

4 Australia's hospital resources

This chapter presents an overview of public and private hospitals in 2009–10, covering the number and types of hospitals and availability of beds. This chapter also describes public hospitals in terms of public hospital expenditure and revenue, the number of full-time equivalent staff employed and specialised services provided.

What data are reported?

The hospital types reported in this chapter are:

- public hospitals (acute and psychiatric hospitals)
- private free standing day hospital facilities and other private hospitals (acute and psychiatric hospitals).

Information on public hospital resources was derived from the National Public Hospital Establishments Database (NPHED). Financial data reported from the NPHED are not directly comparable with data reported in the annual AIHW publication *Health expenditure Australia 2008–09* (AIHW 2010d). In the latter, trust fund expenditure is included (whereas it is not included in the data here) and hospital expenditure may be defined to cover activity not covered by this data collection.

Information on expenditure and revenue for private hospitals was sourced from the Australian Bureau of Statistics' *Private hospitals Australia 2008–09* (ABS 2010). For 2009–10, information on the number of private hospitals and private hospital beds was mainly provided by states and territories. Information on the number of *Private free standing day hospital facilities* and beds for New South Wales, South Australia and the Northern Territory was sourced from the Department of Health and Ageing (DoHA 2010, unpublished data) as data were not available from states and territories (see *Appendix 1*).

Box 4.1: What are the limitations of the data?

Hospitals

- 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 2*).

Hospital beds

- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes. Public and private hospital bed numbers presented in this chapter are based on different definitions.
- The number of average available beds presented in this report may differ from the counts published elsewhere. For example, counts based on a specified date, such as 30 June, may differ from the average available beds for the reporting period.
- For Queensland, bed numbers are based on a count on 30 June 2010.

(continued)

Box 4.1 (continued)

- The collection of *Average available beds for overnight-stay patients* and *Average available beds for same-day patients* was mandated for national reporting in the Public Hospital Establishments National Minimum Data Set (NMDS) commencing 1 July 2009. See *Appendix 1* for more information.

Public hospital financial data

- A small number of establishments in 2009–10 did not report any financial data, or reported incomplete financial data.

Public hospital expenditure

- Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary* (HDSC 2008) categories and the comparability of the data may not be adequate for reporting.
- Recurrent expenditure reported in this chapter was largely expenditure by hospitals and may not necessarily include all expenditure spent on hospital services by each state or territory government, such as recurrent expenditure on purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.
- Expenditure on public patients hospitalised in other jurisdictions may not be included in the report.

Public hospital revenue

- Revenue reported in this chapter was largely revenue received by individual hospitals, and may not necessarily include all revenue received by each state or territory government for provision of public hospital services.
- There was some variation among the states and territories in the treatment of revenue data, for example, in the treatment of Australian Government grants and asset sales (see *Appendix 2*).

Public hospital staffing

- The collection of data by staffing category was not consistent among states and territories – for some jurisdictions, best estimates were reported for some staffing categories. There was variation in the reporting of *Other personal care staff* and *Domestic and other staff*. Queensland noted that there was little difference between these categories and that an employee may perform different functions within these two categories on different days (see *Appendix 2*).
- The outsourcing of services with a large labour-related component (such as food services and domestic services) can have a substantial impact on 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.
- Different reporting practices and use of outsourced services may also explain some of the variation in average salaries reported for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. The degree of outsourcing of higher paid versus lower paid staffing functions affect the comparison of averages.

(continued)

Box 4.1 (continued)

For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors tends to result in higher average salaries for the domestic service staff.

- Information on numbers of visiting medical officers (VMOs), who were contracted by hospitals to provide services to public patients and paid on sessional or fee-for-service basis in public hospitals, was not available.

Box 4.2: What methods were used?

- The *Remoteness area of hospital* presented in chapter was based on the ABS 2006 Australian Standard Geographical Classifications (see *Appendix 1*). Beds per 1,000 population in remoteness area is reported as a crude rate based on the 30 June 2009 population in the remoteness area in question.
- Depreciation represents a significant portion of expenditure, and expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions.

How do hospitals vary across states and territories?

How many hospitals?

Table 4.1 presents the number of public and private hospitals by state and territory for 2009–10. It shows 30% of reported hospitals were in New South Wales, 23% in Victoria, 21% in Queensland and 11% in Western Australia.

Table 4.1: Public and private hospitals, states and territories, 2009–10

	NSW	Vic ^(a)	Qld ^(b)	WA	SA	Tas ^(c)	ACT	NT	Total
Public hospitals									
Public acute hospitals	218	149	166	94	78	23	3	5	736
Public psychiatric hospitals	8	1	4	1	2	1	0	0	17
Private hospitals^(d)									
Private free standing day hospital facilities	89	82	53	32	25	2	9	1	293
Other private hospitals	84	79	53	23	31	6	3	1	280
Total	399	311	276	150	136	32	15	7	1,326

(a) The number of hospitals in Victoria is reported as a count of the campuses that reported data separately to the National Hospital Morbidity Database in 2009–10.

(b) The count of private hospitals and licensed beds in Queensland was based on data as at June 2010.

(c) Tasmania's Statewide Mental Health Services, which was previously reported as three separate public psychiatric hospitals, was reported as one entity in 2009–10. Therefore the number of reporting units changed, but the number of public psychiatric hospital campuses remained the same.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: . . .—not applicable.

How many beds?

In 2009–10, the number of available beds in public acute hospitals ranged from 2.3 per 1,000 population in Queensland and Western Australia, to 3.0 per 1,000 population in the Northern Territory (Table 4.2). The total number of available beds in public and private hospitals combined ranged from 3.6 per 1,000 population in the Northern Territory to 4.6 per 1,000 population in Tasmania in 2009–10.

The collection of *Average available beds for overnight-stay patients* and *Average available beds for same-day patients* was mandated for national reporting in the Public Hospital Establishments NMDS commencing 1 July 2009. See *Appendix 1* for more information.

Table 4.2: Public and private hospital average available beds^(a) and number of average available beds per 1,000 population^(b), states and territories, 2009–10

	NSW	Vic	Qld ^(c)	WA	SA	Tas	ACT	NT	Total
Available or licensed beds^(a)									
Public hospitals									
Public acute hospitals	18,651	13,032	10,453	5,163	4,632	1,280	907	694	54,812
Public psychiatric hospitals	956	154	458	213	227	79	..	..	2,088
Private hospitals ^(d)									
Private free standing day hospital facilities	644	621	414	351	150	9	64	7	2,260
Other private hospitals	6,323	6,880	5,945	3,085	2,158	939	328	120	25,778
Total beds	26,575	20,687	17,270	8,812	7,167	2,307	1,299	821	84,938
Available or licensed beds per 1,000 population^{(a)(b)}									
Public hospitals									
Public acute hospitals	2.6	2.4	2.3	2.3	2.8	2.5	2.6	3.0	2.5
Public psychiatric hospitals	0.1	<0.1	0.1	0.1	0.1	0.2	..	..	0.1
Private hospitals ^(d)									
Private free standing day hospital facilities	0.1	0.1	0.1	0.2	0.1	<0.1	0.2	<0.1	0.1
Other private hospitals	0.9	1.3	1.3	1.4	1.3	1.9	0.9	0.5	1.2
Total beds per 1,000 population^{(a)(b)}	3.7	3.8	3.9	3.9	4.4	4.6	3.7	3.6	3.8

(a) The number of average available beds presented here may differ from the counts published elsewhere. For example counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period. The Australian Bureau of Statistics' Private hospitals Australia reported 27,180 private hospital beds/chairs in 2008–09 (ABS 2010).

(b) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 31 December 2009.

(c) The count of private hospitals and licensed beds in Queensland was based on data as at June 2010.

(d) Information on private hospital bed numbers was mainly provided by states and territories. Information on the number of Private free standing day hospital facilities beds for New South Wales, South Australia and the Northern Territory was sourced from the Department of Health and Ageing (DoHA 2010, unpublished data).

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. See *Appendix 1* for notes on average available beds for same-day and overnight admitted patients.

Abbreviation: ..—not applicable.

Public hospitals

How diverse are public hospitals?

The **public hospital peer groups** were designed to explain variability in hospital costs by grouping hospitals according to the type and volume of their admitted patient activity and their geographical location. A range of other statistics are presented about public hospital peer groups in *chapters 3, 5 and 10*. Detailed information on the public hospital peer group classification is included in *Appendix 1*.

The 753 public hospitals are very diverse in size and in the types of services they provided for admitted and non-admitted patients (Table 4.3). The diversity of admitted patient services provided by each type can be gauged by the average number of Australian Refined Diagnosis Related Groups reported (AR-DRGs).

In 2009–10, there were:

- 75 *Principal referral hospitals* – located mainly in major cities, with at least one in each state and territory. They provided a wide range of services, including emergency department, outpatient and admitted patient services (including 5 or more separations for 454 AR-DRGs on average). These hospitals accounted for a total of 3.3 million separations or 65% of the total for public hospitals (Figure 4.1), and for 10.9 million days or 61% of the total for public hospitals (Figure 4.2).
- 11 *Specialist women’s and children’s hospitals* – located in Sydney, Melbourne, Brisbane, Perth and Adelaide. They delivered an average of over 20,635 separations per hospital, specialising in maternity and other specialist services for women, and/or specialist paediatric services.
- 43 *Large hospitals* – 26 in major cities and 17 in regional and remote areas. They provided emergency department, outpatient and admitted patient services, generally with a range of activities less than for the *Principal referral hospitals* (5 or more separations for 265 AR-DRGs), with an average of 15,190 separations per hospital.
- 92 *Medium hospitals* – 23 in major cities and 69 in regional areas. They delivered an average of 5,899 separations per hospital (with a narrower range of services than the *Large hospitals*), most had accident and emergency services (rather than formal emergency departments) and some had outpatient clinics.
- 154 *Small acute hospitals* – 116 in regional areas and 38 in remote areas. They delivered mainly acute care for admitted patients, with an average of 1,218 separations per hospital in the year, with a relatively narrow range of services (5 or more separations for an average of 51 AR-DRGs). They generally did not have emergency departments although most provided accident and emergency services.
- 17 *Psychiatric hospitals* – specialising in the treatment and care of people with mental health problems. They were located in Sydney, Melbourne, Brisbane, Perth, Adelaide and Hobart, with 3 in regional Queensland centres.
- 8 specialist *Rehabilitation hospitals* – located in Sydney, Perth Adelaide and 2 in regional areas.
- 8 specialist *Mothercraft hospitals* – located in Sydney, Melbourne, Brisbane and Canberra.

- 83 *Small non-acute hospitals* – mainly in rural and remote areas. The services they provided were mainly non-acute, so the average length of stay was longer than in the hospitals that provided mainly acute care.
- 78 *Multi-purpose services* – in regional and remote areas. These hospitals were generally combined with services for residential aged care and mainly provide non-acute admitted patient care.
- 184 other hospitals, mainly small or specialist hospitals.

More information on hospitals by state and territory is presented in supplementary tables at the end of *Chapter 3*.

Table 4.3: The diversity of public hospitals, 2009–10

Hospital type	Number of hospitals								Average beds	Separations (average)	Average length of stay (days)	Non-acute care (patient days %)	AR-DRGs (5+) ^(e)
	Location				Services provided								
	Major cities	Regional	Remote	Total	Emergency departments ^(a)	Accident and emergency services ^(b)	Outpatient clinics ^(c)	Elective surgery ^(d)					
Principal referral	50	24	1	75	75	75	74	74	413	43,591	3.3	8.4	454
Specialist women's and children's	11	0	0	11	9	9	11	11	199	20,635	3.1	0.4	231
Large	26	16	1	43	41	41	38	36	142	15,190	3.0	13.9	265
Medium	23	69	0	92	30	76	8	46	64	5,899	3.1	23.2	143
Small acute	0	116	38	154	20	146	2	20	22	1,218	3.1	9.1	51
Psychiatric ^(f)	13	4	0	17	0	0	0	0	123	658	58.8	52.4	10
Rehabilitation	6	2	0	8	0	0	1	1	69	975	21.8	90.8	13
Mothercraft	8	0	0	8	0	0	0	0	26	1,681	3.7	0.0	9
Small non-acute	16	54	13	83	3	61	1	3	32	805	11.0	71.8	30
Multi-purpose services	0	45	33	78	0	70	0	0	12	346	3.9	29.1	13
Other	28	86	70	184	6	122	0	1	11	284	9.7	79.3	5
Total	181	419	156	753	184	600	135	192	76	6,718	3.6	17.1	98

(a) This is the number of hospitals reporting episode-level non-admitted patient emergency department care data to the National Non-admitted Patient Emergency Department Care Database.

(b) This is the number of hospitals reporting establishment-level accident and emergency occasions of service data to the National Public Hospital Establishments Database.

(c) This is the number of hospitals reporting outpatient clinic-level non-admitted patient data to the National Outpatient Care Database.

(d) This is the number of hospitals reporting episode-level data to the National Elective Surgery Waiting Times Data Collection.

(e) This is the average number of AR-DRGs for which there were at least five separations.

(f) For 2009–10, Tasmania reported three public psychiatric hospitals as one establishment. These were previously reported separately.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

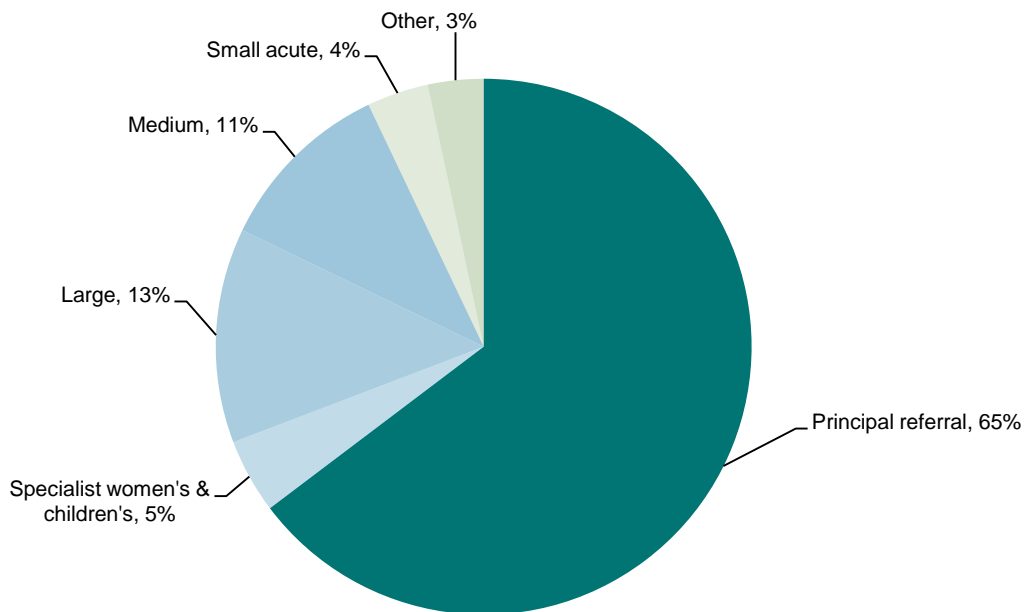


Figure 4.1: Separations (%) for public hospitals, by public hospital peer group, Australia, 2009-10

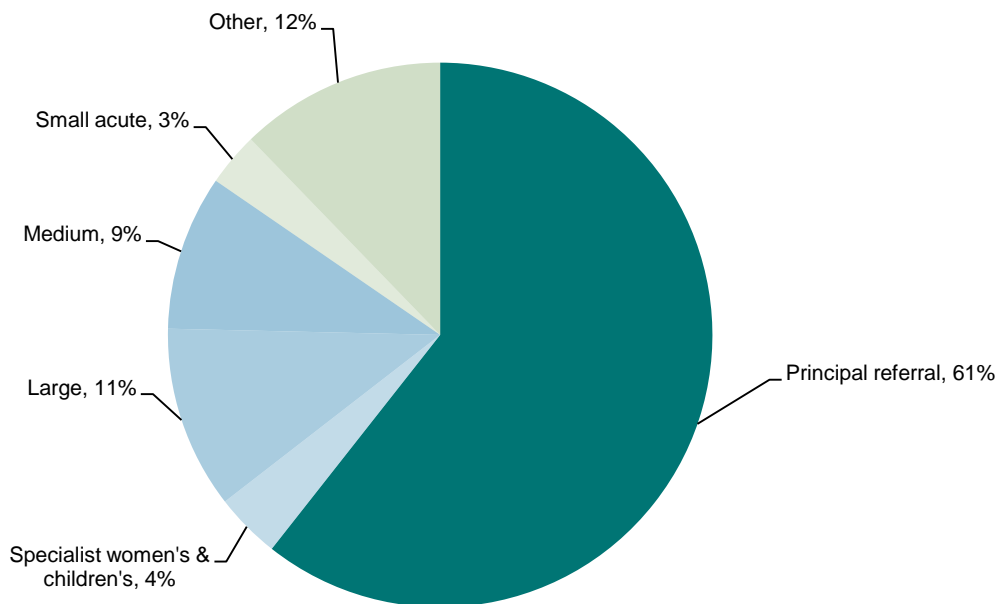


Figure 4.2: Patient days (%) for public hospitals, by public hospital peer group, Australia, 2009-10

How many hospital beds?

Grouping hospitals by number of available beds showed that the majority are very small (Table 4.4). This was particularly the case in jurisdictions that covered large geographical areas. The majority of beds were in larger hospitals and in more densely populated areas. The largest hospital had 1,008 beds and was located in Brisbane. Over 70% of hospitals had 50 beds or less.

The proportion of hospital beds in different size hospitals varied by jurisdiction. The Northern Territory did not have any public hospitals with either more than 500 beds or 10 beds or fewer. For Victoria, almost 40% of hospital beds were in hospitals with more than 200 to 500 beds (Table S4.1)

Table 4.4: Number of public acute and psychiatric hospitals and average available beds, by hospital size, 2009–10

Hospital size	Hospitals	Proportion of total public hospital beds (per cent)	Average available beds	Proportion of total public hospital beds (per cent)
10 or fewer beds	215	29.0	1,001	1.8
More than 10 to 50 beds	322	43.0	8,009	14.1
More than 50 to 100 beds	72	10.0	5,293	9.3
More than 100 to 200 beds	64	8.0	9,667	17.0
More than 200 to 500 beds	57	8.0	17,400	30.6
More than 500 beds	23	3.0	15,530	27.3
Total	753	100.0	56,900	100.0

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.1 at the end of this chapter.

Where are public hospitals located?

The remoteness area classification is used in Table 4.5 to present information on the geographical distribution of public hospitals and available beds, and on the number of available beds per 1,000 population. The highest number of hospitals was in *Outer regional* areas (225) and the largest number of beds was in *Major cities* (36,943).

In 2009–10, there were 2 public hospital beds per 1,000 population. The number of public hospital beds per 1,000 population varied across remoteness areas. The ratio of available beds to the population does not necessarily indicate the accessibility of hospital services. A hospital can provide services for patients who usually reside in other areas of the state or territory, or in other jurisdictions. The patterns of bed availability across regions may also reflect a number of factors including the availability of other health-care services and patterns of disease and injury.

Table 4.5: Number of hospitals, average available beds and number of average available beds per 1,000 population resident in area^(a), by remoteness area, public acute and psychiatric hospitals, 2009–10

Remoteness area	Hospitals	Average available beds	Average available beds per 1,000 population resident in area ^(a)
Major cities	178	36,953	2.5
Inner regional	194	11,475	2.7
Outer regional	225	6,481	3.1
<i>Total regional</i>	<i>419</i>	<i>17,956</i>	<i>2.8</i>
Remote	80	1,409	4.3
Very remote	76	579	3.3
<i>Total remote</i>	<i>156</i>	<i>1,987</i>	<i>4.0</i>
Total	753	56,900	2.6

(a) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2009.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.2 at the end of this chapter.

How much expenditure and revenue?

Public hospital recurrent expenditure

Salary expenditure includes 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 were available.

Non-salary expenditure includes items such as payments to visiting medical officers superannuation payments, drug supplies, medical and surgical supplies (which includes consumable supplies only and not equipment purchases), food supplies, domestic services, repairs and maintenance, patient transport, administrative expenses, interest payments, depreciation and other recurrent expenditure.

Information on gross recurrent expenditure, categorised into *Salary expenditure* and *Non-salary expenditure*, is presented in Table 4.6. Nationally, total recurrent expenditure by public acute and psychiatric hospitals, excluding depreciation, was over \$33.7 billion in 2009–10.

With payments to *Visiting medical officers* and payments for outsourced services excluded, salary payments accounted for 62% of the \$33.7 billion spent within the public hospital system.

Depreciation represents a significant portion of expenditure, and expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions. In 2009–10, depreciation ranged from 6.8% of total expenditure in Victoria to 0.8% in the Northern Territory.

Table 4.6: Recurrent expenditure (\$'000,000)^(a), public acute and psychiatric hospitals, states and territories, 2009–10

	NSW ^(b)	Vic	Qld ^(c)	WA	SA	Tas	ACT	NT	Total
Salary expenditure	6,385	5,408	4,227	2,242	1,630	509	376	323	21,099
Non-salary expenditure	4,644	3,729	2,485	1,375	1,101	330	276	152	14,093
Total recurrent expenditure including depreciation	11,029	9,138	6,712	3,617	2,731	839	651	475	35,193
Public acute hospitals	10,787	9,089	6,593	3,530	2,633	824	651	475	34,583
Public psychiatric hospitals	242	49	118	87	98	15	..	..	610
Total recurrent expenditure excluding depreciation	10,644	8,520	6,457	3,523	2,638	822	631	471	33,706
Public acute hospitals	10,408	8,473	6,344	3,437	2,541	807	631	471	33,113
Public psychiatric hospitals	235	47	113	85	97	15	..	..	593

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds was not included.

(c) Pathology services were purchased from a statewide pathology service rather than being provided by hospital employees in Queensland.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.3 at the end of this chapter.

Abbreviation: ..—not applicable.

Public hospital revenue

Revenue is reported against three categories: *Patient revenue*, *Recoveries*, and *Other revenue*. **Recoveries** are income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries. **Other revenue** includes investment income, income from charities, bequests and accommodation provided to visitors.

Australian public hospitals received \$3.42 billion in revenue in 2009–10 (Table 4.7). This was equivalent to 10.2% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories, ranging from less than 5% in the Northern Territory to over 12% in New South Wales.

Table 4.7: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2009–10

	NSW	Vic	Qld ^(a)	WA	SA ^(b)	Tas	ACT	NT	Total
Patient revenue	680,835	305,091	371,280	134,844	132,792	42,205	38,427	9,744	1,715,217
Recoveries	355,097	147,282	54,392	33,491	n.a.	9,092	11,829	12,564	623,748
Other revenue	298,133	531,987	164,865	36,472	40,541	6,485	2,348	13	1,080,825
Total revenue	1,334,065	984,360	590,537	204,807	173,333	57,762	52,604	22,321	3,419,790
Public acute hospitals	1,321,632	983,461	584,311	203,366	170,730	57,051	52,604	22,321	3,395,476
Public psychiatric hospitals	12,434	899	6,227	1,440	2,603	711	..	..	24,314

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

(b) South Australia did not identify any *Recoveries* due to a change in data recording practices.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: ..—not applicable.

How many staff in public hospitals?

Information about the number of **staff** is summarised against six categories: salaried medical officers, nurses (including registered, enrolled and student nurses), other personal care staff, diagnostic and allied health professionals, administrative and clerical staff, and domestic and other staff.

Nationally, over 251,400 full-time equivalent staff were employed in the public hospital sector in 2009–10. *Nurses* constituted 45.3% (almost 114,000) of public hospital staff. There were around 31,000 *Salaried medical officers* employed in public hospitals throughout Australia, representing 12.2% of the public hospital labour force (Table 4.8).

The average salary for full-time equivalent *Nurses* in 2009–10 was around \$83,900 nationally (Table 4.8), which was an increase of 7.3% compared with the average salary of \$78,200 in 2008–09 (AIHW 2010a). In 2009–10, the average salary for full-time equivalent *Salaried medical officers* was around \$168,000, which was a 6.3% increase over the previous year.

Table 4.8: Average full-time equivalent staff^(a) and average salaries, public acute and psychiatric hospitals, states and territories, 2009–10

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	9,043	7,689	6,238	3,109	2,561	922	620	395	30,576
Total nurses	36,976	29,667	20,006	10,710	10,277	2,708	2,075	1,521	113,938
Other personal care staff	n.a.	n.a.	969	n.a.	861	n.a.	179	11	n.a.
Diagnostic and allied health professionals	11,240	13,333	4,835	2,680	1,915	530	552	371	35,456
Administrative and clerical staff ^(g)	11,206	11,141	6,501	4,239	2,881	998	717	477	38,158
Domestic and other staff	9,205	7,011	7,243	4,127	1,823	1,080	163	617	31,269
Total staff	77,668	68,840	45,791	24,865	20,317	6,238	4,305	3,392	251,416
Average salaries (\$)									
Salaried medical officers	147,133	165,958	186,325	198,745	169,945	151,707	159,013	195,572	168,026
Total nurses	81,078	81,210	85,976	83,484	76,596	79,273	81,878	96,654	81,974
Other personal care staff	n.a.	n.a.	74,934	n.a.	39,453	n.a.	53,430	75,723	n.a.
Diagnostic and allied health professionals	69,099	54,878	99,989	80,619	80,485	84,501	78,095	85,922	69,996
Administrative and clerical staff ^(g)	64,665	48,173	63,012	66,560	53,632	57,416	63,833	64,376	58,737
Domestic and other staff	60,365	64,857	52,266	56,162	35,611	48,367	53,424	56,829	56,978
Total staff	82,213	78,564	92,300	90,167	80,221	81,579	87,228	95,161	83,922

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2010 were used. Staff contracted to provide products (rather than labour) are not included.

(b) In New South Wales, *Other personal care staff* were included in *Diagnostic and allied health professionals*, *Domestic and other staff* and *Total Nurses*.

(c) For Victoria, *Other personal care staff* were included in *Domestic and other staff*.

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

(e) In South Australia, *Total nurses* include Trainee nurses.

(f) For Tasmania, an award restructure within the Medical category of visiting medical officers has resulted in a decrease in expenditure for *Visiting Medical Officers* and an increase for *Salaried/Sessional Staff*. Data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for two small hospitals in Tasmania were not supplied.

(g) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: n.a.—not available.

The collection of data by staffing category was not consistent among states and territories and may explain some of the variation on average salaries reported.

Different reporting practices and use of outsourcing services with a large labour-related component (such as food services, domestic services and information technology) can have a substantial impact on staffing figures and may also explain some of the variation in average salaries reported between jurisdictions.

For medical officers, for example, this may be reflected in the variation in the proportion of total expenditure that was reported as being for visiting medical officers (VMOs) who were contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis (Table S4.3). Variations in the outsourcing arrangements may also be reflected in variations in other recurrent expenditure categories reported in tables 4.6 and S4.3.

What specialised services were provided?

Specialised service units

In 2009–10, the most common specialised services offered by hospitals were *Domiciliary care service*, services provided by *Nursing home care units* and *Obstetric/maternity service* (Table 4.9).

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 with an *Obstetric/maternity service* unit that had less than one delivery a week on average. There were also a few hospitals that did not report having an obstetric unit but reported one or more deliveries a day.

Table 4.9: Number of public acute hospitals with selected specialised services, 2009–10

Specialised service unit	Major cities	Regional	Remote	Australia ^(a)
Domiciliary care service	83	245	66	411
Intensive care unit (level III)	53	21	1	78
In-vitro fertilisation unit	6	1	0	9
Maintenance renal dialysis centre	66	71	14	167
Major plastic/reconstructive surgery unit	44	3	0	48
Neonatal intensive care unit (level III)	22	4	0	26
Nursing home care unit	13	178	54	260
Obstetric/maternity service	65	140	22	241
Oncology unit	64	51	1	125
Rehabilitation unit	86	53	1	143

(a) Total includes hospitals for which remoteness was *Not reported*.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.4 at the end of this chapter.

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

Service Related Groups

The Service Related Group (SRG) classification is based on aggregations of AR-DRGs, and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. The method to assign records to SRGs largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations may also be assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the NPHED. For more information on the method used to allocate admitted patient records to SRGs, see *Appendix 4*.

Table 4.10 presents the number of public hospitals reporting more than 360 patient days in each SRG for selected SRGs by remoteness area of the hospital. This has been included as an indicative measure of the number of specialty units. More detailed statistics are available in Table A4.1 accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 4.10: Number of public hospitals reporting more than 360 patient days for the 20 most common Service Related Groups, by remoteness area of hospital, 2009-10

Service Related Group	Major cities	Regional	Remote	Australia
Respiratory medicine	97	189	16	302
Maintenance	65	154	39	258
Orthopaedics	107	140	10	257
Cardiology	94	147	10	251
Medicine, no definitive subspecialty	115	132	6	253
Surgery, no definitive subspecialty	106	122	12	240
Gastroenterology	95	103	5	203
Neurology	97	99	4	200
Obstetrics	65	116	14	195
Rehabilitation	95	93	2	190
Immunology & infections	91	75	12	178
Acute psychiatry	100	60	2	162
Medical oncology	85	62	0	147
Acute definitive geriatrics	94	57	1	152
Diagnostic gastrointestinal endoscopy	82	61	0	143
Endocrinology	84	48	1	134
Renal dialysis	61	76	7	144
Colorectal surgery	83	51	2	136
Gynaecology	74	55	3	132
Renal medicine	82	47	4	133

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in tables A4.1 to A4.5 at <www.aihw.gov.au/hospitals/>.

Additional information

Tables A4.2 and A4.3 (accompanying this report online at <www.aihw.gov.au/hospitals/>) summarise the number of separations in each SRG category by state and territory for all public and private hospitals respectively.

Tables A4.4 and A4.5 (accompanying this report online at <www.aihw.gov.au/hospitals/>) summarise the number of patient days in each SRG category by state and territory for all public and private hospitals respectively.

Supplementary tables

The following supplementary tables provide more information on public hospital resources by state and territory.

Table S4.1: Number of public acute and psychiatric hospitals and average available beds, by hospital size, states and territories, 2009–10

Hospital size ^(a)	NSW	Vic ^(b)	Qld ^(c)	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or fewer beds	31	41	74	44	10	14	1	0	215
More than 10 to 50 beds	119	48	62	31	55	5	0	2	322
More than 50 to 100 beds	27	22	10	4	6	2	0	1	72
More than 100 to 200 beds	23	18	10	9	2	1	0	1	64
More than 200 to 500 beds	18	17	9	5	5	1	1	1	57
More than 500 beds	8	4	5	2	2	1	1	0	23
Total	226	150	170	95	80	24	3	5	753
Available beds									
10 or fewer beds	130	225	241	245	74	76	10	..	1,001
More than 10 to 50 beds	3,128	1,204	1,415	751	1,378	81	..	52	8,009
More than 50 to 100 beds	1,976	1,613	709	307	462	166	..	60	5,293
More than 100 to 200 beds	3,475	2,562	1,659	1,342	309	130	..	189	9,667
More than 200 to 500 beds	5,612	5,206	2,779	1,432	1,422	330	227	393	17,400
More than 500 beds	5,287	2,376	4,108	1,299	1,214	576	670	..	15,530
Total	19,608	13,186	10,911	5,376	4,859	1,359	907	694	56,900

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

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

(c) The count of beds in Queensland was based on data as at June 2010.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: ..—not applicable.

Table S4.2: Number of hospitals, average available beds^(a) and number of average available beds per 1,000 population resident in area^(b), by remoteness area^(c), public acute and psychiatric hospitals, states and territories, 2009–10

Remoteness area	NSW	Vic ^(d)	Qld ^(e)	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities	67	53	18	22	15	..	3	..	178
Inner regional	77	59	27	9	15	7	..	..	194
Outer regional	65	36	54	28	28	13	..	1	225
<i>Total regional</i>	<i>142</i>	<i>95</i>	<i>81</i>	<i>37</i>	<i>43</i>	<i>20</i>	<i>..</i>	<i>1</i>	<i>419</i>
Remote	12	2	27	22	13	2	..	2	80
Very remote	5	..	44	14	9	2	..	2	76
<i>Total remote</i>	<i>17</i>	<i>2</i>	<i>71</i>	<i>36</i>	<i>22</i>	<i>4</i>	<i>..</i>	<i>4</i>	<i>156</i>
Total all remoteness areas^(f)	226	150	170	95	80	24	3	5	753
Average available beds^{(a)(g)}									
Major cities	13,519	9,484	5,999	3,880	3,163	0	907	..	36,953
Inner regional	4,283	2,914	2,279	476	425	1,098	..	..	11,475
Outer regional	1,593	773	2,037	601	844	239	..	393	6,481
<i>Total regional</i>	<i>5,876</i>	<i>3,550</i>	<i>4,463</i>	<i>1,103</i>	<i>1,301</i>	<i>1,253</i>	<i>..</i>	<i>335</i>	<i>18,175</i>
Remote	202	14	332	289	311	12	..	249	1,409
Very remote	11	..	264	130	112	10	..	52	579
<i>Total remote</i>	<i>213</i>	<i>14</i>	<i>596</i>	<i>419</i>	<i>423</i>	<i>22</i>	<i>..</i>	<i>301</i>	<i>1,987</i>
Total all remoteness areas^(f)	19,608	13,186	10,911	5,376	4,859	1,359	907	694	56,900

(continued)

Table S4.2 (continued): Number of hospitals, average available beds^(a) and number of average available beds per 1,000 population resident in area^(b), by remoteness area^(c), public acute and psychiatric hospitals, states and territories, 2009–10

Remoteness area	NSW	Vic ^(d)	Qld ^(e)	WA	SA	Tas	ACT	NT	Total
Number of average available beds per 1,000 population resident in area^(b)									
Major cities	2.6	2.3	2.3	2.4	2.7	..	2.6	..	2.5
Inner regional	3.0	2.7	2.3	1.6	2.1	3.4	..	..	2.7
Outer regional	3.5	3.0	3.0	3.0	4.6	1.4	..	3.1	3.1
<i>Total regional</i>	<i>3.1</i>	<i>2.7</i>	<i>2.6</i>	<i>2.2</i>	<i>3.3</i>	<i>2.7</i>	<i>..</i>	<i>3.1</i>	<i>2.8</i>
Remote	6.1	3.0	3.8	3.0	6.7	1.5	..	5.1	4.3
Very remote	2.4	..	5.3	2.6	8.0	3.9	..	1.0	3.3
<i>Total remote</i>	<i>5.7</i>	<i>3.0</i>	<i>4.4</i>	<i>2.9</i>	<i>7.0</i>	<i>2.1</i>	<i>..</i>	<i>3.0</i>	<i>4.0</i>
Total all remoteness areas^(f)	2.7	2.4	2.5	2.4	3.0	2.7	2.6	3.1	2.6

(a) The number of average available beds presented here may differ from the counts published elsewhere. For example counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period.

(b) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2009.

(c) Remoteness area of hospital was based on the ABS 2006 remoteness area classification.

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

(e) The count of beds in Queensland was based on data as at June 2010.

(f) Includes hospitals for which remoteness area was *Not reported*.

(g) 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.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: ..—not applicable.

Table S4.3: Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2009–10

Recurrent expenditure category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT	Total
Salary and wages expenditure									
Salaried medical officers	1,330,448	1,276,004	1,162,274	617,908	435,197	139,921	98,510	77,317	5,137,579
Registered nurses	n.a.	2,409,229	1,549,187	858,876	663,793	191,274	151,213	137,149	n.a.
Enrolled nurses	n.a.	n.a.	167,963	35,218	119,224	20,624	18,662	9,886	n.a.
Student nurses	..	..	2,873	..	4,158	2,750	..	..	9,781
<i>Total nurses</i>	<i>2,997,912</i>	<i>2,409,229</i>	<i>1,720,022</i>	<i>894,093</i>	<i>787,174</i>	<i>214,649</i>	<i>169,875</i>	<i>147,035</i>	<i>9,339,989</i>
Other personal care staff	n.a.	n.a.	72,613	n.a.	33,952	n.a.	9,540	838	116,943
Diagnostic and allied health professionals	776,677	731,683	483,452	216,096	154,110	44,793	43,119	31,849	2,481,779
Administrative and clerical staff	724,624	536,673	409,626	282,137	154,494	57,320	45,754	30,676	2,241,304
Domestic and other staff	555,654	454,697	378,540	231,805	64,927	51,954	8,729	35,075	1,781,654
Total salary and wages expenditure	6,385,316	5,408,285	4,226,527	2,242,040	1,629,854	508,910	375,527	322,790	21,099,248
Non-salary expenditure									
Payments to visiting medical officers	543,736	141,071	99,474	119,325	113,076	374	32,046	8,116	1,057,218
Superannuation payments	566,766	469,579	408,175	187,454	147,897	51,889	49,666	0	1,881,426
Drug supplies	566,135	498,031	315,839	191,576	132,773	53,983	17,532	20,613	1,796,481
Medical and surgical supplies	1,118,297	744,176	676,426	223,947	183,664	103,089	54,764	33,225	3,137,643
Food supplies	100,731	89,943	49,362	26,816	20,482	7,890	2,668	3,873	301,758
Domestic services	350,980	204,493	156,238	89,209	57,557	14,981	26,795	10,987	911,236
Repairs and maintenance	225,171	156,366	126,634	115,364	59,076	10,763	6,400	11,135	710,865
Patient transport	97,024	49,878	32,372	36,315	25,074	6,393	1,583	20,170	268,810
Administrative expenses	504,630	504,561	363,907	150,697	64,890	41,630	51,078	24,489	1,706,883
Interest payments	8,045	0	0	5,067	0	0	104	0	13,216
Depreciation	385,567	617,549	254,088	94,107	93,124	17,208	20,520	3,984	1,486,147
Other recurrent expenditure	176,998	253,740	2,508	135,041	203,694	22,087	12,784	15,777	822,629
Total non-salary expenditure excluding depreciation	4,258,514	3,111,838	2,230,936	1,280,810	1,008,182	313,080	255,420	148,384	12,607,164
Total non-salary expenditure including depreciation	4,644,081	3,729,386	2,485,024	1,374,916	1,101,307	330,288	275,940	152,368	14,093,311

(continued)

Table S4.3 (continued): Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2009–10

Recurrent expenditure category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT	Total
Total expenditure excluding depreciation	10,643,830	8,520,123	6,457,463	3,522,850	2,638,037	821,990	630,946	471,174	33,706,412
Public acute hospitals	10,408,462	8,473,430	6,343,992	3,437,375	2,541,159	806,916	630,946	471,174	33,113,454
Psychiatric hospitals	235,368	46,693	113,471	85,474	96,877	15,074	..	..	592,958
Total expenditure including depreciation	11,029,397	9,137,671	6,711,551	3,616,956	2,731,161	839,199	651,467	475,158	35,192,559
Public acute hospitals	10,786,959	9,089,158	6,593,309	3,530,022	2,632,787	824,122	651,467	475,158	34,582,982
Psychiatric hospitals	242,438	48,513	118,242	86,935	98,374	15,076	..	..	609,577

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds is not included. *Other personal care staff* are included in *Diagnostic and allied health professionals* and *Domestic and other staff*. New South Wales was unable to provide information for each nurse category, although data on *Total nurses* were provided.

(c) Victorian *Other personal care staff* are included in *Domestic and other staff*. Victoria was unable to provide information for each nurse category, although data on *Total nurses* were provided.

(d) Pathology services were purchased from a statewide pathology service rather than being provided by hospital employees in Queensland.

(e) South Australian *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*.

(f) For Tasmania, an award restructure within the Medical category of visiting medical officers has resulted in a decrease in expenditure for *Visiting Medical Officers* and an increase for *Salaried/Sessional Staff*.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviations: ..—not applicable; n.a.—not available.

Table S4.4: Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2009–10

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total^(d)
Acute renal dialysis unit	25	13	16	3	4	2	1	2	66
Major cities	15	12	5	3	4	..	1	..	40
Regional	10	0	10	0	0	2	0	1	23
Remote	0	0	1	0	0	0	0	1	2
Acute spinal cord injury unit	3	2	1	2	1	0	0	0	9
Major cities	3	2	1	2	1	..	0	..	9
AIDS unit	8	1	2	2	1	0	1	1	16
Major cities	8	1	1	2	1	..	1	..	14
Regional	0	0	1	0	0	0	0	0	1
Remote	0	0	0	0	0	0	0	1	1
Alcohol and drug unit	77	13	10	3	3	1	1	1	109
Major cities	25	8	4	3	2	..	1	..	43
Regional	51	3	6	0	1	1	0	0	62
Remote	1	0	0	0	0	0	0	1	2
Burns unit (level III)	3	2	2	2	2	1	0	0	12
Major cities	3	2	2	2	2	..	0	..	11
Regional	0	0	0	0	0	1	0	0	1
Cardiac surgery unit	10	8	5	4	2	1	1	0	31
Major cities	10	7	4	4	2	..	1	..	28
Regional	0	0	1	0	0	1	0	0	2
Clinical genetics unit	11	9	2	3	2	1	1	0	29
Major cities	9	8	1	3	2	..	1	..	24
Regional	2	0	1	0	0	1	0	0	4
Coronary care unit	46	23	20	5	9	3	2	2	110
Major cities	31	13	11	5	6	..	2	..	68
Regional	15	2	9	0	2	3	0	1	32
Remote	0	0	0	0	1	0	0	1	2
Diabetes unit	23	21	13	6	5	3	1	1	73
Major cities	21	16	8	6	5	..	1	..	57
Regional	2	1	5	0	0	3	0	1	12
Domiciliary care service	181	93	30	59	47	0	0	1	411
Major cities	39	27	3	7	7	..	0	..	83
Regional	125	49	13	31	27	0	0	0	245
Remote	17	0	14	21	13	0	0	1	66
Geriatric assessment unit	65	40	0	23	14	3	2	0	147
Major cities	40	26	0	7	7	..	2	..	82
Regional	25	10	0	15	6	3	0	0	59
Remote	0	0	0	1	1	0	0	0	2

(continued)

Table S4.4 (continued): Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2009–10

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total^(d)
Hospice care unit	40	26	11	30	13	1	1	1	123
Major cities	15	15	6	0	5	..	1	..	42
Regional	25	8	5	19	4	1	0	1	63
Remote	0	0	0	11	4	0	0	0	15
Infectious diseases unit	13	13	10	4	4	1	1	1	47
Major cities	13	12	7	4	4	..	1	..	41
Regional	0	0	3	0	0	1	0	0	4
Remote	0	0	0	0	0	0	0	1	1
Intensive care unit (level III)	39	16	9	4	4	3	1	2	78
Major cities	24	13	7	4	4	..	1	..	53
Regional	15	0	2	0	0	3	0	1	21
Remote	0	0	0	0	0	0	0	1	1
In-vitro fertilisation unit	2	4	1	0	2	0	0	0	9
Major cities	2	1	1	0	2	..	0	..	6
Regional	0	1	0	0	0	0	0	0	1
Maintenance renal dialysis centre	59	63	10	12	16	2	1	4	167
Major cities	23	26	3	7	6	..	1	..	66
Regional	32	22	3	4	7	2	0	1	71
Remote	4	0	4	1	2	0	0	3	14
Major plastic/reconstructive surgery unit	14	14	9	5	4	1	1	0	48
Major cities	14	13	7	5	4	..	1	..	44
Regional	0	0	2	0	0	1	0	0	3
Neonatal intensive care unit (level III)	12	4	3	2	2	1	1	1	26
Major cities	11	4	2	2	2	..	1	..	22
Regional	1	0	1	0	0	1	0	1	4
Neurosurgical unit	13	8	6	3	3	1	1	0	35
Major cities	13	8	5	3	3	..	1	..	33
Regional	0	0	1	0	0	1	0	0	2
Nursing home care unit	77	75	10	45	43	10	0	0	260
Major cities	1	11	0	1	0	..	0	..	13
Regional	65	49	4	21	32	7	0	0	178
Remote	11	0	6	23	11	3	0	0	54
Obstetric/maternity service	77	56	41	29	28	3	2	5	241
Major cities	28	15	8	8	4	..	2	..	65
Regional	48	27	27	14	20	3	0	1	140
Remote	1	0	6	7	4	0	0	4	22

(continued)

Table S4.4 (continued): Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2009–10

Specialised services	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(c)	Tas	ACT	NT	Total ^(d)
Oncology unit	44	38	16	13	9	3	2	0	125
Major cities	21	20	8	6	7	..	2	..	64
Regional	23	9	8	6	2	3	0	0	51
Remote	0	0	0	1	0	0	0	0	1
Psychiatric unit/ward	45	31	18	18	8	3	2	2	127
Major cities	29	23	10	15	8	..	2	..	87
Regional	16	3	8	3	0	3	0	1	34
Remote	0	0	0	0	0	0	0	1	1
Refractory epilepsy unit	5	5	1	3	3	0	0	0	17
Major cities	5	4	1	3	3	..	0	..	16
Rehabilitation unit	58	35	15	19	9	3	2	2	143
Major cities	35	22	8	13	6	..	2	..	86
Regional	23	10	7	6	3	3	0	1	53
Remote	0	0	0	0	0	0	0	1	1
Sleep centre	12	10	7	3	5	2	0	0	39
Major cities	12	8	5	3	4	..	0	..	32
Regional	0	0	2	0	1	2	0	0	5
Specialist paediatric service	44	29	19	10	8	4	2	2	118
Major cities	26	18	8	5	4	..	2	..	63
Regional	18	5	10	3	3	4	0	1	44
Remote	0	0	1	2	1	0	0	1	5
Transplantation unit—bone marrow	14	7	4	3	1	1	1	0	31
Major cities	14	6	4	3	1	..	1	..	29
Regional	0	0	0	0	0	1	0	0	1
Transplantation unit—heart (including heart/lung)	2	2	1	2	0	0	0	0	7
Major cities	2	2	1	2	0	..	0	..	7
Transplantation unit—liver	2	2	2	2	1	0	0	0	9
Major cities	2	2	2	2	1	..	0	..	9
Transplantation unit—pancreas	1	1	0	0	0	0	0	0	2
Major cities	1	1	0	0	0	..	0	..	2
Transplantation unit—renal	6	6	2	3	1	0	0	0	18
Major cities	6	6	2	3	1	..	0	..	18

(a) Excludes psychiatric hospitals. Rows for Regional and Remote with no units are omitted from table.

(b) Data for a small number of hospitals in New South Wales were not available, so the number of services is therefore slightly under-enumerated.

(c) Data for Victoria may underestimate the number of specialised services as some small multi-campus rural services were 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.

(d) Includes hospitals for which remoteness area was *Not reported*.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: ..—not applicable.