



7.7 Overview of hospitals

Hospitals are an important part of Australia's health system, providing services to many Australians each year.

In 2015–16, there were 701 public hospitals in Australia, with 61,000 beds (a rate of 2.56 beds per 1,000 population—similar to the 2.62 per 1,000 in 2011–12). Public hospitals were very diverse in location, size and the services provided. The 30 principal referral hospitals (mostly located in metropolitan areas) had an average of 659 beds each, while 69% of hospitals had fewer than 50 beds.

In the same year (2015–16), there were 630 private hospitals (including day hospital facilities), with 33,100 hospital beds. This was 1.39 beds per 1,000 population—an increase from the 1.30 per 1,000 in 2011–12.

Both hospital sectors provide services for admitted and non-admitted patients (outpatient clinics and emergency department care).

Admitted patient services

Admitted patient services, or hospitalisations (see Glossary), are provided when a patient is formally admitted to a hospital. Hospitalisations can either be on the same day or involve a stay in hospital of 1 or more nights. The broad types of admitted patient care are medical, surgical (see Chapter 7.11 'Elective surgery') and other acute care, along with childbirth, mental health care and subacute (for example, rehabilitation) and non-acute care. About 3 in every 5 (59%) hospitalisations occurred in public hospitals.

About 6.3 million (59%) hospitalisations occurred in public hospitals and 4.3 million in private hospitals (Table 7.7.1).

Non-admitted patient services

Non-admitted patient care includes care provided in emergency departments and outpatient clinics. Non-admitted patient care can also include the dispensing of medicines to patients not admitted to the hospital, and district nursing and some community health services provided by hospitals—those activities are not included in the information presented here. For some emergency department services, the patient is later admitted to hospital; that admitted patient activity is not included here.

Public hospitals provide the majority of non-admitted patient services.



Table 7.7.1: Characteristics of admitted patient services, public and private hospitals, 2015–16

	Public hospitals	Private hospitals
Hospitalisations	6.3 million (an average increase of 3.3% per year since 2011–12)	4.3 million (an average increase of 3.7% per year since 2011–12)
Acute care—medical	4.3 million	1.3 million
Acute care—surgical	1.0 million	1.5 million
Acute care—other	420,000	895,000
Childbirth	234,000	76,000
Mental health care	133,000	171,000
Subacute care—rehabilitation	103,000	332,000
Subacute and non-acute care—other	97,000	18,000
Overnight versus same-day	47% overnight stays; 53% same-day	29% overnight stays; 71% same-day
Number of days of patient care	20 million (average increase of 1.5% per year since 2011–12)	10 million (average increase of 2.5% per year since 2011–12)
Average length of stay (for overnight stays)	5.7 days (average decrease of 1.3% per year since 2011–12)	5.2 days (average decrease of 0.4% per year since 2011–12)

Note: Private hospitals that are contracted by state and territory governments to provide public hospital services are included here under public hospitals. Non-admitted patient data exclude the Australian Capital Territory, as data were not provided for 2015–16. In 2015–16, non-admitted patient care service events reported for 19 other services included local hospital networks and some private hospitals in Western Australia.

Source: National Hospital Morbidity Database.

Outpatient clinics

In outpatient clinics, patients consult specialist medical practitioners, have diagnostic services or other procedures, or are provided with allied health or specialist nursing care—without being admitted to hospital. In 2015–16, about 33.4 million outpatient clinic service events were reported for 604 public hospitals and 19 other services that provided outpatient care for public patients:

- 46% of services were in allied health and/or clinical nurse specialist clinics—*Midwifery and maternity* (2.1 million service events) and *Primary health care* (1.8 million) were the most commonly reported
- 29% were in medical consultation clinics—*Orthopaedics* (1 million service events) and *Medical oncology (consultation)* (632,000) were the most commonly reported
- 16% were in stand-alone diagnostic clinics—*Pathology (microbiology, haematology, biochemistry)* (2.8 million service events) and *General imaging* (1.8 million) were the most commonly reported
- 7.9% were in procedural clinics—*Dental* (920,000 service events) and *Radiation oncology (treatment)* (756,000) were the most commonly reported.

In 2015–16, 92 private hospitals provided about 1.5 million outpatient clinic services (ABS 2017).



Emergency departments

In 2016–17, there were about 7.8 million presentations to Australia's 287 formal public hospital emergency departments. This was an average of more than 21,000 each day across Australia and represented a 2.0% increase (after adjusting for the number of hospitals included) from 2015–16 (7.5 million) (see Chapter 7.10 'Emergency department care').

In 2015–16, about 538,000 accident and emergency services were provided by 36 private hospitals. These hospitals included those that did not have a formal accident and emergency unit but treated accident and emergency patients (ABS 2017).

What is missing from the picture?

Although well-developed hospitalisation data are available, there are variations in how hospital services are defined and counted between jurisdictions. Data are based on each hospitalisation or service, rather than on individuals, and current national data cannot easily be used to analyse care patterns for patients hospitalised several times. Similarly, it is difficult to analyse patterns of care across admitted and non-admitted patient settings (including non-hospital settings such as primary health care). Data linkage can improve the understanding of patient outcomes and pathways through the health system.

As well, there are limitations in examining issues related to patients' accessing outpatient clinics and emergency departments because these data do not contain the same level of detail as hospitalisation data, particularly for diagnosis.

Private hospital data are collected, analysed and disseminated through different reporting pathways. As a result, private hospital data may not be consistent across the various collections, or with data for public hospitals.

Where do I go for more information?

More information on hospitals in Australia and the services they provide is in reports from the Australian hospital statistics series: *Admitted patient care 2015–16*; *Elective surgery waiting times 2016–17*; *Emergency department care 2016–17*; *Non-admitted patient care 2015–16*; *Hospital resources 2015–16*; and *Staphylococcus aureus bacteraemia in Australian public hospitals 2015–16*; and from *Australia's hospitals 2015–16 at a glance* and *Private hospitals, Australia, 2015–16*.

Information about activity and performance for more than 1,000 Australian public and private hospitals is on the [My Hospitals website](#).

References

Australian Bureau of Statistics (ABS) 2017. Private hospitals, Australia, 2015–16. ABS cat. No. 4390.0. Canberra: ABS.