831	12,994
AR-DRGs (5+) per hospital <sup>(e)</sup>	317	301	289	285	..	263	..	325	302
Total expenditure (\$'000) <sup>(a)</sup>	381,920	270,234	243,872	n.p.	..	n.p.	..	n.p.	1,049,919
Average cost weight <sup>(f)</sup>	1.05	0.86	0.84	1.05	..	1.24	..	0.67	0.92
Relative stay index <sup>(g)</sup>	0.99	0.95	0.88	n.p.	..	n.p.	..	n.p.	0.95
Cost per separation	3,203	2,480	2,176	n.p.	..	n.p.	..	n.p.	2,694
Cost per patient day	889	802	776	n.p.	..	n.p.	..	n.p.	850
Cost per casemix-adjusted sep.	3,176	2,944	2,628	n.p.	..	n.p.	..	n.p.	3,010
<b>Total Large hospitals</b>									
Number of hospitals	21	8	8	2	2	1	1	1	44
Average beds per hospital	159	114	134	103	212	131	179	164	146
Separations per hospital	13,365	13,687	13,457	13,806	16,201	7,639	13,905	22,831	13,686
AR-DRGs (5+) per hospital <sup>(e)</sup>	307	255	281	272	324	263	300	325	291
Total expenditure (\$'000) <sup>(a)</sup>	1,120,341	415,391	328,585	88,130	138,655	n.p.	n.p.	n.p.	2,276,533
Average cost weight <sup>(f)</sup>	1.01	0.87	0.89	0.77	1.14	1.24	1.01	0.67	0.95
Relative stay index <sup>(g)</sup>	0.99	0.92	0.87	0.92	0.96	n.p.	n.p.	n.p.	0.96
Cost per separation	2,925	2,496	2,159	2,710	3,248	n.p.	n.p.	n.p.	2,736
Cost per patient day	786	897	737	1,030	683	n.p.	n.p.	n.p.	810
Cost per casemix-adjusted sep.	3,002	2,964	2,467	3,550	2,972	n.p.	n.p.	n.p.	2,978

(continued)

**Table 4.3 (continued): Cost<sup>(a)</sup> per casemix-adjusted separation<sup>(b)</sup> and selected other statistics, by public hospital peer group<sup>(c)</sup>, states and territories, 2002-03**

	NSW <sup>(d)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Medium (major cities 5,000 to 10,000 and regional 5,000 to 8,000 acute weighted separations)</b>									
Number of hospitals	12	4	1	7	4	0	0	0	28
Average beds per hospital	77	76	97	121	78	..	..	..	89
Separations per hospital	6,540	7,955	6,086	9,129	8,740	..	..	..	7,687
AR-DRGs (5+) per hospital <sup>(e)</sup>	194	231	217	212	225	..	..	..	209
Total expenditure (\$'000) <sup>(a)</sup>	330,069	106,797	n.p.	221,249	97,710	..	..	..	776,183
Average cost weight <sup>(f)</sup>	1.01	0.83	0.90	0.85	0.77	..	..	..	0.89
Relative stay index <sup>(g)</sup>	0.95	0.93	n.p.	1.03	0.98	..	..	..	0.98
Cost per separation	3,063	2,417	n.p.	2,904	2,227	..	..	..	2,765
Cost per patient day	903	850	n.p.	799	816	..	..	n.p.	844
Cost per casemix-adjusted sep.	3,179	3,003	n.p.	3,495	2,968	..	..	..	3,199
<b>Medium (major cities and regional 2,000 acute or acute weighted to 5,000 acute weighted separations)</b>									
Number of hospitals	24	17	15	4	9	0	0	0	69
Average beds per hospital	47	46	55	47	50	..	..	..	49
Separations per hospital	3,364	3,827	3,225	3,238	3,383	..	..	..	3,443
AR-DRGs (5+) per hospital <sup>(e)</sup>	141	134	131	125	146	..	..	..	137
Total expenditure (\$'000) <sup>(a)</sup>	298,588	191,509	132,880	41,209	75,556	..	..	..	739,742
Average cost weight <sup>(f)</sup>	0.81	0.75	0.77	0.83	0.86	..	..	..	0.79
Relative stay index <sup>(g)</sup>	1.04	1.01	0.95	1.03	0.94	..	..	..	1.00
Cost per separation	2,792	2,274	1,737	2,586	2,216	..	..	..	2,350
Cost per patient day	780	769	516	761	686	..	..	..	710
Cost per casemix-adjusted sep.	3,574	3,113	2,337	3,234	2,699	..	..	..	3,073
<b>Total Medium hospitals</b>									
Number of hospitals	36	21	16	11	13	0	0	0	97
Average beds per hospital	57	52	58	94	58	..	..	..	60
Separations per hospital	4,422	4,613	3,404	6,987	5,031	..	..	..	4,668
AR-DRGs (5+) per hospital <sup>(e)</sup>	159	152	137	180	171	..	..	..	158
Total expenditure (\$'000) <sup>(a)</sup>	628,658	298,306	153,238	262,457	173,266	..	..	..	1,515,925
Average cost weight <sup>(f)</sup>	0.91	0.77	0.79	0.84	0.81	..	..	..	0.84
Relative stay index <sup>(g)</sup>	1.00	0.98	0.96	1.03	0.96	..	..	..	0.99
Cost per separation	2,925	2,321	1,809	2,851	2,222	..	..	..	2,548
Cost per patient day	839	795	536	793	750	..	..	..	773
Cost per casemix-adjusted sep.	3,356	3,074	2,385	3,453	2,836	..	..	..	3,140
<b>Small regional acute (&lt;2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)</b>									
Number of hospitals	24	18	17	4	13	1	0	0	77
Average beds per hospital	26	22	18	24	25	16	..	..	23
Separations per hospital	1,349	1,085	807	683	1,090	789	..	..	1,082
AR-DRGs (5+) per hospital <sup>(e)</sup>	74	54	46	36	62	44	..	..	59
Total expenditure (\$'000) <sup>(a)</sup>	115,990	66,051	39,979	11,447	31,603	n.p.	..	..	268,835
Average cost weight <sup>(f)</sup>	0.83	0.80	0.79	0.79	0.84	0.75	..	..	0.82
Relative stay index <sup>(g)</sup>	1.04	1.08	0.99	1.26	0.98	n.p.	..	..	1.04
Cost per separation	2,545	2,638	1,933	3,205	2,054	n.p.	..	..	2,416
Cost per patient day	644	674	555	704	564	n.p.	..	..	630
Cost per casemix-adjusted sep.	3,180	3,391	2,531	4,138	2,583	n.p.	..	..	3,068
<b>Remote acute (&lt;5,000 acute weighted separations)</b>									
Number of hospitals	2	0	17	13	4	2	0	3	41
Average beds per hospital	26	..	21	22	26	15	..	37	23
Separations per hospital	1,268	..	671	1,781	1,585	281	..	3,415	1,323
AR-DRGs (5+) per hospital <sup>(e)</sup>	63	..	37	77	74	19	..	114	59
Total expenditure (\$'000) <sup>(a)</sup>	9,359	..	57,743	107,469	15,642	5,640	..	38,230	234,083
Average cost weight <sup>(f)</sup>	0.7	..	0.7	0.8	0.8	0.8	..	0.7	0.7
Relative stay index <sup>(g)</sup>	1.2	..	1.1	1.0	0.9	1.2	..	1.2	1.0
Cost per separation	2,434	..	2,152	2,972	2,126	4,828	..	2,771	2,656
Cost per patient day	651	..	685	1,042	737	1,297	..	928	887
Cost per casemix-adjusted sep.	3,559	..	2,974	3,893	2,646	6,383	..	4,161	3,598
<b>Total Small acute hospitals</b>									
Number of hospitals	26	18	34	17	17	3	0	3	118
Average beds per hospital	26	22	20	23	25	15	..	37	23
Separations per hospital	1,342	1,085	739	1,523	1,206	450	..	3,415	1,166
AR-DRGs (5+) per hospital <sup>(e)</sup>	73	54	41	68	65	27	..	114	59
Total expenditure (\$'000) <sup>(a)</sup>	125,349	66,051	97,722	118,916	47,245	9,406	..	38,230	502,918
Average cost weight <sup>(f)</sup>	0.82	0.80	0.76	0.77	0.84	0.75	..	0.67	0.79
Relative stay index <sup>(g)</sup>	1.05	1.08	1.04	0.99	0.96	1.19	..	1.18	1.04
Cost per separation	2,537	2,638	2,032	2,996	2,076	4,210	..	2,771	2,511
Cost per patient day	645	674	611	988	610	1,047	..	928	717
Cost per casemix-adjusted sep.	3,204	3,391	2,723	3,926	2,605	5,617	..	4,161	3,271

(continued)

**Table 4.3 (continued): Cost<sup>(a)</sup> per casemix-adjusted separation<sup>(b)</sup> and selected other statistics, by public hospital peer group<sup>(c)</sup>, states and territories, 2002–03**

	NSW <sup>(d)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Total hospitals in cost per casemix-adjusted separation analysis (Table 4.1)</b>									
Number of hospitals	105	63	74	34	37	6	2	5	326
Average beds per hospital	139	177	111	108	94	157	336	114	133
Separations per hospital	11,631	17,847	9,076	9,707	9,274	12,691	31,872	13,630	11,959
AR-DRGs (5+) per hospital <sup>(e)</sup>	226	219	157	164	168	221	423	225	197
Total expenditure (\$'000) <sup>(a)</sup>	5,755,596	4,761,632	2,547,440	1,492,905	1,248,344	341,864	333,122	238,831	16,719,734
Average cost weight <sup>(f)</sup>	1.04	0.97	0.99	0.98	1.02	1.09	0.96	0.75	1.00
Relative stay index <sup>(g)</sup>	1.04	0.94	0.94	1.02	0.95	0.96	1.07	1.17	0.99
Cost per separation	3,280	3,097	2,813	3,158	2,759	3,351	3,852	2,689	3,091
Cost per patient day	879	872	838	908	816	842	1,119	891	871
Cost per casemix-adjusted sep.	3,283	3,285	2,885	3,284	2,796	3,136	4,128	3,603	3,184
<b>Small non-acute (&lt;2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)</b>									
Number of hospitals	43	11	31	8	20	4	0	0	117
Average beds per hospital	25	28	24	29	31	17	..	..	26
Separations per hospital	697	755	636	1,078	601	443	..	..	687
Total expenditure (\$'000)	170,260	63,889	72,184	40,836	46,840	8,477	..	..	402,487
Average length of stay	10.7	11.8	6.3	7.6	12.0	9.0	..	..	9.5
<b>Multi-purpose service</b>									
Number of hospitals	14	7	9	36	4	2	0	0	72
Average beds per hospital	6	14	20	14	42	5	..	..	14
Separations per hospital	319	847	611	285	853	88	..	..	413
Total expenditure (\$'000)	36,026	29,970	21,128	66,057	15,465	4,539	..	..	173,186
Average length of stay	5.0	3.7	6.1	5.7	9.2	13.6	..	..	5.7
<b>Hospice</b>									
Number of hospitals	3	0	0	0	0	1	0	0	4
Average beds per hospital	64	..	..	..	..	n.a.	..	..	48
Separations per hospital	839	..	..	..	..	246	..	..	691
Total expenditure (\$'000)	41,904	..	..	..	..	n.p.	..	..	45,609
Average length of stay	19.0	..	..	..	..	n.p.	..	..	18.4
<b>Rehabilitation</b>									
Number of hospitals	5	0	0	0	1	0	0	0	6
Average beds per hospital	40	..	..	..	150	..	..	..	58
Separations per hospital	493	..	..	..	1,238	..	..	..	617
Total expenditure (\$'000)	78,719	..	..	..	n.p.	..	..	..	102,766
Average length of stay	25.9	..	..	..	n.p.	..	..	..	30.0
<b>Mothercraft</b>									
Number of hospitals	2	3	1	0	1	0	1	0	8
Average beds per hospital	30	26	32	..	12	..	10	..	24
Separations per hospital	1,816	2,732	1,789	..	923	..	n.a.	..	1,818
Total expenditure (\$'000)	7,234	9,316	n.p.	..	n.p.	..	n.p.	..	22,044
Average length of stay	4.7	2.6	n.p.	..	n.p.	..	n.p.	..	3.3
<b>Other non-acute</b>									
Number of hospitals	13	2	0	7	0	0	0	0	22
Average beds per hospital	37	70	..	48	..	..	..	..	44
Separations per hospital	730	1,089	..	2,236	..	..	..	..	1,242
Total expenditure (\$'000)	102,856	28,378	..	81,540	..	..	..	..	212,774
Average length of stay	17.1	22.0	..	7.2	..	..	..	..	11.8
<b>Total Non-acute</b>									
Number of hospitals	80	23	41	51	26	7	1	0	229
Average beds per hospital	26	27	23	21	37	11	10	..	25
Separations per hospital	657	1,070	659	677	677	313	n.a.	..	692
Total expenditure (\$'000)	436,999	131,553	96,376	188,434	86,972	16,721	n.p.	..	958,865
Average length of stay	12.1	7.7	6.1	6.8	12.8	9.7	n.p.	..	9.3

(continued)

**Table 4.3 (continued): Cost<sup>(a)</sup> per casemix-adjusted separation<sup>(b)</sup> and selected other statistics, by public hospital peer group<sup>(c)</sup>, states and territories, 2002–03**

	NSW <sup>(d)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Psychiatric<sup>(h)</sup></b>									
Number of hospitals	9	1	4	1	1	2	0	0	18
Average beds per hospital	130	95	126	201	313	20	..	..	129
Separations per hospital	1,201	436	116	1,802	2,742	61	..	..	910
Total expenditure (\$'000)	200,622	n.p.	77,918	n.p.	n.p.	3,581	..	..	433,739
Average length of stay	33.6	n.p.	722.1	n.p.	n.p.	58.7	..	..	54.3
<b>Unpeered and other acute (includes hospitals with fewer than 200 separations)</b>									
Number of hospitals	22	6	60	7	10	4	0	0	109
Average beds per hospital	10	9	4	12	13	4	..	..	7
Separations per hospital	128	n.a.	51	205	434	92	..	..	114
Total expenditure (\$'000)	42,792	81,543	43,867	20,914	13,432	6,158	..	..	208,707
Cost per separation	12,285	n.a.	2,860	8,438	2,315	10,681	..	..	6,223
Cost per patient day	374	n.a.	484	942	497	901	..	..	489
<b>Total</b>									
Number of hospitals	216	93	179	93	74	19	3	5	682
Average beds per hospital	84	128	55	54	66	57	227	114	76
Hospital numbers reported in Table 2.2									
Separations per hospital	5,961	12,364	3,923	3,955	4,971	4,149	21,248	13,630	5,991
Total expenditure (\$'000)	6,436,010	5,004,320	2,765,601	1,747,529	1,425,498	368,324	334,932	238,831	18,321,045
Cost per separation	3,506	3,147	2,901	3,376	3,028	3,493	3,852	2,689	3,238
Cost per patient day	800	857	735	856	743	820	1119	891	809
<b>Teaching hospitals (excluding psychiatric)</b>									
Number of hospitals	17	14	10	6	6	3	2	2	60
Average beds per hospital	412	552	348	404	349	298	336	230	412
Separations per hospital	36,976	57,514	29,203	36,056	40,018	24,932	31,872	28,952	39,645
AR-DRGs (5+) per hospital <sup>(e)</sup>	444	438	330	331	426	415	423	391	406
Total expenditure (\$'000) <sup>(a)</sup>	3,393,298	3,601,125	1,370,904	1,117,242	969,280	332,458	333,122	200,600	11,318,029
Average cost weight <sup>(f)</sup>	1.11	1.01	1.14	1.07	1.09	1.10	0.96	0.77	1.06
Relative stay index <sup>(g)</sup>	1.09	0.93	0.97	1.06	0.96	0.95	1.07	1.16	1.00
Cost per separation	3,607	3,225	3,659	3,456	3,001	3,335	3,852	2,674	3,385
Cost per patient day	962	888	1,008	892	864	838	1,119	884	925
Cost per casemix-adjusted sep.	3,417	3,272	3,261	3,312	2,851	3,106	4,128	3,517	3,287

(a) Expenditure data exclude depreciation.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(c) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 3 for further information.

(d) Expenditure data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when finalised data become available.

(e) The number of different AR-DRGs provided by a hospital for which there were at least 5 acute separations.

(f) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2001–02 AR-DRG v 4.2 cost weights (DoHA 2003). Updated versions of this table based on 2002–03 AR-DRG v 4.2 cost weights will be provided on the website when available.

(g) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 3 for details on the methodology.

(h) Psychiatric hospitals consist of a mix of short-term acute, long-term, psychogeriatric and forensic psychiatric hospitals.

n.p. Not published.

n.a. Not available.

.. Not applicable.

**Table 4.4: Average salary (\$) of full-time equivalent staff <sup>(a)</sup>, public acute and psychiatric hospitals, states and territories, 2002-03**

Staffing category	NSW <sup>(b)</sup>	Vic <sup>(c)</sup>	Qld	WA	SA <sup>(b)</sup>	Tas <sup>(d)</sup>	ACT	NT	Total <sup>(e)</sup>
Salaried medical officers	n.a.	138,260	101,384	129,694	87,918	94,093	131,957	140,025	n.a.
Nurses	n.a.	64,008	53,461	60,249	53,098	54,285	58,551	70,240	n.a.
Other personal care staff	n.a.	n.a.	38,423	29,684	n.a.	n.a.	42,270	58,005	n.a.
Diagnostic & allied health professionals	n.a.	45,997	55,488	54,156	49,581	58,375	52,639	69,429	n.a.
Administrative & clerical staff	n.a.	44,336	40,824	43,711	38,957	39,772	45,701	61,967	n.a.
Domestic & other staff	n.a.	42,155	37,893	38,894	32,202	45,634	41,313	44,328	n.a.
<b>Total staff</b>	<b>n.a.</b>	<b>62,255</b>	<b>53,553</b>	<b>59,334</b>	<b>51,149</b>	<b>54,240</b>	<b>61,111</b>	<b>70,891</b>	<b>n.a.</b>

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2003 were used

(b) Data for New South Wales are not available. An updated version of this table will be published on the AIHW website when New South Wales data become available.

(c) FTEs may be slightly under-enumerated with a corresponding overstatement of average salaries.

(d) Data for 2 small hospitals not included. *Other personal care staff* are included in *Domestic & other staff*.

(e) The totals for *Other personal care staff*, *Diagnostic & allied health professionals* and *Domestic & other staff* are affected by reporting arrangements noted above.

n.a. Not available.

**Table 4.5: Selected statistics <sup>(a)(b)</sup> by accreditation status, states and territories, public hospitals 2002-03, private hospitals 2001-02**

	NSW <sup>(c)</sup>	Vic <sup>(d)</sup>	Qld <sup>(e)</sup>	WA <sup>(f)</sup>	SA <sup>(g)</sup>	Tas <sup>(h)</sup>	ACT <sup>(i)</sup>	NT	Total
<b>Public hospitals</b>									
ACHS-accredited hospitals	151	109	91	59	55	0	2	4	471
Other accredited hospitals	31	7	44	7	16	3	1	0	109
<i>Total accredited hospitals</i>	<i>182</i>	<i>116</i>	<i>135</i>	<i>66</i>	<i>71</i>	<i>3</i>	<i>3</i>	<i>4</i>	<i>580</i>
Non-accredited hospitals	36	28	44	28	9	22	0	1	168
Hospitals accredited (%)	83	81	75	70	89	12	100	80	78
<i>Total public hospitals</i>	<i>218</i>	<i>144</i>	<i>179</i>	<i>94</i>	<i>80</i>	<i>25</i>	<i>3</i>	<i>5</i>	<i>748</i>
ACHS-accredited hospitals	15,730	11,508	8,358	3,060	3,832	0	672	549	43,709
Other accredited beds	1,024	143	871	1,526	841	895	10	0	5,310
<i>Total accredited beds</i>	<i>16,754</i>	<i>11,651</i>	<i>9,229</i>	<i>4,586</i>	<i>4,673</i>	<i>895</i>	<i>682</i>	<i>549</i>	<i>49,019</i>
Non-accredited beds	1,331	287	678	432	193	241	0	20	3,182
Beds accredited (%)	93	98	93	91	96	79	100	96	94
<i>Total available beds for admitted patients</i>	<i>18,016</i>	<i>11,938</i>	<i>9,907</i>	<i>5,018</i>	<i>4,864</i>	<i>1,136</i>	<i>682</i>	<i>569</i>	<i>52,130</i>
Separations from ACHS-accredited hospitals	1,161,240	1,122,407	648,105	235,351	297,397	0	63,743	66,272	3,594,515
Separations from other accredited hospitals	54,017	10,895	28,359	115,612	63,647	74,796	0	0	347,326
<i>Total separations from accredited hospitals</i>	<i>1,215,257</i>	<i>1,133,302</i>	<i>676,464</i>	<i>350,963</i>	<i>361,044</i>	<i>74,796</i>	<i>63,743</i>	<i>66,272</i>	<i>3,941,841</i>
Separations from non-accredited hospitals	74,678	16,538	25,702	16,862	6,783	4,906	0	1,877	147,346
Proportion of separations in accredited hospitals	94	99	96	95	98	94	100	97	96
<i>Total separations</i>	<i>1,289,935</i>	<i>1,149,840</i>	<i>702,166</i>	<i>367,825</i>	<i>367,827</i>	<i>79,702</i>	<i>63,743</i>	<i>68,149</i>	<i>4,089,187</i>
Patient days from ACHS-accredited hospitals	5,003,273	4,125,460	2,523,674	903,460	1,217,708	0	219,493	200,888	14,193,956
Patient days from other accredited hospitals	271,253	30,415	129,901	488,915	241,762	297,550	0	0	1,459,796
<i>Total patient days from accredited hospitals</i>	<i>5,274,526</i>	<i>4,155,875</i>	<i>2,653,575</i>	<i>1,392,375</i>	<i>1,459,470</i>	<i>297,550</i>	<i>219,493</i>	<i>200,888</i>	<i>15,653,752</i>
Patient days from non-accredited hospitals	382,034	68,422	118,430	58,539	40,301	53,111	0	4,857	725,694
Proportion of patient days in accredited hospitals	93	98	96	96	97	85	100	98	96
<i>Total Patient days</i>	<i>5,656,560</i>	<i>4,224,297</i>	<i>2,772,005</i>	<i>1,450,914</i>	<i>1,499,771</i>	<i>350,661</i>	<i>219,493</i>	<i>205,745</i>	<i>16,379,446</i>

(continued)

**Table 4.5 (continued): Selected statistics<sup>(a)(b)</sup> by accreditation status, states and territories, public hospitals 2002-03, private hospitals 2001-02**

	NSW <sup>(c)</sup>	Vic <sup>(d)</sup>	Qld <sup>(e)</sup>	WA <sup>(f)</sup>	SA <sup>(g)</sup>	Tas	ACT <sup>(h)</sup>	NT <sup>(i)</sup>	Total
<b>Private hospitals<sup>(g,h)</sup></b>									
Accredited hospitals	141	91	75	n.a.	39	n.a.	n.a.	n.a.	381
Non-accredited hospitals	43	45	15	n.a.	14	n.a.	n.a.	n.a.	135
<i>Total private hospitals</i>	<i>184</i>	<i>136</i>	<i>90</i>	<i>41</i>	<i>53</i>	<i>12</i>	<i>n.a.</i>	<i>n.a.</i>	<i>516</i>
Accredited beds	7,093	6,126	5,707	n.a.	2,087	n.a.	n.a.	n.a.	24,486
Non-accredited beds	503	457	250	n.a.	157	n.a.	n.a.	n.a.	1,667
<i>Total available beds for admitted patients</i>	<i>7,596</i>	<i>6,583</i>	<i>5,957</i>	<i>2,926</i>	<i>2,244</i>	<i>847</i>	<i>n.a.</i>	<i>n.a.</i>	<i>26,153</i>
<b>Total</b>									
Accredited hospitals	323	207	210	n.a.	110	n.a.	n.a.	n.a.	961
Non-accredited hospitals	79	73	59	n.a.	23	n.a.	n.a.	n.a.	303
<i>Total hospitals</i>	<i>402</i>	<i>280</i>	<i>269</i>	<i>135</i>	<i>133</i>	<i>37</i>	<i>n.a.</i>	<i>n.a.</i>	<i>1,264</i>
Accredited beds	23,847	17,777	14,936	n.a.	6,760	n.a.	n.a.	n.a.	73,505
Non-accredited beds	1,834	744	928	n.a.	350	n.a.	n.a.	n.a.	4,849
<i>Total available beds for admitted patients</i>	<i>25,681</i>	<i>18,521</i>	<i>15,864</i>	<i>7,944</i>	<i>7,110</i>	<i>1,983</i>	<i>n.a.</i>	<i>n.a.</i>	<i>78,354</i>

(a) Where average available beds for the year were not available, bed numbers at 30 June 2003 were used.

(b) Separations for which establishment level data were not reported separately or the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(c) All 29 of the *Other accredited hospitals* were accredited by the Australian Quality Council (now known as Business Excellence Australia).

(d) Of the *Other accredited hospitals*, 2 were accredited using Quality Improvement Council and 5 were certified ISO9000 family compliant.

(e) All of the 44 *Other accredited hospitals* were accredited using Quality Improvement Council.

(f) Of the *Other accredited hospitals*, 2 were certified ISO9000 family compliant and 5 had multiple or split accreditation coverage.

(g) Of the *Other accredited hospitals*, 1 was accredited using Quality Improvement Council and 14 were certified ISO9000 family compliant. 1 hospital had multiple accreditation coverage.

(h) Of the *Other accredited hospitals*, all were dual certified ISO9000 family compliant and ACHS accredited.

(i) One establishment was accredited by the Australian Quality Council (now known as Business Excellence Australia).

n.a. Not available.

*Note:* Private hospital data are provided from the Australian Bureau of Statistics' Private Health Establishments Collection.

**Table 4.6: Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Appendectomy</b>									
Separations <sup>(e)</sup>	8,097	6,548	5,558	3,156	1,926	644	414	325	26,670
Separations not within state of residence (%)	3	2	2	1	1	2	6	4	
Proportion of public patients (%)	67	68	57	66	61	60	74	76	65
Separation rate <sup>(f)</sup>	1.23	1.35	1.47	1.61	1.29	1.38	1.22	1.53	1.35
Standardised separation rate ratio (SRR)	0.91	1.00	1.09	1.19	0.96	1.02	0.90	1.13	
95% confidence interval of SRR	0.89–0.93	0.98–1.02	1.06–1.12	1.15–1.23	0.92–1.00	0.94–1.10	0.81–0.99	1.01–1.25	
<b>Coronary artery bypass graft</b>									
Separations <sup>(e)</sup>	5,848	4,079	3,011	982	1,281	371	135	82	15,791
Separations not within state of residence (%)	8	1	0	1	0	3	11	100	
Proportion of public patients (%)	51	53	43	48	49	53	51	78	50
Separation rate <sup>(f)</sup>	0.84	0.81	0.82	0.54	0.75	0.71	0.53	0.69	0.79
Standardised separation rate ratio (SRR)	1.07	1.03	1.05	0.68	0.95	0.90	0.67	0.88	
95% confidence interval of SRR	1.04–1.10	1.00–1.06	1.01–1.09	0.64–0.72	0.90–1.00	0.81–0.99	0.56–0.78	0.69–1.07	
<b>Coronary angioplasty</b>									
Separations <sup>(e)</sup>	9,359	8,057	4,076	2,385	2,077	632	253	150	26,994
Separations not within state of residence (%)	10	1	1	1	1	3	9	100	
Proportion of public patients (%)	39	44	32	45	48	57	84	70	42
Separation rate <sup>(f)</sup>	1.35	1.60	1.10	1.28	1.22	1.21	0.93	1.14	1.34
Standardised separation rate ratio (SRR)	1.01	1.19	0.82	0.96	0.91	0.90	0.70	0.85	
95% confidence interval of SRR	0.99–1.03	1.16–1.22	0.79–0.85	0.92–1.00	0.87–0.95	0.83–0.97	0.61–0.79	0.71–0.99	
<b>Caesarean section</b>									
Separations <sup>(e)</sup>	22,266	16,857	14,597	7,191	5,034	1,254	985	966	69,170
Separations not within state of residence (%)	3	0	1	0	0	0	1	4	
Proportion of public patients (%)	56	56	53	52	56	51	49	68	55
Separation rate <sup>(f)</sup>	3.38	3.42	3.96	3.73	3.56	3.03	2.87	4.14	3.54
Standardised separation rate ratio (SRR)	0.96	0.97	1.12	1.05	1.00	0.85	0.81	1.17	
95% confidence interval of SRR	0.95–0.97	0.96–0.98	1.10–1.14	1.03–1.07	0.97–1.03	0.80–0.90	0.76–0.86	1.10–1.24	
In-hospital birth separations	73,780	60,040	48,184	23,852	17,042	5,475	3,964	3,550	235,986
Proportion of births to public patients (%)	63	63	66	64	67	58	62	76	64
In-hospital birth separation rate <sup>(f)</sup>	11.2	12.2	13.0	12.4	12.1	13.2	11.4	15.2	12.1
Separations per 100 in-hospital birth separations <sup>(g)</sup>	30.2	28.1	30.3	30.1	29.5	22.9	24.8	27.2	29.3
Public hospitals	28.3	25.5	24.8	24.4	26.0	20.6	20.4	24.6	26.0
Public patients	26.9	24.7	24.2	24.0	24.9	19.1	19.8	24.5	25.0
Private patients	39.5	35.7	38.1	32.1	40.5	30.2	32.2	26.6	37.5
Private hospitals	34.4	33.7	42.4	38.9	38.4	26.3	33.0	37.6	36.4

(continued)



**Table 4.6 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Cholecystectomy</b>									
Separations <sup>(e)</sup>	15,263	11,599	8,775	4,298	3,878	1,085	538	306	45,749
Separations not within state of residence (%)	3	1	1	0	1	1	7	10	
Proportion of public patients (%)	51	54	44	51	50	60	46	62	51
Separation rate <sup>(f)</sup>	2.25	2.33	2.36	2.25	2.43	2.24	1.75	2.03	2.29
Standardised separation rate ratio (SRR)	0.98	1.02	1.03	0.98	1.06	0.98	0.76	0.88	
95% confidence interval of SRR	0.96–1.00	1.00–1.04	1.01–1.05	0.95–1.01	1.03–1.09	0.92–1.04	0.70–0.82	0.78–0.98	
<b>Diagnostic gastrointestinal endoscopy</b>									
Separations <sup>(e)</sup>	177,295	160,380	118,734	51,748	41,197	9,995	3,958	3,148	566,493
Separations not within state of residence (%)	3	1	1	0	0	1	5	6	
Proportion of public patients (%)	32	29	23	43	39	31	70	50	31
Separation rate <sup>(f)</sup>	25.97	32.14	31.93	27.26	25.08	19.81	13.57	20.96	28.29
Standardised separation rate ratio (SRR)	0.92	1.14	1.13	0.96	0.89	0.70	0.48	0.74	
95% confidence interval of SRR	0.92–0.92	1.13–1.15	1.12–1.14	0.95–0.97	0.88–0.90	0.69–0.71	0.47–0.49	0.71–0.77	
<b>Hip replacement</b>									
Separations <sup>(e)</sup>	9,118	7,564	4,066	2,678	2,410	960	360	71	27,229
Separations not within state of residence (%)	5	2	3	0	0	4	8	44	
Proportion of public patients (%)	40	38	38	42	39	42	38	46	39
Separation rate <sup>(f)</sup>	1.30	1.48	1.12	1.48	1.36	1.82	1.44	0.73	1.35
Standardised separation rate ratio (SRR)	0.97	1.10	0.83	1.10	1.01	1.35	1.07	0.54	
95% confidence interval of SRR	0.95–0.99	1.08–1.12	0.80–0.86	1.06–1.14	0.97–1.05	1.26–1.44	0.96–1.18	0.41–0.67	
<b>Revision of hip replacement</b>									
Separations <sup>(e)</sup>	1,118	919	502	296	254	111	59	8	3,267
Separations not within state of residence (%)	7	4	2	0	0	1	3	88	
Proportion of public patients (%)	33	30	36	40	32	46	36	25	34
Separation rate <sup>(f)</sup>	0.16	0.18	0.14	0.16	0.14	0.21	0.24	0.07	0.16
Proportion of hip replacements	0.12	0.12	0.12	0.11	0.11	0.12	0.16	0.11	0.12
Standardised separation rate ratio (SRR)	0.99	1.11	0.86	1.01	0.88	1.31	1.47	0.44	
95% confidence interval of SRR	0.93–1.05	1.04–1.18	0.78–0.94	0.89–1.13	0.77–0.99	1.07–1.55	1.09–1.85	0.14–0.74	

(continued)

**Table 4.6 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Hysterectomy, females aged 15–69</b>									
Separations <sup>(e)</sup>	9,355	6,779	5,607	3,705	2,695	847	457	242	29,697
Separations not within state of residence (%)	4	1	1	0	0	0	8	8	
Proportion of public patients (%)	40	46	35	43	39	57	35	41	41
Separation rate <sup>(f)</sup>	1.40	1.38	1.49	1.88	1.73	1.78	1.40	1.26	1.49
Standardised separation rate ratio (SRR)	0.94	0.92	1.00	1.26	1.16	1.19	0.94	0.85	
95% confidence interval of SRR	0.92–0.96	0.90–0.94	0.97–1.03	1.22–1.30	1.12–1.20	1.11–1.27	0.85–1.03	0.74–0.96	
Age and sex restricted adjusted separation rate <sup>(g)</sup>	4.0	3.9	4.2	5.3	4.9	5.1	4.0	3.6	4.2
<b>Lens insertion</b>									
Separations <sup>(e)</sup>	54,444	35,303	28,556	14,537	12,605	2,996	1,584	622	150,654
Separations not within state of residence (%)	3	1	3	0	0	1	4	11	
Proportion of public patients (%)	29	28	10	43	30	11	32	60	26
Separation rate <sup>(f)</sup>	7.74	6.87	7.98	8.27	6.96	5.62	6.71	7.67	7.47
Standardised separation rate ratio (SRR)	1.04	0.92	1.07	1.11	0.93	0.75	0.90	1.03	
95% confidence interval of SRR	1.03–1.05	0.91–0.93	1.06–1.08	1.09–1.13	0.91–0.95	0.72–0.78	0.86–0.94	0.95–1.11	
<b>Myringotomy</b>									
Separations <sup>(e)</sup>	8,402	9,284	5,328	4,305	4,089	525	409	168	32,515
Separations not within state of residence (%)	5	1	1	0	0	1	7	7	
Proportion of public patients (%)	35	44	29	46	33	52	45	66	38
Separation rate <sup>(f)</sup>	1.28	1.98	1.41	2.26	2.91	1.11	1.32	0.69	1.68
Standardised separation rate ratio (SRR)	0.76	1.18	0.84	1.35	1.73	0.66	0.78	0.41	
95% confidence interval of SRR	0.74–0.78	1.16–1.20	0.82–0.86	1.31–1.39	1.68–1.78	0.60–0.72	0.70–0.86	0.35–0.47	
<b>Knee replacement</b>									
Separations <sup>(e)</sup>	10,264	5,665	4,379	2,614	2,348	623	381	92	26,368
Separations not within state of residence (%)	5	2	2	0	0	2	6	63	
Proportion of public patients (%)	34	34	29	33	30	35	28	30	32
Separation rate <sup>(f)</sup>	1.47	1.12	1.21	1.44	1.36	1.18	1.47	0.83	1.31
Standardised separation rate ratio (SRR)	1.12	0.85	0.92	1.10	1.03	0.90	1.12	0.63	
95% confidence interval of SRR	1.10–1.14	0.83–0.87	0.89–0.95	1.06–1.14	0.99–1.07	0.83–0.97	1.01–1.23	0.50–0.76	

(continued)

**Table 4.6 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Prostatectomy</b>									
Separations <sup>(e)</sup>	8,056	7,205	3,769	2,129	1,993	669	225	97	24,145
Separations not within state of residence (%)	5	1	1	0	1	1	8	12	
Proportion of public patients (%)	35	37	23	39	38	52	32	46	35
Separation rate <sup>(f)</sup>	1.15	1.41	1.04	1.18	1.13	1.26	0.88	1.19	1.20
Standardised separation rate ratio (SRR)	0.96	1.18	0.87	0.98	0.95	1.05	0.74	0.99	
95% confidence interval of SRR	0.94–0.98	1.15–1.21	0.84–0.90	0.94–1.02	0.91–0.99	0.97–1.13	0.64–0.84	0.79–1.19	
<b>Arthroscopic procedures (includes arthroscopies)</b>									
Separations <sup>(e)</sup>	32,723	29,272	16,548	13,719	13,030	2,426	1,390	1,314	110,434
Separations not within state of residence (%)	4	2	1	0	0	3	11	28	
Proportion of public patients (%)	20	21	18	20	19	30	26	21	20
Separation rate <sup>(f)</sup>	4.87	5.93	4.40	7.08	8.34	5.09	4.32	6.95	5.55
Standardised separation rate ratio (SRR)	0.88	1.07	0.79	1.28	1.50	0.92	0.78	1.25	
95% confidence interval of SRR	0.87–0.89	1.06–1.08	0.78–0.80	1.26–1.30	1.47–1.53	0.88–0.96	0.74–0.82	1.18–1.32	
<b>Tonsillectomy</b>									
Separations <sup>(e)</sup>	10,409	8,658	6,185	3,669	3,146	424	389	166	33,049
Separations not within state of residence (%)	4	1	1	0	0	1	6	10	
Proportion of public patients (%)	36	52	28	49	37	56	37	46	41
Separation rate <sup>(f)</sup>	1.60	1.83	1.63	1.89	2.21	0.91	1.17	0.71	1.70
Standardised separation rate ratio (SRR)	0.94	1.07	0.96	1.11	1.30	0.54	0.69	0.42	
95% confidence interval of SRR	0.92–0.96	1.05–1.09	0.94–0.98	1.07–1.15	1.25–1.35	0.49–0.59	0.62–0.76	0.36–0.48	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The procedures and diagnoses are defined using ICD-10-AM codes. See Appendix 3.

(c) Some hospitals are not included. See Appendix 4 for details.

(d) Includes Other territories and excludes non-Australian residents and Unknown state of residence.

(e) Excludes multiple procedures/diagnosis for the same separation within the same group.

(f) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.

(g) Caesarean sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by Caesarean section, as births out of hospital are not included.

(h) Females aged 15–69 years only.

**Table 4.7: Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals<sup>(c)</sup>, Australia, 2002–03**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia <sup>(d)</sup>
<b>Appendectomy</b>						
Separations <sup>(e)</sup>	16,678	6,062	3,110	515	267	26,670
Proportion of separations public patients (%)	61	70	72	77	88	65
Separation rate <sup>(f)</sup>	1.27	1.52	1.57	1.58	1.39	1.36
Standardised separation rate ratio (SRR)	0.94	1.11	1.15	1.16	1.02	
95% confidence interval of SRR	0.93–0.95	1.08–1.14	1.11–1.19	1.06–1.26	0.90–1.14	
<b>Coronary artery bypass graft</b>						
Separations <sup>(e)</sup>	10,126	3,730	1,652	187	72	15,791
Proportion of separations public patients (%)	48	52	56	61	68	50
Separation rate <sup>(f)</sup>	0.79	0.82	0.77	0.67	0.60	0.79
Standardised separation rate ratio (SRR)	0.99	1.03	0.97	0.85	0.75	
95% confidence interval of SRR	0.97–1.01	1.00–1.06	0.92–1.02	0.73–0.97	0.58–0.92	
<b>Coronary angioplasty</b>						
Separations <sup>(e)</sup>	18,587	5,474	2,467	296	125	26,994
Proportion of separations public patients (%)	40	43	51	58	67	42
Separation rate <sup>(f)</sup>	1.44	1.22	1.16	1.06	0.94	1.36
Standardised separation rate ratio (SRR)	1.06	0.90	0.85	0.79	0.70	
95% confidence interval of SRR	1.04–1.08	0.88–0.92	0.82–0.88	0.70–0.88	0.58–0.82	
<b>Caesarean section</b>						
Separations <sup>(e)</sup>	47,315	12,807	6,883	1,270	823	69,170
Proportion of separations public patients (%)	49	67	67	68	82	55
Separation rate <sup>(f)</sup>	3.48	3.70	3.83	3.86	4.06	3.55
Standardised separation rate ratio (SRR)	0.98	1.04	1.08	1.09	1.14	
95% confidence interval of SRR	0.97–0.99	1.02–1.06	1.05–1.11	1.03–1.15	1.06–1.22	
In-hospital birth separations	155,205	46,785	25,774	4,783	3,204	235,986
Proportion of separations public patients (%)	58.4	75.0	74.4	74.8	87.4	64.2
Separation rate <sup>(f)</sup>	11.38	13.59	14.46	14.76	15.81	12.11
Separations per 100 in-hospital birth separations <sup>(g)</sup>	30.49	27.37	26.71	26.55	25.69	29.31
Public hospitals	26.72	25.24	24.53	24.29	24.28	26.00
Public patients	25.48	24.45	23.98	23.95	24.12	24.99
Private patients	41.01	34.46	31.23	26.35	28.00	37.54
Private hospitals	36.72	34.95	35.09	40.99	40.36	36.42

(continued)

**Table 4.7 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals<sup>(c)</sup>, Australia, 2002–03**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia <sup>(d)</sup>
<b>Cholecystectomy</b>						
Separations <sup>(e)</sup>	29,597	10,285	4,846	653	308	45,749
Proportion of separations public patients (%)	47	56	59	61	76	51
Separation rate <sup>(f)</sup>	2.26	2.48	2.38	2.17	1.97	2.31
Standardised separation rate ratio (SRR)	0.98	1.07	1.03	0.94	0.85	
95% confidence interval of SRR	0.97–0.99	1.05–1.09	1.00–1.06	0.87–1.01	0.76–0.94	
<b>Diagnostic gastrointestinal endoscopy</b>						
Separations <sup>(e)</sup>	390,035	116,566	50,832	5,922	2,345	566,493
Proportion of separations public patients (%)	27	38	46	49	63	31
Separation rate <sup>(f)</sup>	29.94	27.01	24.43	20.30	17.20	28.55
Standardised separation rate ratio (SRR)	1.05	0.95	0.86	0.71	0.60	
95% confidence interval of SRR	1.05–1.05	0.94–0.96	0.85–0.87	0.69–0.73	0.58–0.62	
<b>Hip replacement</b>						
Separations <sup>(e)</sup>	16,965	6,754	3,052	315	75	27,229
Proportion of separations public patients (%)	37	41	46	40	59	39
Separation rate <sup>(f)</sup>	1.30	1.49	1.46	1.25	0.77	1.36
Standardised separation rate ratio (SRR)	0.96	1.09	1.07	0.92	0.56	
95% confidence interval of SRR	0.95–0.97	1.06–1.12	1.03–1.11	0.82–1.02	0.43–0.69	
<b>Revision of hip replacement</b>						
Separations <sup>(e)</sup>	1,997	845	365	43	9	3,267
Proportion of separations public patients (%)	32	35	42	30	56	34
Separation rate <sup>(f)</sup>	0.15	0.19	0.18	0.17	0.10	0.16
Standardised separation rate ratio (SRR)	0.94	1.14	1.07	1.06	0.59	
95% confidence interval of SRR	0.90–0.98	1.06–1.22	0.96–1.18	0.74–1.38	0.20–0.98	
<b>Hysterectomy, females aged 15–69</b>						
Separations <sup>(e)</sup>	18,335	7,137	3,467	508	190	29,697
Proportion of separations public patients (%)	36	47	52	49	63	41
Separation rate <sup>(f)</sup>	1.41	1.74	1.69	1.53	1.17	1.50
Standardised separation rate ratio (SRR)	0.94	1.16	1.12	1.02	0.78	
95% confidence interval of SRR	0.93–0.95	1.13–1.19	1.08–1.16	0.93–1.11	0.67–0.89	
Age and sex restricted adjusted separation rate <sup>(g)</sup>	4.00	4.96	4.81	4.34	3.34	4.28
<b>Lens insertion</b>						
Separations <sup>(e)</sup>	97,261	33,625	16,716	1,845	751	150,654
Proportion of separations public patients (%)	24	28	33	44	60	26
Separation rate <sup>(f)</sup>	7.49	7.35	8.10	7.83	7.97	7.56
Standardised separation rate ratio (SRR)	0.99	0.97	1.07	1.04	1.05	
95% confidence interval of SRR	0.98–1.00	0.96–0.98	1.05–1.09	0.99–1.09	0.97–1.13	

(continued)

**Table 4.7 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals<sup>(c)</sup>, Australia, 2002–03**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia <sup>(d)</sup>
<b>Tonsillectomy</b>						
Separations <sup>(e)</sup>	21,121	7,856	3,310	504	193	33,049
Proportion of separations public patients (%)	36	49	52	49	51	41
Separation rate <sup>(f)</sup>	1.66	1.92	1.60	1.41	0.89	1.70
Standardised separation rate ratio (SRR)	0.98	1.13	0.94	0.83	0.52	
95% confidence interval of SRR	0.97–0.99	1.11–1.15	0.91–0.97	0.76–0.90	0.45–0.59	
<b>Myringotomy</b>						
Separations <sup>(e)</sup>	22,225	6,658	2,902	481	213	32,515
Proportion of separations public patients (%)	32	51	53	56	62	38
Separation rate <sup>(f)</sup>	1.79	1.60	1.35	1.26	0.92	1.68
Standardised separation rate ratio (SRR)	1.06	0.95	0.81	0.75	0.55	
95% confidence interval of SRR	1.05–1.07	0.93–0.97	0.78–0.84	0.68–0.82	0.48–0.62	
<b>Knee replacement</b>						
Separations <sup>(e)</sup>	16,037	6,764	3,069	329	100	26,368
Proportion of separations public patients (%)	30	35	38	33	41	32
Separation rate <sup>(f)</sup>	1.25	1.48	1.45	1.28	0.96	1.32
Standardised separation rate ratio (SRR)	0.94	1.12	1.09	0.96	0.72	
95% confidence interval of SRR	0.93–0.95	1.09–1.15	1.05–1.13	0.86–1.06	0.58–0.86	
<b>Prostatectomy</b>						
Separations <sup>(e)</sup>	15,568	5,565	2,595	276	102	24,145
Proportion of separations public patients (%)	32	39	43	41	46	35
Separation rate <sup>(f)</sup>	1.21	1.21	1.23	1.09	1.05	1.21
Standardised separation rate ratio (SRR)	1.00	1.00	1.02	0.90	0.87	
95% confidence interval of SRR	0.98–1.02	0.97–1.03	0.98–1.06	0.79–1.01	0.70–1.04	
<b>Arthroscopic procedures (includes arthroscopies)</b>						
Separations <sup>(e)</sup>	69,696	25,268	12,445	2,104	705	110,434
Proportion of separations public patients (%)	16	26	30	26	34	20
Separation rate <sup>(f)</sup>	5.31	6.18	6.20	6.68	4.27	5.59
Standardised separation rate ratio (SRR)	0.95	1.11	1.11	1.19	0.76	
95% confidence interval of SRR	0.94–0.96	1.10–1.12	1.09–1.13	1.14–1.24	0.70–0.82	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The procedures are defined using ICD-10-AM codes. See Appendix 3.

(c) Some private hospitals are not included. See Appendix 4 for details.

(d) Includes Unknown Remoteness Area and excludes non-Australian residents and Unknown state of residence

(e) Excludes multiple procedures or diagnosis in the same separation within the same group.

(f) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.

(g) Caesarean sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by Caesarean section, as births out of hospital are not included.

**Table 4.8: Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Vaccine-preventable conditions</b>									
<b>Influenza and pneumonia</b>									
Separations <sup>(d)</sup>	4,238	2,657	2,860	1,557	890	279	85	259	12,826
Separations not within state of residence (%)	3	2	1	1	4	2	12	6	
Separation rate <sup>(e)</sup>	0.61	0.52	0.76	0.82	0.54	0.55	0.30	1.44	0.63
Standardised separation rate ratio (SRR)	0.96	0.82	1.20	1.30	0.85	0.86	0.48	2.27	
95% confidence interval of SRR	0.94–0.99	0.79–0.85	1.16–1.25	1.23–1.36	0.79–0.90	0.76–0.96	0.38–0.58	2.00–2.55	
<b>Other vaccine-preventable conditions</b>									
Separations <sup>(d)</sup>	1,122	731	504	193	244	50	10	75	2,929
Separations not within state of residence (%)	6	0	0	0	3	0	11	15	
Separation rate <sup>(e)</sup>	0.16	0.15	0.13	0.10	0.16	0.11	0.03	0.42	0.15
Standardised separation rate ratio (SRR)	1.13	1.00	0.91	0.68	1.07	0.74	0.20	2.88	
95% confidence interval of SRR	1.07–1.20	0.93–1.08	0.83–0.99	0.59–0.78	0.94–1.20	0.54–0.95	0.08–0.32	2.22–3.53	
<b>Total vaccine-preventable conditions</b>									
Separations <sup>(d)</sup>	5,358	3,385	3,358	1,748	1,132	329	95	334	15,740
Separations not within state of residence (%)	3	2	1	1	4	2	12	8	
Separation rate <sup>(e)</sup>	0.78	0.67	0.89	0.92	0.69	0.65	0.33	1.86	0.78
Standardised separation rate ratio (SRR)	1.00	0.86	1.15	1.18	0.89	0.84	0.43	2.39	
95% confidence interval of SRR	0.97–1.02	0.83–0.88	1.11–1.18	1.13–1.24	0.84–0.94	0.75–0.93	0.34–0.51	2.13–2.64	
<b>Acute conditions</b>									
<b>Appendicitis</b>									
Separations <sup>(d)</sup>	7,938	5,977	5,064	2,827	1,748	575	373	316	24,820
Separations not within state of residence (%)	3	2	2	1	1	2	5	4	
Separation rate <sup>(e)</sup>	1.18	1.21	1.32	1.41	1.16	1.22	1.09	1.44	1.24
Standardised separation rate ratio (SRR)	0.96	0.98	1.06	1.14	0.94	0.98	0.88	1.16	
95% confidence interval of SRR	0.93–0.98	0.95–1.00	1.03–1.09	1.10–1.18	0.89–0.98	0.90–1.06	0.79–0.96	1.03–1.29	
<b>Cellulitis</b>									
Separations <sup>(d)</sup>	9,560	7,367	5,585	2,630	2,115	607	334	544	28,748
Separations not within state of residence (%)	3	1	2	1	2	1	6	3	
Separation rate <sup>(e)</sup>	1.37	1.45	1.49	1.37	1.27	1.19	1.09	3.19	1.41
Standardised separation rate ratio (SRR)	0.97	1.02	1.05	0.97	0.90	0.84	0.77	2.25	
95% confidence interval of SRR	0.95–0.99	1.00–1.05	1.02–1.08	0.93–1.01	0.86–0.93	0.78–0.91	0.69–0.85	2.06–2.44	
<b>Convulsions and epilepsy</b>									
Separations <sup>(d)</sup>	11,342	7,640	5,902	2,826	2,281	747	288	540	31,578
Separations not within state of residence (%)	2	2	3	1	2	9	17	4	
Separation rate <sup>(e)</sup>	1.68	1.54	1.55	1.45	1.51	1.56	0.89	2.70	1.58
Standardised separation rate ratio (SRR)	1.06	0.98	0.98	0.92	0.95	0.99	0.57	1.71	
95% confidence interval of SRR	1.04–1.08	0.95–1.00	0.96–1.01	0.88–0.95	0.92–0.99	0.92–1.06	0.50–0.63	1.57–1.85	

(continued)

**Table 4.8 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Dehydration and gastroenteritis</b>									
Separations <sup>(d)</sup>	12,794	12,286	8,077	3,703	3,318	869	300	263	41,616
Separations not within state of residence (%)	3	1	2	1	1	3	9	9	
Separation rate <sup>(e)</sup>	1.85	2.41	2.15	1.93	2.01	1.73	1.01	1.86	2.05
Standardised separation rate ratio (SRR)	0.90	1.18	1.05	0.94	0.98	0.85	0.49	0.91	
95% confidence interval of SRR	0.89-0.92	1.16-1.20	1.03-1.07	0.91-0.97	0.95-1.02	0.79-0.90	0.44-0.55	0.80-1.02	
<b>Dental conditions</b>									
Separations <sup>(d)</sup>	11,673	11,444	9,435	6,421	3,904	786	398	448	44,526
Separations not within state of residence (%)	3	2	1	0	1	1	3	5	
Separation rate <sup>(e)</sup>	1.73	2.33	2.46	3.27	2.57	1.65	1.23	2.02	2.23
Standardised separation rate ratio (SRR)	0.78	1.05	1.10	1.47	1.15	0.74	0.55	0.91	
95% confidence interval of SRR	0.76-0.79	1.03-1.06	1.08-1.13	1.43-1.50	1.12-1.19	0.69-0.79	0.50-0.61	0.82-0.99	
<b>Ear, nose and throat infections</b>									
Separations <sup>(d)</sup>	11,030	6,880	7,038	3,598	3,091	612	289	457	32,997
Separations not within state of residence (%)	3	2	2	1	1	1	7	4	
Separation rate <sup>(e)</sup>	1.64	1.42	1.84	1.85	2.12	1.28	0.88	1.97	1.67
Standardised separation rate ratio (SRR)	0.99	0.85	1.11	1.11	1.27	0.77	0.53	1.18	
95% confidence interval of SRR	0.97-1.01	0.83-0.87	1.08-1.13	1.08-1.15	1.23-1.32	0.71-0.83	0.47-0.59	1.07-1.29	
<b>Gangrene</b>									
Separations <sup>(d)</sup>	1,213	1,254	898	317	326	124	20	75	4,231
Separations not within state of residence (%)	5	1	1	1	1	9	11	7	
Separation rate <sup>(e)</sup>	0.17	0.24	0.24	0.17	0.19	0.24	0.07	0.49	0.21
Standardised separation rate ratio (SRR)	0.83	1.17	1.16	0.82	0.91	1.15	0.36	2.36	
95% confidence interval of SRR	0.78-0.88	1.11-1.24	1.08-1.24	0.73-0.91	0.81-1.00	0.95-1.35	0.20-0.52	1.83-2.90	
<b>Pelvic inflammatory disease</b>									
Separations <sup>(d)</sup>	2,021	1,741	1,247	652	443	140	84	135	6,463
Separations not within state of residence (%)	4	1	1	0	1	1	12	3	
Separation rate <sup>(e)</sup>	0.30	0.35	0.33	0.33	0.29	0.31	0.24	0.60	0.32
Standardised separation rate ratio (SRR)	0.93	1.08	1.02	1.02	0.91	0.96	0.76	1.86	
95% confidence interval of SRR	0.89-0.97	1.03-1.13	0.96-1.08	0.94-1.09	0.82-0.99	0.80-1.11	0.59-0.92	1.55-2.18	
<b>Perforated/bleeding ulcer</b>									
Separations <sup>(d)</sup>	1,854	1,483	805	578	543	116	52	24	5,456
Separations not within state of residence (%)	4	2	2	1	1	1	6	9	
Separation rate <sup>(e)</sup>	0.26	0.29	0.22	0.32	0.30	0.22	0.20	0.15	0.27
Standardised separation rate ratio (SRR)	0.98	1.08	0.82	1.19	1.14	0.82	0.74	0.57	
95% confidence interval of SRR	0.94-1.03	1.02-1.13	0.76-0.88	1.09-1.29	1.04-1.23	0.67-0.97	0.54-0.94	0.34-0.80	

(continued)



**Table 4.8 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Pyelonephritis</b>									
Separations <sup>(d)</sup>	12,484	9,981	6,996	3,868	3,104	727	332	495	37,992
Separations not within state of residence (%)	2	1	2	0	1	1	6	2	
Separation rate <sup>(e)</sup>	1.78	1.95	1.88	2.06	1.84	1.44	1.18	3.30	1.86
Standardised separation rate ratio (SRR)	0.96	1.04	1.01	1.10	0.99	0.77	0.63	1.77	
95% confidence interval of SRR	0.94–0.97	1.02–1.06	0.98–1.03	1.07–1.14	0.95–1.02	0.72–0.83	0.56–0.70	1.61–1.92	
<b>Total acute conditions</b>									
Separations <sup>(d)</sup>	81,857	65,989	50,997	27,403	20,839	5,300	2,470	3,292	258,202
Separations not within state of residence (%)	3	2	2	1	1	3	7	4	
Separation rate <sup>(e)</sup>	11.97	13.17	13.46	14.15	13.24	10.84	7.89	17.69	12.82
Standardised separation rate ratio (SRR)	0.93	1.03	1.05	1.10	1.03	0.85	0.62	1.38	
95% confidence interval of SRR	0.93–0.94	1.02–1.04	1.04–1.06	1.09–1.12	1.02–1.05	0.82–0.87	0.59–0.64	1.33–1.43	
<b>Chronic conditions</b>									
<b>Angina</b>									
Separations <sup>(d)</sup>	15,051	12,187	10,584	3,180	3,653	1,193	356	315	46,523
Separations not within state of residence (%)	3	2	2	1	2	1	5	3	
Separation rate <sup>(e)</sup>	2.12	2.35	2.85	1.72	2.04	2.22	1.39	2.45	2.26
Standardised separation rate ratio (SRR)	0.94	1.04	1.26	0.76	0.90	0.98	0.61	1.08	
95% confidence interval of SRR	0.92–0.95	1.02–1.06	1.23–1.28	0.73–0.79	0.87–0.93	0.93–1.04	0.55–0.68	0.96–1.20	
<b>Asthma</b>									
Separations <sup>(d)</sup>	12,946	8,604	6,507	3,947	3,856	516	324	410	37,118
Separations not within state of residence (%)	2	1	2	1	1	2	11	3	
Separation rate <sup>(e)</sup>	1.92	1.76	1.70	2.02	2.59	1.08	1.02	1.95	1.86
Standardised separation rate ratio (SRR)	1.03	0.94	0.91	1.08	1.39	0.58	0.55	1.05	
95% confidence interval of SRR	1.01–1.05	0.92–0.96	0.89–0.94	1.05–1.12	1.35–1.44	0.53–0.63	0.49–0.61	0.94–1.15	
<b>Chronic obstructive pulmonary disease</b>									
Separations <sup>(d)</sup>	19,472	14,412	10,644	4,962	4,745	1,609	392	652	56,892
Separations not within state of residence (%)	2	1	1	1	1	3	7	3	
Separation rate <sup>(e)</sup>	2.73	2.77	2.90	2.74	2.63	2.99	1.61	6.05	2.77
Standardised separation rate ratio (SRR)	0.98	1.00	1.04	0.99	0.95	1.08	0.58	2.18	
95% confidence interval of SRR	0.97–1.00	0.98–1.01	1.02–1.06	0.96–1.02	0.92–0.98	1.03–1.13	0.52–0.64	2.01–2.35	
<b>Congestive cardiac failure</b>									
Separations <sup>(d)</sup>	14,245	11,637	7,997	3,485	4,110	972	316	279	43,045
Separations not within state of residence (%)	2	1	1	1	1	1	6	3	
Separation rate <sup>(e)</sup>	1.97	2.20	2.20	1.94	2.19	1.78	1.36	2.72	2.08
Standardised separation rate ratio (SRR)	0.95	1.06	1.06	0.93	1.05	0.86	0.65	1.31	
95% confidence interval of SRR	0.93–0.96	1.04–1.07	1.03–1.08	0.90–0.96	1.02–1.08	0.80–0.91	0.58–0.73	1.15–1.46	

(continued)

**Table 4.8 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Diabetes complications</b>									
Separations <sup>(d)</sup>	39,271	50,370	30,860	18,219	13,539	7,290	1,122	2,881	163,566
Separations not within state of residence (%)	6	1	1	0	2	1	7	5	
Separation rate <sup>(e)</sup>	5.55	9.75	8.28	9.69	7.77	13.98	4.25	22.08	8.00
Standardised separation rate ratio (SRR)	0.69	1.22	1.03	1.21	0.97	1.75	0.53	2.76	
95% confidence interval of SRR	0.69–0.70	1.21–1.23	1.02–1.05	1.19–1.23	0.95–0.99	1.71–1.79	0.50–0.56	2.66–2.86	
<b>Hypertension</b>									
Separations <sup>(d)</sup>	2,346	1,520	1,375	527	488	147	35	29	6,467
Separations not within state of residence (%)	3	2	1	1	2	1	13	4	
Separation rate <sup>(e)</sup>	0.33	0.29	0.37	0.28	0.28	0.28	0.13	0.19	0.32
Standardised separation rate ratio (SRR)	1.05	0.93	1.17	0.89	0.88	0.88	0.42	0.59	
95% confidence interval of SRR	1.01–1.09	0.89–0.98	1.11–1.24	0.82–0.97	0.80–0.96	0.74–1.02	0.28–0.56	0.38–0.81	
<b>Iron deficiency anaemia</b>									
Separations <sup>(d)</sup>	4,715	5,918	2,949	2,141	1,285	440	173	128	17,752
Separations not within state of residence (%)	3	0	1	0	0	0	2	2	
Separation rate <sup>(e)</sup>	0.67	1.15	0.79	1.13	0.74	0.84	0.64	0.94	0.87
Standardised separation rate ratio (SRR)	0.77	1.33	0.91	1.30	0.86	0.97	0.73	1.09	
95% confidence interval of SRR	0.75–0.79	1.29–1.36	0.88–0.94	1.24–1.35	0.81–0.90	0.88–1.06	0.62–0.84	0.90–1.28	
<b>Nutritional deficiencies</b>									
Separations <sup>(d)</sup>	32	28	24	26	4	13	3	16	146
Separations not within state of residence (%)	10	0	0	0	0	0	0	0	
Separation rate <sup>(e)</sup>	0.00	0.01	0.01	0.01	0.00	0.02	0.01	0.06	0.01
Standardised separation rate ratio (SRR)	0.63	0.77	0.90	1.77	0.34	3.42	1.42	8.45	
95% confidence interval of SRR	0.41–0.85	0.48–1.05	0.54–1.26	1.09–2.45	0.01–0.67	1.56–5.28	-0.19–3.03	4.31–12.60	
<b>Total chronic conditions</b>									
Separations <sup>(d)</sup>	105,050	100,611	68,589	35,329	30,604	11,899	2,646	4,544	359,309
Separations not within state of residence (%)	4	1	1	1	1	1	7	4	
Separation rate <sup>(e)</sup>	14.88	19.50	18.45	18.91	17.65	22.67	10.13	35.13	17.58
Standardised separation rate ratio (SRR)	0.85	1.11	1.05	1.08	1.00	1.29	0.58	2.00	
95% confidence interval of SRR	0.84–0.85	1.10–1.12	1.04–1.06	1.06–1.09	0.99–1.02	1.27–1.31	0.55–0.60	1.94–2.06	
<b>Total selected potentially preventable hospitalisations</b>									
Separations <sup>(d)</sup>	190,087	167,485	121,288	63,677	51,935	17,337	5,159	7,975	625,035
Separations not within state of residence (%)	3	1	2	1	1	2	7	4	
Separation rate <sup>(e)</sup>	27.31	32.86	32.36	33.55	31.22	33.80	18.16	53.13	30.78
Standardised separation rate ratio (SRR)	0.89	1.07	1.05	1.09	1.01	1.10	0.59	1.73	
95% confidence interval of SRR	0.88–0.89	1.06–1.07	1.05–1.06	1.08–1.10	1.01–1.02	1.08–1.11	0.57–0.61	1.69–1.76	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

(c) Excludes non-residents and Unknown state of residence.

(d) Excludes multiple procedures and diagnoses for the same separation within the same group.

(e) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.

**Table 4.9: Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2002–03**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Vaccine-preventable conditions</b>						
<b>Influenza and Pneumonia</b>						
Separations <sup>(d)</sup>	6,946	3,234	1,763	497	369	12,809
Separation rate <sup>(e)</sup>	0.53	0.74	0.86	1.65	2.29	0.64
Standardised separation rate ratio (SRR)	0.83	1.16	1.34	2.58	3.58	
95% confidence interval of SRR	0.81–0.85	1.12–1.20	1.28–1.41	2.35–2.80	3.21–3.94	
<b>Other vaccine-preventable conditions</b>						
Separations <sup>(d)</sup>	2,200	415	168	53	62	2,898
Separation rate <sup>(e)</sup>	0.17	0.10	0.08	0.17	0.32	0.15
Standardised separation rate ratio (SRR)	1.13	0.67	0.53	1.13	2.13	
95% confidence interval of SRR	1.09–1.18	0.60–0.73	0.45–0.61	0.83–1.44	1.60–2.66	
<b>Total vaccine-preventable</b>						
Separations <sup>(d)</sup>	9,137	3,646	1,929	549	431	15,692
Separation rate <sup>(e)</sup>	0.70	0.84	0.94	1.82	2.60	0.79
Standardised separation rate ratio (SRR)	0.89	1.06	1.19	2.30	3.29	
95% confidence interval of SRR	0.87–0.90	1.03–1.10	1.14–1.24	2.11–2.50	2.98–3.60	
<b>Acute conditions</b>						
<b>Appendicitis</b>						
Separations <sup>(d)</sup>	15,238	5,562	3,034	600	355	24,789
Separation rate <sup>(e)</sup>	1.15	1.38	1.52	1.83	1.79	1.25
Standardised separation rate ratio (SRR)	0.92	1.10	1.22	1.46	1.43	
95% confidence interval of SRR	0.91–0.93	1.07–1.13	1.17–1.26	1.35–1.58	1.28–1.58	
<b>Cellulitis</b>						
Separations <sup>(d)</sup>	16,491	6,550	3,801	993	845	28,680
Separation rate <sup>(e)</sup>	1.25	1.52	1.85	3.24	5.13	1.43
Standardised separation rate ratio (SRR)	0.87	1.06	1.29	2.27	3.59	
95% confidence interval of SRR	0.86–0.89	1.04–1.09	1.25–1.33	2.12–2.41	3.35–3.83	
<b>Convulsions and epilepsy</b>						
Separations <sup>(d)</sup>	18,783	6,772	3,899	1,146	856	31,456
Separation rate <sup>(e)</sup>	1.44	1.65	1.91	3.38	4.72	1.59
Standardised separation rate ratio (SRR)	0.91	1.04	1.20	2.13	2.97	
95% confidence interval of SRR	0.89–0.92	1.01–1.06	1.16–1.24	2.00–2.25	2.77–3.17	
<b>Dehydration and gastroenteritis</b>						
Separations <sup>(d)</sup>	25,320	9,470	5,311	970	482	41,553
Separation rate <sup>(e)</sup>	1.90	2.25	2.63	3.34	3.46	2.07
Standardised separation rate ratio (SRR)	0.92	1.09	1.27	1.61	1.67	
95% confidence interval of SRR	0.91–0.93	1.07–1.11	1.24–1.30	1.51–1.72	1.52–1.82	

(continued)

**Table 4.9 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2002–03**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Dental conditions</b>						
Separations <sup>(d)</sup>	26,158	10,838	5,713	1,005	710	44,424
Separation rate <sup>(e)</sup>	2.02	2.63	2.75	2.80	3.32	2.25
Standardised separation rate ratio (SRR)	0.90	1.17	1.22	1.24	1.48	
95% confidence interval of SRR	0.89–0.91	1.15–1.19	1.19–1.25	1.17–1.32	1.37–1.58	
<b>Ear, nose and throat infections</b>						
Separations <sup>(d)</sup>	18,815	7,230	4,786	1,257	866	32,954
Separation rate <sup>(e)</sup>	1.46	1.76	2.30	3.50	4.00	1.68
Standardised separation rate ratio (SRR)	0.87	1.05	1.37	2.08	2.38	
95% confidence interval of SRR	0.86–0.88	1.02–1.07	1.33–1.41	1.97–2.20	2.22–2.54	
<b>Gangrene</b>						
Separations <sup>(d)</sup>	2,517	940	618	86	62	0
Separation rate <sup>(e)</sup>	1.46	1.76	2.30	3.50	4.00	1.68
Standardised separation rate ratio (SRR)	0.87	1.05	1.37	2.08	2.38	
95% confidence interval of SRR	0.84–0.90	0.98–1.11	1.26–1.48	1.64–2.52	1.79–2.97	
<b>Pelvic inflammatory disease</b>						
Separations <sup>(d)</sup>	4,091	1,320	712	152	176	6,451
Separation rate <sup>(e)</sup>	0.30	0.34	0.37	0.46	0.90	0.33
Standardised separation rate ratio (SRR)	0.91	1.03	1.12	1.39	2.73	
95% confidence interval of SRR	0.88–0.94	0.97–1.09	1.04–1.20	1.17–1.62	2.32–3.13	
<b>Perforated/bleeding ulcer</b>						
Separations <sup>(d)</sup>	3,677	1,103	567	71	31	5,449
Separation rate <sup>(e)</sup>	0.28	0.24	0.27	0.27	0.24	0.27
Standardised separation rate ratio (SRR)	1.04	0.89	1.00	1.00	0.89	
95% confidence interval of SRR	1.00–1.07	0.84–0.94	0.92–1.08	0.77–1.23	0.58–1.20	
<b>Pyelonephritis</b>						
Separations <sup>(d)</sup>	24,625	7,701	4,072	849	705	37,952
Separation rate <sup>(e)</sup>	1.86	1.78	1.99	3.00	5.20	1.89
Standardised separation rate ratio (SRR)	0.98	0.94	1.05	1.59	2.75	
95% confidence interval of SRR	0.97–1.00	0.92–0.96	1.02–1.09	1.48–1.69	2.55–2.95	
<b>Total acute conditions</b>						
Separations <sup>(d)</sup>	155,562	57,448	32,489	7,127	5,081	257,707
Separation rate <sup>(e)</sup>	11.84	13.77	15.88	22.13	29.16	12.95
Standardised separation rate ratio (SRR)	0.91	1.06	1.23	1.71	2.25	
95% confidence interval of SRR	0.91–0.92	1.05–1.07	1.21–1.24	1.67–1.75	2.19–2.31	

(continued)

**Table 4.9 (continued): Separation statistics <sup>(a)</sup> for selected potentially preventable hospitalisations <sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2002–03**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Chronic conditions</b>						
<b>Angina</b>						
Separations <sup>(d)</sup>	25,584	13,291	6,111	969	514	46,469
Separation rate <sup>(e)</sup>	1.94	2.91	2.89	3.62	4.14	2.30
Standardised separation rate ratio (SRR)	0.84	1.27	1.26	1.57	1.80	
95% confidence interval of SRR	0.83–0.85	1.24–1.29	1.23–1.29	1.47–1.67	1.64–1.96	
<b>Asthma</b>						
Separations <sup>(d)</sup>	23,378	7,456	4,662	989	568	37,053
Separation rate <sup>(e)</sup>	1.81	1.79	2.23	2.96	3.21	1.88
Standardised separation rate ratio (SRR)	0.96	0.95	1.19	1.57	1.71	
95% confidence interval of SRR	0.95–0.98	0.93–0.97	1.15–1.22	1.48–1.67	1.57–1.85	
<b>Chronic obstructive pulmonary disease</b>						
Separations <sup>(d)</sup>	33,153	13,879	7,705	1,291	808	56,836
Separation rate <sup>(e)</sup>	2.53	3.00	3.65	5.02	6.97	2.82
Standardised separation rate ratio (SRR)	0.90	1.06	1.29	1.78	2.47	
95% confidence interval of SRR	0.89–0.91	1.05–1.08	1.27–1.32	1.68–1.88	2.30–2.64	
<b>Congestive cardiac failure</b>						
Separations <sup>(d)</sup>	25,754	10,498	5,481	780	491	43,004
Separation rate <sup>(e)</sup>	1.93	2.27	2.66	3.26	4.48	2.12
Standardised separation rate ratio (SRR)	0.91	1.07	1.25	1.54	2.11	
95% confidence interval of SRR	0.90–0.92	1.05–1.09	1.22–1.29	1.43–1.65	1.93–2.30	
<b>Diabetes complications</b>						
Separations <sup>(d)</sup>	92,355	41,729	22,365	3,861	2,998	163,308
Separation rate <sup>(e)</sup>	7.04	9.23	10.55	13.30	20.73	8.11
Standardised separation rate ratio (SRR)	0.87	1.14	1.30	1.64	2.56	
95% confidence interval of SRR	0.86–0.87	1.13–1.15	1.28–1.32	1.59–1.69	2.46–2.65	
<b>Hypertension</b>						
Separations <sup>(d)</sup>	2,816	1,611	1,586	283	161	6,457
Separation rate <sup>(e)</sup>	0.21	0.36	0.76	1.09	1.36	0.32
Standardised separation rate ratio (SRR)	0.66	1.13	2.38	3.41	4.25	
95% confidence interval of SRR	0.63–0.68	1.07–1.18	2.26–2.49	3.01–3.80	3.59–4.91	
<b>Iron deficiency anaemia</b>						
Separations <sup>(d)</sup>	12,148	3,828	1,459	165	136	17,736
Separation rate <sup>(e)</sup>	0.92	0.86	0.70	0.59	0.98	0.88
Standardised separation rate ratio (SRR)	1.05	0.98	0.80	0.67	1.11	
95% confidence interval of SRR	1.03–1.06	0.95–1.01	0.75–0.84	0.57–0.77	0.93–1.30	

(continued)

**Table 4.9 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2002–03**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Nutritional deficiencies</b>						
Separations <sup>(d)</sup>	87	30	11	5	13	146
Separation rate <sup>(e)</sup>	0.01	0.01	0.01	0.01	0.05	0.01
Standardised separation rate ratio (SRR)	1.00	1.00	1.00	1.00	5.00	
95% confidence interval of SRR	0.79–1.21	n.p.	n.p.	n.p.	n.p.	
<b>Total chronic conditions</b>						
Separations <sup>(d)</sup>	207,649	89,453	48,085	8,099	5,534	358,820
Separation rate <sup>(e)</sup>	15.83	19.81	22.83	28.96	40.79	17.84
Standardised separation rate ratio (SRR)	0.89	1.11	1.28	1.62	2.29	
95% confidence interval of SRR	0.88–0.89	1.10–1.12	1.27–1.29	1.59–1.66	2.23–2.35	
<b>Total potentially preventable hospitalisations</b>						
Separations <sup>(d)</sup>	367,399	148,781	81,443	15,531	10,859	624,013
Separation rate <sup>(e)</sup>	27.98	34.03	39.14	52.06	71.24	31.17
Standardised separation rate ratio (SRR)	0.90	1.09	1.26	1.67	2.29	
95% confidence interval of SRR	0.89–0.90	1.09–1.10	1.25–1.26	1.64–1.70	2.24–2.33	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These conditions are defined using ICD-10-AM codes in Appendix 3.

(c) Excludes unknown Remoteness Area (and unknown State) and non-Australian residents. Hence these numbers are slightly smaller than Table 4.8.

(d) Excludes multiple procedures and diagnoses for the same separation within the same group.

(e) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.

n.p. Not published.

Table 4.10: Average length of stay(days)<sup>(a)</sup> for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2002-03

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>E62C Respiratory infections/inflamations W/O CC</b>										
ALOS (days)	Public	3.94	3.33	3.39	3.56	3.30	4.25	4.01	4.24	3.64
	Private	5.39	5.89	5.15	4.86	5.27	n.p.	n.p.	n.p.	5.40
	Total	4.06	3.84	3.86	3.85	3.71	n.p.	n.p.	n.p.	3.94
Separations	Public	10,827	6,551	4,751	2,569	1,727	458	393	651	27,927
	Private	992	1,614	1,739	747	454	n.p.	n.p.	n.p.	5,774
	Total	11,819	8,165	6,490	3,316	2,181	n.p.	n.p.	n.p.	33,701
<b>E65B Chronic obstructive airway disease W/O catastrophic or severe CC</b>										
ALOS (days)	Public	5.40	4.27	5.02	5.74	5.08	6.68	5.82	4.91	5.10
	Private	8.31	7.70	7.87	6.77	7.23	n.p.	n.p.	n.p.	7.75
	Total	5.67	4.91	5.82	6.04	5.51	n.p.	n.p.	n.p.	5.58
Separations	Public	10,494	5,960	4,362	1,888	1,835	598	196	374	25,707
	Private	1,075	1,356	1,720	788	470	n.p.	n.p.	n.p.	5,721
	Total	11,569	7,316	6,082	2,676	2,305	n.p.	n.p.	n.p.	31,428
<b>E69C Bronchitis and asthma age&lt;50 W/O CC</b>										
ALOS (days)	Public	1.70	1.63	1.72	1.92	1.79	1.71	1.98	2.19	1.73
	Private	2.14	2.66	2.43	1.89	2.86	n.p.	n.p.	n.p.	2.30
	Total	1.71	1.68	1.82	1.92	1.84	n.p.	n.p.	n.p.	1.77
Separations	Public	10,164	5,917	4,368	2,636	2,734	354	240	308	26,721
	Private	299	320	697	539	133	n.p.	n.p.	n.p.	2,061
	Total	10,463	6,237	5,065	3,175	2,867	n.p.	n.p.	n.p.	28,782
<b>F62B Heart failure and shock W/O catastrophic CC</b>										
ALOS (days)	Public	6.15	4.76	5.22	5.53	5.75	7.11	6.51	4.45	5.55
	Private	9.51	7.74	8.01	7.72	7.12	n.p.	n.p.	n.p.	8.07
	Total	6.54	5.50	6.11	6.11	6.13	n.p.	n.p.	n.p.	6.11
Separations	Public	8,703	6,293	4,101	1,880	2,056	448	222	194	23,897
	Private	1,134	2,080	1,907	677	814	n.p.	n.p.	n.p.	6,916
	Total	9,837	8,373	6,008	2,557	2,870	n.p.	n.p.	n.p.	30,813
<b>F71B Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC</b>										
ALOS (days)	Public	2.51	2.26	2.30	2.00	2.15	2.36	2.00	2.12	2.33
	Private	2.32	2.57	2.64	2.15	2.24	n.p.	n.p.	n.p.	2.44
	Total	2.48	2.34	2.41	2.06	2.18	n.p.	n.p.	n.p.	2.36
Separations	Public	10,064	6,621	4,609	1,925	1,917	638	403	172	26,349
	Private	1,860	2,248	2,457	1,215	899	n.p.	n.p.	n.p.	9,114
	Total	11,924	8,869	7,066	3,140	2,816	n.p.	n.p.	n.p.	35,463

(continued)

Table 4.10 (continued): Average length of stay(days)<sup>(a)</sup> for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2002-03

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>G07B Appendectomy W/O Catastrophic or Severe CC</b>										
ALOS (days)	Public	3.16	2.80	2.66	2.83	2.99	3.10	2.96	3.05	2.93
	Private	2.81	2.94	2.56	2.73	3.25	n.p.	n.p.	n.p.	2.81
	<i>Total</i>	3.10	2.84	2.62	2.80	3.06	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2.90
Separations	Public	5,576	4,005	2,512	1,644	1,060	314	337	213	15,661
	Private	1,150	1,227	1,597	870	404	n.p.	n.p.	n.p.	5,570
	<i>Total</i>	6,726	5,232	4,109	2,514	1,464	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	21,231
<b>G08B Abdominal and other hernia procedures age 1 to 59 or W catastrophic or severe CC</b>										
ALOS (days)	Public	1.78	1.58	1.56	1.87	1.61	1.56	1.71	1.68	1.67
	Private	1.64	1.66	1.55	1.96	1.72	n.p.	n.p.	n.p.	1.67
	<i>Total</i>	1.71	1.62	1.55	1.92	1.66	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1.67
Separations	Public	1,976	1,755	1,243	534	579	95	52	72	6,306
	Private	2,265	1,474	1,662	731	464	n.p.	n.p.	n.p.	6,924
	<i>Total</i>	4,241	3,229	2,905	1,265	1,043	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	13,230
<b>G09Z Inguinal and femoral hernia procedures age&gt;0</b>										
ALOS (days)	Public	1.53	1.50	1.26	1.52	1.67	1.37	1.39	1.65	1.48
	Private	1.58	1.60	1.40	1.67	1.83	n.p.	n.p.	n.p.	1.56
	<i>Total</i>	1.56	1.56	1.34	1.61	1.75	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1.53
Separations	Public	5,306	4,556	2,758	1,511	1,556	267	163	105	16,222
	Private	7,402	5,243	4,573	2,408	1,669	n.p.	n.p.	n.p.	22,478
	<i>Total</i>	12,708	9,799	7,331	3,919	3,225	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	38,700
<b>H08B Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC</b>										
ALOS (days)	Public	2.08	1.92	1.66	2.08	1.82	1.58	2.04	2.89	1.94
	Private	1.91	2.19	2.00	2.13	2.25	n.p.	n.p.	n.p.	2.05
	<i>Total</i>	2.00	2.04	1.85	2.11	2.02	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1.99
Separations	Public	5,921	4,954	3,053	1,277	1,514	286	173	102	17,280
	Private	5,586	3,761	3,663	1,905	1,351	n.p.	n.p.	n.p.	17,051
	<i>Total</i>	11,507	8,715	6,716	3,182	2,865	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	34,331
<b>I03C Hip replacement W/O catastrophic or severe CC</b>										
ALOS (days)	Public	7.76	7.87	8.08	7.87	6.91	8.81	9.19	n.p.	7.85
	Private	7.99	8.54	8.88	9.69	7.82	n.p.	n.p.	n.p.	8.54
	<i>Total</i>	7.89	8.30	8.57	9.13	7.48	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	8.27
Separations	Public	2,469	1,706	983	523	563	178	129	25	6,576
	Private	3,197	3,020	1,572	1,171	933	n.p.	n.p.	n.p.	10,457
	<i>Total</i>	5,666	4,726	2,555	1,694	1,496	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	17,033

(continued)



Table 4.10 (continued): Average length of stay (days)<sup>(a)</sup> for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2002-03

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>I04Z Knee replacement and reattachment</b>										
ALOS (days)	Public	7.86	8.44	7.79	9.05	6.73	9.38	7.65	n.p.	8.00
	Private	7.94	8.69	8.99	10.64	7.83	n.p.	n.p.	n.p.	8.63
	<i>Total</i>	<i>7.91</i>	<i>8.60</i>	<i>8.59</i>	<i>10.23</i>	<i>7.45</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>8.41</i>
Separations	Public	3,371	2,068	1,394	641	817	134	152	25	8,602
	Private	5,883	3,535	2,793	1,846	1,555	n.p.	n.p.	n.p.	16,382
	<i>Total</i>	<i>9,254</i>	<i>5,603</i>	<i>4,187</i>	<i>2,487</i>	<i>2,372</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>24,984</i>
<b>I16Z Other shoulder procedures</b>										
ALOS (days)	Public	1.89	1.89	1.69	1.97	2.15	1.70	1.84	n.p.	1.90
	Private	1.73	1.79	1.85	1.68	1.86	n.p.	n.p.	n.p.	1.79
	<i>Total</i>	<i>1.76</i>	<i>1.81</i>	<i>1.83</i>	<i>1.73</i>	<i>1.90</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.81</i>
Separations	Public	1,216	1,203	750	645	439	89	97	39	4,478
	Private	5,671	5,062	3,672	3,412	2,355	n.p.	n.p.	n.p.	21,055
	<i>Total</i>	<i>6,887</i>	<i>6,265</i>	<i>4,422</i>	<i>4,057</i>	<i>2,794</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>25,533</i>
<b>L63B Kidney and urinary tract infections age&gt;69 W/O catastrophic CC</b>										
ALOS (days)	Public	5.60	4.78	5.31	6.13	5.36	7.02	6.86	5.45	5.40
	Private	7.70	6.88	6.94	7.15	6.72	n.p.	n.p.	n.p.	7.06
	<i>Total</i>	<i>5.83</i>	<i>5.27</i>	<i>5.80</i>	<i>6.40</i>	<i>5.70</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>5.75</i>
Separations	Public	4,610	3,140	2,092	1,140	989	199	90	114	12,374
	Private	547	969	910	405	322	n.p.	n.p.	n.p.	3,265
	<i>Total</i>	<i>5,157</i>	<i>4,109</i>	<i>3,002</i>	<i>1,545</i>	<i>1,311</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>15,639</i>
<b>M02B Transurethral prostatectomy W/O catastrophic or severe CC</b>										
ALOS (days)	Public	3.97	2.95	3.30	3.47	3.61	3.50	4.20	n.p.	3.46
	Private	3.59	3.58	3.54	3.68	3.81	n.p.	n.p.	n.p.	3.64
	<i>Total</i>	<i>3.74</i>	<i>3.31</i>	<i>3.48</i>	<i>3.61</i>	<i>3.72</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3.57</i>
Separations	Public	1,930	2,041	694	474	543	139	66	33	5,920
	Private	3,111	2,802	1,920	921	762	n.p.	n.p.	n.p.	9,885
	<i>Total</i>	<i>5,041</i>	<i>4,843</i>	<i>2,614</i>	<i>1,395</i>	<i>1,305</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>15,805</i>
<b>N04Z Hysterectomy for non-malignancy</b>										
ALOS (days)	Public	4.28	4.15	3.77	4.24	4.04	3.88	4.62	4.11	4.13
	Private	4.54	4.94	4.31	4.93	4.80	n.p.	n.p.	n.p.	4.65
	<i>Total</i>	<i>4.42</i>	<i>4.52</i>	<i>4.10</i>	<i>4.65</i>	<i>4.46</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4.42</i>
Separations	Public	4,028	3,553	2,121	1,512	1,203	305	172	102	12,996
	Private	4,926	3,174	3,390	2,178	1,501	n.p.	n.p.	n.p.	16,042
	<i>Total</i>	<i>8,954</i>	<i>6,727</i>	<i>5,511</i>	<i>3,690</i>	<i>2,704</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>29,038</i>

(continued)

Table 4.10 (continued): Average length of stay (days)<sup>(a)</sup> for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2002–03

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>N06Z Female reproductive system reconstructive procedures</b>										
ALOS (days)	Public	3.31	3.17	2.91	3.23	3.13	3.31	3.98	n.p.	3.18
	Private	3.41	3.51	2.87	3.80	4.34	n.p.	n.p.	n.p.	3.47
	<i>Total</i>	3.37	3.35	2.88	3.59	3.86	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3.36
Separations	Public	2,107	1,966	1,159	834	617	146	80	18	6,927
	Private	3,313	2,161	2,207	1,427	949	n.p.	n.p.	n.p.	10,527
	<i>Total</i>	5,420	4,127	3,366	2,261	1,566	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	17,454
<b>O01C Caesarean delivery W moderate complicating diagnosis</b>										
ALOS (days)	Public	4.75	4.65	4.02	4.90	4.93	4.74	4.75	5.64	4.62
	Private	5.79	5.60	5.29	6.54	6.57	n.p.	n.p.	n.p.	5.79
	<i>Total</i>	5.14	5.02	4.61	5.81	5.58	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	5.11
Separations	Public	10,806	7,992	6,302	2,506	2,295	496	416	481	31,294
	Private	6,331	5,084	5,407	3,092	1,516	n.p.	n.p.	n.p.	22,535
	<i>Total</i>	17,137	13,076	11,709	5,598	3,811	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	53,829
<b>O60B Vaginal delivery W severe complicating diagnosis</b>										
ALOS (days)	Public	3.25	3.07	2.72	3.38	3.27	3.85	3.07	3.56	3.13
	Private	4.45	4.48	4.43	4.92	4.96	n.p.	n.p.	n.p.	4.55
	<i>Total</i>	3.59	3.50	3.22	3.94	3.74	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3.56
Separations	Public	27,207	23,249	15,626	7,199	5,800	1,739	1,659	1,237	83,716
	Private	10,792	9,920	6,607	4,076	2,249	n.p.	n.p.	n.p.	35,934
	<i>Total</i>	37,999	33,169	22,233	11,275	8,049	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	119,650
<b>R61B Lymphoma and non-acute leukaemia W/O catastrophic CC</b>										
ALOS (days)	Public	5.34	4.51	5.14	5.91	5.48	5.56	7.13	n.p.	5.18
	Private	4.25	3.87	4.92	3.24	4.29	n.p.	n.p.	n.p.	4.20
	<i>Total</i>	5.10	4.21	5.02	4.53	5.01	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	4.78
Separations	Public	3,141	2,512	1,228	740	864	246	165	30	8,926
	Private	903	2,122	1,653	796	560	n.p.	n.p.	n.p.	6,246
	<i>Total</i>	4,044	4,634	2,881	1,536	1,424	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	15,172
<b>U63B Major affective disorders age&lt;70 W/O catastrophic or severe CC</b>										
ALOS (days)	Public	13.88	12.40	11.55	14.36	10.24	12.36	13.39	11.84	12.60
	Private	19.82	18.35	18.62	15.99	16.72	n.p.	n.p.	n.p.	18.09
	<i>Total</i>	15.34	14.57	14.25	14.92	11.87	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	14.34
Separations	Public	5,255	4,265	3,352	2,165	2,585	512	341	182	18,657
	Private	1,711	2,450	2,071	1,144	868	n.p.	n.p.	n.p.	8,614
	<i>Total</i>	6,966	6,715	5,423	3,309	3,453	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	27,271

(a) Average length of stay for separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded. Excludes separations where the length of stay was greater.

n.p. Not published.

Main abbreviations: ALOS—average length of stay, CC—complications and comorbidities, CDE—common bile duct exploration, W/O—without, W—with.

**Table 4.11: Relative stay index<sup>(a)(b)</sup>, by hospital sector, patient election status and funding source states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(c)</sup>	1.03	0.93	0.93	1.02	0.95	1.00	1.06	1.16	0.98
Public <sup>(d)</sup>	1.03	0.93	0.93	1.02	0.95	1.00	1.06	1.16	0.98
Private patients	1.07	0.95	0.96	1.02	1.00	0.93	1.02	1.18	1.02
Private health insurance	1.08	0.96	1.00	1.03	1.01	0.89	0.99	0.82	1.03
Self-funded	1.05	0.86	0.77	0.76	0.86	..	0.87	0.87	0.92
Workers compensation	1.13	1.03	1.08	1.12	1.06	0.74	1.18	1.30	1.08
Motor vehicle third party personal claim	1.33	0.94	1.16	1.10	1.28	1.15	1.09	1.86	1.13
Department of Veterans' Affairs	0.99	0.95	0.94	0.96	0.96	0.95	0.99	0.96	0.97
Other <sup>(e)</sup>	2.28	1.07	0.94	1.13	1.12	0.79	1.17	1.21	1.16
Patient election status not reported	1.22	0.89	..	..	..	1.02	..	..	0.94
<i>Total</i>	<i>1.03</i>	<i>0.93</i>	<i>0.93</i>	<i>1.02</i>	<i>0.95</i>	<i>0.99</i>	<i>1.06</i>	<i>1.16</i>	<i>0.98</i>
<b>Private hospitals</b>									
Public patients <sup>(c)</sup>	1.08	0.85	0.92	0.94	1.19	n.p.	n.p.	n.p.	1.00
Public <sup>(d)</sup>	1.08	0.85	0.92	0.94	1.19	n.p.	n.p.	n.p.	1.00
Private patients	1.04	1.02	1.05	1.10	1.02	n.p.	n.p.	n.p.	1.04
Private health insurance	1.04	1.02	1.04	1.09	1.03	n.p.	n.p.	n.p.	1.04
Self-funded	0.89	0.84	0.81	0.82	0.73	n.p.	n.p.	n.p.	0.85
Workers compensation	0.98	1.10	0.84	0.92	0.98	n.p.	n.p.	n.p.	0.99
Motor vehicle third party personal claim	0.84	1.00	1.07	1.05	1.14	n.p.	n.p.	n.p.	1.03
Department of Veterans' Affairs	1.14	1.03	1.17	1.32	1.02	n.p.	n.p.	n.p.	1.13
Other <sup>(e)</sup>	1.04	0.81	0.92	1.01	0.97	n.p.	n.p.	n.p.	0.95
Patient election status not reported	0.73	0.95	..	..	..	n.p.	n.p.	n.p.	1.08
<i>Total</i>	<i>1.04</i>	<i>1.02</i>	<i>1.05</i>	<i>1.08</i>	<i>1.02</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.04</i>
<b>All hospitals</b>									
Public patients <sup>(c)</sup>	1.03	0.93	0.93	1.01	0.95	n.p.	n.p.	n.p.	0.98
Public <sup>(d)</sup>	1.03	0.93	0.93	1.01	0.95	n.p.	n.p.	n.p.	0.98
Private patients	1.05	1.00	1.04	1.09	1.01	n.p.	n.p.	n.p.	1.04
Private health insurance	1.05	1.01	1.04	1.08	1.02	n.p.	n.p.	n.p.	1.04
Self-funded	0.93	0.85	0.80	0.81	0.76	n.p.	n.p.	n.p.	0.86
Workers compensation	1.05	1.08	0.93	0.97	1.00	n.p.	n.p.	n.p.	1.03
Motor vehicle third party personal claim	1.32	0.95	1.16	1.09	1.27	n.p.	n.p.	n.p.	1.11
Department of Veterans' Affairs	1.05	1.00	1.12	1.19	0.98	n.p.	n.p.	n.p.	1.06
Other <sup>(e)</sup>	2.01	1.01	0.94	1.10	1.03	n.p.	n.p.	n.p.	1.11
Patient election status not reported	1.20	0.90	..	..	..	n.p.	n.p.	n.p.	1.05
<b>Total</b>	<b>1.04</b>	<b>0.96</b>	<b>0.98</b>	<b>1.04</b>	<b>0.97</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>1.00</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

(c) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care agreements*, *Reciprocal Health Care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in *Public psychiatric hospitals*.

(d) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in *Public psychiatric hospitals*.

(e) Includes patients whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

.. Not applicable.

n.p. Not published

**Table 4.12: Relative stay index<sup>(a)</sup>, directly and indirectly standardised by hospital sector, and medical/surgical/other type of AR-DRG, states and territories, 2002–03**

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Indirectly standardised relative stay index<sup>(b)</sup></b>									
<b>Public hospitals</b>	<b>1.03</b>	<b>0.93</b>	<b>0.93</b>	<b>1.02</b>	<b>0.95</b>	<b>0.99</b>	<b>1.06</b>	<b>1.16</b>	<b>0.98</b>
Medical	1.01	0.90	0.91	1.02	0.93	0.97	1.07	1.10	0.96
Surgical	1.07	0.98	0.98	1.03	1.01	1.04	1.05	1.35	1.02
Other	1.19	0.98	1.03	0.99	1.00	1.06	0.94	1.22	1.06
<b>Private hospitals</b>	<b>1.04</b>	<b>1.02</b>	<b>1.05</b>	<b>1.08</b>	<b>1.02</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>1.04</b>
Medical	1.24	1.07	1.14	1.13	1.11	n.p.	n.p.	n.p.	1.14
Surgical	0.94	0.98	0.97	1.05	0.95	n.p.	n.p.	n.p.	0.97
Other	0.88	0.95	0.97	0.97	0.92	n.p.	n.p.	n.p.	0.94
<b>All hospitals</b>	<b>1.04</b>	<b>0.96</b>	<b>0.98</b>	<b>1.04</b>	<b>0.97</b>	<b>1.03</b>	<b>n.p.</b>	<b>n.p.</b>	<b>1.00</b>
Medical	1.05	0.94	0.98	1.05	0.97	1.02	n.p.	n.p.	1.00
Surgical	1.02	0.98	0.97	1.04	0.98	1.04	n.p.	n.p.	1.00
Other	1.05	0.97	0.99	0.98	0.97	1.06	n.p.	n.p.	1.00
<b>Directly standardised relative stay index<sup>(c)</sup></b>									
<b>Public hospitals</b>	<b>1.05</b>	<b>0.94</b>	<b>0.95</b>	<b>1.03</b>	<b>0.97</b>	<b>1.03</b>	<b>1.09</b>	<b>n.p.</b>	<b>0.99</b>
Medical	1.03	0.91	0.92	1.03	0.94	1.01	1.10	n.p.	0.96
Surgical	1.08	0.99	0.99	1.04	1.01	1.07	1.07	n.p.	1.03
Other	1.19	1.00	1.04	1.00	1.00	1.09	1.10	n.p.	1.07
<b>Private hospitals</b>	<b>1.13</b>	<b>1.07</b>	<b>1.10</b>	<b>1.13</b>	<b>1.06</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>1.09</b>
Medical	1.26	1.13	1.16	1.19	1.13	n.p.	n.p.	n.p.	1.17
Surgical	0.93	0.97	0.98	1.04	0.96	n.p.	n.p.	n.p.	0.97
Other	0.87	0.95	0.98	0.98	0.91	n.p.	n.p.	n.p.	0.93
<b>All hospitals</b>	<b>1.04</b>	<b>0.96</b>	<b>0.98</b>	<b>1.05</b>	<b>0.98</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>1.00</b>
Medical	1.05	0.95	0.98	1.06	0.98	n.p.	n.p.	n.p.	1.00
Surgical	1.02	0.98	0.98	1.04	0.99	n.p.	n.p.	n.p.	1.00
Other	1.05	0.97	1.00	0.99	0.97	n.p.	n.p.	n.p.	1.00

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

(d) The directly standardised relative stay index is rescaled so each group represents the national casemix and is therefore directly comparable between cells.

n.a. Not available.

n.p. Not published

**Table 4.13: Emergency department waiting times<sup>(a)</sup> by triage category and public hospital peer group, states and territories, 2002–03**

<b>Triage category and peer group</b>	<b>NSW<sup>(b)</sup></b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA<sup>(c)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Principal referral and women's and children's hospitals</b>									
Number of hospitals in peer group	22	19	16	4	5	2	1	1	70
Number of reporting hospitals	21	18	13	4	5	2	1	1	65
Estimated proportion of emergency visits (%) <sup>(d)</sup>	100	89	100	98	100	92	100	100	97
Number of patients seen	781,331	678,038	522,974	178,948	217,239	58,537	50,763	36,768	2,524,598
Proportion of patients seen on time (%)									
1 – Resuscitation	100	100	99	97	99	93	n.p.	n.p.	99
2 – Emergency	74	84	73	69	67	54	n.p.	n.p.	75
3 – Urgent	49	76	53	54	45	58	n.p.	n.p.	58
4 – Semi-urgent	53	65	51	47	47	50	n.p.	n.p.	55
5 – Non-urgent	81	85	72	30	84	86	n.p.	n.p.	76
<i>Total</i>	57	73	56	51	51	56	<i>n.p.</i>	<i>n.p.</i>	59
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	89	87	84	95	n.a.	85	n.p.	n.p.	87
2 – Emergency	72	75	68	64	n.a.	57	n.p.	n.p.	70
3 – Urgent	52	54	41	52	n.a.	41	n.p.	n.p.	49
4 – Semi-urgent	24	27	15	25	n.a.	15	n.p.	n.p.	23
5 – Non-urgent	8	9	5	13	n.a.	4	n.p.	n.p.	8
<i>Total</i>	35	39	28	38	<i>n.a.</i>	29	<i>n.p.</i>	<i>n.p.</i>	34
Proportion of patients in each triage category (%)									
1 – Resuscitation	1	1	1	1	2	1	n.p.	n.p.	1
2 – Emergency	8	9	8	12	11	10	n.p.	n.p.	9
3 – Urgent	34	32	36	32	37	37	n.p.	n.p.	34
4 – Semi-urgent	38	47	47	44	46	46	n.p.	n.p.	44
5 – Non-urgent	11	10	9	11	4	6	n.p.	n.p.	10
<i>Total</i>	100	100	100	100	100	100	<i>n.p.</i>	<i>n.p.</i>	100
<b>Large hospitals</b>									
Number of hospitals in peer group	21	12	8	2	2	1	1	1	48
Number of reporting hospitals	21	1	8	2	2	1	1	1	37
Estimated proportion of emergency visits (%) <sup>(d)</sup>	100	15	102	99	100	99	100	100	83
Number of patients seen	520,219	36,182	259,581	54,976	42,052	19,586	45,388	29,332	1,007,316
Proportion of patients seen on time (%)									
1 – Resuscitation	100	n.p.	99	58	99	n.p.	n.p.	n.p.	97
2 – Emergency	79	n.p.	72	42	60	n.p.	n.p.	n.p.	73
3 – Urgent	66	n.p.	61	37	57	n.p.	n.p.	n.p.	63
4 – Semi-urgent	69	n.p.	64	35	55	n.p.	n.p.	n.p.	65
5 – Non-urgent	91	n.p.	87	25	87	n.p.	n.p.	n.p.	87
<i>Total</i>	72	<i>n.p.</i>	68	35	58	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	68

(continued)

**Table 4.13 (continued): Emergency department waiting times<sup>(a)</sup> by triage category and public hospital peer group, states and territories, 2002–03**

<b>Triage category and peer group</b>	<b>NSW<sup>(b)</sup></b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA<sup>(c)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	92	n.p.	78	88	n.a.	n.p.	n.p.	n.p.	87
2 – Emergency	73	n.p.	59	57	n.a.	n.p.	n.p.	n.p.	67
3 – Urgent	48	n.p.	27	32	n.a.	n.p.	n.p.	n.p.	40
4 – Semi-urgent	20	n.p.	8	11	n.a.	n.p.	n.p.	n.p.	15
5 – Non-urgent	6	n.p.	2	4	n.a.	n.p.	n.p.	n.p.	4
<i>Total</i>	29	<i>n.p.</i>	15	19	<i>n.a.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	23
Proportion of patients in each triage category (%)									
1 – Resuscitation	1	n.p.	0	0	0	n.p.	n.p.	n.p.	0
2 – Emergency	6	n.p.	5	6	6	n.p.	n.p.	n.p.	5
3 – Urgent	29	n.p.	28	28	26	n.p.	n.p.	n.p.	28
4 – Semi-urgent	44	n.p.	50	56	62	n.p.	n.p.	n.p.	48
5 – Non-urgent	12	n.p.	18	10	6	n.p.	n.p.	n.p.	14
<i>Total</i>	100	<i>n.p.</i>	100	100	100	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	100
<b>Medium hospitals</b>									
Number of hospitals in peer group	36	30	16	11	13	0	0	0	106
Number of reporting hospitals	7	0	0	8	6	0	0	0	21
Estimated proportion of emergency visits (%) <sup>(d)</sup>	29	n.a.	n.a.	99	73	..	..	..	33
Number of patients seen	125,990	n.a.	n.a.	120,530	95,558	..	..	..	342,078
Proportion of patients seen on time (%)									
1 – Resuscitation	100	n.a.	n.a.	98	n.p.	..	..	..	98
2 – Emergency	89	n.a.	n.a.	93	n.p.	..	..	..	85
3 – Urgent	81	n.a.	n.a.	83	n.p.	..	..	..	78
4 – Semi-urgent	81	n.a.	n.a.	80	n.p.	..	..	..	75
5 – Non-urgent	92	n.a.	n.a.	92	n.p.	..	..	..	91
<i>Total</i>	84	<i>n.a.</i>	<i>n.a.</i>	83	n.p.	..	..	..	79
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	77	n.a.	n.a.	78	n.a.	..	..	..	77
2 – Emergency	56	n.a.	n.a.	54	n.a.	..	..	..	55
3 – Urgent	42	n.a.	n.a.	35	n.a.	..	..	..	38
4 – Semi-urgent	10	n.a.	n.a.	10	n.a.	..	..	..	10
5 – Non-urgent	4	n.a.	n.a.	7	n.a.	..	..	..	5
<i>Total</i>	17	<i>n.a.</i>	<i>n.a.</i>	18	<i>n.a.</i>	..	..	..	17
Proportion of patients in each triage category (%)									
1 – Resuscitation	0	n.a.	n.a.	0	0	..	..	..	0
2 – Emergency	4	n.a.	n.a.	5	4	..	..	..	4
3 – Urgent	19	n.a.	n.a.	23	17	..	..	..	20
4 – Semi-urgent	47	n.a.	n.a.	56	61	..	..	..	54
5 – Non-urgent	19	n.a.	n.a.	15	17	..	..	..	17
<i>Total</i>	100	<i>n.a.</i>	<i>n.a.</i>	100	100	..	..	..	100

(continued)

**Table 4.13 (continued): Emergency department waiting times<sup>(a)</sup> by triage category and public hospital peer group, states and territories, 2002–03**

<b>Triage category and peer group</b>	<b>NSW<sup>(b)</sup></b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA<sup>(c)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Total<sup>(e)</sup></b>									
Total number of hospitals	218	144	179	94	80	25	3	5	748
Number of reporting hospitals	51	19	21	80	13	4	2	5	195
Estimated proportion of emergency visits (%) <sup>(d)</sup>	73	57	64	96	75	84	100	100	71
Number of patients seen	1,469,232	714,220	782,555	548,006	354,849	97,506	96,151	94,271	4,156,790
Proportion of patients seen on time (%)									
1 – Resuscitation	100	100	99	94	99	91	100	100	99
2 – Emergency	77	84	73	73	65	55	82	60	75
3 – Urgent	57	76	55	64	47	61	74	64	61
4 – Semi-urgent	62	65	55	68	49	59	67	58	61
5 – Non-urgent	86	85	80	87	84	90	79	88	85
<i>Total</i>	65	73	60	73	53	64	74	65	66
Estimated proportion of patients who were subsequently admitted (%)									
1 – Resuscitation	89	87	83	87	n.a.	83	74	61	86
2 – Emergency	71	74	66	61	n.a.	57	47	63	69
3 – Urgent	50	53	37	44	n.a.	41	34	41	46
4 – Semi-urgent	21	27	13	16	n.a.	15	17	16	19
5 – Non-urgent	7	8	4	5	n.a.	4	4	8	6
<i>Total</i>	31	38	24	22	n.a.	27	17	24	29
Proportion of patients in each triage category (%)									
1 – Resuscitation	1	1	1	1	1	1	1	1	1
2 – Emergency	7	9	7	6	9	7	4	5	7
3 – Urgent	31	32	33	21	30	29	20	26	30
4 – Semi-urgent	41	48	48	44	52	49	37	51	45
5 – Non-urgent	12	11	12	28	8	14	38	17	14
<i>Total</i>	100	100	100	100	100	100	100	100	100

(a) Care needs to be taken in interpreting these data. Nationally agreed definitions exist but there may be differences in how data are collected. Data may vary across jurisdictions as a result of differences in clinical practices.

(b) Emergency department occasions of service data for New South Wales are preliminary hence the estimated proportion of emergency visits covered is preliminary. An updated version of this table will be published on the AIHW website when final New South Wales data become available.

(c) Proportion of patients seen on time is based on 1 hospital for the Medium hospitals peer group, and 8 hospitals for the total.

(d) The ratio of number of occasions of service for hospitals reporting to the Emergency Department Waiting times collection divided by the Accident and emergency occasions of service reported to the National Public Hospital Establishments Database as part of the non-admitted patient data collection.

(e) Includes data for hospitals not included in the specified hospital peer groups and contracted private hospitals.

n.a. Not available.

. . Not applicable.

n.p. Not published (because there was only one hospital's data in the peer group).

**Table 4.14: Separations<sup>(a)</sup> with an adverse event<sup>(b)</sup> by hospital sector<sup>(c)</sup>, Australia, 2002–03**

Adverse event	Public		Private		Total	
	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations
<b>External cause codes</b>						
Y40–Y59 Adverse effects of drugs, medicaments and biological substances	58,139	1.4	15,980	0.6	74,119	1.1
Y60–Y82 Misadventures to patients during surgical and medical care	6,379	0.2	2,472	0.1	8,851	0.1
Y83–Y84 Procedures causing abnormal reactions/complications	128,810	3.1	65,975	2.6	194,785	2.9
Y88 & Y95 Other external causes of adverse events	3,113	0.1	667	0.0	3,780	0.1
<b>Place of occurrence codes</b>						
Y92.22 Health service area	179,742	4.4	80,190	3.1	259,932	3.9
<b>Diagnosis codes</b>						
E89, G97, H59, H95, I97, J95, K91, M96 Selected post-procedural disorders	28,769	0.7	16,121	0.6	44,890	0.7
T81.0 Haemorrhage and haematoma complicating a procedure, n.e.c.	18,356	0.4	10,662	0.4	29,018	0.4
T81.4 Infection following a procedure, n.e.c.	20,335	0.5	9,043	0.4	29,378	0.4
T82–T85 Complications of internal prosthetic devices, implants and grafts	37,882	0.9	20,083	0.8	57,965	0.9
Other diagnoses of complications of medical and surgical care (T80 to T88 and T98.3, not including above)	31,383	0.8	12,317	0.5	43,700	0.7
<b>Total<sup>(d)</sup></b>	<b>209,140</b>	<b>5.1</b>	<b>91,472</b>	<b>3.6</b>	<b>300,612</b>	<b>4.5</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred induring the hospitalisation. Other ICD-10-AM codes may also indicate that an adverse event has occurred, and some adverse events are not identifiable using ICD-10-AM codes. Hence these data will underestimate the total number of adverse events.

(c) The data for public hospitals is not comparable with the data for private hospitals because their casemixes differ and recording practices may also differ.

(d) Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe an adverse event.  
n.e.c. Not elsewhere classified.



# 5 Waiting times for elective surgery

## Introduction

This chapter presents national statistics for elective surgery waiting times for the years 1999–00 to 2002–03, and a state and territory overview of elective surgery waiting times for 2002–03. Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by reason for removal from waiting lists, the specialty of the surgeon who was to perform the elective surgery and by indicator procedure.

The number of patients added to waiting lists and the number of patients removed from waiting lists for admission or another reason are presented in this chapter. This provides information about the movement of patients onto and off waiting lists.

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest) represents the number of days within which 50% of patients were admitted; half the waiting times will have been shorter, and half the waiting times longer than the median. The 90th percentile data represent the number of days within which 90% of patients were admitted. The 50th and 90th percentiles were calculated using SAS version 8 and rounded to the nearest number of days.

The data cover public hospitals only, except as noted below in the description of the scope of the data collection. Some smaller remote hospitals may have different patterns of service delivery compared to other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

The waiting times data presented here for patients who complete their wait and are admitted for their surgery on an elective basis are generally used as the main summary measure of elective surgery waiting times. Most patients are admitted after waiting; however, 7% to 20% of patients are removed from waiting lists for other reasons, for example, they were admitted as an emergency patient for the awaited procedure; or they could not be contacted, had died, had been treated elsewhere or had declined the surgery.

*National Health Data Dictionary* definitions (AIHW 2002b) are the basis of the National Elective Surgery Waiting Times Data Collection and are summarised in the Glossary. However, some of the definitions used varied slightly among the states and territories in 2002–03 and in comparison with previous reporting periods. Comparisons between jurisdictions and between 2002–03 and previous reporting periods should therefore be made with reference to the notes on the definitions used and to previous reports (AIHW 2002a, 2002c, 2003a).

## Methods to calculate waiting times

Waiting times are generally calculated by comparing the date on which a patient was added to a waiting list with the date that they were admitted. Days on which the patient was 'not ready for care' are excluded.

For Queensland, waiting times for elective admissions were calculated using data for elective surgery waiting list records that were linked to the Queensland data in the National Hospital Morbidity Database. A total of 96.3% of the records were linked, so 3.7% of the records were not included in these calculations.

There was some variation in the method the states and territories used to calculate waiting times for patients who changed clinical urgency category while they were on the waiting list, and for patients who were transferred from a waiting list managed by one hospital to that managed by another.

### Changed clinical urgency category

For patients who changed clinical urgency category, two methods were used:

- (a) counting the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time waited in category 2, plus time spent previously in category 1 (this is the agreed national standard for counting);
- (b) counting the time waited in all urgency categories.

New South Wales, Victoria, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory counted the time waited in the most recent urgency category plus the time waited in previous urgency categories if the previous urgency categories were of higher urgency (a). South Australia counted total waiting time in all urgency categories (b).

Method (b) would have had the effect of increasing the apparent waiting for admissions in South Australia compared with other jurisdictions.

### Transfers between waiting lists

For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not generally included in the waiting time reported to the National Elective Surgery Waiting Times Data Collection. Therefore, the number of days waited reflects the waiting time on the list managed by the reporting hospital only. This would have the effect of shortening the reported waiting time compared with the time actually waited for these patients.

New South Wales, Queensland, Western Australia and the Australian Capital Territory were able to report the total time waited on all waiting lists. This could have the effect of increasing the reported waiting time for admissions in these states and territories compared with other jurisdictions. South Australia has indicated that it is uncommon for patients to be transferred from a waiting list managed by one public hospital to that managed by another in that jurisdiction.

## Waiting times and other data elements reported for elective surgery

Figure 5.1 presents data on patients admitted to hospital from elective surgery waiting lists for ear, nose and throat surgery. The information presented by indicator procedure and public hospital peer groups is for all jurisdictions. The other information was only available for Queensland and South Australia because they provide data for elective surgery admissions linked with the Queensland and South Australian data in the National Hospital Morbidity Database, respectively. This allows waiting times information for these patients to be analysed with other information relating to their admission for elective surgery. For Queensland, a total of 96.3% of elective surgery waiting times records were linked, and 99.3% of records were linked for South Australia.

There were 44,146 admissions from elective surgery waiting lists for ear, nose and throat surgery in 2002–03. The median waiting time for these patients was 40 days and 7.0% of these patients waited more than 365 days for admission. *Tonsillectomy* was the indicator procedure with the highest number of admissions from elective surgery waiting lists for ear, nose and throat surgery.

For Queensland and South Australia combined, there were 12,402 admissions from elective surgery waiting lists for ear, nose and surgery and these accounted for 19,951 patient days. The average length of stay was 1.6 days.

The most common procedure reported was *Cerebral anaesthesia* (Block 1910), and the most common principal diagnosis reported was *Chronic diseases of tonsils and adenoids* (J35), followed by *Nonsuppurative otitis media* (H65). The most common AR-DRG reported was *Tonsillectomy and/or Adenoidectomy* (D11Z).

The age group with the highest proportion of separations was 5–14 years and more separations were for males than for females. A large proportion (98.8%) of these patients had a separation mode of *Other*, suggesting that these patients went home after separation from hospital.

## State and territory overview

### Coverage

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals only. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included; however, some are not. Table 5.2 shows that in 2002–03 coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and specialist women's and children's hospitals* peer group; only one hospital in this peer group was not included. For the *Large hospitals* peer group, data for six hospitals in Victoria and one hospitals in Western Australia were not reported. Data for 56 out of 106 hospitals in the *Medium hospitals* peer group were reported. Hospitals that were not included may not actually undertake elective

surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals.

The methodology for assigning public hospital peer groups was adjusted slightly for 2001–02 and 2002–03 compared to 1999–00 and 2000–01, so the data presented in Table 5.1 should be interpreted with reference to the information on public hospital peer groups provided in Appendix 4.

Table 5.2 also presents estimates of the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection. The AIHW derived these estimates from data provided by the states and territories for the National Hospital Morbidity Database as:

- the number of separations with ‘urgency of admission’ reported as *elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with ‘urgency of admission’ reported as *elective* and a surgical procedure for all public hospitals.

Separations for cosmetic surgery were excluded. The definition of ‘surgical procedure’ used for these estimates is detailed in the Glossary and based on the procedures used to define surgical AR-DRGs version 5.0 (DoHA 2003). Information about ‘urgency of admission’ is detailed in Chapter 6.

Based on this measure, overall coverage of the National Elective Surgery Waiting Times Data Collection was about 85%, and ranged from 100% in New South Wales, Tasmania, the Northern Territory and the Australian Capital Territory to about 64% in South Australia (Table 5.2). Coverage was highest for the *Principal referral and specialist women’s and children’s hospitals* peer group hospitals at about 99%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

For 1999–00 and 2000–01 (Table 5.1), estimates of the proportion of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection were based on all admissions, rather than on elective admissions only. This is because ‘urgency of admission’ was reported for the first time for 2000–01, and was not used that year in the calculation of the estimate because of concerns over data quality.

## **Admissions from waiting lists for elective surgery**

Hospitals in the *Principal referral and specialist women’s and children’s hospitals* peer group accounted for 65.6% of admissions from elective surgery waiting lists in 2002–03 compared with 62.4% in 2001–02, 65.5% in 2000–01 and 66.2% in 1999–00 respectively. Another 21.0% were reported for hospitals in the *Large hospitals* peer group in 2002–03, compared with 23.0% in 2001–02, 19.3% in 2000–01 and 18.2% in 1999–00. In 2002–03, 11.4% of admissions were in the *Medium hospitals* peer group, compared with 12.3% in 2001–02, 13.4% in 2000–01 and 14.0% in 1999–00 (Table 5.1). Overall, for 2002–03, the number of admissions from waiting lists ranged from 6,513 in the Northern Territory to 186,443 in New South Wales (Table 5.2).

There were 26.2 admissions reported for elective surgery per 1,000 population (crude rate) for Australia overall in 2002–03, compared with 26.0 in 2001–02, 26.4 in 2000–01 and 27.7 in 1999–00 (Table 5.1).

## **Distribution of days waited**

Overall, the median waiting time for patients who were admitted from waiting lists was 28 days in 2002–03, compared with 27 days in 1999–00, 2000–01 and 2001–02 (Table 5.1). In

2002–03, this ranged from 21 days in Queensland to 48 days in the Australian Capital Territory (Table 5.2). Ninety per cent of patients were admitted within 197 days in 2002–03, compared with 203 days in 2001–02, 202 days in 2000–01 and 175 days in 1999–00. In 2002–03 this ranged from 113 days in Queensland to 389 days in Tasmania.

The shortest median waiting time was for patients admitted from waiting lists in hospitals in the *Principal referral and specialist women's and children's hospitals* peer group (26 days). In the *Large hospitals* and *Medium hospitals* peer groups, it was 31 days and 34 days, respectively.

### **Proportion waiting more than 365 days**

Overall, the proportion of patients admitted after waiting more than 365 days was 4.0% in 2002–03 compared with 4.5% in 2001–02, 4.4% in 2000–01 and 3.1% in 1999–00 (Table 5.1). In 2002–03 this proportion varied among the states and territories, ranging from 2.6% in Queensland to 10.9% in Tasmania (Table 5.2).

In the *Principal referral and specialist women's and children's hospitals* peer group, 3.9% of patients were admitted after waiting more than 365 days, as were 4.2% of patients in the *Large hospitals* peer group, and 3.6% of patients in the *Medium hospitals* peer group.

### **Additions and removals from waiting lists**

Table 5.3 includes data on the total number of patients added to and removed from waiting lists and the distribution of days waited by patients removed from waiting lists. Information on the waiting times for patients removed from waiting lists for all removal categories was available for the first time this year.

Patients are removed from waiting lists either when they are admitted on an elective basis for the procedure for which they were waiting or for a range of other reasons such as admission as an emergency patient for the procedure for which they were waiting; the surgery not being required; or the patient not being able to be contacted by the hospital, having died, having the surgery elsewhere or declining the surgery (see the *National Health data Dictionary* for a full description of the categories).

Of total removals (elective admissions and other), elective admissions accounted for the greatest proportion overall (86.0%), ranging from 76.9% in the Northern Territory to 89.8% in South Australia.

Information on the reason for removal other than elective admission for the awaited procedure was not available for Queensland. For the other states and territories, surgery not required or declined was the reason for removal with the greatest proportion of removals (7.4%, 34,897 patients) following admissions as elective patients. A further 0.7% of patients (3,541) were admitted as emergency patients, 1.5% (7,142) could not be contacted and 3.0% (14,217) were treated elsewhere. The reason for removal was not reported for 1.2% (5,719) of patients who were removed from waiting lists. The Northern Territory collects data on all reason for removal categories, however data was only reported in three categories; elective admissions, emergency admissions and not reported. Data for the Northern Territory for all reason for removal categories is available on the website at <http://www.aihw.gov/au>.

## **Distribution of waiting times**

The reason for removal category with the shortest median waiting time was 'emergency admission' with 11 days, and the longest median waiting time was 292 days for 'not contactable/died'.

The length of time by which 90% of patients were removed from waiting lists varied between states and territories in most reason for removal categories. For example, for patients 'treated elsewhere' waiting times at the 90th percentile ranged from 401 days in New South Wales to 699 days in Western Australia and 1,083 days in Tasmania. As with median waiting times, the reason for removal category with the shortest waiting time by which 90% of patients were removed was 'emergency admission' (117 days) and the longest was 'not contactable/died' (917 days).

## **Proportion waiting more than 365 days**

The reason for removal category with the lowest proportion of patients waiting more than 365 days before removal was 'emergency admissions' with 2.1% and the category with the highest proportion was 'not contactable/died' with 41.1%.

The proportion of patients waiting more than 365 days for removal category 'no treatment required' varied markedly between states and territories, with 14.6% in New South Wales, 35.1% in Western Australia and 37.2% in Tasmania. Overall, variation was marked for all removal categories combined with 4.4% of patients in South Australia waiting more than 365 days compared with 15.7% in Tasmania.

## **Specialty of surgeon**

Table 5.4 shows the distribution of days waited by patients admitted from waiting lists, the proportion who waited more than 365 days and the total number of patients admitted from waiting lists in 2002-03, by the specialty of the surgeon who was to perform the surgery and by state and territory.

## **Distribution of waiting times**

Ophthalmology and orthopaedic surgery were the surgical specialties with the longest median waiting times (61 and 45 days respectively). All other surgical specialties except ear, nose and throat surgery had median waiting times of less than 30 days; cardio-thoracic surgery had the shortest median waiting time (12 days).

The median waiting time varied markedly among the states and territories for ophthalmology, with 50% of patients being admitted within 27 days in Queensland and within 193 days in the Australian Capital Territory. For urology, variation in the median waiting time was less marked, ranging from 20 days in Western Australia to 42 days in the Northern Territory.

The length of time by which 90% of patients had been admitted also varied by surgical specialty, from 79 days for cardio-thoracic surgery to 358 days for ophthalmology.

## **Proportion waiting more than 365 days**

Ophthalmology and orthopaedic surgery were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (9.5% and 8.1% respectively).

Cardio-thoracic surgery had the lowest proportion of patients who waited more than 365 days (0.2%), followed by neurosurgery (1.0%) and gynaecology (1.1%).

There was marked variation among the states and territories in the proportion of patients who waited more than 365 days to be admitted for some surgical specialties. For example, 3.2% of patients admitted for orthopaedic surgery waited more than 365 days in Queensland, compared with 25.2% of patients in Tasmania. For ophthalmology, 2.5% of patients waited more than 365 days to be admitted in South Australia, compared with 42.1% of patients in Tasmania.

## **Admissions from waiting lists**

Nationally, the number of admissions from waiting lists were highest for general surgery (135,449) and lowest for neurosurgery (8,672). Admissions from waiting lists were highest for general surgery in most jurisdictions except the Australian Capital Territory where admissions were highest for orthopaedic surgery (1,420). Neurosurgery had the lowest number of admissions for most states and territories where it is undertaken. For Victoria admissions were lowest for vascular surgery (2,355).

## **Indicator procedures**

Indicator procedures are procedures that are of high volume and are often associated with long waits. Table 5.5 shows state and territory data on the distribution of days waited by patients admitted from waiting lists, the proportion of patients who waited more than 365 days to be admitted from waiting lists and the total number of patients admitted from waiting lists for elective surgery in 2002–03, by indicator procedure.

## **Distribution of days waited**

Nationally, the indicator procedure with the lowest median waiting time was coronary artery bypass graft (18 days) and the indicator procedure with the highest median waiting time was total knee replacement (137 days).

There was marked variation among the states and territories in the median waiting time for septoplasty, ranging from 62 days in Queensland to 284 days in the Northern Territory and 307 days in the Australian Capital Territory.

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 105 days for coronary artery bypass graft to 531 days for septoplasty.

## **Proportion waiting more than 365 days**

The indicator procedure with the highest proportion of patients waiting more than 365 days was total knee replacement (18.9%), followed by myringoplasty (18.3%). The lowest proportion of patients waiting more than 365 days were waiting for a coronary artery bypass graft (0.3%).

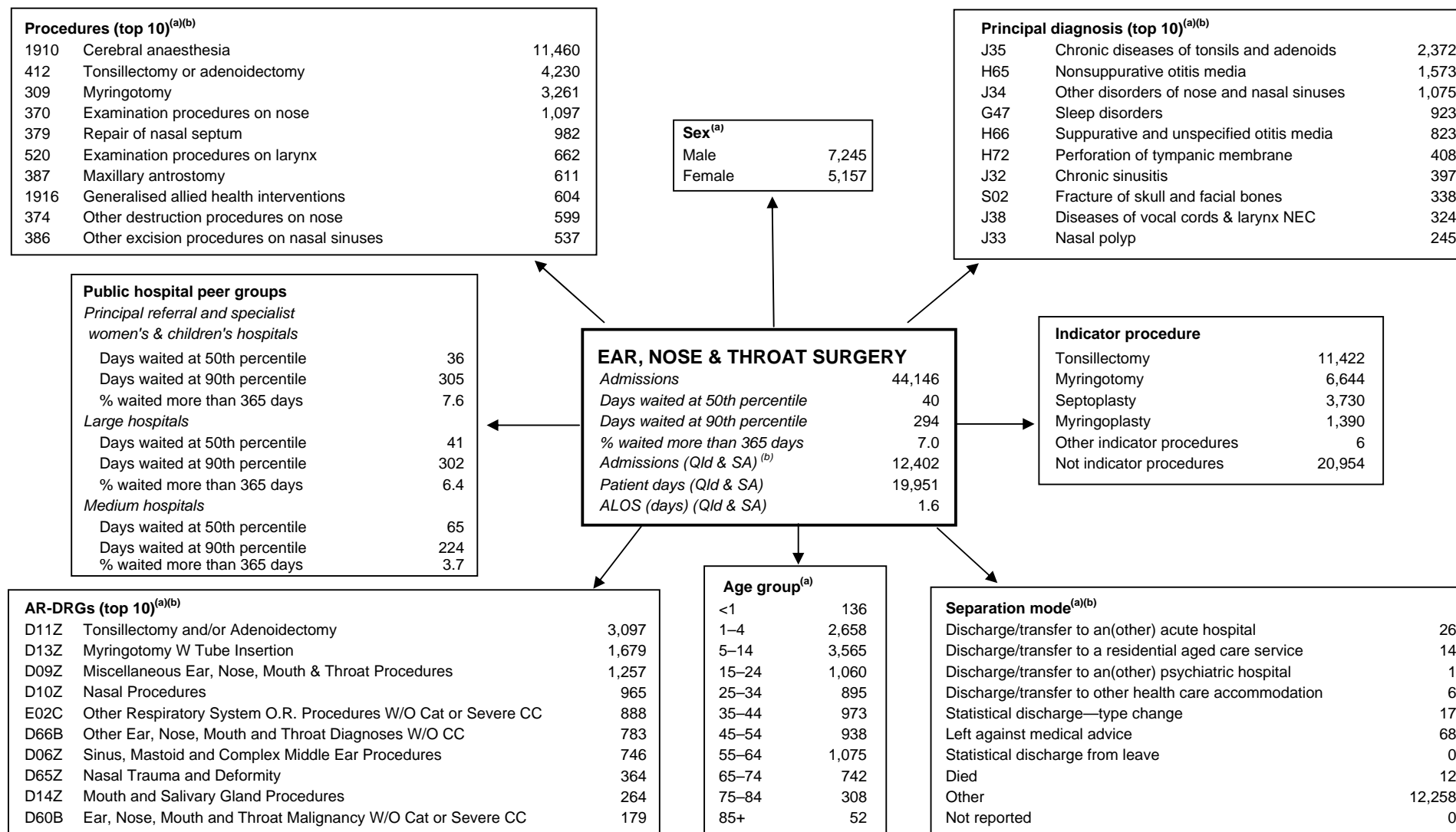
The proportion of patients admitted from waiting lists who waited more than 365 days varied among the states and territories. For example, 3.4% of patients waited more than 365 days for admission for cataract extraction in South Australia, compared with 60.4% in Tasmania. For total knee replacement, the proportion ranged from 10.9% in Queensland to 44.8% in Tasmania.

## **Admissions from waiting lists**

Overall, 31.3% of patients admitted for elective surgery were waiting for one of the indicator procedures. There was some variation among the states and territories: the Australian Capital Territory had the highest proportion of admissions for the indicator procedures (34.9%) and the Northern Territory had the lowest proportion (21.2%).

Cataract extraction was the highest volume indicator procedure for all jurisdictions. Myringoplasty was the lowest volume indicator procedure for all states and territories except the Northern Territory, where haemorrhoidectomy was the lowest. Coronary artery bypass grafts are not undertaken in the Northern Territory.





(a) These data are supplied to the National Hospital Morbidity Database for South Australia and Queensland only.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: Main abbreviations: CC—complications and comorbidities; W/O—without; W—with; Cat—catastrophic; NEC—not elsewhere classified; ALOS—average length of stay.

**Figure 5.1: Interrelationships of a speciality of surgeon (ear, nose and throat surgery) with other data elements, all hospitals, 2002-03**

**Table 5.1: Waiting time statistics for patients admitted from waiting lists, by public hospital peer group<sup>(a)</sup>, Australia, 1999–00 to 2002–03**

	1999–00	2000–01	2001–02	2002–03
<b>Principal referral and specialist women's &amp; children's hospitals</b>				
Number of hospitals in peer group	66	68	66	70
Number of reporting hospitals <sup>(c)</sup>	65	67	66	69
Estimated coverage of surgical separations (%) <sup>(d)</sup>	100	99	100	99
Number of admissions <sup>(e)</sup>	349,477	333,013	317,275	339,370
Days waited at 50th percentile	24	26	24	26
Days waited at 90th percentile	177	194	184	182
% waited more than 365 days	3.4	4.2	4.2	3.9
<b>Large hospitals</b>				
Number of hospitals in peer group	45	46	47	48
Number of reporting hospitals <sup>(c)</sup>	35	37	40	41
Estimated coverage of surgical separations (%) <sup>(d)</sup>	77	79	84	82
Number of admissions <sup>(e)</sup>	96,104	98,315	116,882	108,742
Days waited at 50th percentile	31	30	33	31
Days waited at 90th percentile	174	207	229	213
% waited more than 365 days	2.7	4.6	5.0	4.2
<b>Medium hospitals</b>				
Number of hospitals in peer group	112	112	112	106
Number of reporting hospitals <sup>(c)</sup>	60	60	56	56
Estimated coverage of surgical separations (%) <sup>(d)</sup>	58	56	53	52
Number of admissions <sup>(e)</sup>	73,851	68,317	62,430	59,109
Days waited at 50th percentile	28	30	32	34
Days waited at 90th percentile	166	221	231	234
% waited more than 365 days	2.4	4.4	4.7	3.6
<b>Total<sup>(b)</sup></b>				
Total number of hospitals	722	719	723	726
Number of reporting hospitals <sup>(c)</sup>	191	195	193	199
Estimated coverage of surgical separations (%) <sup>(d)</sup>	85	85	84	85
Number of admissions <sup>(e)</sup>	527,910	508,290	508,371	517,503
Admissions per 1,000 population <sup>(f)</sup>	27.7	26.4	26.0	26.2
Days waited at 50th percentile	27	27	27	28
Days waited at 90th percentile	175	202	203	197
% waited more than 365 days	3.1	4.4	4.5	4.0

(a) The methodology used to assign public hospital peer groups was adjusted for 2001–02 and 2002–03 compared to 1999–00 and 2000–01.

(b) Includes data for hospitals not included in the specified hospital peer groups and some private hospitals contracted to do elective surgery

(c) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See Appendix 4 for further information

(d) For 1999–00 and 2000–01 this is the number of separations with a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with a surgical procedure for all public hospitals.

For 2001–02 and 2002–03, this is the number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of separations with urgency of admission reported as 'elective' and a surgical procedure for all public hospitals. Urgency of admission was reported for the first time in 2000–01. It was not used to calculate the estimated coverage for that year because of concerns about data quality

(e) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection

(f) Crude rate.

**Table 5.2: Waiting time statistics for patients admitted from waiting lists, by hospital peer group, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral &amp; women's &amp; children's hospitals</b>									
Number of hospitals in peer group	22	19	16	4	5	2	1	1	70
Number of reporting hospitals <sup>(c)</sup>	22	19	15	4	5	2	1	1	69
Estimated coverage of elective surgical separations (%) <sup>(d)</sup>	100	100	98	100	100	100	100	100	99
Number of admissions <sup>(e)</sup>	101,424	85,537	81,290	22,857	29,178	10,363	4,535	4,186	339,370
Days waited at 50th percentile	26	27	20	29	34	42	n.p.	n.p.	26
Days waited at 90th percentile	189	203	109	208	187	364	n.p.	n.p.	182
% waited more than 365 days	3.8	4.5	2.7	4.4	2.9	10.0	n.p.	n.p.	3.9
<b>Large hospitals</b>									
Number of hospitals in peer group	21	12	8	2	2	1	1	1	48
Number of reporting hospitals <sup>(c)</sup>	21	6	8	1	2	1	1	1	41
Estimated coverage of elective surgical separations (%) <sup>(d)</sup>	100	60	100	51	100	100	100	100	82
Number of admissions <sup>(e)</sup>	42,833	25,959	23,942	3,445	5,502	2,175	3,126	1,760	108,742
Days waited at 50th percentile	34	29	26	21	36	n.p.	n.p.	n.p.	31
Days waited at 90th percentile	254	187	126	150	146	n.p.	n.p.	n.p.	213
% waited more than 365 days	4.9	3.3	2.6	1.4	3.7	n.p.	n.p.	n.p.	4.2
<b>Medium hospitals</b>									
Number of hospitals in peer group	36	30	16	11	13	0	0	0	106
Number of reporting hospitals <sup>(c)</sup>	36	3	9	8	0	..	..	..	56
Estimated coverage of elective surgical separations (%) <sup>(d)</sup>	100	15	79	69	n.a.	..	..	..	52
Number of admissions <sup>(e)</sup>	34,231	5,571	4,720	14,587	n.a.	..	..	..	59,109
Days waited at 50th percentile	37	61	27	23	n.a.	..	..	..	34
Days waited at 90th percentile	267	169	141	190	n.a.	..	..	..	234
% waited more than 365 days	4.5	2.8	2.2	2.3	n.a.	..	..	..	3.6

(continued)

**Table 5.2 (continued): Waiting time statistics for patients admitted from waiting lists, by hospital peer group, state and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Total<sup>(a)(b)</sup></b>									
Total number of hospitals	221	145	156	94	79	24	2	5	726
Number of reporting hospitals <sup>(c)</sup>	106	28	32	16	7	3	2	5	199
Estimated coverage of elective surgical separations(%) <sup>(d)</sup>	100	71	96	77	64	100	100	100	85
Number of admissions <sup>(e)</sup>	186,443	117,067	109,952	42,649	34,680	12,538	7,661	6,513	517,503
Admissions per 1,000 population <sup>(f)</sup>	28.0	24.0	29.3	22.0	22.8	26.4	23.8	32.9	26.2
Days waited at 50th percentile	29	28	21	27	34	42	48	45	28
Days waited at 90th percentile	227	197	113	207	181	389	300	305	197
% waited more than 365 days	4.2	4.2	2.6	3.9	3.0	10.9	7.1	7.0	4.0

(a) Includes data for hospitals not included in the specified hospital peer groups.

(b) Includes data for two private hospitals contracted to do elective surgery in New South Wales.

(c) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection.

(d) The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission of 'elective' and a surgical procedure for all public hospitals.

(e) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(f) Crude rate.

.. Not applicable.

n.p. Not published because there was only one hospital in the peer group.

**Table 5.3: Additions to waiting lists and waiting list statistics for patients removed from waiting lists, by reason for removal category, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Additions</b>	214,298	133,666	125,530	45,768	39,512	14,597	6,160	7,213	586,744
<b>Removals<sup>(a)</sup></b>									
<b>Elective admission</b>	186,443	117,067	109,952	42,649	34,680	12,538	7,661	6,513	517,503
Days waited at 50th percentile	29	28	21	27	34	42	48	45	28
Days waited at 90th percentile	227	197	113	207	181	389	300	305	197
% waited more than 365 days	4.2	4.2	2.6	3.9	3.0	10.9	7.1	7.0	4.0
<b>Emergency admission</b>	2,001	813	n.a.	384	195	112	19	17	3,541
Days waited at 50th percentile	7	10	n.a.	22	21	30	22	16	11
Days waited at 90th percentile	97	137	n.a.	124	144	248	97	193	117
% waited more than 365 days	1.1	3.2	n.a.	3.6	1.0	5.4	5.3	5.9	2.1
<b>Not contactable/died<sup>(b)</sup></b>	2,013	3,161	n.a.	852	365	608	143	n.a.	7,142
Days waited at 50th percentile	237	326	n.a.	364	197	384	199	n.a.	292
Days waited at 90th percentile	605	988	n.a.	1,017	694	1,402	559	n.a.	917
% waited more than 365 days	30.2	45.7	n.a.	49.9	29.3	52.1	24.5	n.a.	41.1
<b>Treated elsewhere<sup>(b)</sup></b>	8,192	3,401	n.a.	957	644	450	573	n.a.	14,217
Days waited at 50th percentile	123	108	n.a.	174	109	244	255	n.a.	128
Days waited at 90th percentile	401	567	n.a.	699	483	1,083	635	n.a.	501
% waited more than 365 days	13.0	19.6	n.a.	27.8	16.6	38.2	40.5	n.a.	17.7
<b>No treatment required<sup>(b)</sup></b>	13,084	12,719	n.a.	5,223	1,571	1,098	1,202	n.a.	34,897
Days waited at 50th percentile	101	111	n.a.	207	111	253	131	n.a.	124
Days waited at 90th percentile	426	637	n.a.	748	473	1,091	571	n.a.	578
% waited more than 365 days	14.6	21.6	n.a.	35.1	16.6	37.2	19.9	n.a.	21.2
<b>Not reported</b>	25	1,518	18,953	786	1,152	304	n.a.	1,934	24,672
Days waited at 50th percentile	1	78	n.a.	111	78	191	n.a.	208	125
Days waited at 90th percentile	27	555	n.a.	846	465	996	n.a.	579	600
% waited more than 365 days	0.0	17.1	n.a.	28.8	14.8	30.9	n.a.	25.8	5.1
<b>Total</b>	211,758	138,679	128,905	50,851	38,607	15,110	9,598	8,464	601,972
Days waited at 50th percentile	33	34	n.a.	34	36	53	60	62	31
Days waited at 90th percentile	266	282	n.a.	325	218	518	398	386	257
% waited more than 365 days	5.4	7.3	n.a.	8.7	4.4	15.7	10.9	11.3	5.8

(a) See the *National Health Data Dictionary* for a full description of these categories.

(b) The Northern Territory collects data for all reason for removal categories, however this has not been reported for 2002–03.

Data on all reason for removal categories is available on the website version of this table at <http://www.aihw.gov.au>.

n.a. Not available.

**Table 5.4: Waiting list statistics for patients admitted from waiting lists, by specialty of surgeon, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Cardio-thoracic</b>									
Admissions	4,084	3,087	3,217	854	801	497	244	0	12,784
Days waited at 50th percentile	15	6	11	14	16	34	24	..	12
Days waited at 90th percentile	97	34	83	58	86	245	89	..	79
% waited more than 365 days	0.0	0.0	0.1	0.0	0.1	3.2	0.0	..	0.2
<b>Ear, nose &amp; throat surgery</b>									
Admissions	13,466	12,141	8,791	3,979	3,602	688	823	656	44,146
Days waited at 50th percentile	53	38	20	56	44	47	70	79	40
Days waited at 90th percentile	351	269	147	334	276	237	346	421	294
% waited more than 365 days	9.1	6.4	4.0	8.7	5.4	5.2	9.0	15.7	7.0
<b>General surgery</b>									
Admissions	55,271	27,648	28,487	9,634	8,348	3,094	1,008	1,959	135,449
Days waited at 50th percentile	24	25	22	21	34	37	27	69	24
Days waited at 90th percentile	120	147	107	129	151	358	253	342	133
% waited more than 365 days	1.5	2.7	1.7	1.7	1.9	9.5	5.8	8.9	2.1
<b>Gynaecology</b>									
Admissions	32,433	13,717	17,368	6,146	5,085	1,857	1,090	1,867	79,563
Days waited at 50th percentile	24	29	22	18	27	38	35	9	24
Days waited at 90th percentile	115	139	90	61	129	179	162	70	110
% waited more than 365 days	1.1	1.5	1.0	0.3	0.9	1.6	1.3	0.7	1.1
<b>Neurosurgery</b>									
Admissions	2,892	2,450	1,507	672	768	161	222	0	8,672
Days waited at 50th percentile	17	18	10	26	12	52	46	..	16
Days waited at 90th percentile	71	143	99	170	130	284	191	..	122
% waited more than 365 days	0.5	1.0	1.2	1.3	1.7	3.1	0.9	..	1.0
<b>Ophthalmology</b>									
Admissions	20,234	15,074	7,553	5,316	3,890	914	763	700	54,444
Days waited at 50th percentile	107	38	27	78	51	188	193	142	61
Days waited at 90th percentile	389	211	443	288	187	721	669	376	358
% waited more than 365 days	12.8	4.5	11.9	4.5	2.5	42.1	25.3	10.7	9.5
<b>Orthopaedic surgery</b>									
Admissions	26,852	16,288	18,390	5,153	4,248	1,741	1,420	746	74,838
Days waited at 50th percentile	53	56	18	64	65	171	89	78	45
Days waited at 90th percentile	351	343	137	400	336	636	331	352	327
% waited more than 365 days	9.1	8.9	3.2	11.4	8.2	25.2	7.3	8.8	8.1

(continued)

**Table 5.4 (continued): Waiting list statistics for patients admitted from waiting lists, by specialty of surgeon, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Plastic surgery</b>									
Admissions	7,465	10,438	8,076	3,379	3,423	1,234	337	30	34,382
Days waited at 50th percentile	25	22	27	24	27	41	30	178	26
Days waited at 90th percentile	133	159	101	182	156	255	344	375	140
% waited more than 365 days	1.9	3.5	1.6	3.2	2.8	8.0	8.3	13.3	2.8
<b>Urology</b>									
Admissions	16,941	11,683	7,737	6,032	3,502	1,539	982	164	48,580
Days waited at 50th percentile	28	24	24	20	29	29	37	42	26
Days waited at 90th percentile	133	182	108	109	122	123	165	218	138
% waited more than 365 days	1.9	4.1	1.6	2.7	2.3	2.4	0.8	3.7	2.5
<b>Vascular surgery</b>									
Admissions	4,117	2,355	2,188	787	852	303	306	0	10,908
Days waited at 50th percentile	14	20	15	20	8	26	17	..	15
Days waited at 90th percentile	77	293	101	197	34	337	438	..	116
% waited more than 365 days	0.6	7.5	3.6	2.4	0.2	9.2	12.7	..	3.4
<b>Other</b>									
Admissions	2,688	2,186	6,638	697	161	510	466	391	13,737
Days waited at 50th percentile	8	23	20	13	21	6	36	28	16
Days waited at 90th percentile	57	115	90	43	106	32	251	168	89
% waited more than 365 days	0.1	0.7	0.8	0.0	4.3	0.2	4.7	2.8	0.8
<b>Total</b>									
Admissions	186,443	117,067	109,952	42,649	34,680	12,538	7,661	6,513	517,503
Days waited at 50th percentile	29	28	21	27	34	42	48	45	28
Days waited at 90th percentile	227	197	113	207	181	389	300	305	197
% waited more than 365 days	4.2	4.2	2.6	3.9	3.0	10.9	7.1	7.0	4.0

.. Not applicable.

**Table 5.5: Waiting list statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2002-03**

	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Cataract extraction</b>									
Admissions	15,635	10,236	4,825	3,929	2,368	614	659	509	38,775
Days waited at 50th percentile	165	57	34	98	66	440	211	176	88
Days waited at 90th percentile	405	230	553	299	212	883	680	412	390
% waited more than 365 days	15.5	5.1	16.0	4.7	3.4	60.4	27.5	13.2	11.9
<b>Cholecystectomy</b>									
Admissions	6,509	3,324	3,274	888	795	465	172	132	15,559
Days waited at 50th percentile	42	42	39	29	45	83	107	120	42
Days waited at 90th percentile	203	190	125	166	183	481	330	427	192
% waited more than 365 days	3.4	3.0	1.9	1.2	0.8	15.5	9.3	15.2	3.3
<b>Coronary artery bypass graft</b>									
Admissions	1,656	1,321	1,239	368	471	284	174	0	5,513
Days waited at 50th percentile	26	7	20	16	23	50	20	..	18
Days waited at 90th percentile	133	44	109	54	97	275	89	..	105
% waited more than 365 days	0.1	0.0	0.0	0.0	0.0	4.6	0.0	..	0.3
<b>Cystoscopy</b>									
Admissions	11,286	7,119	4,397	2,988	1,502	533	560	232	28,617
Days waited at 50th percentile	27	26	27	22	30	28	44	53	27
Days waited at 90th percentile	120	182	133	155	117	87	167	243	140
% waited more than 365 days	1.1	4.0	1.9	4.7	2.1	0.6	0.4	4.7	2.4
<b>Haemorrhoidectomy</b>									
Admissions	1,393	743	501	278	190	56	23	15	3,199
Days waited at 50th percentile	39	42	36	26	61	116	72	181	40
Days waited at 90th percentile	182	242	161	121	297	989	500	398	211
% waited more than 365 days	3.1	5.4	3.6	0.7	6.8	33.9	13.0	13.3	4.4
<b>Hysterectomy</b>									
Admissions	4,242	1,677	1,902	1,048	600	282	150	29	9,930
Days waited at 50th percentile	36	38	35	28	47	51	78	50	36
Days waited at 90th percentile	172	175	106	77	161	279	233	132	156
% waited more than 365 days	2.3	1.8	1.3	0.3	1.7	4.6	3.3	0.0	1.9
<b>Inguinal herniorrhaphy</b>									
Admissions	5,575	2,896	2,711	987	778	355	155	131	13,588
Days waited at 50th percentile	37	35	34	27	57	101	107	115	37
Days waited at 90th percentile	190	186	133	137	183	708	368	410	189
% waited more than 365 days	2.7	3.6	2.8	0.7	2.2	20.8	10.3	16.8	3.4

*(continued)*



Table 5.5 (continued): Waiting list statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2002-03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Myringoplasty</b>									
Admissions	422	357	289	190	76	14	9	50	1,407
Days waited at 50th percentile	119	131	75	135	82	196	n.p.	154	108
Days waited at 90th percentile	481	571	483	551	308	518	n.p.	495	516
% waited more than 365 days	18.5	23.5	13.8	17.9	6.6	28.6	n.p.	22.0	18.3
<b>Myringotomy</b>									
Admissions	629	2,597	1,720	817	638	107	132	20	6,660
Days waited at 50th percentile	27	26	27	49	45	22	111	36	29
Days waited at 90th percentile	164	92	120	156	137	61	223	82	123
% waited more than 365 days	1.3	0.2	1.0	2.1	0.8	0.0	0.8	5.0	0.8
<b>Prostatectomy</b>									
Admissions	2,292	1,414	781	396	369	27	42	30	5,351
Days waited at 50th percentile	35	25	26	20	31	40	27	50	28
Days waited at 90th percentile	204	258	107	108	230	74	239	336	194
% waited more than 365 days	4.3	5.7	3.1	1.0	4.9	0.0	2.4	10.0	4.3
<b>Septoplasty</b>									
Admissions	1,099	1,497	470	416	167	22	69	36	3,776
Days waited at 50th percentile	116	102	62	73	136	272	307	284	106
Days waited at 90th percentile	451	540	857	518	598	1,467	608	430	531
% waited more than 365 days	14.9	17.2	21.1	17.1	18.6	45.5	30.4	30.6	17.6
<b>Tonsillectomy</b>									
Admissions	3,823	3,393	2,358	1,010	798	33	190	111	11,716
Days waited at 50th percentile	98	48	31	84	75	152	102	174	60
Days waited at 90th percentile	415	266	147	358	323	482	426	438	351
% waited more than 365 days	15.7	5.5	3.3	9.6	5.6	15.2	18.9	24.3	9.2
<b>Total hip replacement</b>									
Admissions	2,350	1,551	1,061	459	502	210	119	21	6,273
Days waited at 50th percentile	111	113	48	77	107	213	136	113	93
Days waited at 90th percentile	406	425	226	382	344	593	375	423	396
% waited more than 365 days	13.8	12.8	5.9	10.2	8.4	27.6	11.8	14.3	12.0
<b>Total knee replacement</b>									
Admissions	3,402	1,570	1,371	428	595	145	131	29	7,671
Days waited at 50th percentile	188	144	58	123	126	330	168	156	137
Days waited at 90th percentile	484	460	402	506	411	808	406	496	474
% waited more than 365 days	23.2	16.6	10.9	19.2	11.9	44.8	16.8	20.7	18.9

(continued)

Table 5.5 (continued): Waiting list statistics for patients admitted from waiting lists, by indicator procedure, states and territories, 2002-03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Varicose veins stripping &amp; ligation</b>									
Admissions	1,559	873	751	201	284	30	87	35	3,820
Days waited at 50th percentile	61	103	69	41	79	705	326	206	71
Days waited at 90th percentile	262	886	661	409	449	1,621	741	559	525
% waited more than 365 days	5.0	23.0	17.0	11.4	13.4	66.7	44.8	34.3	14.1
<b>Not applicable/not stated</b>									
Admissions	124,571	76,499	82,302	28,246	24,547	9,361	4,989	5,133	355,648
Days waited at 50th percentile	22	23	18	22	28	34	32	34	22
Days waited at 90th percentile	136	164	97	162	156	276	212	246	140
% waited more than 365 days	2.2	3.3	1.5	3.3	2.6	6.9	3.7	5.0	2.6
<b>Total</b>									
Admissions	186,443	117,067	109,952	42,649	34,680	12,538	7,661	6,513	517,503
Days waited at 50th percentile	29	28	21	27	34	42	48	45	28
Days waited at 90th percentile	227	197	113	207	181	389	300	305	197
% waited more than 365 days	4.2	4.2	2.6	3.9	3.0	10.9	7.1	7.0	4.0

.. Not applicable.

n.p. Not published (because the number of admissions was less than 10).

# 6 Administrative data for admitted patients

## Introduction

This chapter presents a summary of patient-level administrative information, including admitted patient election status, funding source, cross-border flows, care type, urgency of admission, mode of admission, mode of separation and inter-hospital contracted patient status. The data are derived from the AIHW's National Hospital Morbidity Database, a compilation of patient-level data for separations from public and private hospitals in Australia. Separations were included for all care types except *Newborn* episodes that did not include qualified days. Records for *Hospital boarders* and *Posthumous organ procurement* were excluded. Tables 6.9 and 6.10 alone include *Newborn* episodes without qualified days.

Data on Medicare eligibility status for admitted patients have previously been presented in this chapter with data on patient election status and funding source. As for *Australian Hospital Statistics 2001–02* (AIHW 2003a), data on Medicare eligibility status has been included in Table 6.5 to allow comparison of data on Medicare eligibility status, patient election status and funding source over time, as far as is possible. Further information on Medicare eligibility is included in Appendix 3.

## Patient election status and funding source

Tables 6.1 to 6.4 are presented hierarchically using the data elements 'Admitted patient election status' and selected funding source categories. Accompanying tables published on the website present all funding source categories. The data element 'Funding source for hospital patient' (*National Health Data Dictionary* version 11.0 (AIHW 2002b)) was implemented from July 2001 and provides information about the principal source of funds for an admitted patient episode.

The funding source categories are:

- Australian Health Care Agreements
- private health insurance
- self-funded
- workers compensation
- motor vehicle third party personal claim
- other compensation (e.g. public liability, common law, medical negligence)
- Department of Veterans' Affairs
- Department of Defence
- correctional facility
- other hospital or public authority (contracted care)

- reciprocal health care agreements (with other countries)
- other
- not reported.

For the purpose of reporting these data, the 'Patient election status' for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements* was categorised as public. Public psychiatric hospital patients were also categorised as public unless another funding source was reported for them. The 'Patient election status' for patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Workers compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans' Affairs*, *Department of Defence* or *Correctional facility* was categorised as private, while the 'Patient election status' for patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported* was categorised according to the 'Admitted patient election status' recorded at the time of admission. Caution should be taken when making comparisons with publications prior to 2001–02 as the categories presented in Tables 6.1 to 6.5 are not directly comparable due to changes in the data elements used (see Appendix 3 for more information).

There may have been some variation between jurisdictions in the definitions used for the funding source categories and in the way in which state- or territory-level data were mapped to the *National Health Data Dictionary* format. In particular, Tasmania was not able to identify separations whose funding source was *Self-funded*. Therefore the number of separations for this category may be underestimated, while the number of separations in the funding source categories of *Private health insurance* and *Other private* may be overestimated.

Public patients accounted for 55.0% of all hospital separations, 86.8% from public hospitals (3,556,530) and 3.8% in private hospitals (98,527) (Table 6.1). Patients whose funding source was reported as *Private health insurance* made up 55.5% of private patients in public hospitals, 78.5% of private patients in private hospitals and 33.3% of all separations. *Department of Veterans' Affairs* patients made up 5.1% of all hospital separations.

Overall, around 1.1% of patients were funded by *Workers compensation* (74,703 separations) while 0.4% were funded by *Motor vehicle third party personal claims* (26,655 separations). For these compensable separations 59.7% were in private hospitals.

In both sectors combined there were 183.9 separations per 1,000 population (age-standardised) for public patients, compared with 148.8 for private patients (Table 6.2). The latter figure is underestimated because separations were not available for a number of private hospitals and/or private free-standing day hospital facilities in Victoria, the Australian Capital Territory, Northern Territory, Tasmania and South Australia (see Appendix 4 for further details). The Northern Territory recorded the highest public patient separation rate for public hospitals (402.0 per 1,000). The separation rate for public patients in private hospitals in Western Australia (27.1 per 1,000) was markedly higher than the national rate.

Table 6.3 presents the average cost weight of separations in each state and territory by hospital sector, patient election status and funding source. The table has been restricted to separations with a care type of *Acute*, *Newborn* (with at least one qualified patient day) or *Not reported*. In the public sector, the average cost weights for private patients were higher than those for public patients for most states and

territories. In the private sector, patients whose funding source was reported as *Department of Veterans' Affairs* had the highest average cost weights. More detail about the AR-DRG classification and cost weights is included in Chapter 11. Table 6.4 shows the number of patient days reported for each funding source category, by state or territory and hospital sector. Public patients accounted for 60.3% of total patient days, while *Private health insurance* funded patients accounted for 27.5% of total patient days.

Between 1998–99 and 2002–03, the number of separations for private patients for both sectors combined increased by 28.9% (6.6% per year), while separations for public patients increased by 6.9% (1.7% per year) over the same period (Table 6.5). Between 2001–02 and 2002–03, public patient separations increased by 3.1% and private patient separations increased by 5.4%. In New South Wales, Queensland and Western Australia (for which there was no change in private hospital coverage) combined with Victoria and South Australia (adjusted as detailed in Chapter 2 for coverage change, but that may not have been the same for public and private patient separations, or for individual funding sources such as private health insurance), separations for both public and private patients increased by 3.1%. Separations for which private health insurance was reported as the funding source increased by 5.4% overall, and by 2.7% in New South Wales, Queensland, Western Australia combined with Victoria and South Australia (adjusted as noted above).

The number of separations recorded for Medicare eligible private patients in public hospitals increased by 1.4% between 2001–02 and 2002–03. The number of separations and patient days attributable to Medicare eligible public patients in private hospitals increased each year from 1998–99 to 2001–02 and then decreased between 2001–02 and 2002–03, to account for 3.8% and 4.2%, respectively, of private hospital activity in 2002–03. The proportion of separations for *Department of Veterans' Affairs* patients in public hospitals increased from 2.9% of total separations in 1998–99 to 3.4% of total separations in 2002–03. Over the same period the proportion of separations for *Department of Veterans' Affairs* patients in private hospitals decreased from 8.4% to 7.5% of total separations.

## Cross-border flows

For cross-border flow information, the state or territory of usual residence is reported as one of the six states, the Australian Capital Territory, the Northern Territory, other Australian territories (including Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory) or other (including resident overseas, at sea, no fixed address) (Tables 6.6 to 6.8). This information is derived from information on the area of usual residence of the patient stored in the National Hospital Morbidity Database as the state or territory and Statistical Local Area of residence.

Table 6.6 presents the number of separations in each jurisdiction by state or territory of usual residence and hospital sector. Overall, 97.5% (6,487,432) of separations were for patients who were treated in their state or territory of residence. However, in the Australian Capital Territory only 74.8% of public hospital separations were for Australian Capital Territory residents (47,715), with most of the remainder being residents of New South Wales. This is because the Australian Capital Territory is a referral centre for surrounding districts, which are part of New South Wales.

Age-standardised separation rates per 1,000 population for each state and territory, by hospital sector and state or territory of usual residence, are presented in Table 6.7. There were relatively high rates for Northern Territory residents attending hospitals in South Australia and for Australian Capital Territory residents attending hospitals in New South Wales.

The average cost weight of separations for each state and territory by each hospital sector and state or territory of usual residence is presented in Table 6.8. As for Table 6.3, this table has been restricted to separations with a care type of *Acute*, *Newborn* (with at least one qualified patient day) or *Not reported*. Generally average cost weights in both the public and private sectors were higher in all jurisdictions for interstate patients than for patients resident in the state. Public sector separations for Northern Territory residents had higher average cost weights in all other states and territories compared to the Northern Territory. This reflects a tendency for Northern Territory residents who require more complex treatment to attend hospitals in other states.

## Care type

The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care. Definitions of each care type are detailed in the *National Health Data Dictionary* (AIHW 2002b). They are:

- acute care
- rehabilitation care – delivered in a designated unit
- rehabilitation care – according to a designated program
- rehabilitation care – principal clinical intent
- palliative care – delivered in a designated unit
- palliative care – according to a designated program
- palliative care – principal clinical intent
- geriatric evaluation and management
- psychogeriatric care
- maintenance care
- newborn care
- other admitted patient care.

Care type was reported for most separations, but was not available for almost half of the private hospital separations in Tasmania. Not all states and territories supplied information to this level of detail for rehabilitation and palliative care. For rehabilitation, a category of *Rehabilitation, not further specified* was used by some states and territories and is included in the tables in this chapter. Due to the small number of separations reported in the palliative care categories, only *Palliative care, not further specified* has been used in Tables 6.9 and 6.10. Victoria did not use the *Psychogeriatric care* or *Maintenance care* categories. The Northern Territory is investigating data quality issues in relation to *Maintenance care*.

The *Newborn* care type is used for all patients aged 9 days or less at admission. *Newborn* episodes of care comprise separations with qualified days only, separations with a mixture of qualified and unqualified days, and separations with unqualified

days only. Most states and territories have implemented this *Newborn* definition; however, Tasmania and the Northern Territory did not report *Newborns* according to the *National Health Data Dictionary* definition (see the Glossary and Appendix 3).

Additionally, some states and territories reported data for *Hospital boarders* and *Posthumous organ procurement*. This activity is not considered to be admitted patient care, so records relating to it have been excluded from this report. See Appendix 3 for more detail on this activity.

Table 6.9 presents the number of separations for each care type. For public and private sectors combined, 92.7% of separations were classified as episodes of *Acute care*, 3.6% as *Newborn* and 1.8% as *Rehabilitation care*. There was some variation among the states and territories and between the public and private sectors. For example, the proportion of public hospital separations that was for *Rehabilitation care* ranged from 0.8% (652) in the Tasmania to 2.1% in Queensland (15,431).

*Newborn* separations with unqualified days only (see Appendix 3 for more information) have been included in Tables 6.9 and 6.10 only in this report and, as such, will cause total separations in Table 6.9 to differ from those of other tables. They accounted for an additional 189,172 separations, the majority (142,570 or 75.4%) in the public sector.

Average length of stay for episodes of *Acute care* in private hospitals (2.6 days) was shorter than that for public hospitals (3.3 days) (Table 6.10). The average length of stay for *Newborn* episodes with a mixture of qualified and unqualified days has been presented separately as the average number of qualified days and the average number of unqualified days. In the public sector, the average length of stay for these 'mixed' separations was 5.2 qualified days and 2.5 unqualified days, compared with 9.1 days for newborns with qualified days only and 2.8 days for newborns with no qualified days. In the private sector, the average length of stay for these 'mixed' separations was 4.4 qualified days and 3.8 unqualified days, compared with 6.9 days for qualified newborns and 4.7 days for unqualified newborns. The calculation of qualified days from newborns in the Northern Territory is currently under review.

## Non-acute care

Table 6.11 presents information by patient election status and mode of separation (see below) for separations with a non-acute care type – *Rehabilitation care*, *Psychogeriatric care*, *Geriatric evaluation and management* and *Maintenance care*. Data on patients receiving non-acute care may provide information relevant to assessing continuity of care.

Overall, 62.9% of all separations with non-acute care were in public hospitals and 56.7% of all non-acute patients in all hospitals elected to be treated as public patients. For separations whose care type was reported as non-acute the most common mode of separation was *Other*, which includes discharge to usual residence/own accommodation/welfare institution (76.7%), while 6.7% reported a mode of *Discharge/transfer to a residential aged care service*, 6.6% had a separation mode of *Statistical discharge—type change* (indicating that they remained in the same hospital to receive other care) and 6.4% reported a mode of *Discharge/transferred to an(other) hospital* (acute or psychiatric) (see Table 6.14). There was some variation between hospital sectors in the modes of separations reported for non-acute patients. For example, 8.4% of non-acute patients in public hospitals were transferred to another hospital (acute or psychiatric), compared to 3.0% in private hospitals. There was also

variation in the mode of separation by type of non-acute care as 83.9% of *Rehabilitation* patients reported a separation mode of *Other* compared to 57.2% for the other non-acute care types.

Table 6.12 presents information by age, sex and mode of separation for patients whose reported care type was non-acute. The majority of separations for patients whose care type was reported as *Rehabilitation* were for females (55.2%), and over half of the female patients were aged 75 years and over (52.7%, 35,041 separations). For other non-acute care, the majority of separations were for females (57.3%), with 75 years and over the most common age group (63.4%, 16,046).

## Mode of admission

The mode of admission data element records the mechanism by which a patient begins an episode of care, and is presented in Table 6.13.

In both public and private hospitals, most separations had a mode of admission of *Other* (95.0%, 6,319,489), the term used to refer to all planned and unplanned admissions, except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* (180,384 or 4.4% of public hospital separations) than were reported for private hospitals (76,600 or 3.0% of private hospital separations). Of all states and territories, New South Wales had the highest percentage of separations (4.9%) with an admission mode of *Admitted patient transferred from another hospital*.

## Mode of separation

The mode of separation records the status of the patient (discharged, transferred, care type change, died) at the time of separation and, for some categories, the place to which the person was discharged or transferred, as shown in Table 6.14.

The majority of separations (6,121,508, 92.0%) were included in the *Other* category, suggesting that most patients go home after their episode of care. This was particularly the case in the private sector, where 95.9% of separations (2,458,398) were categorised as *Other*; in the public sector, this figure was 89.5% (3,663,110). The main difference between the sectors was that more patients were transferred to other hospitals in the public sector (5.6%) than in the private sector (1.8%). There were also greater proportions of separations in the public sector for *Died* and the *Left against medical advice/discharge at own risk* category.

There is a discrepancy between the number of patients reporting a mode of separation of *Discharged/transferred to an(other) hospital* (acute and psychiatric) (274,075, see Table 6.14) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (256,984, see Table 6.13). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission.



## Inter-hospital contracted patient status

Table 6.15 reports on the data element 'Inter-hospital contracted patient'. An episode for an inter-hospital contracted patient is defined in the *National Health Data Dictionary* version 11.0 (AIHW 2002b) as an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service and for which the activity is recorded by both hospitals. New South Wales supplied this data element as *Inter-hospital contracted patient from unspecified sector, Not inter-hospital contracted patient* or *Not reported*. The national data should be interpreted with this caveat in mind.

Contracted care was reported for 0.9% (57,099) of all separations. The total number of inter-hospital contracted patients was higher for private hospitals (51,417) than for public hospitals (5,682).

Of the states and territories that specified the sector of the hospital purchasing the contracted care, 71.8% (2,727 separations) of contracted care provided by public hospitals was purchased by the private sector and 50.5% (12,966 separations) of contracted care provided by private hospitals was purchased by the public sector.

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 National Hospital Morbidity Database.

## Urgency of admission

Table 6.16 reports on the data element 'Urgency of admission'. This data element describes whether the admission was assigned an urgency status and, if so, whether the admission occurred on an emergency or an elective basis.

The majority of *Emergency* admissions were treated in the public sector and there were fewer elective admissions in the public sector than in the private sector. For both the private and public sectors combined, 28.9% (1,921,676) of separations were assigned an *Emergency* status and 56.9% of separations (3,785,523) were assigned an *Elective* status. In the public hospital sector 40.8% of separations were assigned an *Emergency* status and 42.1% were assigned an *Elective* status. In the private sector 9.9% of separations were assigned an *Emergency* status, while 80.6% of separations were assigned an *Elective* status.

Figure 6.1 illustrates the number of separations for *Elective* admissions by month and hospital sector. The fewest separations for both sectors were recorded for January (268,905 separations) while the highest number of separations was for May (334,530 separations).

Figure 6.2 illustrates the number of separations reported as emergency admissions by month and hospital sector of the year for the same states and territories. The number of separations did not vary greatly by month for both the public and private sectors, with the highest numbers reported for months with 31 days, and lowest for February. The daily average for all months fell within the 95% confidence interval of 5,028 to 5,501 separations per day.

## Hospital in the home care

Table 6.17 reports on the data element 'Hospital in the home', which is used to report the number of days of hospital in the home care provided. Most states and territories have hospital in the home programs in which admitted patients are provided with hospital care. This care has been defined in the *National Health Data Dictionary* version 11.0 (AIHW 2002b) 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.

For 2002-03 New South Wales did not report this data element, while Queensland did not report this element for private hospitals. For Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory, data on hospital in the home care were provided as defined in the *National Health Data Dictionary*. In South Australia, hospital in the home care was defined as separate episodes of care and therefore the total number of patient days is equal to the number of hospital in the home care days for these separations. Queensland reported that hospital in the home care is provided only by a small number of hospitals in that state. Western Australia commenced the collection of hospital in the home care from 1 July 2002. Only a small number of hospitals reported any care of this type, as several programs which had characteristics of hospital in the home did not meet the full *National Health Data Dictionary* definition.

Nationally, there were 39,052 separations that reported hospital in the home care. They accounted for 366,068 patient days, of which 265,921 days (72.6%) were reported as hospital in the home care days. Same day separations accounted for 16.8% (6,574) of separations reporting hospital in the home days.

**Table 6.1: Separations<sup>(a)</sup>, by patient election status, funding source and hospital sector, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	1,060,629	1,020,349	635,554	331,812	318,816	66,153	57,967	65,250	3,556,530
Public <sup>(c)</sup>	1,057,818	1,019,742	634,221	331,812	317,962	66,153	57,951	65,137	3,550,796
Private patients	230,283	125,649	66,612	36,013	49,043	13,570	5,776	2,899	529,845
Private health insurance	147,493	60,795	25,226	20,566	27,764	8,312	3,054	966	294,176
Self-funded <sup>(d)</sup>	13,068	13,546	10,323	1,016	2,077	n.a.	53	248	40,331
Workers compensation	7,305	5,882	3,015	1,608	1,466	392	460	317	20,445
Motor vehicle third party personal claim	4,869	8,748	2,139	1,527	1,940	605	132	486	20,446
Department of Veterans' Affairs	55,882	35,715	15,440	9,569	14,733	4,253	1,657	447	137,696
Other <sup>(e)</sup>	1,666	963	10,469	1,727	1,063	8	420	435	16,751
Patient election status not reported	262	3,842	0	0	0	492	0	0	4,596
<b>Total</b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	17,735	2,541	13,710	50,857	1,357	n.p.	n.p.	n.p.	98,527
Public <sup>(c)</sup>	17,729	2,541	13,710	50,857	1,346	n.p.	n.p.	n.p.	98,500
Private patients	691,180	647,962	588,455	229,741	210,354	n.p.	n.p.	n.p.	2,445,140
Private health insurance	542,758	507,033	432,332	192,946	179,702	n.p.	n.p.	n.p.	1,920,338
Self-funded <sup>(d)</sup>	84,817	71,325	63,100	11,932	10,117	n.p.	n.p.	n.p.	243,258
Workers compensation	13,205	14,739	11,101	5,811	6,080	n.p.	n.p.	n.p.	54,258
Motor vehicle third party personal claim	232	4,288	82	835	582	n.p.	n.p.	n.p.	6,209
Department of Veterans' Affairs	49,277	49,490	71,610	16,690	12,829	n.p.	n.p.	n.p.	204,892
Other <sup>(e)</sup>	891	1,087	10,230	1,527	1,044	n.p.	n.p.	n.p.	16,185
Patient election status not reported	61	603	0	0	0	n.p.	n.p.	n.p.	19,134
<b>Total</b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,562,801</b>
<b>All hospitals</b>									
Public patients <sup>(b)</sup>	1,078,364	1,022,890	649,264	382,669	320,173	n.p.	n.p.	n.p.	3,655,057
Public <sup>(c)</sup>	1,075,547	1,022,283	647,931	382,669	319,308	n.p.	n.p.	n.p.	3,649,296
Private patients	921,463	773,611	655,067	265,754	259,397	n.p.	n.p.	n.p.	2,974,985
Private health insurance	690,251	567,828	457,558	213,512	207,466	n.p.	n.p.	n.p.	2,214,514
Self-funded <sup>(d)</sup>	97,885	84,871	73,423	12,948	12,194	n.p.	n.p.	n.p.	283,589
Workers compensation	20,510	20,621	14,116	7,419	7,546	n.p.	n.p.	n.p.	74,703
Motor vehicle third party personal claim	5,101	13,036	2,221	2,362	2,522	n.p.	n.p.	n.p.	26,655
Department of Veterans' Affairs	105,159	85,205	87,050	26,259	27,562	n.p.	n.p.	n.p.	342,588
Other <sup>(e)</sup>	2,557	2,050	20,699	3,254	2,107	n.p.	n.p.	n.p.	32,936
Patient election status not reported	323	4,445	0	0	0	n.p.	n.p.	n.p.	23,730
<b>Total</b>	<b>2,000,150</b>	<b>1,800,946</b>	<b>1,304,331</b>	<b>648,423</b>	<b>579,570</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6,653,772</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in public psychiatric hospitals.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

n.p. Not published, n.a. Not available.

**Table 6.2: Separations<sup>(a)</sup> per 1,000 population by patient election status, funding source and hospital sector, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	156.7	205.5	171.2	175.9	201.6	136.5	198.8	402.0	179.0
Public <sup>(c)</sup>	156.3	204.9	170.8	175.7	200.9	136.5	198.8	401.3	178.5
Private patients	33.5	25.0	18.2	19.5	29.4	27.0	20.9	20.4	26.5
Private health insurance	21.7	12.3	6.9	11.0	17.3	16.8	10.5	5.8	14.8
Self-funded <sup>(d)</sup>	2.0	2.8	2.8	0.5	1.4	n.a.	0.2	1.4	2.0
Workers compensation	1.1	1.2	0.8	0.8	1.0	0.9	1.5	1.5	1.0
Motor vehicle third party personal claim	0.7	1.8	0.6	0.8	1.3	1.3	0.4	2.3	1.0
Department of Veterans' Affairs	7.8	6.8	4.3	5.5	7.8	8.0	7.1	7.2	6.7
Other <sup>(e)</sup>	0.3	0.2	2.8	0.9	0.7	0.0	1.2	2.2	0.8
Patient election status not reported	0.0	0.8	0.0	0.0	0.0	1.1	0.0	0.0	0.2
<b>Total</b>	<b>190.2</b>	<b>231.3</b>	<b>189.4</b>	<b>195.4</b>	<b>231.0</b>	<b>164.5</b>	<b>219.7</b>	<b>422.5</b>	<b>205.7</b>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	2.6	0.5	3.7	27.1	0.8	n.p.	n.p.	n.p.	4.9
Public <sup>(c)</sup>	2.6	0.5	3.7	27.1	0.8	n.p.	n.p.	n.p.	4.9
Private patients	101.6	129.8	159.0	121.0	129.2	n.p.	n.p.	n.p.	122.4
Private health insurance	80.0	101.8	116.4	101.1	110.8	n.p.	n.p.	n.p.	96.2
Self-funded <sup>(d)</sup>	12.5	14.4	17.0	6.2	6.6	n.p.	n.p.	n.p.	12.3
Workers compensation	2.0	3.0	3.0	3.0	4.0	n.p.	n.p.	n.p.	2.7
Motor vehicle third party personal claim	0.0	0.9	0.0	0.4	0.4	n.p.	n.p.	n.p.	0.3
Department of Veterans' Affairs	6.9	9.5	19.9	9.6	6.8	n.p.	n.p.	n.p.	10.1
Other <sup>(e)</sup>	0.1	0.2	2.7	0.8	0.7	n.p.	n.p.	n.p.	0.8
Patient election status not reported	0.0	0.1	0.0	0.0	0.0	n.p.	n.p.	n.p.	1.0
<b>Total</b>	<b>104.2</b>	<b>130.4</b>	<b>162.8</b>	<b>148.1</b>	<b>130.0</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>128.3</b>
<b>All hospitals</b>									
Public patients <sup>(b)</sup>	159.3	206.0	174.9	203.0	202.4	n.p.	n.p.	n.p.	183.9
Public <sup>(c)</sup>	158.9	205.4	174.6	202.8	201.8	n.p.	n.p.	n.p.	183.5
Private patients	135.0	154.8	177.2	140.5	158.6	n.p.	n.p.	n.p.	148.8
Private health insurance	101.7	114.1	123.2	112.1	128.1	n.p.	n.p.	n.p.	111.0
Self-funded <sup>(d)</sup>	14.5	17.2	19.8	6.7	8.0	n.p.	n.p.	n.p.	14.3
Workers compensation	3.1	4.2	3.8	3.8	5.0	n.p.	n.p.	n.p.	3.8
Motor vehicle third party personal claim	0.8	2.7	0.6	1.2	1.7	n.p.	n.p.	n.p.	1.3
Department of Veterans' Affairs	14.7	16.3	24.3	15.1	14.6	n.p.	n.p.	n.p.	16.8
Other <sup>(e)</sup>	0.4	0.4	5.6	1.7	1.4	n.p.	n.p.	n.p.	1.7
Patient election status not reported	0.0	0.9	0.0	0.0	0.0	n.p.	n.p.	n.p.	1.2
<b>Total</b>	<b>294.4</b>	<b>361.7</b>	<b>352.1</b>	<b>343.5</b>	<b>361.1</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>333.9</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in public psychiatric hospitals.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

n.p. Not published, n.a. Not available.

**Table 6.3: Average cost weight of separations<sup>(a)</sup> by patient election status, funding source and hospital sector, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	1.01	0.93	0.96	0.93	0.98	1.08	0.89	0.73	0.96
Public <sup>(c)</sup>	1.01	0.93	0.96	0.93	0.98	1.08	0.89	0.73	0.96
Private patients	1.15	1.19	1.04	1.19	1.14	1.07	1.44	1.28	1.15
Private health insurance	1.12	1.23	0.86	1.11	1.04	1.00	1.42	1.25	1.11
Self-funded <sup>(d)</sup>	1.07	0.72	0.94	0.86	0.75	..	1.01	0.99	0.90
Workers compensation	1.15	1.17	1.24	1.19	1.19	1.25	1.40	0.93	1.18
Motor vehicle third party personal claim	1.75	1.98	2.14	2.44	2.17	2.06	3.62	2.38	2.01
Department of Veterans' Affairs	1.20	1.11	1.13	1.20	1.29	1.05	1.45	1.01	1.18
Other <sup>(e)</sup>	1.20	1.13	1.20	1.29	0.94	0.65	1.05	0.93	1.18
Patient election status not reported	1.47	1.11	..	..	..	0.88	..	..	1.11
<b>Total</b>	<b>1.03</b>	<b>0.96</b>	<b>0.97</b>	<b>0.96</b>	<b>1.00</b>	<b>1.08</b>	<b>0.94</b>	<b>0.75</b>	<b>0.99</b>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	1.15	0.49	0.54	0.59	0.85	n.p.	n.p.	n.p.	0.73
Public <sup>(c)</sup>	1.15	0.49	0.54	0.59	0.85	n.p.	n.p.	n.p.	0.73
Private patients	0.86	0.86	0.87	0.89	0.91	n.p.	n.p.	n.p.	0.86
Private health insurance	0.86	0.87	0.87	0.86	0.89	n.p.	n.p.	n.p.	0.87
Self-funded <sup>(d)</sup>	0.67	0.53	0.53	0.60	0.66	n.p.	n.p.	n.p.	0.59
Workers compensation	0.90	0.94	0.82	0.85	0.91	n.p.	n.p.	n.p.	0.90
Motor vehicle third party personal claim	0.90	1.07	0.86	0.86	0.79	n.p.	n.p.	n.p.	1.00
Department of Veterans' Affairs	1.13	1.24	1.04	1.17	1.13	n.p.	n.p.	n.p.	1.13
Other <sup>(e)</sup>	0.99	0.49	0.41	0.75	0.79	n.p.	n.p.	n.p.	0.53
Patient election status not reported	0.48	0.70	..	..	..	n.p.	n.p.	n.p.	0.92
<b>Total</b>	<b>0.86</b>	<b>0.86</b>	<b>0.84</b>	<b>0.82</b>	<b>0.89</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.86</b>

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or was *Not reported*.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in public psychiatric hospitals.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

n.p. Not published.

.. Not applicable.

**Table 6.4: Patient days<sup>(a)</sup>, by patient election status, funding source and hospital sector, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	4,533,119	3,648,986	2,519,360	1,283,198	1,236,532	300,843	191,529	194,924	13,908,491
Public <sup>(c)</sup>	4,524,489	3,647,089	2,517,556	1,283,198	1,236,219	300,843	191,391	194,441	13,895,226
Private patients	1,158,175	564,116	252,645	167,716	267,491	51,691	27,964	10,821	2,500,619
Private health insurance	652,732	258,569	92,458	84,831	130,482	26,086	13,030	2,474	1,260,662
Self-funded <sup>(d)</sup>	40,832	18,844	15,229	3,921	10,917	n.a.	131	603	90,477
Workers compensation	26,350	18,363	10,051	5,329	5,796	1,088	2,170	967	70,114
Motor vehicle third party personal claim	31,624	42,039	13,888	11,977	16,487	3,872	1,273	4,184	125,344
Department of Veterans' Affairs	361,966	221,699	85,725	52,717	101,508	20,634	9,891	1,256	855,396
Other <sup>(e)</sup>	44,671	4,602	35,294	8,941	2,301	11	1,469	1,337	98,626
Patient election status not reported	4,393	11,195	0	0	0	1,762	0	0	17,350
<b>Total</b>	<b>5,695,687</b>	<b>4,224,297</b>	<b>2,772,005</b>	<b>1,450,914</b>	<b>1,504,023</b>	<b>354,296</b>	<b>219,493</b>	<b>205,745</b>	<b>16,426,460</b>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	72,404	4,070	51,634	124,767	7,571	n.p.	n.p.	n.p.	301,923
Public <sup>(c)</sup>	72,392	4,070	51,634	124,767	7,538	n.p.	n.p.	n.p.	301,864
Private patients	1,821,221	1,824,020	1,645,655	660,169	591,530	n.p.	n.p.	n.p.	6,763,023
Private health insurance	1,420,170	1,387,261	1,192,944	527,626	509,324	n.p.	n.p.	n.p.	5,225,298
Self-funded <sup>(d)</sup>	132,989	92,475	72,656	15,398	11,961	n.p.	n.p.	n.p.	328,299
Workers compensation	29,689	41,580	15,929	10,666	14,316	n.p.	n.p.	n.p.	117,245
Motor vehicle third party personal claim	588	55,189	258	2,037	1,384	n.p.	n.p.	n.p.	60,203
Department of Veterans' Affairs	235,225	245,781	350,274	101,552	52,416	n.p.	n.p.	n.p.	1,006,826
Other <sup>(e)</sup>	2,560	1,734	13,594	2,890	2,129	n.p.	n.p.	n.p.	25,152
Patient election status not reported	61	935	0	0	0	n.p.	n.p.	n.p.	58,994
<b>Total</b>	<b>1,893,686</b>	<b>1,829,025</b>	<b>1,697,289</b>	<b>784,936</b>	<b>599,101</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,123,940</b>
<b>All hospitals</b>									
Public patients <sup>(b)</sup>	4,605,523	3,653,056	2,570,994	1,407,965	1,244,103	n.p.	n.p.	n.p.	14,210,414
Public <sup>(c)</sup>	4,596,881	3,651,159	2,569,190	1,407,965	1,243,757	n.p.	n.p.	n.p.	14,197,090
Private patients	2,979,396	2,388,136	1,898,300	827,885	859,021	n.p.	n.p.	n.p.	9,263,642
Private health insurance	2,072,902	1,645,830	1,285,402	612,457	639,806	n.p.	n.p.	n.p.	6,485,960
Self-funded <sup>(d)</sup>	173,821	111,319	87,885	19,319	22,878	n.p.	n.p.	n.p.	418,776
Workers compensation	56,039	59,943	25,980	15,995	20,112	n.p.	n.p.	n.p.	187,359
Motor vehicle third party personal claim	32,212	97,228	14,146	14,014	17,871	n.p.	n.p.	n.p.	185,547
Department of Veterans' Affairs	597,191	467,480	435,999	154,269	153,924	n.p.	n.p.	n.p.	1,862,222
Other <sup>(e)</sup>	47,231	6,336	48,888	11,831	4,430	n.p.	n.p.	n.p.	123,778
Patient election status not reported	4,454	12,130	0	0	0	n.p.	n.p.	n.p.	76,344
<b>Total</b>	<b>7,589,373</b>	<b>6,053,322</b>	<b>4,469,294</b>	<b>2,235,850</b>	<b>2,103,124</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>23,550,400</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in public psychiatric hospitals.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

n.p. Not published, n.a. Not available.

Table 6.5: Separations and patient days<sup>(a)</sup>, by Medicare eligibility status, patient election status<sup>(b)</sup>, funding source, hospital sector and year, Australia, 1998-99 to 2002-03

	1998-99		1999-00		2000-01		2001-02		2002-03		% change in number of separations	
	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Ave since 1998-99	Since 2001-02
<b>Public hospitals</b>												
Medicare eligible	3,839	15,998	3,854	16,078	3,867	15,636	3,948	16,166	4,073	16,358	1.5	3.2
Public	3,364	13,544	3,388	13,810	3,371	13,271	3,437	13,693	3,555	13,902	1.4	3.4
Private	476	2,454	466	2,268	496	2,365	511	2,473	518	2,456	2.1	1.4
Compensable <sup>(c)</sup>	41	203	41	208	41	206	39	197	42	203	0.3	5.9
Department of Veterans' Affairs	115	698	127	783	133	817	132	833	138	855	4.7	4.6
Other private	320	1,554	298	1,277	322	1,342	340	1,443	338	1,397	1.4	-0.40
Not Medicare eligible	14	55	17	103	14	54	15	55	14	52	0.5	-5.9
Not reported	6	221	2	63	2	36	2	16	4	16	-10.0	87.7
<i>Total</i>	<i>3,860</i>	<i>16,274</i>	<i>3,873</i>	<i>16,243</i>	<i>3,882</i>	<i>15,726</i>	<i>3,966</i>	<i>16,237</i>	<i>4,091</i>	<i>16,426</i>	<i>1.5</i>	<i>3.2</i>
<b>Private hospitals</b>												
Medicare eligible	1,843	5,981	2,011	6,310	2,230	6,608	2,366	6,750	2,501	6,933	7.9	5.7
Public	54	202	81	273	102	317	105	344	99	302	16.0	-6.0
Private	1,789	5,779	1,930	6,038	2,129	6,291	2,261	6,406	2,403	6,632	7.7	6.3
Compensable <sup>(c)</sup>	71	211	65	187	82	251	62	180	61	179	-3.6	-1.3
Department of Veterans' Affairs	158	794	167	866	183	933	184	919	193	953	5.1	5.2
Other private	1,560	4,774	1,697	4,985	1,864	5,107	2,015	5,307	2,149	5,499	8.3	6.6
Not Medicare eligible	6	14	6	13	8	19	9	22	6	14	1.0	-34.0
Not reported	27	50	9	37	34	116	58	192	56	176	20.1	-4.9
<i>Total</i>	<i>1,875</i>	<i>6,045</i>	<i>2,026</i>	<i>6,361</i>	<i>2,272</i>	<i>6,743</i>	<i>2,433</i>	<i>6,964</i>	<i>2,563</i>	<i>7,124</i>	<i>8.1</i>	<i>5.3</i>
<b>All hospitals</b>												
Medicare eligible	5,683	21,979	5,865	22,388	6,097	22,244	6,314	22,916	6,574	23,291	3.7	4.1
Public	3,418	13,746	3,469	14,083	3,472	13,588	3,542	14,037	3,653	14,204	1.7	3.1
Private	2,264	8,233	2,396	8,306	2,625	8,656	2,772	8,879	2,921	9,088	6.6	5.4
Compensable <sup>(c)</sup>	112	413	106	394	122	457	101	377	103	383	-2.1	1.5
Department of Veterans' Affairs	273	1,492	295	1,650	316	1,750	315	1,752	331	1,809	4.9	4.9
Other private	1,880	6,327	1,995	6,262	2,186	6,449	2,355	6,750	2,487	6,896	7.3	5.6
Not Medicare eligible	19	69	23	116	21	73	24	77	20	67	0.6	-16.2
Not reported	33	271	11	100	35	152	61	209	60	193	16.0	-1.5
<b>Total separations/patient days</b>	<b>5,735</b>	<b>22,319</b>	<b>5,899</b>	<b>22,604</b>	<b>6,154</b>	<b>22,469</b>	<b>6,398</b>	<b>23,201</b>	<b>6,654</b>	<b>23,550</b>	<b>3.8</b>	<b>4.0</b>

(a) Separations and patient days for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Changes in the data elements used to present data in this table may have resulted in discontinuities in some categories. Please see Appendix 3 for more detail.

(c) Includes separations whose funding source was reported as *Workers compensation*, *Motor vehicle third party personal claim* and *Other compensation* in 2001-02 and 2002-03. This differs from Tables 6.1 to 6.4 because *Other compensation* is included in the *Other private patients* category in those tables.

**Table 6.6: Separations<sup>(a)</sup>, by state or territory of usual residence and hospital sector, states and territories, 2002–03**

State or territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
New South Wales	1,267,856	17,941	10,017	459	1,745	171	15,639	328	1,314,156
Victoria	5,257	1,123,742	1,575	433	2,186	274	154	264	1,133,885
Queensland	7,968	1,055	685,685	315	316	123	98	298	695,858
Western Australia	424	392	350	365,246	218	54	20	1,038	367,742
South Australia	609	1,431	376	189	360,828	38	36	1,879	365,386
Tasmania	225	1,376	209	43	74	79,419	19	24	81,389
Australian Capital Territory	2,441	207	147	23	61	11	47,715	20	50,625
Northern Territory	198	229	278	211	1,829	7	6	64,035	66,793
Other Australian territories <sup>(b)</sup>	748	0	0	95	0	0	0	0	843
Not elsewhere classified <sup>(c)</sup>	5,335	2,654	2,792	811	602	118	56	263	12,631
Not reported	113	813	737	0	0	0	0	0	1,663
<b>Total</b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>
<b>Private hospitals</b>									
New South Wales	696,895	6,142	22,603	154	1,305	n.p.	n.p.	n.p.	731,640
Victoria	5,871	642,541	1,257	109	1,278	n.p.	n.p.	n.p.	651,221
Queensland	2,756	573	575,942	106	170	n.p.	n.p.	n.p.	579,660
Western Australia	256	200	157	279,733	80	n.p.	n.p.	n.p.	280,504
South Australia	202	459	263	56	206,995	n.p.	n.p.	n.p.	208,015
Tasmania	165	713	154	31	46	n.p.	n.p.	n.p.	64,664
Australian Capital Territory	1,474	172	105	7	30	n.p.	n.p.	n.p.	18,855
Northern Territory	164	119	395	81	998	n.p.	n.p.	n.p.	11,953
Other Australian territories <sup>(b)</sup>	34	0	0	34	0	n.p.	n.p.	n.p.	68
Not elsewhere classified <sup>(c)</sup>	1,159	179	720	287	809	n.p.	n.p.	n.p.	15,371
Not reported	0	8	569	0	0	n.p.	n.p.	n.p.	850
<b>Total</b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,562,801</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

(c) Includes resident overseas, at sea, no fixed address.

n.p. Not published.



**Table 6.7: Separations<sup>(a)(b)</sup> per 1,000 population, by state or territory of usual residence and hospital sector, states and territories, 2002–03**

State or territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
New South Wales	186.8	2.7	1.5	0.1	0.3	0.0	2.3	0.0	193.6
Victoria	1.1	226.0	0.3	0.1	0.4	0.1	0.0	0.1	228.0
Queensland	2.1	0.3	184.9	0.1	0.1	0.0	0.0	0.1	187.7
Western Australia	0.2	0.2	0.2	194.1	0.1	0.0	0.0	0.5	195.3
South Australia	0.4	0.9	0.2	0.1	226.5	0.0	0.0	1.2	229.4
Tasmania	0.5	2.9	0.4	0.1	0.2	162.8	0.0	0.1	167.0
Australian Capital Territory	7.9	0.7	0.5	0.1	0.2	0.0	164.4	0.1	173.9
Northern Territory	1.3	1.2	1.5	1.2	11.9	0.0	0.0	395.0	412.2
Other Australian territories <sup>(c)</sup>	486.3	0.0	0.0	41.0	0.0	0.0	0.0	0.0	527.3
<b>Private hospitals</b>									
New South Wales	102.4	0.9	3.3	0.0	0.2	n.p.	n.p.	n.p.	106.6
Victoria	1.2	128.7	0.3	0.0	0.3	n.p.	n.p.	n.p.	129.4
Queensland	0.7	0.2	155.6	0.0	0.0	n.p.	n.p.	n.p.	155.4
Western Australia	0.1	0.1	0.1	147.7	0.0	n.p.	n.p.	n.p.	146.9
South Australia	0.1	0.3	0.2	0.0	127.1	n.p.	n.p.	n.p.	126.7
Tasmania	0.3	1.5	0.3	0.1	0.1	n.p.	n.p.	n.p.	130.5
Australian Capital Territory	4.8	0.5	0.3	0.0	0.1	n.p.	n.p.	n.p.	62.5
Northern Territory	1.0	0.7	2.2	0.5	6.0	n.p.	n.p.	n.p.	75.6
Other Australian territories <sup>(c)</sup>	13.9	0.0	0.0	13.6	0.0	n.p.	n.p.	n.p.	27.3
<b>All hospitals</b>									
New South Wales	289.2	3.6	4.8	0.1	0.4	n.p.	n.p.	n.p.	300.2
Victoria	2.2	354.7	0.6	0.1	0.7	n.p.	n.p.	n.p.	357.5
Queensland	2.9	0.4	340.5	0.1	0.1	n.p.	n.p.	n.p.	343.1
Western Australia	0.4	0.3	0.3	341.7	0.2	n.p.	n.p.	n.p.	342.2
South Australia	0.5	1.2	0.4	0.2	353.6	n.p.	n.p.	n.p.	356.2
Tasmania	0.8	4.4	0.7	0.1	0.3	n.p.	n.p.	n.p.	297.5
Australian Capital Territory	12.7	1.2	0.9	0.1	0.3	n.p.	n.p.	n.p.	236.4
Northern Territory	2.4	1.9	3.8	1.7	17.9	n.p.	n.p.	n.p.	487.9
Other Australian territories <sup>(c)</sup>	500.2	0.0	0.0	54.7	0.0	n.p.	n.p.	n.p.	554.6

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

(c) Includes resident overseas, at sea, no fixed address.

n.p. Not published.

**Table 6.8: Average cost weight of separations,<sup>(a)</sup> by state or territory of usual residence and hospital sector, states and territories, 2002–03**

State or territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
New South Wales	1.03	0.95	1.36	1.27	1.76	1.25	1.11	0.83	1.03
Victoria	1.23	0.95	1.11	1.10	1.40	1.20	1.91	0.84	0.95
Queensland	1.13	1.12	0.96	1.02	1.31	1.13	1.86	1.12	0.97
Western Australia	1.41	1.49	1.00	0.95	1.29	1.66	0.99	0.75	0.95
South Australia	1.31	1.66	1.16	1.12	0.99	1.78	1.43	0.70	0.99
Tasmania	1.33	2.73	1.05	1.73	0.91	1.08	1.26	0.97	1.11
Australian Capital Territory	1.38	1.62	0.99	0.45	1.22	0.92	0.88	0.94	0.91
Northern Territory	1.34	2.27	1.82	1.46	2.37	1.35	4.28	0.75	0.81
Other Australian territories <sup>(b)</sup>	1.30	..	..	1.05	..	..	..	..	1.27
Not elsewhere classified <sup>(c)</sup>	1.27	1.20	1.41	1.44	1.78	1.22	1.71	1.33	1.32
Not reported	1.06	1.55	1.32	..	..	..	..	..	1.42
<b>Total</b>	<b>1.03</b>	<b>0.96</b>	<b>0.97</b>	<b>0.96</b>	<b>1.00</b>	<b>1.08</b>	<b>0.94</b>	<b>0.75</b>	<b>0.99</b>
<b>Private hospitals</b>									
New South Wales	0.86	1.12	0.90	0.93	1.30	n.p.	n.p.	n.p.	0.87
Victoria	0.83	0.85	0.94	1.08	1.10	n.p.	n.p.	n.p.	0.86
Queensland	0.88	1.10	0.83	0.92	1.18	n.p.	n.p.	n.p.	0.84
Western Australia	1.34	1.12	0.85	0.82	1.26	n.p.	n.p.	n.p.	0.82
South Australia	1.04	0.96	0.86	1.13	0.88	n.p.	n.p.	n.p.	0.88
Tasmania	1.70	1.83	1.31	0.94	1.28	n.p.	n.p.	n.p.	0.99
Australian Capital Territory	1.39	1.05	0.90	1.09	1.22	n.p.	n.p.	n.p.	1.01
Northern Territory	1.22	1.17	1.18	0.97	1.59	n.p.	n.p.	n.p.	0.86
Other Australian territories <sup>(b)</sup>	0.53	..	..	0.76	..	n.p.	n.p.	n.p.	0.64
Not elsewhere classified <sup>(c)</sup>	1.81	1.21	1.10	0.99	1.08	n.p.	n.p.	n.p.	0.90
Not reported	..	1.17	0.94	..	..	n.p.	n.p.	n.p.	1.00
<b>Total</b>	<b>0.86</b>	<b>0.86</b>	<b>0.84</b>	<b>0.82</b>	<b>0.89</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.86</b>

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or was *Not reported*.

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

(c) Includes resident overseas, at sea, no fixed address.

n.p. Not published.

.. Not applicable.

Table 6.9: Separations<sup>(a)</sup>, by care type and hospital sector, states and territories, 2002–03

Care type	NSW	Vic <sup>(b)</sup>	Qld	WA	SA <sup>(c)</sup>	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Acute care	1,227,897	1,098,997	669,207	357,056	352,433	77,613	61,625	66,235	3,911,063
Rehabilitation care—not further specified	24,147	20,559	..	4,217	3,973	652	..	633	54,181
Rehabilitation care—delivered in a designated unit	..	..	9,645	..	..	..	267	..	9,912
Rehabilitation care—according to a designated program	..	..	4,064	..	..	..	154	..	4,218
Rehabilitation care—principal clinical intent	..	..	1,722	..	..	..	266	..	1,988
<i>Rehabilitation total</i>	<i>24,147</i>	<i>20,559</i>	<i>15,431</i>	<i>4,217</i>	<i>3,973</i>	<i>652</i>	<i>687</i>	<i>633</i>	<i>70,299</i>
Palliative care	8,229	4,495	3,384	595	1,396	420	383	36	18,938
Geriatric evaluation and management	1,235	10,055	395	533	6	25	12	16	12,277
Psychogeriatric care	1,098	..	196	733	5	11	0	7	2,050
Maintenance care	8,540	..	6,000	2,288	1,373	466	231	201	19,099
Newborn—qualified days only	12,035	9,130	5,748	1,976	3,169	1,013	687	964	34,722
Newborn—qualified and unqualified days	7,083	2,391	1,590	427	305	..	94	..	11,890
Newborn—unqualified days only	48,078	35,333	28,673	13,475	9,685	2,417	2,562	2,347	142,570
<i>Newborn total</i>	<i>67,196</i>	<i>51,067</i>	<i>36,226</i>	<i>15,878</i>	<i>18,358</i>	<i>3,430</i>	<i>3,367</i>	<i>3,331</i>	<i>189,182</i>
Other admitted patient care	910	4,213	215	..	5,199	..	24	20	10,581
Not reported	..	..	..	..	..	15	..	37	52
<b>Total</b>	<b>1,339,252</b>	<b>1,189,386</b>	<b>731,054</b>	<b>381,300</b>	<b>382,743</b>	<b>82,632</b>	<b>66,329</b>	<b>70,516</b>	<b>4,233,541</b>
<b>Private hospitals</b>									
Acute care	669,102	636,637	580,106	274,221	207,284	n.p.	n.p.	n.p.	2,433,780
Rehabilitation care—not further specified	22,320	10,396	..	1,466	1,603	n.p.	n.p.	n.p.	35,788
Rehabilitation care—delivered in a designated unit	..	..	3,291	..	..	n.p.	n.p.	n.p.	3,291
Rehabilitation care—according to a designated program	..	..	4,284	..	..	n.p.	n.p.	n.p.	4,284
Rehabilitation care—principal clinical intent	..	..	6,948	..	..	n.p.	n.p.	n.p.	6,948
<i>Rehabilitation total</i>	<i>747,495</i>	<i>688,970</i>	<i>625,146</i>	<i>289,610</i>	<i>224,076</i>	n.p.	n.p.	n.p.	<i>50,311</i>
Palliative care	677	375	2,051	2,204	168	n.p.	n.p.	n.p.	5,477
Geriatric evaluation and management	1,652	6	19	2	5	n.p.	n.p.	n.p.	1,687
Psychogeriatric care	2	..	30	31	2	n.p.	n.p.	n.p.	6,907
Maintenance care	292	..	1,063	316	23	n.p.	n.p.	n.p.	2,160
Newborn—qualified days only	2,827	3,573	1,462	828	9	n.p.	n.p.	n.p.	9,293
Newborn—qualified and unqualified days	479	..	606	1,530	..	n.p.	n.p.	n.p.	2,615
Newborn—unqualified days only	20,594	77	13,864	7,748	702	n.p.	n.p.	n.p.	46,602
<i>Newborn total</i>	<i>23,900</i>	<i>3,650</i>	<i>15,932</i>	<i>10,106</i>	<i>711</i>	n.p.	n.p.	n.p.	<i>58,510</i>
Other admitted patient care	11,625	119	2,305	..	2,617	n.p.	n.p.	n.p.	16,671
Not reported	..	..	..	..	..	n.p.	n.p.	n.p.	33,900
<b>Total</b>	<b>1,454,745</b>	<b>1,329,757</b>	<b>1,226,652</b>	<b>576,490</b>	<b>434,886</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,609,403</b>

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement*.

(b) Victoria does not use the care types *Psychogeriatric care* and *Maintenance care*, and the reporting of Newborns with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(c) For South Australia the care type *Other admitted patient care* includes episodes of Hospital in the home care and South Australian private hospitals did not report a large proportion of Newborns with unqualified days only.

n.p. Not published.

**Table 6.10: Average length of stay (days)<sup>(a)</sup>, by care type and hospital sector, states and territories, 2002–03**

Care type	NSW	Vic <sup>(b)</sup>	Qld	WA	SA <sup>(c)</sup>	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Acute care	3.7	3.0	3.0	3.2	3.2	3.8	3.0	2.9	3.3
Rehabilitation care—not further specified	17.4	16.1	..	25.1	28.6	29.9	..	5.8	18.4
Rehabilitation care—delivered in a designated unit	n.a.	n.a.	9.9	n.a.	n.a.	n.a.	17.0	n.a.	10.1
Rehabilitation care—according to a designated program	n.a.	n.a.	3.8	n.a.	n.a.	n.a.	29.8	n.a.	4.8
Rehabilitation care—principal clinical intent	n.a.	n.a.	14.5	n.a.	n.a.	n.a.	13.3	n.a.	14.4
<i>Rehabilitation total</i>	17.4	16.1	8.8	25.1	28.6	29.9	18.5	5.8	16.3
Palliative care	12.1	16.5	9.7	13.0	13.8	11.6	13.4	21.1	12.9
Geriatric evaluation and management	15.8	27.4	20.9	7.6	16.5	4.5	14.1	22.1	25.1
Psychogeriatric care	79.5	..	37.5	58.2	18.6	6.4	..	30.0	67.2
Maintenance care <sup>(d)</sup>	45.5	..	90.1	50.6	126.0	51.8	30.3	21.7	65.6
Newborn—qualified days only <sup>(e)</sup>	6.5	10.1	10.6	15.2	10.2	9.3	12.8	n.p.	9.1
Newborn—qualified and unqualified days (qualified days)	6.5	3.0	2.6	4.9	1.1	..	5.4	..	5.2
Newborn—qualified and unqualified days (unqualified days)	1.8	2.5	2.2	3.2	2.3	..	3.1	..	2.5
Newborn—unqualified days only	2.9	3.0	2.4	3.3	3.0	2.8	2.8	3.3	2.8
<i>Newborn total</i>	4.1	4.5	3.8	4.9	4.7	4.7	5.0	5.6	4.3
Other admitted patient care	20.2	43.8	7.2	..	6.2	..	2.6	7.0	22.4
Not reported	4.3	3.6	3.8	3.8	4.0	4.3	3.3	2.9	3.9
<b>Total<sup>(f)</sup></b>	<b>4.4</b>	<b>3.7</b>	<b>3.9</b>	<b>3.9</b>	<b>4.1</b>	<b>4.4</b>	<b>3.4</b>	<b>3.0</b>	<b>4.0</b>
<b>Private hospitals</b>									
Acute care	2.4	2.6	2.6	2.6	2.7	n.p.	n.p.	n.p.	2.6
Rehabilitation care—not further specified	7.8	16.6	..	22.2	15.3	n.p.	n.p.	n.p.	11.3
Rehabilitation care—delivered in a designated unit	n.a.	n.a.	10.3	n.a.	n.a.	n.p.	n.p.	n.p.	10.3
Rehabilitation care—according to a designated program	n.a.	n.a.	2.9	n.a.	n.a.	n.p.	n.p.	n.p.	2.9
Rehabilitation care—principal clinical intent	n.a.	n.a.	2.9	n.a.	n.a.	n.p.	n.p.	n.p.	2.9
<i>Rehabilitation total</i>	7.8	16.6	4.6	22.2	15.3	n.p.	n.p.	n.p.	9.4
Palliative care	12.9	12.5	9.5	10.6	14.7	n.p.	n.p.	n.p.	10.7
Geriatric evaluation and management	3.4	4.7	15.7	5.0	8.2	n.p.	n.p.	n.p.	3.6
Psychogeriatric care	2.0	..	25.9	32.5	736.5	n.p.	n.p.	n.p.	50.2
Maintenance care <sup>(d)</sup>	13.4	..	49.5	21.5	620.8	n.p.	n.p.	n.p.	45.8
Newborn—qualified days only	5.5	5.4	12.6	8.1	2.6	n.p.	n.p.	n.p.	6.9
Newborn—qualified and unqualified days (qualified days)	11.9	..	3.0	2.7	..	n.p.	n.p.	n.p.	4.4
Newborn—qualified and unqualified days (unqualified days)	3.8	..	3.3	4.0	..	n.p.	n.p.	n.p.	3.8
Newborn—unqualified days only <sup>(g)</sup>	4.4	1.9	4.5	4.7	5.1	n.p.	n.p.	n.p.	4.7
<i>Newborn total</i>	4.8	5.4	5.3	5.3	5.1	n.p.	n.p.	n.p.	5.2
Other admitted patient care	5.2	57.8	5.3	..	1.1	n.p.	n.p.	n.p.	5.0
Not reported	..	..	..	..	..	n.p.	n.p.	n.p.	2.7
<b>Total<sup>(f)</sup></b>	<b>2.7</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2.8</b>

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement*.

(b) Victoria does not use the care types *Psychogeriatric care* and *Maintenance care*.

(c) For South Australia the care type *Other admitted patient care* includes episodes of Hospital in the home care.

(d) The average length of stay for *Maintenance care* in the Northern Territory do not represent what is anecdotally understood to be very long lengths of stay for this care type. The Northern Territory is investigating data quality issues in relation to *Maintenance care*.

(e) The calculation of qualified days for *Newborns* in the Northern Territory is currently under review.

(f) Excludes separations for *Newborn* with unqualified days only.

(g) Victorian and South Australian private hospitals did not report a large proportion of *Newborns* with unqualified days only, therefore the average length of stay for these states may not be comparable with the average length of stay for jurisdictions that reported all newborn separations with unqualified days only.

n.p. Not published.

.. Not applicable.

Table 6.11: Separations with non-acute care<sup>(a)</sup>, by patient election status and mode of separation, all hospitals, Australia, 2002-03

	Discharge/ transfer to an (other) acute hospital	Discharge/ transfer to a residential aged care service <sup>(b)</sup>	Discharge/ transfer to an (other) psychiatric hospital	Discharge/ transfer to other health care accommodation <sup>(c)</sup>	Statistical discharge: type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other <sup>(d)</sup>	Total
<b>Public hospitals</b>										
<b>Rehabilitation</b>										
Public patients <sup>(e)</sup>	3,957	2,043	20	542	4,452	383	444	386	46,653	58,880
Private patients	1,278	696	3	163	1,119	59	149	133	7,784	11,384
Total <sup>(f)</sup>	5,238	2,740	23	705	5,572	442	593	519	54,467	70,299
<b>Other non-acute<sup>(g)</sup></b>										
Public patients <sup>(e)</sup>	2,642	5,635	204	684	3,320	155	261	1,511	13,300	27,712
Private patients	558	1,399	10	101	838	9	30	409	2,353	5,707
Total <sup>(f)</sup>	3,201	7,038	214	785	4,158	164	291	1,920	15,655	33,426
Total	8,439	9,778	237	1,490	9,730	606	884	2,439	70,122	103,725
<b>Private hospitals</b>										
<b>Rehabilitation</b>										
Public patients <sup>(e)</sup>	82	100	1	40	65	2	1	32	607	930
Private patients	1501	573	1	60	967	61	3	68	46,147	49,381
Total <sup>(f)</sup>	1,583	673	2	100	1,032	63	4	100	46,754	50,311
<b>Other non-acute<sup>(g)</sup></b>										
Public patients <sup>(a)</sup>	34	325	2	8	22	0	1	40	5,496	5,928
Private patients	185	334	0	11	101	1	0	93	4,101	4,826
Total <sup>(f)</sup>	219	659	2	19	123	1	1	133	9,597	10,754
Total	1,802	1,332	4	119	1,155	64	5	233	56,351	61,065
<b>All hospitals</b>										
<b>Rehabilitation</b>										
Public patients <sup>(e)</sup>	4,039	2,143	21	582	4,517	385	445	418	47,260	59,810
Private patients	2,779	1,269	4	223	2,086	120	152	201	53,931	60,765
Total <sup>(f)</sup>	6,821	3,413	25	805	6,604	505	597	619	101,221	120,610
<b>Other non-acute<sup>(g)</sup></b>										
Public patients <sup>(a)</sup>	2,676	5,960	206	692	3,342	155	262	1,551	18,796	33,640
Private patients	743	1,733	10	112	939	10	30	502	6,454	10,533
Total <sup>(f)</sup>	3,420	7,697	216	804	4,281	165	292	2,053	25,252	44,180
<b>Total</b>	<b>10,241</b>	<b>11,110</b>	<b>241</b>	<b>1,609</b>	<b>10,885</b>	<b>670</b>	<b>889</b>	<b>2,672</b>	<b>126,473</b>	<b>164,790</b>

(a) Includes separations for which the care type was reported as *Rehabilitation care*, *Psychogeriatric care*, *Geriatric evaluation and management* or *Maintenance care*.

(b) Unless this is the usual place of residence.

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(e) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in public psychiatric hospitals.

(f) The total includes separations for which the patient election status was *Not reported*.

(g) Includes separations where the care type was reported as *Psychogeriatric care*, *Geriatric evaluation and management* or *Maintenance care*.

Table 6.12: Separations with non-acute care<sup>(a)</sup>, by sex, age group and mode of separation, all hospitals, Australia, 2002–03

	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service <sup>(b)</sup>	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care accommo- dation <sup>(c)</sup>	Statistical discharge: type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other <sup>(d)</sup>	Total
<b>Male</b>										
Under 14	9	0	0	0	3	0	0	0	195	207
15–24	90	3	5	5	33	15	21	1	1,931	2,104
25–34	114	3	1	17	50	45	19	0	2,614	2,863
35–44	160	16	1	14	98	52	13	3	3,752	4,109
45–54	237	27	1	16	182	29	22	8	5,054	5,576
55–64	462	65	1	24	275	42	28	15	7,088	8,000
65–74	716	169	0	42	632	33	58	44	9,676	11,370
75–84	999	493	2	75	1,031	51	93	120	11,397	14,261
85 and over	463	364	4	76	596	24	34	105	4,084	5,750
<i>Total</i>	<i>3,250</i>	<i>1,140</i>	<i>15</i>	<i>269</i>	<i>2,900</i>	<i>291</i>	<i>288</i>	<i>296</i>	<i>45,791</i>	<i>54,240</i>
<b>Female</b>										
Under 14	5	0	0	0	0	0	0	0	76	81
15–24	37	2	0	6	23	9	6	0	979	1,062
25–34	55	2	0	4	28	18	9	0	2,010	2,126
35–44	124	8	2	7	48	22	11	1	3,381	3,604
45–54	208	25	1	7	83	29	11	0	5,133	5,497
55–64	327	47	1	14	189	15	21	11	6,381	7,006
65–74	539	170	3	41	563	33	45	36	10,693	12,123
75–84	1,381	889	3	196	1,428	63	121	121	18,067	22,269
85 and over	897	1,130	0	262	1,339	25	85	155	8,879	12,772
<i>Total</i>	<i>3,573</i>	<i>2,273</i>	<i>10</i>	<i>537</i>	<i>3,701</i>	<i>214</i>	<i>309</i>	<i>324</i>	<i>55,599</i>	<i>66,540</i>
<b>Persons<sup>(e)</sup></b>										
Under 14	14	0	0	0	3	0	0	0	271	288
15–24	127	5	5	11	56	24	27	1	2,910	3,166
25–34	169	5	1	21	78	63	28	0	4,624	4,989
35–44	284	24	3	21	146	74	24	4	7,135	7,715
45–54	445	52	2	23	265	58	33	8	10,187	11,073
55–64	789	112	2	38	464	57	49	26	13,469	15,006
65–74	1,255	339	3	83	1,195	66	103	80	20,369	23,493
75–84	2,380	1,382	5	271	2,459	114	214	241	29,464	36,530
85 and over	1,358	1,494	4	337	1,938	49	119	259	12,792	18,350
<b>Total</b>	<b>6,821</b>	<b>3,413</b>	<b>25</b>	<b>805</b>	<b>6,604</b>	<b>505</b>	<b>597</b>	<b>619</b>	<b>101,221</b>	<b>120,610</b>

(continued)

Table 6.12 (continued): Separations with non-acute care <sup>(a)</sup>, by sex, age group and mode of separation, all hospitals, Australia, 2002-03

Other non-acute <sup>(f)</sup> care	Discharge/transfer to an(other) acute hospital	Discharge/transfer to a residential aged care service <sup>(b)</sup>	Discharge/transfer to an(other) psychiatric hospital	Discharge/transfer to other health care accommodation <sup>(c)</sup>	Statistical discharge: type change	Left against medical advice/discharge at own risk	Statistical discharge from leave	Died	Other <sup>(d)</sup>	Total
<b>Male</b>										
Under 14	5	0	0	1	1	0	1	1	612	621
15-24	21	0	30	3	33	4	5	3	428	527
25-34	54	1	35	8	84	5	8	2	502	699
35-44	35	25	22	11	70	7	6	4	786	966
45-54	54	41	15	13	97	9	8	9	990	1,236
55-64	169	143	15	20	140	12	8	55	1,234	1,796
65-74	288	507	9	57	327	26	41	148	1,918	3,321
75-84	587	1,315	16	131	717	19	39	400	2,730	5,954
85 and over	325	953	2	82	498	7	15	386	1,471	3,739
<b>Total</b>	<b>1,538</b>	<b>2,985</b>	<b>144</b>	<b>326</b>	<b>1,967</b>	<b>89</b>	<b>131</b>	<b>1,008</b>	<b>10,671</b>	<b>18,859</b>
<b>Female</b>										
Under 14	5	0	0	0	1	0	1	2	332	341
15-24	5	0	5	1	10	1	4	0	430	456
25-34	12	3	17	4	10	3	1	0	1,108	1,158
35-44	27	14	10	7	31	4	2	8	1,118	1,221
45-54	33	22	8	17	66	3	3	5	1,232	1,389
55-64	71	103	7	11	135	8	11	24	1,285	1,655
65-74	246	433	11	59	284	14	52	105	1,835	3,039
75-84	783	1,836	11	199	877	27	57	363	4,116	8,269
85 and over	699	2,301	3	180	886	16	30	538	3,124	7,777
<b>Total</b>	<b>1,881</b>	<b>4,712</b>	<b>72</b>	<b>478</b>	<b>2,300</b>	<b>76</b>	<b>161</b>	<b>1,045</b>	<b>14,580</b>	<b>25,305</b>
<b>Persons<sup>(e)</sup></b>										
Under 14	10	0	0	1	2	0	2	3	944	962
15-24	26	0	35	4	43	5	9	3	858	983
25-34	66	4	52	12	94	8	9	2	1,610	1,857
35-44	62	39	32	18	101	11	8	12	1,904	2,187
45-54	87	63	23	30	163	12	11	14	2,222	2,625
55-64	240	246	22	31	275	20	19	79	2,519	3,451
65-74	534	940	20	116	611	40	93	253	3,753	6,360
75-84	2,395	6,405	32	592	2,992	69	141	1,687	11,442	25,755
85 and over	1,025	3,254	5	262	1,398	23	45	924	4,596	11,532
<b>Total</b>	<b>3,420</b>	<b>7,697</b>	<b>216</b>	<b>804</b>	<b>4,281</b>	<b>165</b>	<b>292</b>	<b>2,053</b>	<b>25,252</b>	<b>44,180</b>

(a) Includes separations for which the care type was reported as *Rehabilitation care*, *Psychogeriatric care*, *Geriatric evaluation and management* or *Maintenance care*.

(b) Unless this is the usual place of residence.

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(e) Includes separations for which the sex and/or age group was not reported.

(f) Includes separations where the care type was reported as *Psychogeriatric care*, *Geriatric evaluation and management* or *Maintenance care*.

**Table 6.13: Separations<sup>(a)</sup>, by mode of admission and hospital sector, states and territories, 2002–03**

The above table has been removed due to confidentiality reasons. Please see updated tables on the website within Section 6.



**Table 6.14: Separations<sup>(a)</sup>, by mode of separation and hospital sector, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Discharge/transfer to an (other) acute hospital	84,383	65,884	32,777	14,949	17,210	2,336	2,126	2,284	221,949
Discharge/transfer to residential aged care service <sup>(b)</sup>	15,558	10,641	3,482	1,817	6,801	1,020	693	188	40,200
Discharge/transfer to an (other) psychiatric hospital	2,377	0	254	1,177	2,605	0	16	1	6,430
Discharge/transfer to other health care accommodation <sup>(c)</sup>	3,239	340	2,353	994	728	1,401	231	1,584	10,870
Statistical discharge: type change	18,025	14,199	10,953	4,076	5,785	1,232	890	637	55,797
Left against medical advice/discharge at own risk	12,611	4,154	5,185	3,441	1,900	452	129	1,792	29,664
Statistical discharge from leave	3,272	11	547	1,520	227	47	0	0	5,624
Died	22,456	15,084	8,720	3,785	4,780	1,402	799	301	57,327
Other <sup>(d)</sup>	1,129,253	1,039,527	637,895	336,066	327,823	72,325	58,859	61,362	3,663,110
Not reported	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>
<b>Private hospitals</b>									
Discharge/transfer to an (other) acute hospital	14,312	13,795	9,098	3,478	4,440	n.p.	n.p.	n.p.	45,441
Discharge/transfer to residential aged care service <sup>(b)</sup>	1,348	1,936	1,353	428	1,584	n.p.	n.p.	n.p.	6,730
Discharge/transfer to an (other) psychiatric hospital	94	0	3	95	61	n.p.	n.p.	n.p.	255
Discharge/transfer to other health care accommodation <sup>(c)</sup>	480	9	760	170	97	n.p.	n.p.	n.p.	8,782
Statistical discharge: type change	1,795	1,987	2,015	1,073	34	n.p.	n.p.	n.p.	26,961
Left against medical advice/discharge at own risk	655	584	219	136	66	n.p.	n.p.	n.p.	1,863
Statistical discharge from leave	45	0	29	18	28	n.p.	n.p.	n.p.	124
Died	2,648	3,326	4,430	2,089	1,472	n.p.	n.p.	n.p.	14,246
Other <sup>(d)</sup>	687,599	629,469	584,258	273,111	203,929	n.p.	n.p.	n.p.	2,458,398
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	1
<b>Total</b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,562,801</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Unless this is the usual place of residence.

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

n.p. Not published.

**Table 6.15: Separations<sup>(a)</sup> by inter-hospital contracted patient status and hospital sector, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas <sup>(b)</sup>	ACT	NT	Total
<b>Public hospitals</b>									
Inter-hospital contracted patient from public sector	n.a.	1,071	0	0	0	0	0	0	1,071
Inter-hospital contracted patient from private sector	n.a.	1,540	71	411	705	0	0	0	2,727
Inter-hospital contracted patient from unspecified sector	1,884	0	0	0	0	0	0	0	1,884
Not inter-hospital contracted patient	1,288,714	1,146,793	702,095	367,414	364,012	0	63,743	0	3,932,771
Not reported	576	436	0	0	3,142	80,215	0	68,149	152,518
<i>Total</i>	<i>1,291,174</i>	<i>1,149,840</i>	<i>702,166</i>	<i>367,825</i>	<i>367,859</i>	<i>80,215</i>	<i>63,743</i>	<i>68,149</i>	<i>4,090,971</i>
<b>Private hospitals</b>									
Inter-hospital contracted patient from public sector	n.a.	2	3,802	0	0	n.p.	n.p.	n.p.	12,966
Inter-hospital contracted patient from private sector	n.a.	2,555	3,084	6,133	374	n.p.	n.p.	n.p.	12,706
Inter-hospital contracted patient from unspecified sector	25,745	0	0	0	0	n.p.	n.p.	n.p.	25,745
Not inter-hospital contracted patient	683,231	648,549	595,279	274,465	211,137	n.p.	n.p.	n.p.	2,426,666
Not reported	0	0	0	0	200	n.p.	n.p.	n.p.	84,718
<i>Total</i>	<i>708,976</i>	<i>651,106</i>	<i>602,165</i>	<i>280,598</i>	<i>211,711</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,562,801</i>
<b>All hospitals</b>									
Inter-hospital contracted patient from public sector	n.a.	1,073	3,802	0	0	n.p.	n.p.	n.p.	14,037
Inter-hospital contracted patient from private sector	n.a.	4,095	3,155	6,544	1,079	n.p.	n.p.	n.p.	15,433
Inter-hospital contracted patient from unspecified sector	27,629	0	0	0	0	n.p.	n.p.	n.p.	27,629
Not inter-hospital contracted patient	1,971,945	1,795,342	1,297,374	641,879	575,149	n.p.	n.p.	n.p.	6,359,437
Not reported	576	436	0	0	3,342	n.p.	n.p.	n.p.	237,236
<b>Total separations</b>	<b>2,000,150</b>	<b>1,800,946</b>	<b>1,304,331</b>	<b>648,423</b>	<b>579,570</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6,653,772</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) For private hospitals, Tasmania was unable to identify a small number of contracted care patients.

n.p. Not published.

n.a. Not available.

Table 6.16: Separations<sup>(a)</sup>, by urgency of admission and hospital sector, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Emergency	604,274	385,044	295,620	152,214	152,130	36,855	18,976	23,542	1,668,655
Elective	431,723	679,093	207,349	130,637	204,066	27,016	20,498	20,247	1,720,629
Not assigned	255,177	85,267	199,197	84,974	11,663	16,344	24,267	23,115	700,004
Not reported	0	436	0	0	0	0	2	1,245	1,683
<i>Total</i>	<i>1,291,174</i>	<i>1,149,840</i>	<i>702,166</i>	<i>367,825</i>	<i>367,859</i>	<i>80,215</i>	<i>63,743</i>	<i>68,149</i>	<i>4,090,971</i>
<b>Private hospitals</b>									
Emergency	38,165	30,690	71,216	26,275	75,584	n.p.	n.p.	n.p.	253,021
Elective	632,237	602,091	427,332	209,002	134,670	n.p.	n.p.	n.p.	2,064,894
Not assigned	38,574	18,325	103,617	45,321	1,457	n.p.	n.p.	n.p.	n.p.
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	n.p.
<i>Total</i>	<i>708,976</i>	<i>651,106</i>	<i>602,165</i>	<i>280,598</i>	<i>211,711</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,562,801</i>
<b>All hospitals</b>									
Emergency	642,439	415,734	366,836	178,489	227,714	n.p.	n.p.	n.p.	1,921,676
Elective	1,063,960	1,281,184	634,681	339,639	338,736	n.p.	n.p.	n.p.	3,785,523
Not assigned	293,751	103,592	302,814	130,295	13,120	n.p.	n.p.	n.p.	n.p.
Not reported	0	436	0	0	0	n.p.	n.p.	n.p.	n.p.
<b>Total separations</b>	<b>2,000,150</b>	<b>1,800,946</b>	<b>1,304,331</b>	<b>648,423</b>	<b>579,570</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6,653,772</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.  
n.p. Not published.

**Table 6.17: Separations<sup>(a)</sup> with hospital in the home care, by hospital sector, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA <sup>(b)</sup>	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Separations									
Same day	n.a.	2,540	214	0	1,030	n.a.	0	0	3,784
Overnight	n.a.	25,825	512	320	4,169	n.a.	739	266	31,831
Hospital in the home days	n.a.	209,555	4,293	4,000	32,216	n.a.	6,295	2,415	258,774
<i>Total patient days</i>	<i>n.a.</i>	<i>297,733</i>	<i>6,401</i>	<i>6,341</i>	<i>32,216</i>	<i>n.a.</i>	<i>10,376</i>	<i>3,696</i>	<i>356,763</i>
<b>Private hospitals</b>									
Separations									
Same day	n.a.	208	0	5	2,577	n.p.	n.p.	n.p.	2,790
Overnight	n.a.	156	0	440	40	n.p.	n.p.	n.p.	647
Hospital in the home days	n.a.	1,357	0	2,901	2,869	n.p.	n.p.	n.p.	7,147
<i>Total patient days</i>	<i>n.a.</i>	<i>1,890</i>	<i>0</i>	<i>4,338</i>	<i>2,869</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>9,305</i>
<b>All hospitals</b>									
Separations									
Same day	n.a.	2,748	214	5	3,607	n.p.	n.p.	n.p.	6,574
Overnight	n.a.	25,981	512	760	4,209	n.p.	n.p.	n.p.	32,478
Hospital in the home days	n.a.	210,912	4,293	6,901	35,085	n.p.	n.p.	n.p.	265,921
<b>Total patient days</b>	<b>n.a.</b>	<b>299,623</b>	<b>6,401</b>	<b>10,679</b>	<b>35,085</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>366,068</b>

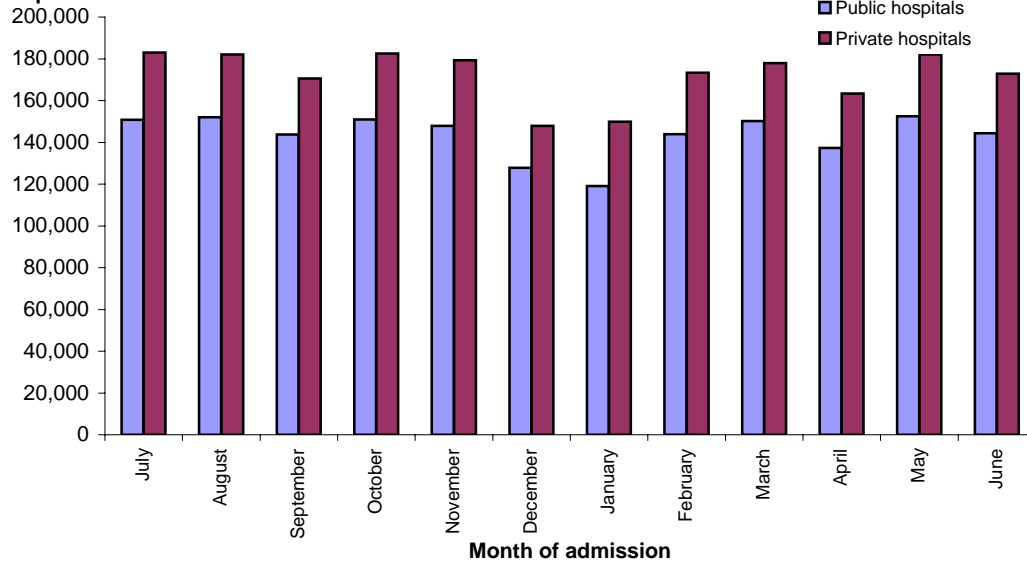
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) In South Australia hospital in the home care was defined as a separate episode of care and therefore the total number of patient days is equal to the number of hospital in the home care days.

n.p. Not published.

n.a. Not available.

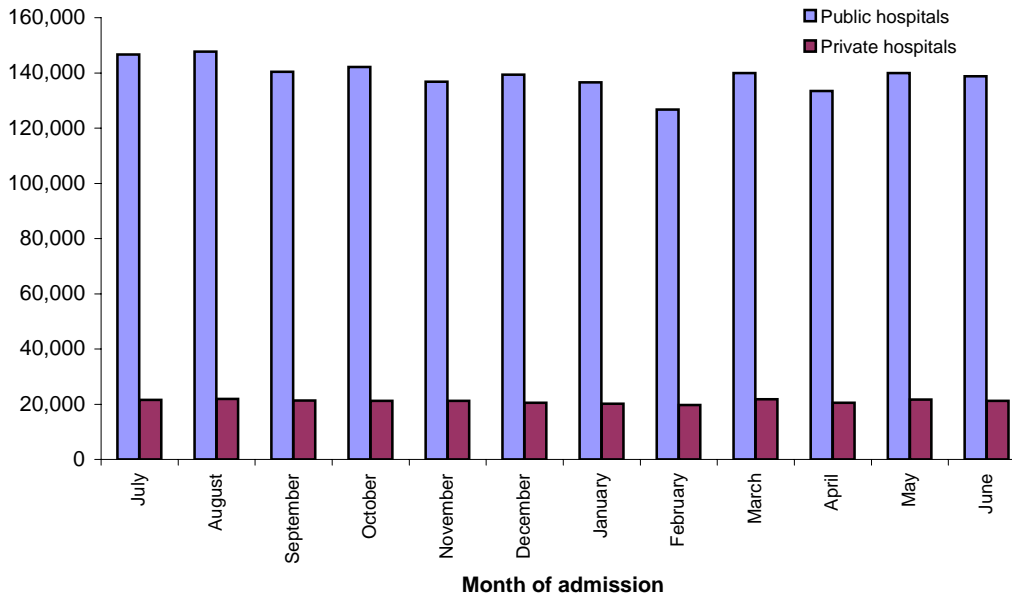
**Separations**



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Figure 6.1 Elective separations<sup>(a)</sup>, by month of admission and sector, states and territories, 2002-03**

**Separations**



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Figure 6.2 Emergency separations<sup>(a)</sup>, by month of admission and sector, states and territories, 2002-03**

# 7 Demographic profile for admitted patients

## Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 2002–03. Included is information on sex, age, Indigenous status, country of birth and area of usual residence.

The age-standardised rates in this chapter were derived using 30 June 2002 population estimates for Indigenous peoples and other Australians (Table 7.7 and 7.8), country of birth groups (Table 7.10) and Remoteness Areas (Table 7.12), because 31 December (mid-year) population estimates were not available for these population groups. Thus, there will be small discrepancies between the age-standardised rates reported in these tables and the standardised rates reported for state or territory of usual residence (Table 7.11) and Statistical Division of usual residence (Figures 7.8 and 7.9), and in Chapters 2, 4 and 6, which were based on 31 December 2002 estimates (see Appendix 3). The age-specific rates presented in Figures 7.1 to 7.4 were also based on 31 December 2002 estimates.

## Sex

Data on the sex of each patient were reported to the National Hospital Morbidity Database as male, female, indeterminate or not stated/inadequately described. The 244 separations for patients who were not reported as male or female are included in totals for persons in the tables in this chapter.

There were more separations for females than for males in all age groups from 15 to 54 years (which include child-bearing ages for women) and there were more separations for males in the age groups from 55 to 74 years (Table 7.1). Females accounted for higher proportions of separations than males, 52.2% of total separations in public hospitals (2,134,266) (Table 7.2) and 55.5% in private hospitals (1,422,028) (Table 7.3). Separations per 1,000 population were higher for females than for males in age groups from 15 to 44 years in public hospitals and from 15 to 59 years in private hospitals (Figures 7.1 and 7.2). Females also accounted for more patient days (12,734,187) than males (10,809,646) (Table 7.4). In public hospitals, they accounted for 52.4% (8,605,164) of patient days, and for more patient days than males in the age groups 15 to 44 years and 75 years and over (Table 7.5). In private hospitals, females accounted for 58.0% (4,129,023) of patient days, and for more patient days than males in the 15 years and over age groups (Table 7.6). Patient days per 1,000 population were higher for females than for males in age groups from 15 to 39 years in public hospitals and from 15 to 64 years in private hospitals (Figures 7.3 and 7.4).

## Age group

All states and territories except Western Australia supplied the date of birth of the patient for the database, in which case the AIHW calculated the age of the patient by subtracting the date of birth from the date of admission. Western Australia supplied the age in years or days for each patient. The 143 separations for which the age of the patient was not reported are included in the totals in tables including age group.

In public hospitals, separations peaked in two age groups. The first was in the 65 to 74 years age group, which was mostly attributable to male patients, and the second was in the 25 to 34 years age group, which was attributable to female patients (Table 7.2). The number of separations per 1,000 population was highest for both male and female patients in the 85 years and over age group (Figure 7.1). The highest number of patient days for both sexes was reported in the 75 to 84 years age group (Table 7.5). Average length of stay was highest for patients aged 85 years and over (Figure 7.5).

In private hospitals, separations peaked in the 55 to 64 years age group for male patients and in the 45 to 54 years age group for female patients (Table 7.3). Patients in the 75 to 84 years age group accounted for the most patient days (Table 7.6), and had the highest number of separations per 1,000 population (Figure 7.2). As in public hospitals, average length of stay was highest for patients aged 85 years and over in private hospitals (Figure 7.6).

In both sectors combined, the population group 65 years and over accounted for a high proportion of admitted patient activity. This population (2,268,075), which comprised 12.6% of the total Australian population, accounted for 2.3 million separations (34.1%) and 11.3 million patient days (48.0%). There were 902.1 separations per 1,000 population for this age group, compared with a crude rate of 336.8 per 1,000 for the total population. The average length of stay for these patients was 5.0 days, compared with 4.0 days for all patients.

## Indigenous status

The data on Indigenous status were supplied by all states and territories according to the *National Health Data Dictionary* definition.

In this publication, Indigenous status categories included as Indigenous were *Aboriginal but not Torres Strait Islander origin*, *Torres Strait Islander but not Aboriginal origin* and *Aboriginal and Torres Strait Islander origin*. The Indigenous status category included as non-Indigenous was *Neither Aboriginal nor Torres Strait Islander origin*. Except where the *Not reported* category has been presented separately, separation records where Indigenous status was *Not reported* have been regarded as being for non-Indigenous persons.

Table 7.7 and 7.8 present Indigenous status data by hospital sector and state and territory. For Indigenous persons, the age-standardised rates were calculated using the ABS's census-based estimated resident population of the Indigenous population for June 2001 (Appendix Table A3.2). Differentials in the separation rates between persons identified as Indigenous and non-Indigenous persons are expressed in terms of rate ratios. The age-standardised rate for persons identified as Indigenous is divided by the age-standardised rate for persons not identified as Indigenous. A ratio of 1.0 indicates there is no difference between the separation rates of the two population groups, while a ratio greater than 1.0 indicates an excess of separations for Indigenous persons in comparison to non-Indigenous persons.

There were 202,883 separations for patients reported as Indigenous, with Queensland, the Northern Territory and Western Australia and New South Wales reporting the greatest

proportions of the separations for Indigenous persons (Table 7.7). Overall, on an age-standardised basis, there were 619.9 separations for Indigenous persons reported per 1,000 Indigenous population for Australia, compared to the rate for the non-Indigenous population of 329.2 per 1,000, indicating that Indigenous persons experienced a separation rate almost twice the rate for non-Indigenous persons.

The Northern Territory reported the highest number of separations for Indigenous persons per 1,000 Indigenous population (1063.9 per 1,000 for public hospitals), followed by Western Australia (847.4 per 1,000). The rate ratio indicates that the separation rate for Indigenous persons in the Northern Territory was over 4 times the rate for non-Indigenous persons.

These rates are influenced by the quality of the data on Indigenous status, which varied among the states and territories, as described below. They can also be influenced by variation among the jurisdictions in the health status of Indigenous persons and in their access to hospital services.

Almost 50% of separations for patients reported as Indigenous were for overnight stays (95,519) (Table 7.8). The overnight separation rate for Indigenous persons (289.2) was almost twice the rate for non-Indigenous persons (152.2).

The Northern Territory reported the highest number of overnight separations for Indigenous persons per 1,000 Indigenous population (407.8 per 1,000 for public hospitals). The rate ratio for the Northern Territory suggests that the overnight separation rate for Indigenous persons was about 3 times the rate for non-Indigenous persons in that jurisdiction.

Table 7.9 and Figure 7.7 present data for separations and separation rates per 1,000 population by Indigenous status and age group and sex. Indigenous females accounted for a higher proportion of separations than males, 57.4% of total Indigenous separations (116,464), and this proportion was higher than the proportion of separations for females overall (53.4%) (Table 7.9). Indigenous separations peaked in the 35 to 44 years age group for both male patients (17,854) and female patients (20,535).

The separation rates for both Indigenous males and females were higher than those for non-Indigenous persons in all age groups, and markedly so for persons aged over 34 years (Figure 7.7). Separation rates for Indigenous persons for older age groups are subject to variability due to the relatively small populations in these age groups.

## **Quality of Indigenous status data**

The variation in the number of Indigenous separations per 1,000 Indigenous population among the states and territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

Overall, the quality of the data provided for Indigenous status in 2002–03 is considered to be in need of improvement, being considered acceptable for only South Australia, Western Australia and the Northern Territory. Data on Indigenous status in this chapter should therefore be interpreted cautiously.

For 2002–03, the New South Wales Health Department reports that its data were in need of improvement. To address this issue, the department continues to be active in the implementation of initiatives aimed at improving the quality of Indigenous origin information in hospital separations data. Departmental publications and circulars continue to be used to encourage a uniform approach to the identification of Indigenous patients in addition to providing a framework for continuous improvement in this data collection. To



complement these strategies the New South Wales Health Department has developed and implemented its Collecting Patient Registration Information Training Program. This training program raises awareness of data items, including Indigenous status, that may relate to sensitive issues and reviews strategies that may assist in the collection of complete and accurate patient registration information. This training program is currently being rolled out in all New South Wales Area Health Services.

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Indigenous status data for 2002–03 should be treated with some caution. Studies in Victoria have shown that data are more accurate if the hospital employs a Koori Hospital Liaison Officer, particularly in regional hospitals, where the officers are located in the main Koori communities. Indigenous status data are considered less reliable in tertiary hospitals drawing Indigenous patients from outside their local communities, and in private hospitals. Victoria has undertaken an Aboriginal and Torres Strait Islander Hospital Services Accreditation Project. When its recommendations are implemented, this is expected to lead to improved patient identification and the provision of more culturally appropriate services.

Queensland Health notes that for 2002–03 Indigenous status was not reported for 11% of hospital separations (1.7% for public hospital separations and 22% for private hospital separations). It reports that it is likely that the proportion of separations that were for Indigenous patients in these separations for which Indigenous status was not reported was higher than for separations for which Indigenous status was reported. Overall, the available evidence suggests that the number of Indigenous separations is significantly understated in the Queensland hospital morbidity data because of non-reporting as well as misreporting of Indigenous status. Queensland Health continues to work on improving overall Aboriginal and Torres Strait Islander identification in all mainstream administrative data collections.

The Western Australian Department of Health regards its Indigenous status data as being of an acceptable quality, although data from metropolitan hospitals are considered to be less accurate than data from remote areas. The department is planning on implementing a quality control check on this data element on an annual basis.

The South Australian Department of Human Services regards its 2002–03 Indigenous status data as suitable for inclusion in national statistical reports. The department conducted training in 2002–03 on how to ask and record the Indigenous status question. This training was based on a training package produced by the ABS. A 30% loading for casemix payments is applied to separations for Indigenous patients in South Australian public hospitals, and this acts as an incentive for improved identification.

The Tasmanian Department of Health and Human Services reports that the quality of Indigenous status data has continued to improve in 2002–03 in that it is now reported for most patients. However, some private hospitals do not collect information on Indigenous status at all. The Department is hoping to improve the reporting methods for private hospitals in future years.

The Australian Capital Territory Department of Health & Community Care considers that the quality of its public hospital Indigenous data is of acceptable quality, while its private hospital Indigenous status data require improvement.

The Northern Territory Department of Health and Community Services reports that the quality of its 2002–03 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners follow up on these clients.

All management and statistical reporting, however, is based on a person's currently reported Indigenous status.

## Country of birth

In 2002-03, all states and territories supplied country of birth details coded to the ABS's Standard Australian Classification of Countries as specified in the *National Health Data Dictionary* version 11 (AIHW 2002b).

Australian-born patients accounted for 74.2% (4,937,745) of total separations, 73.1% in the public sector and 76.0% in the private sector (Table 7.10). There was some variation in the proportions of separations in the public and private sectors by country of birth. For Australian-born persons, 60.6% were in the public sector, as were over 80% for persons born in Iraq, Cambodia, Turkey, Lebanon and Vietnam, and less than 50% of persons born in Hong Kong and Macau, Japan and the United States. The age-standardised separation rate for Australian-born patients was higher (349.8 per 1,000) than that for the overseas-born population (277.5 per 1,000).

## Area of usual residence

The *National Health Data Dictionary* specifies that data on the usual residence of patients should be provided as the state or territory and the Statistical Local Area (SLA) of usual residence. SLAs can be aggregated to Statistical Divisions and assigned to Remoteness Areas for reporting. Although most separations included data on the state or territory of usual residence, not all states and territories were able to provide information on the area of usual residence in the form of an SLA code using the 2002 edition of the Australian Standard Geographical Classification as requested by the AIHW. Details of the data provided by states and territories and the mapping process conducted by the AIHW to assign 2001 SLA codes and Remoteness Area categories to separation records can be found in Appendix 3.

Tables 7.11 and 7.12 present selected separation statistics by hospital sector, same day status and state or territory or Remoteness Area of usual residence. Figures 7.8 and 7.9 present, as maps, separations per 1,000 population by Statistical Division of usual residence for both public and private hospitals. The age-standardised separation rates that are presented in these tables and figures take account of the different age structures of the populations of the states and territories, Remoteness Areas and Statistical Divisions.

## State or territory of usual residence

Table 7.11 presents the number of separations, the separation rate per 1,000, the standardised separation rate ratio (SRR) and the 95% confidence interval of the SRR for each state and territory. The SRR is the separation rate for the population of interest divided by the separation rate for Australia. A standardised separation ratio of 1.00 indicates that the population of interest (for example, a specific state or territory) had a separation rate similar to that of the comparison group, while a standardised separation ratio greater than 1.00 indicates that there is a greater number of separations for the state or territory in comparison to the national rate. The significance of the SRR is given by the 95% confidence interval. See Appendix 3 for more information.

The Northern Territory had the highest separation rate, 488.5 separations per 1,000 population. The SRR for patients usually resident in the Northern Territory was 1.47, indicating that patients usually resident in the Northern Territory had a total separation rate that was 47% higher than the rate for patients nationally. From the confidence interval it can be seen that the rate for the Northern Territory was significantly greater than the national rate.

The Northern Territory also had the highest same day separation rate (280.8 per 1,000 population) and the highest overnight separation rate (207.7 per 1,000). The separation rate for public hospitals was highest for the Northern Territory (412.2 separations per 1,000), whereas the separation rate for private hospitals was highest for Queensland (156.6 per 1,000) and lowest for the Northern Territory (76.2 separations per 1,000).

## Remoteness Areas

Table 7.12 presents the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR for each Remoteness Area. For patients usually resident in very remote areas there were 474.1 separations per 1,000 population, compared to the national separation rate of 335.1 per 1,000 population. The SRR of 1.41 shows that patients resident in very remote areas had a total separation rate that was 41% higher than patients nationally and the 95% confidence interval indicates that there was a significant difference between the rates.

The separation rate for public hospitals was highest in very remote areas (429.4 per 1,000 population), while the separation rate for private hospitals tended to be highest for major cities (139.9 per 1,000 population) and lowest for very remote areas (44.8 per 1,000 population).

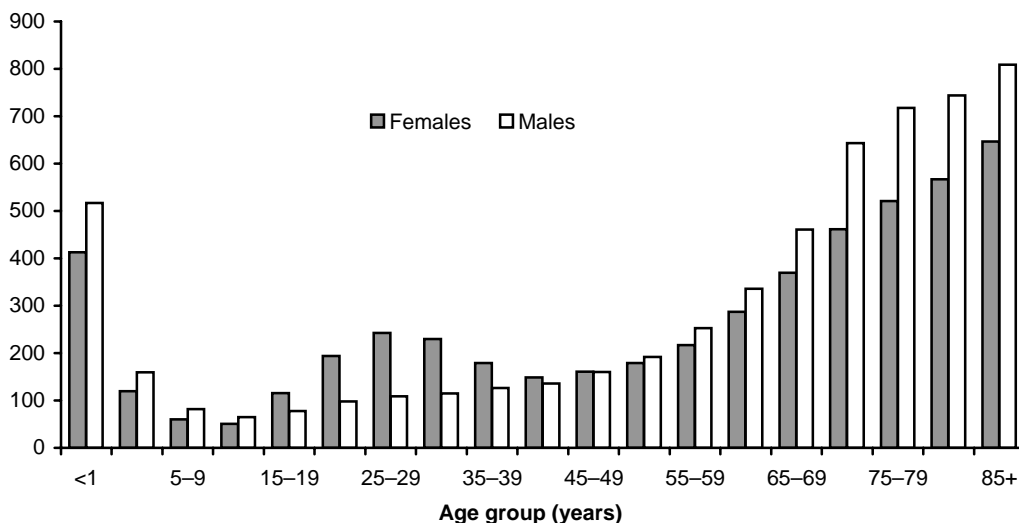
## Statistical Divisions

Separation rates per 1,000 population varied by Statistical Division of the usual residence of the patient for both public and private hospitals (Figures 7.8 and 7.9). In the public sector, the highest rates were reported for residents of the Statistical Divisions of Kimberley in Western Australia and Northern in South Australia. In the private sector, the highest rates were reported for Moreton and Darling Downs in Queensland and Greater Hobart in Tasmania.

## Additional data

The accompanying tables on the website at <http://www.aihw.gov.au/> provide information on the number of separations and patient days by five-year age group, sex and state and territory for all hospitals, public hospitals and private hospitals.

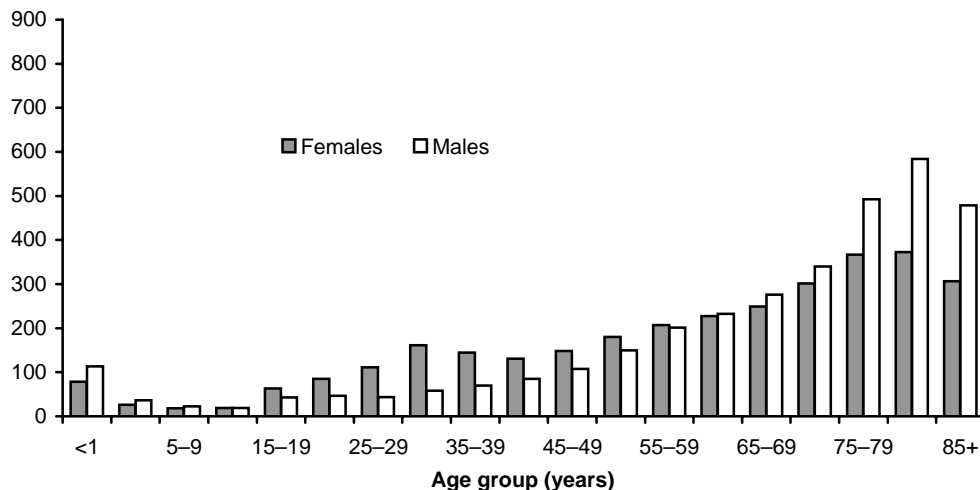
**Separations per 1,000 population**



(a) Separations for which the care type was reported as *Newborn* with no qualified days and records for *Hospital Boarders* and *Posthumous organ procurement* have been excluded.

**Figure 7.1: Separations<sup>(a)</sup> per 1,000 population, by age group and sex, public hospitals, Australia, 2002-03**

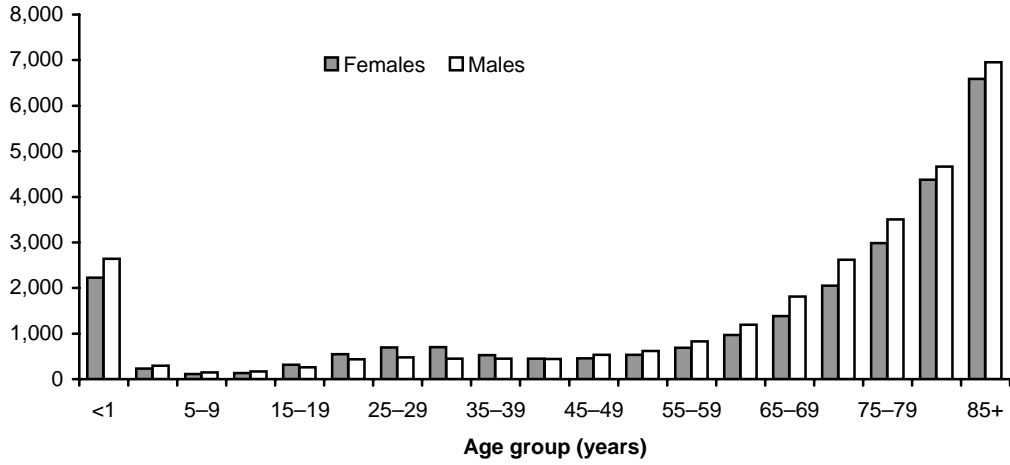
**Separations per 1,000 population**



(a) Separations for which the care type was reported as *Newborn* with no qualified days and records for *Hospital Boarders* and *Posthumous organ procurement* have been excluded.

**Figure 7.2: Separations<sup>(a)</sup> per 1,000 population, by age group and sex, private hospitals, Australia, 2002-03**

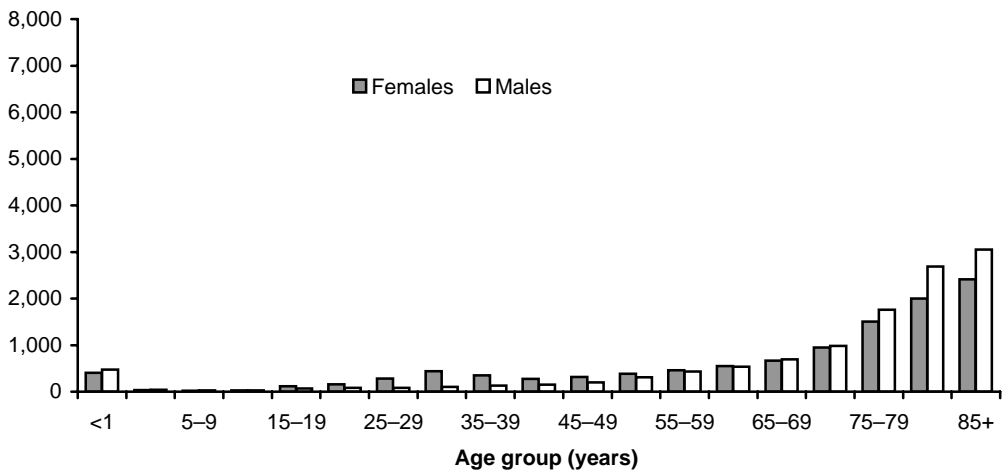
**Patient days per 1,000 population**



(a) Separations for which the care type was reported as *Newborn* with no qualified days and records for *Hospital Boards* and *Posthumous organ procurement* have been excluded.

**Figure 7.3: Patient days<sup>(a)</sup> per 1,000 population, by age group and sex, public hospitals, Australia, 2002-03**

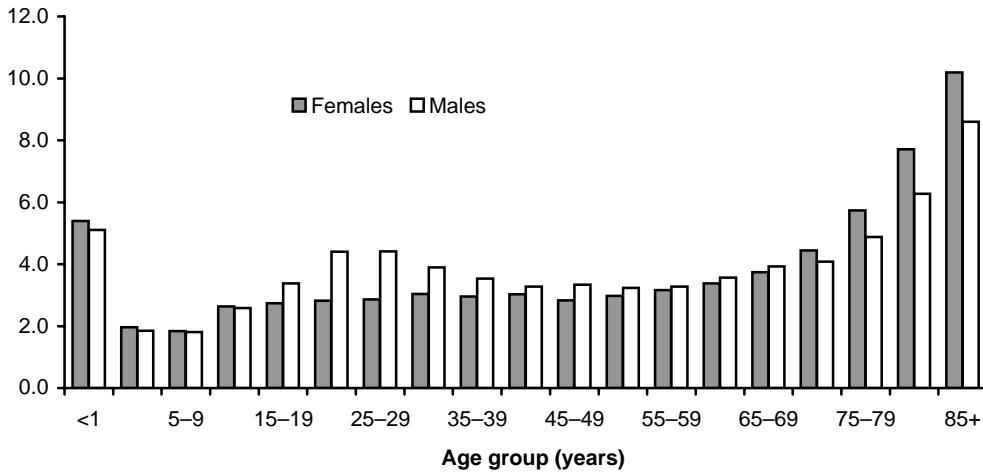
**Patient days per 1,000 population**



(a) Separations for which the care type was reported as *Newborn* with no qualified days and records for *Hospital Boards* and *Posthumous organ procurement* have been excluded.

**Figure 7.4: Patient days<sup>(a)</sup> per 1,000 population, by age group and sex, private hospitals, Australia, 2002-03**

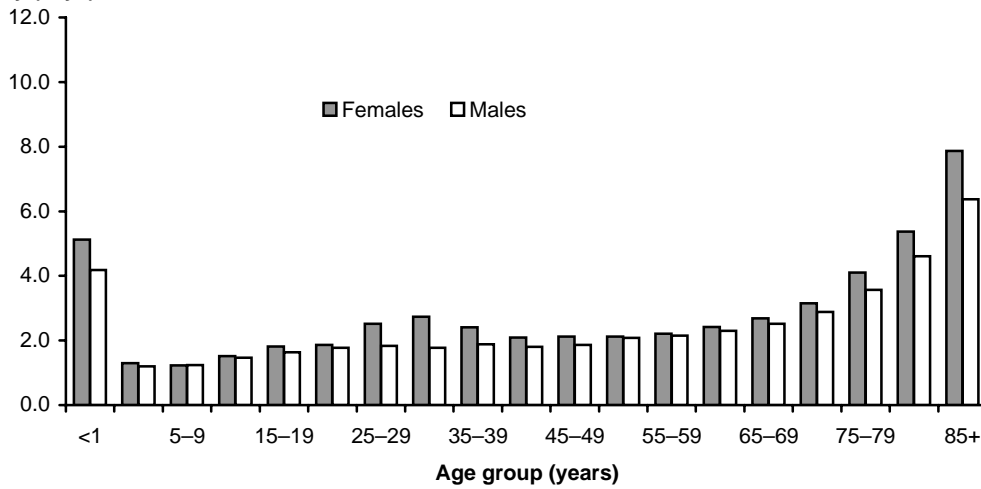
**Average length of stay (days)**



(a) Separations for which the care type was reported as *Newborn* with no qualified days and records for *Hospital Boarders* and *Posthumous organ procurement* have been excluded.

**Figure 7.5: Average length of stay<sup>(a)</sup> per 1,000 population, by age group and sex, public hospitals, Australia, 2002-03**

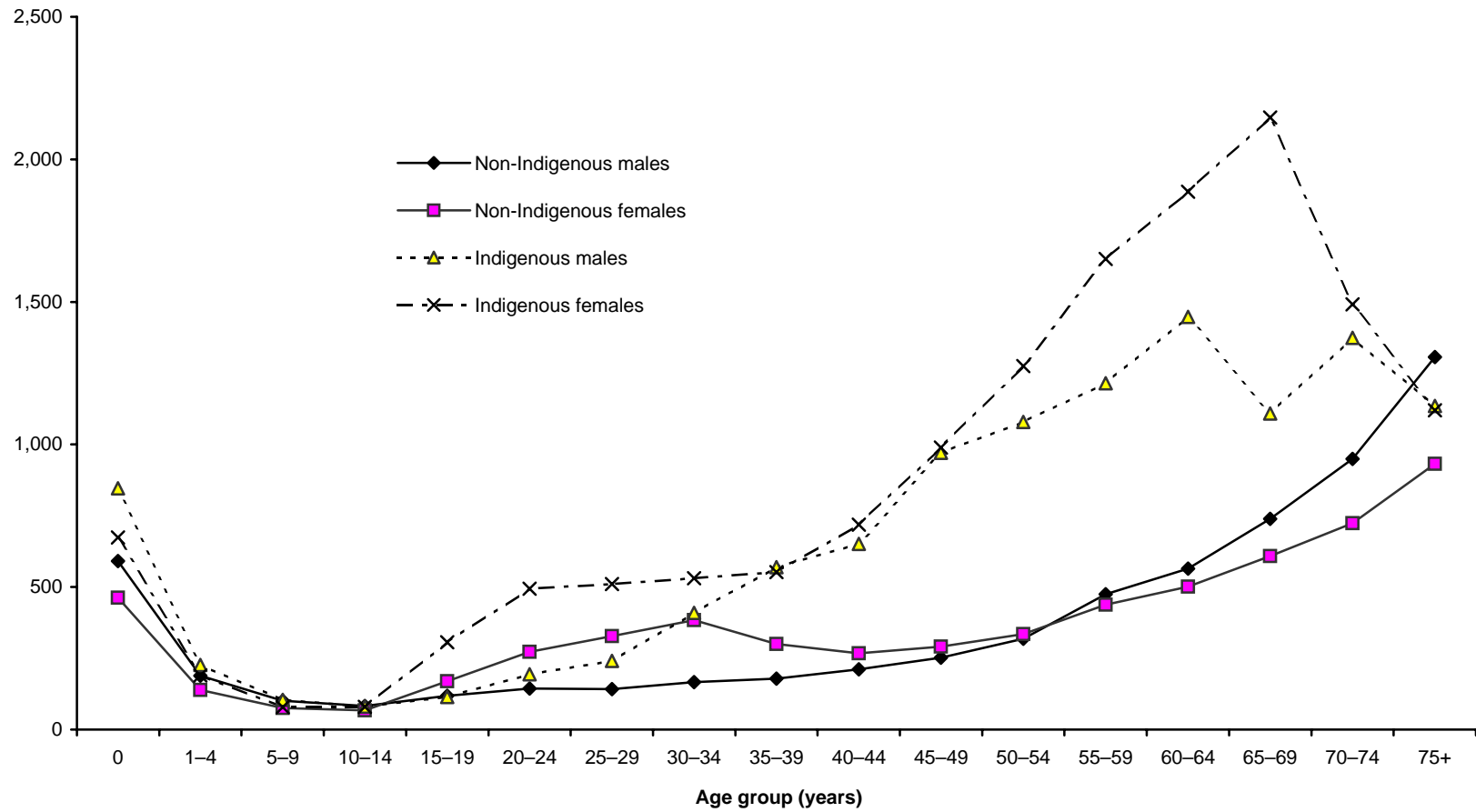
**Average length of stay (days)**



(a) Separations for which the care type was reported as *Newborn* with no qualified days and records for *Hospital Boarders* and *Posthumous organ procurement* have been excluded.

**Figure 7.6: Average length of stay<sup>(a)</sup> per 1,000 population, by age group and sex, private hospitals, Australia, 2002-03**

**Separations per 1,000 population**



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Figure 7.7: Separations<sup>(a)</sup> per 1,000 population, by age group, sex and reported Indigenous status, all hospitals, Australia, 2002-03**

Table 7.1: Separations<sup>(a)</sup>, by age group and sex, all hospitals, states and territories, 2002–03

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	20,772	16,687	9,779	5,529	4,041	n.p.	n.p.	n.p.	59,984
	1–4	24,790	15,850	14,864	7,905	5,832	n.p.	n.p.	n.p.	72,488
	5–14	31,843	22,448	19,341	10,818	8,360	n.p.	n.p.	n.p.	97,275
	15–24	89,548	77,569	63,367	30,870	26,352	n.p.	n.p.	n.p.	303,978
	25–34	164,348	150,868	104,494	51,720	42,287	n.p.	n.p.	n.p.	540,162
	35–44	129,685	128,792	86,982	46,635	37,912	n.p.	n.p.	n.p.	453,122
	45–54	119,720	122,841	91,588	50,086	39,520	n.p.	n.p.	n.p.	450,702
	55–64	126,453	122,122	96,109	44,089	40,677	n.p.	n.p.	n.p.	453,332
	65–74	145,617	130,985	92,389	42,735	42,550	n.p.	n.p.	n.p.	475,101
	75–84	152,385	128,302	84,246	39,661	44,115	n.p.	n.p.	n.p.	465,659
	85 and over	62,120	52,657	29,973	15,836	17,864	n.p.	n.p.	n.p.	184,463
	<i>Total<sup>(b)</sup></i>	<i>1,067,309</i>	<i>969,121</i>	<i>693,132</i>	<i>345,884</i>	<i>309,510</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,556,294</i>
Males	Under 1	27,092	22,688	13,168	7,649	6,018	n.p.	n.p.	n.p.	80,855
	1–4	34,702	22,330	20,483	10,937	9,345	n.p.	n.p.	n.p.	102,713
	5–14	44,420	29,479	26,709	13,785	10,451	n.p.	n.p.	n.p.	131,003
	15–24	56,079	45,976	36,452	19,772	16,331	n.p.	n.p.	n.p.	183,822
	25–34	69,127	61,500	45,410	25,676	20,452	n.p.	n.p.	n.p.	234,595
	35–44	91,038	82,318	60,082	32,537	28,106	n.p.	n.p.	n.p.	310,576
	45–54	114,631	106,736	83,129	42,136	37,232	n.p.	n.p.	n.p.	407,235
	55–64	144,355	133,999	108,456	48,409	41,809	n.p.	n.p.	n.p.	503,559
	65–74	166,077	161,123	106,870	50,117	46,527	n.p.	n.p.	n.p.	555,015
	75–84	149,570	133,509	89,121	41,006	43,123	n.p.	n.p.	n.p.	473,859
	85 and over	35,628	32,151	21,319	10,515	10,666	n.p.	n.p.	n.p.	113,963
	<i>Total<sup>(b)</sup></i>	<i>932,755</i>	<i>831,809</i>	<i>611,199</i>	<i>302,539</i>	<i>270,060</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,097,234</i>
Persons <sup>(b)</sup>	Under 1	47,865	39,391	22,947	13,178	10,059	n.p.	n.p.	n.p.	140,863
	1–4	59,492	38,180	35,347	18,842	15,177	n.p.	n.p.	n.p.	175,204
	5–14	76,263	51,927	46,050	24,603	18,811	n.p.	n.p.	n.p.	228,279
	15–24	145,628	123,545	99,819	50,642	42,683	n.p.	n.p.	n.p.	487,808
	25–34	233,475	212,368	149,904	77,396	62,739	n.p.	n.p.	n.p.	774,762
	35–44	220,725	211,110	147,064	79,172	66,018	n.p.	n.p.	n.p.	763,799
	45–54	234,352	229,577	174,717	92,222	76,752	n.p.	n.p.	n.p.	857,943
	55–64	270,810	256,121	204,565	92,498	82,486	n.p.	n.p.	n.p.	956,896
	65–74	311,696	292,108	199,259	92,852	89,077	n.p.	n.p.	n.p.	1,030,128
	75–84	301,955	261,811	173,367	80,667	87,238	n.p.	n.p.	n.p.	939,519
	85 and over	97,749	84,808	51,292	26,351	28,530	n.p.	n.p.	n.p.	298,428
<b>Total separations</b>		<b>2,000,150</b>	<b>1,800,946</b>	<b>1,304,331</b>	<b>648,423</b>	<b>579,570</b>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<b>6,653,772</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported.

n.p. Not published



Table 7.2: Separations<sup>(a)</sup>, by age group and sex, public hospitals, states and territories, 2002–03

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Females</b>	Under 1	18,575	13,866	7,942	3,405	3,810	912	645	1,234	50,389
	1–4	21,039	13,568	11,545	5,721	4,799	819	677	1,264	59,432
	5–14	24,572	17,099	13,986	7,395	6,488	1,287	927	1,048	72,802
	15–24	63,406	50,927	41,424	18,350	19,945	4,163	2,872	4,690	205,777
	25–34	108,938	96,338	59,916	28,987	30,064	6,212	4,723	5,922	341,100
	35–44	73,217	71,336	41,628	23,468	22,815	4,369	3,303	5,771	245,907
	45–54	61,605	65,208	41,376	24,362	19,764	4,976	3,961	8,076	229,328
	55–64	69,772	70,174	44,677	21,578	20,574	5,743	4,215	5,334	242,067
	65–74	92,901	82,782	45,556	24,336	25,942	5,267	5,647	3,269	285,700
	75–84	99,172	79,119	39,673	23,543	25,776	4,943	3,319	1,078	276,623
85 and over	47,653	35,760	16,278	10,705	11,030	2,373	1,182	132	125,113	
	<i>Total<sup>(b)</sup></i>	<i>680,878</i>	<i>596,177</i>	<i>364,001</i>	<i>191,850</i>	<i>191,007</i>	<i>41,064</i>	<i>31,471</i>	<i>37,818</i>	<i>2,134,266</i>
<b>Males</b>	Under 1	23,721	18,575	10,526	4,811	5,149	1,123	802	1,589	66,296
	1–4	29,188	19,021	15,905	7,860	7,684	1,350	1,002	1,651	83,661
	5–14	35,764	23,660	19,965	9,919	8,374	1,768	1,358	1,514	102,322
	15–24	38,495	30,695	24,265	11,239	10,516	2,497	1,858	2,053	121,618
	25–34	47,936	42,916	30,136	16,243	14,491	3,260	2,615	3,333	160,930
	35–44	57,658	53,062	35,090	19,132	18,381	3,686	3,255	4,798	195,062
	45–54	66,411	66,324	42,504	22,501	21,964	4,779	4,852	6,279	235,614
	55–64	82,336	84,114	54,611	25,099	24,988	6,086	6,796	4,861	288,891
	65–74	109,258	112,224	57,294	29,827	30,338	7,975	5,563	3,118	355,597
	75–84	94,381	82,154	37,932	22,827	27,836	5,417	3,461	877	274,885
85 and over	25,026	20,918	9,937	6,517	7,131	1,206	710	135	71,580	
	<i>Total<sup>(b)</sup></i>	<i>610,210</i>	<i>553,663</i>	<i>338,165</i>	<i>175,975</i>	<i>176,852</i>	<i>39,147</i>	<i>32,272</i>	<i>30,210</i>	<i>1,956,494</i>
<b>Persons<sup>(b)</sup></b>	Under 1	42,297	32,441	18,468	8,216	8,959	2,039	1,447	2,826	116,693
	1–4	50,227	32,589	27,450	13,581	12,483	2,169	1,679	2,917	143,095
	5–14	60,336	40,759	33,951	17,314	14,862	3,055	2,285	2,563	175,125
	15–24	101,902	81,622	65,689	29,589	30,461	6,660	4,730	6,749	327,402
	25–34	156,874	139,254	90,052	45,230	44,555	9,472	7,338	9,258	502,033
	35–44	130,877	124,398	76,718	42,600	41,196	8,055	6,558	10,665	441,067
	45–54	128,017	131,532	83,880	46,863	41,728	9,755	8,813	14,357	464,945
	55–64	152,110	154,288	99,288	46,677	45,562	11,829	11,011	10,195	530,960
	65–74	202,161	195,006	102,850	54,163	56,280	13,242	11,210	6,395	641,307
	75–84	193,553	161,273	77,605	46,370	53,612	10,360	6,780	1,955	551,508
85 and over	72,680	56,678	26,215	17,222	18,161	3,579	1,892	267	196,694	
<b>Total separations</b>		<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported

Table 7.3: Separations<sup>(a)</sup>, by age group and sex, private hospitals, states and territories, 2002–03

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Females</b>	Under 1	2,197	2,821	1,837	2,124	231	n.p.	n.p.	n.p.	9,595
	1–4	3,751	2,282	3,319	2,184	1,033	n.p.	n.p.	n.p.	13,056
	5–14	7,271	5,349	5,355	3,423	1,872	n.p.	n.p.	n.p.	24,473
	15–24	26,142	26,642	21,943	12,520	6,407	n.p.	n.p.	n.p.	98,201
	25–34	55,410	54,530	44,578	22,733	12,223	n.p.	n.p.	n.p.	199,062
	35–44	56,468	57,456	45,354	23,167	15,097	n.p.	n.p.	n.p.	207,215
	45–54	58,115	57,633	50,212	25,724	19,756	n.p.	n.p.	n.p.	221,374
	55–64	56,681	51,948	51,432	22,511	20,103	n.p.	n.p.	n.p.	211,265
	65–74	52,716	48,203	46,833	18,399	16,608	n.p.	n.p.	n.p.	189,401
	75–84	53,213	49,183	44,573	16,118	18,339	n.p.	n.p.	n.p.	189,036
	85 and over	14,467	16,897	13,695	5,131	6,834	n.p.	n.p.	n.p.	59,350
	<i>Total<sup>(b)</sup></i>	<i>386,431</i>	<i>372,944</i>	<i>329,131</i>	<i>154,034</i>	<i>118,503</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,422,028</i>
<b>Males</b>	Under 1	3,371	4,113	2,642	2,838	869	n.p.	n.p.	n.p.	14,559
	1–4	5,514	3,309	4,578	3,077	1,661	n.p.	n.p.	n.p.	19,052
	5–14	8,656	5,819	6,744	3,866	2,077	n.p.	n.p.	n.p.	28,681
	15–24	17,584	15,281	12,187	8,533	5,815	n.p.	n.p.	n.p.	62,204
	25–34	21,191	18,584	15,274	9,433	5,961	n.p.	n.p.	n.p.	73,665
	35–44	33,380	29,256	24,992	13,405	9,725	n.p.	n.p.	n.p.	115,514
	45–54	48,220	40,412	40,625	19,635	15,268	n.p.	n.p.	n.p.	171,621
	55–64	62,019	49,885	53,845	23,310	16,821	n.p.	n.p.	n.p.	214,668
	65–74	56,819	48,899	49,576	20,290	16,189	n.p.	n.p.	n.p.	199,418
	75–84	55,189	51,355	51,189	18,179	15,287	n.p.	n.p.	n.p.	198,974
	85 and over	10,602	11,233	11,382	3,998	3,535	n.p.	n.p.	n.p.	42,383
	<i>Total<sup>(b)</sup></i>	<i>322,545</i>	<i>278,146</i>	<i>273,034</i>	<i>126,564</i>	<i>93,208</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,140,740</i>
<b>Persons<sup>(b)</sup></b>	Under 1	5,568	6,950	4,479	4,962	1,100	n.p.	n.p.	n.p.	24,170
	1–4	9,265	5,591	7,897	5,261	2,694	n.p.	n.p.	n.p.	32,109
	5–14	15,927	11,168	12,099	7,289	3,949	n.p.	n.p.	n.p.	53,154
	15–24	43,726	41,923	34,130	21,053	12,222	n.p.	n.p.	n.p.	160,406
	25–34	76,601	73,114	59,852	32,166	18,184	n.p.	n.p.	n.p.	272,729
	35–44	89,848	86,712	70,346	36,572	24,822	n.p.	n.p.	n.p.	322,732
	45–54	106,335	98,045	90,837	45,359	35,024	n.p.	n.p.	n.p.	392,998
	55–64	118,700	101,833	105,277	45,821	36,924	n.p.	n.p.	n.p.	425,936
	65–74	109,535	97,102	96,409	38,689	32,797	n.p.	n.p.	n.p.	388,821
	75–84	108,402	100,538	95,762	34,297	33,626	n.p.	n.p.	n.p.	388,011
	85 and over	25,069	28,130	25,077	9,129	10,369	n.p.	n.p.	n.p.	101,734
	<b>Total separations</b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<b>2,562,801</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported.

n.p. Not published.

**Table 7.4: Patient days<sup>(a)</sup>, by age group and sex, all hospitals, states and territories, 2002–03**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(b)</sup>	Total
<b>Females</b>	Under 1	104,026	83,419	57,874	31,037	22,683	n.p.	n.p.	n.p.	321,005
	1–4	45,832	27,221	24,146	17,816	10,013	n.p.	n.p.	n.p.	133,701
	5–14	64,833	44,027	37,336	21,849	15,631	n.p.	n.p.	n.p.	194,362
	15–24	249,223	169,911	144,694	79,795	63,642	n.p.	n.p.	n.p.	754,417
	25–34	491,902	385,149	302,224	158,186	118,812	n.p.	n.p.	n.p.	1,536,066
	35–44	372,081	308,297	228,653	129,481	100,061	n.p.	n.p.	n.p.	1,201,851
	45–54	328,064	290,010	230,853	122,976	98,193	n.p.	n.p.	n.p.	1,135,239
	55–64	406,766	323,012	244,915	120,053	117,995	n.p.	n.p.	n.p.	1,279,670
	65–74	578,489	460,871	303,194	151,967	162,000	n.p.	n.p.	n.p.	1,731,329
	75–84	903,297	745,319	446,882	240,969	269,217	n.p.	n.p.	n.p.	2,704,684
	85 and over	597,658	480,726	268,438	168,574	173,469	n.p.	n.p.	n.p.	1,741,781
	<i>Total<sup>(b)</sup></i>	<i>4,142,253</i>	<i>3,317,962</i>	<i>2,289,209</i>	<i>1,242,703</i>	<i>1,151,716</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>12,734,187</i>
<b>Males</b>	Under 1	125,926	104,905	72,960	38,789	29,159	n.p.	n.p.	n.p.	399,131
	1–4	58,878	39,058	34,190	19,357	14,279	n.p.	n.p.	n.p.	177,719
	5–14	84,617	52,688	63,991	26,491	18,378	n.p.	n.p.	n.p.	259,491
	15–24	170,304	124,902	160,672	55,794	46,329	n.p.	n.p.	n.p.	586,081
	25–34	242,507	176,669	202,476	72,843	66,368	n.p.	n.p.	n.p.	797,891
	35–44	275,386	211,079	185,388	81,503	77,021	n.p.	n.p.	n.p.	875,823
	45–54	349,667	266,745	233,495	107,261	96,382	n.p.	n.p.	n.p.	1,113,038
	55–64	474,445	364,327	293,445	136,864	120,773	n.p.	n.p.	n.p.	1,464,675
	65–74	647,381	533,616	358,700	170,497	167,805	n.p.	n.p.	n.p.	1,965,998
	75–84	733,955	617,617	417,850	199,099	222,086	n.p.	n.p.	n.p.	2,284,034
	85 and over	277,857	243,586	156,918	84,649	92,828	n.p.	n.p.	n.p.	885,648
	<i>Total<sup>(b)</sup></i>	<i>3,441,019</i>	<i>2,735,192</i>	<i>2,180,085</i>	<i>993,147</i>	<i>951,408</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>10,809,646</i>
<b>Persons<sup>(b)</sup></b>	Under 1	229,953	188,492	130,834	69,826	51,842	n.p.	n.p.	n.p.	720,352
	1–4	104,710	66,279	58,336	37,173	24,292	n.p.	n.p.	n.p.	311,425
	5–14	149,450	96,715	101,327	48,340	34,009	n.p.	n.p.	n.p.	453,854
	15–24	419,528	294,813	305,366	135,589	109,971	n.p.	n.p.	n.p.	1,340,528
	25–34	734,409	561,818	504,700	231,029	185,180	n.p.	n.p.	n.p.	2,334,022
	35–44	647,527	519,376	414,041	210,984	177,082	n.p.	n.p.	n.p.	2,077,835
	45–54	677,732	556,755	464,348	230,237	194,575	n.p.	n.p.	n.p.	2,248,283
	55–64	881,218	687,339	538,360	256,917	238,768	n.p.	n.p.	n.p.	2,744,355
	65–74	1,225,880	994,487	661,894	322,464	329,805	n.p.	n.p.	n.p.	3,697,368
	75–84	1,637,252	1,362,936	864,732	440,068	491,303	n.p.	n.p.	n.p.	4,988,719
	85 and over	875,516	724,312	425,356	253,223	266,297	n.p.	n.p.	n.p.	2,627,440
	<b>Total patient days</b>	<b>7,589,373</b>	<b>6,053,322</b>	<b>4,469,294</b>	<b>2,235,850</b>	<b>2,103,124</b>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<b>23,550,400</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes patient days for which sex and/or age group were not reported.

n.p. Not published.

Table 7.5: Patient days<sup>(a)</sup>, by age group and sex, public hospitals, states and territories, 2002–03

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Females</b>	Under 1	91,370	69,214	45,844	24,203	21,934	5,950	5,408	7,935	271,858
	1–4	40,496	24,679	19,643	14,864	8,931	1,405	1,207	5,506	116,731
	5–14	53,387	37,187	30,013	17,505	13,413	3,310	2,338	3,519	160,672
	15–24	200,735	123,752	104,834	55,081	51,604	13,256	9,186	15,005	573,453
	25–34	343,567	246,925	191,366	91,719	83,629	18,607	14,843	17,546	1,008,202
	35–44	247,129	182,812	129,863	71,616	64,260	14,624	10,817	14,398	735,519
	45–54	207,245	168,634	128,100	66,862	54,118	15,985	10,689	14,636	666,269
	55–64	276,374	202,230	131,863	66,410	71,475	21,567	11,889	11,037	792,845
	65–74	427,013	317,782	170,524	96,517	112,648	27,180	17,418	7,763	1,176,845
	75–84	676,264	514,040	230,305	159,120	187,236	36,785	19,489	4,566	1,827,805
	85 and over	487,521	354,958	154,775	120,040	121,658	24,017	10,810	1,104	1,274,883
<i>Total<sup>(b)</sup></i>		<i>3,051,183</i>	<i>2,242,213</i>	<i>1,337,130</i>	<i>783,937</i>	<i>790,906</i>	<i>182,686</i>	<i>114,094</i>	<i>103,015</i>	<i>8,605,164</i>
<b>Males</b>	Under 1	111,387	87,251	58,386	30,123	27,520	7,315	7,076	9,185	338,243
	1–4	52,280	35,275	28,272	15,550	12,549	2,508	1,935	6,484	154,853
	5–14	71,357	45,326	55,020	21,688	16,021	3,667	2,711	5,119	220,909
	15–24	141,312	96,350	140,789	41,244	36,864	9,425	6,812	7,211	480,007
	25–34	203,915	139,394	177,407	57,138	56,189	12,385	7,004	12,267	665,699
	35–44	215,907	151,243	142,298	58,126	59,380	12,332	9,259	15,048	663,593
	45–54	254,644	186,210	153,006	69,180	66,150	16,490	11,666	15,421	772,767
	55–64	340,379	252,446	174,268	85,384	82,046	21,409	17,415	14,718	988,065
	65–74	499,722	399,980	225,231	113,808	123,260	34,477	19,389	10,522	1,426,389
	75–84	528,892	416,362	199,671	119,419	164,572	37,422	16,664	5,525	1,488,527
	85 and over	218,512	172,247	80,527	55,317	68,566	14,137	5,468	982	615,756
<i>Total<sup>(b)</sup></i>		<i>2,638,403</i>	<i>1,982,084</i>	<i>1,434,875</i>	<i>666,977</i>	<i>713,117</i>	<i>171,567</i>	<i>105,399</i>	<i>102,502</i>	<i>7,814,924</i>
<b>Persons<sup>(b)</sup></b>	Under 1	202,758	156,465	104,230	54,326	49,454	13,308	12,484	17,124	610,149
	1–4	92,776	59,954	47,915	30,414	21,480	3,913	3,142	11,994	271,588
	5–14	124,744	82,513	85,033	39,193	29,434	6,977	5,049	8,639	381,582
	15–24	342,048	220,102	245,623	96,325	88,468	22,681	15,998	22,244	1,053,489
	25–34	547,482	386,319	368,773	148,857	139,818	30,992	21,847	29,875	1,673,963
	35–44	463,096	334,055	272,161	129,742	123,640	26,956	20,076	29,544	1,399,270
	45–54	461,890	354,844	281,106	136,042	120,268	32,475	22,355	30,059	1,439,039
	55–64	616,760	454,676	306,131	151,794	153,521	42,976	29,304	25,755	1,780,917
	65–74	926,745	717,762	395,755	210,325	235,908	61,657	36,807	18,314	2,603,273
	75–84	1,205,156	930,402	429,976	278,539	351,808	74,207	36,153	10,091	3,316,332
	85 and over	706,034	527,205	235,302	175,357	190,224	38,154	16,278	2,086	1,890,640
<b>Total patient days</b>		<b>5,695,687</b>	<b>4,224,297</b>	<b>2,772,005</b>	<b>1,450,914</b>	<b>1,504,023</b>	<b>354,296</b>	<b>219,493</b>	<b>205,745</b>	<b>16,426,460</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Table 7.6: Patient days<sup>(a)</sup>, by age group and sex, private hospitals, states and territories, 2002–03**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Females</b>	Under 1	12,656	14,205	12,030	6,834	749	n.p.	n.p.	n.p.	49,147
	1–4	5,336	2,542	4,503	2,952	1,082	n.p.	n.p.	n.p.	16,970
	5–14	11,446	6,840	7,323	4,344	2,218	n.p.	n.p.	n.p.	33,690
	15–24	48,488	46,159	39,860	24,714	12,038	n.p.	n.p.	n.p.	180,964
	25–34	148,335	138,224	110,858	66,467	35,183	n.p.	n.p.	n.p.	527,864
	35–44	124,952	125,485	98,790	57,865	35,801	n.p.	n.p.	n.p.	466,332
	45–54	120,819	121,376	102,753	56,114	44,075	n.p.	n.p.	n.p.	468,970
	55–64	130,392	120,782	113,052	53,643	46,520	n.p.	n.p.	n.p.	486,825
	65–74	151,476	143,089	132,670	55,450	49,352	n.p.	n.p.	n.p.	554,484
	75–84	227,033	231,279	216,577	81,849	81,981	n.p.	n.p.	n.p.	876,879
85 and over	110,137	125,768	113,663	48,534	51,811	n.p.	n.p.	n.p.	466,898	
	<i>Total<sup>(b)</sup></i>	<i>1,091,070</i>	<i>1,075,749</i>	<i>952,079</i>	<i>458,766</i>	<i>360,810</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,129,023</i>
<b>Males</b>	Under 1	14,539	17,654	14,574	8,666	1,639	n.p.	n.p.	n.p.	60,888
	1–4	6,598	3,783	5,918	3,807	1,730	n.p.	n.p.	n.p.	22,866
	5–14	13,260	7,362	8,971	4,803	2,357	n.p.	n.p.	n.p.	38,582
	15–24	28,992	28,552	19,883	14,550	9,465	n.p.	n.p.	n.p.	106,074
	25–34	38,592	37,275	25,069	15,705	10,179	n.p.	n.p.	n.p.	132,192
	35–44	59,479	59,836	43,090	23,377	17,641	n.p.	n.p.	n.p.	212,230
	45–54	95,023	80,535	80,489	38,081	30,232	n.p.	n.p.	n.p.	340,271
	55–64	134,066	111,881	119,177	51,480	38,727	n.p.	n.p.	n.p.	476,610
	65–74	147,659	133,636	133,469	56,689	44,545	n.p.	n.p.	n.p.	539,609
	75–84	205,063	201,255	218,179	79,680	57,514	n.p.	n.p.	n.p.	795,507
85 and over	59,345	71,339	76,391	29,332	24,262	n.p.	n.p.	n.p.	269,892	
	<i>Total<sup>(b)</sup></i>	<i>802,616</i>	<i>753,108</i>	<i>745,210</i>	<i>326,170</i>	<i>238,291</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,994,722</i>
<b>Persons<sup>(b)</sup></b>	Under 1	27,195	32,027	26,604	15,500	2,388	n.p.	n.p.	n.p.	110,203
	1–4	11,934	6,325	10,421	6,759	2,812	n.p.	n.p.	n.p.	39,837
	5–14	24,706	14,202	16,294	9,147	4,575	n.p.	n.p.	n.p.	72,272
	15–24	77,480	74,711	59,743	39,264	21,503	n.p.	n.p.	n.p.	287,039
	25–34	186,927	175,499	135,927	82,172	45,362	n.p.	n.p.	n.p.	660,059
	35–44	184,431	185,321	141,880	81,242	53,442	n.p.	n.p.	n.p.	678,565
	45–54	215,842	201,911	183,242	94,195	74,307	n.p.	n.p.	n.p.	809,244
	55–64	264,458	232,663	232,229	105,123	85,247	n.p.	n.p.	n.p.	963,438
	65–74	299,135	276,725	266,139	112,139	93,897	n.p.	n.p.	n.p.	1,094,095
	75–84	432,096	432,534	434,756	161,529	139,495	n.p.	n.p.	n.p.	1,672,387
85 and over	169,482	197,107	190,054	77,866	76,073	n.p.	n.p.	n.p.	736,800	
<b>Total patient days</b>		<b>1,893,686</b>	<b>1,829,025</b>	<b>1,697,289</b>	<b>784,936</b>	<b>599,101</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,123,940</b>

(a) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(b) Includes patient days for which sex and/or age group were not reported.

n.p. Not published.

**Table 7.7: Separations<sup>(a)</sup>, by Indigenous status<sup>(b)</sup> and hospital sector, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Aboriginal but not Torres Strait Islander origin	36,303	8,300	42,375	36,942	12,995	1,737	1,384	41,337	181,373
Torres Strait Islander but not Aboriginal origin	741	258	7,363	56	33	73	8	116	8,648
Aboriginal and Torres Strait Islander origin	888	618	1,941	233	56	38	40	461	4,275
Not Aboriginal or Torres Strait Islander origin	1,245,337	1,140,664	638,183	330,594	345,525	73,016	60,241	26,064	3,859,624
Not reported	7,905	0	12,304	0	9,250	5,351	2,070	171	37,051
<i>Total</i>	<i>1,291,174</i>	<i>1,149,840</i>	<i>702,166</i>	<i>367,825</i>	<i>367,859</i>	<i>80,215</i>	<i>63,743</i>	<i>68,149</i>	<i>4,090,971</i>
<b>Private hospitals</b>									
Aboriginal but not Torres Strait Islander origin	285	127	2,372	3,682	155	n.p.	n.p.	n.p.	6,779
Torres Strait Islander but not Aboriginal origin	91	16	637	35	3	n.p.	n.p.	n.p.	789
Aboriginal and Torres Strait Islander origin	57	159	562	175	30	n.p.	n.p.	n.p.	1,019
Not Aboriginal or Torres Strait Islander origin	707,586	650,804	465,045	276,706	207,254	n.p.	n.p.	n.p.	2,360,221
Not reported	957	0	133,549	0	4,269	n.p.	n.p.	n.p.	193,993
<i>Total</i>	<i>708,976</i>	<i>651,106</i>	<i>602,165</i>	<i>280,598</i>	<i>211,711</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,562,801</i>
<b>All hospitals</b>									
Aboriginal but not Torres Strait Islander origin	36,588	8,427	44,747	40,624	13,150	n.p.	n.p.	n.p.	188,152
Torres Strait Islander but not Aboriginal origin	832	274	8,000	91	36	n.p.	n.p.	n.p.	9,437
Aboriginal and Torres Strait Islander origin	945	777	2,503	408	86	n.p.	n.p.	n.p.	5,294
Not Aboriginal or Torres Strait Islander origin	1,952,923	1,791,468	1,103,228	607,300	552,779	n.p.	n.p.	n.p.	6,219,845
Not reported	8,862	0	145,853	0	13,519	n.p.	n.p.	n.p.	231,044
<b>Total</b>	<b>2,000,150</b>	<b>1,800,946</b>	<b>1,304,331</b>	<b>648,423</b>	<b>579,570</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6,653,772</b>
Separation rate <sup>(c)</sup> for Indigenous persons per 1,000	386.5	462.9	643.5	847.4	717.5	148.7	775.5	1,063.9	619.9
Separation rate <sup>(c)</sup> for non-Indigenous persons per 1,000	293.0	361.2	345.7	330.6	356.8	165.4	216.7	248.2	329.2
Separation rate <sup>(c)</sup> for all per 1,000	294.4	361.7	352.1	343.5	361.1	164.5	219.7	422.5	333.9
Rate ratio <sup>(d)</sup>	1.3	1.3	1.9	2.6	2.0	0.9	3.6	4.3	1.9

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail.

(c) The rates were directly age-standardised to the Australian population at 30 June 2001. The separation rate for non-Indigenous persons includes *Not reported*. Rates for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only. For details see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au/>.

(d) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for non-Indigenous persons (which includes *Not reported*).

n.p. Not published.

**Table 7.8: Overnight separations<sup>(a)</sup>, by Indigenous status<sup>(b)</sup> and hospital sector, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Aboriginal but not Torres Strait Islander origin	20,589	3,683	19,957	20,699	6,341	787	364	16,006	88,426
Torres Strait Islander but not Aboriginal origin	295	169	3,074	46	20	58	6	72	3,740
Aboriginal and Torres Strait Islander origin	608	303	831	145	43	24	26	200	2,180
Not Aboriginal or Torres Strait Islander origin	710,275	521,214	328,814	166,115	175,873	36,493	26,422	12,993	1,978,199
Not reported	4,492	0	6,058	0	3,178	3,573	780	108	18,189
<i>Total</i>	<i>736,259</i>	<i>525,369</i>	<i>358,734</i>	<i>187,005</i>	<i>185,455</i>	<i>40,935</i>	<i>27,598</i>	<i>29,379</i>	<i>2,090,734</i>
<b>Private hospitals</b>									
Aboriginal but not Torres Strait Islander origin	60	31	398	257	83	n.p.	n.p.	n.p.	890
Torres Strait Islander but not Aboriginal origin	16	6	54	9	2	n.p.	n.p.	n.p.	92
Aboriginal and Torres Strait Islander origin	31	25	72	31	12	n.p.	n.p.	n.p.	191
Not Aboriginal or Torres Strait Islander origin	260,479	248,094	167,801	117,114	87,656	n.p.	n.p.	n.p.	905,626
Not reported	94	0	51,555	0	1,507	n.p.	n.p.	n.p.	78,879
<i>Total</i>	<i>260,680</i>	<i>248,156</i>	<i>219,880</i>	<i>117,411</i>	<i>89,260</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>985,678</i>
<b>All hospitals</b>									
Aboriginal but not Torres Strait Islander origin	20,649	3,714	20,355	20,956	6,424	n.p.	n.p.	n.p.	89,316
Torres Strait Islander but not Aboriginal origin	311	175	3,128	55	22	n.p.	n.p.	n.p.	3,832
Aboriginal and Torres Strait Islander origin	639	328	903	176	55	n.p.	n.p.	n.p.	2,371
Not Aboriginal or Torres Strait Islander origin	970,754	769,308	496,615	283,229	263,529	n.p.	n.p.	n.p.	2,883,825
Not reported	4,586	0	57,613	0	4,685	n.p.	n.p.	n.p.	97,068
<b>Total</b>	<b>996,939</b>	<b>773,525</b>	<b>578,614</b>	<b>304,416</b>	<b>274,715</b>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<b>3,076,412</b>
Separation rate <sup>(c)</sup> for Indigenous persons per 1,000	220.4	212.3	274.2	441.1	352.6	67.6	201.9	407.8	289.2
Separation rate <sup>(c)</sup> for non-Indigenous persons per 1,000	145.5	154.7	153.9	154.9	168.1	85.9	96.1	127.1	152.2
Separation rate <sup>(c)</sup> for all per 1,000	146.6	155.0	156.7	161.9	170.4	85.2	96.6	171.3	154.5
Rate ratio <sup>(d)</sup>	1.5	1.4	1.8	2.8	2.1	0.8	2.1	3.2	1.9

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail.

(c) The rates were directly age-standardised to the Australian population at 30 June 2002 and separation rate for non-Indigenous persons includes *Not reported*. Rates for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only. For details, see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au/>

(d) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for non-Indigenous persons (which includes *Not reported*).

n.p. Not published.

**Table 7.9: Separations<sup>(a)</sup>, by Indigenous status, age group and sex, Australia, 2002–03**

Age group	Indigenous			Not Indigenous			Not reported			Total <sup>(b)</sup>		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Under 1	5,206	3,956	9,162	73,176	54,239	127,434	2,473	1,789	4,267	80,855	59,984	140,863
1–4	5,538	4,509	10,047	94,811	66,554	161,367	2,364	1,425	3,790	102,713	72,488	175,204
5–14	5,701	4,529	10,230	121,816	89,825	211,642	3,486	2,921	6,407	131,003	97,275	228,279
15–24	6,304	16,341	22,645	171,171	277,990	449,168	6,347	9,647	15,995	183,822	303,978	487,808
25–34	11,137	19,592	30,730	215,349	501,874	717,225	8,109	18,696	26,807	234,595	540,162	774,762
35–44	16,443	18,300	34,838	282,326	416,112	698,440	11,807	18,710	30,521	310,576	453,122	763,799
45–54	17,854	20,535	38,390	372,856	410,174	783,033	16,525	19,993	36,520	407,235	450,702	857,943
55–64	11,428	16,749	28,177	472,795	417,300	890,097	19,336	19,283	38,622	503,559	453,332	956,896
65–74	4,784	9,093	13,877	532,921	450,247	983,176	17,310	15,761	33,075	555,015	475,101	1,030,128
75 and over	1,925	2,860	4,785	569,528	628,670	1,198,200	16,369	18,592	34,962	587,822	650,122	1,237,947
<b>Total<sup>(b)</sup></b>	<b>86,322</b>	<b>116,464</b>	<b>202,883</b>	<b>2,906,784</b>	<b>3,313,013</b>	<b>6,219,845</b>	<b>104,128</b>	<b>126,817</b>	<b>231,044</b>	<b>3,097,234</b>	<b>3,556,294</b>	<b>6,653,772</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which sex and/or age group were not reported.



**Table 7.10: Separations<sup>(a)</sup>, by selected country/region of birth and hospital sector, Australia, 2002–03**

Country/region	Separations			Separations per 1,000 population <sup>(b)</sup>		
	Public hospitals	Private hospitals	All hospitals	Public hospitals	Private hospitals	All hospitals
Australia	2,990,914	1,946,831	4,937,745	208.7	141.1	349.8
New Zealand	66,224	34,412	100,636	175.2	88.1	263.3
Papua New Guinea	4,757	3,117	7,874	243.1	167.4	410.5
Fiji	12,202	3,913	16,115	280.7	87.6	368.4
Other Oceania	15,018	3,339	18,357	475.1	110.8	585.8
<i>Oceania (including Australia)</i>	<i>3,089,115</i>	<i>1,991,612</i>	<i>5,080,727</i>	<i>208.7</i>	<i>139.5</i>	<i>348.2</i>
United Kingdom & Ireland	274,359	177,293	451,652	168.1	104.6	272.7
Greece	54,567	15,344	69,911	225.6	81.2	306.7
Italy	96,085	48,981	145,066	204.2	107.5	311.7
Malta	18,701	6,929	25,630	229.6	88.4	317.9
Former Yugoslavia	53,635	14,658	68,293	200.6	54.0	254.5
Former USSR and Baltic States	22,254	7,281	29,535	226.4	97.3	323.7
Hungary	8,813	5,591	14,404	185.5	109.4	294.9
Poland	20,862	10,532	31,394	179.9	91.9	271.8
Romania	3,528	1,663	5,191	195.4	91.2	286.6
France	3,963	2,734	6,697	190.5	116.6	307.2
Germany	30,130	17,963	48,093	169.9	95.0	264.8
Netherlands	26,804	14,053	40,857	180.9	90.6	271.5
Cyprus	7,827	2,432	10,259	243.3	78.2	321.5
Other Europe and the former USSR	32,529	17,820	50,349	196.9	109.3	306.2
<i>Europe (total)</i>	<i>654,057</i>	<i>343,274</i>	<i>997,331</i>	<i>185.8</i>	<i>97.7</i>	<i>283.4</i>
Lebanon	26,222	6,018	32,240	309.4	62.2	371.6
Turkey	9,781	2,256	12,037	283.4	54.9	338.3
Iran	3,914	1,629	5,543	195.2	69.5	264.7
Iraq	6,816	982	7,798	242.8	39.5	282.2
Egypt	12,423	5,970	18,393	243.4	99.2	342.5
Other Middle East and North Africa	9,600	4,173	13,773	254.1	104.5	358.6
<i>Middle East and North Africa (total)</i>	<i>68,756</i>	<i>21,028</i>	<i>89,784</i>	<i>271.5</i>	<i>76.8</i>	<i>348.2</i>

Table 7.10 (continued): Separations<sup>(a)</sup>, by selected country/region of birth and hospital sector, Australia, 2002-03

Country/region	Separations			Separations per 1,000 population <sup>(b)</sup>		
	Public hospitals	Private hospitals	All hospitals	Public hospitals	Private hospitals	All hospitals
Indonesia	6,757	6,093	12,850	149.4	140.2	289.5
Cambodia	5,818	1,172	6,990	255.0	41.2	296.2
Malaysia	9,125	9,031	18,156	130.7	105.9	236.6
Philippines	20,243	6,230	26,473	194.7	50.4	245.0
Singapore	3,657	3,573	7,230	116.2	106.9	223.1
Vietnam	30,339	7,404	37,743	183.2	38.7	221.9
China	25,042	11,913	36,955	139.1	62.9	202.0
Hong Kong & Macau	6,306	6,947	13,253	122.9	118.6	241.5
Japan	2,709	2,828	5,537	127.1	122.7	249.8
India	18,126	10,660	28,786	154.6	86.6	241.2
Sri Lanka	11,812	6,436	18,248	194.0	95.0	289.0
Other Asia	22,209	8,687	30,896	169.3	61.0	230.3
<i>Asia (total)</i>	<i>162,143</i>	<i>80,974</i>	<i>243,117</i>	<i>160.5</i>	<i>75.5</i>	<i>236.0</i>
Canada	4,111	4,084	8,195	142.9	129.2	272.0
USA	8,323	8,968	17,291	153.7	151.7	305.3
Other North America	123	65	188	298.8	128.9	427.7
<i>North America (total)</i>	<i>12,557</i>	<i>13,117</i>	<i>25,674</i>	<i>150.9</i>	<i>144.0</i>	<i>294.9</i>
Argentina	2,314	1,222	3,536	191.4	90.9	282.2
Chile	6,040	2,008	8,048	243.3	68.8	312.1
The Caribbean	1,141	982	2,123	244.2	176.7	420.9
Other South America, Central America, and the Caribbean	9,168	3,396	12,564	212.4	71.1	283.5
<i>South America, Central America, and the Caribbean (total)</i>	<i>18,663</i>	<i>7,608</i>	<i>26,271</i>	<i>220.0</i>	<i>79.8</i>	<i>299.7</i>
Mauritius	4,462	2,519	6,981	204.7	115.6	320.2
South Africa	10,638	10,632	21,270	130.5	115.8	246.3
Other Africa excluding North Africa	9,839	5,947	15,786	200.2	125.8	326.0
<i>Africa excluding North Africa (total)</i>	<i>24,939</i>	<i>19,098</i>	<i>44,037</i>	<i>165.8</i>	<i>116.8</i>	<i>282.6</i>
<b>Overseas (total)</b>	<b>1,039,316</b>	<b>529,880</b>	<b>1,569,196</b>	<b>187.3</b>	<b>90.2</b>	<b>277.5</b>
Not stated or inadequately described	60,741	86,090	146,831	..	..	..
<b>Total</b>	<b>4,090,971</b>	<b>2,562,801</b>	<b>6,653,772</b>	<b>208.3</b>	<b>130.5</b>	<b>338.8</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The rates were directly age-standardised to the Australian population at 30 June 2001. For details, see Appendix 3.

.. Not applicable.

**Table 7.11: Selected separation statistics<sup>(a)</sup> by same day status, hospital sector<sup>(b)</sup> and state and territory of usual residence, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>All separations</b>									
Separations	2,045,796	1,785,106	1,275,518	648,246	573,401	146,053	69,480	78,746	6,623,257
Separations not within state of residence (%)	4	1	1	1	1	2	7	6	
Proportion for public patients (%)	54	57	50	59	56	54	66	81	55
Separation rate <sup>(d)</sup>	301.1	358.5	344.3	343.4	357.2	298.5	236.9	488.5	332.5
Standardised separation rate ratio (SRR)	0.91	1.08	1.04	1.03	1.07	0.90	0.71	1.47	
95% confidence interval of SRR	0.91–0.91	1.08–1.08	1.04–1.04	1.03–1.03	1.07–1.07	0.90–0.90	0.70–0.72	1.46–1.48	
<b>Same day separations</b>									
Separations	1,032,965	1,018,266	708,772	344,580	302,839	72,919	37,484	43,376	3,561,463
Separations not within state of residence (%)	4	1	1	0	1	2	5	4	
Proportion for public patients (%)	47	54	45	58	54	50	70	83	51
Separation rate <sup>(d)</sup>	152.1	204.9	190.8	181.9	189.4	148.5	128.2	280.8	178.7
Standardised separation rate ratio (SRR)	0.85	1.15	1.07	1.02	1.06	0.83	0.72	1.57	
95% confidence interval of SRR	0.85–0.85	1.15–1.15	1.07–1.07	1.02–1.02	1.06–1.06	0.82–0.84	0.71–0.73	1.56–1.58	
<b>Overnight separations</b>									
Separations	1,012,831	766,840	566,746	303,666	270,562	73,134	31,996	35,370	3,061,794
Separations not within state of residence (%)	4	1	1	1	1	3	9	8	
Proportion for public patients (%)	61	59	57	60	58	59	61	79	60
Separation rate <sup>(d)</sup>	149.0	153.6	153.5	161.5	167.8	150.0	108.7	207.7	153.7
Standardised separation rate ratio (SRR)	0.97	1.00	1.00	1.05	1.09	0.98	0.71	1.35	
95% confidence interval of SRR	0.97–0.97	1.00–1.00	1.00–1.00	1.05–1.05	1.09–1.09	0.97–0.99	0.70–0.72	1.34–1.36	
<b>Public hospitals</b>									
Separations	1,314,156	1,133,885	695,858	367,742	365,386	81,389	50,625	66,793	4,076,677
Separations not within state of residence (%)	4	1	1	1	1	2	6	4	
Proportion for public patients (%)	83	89	91	90	87	83	90	96	87
Separation rate <sup>(d)</sup>	193.6	228.0	187.7	195.3	229.4	167.0	173.9	412.2	205.0
Standardised separation rate ratio (SRR)	0.94	1.11	0.92	0.95	1.12	0.81	0.85	2.01	
95% confidence interval of SRR	0.94–0.94	1.11–1.11	0.92–0.92	0.95–0.95	1.12–1.12	0.80–0.82	0.84–0.86	1.99–2.03	
<b>Private hospitals</b>									
Separations	731,640	651,221	579,660	280,504	208,015	n.p.	n.p.	n.p.	2,546,580
Separations not within state of residence (%)	5	1	1	0	0	n.p.	n.p.	n.p.	
Proportion for public patients (%)	3	0	2	18	1	n.p.	n.p.	n.p.	4
Separation rate <sup>(d)</sup>	107.5	130.5	156.6	148.1	127.7	n.p.	n.p.	n.p.	127.5
Standardised separation rate ratio (SRR)	0.84	1.02	1.23	1.16	1.00	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.84–0.84	1.02–1.02	1.23–1.23	1.16–1.16	1.00–1.00	n.p.	n.p.	n.p.	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Some private hospitals are not included. See Appendix 4 for details.

(c) Includes Other territories and excludes non-Australian residents and Unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.

n.p. Not published.

**Table 7.12: Selected separation statistics<sup>(a)</sup>, by same day status, hospital sector<sup>(b)</sup> and Remoteness Area of usual residence, all hospitals, Australia<sup>(c)</sup>, 2002–03**

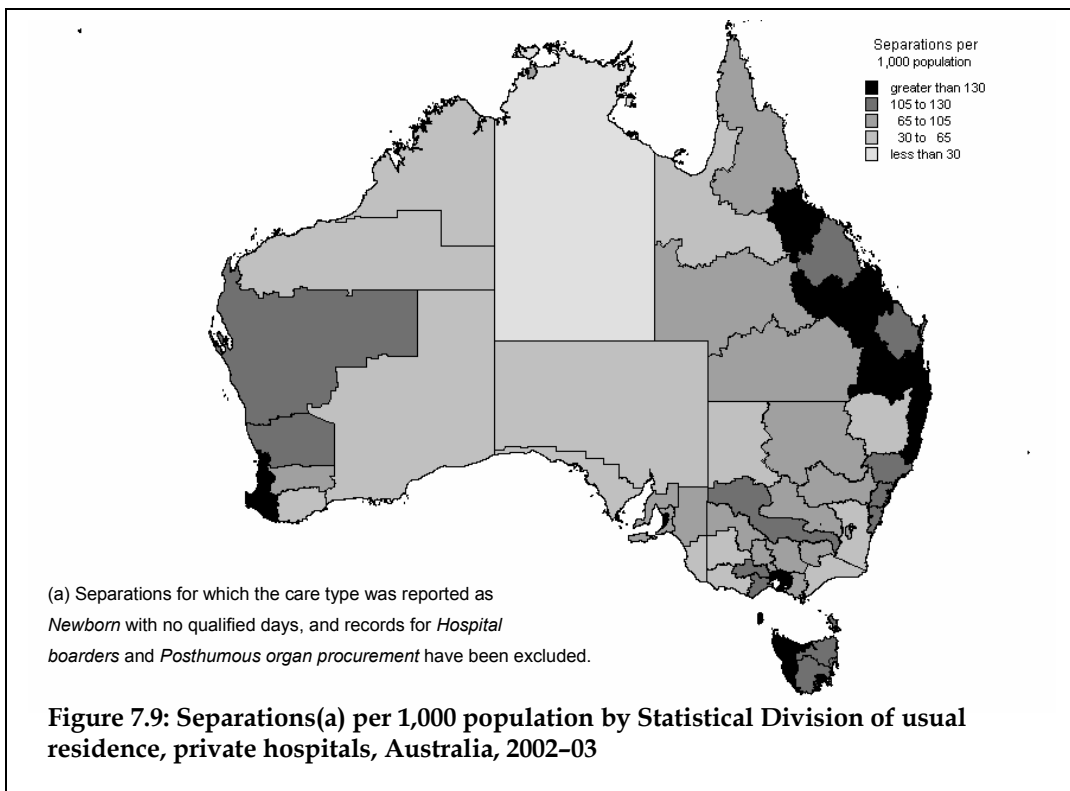
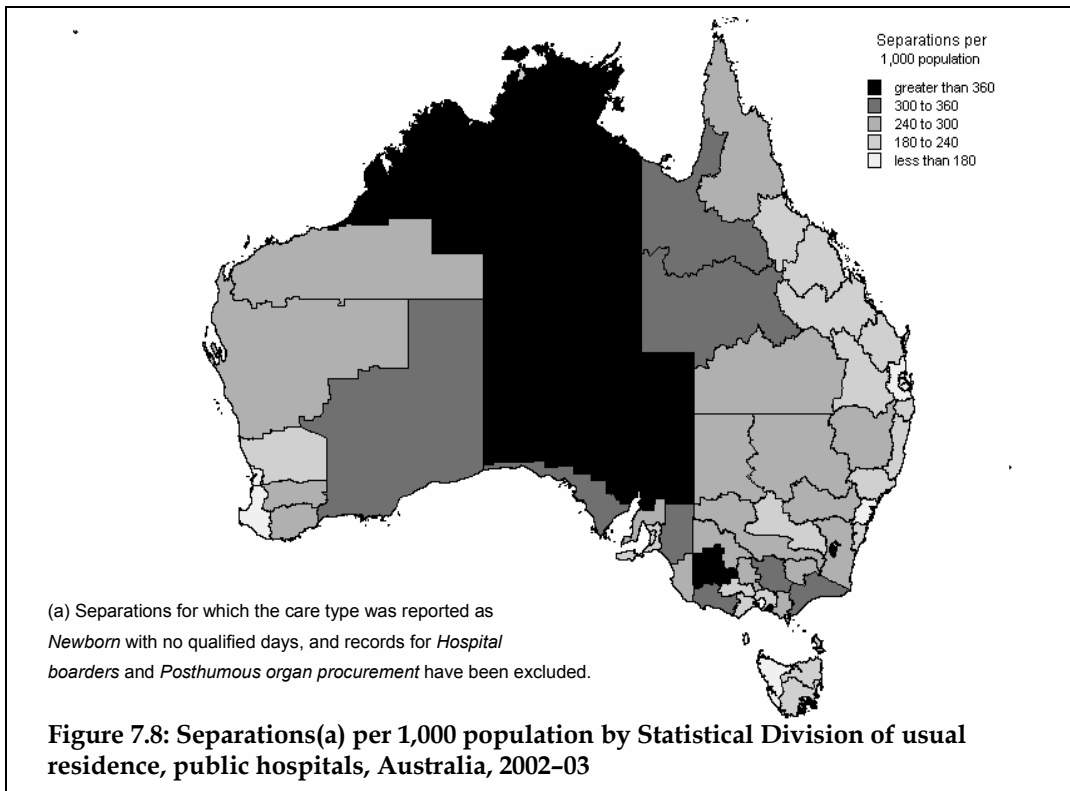
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>All separations</b>						
Separations	4,333,196	1,383,508	705,124	114,510	74,437	6,623,257
Proportion for public patients (%)	51	58	65	74	87	55
Separation rate <sup>(d)</sup>	332.0	328.9	347.2	381.3	474.1	335.1
Standardised separation rate ratio (SRR)	0.99	0.98	1.04	1.14	1.41	
95% confidence interval of SRR	0.99–0.99	0.98–0.98	1.04–1.04	1.13–1.15	1.40–1.42	
<b>Same day separations</b>						
Separations	2,457,002	686,043	333,200	48,267	31,627	3,561,463
Proportion for public patients (%)	48	54	62	71	86	51
Separation rate <sup>(d)</sup>	188.7	162.1	162.6	157.8	205.0	180.1
Standardised separation rate ratio (SRR)	1.05	0.90	0.90	0.88	1.14	
95% confidence interval of SRR	1.05–1.05	0.90–0.90	0.90–0.90	0.87–0.89	1.13–1.15	
<b>Overnight separations</b>						
Separations	1,876,194	697,465	371,924	66,243	42,810	3,061,794
Proportion for public patients (%)	56	62	68	75	88	60
Separation rate <sup>(d)</sup>	143.3	166.8	184.6	223.4	269.1	155.0
Standardised separation rate ratio (SRR)	0.92	1.08	1.19	1.44	1.74	
95% confidence interval of SRR	0.92–0.92	1.08–1.08	1.19–1.19	1.43–1.45	1.72–1.76	
<b>Public hospitals</b>						
Separations	2,504,663	880,622	521,993	93,772	67,928	4,076,677
Proportion for public patients (%)	87	86	86	88	95	87
Separation rate <sup>(d)</sup>	192.1	210.9	257.6	311.6	429.4	206.5
Standardised separation rate ratio (SRR)	0.93	1.02	1.25	1.51	2.08	
95% confidence interval of SRR	0.93–0.93	1.02–1.02	1.25–1.25	1.50–1.52	2.06–2.10	
<b>Private hospitals</b>						
Separations	1,828,533	502,886	183,131	20,738	6,509	2,546,580
Proportion for public patients (%)	2	8	6	8	7	4
Separation rate <sup>(d)</sup>	139.9	118.0	89.6	69.7	44.8	128.6
Standardised separation rate ratio (SRR)	1.09	0.92	0.70	0.54	0.35	
95% confidence interval of SRR	1.09–1.09	0.92–0.92	0.70–0.70	0.53–0.55	0.34–0.36	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Some private hospitals are not included. See Appendix 4 for details.

(c) Includes Other territories and excludes non-Australian residents and Unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 2001.



# 8 Principal diagnoses for admitted patients

## Introduction

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for occasioning the admitted patient's episode of care in hospital. Data on principal diagnoses provide information on the diseases and conditions for which hospitalisations occur and can provide an indirect measure of community morbidity.

The principal diagnosis is usually a disease, injury or poisoning, but can also be the specific care or service provided for a current condition (for example, dialysis for renal disease), or other reasons for hospitalisation.

Principal diagnoses for 2002–03 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002). Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes) which, in turn, contain an even larger number of very specific disease categories represented by 4- and 5-character codes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM disease classification.

Most of the information is presented using three 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 (Figures 8.2 and 8.3 and Table 8.18);
- ICD-10-AM disease groupings – these 73 groups were chosen to provide more detailed information than ICD-10-AM chapters (Tables 8.1 to 8.4); and
- 3-character ICD-10-AM groupings – 1,664 categories describe the diseases at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 8.6 to 8.10 and Tables 8.12 to 8.17) and summary information is provided for all of the groups (for which separations were reported) on the website at <http://www.aihw.gov.au/> (Tables S8.1 to S8.4).

In addition, Table 8.11 uses a mixture of ICD-10-AM chapters, 3- and 4-character categories and other groupings to present information on diagnoses reported for public psychiatric hospitals.

Tables are presented with summary separation, patient day and length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented, as well as separation statistics by

Indigenous status. Information on public patients in tables 8.1, 8.2, 8.3 and 8.6 to 8.11 relates to separations for which the patient election status was reported as public (see Chapter 6).

Table 8.5 presents information on the number of diagnoses reported by each state and territory, including the principal diagnosis and any additional diagnoses.

Data for private hospitals, in Tasmania, the Northern Territory and the Australian Capital Territory are not shown in Tables 8.4, 8.5, 8.13 and 8.15. These data were supplied but are not published for reasons of confidentiality.

## Principal diagnosis and other data elements reported for separations

The information on principal diagnosis reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 8.1 demonstrates this using the example of the principal diagnosis J35 *Chronic diseases of tonsils and adenoids*. There were 31,700 separations with this principal diagnosis, with an average length of stay of 1.1 days. A total of 53.5% of separations were for females. Just over 45% of separations with this principal diagnosis were in the public sector and nearly all patients (99%) had a care type of *Acute care*. Almost all patients (99%) with this diagnosis had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. *Nonsuppurative otitis media* (H65) and *Chronic disease of tonsils and adenoids* (J35) were the most common additional diagnoses. The most common procedure performed was *General anaesthesia* (Block 1910) and the most commonly reported AR-DRG was *Tonsillectomy and/or Adenoidectomy* (D11Z). The most common external cause reported for this principal diagnosis was *Removal of other organ (partial) (total) (as a cause of abnormal reaction or complication)* (Y83.6).

## ICD-10-AM chapters

Figures 8.2 and 8.3 provide a summary of the separations and patient days reported for each of the ICD-10-AM disease chapters.

Ignoring the diverse categories that make up the *Factors influencing health status and contact with health services* group, the chapter with the highest number of separations in the public sector was *Injury and poisoning and certain other consequences of external causes*, followed by *Diseases of the digestive system*. In the private sector, *Diseases of the digestive system* had the largest number of separations. After the *Factors influencing health status and contact with health services* group, the highest numbers of patient days for the public sector were reported for the *Mental and behavioural disorders* chapter. *Neoplasms* and *Diseases of the musculoskeletal and connective tissues* chapters accounted for the highest numbers of patient days in the private sector.

For the public and private sectors combined, the chapter with the most separations was *Diseases of the digestive system*. The largest numbers of patient days were reported for the *Mental and behavioural disorders* chapter.

## Broad disease groupings

### Sector

Tables 8.1 and 8.2 summarise the principal diagnosis data. *Encounter with health service for specific procedures (Z40–Z54)* stands out as a high-volume group (871,173 separations, 440.9 separations per 10,000 population), for its high use of beds (1,091.5 patient days per 10,000 population) although the average length of stay is low (2.5 days). This is attributable to the large number of same day separations for *Care involving dialysis (Z49)* and *Other medical care (Z51)* which includes chemotherapy (Table 8.8). *Mental and behavioural disorders (F00–F99)* is another high-volume group (162,108 separations, 82.0 separations per 10,000 population) and has a high use of beds (1,068.9 patient days per 10,000 population) and had a long average length of stay (13.0 days).

In the private sector (Table 8.2), *Encounter with health service for specific procedures (Z40–Z54)* also recorded the highest number of separations (352,548). High numbers of separations were also reported for *Diseases of musculoskeletal and connective tissue (M00–M99)* (215,180). *Encounter with health service for specific procedures (Z40–Z54)* (860,389) and *Diseases of musculoskeletal and connective tissue (M00–M99)* (719,328) recorded the highest numbers of patient days.

The groups with the highest proportions of separations in the public sector were *HIV disease (B20–B24)* (98.0% in the public sector, 451) and *Poisonings and toxic effects (T36–T65)* (95.9%, 35,781) (derived from Tables 8.1 and 8.2). The group with the highest proportions of separations in the private sector was *Encounter relating to personal and family history (Z80–Z99)* (84.9% in the private sector, 13,147).

The highest proportion of public patients in public hospitals was for *HIV disease (B20–B24, 98.0%)*, while the lowest was for *Injuries to thorax, abdomen, back, spine and pelvis (S20–S39, 70.7%)*. The highest proportion of public patients in private hospitals was for *Poisoning and toxic effects (T36–T65, 35.0%)*.

### States and territories

Tables 8.3 and 8.4 contain detail on the pattern of hospital use in the states and territories for the diagnosis groups, in both the public and private sectors. These tables enable state-by-state comparisons of overall hospital use for the different diagnosis groups, and the share of separations between the private and public sectors. For example, the proportions of separations for *Influenza and pneumonia (J10–J18)* in public hospitals (rather than private hospitals) was higher in New South Wales (91%, 19,374) than in Queensland (71%, 8,548).

## Number of diagnosis codes

The National Hospital Morbidity Database contains data on principal diagnoses and additional diagnoses. Additional diagnoses include comorbidities (co-existing conditions) and/or complications which contribute to longer lengths of stay, more intensive treatment or the use of greater resources. Ideally, the number of additional diagnoses recorded for a patient should be related to the person's clinical condition, and not be restricted by administrative or technical limitations. The AIHW requested that the states and territories report a maximum of 31 diagnosis codes.



Table 8.5 presents information on the number of diagnosis codes (principal and additional) reported to the National Hospital Morbidity Database. There are differences between the states and territories in the maximum number of diagnoses reported; for example, in the public sector, 21 diagnoses for New South Wales and 31 for Western Australia and Queensland. However, the average number of diagnosis codes per separation varied little among the jurisdictions, for both the public and private sectors.

Overall, the average number of codes reported for the public sector was slightly higher than for the private sector. In the public sector 16.2% of records had five or more diagnosis codes (663,508), but in the private sector only 9.1% of records fell into this category (232,617). This may have occurred if more complicated cases were being treated in public hospitals, or because of differences in coding practices.

## High-volume diagnoses

### Sector

Tables 8.6 to 8.10 and 8.12 to 8.17 present information on the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification.

Tables 8.6 to 8.10 contain summary separation, patient day and average length of stay statistics for the 30 diagnoses with the most separations in public, private and private free-standing day hospitals. Tables 8.6 to 8.9 also provide information on the top 30 diagnoses for overnight and same day separations in the public and private sectors.

In the public sector, the principal diagnosis group with the highest number of overnight separations was *Care involving use of rehabilitation procedures (Z50)* (49,458), followed by *Angina pectoris (I20)* (47,141) (Table 8.6). The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures (Z50)* (1,188,459) and the lowest for *Chronic diseases of tonsils and adenoids (J35)* (14,438), for which the average lengths of stay were 24.0 and 1.1 days, respectively.

In the private sector (Table 8.7), the most frequently reported principal diagnosis for overnight separations was *Sleep disorders (G47)*, 26,938. *Care involving use of rehabilitation procedures (Z50)* was the next most frequently reported principal diagnosis (25,541) and also had the highest number of patient days and the longest average length of stay (453,108 and 17.7 days). The highest proportion of public patients in public hospitals was for *Schizophrenia (F20)*, 98.7% public patients) and the lowest for *Fracture of lower leg including ankle (S82)*, 74.0%), whereas the highest proportion of public patients in private hospitals was for *Other chronic obstructive pulmonary disease (J44)*, 9.1%).

Table 8.8 reports the principal diagnoses with the highest number of same day separations in the public sector. It shows that the top principal diagnosis group is *Care involving dialysis (Z49)*, 590,683, followed by *Other medical care (Z51)*, 136,688). Comparing this table to Table 8.6 it can be seen that the top 30 principal diagnoses are quite different, suggesting that there are differences in the types of principal diagnoses that are most commonly treated on a same day basis compared to those that are not.

In the private sector (Table 8.9), *Other medical care (Z51)*, 139,069 had the highest number of same day separations, followed by *Care involving dialysis (Z49)*, 103,515). In public hospitals, the highest proportion of same day separations that were for public patients was for *False labour (O47)*, 95.4%, while the lowest was for *Other cataract (H26)*, 79.1%). However, in private

hospitals, the highest proportion of same day separations that were for public patients was for *Care involving dialysis* (Z49, 26.1%).

The most common principal diagnosis groups in private free-standing day hospitals were *Medical abortion* (O04, 35,021) and *Other medical care* (Z51, 29,785) (Table 8.10). The proportion of separations in private free-standing day hospital facilities that was for public patients was highest for *Care involving dialysis* (Z49, 30.4%).

Table 8.11 presents information on public psychiatric hospitals. Over 98% of separations in public psychiatric hospitals were for public patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00–F99, 90%). *Schizophrenia* (F20) was the most common diagnosis reported (3,586) and accounted for more patient days than any other group (471,204). The average length of stay was relatively high for most of the disease groups and 17.0% of separations (2,832) were same day separations, compared with 48.9% in public hospitals overall (Table 8.1). Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence the average length of stay data should be interpreted with caution, taking into consideration the inclusion of some very long stay and non-acute separations.

## States and territories

There was some variation between the states and territories in the relative number of separations for the most common diagnoses (Tables 8.12 and 8.13). There was also some variation between the states and territories in the average length of stay for separations for the most common diagnosis (Tables 8.14 and 8.15). For example, in the public sector, the average length of stay for *Care involving use of rehabilitation procedures* (Z50) ranged from 5.7 days in the Northern Territory to 30.2 days in Tasmania. In contrast, the average length of stay in the private sector for *Care involving use of rehabilitation procedures* (Z50) ranged from 4.6 days in Queensland to 22.2 days in Western Australia. However, for *Other cataract* (H26), the average length of stay was approximately 1.0 day for all jurisdictions in both sectors.

## Age group and sex

In Tables 8.16 and 8.17, information is presented on the number of separations by age group by the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification for males and females. These tables show a number of different patterns in the age distributions of separations for the various groups. For example, patients admitted for *Angina pectoris* (I20) were mostly in the older age groups. Other groups of diseases peaked in different age groups, for example *Single spontaneous delivery* (O80) peaked in the 25–34 year age group for females, *Internal derangement of knee* (M23) in the 35–44 year age group for males and *Embedded and impacted teeth* (K01) in the 15–24 year age group for both females and males.

These tables also indicate the relative importance of the disease groups as causes of hospitalisation for each sex and age group. For example, in the group of males aged 75 years and over, (excluding *Care involving dialysis* (Z49) and *Other medical care* (Z51) which were common in most age groups) common diagnoses were *Other cataract* (H26) and *Other malignant neoplasms of the skin* (C44). For females in the 1–4 years age group *Pneumonia, organism unspecified* (J18) and *Other disorders of the urinary system* (N39) were common diagnoses.

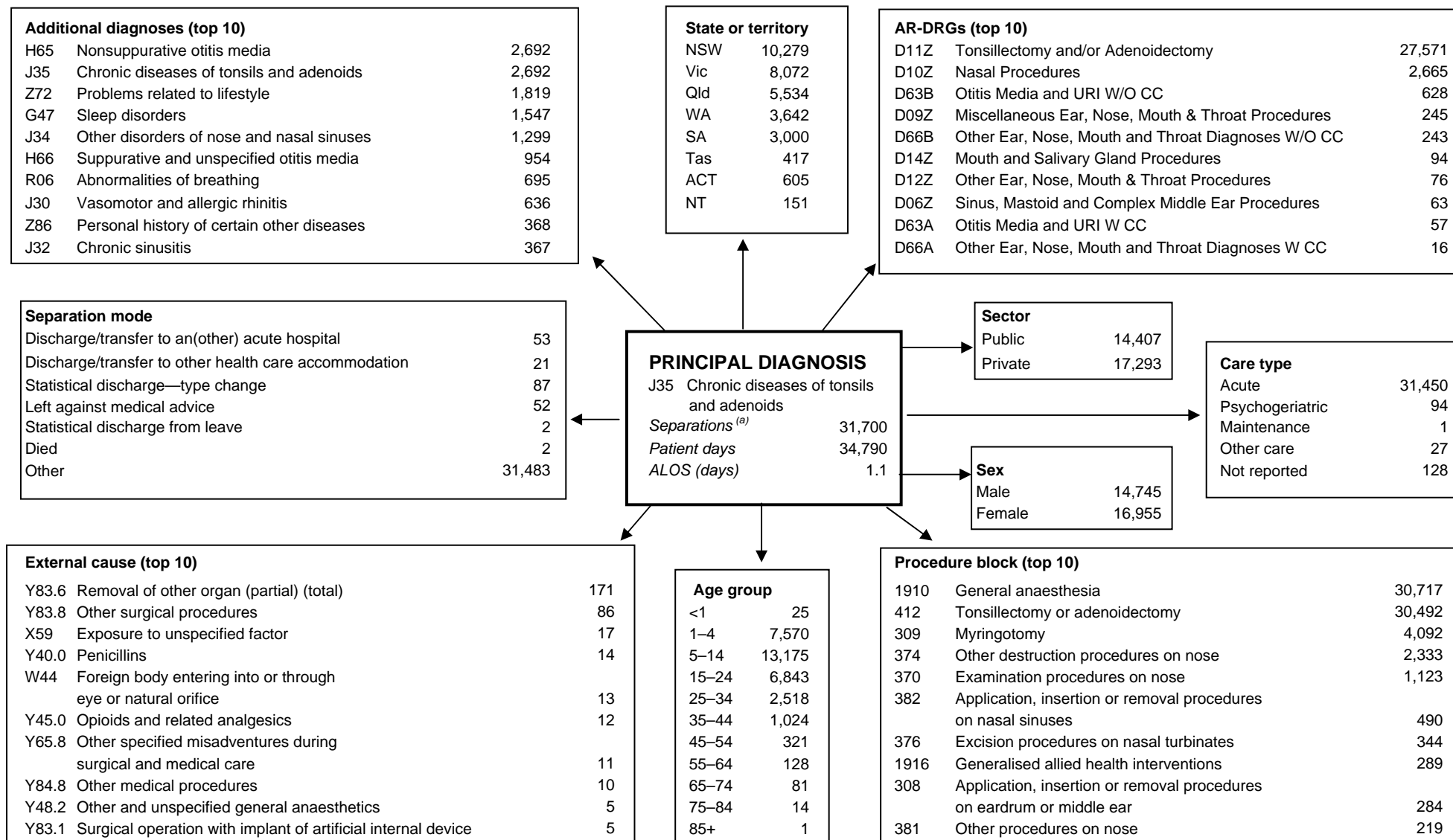
## Indigenous status

Table 8.18 reports separation statistics by Indigenous status for all hospitals. The most common principal diagnosis for patients identified as Indigenous was *Care involving dialysis* (Z49, 73,100). This represented approximately 36% of all separations for patients identified as Indigenous compared to 9.7% of separations for non-Indigenous patients. The next most common principal diagnosis reported was *Injury, poisoning and certain other consequences of external causes* (S00–T98, 17,058) which represented 8.4% of all separations for patients identified as Indigenous.

The age-standardised separation rates for persons identified as Indigenous were relatively high for the majority of the principal diagnosis chapters. As indicated in the rate ratios, persons identified as Indigenous were nearly five times as likely to be hospitalised with a principal diagnosis of *Certain infectious or parasitic diseases* as non-Indigenous persons and were nearly eight times as likely to be hospitalised with a principal diagnosis of *Care involving dialysis*.

## Additional data

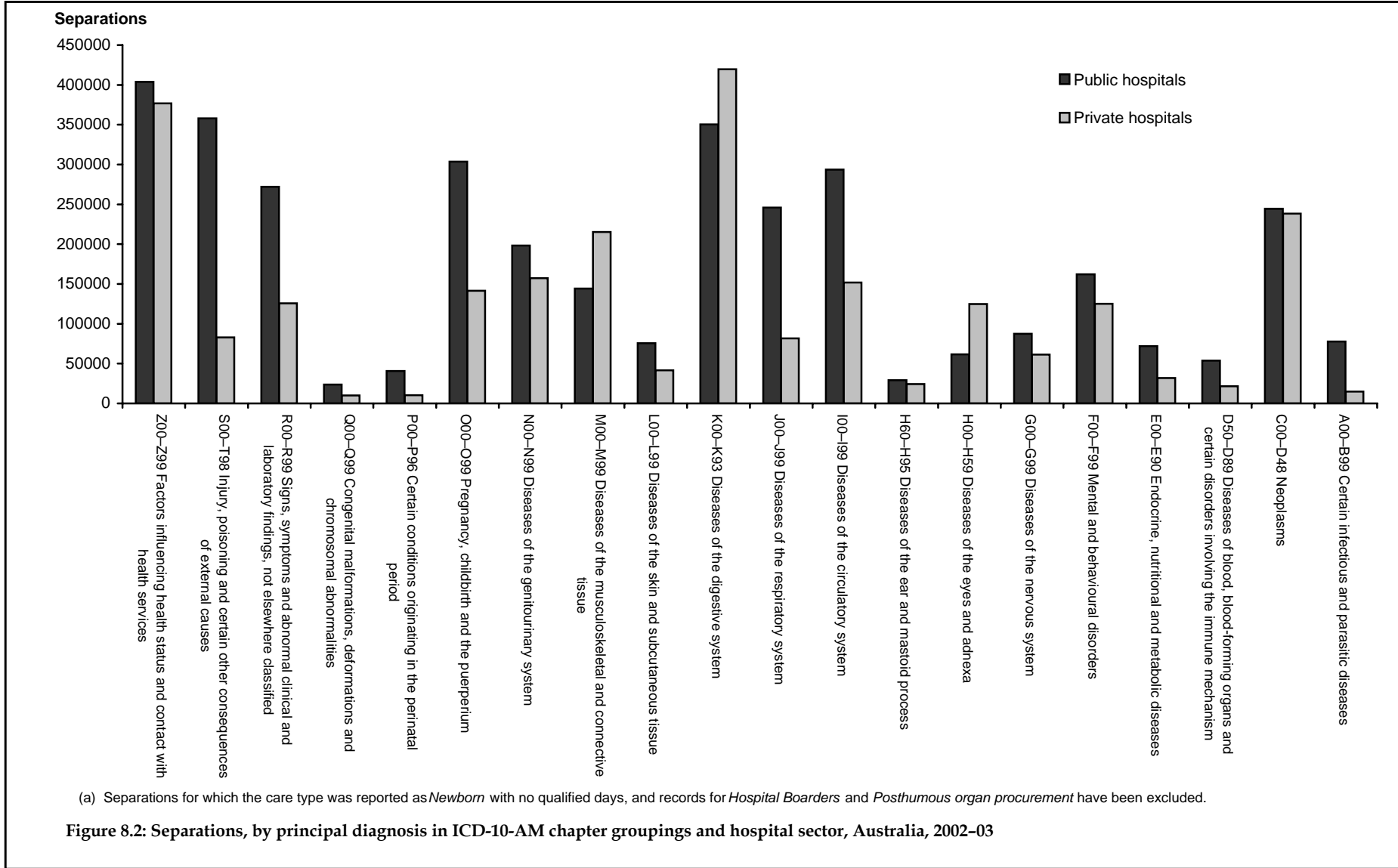
The accompanying tables on the website at <http://www.aihw.gov.au/> provide national summary statistics for public and private hospitals for each 3-character ICD-10-AM disease code. For access to more diagnosis data, the AIHW's web site also contains interactive national hospital morbidity data cubes on principal diagnoses including counts of separations, patient days and average length of stay, by age group, sex and same day status. Principal diagnosis information is available at the broader ICD-10-AM chapter level through to the more specific 5-character level (where applicable).



Note: Main abbreviations: ALOS—average length of stay; Inj—injury; W—with; W/O—without; CC—complication or comorbidity.

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital Boarders* and *Posthumous organ procurement* have been excluded.

**Figure 8.1: Interrelationships of a principal diagnosis (J35 Chronic diseases of tonsils and adenoids) with other data elements, all hospitals, Australia, 2002–03**



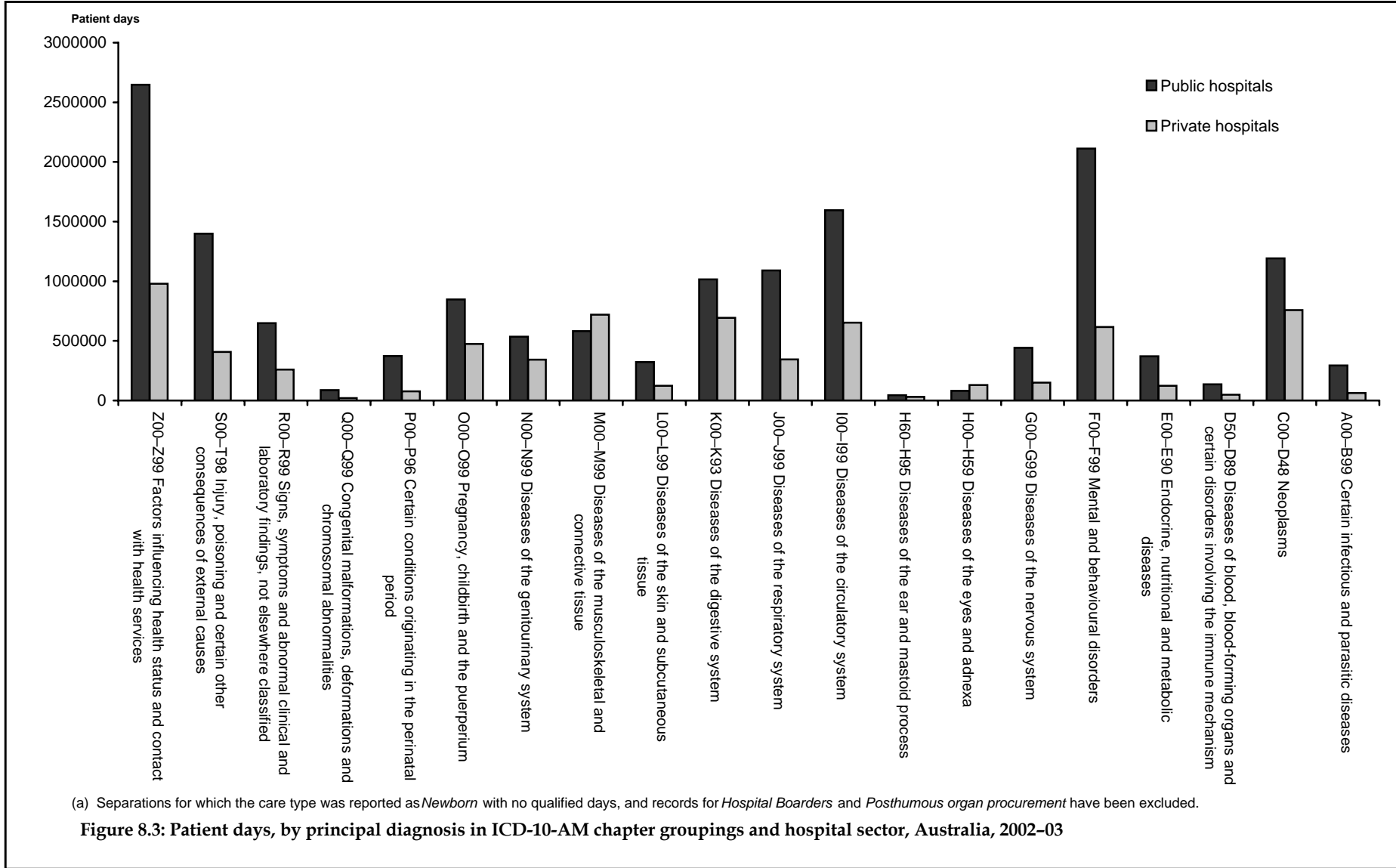


Table 8.1: Selected separation statistics<sup>(a)</sup>, by principal diagnosis in ICD-10-AM groupings, public hospitals, Australia, 2002-03

Principal diagnosis		Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00-A09	Intestinal infectious diseases	32,516	7,175	29,438	16.5	70,854	35.9	2.2	2.5
A15-A19	Tuberculosis	700	110	580	0.4	9,941	5.0	14.2	16.7
A20-A49	Zoonotic and other bacterial diseases	13,387	1,334	11,144	6.8	118,728	60.1	8.9	9.7
A50-A64	Predominantly sexually transmitted diseases	1,117	641	1,047	0.6	3,465	1.8	3.1	5.9
A65-B19	Other spirochaetal, chlamydial, rickettsial and viral diseases	9,578	4,214	8,509	4.8	33,862	17.1	3.5	5.5
B20-B24	HIV disease	451	131	442	0.2	5,503	2.8	12.2	16.8
B25-B99	Other and unspecified infectious and parasitic diseases	19,886	5,448	18,004	10.1	51,643	26.1	2.6	3.2
C00-C14	Mal. neoplasm of lip, oral cavity and pharynx	4,207	1,217	3,709	2.1	29,247	14.8	7.0	9.4
C15-C26	Mal. neoplasm of digestive system	26,300	6,394	21,881	13.3	236,403	119.6	9.0	11.6
C30-C39	Mal. neoplasm of respiratory and intrathoracic organs	14,367	3,337	12,281	7.3	113,214	57.3	7.9	10.0
C40-C50	Mal. neoplasm of bone, connective tissue and breast	43,646	26,282	37,763	22.1	126,418	64.0	2.9	5.8
C51-C68	Mal. neoplasm of genitourinary organs	23,755	7,661	20,103	12.0	131,343	66.5	5.5	7.7
C69-C80	Other and unspecified malignant neoplasms	31,197	7,723	25,774	15.8	232,423	117.6	7.5	9.6
C81-C97	Mal. neoplasms of lymphoid and haematopoietic tissue	36,923	20,962	30,401	18.7	181,904	92.1	4.9	10.1
D00-D09	Neoplasms in situ	10,161	7,836	9,124	5.1	16,160	8.2	1.6	3.6
D10-D36	Benign neoplasms	40,257	26,023	35,025	20.4	90,397	45.8	2.2	4.5
D37-D48	Neoplasms of unknown or uncertain behaviour	13,570	9,441	11,347	6.9	33,752	17.1	2.5	5.9
D50-D89	Dis. of blood and blood-forming organs and immune mechanism	53,722	34,601	46,133	27.2	135,931	68.8	2.5	5.3
E00-E90	Endocrine, nutritional and metabolic diseases	71,842	27,459	62,831	36.4	370,130	187.3	5.2	7.7
F00-F99	Mental and behavioural disorders	162,108	40,120	151,754	82.0	2,111,939	1068.9	13.0	17.0
G00-G99	Diseases of the nervous system	87,526	34,452	76,015	44.3	442,563	224.0	5.1	7.7
H00-H59	Diseases of the eye and adnexa	61,559	49,958	48,346	31.2	80,834	40.9	1.3	2.7
H60-H95	Diseases of ear and mastoid process	29,179	18,030	25,087	14.8	45,317	22.9	1.6	2.4
I00-I09	Rheumatic heart disease	1,455	337	1,248	0.7	11,235	5.7	7.7	9.7
I10-I15	Hypertensive heart disease	5,782	1,196	4,760	2.9	22,408	11.3	3.9	4.6
I20-I25	Ischaemic heart disease	109,482	20,651	90,643	55.4	470,111	237.9	4.3	5.1
I26-I28	Pulmonary heart disease	6,810	655	5,565	3.4	48,608	24.6	7.1	7.8
I30-I52	Other forms of heart disease	83,923	17,078	68,186	42.5	447,086	226.3	5.3	6.4
I60-I69	Cerebrovascular disease	32,127	3,614	25,959	16.3	346,086	175.2	10.8	12.0
I70-I99	Other diseases of the circulatory system	53,963	19,184	46,279	27.3	248,802	125.9	4.6	6.6
J00-J06	Acute upper respiratory infections	29,029	8,049	26,803	14.7	51,127	25.9	1.8	2.1
J10-J18	Influenza and pneumonia	54,103	4,233	45,532	27.4	326,066	165.0	6.0	6.5
J20-J22	Acute lower respiratory infections	25,978	3,417	22,993	13.1	98,019	49.6	3.8	4.2
J30-J39	Other diseases of upper respiratory tract	32,543	7,446	28,070	16.5	44,098	22.3	1.4	1.5
J40-J70	Chronic lower respiratory dis. and lung dis. due to external agents	86,331	11,885	74,840	43.7	450,794	228.2	5.2	5.9
J80-J99	Other respiratory diseases	17,926	3,550	14,806	9.1	121,257	61.4	6.8	8.2
K00-K14	Diseases of oral cavity, salivary glands and jaws	32,312	26,431	25,551	16.4	43,545	22.0	1.3	2.9
K20-K31	Diseases of oesophagus, stomach and duodenum	68,997	49,225	60,353	34.9	140,146	70.9	2.0	4.6

(continued)

Table 8.1 (continued): Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, public hospitals, Australia, 2002-03

Principal diagnosis		Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
K35-K38	Appendicitis	18,979	1,536	16,484	9.6	59,624	30.2	3.1	3.3
K40-K46	Hernias	35,120	12,499	30,523	17.8	71,621	36.2	2.0	2.6
K50-K52	Non-infective enteritis and colitis	31,172	14,872	27,564	15.8	84,523	42.8	2.7	4.3
K55-K67	Other diseases of intestines	73,432	33,211	62,743	37.2	266,527	134.9	3.6	5.8
K70-K87	Diseases of liver, gallbladder and pancreas	63,045	10,898	55,684	31.9	271,083	137.2	4.3	5.0
K90-K93	Other diseases of digestive system	27,424	15,620	23,622	13.9	78,398	39.7	2.9	5.3
L00-L99	Diseases of skin and subcutaneous tissue	75,645	29,357	67,252	38.3	322,071	163.0	4.3	6.3
M00-M99	Diseases of musculoskeletal and connective tissue	144,320	61,561	123,842	73.0	581,644	294.4	4.0	6.3
N00-N39	Diseases of the urinary system	88,267	30,681	77,251	44.7	326,011	165.0	3.7	5.1
N40-N51	Diseases of the male genital organs	21,463	9,151	18,817	10.9	52,956	26.8	2.5	3.6
N60-N64	Disorders of the breast	5,890	3,691	5,263	3.0	9,481	4.8	1.6	2.6
N70-N98	Diseases of the female pelvic organs and genital tract	80,201	52,771	70,436	40.6	138,178	69.9	1.7	3.1
N99	Other disorders of the genitourinary system	2,387	570	2,043	1.2	8,545	4.3	3.6	4.4
O00-O09	Pregnancy with abortive outcome	41,264	28,603	36,705	20.9	48,968	24.8	1.2	1.6
O10-O29	Complications relating to pregnancy	41,207	14,117	38,449	20.9	106,827	54.1	2.6	3.4
O30-O82	Complications relating to labour and delivery	193,430	23,204	177,888	97.9	627,831	317.8	3.2	3.6
O85-O99	Complications relating to the puerperium	27,626	9,989	26,176	14.0	63,009	31.9	2.3	3.0
P00-P96	Conditions originating in the perinatal period	40,700	5,165	37,424	20.6	372,177	188.4	9.1	10.3
Q00-Q99	Congenital abnormalities	23,753	11,733	19,133	12.0	87,184	44.1	3.7	6.3
R00-R99	Signs, symptoms and abnormal findings	272,207	119,523	238,540	137.8	648,858	328.4	2.4	3.5
S00-S19	Injuries to head and neck	66,111	29,651	53,594	33.5	184,318	93.3	2.8	4.2
S20-S39	Injuries to thorax, abdomen, back, spine and pelvis	30,426	6,970	21,498	15.4	179,990	91.1	5.9	7.4
S40-S99	Injuries to upper and lower limbs	157,456	49,198	124,751	79.7	612,319	309.9	3.9	5.2
T00-T19	Injuries to multi- or unspecified region; foreign body effects	8,067	4,132	6,895	4.1	14,763	7.5	1.8	2.7
T20-T35	Burns and frostbite	6,874	2,019	5,814	3.5	40,248	20.4	5.9	7.9
T36-T65	Poisoning and toxic effects	35,781	12,522	33,982	18.1	74,116	37.5	2.1	2.6
T66-T79	Other and unspecified effects of external causes	7,377	2,965	6,477	3.7	18,182	9.2	2.5	3.4
T80-T88	Complications of medical and surgical care	45,683	11,005	38,407	23.1	274,260	138.8	6.0	7.6
T89-T98	Other trauma complications; external cause sequelae	252	64	212	0.1	867	0.4	3.4	4.3
Z00-Z13	Encounter for examination and investigation	50,966	45,563	45,496	25.8	59,181	30.0	1.2	2.5
Z20-Z29	Encounter relating to communicable diseases	3,120	2,817	2,742	1.6	5,219	2.6	1.7	7.9
Z30-Z39	Encounter for services relating to reproduction	36,257	23,735	31,251	18.4	58,835	29.8	1.6	2.8
Z40-Z54	Encounter with health service for specific procedures	871,173	797,496	770,475	440.9	2,156,656	1091.5	2.5	18.4
Z55-Z76	Encounter with health service in other circumstances	32,295	3,468	28,378	16.3	958,674	485.2	29.7	33.1
Z80-Z99	Encounter relating to personal and family history	2,335	2,208	1,966	1.2	2,620	1.3	1.1	3.2
	Not reported	551	172	427	0.3	19,337	9.8	35.1	50.6
<b>Total</b>		<b>4,090,971</b>	<b>2,000,237</b>	<b>3,556,530</b>	<b>2070.5</b>	<b>16,426,460</b>	<b>8313.9</b>	<b>4.0</b>	<b>6.9</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: Abbreviations: ALOS—average length of stay; mal.—malignant; dis.—diseases.



Table 8.2: Selected separation statistics<sup>(a)</sup> by principal diagnosis in ICD-10-AM groupings, private hospitals, Australia, 2002-03

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	
							ALOS (days)	ALOS (days) excluding same day
A00-A09 Intestinal infectious diseases	4,932	911	464	2.5	13,937	7.1	2.8	3.2
A15-A19 Tuberculosis	68	14	1	0.0	896	0.5	13.2	16.3
A20-A49 Zoonotic and other bacterial diseases	2,595	136	209	1.3	26,092	13.2	10.1	10.6
A50-A64 Predominantly sexually transmitted diseases	570	490	24	0.3	942	0.5	1.7	5.7
A65-B19 Spirochaetal, chlamydial, rickettsial and viral diseases	2,948	1,308	182	1.5	11,322	5.7	3.8	6.1
B20-B24 HIV disease	9	0	1	0.0	170	0.1	18.9	18.9
B25-B99 Other and unspecified infectious and parasitic diseases	4,053	1,434	387	2.1	11,715	5.9	2.9	3.9
C00-C14 Mal. neoplasm of lip, oral cavity and pharynx	15,232	5,519	649	7.7	103,596	52.4	6.8	10.1
C15-C26 Mal. neoplasm of digestive system	19,874	7,020	841	10.1	141,223	71.5	7.1	10.4
C30-C39 Mal. neoplasm of respiratory and intrathoracic organs	5,366	1,188	540	2.7	43,092	21.8	8.0	10.0
C40-C50 Mal. neoplasm of bone, connective tissue and breast	70,879	48,162	1,032	35.9	153,721	77.8	2.2	4.6
C51-C68 Mal. neoplasm of genitourinary organs	23,753	9,162	724	12.0	99,051	50.1	4.2	6.2
C69-C80 Other and unspecified mal. neoplasms	17,077	4,511	928	8.6	118,862	60.2	7.0	9.1
C81-C97 Mal. neoplasms of lymphoid and haematopoietic tissue	17,170	10,229	349	8.7	61,523	31.1	3.6	7.4
D00-D09 Neoplasms in situ	11,578	8,754	290	5.9	18,176	9.2	1.6	3.3
D10-D36 Benign neoplasms	66,027	49,914	1,257	33.4	113,562	57.5	1.7	4.0
D37-D48 Neoplasms of unknown or uncertain behaviour	8,715	5,419	274	4.4	19,582	9.9	2.2	4.3
D50-D89 Dis. of blood and blood-forming organs and immune mechanism	21,517	14,366	874	10.9	47,776	24.2	2.2	4.7
E00-E90 Endocrine, nutritional and metabolic diseases	31,946	13,899	1,334	16.2	122,774	62.1	3.8	6.0
F00-F99 Mental and behavioural disorders	125,133	94,545	1,313	63.3	615,495	311.5	4.9	17.0
G00-G99 Diseases of the nervous system	61,208	19,908	1,434	31.0	149,101	75.5	2.4	3.1
H00-H59 Diseases of the eye and adnexa	124,819	108,927	2,339	63.2	130,550	66.1	1.0	1.4
H60-H99 Diseases of ear and mastoid process	24,428	18,035	616	12.4	30,964	15.7	1.3	2.0
I00-I09 Rheumatic heart disease	841	221	6	0.4	6,317	3.2	7.5	9.8
I10-I15 Hypertensive heart disease	1,702	155	78	0.9	8,980	4.5	5.3	5.7
I20-I25 Ischaemic heart disease	52,314	12,793	1,743	26.5	206,310	104.4	3.9	4.9
I26-I28 Pulmonary heart disease	1,688	56	101	0.9	13,914	7.0	8.2	8.5
I30-I52 Other heart disease	33,391	6,542	1,172	16.9	185,181	93.7	5.5	6.7
I60-I69 Cerebrovascular disease	8,123	396	491	4.1	80,803	40.9	9.9	10.4
I70-I99 Other diseases of the circulatory system	53,749	25,771	1,460	27.2	151,838	76.8	2.8	4.5
J00-J06 Acute upper respiratory infections	3,201	466	533	1.6	8,636	4.4	2.7	3.0
J10-J18 Influenza and pneumonia	11,883	250	915	6.0	95,165	48.2	8.0	8.2
J20-J22 Acute lower respiratory infections	4,221	158	448	2.1	27,031	13.7	6.4	6.6
J30-J39 Other diseases of upper respiratory tract	42,013	9,837	971	21.3	49,450	25.0	1.2	1.2
J40-J70 Chronic lower respiratory diseases	15,525	928	1,508	7.9	129,080	65.3	8.3	8.8
J80-J99 Other respiratory diseases	4,904	751	238	2.5	35,399	17.9	7.2	8.3
K00-K14 Diseases of oral cavity, salivary glands and jaws	91,155	83,537	1,185	46.1	95,837	48.5	1.1	1.6
K20-K31 Diseases of oesophagus, stomach and duodenum	109,390	102,698	1,745	55.4	134,404	68.0	1.2	4.7

(continued)

Table 8.2 (continued): Selected separation statistics by principal diagnosis in ICD-10-AM groupings, private hospitals, Australia, 2002-03

Principal diagnosis	Separations	Separations			Patient days per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
		Same day separations	Public patient separations	per 10,000 population					
K35-K38 Appendicitis	5,835	104	488	3.0	18,197	9.2	3.1	3.2	
K40-K46 Hernias	44,283	14,794	1,021	22.4	77,429	39.2	1.7	2.1	
K50-K52 Non-infective enteritis and colitis	22,719	17,373	627	11.5	48,617	24.6	2.1	5.8	
K55-K67 Other diseases of intestines	91,532	71,776	1,903	46.3	180,472	91.3	2.0	5.5	
K70-K87 Diseases of liver, gallbladder and pancreas	28,845	2,011	1,582	14.6	95,847	48.5	3.3	3.5	
K90-K93 Other diseases of digestive system	25,736	21,420	549	13.0	43,016	21.8	1.7	5.0	
L00-L99 Diseases of skin and subcutaneous tissue	41,648	27,319	1,785	21.1	123,913	62.7	3.0	6.7	
M00-M99 Diseases of musculoskeletal and connective tissue	215,182	89,581	3,772	108.9	719,328	364.1	3.3	5.0	
N00-N39 Diseases of the urinary system	47,303	21,810	2,597	23.9	126,024	63.8	2.7	4.1	
N40-N51 Diseases of the male genital organs	22,439	10,351	937	11.4	52,369	26.5	2.3	3.5	
N60-N64 Diseases of the breast	8,237	4,151	149	4.2	12,322	6.2	1.5	2.0	
N70-N98 Diseases of the female pelvic organs and genital tract	77,351	51,110	2,245	39.1	144,500	73.1	1.9	3.6	
N99 Other disorders of the genitourinary system	1,918	312	107	1.0	6,534	3.3	3.4	3.9	
O00-O09 Pregnancy with abortive outcome	48,853	46,285	1,388	24.7	50,234	25.4	1.0	1.5	
O10-O29 Complications relating to pregnancy	9,247	684	634	4.7	38,997	19.7	4.2	4.5	
O30-O82 Complications relating to labour and delivery	75,870	3,337	3,713	38.4	361,766	183.1	4.8	4.9	
O85-O99 Complications relating to the puerperium	7,469	2,017	517	3.8	22,941	11.6	3.1	3.8	
P00-P96 Conditions originating in the perinatal period	10,408	431	462	5.3	76,174	38.6	7.3	7.6	
Q00-Q99 Congenital abnormalities	10,113	5,704	230	5.1	20,817	10.5	2.1	3.4	
R00-R99 Signs, symptoms and abnormal findings	125,627	78,055	4,172	63.6	259,085	131.1	2.1	3.8	
S00-S19 Injuries to head and neck	7,104	3,323	592	3.6	21,192	10.7	3.0	4.7	
S20-S39 Injuries to thorax, abdomen, back, spine and pelvis	5,250	340	432	2.7	48,785	24.7	9.3	9.9	
S40-S99 Injuries to upper and lower limbs	42,211	11,953	2,259	21.4	177,732	90.0	4.2	5.5	
T00-T19 Injuries to multi- or unspecified region; foreign body effects	1,477	780	87	0.7	3,696	1.9	2.5	4.2	
T20-T35 Burns and frostbite	400	91	41	0.2	1,967	1.0	4.9	6.1	
T36-T65 Poisoning and toxic effects	1,517	331	531	0.8	5,627	2.8	3.7	4.5	
T66-T79 Other and unspecified effects of external causes	711	230	134	0.4	2,455	1.2	3.5	4.6	
T80-T88 Complications of medical and surgical care	24,270	4,527	791	12.3	145,558	73.7	6.0	7.1	
T89-T98 Other trauma complications; external cause sequelae	27	8	4	0.0	83	0.0	3.1	3.9	
Z00-Z13 Encounter for examination and investigation	66,562	63,779	1,236	33.7	69,328	35.1	1.0	2.0	
Z20-Z29 Encounter relating to communicable diseases	297	229	19	0.2	441	0.2	1.5	3.1	
Z30-Z39 Encounter for services relating to reproduction	44,390	39,423	1,048	22.5	57,599	29.2	1.3	3.7	
Z40-Z54 Encounter with health service for specific procedures	352,548	305,729	33,897	178.4	860,389	435.5	2.4	11.8	
Z55-Z76 Encounter with health service in other circumstances	3,665	976	525	1.9	81,929	41.5	22.4	30.1	
Z80-Z99 Encounter relating to personal and family history	13,147	13,025	104	6.7	13,386	6.8	1.0	3.0	
Not reported	2,311	1,255	23	1.2	9,177	4.6	4.0	7.5	
<b>Total</b>	<b>2,562,801</b>	<b>1,577,123</b>	<b>98,527</b>	<b>1297.1</b>	<b>7,123,940</b>	<b>3605.6</b>	<b>2.8</b>	<b>5.6</b>	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: Abbreviations: ALOS—average length of stay; mal.—malignant; dis.—diseases.

**Table 8.3: Separations<sup>(a)</sup>, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories, 2002-03**

<b>Principal diagnosis</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
A00–A09 Intestinal infectious diseases	14,057	6,155	5,313	2,646	2,480	538	367	960	32,516
A15–A19 Tuberculosis	260	232	111	32	19	5	8	33	700
A20–A49 Zoonotic and other bacterial diseases	5,020	3,445	2,296	998	831	275	160	362	13,387
A50–A64 Predominantly sexually transmitted diseases	366	184	239	96	119	15	10	88	1,117
A65–B19 Other spirochaetal, chlamydial, rickettsial and viral diseases	3,257	2,498	1,520	1,045	860	179	72	147	9,578
B20–B24 HIV disease	149	186	40	26	42	n.p.	n.p.	n.p.	443
B25–B99 Other and unspecified infectious and parasitic diseases	8,113	4,460	3,005	1,996	1,406	384	214	308	19,886
C00–C14 Mal. neoplasm of lip, oral cavity and pharynx	1,276	1,256	824	288	333	117	64	49	4,207
C15–C26 Mal. neoplasm of digestive system	9,376	7,305	3,983	1,923	2,516	596	463	138	26,300
C30–C39 Mal. neoplasm of respiratory and intrathoracic organs	4,665	3,776	2,821	1,067	1,358	400	206	74	14,367
C40–C50 Mal. neoplasm of bone, connective tissue and breast	12,183	11,175	10,049	3,610	5,182	869	393	185	43,646
C51–C68 Mal. neoplasm of genitourinary organs	7,643	6,809	3,940	1,930	2,441	612	287	93	23,755
C69–C80 Other and unspecified mal. neoplasms	9,399	10,805	5,216	2,286	2,320	623	435	113	31,197
C81–C97 Mal. neoplasms of lymphoid and haematopoietic tissue	8,678	13,511	6,714	3,299	3,228	772	656	65	36,923
D00–D09 Neoplasms in situ	2,770	2,439	2,619	848	1,054	166	142	123	10,161
D10–D36 Benign neoplasms	13,267	10,768	6,597	4,381	3,756	611	553	324	40,257
D37–D48 Neoplasms of unknown or uncertain behaviour	4,298	3,679	2,464	1,187	1,277	220	386	59	13,570
D50–D89 Dis. of blood and blood-forming organs and immune mechanism	15,065	16,869	8,617	5,141	5,714	972	1,013	331	53,722
E00–E90 Endocrine, nutritional and metabolic diseases	19,517	21,848	10,522	6,431	8,280	2,046	1,731	1,467	71,842
F00–F99 Mental and behavioural disorders	56,503	38,459	28,863	15,381	15,882	4,424	1,444	1,152	162,108
G00–G99 Diseases of the nervous system	27,086	28,734	13,131	7,465	8,041	1,739	705	625	87,526
H00–H59 Diseases of the eye and adnexa	21,274	17,755	7,835	6,480	6,605	324	694	592	61,559
H60–H99 Diseases of ear and mastoid process	7,624	8,573	5,646	3,310	2,930	373	363	360	29,179
I00–I09 Rheumatic heart disease	363	281	315	193	120	33	28	122	1,455
I10–I15 Hypertensive heart disease	2,358	1,313	1,013	468	448	97	43	42	5,782
I20–I25 Ischaemic heart disease	37,667	27,702	20,719	8,185	9,946	2,648	1,944	671	109,482
I26–I28 Pulmonary heart disease	3,191	1,353	958	478	577	103	109	41	6,810
I30–I52 Other heart disease	30,629	21,723	14,178	6,342	7,328	1,877	1,183	663	83,923
I60–I69 Cerebrovascular disease	12,296	8,833	4,674	2,389	2,550	800	396	189	32,127
I70–I99 Other diseases of the circulatory system	17,904	15,217	7,923	4,731	5,859	1,016	920	393	53,963
J00–J06 Acute upper respiratory infections	10,938	5,769	5,789	2,979	2,334	523	257	440	29,029
J10–J18 Influenza and pneumonia	19,374	13,999	8,548	4,681	4,228	909	764	1,600	54,103
J20–J22 Acute lower respiratory infections	9,457	5,377	4,567	2,957	2,156	374	190	900	25,978
J30–J39 Other diseases of upper respiratory tract	8,527	11,660	4,601	3,048	3,603	399	489	216	32,543
J40–J70 Chronic lower respiratory diseases	32,553	21,290	13,626	7,333	8,029	1,658	712	1,130	86,331
J80–J99 Other respiratory diseases	6,766	4,157	3,091	1,321	1,797	437	192	165	17,926
K00–K14 Diseases of oral cavity, salivary glands and jaws	7,830	8,293	7,476	3,465	3,640	610	281	717	32,312
K20–K31 Diseases of oesophagus, stomach and duodenum	21,987	18,252	11,332	7,714	6,987	925	1,116	684	68,997

(continued)

**Table 8.3 (continued): Separations, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories, 2002–03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
K35–K38 Appendicitis	6,633	4,732	3,324	1,934	1,357	361	372	266	18,979
K40–K46 Hernias	11,792	9,904	6,209	2,865	3,208	561	333	248	35,120
K50–K52 Non-infective enteritis and colitis	10,029	9,536	4,887	2,745	2,757	530	479	209	31,172
K55–K67 Other diseases of intestines	25,608	18,930	12,297	7,158	6,671	1,247	985	536	73,432
K70–K87 Diseases of liver, gallbladder and pancreas	22,667	16,353	11,111	4,832	4,938	1,415	1,008	721	63,045
K90–K93 Other diseases of digestive system	9,942	7,278	4,425	2,216	2,481	399	399	284	27,424
L00–L99 Diseases of skin and subcutaneous tissue	22,595	18,582	13,621	6,923	9,558	1,688	710	1,968	75,645
M00–M99 Diseases of musculoskeletal and connective tissue	45,737	40,811	21,898	14,243	14,247	4,250	1,855	1,279	144,320
N00–N39 Diseases of the urinary system	31,973	23,358	14,135	7,532	7,582	1,754	941	992	88,267
N40–N51 Diseases of the male genital organs	6,964	6,280	3,197	2,206	1,898	406	265	247	21,463
N60–N64 Diseases of the breast	1,588	1,742	888	901	531	92	31	117	5,890
N70–N98 Diseases of the female pelvic organs and genital tract	24,577	23,719	14,624	6,733	7,731	1,041	934	842	80,201
N99 Other disorders of the genitourinary system	873	542	334	264	280	58	25	11	2,387
O00–O09 Pregnancy with abortive outcome	11,203	12,078	5,405	3,008	7,212	626	388	1,344	41,264
O10–O29 Complications relating to pregnancy	14,604	11,686	7,262	2,525	3,348	706	412	664	41,207
O30–O82 Complications relating to labour and delivery	68,277	46,523	38,384	15,633	14,242	3,653	3,091	3,627	193,430
O85–O99 Complications relating to the puerperium	8,432	8,340	4,455	2,173	2,965	328	279	654	27,626
P00–P96 Conditions originating in the perinatal period	12,372	13,522	6,793	2,334	3,177	944	767	791	40,700
Q00–Q99 Congenital abnormalities	8,502	6,470	3,732	2,169	1,924	426	340	190	23,753
R00–R99 Signs, symptoms and abnormal findings	95,434	82,899	43,374	18,981	22,274	4,082	2,535	2,628	272,207
S00–S19 Injuries to head and neck	22,581	16,096	13,471	6,238	4,727	1,147	647	1,204	66,111
S20–S39 Injuries to thorax, abdomen, back, spine and pelvis	11,175	8,067	5,054	2,541	2,226	524	385	454	30,426
S40–S99 Injuries to upper and lower limbs	57,416	39,224	29,111	12,999	10,831	2,813	2,375	2,687	157,456
T00–T19 Injuries to multi- or unspecified region; foreign body effects	2,837	1,732	1,997	601	575	145	93	87	8,067
T20–T35 Burns and frostbite	2,105	1,471	1,443	771	659	116	57	252	6,874
T36–T65 Poisoning and toxic effects	11,514	9,225	7,111	3,176	3,274	844	353	284	35,781
T66–T79 Other and unspecified effects of external causes	2,169	1,556	1,538	1,063	714	171	51	115	7,377
T80–T88 Complications of medical and surgical care	14,438	12,637	8,061	4,412	3,692	1,068	665	710	45,683
T89–T98 Other trauma complications; external cause sequelae	115	0	57	62	0	4	4	10	252
Z00–Z13 Encounter for examination and investigation	14,275	13,967	9,710	5,477	5,506	755	849	427	50,966
Z20–Z29 Encounter relating to communicable diseases	814	663	517	831	149	121	13	12	3,120
Z30–Z39 Encounter for services relating to reproduction	13,464	9,706	3,978	2,855	4,732	531	142	849	36,257
Z40–Z54 Encounter with health service for specific procedures	212,498	276,345	152,227	88,993	72,829	18,221	22,666	27,394	871,173
Z55–Z76 Encounter with health service in other circumstances	10,987	9,380	6,070	2,179	2,588	489	293	309	32,295
Z80–Z99 Encounter relating to personal and family history	947	261	291	102	700	17	9	8	2,335
Not reported	351	85	0	0	0	10	0	105	551
<b>Total</b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: Abbreviations: mal.—malignant; dis.—diseases.

**Table 8.4: Separations<sup>(a)</sup>, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories, 2002-03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–A09 Intestinal infectious diseases	989	793	1,974	669	333	n.p.	n.p.	n.p.	4,932
A15–A19 Tuberculosis	19	21	16	6	3	n.p.	n.p.	n.p.	68
A20–A49 Zoonotic and other bacterial diseases	428	709	800	289	226	n.p.	n.p.	n.p.	2,595
A50–A64 Predominantly sexually transmitted diseases	261	76	145	24	32	n.p.	n.p.	n.p.	570
A65–B19 Other spirochaetal, chlamydial, rickettsial and viral diseases	626	527	611	336	228	n.p.	n.p.	n.p.	2,504
B20–B24 HIV disease	0	0	2	3	4	n.p.	n.p.	n.p.	9
B25–B99 Other and unspecified infectious and parasitic diseases	879	911	1,275	599	248	n.p.	n.p.	n.p.	4,053
C00–C14 Mal. neoplasm of lip, oral cavity and pharynx	396	207	414	180	148	n.p.	n.p.	n.p.	1,394
C15–C26 Mal. neoplasm of digestive system	4,882	5,301	4,665	2,080	2,037	n.p.	n.p.	n.p.	19,874
C30–C39 Mal. neoplasm of respiratory and intrathoracic organs	943	1,416	1,290	895	602	n.p.	n.p.	n.p.	5,366
C40–C50 Mal. neoplasm of bone, connective tissue and breast	19,827	14,032	18,110	5,497	6,807	n.p.	n.p.	n.p.	67,455
C51–C68 Mal. neoplasm of genitourinary organs	7,123	6,134	4,950	2,686	1,670	n.p.	n.p.	n.p.	23,753
C69–C80 Other and unspecified mal. neoplasms	3,213	5,577	4,412	2,137	1,175	n.p.	n.p.	n.p.	17,077
C81–C97 Mal. neoplasms of lymphoid and haematopoietic tissue	1,895	5,465	7,053	1,150	1,022	n.p.	n.p.	n.p.	17,170
D00–D09 Neoplasms in situ	3,514	2,125	2,889	980	1,366	n.p.	n.p.	n.p.	11,578
D10–D36 Benign neoplasms	21,677	14,038	15,036	7,032	5,559	n.p.	n.p.	n.p.	66,027
D37–D48 Neoplasms of unknown or uncertain behaviour	1,916	2,141	2,884	754	600	n.p.	n.p.	n.p.	8,715
D50–D89 Dis. of blood and blood-forming organs and immune mechanism	4,262	5,917	6,423	2,409	1,592	n.p.	n.p.	n.p.	21,517
E00–E90 Endocrine, nutritional and metabolic diseases	7,510	8,490	7,347	3,731	3,083	n.p.	n.p.	n.p.	31,946
F00–F99 Mental and behavioural disorders	29,176	41,153	26,999	10,398	12,541	n.p.	n.p.	n.p.	125,133
G00–G99 Diseases of the nervous system	18,080	16,896	13,238	4,589	5,591	n.p.	n.p.	n.p.	61,208
H00–H59 Diseases of the eye and adnexa	44,152	24,850	28,455	10,923	10,129	n.p.	n.p.	n.p.	124,819
H60–H99 Diseases of ear and mastoid process	6,856	5,410	4,648	3,142	3,289	n.p.	n.p.	n.p.	24,428
I00–I09 Rheumatic heart disease	273	179	274	51	34	n.p.	n.p.	n.p.	841
I10–I15 Hypertensive heart disease	308	415	626	157	110	n.p.	n.p.	n.p.	1,702
I20–I25 Ischaemic heart disease	16,332	13,458	12,195	4,515	3,579	n.p.	n.p.	n.p.	52,314
I26–I28 Pulmonary heart disease	382	391	467	206	168	n.p.	n.p.	n.p.	1,688
I30–I52 Other heart disease	7,771	9,156	8,996	3,092	3,147	n.p.	n.p.	n.p.	33,391
I60–I69 Cerebrovascular disease	1,675	2,325	2,320	692	775	n.p.	n.p.	n.p.	8,123
I70–I99 Other diseases of the circulatory system	16,684	14,564	10,498	5,521	4,030	n.p.	n.p.	n.p.	53,749
J00–J06 Acute upper respiratory infections	795	432	1,092	563	193	n.p.	n.p.	n.p.	3,201
J10–J18 Influenza and pneumonia	1,868	3,594	3,553	1,260	1,058	n.p.	n.p.	n.p.	11,883
J20–J22 Acute lower respiratory infections	676	963	1,559	585	282	n.p.	n.p.	n.p.	4,221
J30–J39 Other diseases of upper respiratory tract	13,950	9,076	8,009	4,569	4,648	n.p.	n.p.	n.p.	42,013
J40–J70 Chronic lower respiratory diseases	2,557	3,727	4,844	2,243	1,390	n.p.	n.p.	n.p.	15,525
J80–J99 Other respiratory diseases	1,032	1,148	1,376	571	492	n.p.	n.p.	n.p.	4,904
K00–K14 Diseases of oral cavity, salivary glands and jaws	24,972	23,900	18,196	13,428	7,122	n.p.	n.p.	n.p.	91,155
K20–K31 Diseases of oesophagus, stomach and duodenum	30,974	31,252	27,717	9,661	7,090	n.p.	n.p.	n.p.	109,390
K35–K38 Appendicitis	1,220	1,220	1,729	898	436	n.p.	n.p.	n.p.	5,835

(continued)

**Table 8.4 (continued): Separations, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories, 2002-03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
K40-K46 Hernias	13,375	13,005	9,053	3,926	2,936	n.p.	n.p.	n.p.	44,283
K50-K52 Non-infective enteritis and colitis	6,010	6,122	5,587	2,426	1,726	n.p.	n.p.	n.p.	22,719
K55-K67 Other diseases of intestines	25,769	25,033	24,309	7,574	6,188	n.p.	n.p.	n.p.	91,532
K70-K87 Diseases of liver, gallbladder and pancreas	8,402	6,345	6,779	3,208	2,545	n.p.	n.p.	n.p.	28,845
K90-K93 Other diseases of digestive system	7,975	6,091	6,704	2,230	1,801	n.p.	n.p.	n.p.	25,736
L00-L99 Diseases of skin and subcutaneous tissue	11,435	10,225	9,089	4,434	4,227	n.p.	n.p.	n.p.	41,648
M00-M99 Diseases of musculoskeletal and connective tissue	61,979	53,823	36,018	29,764	22,004	n.p.	n.p.	n.p.	215,182
N00-N39 Diseases of the urinary system	13,569	10,415	11,835	5,133	4,042	n.p.	n.p.	n.p.	47,303
N40-N51 Diseases of the male genital organs	7,331	5,528	4,306	2,614	1,291	n.p.	n.p.	n.p.	22,439
N60-N64 Diseases of the breast	2,399	2,223	1,424	963	788	n.p.	n.p.	n.p.	8,237
N70-N98 Diseases of the female pelvic organs and genital tract	23,623	18,590	15,968	8,948	6,205	n.p.	n.p.	n.p.	77,351
N99 Other disorders of the genitourinary system	712	330	420	216	126	n.p.	n.p.	n.p.	1,918
O00-O09 Pregnancy with abortive outcome	12,354	16,220	14,727	3,970	853	n.p.	n.p.	n.p.	48,853
O10-O29 Complications relating to pregnancy	2,782	2,070	1,943	1,231	469	n.p.	n.p.	n.p.	9,247
O30-O82 Complications relating to labour and delivery	22,323	18,788	15,427	9,749	4,827	n.p.	n.p.	n.p.	75,870
O85-O99 Complications relating to the puerperium	1,566	2,321	1,398	1,131	397	n.p.	n.p.	n.p.	7,469
P00-P96 Conditions originating in the perinatal period	2,158	3,366	2,046	1,990	282	n.p.	n.p.	n.p.	10,408
Q00-Q99 Congenital abnormalities	3,560	2,056	2,014	1,175	739	n.p.	n.p.	n.p.	10,113
R00-R99 Signs, symptoms and abnormal findings	29,108	35,408	30,825	15,581	9,259	n.p.	n.p.	n.p.	125,627
S00-S19 Injuries to head and neck	1,745	1,602	1,719	873	714	n.p.	n.p.	n.p.	7,104
S20-S39 Injuries to thorax, abdomen, back, spine and pelvis	1,096	1,272	1,592	596	409	n.p.	n.p.	n.p.	5,250
S40-S99 Injuries to upper and lower limbs	11,261	10,096	9,091	5,193	4,427	n.p.	n.p.	n.p.	42,211
T00-T19 Injuries to multi- or unspecified region; foreign body effects	351	327	446	164	124	n.p.	n.p.	n.p.	1,477
T20-T35 Burns and frostbite	91	72	118	40	54	n.p.	n.p.	n.p.	400
T36-T65 Poisoning and toxic effects	233	281	404	379	67	n.p.	n.p.	n.p.	1,517
T66-T79 Other and unspecified effects of external causes	116	141	215	118	76	n.p.	n.p.	n.p.	711
T80-T88 Complications of medical and surgical care	6,455	5,816	5,589	2,867	2,230	n.p.	n.p.	n.p.	24,270
T89-T98 Other trauma complications; external cause sequelae	9	0	6	10	0	n.p.	n.p.	n.p.	27
Z00-Z13 Encounter for examination and investigation	23,435	16,399	14,465	7,417	2,836	n.p.	n.p.	n.p.	66,562
Z20-Z29 Encounter relating to communicable diseases	44	69	129	30	n.p.	n.p.	n.p.	n.p.	297
Z30-Z39 Encounter for services relating to reproduction	16,530	11,385	8,719	2,759	2,391	n.p.	n.p.	n.p.	44,390
Z40-Z54 Encounter with health service for specific procedures	85,560	81,968	98,513	44,040	33,363	n.p.	n.p.	n.p.	352,548
Z55-Z76 Encounter with health service in other circumstances	420	242	1,234	1,181	87	n.p.	n.p.	n.p.	3,665
Z80-Z99 Encounter relating to personal and family history	5,107	3,217	2,966	147	1,387	n.p.	n.p.	n.p.	13,147
Not reported	0	2,271	0	0	0	n.p.	n.p.	n.p.	2,311
<b>Total</b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,562,801</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: Abbreviations: mal.—malignant; dis.—diseases.

n.p. Not published.

**Table 8.5: Separations, by number of diagnoses<sup>(a)</sup> reported and hospital sector, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hospital sector</b>	<b>Number</b>								
<b>Public hospitals</b>									
Separations <sup>(b)</sup>	1,291,174	1,149,840	702,166	367,825	367,859	80,215	63,743	68,149	4,090,971
One diagnosis code only	485,040	361,849	219,230	94,048	112,667	16,364	26,636	10,130	1,325,964
Two diagnosis codes only	308,153	353,479	210,501	129,577	111,597	24,880	15,287	35,898	1,189,372
Three diagnosis codes only	165,793	173,314	103,752	53,308	48,061	12,568	9,617	7,427	573,840
Four diagnosis codes only	104,343	95,328	60,579	31,792	28,622	7,573	4,716	4,783	337,736
Five or more diagnosis codes	227,494	165,785	108,104	59,100	66,912	18,820	7,487	9,806	663,508
Mean diagnosis codes per separation	2.9	2.7	2.8	2.9	2.9	3.4	2.4	2.9	2.8
Maximum number of diagnosis codes	21	25	30	31	26	29	24	29	..
<b>Private hospitals</b>									
Separations <sup>(b)</sup>	708,976	651,106	602,165	280,598	211,711	n.p.	n.p.	n.p.	2,562,801
One diagnosis code only	274,452	262,820	195,522	101,547	82,834	n.p.	n.p.	n.p.	956,568
Two diagnosis codes only	210,389	195,206	181,422	96,204	64,625	n.p.	n.p.	n.p.	781,073
Three diagnosis codes only	110,119	96,378	103,592	40,468	29,643	n.p.	n.p.	n.p.	397,509
Four diagnosis codes only	53,139	44,403	53,462	18,774	14,754	n.p.	n.p.	n.p.	192,725
Five or more diagnosis codes	60,877	50,028	68,167	23,605	19,855	n.p.	n.p.	n.p.	232,617
Mean diagnosis codes per separation	2.3	2.2	2.6	2.3	2.3	n.p.	n.p.	n.p.	2.3
Maximum number of diagnosis codes	20	25	30	31	25	n.p.	n.p.	n.p.	..
	<b>Per cent</b>								
<b>Public hospitals</b>									
One diagnosis code only	37.6	31.5	31.2	25.6	30.6	20.4	41.8	14.9	32.4
Two diagnosis codes only	23.9	30.7	30.0	35.2	30.3	31.0	24.0	52.8	29.1
Three diagnosis codes only	12.8	15.1	14.8	14.5	13.1	15.7	15.1	10.9	14.0
Four diagnosis codes only	8.1	8.3	8.6	8.6	7.8	9.4	7.4	7.0	8.3
Five or more diagnosis codes	17.6	14.4	15.4	16.1	18.2	23.5	11.7	14.4	16.2
<b>Private hospitals</b>									
One diagnosis code only	38.7	40.5	32.5	36.2	39.1	n.p.	n.p.	n.p.	37.4
Two diagnosis codes only	29.7	30.1	30.1	34.3	30.5	n.p.	n.p.	n.p.	30.5
Three diagnosis codes only	15.5	14.9	17.2	14.4	14.0	n.p.	n.p.	n.p.	15.5
Four diagnosis codes only	7.5	6.8	8.9	6.7	7.0	n.p.	n.p.	n.p.	7.5
Five or more diagnosis codes	8.6	7.7	11.3	8.4	9.4	n.p.	n.p.	n.p.	9.1

(a) Codes reporting external causes of injury and poisoning are not included.

(b) Includes separations for which no diagnosis codes were reported.

Note: The Institute requested up to 31 diagnosis codes to be reported.

n.p. Not published.

**Table 8.6: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, public hospitals, Australia, 2002-03**

Principal diagnosis		Separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)
Z50	Care involving use of rehabilitation procedures	49,458	38,938	25.0	1,188,459	601.5	24.0
I20	Angina pectoris	47,141	39,173	23.9	190,521	96.4	4.0
J18	Pneumonia, organism unspecified	42,116	35,344	21.3	266,233	134.7	6.3
J44	Other chronic obstructive pulmonary disease	39,580	33,093	20.0	298,217	150.9	7.5
R07	Pain in throat and chest	38,359	33,074	19.4	78,649	39.8	2.1
O70	Perineal laceration during delivery	32,422	29,707	16.4	99,984	50.6	3.1
I21	Acute myocardial infarction	31,324	25,559	15.9	200,015	101.2	6.4
K80	Cholelithiasis	29,653	26,529	15.0	104,800	53.0	3.5
I50	Heart failure	29,006	23,410	14.7	234,049	118.5	8.1
R10	Abdominal and pelvic pain	27,870	24,685	14.1	70,954	35.9	2.5
O80	Single spontaneous delivery	23,988	22,783	12.1	59,573	30.2	2.5
L03	Cellulitis	23,099	19,978	11.7	137,146	69.4	5.9
F20	Schizophrenia	21,932	21,643	11.1	832,014	421.1	37.9
N39	Other disorders of urinary system	21,743	18,567	11.0	119,675	60.6	5.5
J45	Asthma	21,738	20,035	11.0	54,772	27.7	2.5
S52	Fracture of forearm	19,883	16,099	10.1	47,793	24.2	2.4
S72	Fracture of femur	19,456	14,835	9.8	231,851	117.3	11.9
Z75	Problems related to medical facilities and other health care	18,900	15,587	9.6	832,703	421.5	44.1
I48	Atrial fibrillation and flutter	18,332	14,679	9.3	77,147	39.0	4.2
E11	Type 2 diabetes mellitus	16,818	14,718	8.5	164,035	83.0	9.8
F32	Depressive episode	16,319	15,252	8.3	174,229	88.2	10.7
T81	Complications of procedures, not elsewhere classified	16,220	13,614	8.2	108,534	54.9	6.7
S82	Fracture of lower leg, including ankle	15,712	11,626	8.0	96,274	48.7	6.1
K35	Acute appendicitis	14,657	12,634	7.4	50,896	25.8	3.5
K40	Inguinal hernia	13,698	11,716	6.9	25,235	12.8	1.8
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	13,316	11,806	6.7	246,853	124.9	18.5
F10	Mental and behavioural disorders due to use of alcohol	13,250	12,753	6.7	69,381	35.1	5.2
K56	Paralytic ileus and intestinal obstruction without hernia	13,029	10,434	6.6	87,753	44.4	6.7
J35	Chronic diseases of tonsils and adenoids	12,782	10,827	6.5	14,438	7.3	1.1
K52	Other noninfective gastroenteritis and colitis	12,741	10,898	6.4	43,415	22.0	3.4
	Other	1,375,813	1,180,553	696.3	8,201,460	4,151.0	6.0
	Not reported	379	289	0.2	19,165	9.7	50.6
<b>Total</b>		<b>2,090,734</b>	<b>1,790,838</b>	<b>1,058.2</b>	<b>14,426,223</b>	<b>7,301.5</b>	<b>6.9</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au/>.



**Table 8.7: Selected separation statistics <sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, private hospitals, Australia, 2002–03**

<b>Principal diagnosis</b>	<b>Separations</b>	<b>Public patient separations</b>	<b>Separations per 10,000 population</b>	<b>Patient days</b>	<b>Patient days per 10,000 population</b>	<b>ALOS (days)</b>
G47 Sleep disorders	26,938	266	13.6	31,149	15.8	1.2
Z50 Care involving use of rehabilitation procedures	25,541	977	12.9	453,108	229.3	17.7
I20 Angina pectoris	20,648	645	10.5	92,163	46.6	4.5
K40 Inguinal hernia	20,205	417	10.2	34,610	17.5	1.7
M17 Gonarthrosis [arthrosis of knee]	19,663	537	10.0	143,206	72.5	7.3
K80 Cholelithiasis	18,957	1,004	9.6	54,148	27.4	2.9
M75 Shoulder lesions	15,632	153	7.9	30,900	15.6	2.0
J35 Chronic diseases of tonsils and adenoids	14,680	295	7.4	16,114	8.2	1.1
O70 Perineal laceration during delivery	14,612	591	7.4	64,795	32.8	4.4
R07 Pain in throat and chest	11,373	520	5.8	26,808	13.6	2.4
M16 Coxarthrosis [arthrosis of hip]	11,072	298	5.6	97,304	49.2	8.8
I25 Chronic ischaemic heart disease	11,053	30	5.6	46,650	23.6	4.2
M23 Internal derangement of knee	10,665	123	5.4	16,826	8.5	1.6
J18 Pneumonia, organism unspecified	9,937	722	5.0	81,415	41.2	8.2
H26 Other cataract	9,193	125	4.7	10,219	5.2	1.1
J34 Other disorders of nose and nasal sinuses	9,177	185	4.6	11,244	5.7	1.2
C50 Malignant neoplasm of breast	9,159	213	4.6	40,515	20.5	4.4
O34 Maternal care for known or suspected abnormality of pelvic organs	9,152	286	4.6	49,547	25.1	5.4
J44 Other chronic obstructive pulmonary disease	8,961	814	4.5	92,123	46.6	10.3
I83 Varicose veins of lower extremities	8,952	226	4.5	18,019	9.1	2.0
I50 Heart failure	8,946	457	4.5	87,316	44.2	9.8
N40 Hyperplasia of prostate	8,844	295	4.5	34,808	17.6	3.9
N81 Female genital prolapse	8,830	258	4.5	39,115	19.8	4.4
M51 Other intervertebral disc disorders	8,669	146	4.4	51,471	26.1	5.9
R10 Abdominal and pelvic pain	8,668	554	4.4	27,785	14.1	3.2
T81 Complications of procedures, not elsewhere classified	8,612	377	4.4	53,413	27.0	6.2
N39 Other disorders of urinary system	8,409	438	4.3	43,185	21.9	5.1
C44 Other malignant neoplasms of skin	8,116	75	4.1	29,212	14.8	3.6
I21 Acute myocardial infarction	7,668	520	3.9	53,754	27.2	7.0
M54 Dorsalgia	7,507	202	3.8	45,417	23.0	6.0
Other	614,783	28,201	311.2	3,662,556	1,853.7	6.0
Not reported	1,056	10	0.5	7,922	4.0	7.5
<b>Total</b>	<b>985,678</b>	<b>39,960</b>	<b>498.9</b>	<b>5,546,817</b>	<b>2,807.4</b>	<b>5.6</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au/>.

**Table 8.8: Selected separation statistics <sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, public hospitals, Australia, 2002–03**

<b>Principal diagnosis</b>	<b>Separations</b>	<b>Public patient separations</b>	<b>Separations per 10,000 population</b>
Z49 Care involving dialysis	590,683	527,430	299.0
Z51 Other medical care	136,688	121,220	69.2
H26 Other cataract	32,837	25,988	16.6
R10 Abdominal and pelvic pain	29,645	27,343	15.0
R07 Pain in throat and chest	25,228	23,078	12.8
Z50 Care involving use of rehabilitation procedures	23,451	21,991	11.9
C44 Other malignant neoplasms of skin	20,302	17,819	10.3
Z08 Follow-up examination after treatment for malignant neoplasms	16,952	15,349	8.6
K21 Gastro-oesophageal reflux disease	15,914	14,071	8.1
Z45 Adjustment and management of implanted device	15,644	13,710	7.9
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	14,757	13,239	7.5
K29 Gastritis and duodenitis	14,230	12,921	7.2
Z30 Contraceptive management	14,126	12,821	7.1
O04 Medical abortion	13,593	11,297	6.9
K92 Other diseases of digestive system	13,442	12,095	6.8
I20 Angina pectoris	11,717	9,637	5.9
K02 Dental caries	11,666	9,886	5.9
G56 Mononeuropathies of upper limb	10,767	9,524	5.4
Z47 Other orthopaedic follow-up care	10,525	9,104	5.3
E11 Type 2 diabetes mellitus	10,469	9,023	5.3
K52 Other noninfective gastroenteritis and colitis	9,991	9,274	5.1
S01 Open wound of head	9,380	8,282	4.7
O47 False labour	9,278	8,851	4.7
M54 Dorsalgia	9,233	7,948	4.7
I84 Haemorrhoids	9,088	8,178	4.6
N92 Excessive, frequent and irregular menstruation	8,970	8,109	4.5
M23 Internal derangement of knee	8,905	7,783	4.5
D12 Benign neoplasm of colon, rectum, anus and anal canal	8,657	7,659	4.4
S52 Fracture of forearm	8,637	7,568	4.4
N87 Dysplasia of cervix uteri	8,613	7,968	4.4
Other	876,677	766,388	443.7
Not reported	172	138	0.1
<b>Total</b>	<b>2,000,237</b>	<b>1,765,692</b>	<b>1,012.4</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au>.

**Table 8.9: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, private hospitals, Australia, 2002–03**

<b>Principal diagnosis</b>	<b>Separations</b>	<b>Public patient separations</b>	<b>Separations per 10,000 population</b>
Z51 Other medical care	139,069	4,641	70.4
Z49 Care involving dialysis	103,515	27,039	52.4
H26 Other cataract	57,942	1,523	29.3
K01 Embedded and impacted teeth	52,240	132	26.4
C44 Other malignant neoplasms of skin	40,471	418	20.5
O04 Medical abortion	37,418	779	18.9
K21 Gastro-oesophageal reflux disease	35,502	592	18.0
R10 Abdominal and pelvic pain	32,091	536	16.2
M23 Internal derangement of knee	29,318	311	14.8
K29 Gastritis and duodenitis	27,840	377	14.1
H25 Senile cataract	27,043	226	13.7
D12 Benign neoplasm of colon, rectum, anus and anal canal	25,346	418	12.8
Z31 Procreative management	24,770	284	12.5
Z50 Care involving use of rehabilitation procedures	24,237	3	12.3
K57 Diverticular disease of intestine	21,712	273	11.0
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	21,574	296	10.9
F32 Depressive episode	20,704	70	10.5
Z08 Follow-up examination after treatment for malignant neoplasms	20,206	505	10.2
I84 Haemorrhoids	19,976	290	10.1
K92 Other diseases of digestive system	18,919	302	9.6
K63 Other diseases of intestine	17,648	182	8.9
F33 Recurrent depressive disorder	17,342	32	8.8
Z12 Special screening examination for neoplasms	16,334	303	8.3
G56 Mononeuropathies of upper limb	15,252	278	7.7
K02 Dental caries	14,910	149	7.5
Z45 Adjustment and management of implanted device	14,378	342	7.3
K22 Other diseases of oesophagus	13,715	149	6.9
Z30 Contraceptive management	13,672	382	6.9
Z80 Family history of malignant neoplasm	11,905	94	6.0
R19 Other symptoms and signs involving the digestive system and abdomen	11,712	166	5.9
Other	649,107	17,462	328.5
Not reported	1,255	13	0.6
<b>Total</b>	<b>1,577,123</b>	<b>58,567</b>	<b>798.2</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au>.

**Table 8.10: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia,<sup>(b)</sup> 2002-03**

<b>Principal diagnosis</b>	<b>Separations</b>	<b>Same day separations</b>	<b>Public patient separations</b>	<b>Separations per 10,000 population</b>
O04 Medical abortion	35,021	35,020	591	17.7
Z51 Other medical care	29,785	29,785	424	15.1
Z49 Care involving dialysis	29,443	29,440	8,959	14.9
H25 Senile cataract	22,032	22,032	9	11.2
H26 Other cataract	21,318	21,318	0	10.8
C44 Other malignant neoplasms of skin	17,547	17,546	148	8.9
K21 Gastro-oesophageal reflux disease	14,433	14,433	74	7.3
R10 Abdominal and pelvic pain	13,649	13,646	2	6.9
K29 Gastritis and duodenitis	12,772	12,772	0	6.5
Z31 Procreative management	10,021	10,021	210	5.1
D12 Benign neoplasm of colon, rectum, anus and anal canal	9,990	9,990	30	5.1
K01 Embedded and impacted teeth	9,373	9,368	1	4.7
K57 Diverticular disease of intestine	9,032	9,032	7	4.6
I84 Haemorrhoids	8,550	8,550	14	4.3
K63 Other diseases of intestine	7,985	7,985	0	4.0
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	6,424	6,424	0	3.3
Z12 Special screening examination for neoplasms	6,181	6,181	0	3.1
K22 Other diseases of oesophagus	5,580	5,580	1	2.8
K92 Other diseases of digestive system	5,521	5,521	0	2.8
K30 Dyspepsia	5,357	5,357	0	2.7
K44 Diaphragmatic hernia	5,241	5,241	0	2.7
K62 Other diseases of anus and rectum	5,095	5,095	0	2.6
K59 Other functional intestinal disorders	4,803	4,803	0	2.4
K02 Dental caries	4,553	4,548	0	2.3
Z80 Family history of malignant neoplasm	4,498	4,498	0	2.3
R19 Other symptoms and signs involving the digestive system and abdomen	4,185	4,185	0	2.1
K58 Irritable bowel syndrome	3,885	3,885	48	2.0
Z08 Follow-up examination after treatment for malignant neoplasms	3,788	3,788	0	1.9
D22 Melanocytic naevi	3,677	3,677	27	1.9
G47 Sleep disorders	3,665	200	0	1.9
Other	130,930	130,460	1,760	66.3
Not reported	760	760	10	0.4
<b>Total</b>	<b>455,094</b>	<b>451,141</b>	<b>12,315</b>	<b>230.3</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes separations from private free-standing day hospitals in Tasmania.

Table 8.11: Selected separation statistics<sup>(a)</sup>, by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2002–03

Principal diagnosis		Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00–B99	Infectious and parasitic diseases	0	0	0	0.0	0	0.0	0.0	0.0
C00–D48	Neoplasms	0	0	0	0.0	0	0.0	0.0	0.0
D50–D89	Disorder of blood and blood-forming organs and immune mechanism	0	0	0	0	0	0.0	0.0	0
E00–E90	Endocrine, nutritional and metabolic diseases	2	0	2	<0.1	88	<0.1	44.0	44.0
F00–F03	Dementia	228	1	214	0.1	22,528	11.4	341.3	99.2
F04–F09	Other organic mental disorders	175	5	170	0.1	29,618	15.0	737.7	174.2
F10	Mental, behavioural disorders due to use of alcohol	816	61	808	0.4	11,364	5.8	13.9	15.1
F11–F19	Mental, behav. disorders due to other psychoactive substance use	1,316	47	1,312	0.7	12,234	6.2	62.4	9.6
F20	Schizophrenia	3,586	119	3,520	1.8	471,204	238.5	131.4	135.9
F21–F29	Other schizotypal, delusional disorders	1,896	255	1,869	1.0	57,491	29.1	139.0	35.0
F30	Manic episode	90	1	90	<0.1	1,614	0.8	17.9	18.1
F31	Bipolar affective disorder	1,205	23	1,194	0.6	37,721	19.1	31.3	31.9
F32–F33	Depressive episode or disorder	1,605	261	1,580	0.8	29,689	4.5	43.9	22.1
F34–F39	Other mood (affective) disorders	196	11	195	0.1	4,423	2.2	46.1	23.9
F40–F48	Neurotic, stress-related and somatoform disorders	1,656	394	1,644	0.8	11,821	6.0	7.1	9.4
F50	Eating disorders	44	19	44	<0.1	1,128	0.6	25.6	45.1
F51–F59	Other behavioural syndromes associated with physiological disturbances, physical factors	15	1	15	<0.1	335	0.2	22.3	23.9
F60–F69	Disorders of adult personality and behaviour	832	53	822	0.4	26,907	13.6	32.3	34.5
F70–F79	Mental retardation	43	1	43	<0.1	53,651	27.2	1,247.7	1277.4
F80–F89	Disorders of psychological development	169	127	169	0.1	2,026	1.0	12.0	48.2
F90–F98	Disorders with onset usually occurring in childhood, adolescence	1,171	1,048	1,171	0.6	1,891	1.0	50.0	15.4
F99	Unspecified mental disorder	1	0	1	<0.1	1	<0.1	1.0	1.0
G00–G99	Diseases of the nervous system	196	1	189	0.1	30,122	15.2	153.7	154.5
H00–H95	Diseases of eye, adnexa, ear and mastoid process	0	0	0	0.0	0	0.0	0.0	0.0
I00–I99	Diseases of circulatory system	2	0	2	<0.1	124	0.1	62.0	62.0
J00–L99	Diseases of respiratory/digestive system, skin & subcutaneous tissue	2	0	2	<0.1	2,911	1.5	2,911.0	1455.5
M00–M99	Diseases of musculoskeletal and connective tissue	0	0	0	0.0	0	0.0	0.0	0.0
N00–N99	Diseases of genitourinary system	3	0	2	<0.1	113	0.1	37.7	37.7
O00–O99	Pregnancy, childbirth and the puerperium	3	0	2	<0.1	113	0.1	37.7	37.7
P00–P96	Certain diseases originating in the perinatal period	0	0	0	0	0	0	0.0	0.0
Q00–Q99	Congenital abnormalities	2	0	2	<0.1	1,102	0.6	551.0	551.0
R00–R99	Signs, symptoms and abnormal findings not elsewhere classified	6	1	6	<0.1	110	0.1	18.3	22.0
S00–T98	Injury, poisoning and other consequences of external causes	17	1	17	<0.1	358	0.2	48.8	22.4
Z03.2, Z81, Z86.5	Observation, personal, family history of mental and behav. disorders	3	1	3	<0.1	99	0.1	33.0	49.5
Z00–Z99 <sup>(b)</sup>	Other reasons for contact with health services	1333	399	1331	0.7	104,275	52.8	78.2	111.6
	Not reported	63	2	63	<.01	4,080	2.1	64.8	66.9
<b>Total</b>		<b>16,678</b>	<b>2,832</b>	<b>16,485</b>	<b>8.4</b>	<b>919,139</b>	<b>465.2</b>	<b>55.1</b>	<b>66.4</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excluding Z03.2, Z81 and Z86.5.

Note: Abbreviations: dis.—diseases; behav.—behavioural.

**Table 8.12: Separations<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2002–03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	165,656	180,785	92,055	60,287	40,749	13,284	14,648	24,927	592,391
Z51 Other medical care	5,362	52,308	32,099	18,150	20,189	2,574	6,043	1,153	137,878
Z50 Care involving use of rehabilitation procedures	24,147	23,465	15,066	4,215	4,193	657	544	622	72,909
R07 Pain in throat and chest	23,474	17,230	11,243	4,069	5,490	863	482	736	63,587
I20 Angina pectoris	20,346	15,746	10,278	4,903	4,605	1,537	1,042	401	58,858
R10 Abdominal and pelvic pain	19,784	18,220	9,103	4,238	4,113	869	658	530	57,515
J18 Pneumonia, organism unspecified	16,358	12,185	7,120	3,695	3,657	767	665	1,366	45,813
J44 Other chronic obstructive pulmonary disease	16,365	11,197	6,901	3,352	3,579	989	308	516	43,207
I21 Acute myocardial infarction	13,207	8,941	6,526	2,467	2,849	732	417	232	35,371
H26 Other cataract	11,941	10,667	4,681	3,613	3,511	54	457	319	35,243
K80 Cholelithiasis	12,442	9,477	6,075	2,733	2,862	808	485	274	35,156
O70 Perineal laceration during delivery	14,706	6,170	6,443	2,018	2,428	474	601	503	33,343
I50 Heart failure	11,443	8,704	5,193	2,477	2,926	572	291	273	31,879
S52 Fracture of forearm	10,895	6,761	5,148	2,152	1,993	493	530	548	28,520
N39 Other disorders of urinary system	9,940	7,414	4,623	2,625	2,380	508	271	311	28,072
J45 Asthma	9,607	7,450	4,740	2,755	1,952	430	286	377	27,597
E11 Type 2 diabetes mellitus	6,753	8,582	3,687	2,755	3,656	667	300	887	27,287
C44 Other malignant neoplasms of skin	6,336	6,122	6,771	2,178	3,544	431	192	121	25,695
I48 Atrial fibrillation and flutter	9,734	6,314	4,236	2,019	2,127	608	430	188	25,656
O80 Single spontaneous delivery	9,479	4,255	6,596	1,949	1,892	470	422	578	25,641
L03 Cellulitis	8,910	6,558	4,755	2,153	1,791	424	348	570	25,509
F20 Schizophrenia	7,417	6,540	5,637	1,996	2,345	695	194	178	25,002
F32 Depressive episode	8,103	6,456	4,240	2,095	2,417	914	192	129	24,546
K52 Other noninfective gastroenteritis and colitis	7,567	6,982	3,615	1,915	1,943	291	248	171	22,732
K92 Other diseases of digestive system	8,464	5,786	3,514	1,795	1,925	271	300	240	22,295
S72 Fracture of femur	8,342	5,400	3,392	1,691	1,803	449	359	138	21,574
K21 Gastro-oesophageal reflux disease	5,990	5,163	3,356	2,417	2,730	268	476	215	20,615
T81 Complications of procedures, not elsewhere classified	6,290	5,435	3,723	1,967	1,495	515	281	295	20,001
M54 Dorsalgia	6,379	5,593	3,082	2,134	1,853	476	130	80	19,727
K40 Inguinal hernia	6,634	5,433	3,360	1,705	1,812	331	217	128	19,620
Other	798,752	668,416	414,908	215,307	229,050	47,784	31,926	31,038	2,437,181
Not reported	351	85	0	0	0	10	0	105	551
<b>Total</b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Table 8.13: Separations<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2002-03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	27,850	36,597	40,724	16,304	12,865	n.p.	n.p.	n.p.	139,667
Z49 Care involving dialysis	19,936	17,177	32,197	20,365	14,153	n.p.	n.p.	n.p.	103,852
H26 Other cataract	28,488	12,061	11,078	6,413	4,734	n.p.	n.p.	n.p.	67,135
K01 Embedded and impacted teeth	15,583	14,662	10,705	8,049	4,088	n.p.	n.p.	n.p.	55,178
Z50 Care involving use of rehabilitation procedures	22,320	10,247	13,740	1,466	1,654	n.p.	n.p.	n.p.	49,778
C44 Other malignant neoplasms of skin	14,512	8,679	13,866	4,054	5,255	n.p.	n.p.	n.p.	48,587
R10 Abdominal and pelvic pain	9,825	12,467	10,413	4,537	2,200	n.p.	n.p.	n.p.	40,759
M23 Internal derangement of knee	12,461	9,843	6,343	4,991	4,219	n.p.	n.p.	n.p.	39,983
K21 Gastro-oesophageal reflux disease	9,615	8,985	10,769	4,087	3,200	n.p.	n.p.	n.p.	37,752
O04 Medical abortion	8,962	13,324	12,340	2,736	227	n.p.	n.p.	n.p.	37,740
K29 Gastritis and duodenitis	9,608	8,545	6,496	2,492	1,441	n.p.	n.p.	n.p.	29,060
H25 Senile cataract	5,712	7,384	10,378	1,532	2,615	n.p.	n.p.	n.p.	28,270
M17 Gonarthrosis [arthrosis of knee]	9,262	6,415	4,464	3,424	3,056	n.p.	n.p.	n.p.	28,076
G47 Sleep disorders	9,540	8,582	5,494	591	2,606	n.p.	n.p.	n.p.	27,886
D12 Benign neoplasm of colon, rectum, anus and anal canal	9,452	5,420	7,413	2,867	1,907	n.p.	n.p.	n.p.	27,680
F32 Depressive episode	5,835	9,900	6,831	2,353	1,105	n.p.	n.p.	n.p.	27,145
K57 Diverticular disease of intestine	6,650	7,546	8,084	2,048	1,545	n.p.	n.p.	n.p.	26,599
Z31 Procreative management	9,057	7,056	5,991	761	963	n.p.	n.p.	n.p.	25,296
I84 Haemorrhoids	8,909	6,364	4,613	2,590	1,654	n.p.	n.p.	n.p.	25,086
I20 Angina pectoris	6,474	7,171	5,585	2,626	1,543	n.p.	n.p.	n.p.	24,354
K40 Inguinal hernia	7,878	5,502	5,074	2,515	1,747	n.p.	n.p.	n.p.	24,021
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	8,523	4,383	5,325	2,164	1,246	n.p.	n.p.	n.p.	22,202
K92 Other diseases of digestive system	6,902	5,179	5,606	1,847	1,519	n.p.	n.p.	n.p.	21,796
Z08 Follow-up examination after treatment for malignant neoplasms	7,551	5,573	4,227	1,933	1,359	n.p.	n.p.	n.p.	21,461
F33 Recurrent depressive disorder	3,031	7,817	3,048	2,500	4,391	n.p.	n.p.	n.p.	21,449
K80 Cholelithiasis	6,052	4,289	4,283	2,313	1,782	n.p.	n.p.	n.p.	19,812
I25 Chronic ischaemic heart disease	7,896	3,705	4,493	1,052	1,302	n.p.	n.p.	n.p.	19,345
M54 Dorsalgia	4,893	4,131	2,812	3,737	2,234	n.p.	n.p.	n.p.	19,061
K63 Other diseases of intestine	6,082	5,109	4,998	1,170	863	n.p.	n.p.	n.p.	18,540
R07 Pain in throat and chest	3,462	5,132	4,797	1,977	2,157	n.p.	n.p.	n.p.	18,188
Other	396,655	379,590	329,978	165,104	122,081	n.p.	n.p.	n.p.	1,464,732
Not reported	0	2,271	0	0	0	n.p.	n.p.	n.p.	2,311
<b>Total</b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	n.p.	n.p.	n.p.	<b>2,562,801</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.  
n.p. Not published.

**Table 8.14: Average length of stay<sup>(a)</sup> (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2002–03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z51 Other medical care	1.4	1.1	1.0	1.0	1.0	1.1	1.0	1.1	1.1
Z50 Care involving use of rehabilitation procedures	17.4	17.4	8.5	24.3	28.0	30.2	20.8	5.7	16.6
R07 Pain in throat and chest	1.8	1.4	1.6	1.6	1.7	1.7	1.4	1.8	1.6
I20 Angina pectoris	3.8	3.3	3.1	2.9	3.3	4.2	3.5	3.0	3.4
R10 Abdominal and pelvic pain	1.9	1.5	1.7	1.9	1.8	1.8	2.0	1.9	1.7
J18 Pneumonia, organism unspecified	6.0	6.2	5.2	5.3	6.1	6.2	6.4	5.5	5.9
J44 Other chronic obstructive pulmonary disease	7.1	6.8	6.3	8.4	6.8	8.6	7.0	7.0	7.0
I21 Acute myocardial infarction	6.1	5.7	5.4	5.6	5.7	5.2	4.8	6.1	5.8
H26 Other cataract	1.0	1.0	1.1	1.1	1.0	1.1	1.0	1.1	1.0
K80 Cholelithiasis	3.4	3.0	2.8	3.4	2.9	3.0	3.2	4.5	3.1
O70 Perineal laceration during delivery	3.1	3.0	2.7	3.3	3.3	4.1	2.7	3.7	3.0
I50 Heart failure	8.2	6.9	6.8	7.1	7.2	8.5	7.8	5.6	7.4
S52 Fracture of forearm	1.9	2.0	1.7	2.0	2.3	2.5	2.2	3.2	2.0
N39 Other disorders of urinary system	4.5	4.4	4.6	4.5	4.3	4.9	3.9	5.1	4.5
J45 Asthma	2.2	2.1	2.1	2.3	2.4	2.3	2.5	2.4	2.2
E11 Type 2 diabetes mellitus	7.1	6.3	7.8	6.3	4.3	5.4	6.3	6.0	6.4
C44 Other malignant neoplasms of skin	2.4	2.0	1.5	1.8	1.6	2.3	1.5	2.0	1.9
I48 Atrial fibrillation and flutter	3.5	3.3	3.1	2.8	3.2	2.7	2.8	3.9	3.3
O80 Single spontaneous delivery	2.4	2.6	2.0	2.6	2.4	3.8	2.0	2.9	2.4
L03 Cellulitis	5.6	6.0	5.0	4.8	5.2	4.7	5.4	4.6	5.5
F20 Schizophrenia	40.2	20.6	50.6	29.5	15.1	24.9	14.1	15.4	33.4
F32 Depressive episode	7.1	6.9	6.9	10.0	9.3	5.1	10.7	9.0	7.4
K52 Other noninfective gastroenteritis and colitis	2.5	2.3	2.1	2.3	2.3	3.0	2.3	3.2	2.3
K92 Other diseases of digestive system	2.6	2.2	2.2	2.2	2.0	3.0	1.8	2.0	2.3
S72 Fracture of femur	10.6	11.6	10.1	10.3	10.6	12.9	12.3	16.1	10.8
K21 Gastro-oesophageal reflux disease	1.7	1.4	1.5	1.5	1.5	2.0	1.3	1.2	1.6
T81 Complications of procedures, not elsewhere classified	5.8	5.9	5.3	5.3	5.2	5.0	6.3	4.8	5.6
M54 Dorsalgia	3.2	2.5	2.9	2.7	3.2	2.7	3.7	3.0	2.9
K40 Inguinal hernia	1.6	1.6	1.3	1.7	1.8	1.5	1.5	1.6	1.6
Other	4.5	3.9	4.2	4.4	4.5	4.9	4.5	4.2	4.3
<b>Total<sup>(a)</sup></b>	<b>4.4</b>	<b>3.7</b>	<b>3.9</b>	<b>3.9</b>	<b>4.1</b>	<b>4.4</b>	<b>3.4</b>	<b>3.0</b>	<b>4.0</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.



**Table 8.15: Average length of stay<sup>(a)</sup> (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2002–03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	1.1	1.0	1.0	1.0	1.1	n.p.	n.p.	n.p.	1.0
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
H26 Other cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K01 Embedded and impacted teeth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z50 Care involving use of rehabilitation procedures	7.8	17.0	4.6	22.2	15.5	n.p.	n.p.	n.p.	9.6
C44 Other malignant neoplasms of skin	1.5	1.5	1.4	1.7	1.3	n.p.	n.p.	n.p.	1.4
R10 Abdominal and pelvic pain	1.3	1.4	1.6	1.6	1.8	n.p.	n.p.	n.p.	1.5
M23 Internal derangement of knee	1.1	1.2	1.1	1.2	1.2	n.p.	n.p.	n.p.	1.2
K21 Gastro-oesophageal reflux disease	1.1	1.2	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.2
O04 Medical abortion	1.0	1.0	1.0	1.0	1.1	n.p.	n.p.	n.p.	1.0
K29 Gastritis and duodenitis	1.1	1.1	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.1
H25 Senile cataract	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
M17 Gonarthrosis [arthrosis of knee]	5.4	5.0	6.1	6.2	4.3	n.p.	n.p.	n.p.	5.4
G47 Sleep disorders	1.0	1.4	1.0	1.4	1.1	n.p.	n.p.	n.p.	1.2
D12 Benign neoplasm of colon, rectum, anus and anal canal	1.2	1.4	1.2	1.3	1.3	n.p.	n.p.	n.p.	1.3
F32 Depressive episode	7.1	3.6	5.9	5.0	6.3	n.p.	n.p.	n.p.	5.2
K57 Diverticular disease of intestine	1.7	1.8	1.8	2.4	2.3	n.p.	n.p.	n.p.	1.9
Z31 Procreative management	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
I84 Haemorrhoids	1.2	1.3	1.3	1.5	1.5	n.p.	n.p.	n.p.	1.3
I20 Angina pectoris	3.9	3.8	4.7	3.2	3.8	n.p.	n.p.	n.p.	3.9
K40 Inguinal hernia	1.6	1.6	1.4	1.7	1.9	n.p.	n.p.	n.p.	1.6
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K92 Other diseases of digestive system	1.2	1.5	1.5	1.5	1.6	n.p.	n.p.	n.p.	1.4
Z08 Follow-up examination after treatment for malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
F33 Recurrent depressive disorder	6.9	3.8	4.8	4.7	3.1	n.p.	n.p.	n.p.	4.4
K80 Cholelithiasis	2.4	3.0	3.0	2.9	2.9	n.p.	n.p.	n.p.	2.8
I25 Chronic ischaemic heart disease	2.4	2.9	3.4	1.9	5.1	n.p.	n.p.	n.p.	2.8
M54 Dorsalgia	3.1	3.4	3.8	2.3	2.3	n.p.	n.p.	n.p.	3.0
K63 Other diseases of intestine	1.1	1.2	1.2	1.7	1.4	n.p.	n.p.	n.p.	1.2
R07 Pain in throat and chest	1.7	1.9	2.1	1.6	1.6	n.p.	n.p.	n.p.	1.8
Other	3.2	3.2	3.7	3.4	3.5	n.p.	n.p.	n.p.	3.4
<b>Total</b>	<b>2.7</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2.8</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

**Table 8.16: Separations<sup>(a)</sup> for males for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2002–03**

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
Z49 Care involving dialysis	10	530	402	8,068	23,548	41,775	61,730	82,420	108,240	77,652	5,806	410,181
Z51 Other medical care	211	1,254	2,636	2,426	3,825	7,241	18,884	35,380	39,201	19,527	1,659	132,244
Z50 Care involving use of rehabilitation procedures	1	13	189	2,063	2,783	4,052	5,432	8,013	11,571	14,710	5,796	54,623
I20 Angina pectoris	0	0	0	16	237	2,208	7,604	13,031	15,043	11,298	2,317	51,754
C44 Other malignant neoplasms of skin	1	6	14	69	514	1,954	4,855	8,217	10,874	13,542	4,153	44,199
R07 Pain in throat and chest	0	9	144	732	2,541	6,422	9,555	9,242	7,158	4,795	1,019	41,618
H26 Other cataract	7	24	60	67	117	517	1,911	5,041	11,927	17,667	3,835	41,173
K40 Inguinal hernia	1,500	1,215	1,157	1,766	2,970	4,484	6,521	7,651	6,702	4,639	835	39,441
R10 Abdominal and pelvic pain	168	345	2,294	2,809	4,288	5,306	5,547	5,198	4,061	2,857	660	33,534
M23 Internal derangement of knee	0	1	270	4,637	6,535	7,355	6,870	4,766	2,137	691	44	33,306
J44 Other chronic obstructive pulmonary disease	2	16	38	23	37	245	1,049	4,144	9,793	11,540	2,897	29,784
J18 Pneumonia, organism unspecified	804	3,069	1,404	755	1,284	1,794	2,133	2,886	4,646	7,025	3,711	29,511
K21 Gastro-oesophageal reflux disease	745	307	459	1,226	3,295	5,132	6,393	5,623	3,633	1,939	303	29,055
I21 Acute myocardial infarction	1	0	1	38	276	1,705	4,843	6,561	7,016	6,197	1,972	28,610
G47 Sleep disorders	2,508	1,731	1,037	406	1,684	4,100	6,557	5,758	2,894	1,393	86	28,154
Z08 Follow-up examination after treatment for malignant neoplasms	3	74	35	47	170	647	2,005	5,145	8,311	7,371	1,238	25,046
K01 Embedded and impacted teeth	0	16	1,464	14,091	5,775	2,063	766	357	142	87	11	24,772
I25 Chronic ischaemic heart disease	0	0	1	8	97	778	3,576	7,175	7,710	4,687	411	24,443
K92 Other diseases of digestive system	69	77	138	660	1,851	3,252	4,273	4,222	3,833	3,323	988	22,687
D12 Benign neoplasm of colon, rectum, anus and anal canal	1	0	16	70	226	1,126	3,566	6,393	6,336	3,816	426	21,976
E11 Type 2 diabetes mellitus	0	0	16	66	271	815	2,337	4,387	6,533	5,948	1,235	21,609
N40 Hyperplasia of prostate	0	0	0	4	23	145	1,312	5,191	7,795	5,892	1,086	21,449
K29 Gastritis and duodenitis	32	121	271	1,143	2,230	3,403	3,872	4,021	3,520	2,261	387	21,261
I50 Heart failure	22	3	5	32	112	293	689	2,182	5,019	8,256	4,141	20,754
I84 Haemorrhoids	0	11	11	411	2,181	4,689	5,522	4,336	2,353	1,075	105	20,697
I48 Atrial fibrillation and flutter	4	0	20	160	497	1,158	2,555	4,544	5,398	4,527	1,104	19,967
M17 Gonarthrosis [arthrosis of knee]	0	0	6	142	596	1,572	3,176	5,044	5,514	3,498	376	19,924
F10 Mental and behavioural disorders due to use of alcohol	0	1	125	1,696	2,894	4,394	5,324	3,361	1,145	578	57	19,580
N20 Calculus of kidney and ureter	4	21	59	350	1,567	3,326	4,898	4,622	2,905	1,177	118	19,047
K57 Diverticular disease of intestine	0	0	0	26	353	1,361	3,204	4,585	4,925	3,752	698	18,905
Other	74,719	93,859	118,681	139,725	161,728	187,135	210,095	233,853	238,511	221,958	66,436	1,746,723
Not reported	43	10	50	90	90	129	181	210	169	181	53	1,207
<b>Total</b>	<b>80,855</b>	<b>102,713</b>	<b>131,003</b>	<b>183,822</b>	<b>234,595</b>	<b>310,576</b>	<b>407,235</b>	<b>503,559</b>	<b>555,015</b>	<b>473,859</b>	<b>113,963</b>	<b>3,097,234</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

**Table 8.17: Separations<sup>(a)</sup> for females for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2002–03**

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
Z49 Care involving dialysis	0	0	577	4,513	14,026	23,482	47,004	60,623	84,360	49,215	2,168	285,968
Z51 Other medical care	185	881	1,695	1,776	4,809	17,073	32,930	39,000	30,485	14,991	1,472	145,297
Z50 Care involving use of rehabilitation procedures	0	5	69	1,027	2,078	3,557	5,354	6,972	12,355	23,182	13,455	68,054
R10 Abdominal and pelvic pain	105	244	2,918	9,108	10,747	10,961	10,780	8,367	5,948	4,253	1,308	64,740
H26 Other cataract	11	21	29	37	117	456	1,798	5,532	17,322	28,472	7,409	61,204
O04 Medical abortion	0	0	178	22,613	20,529	9,020	261	2	0	0	0	52,603
O70 Perineal laceration during delivery	0	0	32	9,430	30,507	7,975	31	0	0	0	0	47,975
R07 Pain in throat and chest	0	5	118	727	1,886	4,491	8,214	8,710	7,469	6,369	2,167	40,156
K80 Cholelithiasis	1	3	108	2,915	6,548	6,805	6,960	6,148	4,540	3,352	1,189	38,569
K01 Embedded and impacted teeth	0	18	2,371	22,761	8,306	2,397	923	339	141	83	13	37,352
F32 Depressive episode	0	0	420	4,590	5,922	7,339	5,962	3,611	2,570	2,430	561	33,405
O80 Single spontaneous delivery	0	0	15	8,795	19,524	4,390	19	0	0	0	0	32,744
I20 Angina pectoris	0	0	0	10	141	843	2,983	5,610	8,349	9,692	3,829	31,458
C44 Other malignant neoplasms of skin	1	13	24	93	601	2,060	4,150	4,991	5,912	8,111	4,127	30,083
N39 Other disorders of urinary system	856	971	801	1,355	1,568	2,555	4,026	3,942	3,965	5,749	4,261	30,050
K21 Gastro-oesophageal reflux disease	659	213	375	1,016	2,104	4,157	6,397	6,725	4,396	2,666	604	29,312
Z31 Procreative management	0	0	0	350	11,970	14,958	508	1	0	0	0	27,787
K29 Gastritis and duodenitis	28	128	326	1,402	2,483	3,918	5,436	5,396	4,500	3,062	653	27,332
J18 Pneumonia, organism unspecified	546	2,642	1,187	698	1,279	1,706	1,855	2,551	3,492	5,701	4,788	26,445
N92 Excessive, frequent and irregular menstruation	0	0	40	696	3,409	10,350	9,085	308	15	3	0	23,906
K57 Diverticular disease of intestine	0	0	2	7	132	900	3,404	5,687	6,773	5,451	1,440	23,796
C50 Malignant neoplasm of breast	1	0	2	20	557	2,943	5,916	5,791	4,037	2,564	728	22,559
J44 Other chronic obstructive pulmonary disease	2	23	86	37	55	296	1,399	3,719	6,740	7,771	2,397	22,525
M17 Gonarthrosis [arthrosis of knee]	0	1	8	80	285	1,067	3,007	5,383	6,679	5,124	814	22,448
O99 Other maternal diseases classifiable elsewhere but complica	0	0	15	6,747	12,488	2,999	37	1	0	0	0	22,288
K52 Other noninfective gastroenteritis and colitis	29	81	96	2,302	3,180	2,754	3,050	3,153	2,846	3,115	1,394	22,000
M54 Dorsalgia	2	19	101	591	1,735	3,300	4,378	3,706	3,214	3,399	1,290	21,735
O34 Maternal care for known or suspected abnormality of pelvic c	0	0	0	1,750	13,253	6,418	37	1	0	0	0	21,459
K92 Other diseases of digestive system	44	65	120	744	1,582	2,747	3,865	3,837	3,360	3,345	1,692	21,401
O47 False labour	0	0	28	7,183	11,533	2,544	15	0	0	0	0	21,304
Other	57,476	67,146	85,504	190,484	346,527	288,382	270,687	253,012	245,475	267,372	126,599	2,198,686
Not reported	38	9	30	121	281	279	231	214	158	187	105	1,653
<b>Total</b>	<b>59,984</b>	<b>72,488</b>	<b>97,275</b>	<b>303,978</b>	<b>540,162</b>	<b>453,122</b>	<b>450,702</b>	<b>453,332</b>	<b>475,101</b>	<b>465,659</b>	<b>184,463</b>	<b>3,556,294</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

Table 8.18: Separation statistics<sup>(a)</sup>, by principal diagnosis in ICD-10-AM chapters, by Indigenous status,<sup>(b)</sup> all hospitals, Australia, 2002–03

Principal diagnosis	Separations		Separations for patients identified as Indigenous (%)	Separations per 1,000 population <sup>(c)</sup>		Rate ratio <sup>(d)</sup>
	Indigenous	Non-Indigenous		Indigenous	Non-Indigenous	
A00–B99 Certain infectious and parasitic diseases	4,987	87,379	2.5	20.9	4.5	4.6
C00–D48 Neoplasms	3,092	479,700	1.5	10.7	24.2	0.4
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	911	74,328	0.4	2.8	3.8	0.8
E00–E90 Endocrine, nutritional and metabolic diseases	3,951	99,837	1.9	13.2	5.1	2.6
F00–F99 Mental and behavioural disorders	9,184	278,057	4.5	19.7	14.3	1.4
G00–G99 Diseases of the nervous system	3,061	145,673	1.5	8.8	7.4	1.2
H00–H59 Diseases of the eye and adnexa	1,478	184,900	0.7	6.4	9.3	0.7
H60–H95 Diseases of the ear and mastoid process	1,665	51,942	0.8	5.1	2.7	1.9
I00–I99 Diseases of the circulatory system	6,920	438,430	3.4	24.6	22.0	1.1
J00–J99 Diseases of the respiratory system	14,980	312,677	7.4	59.9	16.0	3.7
K00–K93 Diseases of the digestive system	11,195	758,781	5.5	31.5	38.8	0.8
L00–L99 Diseases of the skin and subcutaneous tissue	4,941	112,352	2.4	13.8	5.7	2.4
M00–M99 Diseases of the musculoskeletal system and connective tissue	3,699	355,803	1.8	10.3	18.1	0.6
N00–N99 Diseases of the genitourinary system	5,862	349,594	2.9	16.8	17.9	0.9
O00–O99 Pregnancy, childbirth and the puerperium	16,932	428,034	8.3	28.0	22.5	1.2
P00–P96 Certain conditions originating in the perinatal period	2,332	48,776	1.1	12.8	2.6	5.0
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	869	32,997	0.4	3.7	1.7	2.2
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8,722	389,112	4.3	27.6	19.8	1.4
S00–T98 Injury, poisoning and certain other consequences of external causes	17,058	423,936	8.4	41.1	21.8	1.9
Z00–Z99 Factors influencing health status and contact with health services	80,972	1,395,783	39.9	261.9	70.8	3.7
Care involving dialysis	73,028	623,215	36.0	236.4	31.6	7.5
Other	7,944	772,568	3.9	25.5	39.2	0.7
Not specified	72	2,798	0.0	0.2	0.1	1.7
<b>Total (excluding care involving dialysis)</b>	129,783	5,824,876	<b>64.0</b>	<b>383.3</b>	<b>297.6</b>	<b>1.3</b>
<b>Total (including care involving dialysis)</b>	202,883	6,450,889	<b>100.0</b>	<b>619.9</b>	<b>329.3</b>	<b>1.9</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail.

(c) The rates were directly age-standardised to the Australian population at 30 June 2001. The separation rate for non-Indigenous persons includes *Not reported*. For details, see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au>.

(d) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for non-Indigenous persons (which includes *Not reported*).

# 9 Procedures for admitted patients

## Introduction

The *National Health Data Dictionary* version 11.0 (NHDC 2002) defines a procedure as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment only available in an acute care setting. Procedures therefore encompass surgical procedures and also non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Procedures for 2002–03 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories, using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002). Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

One or more procedures can be reported for each separation in the National Hospital Morbidity Database, but procedures are not undertaken for all hospital admissions, so only a proportion of the separation records include procedure data.

There are two types of data on procedures presented in this chapter:

- data on the separations for which there was one or more procedures reported within the group of procedures (an ICD-10-AM procedure block, group of blocks or chapter) being considered. Because more than one procedure can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows; and
- data on the total number of procedures reported. For these data, all procedures within a group of procedures being considered are counted, even if there is more than one reported for a separation.

The procedure classification is divided into chapters by anatomical site and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These sub chapters are further divided into more specific procedure blocks, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes. The tables and figures in this chapter use the groups of blocks, blocks and abbreviated descriptions. Full descriptions of the categories are available in the ICD-10-AM publication.

Most of the information is presented using three methods of grouping procedures based on the ICD-10-AM procedure classification:

- ICD-10-AM procedure chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Figures 9.2 and 9.3 and Table 9.19);
- ICD-10-AM procedure block groupings – these 65 groups were chosen to provide more detailed information than ICD-10-AM chapters, but still cover the entire procedure

classification at a manageable level (Tables 9.1 to 9.4). Tables 9.6 and 9.7 present counts of all procedures using these groupings; and

- ICD-10-AM procedure blocks – these 1,424 categories describe procedures at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 9.8 to 9.18) and summary information is provided for all of the groups (for which separations were reported) on the website at <http://www.aihw.gov.au> (Tables S9.1 and S9.2).

In addition, Table 9.5 presents information on the number of procedures reported per separation.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals and for public patients, nationally and by state and territory. National information on age group and sex distributions is presented, as well as procedure statistics for Indigenous status. The 30 ICD-10-AM procedure blocks with the highest number of separations are also presented. Information on ‘public’ patients in Tables 9.1 to 9.2 and Tables 9.8 to 9.12 relates to separations for which the patient election status was reported as public (see Chapter 6).

Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are not shown in Tables 9.4, 9.5, 9.7, 9.14 and 9.16. The data were supplied but were not published for confidentiality reasons.

Overall, there were 5.3 million separations for which a procedure was reported, 80% of total separations. Almost 18.8 million patient days were reported for separations with a procedure, accounting for 79.7% of the total (Tables 9.1 and 9.2).

## Procedures and other data elements reported for separations

The information on procedures reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 9.1 demonstrates this using the example of procedure block 412 *Tonsillectomy or adenoidectomy* and other data elements in the National Hospital Morbidity Database. There were 41,732 separations for which this procedure was reported, with an average length of stay of 1.1 days. Almost 54% of separations were admitted to private hospitals. The majority of separations (99.3%) with this procedure had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. The principal diagnosis mostly associated with this procedure was *Chronic diseases of tonsils and adenoids* (J35) with 30,492 separations and the most commonly reported AR-DRG was *Tonsillectomy and/or Adenoidectomy* (D11Z) with 33,613 separations. Separations were evenly distributed between sexes. Patients aged 5 to 14 years accounted for 43% of separations, followed by patients aged 1 to 4 years (29%).

## ICD-10-AM chapters

Figures 9.2 and 9.3 provide a summary of the number of separations and patient days by public and private sector, reported for each of the ICD-10-AM procedure chapter groupings. If a separation has two block numbers within the same chapter, it is only counted once.

The highest number of separations in both the public and private sector was for *Non-invasive, cognitive and interventions, not elsewhere classified* (Blocks 1820-1916). This chapter also accounted for the highest number of patient days in the public sector and the private sector.

## Broad procedure groupings

### Sector

Public hospitals accounted for 56.4% of the separations for which a procedure was reported, although they accounted for 61.5% of the separations overall. Similarly, although 69.8% of overall patient days were in public hospitals, only 66.9% of patient days associated with procedures were in public hospitals. In public hospitals, 73.3% of total separations involved a procedure (3,000,596) and these separations were associated with 76.4% of the 16,426,460 total patient days (Table 9.1). In contrast, 90.5% of total separations in private hospitals involved a procedure (2,319,800), and these separations were associated with 87.3% of total patient days (6,216,786) (Table 9.2). About 86.2% of separations with a procedure in public hospitals were for public patients, in contrast to just 3.6% in private hospitals.

The private sector reported a higher proportion of separations for same day procedures than the public sector. About 54.1% (1,623,422) of separations for which a procedure was reported were same day in public hospitals, compared with 64.3% (1,492,529) in private hospitals (Tables 9.1 and 9.2).

Excluding *Administrative/clinical/client support interventions* (Blocks 1909–1915) (1,238,624) and *Generalised allied health interventions* (Block 1916) (729,935), the group of procedures that accounted for the largest number of separations in public hospitals was *Procedures on kidney* (Blocks 1040–1063), which includes haemodialysis. There were 615,600 separations for which procedures in this group were reported, accounting for 834,941 patient days. This group of procedures also accounted for a large number of same day separations (593,665) and public patient separations (548,935).

Within the private sector, *Procedures on large intestine* (Blocks 904–925), which includes colonoscopy, was the group of procedures that accounted for the largest number of separations, excluding *Administrative/clinical/client support interventions* (Blocks 1909–1915) (1,586,096 separations) and *Generalised allied health interventions* (Block 1916) (298,967 separations). There were 298,300 separations for which procedures in this group were reported, accounting for 456,246 patient days. This group of procedures also accounted for a large number of same day separations (271,311). Other groups of procedures that accounted for a large number of separations in private hospitals were *Other procedures on abdomen, peritoneum and hernia* (Blocks 983–1011) with 282,174 separations and *Chemotherapeutic and radiation oncology procedures* (1780–1799) with 148,643 separations.

### States and territories

Tables 9.3 and 9.4 contain detail on the pattern of hospital use in the states and territories by procedure grouping, in both the public and private sectors. These tables enable state by state comparisons of overall hospital use for the different procedure groupings, and the share of separations between the private and public sector. For example, the proportion of total separations for *Procedures on skull, brain and meninges* (Blocks 1–28) performed in public hospitals in comparison to private hospitals was higher in New South Wales (2,824 public

sector separations or 74.1% of combined separations) than in Queensland (1,279 public sector separations or 66.0% of combined separations). In contrast, the proportion of total separations for *Procedures on lens* (Blocks 193–203) performed in private hospitals in comparison to public hospitals was higher in Queensland (23,688 private sector separations, representing 81.2% of combined separations) than in South Australia (8,196 private sector separations, or 63.3%).

## Number of procedure codes

Table 9.5 presents information on the number of procedure codes reported to the National Hospital Morbidity Database. Ideally, the number of procedures recorded for a patient should reflect the procedures undertaken, and not be restricted by administrative or technical limitations. There were marked differences between the states and territories in the maximum number of procedures reported, ranging from 31 procedures for Queensland and Western Australia to 20 for New South Wales. However, with the exception of the Northern Territory (public hospitals), the average number of procedure codes per separation varied little among the jurisdictions, for both the public and private sectors. The AIHW requested a maximum of 31 codes, so this may have restricted the number of codes reported by Queensland and Western Australia.

There was a marked increase in both sectors for reporting five or more procedure codes for a separation, compared to 2001–02. In the public sector, 6.9% of records had five or more procedure codes, as did 7.6% of records in the private sector (compared with 5.8% and 5.3%, respectively in 2001–02).

## Total procedures

Tables 9.6 and 9.7 provide counts of all the procedures reported for 2002–03, by state and territory for the public and private sectors. The totals are the total number of procedures, rather than the total number of separations for which a procedure was reported, as reported elsewhere in this chapter. A total of 12.7 million procedures was reported, 6.9 million in the public sector and 5.8 million in the private sector. The most commonly reported procedure group in public hospitals and private hospitals combined was *Administrative/clinical/client support interventions* (Blocks 1909–1915) (3,161,019). A block which accounted for many of these was *Cerebral anaesthesia* (Block 1910), 81.5% of the group overall (2,575,434) (Tables 9.8 to 9.11). The number of codes reported for Block 1910 was markedly higher than for 2001–02. However, this reflects the fact that this block includes both *General anaesthesia* and *Sedation* in ICD-10-AM third edition but included only *General anaesthesia* in ICD-10-AM second edition. The next most common procedure groups for both sectors combined were *Generalised allied health interventions* (Block 1916) (1,755,722), *Therapeutic interventions* (Blocks 1867–1908) (746,000), and *Procedures on kidneys* (Block 1040–1064) with 704,207 procedures.

After *Administrative/clinical/client support interventions* (Blocks 1909–1915) and *Generalised allied health interventions* (Block 1916), the most commonly reported procedure group in public hospitals was *Procedures on kidney* (Blocks 1040–1063) with 593,889 procedures. In private hospitals, it was *Procedures on large intestine* (Blocks 904–925) and *Other procedures on abdomen, peritoneum and hernia* (Blocks 983–1011) with 302,817 and 290,875 procedures respectively.



# High volume procedures

## Sector

Tables 9.8 to 9.16 present information on the most common procedures (at the block level of the ICD-10-AM classification).

Tables 9.8 and 9.9 contain summary separation, patient day and average length of stay statistics for the 30 blocks with the highest number of overnight separations in public and private hospitals, and Tables 9.10 and 9.11 contain summary separation statistics for same day separations. Table 9.12 contains summary separation, patient day and average length of stay statistics for the procedure blocks with the most separations in private free-standing day hospitals only.

In the public sector, the most common procedure blocks for overnight separations were *Generalised allied health interventions* (Block 1916) (697,654) and *Cerebral anaesthesia* (Block 1910) (520,587) (Table 9.8). The average length of stay for separations reporting each of these procedure blocks was 11.9 and 6.5 days respectively. Both these procedure blocks also accounted for the highest number of patient days for separations with procedures, with 8,303,010 patient days for *Generalised allied health interventions* (Block 1916) and 3,370,243 patient days for *Cerebral anaesthesia* (Block 1910).

*Cerebral anaesthesia* (Block 1910) was the most frequently reported procedure for overnight separations in private hospitals (491,844) (Table 9.9), and also the most frequently reported procedure for same day separations (933,778) as listed in Table 9.11.

*Cerebral anaesthesia* (Block 1910) was the most frequently reported procedure group in private free-standing day hospitals (269,972 separations), followed by *Panendoscopy with excision* (Block 1008) (63,756 separations) (Table 9.12). Over 30.4% of the separations for *Haemodialysis* (Block 1060) in private free-standing day hospitals were for public patients (8,959).

## States and territories

There was some variation between the states and territories in the relative number of separations for the most common procedure blocks (Tables 9.13 and 9.14). In the public sector, for example, the proportion of total separations for which *Haemodialysis* (Block 1060) was reported was greatest for the Northern Territory (37.4%, 25,473) and lowest in South Australia (11.2%, 41,283). The number of separations for *Chemotherapy administration* (Block 1780) was lower in New South Wales (8,265) than in other comparable states such as Victoria (53,637). This is due to a gradual reclassification of chemotherapy patients in New South Wales public hospitals from admitted patient to outpatient activity. In the private sector, Victoria had relatively high numbers of separations with *Panendoscopy* (Block 1005) (18,523).

There was also some variation between the states and territories in the average length of stay for separations reporting the most common procedure blocks (Tables 9.15 and 9.16). For example, in the public sector, the average length of stay for separations with *Panendoscopy with excision* (Block 1008) ranged from 2.9 days in Victoria, Queensland and Australian Capital Territory to 5.7 days in Tasmania (Table 9.15). Overall, there was a much smaller variation in average length of stays within the private sector for those blocks reported, but there was still some variation. For example, the average length of stay for separations with *Arthroscopic meniscectomy of knee with repair* (Block 1873) ranged from 2.6 days in Queensland to 10.5 days in South Australia (Table 9.16).

## Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with males reporting 80.7% (3,097,234) and females reporting 79.3% (3,556,294) (Tables 9.17 and 9.18). Besides the more gender-specific procedures such as *Medical or surgical induction of labour* (Block 1334), most of the top 30 procedures were common to both sexes. For both males and females, the group of procedures with the most separations was *Cerebral anaesthesia* (Block 1910), with the most separations for this group of procedures in the 55 to 64 years age group for males and the 45 to 54 years age group for females.

For males, the highest number of separations with procedures was reported for the 65 to 74 years age group (481,957, 19.3%) (Table 9.17). For females, the age group with the highest number of separations with procedures was the 25 to 34 years age group (400,483, 14.2%) (Table 9.18). Common procedure groups among females in this age group were in relation to labour and delivery, for example *Postpartum suture* (Block 1344) (46,613) and *Caesarean section* (Block 1340) (43,432).

## Indigenous status

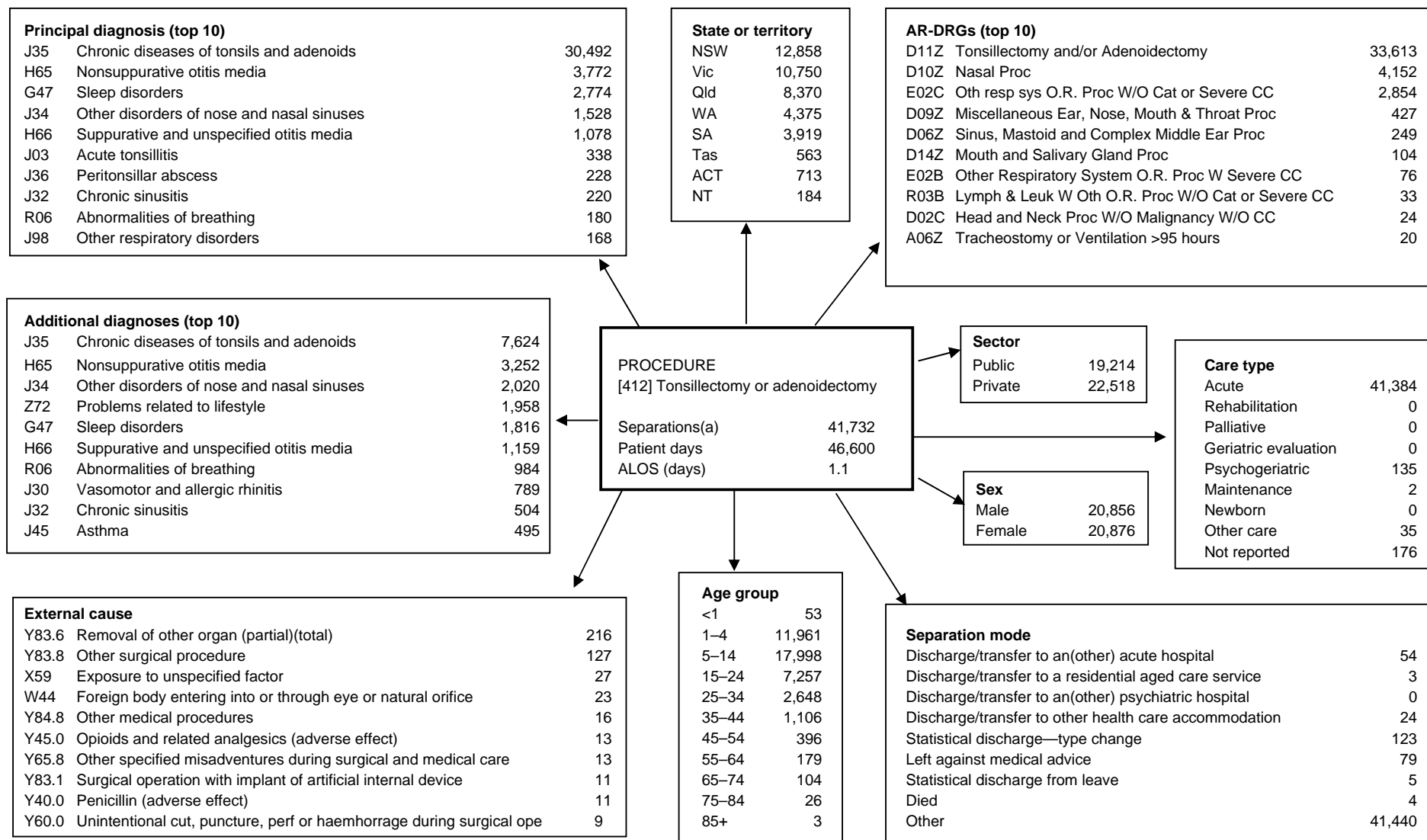
Table 9.19 contains a comparison between patients identified as Indigenous and patients identified as non-Indigenous for each of the ICD-10-AM procedure chapters, including information on procedures per 1,000 population. Apart from the chapter *Non-invasive, cognitive and interventions, not elsewhere classified* (Blocks 1820–1916), *Procedures on urinary system* (Blocks 1040–1128) was the most frequently reported procedure chapter for Indigenous patients (77,231). For *Haemodialysis* (Block 1060), the rate for persons identified as Indigenous was nearly eight times that for non-Indigenous people. For *Procedures on respiratory system* (Blocks 520–569) the rate for persons identified as Indigenous was over twice that of non-Indigenous people and for *Procedures on ear and mastoid process* (Blocks 300–333) the rate was 1.4 times that of non-Indigenous persons. Some chapters for which the rate for Indigenous persons was less than that for non-Indigenous persons included *Procedures on endocrine system* (Blocks 110–129), *Procedures on nose, mouth and pharynx* (Blocks 370–422) and *Gynaecological procedures* (Blocks 1240–1299).

Although population rates for procedures were higher for Indigenous persons, Figure 9.4 shows the proportion of separations with a procedure by ICD-10-AM diagnosis chapter was lower for Indigenous patients than for non-Indigenous patients for almost all of the diagnosis chapters. For example, for *Diseases of the circulatory system* (I00–I99), 71.6% of separations for non-Indigenous patients had a procedure reported, compared with 49.4% of separations for Indigenous patients. *Certain conditions originating in the perinatal period* was the only chapter where the proportion of separations with procedures was higher for Indigenous patients. These differences may be affected by the pattern of principal diagnoses reported within chapters.

## Additional data

The accompanying tables on the website at <http://www.aihw.gov.au/> provide information on the number of separations by five-year age group and ICD-10-AM procedure groupings for males and females. There are also national summary statistics for public and private

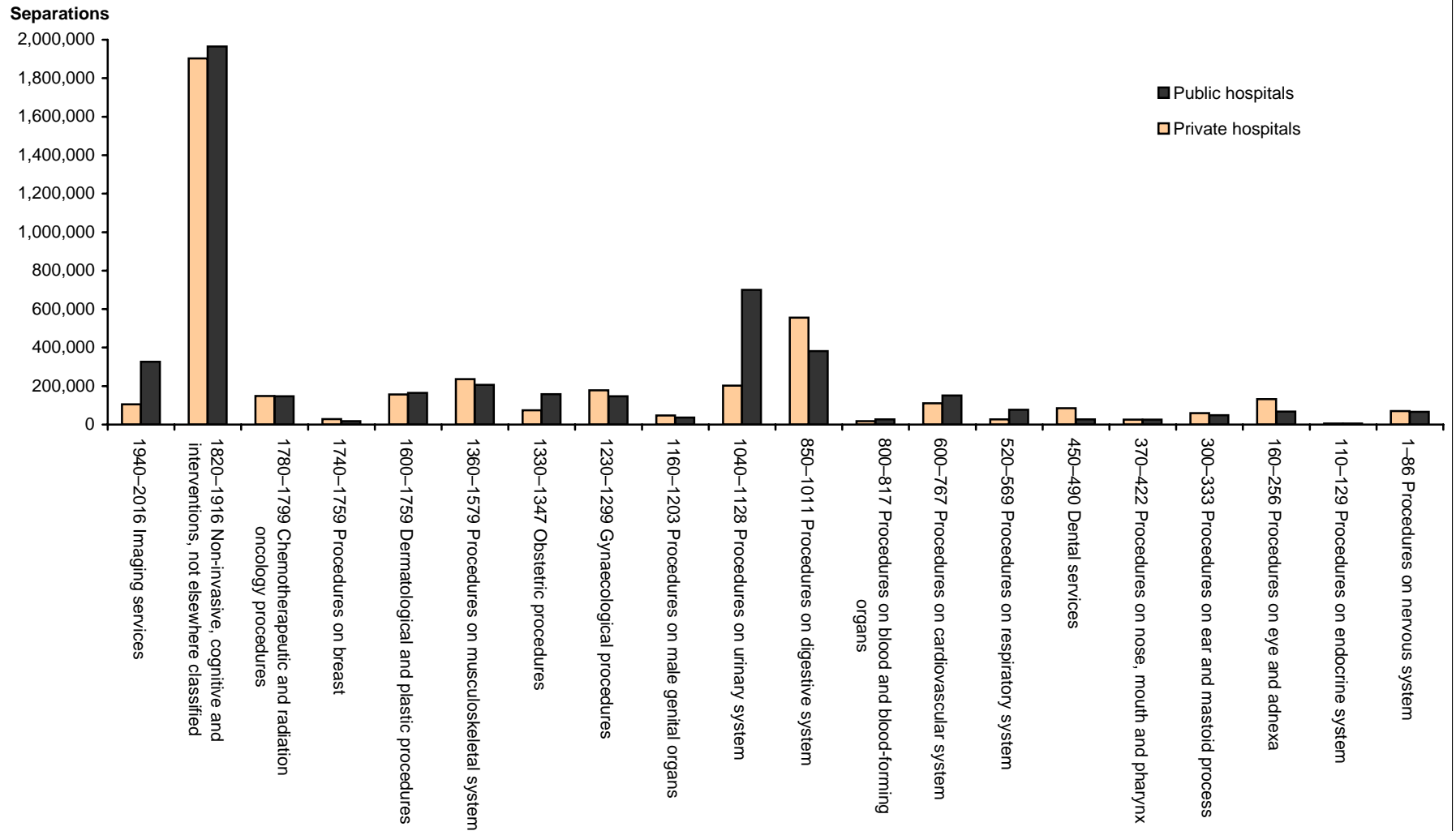
hospitals for each procedure block, for overnight and same day separations (as presented for the top 30 procedure blocks in Tables 9.8 to 9.11).



Note: Main abbreviations: ALOS—average length of stay; Proc—procedure; W—with; W/O—without; CC—complication or comorbidity; perf—perforation.

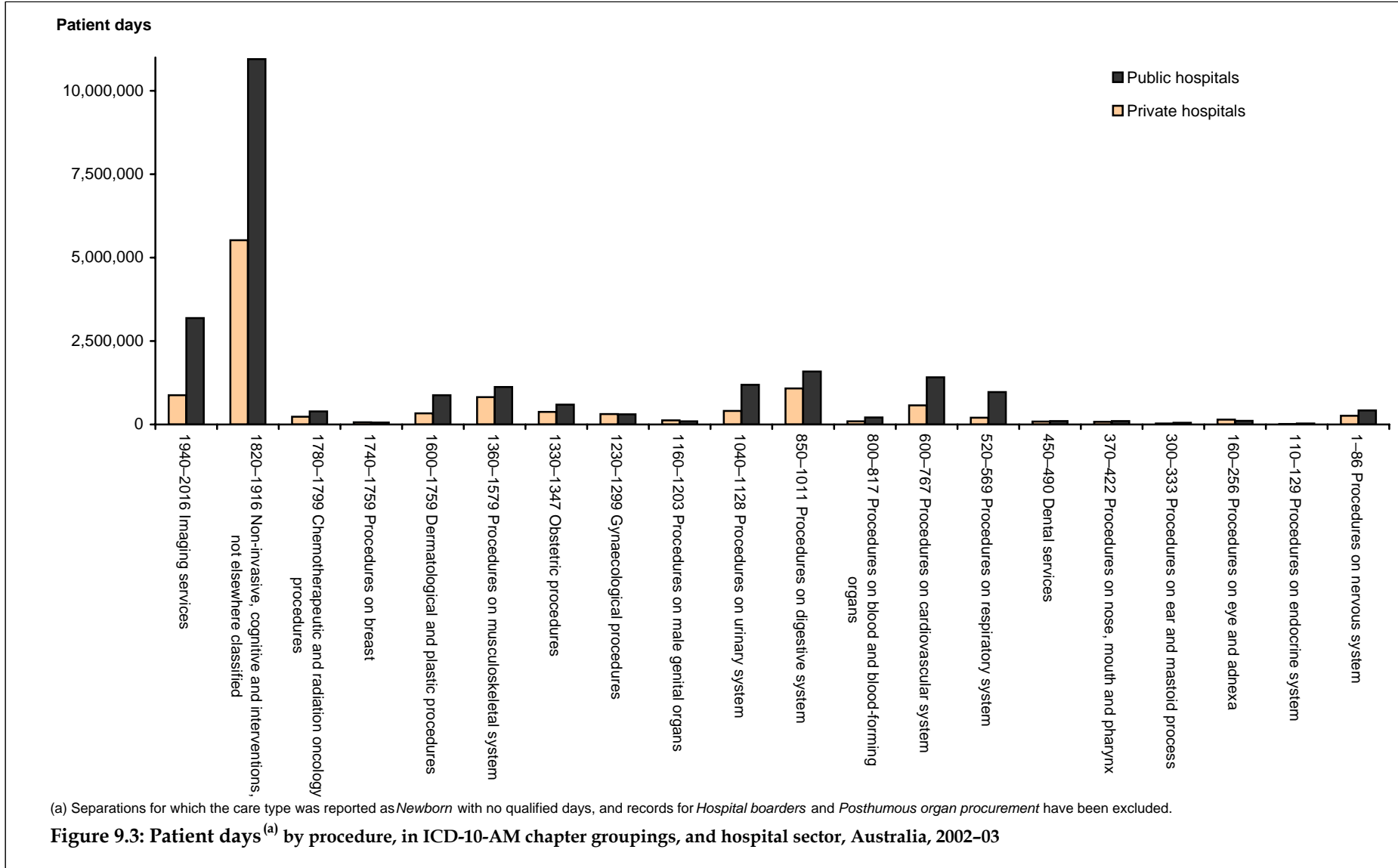
(a) Selected statistics for separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Figure 9.1: Interrelationships of a procedure (Block 412 Tonsillectomy or adenoidectomy) with other data elements, all hospitals, Australia, 2002–03**



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Figure 9.2: Separations<sup>(a)</sup> by procedure, in ICD-10-AM chapter groupings, and hospital sector, Australia, 2002-03**



**Table 9.1: Separation<sup>(a)</sup> and procedure statistics, by procedure in ICD-10-AM groupings, public hospitals, Australia, 2002-03**

Procedure blocks		Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
1-28	Procedures on skull, meninges and brain	8,472	168	6,315	4.3	129,790	65.7	15.3	15.6
29-59	Procedures on spinal canal and spinal cord structures	33,689	9,923	28,419	17.1	252,791	127.9	7.5	10.2
60-86	Procedures on peripheral nervous system	24,451	16,850	20,402	12.4	64,106	32.4	2.6	6.2
110-129	Procedures on thyroid and parathyroid glands	5,367	182	4,605	2.7	26,241	13.3	4.9	5.0
160-192	Procedures on eyeball, cornea, sclera, iris and ciliary body	7,901	4,888	5,985	4.0	22,649	11.5	2.9	5.9
193-203	Procedures on lens	47,565	43,451	38,001	24.1	56,246	28.5	1.2	3.1
204-256	Procedures on retina, conjunctiva and other areas of eye	16,561	9,562	12,083	8.4	38,222	19.3	2.3	4.1
300-306	Procedures on external ear	3,128	1,637	2,705	1.6	9,762	4.9	3.1	5.4
307-333	Procedures on eardrum, middle and inner ear and mastoid	23,512	15,998	19,916	11.9	43,068	21.8	1.8	3.6
370-389	Procedures on nose and sinuses	21,532	7,442	18,541	10.9	46,214	23.4	2.1	2.8
390-399	Procedures on tongue, salivary gland and ducts	4,180	2,007	3,471	2.1	13,853	7.0	3.3	5.5
400-408	Procedures on mouth, palate or uvula	5,055	2,508	4,225	2.6	13,504	6.8	2.7	4.3
409-422	Procedures on tonsils, adenoids and pharynx	21,930	4,121	18,323	11.1	35,360	17.9	1.6	1.8
450-490	Dental and orthodontic procedures	26,601	22,015	20,466	13.5	98,182	49.7	3.7	16.6
520-542	Procedures on larynx and trachea	9,650	3,233	7,953	4.9	195,416	98.9	20.3	29.9
543-558	Procedures on bronchus, lung and pleura	22,224	9,178	18,098	11.2	217,766	110.2	9.8	16.0
559-567	Procedures on chest wall, mediastinum and diaphragm	17,617	1,330	14,209	8.9	240,388	121.7	13.6	14.7
568-569	Airway management, continuous ventilatory support	39,568	3,499	32,425	20.0	690,456	349.5	17.4	19.0
600-638	Procedures on atrium, ventricle, septum and valves	34,168	10,394	27,670	17.3	195,270	98.8	5.7	7.8
639-666	Other procedures on heart, myocardium and pericardium	23,888	3,188	19,328	12.1	212,495	107.5	8.9	10.1
667-693	Procedures on coronary arteries and aorta	54,337	12,676	44,708	27.5	309,901	156.8	5.7	7.1
694-767	Procedures on arteries and veins	85,917	19,459	71,993	43.5	1,103,154	558.3	12.8	16.3
800-817	Procedures on blood and blood-forming organs	27,292	9,593	22,937	13.8	208,615	105.6	7.6	11.2
850-869	Procedures on oesophagus	10,924	5,921	9,160	5.5	66,844	33.8	6.1	12.2
870-890	Procedures on stomach	12,689	2,734	10,481	6.4	205,130	103.8	16.2	20.3
891-903	Procedures on small intestine	7,346	168	6,031	3.7	144,861	73.3	19.7	20.2
904-925	Procedures on large intestine	133,094	101,538	116,813	67.4	428,910	217.1	3.2	10.4
926-927	Procedures on appendix	19,570	115	16,913	9.9	78,186	39.6	4.0	4.0
928-950	Procedures on rectum and anus	29,820	13,996	26,226	15.1	126,299	63.9	4.2	7.1
951-982	Procedures on liver, gallbladder, biliary tract and pancreas	42,690	8,396	36,516	21.6	232,116	117.5	5.4	6.5
983-1011	Other procedures on abdomen, peritoneum and hernia	194,866	106,688	168,839	98.6	906,356	458.7	4.7	9.1
1040-1064	Procedures on kidney	615,600	593,665	548,935	311.6	834,941	422.6	1.4	11.0
1065-1129	Procedures on bladder, ureter and urethra	86,374	45,602	75,404	43.7	378,061	191.3	4.4	8.2
1160-1170	Procedures on prostate and seminal vesicle	11,074	1,469	9,497	5.6	56,001	28.3	5.1	5.7

(continued)

**Table 9.1 (continued): Separation<sup>(a)</sup> and procedure statistics, by procedure in ICD-10-AM groupings, public hospitals, Australia, 2002–03**

Procedure blocks	Separations	Same day separations	Public patient separations	Separations		Patient days		ALOS (days)	
				per 10,000 population	Patient days	per 10,000 population	ALOS (days)	excluding same day	
1171–1176 Procedures on scrotum and tunical vaginalis	2,269	653	1,890	1.1	6,595	3.3	2.9	3.7	
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	13,396	9,574	11,412	6.8	19,252	9.7	1.4	2.5	
1190–1203 Procedures on penis and other male genital organs	11,023	8,942	9,503	5.6	17,090	8.6	1.6	3.9	
1240–1258 Procedures on ovaries and fallopian tubes	28,696	13,728	25,177	14.5	71,777	36.3	2.5	3.9	
1259–1273 Procedures on uterus	97,311	68,702	85,032	49.3	188,235	95.3	1.9	4.2	
1274–1278 Procedures on cervix	20,526	18,590	18,577	10.4	25,923	13.1	1.3	3.8	
1279–1288 Procedures on vagina and pelvic floor	22,783	13,168	20,629	11.5	50,708	25.7	2.2	3.9	
1289–1299 Procedures on other female genital organs	16,368	11,233	11,549	8.3	30,845	15.6	1.9	3.8	
1330–1335 Induction and augmentation of labour	94,383	3,373	86,051	47.8	347,828	176.0	3.7	3.8	
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	32,033	674	29,340	16.2	116,895	59.2	3.6	3.7	
1340 Caesarean delivery	41,914	152	37,037	21.2	227,897	115.3	5.4	5.5	
1341–1347 Other obstetric and postpartum procedures	83,237	5,019	75,741	42.1	284,550	144.0	3.4	3.6	
1360–1371 Procedures on head, facial bones and joints	6,859	2,930	5,745	3.5	22,543	11.4	3.3	5.0	
1373–1379 Procedures on neck, thorax and ribs	588	61	474	0.3	10,397	5.3	17.7	19.6	
1381–1393 Procedures on spinal cord and vertebrae	2,686	68	1,935	1.4	41,971	21.2	15.6	16.0	
1394–1406 Procedures on shoulder, scapula and clavicle	9,061	2,269	7,899	4.6	24,602	12.5	2.7	3.3	
1408–1438 Procedures on humerus, elbow and forearm	31,799	6,608	25,837	16.1	92,282	46.7	2.9	3.4	
1439–1474 Procedures on hand, wrist and phalanges	27,756	13,721	22,702	14.0	53,853	27.3	1.9	2.9	
1476–1493 Procedures on hip, pelvis and femur	29,280	371	23,047	14.8	351,868	178.1	12.0	12.2	
1495–1524 Procedures on knee, patella, tibia and fibula	40,307	16,340	34,083	20.4	222,170	112.4	5.5	8.6	
1526–1548 Procedures on ankle, foot and toes	19,852	3,009	16,156	10.0	125,342	63.4	6.3	7.3	
1550–1579 Other procedures for musculoskeletal system	56,961	19,655	45,732	28.8	425,463	215.3	7.5	10.9	
1600–1660 Procedures on skin and subcutaneous tissue	154,833	80,098	131,847	78.4	844,674	427.5	5.5	10.2	
1661–1718 Plastic, cosmetic and corrective procedures	12,238	4,089	9,665	6.2	65,724	33.3	5.4	7.6	
1740–1759 Procedures on breast	17,804	8,098	15,906	9.0	60,374	30.6	3.4	5.4	
1780–1799 Chemotherapeutic and radiation oncology procedures	147,386	122,687	128,741	74.6	389,856	197.3	2.6	10.8	
1820–1866 Diagnostic interventions	50,227	13,815	43,237	25.4	543,288	275.0	10.8	14.5	
1867–1908 Therapeutic interventions	379,804	160,306	321,587	192.2	2,818,561	1,426.5	7.4	12.1	
1909–1915 Administrative/clinical/client support interventions	1,238,624	613,445	1,051,097	626.9	4,618,053	2,337.3	3.7	6.4	
1916 Generalised allied health interventions	729,935	32,281	612,634	369.4	8,335,291	4,218.7	11.4	11.9	
1940–2016 Imaging services	326,504	50,297	266,917	165.3	3,190,248	1,614.7	9.8	11.4	
<i>Procedure reported</i>	<i>3,000,596</i>	<i>1,623,422</i>	<i>2,587,540</i>	<i>1,518.7</i>	<i>12,549,525</i>	<i>6,351.7</i>	<i>4.2</i>	<i>7.9</i>	
No procedure or not reported	1,090,375	376,815	968,990	551.9	3,876,935	1,962.2	3.6	4.9	
<b>Total<sup>(b)</sup></b>	<b>4,090,971</b>	<b>2,000,237</b>	<b>3,556,530</b>	<b>2,070.5</b>	<b>16,426,460</b>	<b>8,313.9</b>	<b>4.0</b>	<b>6.9</b>	

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.



Table 9.2: Separation<sup>(a)</sup> and procedure statistics, by procedure in ICD-10-AM groupings, private hospitals, Australia, 2002-03

Procedure blocks		Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
1-28	Procedures on skull, meninges and brain	3,150	51	2	1.6	33,489	16.9	10.6	10.8
29-59	Procedures on spinal canal and spinal cord structures	32,154	10,591	554	16.3	165,901	84.0	5.2	7.2
60-86	Procedures on peripheral nervous system	37,677	27,166	529	19.1	70,685	35.8	1.9	4.1
110-129	Procedures on parathyroid and thyroid glands	4,997	68	48	2.5	16,933	8.6	3.4	3.4
160-192	Procedures on eyeball, cornea, sclera, iris and ciliary body	12,731	11,188	219	6.4	15,331	7.8	1.2	2.7
193-203	Procedures on lens	106,784	94,310	2,269	54.0	110,517	55.9	1.0	1.3
204-256	Procedures on retina, conjunctiva and other areas of eye	21,614	16,848	358	10.9	25,929	13.1	1.2	1.9
300-306	Procedures on external ear	2,159	783	68	1.1	2,824	1.4	1.3	1.5
307-333	Procedures on eardrum, middle and inner ear and mastoid	25,116	18,300	503	12.7	29,568	15.0	1.2	1.7
370-389	Procedures on nose and sinuses	31,012	9,545	591	15.7	40,415	20.5	1.3	1.4
390-399	Procedures on tongue, salivary gland and ducts	3,422	1,608	86	1.7	6,906	3.5	2.0	2.9
400-408	Procedures on mouth, palate or uvula	7,743	4,931	128	3.9	10,267	5.2	1.3	1.9
409-422	Procedures on tonsils, adenoids and pharynx	23,642	5,837	629	12.0	27,970	14.2	1.2	1.2
450-490	Dental and orthodontic procedures	84,548	78,875	349	42.8	88,983	45.0	1.1	1.8
520-542	Procedures on larynx and trachea	4,941	3,088	170	2.5	31,594	16.0	6.4	15.4
543-558	Procedures on bronchus, lung and pleura	8,899	3,521	176	4.5	69,106	35.0	7.8	12.2
559-567	Procedures on chest wall, mediastinum and diaphragm	6,048	287	203	3.1	71,085	36.0	11.8	12.3
568-569	Airway management, continuous ventilatory support	11,112	449	339	5.6	101,288	51.3	9.1	9.5
600-638	Procedures on atrium, ventricle, septum and valves	44,117	15,323	526	22.3	157,309	79.6	3.6	4.9
639-666	Other procedures on heart, myocardium and pericardium	17,892	1,642	28	9.1	136,305	69.0	7.6	8.3
667-693	Procedures on coronary arteries and aorta	57,513	17,641	598	29.1	214,967	108.8	3.7	4.9
694-767	Procedures on arteries and veins	43,940	9,661	1,204	22.2	336,187	170.2	7.7	9.5
800-817	Procedures on blood and blood-forming organs	17,436	5,013	254	8.8	91,042	46.1	5.2	6.9
850-869	Procedures on oesophagus	11,097	9,033	219	5.6	26,549	13.4	2.4	8.5
870-890	Procedures on stomach	7,451	939	107	3.8	56,587	28.6	7.6	8.5
891-903	Procedures on small intestine	4,818	814	108	2.4	60,227	30.5	12.5	14.8
904-925	Procedures on large intestine	298,300	271,311	4,596	151.0	456,246	230.9	1.5	6.9
926-927	Procedures on appendix	7,392	60	517	3.7	29,490	14.9	4.0	4.0
928-950	Procedures on rectum and anus	34,967	19,802	708	17.7	106,990	54.2	3.1	5.7
951-982	Procedures on liver, gallbladder, biliary tract and pancreas	27,989	2,358	1,116	14.2	105,319	53.3	3.8	4.0
983-1011	Other procedures on abdomen, peritoneum and hernia	282,174	210,003	5,109	142.8	596,164	301.7	2.1	5.4
1040-1064	Procedures on kidney	109,483	104,091	27,219	55.4	150,173	76.0	1.4	8.5
1065-1129	Procedures on bladder, ureter and urethra	94,296	54,048	3,759	47.7	264,398	133.8	2.8	5.2
1160-1170	Procedures on prostate and seminal vesicle	21,926	6,228	464	11.1	88,191	44.6	4.0	5.2

(continued)

Table 9.2 (continued): Separation<sup>(a)</sup> and procedure statistics, by procedure in ICD-10-AM groupings, private hospitals, Australia, 2002–03

Procedure blocks	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
1171–1176	Procedures on scrotum and tunical vaginalis	1,072	528	76	0.5	1,886	1.0	2.5
1177–1189	Procedures on testis, vas deferens, epididymis, spermatic cord	16,611	12,379	451	8.4	20,806	10.5	2.0
1190–1203	Procedures on penis and other male genital organs	8,083	6,396	390	4.1	11,861	6.0	3.2
1240–1258	Procedures on ovaries and fallopian tubes	24,882	13,394	828	12.6	53,054	26.9	3.5
1259–1273	Procedures on uterus	121,833	94,367	3,264	61.7	202,662	102.6	3.9
1274–1278	Procedures on cervix	14,520	13,151	476	7.3	17,421	8.8	3.1
1279–1288	Procedures on vagina and pelvic floor	18,634	5,351	514	9.4	63,637	32.2	4.4
1289–1299	Procedures on other female genital organs	40,508	35,411	534	20.5	53,031	26.8	3.5
1330–1335	Induction and augmentation of labour	43,783	277	1,721	22.2	216,194	109.4	5.0
1336–1339	Spontaneous vertex, or forceps, vacuum or breech delivery	18,302	42	1,410	9.3	90,832	46.0	5.0
1340	Caesarean delivery	27,348	22	898	13.8	168,283	85.2	6.2
1341–1347	Other obstetric and postpartum procedures	36,853	1,009	1,255	18.7	170,447	86.3	4.7
1360–1371	Procedures on head, facial bones and joints	4,162	2,928	52	2.1	5,416	2.7	2.0
1373–1379	Procedures on neck, thorax and ribs	424	25	1	0.2	5,295	2.7	13.2
1381–1393	Procedures on spinal cord and vertebrae	4,658	282	44	2.4	39,703	20.1	9.0
1394–1406	Procedures on shoulder, scapula and clavicle	24,232	1,751	269	12.3	49,869	25.2	2.1
1408–1438	Procedures on humerus, elbow and forearm	9,899	2,560	666	5.0	24,959	12.6	3.1
1439–1474	Procedures on hand, wrist and phalanges	26,569	16,863	446	13.4	33,686	17.0	1.7
1476–1493	Procedures on hip, pelvis and femur	20,627	590	637	10.4	209,939	106.3	10.4
1495–1524	Procedures on knee, patella, tibia and fibula	90,953	47,820	1,524	46.0	280,088	141.8	5.4
1526–1548	Procedures on ankle, foot and toes	22,417	6,063	485	11.3	64,698	32.7	3.6
1550–1579	Other procedures for musculoskeletal system	61,855	26,773	1,239	31.3	228,726	115.8	5.8
1600–1660	Procedures on skin and subcutaneous tissue	133,286	99,891	2,545	67.5	288,243	145.9	5.6
1661–1718	Plastic, cosmetic and corrective procedures	29,814	14,567	208	15.1	60,893	30.8	3.0
1740–1759	Procedures on breast	27,802	11,358	388	14.1	62,451	31.6	3.1
1780–1799	Chemotherapeutic and radiation oncology procedures	148,643	134,753	4,519	75.2	233,433	118.1	7.1
1820–1866	Diagnostic interventions	44,184	9,562	1,356	22.4	171,881	87.0	4.7
1867–1908	Therapeutic interventions	230,786	131,374	8,732	116.8	1,282,106	648.9	11.6
1909–1915	Administrative/clinical/client support interventions	1,586,096	1,020,476	32,821	802.8	3,547,121	1,795.3	4.5
1916	Generalised allied health interventions	298,967	34,493	10,802	151.3	2,806,332	1,420.4	10.5
1940–2016	Imaging services	104,537	21,062	5,012	52.9	876,546	443.6	10.2
	<i>Procedure reported</i>	<i>2,319,800</i>	<i>1,492,529</i>	<i>82,428</i>	<i>1,174.1</i>	<i>6,216,786</i>	<i>3,146.5</i>	<i>5.7</i>
	No procedure or not reported	243,001	84,594	16,099	123.0	907,154	459.1	5.2
<b>Total<sup>(b)</sup></b>		<b>2,562,801</b>	<b>1,577,123</b>	<b>98,527</b>	<b>1,297.1</b>	<b>7,123,940</b>	<b>3,605.6</b>	<b>5.6</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.

**Table 9.3: Separations<sup>(a)</sup>, by procedure in ICD-10-AM groupings, public hospitals, states and territories, 2002–03**

Procedure blocks		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–28	Procedures on skull, meninges and brain	2,824	2,426	1,279	823	626	224	217	53	8,472
29–59	Procedures on spinal canal and spinal cord structures	9,770	10,017	5,691	3,720	2,904	766	395	426	33,689
60–86	Procedures on peripheral nervous system	6,999	6,591	3,715	3,585	2,580	541	268	172	24,451
110–129	Procedures on parathyroid and thyroid glands	1,933	1,503	906	379	445	100	77	24	5,367
160–192	Procedures on eyeball, cornea, sclera, iris and ciliary body	2,497	2,145	1,414	916	707	80	40	102	7,901
193–203	Procedures on lens	16,443	14,332	5,473	5,421	4,761	69	672	394	47,565
204–256	Procedures on retina, conjunctiva and other areas of eye	5,166	4,951	2,277	1,712	1,984	179	108	184	16,561
300–306	Procedures on external ear	804	806	778	335	232	68	45	60	3,128
307–333	Procedures on eardrum, middle and inner ear and mastoid	4,907	7,224	5,031	2,911	2,556	236	363	284	23,512
370–389	Procedures on nose and sinuses	5,104	7,241	3,918	2,218	2,454	222	259	116	21,532
390–399	Procedures on tongue, salivary gland and ducts	1,464	1,160	679	381	336	52	62	46	4,180
400–408	Procedures on mouth, palate or uvula	1,278	1,600	1,003	514	423	105	65	67	5,055
409–422	Procedures on tonsils, adenoids and pharynx	5,636	7,420	3,821	2,135	2,217	210	363	128	21,930
450–490	Dental and orthodontic procedures	6,697	6,568	6,410	3,056	2,727	471	241	431	26,601
520–542	Procedures on larynx and trachea	2,912	2,759	1,790	967	810	163	140	109	9,650
543–558	Procedures on bronchus, lung and pleura	6,959	5,902	4,312	1,912	2,037	678	278	146	22,224
559–567	Procedures on chest wall, mediastinum and diaphragm	6,018	4,590	3,103	1,592	1,446	325	374	169	17,617
568–569	Airway management, continuous ventilatory support	13,422	10,754	6,467	3,381	3,351	799	759	635	39,568
600–638	Procedures on atrium, ventricle, septum and valves	10,958	7,937	5,621	4,604	3,038	593	1,192	225	34,168
639–666	Other procedures on heart, myocardium and pericardium	8,103	6,737	3,975	1,898	2,009	586	539	41	23,888
667–693	Procedures on coronary arteries and aorta	17,887	13,222	8,027	5,724	5,819	1,601	1,815	242	54,337
694–767	Procedures on arteries and veins	26,918	23,245	14,157	7,527	7,651	2,339	2,986	1,094	85,917
800–817	Procedures on blood and blood-forming organs	7,748	8,306	4,998	2,892	2,048	458	696	146	27,292
850–869	Procedures on oesophagus	3,580	2,706	1,864	905	1,251	278	252	88	10,924
870–890	Procedures on stomach	3,864	3,886	2,079	1,074	1,235	227	222	102	12,689
891–903	Procedures on small intestine	2,669	1,873	1,217	689	576	134	141	47	7,346
904–925	Procedures on large intestine	46,577	33,793	19,053	15,910	12,694	1,431	2,522	1,114	133,094
926–927	Procedures on appendix	6,625	5,074	3,361	2,072	1,369	382	410	277	19,570
928–950	Procedures on rectum and anus	11,660	7,563	4,233	2,634	2,694	471	275	290	29,820
951–982	Procedures on liver, gallbladder, biliary tract and pancreas	14,864	11,591	6,835	3,657	3,595	997	814	337	42,690
983–1011	Other procedures on abdomen, peritoneum and hernia	62,747	55,654	31,927	19,800	17,540	2,397	3,088	1,713	194,866
1040–1064	Procedures on kidney	173,357	186,924	95,531	62,658	42,624	13,679	15,178	25,649	615,600
1065–1129	Procedures on bladder, ureter and urethra	29,033	23,516	11,796	9,822	8,600	1,721	1,237	649	86,374
1160–1170	Procedures on prostate and seminal vesicle	3,454	3,645	1,544	909	1,033	297	133	59	11,074

(continued)

**Table 9.3 (continued): Separations<sup>(a)</sup>, by procedure in ICD-10-AM groupings, public hospitals, states and territories, 2002-03**

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171-1176 Procedures on scrotum and tunical vaginalis	701	623	416	247	178	31	40	33	2,269
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	3,955	4,259	1,576	1,672	1,552	165	105	112	13,396
1190-1203 Procedures on penis and other male genital organs	3,773	3,577	1,033	1,145	1,075	127	70	223	11,023
1240-1258 Procedures on ovaries and fallopian tubes	8,900	8,645	4,196	3,464	2,408	413	294	376	28,696
1259-1273 Procedures on uterus	28,656	31,347	12,781	8,543	12,104	1,254	1,011	1,615	97,311
1274-1278 Procedures on cervix	5,450	6,037	5,413	1,273	1,721	132	184	316	20,526
1279-1288 Procedures on vagina and pelvic floor	5,267	5,558	6,126	1,874	3,513	235	138	72	22,783
1289-1299 Procedures on other female genital organs	5,402	5,839	1,650	1,323	1,715	146	152	141	16,368
1330-1335 Induction and augmentation of labour	32,732	23,571	17,765	8,413	7,252	1,834	1,669	1,147	94,383
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	6,572	4,987	6,948	10,854	1,653	430	405	184	32,033
1340 Caesarean delivery	14,275	10,738	8,196	3,485	3,205	673	634	708	41,914
1341-1347 Other obstetric and postpartum procedures	28,797	19,834	17,043	7,388	6,272	1,408	1,473	1,022	83,237
1360-1371 Procedures on head, facial bones and joints	2,030	1,661	1,346	678	565	204	160	215	6,859
1373-1379 Procedures on neck, thorax and ribs	193	172	111	33	54	13	11	1	588
1381-1393 Procedures on spinal cord and vertebrae	807	820	489	263	184	57	66	0	2,686
1394-1406 Procedures on shoulder, scapula and clavicle	2,936	2,363	1,653	995	743	152	151	68	9,061
1408-1438 Procedures on humerus, elbow and forearm	11,696	7,625	5,497	2,800	2,290	613	707	571	31,799
1439-1474 Procedures on hand, wrist and phalanges	8,806	7,501	4,689	2,946	2,379	572	459	404	27,756
1476-1493 Procedures on hip, pelvis and femur	10,607	7,694	4,455	2,571	2,429	750	597	177	29,280
1495-1524 Procedures on knee, patella, tibia and fibula	12,579	11,096	6,721	3,584	4,218	781	814	514	40,307
1526-1548 Procedures on ankle, foot and toes	6,506	5,308	3,334	1,871	1,640	472	413	308	19,852
1550-1579 Other procedures for musculoskeletal system	17,659	16,258	9,830	5,884	4,098	1,316	957	959	56,961
1600-1660 Procedures on skin and subcutaneous tissue	40,254	39,269	34,326	15,059	19,198	2,509	1,690	2,528	154,833
1661-1718 Plastic, cosmetic and corrective procedures	3,050	4,336	1,892	1,135	1,429	169	132	95	12,238
1740-1759 Procedures on breast	5,435	5,044	2,760	2,370	1,526	305	195	169	17,804
1780-1799 Chemotherapeutic and radiation oncology procedures	12,114	57,385	33,722	18,347	16,876	2,845	5,115	982	147,386
1820-1866 Diagnostic interventions	15,162	8,887	8,792	4,598	11,406	998	293	91	50,227
1867-1908 Therapeutic interventions	119,176	103,138	59,304	35,021	41,988	11,254	6,444	3,479	379,804
1909-1915 Administrative/clinical/client support interventions	402,429	349,148	198,653	123,274	109,719	21,713	20,019	13,669	1,238,624
1916 Generalised allied health interventions	258,671	199,810	112,592	68,341	59,466	13,374	11,769	5,912	729,935
1940-2016 Imaging services	126,502	88,001	46,712	25,033	24,681	7,222	5,348	3,005	326,504
<i>Procedure reported</i>	<i>900,191</i>	<i>868,551</i>	<i>496,845</i>	<i>292,148</i>	<i>278,159</i>	<i>59,364</i>	<i>55,699</i>	<i>49,639</i>	<i>3,000,596</i>
No procedure or not reported	390,983	281,289	205,321	75,677	89,700	20,851	8,044	18,510	1,090,375
<b>Total<sup>(b)</sup></b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

**Table 9.4: Separations<sup>(a)</sup>, by procedure in ICD-10-AM groupings, private hospitals, states and territories, 2002–03**

Procedure blocks		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–28	Procedures on skull, meninges and brain	986	893	659	200	273	n.p.	n.p.	n.p.	3,150
29–60	Procedures on spinal canal and spinal cord structures	8,330	6,843	5,564	5,898	3,917	n.p.	n.p.	n.p.	32,154
61–86	Procedures on peripheral nervous system	9,439	8,406	7,010	6,362	4,634	n.p.	n.p.	n.p.	37,677
110–129	Procedures on parathyroid and thyroid glands	1,747	1,090	1,042	481	421	n.p.	n.p.	n.p.	4,997
160–192	Procedures on eyeball, cornea, sclera, iris and ciliary body	4,101	1,676	3,493	1,360	1,661	n.p.	n.p.	n.p.	12,731
193–203	Procedures on lens	38,718	21,302	23,688	9,290	8,196	n.p.	n.p.	n.p.	106,784
204–256	Procedures on retina, conjunctiva and other areas of eye	6,691	3,901	6,166	2,431	1,374	n.p.	n.p.	n.p.	21,614
300–306	Procedures on external ear	784	388	411	274	194	n.p.	n.p.	n.p.	2,159
307–333	Procedures on eardrum, middle and inner ear and mastoid	7,348	5,315	4,833	3,290	3,324	n.p.	n.p.	n.p.	25,116
370–389	Procedures on nose and sinuses	10,155	6,839	5,379	3,391	3,993	n.p.	n.p.	n.p.	31,012
390–399	Procedures on tongue, salivary gland and ducts	1,143	717	698	437	284	n.p.	n.p.	n.p.	3,422
400–408	Procedures on mouth, palate or uvula	2,201	1,664	1,258	1,405	895	n.p.	n.p.	n.p.	7,743
409–422	Procedures on tonsils, adenoids and pharynx	8,286	4,377	5,287	2,578	2,175	n.p.	n.p.	n.p.	23,642
450–490	Dental and orthodontic procedures	23,560	22,279	16,371	12,356	6,650	n.p.	n.p.	n.p.	84,548
520–542	Procedures on larynx and trachea	1,387	1,154	1,056	620	553	n.p.	n.p.	n.p.	4,941
543–558	Procedures on bronchus, lung and pleura	1,587	2,263	2,882	814	963	n.p.	n.p.	n.p.	8,899
559–567	Procedures on chest wall, mediastinum and diaphragm	1,286	1,604	1,623	662	608	n.p.	n.p.	n.p.	6,048
568–569	Airway management, continuous ventilatory support	3,350	1,685	3,876	453	1,388	n.p.	n.p.	n.p.	11,112
600–638	Procedures on atrium, ventricle, septum and valves	13,676	11,043	10,842	3,639	3,311	n.p.	n.p.	n.p.	44,117
639–666	Other procedures on heart, myocardium and pericardium	6,065	4,913	4,242	895	1,584	n.p.	n.p.	n.p.	17,892
667–693	Procedures on coronary arteries and aorta	18,596	15,235	12,944	4,460	4,066	n.p.	n.p.	n.p.	57,513
694–767	Procedures on arteries and veins	10,241	13,142	10,628	3,865	3,637	n.p.	n.p.	n.p.	43,940
800–817	Procedures on blood and blood-forming organs	4,371	3,901	5,309	1,543	1,391	n.p.	n.p.	n.p.	17,436
850–869	Procedures on oesophagus	2,965	2,108	3,579	632	1,222	n.p.	n.p.	n.p.	11,097
870–890	Procedures on stomach	1,368	2,172	2,016	710	812	n.p.	n.p.	n.p.	7,451
891–903	Procedures on small intestine	1,564	1,065	1,106	500	421	n.p.	n.p.	n.p.	4,818
904–925	Procedures on large intestine	96,862	76,140	71,209	27,797	18,104	n.p.	n.p.	n.p.	298,300
926–927	Procedures on appendix	1,454	1,551	2,278	1,112	574	n.p.	n.p.	n.p.	7,392
928–950	Procedures on rectum and anus	14,014	6,916	6,942	3,084	2,468	n.p.	n.p.	n.p.	34,967
951–982	Procedures on liver, gallbladder, biliary tract and pancreas	8,334	6,403	6,292	3,097	2,519	n.p.	n.p.	n.p.	27,989
983–1011	Other procedures on abdomen, peritoneum and hernia	83,768	77,201	68,482	26,023	18,068	n.p.	n.p.	n.p.	282,174
1040–1064	Procedures on kidney	21,595	18,414	33,517	21,046	14,559	n.p.	n.p.	n.p.	109,483
1065–1129	Procedures on bladder, ureter and urethra	29,510	20,107	19,885	11,411	8,492	n.p.	n.p.	n.p.	94,296
1160–1170	Procedures on prostate and seminal vesicle	7,271	5,873	4,065	2,178	1,314	n.p.	n.p.	n.p.	21,926

(continued)

**Table 9.4 (continued): Separations<sup>(a)</sup>, by procedure in ICD-10-AM groupings, private hospitals, states and territories, 2002–03**

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171–1176 Procedures on scrotum and tunical vaginalis	356	218	213	137	76	n.p.	n.p.	n.p.	1,072
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	5,585	3,811	3,030	1,693	1,502	n.p.	n.p.	n.p.	16,611
1190–1203 Procedures on penis and other male genital organs	2,967	1,567	1,117	993	917	n.p.	n.p.	n.p.	8,083
1240–1258 Procedures on ovaries and fallopian tubes	7,314	6,211	5,055	3,047	1,921	n.p.	n.p.	n.p.	24,882
1259–1273 Procedures on uterus	35,370	35,231	28,587	11,783	6,525	n.p.	n.p.	n.p.	121,833
1274–1278 Procedures on cervix	4,827	4,307	2,973	1,190	581	n.p.	n.p.	n.p.	14,520
1279–1288 Procedures on vagina and pelvic floor	5,854	4,179	3,741	2,420	1,527	n.p.	n.p.	n.p.	18,634
1289–1299 Procedures on other female genital organs	13,677	10,503	9,371	2,629	2,196	n.p.	n.p.	n.p.	40,508
1330–1335 Induction and augmentation of labour	13,215	11,173	8,218	5,521	3,170	n.p.	n.p.	n.p.	43,783
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	3,452	3,454	3,997	5,803	859	n.p.	n.p.	n.p.	18,302
1340 Caesarean delivery	7,575	6,376	6,459	3,697	1,871	n.p.	n.p.	n.p.	27,348
1341–1347 Other obstetric and postpartum procedures	11,241	9,775	7,167	4,105	2,568	n.p.	n.p.	n.p.	36,853
1360–1371 Procedures on head, facial bones and joints	1,220	984	807	467	512	n.p.	n.p.	n.p.	4,162
1373–1379 Procedures on neck, thorax and ribs	119	115	102	24	54	n.p.	n.p.	n.p.	424
1381–1393 Procedures on spinal cord and vertebrae	1,340	1,259	929	503	395	n.p.	n.p.	n.p.	4,658
1394–1406 Procedures on shoulder, scapula and clavicle	6,751	5,900	4,122	3,761	2,642	n.p.	n.p.	n.p.	24,232
1408–1438 Procedures on humerus, elbow and forearm	2,715	2,288	2,097	1,332	969	n.p.	n.p.	n.p.	9,899
1439–1474 Procedures on hand, wrist and phalanges	7,739	6,188	5,099	3,188	2,934	n.p.	n.p.	n.p.	26,569
1476–1493 Procedures on hip, pelvis and femur	5,605	6,173	3,687	2,190	1,880	n.p.	n.p.	n.p.	20,627
1495–1524 Procedures on knee, patella, tibia and fibula	28,090	22,524	14,603	10,701	10,127	n.p.	n.p.	n.p.	90,953
1526–1548 Procedures on ankle, foot and toes	6,457	6,064	3,466	2,917	2,190	n.p.	n.p.	n.p.	22,417
1550–1579 Other procedures for musculoskeletal system	19,229	16,200	10,097	7,636	5,799	n.p.	n.p.	n.p.	61,855
1600–1660 Procedures on skin and subcutaneous tissue	38,996	28,253	31,313	13,539	14,427	n.p.	n.p.	n.p.	133,286
1661–1718 Plastic, cosmetic and corrective procedures	9,092	7,355	5,701	3,145	3,191	n.p.	n.p.	n.p.	29,814
1740–1759 Procedures on breast	8,165	6,772	5,959	3,137	2,311	n.p.	n.p.	n.p.	27,802
1780–1799 Chemotherapeutic and radiation oncology procedures	27,802	43,808	41,298	16,785	13,308	n.p.	n.p.	n.p.	148,643
1820–1866 Diagnostic interventions	13,160	8,934	10,436	3,310	5,020	n.p.	n.p.	n.p.	44,184
1867–1908 Therapeutic interventions	62,279	49,626	75,608	23,047	13,854	n.p.	n.p.	n.p.	230,786
1909–1915 Administrative/clinical/client support interventions	487,876	378,677	357,618	171,010	120,897	n.p.	n.p.	n.p.	1,586,096
1916 Generalised allied health interventions	91,091	79,367	63,873	21,963	31,946	n.p.	n.p.	n.p.	298,967
1940–2016 Imaging services	27,607	25,604	26,462	11,992	8,378	n.p.	n.p.	n.p.	104,537
<i>Procedure reported</i>	668,561	577,131	545,201	250,493	186,205	n.p.	n.p.	n.p.	2,319,800
No procedure or not reported	40,415	73,975	56,964	30,105	25,506	n.p.	n.p.	n.p.	243,001
<b>Total<sup>(b)</sup></b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,562,801</b>

(a) Separations for which the care type was reported as *Newborn with no qualified days*, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

n.p. Not published.

**Table 9.5: Separations<sup>(a)</sup>, by number of procedures reported and hospital sector, states and territories, 2002–03**

Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Number								
<b>Public hospitals</b>									
Separations <sup>(b)</sup>	1,291,174	1,149,840	702,166	367,825	367,859	80,215	63,743	68,149	4,090,971
No procedure reported	390,968	281,289	205,321	75,677	89,700	20,851	8,044	18,510	1,090,360
One procedure code only	339,784	376,393	221,272	124,617	124,944	28,330	28,514	31,953	1,275,807
Two procedure codes only	253,501	243,433	139,003	80,607	79,050	15,182	12,402	9,701	832,879
Three procedure codes only	140,351	114,200	63,847	40,149	37,630	6,934	6,616	4,013	413,740
Four procedure codes only	67,517	55,891	29,377	19,258	16,139	3,466	3,122	1,599	196,369
Five or more procedure codes	99,053	78,634	43,346	27,517	20,396	5,452	5,045	2,373	281,816
Mean procedure codes per separation <sup>(c)</sup>	2.5	2.3	2.3	2.3	2.2	2.3	2.2	1.8	2.3
Maximum number of procedure codes	20	25	31	31	25	30	25	30	31
<b>Private hospitals</b>									
Separations <sup>(b)</sup>	708,976	651,106	602,165	280,598	211,711	n.p.	n.p.	n.p.	2,562,801
No procedure reported	40,415	73,975	56,964	30,106	25,506	n.p.	n.p.	n.p.	243,000
One procedure code only	121,442	142,578	126,560	57,712	47,159	n.p.	n.p.	n.p.	510,305
Two procedure codes only	281,284	245,709	235,651	103,274	67,685	n.p.	n.p.	n.p.	974,747
Three procedure codes only	152,839	105,028	105,402	46,878	35,844	n.p.	n.p.	n.p.	466,737
Four procedure codes only	56,526	38,982	34,934	19,412	14,837	n.p.	n.p.	n.p.	172,639
Five or more procedure codes	56,470	44,834	42,654	23,216	20,680	n.p.	n.p.	n.p.	195,373
Mean procedure codes per separation <sup>(c)</sup>	2.6	2.4	2.4	2.5	2.6	n.p.	n.p.	n.p.	2.5
Maximum number of procedure codes	20	25	31	31	25	n.p.	n.p.	n.p.	31
<b>Per cent</b>									
<b>Public hospitals</b>									
No procedure reported	30.3	24.5	29.2	20.6	24.4	26.0	12.6	27.2	26.7
One procedure code only	26.3	32.7	31.5	33.9	34.0	35.3	44.7	46.9	31.2
Two procedure codes only	19.6	21.2	19.8	21.9	21.5	18.9	19.5	14.2	20.4
Three procedure codes only	10.9	9.9	9.1	10.9	10.2	8.6	10.4	5.9	10.1
Four procedure codes only	5.2	4.9	4.2	5.2	4.4	4.3	4.9	2.3	4.8
Five or more procedure codes	7.7	6.8	6.2	7.5	5.5	6.8	7.9	3.5	6.9
<b>Private hospitals</b>									
No procedure reported	5.7	11.4	9.5	10.7	12.0	n.p.	n.p.	n.p.	9.5
One procedure code only	17.1	21.9	21.0	20.6	22.3	n.p.	n.p.	n.p.	19.9
Two procedure codes only	39.7	37.7	39.1	36.8	32.0	n.p.	n.p.	n.p.	38.0
Three procedure codes only	21.6	16.1	17.5	16.7	16.9	n.p.	n.p.	n.p.	18.2
Four procedure codes only	8.0	6.0	5.8	6.9	7.0	n.p.	n.p.	n.p.	6.7
Five or more procedure codes	8.0	6.9	7.1	8.3	9.8	n.p.	n.p.	n.p.	7.6

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which no procedure codes were reported.

(c) Means are for separations with one or more procedures.

n.p. Not published.

Note: AIHW requested up to 31 procedure codes to be reported.

**Table 9.6: Number of procedures<sup>(a)</sup>, by ICD-10-AM groupings, public hospitals, states and territories, 2002–03**

Procedure blocks		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–28	Procedures on skull, meninges and brain	4,526	4,058	2,091	1,361	841	389	366	81	13,632
29–59	Procedures on spinal canal and spinal cord structures	10,761	11,250	6,666	4,830	3,207	906	463	447	38,083
60–86	Procedures on peripheral nervous system	7,776	7,397	4,508	4,442	2,720	588	292	194	27,723
110–129	Procedures on parathyroid and thyroid glands	2,104	1,620	985	456	479	107	87	25	5,838
160–192	Procedures on eyeball, cornea, sclera, iris and ciliary body	2,968	2,341	1,666	1,030	748	85	41	109	8,879
193–203	Procedures on lens	16,513	14,393	5,520	5,450	4,777	69	673	399	47,395
204–256	Procedures on retina, conjunctiva and other areas of eye	6,623	6,118	2,852	2,075	2,289	198	124	219	20,279
300–306	Procedures on external ear	850	846	806	358	248	80	49	63	3,237
307–333	Procedures on eardrum, middle and inner ear and mastoid	5,636	7,912	5,459	3,169	2,798	263	409	307	25,646
370–389	Procedures on nose and sinuses	9,036	13,577	5,736	3,834	4,149	383	498	185	37,213
390–399	Procedures on tongue, salivary gland and ducts	1,512	1,205	708	413	347	54	67	50	4,306
400–408	Procedures on mouth, palate or uvula	1,314	1,682	1,083	533	443	114	68	72	5,237
409–422	Procedures on tonsils, adenoids and pharynx	5,743	7,533	3,895	2,185	2,281	215	373	139	22,225
450–490	Dental and orthodontic procedures	23,917	19,572	24,268	13,229	6,272	1,657	714	1,786	89,629
520–542	Procedures on larynx and trachea	3,252	3,112	2,007	1,157	920	181	162	117	10,791
543–558	Procedures on bronchus, lung and pleura	7,926	7,105	4,891	2,136	2,318	745	341	164	25,462
559–567	Procedures on chest wall, mediastinum and diaphragm	7,079	5,436	3,725	2,000	1,692	365	442	211	20,739
568–569	Airway management, continuous ventilatory support	25,167	21,111	12,229	6,611	6,552	1,555	1,488	1,334	74,713
600–638	Procedures on atrium, ventricle, septum and valves	11,561	8,758	6,034	4,820	3,072	612	1,204	225	36,061
639–666	Other procedures on heart, myocardium and pericardium	11,983	9,999	5,682	2,922	2,874	957	799	64	35,216
667–693	Procedures on coronary arteries and aorta	25,123	19,061	11,183	7,701	7,133	2,419	2,230	242	74,850
694–767	Procedures on arteries and veins	35,851	29,750	18,938	9,822	9,898	3,230	3,555	1,442	111,044
800–817	Procedures on blood and blood-forming organs	8,289	8,682	5,354	3,118	2,175	492	745	151	28,855
850–869	Procedures on oesophagus	3,798	2,917	1,981	991	1,314	290	283	98	11,574
870–890	Procedures on stomach	4,255	4,233	2,254	1,226	1,368	246	248	117	13,830
891–903	Procedures on small intestine	3,058	2,245	1,438	845	659	146	165	56	8,556
904–925	Procedures on large intestine	48,265	35,014	19,879	16,425	13,220	1,510	2,620	1,157	136,933
926–927	Procedures on appendix	6,656	5,079	3,373	2,075	1,382	382	418	278	19,365
928–950	Procedures on rectum and anus	13,722	8,962	4,894	3,162	3,017	535	318	333	34,610
951–982	Procedures on liver, gallbladder, biliary tract and pancreas	24,319	16,450	11,088	5,446	5,539	1,457	1,196	471	65,495
983–1011	Other procedures on abdomen, peritoneum and hernia	67,407	59,297	34,530	21,205	18,608	2,587	3,298	1,826	206,932
1040–1064	Procedures on kidney	174,917	187,867	96,154	63,036	42,906	13,753	15,256	25,714	593,889
1065–1129	Procedures on bladder, ureter and urethra	39,249	28,800	15,238	12,620	10,737	2,254	1,704	820	110,602
1160–1170	Procedures on prostate and seminal vesicle	3,559	3,704	1,587	926	1,055	309	150	62	11,290

(continued)



**Table 9.6 (continued): Number of procedures<sup>(a)</sup>, by ICD-10-AM groupings, public hospitals, states and territories, 2002-03**

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171-1176 Procedures on scrotum and tunical vaginalis	720	640	425	261	184	32	41	33	2,303
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	4,158	4,483	1,678	1,766	1,623	190	107	116	14,005
1190-1203 Procedures on penis and other male genital organs	3,923	3,698	1,074	1,213	1,116	136	76	226	11,236
1240-1258 Procedures on ovaries and fallopian tubes	9,624	9,409	4,601	3,915	2,655	434	318	412	30,956
1259-1273 Procedures on uterus	39,142	42,222	18,323	11,370	15,368	1,559	1,430	1,875	129,414
1274-1278 Procedures on cervix	6,423	6,752	5,882	1,450	1,835	144	208	337	22,694
1279-1288 Procedures on vagina and pelvic floor	5,899	6,251	6,503	2,129	3,695	264	154	80	24,895
1289-1299 Procedures on other female genital organs	5,668	6,665	1,747	1,428	1,763	148	160	159	17,579
1330-1335 Induction and augmentation of labour	41,721	30,315	22,992	11,664	10,410	2,372	2,273	1,375	121,747
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	7,007	5,430	7,112	11,098	1,756	461	446	204	33,310
1340 Caesarean delivery	14,293	10,745	8,201	3,486	3,207	675	634	708	41,241
1341-1347 Other obstetric and postpartum procedures	32,861	23,445	20,864	8,521	7,253	1,561	1,650	1,180	96,155
1360-1371 Procedures on head, facial bones and joints	2,348	1,891	1,547	845	638	229	180	297	7,678
1373-1379 Procedures on neck, thorax and ribs	243	232	125	35	60	15	12	1	722
1381-1393 Procedures on spinal cord and vertebrae	1,354	1,373	834	428	286	83	101	0	4,459
1394-1406 Procedures on shoulder, scapula and clavicle	3,126	2,565	1,817	1,110	846	160	174	76	9,798
1408-1438 Procedures on humerus, elbow and forearm	14,426	9,447	6,914	3,390	2,767	756	912	739	38,612
1439-1474 Procedures on hand, wrist and phalanges	10,991	10,074	5,732	4,027	3,008	759	588	563	35,179
1476-1493 Procedures on hip, pelvis and femur	11,239	8,332	4,820	2,820	2,538	807	648	235	31,204
1495-1524 Procedures on knee, patella, tibia and fibula	14,038	12,677	7,585	4,187	4,649	903	931	639	44,970
1526-1548 Procedures on ankle, foot and toes	8,005	7,137	4,179	2,418	2,086	583	557	396	24,965
1550-1579 Other procedures for musculoskeletal system	21,044	21,372	11,941	7,436	4,761	1,601	1,129	1,310	69,284
1600-1660 Procedures on skin and subcutaneous tissue	58,527	58,221	52,501	23,411	28,518	3,611	2,409	3,695	227,198
1661-1718 Plastic, cosmetic and corrective procedures	3,747	5,337	2,322	1,437	1,783	219	163	108	15,008
1740-1759 Procedures on breast	6,991	6,291	3,516	3,221	1,784	390	228	205	22,421
1780-1799 Chemotherapeutic and radiation oncology procedures	13,320	60,375	35,788	19,460	18,669	2,901	5,204	983	155,717
1820-1866 Diagnostic interventions	20,348	9,652	9,175	4,886	11,877	1,007	294	95	57,239
1867-1908 Therapeutic interventions	155,870	123,332	73,152	44,350	48,641	13,025	7,946	4,396	466,316
1909-1915 Administrative/clinical/client support interventions	467,755	392,444	229,045	142,806	122,532	26,604	23,499	15,195	1,404,685
1916 Generalised allied health interventions	470,475	423,052	184,720	114,019	94,677	23,695	21,673	9,515	1,332,311
1940-2016 Imaging services	173,721	116,991	60,124	32,835	31,536	9,773	7,379	3,625	432,359
<b>Total procedures</b>	<b>2,253,722</b>	<b>1,987,936</b>	<b>1,123,941</b>	<b>683,031</b>	<b>600,559</b>	<b>134,230</b>	<b>122,370</b>	<b>87,736</b>	<b>6,905,789</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Table 9.7: Number of procedures<sup>(a)</sup>, by ICD-10-AM groupings, private hospitals, states and territories, 2002-03**

Procedure blocks		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-28	Procedures on skull, meninges and brain	1,853	1,549	1,220	345	462	n.p.	n.p.	n.p.	5,653
29-59	Procedures on spinal canal and spinal cord structures	11,436	8,962	7,953	8,757	4,983	n.p.	n.p.	n.p.	44,240
60-86	Procedures on peripheral nervous system	11,133	10,138	10,354	7,759	5,162	n.p.	n.p.	n.p.	46,839
110-129	Procedures on parathyroid and thyroid glands	1,937	1,168	1,130	560	462	n.p.	n.p.	n.p.	5,495
160-192	Procedures on eyeball, cornea, sclera, iris and ciliary body	4,394	1,753	3,858	1,472	2,294	n.p.	n.p.	n.p.	14,233
193-203	Procedures on lens	38,908	24,736	23,763	9,310	8,215	n.p.	n.p.	n.p.	110,535
204-256	Procedures on retina, conjunctiva and other areas of eye	9,534	5,003	9,111	3,092	1,787	n.p.	n.p.	n.p.	29,865
300-306	Procedures on external ear	857	415	470	288	210	n.p.	n.p.	n.p.	2,355
307-333	Procedures on eardrum, middle and inner ear and mastoid	8,124	5,689	5,226	3,535	3,627	n.p.	n.p.	n.p.	27,303
370-389	Procedures on nose and sinuses	22,846	13,305	13,113	7,018	10,264	n.p.	n.p.	n.p.	69,697
390-399	Procedures on tongue, salivary gland and ducts	1,206	736	740	456	292	n.p.	n.p.	n.p.	3,580
400-408	Procedures on mouth, palate or uvula	2,977	2,068	1,597	1,851	1,355	n.p.	n.p.	n.p.	10,215
409-422	Procedures on tonsils, adenoids and pharynx	8,395	4,417	5,324	2,608	2,210	n.p.	n.p.	n.p.	23,973
450-490	Dental and orthodontic procedures	66,313	52,122	43,854	33,788	19,948	n.p.	n.p.	n.p.	227,211
520-542	Procedures on larynx and trachea	1,457	1,308	1,133	642	607	n.p.	n.p.	n.p.	5,327
543-558	Procedures on bronchus, lung and pleura	2,017	2,917	3,464	903	1,206	n.p.	n.p.	n.p.	10,957
559-567	Procedures on chest wall, mediastinum and diaphragm	1,537	1,992	2,082	790	850	n.p.	n.p.	n.p.	7,554
568-569	Airway management, continuous ventilatory support	4,266	2,581	5,119	836	1,891	n.p.	n.p.	n.p.	15,200
600-638	Procedures on atrium, ventricle, septum and valves	14,126	11,664	11,387	3,701	3,385	n.p.	n.p.	n.p.	45,869
639-666	Other procedures on heart, myocardium and pericardium	9,217	7,758	6,708	1,359	2,282	n.p.	n.p.	n.p.	27,691
667-693	Procedures on coronary arteries and aorta	26,610	20,254	18,302	5,495	5,601	n.p.	n.p.	n.p.	78,759
694-767	Procedures on arteries and veins	14,735	17,467	14,302	4,926	4,782	n.p.	n.p.	n.p.	59,519
800-817	Procedures on blood and blood-forming organs	4,646	4,088	5,485	1,647	1,491	n.p.	n.p.	n.p.	18,326
850-869	Procedures on oesophagus	3,040	2,156	3,639	657	1,264	n.p.	n.p.	n.p.	11,357
870-890	Procedures on stomach	1,469	2,406	2,276	793	876	n.p.	n.p.	n.p.	8,213
891-903	Procedures on small intestine	1,679	1,281	1,265	589	473	n.p.	n.p.	n.p.	5,473
904-925	Procedures on large intestine	98,525	77,663	72,647	28,353	18,427	n.p.	n.p.	n.p.	303,996
926-927	Procedures on appendix	1,456	1,554	2,281	1,112	575	n.p.	n.p.	n.p.	7,403
928-950	Procedures on rectum and anus	16,935	8,008	8,169	3,638	2,766	n.p.	n.p.	n.p.	41,293
951-982	Procedures on liver, gallbladder, biliary tract and pancreas	14,629	9,861	10,879	5,258	4,140	n.p.	n.p.	n.p.	46,880
983-1011	Other procedures on abdomen, peritoneum and hernia	86,383	79,304	71,548	27,056	18,806	n.p.	n.p.	n.p.	292,115
1040-1064	Procedures on kidney	21,823	18,603	33,707	21,113	14,684	n.p.	n.p.	n.p.	110,331
1065-1129	Procedures on bladder, ureter and urethra	42,193	25,436	25,901	15,274	11,450	n.p.	n.p.	n.p.	126,999
1160-1170	Procedures on prostate and seminal vesicle	7,551	6,047	4,154	2,203	1,359	n.p.	n.p.	n.p.	22,616

(continued)

**Table 9.7 (continued): Number of procedures<sup>(a)</sup>, by ICD-10-AM groupings, private hospitals, states and territories, 2002–03**

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171–1176 Procedures on scrotum and tunical vaginalis	362	231	216	142	78	n.p.	n.p.	n.p.	1,103
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	5,934	4,003	3,241	1,800	1,600	n.p.	n.p.	n.p.	17,649
1190–1203 Procedures on penis and other male genital organs	3,219	1,642	1,186	1,092	953	n.p.	n.p.	n.p.	8,624
1240–1258 Procedures on ovaries and fallopian tubes	8,112	6,835	5,750	3,359	2,114	n.p.	n.p.	n.p.	27,620
1259–1273 Procedures on uterus	47,835	47,182	35,978	15,881	9,498	n.p.	n.p.	n.p.	162,649
1274–1278 Procedures on cervix	5,715	4,847	3,205	1,305	636	n.p.	n.p.	n.p.	16,448
1279–1288 Procedures on vagina and pelvic floor	7,131	5,141	4,356	2,760	1,894	n.p.	n.p.	n.p.	22,339
1289–1299 Procedures on other female genital organs	14,073	10,830	9,586	2,777	2,261	n.p.	n.p.	n.p.	41,702
1330–1335 Induction and augmentation of labour	18,857	15,831	12,046	8,747	5,032	n.p.	n.p.	n.p.	63,772
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	3,727	3,759	4,120	5,944	917	n.p.	n.p.	n.p.	19,270
1340 Caesarean delivery	7,577	6,378	6,465	3,697	1,871	n.p.	n.p.	n.p.	27,360
1341–1347 Other obstetric and postpartum procedures	12,307	10,812	7,996	4,472	2,938	n.p.	n.p.	n.p.	40,743
1360–1371 Procedures on head, facial bones and joints	1,381	1,073	942	523	570	n.p.	n.p.	n.p.	4,674
1373–1379 Procedures on neck, thorax and ribs	173	135	133	29	61	n.p.	n.p.	n.p.	541
1381–1393 Procedures on spinal cord and vertebrae	2,499	1,954	1,634	901	660	n.p.	n.p.	n.p.	8,086
1394–1406 Procedures on shoulder, scapula and clavicle	7,819	7,367	4,982	4,064	3,935	n.p.	n.p.	n.p.	29,372
1408–1438 Procedures on humerus, elbow and forearm	3,275	2,868	2,522	1,594	1,279	n.p.	n.p.	n.p.	12,145
1439–1474 Procedures on hand, wrist and phalanges	10,276	9,311	7,071	4,377	4,420	n.p.	n.p.	n.p.	37,525
1476–1493 Procedures on hip, pelvis and femur	6,057	6,622	3,928	2,284	2,068	n.p.	n.p.	n.p.	22,108
1495–1524 Procedures on knee, patella, tibia and fibula	32,682	26,045	16,645	12,623	12,490	n.p.	n.p.	n.p.	106,227
1526–1548 Procedures on ankle, foot and toes	10,431	9,478	4,947	4,342	3,894	n.p.	n.p.	n.p.	35,030
1550–1579 Other procedures for musculoskeletal system	23,017	19,864	12,211	9,242	6,810	n.p.	n.p.	n.p.	74,569
1600–1660 Procedures on skin and subcutaneous tissue	71,573	52,702	68,995	24,496	29,179	n.p.	n.p.	n.p.	259,115
1661–1718 Plastic, cosmetic and corrective procedures	13,124	10,803	8,584	5,231	4,319	n.p.	n.p.	n.p.	44,005
1740–1759 Procedures on breast	10,737	8,376	7,909	4,192	2,777	n.p.	n.p.	n.p.	35,781
1780–1799 Chemotherapeutic and radiation oncology procedures	28,234	45,199	42,901	17,033	14,426	n.p.	n.p.	n.p.	153,537
1820–1866 Diagnostic interventions	14,785	9,150	11,710	3,350	5,050	n.p.	n.p.	n.p.	47,442
1867–1908 Therapeutic interventions	72,498	54,410	100,126	30,502	15,593	n.p.	n.p.	n.p.	280,216
1909–1915 Administrative/clinical/client support interventions	543,563	418,727	395,010	193,989	134,764	n.p.	n.p.	n.p.	1,763,825
1916 Generalised allied health interventions	136,384	116,054	82,074	35,688	39,882	n.p.	n.p.	n.p.	423,986
1940–2016 Imaging services	33,936	33,100	34,705	15,145	10,318	n.p.	n.p.	n.p.	132,694
<b>Total procedures</b>	<b>1,721,500</b>	<b>1,385,138</b>	<b>1,333,335</b>	<b>628,765</b>	<b>480,473</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>5,787,229</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

**Table 9.8: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, public hospitals, Australia, 2002–03**

Procedure block		Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1916	Generalised allied health interventions	697,654	583,246	8,303,010	11.9	1,298,871
1910	Cerebral anaesthesia	520,587	437,318	3,370,243	6.5	583,279
1909	Conduction anaesthesia	139,377	118,417	1,026,493	7.4	144,425
1893	Transfusion of blood and gamma globulin	101,430	82,456	1,400,033	13.8	121,134
1952	Computerised tomography of brain	101,197	81,618	1,247,373	12.3	104,127
1885	Injection or infusion of therapeutic or prophylactic substance	68,552	56,864	914,866	13.3	87,812
1912	Postprocedural analgesia	54,186	45,105	478,464	8.8	55,536
1344	Postpartum suture	49,967	45,737	168,841	3.4	50,683
1334	Medical or surgical induction of labour	43,186	39,240	175,143	4.1	44,326
1340	Caesarean section	41,762	36,936	227,745	5.5	41,797
1335	Medical or surgical augmentation of labour	39,584	36,549	135,104	3.4	39,653
738	Venous catheterisation	38,853	31,889	841,000	21.6	44,046
1963	Computerised tomography of abdomen and pelvis	35,140	28,309	420,860	12.0	35,949
1333	Analgesia and anaesthesia during labour and caesarean section	34,210	30,482	149,598	4.4	34,279
668	Coronary angiography	27,130	22,111	187,899	6.9	27,431
569	Continuous ventilatory support	26,269	21,247	559,128	21.3	50,301
1962	Computerised tomography of abdomen	25,765	21,376	282,623	11.0	26,281
965	Cholecystectomy	24,044	21,691	111,277	4.6	24,102
2015	Magnetic resonance imaging	23,484	18,790	359,693	15.3	25,443
1960	Computerised tomography of chest	20,356	16,487	291,403	14.3	20,834
607	Examination procedures on ventricle	19,611	15,974	129,698	6.6	19,671
926	Appendicectomy	19,384	16,771	77,636	4.0	19,453
1343	Other procedures associated with delivery	18,920	16,532	72,998	3.9	18,990
2006	Lung perfusion or ventilation study	18,750	15,015	217,314	11.6	18,903
1008	Panendoscopy with excision	18,244	15,286	189,939	10.4	18,540
1780	Chemotherapy administration	18,057	14,911	175,233	9.7	19,122
957	Examination of gallbladder or biliary tract	17,014	15,193	82,517	4.8	17,594
568	Repair of wound of skin and subcutaneous tissue	16,526	13,415	328,410	19.9	19,759
1635	Airway management	16,523	12,389	117,292	7.1	19,163
1341	Foetal monitoring	16,248	15,353	65,196	4.0	16,869
	Other	1,245,835	1,027,605	13,017,970	10.4	1,325,176
Total	No procedure or not reported	713,560	625,353	3,500,120	4.9	..
<b>Total<sup>(b)</sup></b>		<b>2,090,734</b>	<b>1,790,838</b>	<b>14,426,223</b>	<b>6.9</b>	<b>4,373,549</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

.. Not applicable.

**Table 9.9: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, private hospitals, Australia, 2002–03**

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1910 Cerebral anaesthesia	491,844	11,850	2,116,051	4.3	519,413
1916 Generalised allied health interventions	264,474	10,719	2,771,839	10.5	381,876
1909 Conduction anaesthesia	120,219	3,002	740,529	6.2	123,985
1912 Postprocedural analgesia	55,190	1,973	417,123	7.6	56,335
1893 Transfusion of blood and gamma globulin	51,669	1,672	588,806	11.4	58,103
668 Coronary angiography	30,265	56	134,422	4.4	30,655
1340 Caesarean section	27,326	898	168,261	6.2	27,338
607 Examination procedures on ventricle	26,057	20	112,321	4.3	26,124
1333 Analgesia and anaesthesia during labour and caesarean section	24,495	707	128,946	5.3	24,534
1828 Sleep study	24,088	184	26,593	1.1	24,252
1334 Medical or surgical induction of labour	22,767	884	114,430	5.0	23,189
1344 Postpartum suture	22,208	809	102,843	4.6	22,321
965 Cholecystectomy	21,016	919	68,627	3.3	21,056
990 Repair of inguinal hernia	20,232	398	36,553	1.8	20,293
1952 Computerised tomography of brain	17,737	1,369	230,833	13.0	18,206
412 Tonsillectomy or adenoidectomy	17,110	351	18,888	1.1	17,126
957 Examination of gallbladder or biliary tract	16,017	730	50,199	3.1	16,255
1620 Excision of lesion of skin and subcutaneous tissue	15,664	183	59,777	3.8	29,344
1335 Injection or infusion of therapeutic or prophylactic substance	15,650	657	74,826	4.8	15,678
1885 Medical or surgical augmentation of labour	15,467	856	176,919	11.4	17,339
1518 Arthroplasty of knee	15,447	450	132,359	8.6	15,791
986 Division of abdominal adhesions	14,043	391	101,454	7.2	14,200
1489 Arthroplasty of hip	13,151	370	129,228	9.8	13,224
1343 Other procedures associated with delivery	13,076	287	64,339	4.9	13,103
1165 Transluminal coronary angioplasty with stenting	11,989	379	57,942	4.8	12,026
671 Transurethral prostatectomy	11,962	5	41,489	3.5	12,197
1780 Chemotherapy administration	11,830	171	75,142	6.4	12,316
905 Fibreoptic colonoscopy	11,787	322	67,983	5.8	12,003
379 Repair of nasal septum	11,388	119	14,698	1.3	11,447
197 Examination procedures on bladder	11,304	146	14,530	1.3	11,312
Other	908,855	25,760	6,205,707	6.8	980,015
No procedure or not reported	158,407	12,776	907,154	5.7	..
<b>Total<sup>(b)</sup></b>	<b>985,678</b>	<b>39,960</b>	<b>5,546,817</b>	<b>5.6</b>	<b>2,581,056</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

.. Not applicable.

**Table 9.10: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, public hospitals, Australia, 2002-03**

Procedure block		Separations	Public patient separations	Separations per 10,000 population	Total procedures reported
1060	Haemodialysis	586,132	523,447	299.0	586,325
1910	Cerebral anaesthesia	537,291	457,915	274.1	538,113
1780	Chemotherapy administration	116,852	104,091	59.6	119,620
1909	Conduction anaesthesia	91,382	78,420	46.6	91,828
1885	Injection or infusion of therapeutic or prophylactic substance	66,779	57,844	34.1	68,882
1008	Panendoscopy with excision	59,725	52,736	30.5	60,031
905	Fibreoptic colonoscopy	58,314	51,648	29.7	58,350
1620	Excision of lesion of skin and subcutaneous tissue	44,607	39,437	22.8	63,641
911	Fibreoptic colonoscopy with excision	41,879	37,401	21.4	42,999
1893	Transfusion of blood and gamma globulin	41,699	35,798	21.3	43,200
197	Extracapsular crystalline lens extraction by phacoemulsification	40,369	32,590	20.6	40,387
1265	Curettage of uterus	36,505	32,325	18.6	36,528
1916	Generalised allied health interventions	32,281	29,388	16.5	42,955
1259	Evacuation of gravid uterus	25,568	22,233	13.0	25,588
1267	Examination procedures on uterus	25,568	22,006	13.0	26,142
1089	Examination procedures on bladder	24,368	21,944	12.4	24,381
1005	Panendoscopy	22,880	20,156	11.7	22,891
1952	Computerised tomography of brain	17,184	15,075	8.8	17,214
1890	Therapeutic interventions on cardiovascular system	16,261	14,298	8.3	16,471
1275	Destruction procedures on cervix	12,536	11,285	6.4	13,309
668	Coronary angiography	12,221	9,937	6.2	12,223
309	Myringotomy	12,006	9,941	6.1	12,142
1279	Examination procedures on vagina	11,577	10,862	5.9	11,595
458	Surgical removal of tooth	11,108	7,071	5.7	22,079
1635	Repair of wound of skin and subcutaneous tissue	10,905	9,523	5.6	11,714
1554	Other application, insertion or removal procedures on other musculoskeletal sites	10,431	8,933	5.3	10,898
607	Examination procedures on ventricle	10,355	8,376	5.3	10,365
76	Release of carpal and tarsal tunnel	10,267	9,087	5.2	10,671
1888	Hyperbaric oxygen therapy	9,842	7,091	5.0	9,842
1907	Electroconvulsive therapy	9,345	8,861	4.8	9,345
	Other	507,554	433,065	258.9	560,247
Total	No procedure or not reported	376,815	343,637	190.7	..
<b>Total<sup>(b)</sup></b>		<b>2,000,237</b>	<b>1,765,692</b>	<b>1,012.4</b>	<b>2,619,976</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procuremen* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>

.. Not applicable.

**Table 9.11: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, private hospitals, Australia, 2002–03**

Procedure block		Separations	Public patient separations	Separations per 10,000 population	Total procedures reported
1910	Cerebral anaesthesia	933,778	15,224	472.6	934,629
905	Fibreoptic colonoscopy	154,100	1,893	78.0	154,142
1008	Panendoscopy with excision	148,771	1,867	75.3	149,470
1780	Chemotherapy administration	131,084	4,138	66.3	134,311
1909	Conduction anaesthesia	120,137	4,041	60.8	122,183
911	Fibreoptic colonoscopy with excision	116,449	1,817	58.9	119,168
1060	Haemodialysis	103,439	27,024	52.4	103,454
197	Extracapsular crystalline lens extraction by phacoemulsification	86,070	2,053	43.6	86,097
1620	Excision of lesion of skin and subcutaneous tissue	77,890	1,095	39.4	126,643
458	Surgical removal of tooth	64,585	161	32.7	142,157
1267	Evacuation of gravid uterus	45,233	1,100	22.9	45,340
1005	Panendoscopy	41,829	647	21.2	41,831
1885	Injection or infusion of therapeutic or prophylactic substance	41,273	2,680	20.9	45,934
1265	Curettage of uterus	38,527	1,082	19.5	38,547
1916	Generalised allied health interventions	34,493	83	17.5	42,110
1259	Examination procedures on uterus	30,553	632	15.5	30,569
1089	Examination procedures on bladder	29,829	1,201	15.1	29,834
1890	Therapeutic interventions on cardiovascular system	26,213	329	13.3	26,286
1297	Procedures for reproductive medicine	26,038	237	13.2	26,100
1873	Psychological/psychosocial therapies	23,005	1	11.6	24,021
1517	Arthroscopic meniscectomy of knee with repair	22,976	242	11.6	23,347
668	Coronary angiography	17,478	540	8.8	18,309
1893	Transfusion of blood and gamma globulin	16,516	534	8.4	17,146
1651	Local skin flap, simple and small, single stage	16,463	110	8.3	18,392
309	Myringotomy	15,747	308	8.0	15,872
607	Examination procedures on ventricle	15,196	506	7.7	15,203
76	Release of carpal and tarsal tunnel	14,798	270	7.5	15,982
941	Procedures for haemorrhoids	13,640	126	6.9	15,165
1503	Arthroscopic excision of knee	13,323	159	6.7	14,024
457	Non-surgical removal of tooth	10,601	158	5.4	18,662
	Other	554,742	12,992	280.8	611,245
Total	No procedure or not reported	84,594	3,323	42.8	..
<b>Total<sup>(b)</sup></b>		<b>1,577,123</b>	<b>58,567</b>	<b>798.2</b>	<b>3,206,173</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au>.

.. Not applicable.

**Table 9.12: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of separations, private free-standing day hospitals, Australia,<sup>(b)</sup> 2002-03**

Procedure block		Separations	Same day separations	Public patient separations	Separations per 10,000 population	Total procedures reported
1910	Cerebral anaesthesia	269,972	269,891	820	136.6	270,303
1008	Panendoscopy with excision	63,756	63,756	0	32.3	64,008
905	Fibreoptic colonoscopy	62,420	62,419	92	31.6	62,435
1909	Conduction anaesthesia	47,820	47,819	554	24.2	48,929
911	Fibreoptic colonoscopy with excision	43,509	43,509	27	22.0	44,561
197	Extracapsular crystalline lens extraction by phacoemulsification	42,937	42,937	8	21.7	42,959
1267	Evacuation of gravid uterus	35,282	35,281	591	17.9	35,318
1620	Excision of lesion of skin and subcutaneous tissue	31,613	31,612	286	16.0	49,302
1060	Haemodialysis	29,475	29,472	8,959	14.9	29,489
1780	Chemotherapy administration	28,086	28,086	420	14.2	28,106
1005	Panendoscopy	21,439	21,438	105	10.9	21,439
1885	Injection or infusion of therapeutic or prophylactic substance	14,683	14,683	0	7.4	18,045
1890	Therapeutic interventions on cardiovascular system	14,316	14,316	0	7.2	14,317
458	Surgical removal of tooth	11,643	11,636	1	5.9	25,732
1297	Procedures for reproductive medicine	10,608	10,608	172	5.4	10,628
1651	Local skin flap, simple and small, single stage	7,047	7,047	69	3.6	7,744
1893	Transfusion of blood and gamma globulin	6,086	6,086	0	3.1	6,534
1867	Counselling or education relating to personal care and other activities of daily/independent living	4,589	4,589	0	2.3	4,590
1943	Ultrasound of abdomen or pelvis	4,484	4,484	532	2.3	4,485
668	Coronary angiography	4,405	4,405	173	2.2	5,234
1265	Curettage of uterus	4,338	4,338	5	2.2	4,341
195	Intracapsular crystalline lens extraction	3,845	3,845	5	1.9	3,845
1649	Other full thickness skin graft	3,798	3,798	67	1.9	3,986
941	Procedures for haemorrhoids	3,570	3,570	0	1.8	3,858
457	Non-surgical removal of tooth	3,527	3,524	0	1.8	5,003
1828	Sleep study	3,129	86	0	1.6	3,156
607	Examination procedures on ventricle	3,092	3,092	158	1.6	3,098
1259	Examination procedures on uterus	3,089	3,089	1	1.6	3,093
466	Tooth coloured adhesive restoration, direct	2,893	2,890	0	1.5	6,019
1888	Hyperbaric oxygen therapy	2,887	2,887	1,268	1.5	2,887
	Other	129,687	128,528	719	66	143,184
Total	No procedure or not reported	1,309	1,307	16	0.7	..
<b>Total<sup>(c)</sup></b>		<b>455,094</b>	<b>451,141</b>	<b>12,315</b>	<b>230.3</b>	<b>976,628</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Excludes separations from private free-standing hospitals in Tasmania.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

.. Not applicable.



**Table 9.13: Separations<sup>(a)</sup> for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2002–03**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	346,435	300,938	165,692	102,706	96,162	17,692	16,628	11,625	1,057,878
1916 Generalised allied health interventions	258,671	199,810	112,592	68,341	59,466	13,374	11,769	5,912	729,935
1060 Haemodialysis	167,322	182,747	91,869	61,161	41,283	13,493	14,644	25,473	597,992
1909 Conduction anaesthesia	70,856	65,254	39,897	25,641	17,643	5,017	4,042	2,409	230,759
1893 Transfusion of blood and gamma globulin	47,489	41,749	20,710	14,114	13,148	2,746	2,116	1,057	143,129
1885 Injection or infusion of therapeutic or prophylactic substance	41,168	37,318	18,138	11,659	18,640	4,080	3,233	1,095	135,331
1780 Chemotherapy administration	8,265	53,637	31,863	17,174	15,586	2,510	4,929	945	134,909
1952 Computerised tomography of brain	42,396	36,375	17,484	9,126	7,685	2,591	1,587	1,137	118,381
1008 Panendoscopy with excision	26,647	21,124	11,725	8,927	6,275	671	1,773	827	77,969
905 Fiberoptic colonoscopy	24,858	18,795	10,192	7,855	7,207	704	1,101	583	71,295
1620 Excision of lesion of skin and subcutaneous tissue	13,747	15,230	12,175	5,036	7,084	870	394	274	54,810
1912 Postprocedural analgesia	21,191	9,957	8,524	7,359	3,431	2,167	1,591	205	54,425
911 Fiberoptic colonoscopy with excision	18,129	12,266	7,161	7,213	4,379	529	1,249	438	51,364
1344 Postpartum suture	20,425	12,198	8,316	3,936	3,364	976	1,109	748	51,072
1334 Medical or surgical induction of labour	14,453	12,208	8,219	4,310	3,637	815	626	548	44,816
197 Extracapsular crystalline lens extraction by phacoemulsification	15,303	13,033	4,989	4,719	4,349	63	663	342	43,461
738 Venous catheterisation	14,630	10,285	8,043	3,610	3,310	1,299	1,106	681	42,964
1340 Caesarean section	14,275	10,738	8,196	3,485	3,205	673	634	708	41,914
1265 Curettage of uterus	13,591	14,474	5,805	3,792	2,918	309	449	285	41,623
1335 Medical or surgical augmentation of labour	15,158	9,483	8,155	2,952	2,554	807	870	515	40,494
668 Coronary angiography	13,542	8,434	5,952	4,691	4,053	1,174	1,263	242	39,351
1963 Computerised tomography of abdomen and pelvis	16,220	12,140	4,525	1,231	2,513	737	480	370	38,216
1005 Panendoscopy	10,120	11,694	6,465	3,517	4,534	497	249	202	37,278
1333 Analgesia and anaesthesia during labour and caesarean section	11,451	7,800	6,091	3,920	3,461	701	740	299	34,463
1267 Evacuation of gravid uterus	8,149	9,976	3,451	2,360	6,579	465	273	1,140	32,393
1089 Examination procedures on bladder	8,391	9,712	4,123	4,346	4,047	646	465	160	31,890
607 Examination procedures on ventricle	9,707	6,803	4,705	4,215	2,751	458	1,105	222	29,966
1962 Computerised tomography of abdomen	11,466	6,341	4,894	2,921	1,713	479	910	343	29,067
569 Examination procedures on uterus	9,528	7,920	4,594	2,333	2,516	641	577	523	28,632
1259 Continuous ventilatory support	8,884	9,227	4,687	2,165	2,796	240	362	254	28,615
Other	635,781	515,120	335,786	195,534	184,241	40,493	30,748	19,541	1,957,244
No procedure or not reported	390,983	281,289	205,321	75,677	89,700	20,851	8,044	18,510	1,090,375
<b>Total<sup>(b)</sup></b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

**Table 9.14: Separations<sup>(a)</sup> for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2002–03**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	446,033	346,219	318,943	146,099	108,377	n.p.	n.p.	n.p.	1,425,622
1916 Generalised allied health interventions	91,091	79,367	63,873	21,963	31,946	n.p.	n.p.	n.p.	298,967
1909 Conduction anaesthesia	69,065	55,673	53,968	31,545	15,568	n.p.	n.p.	n.p.	240,356
905 Fiberoptic colonoscopy	54,729	44,617	40,073	10,986	10,839	n.p.	n.p.	n.p.	165,887
1008 Panendoscopy with excision	52,241	40,693	40,772	14,993	7,594	n.p.	n.p.	n.p.	159,862
1780 Chemotherapy administration	26,634	41,787	39,921	16,145	13,056	n.p.	n.p.	n.p.	142,914
911 Fiberoptic colonoscopy with excision	40,291	30,173	29,385	15,992	6,503	n.p.	n.p.	n.p.	125,439
1060 Haemodialysis	20,144	17,389	32,733	20,351	14,254	n.p.	n.p.	n.p.	104,899
197 Extracapsular crystalline lens extraction by phacoemulsification	36,192	18,942	21,435	8,602	6,725	n.p.	n.p.	n.p.	97,374
1620 Excision of lesion of skin and subcutaneous tissue	27,400	18,815	23,666	8,903	10,014	n.p.	n.p.	n.p.	93,554
458 Surgical removal of tooth	19,894	18,463	14,081	9,603	5,159	n.p.	n.p.	n.p.	69,678
1893 Transfusion of blood and gamma globulin	14,401	18,384	18,996	6,510	7,004	n.p.	n.p.	n.p.	68,185
1885 Injection or infusion of therapeutic or prophylactic substance	8,229	12,904	23,494	7,438	3,091	n.p.	n.p.	n.p.	56,740
1912 Postprocedural analgesia	18,284	7,358	11,411	10,958	5,366	n.p.	n.p.	n.p.	55,373
1005 Panendoscopy	10,042	18,523	11,099	2,872	4,671	n.p.	n.p.	n.p.	48,483
668 Coronary angiography	15,742	11,646	11,333	3,696	3,353	n.p.	n.p.	n.p.	47,743
1267 Evacuation of gravid uterus	11,697	15,538	14,220	3,844	809	n.p.	n.p.	n.p.	46,776
1265 Curettage of uterus	14,464	13,090	7,560	4,293	2,882	n.p.	n.p.	n.p.	44,257
607 Examination procedures on bladder	12,713	10,389	9,962	3,473	3,111	n.p.	n.p.	n.p.	41,253
1089 Examination procedures on ventricle	11,742	9,549	9,028	5,310	3,184	n.p.	n.p.	n.p.	41,031
1259 Examination procedures on uterus	10,307	9,999	6,437	3,263	2,832	n.p.	n.p.	n.p.	34,510
1890 Therapeutic interventions on cardiovascular system	2,091	6,811	17,072	1,282	1,038	n.p.	n.p.	n.p.	28,986
1517 Psychological/psychosocial therapies	7,869	7,288	4,625	3,288	4,253	n.p.	n.p.	n.p.	28,754
1873 Arthroscopic meniscectomy of knee with repair	15,212	1,359	11,331	537	309	n.p.	n.p.	n.p.	28,750
1340 Caesarean section	7,575	6,376	6,459	3,697	1,871	n.p.	n.p.	n.p.	27,348
1297 Procedures for reproductive medicine	9,111	6,806	6,268	1,331	1,137	n.p.	n.p.	n.p.	26,082
1333 Analgesia and anaesthesia during labour and caesarean section	7,304	5,899	4,320	3,762	2,305	n.p.	n.p.	n.p.	24,521
990 Sleep study	7,944	5,501	5,081	2,626	1,797	n.p.	n.p.	n.p.	24,264
1828 Repair of inguinal hernia	8,430	6,724	4,629	785	2,511	n.p.	n.p.	n.p.	24,205
1334 Medical or surgical induction of labour	6,472	5,931	4,475	2,963	1,667	n.p.	n.p.	n.p.	22,910
Other	497,782	382,859	362,599	196,458	157,387	n.p.	n.p.	n.p.	1,674,380
No procedure or not reported	40,415	73,975	56,964	30,105	25,506	n.p.	n.p.	n.p.	243,001
<b>Total<sup>(b)</sup></b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,562,801</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

n.p. Not published.

**Table 9.15: Average length of stay (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations <sup>(a)</sup>, public hospitals, states and territories, 2002–03**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	4.1	3.3	3.6	3.6	3.5	4.6	4.2	4.3	3.6
1916 Generalised allied health interventions	11.5	11.4	10.8	11.9	11.7	12.0	11.1	11.4	11.3
1060 Haemodialysis	1.3	1.2	1.2	1.3	1.3	1.2	1.2	1.2	1.2
1909 Conduction anaesthesia	5.3	4.5	4.7	4.7	4.3	6.0	4.5	5.6	4.8
1893 Transfusion of blood and gamma globulin	11.1	9.3	9.6	10.1	8.8	11.3	12.7	11.5	10.0
1885 Injection or infusion of therapeutic or prophylactic substance	8.3	6.7	8.1	8.4	5.1	5.8	6.4	7.1	7.2
1780 Chemotherapy administration	7.2	1.7	1.9	1.9	2.0	2.1	1.9	1.5	2.2
1952 Computerised tomography of brain	11.0	9.2	9.8	13.5	14.3	10.9	13.4	9.3	10.6
1008 Panendoscopy with excision	3.5	2.9	2.9	3.0	3.5	5.7	2.9	4.0	3.2
905 Fiberoptic colonoscopy	2.7	2.6	2.4	2.1	2.5	3.4	2.6	2.5	2.5
1620 Excision of lesion of skin and subcutaneous tissue	2.9	2.0	1.9	2.4	1.8	2.1	1.9	2.6	2.2
1912 Postprocedural analgesia	8.5	9.4	8.5	8.3	9.3	10.5	9.3	10.4	8.8
911 Fiberoptic colonoscopy with excision	2.8	2.5	2.6	2.1	2.6	3.2	2.4	2.4	2.6
1344 Postpartum suture	3.4	3.3	2.9	3.7	3.5	4.1	3.2	4.0	3.3
1334 Medical or surgical induction of labour	4.1	3.7	3.5	4.2	4.3	4.5	4.4	5.0	3.9
197 Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.1	1.1	1.1	1.1	1.1	1.0	1.3	1.1
738 Venous catheterisation	19.9	20.1	18.3	21.7	19.9	17.1	18.6	19.5	19.4
1340 Caesarean section	5.6	5.4	4.6	5.8	5.9	5.4	6.4	6.5	5.3
1265 Curettage of uterus	1.2	1.1	1.2	1.3	1.2	1.4	1.3	1.3	1.2
1335 Medical or surgical augmentation of labour	3.4	3.4	2.9	3.8	3.6	4.4	3.7	4.2	3.3
668 Coronary angiography	6.4	5.2	4.3	3.8	3.8	4.9	2.6	7.4	5.0
1963 Computerised tomography of abdomen and pelvis	11.3	10.5	10.4	12.6	12.7	13.2	10.7	10.5	11.0
1005 Panendoscopy	7.4	5.0	5.9	6.1	5.1	10.1	7.8	7.0	6.0
1333 Analgesia and anaesthesia during labour and caesarean section	4.5	4.4	3.8	4.5	4.5	4.8	4.8	5.2	4.3
1267 Evacuation of gravid uterus	1.2	1.1	1.2	1.1	1.1	1.1	1.1	1.1	1.1
1089 Examination procedures on bladder	2.8	2.3	2.4	3.0	2.0	2.6	3.0	3.7	2.5
607 Examination procedures on ventricle	5.9	4.9	3.8	3.6	3.4	5.1	2.5	7.5	4.6
1962 Computerised tomography of abdomen	10.1	8.1	9.6	11.3	11.8	9.9	12.0	8.6	9.7
569 Examination procedures on uterus	18.4	19.4	18.9	25.3	21.7	18.2	19.8	16.2	19.3
1259 Continuous ventilatory support	1.2	1.1	1.2	1.1	1.1	1.3	1.3	1.3	1.1
<b>Total<sup>(a)</sup></b>	<b>4.4</b>	<b>3.7</b>	<b>3.9</b>	<b>3.9</b>	<b>4.1</b>	<b>4.4</b>	<b>3.4</b>	<b>3.0</b>	<b>4.0</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Table 9.16: Average length of stay (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations <sup>(a)</sup>, private hospitals, states and territories, 2002–03**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	1.9	2.2	2.2	2.3	2.3	n.p.	n.p.	n.p.	2.1
1916 Generalised allied health interventions	8.7	10.0	9.4	11.7	7.8	n.p.	n.p.	n.p.	9.4
1909 Conduction anaesthesia	3.1	4.2	3.7	3.6	3.1	n.p.	n.p.	n.p.	3.6
905 Fiberoptic colonoscopy	1.2	1.3	1.4	1.5	1.5	n.p.	n.p.	n.p.	1.3
1008 Panendoscopy with excision	1.2	1.4	1.7	1.6	1.6	n.p.	n.p.	n.p.	1.5
1780 Chemotherapy administration	1.2	1.5	1.6	1.4	1.5	n.p.	n.p.	n.p.	1.4
911 Fiberoptic colonoscopy with excision	1.2	1.3	1.5	1.4	1.6	n.p.	n.p.	n.p.	1.3
1060 Haemodialysis	1.2	1.3	1.2	1.0	1.2	n.p.	n.p.	n.p.	1.2
197 Extracapsular crystalline lens extraction by phacoemulsification	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
1620 Excision of lesion of skin and subcutaneous tissue	1.5	1.5	1.5	1.7	1.3	n.p.	n.p.	n.p.	1.5
458 Surgical removal of tooth	1.0	1.0	1.1	1.0	1.1	n.p.	n.p.	n.p.	1.0
1893 Transfusion of blood and gamma globulin	9.6	8.8	8.0	9.5	9.0	n.p.	n.p.	n.p.	8.9
1885 Injection or infusion of therapeutic or prophylactic substance	4.7	4.2	3.2	3.9	4.4	n.p.	n.p.	n.p.	3.8
1912 Postprocedural analgesia	6.9	8.5	7.6	8.0	6.6	n.p.	n.p.	n.p.	7.5
1005 Panendoscopy	1.9	1.9	2.9	3.3	2.3	n.p.	n.p.	n.p.	2.3
668 Coronary angiography	2.5	3.4	4.0	3.1	3.6	n.p.	n.p.	n.p.	3.2
1267 Evacuation of gravid uterus	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1265 Curettage of uterus	1.1	1.1	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.1
607 Examination procedures on bladder	2.5	3.3	3.8	2.9	3.4	n.p.	n.p.	n.p.	3.1
1089 Examination procedures on ventricle	1.7	2.0	2.0	2.4	1.9	n.p.	n.p.	n.p.	2.0
1259 Examination procedures on uterus	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
1890 Therapeutic interventions on cardiovascular system	2.8	1.7	1.4	3.1	3.2	n.p.	n.p.	n.p.	1.7
1517 Psychological/psychosocial therapies	1.1	1.1	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.1
1873 Arthroscopic meniscectomy of knee with repair	5.7	8.2	2.6	8.7	10.5	n.p.	n.p.	n.p.	4.7
1340 Caesarean section	6.1	6.0	5.7	7.0	6.9	n.p.	n.p.	n.p.	6.2
1297 Procedures for reproductive medicine	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1333 Analgesia and anaesthesia during labour and caesarean section	5.1	5.1	5.0	5.7	5.6	n.p.	n.p.	n.p.	5.3
990 Sleep study	1.7	1.7	1.5	1.8	1.9	n.p.	n.p.	n.p.	1.7
1828 Repair of inguinal hernia	1.1	1.1	1.1	1.2	1.0	n.p.	n.p.	n.p.	1.1
1334 Medical or surgical induction of labour	4.9	4.9	4.7	5.3	5.6	n.p.	n.p.	n.p.	5.0
<b>Total<sup>(a)</sup></b>	<b>2.7</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2.8</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.  
n.p. Not published.

**Table 9.17: Separations<sup>(a)</sup> for males for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2002-03**

Procedure block	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total <sup>(b)</sup>
1910 Cerebral anaesthesia	10,088	43,929	71,380	90,544	99,377	129,568	161,101	184,659	176,796	137,001	25,585	1,130,043
1916 Generalised allied health interventions	9,570	6,230	11,544	24,493	29,976	35,450	46,270	65,730	89,516	103,714	39,796	462,295
1060 Haemodialysis	3	367	382	8,113	23,684	42,097	62,371	83,146	109,314	78,606	5,908	413,991
1909 Conduction anaesthesia	2,940	2,550	3,449	7,354	9,815	15,106	23,936	38,502	50,903	50,573	11,457	216,585
1780 Chemotherapy administration	117	1,541	2,771	2,693	3,976	7,469	19,110	36,074	39,098	18,302	1,228	132,379
1008 Panendoscopy with excision	180	686	1,529	4,213	8,894	14,852	20,335	22,017	19,083	13,577	2,384	107,750
1893 Transfusion of blood and gamma globulin	1,583	1,301	3,060	3,317	3,816	5,745	9,749	16,937	24,881	27,475	9,097	106,963
905 Fiberoptic colonoscopy	7	29	123	1,536	5,729	14,144	22,408	24,370	20,443	13,455	2,097	104,344
1885 Injection or infusion of therapeutic or prophylactic substance	15,272	2,792	4,848	3,808	4,414	6,869	10,443	13,165	14,414	11,189	2,363	89,578
911 Fiberoptic colonoscopy with excision	28	94	456	1,937	4,516	9,193	16,913	22,518	19,978	12,246	1,512	89,392
1620 Excision of lesion of skin and subcutaneous tissue	215	701	1,736	2,136	3,458	6,474	10,609	14,323	15,888	18,012	5,177	78,729
1952 Computerised tomography of brain	800	1,342	2,286	5,522	5,687	5,884	6,480	8,451	12,230	15,979	6,527	71,188
668 Extracapsular crystalline lens extraction by phacoemulsification	42	44	65	125	544	3,039	9,928	16,008	16,534	10,140	853	57,322
197 Coronary angiography	0	10	17	69	139	575	2,530	7,068	17,293	24,294	5,099	57,095
607 Examination procedures on ventricle	66	67	62	94	446	2,450	8,257	13,223	13,344	7,875	638	46,522
1089 Examination procedures on bladder	103	176	327	577	1,229	2,278	4,455	8,052	11,370	11,162	2,696	42,425
1912 Postprocedural analgesia	185	254	1,143	2,853	2,992	3,572	5,432	8,875	10,055	6,148	836	42,345
1005 Panendoscopy	19	120	208	1,183	2,678	4,543	6,602	7,699	7,984	7,241	1,716	39,994
990 Repair of inguinal hernia	1,527	1,920	1,445	1,688	2,836	4,378	6,408	7,470	6,407	4,353	711	39,144
458 Surgical removal of tooth	4	564	3,055	15,902	7,270	3,364	2,018	1,432	787	544	110	35,050
738 Venous catheterisation	2,735	389	633	1,251	1,609	2,233	3,554	5,350	6,403	5,016	922	30,096
1890 Therapeutic interventions on cardiovascular system	88	202	721	709	953	1,691	4,337	7,482	7,164	3,610	355	27,313
1963 Computerised tomography of abdomen and pelvis	15	55	392	1,464	2,200	2,752	3,493	4,089	4,810	4,777	1,378	25,425
1566 Excision procedures on other musculoskeletal sites	36	500	1,139	3,096	3,420	3,646	3,777	3,445	2,587	1,923	510	24,080
1828 Sleep study	105	233	276	364	1,505	3,663	5,839	5,184	2,590	1,303	75	21,137
412 Tonsillectomy or adenoidectomy	40	7,300	9,129	2,399	1,057	554	203	91	64	17	2	20,856
1517 Arthroscopic meniscectomy of knee with repair	0	0	43	1,095	2,267	4,048	5,555	4,592	2,202	766	47	20,615
1554 Other application, insertion or removal procedures on other musculoskeletal sites	27	336	2,197	4,644	4,263	3,326	2,431	1,614	956	559	146	20,499
1165 Transurethral prostatectomy	0	0	0	0	3	37	618	3,801	7,307	6,858	1,531	20,155
309 Myringotomy	690	10,409	6,943	300	182	310	340	361	294	183	37	20,049
Other	49,338	47,899	87,163	113,283	135,815	172,840	212,714	256,664	265,742	218,423	49,657	1,609,559
<i>Procedure reported</i>	<i>42,845</i>	<i>56,827</i>	<i>93,410</i>	<i>136,509</i>	<i>177,132</i>	<i>249,166</i>	<i>341,839</i>	<i>434,566</i>	<i>481,957</i>	<i>398,801</i>	<i>87,488</i>	<i>2,500,561</i>
No procedure or not reported	38,010	45,886	37,593	47,313	57,463	61,410	65,396	68,993	73,058	75,058	26,475	596,673
<b>Total<sup>(c)</sup></b>	<b>80,855</b>	<b>102,713</b>	<b>131,003</b>	<b>183,822</b>	<b>234,595</b>	<b>310,576</b>	<b>407,235</b>	<b>503,559</b>	<b>555,015</b>	<b>473,859</b>	<b>113,963</b>	<b>3,097,234</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

**Table 9.18: Separations<sup>(a)</sup> for females for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2002–03**

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
1910 Cerebral anaesthesia	4,780	27,525	51,776	121,265	176,470	204,374	213,484	193,676	172,286	148,037	39,754	1,353,431
1916 Generalised allied health interventions	7,955	5,050	9,083	32,492	65,460	47,833	47,101	58,565	83,705	129,453	79,882	566,583
1060 Haemodialysis	2	4	566	4,492	14,126	23,571	47,573	61,288	85,249	49,703	2,232	288,806
1909 Conduction anaesthesia	259	494	1,570	16,158	55,615	29,474	20,946	27,643	39,193	47,685	15,483	254,521
1780 Chemotherapy administration	99	1,257	1,942	1,842	4,842	17,124	33,635	39,247	29,940	14,390	1,122	145,440
905 Fiberoptic colonoscopy	2	12	84	2,585	7,332	17,690	30,069	30,508	24,653	16,550	3,351	132,836
1008 Panendoscopy with excision	129	475	1,512	6,239	10,484	17,954	26,407	25,864	21,026	16,089	3,901	130,080
1893 Transfusion of blood and gamma globulin	1,188	901	2,144	3,552	6,299	7,432	9,336	13,282	19,560	26,865	13,788	104,347
1885 Injection or infusion of therapeutic or prophylactic substance	12,002	2,211	3,710	4,855	7,248	10,437	14,031	16,124	15,281	12,791	3,795	102,485
911 Fiberoptic colonoscopy with excision	14	67	361	3,166	5,803	10,242	16,843	19,577	17,363	11,878	2,093	87,410
1265 Curettage of uterus	0	1	34	5,689	18,234	24,716	22,228	9,274	3,866	1,591	246	85,879
197 Extracapsular crystalline lens extraction by phacoemulsification	0	3	18	43	144	575	2,361	7,550	24,585	38,728	9,732	83,739
1267 Evacuation of gravid uterus	0	0	186	26,340	34,448	17,608	560	13	9	2	0	79,166
1344 Postpartum suture	0	0	41	14,356	46,613	12,259	61	3	0	1	0	73,334
1620 Excision of lesion of skin and subcutaneous tissue	177	636	1,955	2,797	4,714	8,104	11,303	11,244	10,485	12,484	5,732	69,631
1340 Caesarean section	0	0	16	9,037	43,432	16,643	132	1	0	0	0	69,261
1334 Medical or surgical induction of labour	0	0	35	13,164	42,676	11,768	82	0	0	0	0	67,725
1912 Postprocedural analgesia	150	240	865	4,248	14,908	11,145	8,685	8,799	9,544	7,453	1,415	67,452
1952 Computerised tomography of brain	551	1,011	1,317	3,013	3,708	4,508	5,440	6,182	9,389	18,111	12,156	65,386
1259 Examination procedures on uterus	0	0	35	3,421	13,274	17,905	17,412	6,867	2,829	1,176	205	63,124
1333 Analgesia and anaesthesia during labour and caesarean section	0	0	36	11,081	37,898	9,924	42	1	0	0	0	58,983
1335 Medical or surgical augmentation of labour	0	0	32	13,659	34,313	8,149	25	0	0	0	0	56,179
458 Surgical removal of tooth	0	431	3,796	24,783	9,775	3,848	2,444	1,312	719	561	174	47,843
1005 Panendoscopy	19	95	145	1,443	2,696	4,978	7,785	8,929	8,507	8,376	2,792	45,765
965 Cholecystectomy	1	2	91	2,178	5,403	6,107	6,510	5,626	3,824	2,250	438	32,430
1343 Other procedures associated with delivery	0	0	25	5,970	20,989	5,209	32	2	1	0	0	32,229
1089 Examination procedures on bladder	47	159	293	575	1,580	3,764	6,151	6,272	5,843	4,708	1,102	30,494
1297 Procedures for reproductive medicine	0	0	0	379	12,872	16,196	549	0	0	1	0	29,997
668 Coronary angiography	31	46	32	42	215	1,127	3,866	7,044	9,237	7,401	729	29,771
986 Division of abdominal adhesions	34	19	101	1,664	5,301	6,894	5,345	3,439	2,635	1,959	548	27,939
Other	34,642	45,643	76,954	137,690	256,675	260,199	270,911	256,926	240,980	227,232	77,440	1,885,299
<i>Procedure reported</i>	<i>28,415</i>	<i>37,123</i>	<i>68,610</i>	<i>210,024</i>	<i>400,483</i>	<i>365,063</i>	<i>384,196</i>	<i>394,322</i>	<i>412,510</i>	<i>383,129</i>	<i>135,781</i>	<i>2,819,667</i>
No procedure or not reported	31,569	35,365	28,665	93,954	139,679	88,059	66,506	59,010	62,591	82,530	48,682	736,627
<b>Total<sup>(c)</sup></b>	<b>59,984</b>	<b>72,488</b>	<b>97,275</b>	<b>303,978</b>	<b>540,162</b>	<b>453,122</b>	<b>450,702</b>	<b>453,332</b>	<b>475,101</b>	<b>465,659</b>	<b>184,463</b>	<b>3,556,294</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

**Table 9.19: Procedure<sup>(a)</sup> statistics in ICD-10-AM chapters, by Indigenous status<sup>(b)</sup>, all hospitals, Australia, 2002–03**

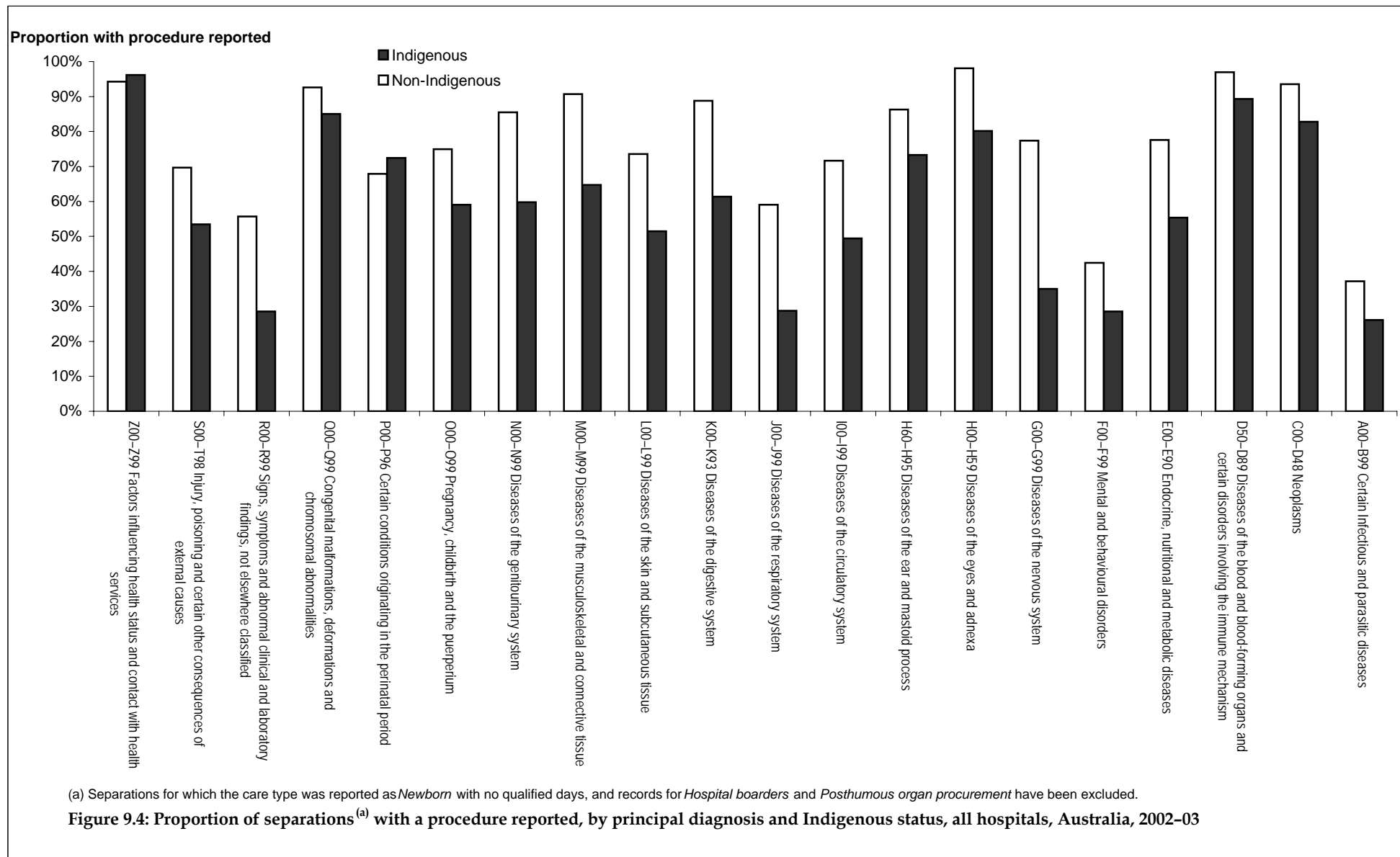
Procedure block	Count of procedures			Procedures per 1,000 population <sup>(c)</sup>			Rate ratio <sup>(d)</sup>
	Indigenous	Non-Indigenous	Procedures for patients identified as Indigenous (%)	Indigenous	Non-Indigenous		
1–86	Procedures on nervous system	2,040	174,852	0.8	6.4	8.9	0.7
110–129	Procedures on endocrine system	98	11,260	0.0	0.3	0.6	0.5
160–256	Procedures on eye and adnexa	1,907	230,006	0.8	8.2	11.6	0.7
300–333	Procedures on ear and mastoid process	1,624	57,287	0.7	4.3	3.0	1.4
370–422	Procedures on nose, mouth and pharynx	1,579	175,313	0.6	4.1	9.1	0.5
450–490	Dental services	6,857	311,769	2.8	21.9	16.4	1.3
520–569	Procedures on respiratory system	5,017	167,552	2.1	18.8	8.5	2.2
600–767	Procedures on cardiovascular system	7,022	463,960	2.9	24.2	23.4	1.0
800–817	Procedures on blood and blood-forming organs	439	46,893	0.2	1.4	2.4	0.6
850–1011	Procedures on digestive system	9,689	1,208,672	4.0	28.9	61.4	0.5
1040–1128	Procedures on urinary system	77,231	891,124	31.6	250.5	45.1	5.6
1060	Haemodialysis	74,619	628,975	30.5	241.4	31.9	7.6
	<i>Other</i>	2,612	262,149	1.1	9.1	13.2	0.7
1160–1203	Procedures on male genital organs	820	88,443	0.3	2.8	4.5	0.6
1240–1299	Gynaecological procedures	6,582	492,577	2.7	14.0	25.6	0.5
1330–1347	Obstetric procedures	12,225	434,840	5.0	19.9	22.9	0.9
1360–1579	Procedures on musculoskeletal system	9,230	592,174	3.8	21.6	30.3	0.7
1600–1718	Dermatological and plastic procedures	8,923	540,206	3.6	24.7	27.5	0.9
1740–1759	Procedures on breast	469	57,938	0.2	1.3	3.0	0.4
1780–1799	Chemotherapeutic and radiation oncology procedures	1,966	308,271	0.8	6.4	15.6	0.4
1820–1916	Non-invasive, cognitive and interventions, not elsewhere classified	81,532	5,723,689	33.3	251.4	291.1	0.9
1940–2016	Imaging services	9,427	559,251	3.9	29.6	28.3	1.0
	<b>Total (excluding haemodialysis)</b>	<b>170,058</b>	<b>11,907,102</b>	<b>69.5</b>	<b>499.4</b>	<b>607.3</b>	<b>0.8</b>
	<b>Total (including haemodialysis)</b>	<b>244,677</b>	<b>12,536,077</b>	<b>100.0</b>	<b>740.8</b>	<b>639.1</b>	<b>1.2</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among jurisdictions. See the text of Chapter 7 for further detail.

(c) The rates were directly age-standardised to the Australian population at 30 June 2001. The rate for non-Indigenous persons includes *Not Reported*. For details, see Appendix 3. Indigenous population data are available at <http://www.aihw.gov.au>.

(d) The rate ratio is equal to the rate for Indigenous people divided by the rate for non-Indigenous people (which includes *Not Reported*).





# 10 External causes for admitted patients

## Introduction

An external cause is defined in the *National Health Data Dictionary* version 11.0 (NHDC 2002) as the event, circumstance or condition associated with the occurrence of injury, poisoning or violence. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded, as is a code recording the activity of the person at the time of the event.

External causes for 2002–03 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)* (NCCH 2002). Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

As indicated above, one or more external causes of injury or poisoning can be reported for each separation in the National Hospital Morbidity Database. External causes can be reported for principal diagnoses other than those in the ICD-10-AM injury and poisoning chapter, and for additional diagnoses in the injury and poisoning chapter and elsewhere. Hence, data on external causes for this report are presented as the separations for which there was at least one external cause reported within the group of external causes (an ICD-10-AM chapter or subchapter) being considered. Because more than one external cause can be reported for each separation, the counts for these data are not additive, so totals in the tables will not necessarily equal the sum of counts in the rows.

The external cause classification (chapter XX of ICD-10-AM) is hierarchical, consisting of 360 3-character categories. The information in this chapter is presented by grouping the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM external cause classification. Full descriptions of the categories are available in the ICD-10-AM publication.

Tables are presented with summary national separations, patient day and average length of stay statistics for public and private hospitals and for public patients. Also provided are summary separation data by state and territory, national information on age group and sex distributions, and summary information on the reported places of occurrence of the external cause, and on the reported activity of the patient when injured. Information on public patients in Table 10.1 relates to separations for which the patient election status was reported as public (see Chapter 6). Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are not shown in Table 10.2. The data were supplied but not published for confidentiality reasons.

## External cause and other data elements reported for separations

The information on external causes reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 10.1 demonstrates this using the example of the external cause W20–W64 *Exposure to mechanical forces*. This category includes:

- contact with objects such as glass, knives, tools or machinery;
- being struck, caught, crushed or jammed by objects such as sports equipment or falling objects;
- being struck by the discharge of firearms or fireworks or by the explosion of pressurised objects;
- exposure to noise or vibration;
- the entry of foreign bodies into the eye, other natural orifice or skin.

There were 78,085 separations with this external cause, with an average length of stay of 3.1 days. Approximately 72.7% of separations were for male patients in comparison with 46.6% in hospitals overall (Table 7.1). The age group from 15 to 44 years reported half of the separations for this external cause (39,079, 50.0%). Almost 85% of separations with this external cause were in the public sector (65,908). A large proportion of patients had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital (69,152, 88.6%), while 7.5% of patients were discharged or transferred to another acute hospital. The most common principal diagnosis associated with *Exposure to mechanical forces* (W20–W64) was *Open wound of wrist and hand* (S61, 8,196), which was also the most common additional diagnosis (12,889 separations). The second most common additional diagnosis was *Problems related to lifestyle* (Z72, 9,723). All the top 10 principal diagnoses were injury diagnoses except *Cellulitis* (L03, 2,151). The most common place of occurrence, other than *Unspecified place of occurrence*, was *Home* (Y92.0, 16,337). The most common activity, other than *Unspecified activity*, was *While working for income* (U73.0, 13,159).

## Sector

There were 725,632 separations in 2002–03 with an external cause and these separations accounted for 5,068,015 patient days (Table 10.1). This represented 10.9% of all separations and 21.5% of all patient days. The majority of separations (557,746, 76.9%) and patient days (3,832,526, 75.6%) were reported for the public sector. Overall, the average length of stay was similar in the public sector (6.9 days) and the private sector (7.4 days).

The most frequently reported external cause group in both the public sector and the private sector was *Complications of medical and surgical care* (Y40–Y84), with a total of 270,818 separations (37.3% of separations which reported an external cause).

The second most frequently reported type of external cause of injury and poisoning in both sectors was *Falls* (W00–W19, 172,682). The next most frequently reported external cause group in the public sector was *Exposure to mechanical forces* (W20–W64, 65,908) and in the private sector *Other external causes of accidental injury* (X50–X59, 27,109).

*Transport accidents* (V01–V99) accounted for a further 9.4% of external cause separations from public hospitals (52,597), but only 3.3% from private hospitals (5,604). *Intentional self-harm*

(X60–X84) and *Assault* (X85–Y09) accounted for 28,051 separations or 5.0%, and 23,470 separations or 4.2%, respectively, of external cause separations from public hospitals, but less than 1.3% (combined) of external cause separations from private hospitals (1,324 and 827 respectively).

Average length of stay was highest for *Other accidental threats to breathing* (W75–W84) in both the public sector (16.4 days) and the private sector (12.6 days).

## States and territories

External causes were reported for between 9.9% and 11.5% of separations for the states and territories (see Table 6.9). Differences in coding and data recording practices and in the capacity to report external causes among the jurisdictions and between the public and private sectors may have slightly affected the comparability of the reported external cause data.

The distributions of separations among the external cause groups were generally similar among the states and territories for combined sectors (Table 10.2), with *Complications of medical and surgical care* (Y40–Y84), *Falls* (W00–W19), *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99) being among the most common in nearly every state.

## Age group and sex

The number of separations with an external cause varied by age group and sex (Tables 10.3 and 10.4). For females, 9.4% of all separations overall had an external cause (333,461) compared with 12.7% of all separations for males (392,156).

The most common external cause group for females was *Complications of medical and surgical care* (Y40–Y84) (40.6% of the total for females, 135,444), followed by *Falls* (W01–W19) (29.6%, 98,696). For males, *Complications of medical and surgical care* (Y40–Y84, 34.5% of the total for males, 135,370) and *Falls* (W01–W19, 18.9%, 73,980) were also the most commonly reported groups. *Transport accidents* (V01–V99) were reported for 9.9% of male external cause separations (38,880) and 5.8% of female separations (19,321).

For females, the highest number of separations for external causes was in the 75 to 84 years age group (18.9%), whereas for males highest numbers were reported in the 15 to 24 (13.8%) and 25 to 34 (12.9%) years age groups.

In the age groups under 14 years, *Falls* (W01–W19) were the most commonly reported external causes for both males and females, followed by *Exposure to mechanical forces* (W20–W64) and *Complications of medical and surgical care* (Y40–Y84). *Complications of medical and surgical care* (Y40–Y84) were the most commonly reported external causes for females of all other age groups except those in the 1 to 14 years and the over 75 years age groups, and for males aged 35 to 84 years. *Exposure to mechanical forces* (W20–W64) was the most commonly reported external cause for males aged 15 to 34 years. *Intentional self-harm* (X60–X84) was relatively common for females, particularly those aged 15 to 44 years. *Falls* (W01–W19) were most common for males and females aged 75 years and over.

## Place of occurrence

In ICD-10-AM, the place of occurrence of the external cause is required to be reported for external cause codes V01–Y89, that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09), *Events of undetermined intent* (Y10–Y34), *Legal intervention and operations of war* (Y35–Y36), *Complications of medical and surgical care* (Y40–Y84) and *Sequelae of external causes of morbidity and mortality* (Y85–Y89). Of the records with an external cause code reported in the range V01–Y89 (704,847 separations), 99.4% also had a place of occurrence code reported, so 0.6% of records that required a place of occurrence code did not have one reported. Place of occurrence was, however, also reported for some separations for which it was not required (data not shown).

*Health services area* was the most commonly reported specified place of occurrence (259,068), with 94.1% of separations with this place of occurrence having an external cause of *Complications of medical and surgical care* (Y40–Y84) (Table 10.5). The next most commonly reported specified place of occurrence was *Home* (135,695), and this was the most frequently reported place of occurrence for *Falls* (W00–W19, 64,867, 37.6%), *Intentional self-harm* (X60–X84, 20,875), *Exposure to mechanical forces* (W20–W64, 16,354) and *Complications of medical and surgical care* (Y40–Y84, 11,359).

*Falls* (W00–W19) was the most common external cause group in the *Residential institution* category (16,082, 81.1% of these separations).

## Activity when injured

The activity of the injured person at the time of occurrence of the external cause is required to be reported for external causes codes V01–Y34, that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09) and *Events of undetermined intent* (Y10–Y34). Of the records with external causes codes V01–Y34 (429,819 separations), 96.8% also had an activity-when-injured code reported, so 3.2% of records that required an activity-when-injured code did not have one reported. Activity was, however, also reported for some separations for which it was not required (data not shown).

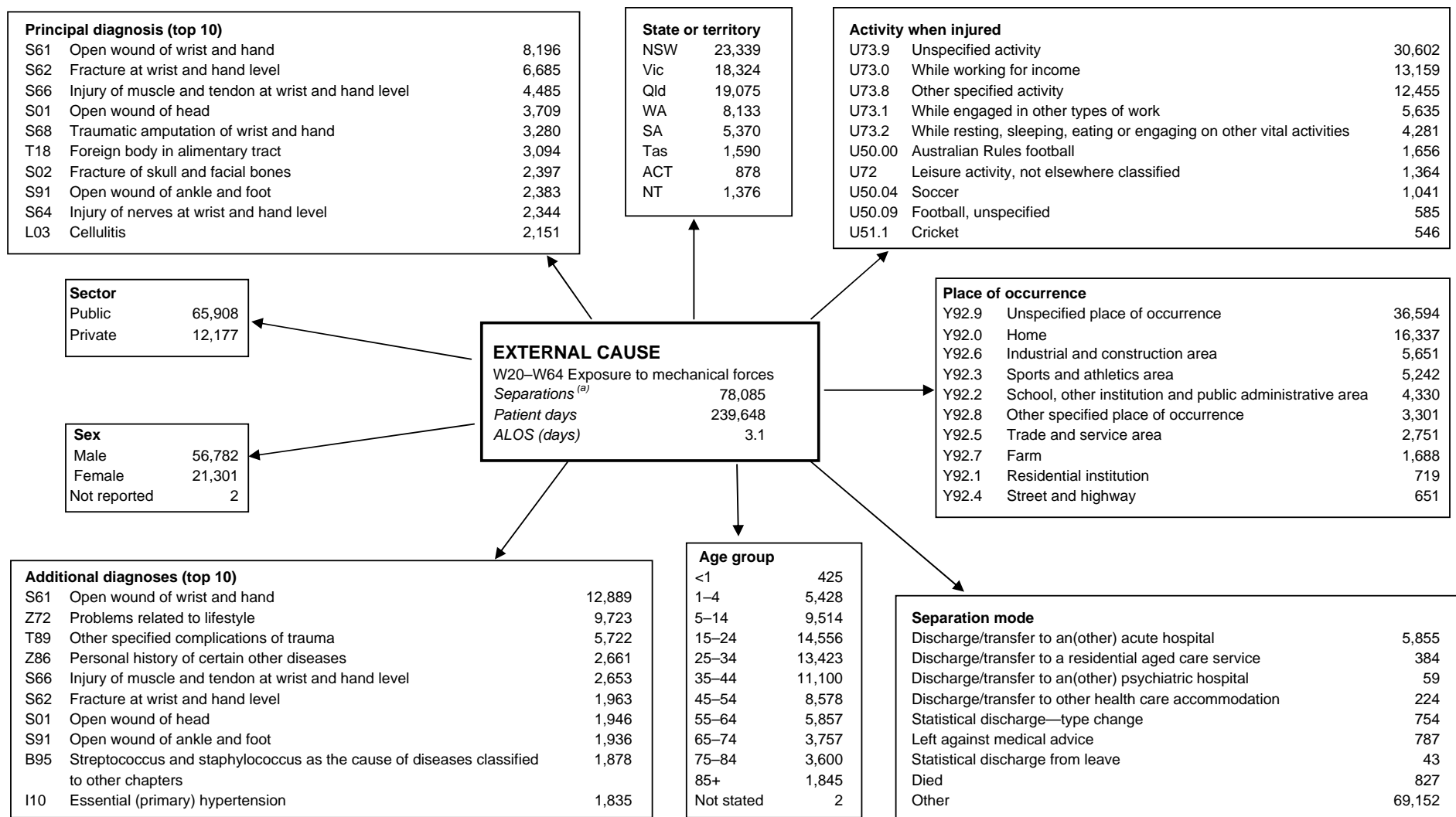
Table 10.6 presents activity-when-injured by reported external cause. The third edition of ICD-10-AM includes 23 3-character categories of activity-when-injured codes. Most of the expansion in this data element (compared to the second edition of ICD-10-AM) has occurred within sports-related activities which now include 19 subcategories (at the 3-character level) including, for example, water sports (team, boating and individual), wheeled sports (motorised and non-motorised), equestrian activities and combative sports. The first half of Table 10.6 presents the top ten sporting activities (by 4-character ICD-10-AM code) reported by external cause. The second half of the table presents the other activity-when-injured categories, including '*Other specified or unspecified sporting activities*'.

The two most commonly reported activities when injured were *Other specified* (122,602 separations) and *Unspecified* (227,322 separations), accounting for 48.2% of separations for which an external cause was reported. Ignoring these categories, the most commonly reported activity at the time of injury was *Resting, sleeping, eating and other vital activities* (accounting for 4.2%, 30,144 of all external cause separations) followed by *Working for income* (3.8%, 27,644) and *Sports activity* and *Other and unspecified sporting activity* (5.2%, 37,625). The most common four-character sporting activity reported was *Football* (U50.0, 12,605) which includes Australian Rules Football, Rugby League, Rugby Union and Soccer.

## Principal diagnosis

Table 10.7 presents data showing the first reported external cause for separations with an injury or poisoning as the principal diagnosis. Although data reported on external causes and data reported on diagnoses cannot generally be unequivocally linked, it is likely that the first reported external cause would be related to the principal diagnosis when the latter is an injury or poisoning. In contrast, if the principal diagnosis is not an injury or poisoning, the first reported external cause is relatively less likely to relate to it, and relatively more likely to relate to an additional diagnosis.

*Injuries to upper and lower limbs (S40–S99) (194,997, 45.2%) and Injuries to head and neck (S00–S19) (71,708, 16.6%)* were the most common types of injuries associated with external causes. The most common causes of these injuries were *Falls (W00–W19)* and *Exposure to mechanical forces (W20–W64)*. The most common injuries resulting from *Falls (W00–W19)* were *Injuries to upper and lower limbs (S40–S99) (88,362, 67.8%)* and *Injuries to head and neck (S00–S19) (24,508, 18.8%)*. These were also the most common injuries associated with *Exposure to mechanical forces (W20–W64)* and *Transport accidents (V01–V99)*. The most common injuries caused by *Assault (X85–Y09)* were *Injuries to head and neck (S00–S19) (14,408, 65.0%)*, while the most common injuries caused by *Intentional self-harm (X60–X84)* were *Poisoning and toxic effects (T36–T65) (30,547, 87.8%)*.



Note: Main abbreviations: ALOS—average length of stay.

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* or *Posthumous organ procurement* have been excluded.

**Figure 10.1: Interrelationships of an external cause (W20–W64 Exposure to mechanical forces) with other data elements, all hospitals, Australia, 2002–03**

**Table 10.1: Selected separation statistics<sup>(a)</sup> by external cause in ICD-10-AM groupings and hospital sector, Australia, 2002-03**

External cause	Separations	Same day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same day
<b>Public hospitals</b>						
V01-V99 Transport accidents	52,597	15,992	30,474	254,939	4.8	6.5
W00-W19 Falls	141,184	32,527	116,931	1,152,656	8.2	10.3
W20-W64 Exposure to mechanical forces	65,908	26,251	53,545	201,913	3.1	4.4
W65-W74 Accidental drowning and submersion	519	148	457	1,755	3.4	4.3
W75-W84 Other accidental threats to breathing	2,930	342	2,504	48,015	16.4	18.4
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	1,374	859	992	3,333	2.4	4.8
X00-X19 Exp. smoke, fire, flames, hot substances	7,155	2,527	6,303	61,600	8.6	12.8
X20-X39 Exp. venomous plants, animals, forces of nature	5,074	2,040	4,537	14,996	3.0	4.3
X40-X49 Accidental poisoning	13,973	5,177	12,919	42,038	3.0	4.2
X50-X59 Other external causes of accidental injury	29,375	11,124	24,863	160,507	5.5	8.2
X60-X84 Intentional self-harm	28,051	7,635	27,029	106,275	3.8	4.8
X85-Y09 Assault	23,470	9,689	22,450	70,708	3.0	4.4
Y10-Y34 Events of undetermined intent	2,803	1,002	2,667	8,598	3.1	4.2
Y35-Y36 Legal intervention and operations of war	75	21	67	405	5.4	7.1
Y40-Y84 Complications of medical and surgical care	187,845	32,679	157,275	1,913,025	10.2	12.1
Y85-Y98 Sequelae and supplementary factors	17,312	4,547	14,327	180,746	10.4	13.8
<b>Total<sup>(b)</sup></b>	<b>557,746</b>	<b>150,559</b>	<b>459,866</b>	<b>3,832,526</b>	<b>6.9</b>	<b>9.0</b>
<b>Private hospitals</b>						
V01-V99 Transport accidents	5,604	1,297	591	33,236	5.9	7.4
W00-W19 Falls	31,498	4,003	2,150	337,471	10.7	12.1
W20-W64 Exposure to mechanical forces	12,177	5,835	810	37,735	3.1	5.0
W65-W74 Accidental drowning and submersion	33	2	7	148	4.5	4.7
W75-W84 Other accidental threats to breathing	349	42	22	4,388	12.6	14.2
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	183	107	35	695	3.8	7.7
X00-X19 Exp. smoke, fire, flames, hot substances	520	112	58	4,360	8.4	10.4
X20-X39 Exp. venomous plants, animals, forces of nature	391	128	100	1,610	4.1	5.6
X40-X49 Accidental poisoning	873	113	128	5,783	6.6	7.5
X50-X59 Other external causes of accidental injury	27,109	11,415	482	89,948	3.3	5.0
X60-X84 Intentional self-harm	1,324	207	462	15,238	11.5	13.5
X85-Y09 Assault	827	323	221	2,710	3.3	4.7
Y10-Y34 Events of undetermined intent	566	353	48	1,862	3.3	7.1
Y35-Y36 Legal intervention and operations of war	6	5	1	6	1.0	1.0
Y40-Y84 Complications of medical and surgical care	82,973	12,468	3,773	732,631	8.8	10.2
Y85-Y98 Sequelae and supplementary factors	7,494	2,261	204	42,648	5.7	7.7
<b>Total<sup>(b)</sup></b>	<b>167,886</b>	<b>38,454</b>	<b>8,819</b>	<b>1,235,489</b>	<b>7.4</b>	<b>9.2</b>

(a) Separations without external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviations: ALOS—average length of stay, exp.—exposure to.

**Table 10.2: Separations<sup>(a)</sup>, by external cause in ICD-10-AM groupings and hospital sector, states and territories, 2002–03**

External cause	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
V01–V99 Transport accidents	17,201	13,144	10,931	4,620	4,176	967	755	803	52,597
W00–W19 Falls	55,110	35,433	22,994	12,079	9,811	2,554	1,891	1,312	141,184
W20–W64 Exposure to mechanical forces	20,786	15,973	15,073	6,350	4,442	1,228	791	1,265	65,908
W65–W74 Accidental drowning and submersion	195	58	144	70	34	7	5	6	519
W75–W84 Other accidental threats to breathing	650	1,051	443	351	265	51	15	104	2,930
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	323	257	373	236	92	69	3	21	1,374
X00–X19 Exp. smoke, fire, flames, hot substances	2,297	1,472	1,610	701	683	116	76	200	7,155
X20–X39 Exp. venomous plants, animals, forces of nature	1,566	887	1,272	565	552	120	20	92	5,074
X40–X49 Accidental poisoning	4,296	3,593	3,068	1,203	1,307	278	103	125	13,973
X50–X59 Other external causes of accidental injury	9,487	8,379	5,237	2,687	2,126	544	553	362	29,375
X60–X84 Intentional self-harm	9,443	6,322	5,376	2,875	2,606	790	343	296	28,051
X85–Y09 Assault	7,327	4,267	4,884	3,201	1,603	419	165	1,604	23,470
Y10–Y34 Events of undetermined intent	467	1,370	330	353	160	20	55	48	2,803
Y35–Y36 Legal intervention and operations of war	18	22	13	9	8	4	0	1	75
Y40–Y84 Complications of medical and surgical care	56,957	52,838	31,924	18,104	18,037	5,301	2,611	2,073	187,845
Y85–Y98 Sequelae and supplementary factors	5,065	3,615	4,145	1,734	1,769	486	175	323	17,312
<b>Total<sup>(b)</sup></b>	<b>184,211</b>	<b>143,251</b>	<b>103,718</b>	<b>52,744</b>	<b>45,966</b>	<b>12,349</b>	<b>7,251</b>	<b>8,256</b>	<b>557,746</b>
<b>Private hospitals</b>									
V01–V99 Transport accidents	1,655	1,061	1,402	794	388	n.p.	n.p.	n.p.	5,604
W00–W19 Falls	8,286	6,882	8,886	3,345	2,836	n.p.	n.p.	n.p.	31,498
W20–W64 Exposure to mechanical forces	2,553	2,351	4,002	1,783	928	n.p.	n.p.	n.p.	12,177
W65–W74 Accidental drowning and submersion	6	3	16	5	1	n.p.	n.p.	n.p.	33
W75–W84 Other accidental threats to breathing	58	96	91	28	53	n.p.	n.p.	n.p.	349
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	39	30	88	12	9	n.p.	n.p.	n.p.	183
X00–X19 Exp. smoke, fire, flames, hot substances	116	95	178	47	56	n.p.	n.p.	n.p.	520
X20–X39 Exp. venomous plants, animals, forces of nature	75	53	97	85	37	n.p.	n.p.	n.p.	391
X40–X49 Accidental poisoning	147	168	307	126	68	n.p.	n.p.	n.p.	873
X50–X59 Other external causes of accidental injury	8,695	5,988	6,098	2,357	2,864	n.p.	n.p.	n.p.	27,109
X60–X84 Intentional self-harm	219	278	290	398	27	n.p.	n.p.	n.p.	1,324
X85–Y09 Assault	221	95	191	202	49	n.p.	n.p.	n.p.	827
Y10–Y34 Events of undetermined intent	64	71	369	19	13	n.p.	n.p.	n.p.	566
Y35–Y36 Legal intervention and operations of war	1	0	2	1	1	n.p.	n.p.	n.p.	6
Y40–Y84 Complications of medical and surgical care	22,049	17,368	22,539	9,233	8,127	n.p.	n.p.	n.p.	82,973
Y85–Y98 Sequelae and supplementary factors	2,262	1,367	1,977	724	768	n.p.	n.p.	n.p.	7,494
<b>Total<sup>(b)</sup></b>	<b>45,412</b>	<b>35,192</b>	<b>45,214</b>	<b>18,659</b>	<b>15,967</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>167,886</b>

(a) Separations without external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.



**Table 10.3: Separations<sup>(a)</sup> for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2002-03**

<b>External cause</b>	<b>&lt;1</b>	<b>1-4</b>	<b>5-14</b>	<b>15-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>	<b>Total<sup>(b)</sup></b>
V01-V99 Transport accidents	45	749	5,689	10,523	7,643	5,405	3,721	2,191	1,390	1,135	388	38,880
W00-W19 Falls	526	3,807	11,667	6,711	5,285	5,138	5,599	5,704	7,589	13,125	8,829	73,980
W20-W64 Exposure to mechanical forces	232	3,113	6,423	11,983	10,787	8,548	6,334	4,326	2,556	1,855	623	56,782
W65-W74 Accidental drowning and submersion	23	134	27	58	28	40	27	21	10	4	3	375
W75-W84 Other accidental threats to breathing	88	110	76	69	90	131	170	217	306	473	250	1,980
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	2	28	41	215	287	239	165	56	50	27	7	1,118
X00-X19 Exp. smoke, fire, flames, hot substances	206	1,145	513	704	604	554	399	286	187	162	83	4,843
X20-X39 Exp. venomous plants, animals, forces of nature	19	153	450	455	590	502	431	280	230	145	88	3,344
X40-X49 Accidental poisoning	143	1,468	298	1,106	1,266	1,009	719	470	413	400	117	7,410
X50-X59 Other external causes of accidental injury	151	789	2,853	7,763	6,785	5,271	4,018	2,725	1,840	1,869	818	34,882
X60-X84 Intentional self-harm	0	7	149	2,488	3,400	2,728	1,582	642	329	212	97	11,634
X85-Y09 Assault	137	129	393	5,813	5,000	3,368	1,607	585	198	68	26	17,325
Y10-Y34 Events of undetermined intent	17	17	70	340	361	298	148	74	39	331	9	1,704
Y35-Y36 Legal intervention and operations of war	0	1	1	13	25	16	5	3	0	1	1	66
Y40-Y84 Complications of medical and surgical care	1,037	2,109	3,422	5,369	7,254	9,673	14,759	24,005	31,284	28,645	7,811	135,370
Y85-Y98 Sequelae and supplementary factors	25	187	575	2,068	2,965	3,116	2,699	1,938	1,307	858	233	15,971
<b>Total<sup>(c)</sup></b>	<b>2,609</b>	<b>13,751</b>	<b>32,206</b>	<b>54,192</b>	<b>50,637</b>	<b>44,386</b>	<b>40,957</b>	<b>42,180</b>	<b>46,176</b>	<b>46,965</b>	<b>18,088</b>	<b>392,156</b>

(a) Separations without external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

**Table 10.4: Separations<sup>(a)</sup> for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2002–03**

<b>External cause</b>	<b>&lt;1</b>	<b>1–4</b>	<b>5–14</b>	<b>15–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65–74</b>	<b>75–84</b>	<b>85+</b>	<b>Total<sup>(b)</sup></b>
V01–V99 Transport accidents	39	438	2,544	4,386	3,008	2,439	2,063	1,414	1,194	1,331	465	19,321
W00–W19 Falls	446	2,832	6,772	2,371	2,936	3,375	4,706	6,873	11,659	29,198	27,526	98,696
W20–W64 Exposure to mechanical forces	193	2,315	3,091	2,572	2,636	2,552	2,243	1,531	1,201	1,745	1,222	21,301
W65–W74 Accidental drowning and submersion	12	78	30	11	6	10	9	9	3	7	2	177
W75–W84 Other accidental threats to breathing	71	68	36	31	62	69	89	119	158	308	288	1,299
W85–W99 Exp. electricity, radiation, extreme temperature/pressure	1	14	20	87	143	62	53	21	16	19	3	439
X00–X19 Exp. smoke, fire, flames, hot substances	129	741	304	209	284	268	207	159	153	210	168	2,832
X20–X39 Exp. venomous plants, animals, forces of nature	10	104	240	207	284	258	282	178	143	207	208	2,121
X40–X49 Accidental poisoning	119	1,255	280	1,308	1,126	922	710	455	418	549	294	7,436
X50–X59 Other external causes of accidental injury	138	541	1,453	2,028	2,296	2,553	2,378	2,036	2,126	3,480	2,572	21,601
X60–X84 Intentional self-harm	0	3	536	5,075	4,204	4,009	2,498	849	277	213	76	17,741
X85–Y09 Assault	124	110	206	1,759	2,236	1,536	614	187	85	90	23	6,971
Y10–Y34 Events of undetermined intent	4	18	60	422	399	363	184	94	43	57	21	1,665
Y35–Y36 Legal intervention and operations of war	0	0	0	2	8	1	4	0	0	0	0	15
Y40–Y84 Complications of medical and surgical care	700	1,324	2,426	5,143	9,865	13,770	17,979	19,981	24,081	28,104	12,071	135,444
Y85–Y98 Sequelae and supplementary factors	18	179	336	764	1,210	1,504	1,424	1,011	983	939	463	8,831
<b>Total<sup>(c)</sup></b>	<b>1,966</b>	<b>9,896</b>	<b>18,104</b>	<b>25,725</b>	<b>29,917</b>	<b>32,863</b>	<b>34,603</b>	<b>34,015</b>	<b>41,016</b>	<b>62,938</b>	<b>42,414</b>	<b>333,461</b>

(a) Separations without external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

**Table 10.5: Separations<sup>(a)</sup>, by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2002–03**

External cause		School, other public area						Street & highway
		Home	Residential institution	School	Health service area	Other	Sports & athletics area	
V01–V99	Transport accidents	1,783	34	51	91	7	1,897	34,366
W00–W19	Falls	64,867	16,082	4,754	14,157	1,176	7,109	6,154
W20–W64	Exposure to mechanical forces	16,354	720	1,519	2,660	157	5,249	652
W65–W74	Accidental drowning and submersion	210	1	0	3	1	41	1
W75–W84	Other accidental threats to breathing	651	296	6	1,251	7	3	19
W85–W99	Exp. electricity, radiation, extreme temperature/pressure	256	3	10	129	4	5	14
X00–X19	Exposure to smoke, fire, flames, hot substances	3,974	79	21	277	15	23	103
X20–X39	Exp. venomous plants, animals, forces of nature	1,506	48	51	50	11	77	108
X40–X49	Accidental poisoning	8,002	229	62	1,034	40	26	141
X50–X59	Other external causes of accidental injury	4,710	750	443	2,496	118	5,140	421
X60–X84	Intentional self-harm	20,875	364	91	1,541	65	19	422
X85–Y09	Assault	4,619	273	219	218	126	150	1,782
Y10–Y34	Events of undetermined intent	1,514	42	20	460	9	12	46
Y35–Y36	Legal intervention and operations of war	10	2	0	0	1	0	7
Y40–Y84	Complications of medical and surgical care	11,359	988	59	243,827	210	12	79
Y85–Y98	Sequelae and supplementary factors	1,406	124	72	2,237	21	628	3,573
<b>Total<sup>(b)</sup></b>		<b>135,695</b>	<b>19,821</b>	<b>7,329</b>	<b>259,068</b>	<b>1,955</b>	<b>20,339</b>	<b>47,577</b>

External cause		Trade & service area	Industrial & construction area	Farm	Other specified places	Unspecified place	Not reported	Total
		V01–V99	Transport accidents	317	276	1,844	3,356	13,854
W00–W19	Falls	5,492	1,388	498	5,387	45,206	2,401	172,682
W20–W64	Exposure to mechanical forces	2,756	5,658	1,696	3,314	36,642	1,238	78,085
W65–W74	Accidental drowning and submersion	7	1	4	239	36	8	552
W75–W84	Other accidental threats to breathing	23	1	1	17	831	179	3,279
W85–W99	Exp. electricity, radiation, extreme temperature/pressure	49	137	25	645	265	24	1,557
X00–X19	Exposure to smoke, fire, flames, hot substances	189	163	77	397	2,260	185	7,675
X20–X39	Exp. venomous plants, animals, forces of nature	50	49	126	706	2,552	155	5,465
X40–X49	Accidental poisoning	503	208	76	298	5,451	2,156	14,846
X50–X59	Other external causes of accidental injury	912	1,060	158	1,137	38,768	496	56,484
X60–X84	Intentional self-harm	397	29	9	669	10,927	8,492	29,375
X85–Y09	Assault	2,660	37	14	1,017	12,988	764	24,297
Y10–Y34	Events of undetermined intent	78	6	4	91	1,613	748	3,369
Y35–Y36	Legal intervention and operations of war	10	0	0	3	37	11	81
Y40–Y84	Complications of medical and surgical care	147	16	9	242	21,904	12,098	270,818
Y85–Y98	Sequelae and supplementary factors	344	572	129	771	11,844	3,241	24,806
<b>Total<sup>(b)</sup></b>		<b>13,712</b>	<b>9,549</b>	<b>4,623</b>	<b>18,000</b>	<b>200,557</b>	<b>27,884</b>	<b>725,632</b>

(a) Separations without external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

**Table 10.6: Separations<sup>(a)</sup>, by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2002-03**

External cause		Sports activity								
		Football	Cycling	Motor- cycling	Trail or general horseback riding	Skate- boarding	Basketball	Netball	Cricket	Skiing
V01-V99	Transport accidents	0	2,711	1,877	1,206	60	0	0	1	3
W00-W19	Falls	4,872	50	12	23	1,144	419	346	176	394
W20-W64	Exposure to mechanical forces	4,086	72	23	74	44	296	151	546	62
W65-W74	Accidental drowning and submersion	0	0	0	0	0	0	0	0	0
W75-W84	Other accidental threats to breathing	1	1	0	0	0	0	0	0	0
W85-W99	Exp. electricity, radiation, extreme temperature/pressure	0	0	0	0	0	0	0	0	0
X00-X19	Exposure to smoke, fire, flames, hot substances	2	2	8	0	0	0	0	0	0
X20-X39	Exp. venomous plants, animals, forces of nature	5	12	4	1	0	1	0	9	16
X40-X49	Accidental poisoning	1	0	0	0	0	0	0	0	0
X50-X59	Other external causes of accidental injury	3,538	36	18	10	36	516	620	315	160
X60-X84	Intentional self-harm	0	0	0	0	0	0	0	0	0
X85-Y09	Assault	42	3	0	0	1	4	0	1	0
Y10-Y34	Events of undetermined intent	6	0	1	0	0	0	0	1	0
Y35-Y36	Legal intervention and operations of war	0	0	0	0	0	0	0	0	0
Y40-Y84	Complications of medical and surgical care	5	1	3	1	0	1	0	1	0
Y85-Y98	Sequelae and supplementary factors	54	6	9	4	5	6	8	1	3
<b>Total<sup>(b)</sup></b>		<b>12,605</b>	<b>2,892</b>	<b>1,947</b>	<b>1,315</b>	<b>1,290</b>	<b>1,243</b>	<b>1,125</b>	<b>1,051</b>	<b>638</b>

*(continued)*

Table 10.6 (continued): Separations<sup>(a)</sup>, by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2002-03

External cause		Other & unspecified sporting activity	Leisure activity	Working for income	Other types of work	Resting, sleeping, eating, other vital activities	Other specified activities	Unspecified activity	Not reported	Total
V01-V99	Transport accidents	1,848	1,364	2,776	324	195	16,659	27,415	14,863	58,201
W00-W19	Falls	5,456	4,572	4,517	6,948	19,510	29,791	89,663	39,576	172,682
W20-W64	Exposure to mechanical forces	2,408	1,367	13,173	5,641	4,282	12,477	30,630	18,426	78,085
W65-W74	Accidental drowning and submersion	172	52	4	1	42	116	149	70	552
W75-W84	Other accidental threats to breathing	8	9	6	4	971	505	1,479	458	3,279
W85-W99	Exp. electricity, radiation, extreme temperature/pressure	491	22	409	78	22	228	264	291	1,557
X00-X19	Exp. smoke, fire, flames, hot substances	14	125	493	658	940	1,939	3,116	1,588	7,675
X20-X39	Exp. venomous plants, animals, forces of nature	238	152	279	338	213	790	3,142	884	5,465
X40-X49	Accidental poisoning	30	213	474	180	1,249	5,911	6,973	4,904	14,846
X50-X59	Other external causes of accidental injury	2,686	393	4,582	1,017	1,757	3,726	35,859	12,841	56,484
X60-X84	Intentional self-harm	7	40	51	26	252	24,913	6,834	13,453	29,375
X85-Y09	Assault	67	975	457	74	288	5,200	15,248	6,180	24,297
Y10-Y34	Events of undetermined intent	6	35	22	6	37	1,606	1,693	1,666	3,369
Y35-Y36	Legal intervention and operations of war	0	0	2	0	0	17	4	58	81
Y40-Y84	Complications of medical and surgical care	9	14	112	20	573	25,502	5,916	258,270	270,818
Y85-Y98	Sequelae and supplementary factors	108	31	377	27	28	855	1,758	21,679	24,806
<b>Total<sup>(b)</sup></b>		<b>13,519</b>	<b>9,319</b>	<b>27,644</b>	<b>15,290</b>	<b>30,144</b>	<b>122,602</b>	<b>227,322</b>	<b>368,135</b>	<b>725,632</b>

(a) Separations without external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table

Table 10.7: Separations<sup>(a)</sup>, by first-reported external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2002–03

External cause		Injuries to		Injuries to		Injuries to		Other &		Other trauma		Total
		Injuries to	thorax,	Injuries to	multi- or	Burns & Poisoning &	Other &	Complications	Other trauma			
		head &	abdomen,	upper	unspecified	frostbite toxic effects	effects of	of medical &	complic-	external	sequelae	
		neck	back, spine	& lower	region;		external	surgical care	ations;	cause		
		(S00–S19)	(S20–S39)	limbs	foreign body	(T20–T35)	causes	(T80–T88)	external	sequelae	(T89–T98)	
				(S40–S99)	effects	(T36–T65)	(T66–T79)					
V01–V99	Transport accidents	16,100	10,773	24,307	630	205	35	162	93	17		52,295
W00–W19	Falls	24,508	15,659	88,362	789	55	240	300	451	34		130,340
W20–W64	Exposure to mechanical forces	11,113	2,846	44,824	6,322	447	417	598	151	148		66,778
W65–W74	Accidental drowning and submersion	44	8	31	6	0	1	401	1	0		492
W75–W84	Other accidental threats to breathing	69	23	72	624	1	91	50	22	0		952
W85–W99	Exp. electricity, radiation, extremes <sup>(b)</sup>	15	3	29	0	220	2	984	5	0		1,257
X00–X19	Exp. smoke, fire, flames, hot substances	33	19	90	3	5,413	321	73	19	0		5,968
X20–X39	Exp. venomous plants, animals <sup>(c)</sup>	66	24	311	30	58	2,942	831	8	5		4,275
X40–X49	Accidental poisoning	123	26	99	29	425	13,411	272	38	0		14,421
X50–X59	Other external causes of accidental injury	5,731	3,075	31,506	542	74	147	2,207	263	31		43,419
X60–X84	Intentional self-harm	572	560	2,433	158	168	30,547	357	14	4		34,809
X85–Y09	Assault	14,408	2,213	4,474	204	194	176	468	19	18		22,167
Y10–Y34	Events of undetermined intent	114	77	358	25	13	2,754	53	13	2		3,407
Y35–Y36	Legal intervention and operations of war	25	4	25	0	3	3	0	0	0		60
Y40–Y84	Complications of medical and surgical care	1,036	1,618	5,991	174	311	1,061	1,434	71,460	11		82,983
Y85–Y98	Sequelae and supplementary factors	611	227	994	31	61	173	111	551	16		2,774
<b>Total<sup>(d)</sup></b>		<b>71,708</b>	<b>34,939</b>	<b>194,997</b>	<b>9,319</b>	<b>7,139</b>	<b>36,762</b>	<b>7,936</b>	<b>68,741</b>	<b>276</b>		<b>431,817</b>

(a) Separations without external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) Extreme temperature/pressure.

(c) Or forces of nature.

(d) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

# 11 Australian Refined Diagnosis Related Groups for admitted patients

## Introduction

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources expected to be used by the hospital. The classification categorises acute admitted patient episodes of care into groups with similar conditions and similar expected usage of hospital resources, using information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRGs version 5.0 (DoHA 2002) to classify separations in most analyses. AR-DRGs version 4.2 (DHAC 2000) is used when data based on cost weights or estimated costs of separation are presented, because cost weight information was not available for AR-DRGs version 5.0 (see Chapters 2, 4 and 6).

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into medical, surgical and other partitions, and then into 665 AR-DRGs. The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialities.

In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource intensive can also be assigned to the Pre-MDC category (AR-DRGs A01Z–A41B), irrespective of the MDC assigned on the basis of principal diagnosis. Records for these episodes have been categorised separately in tables and figures based on MDCs in this chapter. Episodes with Error DRGs (AR-DRGs 901Z–903Z, 961Z–963Z and 960Z, see Glossary) have been similarly categorised separately, even if they were assigned to an MDC, and are presented in more detail in Appendix 3.

Episodes are assigned to AR-DRGs within MDCs, primarily on the basis of the procedure codes (in the surgical partition) or the diagnosis codes (in the medical partition). When more than one AR-DRG is associated with a cluster of closely-related procedures or diagnoses, other variables, such as the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, and the mode of separation, are used for AR-DRG assignment.

The AIHW regrouped the data, in consultation with the states and territories, and the AR-DRGs that resulted from this regrouping are reported here. They may differ from AR-DRGs derived at the state or territory level because of data updates applied to the National Hospital Morbidity Database.

The information in this chapter is presented using the three levels of the AR-DRG classification:

- MDCs – these 23 groups are used to provide information aggregated at a high level (Figures 11.2 and 11.3, Tables 11.1 to 11.4);
- the medical/surgical/other partition is used in Tables 11.1 to 11.4;

- AR-DRGs – detailed information is presented for the 30 of the 665 AR-DRGs with the highest number of separations (Tables 11.5 to 11.17).

All tables in this chapter include separations for which the care type was reported as *Acute, Newborn* (for separations with at least one qualified day) or was not reported. That is, separations for care types *Rehabilitation, Palliative care, Geriatric evaluation and management, Psychogeriatric care, Maintenance care, Other admitted patient care, Organ procurement – posthumous* and *Newborn* (for separations with unqualified days only) are excluded where they were able to be identified (see Table 6.9). Of all separations, 92.7% were reported as *Acute* (92.4%, 3,911,063 of 4,233,541 in the public sector and 93.3%, 2,433,780 of 2,609,403 in the private sector). For Tasmania, the care type was not reported for almost half of their private hospital separations.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented. Information on ‘public patient separations’ in Tables 11.1 and 11.2, and Tables 11.5 to 11.10 relates to separations for which the patient election status was reported as public (see Chapter 6).

The average length of stay figures were calculated using all separations. That is, the data were not trimmed of separations with unusually long or short lengths of stay. A relative stay index (RSI) is also included in Tables 11.1 and 11.2 to provide a more accurate measure of the relative length of stay for each MDC between the public and private sectors. The RSI is defined as the actual number of acute patient days divided by the expected number of acute patient days adjusted for casemix (as more complex patients will have relatively longer lengths of stay). An RSI greater than 1 indicates that an average patient’s length of stay is higher than would be expected given the casemix distribution. An RSI of less than 1 indicates that the number of patient days reported was less than would have been expected (see Appendix 3 for more details).

Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been included in the totals only in Tables 11.4, 11.10 and 11.12. These data were supplied but are not published separately, for confidentiality reasons.

All tables in this chapter can be found on the website at <http://www.aihw.gov.au/> in both AR-DRG version 4.2 and AR-DRG version 5.0. Tables based on AR-DRG version 4.2 will be updated once 2002–03 AR-DRG version 4.2 cost weights become available.

## AR-DRGs and other data elements reported for separations

The information on AR-DRGs reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 11.1 demonstrates this using the example of the AR-DRG D11Z *Tonsillectomy and/or Adenoidectomy*.

There were 34,562 separations with an AR-DRG of D11Z, with an average length of stay of 1.1 days. Separations were fairly evenly divided between the public and the private sectors (54.9% in public and 45.1% private). Just under half of patients were males (47.9%) and the most common age group reported was 5 to 14 years (13,791, 39.9%). The majority of separations (34,322, 99.3%) had a separation mode of *Other*, suggesting that most of the patients went home after separation from hospital. The most common principal diagnosis reported in conjunction with an AR-DRG of D11Z was *Chronic diseases of tonsils and adenoids*



(J35), followed by *Nonsuppurative otitis media* (H65), while the most common additional diagnosis was *Chronic diseases of tonsils and adenoids* (J35). The most common procedure performed was *General anaesthesia* (Block 1910), followed by *Tonsillectomy or adenoidectomy* (Block 412).

## Major Diagnostic Categories

### Sector

Figures 11.2 and 11.3 provide a summary of the numbers of separations and patient days reported for each of the MDCs by sector.

The MDC with the highest number of separations in the public sector was *Diseases and disorders of the kidney and urinary tract*, followed by *Diseases and disorders of the digestive system*. In the private sector, *Diseases and disorders of the digestive system* had the largest number of separations, followed by *Diseases and disorders of the musculoskeletal system and connective tissue*. For the public sector, the highest number of patient days was reported for the *Diseases and disorders of the circulatory system* MDC. The *Diseases and disorders of the musculoskeletal system and connective tissue* MDC accounted for the highest number of patient days in the private sector. For the public and private sectors combined, the MDC with the most separations was *Diseases and disorders of the kidney and urinary tract*. The largest numbers of patient days were reported for the *Diseases and disorders of the musculoskeletal system and connective tissue* MDC.

The average lengths of stay varied by MDC and hospital sector (Tables 11.1 and 11.2). In the public sector, they ranged from 1.4 days for *Diseases and disorders of the eye* to 27.9 days for the *Pre-MDC* group. In the private sector, the shortest average length of stay was 1.1 days for *Diseases and disorders of the eye*, and the longest was 29.5 days for the *Pre-MDC* group.

Notable differences between hospital sectors were for *Mental diseases and disorders*, where the average length of stay was higher for public hospitals (10.5 days) than for private hospitals (4.6 days); the *Pre-MDC* group, where the average length of stay was higher for private hospitals (29.5 days) than for public hospitals (27.9 days); *Newborns and other neonates*, where the average length of stay was higher in public hospitals (7.7 days) than in private hospitals (6.1 days); and *Infectious and parasitic diseases*, where the average length of stay was higher for private hospitals (6.3 days) than for public hospitals (4.9 days). A variety of factors could be responsible for such discrepancies, for example different patient populations (and numbers of separations for AR-DRGs within the MDCs), patterns of service provision, facilities available, treatment regimes and reporting practices.

The RSI data provide length of stay comparisons adjusted for the AR-DRG patterns within the MDCs and patient age. Differences between the sectors were recorded for MDCs such as *Alcohol/drug use and alcohol/drug induced organic mental disorders*, with an RSI of 0.85 in the public sector and 1.45 in the private sector.

About 87.0% of patients in public hospitals were public patients, in contrast to just 3.6% in private hospitals. The highest proportion of public patients in public hospitals was for *Alcohol/drug use and alcohol/drug induced organic mental disorders* (95.6%), while the lowest was for *Diseases and disorders of the eye* (79.5%). The highest proportion of public patients in private hospitals was for *Diseases and disorders of the kidney and urinary tract* (17.2%), followed by *Burns* (10.7%).

A total of 71.8% of separations in the public sector was for *Medical DRGs* (2,841,145), compared with 37.1% in the private sector (919,520). In contrast, there was a larger proportion of separations for *Surgical DRGs* (41.5%, 1,029,328) in the private sector than in the public sector (21.1%, 834,972).

## States and territories

Tables 11.3 to 11.4 contain detail on the number of separations by MDC in the states and territories. These tables enable jurisdictional comparisons of overall hospital use for the different MDCs, and the share of separations between the public and private sectors. For example, the proportion of total separations for *Diseases and disorders of the digestive system* in private hospitals (rather than public hospitals) was higher in Queensland (61.9%, 110,952) than in other jurisdictions, for example New South Wales (46.6%, 126,370). In contrast, the proportion of total separations for *Diseases and disorders of the eye* in public hospitals (rather than private hospitals) was higher than the national average (35.7%) in South Australia (42.3%, 8,308) and lower in Queensland (24.7%, 10,449).

The distributions of separations by MDC within the states and territories were broadly consistent with those at the national level. Notable exceptions in the public sector included *Diseases and disorders of the kidney and urinary tract* in the Northern Territory (39.1% of separations, 26,317, compared with a national average of 18.1%, 716,160) and in the Australian Capital Territory (25.9%, 16,132). In the private sector, the South Australia reported more separations for *Diseases and disorders of the ear, nose, mouth and throat* (8.2% of separations, 17,087, compared with 7.1%, 177,178 nationally).

## Australian Refined Diagnosis Related Groups

### Sector

Tables 11.5 to 11.14 present information on the most commonly reported AR-DRGs. Tables 11.5 and 11.6 contain summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the highest number of overnight separations in public and private hospitals.

In the public sector in 2002–03, *Vaginal delivery without catastrophic or severe complications or comorbidities* (AR-DRG O60B) was the most common AR-DRG with 4.1% (81,709) of total overnight separations (Table 11.5). The corresponding top AR-DRG in the private sector was also *Vaginal delivery without catastrophic or severe complications or comorbidities* (AR-DRG O60B) with 3.8% (35,852) of total overnight separations (Table 11.6). Of the 30 AR-DRGs with the most overnight separations for the public sector, only 9 were also included in the top 30 for the private sector.

Within the top 30, average lengths of stay in the public sector ranged from 31.1 days for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) to 1.7 days for *Poisoning/Toxic effects of drugs and other substances age <60 without complications or comorbidities* (AR-DRG X62B), and in the private sector from 18.3 days for *Major affective disorders age <70 without catastrophic or severe complications or comorbidities* (AR-DRG U63B) to 1.0 day for *Sleep apnoea* (AR-DRG E63Z).

The highest proportion of public patients in public hospitals was for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A, 99.0%) while the lowest was for *Non-surgical spinal disorders without complications or comorbidities* (AR-DRG I68B, 77.3%). The highest proportion of public patients in private hospitals was 9.3% for *Vaginal delivery, single, uncomplicated, without other condition* (AR-DRG O60C).

Tables 11.7 and 11.8 contain summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the highest number of same day separations in public and private hospitals. In the public sector in 2002–03, *Admit for renal dialysis* (AR-DRG L61Z) was the most common AR-DRG with 29.6% (583,063) of total same day separations (Table 11.7). The corresponding top AR-DRG in the private sector was *Other colonoscopy, same day* (AR-DRG G44C) with 9.0% (137,993) of total same day separations (Table 11.8). Of the 10 AR-DRGs with the most same day separations for the public sector, seven were also included in the top 10 AR-DRGs for the private sector.

The highest proportion of public patients with same day separations in public hospitals was for *Antenatal and other obstetric admission, same day* (AR-DRG O66B, 94.5%), while the lowest was for *Other uterine and adnexa procedures for non-malignancy*, (AR-DRG N07Z, 71.2%). The highest proportion of public patients in private hospitals was 26.2% for *Admit for renal dialysis* (AR-DRG L61Z).

### **Private free-standing day hospital facilities**

Table 11.9 contains summary separation, public patient separation and patient day statistics for the 30 AR-DRGs with the most separations in private free-standing day hospital facilities. *Other colonoscopy, sameday* (AR-DRG G44C) was the most common AR-DRG, accounting for 12.7% (57,454) of total separations. The proportion of public patient separations was highest for *Admit for renal dialysis* (AR-DRG L61Z, 30.4%).

### **Public psychiatric hospitals**

In public psychiatric hospitals, most of the separations had AR-DRGs reported that were within the mental diseases and disorders, and alcohol/drug use and alcohol/drug induced organic mental disorders MDCs (AR-DRGs beginning with U or V, respectively) (Table 11.10). *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) accounted for the most separations (2,597, 17.3%), and the most patient days (182,019, 43.3%). *Mental health treatment, same day, without electroconvulsive therapy* (AR-DRG U60Z) ranked second for separations (2,179, 14.5%).

The average length of stay was relatively long for most of these AR-DRGs and 17.3% (2,595) of separations were same day separations, compared with 49.8% in public hospitals overall. The average length of stay for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) in public psychiatric hospitals was 70.1 days and the average length of stay for *Personality disorders and acute reactions* (AR-DRG U67Z) was 7.9 days.

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence the average lengths of stay should be interpreted taking into consideration the inclusion of some very long stay separations. The median lengths of stay were markedly shorter than the average lengths of stay for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) (21 days, compared with the average length of stay of 70.1 days), *Other disorders of the nervous system without catastrophic or severe comorbidities or complications* (AR-DRG B81B) (5.5 days, compared with the average length of stay of 159.6 days) and *Degenerative nervous system disorder, age >59 without catastrophic or severe*

*complications or comorbidities* (AR-DRG B67B) (53 days, compared with the average length of stay of 251.5 days).

## States and territories

There was some variation between the states and territories in the relative number of separations for the most common AR-DRGs (Tables 11.11 and 11.12). For example, in the public sector in the Northern Territory and the Australian Capital Territory, *Admit for renal dialysis* (AR-DRG L61Z) accounted for a markedly greater proportion of separations than the national average (37.0%, 24,869, and 23.0%, 14,326, respectively, compared with 14.7%, 583,296). The number of separations for *Chemotherapy* (R63Z) were lower in New South Wales (3,898 separations) than in other comparable states such as Victoria (49,294 separations) and Queensland (30,781). Some of this variation may be due to differences in admission practices between jurisdictions- for example the classification of most chemotherapy patients in public hospitals in New South Wales as outpatient activity rather than admitted patient activity.

In the private sector, examples of differences include separations in the Queensland for *Other knee procedures* (AR-DRG I18Z), which accounted for 1.5% of separations (8,514), compared with the national average of 2.2% (54,213).

Average lengths of stay were similar among the states and territories (Tables 11.13 and 11.14), with some notable exceptions. In the public sector, the average length of stay for *Chronic Obstructive Airways Disease without catastrophic or severe complications or comorbidities* (AR-DRG E65B) ranged from 4.3 days in Victoria to 6.9 days in Tasmania, and for *Heart failure and shock without catastrophic complications and comorbidities* (AR-DRG F62B) it ranged from 4.4 days in the Northern Territory to 7.1 days in Tasmania.

## Age group and sex

Tables 11.15 and 11.16 summarise separations by age group and sex for the 30 AR-DRGs with the highest number of separations. Fifteen of the top 30 AR-DRGs were common to both sexes; while others were sex-specific (12 of the top 30 AR-DRGs for females were female-specific, for example, *Vaginal delivery without catastrophic or severe complications or comorbidities* (AR-DRG O60B)). *Admit for renal dialysis* (AR-DRG L61Z) was the most commonly reported AR-DRG for both sexes, with the most separations in the 65 to 74 years age group.

The age distributions varied by AR-DRG. For example, *Dental extraction and restorations* (AR-DRG D40Z) was most commonly reported for males and females in the 15 to 24 years age group. Just over half of male separations with AR-DRG I74C, *Injury to forearm, wrist, hand or foot, age <70, without complications or comorbidities* were reported for males in the 5 to 14 years age group, and 83.9% of separations (112,712) for *Lens procedures, same day* (AR-DRG C16B) were for persons 65 years or over.

## Changes 1998–99 to 2002–03

Table 11.17 presents the 30 AR-DRGs version 5.0 with the largest changes in the numbers of separations in either public or private hospitals (or both) between 1998–99 and 2002–03. For this analysis, data for 1998–99 to 2001–02 were grouped to version 5.0 AR-DRGs. As this grouping required data to be mapped to third edition ICD-10-AM codes from ICD-10-AM

second edition (2000–01 and 2001–02), ICD-10-AM first edition (1998–99 for four jurisdictions and 1999–00 for all jurisdictions) and ICD-9-AM (four jurisdictions in 1998–99), the data may not be completely comparable between years. The AR-DRG with the largest change in the number of separations was *Admit for renal dialysis* (L61Z), with increases of 50,458 separations and 160,450 separations in private and public hospitals respectively over the four-year period.

The AR-DRGs in Table 11.17 either recorded increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors.

The number of separations increased over the five-year period, in both the public and private sectors for 19 of the AR-DRGs, with increases generally greater in private hospitals. For example, the number of separations for *Lens procedures, same day* (AR-DRG C16B) increased by 35,691 separations in private hospitals between 1998–99 and 2002–03, compared with an increase of 9,573 separations in public hospitals over the same period.

There was an increase in the number of separations in the private sector and a decrease in the number of separations in the public sector for 8 of the AR-DRGs presented in Table 11.17. For example, there were 39,067 separations for *Mental health treatment, same day, without electroconvulsive therapy* (AR-DRG U60Z) in private hospitals in 1998–99 compared to 70,451 separations in 2002–03, an increase of 31,384 separations. The number of separations for this AR-DRG in public hospitals decreased by 118, from 25,417 in 1998–99 to 25,299 in 2002–03. The total number of separations for *Mental health treatment, same day, without electroconvulsive therapy* (AR-DRG U60Z) increased by 31,266 between 1998–99 and 2002–03 and by 14,065 between 2001–02 and 2002–03.

The number of separations decreased in both public and private hospitals between 1998–99 and 2002–03 for the AR-DRGs *Lens procedures* (AR-DRG C16A), *Bronchitis and asthma age <50 without complications or comorbidities* (AR-DRG E69C) and *Vaginal delivery with catastrophic or severe complications and comorbidities* (AR-DRG O60A).

In private hospitals, the number of separations in the surgical, medical and other partitions of AR-DRGs increased by 32.1%, 38.4% and 38.2% respectively over the period from 1998–99 to 2002–03. Public hospital separations with an AR-DRG in the medical partition increased 11.5% over the period, while public hospital separations with an AR-DRG in the surgical partition and the other partition decreased by 6.9% and 5.6% respectively.

Some of these changes may reflect changes in the scope of the National Hospital Morbidity Database, as described in Chapter 2 and Appendix 4.

Table 11.18 presents the 30 AR-DRGs with the largest changes in the numbers of separations for either public or private patients (or both), for all hospitals between 1998–99 and 2002–03. Some of the changes in the number of separations by public/private election status may reflect changes in the categorisation of patients as described in Chapter 6 (see also Appendix 3). Due to a small proportion of separations whose 'Patient election status' was not reported (less than 5% of all separations in each year), the overall changes by AR-DRG in Table 11.18 are slightly different to those presented in Table 11.17.

The AR-DRG with the largest change in the number of separations was *Admit for renal dialysis* (L61Z), with an increase of 48,193 for private patient separations and an increase of 164,504 for public patient separations between 1998–99 and 2002–03.

The number of separations increased over the five-year period, for both public and private patients for 18 of the AR-DRGs, with increases generally greater for private patients. For example, the number of private patient separations for *Chemotherapy* (AR-DRG R63Z)

increased by 54,143 separations between 1998–99 and 2002–03, compared with an increase of 10,889 in public patient separations over the same period.

There was an increase in the number of private patient separations and a decrease in the number of public patient separations for 7 of the AR-DRGs presented in Table 11.18. Private patient separations for *Dental extractions and restorations* (AR-DRG D40Z) increased by 27,637 while public patient separations decreased by 2,010 between 1998–99 and 2002–03 (possibly reflecting the exclusion of a public dental hospital in Victoria in 2002–03), and private patient separations for *Sleep apnoea* (AR-DRG E63Z) increased by 12,929 and public patient separations decreased by 1,041 over the same period.

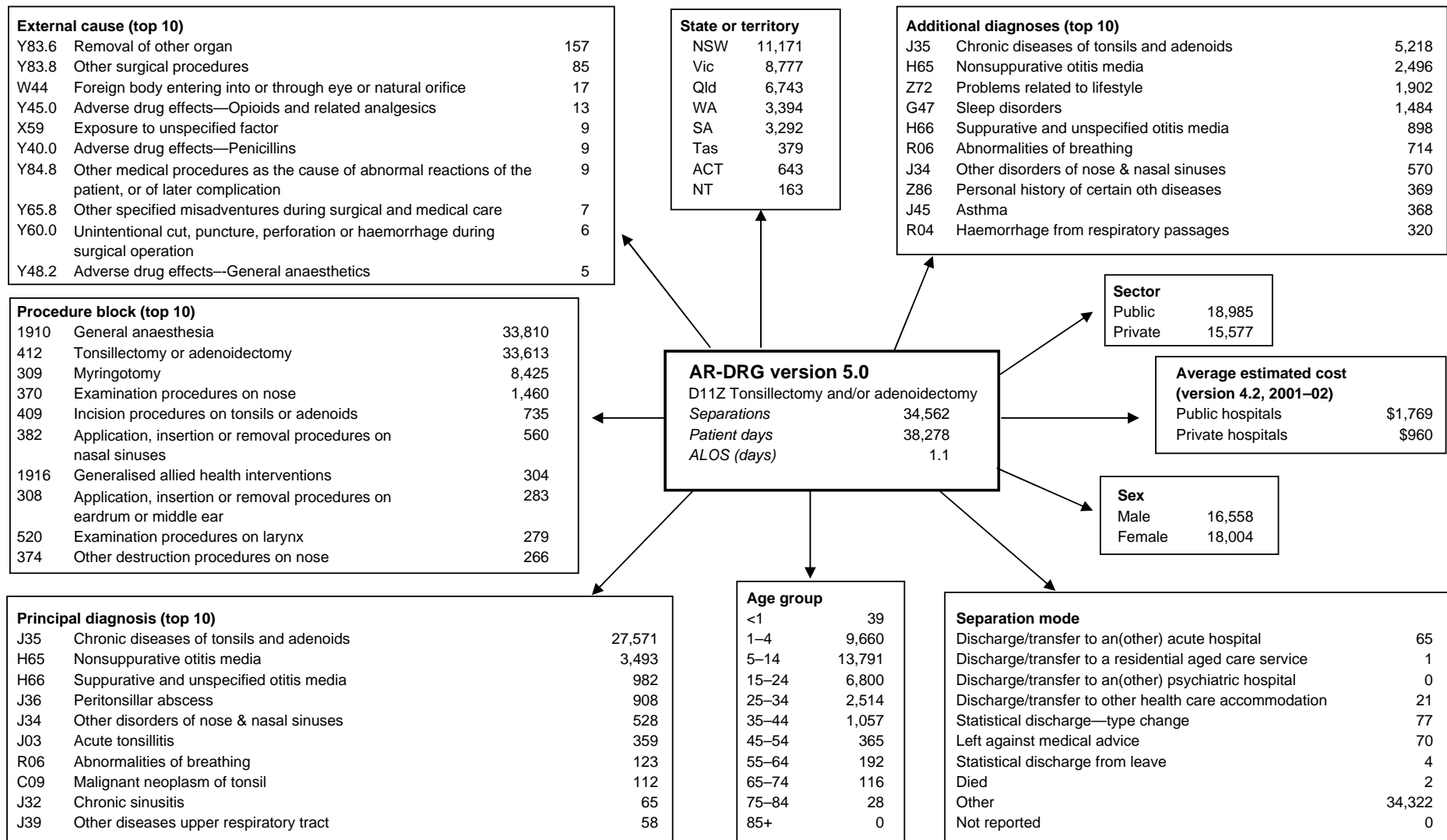
The number of separations decreased for both public and private patients between 1998–99 and 2002–03 for the AR-DRGs *Lens procedures* (AR-DRG C16A), *Bronchitis and asthma age < 50, without complications or comorbidities* (AR-DRG E69C), *Vaginal delivery with catastrophic or severe complications and comorbidities* (AR-DRG O60A) and *Endoscopic procedures for female reproductive system* (AR-DRG N08Z).

For private patients, the number of separations in the surgical, medical and other partitions of AR-DRGs increase by 29.0%, 29.9% and 34.8% respectively over the period from 1998–99 to 2002–03. The number of separations of public patients with an AR-DRG in the medical partition increased 12.5% over the period, while the number of separations of public patients with an AR-DRG in the surgical partition and the other partition decreased by 6.7% and 4.8% respectively.

## Additional data

The accompanying tables on the website at <http://www.aihw.gov.au/> provide national and state and territory summary statistics for public and private hospitals for each AR-DRG (as presented for the top 30 AR-DRGs in Tables 11.5, 11.6, 11.7, 11.8, 11.9 and 11.10). All tables in this chapter, recalculated using AR-DRG version 4.2, will be included on the website once 2002–03 AR-DRG version 4.2 cost weights become available. Information based on the average cost weights of separations is also included in Chapters 2, 4 and 6. For confidentiality, data for some AR-DRGs in the private sector have been suppressed.

For access to more data on AR-DRGs, the AIHW's web site also contains an interactive National Hospital Morbidity Data page which contains a link to data cubes containing information on the MDCs and AR-DRGs of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average length of stay are available on all MDCs and AR-DRGs of patients by age group, sex and same day status. The source of these data is the National Hospital Morbidity Database.

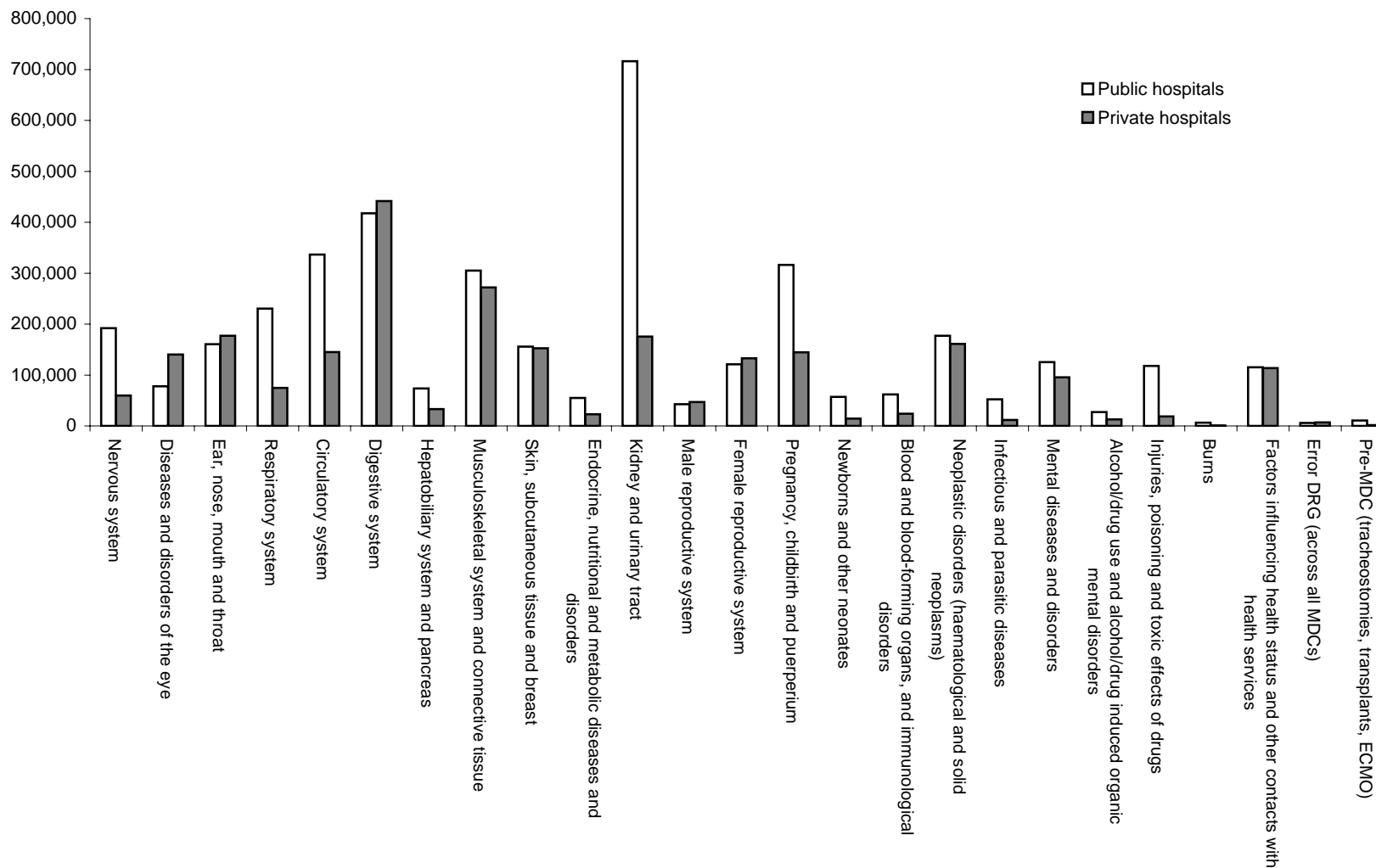


(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Note: Abbreviation: ALOS—average length of stay.

**Figure 11.1: Interrelationships of an AR-DRG (D11Z Tonsillectomy and/or Adenoidectomy) with other data elements,<sup>(a)</sup> all hospitals, Australia, 2002-03**

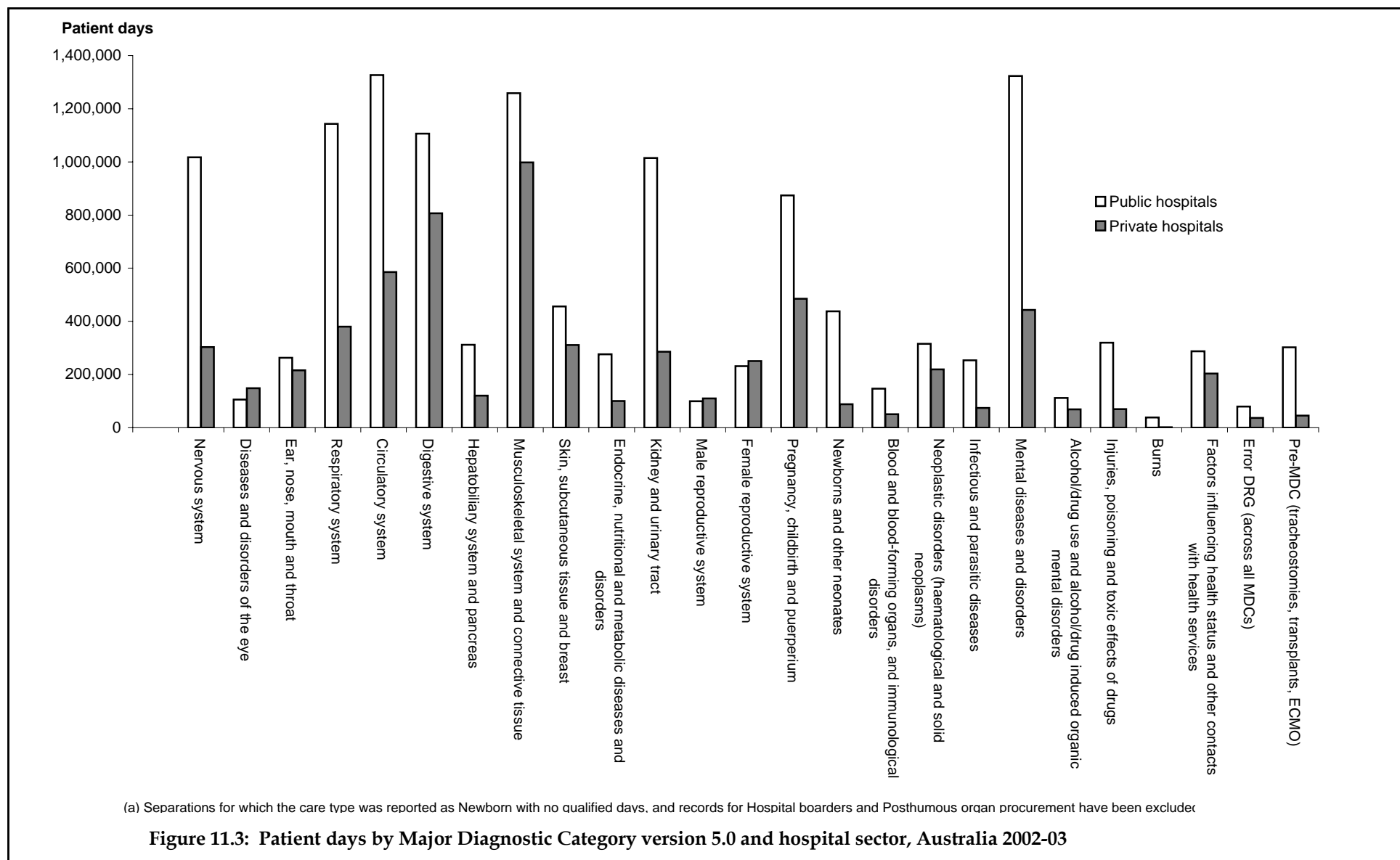
**Separations**



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

**Figure 11.2: Separations by Major Diagnostic Category version 5.0 and hospital sector, Australia, 2002-03**





**Table 11.1: Selected separation statistics by Major Diagnostic Category version 5.0 and medical/surgical/other partition, public hospitals, <sup>(a)</sup> Australia, 2002-03**

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)		Relative stay index
							ALOS (days)	excluding same day	
PR Pre-MDC (tracheostomies, transplants, ECMO)	10,854	357	8,889	5.5	302,414	153.1	27.9	28.8	1.00
01 Diseases and disorders of the nervous system	191,865	66,809	161,891	97.1	1,016,967	514.7	5.3	7.6	0.99
02 Diseases and disorders of the eye	77,773	61,519	61,791	39.4	106,003	53.7	1.4	2.7	1.06
03 Diseases and disorders of the ear, nose, mouth and throat	160,746	76,906	138,036	81.4	263,400	133.3	1.6	2.2	1.01
04 Diseases and disorders of the respiratory system	230,573	36,500	196,462	116.7	1,143,105	578.6	5.0	5.7	0.97
05 Diseases and disorders of the circulatory system	336,364	86,497	281,266	170.2	1,326,484	671.4	3.9	5.0	0.99
06 Diseases and disorders of the digestive system	417,599	202,490	365,650	211.4	1,106,518	560.0	2.6	4.2	1.00
07 Diseases and disorders of the hepatobiliary system and pancreas	73,702	15,312	64,586	37.3	311,829	157.8	4.2	5.1	1.01
08 Diseases and disorders of the musculoskeletal system and connective tissue	305,147	114,211	251,985	154.4	1,258,372	636.9	4.1	6.0	0.99
09 Diseases and disorders of the skin, subcutaneous tissue and breast	155,831	82,228	136,421	78.9	455,791	230.7	2.9	5.1	1.02
10 Endocrine, nutritional and metabolic diseases and disorders	55,005	15,134	47,772	27.8	276,357	139.9	5.0	6.6	0.99
11 Diseases and disorders of the kidney and urinary tract	716,160	641,093	637,517	362.5	1,014,599	513.5	1.4	5.0	1.00
12 Diseases and disorders of the male reproductive system	42,511	23,703	36,472	21.5	99,610	50.4	2.3	4.0	1.03
13 Diseases and disorders of the female reproductive system	120,818	76,635	104,614	61.1	231,656	117.2	1.9	3.5	1.00
14 Pregnancy, childbirth and puerperium	316,242	81,707	291,331	160.1	873,938	442.3	2.8	3.4	0.93
15 Newborns and other neonates	56,873	7,010	52,104	28.8	438,228	221.8	7.7	8.6	0.99
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	61,834	40,809	53,321	31.3	146,900	74.4	2.4	5.0	1.00
17 Neoplastic disorders (haematological and solid neoplasms)	177,271	157,926	154,457	89.7	315,122	159.5	1.8	8.1	1.03
18 Infectious and parasitic diseases	52,112	10,787	45,502	26.4	253,737	128.4	4.9	5.9	1.00
19 Mental diseases and disorders	125,597	34,225	118,224	63.6	1,323,519	669.9	10.5	14.1	0.93
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	27,403	6,518	26,192	13.9	111,940	56.7	4.1	5.0	0.85
21 Injuries, poisoning and toxic effects of drugs	117,891	46,708	98,814	59.7	320,226	162.1	2.7	3.8	0.99
22 Burns	6,443	1,854	5,478	3.3	38,017	19.2	5.9	7.9	1.02
23 Factors influencing health status and other contacts with health services	115,361	84,384	101,578	58.4	287,402	145.5	2.5	6.6	1.04
ED Error DRGs	5,752	1,399	4,757	2.9	79,935	40.5	13.9	18.0	1.23
Surgical DRG	834,972	337,834	705,549	422.6	3,405,358	1,723.5	4.1	6.2	0.96
Medical DRG	2,841,145	1,412,229	2,497,526	1,438.0	9,146,109	4,629.1	3.2	5.4	1.02
Other DRG	281,610	222,658	242,035	142.5	550,602	278.7	2.0	5.6	1.06
<b>Total</b>	<b>3,957,727</b>	<b>1,972,721</b>	<b>3,445,110</b>	<b>2,003.1</b>	<b>13,102,069</b>	<b>6,631.3</b>	<b>3.3</b>	<b>5.6</b>	<b>0.98</b>

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported.

Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

**Table 11.2: Selected separation statistics by Major Diagnostic Category version 5.0 and medical/surgical/other partition, private hospitals, <sup>(a)</sup> Australia, 2002-03**

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)		Relative stay index
							ALOS (days)	excluding same day	
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,529	49	64	0.8	45,129	22.8	29.5	30.5	0.99
01 Diseases and disorders of the nervous system	59,813	25,080	2,466	30.3	302,936	153.3	5.1	8.0	1.04
02 Diseases and disorders of the eye	140,183	121,673	2,600	71.0	148,879	75.4	1.1	1.5	0.96
03 Diseases and disorders of the ear, nose, mouth and throat	177,178	119,234	3,063	89.7	215,715	109.2	1.2	1.7	0.98
04 Diseases and disorders of the respiratory system	74,637	5,829	3,744	37.8	379,928	192.3	5.1	5.4	1.11
05 Diseases and disorders of the circulatory system	144,808	33,885	5,019	73.3	585,278	296.2	4.0	5.0	1.02
06 Diseases and disorders of the digestive system	441,639	333,913	9,143	223.5	807,049	408.5	1.8	4.4	1.01
07 Diseases and disorders of the hepatobiliary system and pancreas	33,294	3,344	1,546	16.9	120,793	61.1	3.6	3.9	0.99
08 Diseases and disorders of the musculoskeletal system and connective tissue	271,856	108,285	5,639	137.6	998,095	505.2	3.7	5.4	1.01
09 Diseases and disorders of the skin, subcutaneous tissue and breast	152,553	105,132	3,145	77.2	311,153	157.5	2.0	4.3	0.98
10 Endocrine, nutritional and metabolic diseases and disorders	22,952	6,512	833	11.6	100,565	50.9	4.4	5.7	1.03
11 Diseases and disorders of the kidney and urinary tract	175,203	141,821	30,101	88.7	285,914	144.7	1.6	4.3	1.00
12 Diseases and disorders of the male reproductive system	46,741	26,745	1,142	23.7	109,989	55.7	2.4	4.2	0.98
13 Diseases and disorders of the female reproductive system	132,755	89,794	2,907	67.2	250,983	127.0	1.9	3.8	1.00
14 Pregnancy, childbirth and puerperium	144,734	53,394	6,143	73.3	485,319	245.6	3.4	4.7	1.16
15 Newborns and other neonates	14,458	1,933	540	7.3	87,952	44.5	6.1	6.9	1.06
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	23,763	16,191	897	12.0	50,934	25.8	2.1	4.6	0.99
17 Neoplastic disorders (haematological and solid neoplasms)	161,278	150,414	4,989	81.6	219,192	110.9	1.4	6.3	0.94
18 Infectious and parasitic diseases	11,835	1,327	868	6.0	74,175	37.5	6.3	6.9	1.01
19 Mental diseases and disorders	95,672	73,137	873	48.4	443,210	224.3	4.6	16.4	1.25
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	12,749	8,497	251	6.5	68,892	34.9	5.4	14.2	1.45
21 Injuries, poisoning and toxic effects of drugs	18,679	5,648	1,496	9.5	69,594	35.2	3.7	4.9	1.05
22 Burns	365	80	39	0.2	1,728	0.9	4.7	5.8	0.78
23 Factors influencing health status and other contacts with health services	113,860	97,971	2,005	57.6	203,965	103.2	1.8	6.7	0.95
ED Error DRGs	7,054	3,760	117	3.6	36,914	18.7	5.2	10.1	0.74
Surgical DRG	1,029,328	537,884	19,086	521.0	2,668,072	1,350.4	2.6	4.3	1.12
Medical DRG	919,520	511,135	62,909	465.4	3,103,534	1,570.8	3.4	6.3	0.97
Other DRG	530,740	484,629	7,635	268.6	632,675	320.2	1.2	3.2	0.93
<b>Total</b>	<b>2,479,588</b>	<b>1,533,648</b>	<b>89,630</b>	<b>1,255.0</b>	<b>6,404,281</b>	<b>3,241.4</b>	<b>2.6</b>	<b>5.1</b>	<b>1.04</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

**Table 11.3: Separations by Major Diagnostic Category version 5.0 and medical/surgical/other partition, public hospitals, <sup>(a)</sup> states and territories, 2002–03**

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	3,631	2,932	1,765	988	1,008	233	147	150	10,854
01 Diseases and disorders of the nervous system	65,571	53,919	30,720	16,909	16,722	4,195	2,163	1,666	191,865
02 Diseases and disorders of the eye	26,082	22,451	10,449	8,299	8,308	454	907	823	77,773
03 Diseases and disorders of the ear, nose, mouth and throat	47,086	44,775	30,226	16,354	15,645	2,573	1,826	2,261	160,746
04 Diseases and disorders of the respiratory system	83,073	58,512	38,187	19,316	20,742	4,281	2,380	4,082	230,573
05 Diseases and disorders of the circulatory system	119,157	89,772	58,853	24,397	29,796	6,870	4,763	2,756	336,364
06 Diseases and disorders of the digestive system	145,060	111,769	68,151	38,711	37,243	6,514	5,868	4,283	417,599
07 Diseases and disorders of the hepatobiliary system and	26,100	19,505	12,699	5,878	5,918	1,656	1,140	806	73,702
08 Diseases and disorders of the musculoskeletal system and connective tissue	104,038	81,892	50,486	27,462	25,661	7,517	4,470	3,621	305,147
09 Diseases and disorders of the skin, subcutaneous tissue and breast	45,996	39,822	29,974	14,687	18,241	3,130	1,382	2,599	155,831
10 Endocrine, nutritional and metabolic diseases and disorders	16,121	16,034	8,911	4,678	5,700	1,657	722	1,182	55,005
11 Diseases and disorders of the kidney and urinary tract	206,718	215,458	111,675	71,450	52,502	15,908	16,132	26,317	716,160
12 Diseases and disorders of the male reproductive system	13,791	13,071	5,560	4,377	4,067	728	436	481	42,511
13 Diseases and disorders of the female reproductive system	37,028	36,233	21,085	10,378	11,785	1,726	1,285	1,298	120,818
14 Pregnancy, childbirth and puerperium	106,229	81,792	57,669	24,033	29,792	5,629	4,264	6,834	316,242
15 Newborns and other neonates	21,798	16,039	8,551	3,077	4,287	1,132	894	1,095	56,873
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	16,671	19,490	9,651	5,726	6,714	1,246	1,883	453	61,834
17 Neoplastic disorders (haematological and solid neoplasms)	16,494	66,920	39,799	21,889	20,871	3,435	6,713	1,150	177,271
18 Infectious and parasitic diseases	19,772	12,985	8,727	4,697	3,419	1,074	557	881	52,112
19 Mental diseases and disorders	40,043	34,268	22,187	10,806	12,836	3,402	1,259	796	125,597
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	11,415	4,537	5,001	3,183	2,025	779	131	332	27,403
21 Injuries, poisoning and toxic effects of drugs	39,311	31,102	23,679	10,098	8,521	2,139	1,147	1,894	117,891
22 Burns	1,990	1,351	1,361	729	601	109	55	247	6,443
23 Factors influencing health status and other contacts with health services	31,605	34,463	20,568	10,650	13,027	2,179	1,816	1,053	115,361
ED Error DRGs	2,235	1,426	611	687	476	75	66	176	5,752
Surgical DRG	262,403	241,285	135,057	78,176	81,905	14,181	12,497	9,468	834,972
Medical DRG	898,595	791,829	495,759	249,820	245,158	59,953	44,514	55,517	2,841,145
Other DRG	86,017	77,404	45,729	31,463	28,844	4,507	5,395	2,251	281,610
<b>Total</b>	<b>1,247,015</b>	<b>1,110,518</b>	<b>676,545</b>	<b>359,459</b>	<b>355,907</b>	<b>78,641</b>	<b>62,406</b>	<b>67,236</b>	<b>3,957,727</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation

**Table 11.4: Separations by Major Diagnostic Category version 5.0 and medical/surgical/other partition, private hospitals, <sup>(a)</sup> states and territories, 2002–03**

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	333	331	505	124	166	n.p.	n.p.	n.p.	1,529
01 Diseases and disorders of the nervous system	14,362	15,284	15,015	6,957	5,377	n.p.	n.p.	n.p.	59,813
02 Diseases and disorders of the eye	49,603	27,731	31,872	12,738	11,339	n.p.	n.p.	n.p.	140,183
03 Diseases and disorders of the ear, nose, mouth and throat	51,174	42,806	35,497	24,012	17,087	n.p.	n.p.	n.p.	177,178
04 Diseases and disorders of the respiratory system	17,968	19,751	19,995	6,571	7,052	n.p.	n.p.	n.p.	74,637
05 Diseases and disorders of the circulatory system	38,232	39,592	35,044	13,470	12,466	n.p.	n.p.	n.p.	144,808
06 Diseases and disorders of the digestive system	126,370	120,436	110,952	41,743	29,530	n.p.	n.p.	n.p.	441,639
07 Diseases and disorders of the hepatobiliary system and	9,335	7,733	7,946	3,680	2,972	n.p.	n.p.	n.p.	33,294
08 Diseases and disorders of the musculoskeletal system and connective tissue	77,741	68,225	48,540	36,111	27,284	n.p.	n.p.	n.p.	271,856
09 Diseases and disorders of the skin, subcutaneous tissue and breast	43,333	34,546	36,595	14,846	15,662	n.p.	n.p.	n.p.	152,553
10 Endocrine, nutritional and metabolic diseases and disorders	4,499	6,201	6,123	2,891	2,174	n.p.	n.p.	n.p.	22,952
11 Diseases and disorders of the kidney and urinary tract	40,643	33,861	48,673	28,498	20,023	n.p.	n.p.	n.p.	175,203
12 Diseases and disorders of the male reproductive system	15,844	11,462	8,611	5,374	3,219	n.p.	n.p.	n.p.	46,741
13 Diseases and disorders of the female reproductive system	41,802	32,938	28,921	13,233	9,672	n.p.	n.p.	n.p.	132,755
14 Pregnancy, childbirth and puerperium	40,717	40,442	33,839	16,343	6,596	n.p.	n.p.	n.p.	144,734
15 Newborns and other neonates	4,025	3,908	2,501	2,592	752	n.p.	n.p.	n.p.	14,458
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	4,624	6,811	7,115	2,568	1,677	n.p.	n.p.	n.p.	23,763
17 Neoplastic disorders (haematological and solid neoplasms)	30,836	44,108	47,918	18,067	14,272	n.p.	n.p.	n.p.	161,278
18 Infectious and parasitic diseases	2,521	2,806	3,420	1,625	936	n.p.	n.p.	n.p.	11,835
19 Mental diseases and disorders	15,846	36,978	20,402	9,277	8,952	n.p.	n.p.	n.p.	95,672
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	2,096	4,656	3,779	826	851	n.p.	n.p.	n.p.	12,749
21 Injuries, poisoning and toxic effects of drugs	4,140	4,392	4,700	2,753	1,660	n.p.	n.p.	n.p.	18,679
22 Burns	86	67	106	35	50	n.p.	n.p.	n.p.	365
23 Factors influencing health status and other contacts with health services	34,574	31,779	23,346	11,811	6,909	n.p.	n.p.	n.p.	113,860
ED Error DRGs	1,704	3,366	759	434	615	n.p.	n.p.	n.p.	7,054
Surgical DRG	319,442	245,307	218,058	109,215	90,499	n.p.	n.p.	n.p.	1,029,328
Medical DRG	194,524	249,237	238,487	115,845	81,751	n.p.	n.p.	n.p.	919,520
Other DRG	158,442	145,666	125,629	51,519	35,043	n.p.	n.p.	n.p.	530,740
<b>Total</b>	<b>672,408</b>	<b>640,210</b>	<b>582,174</b>	<b>276,579</b>	<b>207,293</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,479,588</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

n.p. Not published.

**Table 11.5: Selected separations for the 30 AR-DRGs version 5.0 with the highest number of overnight separations, public hospitals,<sup>(a)</sup> Australia, 2002–03**

AR-DRG	Separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)
O60B Vaginal Delivery W/O Catastrophic or Severe CC	81,709	75,628	41.4	259,939	131.6	3.2
O66A Antenatal & Other Obstetric Admission	36,042	33,544	18.2	89,151	45.1	2.5
F74Z Chest Pain	35,781	31,027	18.1	68,887	34.9	1.9
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	34,026	29,305	17.2	87,549	44.3	2.6
O01C Caesarean Delivery W/O Catastrophic or Severe CC	31,191	27,702	15.8	144,409	73.1	4.6
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	27,391	24,393	13.9	122,797	62.2	4.5
E62C Respiratory Infections/Inflammations W/O CC	24,502	21,035	12.4	98,519	49.9	4.0
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	23,954	22,751	12.1	59,453	30.1	2.5
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	22,191	18,744	11.2	128,069	64.8	5.8
F62B Heart Failure and Shock W/O Catastrophic CC	21,230	17,020	10.7	130,055	65.8	6.1
E69C Bronchitis and Asthma Age <50 W/O CC	20,817	19,264	10.5	40,234	20.4	1.9
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	20,728	18,394	10.5	40,246	20.4	1.9
F72B Unstable Angina W/O Catastrophic or Severe CC	20,009	16,624	10.1	59,421	30.1	3.0
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	18,702	18,151	9.5	250,044	126.6	13.4
D63B Otitis Media and URI W/O CC	17,901	16,346	9.1	36,302	18.4	2.0
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	17,592	14,120	8.9	52,913	26.8	3.0
E62B Respiratory Infections/Inflammations W Severe or Moderate CC	17,251	14,330	8.7	119,677	60.6	6.9
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	17,125	16,142	8.7	50,384	25.5	2.9
E65A Chronic Obstructive Airways Disease W Catastrophic or Severe CC	16,867	13,887	8.5	144,964	73.4	8.6
U67Z Personality Disorders and Acute Reactions	16,827	16,217	8.5	88,985	45.0	5.3
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	16,746	15,272	8.5	32,907	16.7	2.0
I68B Non-surgical Spinal Disorders W/O CC	15,690	12,130	7.9	67,579	34.2	4.3
G07B Appendicectomy W/O Catastrophic or Severe CC	15,577	13,458	7.9	46,238	23.4	3.0
G68B Gastroenteritis Age <10 W/O CC	15,514	14,023	7.9	27,843	14.1	1.8
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	15,372	14,595	7.8	25,499	12.9	1.7
O61Z Postpartum and Post Abortion W/O O.R. Procedure	14,755	13,727	7.5	46,620	23.6	3.2
U61A Schizophrenia Disorders W Mental Health Legal Status	14,755	14,609	7.5	458,726	232.2	31.1
B76B Seizure W/O Catastrophic or Severe CC	14,441	12,962	7.3	37,551	19.0	2.6
X60C Injuries Age <65	13,728	10,955	6.9	26,168	13.2	1.9
Z64A Other Factors Influencing Health Status	13,033	11,498	6.6	87,771	44.4	6.7
Other	1,313,559	1,107,361	664.8	8,200,448	4,150.5	6.2
<b>Total</b>	<b>1,985,006</b>	<b>1,705,214</b>	<b>1,004.7</b>	<b>11,129,348</b>	<b>5,632.9</b>	<b>5.6</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Notes:

1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.
2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.

**Table 11.6: Selected separations for the 30 AR-DRGs version 5.0 with the highest number of overnight separations, private hospitals,<sup>(a)</sup> Australia, 2002–03**

AR-DRG	Separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)
O60B Vaginal Delivery W/O Catastrophic or Severe CC	35,852	1,519	18.1	163,510	82.8	4.6
E63Z Sleep Apnoea	24,137	232	12.2	24,574	12.4	1.0
O01C Caesarean Delivery W/O Catastrophic or Severe CC	22,523	706	11.4	130,496	66.0	5.8
I16Z Other Shoulder Procedures	19,616	170	9.9	36,244	18.3	1.8
G09Z Inguinal and Femoral Hernia Procedures Age>0	19,056	342	9.6	31,756	16.1	1.7
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	16,834	686	8.5	34,689	17.6	2.1
I04Z Knee Replacement and Reattachment	16,355	423	8.3	141,492	71.6	8.7
N04Z Hysterectomy for Non-Malignancy	16,024	443	8.1	74,632	37.8	4.7
D11Z Tonsillectomy and/or Adenoidectomy	14,402	236	7.3	15,801	8.0	1.1
F42B Circulatory Dis W/O AMI W Invasive Cardiac Inves Proc W/O Complex Diagnosis/Proc	13,946	17	7.1	27,526	13.9	2.0
I18Z Other Knee Procedures	11,600	158	5.9	20,394	10.3	1.8
C16A Lens Procedures	11,438	45	5.8	12,855	6.5	1.1
I03C Hip Replacement W/O Catastrophic or Severe CC	10,456	257	5.3	89,340	45.2	8.5
N06Z Female Reproductive System Reconstructive Procedures	9,823	218	5.0	35,839	18.1	3.6
D10Z Nasal Procedures	9,803	96	5.0	11,859	6.0	1.2
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC	9,764	222	4.9	35,819	18.1	3.7
I68B Non-surgical Spinal Disorders W/O CC	9,730	282	4.9	54,630	27.6	5.6
F15Z Percutaneous Coronary Intervention W/O AMI W Stent Implantation	9,380	3	4.7	25,781	13.0	2.7
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	9,298	612	4.7	34,826	17.6	3.7
D06Z Sinus, Mastoid and Complex Middle Ear Procedures	9,099	68	4.6	11,502	5.8	1.3
I10B Other Back and Neck Procedures W/O Catastrophic or Severe CC	8,968	100	4.5	50,516	25.6	5.6
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	8,625	200	4.4	157,770	79.9	18.3
F20Z Vein Ligation and Stripping	8,575	187	4.3	13,508	6.8	1.6
I20Z Other Foot Procedures	8,375	139	4.2	19,192	9.7	2.3
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	8,246	227	4.2	18,389	9.3	2.2
O66A Antenatal & Other Obstetric Admission	8,208	705	4.2	21,826	11.0	2.7
F74Z Chest Pain	7,483	508	3.8	18,378	9.3	2.5
I30Z Hand Procedures	7,386	164	3.7	10,678	5.4	1.4
I29Z Knee Reconstruction Or Revision	7,255	62	3.7	12,076	6.1	1.7
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	7,046	656	3.6	28,059	14.2	4.0
Other	566,637	24,159	286.8	3,506,676	1,774.8	6.2
<b>Total</b>	<b>945,940</b>	<b>33,842</b>	<b>478.8</b>	<b>4,870,633</b>	<b>2,465.2</b>	<b>5.1</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Notes:

1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Proc—procedure, AMI—Acute myocardial infarction, Systm—system, Dis—disorder.
2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.

**Table 11.7: Selected separations for the 30 AR-DRGs version 5.0 with the highest number of same day separations, public hospitals,<sup>(a)</sup> Australia, 2002–03**

AR-DRG	Separations	Public patient separations	Separations per 10,000 population
L61Z Admit for Renal Dialysis	583,063	520,660	295.1
R63Z Chemotherapy	127,229	113,047	64.4
G44C Other Colonoscopy, Sameday	52,296	46,562	26.5
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	48,042	42,405	24.3
C16B Lens Procedures, Sameday	42,304	34,017	21.4
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	35,327	31,435	17.9
O66B Antenatal & Other Obstetric Admission, Sameday	34,581	32,686	17.5
Z64B Other Factors Influencing Health Status, Sameday	34,389	30,676	17.4
Z40Z Follow Up W Endoscopy	28,757	25,775	14.6
O05Z Abortion W O.R. Procedure	25,453	21,908	12.9
U60Z Mental Health Treatment, Sameday, W/O ECT	25,299	21,991	12.8
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	23,810	21,387	12.1
R61C Lymphoma and Non-Acute Leukaemia, Sameday	23,173	19,643	11.7
F74Z Chest Pain	23,140	21,352	11.7
D40Z Dental Extractions and Restorations	20,440	15,122	10.3
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	19,374	17,989	9.8
N09Z Conisation, Vagina, Cervix and Vulva Procedures	19,360	17,447	9.8
X60C Injuries Age <65	18,811	15,599	9.5
G46C Complex Gastroscopy, Sameday	18,143	15,822	9.2
L41Z Cystourethroscopy, Sameday	17,885	16,202	9.1
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	16,777	14,766	8.5
I68C Non-surgical Spinal Disorders, Sameday	15,552	13,134	7.9
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	14,969	14,082	7.6
N08Z Endoscopic Procedures for Female Reproductive System	14,828	13,417	7.5
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	14,312	10,188	7.2
I18Z Other Knee Procedures	13,084	11,457	6.6
Z62Z Follow Up W/O Endoscopy	12,134	11,022	6.1
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	11,620	10,180	5.9
L67C Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	11,552	10,155	5.8
I30Z Hand Procedures	11,472	9,801	5.8
Other	615,545	539,969	311.5
<b>Total</b>	<b>1,972,721</b>	<b>1,739,896</b>	<b>998.4</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Notes:

1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.
2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.



**Table 11.8: Selected separations for the 30 AR-DRGs version 5.0 with the highest number of same day separations, private hospitals,<sup>(a)</sup> Australia, 2002–03**

AR-DRG	Separations	Public patient separations	Separations per 10,000 population
G44C Other Colonoscopy, Sameday	137,993	1,822	69.8
R63Z Chemotherapy	135,406	4,450	68.5
L61Z Admit for Renal Dialysis	103,120	27,002	52.2
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	101,588	1,322	51.4
C16B Lens Procedures, Sameday	91,999	2,006	46.6
D40Z Dental Extractions and Restorations	73,965	175	37.4
U60Z Mental Health Treatment, Sameday, W/O ECT	70,451	71	35.7
G46C Complex Gastroscopy, Sameday	56,531	623	28.6
Z40Z Follow Up W Endoscopy	53,738	768	27.2
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	47,273	662	23.9
O05Z Abortion W O.R. Procedure	45,065	1,043	22.8
I18Z Other Knee Procedures	43,052	360	21.8
Z64B Other Factors Influencing Health Status, Sameday	34,794	699	17.6
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	30,707	432	15.5
L41Z Cystourethroscopy, Sameday	20,508	734	10.4
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	17,167	236	8.7
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	16,967	347	8.6
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	16,103	109	8.2
I68C Non-surgical Spinal Disorders, Sameday	14,797	227	7.5
F42B Circulatory Dis W/O AMI W Invasive Cardiac Inves Proc W/O Complex Diagnosis/Proc	14,531	314	7.4
I30Z Hand Procedures	14,036	148	7.1
B05Z Carpal Tunnel Release	13,950	214	7.1
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	13,225	133	6.7
N09Z Conisation, Vagina, Cervix and Vulva Procedures	13,222	391	6.7
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	12,341	6	6.2
N08Z Endoscopic Procedures for Female Reproductive System	11,871	404	6.0
D13Z Myringotomy W Tube Insertion	11,857	98	6.0
R61C Lymphoma and Non-Acute Leukaemia, Sameday	11,540	270	5.8
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	11,308	311	5.7
G42B Other Gastroscopy for Major Digestive Disease, Sameday	10,692	123	5.4
Other	283,851	10,288	143.7
<b>Total</b>	<b>1,533,648</b>	<b>55,788</b>	<b>776.2</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Notes:

1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Proc—procedure, AMI—Acute myocardial infarction, System—system, Dis—disorder.
2. Similar tables for all AR-DRGs are provided on the Internet at <http://www.aihw.gov.au/> for Australia and each state and territory.

**Table 11.9: Selected separations for the 30 AR-DRGs version 5.0 with the highest number of separations, private free-standing day hospitals, <sup>(a)</sup> Australia, <sup>(b)</sup> 2002–03**

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)
G44C Other Colonoscopy, Sameday	57,454	57,454	84	29.1	57,454	29.1	1.0
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	48,217	48,217	73	24.4	48,217	24.4	1.0
C16B Lens Procedures, Sameday	45,776	45,776	10	23.2	45,776	23.2	1.0
O05Z Abortion W O.R. Procedure	35,288	35,287	592	17.9	35,288	17.9	1.0
L61Z Admit for Renal Dialysis	29,441	29,438	8,959	14.9	29,441	14.9	1.0
R63Z Chemotherapy	28,730	28,730	424	14.5	28,730	14.5	1.0
G46C Complex Gastroscopy, Sameday	24,103	24,103	33	12.2	24,103	12.2	1.0
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	18,982	18,981	16	9.6	18,982	9.6	1.0
D40Z Dental Extractions and Restorations	15,577	15,568	1	7.9	15,577	7.9	1.0
Z40Z Follow Up W Endoscopy	15,328	15,328	0	7.8	15,328	7.8	1.0
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	7,912	7,911	191	4.0	7,912	4.0	1.0
Z64B Other Factors Influencing Health Status, Sameday	7,361	7,361	0	3.7	7,361	3.7	1.0
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	7,167	7,162	41	3.6	7,167	3.6	1.0
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	7,160	7,155	170	3.6	7,160	3.6	1.0
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	5,574	5,574	6	2.8	5,574	2.8	1.0
G42B Other Gastroscopy for Major Digestive Disease, Sameday	5,238	5,238	3	2.7	5,238	2.7	1.0
I18Z Other Knee Procedures	4,887	4,871	0	2.5	4,887	2.5	1.0
C11Z Eyelid Procedures	4,069	4,068	15	2.1	4,069	2.1	1.0
R61C Lymphoma and Non-Acute Leukaemia, Sameday	4,038	4,038	0	2.0	4,038	2.0	1.0
E63Z Sleep Apnoea	3,551	88	0	1.8	3,551	1.8	1.0
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	3,479	3,479	2	1.8	3,479	1.8	1.0
C14Z Other Eye Procedures	3,245	3,245	4	1.6	3,245	1.6	1.0
F42B Circulatory Dis W/O AMI W Invasive Cardiac Inves Proc W/O Complex Diagnosis/Proc	2,898	2,898	101	1.5	2,898	1.5	1.0
C12Z Other Corneal, Scleral and Conjunctival Procedures	2,844	2,844	2	1.4	2,844	1.4	1.0
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,552	2,552	0	1.3	2,552	1.3	1.0
I30Z Hand Procedures	2,206	2,206	15	1.1	2,206	1.1	1.0
C04Z Major Corneal, Scleral and Conjunctival Procedures	2,110	2,110	1	1.1	2,110	1.1	1.0
B05Z Carpal Tunnel Release	2,003	2,003	2	1.0	2,003	1.0	1.0
J06B Major Procedures for Non-Malignant Breast Conditions	2,000	2,000	6	1.0	2,000	1.0	1.0
N09Z Conisation, Vagina, Cervix and Vulva Procedures	1,840	1,840	1	0.9	1,840	0.9	1.0
Other	53,101	52,653	1,563	26.9	53,101	26.9	1.0
<b>Total</b>	<b>454,131</b>	<b>450,178</b>	<b>12,315</b>	<b>229.8</b>	<b>454,131</b>	<b>229.8</b>	<b>1.0</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Excludes separations from private free-standing day hospitals in Tasmania.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Proc—procedure, AMI—Acute myocardial infarction, Systm—system, Dis—disorder.

**Table 11.10: Selected separations for the 30 AR-DRGs version 5.0 with the highest number of separations, public psychiatric hospitals, <sup>(a)</sup>  
Australia, 2002–03**

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)
U61A Schizophrenia Disorders W Mental Health Legal Status	2,597	0	2,535	1.3	182,019	92.1	70.1
U60Z Mental Health Treatment, Sameday, W/O ECT	2,179	2,176	2,179	1.1	2,209	1.1	1.0
U67Z Personality Disorders and Acute Reactions	1,926	0	1,906	1.0	15,166	7.7	7.9
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,896	0	1,880	1.0	40,672	20.6	21.5
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,443	0	1,440	0.7	75,049	38.0	52.0
V61Z Drug Intoxication and Withdrawal	508	11	506	0.3	4,422	2.2	8.7
V62A Alcohol Use Disorder and Dependence	440	0	438	0.2	3,942	2.0	9.0
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	419	0	402	0.2	7,742	3.9	18.5
Z64A Other Factors Influencing Health Status	419	0	419	0.2	3,213	1.6	7.7
U64Z Other Affective and Somatoform Disorders	413	0	408	0.2	5,830	3.0	14.1
V63A Opioid Use Disorder and Dependence	358	5	358	0.2	2,317	1.2	6.5
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	323	3	306	0.2	22,795	11.5	70.6
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	297	0	288	0.2	9,573	4.8	32.2
V60B Alcohol Intoxication and Withdrawal W/O CC	294	43	291	0.1	1,697	0.9	5.8
V64Z Other Drug Use Disorder and Dependence	291	19	289	0.1	1,859	0.9	6.4
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	218	0	217	0.1	3,955	2.0	18.1
Z64B Other Factors Influencing Health Status, Sameday	170	169	170	0.1	180	0.1	1.1
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	143	12	143	0.1	385	0.2	2.7
U65Z Anxiety Disorders	81	0	80	0.0	1,016	0.5	12.5
U68Z Childhood Mental Disorders	75	0	75	0.0	708	0.4	9.4
B64B Delirium W/O Catastrophic CC	71	2	68	0.0	1,928	1.0	27.2
U66Z Eating and Obsessive-Compulsive Disorders	47	0	47	0.0	1,184	0.6	25.2
U40Z Mental Health Treatment, Sameday, W ECT	45	45	45	0.0	45	0.0	1.0
V60A Alcohol Intoxication and Withdrawal W CC	45	3	45	0.0	757	0.4	16.8
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	36	1	36	0.0	5,745	2.9	159.6
O61Z Postpartum and Post Abortion W/O O.R. Procedure	15	1	15	0.0	335	0.2	22.3
V62B Alcohol Use Disorder and Dependence, Sameday	15	15	15	0.0	15	0.0	1.0
B67B Degenerative Nervous System Disorders Age >59 W/O Cat or Sev CC	8	0	8	0.0	2,012	1.0	251.5
B67A Degenerative Nervous System Disorders W Cat or Sev CC	7	0	6	0.0	316	0.2	45.1
Other	262	86	261	0.1	23,106	11.7	88.2
<b>Total</b>	<b>15,041</b>	<b>2,591</b>	<b>14,876</b>	<b>7.6</b>	<b>420,192</b>	<b>212.7</b>	<b>27.9</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

**Table 11.11: Separations for the 30 AR-DRGs version 5.0 with the highest number of separations, <sup>(a)</sup> public hospitals, states and territories, 2002–03**

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	161,794	179,226	90,022	59,465	40,331	13,263	14,326	24,869	583,296
R63Z Chemotherapy <sup>(u)</sup>	3,898	49,294	30,781	17,563	16,609	2,454	5,743	1,018	127,360
O60B Vaginal Delivery W/O Catastrophic or Severe CC	27,207	23,249	15,626	7,199	5,800	1,739	1,659	1,237	83,716
F74Z Chest Pain	21,958	16,387	10,604	3,350	4,821	772	316	713	58,921
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	20,156	14,183	8,567	4,076	4,732	993	343	350	53,400
G44C Other Colonoscopy, Sameday	16,632	13,399	8,180	6,814	5,218	478	1,164	411	52,296
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	12,677	15,108	8,461	5,203	4,795	476	928	394	48,042
C16B Lens Procedures, Sameday	15,039	12,645	4,778	4,686	4,134	47	618	357	42,304
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	8,809	11,141	9,008	3,875	5,058	620	253	245	39,009
O66A Antenatal & Other Obstetric Admission	14,602	7,403	6,446	3,123	2,546	603	460	859	36,042
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	13,549	10,954	5,480	2,252	2,245	606	330	281	35,697
O66B Antenatal & Other Obstetric Admission, Sameday	11,387	10,754	5,961	865	4,170	586	74	784	34,581
Z64B Other Factors Influencing Health Status, Sameday	6,419	12,677	6,613	3,686	2,736	1,032	955	271	34,389
X60C Injuries Age <65	11,220	7,731	8,384	2,207	1,476	394	214	913	32,539
O05Z Abortion W O.R. Procedure	8,017	9,887	3,430	2,332	6,541	454	271	1,139	32,071
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	10,458	7,242	6,465	3,031	2,068	508	399	1,379	31,550
O01C Caesarean Delivery W/O Catastrophic or Severe CC	10,806	7,992	6,302	2,506	2,295	496	416	481	31,294
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	7,739	11,157	4,146	2,445	3,281	714	1,264	201	30,947
Z40Z Follow Up W Endoscopy	8,752	7,275	5,492	3,005	4,165	342	401	139	29,571
E62C Respiratory Infections/Inflamations W/O CC	10,827	6,552	4,751	2,569	1,727	458	393	651	27,928
E69C Bronchitis and Asthma Age <50 W/O CC	10,164	5,917	4,368	2,636	2,734	354	240	308	26,721
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	10,064	6,622	4,609	1,925	1,917	638	403	172	26,350
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	8,404	6,772	5,346	2,334	2,035	572	230	211	25,904
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	10,496	5,960	4,362	1,888	1,835	599	196	374	25,710
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	9,465	4,253	6,591	1,944	1,891	469	421	573	25,607
U60Z Mental Health Treatment, Sameday, W/O ECT	12,282	6,390	3,836	851	1,574	227	59	80	25,299
D63B Otitis Media and URI W/O CC	9,416	4,835	4,939	2,610	2,284	431	239	312	25,066
F72B Unstable Angina W/O Catastrophic or Severe CC	8,614	6,601	5,270	1,272	1,479	586	231	183	24,236
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	9,064	5,633	5,184	1,629	1,451	379	348	483	24,171
F62B Heart Failure and Shock W/O Catastrophic CC	8,704	6,293	4,101	1,880	2,056	448	222	194	23,898
Other	748,396	616,986	378,442	200,238	211,903	46,903	29,290	27,654	2,259,812
<b>Total</b>	<b>1,247,015</b>	<b>1,110,518</b>	<b>676,545</b>	<b>359,459</b>	<b>355,907</b>	<b>78,641</b>	<b>62,406</b>	<b>67,236</b>	<b>3,957,727</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

**Table 11.12: Separations for the 30 AR-DRGs version 5.0 with the highest number of separations, <sup>(a)</sup> private hospitals, states and territories, 2002–03**

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G44C Other Colonoscopy, Sameday	38,759	39,305	35,350	12,865	8,521	n.p.	n.p.	n.p.	137,993
R63Z Chemotherapy	27,238	36,398	37,847	16,199	12,708	n.p.	n.p.	n.p.	135,523
L61Z Admit for Renal Dialysis	19,821	17,072	31,815	20,303	14,142	n.p.	n.p.	n.p.	103,153
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	26,082	33,683	25,724	7,831	6,147	n.p.	n.p.	n.p.	101,588
C16B Lens Procedures, Sameday	33,100	19,068	21,416	7,061	6,695	n.p.	n.p.	n.p.	91,999
D40Z Dental Extractions and Restorations	21,666	20,942	15,027	11,495	5,921	n.p.	n.p.	n.p.	78,006
U60Z Mental Health Treatment, Sameday, W/O ECT	11,156	29,471	14,088	6,221	6,573	n.p.	n.p.	n.p.	70,451
G46C Complex Gastroscopy, Sameday	22,620	12,329	12,905	4,900	2,959	n.p.	n.p.	n.p.	56,531
Z40Z Follow Up W Endoscopy	19,594	13,817	12,553	4,074	3,848	n.p.	n.p.	n.p.	55,167
I18Z Other Knee Procedures	15,732	14,126	8,514	6,726	6,812	n.p.	n.p.	n.p.	54,652
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	14,922	10,856	11,479	5,879	4,940	n.p.	n.p.	n.p.	50,991
O05Z Abortion W O.R. Procedure	11,654	15,475	14,204	3,803	776	n.p.	n.p.	n.p.	46,492
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	11,867	9,441	7,883	3,278	2,276	n.p.	n.p.	n.p.	36,495
O60B Vaginal Delivery W/O Catastrophic or Severe CC	10,792	9,920	6,607	4,076	2,249	n.p.	n.p.	n.p.	35,934
Z64B Other Factors Influencing Health Status, Sameday	7,392	13,303	7,104	4,968	752	n.p.	n.p.	n.p.	34,794
F42B Circulatory Dis W/O AMI W Invasive Cardiac Inves Proc W/O Complex Diagnosis/Proc	9,902	6,822	6,044	2,355	2,028	n.p.	n.p.	n.p.	28,477
E63Z Sleep Apnoea	9,067	6,601	4,993	452	2,309	n.p.	n.p.	n.p.	24,404
O01C Caesarean Delivery W/O Catastrophic or Severe CC	6,331	5,084	5,407	3,092	1,516	n.p.	n.p.	n.p.	22,535
G09Z Inguinal and Femoral Hernia Procedures Age>0	7,402	5,243	4,573	2,408	1,669	n.p.	n.p.	n.p.	22,478
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	6,940	3,858	6,014	1,019	3,475	n.p.	n.p.	n.p.	22,109
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	8,841	4,368	4,012	1,890	1,445	n.p.	n.p.	n.p.	21,471
I30Z Hand Procedures	6,124	5,163	4,137	2,488	2,379	n.p.	n.p.	n.p.	21,422
I16Z Other Shoulder Procedures	5,671	5,062	3,672	3,412	2,355	n.p.	n.p.	n.p.	21,055
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,631	4,419	5,839	1,841	2,302	n.p.	n.p.	n.p.	21,044
L41Z Cystourethroscopy, Sameday	6,632	4,792	3,957	2,700	1,481	n.p.	n.p.	n.p.	20,508
D11Z Tonsillectomy and/or Adenoidectomy	6,902	3,452	4,218	1,938	1,772	n.p.	n.p.	n.p.	18,889
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	5,468	4,438	3,444	1,830	1,649	n.p.	n.p.	n.p.	17,564
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	5,586	3,761	3,663	1,905	1,351	n.p.	n.p.	n.p.	17,051
I04Z Knee Replacement and Reattachment	5,884	3,535	2,793	1,846	1,555	n.p.	n.p.	n.p.	16,383
N04Z Hysterectomy for Non-Malignancy	4,926	3,174	3,390	2,178	1,501	n.p.	n.p.	n.p.	16,042
Other	278,706	275,232	253,502	125,546	93,187	n.p.	n.p.	n.p.	1,078,387
<b>Total</b>	<b>672,408</b>	<b>640,210</b>	<b>582,174</b>	<b>276,579</b>	<b>207,293</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,479,588</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Proc—procedure, AMI—Acute myocardial infarction, Systm—system, Dis—disorder.

n.p. Not published.

**Table 11.13: Average length of stay (days) for the 30 AR-DRGs version 5.0 with the highest number of separations, public hospitals, <sup>(a)</sup> states and territories, 2002–03**

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O60B Vaginal Delivery W/O Catastrophic or Severe CC	3.3	3.1	2.7	3.4	3.3	3.9	3.1	3.6	3.1
F74Z Chest Pain	1.7	1.3	1.6	1.5	1.6	1.6	1.4	1.7	1.6
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	2.1	1.8	1.9	2.2	2.0	2.2	2.4	2.4	2.0
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
C16B Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.4	1.2	1.2	1.2	1.1	1.3	1.2	2.3	1.2
O66A Antenatal & Other Obstetric Admission	2.6	2.4	2.1	2.4	2.4	2.1	3.1	3.3	2.5
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	1.6	1.4	1.5	1.9	1.6	1.6	1.8	1.8	1.5
O66B Antenatal & Other Obstetric Admission, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z64B Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
X60C Injuries Age <65	1.4	1.3	1.3	1.6	1.6	1.6	2.1	2.0	1.4
O05Z Abortion W O.R. Procedure	1.1	1.0	1.1	1.1	1.1	1.1	1.1	1.1	1.1
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	4.1	4.7	3.5	3.7	3.7	3.5	4.5	3.8	4.0
O01C Caesarean Delivery W/O Catastrophic or Severe CC	4.8	4.7	4.0	4.9	4.9	4.7	4.7	5.6	4.6
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.8	1.3	1.5	1.4	1.3	1.5	1.2	1.9	1.5
Z40Z Follow Up W Endoscopy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
E62C Respiratory Infections/Inflammations W/O CC	3.9	3.4	3.4	3.6	3.3	4.3	4.0	4.2	3.7
E69C Bronchitis and Asthma Age <50 W/O CC	1.7	1.6	1.7	1.9	1.8	1.7	2.0	2.2	1.7
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	2.5	2.3	2.3	2.0	2.2	2.4	2.0	2.1	2.3
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	1.5	1.2	1.4	1.3	1.6	1.6	1.7	1.7	1.4
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	5.4	4.3	5.0	5.7	5.1	6.9	5.8	4.9	5.1
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	2.4	2.6	2.0	2.6	2.4	3.8	2.0	2.8	2.4
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
D63B Otitis Media and URI W/O CC	1.8	1.7	1.6	1.9	1.6	1.8	2.1	2.0	1.7
F72B Unstable Angina W/O Catastrophic or Severe CC	2.9	2.3	2.6	2.1	2.7	2.9	3.5	2.8	2.6
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	1.2	1.2	1.1	1.2	1.2	1.3	1.3	1.8	1.2
F62B Heart Failure and Shock W/O Catastrophic CC	6.2	4.8	5.2	5.5	5.7	7.1	6.5	4.4	5.6
Other	5.0	4.3	4.2	4.6	4.5	5.3	5.0	4.9	4.6
<b>Total</b>	<b>3.7</b>	<b>3.0</b>	<b>3.0</b>	<b>3.3</b>	<b>3.3</b>	<b>3.9</b>	<b>3.1</b>	<b>2.9</b>	<b>3.3</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

n.a. Not applicable

**Table 11.14: Average length of stay (days) for the 30 AR-DRGs version 5.0 with the highest number of separations, private hospitals, <sup>(a)</sup> states and territories, 2002–03**

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C16B Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
D40Z Dental Extractions and Restorations	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G46C Complex Gastroscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z40Z Follow Up W Endoscopy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
I18Z Other Knee Procedures	1.1	1.2	1.2	1.3	1.1	n.p.	n.p.	n.p.	1.2
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
O05Z Abortion W O.R. Procedure	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	1.1	1.2	1.1	1.2	1.2	n.p.	n.p.	n.p.	1.2
O60B Vaginal Delivery W/O Catastrophic or Severe CC	4.4	4.5	4.4	4.9	5.0	n.p.	n.p.	n.p.	4.5
Z64B Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
F42B Circulatory Dis W/O AMI W Invasive Cardiac Inves Proc W/O Complex Diagnosis/Proc	1.3	1.6	1.7	1.4	1.5	n.p.	n.p.	n.p.	1.5
E63Z Sleep Apnoea	1.0	1.0	1.0	1.2	1.0	n.p.	n.p.	n.p.	1.0
O01C Caesarean Delivery W/O Catastrophic or Severe CC	5.8	5.6	5.3	6.5	6.6	n.p.	n.p.	n.p.	5.8
G09Z Inguinal and Femoral Hernia Procedures Age>0	1.6	1.6	1.4	1.7	1.8	n.p.	n.p.	n.p.	1.6
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	1.3	1.5	1.3	1.9	1.2	n.p.	n.p.	n.p.	1.4
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	1.3	1.6	1.5	1.9	1.8	n.p.	n.p.	n.p.	1.5
I30Z Hand Procedures	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.2
I16Z Other Shoulder Procedures	1.7	1.8	1.9	1.7	1.9	n.p.	n.p.	n.p.	1.8
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	1.2	1.3	1.1	1.3	1.3	n.p.	n.p.	n.p.	1.2
L41Z Cystourethroscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
D11Z Tonsillectomy and/or Adenoidectomy	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	1.0	1.0	1.1	1.0	1.0	n.p.	n.p.	n.p.	1.0
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1.9	2.2	2.0	2.1	2.3	n.p.	n.p.	n.p.	2.0
I04Z Knee Replacement and Reattachment	8.0	8.7	9.0	10.6	7.8	n.p.	n.p.	n.p.	8.6
N04Z Hysterectomy for Non-Malignancy	4.5	4.9	4.3	4.9	4.8	n.p.	n.p.	n.p.	4.7
Other	3.9	4.2	4.4	3.9	4.2	n.p.	n.p.	n.p.	4.2
<b>Total</b>	<b>2.4</b>	<b>2.6</b>	<b>2.7</b>	<b>2.6</b>	<b>2.7</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2.6</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Proc—procedure, AMI—Acute myocardial infarction, System—system, Dis—disorder.  
n.p. Not published.

**Table 11.15: Separations for males for the 30 AR-DRGs version 5.0 with the highest number of separations, by age group, all hospitals, <sup>(a)</sup> Australia, 2002–03**

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
L61Z Admit for Renal Dialysis	0	360	370	7,943	23,223	41,068	60,888	81,361	106,900	76,655	5,770	404,538
R63Z Chemotherapy	66	1,126	1,961	2,054	3,335	6,352	17,348	33,672	38,065	18,882	1,481	124,342
G44C Other Colonoscopy, Sameday	3	30	162	1,823	5,215	11,100	18,503	22,714	19,195	10,758	1,073	90,576
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	97	543	1,126	3,392	6,998	10,691	12,896	12,627	10,519	6,843	1,032	66,764
C16B Lens Procedures, Sameday	2	18	56	73	159	596	2,597	7,147	17,085	23,213	4,635	55,581
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	185	741	1,861	2,096	3,108	4,902	6,915	8,135	8,124	7,960	1,997	46,024
Z40Z Follow Up W Endoscopy	9	34	67	250	966	3,207	7,085	10,915	12,307	9,097	1,290	45,227
D40Z Dental Extractions and Restorations	4	4,571	7,876	15,513	7,199	3,366	1,998	1,280	654	470	97	43,028
I18Z Other Knee Procedures	1	4	501	4,532	6,695	8,960	9,783	7,357	3,534	1,227	93	42,687
F74Z Chest Pain	1	7	137	709	2,372	5,705	8,046	7,656	6,141	4,340	993	36,107
U60Z Mental Health Treatment, Sameday, W/O ECT	999	378	2,771	3,900	4,725	5,209	6,797	5,347	1,679	2,682	524	35,011
G09Z Inguinal and Femoral Hernia Procedures Age>0	0	1,084	1,085	1,646	2,780	4,186	6,049	6,992	6,030	4,067	672	34,591
G46C Complex Gastroscopy, Sameday	11	44	218	913	2,388	4,370	6,898	7,981	6,248	3,705	447	33,223
Z64B Other Factors Influencing Health Status, Sameday	579	983	1,311	796	1,643	3,705	6,632	7,914	5,808	2,604	153	32,128
F42B Circulatory Dis W/O AMI W Invasive Cardiac Inves Proc W/O Complex Diagnosis/Proc	0	1	12	167	398	1,611	4,874	8,139	8,054	4,603	324	28,183
I30Z Hand Procedures	65	432	1,051	5,939	5,112	3,845	3,484	3,295	2,472	1,290	125	27,110
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,526	3,045	3,812	3,365	3,305	3,301	3,387	3,449	1,275	26,465
X60C Injuries Age <65	63	1,354	2,723	5,458	5,023	3,883	2,701	1,645	0	0	0	22,850
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	200	83	143	694	2,801	5,156	5,665	4,297	2,493	1,032	113	22,677
L41Z Cystourethroscopy, Sameday	131	156	279	506	1,191	2,185	3,579	4,533	4,799	4,072	864	22,295
E63Z Sleep Apnoea	51	264	272	308	1,450	3,751	6,179	5,516	2,804	1,349	81	22,025
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	254	1,040	1,442	2,835	3,214	3,244	2,917	2,417	1,874	1,530	535	21,302
R61C Lymphoma and Non-Acute Leukaemia, Sameday	4	44	87	360	492	1,127	2,889	4,440	5,095	5,078	1,428	21,044
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	67	304	759	839	1,544	1,733	2,232	3,162	4,115	4,388	1,442	20,585
L64Z Urinary Stones and Obstruction	26	31	62	462	2,024	3,845	5,002	4,377	2,484	1,071	148	19,532
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	26	15	77	268	579	1,241	2,561	4,262	4,908	3,953	936	18,826
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	5	44	171	508	595	990	1,967	3,057	3,870	5,022	1,606	17,835
E62C Respiratory Infections/Inflammations W/O CC	762	3,301	1,457	790	1,247	1,491	1,517	1,654	1,900	2,338	1,047	17,504
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	15	1,015	8,741	3,143	1,672	1,107	797	506	290	0	0	17,286
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	9	54	66	46	69	235	855	2,766	5,795	5,966	1,240	17,101
Other	77,016	84,380	92,103	109,497	127,807	151,501	174,279	210,667	238,688	230,200	71,166	1,567,343
<b>Total</b>	<b>80,651</b>	<b>102,441</b>	<b>130,473</b>	<b>180,505</b>	<b>229,836</b>	<b>303,727</b>	<b>397,238</b>	<b>489,132</b>	<b>535,317</b>	<b>447,844</b>	<b>102,587</b>	<b>2,999,790</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities, Proc—procedure, AMI—Acute myocardial infarction, Systm—system, Dis—disorder.



**Table 11.16: Separations for females for the 30 AR-DRGs version 5.0 with the highest number of separations, by age group, all hospitals,<sup>(a)</sup> Australia, 2002-03**

AR-DRG	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total <sup>(b)</sup>
L61Z Admit for Renal Dialysis	0	0	557	4,346	13,608	23,062	46,520	59,797	83,289	48,478	2,160	281,817
R63Z Chemotherapy	56	797	1,288	1,457	4,307	16,156	31,797	37,629	29,417	14,383	1,250	138,537
O60B Vaginal Delivery W/O Catastrophic or Severe CC	0	0	59	25,114	74,699	19,692	86	0	0	0	0	119,650
G44C Other Colonoscopy, Sameday	5	24	124	2,937	6,791	12,667	20,838	23,932	19,784	11,313	1,296	99,711
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	83	417	1,101	4,392	7,511	12,095	16,797	17,031	13,012	8,709	1,718	82,866
C16B Lens Procedures, Sameday	4	22	33	44	174	616	2,482	7,567	23,789	35,592	8,398	78,721
O05Z Abortion W O.R. Procedure	0	0	187	26,250	34,189	17,446	488	3	0	0	0	78,563
U60Z Mental Health Treatment, Sameday, W/O ECT	813	243	1,335	10,810	10,966	13,394	11,553	6,655	2,713	1,860	397	60,739
D40Z Dental Extractions and Restorations	2	3,880	8,350	24,705	10,070	4,338	2,767	1,371	747	553	187	56,970
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	6	0	160	4,109	17,168	20,832	8,669	3,072	1,279	470	53	55,818
O01C Caesarean Delivery W/O Catastrophic or Severe CC	0	0	9	6,893	34,092	12,761	73	1	0	0	0	53,829
O66A Antenatal & Other Obstetric Admission	0	0	58	12,542	24,949	6,629	71	1	0	0	0	44,250
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	169	735	2,220	2,893	3,991	6,208	7,712	6,895	5,517	5,433	2,201	43,974
G46C Complex Gastroscopy, Sameday	5	39	148	1,755	3,082	5,494	9,148	9,603	7,298	4,247	632	41,451
Z40Z Follow Up W Endoscopy	4	29	44	714	1,732	3,992	7,652	9,309	8,853	6,257	925	39,511
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,303	4,399	5,164	4,139	4,607	4,528	4,885	5,743	2,905	37,673
O66B Antenatal & Other Obstetric Admission, Sameday	0	1	33	10,218	21,055	5,986	60	0	17	0	0	37,370
Z64B Other Factors Influencing Health Status, Sameday	476	782	683	1,288	3,422	5,341	8,681	8,510	5,508	2,096	268	37,055
N09Z Conisation, Vagina, Cervix and Vulva Procedures	18	104	222	6,994	11,089	7,735	5,570	2,768	1,272	688	166	36,626
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	0	18	703	3,630	8,897	13,035	5,590	2,368	1,015	170	35,426
F74Z Chest Pain	0	3	108	700	1,800	4,030	6,729	6,774	5,936	5,615	2,101	33,796
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	0	0	15	8,789	19,500	4,379	19	0	0	0	0	32,702
N08Z Endoscopic Procedures for Female Reproductive System	2	2	85	4,128	12,288	11,929	2,681	516	183	49	12	31,875
N04Z Hysterectomy for Non-Malignancy	0	0	2	32	1,960	9,797	10,904	3,295	1,959	971	118	29,038
I18Z Other Knee Procedures	0	7	409	2,141	2,519	4,417	6,541	6,404	4,206	1,835	202	28,681
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	82	220	2,599	5,111	4,953	3,968	3,232	2,198	1,779	1,635	658	26,435
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	0	1	68	1,871	4,614	5,195	5,428	4,442	2,682	1,268	183	25,752
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	48	229	591	1,095	2,020	3,140	4,098	2,834	4,073	5,094	2,214	25,436
O61Z Postpartum and Post Abortion W/O O.R. Procedure	1	0	11	4,958	15,583	4,739	47	0	0	0	1	25,340
D11Z Tonsillectomy and/or Adenoidectomy	8	3,809	7,132	4,602	1,528	543	182	97	44	11	0	17,956
Other	58,174	61,026	67,955	115,128	176,264	185,322	201,193	209,691	225,360	266,874	132,726	1,699,740
<b>Total</b>	<b>59,956</b>	<b>72,370</b>	<b>96,907</b>	<b>301,118</b>	<b>534,718</b>	<b>444,939</b>	<b>439,660</b>	<b>440,513</b>	<b>455,970</b>	<b>430,189</b>	<b>160,941</b>	<b>3,437,308</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.17: Separations for the 30 AR-DRGs version 5.0 with the largest changes in the total numbers of separations for sectors combined,<sup>(a)</sup> by hospital sector, 1998–99 to 2002–03

AR-DRG	Private hospitals					Change 1998–99 to 2002–03	Public hospitals					Change 1998–99 to 2002–03
	1998–99	1999–00	2000–01	2001–02	2002–03		1998–99	1999–00	2000–01	2001–02	2002–03	
L61Z Admit for Renal Dialysis	52,695	62,442	84,553	88,806	103,153	50,458	422,846	466,647	487,351	539,303	583,296	160,450
R63Z Chemotherapy	74,871	91,022	111,805	121,813	135,523	60,652	122,714	117,290	112,229	116,313	127,360	4,646
C16B Lens Procedures, Sameday	56,308	65,585	75,165	83,648	91,999	35,691	32,731	32,452	34,523	38,474	42,304	9,573
G44C Other Colonoscopy, Sameday	95,555	106,328	124,301	128,830	137,993	42,438	50,469	50,874	50,732	50,645	52,296	1,827
Z64B Other Factors Influencing Health Status, Sameday	8,087	10,650	13,148	20,128	34,794	26,707	18,575	20,899	20,973	25,815	34,389	15,814
G46C Complex Gastroscopy, Sameday	29,260	36,159	44,324	49,409	56,531	27,271	13,257	14,826	15,688	16,482	18,143	4,886
U60Z Mental Health Treatment, Sameday, W/O ECT	39,067	41,275	48,411	56,500	70,451	31,384	25,417	27,929	25,989	25,185	25,299	-118
F74Z Chest Pain	6,409	8,284	9,732	10,472	10,983	4,574	37,541	42,714	47,863	55,055	58,921	21,380
D40Z Dental Extractions and Restorations	51,706	55,939	61,477	73,782	78,006	26,300	24,578	23,983	21,689	24,899	21,997	-2,581
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	33,186	37,027	44,652	48,673	50,991	17,805	39,057	40,489	37,060	36,620	39,009	-48
Z40Z Follow Up W Endoscopy	38,211	43,847	52,610	61,355	55,167	16,956	29,452	31,208	32,533	31,416	29,571	119
O01C Caesarean Delivery W/O Catastrophic or Severe CC	13,128	14,856	17,094	20,317	22,535	9,407	25,589	27,658	29,532	29,652	31,294	5,705
O05Z Abortion W O.R. Procedure	25,980	24,862	27,800	35,543	46,492	20,512	37,481	36,556	34,894	33,413	32,071	-5,410
O60B Vaginal Delivery W/O Catastrophic or Severe CC	30,388	31,286	32,355	34,509	35,934	5,546	103,184	105,229	96,242	85,542	83,716	-19,468
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	10,478	9,133	10,211	10,252	10,740	262	39,830	41,602	45,986	49,243	53,400	13,570
E69C Bronchitis and Asthma Age <50 W/O CC	3,018	2,674	2,888	2,317	2,061	-957	39,473	33,307	35,639	29,171	26,721	-12,752
R61C Lymphoma and Non-Acute Leukaemia, Sameday	5,510	7,470	9,097	10,246	11,540	6,030	16,507	19,697	19,495	20,868	23,173	6,666
E63Z Sleep Apnoea	11,454	14,286	18,296	22,133	24,404	12,950	5,861	4,363	4,347	4,875	4,821	-1,040
O60A Vaginal Delivery W Catastrophic or Severe CC	5,514	3,304	3,034	3,239	3,695	-1,819	21,180	14,761	13,185	12,057	11,639	-9,541
C16A Lens Procedures	18,116	16,954	15,131	13,039	11,438	-6,678	7,046	5,412	4,351	3,693	3,012	-4,034
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	12,996	14,795	18,054	19,829	22,109	9,113	7,070	6,677	7,085	7,607	8,117	1,047
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	26,646	29,450	33,928	35,006	36,495	9,849	19,083	19,070	19,617	19,208	19,323	240
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	6,357	7,594	8,738	9,413	9,114	2,757	20,162	22,015	23,665	26,088	26,350	6,188
N08Z Endoscopic Procedures for Female Reproductive System	13,487	13,146	14,768	15,173	14,394	907	26,756	24,377	22,468	19,345	17,481	-9,275
Z61Z Signs and Symptoms	2,151	2,597	3,584	2,285	4,035	1,884	5,932	7,761	9,412	10,431	11,513	5,581
I18Z Other Knee Procedures	44,105	49,689	52,805	55,341	54,652	10,547	19,804	20,315	18,386	17,506	16,717	-3,087
I04Z Knee Replacement and Reattachment	10,256	11,161	12,750	15,339	16,383	6,127	7,448	7,259	7,144	8,101	8,603	1,155
K60B Diabetes W/O Catastrophic or Severe CC	1,530	1,445	2,117	2,504	3,213	1,683	11,314	11,557	14,395	15,591	16,794	5,480
I16Z Other Shoulder Procedures	14,144	16,623	18,960	20,398	21,055	6,911	4,341	4,468	4,216	4,340	4,478	137
I30Z Hand Procedures	16,672	18,652	19,669	20,427	21,422	4,750	19,156	21,492	20,315	20,640	21,324	2,168
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	5,603	5,662	6,906	6,314	6,017	414	29,286	30,347	33,706	34,737	35,697	6,411
Surgical DRG	779,259	828,760	916,711	994,562	1,029,328	250,069	896,580	876,043	839,456	830,087	834,972	-61,608
Medical DRG	664,588	707,034	802,177	856,618	919,520	254,932	2,547,924	2,583,547	2,618,385	2,723,784	2,841,145	293,221
Other DRG	384,157	424,093	486,294	511,799	530,740	146,583	298,236	291,306	286,803	284,623	281,610	-16,626

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported. AR-DRGs have been ordered by the sum of the absolute value of the changes in the public and private sectors between 1998–99 and 2002–03.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.  
2. AR-DRG 960Z *Ungroupable* not included.

**Table 11.18: Separations for the 30 AR-DRGs version 5.0 with the largest changes in the total numbers of separations,<sup>(a)</sup> by patient election status,<sup>(b)</sup> all hospitals, 1998–99 to 2002–03**

AR-DRG	Private patients						Public patients					
	1998–99	1999–00	2000–01	2001–02	2002–03	Change 1998–99 to 2002–03	1998–99	1999–00	2000–01	2001–02	2002–03	Change 1998–99 to 2002–03
	L61Z Admit for Renal Dialysis	90,093	98,596	114,448	118,934	138,286	48,193	383,380	428,469	456,501	508,771	547,884
R63Z Chemotherapy	90,262	102,125	118,016	128,327	144,405	54,143	106,707	105,934	103,929	109,264	117,596	10,889
C16B Lens Procedures, Sameday	59,062	69,918	79,700	87,812	97,533	38,471	27,750	27,121	29,282	32,469	36,023	8,273
G44C Other Colonoscopy, Sameday	99,139	109,749	127,040	131,798	141,342	42,203	45,743	47,158	47,425	46,581	48,384	2,641
Z64B Other Factors Influencing Health Status, Sameday	9,751	11,969	14,884	22,256	37,611	27,860	16,778	19,501	19,165	23,565	31,375	14,597
G46C Complex Gastroscopy, Sameday	30,303	37,522	45,553	50,799	58,097	27,794	11,700	13,373	14,257	14,848	16,445	4,745
U60Z Mental Health Treatment, Sameday, W/O ECT	40,629	43,655	49,278	59,024	72,257	31,628	22,105	24,710	23,197	22,012	22,062	-43
F74Z Chest Pain	10,096	12,266	14,349	15,623	16,564	6,468	33,704	38,560	43,114	49,653	53,150	19,446
D40Z Dental Extractions and Restorations	55,535	61,284	65,470	77,803	83,172	27,637	18,707	18,252	16,976	19,852	16,697	-2,010
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	36,335	39,922	47,075	50,836	54,206	17,871	35,392	37,288	33,912	33,362	35,353	-39
Z40Z Follow Up W Endoscopy	40,488	46,020	54,829	63,257	57,280	16,792	26,693	28,948	30,051	28,875	27,250	557
O05Z Abortion W O.R. Procedure	27,837	26,689	31,503	38,935	48,803	20,966	33,331	32,685	31,036	29,674	29,308	-4,023
O01C Caesarean Delivery W/O Catastrophic or Severe CC	15,282	16,647	18,987	22,831	25,109	9,827	23,063	25,470	27,261	26,861	28,472	5,409
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	13,938	12,543	14,622	14,971	15,827	1,889	36,181	37,918	41,337	44,290	48,107	11,926
E69C Bronchitis and Asthma Age <50 W/O CC	4,648	3,924	4,717	3,786	3,318	-1,330	37,688	31,905	33,732	27,653	25,441	-12,247
O60B Vaginal Delivery W/O Catastrophic or Severe CC	36,064	35,586	36,822	39,458	40,082	4,018	96,048	99,509	91,062	79,910	78,852	-17,196
R61C Lymphoma and Non-Acute Leukaemia, Sameday	8,407	10,374	11,940	13,207	14,747	6,340	13,462	16,696	16,580	17,808	19,913	6,451
E63Z Sleep Apnoea	11,628	14,422	18,325	22,035	24,557	12,929	5,482	4,203	4,111	4,534	4,441	-1,041
O60A Vaginal Delivery W Catastrophic or Severe CC	6,430	3,927	3,689	4,023	4,341	-2,089	20,045	13,959	12,454	11,206	10,907	-9,138
C16A Lens Procedures	19,441	18,083	16,042	13,732	12,099	-7,342	5,365	4,159	3,233	2,926	2,343	-3,022
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	30,837	34,076	38,439	39,312	40,378	9,541	14,203	14,234	14,771	14,313	14,981	778
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	13,907	15,615	18,828	20,562	23,024	9,117	6,038	5,771	6,046	6,722	7,158	1,120
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	9,613	10,944	12,535	13,280	13,204	3,591	16,823	18,579	19,717	21,956	22,070	5,247
I18Z Other Knee Procedures	44,907	50,974	53,525	56,055	56,124	11,217	17,797	18,590	16,859	16,164	15,071	-2,726
N08Z Endoscopic Procedures for Female Reproductive System	15,615	15,003	16,293	16,512	15,525	-90	24,358	22,394	20,734	17,732	16,185	-8,173
Z61Z Signs and Symptoms	2,625	3,401	4,690	3,664	5,707	3,082	5,428	6,908	8,282	8,986	9,823	4,395
I04Z Knee Replacement and Reattachment	10,693	11,438	12,844	15,417	16,686	5,993	6,894	6,871	6,790	7,842	8,249	1,355
I16Z Other Shoulder Procedures	14,360	16,952	18,889	20,393	21,358	6,998	3,832	4,028	3,982	4,157	4,130	298
I30Z Hand Procedures	18,969	21,454	22,248	23,170	24,699	5,730	16,482	18,466	17,331	17,612	17,948	1,466
K60B Diabetes W/O Catastrophic or Severe CC	2,471	2,445	3,490	4,133	4,916	2,445	10,319	10,521	12,974	13,914	15,028	4,709
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	15,819	16,549	19,678	21,510	22,818	6,999	16,089	15,469	15,367	15,338	16,002	-87
Surgical DRG	877,812	925,349	1,009,885	1,087,113	1,132,132	254,320	776,517	767,100	732,126	723,160	724,635	-51,882
Medical DRG	913,722	941,312	1,047,692	1,109,078	1,186,871	273,149	2,275,531	2,329,291	2,356,939	2,456,167	2,560,434	284,903
Other DRG	412,777	452,613	511,866	538,387	559,866	147,089	262,300	260,782	257,155	252,370	249,670	-12,630

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*. AR-DRGs have been ordered by the sum of the absolute value of the changes in the number of public and private patient separations between 1999–00 and 2002–03.

(b) Caution should be used when interpreting this data as the data element *Patient Election Status* has changed over time. See Appendix 3 for more information.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.

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# Appendix 3: Technical notes

## Definitions

If not otherwise indicated, data elements were defined according to the 2002–03 definitions in the *National Health Data Dictionary* version 11.0 (AIHW 2002b) (summarised in the Glossary).

Data presented by state or territory refer to the state or territory of the hospital, not to the state or territory of the usual residence of the patient. The exceptions are Tables 4.6 to 4.9, 7.11 and 7.12, 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 Tables 6.6, 6.7 and 6.8.

## Data presentation

Except as noted, where totals are provided in the tables, they include data only for those states and territories for which data were available, as indicated in the tables. The exceptions relate to tables in which data for some jurisdictions were not published, for confidentiality reasons (private hospitals), or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful. The abbreviation 'n.p.' has been used in these tables to denote this. Information for selected diagnoses, procedures and AR-DRGs was suppressed if there were fewer than 50 private hospital separations reported for the selected code and fewer than three reporting units (hospitals, or states or territories where the hospitals were not individually identified), or there were three reporting units and one contributed more than 85% of the total separations, or two contributed more than 90% of the separations for the selected diagnoses, procedures or AR-DRGs. Data on elective surgery waiting times have been suppressed if there were fewer than 10 elective surgery admissions in the category being considered.

Throughout the publication, percentages may not add up to 100.0 due to rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

## Population rates

Population rates presented in Chapters 2, 4, 6 and 7 are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 31 December 2002 were used for the observed rates (Table A3.1 accompanying this report on the website). The exceptions were Tables 4.7, 4.9, 7.10, 7.12, 8.18 and 9.19, and Figures 7 and 8 for which the 30 June 2002 population estimates (by selected countries/regions of birth and Remoteness Areas, as appropriate) were used for the observed rates and Figure 7.7 for which the estimated resident population for 30 June 2001 was used for Indigenous population data (Tables A3.2,

A3.3 and A3.4 accompanying this report on the website). Crude population rates in Chapters 2, 3, 5, 8, 9 and 11 were calculated using the population estimates for 31 December 2002.

### Standardised separation rate ratios

For some tables reporting comparative separation rates (Tables 4.6, 4.7, 4.8, 4.9, 7.11 and 7.12), 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). In these tables a 95% confidence interval for the SRR has also been presented. The calculations are as follows:

Standardised separation rate ratio = observed rate/expected rate

Standard error (SRR) =  $\sqrt{\text{observed rate/expected rate}}$

95% confidence interval (SRR) = SRR  $\pm$  1.96  $\times$  Standard error (SRR)

A confidence interval for the separation rate can be obtained by multiplying the upper and lower 95% confidence levels for the SRR by the crude rate for the population.

Thus a standardised separation ratio of 1 indicates that the population of interest (for example, Indigenous peoples) 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. If the 95% confidence interval of the SRR contains 1, the rate for the population of interest is not significantly different (at the 95% confidence level) from that of the comparison population. Similarly, if the 95% confidence interval does not contain 1, then there is a significant difference (at the 95% confidence level).

## Newborn episodes of care

The *Newborn* care type was introduced in 1998–99 for the hospital morbidity data to report a single episode of care for all patients aged 9 days or less at admission, regardless of their qualification status and whether they changed qualification status during their hospital stay. Thus these episodes can include qualified days only, a mixture of qualified days and unqualified days, or only unqualified days. Qualified days are considered to be the equivalent of acute care days and *Newborn* episodes with qualified days only are considered to be equivalent to *Acute care* episodes. *Newborn* episodes with no qualified days are considered to be equivalent to the previous category, *Unqualified neonate*. In this report, *Newborn* episodes with at least one qualified day have been included in all the 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 6.

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.

Tasmanian public hospitals and private hospitals in Victoria and South Australia did not report any newborn episodes with a mixture of qualified and unqualified days (Table 6.9). For Tasmania, where a newborn's qualification status was considered qualified at any point during their episode of care, the entire episode was reported as qualified days. As a consequence of the reporting method used the number of *Newborns* with qualified days only

will include newborns that may have had an unqualified component in their stay. For this reason the average length of stay for *Newborns* with qualified days only in Tasmanian public hospitals is not directly comparable to that in other states.

The Northern Territory did not use this *Newborn* definition in 2002–03 but reported a new episode of care for patients aged less than 10 days at admission with each change in qualification status. The reporting method may mean that there were more separations for patients under the age of 10 days for this jurisdiction, relative to others, and the Northern Territory are currently reviewing the calculation of qualified days for newborns.

Information on reporting practices for *Newborn* episodes prior to 2002–03 is available in *Australian Hospital Statistics 2001–02* (AIHW 2003a).

## Hospital boarders and posthumous organ procurement

For some states and territories, the data provided to the National Hospital Morbidity Database included records for *Hospital boarders* and for *Posthumous organ procurement* activity (see Glossary). These records are provided on an optional basis as they do not represent admitted patient care.

The records for *Hospital boarders* were excluded from this report, as this activity is not admitted patient care. There were 32,650 records for *Hospital boarders* reported to the National Hospital Morbidity Database in 2002–03, mainly from Western Australia, Queensland and the Northern Territory, with some records from New South Wales and Tasmania (Table A3.12).

Similarly, records for *Posthumous organ procurement* activity were excluded from this report, as this activity is also not admitted patient care. There were 67 records of *Posthumous organ procurement* reported to the National Hospital Morbidity Database in 2002–03. Most of these records were from Queensland and Western Australia, with small numbers from the Northern Territory, Tasmania and New South Wales. No records were provided by Victoria, South Australia and the Australian Capital Territory (public hospitals). The number of records for *Posthumous organ procurement* for Queensland, Western Australia, Tasmania and the Northern Territory were similar to the figures reported to the Australia and New Zealand Organ Donation Registry for organ donation in those states/territories during the year ending December 2002. However, the numbers of records for New South Wales were lower than those reported to the registry and may indicate that not all of this activity is able to be identified in the National Hospital Morbidity Database. Information on the number of organ donations collated by the Australia and New Zealand Organ Donation Registry is at <http://www.anzdata.org.au/>.

## ICD-10-AM coded data

Diagnosis, procedure and external cause data for 2002–03 were reported to the National Hospital Morbidity Database by all states and territories using the third edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2002).

## Introduction of the third edition of ICD-10-AM

The following is a summary of the major changes between the second and third editions of ICD-10-AM (NCCH 2001). These and other changes should be considered when comparing data in this report with data reported previously using the second edition of ICD-10-AM.

### Diseases

A significant number of disease codes were expanded at fourth or fifth character level to provide more detail. These included P07 *Disorders related to short gestation and low birth weight, not elsewhere classified*, F32 *Depressive episode*, and Z06 *Infection with drug-resistant microorganism*. Chapter XVI *Certain conditions originating in the perinatal period* (P00–P96) and Chapter XVII *Congenital malformations, deformations and chromosomal abnormalities* (Q00–Q99) were expanded to update the classification in line with the British Paediatrics Association version of ICD-10. These changes are not likely to have significantly affected the statistics included in this report.

The requirement to report the ICD-10-AM code for the ‘underlying cause of disease’ (aetiology), followed by the ICD-10-AM code for the ‘manifestation’ of the disease has been removed from 68 codes (where this resulted in a duplication of information). This is likely to have had the effect of reducing the number of separations reported for some codes describing the aetiology of conditions.

### Morphology

Cancer morphology codes were reviewed in light of the release of International Classification of Diseases for Oncology, Third Edition (ICD-O-3). ICD-O-2 was published in the late 1980s and, following that, significant changes to the classification of morphology occurred. This was particularly important in the lymphoproliferative disorders (leukaemia and lymphoma) where knowledge about their classification progressed quickly and made ICD-O-2 inappropriate. Morphology codes are optionally reported to the National Hospital Morbidity Database but are not presented in *Australian Hospital Statistics 2002–03*.

### External causes

The ICD-10-AM codes within the Chapter XX *External causes of morbidity and mortality* (V01–Y98) were expanded to improve the detail in reporting on cause of injuries. Many of the changes were made with direct reference to the International Classification of External Causes of Injury. Categories which were expanded include X20–X29 *Contact with venomous animals and plants*, X85–Y09 *Assault*, V90–V94 *Water transport accidents* and W00–W19 *Falls*. These changes have not affected the statistics in this report.

The category Y93 *Activity* was deleted and the codes for Activity-when-injured were expanded in the new category U50–U73 *Activity* (as summarised in Table 10.6). Most of the expansion has occurred in the section U50–U72 *While engaged in sports and leisure*. Many sporting activities previously bundled under Y93.08 *While engaged in sports, other* now have specific codes, for example: U61.32 *Karate*, U53.1 *Jet skiing* and U56.1 *Jogging and running*.

### Procedures

In the third edition of ICD-10-AM, the procedure classification (Volumes 3 and 4) was renamed the Australian Classification of Health Interventions (ACHI). Modifications based

on changes to the Medicare Benefits Schedule (MBS) from November 1999, May 2000, November 2000 and May 2001 were included.

The first edition of ACHI (then known as MBS-Extended) was closely aligned with MBS, both in the numbering system and terminology. The MBS uses diagnostic information to describe many item numbers and this feature was maintained in MBS-Extended. However, in the third edition of ICD-10-AM, a number of diagnostic terms were deleted from code titles, in line with the principle that a procedure classification should describe only the procedure performed.

The anaesthetic codes were reviewed to provide a more concise and user-friendly code structure, and impact on the statistics in this report. The patient's American Society of Anesthesiologists (ASA) Physical Status Classification is included in the new code structure as the last two characters of the anaesthetic code.

Significant changes were also made in the classification of spinal procedures (fusion, laminectomy, discectomy), colorectal surgery, urinary diversions, spinal angiography and allied health interventions. These changes may have impacted on the statistics in this report.

### **Australian Coding Standards**

Fourteen new Standards were included in the third edition of ICD-10-AM and a further 68 Standards were amended. A further 18 Standards were deleted as a result of new codes, index improvements or amalgamation with other Standards. Some of these changes may have affected the statistics in this report.

Australian Coding Standard 0002 *Additional diagnoses* contains additional guidelines to further clarify the application of this standard. The specific criteria for defining an additional diagnosis were not altered. Australian Coding Standard 0020 *Multiple/bilateral procedures* was revised with increased emphasis on coding procedures as often as they are performed. For example, the excision of skin lesions under anaesthesia should be coded as often as performed for multiple skin lesions.

### **Quality of ICD-10-AM coded data**

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 following information has, however, been provided by the states and territories to provide some insight into the quality of the coded data in the National Hospital Morbidity Database.

An inaugural statewide coding audit was performed on public hospitals in New South Wales in 2003. The audit was performed on 85 hospitals and approximately 0.5% of public hospital separations. The overall result was that 15.9% of records across the state wide audit sample changed AR-DRG; this figure varied between hospitals and Area Health Services. It was determined that this change rate was impacted by many factors, and is not solely a reflection of clinical coder competency. The impact of the changed AR-DRGs on weighted separations was negligible; the statewide change was close to 0%.

No audit of 2002–03 ICD-10-AM coded data was conducted in Victoria but the previous audit of 2000–01 indicated that the data were of high quality.

Coding quality checks are regularly conducted by source hospitals in Queensland, and ICD-10-AM validations are automatically conducted as part of the general processing of morbidity data. In addition, comprehensive statewide audits of coding quality are conducted periodically, with the next of these organised for 2004–05. As well as providing general information on coding quality, the findings of the forthcoming audit will also aid in the development of an educational program for clinical coders in Queensland.

For the year 2002–03 the Western Australian Department of Health performed audits on random samples of general records from teaching, non-teaching and rural hospitals as well as targeted samples of cases with high risk of error (based on previously compiled error profiles). The audits aimed to assess the accuracy of ICD-10-AM coding and to check compliance with other recording requirements. The clinical codes sent to the Western Australian Department of Health were also checked using the NCCH's Performance Indicators for Coding Quality (PICQ) software and in-house routines. These checks led to an improvement in the coded information.

In 2002–03, South Australia continued its coding data quality program, which is overseen by the South Australia Coding Committee in conjunction with individual coding managers and regional health information management advisory services. Following the external audit findings conducted on 2001–02 data, there has been a significant review of all site-specific coding standards and work processes to ensure compliance with national standards and promotion of consistency in interpretation of conventions between sites. Coding workforce competency is also being assessed at a statewide level through an advanced level re-assessment of coding skills.

In Tasmania, individual hospitals continue to conduct in-house audits using the NCCH's Australian Coding Benchmark Audit method. The results of these audits have shown a minimal error rate. PICQ is also used to assist in the identification of potential areas of poor coding quality. The Tasmanian Department of Health and Human Services also conducted a statewide coding data audit. This included public hospitals and private hospitals that provided services to public patients under contractual arrangements.

In November 2003, Australian Capital Territory Health undertook an external coding audit of medical records at its two public hospitals. This measure is part of a continuous process to drive improvements in the quality of coded data by measuring shifts in AR-DRGs and changes in cost weights. The findings are used as a tool for coder education and training.

The Northern Territory Coders' Forum continued monthly mini-audits throughout the year. These audits involved each hospital coder coding the same specific case, with the answers being reviewed by forum members. In addition to the mini-audits, the hospitals regularly run reports on AR-DRGs and review of these reports can result in coding being checked and revised.

## **ICD-10-AM codes used for selected analyses**

A number of tables in this report use ICD-10-AM codes to define diagnoses and procedures. The codes are presented in Table A3.13 (accompanying this report on the website) and relate to:

- Figures 6, 10, 11, 12 and 13 in the *Hospitals at a glance* section
- Tables 4.6 and 4.7, which present statistics on selected procedures

- Tables 4.8 and 4.9, which present statistics on selected potentially preventable hospitalisations
- Table 4.14 which presents statistics indicating adverse events associated with hospitalisations.

## Data on geographical location

Data on geographical location are collected on hospitals in the National Public Hospital Establishments Database and on the area of usual residence of patients in the National Hospital Morbidity Database. These data have been provided as Statistical Local Area (SLA - a small unit within the Australian Bureau of Statistics' Australian Standard Geographic Classification) and/or postcode, and have been aggregated to Statistical Divisions and Remoteness Areas. The classification's remoteness structure categorises geographical areas into Remoteness Areas, described in detail on the Australian Bureau of Statistics' website site at <http://www.abs.gov.au>.

The classification is as follows:

- major cities of Australia
- inner regional
- outer regional
- remote
- very remote.

### Geographical location of hospital

The Remoteness Area of each public hospital was determined by the AIHW in cooperation with the states, territories, the Department of Health and Ageing (DoHA) and the Australian Bureau of Statistics. DoHA provided geo-coded data (with latitude and longitude) for each hospital that was recorded on the Health Insurance Commission Database as having provided services to private patients. The geo-coded data were checked by states and territories and were then allocated to the Remoteness Area in which they were located. For a very small number of public hospitals, geo-coded data were not available. The Remoteness Area for these was assigned on the basis of their SLA, or actual location. The AIHW and the states and territories then reviewed the Remoteness Area allocation against SLA-based information.

Data on the Remoteness Area of hospitals are presented in Chapter 2 (Table 2.6) and Chapter 3 (Table 3.2).

### Geographical location of usual residence

Data on the Remoteness Area of usual residence of admitted patients are presented in Figure 8 in *Hospitals at a glance* section, Table 4.7 and Table 4.9, and in Table 7.12. Data on the state or territory of usual residence are reported in Chapter 4 (Tables 4.6 and 4.8), Chapter 6 (Tables 6.6, 6.7 and 6.8), and data on the Statistical Division of usual residence of admitted patients are presented in maps in Chapter 7 (Figures 7.8 and 7.9). Data for the two Statistical



Divisions in the Australian Capital Territory were combined for mapping purposes because of the very small population of one of the Statistical Divisions.

The data used for these maps and tables were derived from data supplied for each separation by the states and territories for the National Hospital Morbidity Database on the area of usual residence of the patients. The *National Health Data Dictionary* specifies that these data should be provided as the state or territory and the SLA of usual residence. Although most separations included data on the state or territory of usual residence, not all states and territories were able to provide information on the area of usual residence in the form of an SLA code, using the 2002 edition of the ASGC. New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory were able to provide SLA codes for both patients usually resident in the jurisdiction and patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction. Western Australia provided postcodes both for patients usually resident in the jurisdiction and for patients usually resident elsewhere.

The AIHW mapped the supplied area of residence data for each separation to 2002 SLA codes and to Remoteness Area categories. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by postcode, Remoteness Areas and SLAs (2002 and previous years). The mapping process identified missing, invalid and superseded codes, but resulted in 99.3% of records being assigned 2002 SLA codes. Due to the probabilistic nature of this mapping, the SLA and Remoteness Area data for individual separations may not be accurate, however, the overall distribution of separations by geographical areas is considered useful.

## Cost per casemix-adjusted separation

The cost per casemix-adjusted separation (Tables 4.1, 4.2, 4.3) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. Expenditure data for New South Wales are preliminary and tables relating to these data will be updated on the AIHW website when the data have been finalised (Tables A3.6 and A3.7). A synopsis of the methods used in this analysis is presented below, and more detail is available in *Australian Hospital Statistics 2000–01* (AIHW 2002a).

### Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where:

- Recurrent expenditure is as defined by the recurrent expenditure data elements in the *National Health Data Dictionary* (with depreciation excluded)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that related to admitted patients

- Total separations includes all care types, including those other than acute. It excludes *Newborn* care with no qualified days, as defined in the Glossary, and records that do not relate to admitted patients (boarders and posthumous organ procurement)
- Average cost weight is a single number representing the relative expected resource use for the separations.

### **Recurrent expenditure**

For the medical labour cost category, data are available only for public patients, as private patients are charged directly by their doctor for medical services, and these charges are not included in the recurrent expenditure figures. The proportion of patients other than public patients can vary so, to take this into account, medical costs for these patients are estimated, and expenditure increased to resemble what it would be if all patients had been public patients. The estimation is based on the salary/sessional and VMO expenditure per patient day for public patients, applied to all patients.

### **Admitted patient cost proportion**

To determine the costs associated with admitted patients, an admitted patient cost proportion (or inpatient fraction, IFRAC) is used. The IFRAC is the proportion of total hospital expenditure that related to the provision of care for admitted patients, provided to the AIHW for most hospitals by the states and territories. For a few small hospitals where the IFRAC was not available, the admitted patient costs were estimated using the Health and Allied Services Advisory Council (HASAC) ratio.

### **Total separations**

The formula used to calculate the cost per casemix-adjusted separation includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise 97% of the total for the hospitals included in the analysis (Table A3.5), as cost weights are available for them. However, the 3% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This means, however, that the estimates of cost-weighted separations (see below) are affected for each state and territory, and the extent to which they are affected depends on the proportion of non-acute separations in that state or territory. The non-acute admitted patients (including rehabilitation care patients) will generally have higher costs per separation than acute care patients because, although their daily costs are lower, these patients typically have longer lengths of stay. (See below for examples relating to hospitals in some states.)

Comparisons between the states and territories should therefore take into consideration the uncertainty introduced by these episodes for which the cost weights were unavailable. Table A3.5 shows that there is significant variation in the number and length of stay for these separations between jurisdictions.

There is also some variation between states and territories in the ways in which periods of hospitalisation are split into episodes of care (see above in relation to *Newborn* care, for example). In states or territories where there is a clear delineation in funding arrangements between acute and non-acute services, splitting episodes into acute and other components may be different from where there is no such funding delineation.

To refine the method to remove this anomaly would require estimates of expenditure for acute care for admitted patients (acute care IFRACs). For 2002–03, such estimates were available for some jurisdictions, as presented below.

### **Average cost weights**

Hospital morbidity data provided to the National Hospital Morbidity Database were used to estimate average cost weights for the groups of hospitals reported in this analysis. The 2001–02 version 4.2 cost weights were applied to 2002–03 version 4.2 AR-DRGs as the National Hospital Cost Data Collection 2002–03 weights were not available at the time of publication.

As noted above, because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations.

The average cost weight for a hospital or group of hospitals (Table 4.2, for example) is calculated as the number of casemix-adjusted separations divided by the number of separations. It represents in a single number the overall relative expected use of resources by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (by design equal to 1.00).

The average cost weight for a group of hospitals is multiplied by the total number of separations for that group to produce the number of casemix-adjusted separations (the denominator for the cost per casemix-adjusted separation analysis). The term ‘cost per casemix-adjusted separation’ derives from this use of the number of separations adjusted by relative costliness.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction’s psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed into acute hospital services and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogeneous than for other acute services.

### **Cost per acute care and non-psychiatric acute care casemix-adjusted separation**

Because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. Thus, the methodology would be refined if cost weights became available for other care types, or if the analysis were to be restricted to acute care activity and expenditure. As AR-DRG cost weights are likely to be less useful as measures of resource requirements for psychiatric acute care than for other acute care, a further refinement would be to restrict the analysis to non-psychiatric acute care activity and expenditure. Expenditure data for New South Wales are preliminary and tables relating to these data will be updated on the AIHW website when the data have been finalised (Tables A3.6 and A3.7).

Restriction to acute care activity requires estimates to be made by the states and territories of expenditure on acute care admitted patients (supplied as acute care IFRACs), and for separations relating to non-acute care patients to be excluded from the analysis. Restriction to non-psychiatric acute care activity requires estimates to be made by the states and territories of expenditure on non-psychiatric acute care admitted patients (supplied as non-

psychiatric acute care IFRACs), and for separations relating to non-acute care patients and to psychiatric acute care patients to be excluded from the analysis. The exclusion of psychiatric acute care activity is done by excluding separations if one or more psychiatric care day (indicating care provided in a specialised psychiatric unit) is reported for the separation.

This methodology is still under development, and issues to be resolved include the consistency of counting separations that are not acute and the method used to identify psychiatric separations.

New South Wales, Victoria, Western Australia and South Australia provided estimates of expenditure on acute care admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A3.6). Separations were included only if their care type was acute, or was not reported, or was *Newborn* and had qualified days.

For Victoria, Western Australia and South Australia, reported acute care and non-psychiatric acute care IFRACs were the same as the IFRACs for all care types combined for some hospitals that nevertheless reported non-acute admitted patient care activity. Those hospitals were excluded from the analysis if they reported more than 1,000 patient days for non-acute separations. For Victoria 13 hospitals were excluded from the analysis (representing 27% of separations): four principal referral hospitals, one specialist women's and children's hospital, one large hospital, four medium hospitals and two small rural acute hospitals. For Western Australia, there were 7 hospitals excluded (43% of separations): two principal referral hospitals, one large and four medium hospitals. For South Australia, there were 2 hospitals excluded (19% of separations): one principal referral and one large hospital.

For New South Wales acute care IFRACs were reported for several hospitals that gave an estimated cost per day of over \$1,000, which was considered an unreasonably high estimate for non-acute care types. Five hospitals with over 1,000 patient days estimated to cost more than \$1,000 per day were omitted (representing 12% of separations): three principal referral and two medium hospitals.

The estimated cost per acute care casemix-adjusted separation for the selected hospitals was \$ 3,104 in New South Wales, \$3,070 in Victoria, \$3,324 in Western Australia and \$2,897 in South Australia. The cost per casemix-adjusted separation for all separations in these hospitals was \$ 3,215, \$3,321, \$3,419 and \$2,905 respectively, so the effect of restricting the analysis to acute care admitted patients was to decrease the estimated cost by 3.5%, 7.6%, 2.8% and 0.3% respectively.

The estimated cost per acute non-psychiatric casemix-adjusted separation for the selected hospitals was \$3,120 in New South Wales, \$3,099 in Victoria and \$3,346 in Western Australia (Table A3.7). The effect of restricting the analysis to acute non-psychiatric admitted patients was to decrease the estimated cost by 3.8%, 6.7% and 2.1% respectively.

These analyses would be further improved if all jurisdictions increased their capacity to separate costs for psychiatric services, other acute services, sub-acute services (e.g. rehabilitation) and non-acute services.

## **Total cost per casemix-adjusted separation**

The cost per casemix-adjusted separation analysis includes only recurrent expenditure, and does not include capital expenditure of any type. There are concerns about the quality and comparability of available capital expenditure data, and they are not provided to the AIHW by all states and territories. The concerns about the comparability of the data include

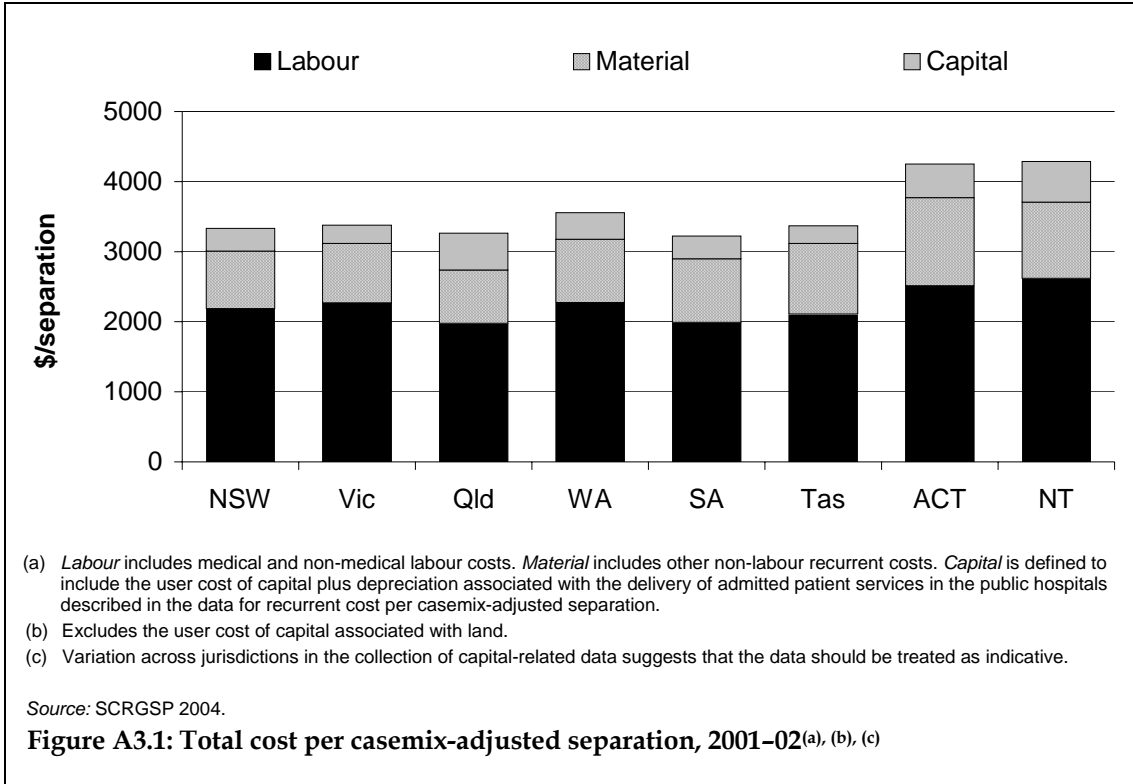
variation among the jurisdictions in the type of expenditure that is defined as recurrent and capital, respectively.

The SCRGSP reported total costs per casemix-adjusted separation by state and territory for 2001–02 (SCRGSP 2004). It was defined as the recurrent cost per casemix-adjusted separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix-adjusted separation.

The Steering Committee for the Review of Government Service Provision (SCRGSP) notes that ‘depreciation is defined as the cost of consuming an asset’s services, and is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital and is equivalent to the return forgone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital and so should be excluded from recurrent expenditure where user costs of capital are calculated separately and added to recurrent costs. Interest expenses were deducted directly from capital costs in all jurisdictions to avoid double counting.’

Total cost per casemix-adjusted separation by jurisdiction (including capital costs), as published by SCRGSP for 2001–02, is presented in Figure A3.1. The data exclude the user cost of capital associated with land. Excluding the users cost of capital for land, the total cost per casemix-adjusted separation ranged from \$4,289 in the Northern Territory to \$3,224 in South Australia (SCRGSP 2004).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the *Report on Government Services 2004* (SCRGSP 2004).



## Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Tables 2.3, 4.1, 4.2, 4.3, 4.11, 4.12, 11.1 and 11.2. They are calculated as the actual number of patient days for separations in selected version 4.2 AR-DRGs, divided by the number of patient days expected (based on national figures) standardised for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected.

The standardisation for casemix (based on the AR-DRG and age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status.

The method used is to standardise on the basis of the AR-DRG and age (as a cubic regression). Acute care separations only are included. Excluded from the analysis are:

- AR-DRGs which are overwhelmingly same day: R63Z Chemotherapy and L61Z Admit for renal dialysis
- AR-DRGs with a length of stay component in the definition
- 'rehabilitation' AR-DRGs
- error AR-DRGs 960Z, 961Z, 962Z and 963Z
- separations for patients who died or were transferred within two days of admission
- separations with length of stay greater than 120 days.

These inclusions and exclusions are further detailed in Appendix 4 of *Australian Hospital Statistics 2000–01* (AIHW 2002a).

## Standardisation methods

Two methods are used for standardisation of the length of stay data, and are analogous to direct and indirect age-standardisation methods. The method used generally in this report is analogous to indirect standardisation where the national rates (ALOS) for each AR-DRG (version 4.2) are applied 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. Indirect standardisation methods are generally used when rate information for the population of interest (ALOS for each AR-DRG in this analysis) is unknown or subject to fluctuation due to small population sizes. This method 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. Hence, technically, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

The second method is analogous to direct standardisation where the rate (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 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 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 missing AR-DRGs need to be estimated. The method used in this report uses an 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. Another weakness of direct standardisation is that this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group. This weakness can be particularly problematic if the low-volume AR-DRGs are atypical.

The indirectly standardised method has been mainly used in this report, because of the weaknesses of the directly standardised method. However, the directly standardised methodology has been used (in addition to the indirect standardisation) in Table 4.12. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented. Given the problems with using direct standardisation for hospital groups that reported a limited range of AR-DRGs, data for the directly standardised method in the public sector in the Northern Territory are suppressed in Table 4.12. For public hospitals in the Northern Territory, fewer than 600 of the 639 DRGs used in the national RSI analysis are represented so results are likely to have been affected by estimation of the missing ALOS data.

Table A3.8 shows the number of AR-DRGs represented in each cell in Table 4.12, so that the number of AR-DRGs for which ALOS was estimated can be derived. For those jurisdictions and sectors for which RSI statistics are presented in Table 4.12, there were between 601 and 639 AR-DRGs represented, meaning that ALOS data was estimated for up to 38 AR-DRGs.

## Introduction of version 5.0 AR-DRGs

Previous publications in the Australian Hospital Statistics series have presented information on Diagnosis Related Groups using AR-DRGs version 4.2. This report uses AR-DRGs version 5.0 (DHAC 2002) to classify separations in most analyses. AR-DRGs version 4.2 (DHAC 2000) is used when data based on cost weights or estimated costs of separation are presented, because cost weight information was not available for AR-DRGs version 5.0 (see Chapters 2, 4 and 6).

AR-DRG version 5.0 is the result of a comprehensive review of AR-DRG version 4.2 using ICD-10-AM patient-level cost data (DoHA 2002). It incorporates ICD-10-AM third edition within the same basic structure as AR-DRG version 4.2. The number of AR-DRGs has increased to 665 within 23 Major Diagnostic Categories. New features of AR-DRG version 5.0 are summarised below and should be taken into consideration when comparing data in this report with data published using AR-DRGs version 4.2.

- New DRGs were created for *Respiratory system diagnosis with non-invasive ventilation* (E41), *Knee reconstruction or revision* (I29) and *Major breast reconstruction* (J14)
- Same day DRGs were introduced for *Glaucoma and complex cataract procedures* (C15), *Lens procedures* (C16), *Oral and dental disorders* (D67), *Skin ulcers* (J60), *Major skin disorders* (J68), *Minor skin disorders* (J67), *Non-surgical spinal disorders* (I68), *Cystourethroscopy* in MDC 11 (L41), *Antenatal and other obstetric admission* (O66) and *Other factors influencing health status* (Z64)

- *Renal transplant* (L01) has moved from MDC 11 to Pre-MDC (A09)
- *Multiple organ transplant* (A02) has been removed from the classification
- Several DRGs have been combined: glaucoma procedure DRGs (C06 and C07) and lens procedure DRGs (C08 and C09) in MDC 02 appear as two DRGs (C15 and C16 respectively); DRGs for *Salivary gland procedures* (D07) and *Mouth procedures* (D08) in MDC 03 appear as one DRG (D14); DRGs for overnight HIV episodes have been combined into one DRG (S65); *Complex gastroscopy* incorporates a test for gastroscopy and colonoscopy performed in one admission (G46 replaces G40 and G41)
- Two DRGs for *Allogeneic bone marrow transplant procedures* (A07) and *Autologous bone marrow transplant procedures* (A08) have replaced DRG A04, and Fractures of pelvis and femoral neck now appear as two DRGs (I77 and I78 replace I62)
- Cholecystectomy DRGs in version 5.0 distinguish between open and laparoscopic cholecystectomy (H07 and H08 replace H03 and H04)
- Lower limb surgical DRGs in MDC 09 have been restructured (J12 and J13 replace J02 to J05)
- MDC 14 has been restructured. DRG 962Z *Unacceptable obstetric diagnosis combination* has been removed from the classification, and outcome of delivery codes (Z37.-) now have a central role in grouping episodes to delivery DRGs. The new structure includes a DRG for uncomplicated delivery to assist in obstetric benchmarking and a same day DRG for antenatal admissions.

## Error AR-DRGs

Error DRGs are the AR-DRGs to which records containing clinically inconsistent or invalid information are assigned. Group 1 Error DRGs (901Z, 902Z and 903Z) are assigned when all the operating room procedures are unrelated to the MDC of the patient's principal diagnosis. Group 2 Error DRGs (961Z and 963Z) are assigned when a principal diagnosis is coded which will not allow the patient to be assigned to a clinically coherent DRG. Group 3 Error DRG (960Z) is assigned when the principal diagnosis is invalid, or when other necessary information is incorrect or missing.

Table A3.9 provides information on Group 1 Error DRGs for the 10 operating room procedures with the highest number of separations, by hospital sector and state and territory. Table A3.10 provides information on Group 2 Error DRGs, for the 10 principal diagnoses with the highest number of separations, by hospital sector and state and territory. The procedures and principal diagnoses listed in Tables A3.9 and A3.10 are those which caused the separations to be assigned to a Group 1 Error DRG or Group 2 Error DRG respectively. A higher number of separations was assigned to Group 1 Error DRGs for public hospitals (51.7%, 5,223) than for private hospitals (48.3%, 4,878), while a lower number was assigned to Group 2 Error DRGs for public hospitals (38.8%, 349) than for private hospitals (61.2%, 550).

Figure A3.2 shows Error DRGs as a percentage of all separations, by state and territory. Group 1 Error DRGs accounted for the highest proportion of separations assigned to Error DRGs for all jurisdictions except for the Northern Territory where Group 3 Error DRGs had the highest proportion. In all states and territories, except for New South Wales and Western Australia, Group 2 Error DRGs accounted for the lowest proportion of separations assigned to Error DRGs.



## Medicare eligibility status

For *Australian Hospital Statistics 1999–00* (AIHW 2001a) and previous publications, Tables 6.1 to 6.5 in Chapter 6 (previously Chapter 5) were based on the data element ‘Patient accommodation eligibility status’ which incorporated a distinction between patients who were or were not eligible for treatment in accordance with the Australian Health Care Agreements (previously known as the Medicare Agreements) and included a category for Department of Veterans’ Affairs patients. For *Australian Hospital Statistics 2000–01* (AIHW 2002a), these tables were compiled using four different data elements from version 9.0 of the *National Health Data Dictionary* (NHDC 2000) – ‘Admitted patient election status’, ‘Department of Veterans’ Affairs patient’, ‘Medicare eligibility status’ and ‘Compensable status’. From 2001–02, data on Medicare eligibility, patient election status and funding source were provided as separate data elements. This allowed the comparability of these data to be assessed in more detail than previously possible, and highlighted apparent inconsistencies in the way Medicare eligibility was reported among states and territories, in particular in relation to the funding source and patient election status data. Hence, the data on Medicare eligibility status has not been included in Tables 6.1 to 6.4 and 4.11, so that data by funding source can be presented more meaningfully. As these data are not included in Tables 6.1 to 6.4 for this publication, a summary of these data is presented in Table A3.11.

## Patient election status and funding source categories

For *Australian Hospital Statistics 2001–02* and this publication, Tables 6.1 to 6.4 were based on the data elements ‘Patient election status’ and ‘Funding source for hospital patient’. For the purpose of reporting these data in 2001–02 and 2002–03, the ‘Patient election status’ for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements* was categorised as public (public psychiatric hospital patients were also categorised as public unless another funding source was reported for them). The ‘Patient election status’ for patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Workers compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans’ Affairs*, *Department of Defence* or *Correctional facility* was categorised as private. Patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported* were categorised according to the ‘Admitted patient election status’ recorded at the time of admission.

Tables in Chapters 8, 9 and 11 that present data for public patient separations used ‘Patient election status’, determined as described above, as the basis for this category.

To facilitate time series comparisons and to provide some continuity between *Australian Hospital Statistics 1999–00*, *Australian Hospital Statistics 2000–01*, *Australian Hospital Statistics 2001–02* and this publication, the presentation of information for 2001–02 and 2002–03 in Table 6.5 has combined selected funding source categories and included Medicare eligibility status data. In Table 6.5 for 2001–02 and 2002–03, the category *Compensable* includes patients whose funding source was *Workers compensation*, *Motor vehicle third party personal claim* and *Other compensation*, while the category *Other private* includes private patients whose funding source was not *Department of Veterans’ Affairs* or *Compensable*. However, caution should be taken when making comparisons over time (Tables 6.5 and 11.18) as the categories presented are not directly comparable. In previous years there was some variation between jurisdictions in the application of the data element ‘Admitted patient election status’, with

some states and territories using this element to reflect the patient's choice of room or doctor and others to reflect the funding source. Hence, discontinuities may exist because patients with the funding source reported as *Department of Defence* and *Correctional facility* have been categorised as 'private patients' for 2001–02 and 2002–03, whereas they may previously have been reported as 'public patients', for example.

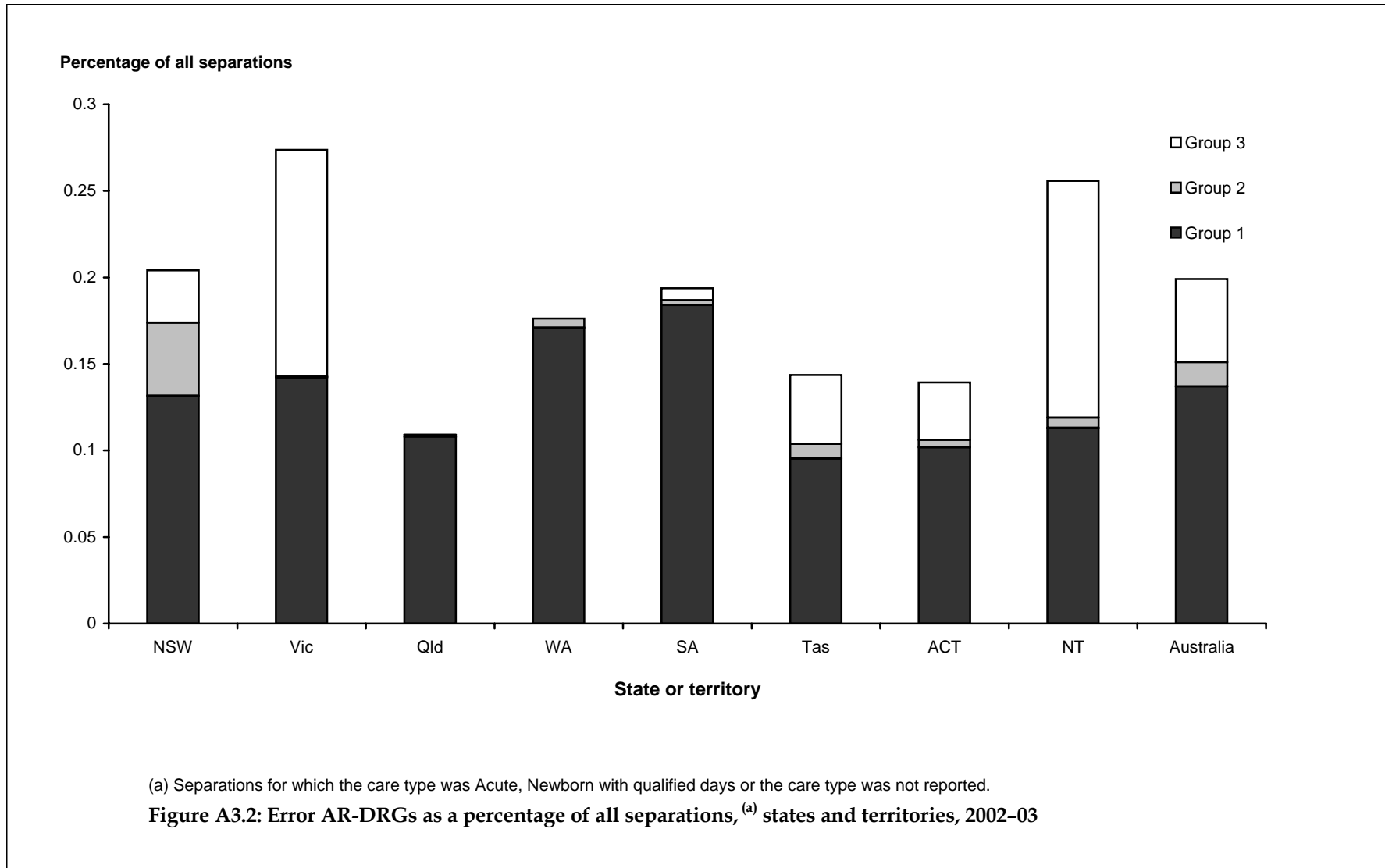
## Emergency occasions of service

There are a number of differences in the scope of the emergency occasions of service data between Chapter 2 (Tables 2.5 and 2.6), as reported to the National Public Hospital Establishments Database and in Chapter 4 (Table 4.13), as reported for the emergency department waiting times data collection.

For the National Public Hospital Establishments Database, patients who did not wait for treatment after having been registered and/or triaged are included by Victoria, Queensland, Western Australia, Tasmania and the Northern Territory, but not by other jurisdictions. For the emergency department waiting times data, patients who do not wait for treatment are excluded from the waiting times data for all states and territories but are included in the data on the number of patients seen for Queensland and the Australian Capital Territory.

In Victoria, people who present directly as emergency patients to Psychiatric Units and Alcohol and Drug Units were reported to the National Public Hospital Establishments Database as emergency occasions of service but were not reported to the emergency department waiting times data collection, as the scope of that collection is emergency departments.

New South Wales, South Australia and Queensland include patients who are not assigned a triage category in the data reported to the National Public Hospital Establishments Database. These are not included in the emergency department waiting times data.



**Table A3.5: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis<sup>(a)</sup> and data for excluded hospitals, states and territories, 2002–03**

Variable	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Total separations ('000)</b>	1,221	1,124	672	330	343	76	64	68	3,899
<b>Total patient days ('000)</b>	4,556	3,991	2,255	1,148	1,160	303	219	206	13,838
<b>Acute separations<sup>(b)</sup></b>									
Separations ('000)	1,195	1,088	648	325	334	75	62	67	3,795
Patient days ('000)	4,155	3,244	1,959	1,029	1,052	263	194	196	12,092
<b>Acute care psychiatric separations<sup>(c)</sup></b>									
Separations ('000)	26	18	22	6	6	3	1	1	83
Average cost weight <sup>(d)</sup>	1.74	2.67	1.99	2.03	2.17	1.75	2.06	2.02	2.07
Patient days ('000)	256	293	204	76	62	26	14	9	941
<b>Acute care non-psychiatric separations</b>									
Separations ('000)	1,168	1,070	626	319	329	72	61	66	3,712
Patient days ('000)	3,899	2,951	1,754	953	990	237	180	187	11,151
<b>Separations other than acute</b>									
Rehabilitation separations ('000)	16.5	22.7	15.3	3.0	1.8	0.6	0.7	0.7	61.1
Patient days ('000)	241.1	387.6	131.2	67.6	29.5	18.9	12.7	3.9	892.5
Palliative care separations ('000)	3.7	3.0	3.1	0.4	1.3	0.1	0.4	0.0	12.1
Patient days ('000)	37.1	46.4	27.6	5.5	15.9	0.4	5.1	0.8	138.7
Geriatric evaluation and management separations ('000)	0.9	6.7	0.4	0.5	0.0	0.0	0.0	0.0	8.5
Patient days ('000)	11.9	185.8	8.1	4.1	0.0	0.1	0.2	0.4	210.4
Psychogeriatric separations	0.3	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.5
Patient days ('000)	11.8	0.0	7.3	0.6	0.1	0.0	0.0	0.2	20.0
Maintenance separations ('000)	5.2	0.0	4.4	1.4	0.9	0.4	0.2	0.2	12.7
Patient days ('000)	93.3	0.0	120.4	41.0	34.0	20.8	7.0	4.4	320.8
Other separations ('000)	0.3	3.6	0.2	0.0	5.0	0.0	0.0	0.0	9.1
Patient days ('000)	6.5	127.0	1.1	0.0	29.1	0.0	0.1	0.1	164.0
<b>Total separations other than acute</b>									
<b>Separations ('000)</b>	<b>26.7</b>	<b>36.0</b>	<b>23.5</b>	<b>5.4</b>	<b>9.0</b>	<b>1.1</b>	<b>1.3</b>	<b>0.9</b>	<b>104.0</b>
<b>Patient days</b>	<b>401.6</b>	<b>746.7</b>	<b>295.7</b>	<b>118.7</b>	<b>108.6</b>	<b>40.3</b>	<b>25.1</b>	<b>9.7</b>	<b>1,746.4</b>
<b>Psychiatric separations<sup>(e)</sup></b>									
Separations ('000)	27	18	23	6	6	3	1	1	85
Patient days ('000)	269	293	240	76	70	26	14	9	997
<b>Data for excluded hospitals<sup>(e)</sup></b>									
Separations for excluded hospitals ('000) <sup>(b)</sup>	66	25	31	38	25	3	2	0	189
Per cent of all separations (%)	5.1	2.2	4.3	10.3	6.7	3.4	2.4	..	4.6
Expenditure for excluded hospitals (\$m)	680	243	218	255	177	26	2	..	1,601
Inpatient fraction for excluded hospitals	0.75	0.56	0.68	0.78	0.94	0.76	1.00	..	0.74
Unadjusted cost per separation	7,670	5,378	4,850	5,280	6,768	7,546	1,160	..	6,245

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpos services are excluded from this table, as are some small hospitals with incomplete expenditure information. See Appendix 4 for further information.

(b) Includes same day separations, acute and unspecified care type separations and episodes of newborn care with qualified days.

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2001–02 AR-DRG v 4.2 cost weights (DHA 2003). An updated version of this table based on 2002–03 AR-DRG v 4.2 cost weights will be made available on the website when available

(e) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpos services. See Appendix 4 for further information.

.. Not applicable.

**Table A3.6: Cost per acute casemix-adjusted separation, subset of selected public acute hospitals <sup>(a)</sup>, New South Wales, Victoria, Western Australia and South Australia 2002-03**

Variable	NSW <sup>(b)</sup>	Vic	WA	SA
Total separations ('000) <sup>(c)</sup>	1,078	816	188	278
Total patient days ('000) <sup>(c)</sup>	3,997	2,930	604	935
Acute separations ('000) <sup>(d)</sup>	1,053	787	186	271
Acute patient days ('000) <sup>(d)</sup>	3,625	2,321	551	843
Proportion of separations acute	97.7%	96.4%	98.8%	97.6%
Proportion of patient days acute	90.7%	79.2%	91.3%	90.1%
Total recurrent expenditure (\$m)				
Subset hospitals	4,926	3,415	812	995
Hospitals in Table 4.1	5,756	4,762	1,493	1,248
Proportion	86%	72%	54%	80%
Total admitted patient expenditure (\$m)				
Subset hospitals	3,433	2,504	559	766
Hospitals in Table 4.1	4,006	3,482	1,042	947
Proportion	85.7%	71.9%	53.7%	80.9%
Total separations ('000)				
Subset hospitals	1,078	816	188	278
Hospitals in Table 4.1	1,221	1,124	330	343
Proportion	88.3%	72.6%	57.0%	81.1%
<b>Costs relating to acute care separations</b>				
Average cost weight <sup>(e)</sup>	1.034	0.948	0.890	0.982
Casemix-adjusted acute separations ('000)	1,089	746	166	267
Acute IFRAC <sup>(f)</sup>	0.658	0.654	0.662	0.750
Total acute patient recurrent expenditure (\$m)	3,239	2,235	538	746
<b>Cost per casemix-adjusted acute separation<sup>(g)</sup></b>	<b>3,104</b>	<b>3,070</b>	<b>3,330</b>	<b>2,897</b>
Cost per total casemix-adjusted separation (from Table 4.1)	3,283	3,285	3,284	2,796
Cost per total casemix-adjusted separation on subset of hospitals	3,215	3,321	3,424	2,905
Percentage this exceeds cost per acute separation for subset hospitals	3.5%	7.6%	2.7%	0.3%
Cost of not acute separations in subset (\$m)	194	269	22	19
Per separation (\$)	7,696	9,059	9,851	2,850
Per patient day (\$)	520	442	412	208

(a) Excludes psychiatric, mothercraft, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multi-purpose services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 not acute patient days were recorded. Also excludes hospitals where the apparent cost of not acute patients exceeded \$1,000 per day and more than 1,000 not acute patient days were recorded.

(b) Expenditure data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when finalised data become available.

(c) From the National Hospital Morbidity Database. Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* or *Posthumous organ procurement* have been excluded. Details of acute separations and patient days and non-acute separations and patient are presented in Table A3.5.

(d) Acute separations are separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2001-02 AR-DRG version 4.2 cost weights (DoHA 2003). An updated version of this table based on 2002-03 AR-DRG v 4.2 cost weights will be made available on the website when available.

(f) The acute IFRAC is that portion of recurrent costs which are for acute admitted patients.

(g) Includes adjustment for private patient medical costs: \$130 for New South Wales, \$73 for Victoria, \$81 for Western Australia and \$97 for South Australia.

**Table A3.7: Cost per acute non-psychiatric casemix-adjusted separation, subset of selected public acute hospitals <sup>(a)</sup>, New South Wales, Victoria and Western Australia 2002–03**

Variable	NSW <sup>(b)</sup>	Vic	WA
Total separations ('000) <sup>(c)</sup>	1,078	816	188
Total patient days ('000) <sup>(c)</sup>	3,997	2,930	604
Acute non psychiatric separations ('000) <sup>(d)</sup>	1,029	773	184
Acute non psychiatric patient days ('000) <sup>(d)</sup>	3,397	2,102	529
Proportion of separations acute	95.4%	94.6%	97.9%
Proportion of patient days acute	85.0%	71.7%	87.6%
Total recurrent expenditure (\$m)			
Subset hospitals	4,926	3,415	812
Hospitals in Table 4.1	5,756	4,762	1,493
Proportion	86%	72%	54%
Total admitted patient expenditure (\$m)			
Subset hospitals	3,433	2,504	559
Hospitals in Table 4.1	4,006	3,482	1,042
Proportion	85.7%	71.9%	53.7%
Total separations ('000) <sup>(c)</sup>			
Subset hospitals	1,078	816	188
Hospitals in Table 4.1	1,221	1,124	330
Proportion	88.3%	72.6%	57.0%
<b>Costs relating to acute non-psychiatric separations</b>			
Average cost weight <sup>(e)</sup>	1.034	0.948	0.890
Casemix-adjusted acute non-psychiatric separations ('000)	1,065	733	164
Acute non-psychiatric IFRAC <sup>(f)</sup>	0.635	0.627	0.653
Total acute non-psychiatric patient recurrent expenditure (\$m)	3,127	2,141	530
<b>Cost per casemix-adjusted acute non-psychiatric separation<sup>(g)</sup></b>	<b>3,120</b>	<b>3,099</b>	<b>3,351</b>
Cost per total casemix-adjusted separation (from Table 4.1)	3,283	3,285	3,284
Cost per total casemix-adjusted separation on subset of hospitals	3,215	3,321	3,424
Percentage this exceeds cost per acute non-psychiatric separation for subset hospitals	3.0%	6.7%	2.1%
Cost of not acute non-psychiatric separations in subset (\$m)	305	364	29
Per separation (\$)	6,220	8,314	7,455
Per patient day (\$)	509	439	388

(a) Excludes psychiatric, mothercraft, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multi-purpose services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 not acute patient days were recorded. Also excludes hospitals where the apparent cost of not acute patients exceeded \$1,000 per day and more than 1,000 not acute patient days were recorded.

(b) Expenditure data for New South Wales are preliminary. An updated version of this table will be published on the AIHW website when finalised data become available.

(c) From the National Hospital Morbidity Database. Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded. Details of acute separations and patient days and non-acute separations and patient are presented in Table A3.5.

(d) Acute separations are separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*. Psychiatric separations are those with psychiatric care days.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2001–02 AR-DRG version 4.2 cost weights (DoHA 2003). An updated version of this table based on 2002–03 AR-DRG v 4.2 cost weights will be made available on the website when available.

(d) The acute non-psychiatric IFRAC is that portion of recurrent costs which are for acute non-psychiatric admitted patients.

(f) Includes adjustment for private patient medical costs: \$139 for New South Wales, \$80 for Victoria and \$85 for Western Australia.

**Table A3.8: Count of AR-DRGs v 5.0 contributing to the relative stay index, by sector, and medical/surgical/other type of AR-DRG, states and territories, 2002-03**

<b>Type of hospital</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Public hospitals</b>	<b>639</b>	<b>639</b>	<b>636</b>	<b>634</b>	<b>635</b>	<b>627</b>	<b>625</b>	<b>588</b>	<b>639</b>
Medical	333	333	331	331	333	332	330	326	333
Surgical	275	275	275	273	272	265	265	234	275
Other	31	31	30	30	30	30	30	28	31
<b>Private hospitals</b>	<b>618</b>	<b>620</b>	<b>625</b>	<b>612</b>	<b>602</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>632</b>
Medical	327	324	328	321	316	n.p.	n.p.	n.p.	332
Surgical	262	266	267	264	259	n.p.	n.p.	n.p.	269
Other	29	30	30	27	27	n.p.	n.p.	n.p.	31
<b>All hospitals</b>	<b>639</b>	<b>639</b>	<b>636</b>	<b>634</b>	<b>635</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>639</b>
Medical	333	333	331	331	333	n.p.	n.p.	n.p.	333
Surgical	275	275	275	273	272	n.p.	n.p.	n.p.	275
Other	31	31	30	30	30	n.p.	n.p.	n.p.	31

*Note:* Count of AR-DRGs for separations where the care type was reported as *Acute*, *Newborn* with qualified days, or was *Not reported*.

n.p. Not published.

**Table A3.9: Separations for Group 1 Error DRGs for the 10 procedures with the highest number of separations, <sup>(a)</sup> by hospital sector, states and territories, 2002-03**

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
30224-01 Percutaneous drainage of intra-abdominal abscess, haematoma or cyst	65	45	16	22	9	3	6	6	172
35321-00 Transcatheter embolisation of blood vessel	54	38	14	35	19	0	3	0	163
35309-06 Percutaneous transluminal balloon angioplasty with stenting, single stent	35	42	7	30	7	7	0	0	128
45519-00 Revision of burn scar or burn contracture	38	15	13	16	13	1	1	0	97
37203-00 Transurethral resection of prostate	20	39	1	4	8	1	0	0	73
30378-00 Division of abdominal adhesions	18	20	9	7	5	1	1	2	63
30023-01 Excisional debridement of soft tissue involving bone or cartilage	21	9	16	11	2	1	0	2	62
35640-00 Dilatation & curettage of uterus	13	20	7	13	4	1	0	2	60
42702-04 Extracapsular extraction of crystalline lens by phacoemulsification and aspiration of cataract with insertion of foldable artificial lens	19	12	2	16	5	0	1	2	57
30223-03 Incision and drainage of deep abscess of soft tissue	19	17	5	10	0	2	0	2	55
Other procedures	1,232	1,213	613	596	457	56	59	67	4,293
<b>Total<sup>(b)</sup></b>	<b>1,534</b>	<b>1,470</b>	<b>703</b>	<b>760</b>	<b>529</b>	<b>73</b>	<b>71</b>	<b>83</b>	<b>5,223</b>
<b>Private hospitals</b>									
35303-06 Percutaneous transluminal balloon angioplasty	22	61	51	44	19	n.p.	n.p.	n.p.	202
36836-00 Endoscopic biopsy of bladder	65	0	14	0	112	n.p.	n.p.	n.p.	191
30075-01 Biopsy of soft tissue	24	85	15	5	20	n.p.	n.p.	n.p.	152
30571-00 Appendicectomy	70	21	1	13	19	n.p.	n.p.	n.p.	125
30094-00 Percutaneous [needle] biopsy of soft tissue	15	47	19	14	11	n.p.	n.p.	n.p.	110
41632-01 Myringotomy with insertion of tube, bilateral	34	30	7	23	7	n.p.	n.p.	n.p.	110
30373-00 Exploratory laparotomy	4	88	1	2	1	n.p.	n.p.	n.p.	97
35330-00 Percutaneous insertion of inferior vena cava filter	26	21	12	5	4	n.p.	n.p.	n.p.	69
47528-01 Open reduction of fracture of femur with internal fixation	31	17	8	5	3	n.p.	n.p.	n.p.	65
30071-02 Biopsy of eyelid	9	21	9	9	6	n.p.	n.p.	n.p.	56
Other procedures	1,076	955	755	356	471	n.p.	n.p.	n.p.	3,701
<b>Total<sup>(b)</sup></b>	<b>1,376</b>	<b>1,346</b>	<b>892</b>	<b>476</b>	<b>673</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>4,878</b>

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or was *Not reported*.

(b) Totals report the number of separations for which a procedure was reported and are not the sums of the rows of the table.

n.p. Not published.



**Table A3.10: Separations for Group 2 Error AR-DRGs for the 10 principal diagnoses <sup>(a)</sup> with the highest number of separations, <sup>(b)</sup> by hospital sector, states and territories, 2002–03**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
R45.81 Suicidal ideation	59	0	0	2	0	1	0	1	63
Z91.5 Personal history of self-harm	45	0	0	0	0	0	0	0	45
Z51.5 Palliative care	24	0	0	0	0	0	1	0	25
P07.31 Other preterm infant, 28 or more completed weeks but less than 32 completed weeks	6	1	4	5	6	1	0	1	24
Z87.12 Personal history of colonic polyps	22	0	0	0	0	0	0	0	22
P07.32 Other preterm infant, 32 or more completed weeks but less than 37 completed weeks	3	0	0	3	6	0	1	0	13
P07.22 Extreme immaturity, 24 or more completed weeks but less than 28 completed weeks	8	0	3	1	0	0	0	0	12
Z85.0 Personal history of malignant neoplasm of digestive organs	6	0	0	0	0	0	0	0	6
Z98.8 Other specified posprocedural states	5	0	0	0	0	0	0	0	5
S41.82 Open wound (of any part of shoulder and upper arm) communicating with a dislocation	5	0	0	0	0	0	0	0	5
Other	100	1	3	13	4	4	2	2	129
<b>Total</b>	<b>283</b>	<b>2</b>	<b>10</b>	<b>24</b>	<b>16</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>349</b>
<b>Private hospitals</b>									
Z87.12 Personal history of colonic polyps	259	0	0	0	0	n.p.	n.p.	n.p.	259
Z85.0 Personal history of malignant neoplasm of digestive organs	93	0	0	0	0	n.p.	n.p.	n.p.	93
Z87.18 Personal history of other digestive system disease	45	0	0	0	0	n.p.	n.p.	n.p.	45
Z87.10 Personal history of unspecified digestive disease	23	0	0	0	0	n.p.	n.p.	n.p.	23
P07.31 Other preterm infant, 28 or more completed weeks but less than 32 completed weeks	13	0	0	4	0	n.p.	n.p.	n.p.	18
Z87.11 Personal history of peptic ulcer disease	17	0	0	0	0	n.p.	n.p.	n.p.	17
Z95.1 Presence of aortocoronary bypass graft	11	0	0	0	0	n.p.	n.p.	n.p.	11
P07.22 Extreme immaturity, 24 or more completed weeks but less than 28 completed weeks	5	1	0	0	0	n.p.	n.p.	n.p.	8
P07.32 Other preterm infant, 32 or more completed weeks but less than 37 completed weeks	2	1	0	4	0	n.p.	n.p.	n.p.	7
Z98.8 Other specified posprocedural states	7	0	0	0	0	n.p.	n.p.	n.p.	7
Other	52	3	2	2	0	n.p.	n.p.	n.p.	62
<b>Total</b>	<b>527</b>	<b>5</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>550</b>

(a) These are principal diagnoses which could cause the separation to be assigned to a Group 2 Error DRG.

(b) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

n.p. Not published.

**Table A3.11: Separations<sup>(a)</sup>, by Medicare eligibility status and hospital sector, states and territories, 2002-03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Medicare eligible	1,282,348	1,148,961	699,889	366,560	366,854	80,107	63,387	67,860	4,075,966
Not Medicare eligible	8,564	879	2,277	716	1,005	108	356	289	14,194
Medicare eligibility not reported	262	0	0	549	0	0	0	0	811
<b>Total</b>	<b>1,291,174</b>	<b>1,149,840</b>	<b>702,166</b>	<b>367,825</b>	<b>367,859</b>	<b>80,215</b>	<b>63,743</b>	<b>68,149</b>	<b>4,090,971</b>
<b>Private hospitals</b>									
Medicare eligible	706,250	651,046	573,985	280,015	211,689	n.p.	n.p.	n.p.	2,519,388
Not Medicare eligible	2,665	60	2,427	541	22	n.p.	n.p.	n.p.	5,750
Medicare eligibility not reported	61	0	25,753	42	0	n.p.	n.p.	n.p.	37,663
<b>Total</b>	<b>708,976</b>	<b>651,106</b>	<b>602,165</b>	<b>280,598</b>	<b>211,711</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,562,801</b>
<b>All hospitals</b>									
Medicare eligible	1,988,598	1,800,007	1,273,874	646,575	578,543	n.p.	n.p.	n.p.	6,595,354
Not Medicare eligible	11,229	939	4,704	1,257	1,027	n.p.	n.p.	n.p.	19,944
Medicare eligibility not reported	323	0	25,753	591	0	n.p.	n.p.	n.p.	38,474
<b>Total</b>	<b>2,000,150</b>	<b>1,800,946</b>	<b>1,304,331</b>	<b>648,423</b>	<b>579,570</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6,653,772</b>

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

n.p. Not published.

**Table A3.12: Records for posthumous organ procurement and hospital boarders, by hospital sector, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Posthumous organ proccurement	2	0	39	21	0	4	0	1	67
Hospital boarders	194	0	6,966	9,216	0	99	0	6,241	22,752
<i>Total</i>	<b>196</b>	<b>0</b>	<b>7,005</b>	<b>9,237</b>	<b>0</b>	<b>103</b>	<b>0</b>	<b>6,242</b>	<b>22,819</b>
<b>Private hospitals</b>									
Posthumous organ proccurement	0	0	0	0	0	n.p.	n.p.	n.p.	0
Hospital boarders	871	0	348	8,612	0	n.p.	n.p.	n.p.	9,831
<i>Total</i>	<b>871</b>	<b>0</b>	<b>348</b>	<b>8,612</b>	<b>0</b>	n.p.	n.p.	n.p.	<b>9,831</b>
<b>All hospitals</b>									
Posthumous organ proccurement	2	0	39	21	0	n.p.	n.p.	n.p.	67
Hospital boarders	1,065	0	7,314	17,828	0	n.p.	n.p.	n.p.	32,583
<b>Total</b>	<b>1,067</b>	<b>0</b>	<b>7,353</b>	<b>17,849</b>	<b>0</b>	n.p.	n.p.	n.p.	<b>32,650</b>

n.p. Not published.

# Appendix 4: Hospitals contributing to this report and public hospital peer groups

## Introduction

This appendix includes information on the public and private hospitals contributing to the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection and the Emergency Department Waiting Times Data Collection. Also included is information on the coverage of private hospitals in the National Hospital Morbidity Database that can assist interpretation of the data on private hospital activity.

The entities that are reported as hospitals in the databases and in this report vary, depending on the type of information being reported. Explanatory information is therefore included on this variation, with a summary table on the counts of public hospitals presented for different analyses.

Information on the public hospital peer group classification used in Chapters 2, 4 and 5 is also included.

Throughout this report, unless otherwise specified:

- Public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category.
- All public hospitals other than public psychiatric hospitals are included in the public acute hospital category.
- Private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category.
- All private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

## The National Hospital Morbidity Database

The National Hospital Morbidity Database includes data relating to admitted patients from almost all hospitals: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories). In addition, for 2002–03, data were not supplied for a mothercraft hospital in the Australian Capital Territory (for which 1,605 separations were reported as an aggregate count), one small rural hospital in New South Wales (for which 18 separations were reported in 2001–02) and one dental

hospital in Victoria (for which 3,264 separations were reported in 2001–02). These hospitals were however included in the National Public Hospital Establishments Database.

Within the private sector, data were not provided for 2002–03 for all private free-standing day hospital facilities in the Australian Capital Territory and for the single day hospital facility in the Northern Territory. For Victoria, data were not provided for 3 free-standing day hospital facilities and 3 other hospitals and some other hospitals did not supply data for the whole year. For 2001–02, data were not provided by 14 free-standing day hospital facilities and 3 other hospitals in Victoria, and data were incomplete for 14 other free-standing day hospital facilities hospitals. Victoria estimated that separations were under-enumerated by up to 9% for 2001–02 and by about 1.0% in 2002–03. For South Australia, data were not available for one small non-free standing day hospital facility for one month. South Australia estimated that data were essentially complete for 2002–03 and were under-enumerated by 1.4% for 2001–02. For Tasmania, data were not available for one small non-free-standing day hospital facility.

**Table A4.1: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2002–03**

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Incomplete	Complete	Incomplete	Incomplete
Qld	Complete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Complete	Complete
Tas	Complete	Complete	Complete	Incomplete
ACT	Incomplete	Not applicable	Not included	Complete
NT	Complete	Not applicable	Not included	Complete

*Note:* Complete—all facilities reported data to the National Hospital Morbidity Database. Incomplete—some facilities did not provide data to the National Hospital Morbidity Database; see text for more details. Not included—there are facilities in this sector for this state or territory, however, no data were provided. Not applicable—there are no facilities in this sector for this state or territory.

Table A4.1 summarises this coverage information by state and territory and by hospital sector, and tables accompanying this report on the website at <http://www.aihw.gov.au> list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2002–03 (Tables A4.2 and A4.3). For public hospitals, also included in the website tables is information on their average available beds, their peer group (see below) and the Statistical Local Area and Remoteness Area of their location. With the list of private hospitals is information on whether each was a private free-standing day hospital facility.

## Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations presented in this report are likely to be underestimates of the actual counts. Over recent years, at the total level there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection (ABS 2003) (Table A4.4). The latter

collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private free-standing day hospital facilities approved by the Department of Health and Ageing. In 2001–02, the difference was 118,064 separations (4.6%).

**Table A4.4: Differences between private hospital separations on the National Hospital Morbidity Database and reported to the ABS’s Private Health Establishments Collection, 1993–94 to 2001–02**

Year	Private free-standing day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
1993–94	n.a.	n.a.	n.a.	n.a.	119,554	8.3
1994–95	n.a.	n.a.	n.a.	n.a.	76,274	5.0
1995–96	n.a.	n.a.	n.a.	n.a.	83,619	5.0
1996–97	4,868	2.2	75,850	4.9	80,718	4.6
1997–98	23,662	8.7	40,369	2.5	64,031	3.4
1998–99	40,980	13.6	69,961	4.2	110,941	5.6
1999–00	68,907	19.7	53,247	3.0	122,154	5.7
2000–01 <sup>(a)</sup>	56,816	14.6	21,649	1.1	80,655	3.4
2001–02 <sup>(b)</sup>	41,002	9.8	52,727	2.6	118,064	4.6

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database. The differences for private free standing day hospital facilities and other private hospitals exclude Tasmania.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database and ABS suppressed data for the Australian Capital Territory, the Northern Territory and Tasmania. The differences for private free standing day hospital facilities and other private hospitals exclude Australian Capital Territory, the Northern Territory and Tasmania.

n.a. Not available.

Source: ABS, unpublished Private Health Establishments Collection data, for private hospital data.

For individual states (website appendix tables A4.7a to A4.7j), the patterns of differences between number of separations reported to the National Hospital Morbidity Database compared to the ABS’s Private Health Establishments Collection varied. For example, for 2001–02, more separations were reported to the National Hospital Morbidity Database than to the ABS for private freestanding day hospital facilities in Western Australia and for other private hospitals in South Australia.

These discrepancies may have been due to the use of differing definitions or different interpretations of definitions, or differences in the quality of the data provided for different purposes. It is also likely to reflect the omission of some private hospitals from the National Hospital Morbidity Database and also some separations for some private hospitals that were otherwise included in the database.

At the time of publication of this report, Private Health Establishments Collection data for 2002–03 were not available. When they become available, an estimate will be made of underenumeration of separations in the National Hospital Morbidity Database for 2002–03, by comparing it with the 2002–03 Private Health Establishments Collection data. This estimate will be included with *Australian Hospital Statistics 2002–03* on the website.

## The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories) are not included. Corrections Health in New South Wales was not included for 2002–03, although it had been included in 2000–01 and earlier years and is included in the National Hospital Morbidity Database. Financial and staffing data was not provided for two small hospitals in South Australia. Tasmanian data was incomplete for a number of small hospitals, as noted in relevant tables. Data were not available for revenue or staffing for New South Wales and were preliminary for expenditure and outpatient occasions of service. These data will be updated on the AIHW website when these data are available.

Public hospitals are categorised by the Institute into peer groups, as described below. Table A4.2 accompanying this report on the website at <http://www.aihw.gov.au> lists the public hospitals that contributed to the National Public Hospital Establishments Database for 2002–03. Also included is information on their average available bed numbers, their peer group and the Statistical Local Area and Remoteness Area of their location.

## The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals and two private hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included, however, some are not. Based on the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection, national coverage was about 85%, and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to about 64% in South Australia (Table 5.2). Coverage was highest for the *Principal referral and specialist women's and children's* peer group hospitals at 99%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups. Coverage information was not available for New South Wales.

Tables 5.1 and 5.2 provide further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.2 accompanying this report on the website at <http://www.aihw.gov.au>) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2002–03.

# The Emergency Department Waiting Times Data Collection

The Emergency Department Waiting Times Data Collection covers public acute hospitals and one private hospital in Tasmania and two in New South Wales that provide services to public patients under contract arrangements.

Based on a comparison with the number of non-admitted patient occasions of service for accident and emergency reported to the National Public Hospital Establishments Database, coverage varied among the states and territories (Table 4.13). Coverage was highest for the *Principal referral and specialist women's and children's* peer group hospitals at about 97%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.2 accompanying this report on the website at <http://www.aihw.gov.au>) includes information on which hospitals were also included in the Emergency Department Waiting Times Data Collection for 2002–03.

## Counting public hospitals

Different counts of hospitals are used in this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection and the Emergency Department Waiting Times Data Collection. In summary, three counts of hospitals are used (Table A4.5):

- In Chapter 2 and Chapter 3, and in the table on emergency department waiting times in Chapter 4 (Table 4.13), hospitals are counted generally as they were reported to the National Public Hospital Establishments Database. These entities are generally 'physical hospitals' (buildings or campuses) but may encompass some outposted locations such as dialysis units. Conversely, however, hospitals on the one 'campus' can be reported as separate entities to this Database if, for example, they are managed separately and have separate purposes, such as specialist women's services, and specialist children's services. Although most of the hospitals counted in this way report separations to the National Hospital Morbidity Database, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Tables 4.2 and 4.3), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the National Public Hospital Establishments Database with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were only available for these networks, so the networks are the entities counted as hospitals for those jurisdictions for these tables.
- In Chapter 5 (on elective surgery waiting times), hospitals are counted generally if they report as separate entities to the National Elective Surgery Waiting Times Data Collection and/or the National Hospital Morbidity Database. Almost all public hospitals are reported in the same way to these two databases and, since the coverage estimates are based on data from the National Hospital Morbidity Database, some very minor adjustment is made to ensure that the counts of hospitals align completely. In these databases, reporting entities are more likely to represent physical campuses than in the National Public Hospital Establishments Database (with, for example, some outposted



units being separately identifiable). Hospitals are not included if they did not report separations for 2002–03.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements rather than changes in the number of hospital campuses or buildings.

**Table A4.5: Numbers of public hospitals reported in this publication, states and territories, 2002–03**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Chapter 2, Chapter 3 and Table 4.13	218	144	179	94	80	25	3	5	748
Tables 4.2 and 4.3 (with expenditure data)	216	93	179	93	74	19	3	5	682
Table 5.1 (reporting hospital morbidity/elective surgery waiting times data)	221	145	156	94	79	24	2	5	726

Counts of private hospitals can also vary, depending on the source of the information. Thus, there may be discrepancies between counts of private hospitals from the ABS's Private Health Establishments Collection presented in Table 2.1 and the lists of private hospitals contributing to the National Hospital Morbidity Database. The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

## Public hospital peer groups

The Australian Institute of Health and Welfare worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were designed to explain variability in average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activities, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A4.6, and the method used to assign the categories is summarised in Figure A4.1. Details of the derivation of the peer groups are in Appendix 11 of *Australian Hospital Statistics 1998–99* (AIHW 2000). From 2001–02, the method was adjusted slightly, by replacing the RRMA classification with the Remoteness Area classification for the geographical component of the peer grouping. In short, the Remoteness Area category Major Cities of Australia replaced the RRMA metropolitan zone, the Remoteness Area categories Inner regional and Outer regional replaced the RRMA Rural zone, and the Remoteness Area Remote and Very remote categories replaced the RRMA Remote zone.

The flow chart (Figure A4.1) is used for assignment of peer groups for almost all hospitals. However, a very small number are assigned without using this logic, usually in special

circumstances such as the opening or closing of a hospital during the year. These 'manual' assignments of peer groups for 2002–03 are noted in Table A4.2. Selected characteristics of the hospitals assigned to each peer group for 2002–03 are presented in Table 4.2 (at a national level) and in Table 4.3 (for each state and territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see Appendix 6), emergency department waiting times data in Chapter 4 and elective surgery waiting times data in Chapter 5.

The peer group to which each public hospital was assigned for 2002–03 is included in Table A4.2. In some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data or those defined for counts of hospitals presented in Chapters 2 and 3. In these cases, their peer groups may also differ, and differences are indicated in Table A4.2.

**Table A4.6: Public hospital peer group classification**

Peer group	Sub-group	Definition
Principal referral and specialist women's & children's	Principal referral	Major city hospitals with >20,000 acute casemix-adjusted separations and Regional hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Major city	Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Regional and remote	Regional acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and remote hospitals with >5,000 casemix-adjusted separations.
Medium hospitals	Group 1	Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.
	Group 2	Medium acute hospitals in Regional and Major city areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Regional	Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	Small remote hospitals (<5,000 acute casemix-adjusted separations but not 'Multi-purpose services' and not 'Small non-acute'). Most are <2,000 separations.
Sub-acute and non-acute hospitals	Small non-acute	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	
	Hospices	
	Rehabilitation	
	Mothercraft	
	Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care with a small number of acute patients
Un-peered and other hospitals		Prison medical services, special circumstance hospitals, Major city hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations, etc.
Psychiatric hospitals		

(a) Only the peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in Chapter 4.

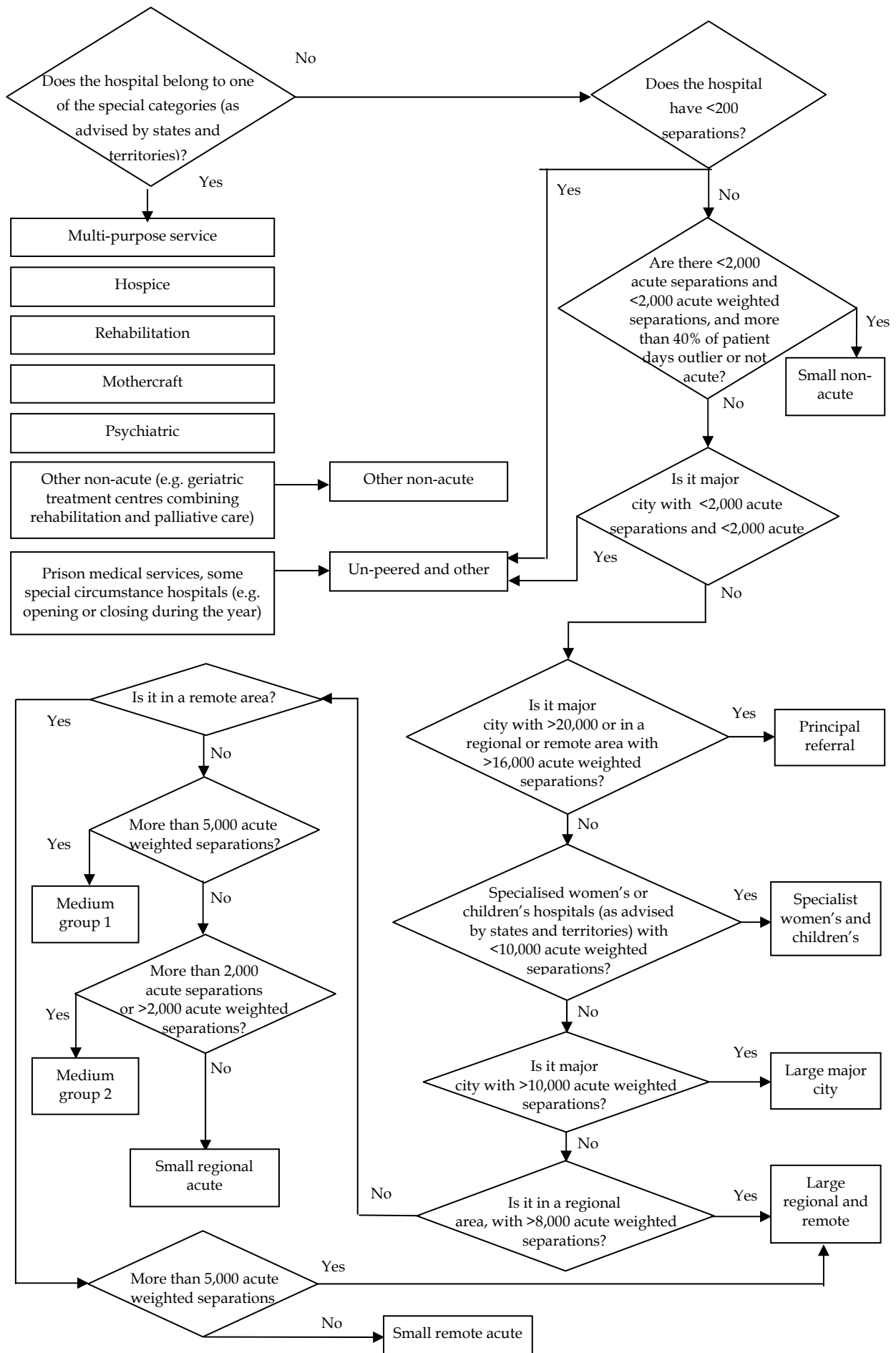


Figure A4.1: Flow chart for assignment of public hospital peer groups

# Appendix 5: Service Related Groups

## Introduction

The Service Related Group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist the planning of services, in analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. For this purpose the AR-DRG system was not considered appropriate as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD chapters, MDCs and SRGs.

Procedure	ICD-10-AM chapter	MDC	SRG
Extraction of wisdom teeth	Diseases of Digestive system	MDC 3 Ear, nose and throat	Dentistry
Endoscopic retrograde cholangiopancreatography	Diseases of Digestive system	MDC 6 Digestive System	Gastroenterology
Excision of haemorrhoids	Diseases of Digestive system	MDC 6 Digestive System	Colorectal surgery

Based on methodology originally developed by the New South Wales Department of Health, the Australian Government Department of Health and Ageing (DoHA) developed the Specialist Service Related Group (SSRG) classification. These are largely aggregations of version 4.2 AR-DRG information. However, assignment of some separations to SSRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SSRG categories according to the type of care because the main service type of these separations cannot be ascertained from their diagnoses or procedures. Error DRGs become unallocated SRGs. The classification also incorporates non-specialist SRGs (NSSRGs), which are an aggregation of the SSRGs (into categories such as other non-specialty surgery) and are used for smaller hospitals that do not have the specialist services or specialist equipment.

There are 50 SRGs, 127 SSRGs and 122 NSSRGs. These are detailed in Table A5.1 in *Australian Hospital Statistics 2001–02* (AIHW 2003a).

More information relating to SRGs, including the algorithm for assigning SRGs can be obtained from the Department of Health and Ageing.

For this Appendix, separations were assigned to the SSRG or NSSRG classification depending on whether or not the hospital they were in had a specialist Neurosurgery, Perinatology or Cardiothoracic unit, as appropriate, as reported to the National Public

Hospital Establishments Database (see Chapter 3). SSRGs and NSSRGs were allocated using the data in the National Hospital Morbidity Database.

## State and territory overview

Tables A5.1 and A5.2 in the website version of this publication contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Dialysis* (SRG 23) had the largest number of separations in public hospitals, with 583,299, followed by *Obstetrics* (SRG 72), with 270,362. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations, with 353,109, followed by *Orthopaedics* (SRG 49), with 239,080.

Tables A5.3 and A5.4 in the website version of this publication summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Psychiatry* (SRG 82) recorded the highest number of patient days, with 1,313,563, and *Orthopaedics* (SRG 49) recorded the highest in the private sector, with 788,780 patient days.

Table A5.5 contains the number of establishments with more than 50 separations and the number of establishments with more than 360 patient days in each SRG by state and territory and by Remoteness Area for public hospitals only. This has been included as an indicative measure of the number of specialty units. The best indicative measure of the number of units varies between SRGs and between uses of the measure so, for example, *Maintenance* (SRG 87) shows 114 hospitals providing more than 50 separations a year and 366 providing more than 360 patient days while *Ophthalmology* (SRG 50) shows 165 hospitals providing more than 50 separations a year and 66 providing more than 360 patient days a year. *Cardiothoracic surgery* (SRG 42) and *Neurosurgery* (SRG 46) showed no difference between the two different measures with 29 and 32 units respectively using both measures.

*Non-subspecialty medicine* (SRG 27) and *Non-subspecialty surgery* (SRG 54) had the greatest number of establishments with more than 50 separations at 430 and 400 respectively. Using the 360 patient day boundary changed the picture only slightly, with *Non-subspecialty medicine* (SRG 27) remaining the most common but *Maintenance* (SRG 87) moving into second place with 376 and 366 establishments respectively.

For confidentiality, the statistics for some blocks in the private sector, particularly for Tasmania, the Northern Territory and the Australian Capital Territory, have been suppressed.

**Table A5.5: Number of hospitals with more than 50 separations and number of hospitals with more than 360 patient days in each Service Related Group, by Service Related Group, public hospitals, states and territories, 2002-03**

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
11 Cardiology	128	105	73	60	70	46	31	19	43	26	6	3	2	2	5	3	358	264
Major City	39	40	21	20	13	10	8	8	9	9	..	..	2	2	..	..	92	89
Regional	84	62	52	40	46	34	16	8	28	13	6	3	..	..	1	1	233	161
Remote	5	3	0	0	11	2	7	3	6	4	0	0	..	..	4	2	33	14
12 Interventional cardiology	26	26	13	12	5	5	4	3	4	3	2	2	1	1	1	1	56	53
Major City	25	25	11	11	3	3	4	3	4	3	..	..	1	1	..	..	48	46
Regional	1	1	2	1	2	2	0	0	0	0	2	2	..	..	1	1	8	7
13 Dermatology	36	10	23	9	19	5	8	4	9	6	2	1	1	1	2	1	100	37
Major City	31	10	18	9	11	4	6	4	8	6	..	..	1	1	..	..	75	34
Regional	5	0	5	0	7	1	2	0	1	0	2	1	..	..	1	1	23	3
Remote	0	0	0	0	1	0	0	0	0	0	0	0	..	..	1	0	2	0
14 Endocrinology	58	50	34	29	27	23	13	14	13	10	3	3	2	2	2	1	152	132
Major City	36	36	21	18	12	12	9	10	8	8	..	..	2	2	..	..	88	86
Regional	22	14	13	11	14	10	4	4	5	2	3	3	..	..	1	1	62	45
Remote	0	0	0	0	1	1	0	0	0	0	0	0	..	..	1	0	2	1
15 Gastroenterology	115	70	69	45	58	29	28	13	37	14	4	3	2	2	4	3	317	179
Major City	39	38	24	23	13	11	10	8	9	9	..	..	2	2	..	..	97	91
Regional	71	32	45	22	38	17	12	4	24	5	4	3	..	..	1	1	195	84
Remote	5	0	0	0	7	1	6	1	4	0	0	0	..	..	3	2	25	4
Diagnostic gastrointestinal																		
16 endoscopy	84	54	68	39	38	23	29	15	25	13	3	2	2	2	4	2	253	150
Major City	38	32	22	19	12	11	10	9	9	9	..	..	2	2	..	..	93	82
Regional	46	22	46	20	24	12	13	6	14	4	3	2	..	..	1	1	147	67
Remote	0	0	0	0	2	0	6	0	2	0	0	0	..	..	3	1	13	1
17 Haematology	64	42	48	31	30	18	11	4	17	7	3	2	2	1	2	1	177	106
Major City	34	31	24	19	13	10	6	4	9	7	..	..	2	1	..	..	88	72
Regional	30	11	24	12	17	8	5	0	7	0	3	2	..	..	1	1	87	34
Remote	0	0	0	0	0	0	0	0	1	0	0	0	..	..	1	0	2	0
18 Immunology and infections	87	66	45	38	48	31	21	17	16	11	3	3	2	2	5	5	227	173
Major City	37	38	22	22	12	12	7	8	9	8	..	..	2	2	..	..	89	90
Regional	47	28	23	16	29	17	5	5	5	3	3	3	..	..	1	1	113	73
Remote	3	0	0	0	7	2	9	4	2	0	0	0	..	..	4	4	25	10
19 Medical oncology	61	58	46	37	26	23	10	7	10	9	3	4	2	2	2	2	160	142
Major City	35	36	22	19	12	11	6	5	8	7	..	..	2	2	..	..	85	80
Regional	26	22	24	18	14	12	4	1	2	2	3	4	..	..	1	1	74	60
Remote	0	0	0	0	0	0	0	1	0	0	0	0	..	..	1	1	1	2

(continued)

**Table A5.5: (continued) Number of hospitals with more than 50 separations and number of hospitals with more than 360 patient days in each Service Related Group, by Service Related Group, public hospitals, states and territories, 2002-03**

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
20 Chemotherapy	14	3	37	25	24	16	8	5	21	8	1	1	2	2	2	2	109	62
Major City	12	3	17	14	9	9	4	4	8	8	..	..	2	2	..	..	52	40
Regional	2	0	20	11	14	7	4	1	11	0	1	1	..	..	1	1	53	21
Remote	0	0	0	0	1	0	0	0	2	0	0	0	..	..	1	1	4	1
21 Neurology	112	89	63	53	52	38	31	19	38	22	4	5	2	2	3	3	305	231
Major City	41	42	23	22	13	13	10	10	9	10	..	..	2	2	..	..	98	99
Regional	68	47	40	31	36	24	12	8	25	11	4	5	..	..	1	1	186	127
Remote	3	0	0	0	3	1	9	1	4	1	0	0	..	..	2	2	21	5
22 Renal medicine	46	37	29	25	21	15	11	3	7	6	3	2	2	1	2	2	121	91
Major City	32	27	19	18	11	9	7	3	7	6	..	..	2	1	..	..	78	64
Regional	14	9	10	7	9	6	4	0	0	0	3	2	..	..	1	1	41	25
Remote	0	1	0	0	1	0	0	0	0	0	0	0	..	..	1	1	2	2
23 Dialysis	35	30	51	39	14	13	11	9	11	10	2	2	1	1	4	4	129	108
Major City	16	16	15	15	5	5	6	5	7	7	..	..	1	1	..	..	50	49
Regional	17	14	36	24	8	8	3	3	2	2	2	2	..	..	1	1	69	54
Remote	2	0	0	0	1	0	2	1	2	1	0	0	..	..	3	3	10	5
24 Respiratory medicine	135	128	83	78	76	56	39	33	45	32	6	7	2	2	5	5	391	341
Major City	41	43	25	26	14	14	9	10	10	10	..	..	2	2	..	..	101	105
Regional	87	80	58	52	46	37	17	15	29	20	6	7	..	..	1	1	244	212
Remote	7	5	0	0	16	5	13	8	6	2	0	0	..	..	4	4	46	24
25 Rheumatology	21	14	15	10	11	3	4	4	7	3	2	2	1	1	1	0	62	37
Major City	19	14	13	10	8	3	4	4	6	3	..	..	1	1	..	..	51	35
Regional	2	0	2	0	3	0	0	0	1	0	2	2	..	..	1	0	11	2
26 Pain management	22	7	27	9	9	3	7	5	8	4	3	1	0	0	0	0	76	29
Major City	19	7	16	8	7	3	5	5	6	3	..	..	0	0	..	..	53	26
Regional	3	0	11	1	2	0	2	0	2	1	3	1	..	..	0	0	23	3
27 Non-specialty medicine	142	137	95	98	89	57	42	31	49	39	6	7	2	2	5	5	430	376
Major City	50	51	33	34	15	15	13	12	12	12	..	..	2	2	..	..	125	126
Regional	86	81	62	64	54	40	17	11	30	22	6	7	..	..	1	1	256	226
Remote	6	5	0	0	20	2	12	8	7	5	0	0	..	..	4	4	49	24
41 Breast surgery	32	10	25	10	14	3	5	2	5	3	3	0	1	0	1	0	86	28
Major City	23	8	17	10	7	3	4	2	5	3	..	..	1	0	..	..	57	26
Regional	9	2	8	0	7	0	1	0	0	0	3	0	..	..	1	0	29	2
42 Cardiothoracic surgery	11	11	7	7	3	3	4	4	2	2	1	1	1	1	0	0	29	29
Major City	11	11	7	7	2	2	4	4	2	2	..	..	1	1	..	..	27	27
Regional	0	0	0	0	1	1	0	0	0	0	1	1	..	..	0	0	2	2

(continued)

**Table A5.5: (continued) Number of hospitals with more than 50 separations and number of hospitals with more than 360 patient days in each Service Related Group, by Service Related Group, public hospitals, states and territories, 2002-03**

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
43 Colorectal surgery	57	47	42	35	20	17	15	11	13	8	3	3	2	2	2	2	154	125
Major City	34	31	21	19	11	8	10	8	8	6	..	..	2	2	..	..	86	74
Regional	23	16	21	16	9	9	5	3	4	2	3	3	..	..	1	1	66	50
Remote	0	0	0	0	0	0	0	0	1	0	0	0	..	..	1	1	2	1
44 Upper gastrointestinal surgery	69	50	47	36	32	21	20	11	16	8	3	3	2	2	3	2	192	133
Major City	36	32	20	20	11	10	10	6	9	7	..	..	2	2	..	..	88	77
Regional	33	18	27	16	20	10	6	4	6	1	3	3	..	..	1	1	96	53
Remote	0	0	0	0	1	1	4	1	1	0	0	0	..	..	2	1	8	3
45 Head and neck surgery	18	9	17	6	9	2	3	3	3	1	2	0	1	0	1	0	54	21
Major City	16	9	14	6	6	2	3	3	3	1	..	..	1	0	..	..	43	21
Regional	2	0	3	0	3	0	0	0	0	0	2	0	..	..	1	0	11	0
46 Neurosurgery	10	10	7	7	6	6	3	3	4	4	1	1	1	1	0	0	32	32
Major City	10	10	7	7	5	5	3	3	4	4	..	..	1	1	..	..	30	30
Regional	0	0	0	0	1	1	0	0	0	0	1	1	..	..	0	0	2	2
47 Dentistry	33	1	26	7	26	4	8	2	9	2	3	0	2	0	2	0	109	16
Major City	15	1	7	3	11	3	4	2	4	2	..	..	2	0	..	..	43	11
Regional	17	0	19	4	14	1	4	0	4	0	3	0	..	..	1	0	62	5
Remote	1	0	0	0	1	0	0	0	1	0	0	0	..	..	1	0	4	0
48 Ear, nose and throat	60	29	56	28	24	13	22	9	21	6	3	2	2	1	3	1	191	89
Major City	35	22	23	18	10	8	10	8	8	5	..	..	2	1	..	..	88	62
Regional	25	7	33	10	13	5	6	1	11	1	3	2	..	..	1	1	92	27
Remote	0	0	0	0	1	0	6	0	2	0	0	0	..	..	2	0	11	0
49 Orthopaedics	114	97	70	58	61	38	33	26	41	22	4	4	2	2	5	3	330	250
Major City	43	44	24	23	13	13	11	10	9	9	..	..	2	2	..	..	102	101
Regional	68	53	46	35	39	24	13	10	28	12	4	4	..	..	1	1	199	139
Remote	3	0	0	0	9	1	9	6	4	1	0	0	..	..	4	2	29	10
50 Ophthalmology	55	23	41	14	23	8	22	10	16	7	3	0	2	2	3	2	165	66
Major City	30	14	20	10	10	6	10	9	7	6	..	..	2	2	..	..	79	47
Regional	25	9	21	4	9	2	6	1	8	1	3	0	..	..	1	1	73	18
Remote	0	0	0	0	4	0	6	0	1	0	0	0	..	..	2	1	13	1
51 Plastic surgery	77	40	60	32	37	21	24	11	25	11	3	3	2	1	4	2	232	121
Major City	37	30	25	19	12	11	10	7	9	8	..	..	2	1	..	..	95	76
Regional	40	10	35	13	24	9	8	4	15	3	3	3	..	..	1	1	126	43
Remote	0	0	0	0	1	1	6	0	1	0	0	0	..	..	3	1	11	2
52 Urology	84	48	57	34	37	16	23	13	26	10	3	2	2	2	4	2	236	127
Major City	39	32	24	20	12	9	11	9	9	8	..	..	2	2	..	..	97	80
Regional	45	16	33	14	24	7	9	4	16	2	3	2	..	..	1	1	131	46
Remote	0	0	0	0	1	0	3	0	1	0	0	0	..	..	3	1	8	1

(continued)



**Table A5.5: (continued) Number of hospitals with more than 50 separations and number of hospitals with more than 360 patient days in each Service Related Group, by Service Related Group, public hospitals, states and territories, 2002-03**

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
53 Vascular surgery	47	43	37	32	17	18	10	7	8	8	2	3	2	1	2	2	125	114
Major City	32	30	21	17	9	9	7	5	6	6	..	..	2	1	..	..	77	68
Regional	15	13	16	15	8	7	3	2	2	2	2	3	..	..	1	1	47	43
Remote	0	0	0	0	0	2	0	0	0	0	0	0	..	..	1	1	1	3
54 Non-specialty surgery	131	96	80	60	89	47	41	29	46	21	6	4	2	2	5	5	400	264
Major City	42	43	28	26	15	13	12	12	9	9	..	..	2	2	..	..	108	105
Regional	83	52	52	34	53	32	16	10	29	11	6	4	..	..	1	1	240	144
Remote	6	1	0	0	21	2	13	7	8	1	0	0	..	..	4	4	52	15
61 Transplant	2	4	1	4	1	3	0	2	1	1	0	0	0	0	0	0	5	14
Major City	2	4	1	4	1	3	0	2	1	1	..	..	0	0	..	..	5	14
62 Extensive burns	3	3	2	3	2	2	2	2	2	2	0	1	0	0	1	2	12	15
Major City	3	3	2	3	2	2	2	2	2	2	..	..	0	0	..	..	11	12
Regional	0	0	0	0	0	0	0	0	0	0	0	1	..	..	1	1	1	2
Remote	0	0	0	0	0	0	0	0	0	0	0	0	..	..	0	1	0	1
63 Tracheostomy	18	28	13	17	6	16	3	4	3	4	2	2	1	1	1	2	47	74
Major City	18	21	13	13	3	10	3	4	3	4	..	..	1	1	..	..	41	53
Regional	0	7	0	4	3	6	0	0	0	0	2	2	..	..	1	1	6	20
Remote	0	0	0	0	0	0	0	0	0	0	0	0	..	..	0	1	0	1
71 Gynaecology	79	50	68	40	41	23	29	16	27	16	3	3	2	2	4	2	253	152
Major City	35	29	25	18	11	11	11	9	9	9	..	..	2	2	..	..	93	78
Regional	44	21	43	22	27	11	11	5	17	6	3	3	..	..	1	1	146	69
Remote	0	0	0	0	3	1	7	2	1	1	0	0	..	..	3	1	14	5
72 Obstetrics	86	75	59	51	48	37	30	26	30	22	4	2	2	2	5	4	264	219
Major City	31	30	18	18	9	8	9	9	7	7	..	..	2	2	..	..	76	74
Regional	53	45	41	33	34	26	13	10	21	14	4	2	..	..	1	1	167	131
Remote	2	0	0	0	5	3	8	7	2	1	0	0	..	..	4	3	21	14
73 Qualified neonates	48	44	28	24	23	20	8	6	9	6	2	2	2	2	3	3	123	107
Major City	29	27	13	13	11	10	4	3	5	4	..	..	2	2	..	..	64	59
Regional	19	17	15	11	11	9	2	1	4	2	2	2	..	..	1	1	54	43
Remote	0	0	0	0	1	1	2	2	0	0	0	0	..	..	2	2	5	5
75 Perinatology	2	9	2	4	0	1	1	2	1	1	0	0	0	1	0	0	6	18
Major City	2	9	2	4	0	1	1	2	1	1	..	..	0	1	..	..	6	18
81 Drug and alcohol	77	46	35	24	40	16	22	14	20	11	4	4	2	2	3	2	203	119
Major City	40	34	18	17	12	8	10	9	11	11	..	..	2	2	..	..	93	81
Regional	35	12	17	7	26	8	7	4	8	0	4	4	..	..	1	1	98	36
Remote	2	0	0	0	2	0	5	1	1	0	0	0	..	..	2	1	12	2

(continued)

**Table A5.5: (continued) Number of hospitals with more than 50 separations and number of hospitals with more than 360 patient days in each Service Related Group, by Service Related Group, public hospitals, states and territories, 2002-03**

Service Related Group	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
82 Psychiatry	86	55	54	41	31	21	26	22	29	20	5	6	2	2	2	2	235	169
Major City	40	34	33	30	12	9	8	9	13	11	..	..	2	2	..	..	108	95
Regional	45	21	21	11	18	12	12	11	15	8	5	6	..	..	1	1	117	70
Remote	1	0	0	0	1	0	6	2	1	1	0	0	..	..	1	1	10	4
83 Non-acute psychiatry	5	9	0	6	10	12	4	7	2	2	0	1	0	0	0	0	21	37
Major City	5	7	0	5	7	7	4	7	2	2	..	..	0	0	..	..	18	28
Regional	0	2	0	1	3	5	0	0	0	0	0	1	..	..	0	0	3	9
84 Rehabilitation	62	78	30	43	23	31	13	14	9	12	3	3	2	2	2	2	144	185
Major City	35	39	19	22	10	12	9	8	5	7	..	..	2	2	..	..	80	90
Regional	27	39	11	21	12	19	4	6	4	5	3	3	..	..	1	1	62	94
Remote	0	0	0	0	1	0	0	0	0	0	0	0	..	..	1	1	2	1
85 Geriatric	8	10	28	35	2	3	1	1	0	0	0	0	0	0	0	0	39	49
Major City	4	4	19	20	1	1	1	1	0	0	..	..	0	0	..	..	25	26
Regional	4	6	9	15	1	2	0	0	0	0	0	0	..	..	0	0	14	23
86 Palliation	30	36	18	23	13	15	0	5	4	8	2	2	1	1	0	1	68	91
Major City	17	18	9	9	7	7	0	2	4	4	..	..	1	1	..	..	38	41
Regional	13	18	9	14	6	8	0	3	0	3	2	2	..	..	0	1	30	49
Remote	0	0	0	0	0	0	0	0	0	1	0	0	..	..	0	0	0	1
87 Maintenance	45	128	19	55	27	83	11	37	7	51	2	8	1	1	2	3	114	366
Major City	23	34	17	22	10	14	4	10	6	8	..	..	1	1	..	..	61	89
Regional	21	86	2	33	17	52	7	17	1	30	2	8	..	..	1	1	51	227
Remote	1	8	0	0	0	17	0	10	0	13	0	0	..	..	1	2	2	50
88 Psychogeriatric	2	11	0	0	1	1	4	6	0	0	0	0	0	0	0	0	7	18
Major City	2	7	0	0	1	1	4	6	0	0	..	..	0	0	..	..	7	14
Regional	0	4	0	0	0	0	0	0	0	0	0	0	..	..	0	0	0	4
99 Error	14	21	12	17	4	6	4	4	4	6	1	1	1	1	1	1	41	57
Major City	13	19	10	15	4	4	4	4	4	5	..	..	1	1	..	..	36	48
Regional	1	2	2	2	0	2	0	0	0	1	1	1	..	..	1	1	5	9

.. Not applicable

Note: Rows for regions with no apparent units are not shown.

# Appendix 6: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Groups (AR-DRG) cost weights and estimated average costs, as incorporated into tables in Chapters 2, 4, 6 and 11. It is a voluntary collection of hospital cost and activity data covering the financial year prior to the collection period, undertaken by the Department of Health and Ageing. Both public and private hospital data are included, with the results being separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2001–02 financial year (Round 6) (DoHA 2003).

In the 2001–02 collection, cost data were obtained for products other than acute admitted patients, such as outpatient care, emergency department care, admitted patient rehabilitation care, admitted patient palliative care, outreach/community, teaching and research. However, this report uses the cost data for acute admitted patients only, that is, for AR-DRGs version 4.2. (Cost weight data for 2002–03 for AR-DRGs version 4.2 were not available at the time of publication and version 5.0 cost weight data were not being prepared.)

The NHCDC involves arrangements whereby the hospital data are collected by the individual hospitals, and checked and validated by state/territory/private sector coordinators before being passed onto the Department. The production and publication of the final cost weights and associated tables follows extensive quality assurance procedures undertaken by the Department, and endorsement of the results by the states and territories.

The number of public hospitals included in the collection in 2001–02 was 203. Whilst the coverage of public hospitals was approximately 39.6% of total hospitals, the total number of separations was approximately 77.1% of the estimated total population of separations, because of the significant number of large teaching hospitals in the sample. A total of 83 private hospitals contributed to the collection, representing about 33.7% of all private hospitals and 50.5% of private hospital separations.

The participating hospitals include both patient costing and cost modelling sites. Cost modelling generally refers to a process where estimates of costs are produced at the level of each AR-DRG. The approach is 'top down' where costs from the hospitals' general ledgers are allocated down to acute admitted patients using a series of allocation statistics. Patient costing or clinical costing is a 'bottom up' approach where the costs of each service provided to an individual patient are measured or estimated so that the total cost of treating individual patients is obtained. The majority of participating hospitals are cost modelled sites.

The average cost per separation for 2001–02 was estimated at \$2,847 for public hospitals and \$2,264 for private hospitals. Both these estimates included estimates for depreciation.

Further information is provided in the NHCDC report for 2001–02 (DoHA 2003). Cost weights and associated tables for this round and the previous five rounds can be obtained from the Department of Health and Ageing (Phone 02 6289 8272) or on the Casemix website, [www.health.gov.au/casemix/](http://www.health.gov.au/casemix/).

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

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

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

## Data sources

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

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

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

## Analysis methods

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

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

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

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

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

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

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

# Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary* version 11 (AIHW 2003b). Each definition contains an identification number (ID) from the Knowledgebase or Australia's Health and Community Services Data Registry and the title of the definition. The Knowledgebase is an electronic storage site for Australian health, community services, housing and related data definitions and standards. It provides definitions for data for health-and community services-related topics, and specifications for related National Minimum Data Sets (NMDSs), such as the NMDSs, which form the basis of this report. The Knowledgebase can be viewed on the AIHW website at

<http://www.aihw.gov.au/knowledgebase/index.html>

<i>Activity when injured</i>	The type of activity being undertaken by a person at the time of injury. Knowledgebase ID: 000002, Title: Activity when injured
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospitals</i>	See <i>Establishment type</i> .
<i>Additional diagnosis</i>	Conditions or complaints either co-existing with the principal diagnosis or arising during the episode of care. Knowledgebase ID: 000005, Title: Additional diagnosis
<i>Adjustment</i>	A summarising procedure for a statistical measure in which the effects of differences in composition of the populations being compared have been minimised by statistical methods.
<i>Administrative and clerical staff</i>	See <i>Full-time equivalent staff</i> .
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation). Knowledgebase ID: 000244, Title: Administrative expenses
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). Knowledgebase ID: 000011, Title: Admitted patient
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the in-patient fraction or IFRAC.
<i>Adverse event</i>	An incident in which harm resulted to a person receiving health care.
<i>Age standardisation</i>	A set of techniques used to remove as far as possible the effects of differences in age when comparing two or more populations.
<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .

<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	<p>An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.</p> <p>Knowledgebase ID: 000042, Title: Diagnosis related group</p>
<i>Available beds</i>	<p>Beds immediately available for use by admitted patients as required.</p> <p>Knowledgebase ID: 000255, Number of available beds for admitted patients</p>
<i>Average length of stay</i>	<p>The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of 1 day.</p> <p>Knowledgebase ID: 000119, Length of stay</p>
<i>Capital expenditure</i>	<p>Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years).</p> <p>Knowledgebase ID: 000248, Title: Capital expenditure</p>
<i>Care type</i>	<p>The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).</p> <p>Admitted patient care consists of the following categories:</p> <ul style="list-style-type: none"> <li>• Acute care</li> <li>• Rehabilitation care</li> <li>• Palliative care</li> <li>• Geriatric evaluation and management</li> <li>• Psychogeriatric care</li> <li>• Maintenance care</li> <li>• Newborn care</li> </ul> <p>Other care is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following:</p> <ul style="list-style-type: none"> <li>• Organ procurement – posthumous</li> <li>• Hospital boarder</li> </ul> <p>Knowledgebase ID: 000168, Title: Care type</p>
<i>Casemix</i>	<p>The range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.</p>
<i>Chronic</i>	<p>Persistent and long lasting.</p>
<i>Clinical urgency</i>	<p>A clinical assessment of the urgency with which a patient requires elective hospital care.</p> <p>Knowledgebase ID: 000025, Title: Clinical urgency</p>
<i>Compensable patients</i>	<p>A compensable patient is an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.</p> <p>Knowledgebase ID: 000026, Title: Compensable status</p>

<i>Cost weights</i>	Cost weights represent 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. The cost weights used in this report are 2001–02 national public and private cost weights for AR-DRGs version 4.2.
<i>Department of Veterans' Affairs patient</i>	A person whose charges for the hospital admission are met by the Department of Veterans' Affairs. These patients include eligible veterans and war widow/widowers. The data are 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. Knowledgebase ID: 000421, Title: Department of Veterans' Affairs patient
<i>Diagnosis related group (DRG)</i>	A widely used type of 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 Australian Refined DRGs (AR-DRGs) are used. Knowledgebase ID: 000042, Title: Diagnosis related group
<i>Diagnostic and allied health professionals</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic and other staff</i>	See <i>Full-time equivalent staff</i> .
<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. Knowledgebase ID: 000241, Title: Domestic services
<i>Drug supplies expenditure</i>	The cost of all drugs, including the cost of containers. Knowledgebase ID: 000238, Title: Drug supplies
<i>Elective care</i>	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. Knowledgebase ID: 000348, Title: Elective care
<i>Elective surgery</i>	Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. Knowledgebase ID: 000046, Title: Elective surgery
<i>Emergency department waiting time to service delivery</i>	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event. Knowledgebase ID: 000347, Title: Emergency department waiting time to service delivery
<i>Enrolled nurses</i>	See <i>Full-time equivalent staff</i> .



<i>Episode of care</i>	<p>The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>).</p> <p>Knowledgebase ID: 000168, Title: Care type</p> <p>Knowledgebase ID: 000455, Title: Episode of admitted patient care</p>
<i>Error DRGs</i>	<p>AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.</p>
<i>Establishment type</i>	<p>Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.</p> <p>Establishment types include:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Psychiatric hospitals</li> <li>• Alcohol and drug treatment centres</li> <li>• Hospices</li> </ul> <p>Knowledgebase ID: 000327, Title: Establishment type</p>
<i>External cause</i>	<p>The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.</p> <p>Knowledgebase ID: 000053, Title: External cause</p>
<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable).</p> <p>Staffing categories include:</p> <ul style="list-style-type: none"> <li>• Salaried medical officers</li> <li>• Registered nurses</li> <li>• Student nurses</li> <li>• Enrolled nurses</li> <li>• Other personal care staff</li> <li>• Diagnostic and allied health professionals</li> <li>• Administrative and clerical staff</li> <li>• Domestic and other staff</li> </ul> <p>Knowledgebase ID: 000252, Title: Full time equivalent staff</p>
<i>Funding source for hospital patient</i>	<p>Expected principal source of funds for an admitted patient episode or non-admitted patient service event.</p> <p>Knowledgebase ID: 000632, Title: Funding source for hospital patient</p>
<i>Geriatric evaluation and management</i>	<p>See <i>Care type</i>.</p>
<i>Group session</i>	<p>A group service is defined as a service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual.</p> <p>Knowledgebase ID: 000210, Title: Group sessions</p>

<i>HASAC (Health and Allied Services Advisory Council ratio)</i>	For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by HASAC (see Appendix 3: Technical notes).
<i>Hospice</i>	See <i>Establishment type</i> .
<i>Hospital</i>	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.  Knowledgebase ID: 000064, Title: Hospital
<i>Hospital boarder</i>	See <i>Care type</i> .
<i>Hospital in the home care</i>	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.  Knowledgebase ID: 000633, Title: Hospital-in-the-home care
<i>IFRAC (Inpatient fraction)</i>	A measure used to calculate the cost per casemix adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion (see Appendix 3: Technical notes).
<i>Indicator procedure</i>	An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods. Waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision.  Knowledgebase ID: 000073, Title: Indicator procedure
<i>Indigenous status</i>	Indigenous status is 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.  Knowledgebase ID: 002009, Title: Indigenous status
<i>Inpatient</i>	Another term for admitted patient.  Knowledgebase ID: 000011, Title: Admitted patient
<i>Interactive data cubes</i>	A data cube is a multidimensional representation of data which provides fast retrieval and drill down facilities.
<i>International Classification of Diseases</i>	The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th Revision, Australian Modifications (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.
<i>Inter-hospital contracted care</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals.  Knowledgebase ID: 000079, Title: Inter-hospital contracted care
<i>Length of stay</i>	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 the day the patient went on leave. A same day patient is allocated a length of stay of 1 day.  Knowledgebase ID: 000119, Title: Length of stay
<i>Licensed bed</i>	A bed in a private hospital, licensed by the relevant state or territory health authority.

<i>Maintenance care</i>	See <i>Care type</i> .
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body. Knowledgebase ID: 000088, Title: Major diagnostic category
<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. Knowledgebase ID: 000239, Title: Medical and surgical supplies
<i>National Health Data Dictionary (NHDD)</i>	A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.
<i>Newborn care</i>	See <i>Care type</i> .
<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. Knowledgebase ID: 000209, Title: Occasions of service
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital. Knowledgebase ID: 000104, Title: Non-admitted patient
<i>Number of days of hospital-in-the-home care</i>	The number of hospital-in-the-home days occurring within an episode of care for an admitted patient. Knowledgebase ID: 000640, Title: Number of days of hospital-in-the-home care
<i>Outpatient</i>	Another term for non-admitted patient. Knowledgebase ID: 000104, Title: Non-admitted patient
<i>Organ procurement-posthumous</i>	See <i>Care type</i> .
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. Knowledgebase ID: 000247, Title: Other recurrent expenditure
<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. Knowledgebase ID: 000323, Title: Other revenues
<i>Overnight-stay patients</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of one night, i.e. who is admitted to and separated from the hospital on different dates. Knowledgebase ID: 000116, Title: Overnight-stay patient
<i>Palliative care</i>	See <i>Care type</i> .
<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated one patient day. Knowledgebase ID: 000206, Title: Patient days

<i>Patient election status</i>	<p>Accommodation chargeable status elected by patient on admission. The categories are:</p> <ul style="list-style-type: none"> <li>• Public</li> <li>• Private</li> </ul> <p>Knowledgebase ID: 000415, Title: Admitted patient election status</p>
<i>Patient presentation to emergency department</i>	<p>The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged.</p> <p>Knowledgebase ID: 000349, Title: Patient presentation at emergency department</p>
<i>Patient revenue</i>	<p>Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges.</p> <p>Knowledgebase ID: 000296, Title: Patient revenue</p>
<i>Patient transport</i>	<p>The direct cost of transporting patients, excluding salaries and wages of transport staff.</p> <p>Knowledgebase ID: 000243, Title: Patient transport</p>
<i>Payments to visiting medical officers</i>	<p>All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis.</p> <p>Knowledgebase ID: 000236, Title: Payments to visiting medical officers</p>
<i>Peer group</i>	<p>Groupings of hospitals into broadly similar groups in terms of their range of admitted patient activities and their geographical location.</p>
<i>Percentile</i>	<p>Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.</p>
<i>Performance indicator</i>	<p>A statistic or other unit of information that reflects, directly or indirectly the extent to which an anticipated outcome is achieved or the quality of processes leading to that outcome.</p>
<i>Place of occurrence of external cause</i>	<p>The place where the external cause of injury, poisoning or violence occurred.</p> <p>Knowledgebase ID: 000384, Title: Place of occurrence of external cause of injury</p>
<i>Potentially preventable hospitalisation</i>	<p>Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.</p>
<i>Pre-MDC (Pre-Major Diagnostic Category)</i>	<p>Twelve AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involved procedures that are particularly resource intensive (transplants, tracheostomies or extracorporeal membrane oxygenation without cardiac surgery).</p>
<i>Principal diagnosis</i>	<p>The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care.</p> <p>Knowledgebase ID: 000136, Title: Principal diagnosis</p>
<i>Private hospital</i>	<p>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 <i>Establishment type</i>.</p>
<i>Private patient</i>	<p>Persons admitted to a private hospital; or persons admitted to a public hospital who decide to choose the doctor (s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation.</p> <p>Knowledgebase ID: 000415, Title: Admitted patient election status</p>

<i>Procedure</i>	<p>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 only available in the acute care setting.</p> <p>Knowledgebase ID: 000137, Title: Procedure</p>
<i>Psychogeriatric care</i>	See <i>Care type</i> .
<i>Public hospital</i>	<p>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 <i>Establishment type</i>.</p>
<i>Public patient</i>	<p>A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared accommodation. This means the patient is not charged.</p> <p>Knowledgebase ID: 000415, Title: Admitted patient election status</p>
<i>Qualified days</i>	<p>The number of days 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 nine days old or less. A newborn day is acute (qualified) when a newborn meets at least one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Is the second or subsequent live born infant of a multiple birth, whose mother is currently and admitted patient;</li> <li>• Is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care;</li> <li>• Remains in hospital without its mother; or</li> <li>• Is admitted to the hospital without its mother.</li> </ul> <p>Knowledgebase ID: 000011, Title: Admitted patient <i>and</i></p> <p>Knowledgebase ID: 000343, Title: Newborn qualification status</p>
<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"> <li>• 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</li> <li>• 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.</li> </ul> <p>Knowledgebase ID: 000295, Title: Recoveries</p>
<i>Recurrent expenditure</i>	<p>Expenditure on goods and services which are used up during the year, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers.</p> <p>Knowledgebase ID: 000533, Title: Recurrent expenditure</p>
<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative stay index (RSI)</i>	<p>The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See Appendix 3 for further information.</p>

<i>Remoteness Area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification remoteness structure, based on the Accessibility /Remoteness Index of Australia which measures the remoteness of a point based on the physical road distance to the nearest urban centre.</p> <p>The categories are:</p> <ul style="list-style-type: none"> <li>• Major cities</li> <li>• Inner regional</li> <li>• Outer regional</li> <li>• Remote</li> <li>• Very remote</li> <li>• Migratory.</li> </ul>
<i>Removal from waiting list</i>	<p>The reason the patient was removed from an elective surgery waiting list.</p> <p>Knowledgebase ID: 000798, Title: Reason for removal from elective surgery waiting list</p>
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works.</p> <p>Knowledgebase ID: 000242, Title: Repairs and maintenance</p>
<i>Salaried medical officers</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Same day patients</i>	<p>Same day patients are admitted patients who are admitted and separate on the same date.</p> <p>Knowledgebase ID: 000146, Title: Same-day patient</p>
<i>Separation</i>	<p>The term used to refer an episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separations also meant the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.</p> <p>Knowledgebase ID: 000148, Separation</p>
<i>Separation rate ratio</i>	<p>The separation rate for one population divided by the separation rate of another. This demonstrates the difference between one population and another.</p>
<i>Separations</i>	<p>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.</p> <p>Knowledgebase ID: 000205, Title: Separations</p>
<i>Service Related Group- (SRG)</i>	<p>A classification based on Australian Refined Diagnostic Related Group ( AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.</p>
<i>Specialised service</i>	<p>A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, for example, an intensive care unit.</p> <p>Knowledgebase ID: 000321 Title: Specialised service indicator</p>

<i>Statistical Division</i>	<p>A general purpose spatial unit, it is the largest and most stable unit within the Australian Standard Geographical Classification. This classification has been developed by the Australian Bureau of Statistics and covers all of Australia without gaps or overlaps or crossing of state or territory boundaries.</p> <p>Knowledgebase ID: 000260, Title: Geographical location of establishment</p>
<i>Superannuation employer contributions</i>	<p>Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority.</p> <p>Knowledgebase ID: 000237, Title: Superannuation employer contributions (including funding basis)</p>
<i>Surgical procedure</i>	<p>A procedure used to define surgical Australian-Refined Diagnosis Related Groups version 5.0 (DoHA 2002).</p>
<i>Surgical specialty</i>	<p>The area of clinical expertise held by the doctor who will perform the surgery of interest.</p> <p>Knowledgebase ID: 000161, Title: Surgical specialty</p>
<i>Triage category</i>	<p>The triage classification is used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients will be triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner.</p> <p>Knowledgebase ID: 000355, Title: Triage category</p>
<i>Type of non-admitted patient occasion of service</i>	<p>A broad classification of services provided to non-admitted patients.</p> <p>Services include:</p> <ul style="list-style-type: none"> <li>• Allied health and/or clinical nurse specialist</li> <li>• Surgical</li> <li>• Emergency department</li> <li>• Dental</li> <li>• Imaging</li> <li>• Medical</li> <li>• Obstetrics and gynaecology</li> <li>• Paediatrics</li> <li>• Pathology</li> <li>• Pharmacy</li> <li>• Psychiatric</li> </ul> <p>Knowledgebase ID: 000209, Title: Occasions of service</p> <p>Knowledgebase ID: 000440, Title: Non admitted patient service type</p>
<i>Visiting medical officer</i>	<p>A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.</p> <p>Knowledgebase ID: 000236, Title: Payments to visiting medical officers</p>
<i>Waiting time at admission</i>	<p>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.</p> <p>Knowledgebase ID: 000413, Title: Waiting time at admission</p>

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