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Australian Institute of Health and Welfare

Australian hospital **statistics**

2012–13

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Authoritative information and statistics to promote better health and wellbeing

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

Foreword

I am pleased to present *Australian hospital statistics 2012–13*, an authoritative annual report that provides a comprehensive range of performance information and other statistics about Australia's public and private hospitals. Continuing a focus on timeliness for the Australian Institute of Health and Welfare's hospital information products, the data are being reported within 10 months of the end of the reference period.

A shorter companion report—*Australia's hospitals 2012–13 at a glance*—accompanies this report. It provides a summary of the detailed information presented here, in a form accessible to a general readership.

There are a number of new features in the 2012–13 reports including:

- the use of the AIHW's updated hospital peer groups classification
- enhanced reporting on the types of conditions that arose during hospital stays
- a wider range of international comparisons, using indicators from the Organisation for Economic Co-operation and Development's *Health at a glance 2013* report.

The reports are based on the AIHW's comprehensive national hospitals databases. These databases are also the source of data for hospital performance indicators reported by the Council of Australian Governments' (COAG) Reform Council and by the National Health Performance Authority. As well, the Steering Committee for the Review of Government Service Provision uses these data for its *Report on Government Services*.

The use of the Institute's databases and robust processes with the jurisdictions to validate the data supplied for these (and other) purposes ensures that the performance indicators and statistics in this report are consistent with the national hospitals information reported elsewhere.

The Institute continues to work with national stakeholders to improve the national statistical information on hospitals, and its relevance to contemporary public policy debate on hospital service delivery. We look forward to continuing to work with data users and data providers to further improve the timeliness, quality and usefulness of the national data collections and on further enhancing the presentation of information in our *Australian hospital statistics* products.

David Kalisch

Director

April 2014

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- Jenny Hargreaves (AIHW) (Chair)
- Neville Board (Australian Commission on Safety and Quality in Health Care)
- Jason Boyd (National Health Performance Authority)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Department of Health)
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Within the AIHW, Elizabeth Berryman, Katrina Burgess, Brooke Macpherson, Jane McIntyre, Tony Mole, Nick Thompson and Danling Zhou prepared the report, with expert advice from Jenny Hargreaves and George Bodilsen.

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standard
admwt	admission weight
AHCA	Australian health care agreement
AIHW	Australian Institute of Health and Welfare
ALOS	average length of stay
AMI	acute myocardial infarction
AR-DRG	Australian Refined Diagnosis Related Group
ARIA	Accessibility/Remoteness Index of Australia
ASGS	Australian Statistical Geography Standard
CC	complications and/or comorbidities
CCC	catastrophic complications and/or comorbidities
CDE	common bile duct exploration
COAG	Council of Australian Governments
CSCC	catastrophic or severe complications and/or comorbidities
DoH	Department of Health
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
ECMO	extracorporeal membrane oxygenation
ECT	electroconvulsive therapy
g	grams
GP	general practitioner
HITH	hospital in the home
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
IFRAC	admitted patient cost proportion (or inpatient fraction)
IHPA	Independent Hospital Pricing Authority
IRSD	Index of Relative Socioeconomic Disadvantage
ISO	International Organization of Standardization
MDC	Major Diagnostic Category

METeOR	Metadata Online Registry
NAPEDC	Non-admitted patient emergency department care
NCCC	National Casemix and Classification Centre
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHCDC	National Hospital Cost Data Collection
NHDD	National health data dictionary
NHISSC	National Health Information Standards and Statistics Committee
NHMBWG	National Health Ministers' Benchmarking Working Group
NHMD	National Hospital Morbidity Database
NHPA	National Health Performance Authority
NHPC	National Health Performance Committee
NHPF	National Health Performance Framework
NMDS	National Minimum Data Set
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NOCD	National Outpatient Care Database
NPA-IPHS	National Partnership Agreement on Improving Public Hospital Services
NPHED	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
OPC	Outpatient care
OR	operating room
PHEC	Private Health Establishments Collection
PICQ	Performance Indicators for Coding Quality
PPH	potentially preventable hospitalisation
Qld	Queensland
RSI	relative stay index
SA	South Australia
SA2	statistical area level 2
SCRGSP	Steering Committee for the Review of Government Service Provision
SEIFA	Socio-Economic Indexes for Areas

SES	socioeconomic status
SRG	Service Related Group
SRR	separation rate ratio
Tas	Tasmania
Vic	Victoria
VMO	visiting medical officer
WA	Western Australia
W	with
W/O	without

Symbols

. .	not applicable
n.a.	not available
n.e.c.	not elsewhere classified
n.p.	not published

Summary

There were 1,338 hospitals in Australia in 2012–13. The 746 public hospitals accounted for about 68% of hospital beds (58,300) and the 592 private hospitals accounted for about 32% of beds (28,000, based on 2011–12 data).

Expenditure and staffing

Public hospitals spent over $42 billion in 2012–13. Salary expenditure (for about 274,700 employees) accounted for about 62% of the recurrent expenditure.

Adjusted for inflation, public hospital expenditure increased by an average of 5% each year between 2008–09 and 2012–13. Over the same period, revenue increased by an average of 15% per year (adjusted for inflation).

Between 2008–09 and 2012–13, the number of salaried medical officers employed in Australia's public hospitals increased by about 4.8% on average every year, compared with an increase of 2.7% for nurses and for staff overall.

Admitted patient care

In 2012–13, there were almost 9.4 million separations from hospitals for admitted patients —5.5 million in public hospitals and 3.8 million in private hospitals.

Between 2008–09 and 2012–13, the number of separations increased by 3.1% on average each year for public hospitals and by 4.1% for private hospitals. However, if a change in emergency department admission policy in Victoria had not occurred, it is estimated that public hospital separations would have risen by an average of 3.8% each year. Notably, between 2008–09 and 2012–13:

- Western Australia had the greatest average annual increase in separations (6.3%)
- same-day separations increased at a higher rate than overnight separations (3.6% and 2.7%, respectively)
- subacute and non-acute separations increased by an average of 8.2% for public hospitals, and at a higher rate in private hospitals (13.7%)
- non-emergency medical care increased by an average of 6.4% for private hospitals, and 4.2% for public hospitals.

In 2012–13, there were almost 27.7 million patient days reported for admitted patients— 18.8 million in public hospitals and 8.9 million in private hospitals.

Between 2008–09 and 2012–13, patient days in public hospitals increased by about 1.8% each year compared with 3.0% for private hospitals.

Surgery

In 2012–13, there were 2.5 million admissions that involved surgery. Of these, about 300,000 were emergency admissions and 2.0 million were elective admissions. The majority of elective admissions that involved surgery occurred in private hospitals (67%).

Indigenous Australians had about twice the rate of emergency admissions involving surgery compared with other Australians (27 per 1,000 persons and 13 per 1,000, respectively). In contrast, for elective admissions involving surgery, Indigenous Australians had a rate that was about two-thirds the rate for other Australians (58 per 1,000 persons and 88 per 1,000, respectively).

1 Introduction

Australian hospital statistics 2012–13 continues the Australian Institute of Health and Welfare's (AIHW) series of reports describing the characteristics and activity of Australia's hospitals. The AIHW has previously published comprehensive reports for the financial years 1993–94 to 2011–12 (AIHW 2013a and earlier) and smaller summary reports such as *Australia's hospitals 2011–12 at a glance* (AIHW 2013b).

More detailed reports on some aspects of Australia's hospitals have already been published separately in, for example, *Australian hospital statistics 2012–13: emergency department care* (AIHW 2013c), *Australian hospital statistics 2012–13: elective surgery waiting times* (AIHW 2013d) and *Australian hospital statistics 2012–13:* Staphylococcus aureus *bacteraemia in Australian public hospitals* (AIHW 2013e).

Australia's hospitals 2012–13 at a glance (AIHW 2014) accompanies this report and presents a summary of the information about hospitals from the *Australian hospital statistics* series for 2012–13.

Other reports in this series to be released later in 2014 include a comprehensive report on private hospitals and another on the updated AIHW hospital peer group classification.

The AIHW also reports information on hospital funding and expenditure in its *Health expenditure Australia* series (AIHW 2013f and earlier).

Data sources

The AIHW has undertaken the collection and reporting of the data in this report 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 relating to hospitals.

The AIHW uses the data supplied by state and territory health authorities to assemble the following databases which form the foundation for the Institute's statistical reporting on hospitals:

- the National Public Hospital Establishments Database (NPHED), covering resources, expenditure and revenue for public hospitals
- the National Hospital Morbidity Database (NHMD), covering the diagnoses and other characteristics of admitted patients, and the care they received in public and private hospitals
- the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), covering emergency department care and waiting times for public hospitals
- the National Elective Surgery Waiting Times Data Collection (NESWTDC), covering waiting times and other characteristics of elective surgery in public hospitals
- the National Outpatient Care Database (NOCD), covering services provided to non-admitted, non-emergency department patients in outpatient clinics of selected public hospitals

- the National *Staphylococcus aureus* bacteraemia (SAB) Data Collection, covering counts of cases of SAB for each public hospital covered by SAB surveillance arrangements, and for private hospitals that chose to provide data
- the National Elective Surgery Target Database (NESTD), a calendar year collection, covering waiting times and other characteristics of elective surgery in public hospitals
- the National Emergency Access Target Database (NEATD), a calendar year collection covering emergency department care and length of stay in emergency departments
- The Health Expenditure Database (HED) comprises a wide range of information about health expenditure in Australia, compiled from a wide range of government and non-government sources, including the Government health expenditure National Minimum Data Set (NMDS).

More information about the AIHW's hospital databases is in Appendix A, and in the Data Quality Statements accompanying this report online at <www.aihw.gov.au>. Detailed information about the HED is available in the latest *Health Expenditure Australia* report (AIHW 2013f).

Box 1.1: Data limitations

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Variations in reporting practices across states and territories and over time may affect these statistics. Where possible, variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time.

Structure of this report

The broad topics addressed in the report are:

- changes to resources and activity over time (Chapter 2)
- performance indicators (Chapter 3)
- hospital resources (including the number of hospitals, hospital beds, expenditure, resources and staffing) (Chapter 4)
- non-admitted patient care (Chapter 5)
- admitted patient care including:
  - admitted patient overview (Chapter 6)
  - same-day acute separations (Chapter 7)
  - overnight acute separations (Chapter 8)
  - surgical separations for elective and emergency admissions (Chapter 9) and
  - subacute and non-acute care (Chapter 10).

Appendix A provides summary information on the AIHW's hospitals databases, the hospitals included in each of the databases, the categorisation of hospitals as public or private and other issues affecting the quality or comparability of the data.

Appendix B includes notes on definitions and classifications, the presentation of data, the population estimates used to calculate population rates and analysis methods.

Appendix C presents information on the hospital peer groups used in this report.

Appendix D presents information on episodes of admitted patient care using the Service Related Group (SRG) classification.

Appendix E provides summary information on the Independent Hospital Pricing Authority's (IHPA) 2010–11 and 2011–12 National Hospital Cost Data Collection (NHCDC). The NHCDC is the source of Australian Refined Diagnosis Related Groups (AR-DRG) cost weight information.

Chapter structure

The chapters are structured to address a common set of questions concerning the source data for each chapter, with section titles that include:

- What data are reported?—which outlines the data sets used to inform the chapter.
- What are the limitations of the data?—which provides caveats that should be considered when interpreting the data presented.
- What methods were used?—which outlines issues such as inclusions and exclusions of records and calculation methods, with references to more detailed information in the technical appendix.

The data presentations that follow these sections address, where possible, the following questions:

- How has activity changed over time?
- How much activity was there in 2012–13?
- Who used these services?
- How did people access these services?
- How urgent was the care?
- How long did people wait for care?
- Why did people receive the care?
- What care was provided?
- What was the safety and quality of the care?
- How long did patients stay?
- What was the cost of the care?
- Who paid for the care?
- How was the care completed?

Generally, summary tables and figures are placed immediately below the discussion in related text. Where appropriate, tables and figures within the chapter are accompanied by footnotes referring readers to more detailed statistical tables at the end of the chapter, or accompanying the report online at <www.aihw.gov.au/hospitals/>.

Changes in separation rates due to changes in underlying population data

All populations, except those used for analyses by Indigenous status, are based on the 2011 Census data. The age-standardised separations rates (per 1,000 population) presented in this report for the years 2008–09 to 2011–12 in time series tables have been calculated using 'rebased' estimated resident populations. Therefore, the separation rates reported for 2008–09 to 2011–12 in this report are not comparable to the separation rates presented in earlier *Australian hospital statistics* reports.

Comparisons between public and private hospitals

Most chapters contain data for both public and private hospitals. However, Chapter 5 presents information only for public hospital non-admitted patient care including emergency department care and outpatient clinics.

In particular, chapters 6 to 10 on admitted patient care present many comparisons of the numbers of separations, patient days and separations per 1,000 population for public and private hospitals.

Additional online data

This report is available on the AIHW website at <www.aihw.gov.au/hospitals/>.

The report and the companion summary *Australia's hospitals 2012–13 at a glance* are presented in PDF format and all tables are available as downloadable Excel spread sheets. *Australia's hospitals 2012–13 at a glance* is also available in HTML format on the website, and is updated whenever new data are available.

The website also includes additional data in Excel spread sheets on diagnoses, procedures and AR-DRGs for admitted patients. Some of the report's tables are presented with more detail online. For example, some online tables present separations in 5-year age groups rather than 10-year age groups.

Interactive data cubes

The website also has interactive cubes of data from the NHMD, which allow users to specify tables and graphs as required. These include:

- Principal diagnoses:
  - 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)
  - 1998–99 to 2012–13 (using ICD-10-AM to classify diagnoses)
- AR-DRGs:
  - version 4.0/4.1/4.2 for 1997–98 to 2004–05
  - version 5.0/5.1/5.2 for 1998–99 to 2009–10
  - version 6.0/6.0x for 2010–11, 2011–12 and 2012–13.

Each principal diagnosis and AR-DRG cube includes information on the number of separations (same-day and overnight), patient days and average length of stay, by age group, sex and year of separation for each principal diagnosis or AR-DRG.

- Procedures:
  - 2000–01 and 2001–02 (using ACHI 2nd edition to classify procedures)
  - 2002–03 and 2003–04 (using ACHI 3rd edition to classify procedures)
  - 2004–05 and 2005–06 (using ACHI 4th edition to classify procedures)
  - 2006–07 and 2007–08 (using ACHI 5th edition to classify procedures)
  - 2008–09 and 2009–10 (using ACHI 6th edition to classify procedures)
  - 2010–11 to 2012–13 (using ACHI 7th edition to classify procedures).

The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether the procedure was undertaken on a same-day basis.

Online interactive data are also available for elective surgery waiting times summary statistics for 2001–02 to 2012–13, including information on:

- reason for removal from waiting lists
- surgical specialty
- indicator procedures.

Updates

Online tables and interactive data cubes will be updated in the event of errors being found in this report after publication, or if data are resupplied by states and territories after its release.

2 Overview: 2008–09 to 2012–13

This chapter presents an overview of hospital resources and activity between 2008–09 and 2012–13.

What data are reported?

Resources

Data on hospital resources include the number of public and private hospitals, the number of public and private hospital beds, and public hospital expenditure, revenue and staffing.

Information on public hospital resources was sourced from the NPHED (see Appendix A). Information on health expenditure for 2011–12 was sourced from *Health expenditure Australia 2011–12* (AIHW 2013f) and the Health Expenditure Database (HED). Information on private hospital resources was sourced from the Australian Bureau of Statistics' (ABS') Private Health Establishments Collection (PHEC) for 2011–12 (*Private hospitals Australia 2011–12*, ABS 2013a). Health expenditure information and private hospital information on available beds, staff, occasions of service, expenditure and revenue for 2012–13 were not available at the time of publication.

Activity

Data on hospital activity include summary information on non-admitted and admitted patient activity in public and private hospitals.

Information on non–admitted patient services in public hospitals was sourced from the NPHED. Information on non-admitted patient services in private hospitals was sourced from the *Private hospitals Australia* reports published by the ABS (ABS 2010, 2011a, 2012, 2013a).

Information on admitted patient services was derived from the NHMD for both public and private hospitals.

More time series data for the years 2008–09 to 2012–13, for states and territories are included in:

- Chapter 5 for non-admitted patient care
- Chapter 6 for admitted patients in public and private hospitals
- Chapter 7 for same-day acute care in public and private hospitals
- Chapter 8 for overnight acute care in public and private hospitals
- Chapter 9 for admissions involving surgery in public and private hospitals and for public hospital elective surgery waiting times
- Chapter 10 for subacute and non-acute care in public and private hospitals.

Box 2.1: What are the limitations of the data?

The comparability of data on hospitals resources and activity over time may be affected by changes in coverage and in administrative and reporting arrangements.

Variation in data on hospital services

Although there are national standards for data on hospital services, there are some variations in how hospital services are defined and counted, between public and private hospitals, among the states and territories, and over time.

For example, there is variation in admission practices for some services, such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals, and as non-admitted patients in other hospitals.

In addition, some services are provided by hospitals in some jurisdictions, and by non-hospital health services in other jurisdictions. The national data on hospital care does not include care provided by non-hospital providers, such as community health centres.

See Appendix A for more information.

Box 2.2: What methods were used?

- The hospital types reported in this chapter are *Public acute* hospitals, *Public psychiatric* hospitals, *Private free-standing day hospital facilities* and *Other private* hospitals.
- Time series data in this chapter show average annual changes from 2008–09 to 2012–13 (or the latest available year of data), and annual change between 2011–12 and 2012–13 (or the change between the two latest available years of data if the 2012–13 data are unavailable). Annual change rates are not adjusted for any changes in data coverage and/or re-categorisation of the hospital as public or private, except where noted in the text.
- Expenditure and revenue are shown in both current price and constant price terms. Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year. The ABS Government Final Consumption Expenditure, State and Local—Hospitals and Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.
- Separations for which the care type was reported as *Newborn* (without qualified days), and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded from statistics on separations. For *Newborn* care, patient days that were not qualified are excluded from the counts of patient days.
- Separations per 1,000 population and patient days per 1,000 population are reported as directly age-standardised rates based on the Australian population as at 30 June of the year of interest. The Australian population as at 30 June 2001 was used as the reference population. Age-standardisation of rates enables valid comparison across years and/or jurisdictions without being affected by the differences in age distributions.

Box 2.2 (continued): What methods were used?

- Average cost weight comparisons are based on the latest available public and/or private cost weights and the relevant AR-DRG versions applying to each year.
- The relative stay index (RSI) is calculated as the actual number of patient days for separations in selected AR-DRGs (version 6.0x) divided by the expected number of patient days (based on national figures for the years 2008–09 to 2012–13 combined) and standardised for casemix.

See Appendix B for more information.

Hospital resources 2008–09 to 2012–13

How many hospitals?

In 2012–13, there were 746 public hospitals compared with 756 in 2008–09. There were 592 private hospitals in 2011–12, compared with 564 in 2008–09 (Table 2.1).

Between 2011–12 and 2012–13, the decrease in the number of *Public acute hospitals* was due to the amalgamation of 5 small public hospitals within parent campuses in Western Australia and the closure of 2 small outpatient hospitals in Victoria.

More information on the types of hospitals, and their distribution by state and territory in 2012–13 is in Chapter 4.

Table 2.1: Public and private hospitals[(a)], 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Public acute hospitals	737	736	735	736	729	–0.3	–1.0
Public psychiatric hospitals	19	17	17	17	17	–2.7	0.0
Total	*756*	*753*	*752*	*753*	*746*	*–0.3*	*–0.9*
						Average since 2008–09	**Since 2010–11**
Private hospitals							
Private free-standing day hospital facilities	285	302	314	311	n.a.	*0.7*	–1.0
Other private hospitals	279	279	279	281	n.a.	*0.2*	0.7
Total	*564*	*581*	*593*	*592*	*n.a.*	*0.5*	*–0.2*
Total	**1,320**	**1,334**	**1,345**	**1,345**	**n.a.**	**0.2**	**0.0**

(a) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2010, 2011a, 2012, 2013).

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How many beds?

Between 2008–09 and 2012–13, public hospital bed numbers rose overall (an average of 0.8% per year), and beds per 1,000 population decreased (an average of 0.7% per year).

From 2009–10, the number of available beds was reported separately as the number of same-day and overnight admitted patient beds. Same-day beds/chairs accounted for about 12% of available public hospital beds in 2012–13. For state and territory data, see Table 4.5 in Chapter 4.

Data on the number of private hospital beds was not available at the time of this report for 2012–13. Between 2008–09 and 2011–12, private hospital bed numbers rose by an average of 1.1% per year.

Table 2.2: Public and private hospital beds and beds per 1,000 population, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Public acute hospitals[(a)]	*54,408*	*54,824*	*55,855*	*56,707*	*56,539*	1.0	–0.3
Same-day beds/chairs	n.a.	6,235	6,582	7,023	7,195	n.a.	2.5
Overnight beds	n.a.	48,577	49,207	49,559	49,343	n.a.	–0.4
Public psychiatric hospitals	2,140	2,088	1,983	1,838	1,772	–4.6	–3.6
Total	*56,548*	*56,912*	*57,838*	*58,545*	*58,311*	*0.8*	*–0.4*
Beds per 1,000 population[(b)]	2.66	2.62	2.63	2.62	2.57	–0.9	–2.1
						Average since 2008–09	**Since 2010–11**
Private hospitals[(c)]							
Private free-standing day hospital facilities	2,495	2,822	2,957	2,973	n.a	1.3	0.5
Other private hospitals	24,685	24,926	25,394	26,031	n.a	1.1	2.5
Total	*27,180*	*27,748*	*28,351*	*29,004*	*n.a*	*1.1*	*2.3*
Beds per 1,000 population[(b)]	1.26	1.25	1.26	1.29	n.a	0.5	0.9
All hospitals	**83,728**	**84,660**	**86,189**	**87,549**	**n.a**	**0.8**	**1.6**
Beds per 1,000 population[(b)]	**3.94**	**3.91**	**3.89**	**3.89**	**n.a**	**–0.1**	**0.1**

(a) The total may not equal the sum of *Overnight beds* and *Same-day beds/chairs* as some beds were not identified as same-day or overnight.

(b) Beds per 1,000 population is a crude rate based on the Australian population as at the beginning of the period (30 June).

(c) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2010, 2011a, 2012, 2013).

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How were hospitals funded?

A summary measure of the significance of Australia's hospitals is the amount that is spent on them—an estimated $53.5 billion in 2011–12, about 3.6% of Australia's gross domestic product, or about $2,377 per person (*Health expenditure Australia 2011–12*, AIHW 2013f).

The financial data presented in Table 2.3 are sourced from the AIHW's HED. Financial data reported from the HED are not directly comparable with data reported from the NPHED.

Hospital expenditure reported for the purpose of the HED collection may cover activity that is not covered by the NPHED. The HED financial data include trust fund expenditure, whereas the NPHED does not.

Funding for public hospitals has grown in real terms—adjusted for inflation, it increased by 5.3% each year, on average, between 2007–08 and 2011–12.

The sources of funding for public hospitals are the Australian Government, state and territory governments and non-government sources (including private health insurance and self-funded patients). Between 2007–08 and 2011–12, after adjusting for inflation, public hospital funding from non-government sources increased by 9.7% on average each year (Table 2.3).

Between 2007–08 and 2011–12, spending on private hospitals increased by 7.4% on average each year. About 66% of private hospital funding was non-government and about 30% was provided by the Australian Government.

Table 2.3: Funding sources for public and private hospitals, constant prices ($ million), 2007–08 to 2011–12

						Change (%)	
	2007–08	2008–09	2009–10	2010–11	2011–12	Average since 2007–08	Since 2010–11
Public hospitals							
Australian Government	13,389	15,148	14,404	15,811	16,072	4.7	1.7
State/territory government	18,299	18,003	20,263	20,748	22,411	5.2	8.0
Non-government	2,453	2,872	2,937	3,350	3,552	9.7	6.0
Total	**34,141**	**36,023**	**37,604**	**39,910**	**42,034**	**5.3**	**5.3**
Private hospitals							
Australian Government	3,115	3,116	3,440	3,559	3,464	2.7	–2.7
State/territory government	305	386	395	460	494	12.8	7.4
Non-government	5,198	6,407	6,597	7,003	7,517	9.7	7.3
Total	**8,618**	**9,909**	**10,432**	**11,021**	**11,475**	**7.4**	**4.1**

Source: Health expenditure Australia 2011–12 (AIHW 2013f).

How did hospital expenditure and revenue change?

The financial data presented in table 2.4 and 2.5 are sourced from the NPHED.

Recurrent expenditure by public hospitals in 2012–13 was almost $42 billion (Table 2.4). In constant price terms (adjusted for inflation), the average annual increase in recurrent expenditure by public hospitals was 4.7% between 2008–09 and 2012–13.

For 2012–13, expenditure data were not available for 3 public hospitals in Queensland, which reported about $560 million expenditure in 2011–12. After adjusting for the missing expenditure data, the average annual increase in recurrent expenditure for public hospitals was about 5.1% between 2008–09 and 2012–13 (adjusted for inflation).

Total revenue for public hospitals grew in real terms (constant prices) by an average of 15.0% per year between 2008–09 and 2012–13.

Recurrent expenditure for private hospitals in 2011–12 was more than $10 billion. In constant price terms (adjusted for inflation) the average annual increase in recurrent expenditure for private hospitals was 12.2% between 2008–09 and 2011–12. Total revenue for private hospitals has grown in real terms by 5.5% in the same period.

Table 2.4: Recurrent expenditure[a] and revenue ($ million), public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13[b]	Average since 2008–09	Since 2011–12
Public hospitals							
Total recurrent expenditure[a]							
Constant prices[c]	34,715	35,994	38,982	41,567	41,741	4.7	0.4
Current prices	31,322	33,706	36,985	40,384	41,741	7.4	3.4
Total revenue							
Constant prices[c]	3,297	3,652	4,137	4,752	5,769	15.0	21.4
Current prices	2,975	3,420	3,925	4,617	5,769	18.0	25.0
						Average since 2008–09	**Since 2010–11**
Private hospitals[d][e]							
Total recurrent expenditure[a]							
Constant prices[c]	7,486	8,517	9,418	10,043	n.a.	12.2	6.6
Current prices	8,137	8,946	9,610	10,043	n.a.	8.7	4.5
Total revenue							
Constant prices[c]	9,763	10,283	10,867	11,228	n.a.	5.5	3.3
Current prices	8,982	9,790	10,650	11,228	n.a.	8.9	5.4
All hospitals[d][e]							
Total recurrent expenditure[a]							
Constant prices[c]	42,201	44,512	48,400	51,611	n.a.	7.1	6.6
Current prices	39,460	42,653	46,595	50,428	n.a.	8.7	8.2
Total revenue							
Constant prices[c]	13,060	13,935	15,004	15,980	n.a.	7.2	6.5
Current prices	11,957	13,210	14,575	15,845	n.a.	10.4	8.7

(a) Excludes depreciation.

(b) For 2012–13, expenditure data were missing for 3 public hospitals in Queensland, which reported about $560 million of recurrent expenditure in 2011–12.

(c) The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals, expressed in terms of prices in the reference year 2012–13. The ABS Household Final Consumption Expenditure deflator was used for private hospitals, expressed in terms of prices in the reference year 2011–12.

(d) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2010, 2011a, 2012, 2013a).

(e) Average yearly increases for private hospitals and for all hospitals are calculated for the period 2008–09 to 2011–12 and latest year increases are calculated for the period 2010–11 to 2011–12.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

How many people were employed in public hospitals?

Between 2008–09 and 2012–13, the numbers of full-time equivalent staff employed in public hospitals in Australia increased by an average of 2.7% each year. There was variation in the relative size and direction of change across staff categories during this period (Table 2.5), with the greatest rise for the *Salaried medical officers* category (4.8%).

For 2012–13, staffing data were not available for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12. After adjusting for the missing staffing data, the average annual increase in full-time equivalent staff for Australian public hospitals was about 3.1% between 2008–09 and 2012–13.

Table 2.5: Full-time equivalent staff, public hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13[(a)]	Average since 2008–09	Since 2011–12
Salaried medical officers	29,166	30,576	32,514	34,293	35,124	4.8	2.4
Total nurses	111,870	113,938	119,126	123,368	124,584	2.7	1.0
Diagnostic and allied health professionals	35,506	35,456	36,993	37,175	38,753	2.2	4.2
Administrative and clerical staff	37,640	38,158	41,073	42,339	42,839	3.3	1.2
Other personal care staff, domestic and other staff	32,714	33,289	33,921	33,675	33,403	0.5	–0.8
Total staff	**246,895**	**251,417**	**263,626**	**270,851**	**274,703**	**2.7**	**1.4**

(a) For 2012–13, staffing data were missing for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Hospital activity 2008–09 to 2012–13

How much non-admitted patient activity?

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other services. For outpatient clinic data, these data should be treated with caution due to changes in reporting practices between 2009–10 and 2012–13. For more information, see Chapter 5.

Overall, the number of non-admitted patient occasions of service reported for *Public acute hospitals* increased by 2.5% per year between 2008–09 and 2012–13 (Table 2.6). For private hospitals, the number of non-admitted patient occasions of service increased by 0.4% per year between 2008–09 and 2011–12.

How much admitted patient activity?

Admission to hospital is a formal process, and follows a decision made by a medical officer that a patient needs to be admitted for appropriate management or treatment of their condition, or for appropriate care or assessment of needs.

Separation is the term used to refer to the episode of admitted patient 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 care to

rehabilitation). Separation also means the process by which an admitted patient completes an episode of care by being discharged, dying, being transferred to another hospital or by a change of care type.

Between 2008–09 and 2012–13, the overall number of hospital separations rose from 8.1 million to 9.4 million (Table 2.7). Over this period, the rate of growth in separations was higher for private hospitals (4.2%) than for public hospitals (3.1%).

Between 2011–12 and 2012–13, there was a change in Victoria's emergency department admission policy, which resulted in a decrease in admissions, particularly for same-day separations. After adjusting for this change (as detailed in Chapter 6), public hospital separations were estimated to have increased by an average of about 3.8% per year between 2008–09 and 2012–13.

Table 2.6: Non-admitted patient occasions of service ('000), public acute and private hospitals[a], 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public acute hospitals							
Individual occasions of service	*49,161*	*49,471*	*50,177*	*53,124*	*54,115*	*2.4*	*1.9*
Emergency	7,172	7,390	7,651	7,809	7,924	2.5	1.5
Outpatient-related[a]	16,516	16,789	16,682	16,868	18,088	2.3	7.2
Diagnostic[b]	17,065	16,815	17,197	19,349	17,678	0.9	–8.6
Other[c]	8,407	8,476	8,646	9,098	10,425	5.5	14.6
Group occasions of service	341	328	318	303	516	10.9	70.4
Total	*49,501*	*49,799*	*50,494*	*53,427*	*54,631*	*2.5*	*2.3*
						Average since 2008–09	**Since 2010–11**
Private hospitals[d][e]							
Accident and emergency	501	527	516	531	n.a.	2.0	2.8
Other outpatient[f]	1,525	1,550	1,646	1,569	n.a.	1.0	–4.7
Total [d][e]	*2,026*	*2,077*	*2,162*	*2,100*	n.a.	1.0	–2.9
All hospitals[e]	**51,527**	**51,876**	**52,657**	**55,527**	**n.a.**	**2.5**	**5.5**

(a) Includes *Allied health services*, *Dental*, *Dialysis*, *Endoscopy* and *Other medical/surgical/obstetric* services.

(b) Includes *Radiology and organ imaging*, *Pathology* and *Pharmacy* services.

(c) Includes *Psychiatric*, *Alcohol and drug*, *Community health services*, *District nursing* and *Outreach services*.

(d) Does not include data for *Private free-standing day hospital facilities*.

(e) Average yearly increases for private hospitals and for all hospitals are calculated for the period 2008–09 to 2011–12 and latest year increases are calculated for the period 2010-11 to 2011-12.

(f) Includes *Dialysis*, *Radiology and organ imaging*, *Endoscopy*, *Pathology*, *Other medical/surgical/diagnostic*, *Psychiatric*, *Alcohol and drug*, *Dental*, *Pharmacy and Allied health services*, *Community health services*, *District nursing services* and *Non-medical and social services*.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Private hospitals consistently accounted for about 40% of separations between 2008–09 and 2012–13 (Table 2.7). Over the same period, there was a fall in separations from *Public psychiatric hospitals*. In part, this reflects a change of service delivery arrangements, including shifts from *Public psychiatric hospitals* to *Public acute hospitals* or to residential care.

Between 2008–09 and 2012–13, the number of separations per 1,000 population rose by an average of 1.4% per year, with growth observed in all types of hospitals except *Public psychiatric hospitals* (Table 2.8). The highest growth in separation rate was observed in *Other private hospitals* (2.1% on average per year) and overnight separation rates increased for both public and private hospitals.

Table 2.7: Separations ('000), public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Public acute hospitals	4,880	5,058	5,269	5,502	5,520	3.1	0.3
Public psychiatric hospitals	11	11	10	10	10	–2.0	4.9
Total	*4,891*	*5,069*	*5,279*	*5,511*	*5,530*	*3.1*	*0.3*
Private hospitals							
Private free-standing day hospital facilities	729	783	809	844	855	4.1	1.3
Other private hospitals	2,528	2,678	2,764	2,901	2,989	4.3	3.0
Total	*3,257*	*3,462*	*3,573*	*3,745*	*3,843*	*4.2*	*2.6*
All hospitals	**8,148**	**8,531**	**8,853**	**9,256**	**9,374**	**3.6**	**1.3**

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Table 2.8: Separations per 1,000 population, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Public acute hospitals	221.8	224.8	229.8	236.0	231.6	1.1	–1.8
Public psychiatric hospitals	0.5	0.5	0.5	0.4	0.5	–3.3	3.2
Total	*222.3*	*225.4*	*230.3*	*236.4*	*232.1*	*1.1*	*–1.8*
Overnight separations	102.6	105.3	109.2	113.8	115.4	3.0	1.4
Private hospitals							
Private free-standing day hospital facilities	32.8	34.5	34.9	35.7	35.3	1.8	–1.2
Other private hospitals	113.4	117.6	118.9	122.4	123.4	2.1	0.8
Total	*146.2*	*152.1*	*153.8*	*158.2*	*158.7*	*2.1*	*0.3*
Overnight separations	44.5	46.3	47.0	48.3	49.3	2.6	2.0
All hospitals	**368.5**	**377.4**	**384.0**	**394.6**	**390.8**	**1.4**	**–1.0**
Overnight separations	**147.2**	**151.6**	**156.2**	**162.1**	**164.7**	**2.8**	**1.6**

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How many same-day and overnight separations?

A **same-day separation** occurs when a patient is admitted and separated from hospital on the same date.

An **overnight separation** occurs when a patient is admitted and separated from hospital on different dates.

Between 2008–09 and 2012–13, the number of same-day separations increased at a greater rate than overnight separations (4.0% and 3.0% average per year, respectively) (Table 2.9), with the rate of increase for same-day separations being higher in private hospitals (4.9%) than in public hospitals (3.1%).

In 2012–13, same-day separations accounted for 58% of separations, and this proportion was fairly stable over the five-year period. For more information on same-day acute admitted patient care, see Chapter 7.

There was an increase in overnight separations between 2008–09 and 2012–13, with the rate of increase being higher for public hospitals (3.1%) than for private hospitals (2.7%).

In 2012–13, overnight separations made up almost 50% of separations in public hospitals and 31% in private hospitals. For more information on overnight acute admitted patient care, see Chapter 8.

Table 2.9: Same-day and overnight separations ('000), public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Same-day separations							
Public hospitals							
Public acute hospitals	2,460	2,573	2,685	2,806	2,783	3.1	–0.8
Public psychiatric hospitals[(a)]	1	1	1	1	1	n.p.	n.p.
Total	*2,461*	*2,574*	*2,685*	*2,807*	*2,784*	*3.1*	*–0.8*
Proportion of total public separations (%)	50.3	50.8	50.9	50.9	50.3	0.0	–1.2
Private hospitals							
Private free-standing day hospital facilities	728	782	808	843	853	4.1	1.3
Other private hospitals	1,456	1,562	1,627	1,729	1,794	5.4	3.7
Total	*2,184*	*2,344*	*2,435*	*2,572*	*2,647*	*4.9*	*2.9*
Proportion of total private separations (%)	67.0	67.7	68.1	68.7	68.9	0.7	0.3
All hospitals	**4,645**	**4,918**	**5,120**	**5,379**	**5,431**	**4.0**	**1.0**
Proportion of total separations (%)	**57.0**	**57.6**	**57.8**	**58.1**	**57.9**	**0.4**	**–0.3**
Overnight separations							
Public hospitals							
Public acute hospitals	2,420	2,485	2,585	2,696	2,737	3.1	1.5
Public psychiatric hospitals[(b)]	10	11	9	9	10	–1.9	6.4
Total	*2,430*	*2,495*	*2,594*	*2,705*	*2,747*	*3.1*	*1.5*
Private hospitals							
Private free-standing day hospital facilities[(a)]	1	1	1	1	1	n.p.	n.p.
Other private hospitals	1,073	1,117	1,137	1,171	1,195	2.7	2.0
Total	*1,074*	*1,118*	*1,138*	*1,173*	*1,196*	*2.7*	*2.0*
All hospitals	**3,504**	**3,613**	**3,732**	**3,877**	**3,943**	**3.0**	**1.7**

(a) The average change per year is not shown due to low numbers.

(b) Due to the low and variable numbers of separations for public psychiatric hospitals, caution should be used in interpreting the average rates of change.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How urgent was the care?

Admissions to hospital can be categorised as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (which includes elective and other planned care).

Between 2008–09 and 2012–13, separations with an urgency of admission of *Emergency* increased for both public and private hospitals (3.1% and 5.2% per year, respectively) (Table 2.10). For *Non-emergency* admissions, separations increased for both public and private hospitals (3.2% and 4.4% per year, respectively). For private hospitals, *Non-emergency medical* care increased by 6.4% each year. Table 2.10 also presents information on the broad category of admitted patient service. See 'What care was provided?' for more information.

Table 2.10: Separations by broad category of service, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Childbirth	208,196	211,134	213,454	218,903	223,814	1.8	2.2
Specialist mental health	103,185	96,793	101,173	109,410	113,705	2.5	3.9
Emergency							
Surgical	226,586	229,783	243,841	256,880	260,880	3.6	1.6
Medical	1,659,662	1,693,780	1,812,229	1,902,150	1,869,786	3.0	–1.7
Other	54,246	55,189	57,451	59,964	63,431	4.0	5.8
Total emergency	*1,940,494*	*1,978,752*	*2,113,521*	*2,218,994*	*2,194,097*	*3.1*	*–1.1*
Non-emergency							
Surgical	660,738	676,874	687,115	695,239	698,500	1.4	0.5
Medical	1,718,910	1,832,704	1,882,496	1,991,141	2,024,868	4.2	1.7
Other	259,500	273,031	281,373	277,805	275,211	1.5	–0.9
Total non-emergency	*2,639,148*	*2,782,609*	*2,850,984*	*2,964,185*	*2,998,579*	*3.2*	*1.2*
Total	*4,891,023*	*5,069,288*	*5,279,132*	*5,511,492*	*5,530,195*	*3.1*	*0.3*
Private hospitals							
Childbirth	81,390	84,320	80,006	80,782	81,872	0.1	1.3
Specialist mental health	131,378	145,643	130,090	140,091	143,745	2.3	2.6
Emergency							
Surgical	30,596	33,131	36,617	38,678	39,432	6.5	1.9
Medical	123,919	133,212	144,549	146,399	147,663	4.5	0.9
Other	11,203	12,375	13,967	15,692	15,835	9.0	0.9
Total emergency	*165,718*	*178,718*	*195,133*	*200,769*	*202,930*	*5.2*	*1.1*
Non-emergency							
Surgical	1,206,830	1,265,071	1,291,089	1,349,008	1,371,995	3.3	1.7
Medical	1,006,337	1,084,585	1,147,340	1,227,888	1,289,030	6.4	5.0
Other	665,772	703,378	729,760	746,139	753,759	3.2	1.0
Total non-emergency	*2,878,939*	*3,053,034*	*3,168,189*	*3,323,035*	*3,414,784*	*4.4*	*2.8*
Total	*3,257,425*	*3,461,715*	*3,573,418*	*3,744,677*	*3,843,331*	*4.2*	*2.6*
All hospitals	**8,148,448**	**8,531,003**	**8,852,550**	**9,256,169**	**9,373,526**	**3.6**	**1.3**

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

What care was provided?

The care that the patient received can be described in a variety of ways. This section presents information describing care by the following broad categories of service:

- *Childbirth*: separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported. Excludes separations associated with childbirth.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

Between 2008–09 and 2012–13, private hospitals accounted for the majority of *Non-emergency surgical* separations (about 65% each year) and the majority of *Specialist mental health* separations (56% in 2012–13) (Table 2.10).

Public hospitals consistently accounted for over 70% of *Childbirth* separations between 2008–09 and 2012–13.

Average cost weight

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 (based on the year of the NHCDC cost weights).

The validity of comparisons of average cost weights across jurisdictions is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. Cost weights are of less use as a measure of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogenous than for other acute services. See Appendix E for more information.

In part of Table 2.11, public sector cost weights were used for both public and private hospitals to enable comparison between sectors, because public and private sector cost weights are not comparable.

Using public cost weights for both public and private hospitals, average cost weights were similar for *Other private hospitals* and for *Public acute hospitals* between 2008–09 and 2012–13 (Table 2.11). Average cost weights were lowest for *Private free-standing day hospital facilities*.

Using private hospital cost weights for separations for private hospitals, the average cost weight for private hospitals increased by about 1.3% on average between 2008–09 and 2012–13. It increased by about 1.5% each year for *Private free standing day hospital facilities*.

Table 2.11: Average cost weight of separations, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Average public cost weight of separations[(a)]							
Public hospitals							
Public acute hospitals	1.01	1.01	0.99	1.00	1.02	0.3	2.3
Public psychiatric hospitals	2.34	2.36	2.32	2.28	2.31	–0.3	1.6
Total	*1.01*	*1.01*	*1.00*	*1.00*	*1.02*	*0.3*	*2.3*
Private hospitals							
Private free-standing day hospital facilities	0.46	0.46	0.46	0.47	0.47	0.9	1.7
Other private hospitals	1.02	1.02	1.02	1.01	1.02	–0.2	0.3
Total	*0.89*	*0.89*	*0.88*	*0.88*	*0.89*	*–0.1*	*0.6*
All hospitals	**0.96**	**0.96**	**0.95**	**0.95**	**0.97**	**0.1**	**1.6**
Average private cost weight of separations[(b)]							
Private hospitals							
Private free-standing day hospital facilities	0.33	0.33	0.33	0.34	0.35	1.5	1.5
Other private hospitals	0.90	0.90	0.90	0.95	0.95	1.3	0.4
Total	*0.77*	*0.76*	*0.77*	*0.80*	*0.81*	*1.3*	*0.7*

(a) AR-DRG version 6.0x public cost weights 2010–11 were used for both public and private hospitals.

(b) AR-DRG version 6.0x private cost weights 2011–12.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How long did people stay in hospital?

In 2012–13, 68% of patient days were in public hospitals (Table 2.12).

Between 2008–09 and 2012–13, the average lengths of stay for public acute and private hospitals fell slightly.

For overnight separations, the average length of stay in all hospitals combined fell from 6.0 days to 5.6 days between 2008–09 and 2012–13, an average annual decrease of 1.6%. The average length of stay excluding same-day separations is comparable with the length of stays reported for other member countries by the Organisation for Economic Co-operation and Development (OECD) (OECD 2013) (which also do not include same-day activity). See Chapter 8 for more information on OECD comparisons.

Between 2008–09 and 2012–13, overall patient days per 1,000 population fluctuated for *Public acute hospitals* and *Other private hospitals*. Over the same period, patient days per 1,000 population increased by about 1.9% per year for *Private free-standing day hospitals* (Table 2.13).

Patient days for *Public psychiatric hospitals* fluctuated between 2008–09 and 2012–13. In part, this may reflect changes in service delivery arrangements, such as the shifts from *Public psychiatric hospitals* to *Public acute hospitals* and residential care. However, separation records from public psychiatric hospitals include some with very long individual lengths of stay, including some as long as several years. The pattern of these separations from public psychiatric hospitals can vary over time and patient day counts can therefore fluctuate markedly for these hospitals.

Table 2.12: Patient days and average length of stay, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Patient days ('000')							
Public hospitals							
Public acute hospitals	17,302	17,440	17,894	18,313	18,242	1.3	–0.4
Public psychiatric hospitals[(a)]	587	663	593	678	581	–0.3	–14.3
Total	*17,889*	*18,103*	*18,487*	*18,991*	*18,823*	*1.3*	*–0.9*
Private hospitals							
Private free-standing day hospital facilities	729	783	809	844	855	4.1	1.3
Other private hospitals	7,164	7,479	7,598	7,901	8,018	2.9	1.5
Total	*7,893*	*8,262*	*8,408*	*8,745*	*8,873*	*3.0*	*1.5*
All hospitals	**25,782**	**26,365**	**26,895**	**27,736**	**27,696**	**1.8**	**–0.1**
Average length of stay (days)							
Public hospitals							
Public acute hospitals	3.5	3.4	3.4	3.3	3.3	–1.7	–0.7
Public psychiatric hospitals[(a)]	52.8	59.1	58.6	69.3	56.6	1.8	–18.3
Total	*3.7*	*3.6*	*3.5*	*3.4*	*3.4*	*–1.8*	*–1.2*
Private hospitals							
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Other private hospitals	2.8	2.8	2.7	2.7	2.7	–1.4	–1.5
Total	*2.4*	*2.4*	*2.4*	*2.3*	*2.3*	*–1.2*	*–1.1*
All hospitals	**3.2**	**3.1**	**3.0**	**3.0**	**3.0**	**–1.7**	**–1.4**
Average length of stay, excluding same-day separations (days)							
Public hospitals							
Public acute hospitals	6.1	6.0	5.9	5.8	5.6	–2.0	–1.8
Public psychiatric hospitals[(a)]	56.0	63.0	62.5	74.2	59.7	1.6	–19.5
Total	*6.3*	*6.2*	*6.1*	*6.0*	*5.8*	*–2.1*	*–2.4*
Private hospitals[(a)]							
Private free-standing day hospital facilities[(b)]	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals	5.3	5.3	5.3	5.3	5.2	–0.5	–1.1
Total	*5.3*	*5.3*	*5.2*	*5.3*	*5.2*	*–0.5*	*–1.1*
All hospitals	**6.0**	**5.9**	**5.8**	**5.8**	**5.6**	**–1.6**	**–2.1**

(a) Due to the low and variable numbers of separations, which can include some very long stay patients for whom relatively large numbers of patient days are reported, caution should be used in interpreting the average rates of change and average length of stay.

(b) Average overnight length of stay for *Private free-standing day hospital facilities* is not shown as it is based on a small number of records.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Table 2.13: Patient days per 1,000 population, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Public acute hospitals	774.2	763.2	767.3	770.6	750.8	–0.8	–2.6
Public psychiatric hospitals	27.2	30.2	26.7	30.4	25.5	–1.7	–16.3
Total	*801.4*	*793.4*	*794.0*	*801.0*	*776.2*	*–0.8*	*–3.1*
Private hospitals							
Private free-standing day hospital facilities	32.8	34.5	34.9	35.7	35.3	1.9	–1.2
Other private hospitals	316.8	323.6	321.3	327.3	324.4	0.6	–0.9
Total	*349.6*	*358.1*	*356.2*	*363.1*	*359.7*	*0.7*	*–0.9*
All hospitals	**1,151.0**	**1,151.5**	**1,150.2**	**1,164.1**	**1,135.9**	**–0.3**	**–2.4**

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Relative stay index

A relative stay index (RSI) greater than 1 indicates that the average episode's length of stay is higher than would be expected given the casemix for the category of interest (for example, by hospital sector or jurisdiction). An RSI of less than 1 indicates that the length of stay was less than would have been expected. More information on RSIs by *Medical*, *Surgical* and *Other* categories of AR-DRGs and by funding source is in Chapter 3. Details of the methods used are in Appendix B.

The directly standardised RSI is comparable between cells. Therefore, when comparing between groups and over time, it is more appropriate to use the directly standardised RSI. The directly standardised RSI for public hospitals was consistently lower than that for private hospitals between 2008–09 and 2012–13 (Table 2.14).

The indirectly standardised RSI is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group. Changes over time are not shown in Table 2.14 for the indirectly standardised RSI as it uses different weights to calculate the expected length of stay depending on the casemix for each year.

When interpreting RSI information, it should be noted that patient day counts can fluctuate markedly for public psychiatric hospitals.

Table 2.14: Relative stay index, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Indirectly standardised relative stay index[(a)]							
Public hospitals							
Public acute hospitals	1.02	1.00	0.99	0.96	0.92	. .	. .
Public psychiatric hospitals	1.30	1.30	1.33	1.34	1.34	. .	. .
Total	1.03	1.00	0.99	0.96	0.93	. .	. .
Private hospitals							
Private free-standing day hospital facilities	0.81	0.80	0.80	0.80	0.81	. .	. .
Other private hospitals	1.09	1.08	1.07	1.06	1.04	. .	. .
Total	1.07	1.05	1.05	1.04	1.02	. .	. .
All hospitals	**1.04**	**1.02**	**1.01**	**0.98**	**0.95**	**. .**	**. .**
Directly standardised relative stay index[(b)]							
Public hospitals							
Public acute hospitals	1.04	1.02	1.01	0.98	0.94	–2.5	–4.1
Public psychiatric hospitals	3.02	3.79	1.83	2.60	5.17	14.4	98.8
Total	1.05	1.02	1.01	0.98	0.94	*–2.7*	*–4.1*
Private hospitals							
Private free-standing day hospital facilities	0.50	0.45	0.44	0.43	0.42	–4.3	–2.3
Other private hospitals	1.16	1.14	1.14	1.13	1.11	–1.1	–1.8
Total	1.14	1.13	1.12	1.12	1.09	*–1.1*	*–2.7*
All hospitals	**1.04**	**1.02**	**1.01**	**0.99**	**0.96**	**–2.0**	**–3.0**

(a) Relative stay index based on all hospitals combined for the 5-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 5-year average based on the casemix of that group.

(b) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods. See Appendix B for details on the methodology.

3 Hospital performance indicators

Performance indicators are defined as statistics or other units of information that, directly or indirectly, reflect either the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

National health performance reporting

In Australia, national public reporting of hospital performance is undertaken by a number of organisations under nationally agreed arrangements.

The national arrangements for hospital performance reporting in Australia comprise the:

- National Health Performance Framework (NHPF)—a conceptual framework for performance assessment that is not linked to any agreement. At the request of health ministers, a set of performance indicators are reported biennially in *Australia's health* (AIHW 2012a).
- National Healthcare Agreement (NHA) — agreed performance indicators and benchmarks are reported annually by the COAG Reform Council (CRC) (CRC 2013a). The NHA performance indicators based on 2007–08 to 2011–12 hospital data have been published by the CRC (CRC 2010, 2011 and 2012). The performance indicators presented here are based on data for 2012–13 and on specifications anticipated to be used for the council's 2014 report.
- National Partnership Agreements (NPA)—specified indicators or benchmarks for each agreement are reported annually by the CRC (CRC 2013b). The NPA-IPHS includes reporting of performance related to emergency departments and elective surgery in public hospitals.
- National Health Reform Agreement (NHRA) and associated Performance and Accountability Framework— information on the performance of public and private hospitals and Local Hospital Networks are reported by the National Health Performance Authority (NHPA) on the *MyHospitals* website.
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) also has performance reporting-related roles under the NHRA, reporting publicly on the state of safety and quality, including performance against national standards (ACSQHC 2013).
- Review of Government Service Provision—information on the equity, efficiency and effectiveness of government services (including hospitals) are reported by the Steering Committee for the Review of Government Service Provision (SCRGSP 2014).

The AIHW provides data from its national hospitals databases to support this range of reporting, and reports many of the hospitals-related performance indicators in the *Australian hospital statistics* series each year.

This chapter presents hospital performance indicators within the context of the National Health Performance Framework (NHPF).

The National Health Performance Framework

In 2001, the National Health Performance Committee (NHPC) developed a framework to report on the performance of the Australian health system, which was adopted by health ministers. In 2008, the Australian Health Ministers Advisory Committee's National Health Information Standards and Statistics Committee (NHISSC) endorsed a revised framework, termed the National Health Performance Framework 2009 (NHPF). It is consistent with health performance frameworks used internationally (International Organization for Standardization 2010; Organization for Economic Cooperation and Development 2013, ISO 2010) and therefore can also support comparisons of Australia's performance internationally.

The NHPC described 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. The framework has three domains: 'Health Status', 'Determinants of Health' and 'Health System Performance'. Questions are posed for each domain and a number of dimensions have been identified within each domain. The dimensions guide the development and selection of performance indicators that can be used together to answer that domain's questions. Sometimes, single indicators can provide information relevant to several dimensions of the framework.

A set of indicators was developed to populate these domains and, since 2008, at the request of health ministers, the AIHW has reported on these National Health Performance Indicators biennially in *Australia's health* (AIHW 2012a). There are 40 indicators across the 14 dimensions of the 3 domains.

The Health System Performance domain is most directly relevant to the assessment of the provision of hospital and other health-care services. Its 6 dimensions are: *Effectiveness, Safety, Responsiveness, Continuity of care, Accessibility* and *Efficiency & sustainability* (Table 3.1).

The questions asked for the Health System Performance domain in the NHPF are:

- How does the health system perform?
- What is the level of quality of care across the range of patient care needs?
- Does the system deliver value for money and is it sustainable?
- Is it the same for everyone?

Table 3.1: The National Health Performance Framework—Health System Performance domain

Effectiveness Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.	**Safety** The avoidance or reduction to acceptable limits of actual or potential harm from healthcare management or the environment in which health care is delivered.
Continuity of care Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	**Accessibility** People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.
Responsiveness Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.	**Efficiency and sustainability** Achieving desired results with most cost-effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.

What data are reported?

Seven hospital performance indicators are presented in this chapter.

Information for another 2 indicators that do not relate to hospital performance is included in other chapters.

Indicators related to hospital performance are listed in Table 3.2 against the dimensions of the NHPF. Some indicators can be related to more than one dimension of the NHPF, even though they are presented here against only one dimension.

Table 3.2 also shows which set of nationally agreed performance indicators the indicator relates to.

Performance indicators related to hospitals

National Health Performance Framework

Australian hospital statistics reports 6 indicators under the health system performance domain:

- adverse events treated in hospitals
- falls resulting in patient harm in hospitals
- rates of services: hospital procedures
- cost per casemix-adjusted separation for acute care episodes (calculation method currently under review)
- relative stay index
- average length of stay for selected AR-DRGs.

National Healthcare Agreement

The NHA includes 33 performance indicators (disaggregated by Indigenous status, disability status, remoteness area and socio-economic status where possible) and 7 performance benchmarks that are to be reported regularly under the Intergovernmental Agreement on Federal Financial Relations.

Of the 9 NHA performance indicators based on hospital data, 6 relate to the outcome of *Australians receive appropriate high quality and affordable hospital and hospital related care*, and 1 of these is presented in this chapter:

- unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital).

Four of the remaining five NHA hospital performance indicators based on the 2012–13 hospital data have already been reported in earlier AIHW publications. Those indicators are:

- waiting times for emergency department care: proportion seen on time—in *Australian hospitals statistics 2012–13: emergency department care* (AIHW 2013c)
- waiting times for emergency department care: proportion completed within 4 hours—in *Australian hospitals statistics 2012–13: emergency department care* (AIHW 2013c)
- waiting times for elective surgery: waiting time (in days)—in *Australian hospitals statistics 2012–13: elective surgery waiting times* (AIHW 2013d)

- Healthcare associated infections — in *Australian hospitals statistics 2012–13: Staphylococcus aureus bacteraemia in Australian public hospitals* (AIHW 2013e).

The AIHW and the CRC did not report the performance indicator 'waiting times for elective surgery: proportion seen on time', due to apparent variations in reporting of clinical urgency categories. For more information refer to *Australian hospital statistics 2012–13: elective surgery waiting times* (AIHW 2013d).

Other performance indicators

Of the 3 NHA performance indicators based on hospital data that relate to different outcome areas, 2 are presented elsewhere in this report and 1 has been reported in a previous AIHW publication (see Table 3.3):

- *Selected potentially preventable hospitalisations* relates to the outcome *Australians receive appropriate high quality and affordable primary and community health services* and is presented in Chapter 6.
- *Hospital patient days used by those eligible and waiting for residential aged care* relates to the outcome *Older Australians receive appropriate high quality and affordable health and aged services* and is presented in Chapter 10.
- *Selected potentially avoidable GP type presentations to emergency departments* – has been reported in *Australian hospitals statistics 2012–13: emergency department care* (AIHW 2013c).

Box 3.1: What are the limitations of the data?

Any interpretation of the performance indicators presented here should take into consideration the limitations of the data from which they are derived. Information on variation in data recording practices, data quality and database coverage is presented in Appendix A.

While the rates could be interpreted as reflecting hospital system performance, they may also reflect variation in underlying needs for hospitalisation, admission and data recording practices, and availability of non-hospital services.

Table 3.2: National hospital performance indicators, by National Health Performance Framework dimension

Where in *Australian hospital statistics* (AHS) reports?	Indicator	Related national indicator set	
		NHA	NHPF
	Effectiveness		
	No indicators available		
	Safety		
Tables 3.4, S3.1 and S3.2	Adverse events treated in hospitals		✓
Table 3.5	Unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital)	✓	
AHS: SAB 2012–13	Healthcare associated infections	✓	
Table 3.6	Falls resulting in patient harm in hospitals		✓
	Responsiveness		
	No indicators available		
	Continuity of care		
	No indicators available		
	Accessibility		
Tables 3.9, 3.10, S3.3, S3.4 and S3.5	Rates of services: hospital procedures		✓
AHS: ED 2012–13	Waiting time for emergency hospital care: proportion seen on time	✓	
AHS: ED 2012–13	Waiting time for emergency hospital care: proportion of emergency department presentations completed in 4 hours or less	✓	
AHS: ESWT 2012–13	Waiting times for elective surgery: waiting times in days (indicator procedure)	✓	
	Efficiency & sustainability		
The method for this indicator is currently under review.	Cost per casemix-adjusted separation for acute care episodes		✓
Tables 3.10 and 3.11	Relative stay index		✓
Figure 3.4 and Table 3.15	Average length of stay for selected AR-DRGs		✓

AHS: ED 2012–13—*Australian hospital statistics 2012–13: emergency department care*.

AHS: ESWT 2012–13—*Australian hospital statistics 2012–13: elective surgery waiting times*.

AHS: SAB 2012–13—*Australian hospitals statistics 2012–13: Staphylococcus aureus bacteraemia in Australian public hospitals*.

AR-DRG—Australian Refined Diagnosis Related Group.

NHA—National Healthcare Agreement.

NHPF—National Health Performance Framework.

Table 3.3: Other performance indicators that use hospitals data in this report

Indicator	Related national indicator set		Where
	NHA	NHPF	
Selected potentially avoidable GP type presentations to emergency departments	✓		AHS: ED 2012–13
Selected potentially preventable hospitalisations	✓	✓	**Chapter 6**. Tables 6.17, 6.18, 6.19 and 6.35.
Hospital patient days used by those eligible and waiting for residential aged care	✓ Proxy		**Chapter 10.** Table 10.16.

AHS: ED 2012–13—*Australian hospital statistics 2012–13: emergency department care*.

NHA—National Healthcare Agreement.

NHPF—National Health Performance Framework.

Box 3.2: What methods were used?

The following should be noted:

- unless otherwise indicated in footnotes, separations with a care type of *Newborn* (without qualified days) and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded
- separation rates are age-standardised (see Appendix B)
- public hospitals include *Public acute* and *Public psychiatric hospitals*
- private hospitals include *Private free-standing day hospital facilities* and *Other private hospitals*
- the abbreviation n.p.—not published may appear in a table to protect the confidentiality of private hospital or other data, or for measures based on counts of less than 100 (see Appendix B).

Details of methods, including the selection of AR-DRGs, diagnoses and procedures used, are presented in Appendix B for:

- adverse events treated in hospitals
- rates of service: hospital procedures
- relative stay index
- average length of stay for selected AR-DRGs
- unplanned readmissions (METeOR identifier: 497129).

How did hospitals perform in 2012–13?

Effectiveness

Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.

There are no indicators of effectiveness available for hospitals.

Safety

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.

Performance indicator: adverse events treated in hospitals

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries and problems with medication and medical devices. Some of these adverse events may be preventable.

Hospital separations data include information on diagnoses, places of occurrence and external causes of injury and poisoning that can indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other diagnosis codes may also suggest that an adverse event has occurred, and some adverse events are not identifiable using these codes. A separation may be recorded against more than 1 category in Table 3.4 as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning).

The data in Table 3.4 can 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. Some of the adverse events included in these tables may represent events that occurred before admission. Condition onset flag (COF) information (see Chapter 6 and Appendix B) can be used to provide other information about adverse events occurring, and treated within, single episodes of care.

In 2012–13, 5.5% of separations reported 1 or more *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) codes indicating 1 or more adverse events (Table 3.4). The proportion of separations with an adverse event was 6.5% for public hospitals and 4.0% for private hospitals. The data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may be different.

The proportion of same-day separations with an adverse event was 1.7% overall, and 10.7% of overnight separations had an adverse event (Table 3.4).

Separations for sub- and non-acute care had higher rates of adverse events than acute care separations (10.7 and 5.2 separations with an adverse event per 100, respectively), and emergency admissions had higher rates of adverse events than non-emergency admissions (9.7 and 3.9 separations with an adverse event per 100, respectively).

For public hospitals, about 53% of separations with an adverse event reported *Procedures causing abnormal reactions/complications* and 37% reported *Adverse effects of drugs, medicaments and biological substances*.

For private hospitals, about 69% of separations with an adverse event reported *Procedures causing abnormal reactions/complications* and 20% reported *Adverse effects of drugs, medicaments and biological substances*.

Table 3.4: Separations with an adverse event[a] per 100 separations, public and private hospitals, 2012–13

	Public hospitals		Private hospitals		Total	
Adverse event	Separations	Per 100	Separations	Per 100	Separations	Per 100
External cause of injury or poisoning						
Adverse effects of drugs, medicaments and biological substances	133,040	2.4	31,273	0.8	164,313	1.8
Misadventures to patients during surgical and medical care	16,277	0.3	7,326	0.2	23,603	0.3
Procedures causing abnormal reactions/complications	189,535	3.4	106,457	2.8	295,992	3.2
Other external causes of adverse events	9,308	0.2	1,128	0.0	10,436	0.1
Place of occurrence of injury and poisoning						
Place of occurrence: Health service area	350,259	6.3	149,308	3.9	499,567	5.3
Diagnoses						
Selected post-procedural disorders	45,401	0.8	27,968	0.7	73,369	0.8
Haemorrhage and haematoma complicating a procedure	26,249	0.5	14,962	0.4	41,211	0.4
Infection following a procedure	22,994	0.4	12,480	0.3	35,474	0.4
Complications of internal prosthetic devices	73,965	1.3	43,389	1.1	117,354	1.3
Other diagnoses of complications of medical and surgical care	51,177	0.9	21,811	0.6	72,988	0.8
Total (any of the above)	**359,390**	**6.5**	**153,178**	**4.0**	**512,568**	**5.5**
Length of stay[b]						
Same-day separations	52,701	1.9	38,866	1.5	91,567	1.7
Overnight separations	306,689	11.2	114,312	9.6	421,001	10.7
Type of care[b]						
Acute care separations	330,298	6.2	133,897	3.7	464,195	5.2
Subacute and non-acute care separations	29,092	14.9	19,281	7.6	48,373	10.7
Urgency of admission[b]						
Emergency admissions	217,079	9.5	24,705	12.0	241,784	9.7
Non-emergency admissions	142,311	4.4	128,473	3.5	270,784	3.9

(a) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation.

(b) The categories *Length of stay*, *Type of care* and *Urgency of admission* are not mutually exclusive. Each separation with an adverse event is included in 3 categories; for example as a *Same-day* separation, an *Acute* care separation and an *Emergency* admission.

Performance indicator: unplanned/unexpected readmissions within 28 days of selected surgical procedures

'Unplanned or unexpected readmissions after surgery' is defined as the number of separations involving selected procedures where readmission occurred within 28 days of the previous separation, and was considered to be 'unplanned or unexpected' because the principal diagnosis related to an adverse event. The measure is regarded as an indicator of the safety of care. It could also be regarded as an indicator of effectiveness of care; however, the specifications identify adverse events as causes of readmission, rather than reasons that could indicate effectiveness.

The specified principal diagnoses are the same as the diagnoses listed in Table 3.4 for *Selected post-procedural disorders*, *Haemorrhage and haematoma complicating a procedure*, *Infection following*

a procedure, *Complications of internal prosthetic devices* and *Other diagnoses of complications of medical and surgical care*.

Rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy* (33 per 1,000 separations), *Prostatectomy* and *Hysterectomy* (both 31 per 1,000 separations) (Table 3.5). For *Cataract extraction*, fewer than 4 per 1,000 separations were readmitted within 28 days.

Table 3.5: Separations[(a)] and rate per 1,000 separations, unplanned/unexpected readmissions for selected procedures, states and territories, 2012–13

	NSW	Vic	Qld	WA[(b)]	SA	Tas	ACT	NT	Total[(c)]
Appendicectomy									
Separations	9,095	7,012	5,639	3,075	1,929	565	686	345	25,271
Number of readmissions	204	160	124	88	52	15	14	15	584
Per 1,000 separations	22.4	22.8	22.0	28.6	27.0	26.5	20.4	43.5	23.1
Cataract extraction									
Separations	18,706	15,990	6,321	9,292	5,848	1,131	1,093	665	49,754
Number of readmissions	64	48	29	24	17	5	1	4	168
Per 1,000 separations	3.4	3.0	4.6	2.6	2.9	4.4	0.9	6.0	3.4
Hip replacement									
Separations	2,881	2,173	1,245	1,071	726	203	155	45	7,428
Number of readmissions	53	35	20	17	14	6	n.p.	n.p.	131
Per 1,000 separations	18.4	16.1	16.1	15.9	19.3	29.6	n.p.	n.p.	17.6
Hysterectomy									
Separations	3,070	2,704	1,980	963	837	250	130	67	9,038
Number of readmissions	97	70	63	42	24	13	n.p.	n.p.	277
Per 1,000 separations	31.6	25.9	31.8	43.6	28.7	52.0	n.p.	n.p.	30.6
Knee replacement									
Separations	4,488	2,448	1,854	1,302	858	216	211	56	10,131
Number of readmissions	97	37	65	29	16	n.p.	0	n.p.	227
Per 1,000 separations	21.6	15.1	35.1	22.3	18.6	n.p.	0.0	n.p.	22.4
Prostatectomy									
Separations	2,342	2,077	1,032	677	622	173	97	23	6,366
Number of readmissions	64	55	42	23	18	10	n.p.	n.p.	198
Per 1,000 separations	27.3	26.5	40.7	34.0	28.9	57.8	n.p.	n.p.	31.1
Tonsillectomy and adenoidectomy									
Separations	6,500	6,558	4,087	2,357	2,322	347	291	253	20,358
Number of readmissions	197	191	146	100	87	18	13	21	673
Per 1,000 separations	30.3	29.1	35.7	42.4	37.5	51.9	44.7	83.0	33.1

(a) Separations are counted in the denominator if the admission for the selected procedure occurred between 1 July 2012 and 19 May 2013.

(b) Data for Western Australia were separately calculated and provided by Western Australia. Data for all other jurisdictions were sourced from the National Hospital Morbidity Database.

(c) Total excludes data for Western Australia.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Performance indicator: falls resulting in patient harm in hospitals

This indicator is intended to report hospital separations where a fall occurred in hospitals, resulting in patient harm. The rates presented here may underestimate falls occurring in hospitals as the place of occurrence was not reported (or unspecified) for about 26% of separations with an external cause of injury of falls. It is also possible that these rates may overestimate falls as it is not currently possible to identify falls specifically in hospitals—the current data identifies falls occurring in any health service area. However, separations with an injury or poisoning principal diagnosis are excluded to minimise the inclusion of falls that occurred before admission.

In 2012–13, more than 27,000 separations reported a fall that occurred in a health service area (Table 3.6). More falls per 1,000 separations were reported for public hospitals than for private hospitals and there were large variations in the rates reported among states and territories.

Table 3.6: Separations for falls resulting in patient harm in hospitals, per 1,000 separations, states and territories, 2012–13

									Total[a]	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Rate	Number
Hospital sector										
Public	4.8	3.5	3.5	3.6	4.3	5.3	3.8	1.6	4.0	21,920
Private	1.5	1.4	1.7	1.3	1.4	n.p.	n.p.	n.p.	1.5	5,776
Indigenous status[b]										
Indigenous	1.6	1.5	1.0	0.6	1.3	2.4	1.3	0.9	1.1	420
Other Australians	3.6	2.6	2.8	2.8	3.2	3.0	2.7	2.5	3.0	27,050
Remoteness of residence[c]										
Major cities	3.7	2.4	2.8	2.7	3.3	3.1	3.5	0.8	3.0	19,197
Inner regional	3.2	3.3	2.7	2.6	2.5	3.9	1.3	2.9	3.1	5,526
Outer regional	2.8	3.6	2.3	3.0	2.9	3.2	6.5	2.3	2.8	2,486
Remote and Very remote	2.0	2.6	1.8	1.4	2.0	3.0	n.p.	1.0	1.5	386
Socioeconomic status of area of residence[d]										
1—Lowest	3.7	2.8	2.9	3.0	3.3	3.9	2.3	1.0	3.2	6,349
2	3.4	3.0	2.9	2.8	3.4	4.2	4.8	2.1	3.2	5,965
3	3.7	2.7	2.9	2.6	3.0	3.3	3.6	2.0	3.0	5,791
4	3.7	2.4	2.4	2.5	3.0	3.3	3.5	2.0	2.8	4,951
5—Highest	3.1	2.2	2.0	2.5	2.3	2.3	3.2	2.0	2.6	4,348
Total	**3.5**	**2.6**	**2.7**	**2.6**	**3.1**	**n.p.**	**n.p.**	**n.p.**	**3.0**	**27,696**

(a) The total includes separations for which the place of usual residence was not reported.

(b) *Other Australians* includes separations for which the Indigenous status was not reported.

(c) Disaggregation by remoteness area of usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of usual residence.

(d) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Responsiveness

Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.

There are no indicators of responsiveness available for hospitals.

Continuity of care

Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.

There are no indicators of continuity of care available for hospitals.

Accessibility

People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Performance indicator: rates of services—hospital procedures

This indicator relates to accessibility of hospital services and may also relate to the appropriateness of hospital care. Generally, the procedures were selected because of the frequency with which they are undertaken, because they are often elective and discretionary and because alternative treatments are sometimes available.

Table 3.7 presents the separations per 1,000 population for selected hospital procedures. *Cataract extraction* was the most common procedure (9.1 per 1,000 population). The rates varied between public and private sectors (2.8 and 6.2 per 1,000 population, respectively) but were fairly similar by Indigenous status and by socioeconomic status. Persons usually resident in *Very remote* areas had the highest separation rates for *Cataract extraction*.

There was some variation in the numbers of separations per 1,000 population for the selected procedures among states and territories. For example, separations for *Cataract extraction* ranged from 7.4 per 1,000 population in the Australian Capital Territory to 11.0 per 1,000 in Western Australia (Table 3.8). However, as data are not available for private free-standing day hospitals in the Australian Capital Territory, this is likely to underestimate the separation rate for *Cataract extraction* in the Australian Capital Territory.

Additional information for these procedures for public and private hospitals, and by Indigenous status, remoteness area and socioeconomic status of area of residence is in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

Table 3.7: Rates of service: selected hospital procedures[a], all hospitals, 2012–13

	Cataract extraction	Cholecystectomy	Coronary angioplasty	Coronary artery bypass graft	Cystoscopy	Haemorrhoidectomy	Hip replacement	Hysterectomy[b]
Hospital sector				**Separations per 1,000 population**				
Public	2.8	1.4	0.9	0.3	2.3	0.7	0.6	1.0
Private	6.2	0.9	0.7	0.2	3.1	1.3	0.9	1.3
Indigenous status[c]								
Indigenous	8.7	3.1	2.2	1.1	3.6	1.2	0.8	2.1
Other Australians	8.9	2.3	1.5	0.5	5.4	2.0	1.5	2.2
Remoteness area of residence								
Major cities	8.8	2.2	1.6	0.5	5.6	1.9	1.5	2.1
Inner regional	9.3	2.4	1.4	0.5	5.0	2.4	1.6	2.7
Outer regional	9.8	2.4	1.5	0.5	4.9	2.2	1.7	2.7
Remote	8.7	2.2	1.3	0.6	4.6	1.5	1.5	2.3
Very remote	10.1	2.0	1.5	0.7	4.0	0.9	1.1	2.2
Socioeconomic status of area of residence								
1—Lowest	9.3	2.7	1.5	0.6	5.0	2.2	1.5	2.4
2	8.8	2.4	1.5	0.5	5.1	2.1	1.5	2.4
3	9.7	2.4	1.6	0.5	5.7	2.0	1.6	2.5
4	9.0	2.2	1.5	0.5	5.8	1.9	1.6	2.2
5—Highest	8.3	1.8	1.4	0.4	5.2	1.8	1.5	2.0
Total	**9.1**	**2.3**	**1.5**	**0.5**	**5.4**	**2.0**	**1.5**	**2.3**

(continued)

Table 3.7 (continued): Rates of service: selected hospital procedures[a], all hospitals, 2012–13

	Inguinal herniorrhaphy	Knee replacement	Myringotomy	Prostatectomy[d]	Septoplasty	Tonsillectomy	Varicose veins stripping and ligation
Hospital sector				**Separations per 1,000 population**			
Public	1.0	0.6	0.7	0.9	0.3	1.0	0.2
Private	1.2	1.3	1.2	1.8	0.8	1.5	0.4
Indigenous status[c]							
Indigenous	1.4	1.2	1.8	1.6	0.4	1.6	0.2
Other Australians	2.2	1.9	1.8	2.6	1.1	2.5	0.6
Remoteness area of residence							
Major cities	2.2	1.8	1.9	2.8	1.2	2.4	0.6
Inner regional	2.1	2.0	1.8	2.7	1.0	2.8	0.6
Outer regional	2.3	2.2	1.6	2.6	1.0	2.7	0.5
Remote	2.0	1.9	1.9	1.9	0.6	2.2	0.4
Very remote	1.8	1.5	1.8	2.0	0.5	1.4	0.3
Socioeconomic status of area of residence							
1—Lowest	2.1	2.0	1.6	2.5	1.0	2.3	0.5
2	2.1	1.9	1.7	2.5	1.1	2.5	0.6
3	2.2	2.0	1.9	2.8	1.1	2.5	0.6
4	2.2	1.8	1.9	2.9	1.2	2.5	0.6
5—Highest	2.1	1.6	2.1	2.8	1.3	2.5	0.7
Total	**2.2**	**1.9**	**1.8**	**2.7**	**1.1**	**2.5**	**0.6**

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes as detailed in tables accompanying this report online in Appendix B.

(b) For *Hysterectomy*, the rate per 1,000 population was calculated for the estimated resident female population aged 15 to 69 years.

(c) Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2012, based on the 2006 Census data. The population for other Australians was based on the estimated resident populations as at 30 June 2012, based on the 2006 Census data. As the projected estimates use a highest age group of 65 and over and population data for June 2012, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented elsewhere.

(d) For *Prostatectomy*, the rate per 1,000 population was calculated for the estimated resident male population.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Table 3.8: Rates of service: selected hospital procedures[a] and other selected statistics, all hospitals, states and territories, 2012–13

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Separations	71,471	52,494	43,624	25,125	17,269	6,974	2,270	1,224	220,451
Separations not within state of residence (%)	2	2	3	<1	3	<1	24	3	2
Proportion of separations public patients (%)	29	32	16	40	36	18	55	63	29
Separations per 1,000 population	8.7	8.5	9.5	11.0	8.4	10.9	7.4	9.8	9.1
Standardised separation rate ratio	1.0	0.9	1.0	1.2	0.9	1.2	0.8	1.1	
Cholecystectomy									
Separations	16,695	13,556	10,766	5,086	4,003	1,297	910	368	52,681
Separations not within state of residence (%)	2	2	2	1	2	<1	22	5	2
Proportion of separations public patients (%)	53	54	49	51	58	53	53	67	53
Separations per 1,000 population	2.2	2.4	2.4	2.1	2.3	2.4	2.5	1.7	2.3
Standardised separation rate ratio	1.0	1.0	1.0	0.9	1.0	1.0	1.1	0.7	
Coronary angioplasty									
Separations	12,319	9,535	7,412	3,550	2,742	737	1,104	. .	37,399
Separations not within state of residence (%)	1	4	8	2	10	1	45	. .	5
Proportion of separations public patients (%)	45	45	45	44	51	55	48	. .	46
Separations per 1,000 population	1.5	1.6	1.6	1.5	1.4	1.2	3.3	. .	1.5
Standardised separation rate ratio	1.0	1.0	1.0	1.0	0.9	0.8	2.2	. .	
Coronary artery bypass graft									
Separations	3,902	3,252	2,556	911	1,163	204	245	. .	12,233
Separations not within state of residence (%)	4	4	9	2	13	1	53	. .	6
Proportion of separations public patients (%)	52	51	47	48	53	47	54	. .	51
Separations per 1,000 population	0.5	0.5	0.5	0.4	0.6	0.3	0.8	. .	0.5
Standardised separation rate ratio	1.0	1.1	1.1	0.8	1.2	0.6	1.5	. .	

(continued)

Table 3.8 (continued): Rates of service: selected hospital procedures[a] and other selected statistics, all hospitals, states and territories, 2012–13

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cystoscopy									
Separations	32,809	35,591	25,372	18,130	12,079	3,290	2,085	446	129,802
Separations not within state of residence (%)	2	2	3	<1	1	<1	27	3	2
Proportion of separations public patients (%)	36	45	35	39	39	28	48	62	39
Separations per 1,000 population	4.1	5.9	5.5	7.7	6.2	5.3	6.2	3.1	5.4
Standardised separation rate ratio	0.8	1.1	1.0	1.4	1.2	1.0	1.2	0.6	
Haemorrhoidectomy									
Separations	21,485	10,252	7,473	2,847	2,560	1,156	356	516	46,645
Separations not within state of residence (%)	1	2	2	<1	1	<1	17	1	1
Proportion of separations public patients (%)	30	41	19	40	30	27	32	34	31
Separations per 1,000 population	2.8	1.8	1.6	1.2	1.4	2.1	1.0	2.4	2.0
Standardised separation rate ratio	1.4	0.9	0.8	0.6	0.7	1.0	0.5	1.2	
Hip replacement									
Separations	11,586	10,102	6,574	4,283	3,460	1,285	802	104	38,196
Separations not within state of residence (%)	2	3	5	<1	4	1	33	6	3
Proportion of separations public patients (%)	36	35	34	39	35	28	39	71	36
Separations per 1,000 population	1.4	1.6	1.4	1.8	1.7	2.0	2.4	0.8	1.5
Standardised separation rate ratio	0.9	1.1	0.9	1.2	1.1	1.3	1.6	0.5	
Hysterectomy, females aged 15–69[b]									
Separations	7,780	6,231	6,029	2,943	2,131	674	443	175	26,406
Separations not within state of residence (%)	2	2	4	<1	3	<1	21	3	3
Proportion of separations public patients (%)	42	46	36	35	47	43	36	47	41
Separations per 1,000 population[b]	2.1	2.2	2.6	2.7	2.5	2.6	2.4	1.6	2.3
Standardised separation rate ratio	0.9	0.9	1.1	1.2	1.1	1.1	1.0	0.7	

(continued)

Table 3.8 (continued): Rates of service: selected hospital procedures[a] and other selected statistics, all hospitals, states and territories, 2012–13

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Inguinal herniorrhaphy									
Separations	16,729	12,562	10,278	5,394	3,575	1,363	834	379	51,114
Separations not within state of residence (%)	1	2	3	1	1	<1	21	4	2
Proportion of separations public patients (%)	41	41	35	39	43	40	39	45	40
Separations per 1,000 population	2.2	2.1	2.2	2.3	2.0	2.3	2.4	1.9	2.2
Standardised separation rate ratio	1.0	1.0	1.0	1.0	0.9	1.1	1.1	0.9	
Knee replacement									
Separations	15,974	9,895	9,211	5,255	4,115	1,120	811	129	46,510
Separations not within state of residence (%)	1	3	5	<1	5	<1	36	1	3
Proportion of separations public patients (%)	33	31	25	31	26	24	31	54	30
Separations per 1,000 population	1.9	1.6	1.9	2.2	2.0	1.7	2.4	0.9	1.9
Standardised separation rate ratio	1.0	0.9	1.0	1.2	1.1	0.9	1.3	0.5	
Myringotomy (with insertion of tube)									
Separations	11,193	9,403	7,454	5,375	4,450	713	796	251	39,635
Separations not within state of residence (%)	2	3	3	<1	1	<1	26	<1	2
Proportion of separations public patients (%)	28	36	37	32	41	30	23	57	34
Separations per 1,000 population	1.6	1.8	1.7	2.3	3.0	1.5	2.3	1.0	1.8
Standardised separation rate ratio	0.9	1.0	0.9	1.3	1.6	0.8	1.2	0.5	
Prostatectomy[c]									
Separations	10,444	8,617	6,064	2,924	2,284	934	572	46	31,885
Separations not within state of residence (%)	3	3	5	<1	2	<1	30	n.p.	3
Proportion of separations public patients (%)	31	31	27	32	31	25	28	n.p.	30
Separations per 1,000 population[c]	2.7	3.0	2.6	2.6	2.4	3.0	3.7	n.p.	2.7
Standardised separation rate ratio	1.0	1.1	1.0	0.9	0.9	1.1	1.4	n.p.	

(continued)

Table 3.8 (continued): Rates of service: selected hospital procedures[(a)] and other selected statistics, all hospitals, states and territories, 2012–13

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Separations	8,161	7,426	4,089	2,285	2,479	293	395	125	25,253
Separations not within state of residence (%)	3	2	4	<1	2	<1	27	0	3
Proportion of separations public patients (%)	25	29	20	22	30	23	28	24	25
Separations per 1,000 population	1.1	1.3	0.9	1.0	1.5	0.6	1.0	0.5	1.1
Standardised separation rate ratio	1.0	1.2	0.8	0.9	1.3	0.5	0.9	0.5	
Tonsillectomy									
Separations	15,962	12,705	10,368	6,332	4,451	844	1,284	351	52,297
Separations not within state of residence (%)	2	4	3	<1	2	<1	24	1	3
Proportion of separations public patients (%)	36	47	33	32	44	35	22	63	38
Separations per 1,000 population	2.4	2.5	2.4	2.8	3.0	1.8	3.6	1.4	2.5
Standardised separation rate ratio	1.0	1.0	1.0	1.1	1.2	0.7	1.5	0.6	
Varicose veins stripping and ligation									
Separations	4,223	4,301	2,309	1,417	1,002	222	426	79	13,979
Separations not within state of residence (%)	1	1	2	<1	2	<1	27	n.p.	2
Proportion of separations public patients (%)	33	36	21	23	42	14	42	n.p.	32
Separations per 1,000 population	0.6	0.7	0.5	0.6	0.6	0.4	1.2	n.p.	0.6
Standardised separation rate ratio	0.9	1.2	0.8	1.0	1.0	0.7	1.9	n.p.	

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes as detailed in tables accompanying this report online in Appendix B.

(b) For *Hysterectomy*, the rate per 1,000 population was calculated for the estimated resident female population aged 15 to 69 years.

(c) For *Prostatectomy*, the rate per 1,000 population was calculated for the estimated resident male population.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Efficiency and sustainability

Achieving desired results with most cost-effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.

Performance indicator: cost per casemix-adjusted separation

The methodology for the cost per casemix-adjusted separation analysis is being reviewed, taking into consideration developments in costing approaches of other agencies, including the IHPA.

The AIHW aims to publish the results in an addendum to this report in the second half of 2014.

Performance indicator: relative stay index

Relative stay indexes (RSIs) are calculated as the observed number of patient days for separations in selected AR-DRGs, divided by the expected number of patient days (based on national figures), standardised for casemix. The adjustment for casemix allows variation in the types of services provided to be taken into account.

An RSI greater than 1 indicates that an average patient's length of stay is longer than would be expected given the casemix for the category of interest (for example, hospital sector or jurisdiction). An RSI of less than 1 indicates that the length of stay was shorter than would have been expected. More detail on these methods is in Appendix B.

Table 3.9 presents both indirectly and directly standardised RSIs for all hospitals for 2012–13. Additional information on RSI by funding source is included in Table 3.10.

The indirectly standardised RSI is not technically comparable between cells (for example, between hospital groups) but is a comparison of the hospital group with the national average based on the casemix of that group. The directly standardised RSI is re-scaled so that each group represents the national casemix and allows comparison of RSI values across groups of hospitals.

Overall, the directly standardised RSI for private hospitals was 1.15, compared with 0.98 for public hospitals, indicating relatively shorter lengths of stay in the public sector compared with the private sector.

Table 3.9 also presents RSI information for the *Medical*, *Surgical* and *Other* categories of AR-DRGs (DoHA 2010). These figures indicate relatively shorter lengths of stay for *Medical* separations in public hospitals, and for *Surgical* and *Other* separations in private hospitals.

Table 3.9: Relative stay index by medical/surgical/other type of AR-DRG[a], public and private hospitals, states and territories, 2012–13

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index[b]									
Public hospitals	*1.04*	*0.93*	*0.86*	*0.98*	*1.04*	*1.01*	*1.02*	*1.13*	*0.97*
Medical	1.02	0.93	0.82	0.94	1.02	1.02	1.00	1.06	0.95
Surgical	1.08	0.94	0.95	1.05	1.06	0.99	1.04	1.34	1.02
Other	1.14	0.95	0.94	1.01	1.08	0.97	1.08	1.24	1.04
Private hospitals	*1.09*	*1.07*	*1.09*	*1.01*	*1.00*	*n.p.*	*n.p.*	*n.p.*	*1.07*
Medical	1.29	1.18	1.20	1.10	1.02	n.p.	n.p.	n.p.	1.19
Surgical	0.98	0.99	0.98	0.95	0.99	n.p.	n.p.	n.p.	0.98
Other	0.89	0.92	0.99	0.97	0.94	n.p.	n.p.	n.p.	0.94
All hospitals	**1.05**	**0.98**	**0.94**	**0.99**	**1.02**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Medical	**1.06**	**0.99**	**0.92**	**0.98**	**1.02**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Surgical	**1.04**	**0.96**	**0.97**	**1.00**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Other	**1.07**	**0.94**	**0.97**	**1.00**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Directly standardised relative stay index[c]									
Public hospitals	*1.05*	*0.95*	*0.88*	*1.00*	*1.05*	*1.01*	*1.05*	*1.19*	*0.98*
Medical	1.02	0.94	0.82	0.95	1.03	1.02	1.04	1.07	0.95
Surgical	1.10	0.97	0.98	1.08	1.08	0.99	1.07	1.39	1.03
Other	1.16	0.99	0.99	1.04	1.09	0.99	1.11	1.32	1.06
Private hospitals	*1.23*	*1.14*	*1.17*	*1.09*	*1.12*	*n.p.*	*n.p.*	*n.p.*	*1.15*
Medical	1.37	1.23	1.27	1.18	1.19	n.p.	n.p.	n.p.	1.24
Surgical	1.00	1.00	1.01	0.94	0.99	n.p.	n.p.	n.p.	1.00
Other	1.00	1.01	1.06	1.05	0.99	n.p.	n.p.	n.p.	1.01
All hospitals	**1.05**	**0.99**	**0.94**	**0.99**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Medical	**1.06**	**1.00**	**0.92**	**0.99**	**1.04**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Surgical	**1.04**	**0.97**	**0.97**	**1.01**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Other	**1.07**	**0.94**	**0.97**	**1.01**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.00**

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

(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.

(c) The directly standardised relative stay index is comparable between cells.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Performance indicator: average lengths of stay for selected AR-DRGs

The selected AR-DRGs (Table 3.11) 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
- representativeness across clinical groups (Major Diagnostic Categories [MDCs]) and surgical and medical AR-DRGs
- differences between jurisdictions and/or sectors
- policy interest as evidenced by:
  - inclusion of similar groups in other tables in *Australian hospital statistics*, such as indicator procedures for elective surgery waiting times
  - high volume and/or cost
  - changes in volume over years.

Due to changes in the classification between AR-DRG version 5.2, AR-DRG version 6.0 and AR-DRG version 6.0x, the data presented here are not comparable with the data presented in previous reports.

There were notable differences (more than 1 day) in the ALOS between public and private hospitals for 8 of the 20 selected AR-DRGs. For example, the ALOS for E65B *Chronic obstructive airways disease without catastrophic complications or comorbidities* was 4.3 days for public hospitals and 7.7 days for private hospitals.

There were some notable differences in ALOS between states and territories. For example, for F62B *Heart failure and shock without catastrophic complications or comorbidities*, the ALOS in public hospitals ranged from 3.7 days in Queensland to 4.7 days in South Australia (Table 3.11). For private hospitals, the ALOS for F62B ranged from 6.7 days in Queensland to 8.4 days in New South Wales.

Additional material

An additional table accompanies this report online:

Table S3.1: Separations per 1,000 population for selected procedures, all hospitals, states and territories, 2012–13.

Table 3.10: Relative stay index (indirectly standardised), by funding source, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[(a)]	1.03	0.93	0.85	0.96	1.02	1.00	1.01	1.13	0.96
Private health insurance	1.06	0.96	0.91	1.10	1.14	1.02	1.11	1.00	1.02
Self-funded	0.97	0.95	0.90	0.90	0.92	0.90	0.69	1.25	0.95
Workers compensation	1.06	1.02	0.98	1.24	1.22	0.99	1.06	1.41	1.06
Motor vehicle third party personal claim	1.28	0.91	1.02	1.20	1.23	1.14	1.25	1.33	1.10
Department of Veterans' Affairs	0.96	0.94	0.77	0.87	1.06	1.08	0.90	1.19	0.94
Other[(b)]	1.75	0.96	0.91	1.07	1.03	1.04	0.99	1.04	1.21
Total public hospitals	*1.04*	*0.93*	*0.86*	*0.98*	*1.04*	*1.01*	*1.02*	*1.13*	*0.97*
Private hospitals									
Public patients[(a)]	0.91	1.25	1.06	1.01	1.00	n.p.	n.p.	n.p.	1.04
Private health insurance	1.08	1.07	1.08	1.01	0.99	n.p.	n.p.	n.p.	1.06
Self-funded	1.02	0.96	0.86	0.86	0.83	n.p.	n.p.	n.p.	0.96
Workers compensation	1.06	1.02	0.97	0.88	0.92	n.p.	n.p.	n.p.	1.00
Motor vehicle third party personal claim	0.77	1.05	1.10	0.95	1.10	n.p.	n.p.	n.p.	1.00
Department of Veterans' Affairs	1.31	1.15	1.25	1.19	1.16	n.p.	n.p.	n.p.	1.23
Other[(b)]	1.13	1.07	1.23	0.98	1.00	n.p.	n.p.	n.p.	1.04
Total private hospitals	*1.09*	*1.07*	*1.09*	*1.01*	*1.00*	*n.p.*	*n.p.*	*n.p.*	*1.07*
All hospitals									
Public patients[(a)]	1.03	0.93	0.85	0.96	1.02	n.p.	n.p.	n.p.	0.96
Private health insurance	1.08	1.04	1.05	1.02	1.02	n.p.	n.p.	n.p.	1.05
Self-funded	1.01	0.95	0.87	0.87	0.84	n.p.	n.p.	n.p.	0.96
Workers compensation	1.06	1.02	0.97	0.97	0.99	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.25	0.93	1.03	1.18	1.22	n.p.	n.p.	n.p.	1.09
Department of Veterans' Affairs	1.07	1.06	1.14	1.06	1.11	n.p.	n.p.	n.p.	1.09
Other[(b)]	1.71	0.97	1.14	1.06	1.02	n.p.	n.p.	n.p.	1.16
Total	**1.05**	**0.98**	**0.94**	**0.99**	**1.02**	**n.p.**	**n.p.**	**n.p.**	**1.00**

(a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities*, *Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Table 3.11: Average length of stay (days)[a] for selected AR-DRGs[b] version 6.0x, public and private hospitals, states and territories, 2012–13

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
C03Z	**Retinal procedures**										
	ALOS (days)	Public	1.5	1.3	1.2	1.3	1.7	1.0	1.3	n.p.	1.3
		Private	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
		Total	*1.1*	*1.1*	*1.0*	*1.1*	*1.1*	*n.p.*	*n.p.*	*n.p.*	*1.1*
	Separations	Public	2,223	2,215	2,322	1,652	754	152	281	61	9,660
		Private	15,532	9,693	11,156	7,808	6,196	n.p.	n.p.	n.p.	55,296
		Total	*17,755*	*11,908*	*13,478*	*9,460*	*6,950*	*n.p.*	*n.p.*	*n.p.*	*64,956*
D11Z	**Tonsillectomy and/or adenoidectomy**										
	ALOS (days)	Public	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.2	1.1
		Private	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
		Total	*1.1*	*1.1*	*1.1*	*1.0*	*1.1*	*n.p.*	*n.p.*	*n.p.*	*1.1*
	Separations	Public	5,612	5,879	3,466	2,019	2,125	323	263	265	19,952
		Private	10,039	5,910	6,375	3,350	2,242	n.p.	n.p.	n.p.	29,144
		Total	*15,651*	*11,789*	*9,841*	*5,369*	*4,367*	*n.p.*	*n.p.*	*n.p.*	*49,096*
E62C	**Respiratory infections/inflammations without CCC**										
	ALOS (days)	Public	3.1	2.7	2.3	2.7	3.0	3.5	2.9	2.7	2.8
		Private	5.7	4.8	4.4	4.2	5.3	n.p.	n.p.	n.p.	4.7
		Total	*3.3*	*3.1*	*2.7*	*2.9*	*3.4*	*n.p.*	*n.p.*	*n.p.*	*3.1*
	Separations	Public	9,094	4,565	5,663	3,106	2,052	379	383	477	25,719
		Private	436	1,251	1,485	407	413	n.p.	n.p.	n.p.	4,180
		Total	*9,530*	*5,816*	*7,148*	*3,513*	*2,465*	*n.p.*	*n.p.*	*n.p.*	*29,899*
E65B	**Chronic obstructive airways disease without CCC**										
	ALOS (days)	Public	4.6	4.3	3.6	4.2	4.4	5.1	5.1	4.3	4.3
		Private	9.4	7.4	7.5	7.4	7.2	n.p.	n.p.	n.p.	7.7
		Total	*4.9*	*5.0*	*4.4*	*4.6*	*4.7*	*n.p.*	*n.p.*	*n.p.*	*4.8*
	Separations	Public	15,280	7,430	8,726	3,779	3,827	1,026	443	950	41,461
		Private	858	2,124	2,501	604	551	n.p.	n.p.	n.p.	6,884
		Total	*16,138*	*9,554*	*11,227*	*4,383*	*4,378*	*n.p.*	*n.p.*	*n.p.*	*48,345*

(continued)

Table 3.11 (continued): Average length of stay (days)[a] for selected AR-DRGs[b] version 6.0x, public and private hospitals, states and territories, 2012–13

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E69B	**Bronchitis and asthma without CC**										
	ALOS (days)	Public	1.7	1.5	1.4	1.7	1.7	1.5	1.7	1.6	1.6
		Private	3.7	3.4	3.2	3.5	4.4	n.p.	n.p.	n.p.	3.5
		Total	*1.7*	*1.6*	*1.6*	*1.8*	*1.9*	*n.p.*	*n.p.*	*n.p.*	*1.7*
	Separations	Public	11,556	6,891	6,244	2,611	2,829	511	394	320	31,356
		Private	186	674	928	167	220	n.p.	n.p.	n.p.	2,214
		Total	*11,742*	*7,565*	*7,172*	*2,778*	*3,049*	*n.p.*	*n.p.*	*n.p.*	*33,570*
F62B	**Heart failure and shock without CCC**										
	ALOS (days)	Public	4.6	4.1	3.7	4.0	4.7	4.6	4.4	4.3	4.3
		Private	8.4	6.8	6.7	7.0	6.8	n.p.	n.p.	n.p.	7.1
		Total	*5.0*	*5.0*	*4.6*	*4.5*	*5.2*	*n.p.*	*n.p.*	*n.p.*	*4.9*
	Separations	Public	9,121	5,007	4,600	2,567	2,197	618	276	336	24,722
		Private	975	2,243	1,948	476	636	n.p.	n.p.	n.p.	6,528
		Total	*10,096*	*7,250*	*6,548*	*3,043*	*2,833*	*n.p.*	*n.p.*	*n.p.*	*31,250*
F76B	**Arrhythmia, cardiac arrest and conduction disorders without CSCC**										
	ALOS (days)	Public	2.2	1.9	1.7	1.7	2.2	2.1	1.9	2.4	2.0
		Private	1.8	2.0	2.2	1.5	1.9	n.p.	n.p.	n.p.	2.0
		Total	*2.1*	*2.0*	*1.9*	*1.6*	*2.1*	*n.p.*	*n.p.*	*n.p.*	*2.0*
	Separations	Public	14,511	7,759	8,382	3,664	3,341	661	682	422	39,422
		Private	2,849	3,875	4,392	2,003	1,518	n.p.	n.p.	n.p.	15,307
		Total	*17,360*	*11,634*	*12,774*	*5,667*	*4,859*	*n.p.*	*n.p.*	*n.p.*	*54,729*
G07B	**Appendicectomy without malignancy or peritonitis without CSCC**										
	ALOS (days)	Public	2.3	2.1	1.9	2.1	2.1	2.1	2.3	2.8	2.1
		Private	1.9	2.1	1.8	1.9	2.3	n.p.	n.p.	n.p.	2.0
		Total	*2.3*	*2.1*	*1.9*	*2.1*	*2.2*	*n.p.*	*n.p.*	*n.p.*	*2.1*
	Separations	Public	6,319	4,439	3,939	2,424	1,307	417	471	239	19,555
		Private	653	1,079	1,449	521	253	n.p.	n.p.	n.p.	4,153
		Total	*6,972*	*5,518*	*5,388*	*2,945*	*1,560*	*n.p.*	*n.p.*	*n.p.*	*23,708*

(continued)

Table 3.11 (continued): Average length of stay (days)[a] for selected AR-DRGs[b] version 6.0x, public and private hospitals, states and territories, 2012–13

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G10B	**Hernia procedures without CC**										
	ALOS (days)	Public	1.3	1.3	1.2	1.4	1.4	1.2	1.4	1.5	1.3
		Private	1.3	1.3	1.2	1.3	1.3	n.p.	n.p.	n.p.	1.3
		Total	*1.3*	*1.3*	*1.2*	*1.3*	*1.4*	*n.p.*	*n.p.*	*n.p.*	*1.3*
	Separations	Public	9,650	6,999	5,065	2,939	2,282	642	400	264	28,241
		Private	11,058	8,609	8,453	3,974	2,405	n.p.	n.p.	n.p.	36,448
		Total	*20,708*	*15,608*	*13,518*	*6,913*	*4,687*	*n.p.*	*n.p.*	*n.p.*	*64,689*
I03B	**Hip replacement without CCC**										
	ALOS (days)	Public	6.3	5.3	5.7	5.9	6.2	6.0	5.6	n.p.	5.9
		Private	5.9	6.3	5.8	5.8	6.6	n.p.	n.p.	n.p.	6.0
		Total	*6.1*	*6.0*	*5.8*	*5.8*	*6.5*	*n.p.*	*n.p.*	*n.p.*	*6.0*
	Separations	Public	3,717	2,452	1,593	1,378	897	296	202	53	10,588
		Private	5,205	5,023	3,198	1,962	1,695	n.p.	n.p.	n.p.	18,247
		Total	*8,922*	*7,475*	*4,791*	*3,340*	*2,592*	*n.p.*	*n.p.*	*n.p.*	*28,835*
I04B	**Knee replacement without CSCC**										
	ALOS (days)	Public	5.2	4.8	5.0	5.8	5.0	5.1	3.4	n.p.	5.1
		Private	5.9	6.0	5.4	6.0	5.9	n.p.	n.p.	n.p.	5.8
		Total	*5.6*	*5.7*	*5.3*	*6.0*	*5.6*	*n.p.*	*n.p.*	*n.p.*	*5.6*
	Separations	Public	4,135	1,905	1,731	1,249	847	174	172	51	10,264
		Private	7,086	4,990	5,262	2,715	2,320	n.p.	n.p.	n.p.	23,467
		Total	*11,221*	*6,895*	*6,993*	*3,964*	*3,167*	*n.p.*	*n.p.*	*n.p.*	*33,731*
I16Z	**Other shoulder procedures**										
	ALOS (days)	Public	1.4	1.4	1.4	1.3	1.4	n.p.	1.1	n.p.	1.4
		Private	1.3	1.3	1.2	1.2	1.3	n.p.	n.p.	n.p.	1.3
		Total	*1.3*	*1.3*	*1.2*	*1.2*	*1.3*	*n.p.*	*n.p.*	*n.p.*	*1.3*
	Separations	Public	2,153	1,551	1,113	1,398	620	97	101	78	7,111
		Private	8,797	8,553	7,520	6,113	3,152	n.p.	n.p.	n.p.	35,355
		Total	*10,950*	*10,104*	*8,633*	*7,511*	*3,772*	*n.p.*	*n.p.*	*n.p.*	*42,466*

(continued)

Table 3.11 (continued): Average length of stay (days)[a] for selected AR-DRGs[b] version 6.0x, public and private hospitals, states and territories, 2012–13

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L63B	**Kidney and urinary tract infections without CSCC**										
	ALOS (days)	Public	2.9	2.5	2.0	2.4	2.8	3.0	2.3	2.6	2.5
		Private	4.8	4.4	4.4	3.8	4.5	n.p.	n.p.	n.p.	4.4
		Total	*3.0*	*2.8*	*2.5*	*2.6*	*3.1*	*n.p.*	*n.p.*	*n.p.*	*2.8*
	Separations	Public	12,587	7,269	9,246	4,676	2,836	419	566	517	38,116
		Private	884	1,729	2,330	626	570	n.p.	n.p.	n.p.	6,392
		Total	*13,471*	*8,998*	*11,576*	*5,302*	*3,406*	*n.p.*	*n.p.*	*n.p.*	*44,508*
M02B	**Transurethral prostatectomy without CSCC**										
	ALOS (days)	Public	2.8	2.5	2.3	2.5	2.9	n.p.	n.p.	n.p.	2.6
		Private	2.6	2.6	2.4	2.4	3.1	n.p.	n.p.	n.p.	2.6
		Total	*2.7*	*2.6*	*2.4*	*2.4*	*3.0*	*n.p.*	*n.p.*	*n.p.*	*2.6*
	Separations	Public	1,756	1,407	822	537	440	82	66	16	5,126
		Private	3,202	2,981	2,351	1,019	845	n.p.	n.p.	n.p.	10,871
		Total	*4,958*	*4,388*	*3,173*	*1,556*	*1,285*	*n.p.*	*n.p.*	*n.p.*	*15,997*
N04B	**Hysterectomy for non-malignancy without CSCC**										
	ALOS (days)	Public	3.0	3.0	2.7	2.8	3.0	3.0	3.0	n.p.	2.9
		Private	3.4	3.6	3.0	3.0	3.7	n.p.	n.p.	n.p.	3.3
		Total	*3.2*	*3.3*	*2.9*	*2.9*	*3.4*	*n.p.*	*n.p.*	*n.p.*	*3.1*
	Separations	Public	2,821	2,183	1,693	876	811	226	135	60	8,805
		Private	3,720	2,777	3,260	1,609	881	n.p.	n.p.	n.p.	12,911
		Total	*6,541*	*4,960*	*4,953*	*2,485*	*1,692*	*n.p.*	*n.p.*	*n.p.*	*21,716*
N06B	**Female reproductive system reconstructive procedures without CSCC**										
	ALOS (days)	Public	2.1	2.0	1.7	2.0	2.0	2.1	n.p.	n.p.	2.0
		Private	2.6	2.5	2.0	2.3	2.7	n.p.	n.p.	n.p.	2.4
		Total	*2.4*	*2.3*	*1.9*	*2.2*	*2.4*	*n.p.*	*n.p.*	*n.p.*	*2.2*
	Separations	Public	1,857	1,356	1,020	449	500	106	66	21	5,375
		Private	3,302	2,174	2,298	1,088	877	n.p.	n.p.	n.p.	10,259
		Total	*5,159*	*3,530*	*3,318*	*1,537*	*1,377*	*n.p.*	*n.p.*	*n.p.*	*15,634*

(continued)

Table 3.11 (continued): Average length of stay (days)[(a)] for selected AR-DRGs[(b)] version 6.0x, public and private hospitals, states and territories, 2012–13

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
O01C	**Caesarean delivery without CSCC**										
	ALOS (days)	Public	3.8	3.7	3.3	3.7	4.0	3.8	3.8	4.4	3.7
		Private	5.2	5.0	4.6	5.0	5.2	n.p.	n.p.	n.p.	5.0
		Total	*4.3*	*4.2*	*3.9*	*4.3*	*4.4*	*n.p.*	*n.p.*	*n.p.*	*4.2*
	Separations	Public	15,170	11,944	8,954	4,737	3,573	775	953	561	46,667
		Private	8,508	7,157	6,992	4,156	1,543	n.p.	n.p.	n.p.	29,680
		Total	*23,678*	*19,101*	*15,946*	*8,893*	*5,116*	*n.p.*	*n.p.*	*n.p.*	*76,347*
O60C	**Vaginal delivery single uncomplicated**										
	ALOS (days)	Public	1.8	1.8	1.5	1.7	1.7	1.8	1.4	2.1	1.7
		Private	3.8	3.9	3.4	3.3	3.9	n.p.	n.p.	n.p.	3.6
		Total	*2.1*	*2.2*	*1.8*	*2.0*	*2.0*	*n.p.*	*n.p.*	*n.p.*	*2.0*
	Separations	Public	9,115	4,863	6,623	2,456	1,975	619	584	402	26,637
		Private	1,468	1,282	1,260	599	246	n.p.	n.p.	n.p.	5,328
		Total	*10,583*	*6,145*	*7,883*	*3,055*	*2,221*	*n.p.*	*n.p.*	*n.p.*	*31,965*
P67D	**Neonate, admWt >2499 g without significant OR procedure without problem**										
	ALOS (days)	Public	2.2	2.9	1.9	2.3	2.0	2.6	2.8	2.5	2.2
		Private	4.3	2.5	3.1	3.5	2.4	n.p.	n.p.	n.p.	3.8
		Total	*2.6*	*2.8*	*2.1*	*2.6*	*2.1*	*n.p.*	*n.p.*	*n.p.*	*2.5*
	Separations	Public	25,489	3,258	3,678	1,956	1,345	861	433	297	37,317
		Private	5,696	1,417	702	658	353	n.p.	n.p.	n.p.	8,937
		Total	*31,185*	*4,675*	*4,380*	*2,614*	*1,698*	*n.p.*	*n.p.*	*n.p.*	*46,254*
R61B	**Lymphoma and non-acute leukaemia without CCC**										
	ALOS (days)	Public	4.9	4.1	4.4	4.5	5.0	5.8	5.8	n.p.	4.6
		Private	5.5	3.7	5.6	3.2	4.9	n.p.	n.p.	n.p.	4.4
		Total	*5.0*	*3.9*	*5.1*	*3.7*	*5.0*	*n.p.*	*n.p.*	*n.p.*	*4.5*
	Separations	Public	2,359	1,923	1,069	748	755	219	145	47	7,265
		Private	421	2,386	1,693	1,068	403	n.p.	n.p.	n.p.	6,066
		Total	*2,780*	*4,309*	*2,762*	*1,816*	*1,158*	*n.p.*	*n.p.*	*n.p.*	*13,331*

admwt—admission weight; CC—complications and comorbidities; CCC—catastrophic complications and comorbidities; CSCC—catastrophic and/or severe complications and comorbidities; OR—operating room.

(a) Separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported. Excludes separations where the length of stay was greater than 120 days. Average length of stay suppressed for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory, or if fewer than 100 separations were reported.

(b) For more information on the selected AR-DRGs, see Appendix B and tables accompanying this report online.

4 Australia's hospital resources

This chapter presents an overview of public hospitals in 2012–13 and private hospitals in 2011–12, covering the number and types of hospitals and availability of beds. It also describes public hospitals in terms of 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 NPHED.

The financial data presented in this chapter for 2011–12 are sourced from the AIHW's Health Expenditure Database (HED). The financial data for 2012–13 are sourced from the NPHED.

Financial data reported from the HED are not directly comparable with data reported from the NPHED. Hospital expenditure reported for the purpose of the HED collection may cover activity that is not covered by the NPHED. The HED financial data include trust fund expenditure, whereas the NPHED does not.

Private hospital information for the period 2011–12 on the numbers of hospitals, beds, expenditure and revenue was sourced from the ABS' Private Health Establishments Collection (ABS PHEC). Caution should be used in comparing the data for private hospitals and public hospitals as there are variations in the data definitions used between the NPHED and the PHEC.

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 B).

Hospital beds

- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix). For example, hospitals may have different proportions of beds available for special and more general purposes, or for use as same-day care only or as overnight beds. 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.
- Due to changes in definitions, the numbers of beds reported before 1 July 2009 may not be comparable to the numbers of beds reported after 1 July 2009.

(continued)

Box 4.1 (continued): What are the limitations of the data?

- From 1 July 2009, average available beds for same-day patients are the number of beds, chairs or trolleys exclusively or predominantly available to provide accommodation for same-day patients, averaged over the counting period.
- From 1 July 2009, average available beds for overnight-stay patients are the number of beds exclusively or predominantly available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home (HITH) patients), averaged over the counting period.
- Before 1 July 2009, average available beds were the average number of beds which were immediately available for use by an admitted patient within the establishment. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded and beds designated for same-day non-admitted patient care were excluded. Beds in wards that were closed for any reason were also excluded.
- In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Commonwealth multi-purpose service places. This has resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

Public hospital financial data

- A small number of establishments in 2012–13 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 2012 version 16* (AIHW 2012b) 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. For example, recurrent expenditure on purchase of public hospital services at the state or at the Local hospital network level from privately owned and/or operated hospitals may not be included.

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 the provision of public hospital services.

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*.
- Variation between the states and territories in the outsourcing of services may explain some of the differences in full-time equivalent staff in some staffing categories and in average salaries reported.
- Information was not available on numbers of 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 in public hospitals.

Box 4.2: What methods were used?

- The **remoteness area** of hospital as presented in this chapter is based on the ABS' 2011 Australian Statistical Geography Standard (ASGS) (ABS 2011b, see Appendix B). Beds per 1,000 population by remoteness areas are reported as crude rates based on the 30 June 2012 population in the remoteness area in question.
- Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions.

How have hospital numbers changed over time?

Public hospitals

In 2012–13, there were 746 public hospitals reported, compared with 756 in 2008–09 (Table 4.1). Changes in the numbers of hospitals over time can reflect the opening of new hospitals, the closure of older hospitals or the amalgamation of existing hospitals.

Between 2011–12 and 2012–13, the decrease in the number of public acute hospitals from 753 to 746 was due to:

- the amalgamation of 5 small public hospitals within parent campuses in Western Australia
- the closure of 2 small outpatient hospitals in Victoria.

From 2012–13, the Robina Hospital in Queensland will report data as a separate facility. Previously, Robina Hospital was reported as a campus of the Gold Coast Hospital and the information for Robina (including admitted patient, emergency department and outpatient data) was reported under the Gold Coast Hospital.

From 2009–10, the data for the Albury Base Hospital (in New South Wales) have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore included in statistics for Victoria from 2009–10 whereas they were formerly reported by and included in statistics for New South Wales.

For Tasmania, the Statewide Mental Health Services has been reported as 1 entity since 2009–10, when it included 3 separate public psychiatric hospitals. From 2010–11, it also included a drug and alcohol treatment facility. Therefore, the number of reporting units changed between 2008–09 and 2010–11, but the number of public psychiatric hospital campuses remained the same. The decrease in the number of available beds for Tasmania between 2009–10 and 2010–11 was mainly due to a classification change of 76 beds from 'acute mental health beds' to 'residential care beds', and the result of an audit of beds in acute care facilities.

Table 4.1: Number of hospitals and average available beds[a], public hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales							
Public hospitals	227	226	226	225	225	–0.2	0.0
Average available beds	19,805	19,608	19,931	20,073	20,181	0.5	0.5
Available beds per 1,000 population	2.9	2.8	2.8	2.8	2.8	–0.8	–0.7
Victoria[b]							
Public hospitals	149	150	151	151	150	0.2	–0.7
Average available beds	12,896	13,198	13,474	13,495	13,449	1.1	–0.3
Available beds per 1,000 population	2.4	2.5	2.5	2.4	2.4	–0.6	–1.1
Queensland							
Public hospitals	170	170	170	170	170	0.0	0.0
Average available beds	10,805	10,911	11,117	11,245	11,273	1.1	0.2
Available beds per 1,000 population	2.6	2.5	2.5	2.5	2.5	–0.9	–1.8
Western Australia							
Public hospitals[c]	94	95	94	96	90	–1.1	–6.3
Average available beds	5,369	5,376	5,492	5,677	5,648	1.3	–0.5
Available beds per 1,000 population	2.5	2.4	2.4	2.4	2.3	–1.6	–3.9
South Australia							
Public hospitals	80	80	80	80	80	0.0	0.0
Average available beds[d]	4,874	4,859	5,040	5,232	4,922	0.2	–5.9
Available beds per 1,000 population	3.1	3.0	3.1	3.2	3.0	–0.8	–6.9
Tasmania							
Public hospitals[e]	28	24	23	23	23	–4.8	0.0
Average available beds[e]	1,275	1,359	1,196	1,188	1,188	–1.8	0.0
Available beds per 1,000 population	2.6	2.7	2.4	2.3	2.3	–2.4	–0.1
Australian Capital Territory							
Public hospitals	3	3	3	3	3	0.0	0.0
Average available beds	875	907	926	939	986	3.0	5.0
Available beds per 1,000 population	2.5	2.6	2.6	2.6	2.6	1.1	3.0
Northern Territory							
Public hospitals	5	5	5	5	5	0.0	0.0
Average available beds	650	694	662	696	664	0.5	–4.6
Available beds per 1,000 population	3.0	3.1	2.9	3.0	2.8	–1.1	–6.2
Total							
Public hospitals	**756**	**753**	**752**	**753**	**746**	**–0.3**	**–0.9**
Average available beds	**56,548**	**56,912**	**57,838**	**58,545**	**58,311**	**0.8**	**–0.4**
Available beds per 1,000 population	**2.7**	**2.6**	**2.6**	**2.6**	**2.6**	**–0.9**	**–2.1**

(a) Due to changes in the definitions of available beds, the numbers of beds reported before 1 July 2009 may not be comparable with the numbers of beds reported after 1 July 2009.

(b) For Victoria for 2008–09 to 2011–12, the numbers of available beds have been adjusted to correct reporting anomalies and to include Secure Extended Care Unit beds. These beds meet the definition of an available bed but were incorrectly excluded from the submissions of some health services to the NPHED. Comparisons of bed numbers published in previous reports are not valid for Victoria.

(c) Between 2011–12 and 2012–13, the apparent decrease in the number of public hospitals for Western Australia was mainly due to the amalgamation of 5 small public hospitals within parent campuses.

(d) In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Commonwealth multi-purpose service places. This resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

(e) From 2009–10, Tasmania's Statewide Mental Health Services has reported data for 4 separate psychiatric and drug and alcohol treatment facilities that previously reported separately. Therefore, the number of reporting units changed between 2008–09 and 2010–11, but the number of public hospital campuses remained the same. In 2010–11, Tasmania reclassified 76 beds from 'acute mental health beds' to 'residential care beds', decreasing the number of beds reported for public psychiatric hospitals in Tasmania.

While average available bed numbers increased between 2008–09 and 2012–13, the increase did not keep pace with the growth in population. The overall number of available beds per 1,000 population fell gradually (from 2.7 per 1,000 to 2.6 per 1,000). This decrease would have been affected, however, by changes such as the relatively large number of South Australian state-funded aged care beds in country hospitals that were converted into Commonwealth multi-purpose service places between 2011–12 and 2012–13 that resulted in an apparent decrease in the numbers of available beds.

Between 2008–09 and 2012–13, the numbers of available beds per 1,000 population were relatively stable or decreased in all jurisdictions.

Private hospitals

In 2011–12, there were 592 private hospitals, compared with 564 in 2008–09. New South Wales and Victoria accounted for most of the increase in private hospital numbers over this period.

Between 2008–09 and 2011–12, the number of average available beds in private hospitals increased by an average of 2.2% per year. Available beds per 1,000 population were relatively stable over the same period (Table 4.2).

Table 4.2: Number of hospitals and average available beds, private hospitals, states and territories, 2007–08 to 2011–12

						Change (%)	
	2007–08[(a)]	2008–09	2009–10	2010–11	2011–12	Average since 2008–09	Since 2010–11
New South Wales	n.a.	176	179	183	185	1.7	1.1
Victoria	n.a.	152	161	167	164	2.6	–1.8
Queensland	n.a.	106	106	107	105	–0.3	–1.9
Western Australia	n.a.	54	55	56	57	1.8	1.8
South Australia	n.a.	50	57	56	54	2.6	–3.6
Australian Capital Territory, Northern Territory and Tasmania[(b)]	n.a.	26	23	24	25	–1.3	4.2
Total private hospitals	**n.a.**	**564**	**581**	**593**	**592**	**1.6**	**–0.2**
Average available beds[(c)]	**n.a.**	**27,180**	**27,748**	**28,351**	**29,004**	**2.2**	**2.3**
Available beds per 1,000 population[(d)]	**n.a.**	**1.3**	**1.3**	**1.3**	**1.3**	**0.5**	**0.9**

(a) Data for the 2007–08 reference year are not available.

(b) The Australian Capital Territory, the Northern Territory and Tasmania are aggregated by the ABS to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Available beds/chairs (average for the year).

(d) Average available beds per 1,000 population is the crude rate based on the estimated resident population as at 30 June for the relevant period.

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

Source: *Private hospitals Australia* (ABS 2013a).

How many Local hospital networks and hospitals were there in 2012–13?

Local hospital networks

Local hospital networks (LHNs) form a new layer of the health sector architecture in Australia and are provided for under the National Health Reform Agreement signed in 2011 (NHRA 2011). Each LHN consists of small groups of local hospitals, or an individual hospital, linking services within a region or through specialist networks across a state or territory (DoH 2014).

The LHNs vary greatly in location, size and in the types of hospitals that they contain. Table 4.3 shows the number of LHNs in each state and territory, and includes a count of networks according to the type of 'major hospital' in each LHN. This table groups the hospitals by public hospital peer groups. The 'major hospital' was identified as the hospital with either the largest amount of admitted patient activity or with the greatest range of services. For more information on the peer group classification, see Appendix C.

There are 137 LHNs, with 87 LHNs located in Victoria, and 1 LHN in the Australian Capital Territory. In most jurisdictions, the metropolitan areas contain 1 or more LHNs.

Many LHNs, particularly in Victoria, consist of a single hospital. Other networks consist of a *Principal referral* or *Large acute* hospital accompanied by a range of smaller and/or more specialised hospitals.

Table 4.3: Local hospital networks, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total Local hospital networks	**18**	**87**	**17**	**4**	**5**	**3**	**1**	**2**	**137**
Major hospital in network									
Principal referral hospital	9	6	4	1	2	1	1	1	25
Women's and children's	1	2	1	0	1	0	0	0	5
Large acute	5	12	7	1	1	2	0	1	29
Medium acute	2	4	1	1	1	0	0	0	9
Small acute	0	48	4	1	0	0	0	0	53
Very small	0	10	0	0	0	0	0	0	10
Other	1	8	0	0	0	0	0	0	9
LHNs that consist of a single hospital	1	58	0	0	1	0	0	0	60
Number of public hospitals	225	150	170	90	80	23	3	5	746

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

How many hospitals?

Table 4.4 presents the number of public and private hospitals by state and territory for 2012–13.

Where available, the numbers of private hospitals in 2012–13 were sourced from the states and territories. For the remaining states and/or territories, numbers of private hospitals in 2011–12 were sourced the ABS's PHEC. The 3 largest states together accounted for almost three-quarters of all reported hospitals.

Table 4.4: Public and private hospitals[a], states and territories, 2012–13

	NSW	Vic[b]	Qld[a]	WA	SA	Tas	ACT	NT	Total[c]
Public hospitals									
Public acute hospitals	218	149	166	88	78	22	3	5	729
Public psychiatric hospitals	7	1	4	2	2	1	0	0	17
Private hospitals									
Private free-standing day hospital facilities	96	85	52	35	26	n.a.	n.a.	n.a.	311
Other private hospitals	89	79	53	22	28	n.a.	n.a.	n.a.	281
Total	**410**	**314**	**275**	**147**	**134**	**n.a.**	**n.p.**	**n.p.**	**1,338**

(a) For Queensland, the numbers of private hospitals were provided for 2012–13. For other states and territories, the numbers of private hospitals were sourced from the ABS's Private Health Establishments Collection for 2011–12.

(b) The number of public hospitals in Victoria is reported as a count of the campuses that reported data separately to the National Hospital Morbidity Database in 2012–13.

(c) The total combines counts of public hospitals provided by jurisdictions for 2012–13, with counts of private hospitals sourced either from the jurisdiction for 2012–13, or from the ABS's Private Health Establishments Collection for 2011–12.

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

Hospital accreditation

Accreditation is provided by a number of bodies, including the Australian Council on Healthcare Standards' Evaluation and Quality Improvement Program, Business Excellence Australia, and the Quality Improvement Council. Hospitals can also be certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family.

Across Australia, 696 public hospitals were accredited by 1 or more providers at 30 June 2013, with 57,047 accredited public hospital beds (93% of public hospitals and 98% of public hospital beds) (Table 4.5).

For Tasmania, the 4 largest hospitals were accredited and these accounted for 87% of available beds and 95% of separations.

From January 2013, public and private hospital accreditation has included assessment against the National Safety and Quality Health Service Standards (NSQHS Standards) (ACSQHC 2013). More information on the NSQHS Standards and accreditation is available from the ACSQHC web site < http://www.safetyandquality.gov.au>.

Table 4.5: Selected accreditation statistics by state and territory, public hospitals 2012–13, private hospitals 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Total hospitals	*225*	*150*	*170*	*90*	*80*	*23*	*3*	*5*	*746*
Accredited hospitals	208	150	157	90	79	4	3	5	696
Accredited (%)	92	100	92	100	99	17	100	100	93
Total beds[(a)]	*20,181*	*13,449*	*11,273*	*5,648*	*4,922*	*1,188*	*986*	*664*	*58,311*
Accredited beds	19,639	13,449	10,713	5,648	4,918	1,030	986	664	57,047
Accredited (%)	97	100	95	100	100	87	100	100	98
Separations in accredited hospitals (%)	99	100	95	100	100	95	100	100	99
Patient days in accredited hospitals (%)	98	100	96	100	100	86	100	100	98
Private hospitals[(b)]									
Total hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*593*
Accredited hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	567
Accredited (%)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	96
Total beds[(a)]	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*28,351*
Accredited beds	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	27,825
Accredited (%)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	98

(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 data such as 30 June may differ from the average available beds over the reporting period.

(b) Accreditation statistics for private hospitals were sourced from the Australian Bureau of Statistics (ABS unpublished).

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

How many hospital beds?

In 2012–13, there were about 87,300 average available beds, with 67% (58,311) in public hospitals (Table 4.6).

In 2012–13, the total number of available beds per 1,000 population, in public and private hospitals, was 3.8 per 1,000. The number of available beds in *Public acute hospitals* ranged from 2.3 per 1,000 population in Tasmania, to 3.0 per 1,000 in South Australia and the Northern Territory.

Nationally, about 88% of beds in public acute hospitals were available for overnight-stay patients (Table 4.6). The proportion of beds in *Public acute hospitals* that were available for same-day patients ranged from 5.1% in the Northern Territory to 17.0% in Queensland. For *Public psychiatric hospitals*, states and territories did not report any available beds for same-day patients.

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.

How do hospitals differ by size?

Grouping hospitals by number of available beds showed that the majority of hospitals were very small (Table 4.7). 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 over 1,000 available beds and was located in Brisbane. More than 71% of hospitals had 50 or fewer beds.

Table 4.6: Public and private hospital average available beds[a] and number of average available beds per 1,000 population[b], states and territories, 2012–13

	NSW	Vic	Qld	WA	SA[c]	Tas	ACT	NT	Total
Average available beds[a]									
Public hospitals	20,181	13,449	11,273	5,648	4,922	1,188	986	664	58,311
Public acute hospitals	*19,347*	*13,297*	*10,856*	*5,438*	*4,773*	*1,178*	*986*	*664*	*56,539*
Same-day beds/chairs	1,638	2,132	1,869	638	564	169	152	34	7,195
Overnight beds	17,709	11,165	8,987	4,800	4,209	1,009	834	630	49,343
Public psychiatric hospitals	*834*	*152*	*417*	*210*	*149*	*10*	. .	. .	*1,772*
Private hospitals (2011–12)[d]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	*29,004*
Private free-standing day hospital facilities	n.a.	n.a	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,973
Other private hospitals	6,995	6,841	6,017	3,284	n.a.	n.a.	n.a.	n.a.	26,031
Total beds[a]	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**87,315**
Available or licensed beds per 1,000 population[b]									
Public hospitals	*2.8*	*2.4*	*2.5*	*2.3*	*3.0*	*2.3*	*2.6*	*2.8*	*2.6*
Public acute hospitals	2.6	2.4	2.4	2.2	2.9	2.3	2.6	2.8	2.5
Public psychiatric hospitals	0.1	0.0	0.1	0.1	0.1	0.0	. .	. .	0.1
Private hospitals[d]	*n.a.*	*n.a*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*1.3*
Private free-standing day hospital facilities	n.a.	n.a	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0.1
Other private hospitals	1.0	1.2	1.3	1.3	n.a	n.a.	n.a.	n.a.	1.1
Total beds per 1,000 population[b]	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**3.9**

(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 count of beds in Queensland was based on data as at 30 June 2013.

(b) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2012.

(c) In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Commonwealth multi-purpose service places. This has resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

(d) Australian Bureau of Statistics' *Private hospitals Australia 2011–12* (ABS 2013a).

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

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, a higher proportion of hospital beds were in hospitals with more than 200 to 500 beds (35%) than in hospitals with more than 500 beds (23%) (Table 4.19).

How does Australia compare?

In 2012–13, Australia had 3.8 beds per 1,000 population, compared to an average of 5.0 beds per 1,000 population for other OECD countries (Table 4.8).

Among the OECD countries, the density of hospital beds per 1,000 population ranged from fewer than 1.0 per 1,000 in Indonesia to more than 13.6 per 1,000 in Japan. Compared with Australia, there were fewer beds per 1,000 population in New Zealand (2.8), the United Kingdom (3.0), the United States (3.1) and Canada (2.8), there were more beds per 1,000 in Germany (8.3), France (6.4) and Greece (4.9) (OECD 2013).

Table 4.7: Number of public acute and psychiatric hospitals and average available beds, by hospital size, 2012–13

Hospital size	Hospitals	Proportion of total public hospitals (%)	Total average available beds	Proportion of total public hospital beds (%)
10 or fewer beds	225	30.2	1,029	1.8
More than 10 to 50 beds	306	41.0	7,569	13.0
More than 50 to 100 beds	70	9.4	5,218	8.9
More than 100 to 200 beds	62	8.3	9,295	15.9
More than 200 to 500 beds	59	7.9	18,804	32.2
More than 500 beds	24	3.2	16,396	28.1
Total	**746**	**100.0**	**58,311**	**100.0**

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.20 at the end of this chapter.

Table 4.8: Hospital beds, density per 1,000 population, states and territories 2012–13, OECD average (2011)[(a)]

	Hospital beds (per 1,000 population)		
	Public hospitals	Private hospitals (excludes same day facilities)	Total
New South Wales	2.8	1.0	3.8
Victoria	2.4	1.2	3.6
Queensland	2.3	1.3	3.8
Western Australia	2.4	1.3	3.6
South Australia	3.0	n.a.	n.a.
Tasmania	2.3	n.a.	n.a.
Australian Capital Territory	2.6	n.a.	n.a.
Northern Territory	2.8	n.a.	n.a.
Australia	**2.6**	**1.1**	**3.8**
OECD average	**. .**	**. .**	**5.0**
OECD interquartile range[(b)]			2.8–6.1
Number of OECD countries			25

(a) For some OECD countries, the data relate to a year other than 2011.

(b) The interquartile range is a measure of statistical dispersion, being equal to the difference between the upper and lower quartiles.

Source: OECD 2013.

Where are public hospitals located?

The remoteness area classification is used in Table 4.9 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 reported for *Outer regional* areas (227) and over two-thirds of beds were reported for *Major cities* (39,478 beds).

In 2012–13, there were 2.6 public hospital beds per 1,000 population (see also Table 4.1). 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 live 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 4.9: Number of hospitals, average available beds and number of average available beds per 1,000 population[(a)], by remoteness area, public acute and psychiatric hospitals, 2012–13

Remoteness area	Hospitals	Average available beds	Available beds per 1,000 population resident in area[(a)]
Major cities	176	39,478	2.5
Total regional	*415*	*17,026*	2.7
Inner regional	188	10,589	2.5
Outer regional	227	6,437	3.1
Total remote	*154*	*1,788*	3.4
Remote	71	1,176	3.7
Very Remote	83	612	3.0
Total	**746**	**58,311**	**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 2012.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.21 at the end of this chapter.

How diverse are public hospitals?

The diversity of public hospitals is presented in Table 4.10 by hospital peer groups. Other statistics are presented about peer groups in Chapter 5. Detailed information on the public hospital peer group classification is in Appendix C.

The 746 public hospitals are very diverse in size and type of services they provide for admitted and non-admitted patients. The diversity of admitted patient services that each type provides can be gauged by the average number of AR-DRGs reported.

In 2012–13, there were:

- 29 *Principal referral hospitals*—mainly in *Major cities*, with at least 1 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 538 AR-DRGs on average) (Table 4.10). These hospitals accounted for a total of 1.9 million separations, or 36% of the total for public hospitals, and for 6.6 million days, or 35% of the total for public hospitals.
- 12 *Women's and children's hospitals*—in Sydney, Melbourne, Brisbane, Perth and Adelaide. They delivered an average of 21,570 separations per hospital, specialising in maternity and other specialist services for women, and/or specialist paediatric services.
- 62 *Large acute hospitals*—33 in *Major cities*, 29 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 365 AR-DRGs), with an average of 29,532 separations per hospital.
- 45 *Medium acute hospitals*—24 in *Major cities* and 21 in *Regional* and *Remote* areas. They provided emergency department, outpatient and admitted patient services with an average of 15,350 separations per hospital (with a narrower range of services than the *Large acute* hospitals).

- 334 *Small acute hospitals*—mostly in *Regional* and *Remote* areas. They delivered mainly acute care for admitted patients, with an average of 1,827 separations per hospital in the year, with a relatively narrow range of services. Most provided emergency services (rather than formal emergency departments) and some provided elective surgery.
- 135 *Very small hospitals* in *Regional* and *Remote* areas delivering 60.9% non-acute patient days with 93 average annual separations for a very narrow range of services (5 or more separations for an average of 3 AR-DRGs).
- 20 *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.
- 39 *Non-acute hospitals*, some specialising in rehabilitation care.
- 43 *Outpatient hospitals*—in *Regional* and *Remote* areas. Most provided emergency services.
- 27 *Other* hospitals, mainly small or specialist hospitals.

Table 4.10: The diversity of public hospitals, 2012–13

	Number of hospitals												
	Location				Services provided								
Hospital type	Major cities	Regional	Remote	Total	Emergency departments[(a)]	Other emergency services[(b)]	Outpatient clinics[(c)]	Elective surgery[(d)]	Average available beds	Separations (average)	Average length of stay (days)	Non-acute care — patient days (%)	AR-DRGs (5+)[(e)]
Principal referral	26	3	0	**29**	29	0	29	29	639	67,192	3.4	8.9	538
Women's and children's	12	0	0	**12**	10	0	12	12	209	21,570	3.1	0.6	220
Large acute	33	28	1	**62**	60	0	60	58	257	29,532	3.1	11.6	365
Medium acute	24	20	1	**45**	45	0	26	43	131	15,350	2.7	17.5	234
Small acute	15	249	70	**334**	52	270	8	99	27	1,827	3.2	28.5	56
Very small	0	86	49	**135**	6	113	0	0	7	93	12.0	60.9	3
Psychiatric	15	5	0	**20**	0	0	0	0	108	712	48.4	53.3	8
Non-acute	28	11	0	**39**	0	3	0	0	69	1,562	14.0	91.2	23
Outpatients	0	10	33	**43**	1	30	0	0	0	3	n.p.	. .	. .
Other	23	3	0	**27**	1	1	3	5	29	3,670	2.3	12.6	22
Total	**176**	**415**	**154**	**746**	**204**	**417**	**138**	**246**	**78**	**7,408**	**3.4**	**18.1**	**97**

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

(b) This is the number of hospitals reporting establishment-level 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 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 5 separations.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in tables accompanying this report online.

States and territories

A summary of public hospitals by state and territory is presented in Table 4.11. The distribution of hospitals across remoteness areas varies between jurisdictions. The average available beds per hospital varies between jurisdictions, ranging from 329 in the Australian Capital Territory to 52 in Tasmania.

More information on hospital peer groups by state and territory is in the tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

Table 4.11: The diversity of public hospitals, states and territories, 2012–13

	Number of hospitals										
	Location				Services provided						
	Major cities	Regional	Remote	Total	Emergency departments[a]	Other emergency services[b]	Outpatient clinics[c]	Elective surgery[d]	Average available beds	Separations (average)	AR-DRGs (5+)[e]
New South Wales	68	139	18	**225**	95	90	44	96	90	7,611	109
Victoria	51	96	2	**150**	40	67	36	32	90	9,533	110
Queensland	20	79	71	**170**	27	129	23	33	66	6,141	82
Western Australia	19	37	34	**90**	17	63	19	35	63	6,742	80
South Australia	15	44	21	**80**	14	56	8	39	62	5,172	80
Tasmania	. .	19	4	**23**	4	12	4	4	52	4,624	73
Australian Capital Territory	3	0	. .	**3**	2	0	2	2	329	31,571	304
Northern Territory	. .	1	4	**5**	5	0	2	5	133	23,661	230
Total	**176**	**415**	**154**	**746**	**204**	**417**	**138**	**246**	**78**	**7,408**	**97**

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

(b) This is the number of hospitals reporting establishment-level 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 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 5 separations.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in table accompanying this report online.

How much expenditure and revenue?

Public hospital recurrent expenditure

Public hospital recurrent expenditure can be categorised into salary and non-salary 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.

Between 2008–09 and 2012–13, public hospital recurrent expenditure rose by an average of 4.7% per year in constant price terms (adjusted for inflation) (Table 4.12). The average annual increase in public hospital recurrent expenditure was highest for the Australian Capital Territory (10.9%).

For 2012–13, expenditure data were not available for 3 public hospitals in Queensland, which reported about $560 million expenditure in 2011–12. After adjusting for the missing expenditure data, the average annual increase in recurrent expenditure for public hospitals was about 5.1% between 2008–09 and 2012–13 (adjusted for inflation).

Over the same period, public hospital revenue increased by an average of 15.0% per year (adjusted for inflation), ranging from an average increase of 1.8% per year for Tasmania to an average increase of 18.5% per year for New South Wales.

Nationally, total recurrent expenditure by public hospitals, including depreciation, was over $43 billion in 2012–13 (Table 4.13).

Excluding payments to *Visiting medical officers* and payments for outsourced services, salary payments accounted for 62% of the $42 billion (excluding depreciation) spent within the public hospital system (Table 4.22).

Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions. In 2012–13, depreciation ranged from 0.7% of total expenditure in the Northern Territory to about 6% in Victoria (see also Table 4.22).

Public hospital revenue

Revenue is reported against 3 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 $5.8 billion in revenue in 2012–13 (Table 4.14). This was equivalent to 14% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories, ranging from 6% in the Northern Territory to 18% in New South Wales.

Table 4.12: Recurrent expenditure[a] and revenue ($ million, constant prices[b]), public hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Total recurrent expenditure, constant prices ($ million)							
New South Wales[c]	11,232	11,332	12,178	13,297	13,454	4.6	1.2
Victoria	8,642	9,013	9,612	9,986	10,093	4.0	1.1
Queensland[d]	6,519	6,986	7,683	7,946	7,656	4.1	–3.6
Western Australia	3,694	3,829	4,215	4,545	4,790	6.7	5.4
South Australia[e]	2,731	2,811	3,099	3,324	3,194	4.0	–3.9
Tasmania	762	874	925	941	957	5.9	1.7
Australian Capital Territory	652	677	741	968	988	10.9	2.1
Northern Territory	486	502	543	583	608	5.8	4.3
Total expenditure	**34,715**	**35,994**	**38,982**	**41,567**	**41,741**	**4.7**	**0.4**
Total revenue, constant prices ($ million)							
New South Wales	1,219	1,420	1,802	1,990	2,408	18.5	21.0
Victoria	965	1,041	1,138	1,329	1,518	12.0	14.3
Queensland[d]	562	639	568	728	1,034	16.5	42.1
Western Australia	222	223	256	309	325	10.1	5.1
South Australia	164	185	225	238	293	15.7	23.3
Tasmania	79	61	60	68	85	1.8	24.4
Australian Capital Territory	60	56	57	62	70	3.9	12.0
Northern Territory	21	24	26	29	37	15.3	28.6
Total revenue	**3,297**	**3,652**	**4,137**	**4,752**	**5,769**	**15.0**	**21.4**

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or Local Health Networks from privately owned and/or operated hospitals.

(b) Expressed in terms of prices in the reference year 2012–13. The ABS Government Final Consumption Expenditure, State and Local – Hospitals and Nursing Homes deflator was used for public hospitals.

(c) New South Wales hospital expenditure recorded against special purposes and trust funds was not included. Professional Indemnity expense was included for the first time in 2011–12.

(d) For 2012–13, expenditure and revenue data were missing for 3 public hospitals in Queensland, which reported about $560 million of recurrent expenditure in 2011–12. For all years, pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

(e) For South Australia, in 2011–12, there were significant once-off revaluations of other employee related expenses. In time series data this may result in 2012–13 appearing to have an artificial reduction in expenditure, including for salaries and wages expenditure components.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.22 at the end of this chapter.

Source: National Public Hospital Establishments Database.

Table 4.13: Recurrent expenditure[(a)] ($ million), public acute and psychiatric hospitals, states and territories, 2012–13

Recurrent expenditure	NSW[(b)]	Vic	Qld[(c)(d)]	WA	SA	Tas	ACT	NT	Total
					($ million)				
Recurrent expenditure including depreciation									
Public acute hospitals	13,705	10,680	7,805	4,859	3,240	957	1,015	613	42,874
Public psychiatric hospitals	254	51	127	83	81	21	. .	. .	618
Total	**13,960**	**10,731**	**7,931**	**4,942**	**3,322**	**978**	**1,015**	**613**	**43,492**
Recurrent expenditure excluding depreciation									
Public acute hospitals	13,208	10,044	7,534	4,709	3,117	936	988	608	41,144
Public psychiatric hospitals	246	49	123	81	77	21	. .	. .	597
Total	**13,454**	**10,093**	**7,656**	**4,790**	**3,194**	**957**	**988**	**608**	**41,741**

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

(b) New South Wales hospital expenditure recorded against special purposes and trust funds was not included. Professional Indemnity expense was included for the first time in 2011–12.

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

(d) For 2012–13, expenditure data were missing for 3 public hospitals in Queensland, which reported about $560 million of recurrent expenditure in 2011–12.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.22 at the end of this chapter.

Source: National Public Hospital Establishments Database.

Table 4.14: Revenue ($ million), public acute and psychiatric hospitals, states and territories, 2012–13

	NSW	Vic	Qld[(a)]	WA	SA[(b)]	Tas	ACT	NT	Total
					($ million)				
Patient revenue	1,190	432	306	192	243	60	43	21	2,487
Recoveries	577	157	104	101	. .	12	17	16	984
Other revenue	641	929	624	32	51	12	10	0	2,299
Total revenue	**2,408**	**1,518**	**1,034**	**325**	**293**	**85**	**70**	**37**	**5,769**
Public acute hospitals	2,394	1,517	1,026	325	292	84	70	37	5,744
Public psychiatric hospitals	14	1	8	1	1	1	. .	. .	25

(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.

Source: National Public Hospital Establishments Database.

How are hospitals funded?

Public and private hospitals are funded from a range of different sources, reflecting the types of patients they treat and the services they provide. Governments mainly fund emergency department and outpatient services, whereas both private (non-government) and government sources commonly fund admitted patient services.

The data presented in Table 4.15 are sourced from the HED and are not directly comparable with data reported from the NPHED (see page 48).

The original sources of funds are reported here rather than immediate sources. Hence, the Australian Government is regarded as the source of funds for the contributions that it made for public hospitals via intergovernmental agreements and for the contributions it made to private hospitals via the private health insurance premium rebates.

In 2011–12, the state and territory governments and the Australian Government provided most of the funds for public hospitals. Private health insurance and out-of-pocket payments by patients mainly fund private hospitals (AIHW 2013f; Table 4.15). Between 2007–08 and 2011–12, after adjusting for inflation, public hospital funding from the Australian Government increased by 4.7% on average each year and funding from state/territory governments increased by 5.2% on average each year (Chapter 2, Table 2.3).

Table 4.15: Expenditure on public and private hospitals, by source of funds ($ million), 2011–12

	Public hospitals		Private hospitals	
	$ million	% of total	$ million	% of total
Australian Government	*16,072*	*38.2*	*3,464*	*30.3*
Rebates of health insurance premiums	337	0.8	2,293	20.0
Department of Veterans' Affairs	853	2.0	924	8.1
Other	14,883	35.4	247	2.2
State/territory government	22,411	53.3	494	4.3
Health insurance funds	805	1.9	5,483	47.8
Individuals	1,117	2.7	1,334	11.6
Other	1,630	3.9	701	6.1
Total	**42,034**	**100.0**	**11,475**	**100.0**

Source: *Health expenditure Australia, 2011–12* (AIHW 2013f).

How many staff in public hospitals?

Nationally, more than 274,700 full-time equivalent staff were employed in the public hospital sector in 2012–13. *Nurses* accounted for 45% of public hospital staff and there were more than 35,000 *Salaried medical officers*, representing about 13% of the public hospital labour force (Table 4.16). For 2012–13, staffing data were missing for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12.

The average salary for full-time equivalent *Nurses* in 2012–13 was about $90,000 nationally (Table 4.16), which was an increase of 1.1% compared with the average salary of $89,000 in 2011–12 (AIHW 2013a). In 2012–13, the average salary for full-time equivalent *Salaried medical officers* was about $183,000 which was a 0.4% increase over the previous year. Similar information for states and territories is in Table 4.23.

The collection of data by staffing category was not consistent among states and territories and may explain some of the variation in 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. The degree of outsourcing of higher paid versus lower paid staffing functions 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 tends to result in higher average salaries for the domestic service staff.

For medical officers, for example, this may be reflected in the variation in the proportion of total expenditure that was reported as being for VMOs who were contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis (Table 4.22). Variations in the outsourcing arrangements may also be reflected in variations in other recurrent expenditure categories reported in tables 4.13 and 4.22.

Table 4.16: Average full-time equivalent staff[(a)] and average salaries, public acute and psychiatric hospitals, 2012–13

	Full-time equivalent staff numbers[(b)]	Average salaries ($)
Salaried medical officers	35,124	182,609
Total nurses[(c)]	124,584	89,971
Other personal care staff	2,213	60,441
Diagnostic and allied health professionals	38,753	79,961
Administrative and clerical staff[(d)]	42,839	68,122
Domestic and other staff	31,190	63,405
Total staff	**274,703**	**93,762**

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2012 were used. Staff contracted to provide products (rather than labour) are not included.

(b) For 2012–13, staffing data were missing for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12.

(c) *Total nurses* comprises registered nurses, enrolled nurses, student nurses and trainee nurses.

(d) *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. Additional information for states and territories is in Table 4.23 at the end of this chapter.

What specialised services were provided?

Specialised service units

In 2012–13, the most common specialised services offered by hospitals were *Domiciliary care service*, followed by *Nursing home care units* and *Obstetric/maternity service* (Table 4.17).

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, in 2012–13, 117 smaller hospitals reported an *Obstetric/maternity service* unit and had less than 1 delivery a week on average. There were also 2 hospitals that did not report having an obstetric unit but each reported more than 14 deliveries a day.

Data on specialised services by state and territory are presented in Table 4.18. Data were not available for a few hospitals so the services may be undercounted.

Table 4.17: Number of public acute hospitals with selected specialised services by remoteness area of hospital, 2012–13

	Remoteness area of hospital			
Specialised service unit	Major cities	Regional	Remote	Total[(a)]
Domiciliary care service	79	261	59	**413**
Nursing home care unit	12	183	44	**254**
Obstetric/maternity service	65	133	21	**230**
Maintenance renal dialysis centre	74	77	10	**173**
Rehabilitation unit	89	64	1	**159**
Oncology unit	69	54	3	**132**
Intensive care unit (level III)	53	24	2	**79**
Major plastic/reconstructive surgery unit	41	3	0	**44**
Neonatal intensive care unit (level III)	23	7	0	**30**
In-vitro fertilisation unit	7	0	0	**7**

(a) The total includes specialised services reported for hospital networks in Victoria, for which the remoteness was not specified.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.18.

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 D.

Table 4.19 presents the number of public hospitals reporting more than 360 patient days for selected SRGs by remoteness area of the hospital. This has been included as an indicative measure of the number of specialty unit.

Table 4.18: Number of public acute hospitals[a] with specialised services, states and territories, 2012–13

Specialised service unit	NSW[b]	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
Acute renal dialysis unit	27	15	18	4	5	2	1	2	**74**
Acute spinal cord injury unit	4	2	1	2	1	0	0	0	**10**
AIDS unit	8	1	2	1	2	0	1	0	**15**
Alcohol and drug unit	79	13	10	3	3	0	1	1	**110**
Burns unit (level III)	3	2	2	2	2	1	0	0	**12**
Cardiac surgery unit	11	8	5	4	2	1	1	0	**32**
Clinical genetics unit	15	11	2	3	2	1	1	0	**35**
Coronary care unit	45	24	18	5	7	3	2	2	**106**
Diabetes unit	23	21	11	6	6	3	1	1	**72**
Domiciliary care service	165	89	46	58	54	0	0	1	**413**
Geriatric assessment unit	58	40	7	22	14	3	2	0	**146**
Hospice care unit	43	26	13	32	12	1	1	1	**129**
Infectious diseases unit	17	15	9	4	4	1	1	0	**51**
Intensive care unit (level III)	40	17	7	4	5	3	1	2	**79**
In-vitro fertilisation unit	2	1	1	1	2	0	0	0	**7**
Maintenance renal dialysis centre	50	64	19	15	18	2	1	4	**173**
Major plastic/reconstructive surgery unit	14	13	6	5	4	1	1	0	**44**
Neonatal intensive care unit (level III)	15	4	3	3	2	1	1	1	**30**
Neurosurgical unit	13	8	6	3	3	1	1	0	**35**
Nursing home care unit	73	73	7	48	43	10	0	0	**254**
Obstetric/maternity service	75	53	37	27	28	3	2	5	**230**
Oncology unit	44	38	18	15	12	3	2	0	**132**
Psychiatric unit/ward	44	29	18	17	8	3	2	2	**123**
Refractory epilepsy unit	7	5	1	3	3	0	0	0	**19**
Rehabilitation unit	66	40	16	18	12	3	2	2	**159**
Sleep centre	12	12	6	3	5	2	0	0	**40**
Specialist paediatric service	43	28	20	11	9	4	2	2	**119**
Transplantation unit—bone marrow	12	7	3	3	1	1	1	0	**28**
Transplantation unit—heart (including heart/lung)	1	2	1	2	0	0	0	0	**6**
Transplantation unit—liver	2	2	2	2	1	0	0	0	**9**
Transplantation unit—pancreas	1	2	0	1	0	0	0	0	**4**
Transplantation unit—renal	6	6	1	3	1	0	0	0	**17**

(a) Excludes psychiatric hospitals.

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

(c) Data for Victoria may underestimate the number of specialised services as some small multi-campus rural services were reported at a local hospital network level rather than campus level. Consequently, if 2 campuses within the network had a specialised type of service, then only one service was counted.

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

Table 4.19: Number of public hospitals reporting more than 360 patient days for the 20 most common Service Related Groups, by remoteness area of hospital, 2012–13

	Remoteness area of hospital			
Service Related Group	Major cities	Regional	Remote	Total[(a)]
Non subspecialty—medicine	113	223	25	**362**
Respiratory medicine	96	189	17	**303**
Cardiology	94	142	10	**247**
Maintenance	71	139	30	**241**
Rehabilitation	107	120	3	**230**
Orthopaedics	105	111	8	**225**
Gastroenterology	100	115	9	**224**
Non subspecialty—surgery	104	94	9	**208**
Neurology	97	88	6	**192**
Obstetrics	64	106	12	**182**
Psychiatry—acute	104	54	4	**163**
Renal dialysis	69	81	6	**157**
Diagnostic gastrointestinal endoscopy	87	65	2	**154**
Urology	90	45	1	**136**
Neurosurgery	89	45	1	**135**
Gynaecology	78	53	4	**135**
Upper gastrointestinal surgery	84	47	3	**134**
Colorectal surgery	85	45	1	**131**
Palliative care	67	62	1	**130**
Oncology	77	49	2	**128**

(a) The total includes services reported for hospital networks in Victoria, for which the remoteness was not specified.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Additional information

More information on service related groups is in Appendix D and by state and territory for both public and private hospitals in Tables D.S1 to D.S5 accompanying this report online at <www.aihw.gov.au/hospitals/>.

Additional table online:

Table S4.1: The diversity of public hospitals, states and territories, 2012–13

Table 4.20: Number of public acute and psychiatric hospitals and average available beds, by hospital size, states and territories, 2012–13

	NSW	Vic[a]	Qld[b]	WA	SA	Tas	ACT	NT	Total
Hospital size[c]									
10 or fewer beds	31	39	76	42	22	14	1	0	225
More than 10 to 50 beds	119	50	61	28	41	5	0	2	306
More than 50 to 100 beds	26	23	8	3	8	1	0	1	70
More than 100 to 200 beds	21	18	8	10	3	1	0	1	62
More than 200 to 500 beds	19	15	12	5	4	2	1	1	59
More than 500 beds	9	5	5	2	2	0	1	0	24
Total hospitals	**225**	**150**	**170**	**90**	**80**	**23**	**3**	**5**	**746**
Available beds									
10 or fewer beds	103	226	244	233	137	76	10	0	1,029
More than 10 to 50 beds	3,045	1,199	1,448	723	1,018	82	0	54	7,569
More than 50 to 100 beds	1,944	1,699	621	226	580	89	0	60	5,218
More than 100 to 200 beds	3,123	2,589	1,294	1,547	444	115	0	183	9,295
More than 200 to 500 beds	5,964	4,663	3,880	1,590	1,280	826	235	367	18,804
More than 500 beds	6,003	3,073	3,786	1,330	1,464	0	741	0	16,396
Total available beds	**20,181**	**13,449**	**11,273**	**5,648**	**4,922**	**1,188**	**986**	**664**	**58,311**

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

(b) The count of beds in Queensland was based on data as at 30 June 2013.

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

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

Table 4.21: 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, states and territories, 2012–13

Remoteness area	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities	68	51	20	19	15	. .	3	. .	176
Total regional	*139*	*96*	*79*	*37*	*44*	*19*	*0*	*1*	*415*
Inner regional	75	58	25	11	14	5	0	. .	188
Outer regional	64	38	54	26	30	14	. .	1	227
Total remote	*18*	*2*	*71*	*34*	*21*	*4*	. .	*4*	*154*
Remote	10	2	23	20	12	2	. .	2	71
Very remote	8	. .	48	14	9	2	. .	2	83
Total all remoteness areas	**225**	**150**	**170**	**90**	**80**	**23**	**3**	**5**	**746**
Available beds									
Major cities	14,293	9,789	6,706	4,293	3,411	. .	986	. .	39,478
Total regional	*5,682*	*3,632*	*4,019*	*936*	*1,224*	*1,166*	0	*367*	*17,026*
Inner regional	4,161	2,893	1,960	358	365	852	0	. .	10,589
Outer regional	1,521	739	2,059	578	859	314	. .	367	6,437
Total remote	*207*	*11*	*548*	*419*	*285*	*22*	. .	*297*	*1,788*
Remote	159	11	245	298	209	12	. .	243	1,176
Very remote	48	. .	303	121	76	10	. .	54	612
Total all remoteness areas	**20,181**	**13,449**	**11,273**	**5,648**	**4,922**	**1,188**	**986**	**664**	**58,311**
Number of available beds per 1,000 population resident in area[(a)]									
Major cities	2.6	2.3	2.4	2.3	2.8	. .	2.6	. .	2.5
Total regional	*3.1*	*2.7*	*2.5*	*2.3*	*3.2*	*2.3*	0.0	*2.8*	*2.7*
Inner regional	2.9	2.7	2.1	1.6	2.0	2.5	0.0	. .	2.5
Outer regional	3.4	3.0	3.1	3.1	4.2	1.9	. .	2.8	3.1
Total remote	*5.3*	*2.2*	*4.0*	*2.5*	*4.7*	*2.0*	. .	*2.9*	*3.4*
Remote	5.2	2.2	3.1	2.9	4.6	1.4	. .	4.9	3.7
Very remote	5.7	. .	5.2	1.9	5.1	4.2	. .	1.0	3.0
Total all remoteness areas	**2.8**	**2.4**	**2.5**	**2.3**	**3.0**	**2.3**	**2.6**	**2.8**	**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 2012. The remoteness area of hospital was based on the ABS 2011 remoteness area classification.

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

Table 4.22: Recurrent expenditure ($'000)[a], public acute and psychiatric hospitals, states and territories, 2012–13

Recurrent expenditure category	NSW[b]	Vic[c]	Qld[d]	WA	SA[e]	Tas[f]	ACT	NT	Total
Salary and wages expenditure									
Salaried medical officers	1,668,182	1,561,799	1,360,543	888,764	495,686	155,234	166,004	117,738	6,413,950
Registered nurses	n.a.	2,681,822	1,814,578	1,181,263	786,310	218,538	288,507	173,454	7,144,472
Enrolled nurses	n.a.	n.a.	191,771	n.a.	136,599	22,781	28,277	9,120	388,550
Student nurses	. .	. .	2,702	. .	2,885	. .	. .	. .	5,587
Total nurses	*3,670,294*	*2,681,822*	*2,009,077*	*1,181,263*	*925,794*	*241,319*	*316,784*	*182,575*	*11,208,928*
Other personal care staff	n.a.	. .	73,441	. .	38,810	. .	21,066	428	133,744
Diagnostic and allied health professionals	1,010,027	940,770	516,657	298,575	170,307	54,678	69,738	38,034	3,098,786
Administrative and clerical staff[g]	967,739	689,073	497,982	390,256	192,735	72,369	69,553	38,562	2,918,270
Domestic and other staff	477,403	564,821	464,130	298,220	65,962	61,491	4,241	41,332	1,977,601
Total salary and wages expenditure	**7,793,646**	**6,438,284**	**4,921,831**	**3,057,078**	**1,889,292**	**585,092**	**647,387**	**418,669**	**25,751,279**
Non-salary expenditure									
Payments to visiting medical officers	642,225	154,234	85,138	145,222	118,912	947	45,078	9,837	1,201,593
Superannuation payments	693,466	553,747	424,397	257,212	167,565	75,561	63,106	0	2,235,055
Drug supplies	591,626	516,112	336,404	226,791	153,026	49,569	22,412	24,142	1,920,082
Medical and surgical supplies	1,436,646	856,000	815,324	300,485	216,149	100,729	73,870	46,900	3,846,102
Food supplies	282,318	99,829	47,653	31,792	22,455	9,643	6,144	5,162	504,998
Domestic services	330,227	244,430	175,337	132,421	66,595	21,440	32,124	17,260	1,019,832
Repairs and maintenance	322,639	192,633	158,763	174,683	56,954	10,843	9,942	16,612	943,069
Patient transport	117,849	61,725	56,031	41,792	24,140	9,782	1,496	25,061	337,875
Administrative expenses	901,094	656,538	627,217	206,823	90,343	42,052	65,213	19,684	2,608,965
Interest payments	47,458	0	0	2,153	1,849	0	154	0	51,614
Depreciation	505,716	638,227	275,034	151,865	127,959	21,207	26,920	4,497	1,751,425
Other recurrent expenditure	294,965	319,533	8,290	213,706	386,412	51,363	21,138	24,726	1,320,134
Total non-salary expenditure, excluding depreciation	**5,660,516**	**3,654,781**	**2,734,554**	**1,733,080**	**1,304,399**	**371,929**	**340,677**	**189,384**	**15,989,320**
Total non-salary expenditure, including depreciation	**6,166,232**	**4,293,008**	**3,009,588**	**1,884,945**	**1,432,358**	**393,136**	**367,597**	**193,882**	**17,740,745**

(continued)

Table 4.22 (continued): Recurrent expenditure ($'000)[a], public acute and psychiatric hospitals, states and territories, 2012–13

Recurrent expenditure category	NSW[b]	Vic[c]	Qld[d]	WA	SA[e]	Tas[f]	ACT	NT	Total
Total expenditure, excluding depreciation	**13,454,162**	**10,093,066**	**7,656,385**	**4,790,158**	**3,193,691**	**957,020**	**988,064**	**608,054**	**41,740,600**
Public acute hospitals	13,208,113	10,044,020	7,533,564	4,709,218	3,116,873	935,993	988,064	608,054	41,143,899
Psychiatric hospitals	246,049	49,046	122,820	80,941	76,818	21,027	. .	. .	596,701
Total expenditure, including depreciation	**13,959,878**	**10,731,292**	**7,931,419**	**4,942,023**	**3,321,651**	**978,227**	**1,014,984**	**612,551**	**43,492,024**
Public acute hospitals	13,705,490	10,680,435	7,804,621	4,858,757	3,240,327	957,195	1,014,984	612,551	42,874,360
Psychiatric hospitals	254,388	50,857	126,798	83,266	81,324	21,032	. .	. .	617,665

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

(b) New South Wales hospital expenditure recorded against special purposes and trust funds is not included. Professional Indemnity expense was included for the first time in 2011–12. *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) For 2012–13, expenditure data were missing for 3 public hospitals in Queensland, which reported about $560 million of recurrent expenditure in 2011–12. Pathology services were purchased from a state-wide 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*. In 2011–12, there were significant once-off revaluations of other employee related expenses. In time series data this may result in 2012–13 appearing to have an artificial reduction in expenditure, including for salaries and wages expenditure components.

(f) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for 2 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.

Table 4.23: Average full-time equivalent staff[a] and average salaries, public acute and psychiatric hospitals, states and territories, 2012–13

	NSW[b]	Vic[c]	Qld[d]	WA	SA	Tas[e]	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	10,598	8,658	7,237	3,663	2,895	771	810	491	35,124
Total nurses	40,999	31,575	21,729	12,362	10,862	2,634	2,733	1,689	124,584
Other personal care staff	n.a	0	1,066	0	855	n.a	286	6	2,213
Diagnostic and allied health professionals	12,112	14,424	5,103	3,231	1,824	610	1,053	396	38,753
Administrative and clerical staff[f]	12,803	12,124	6,959	5,278	3,267	1,120	792	496	42,839
Domestic and other staff	8,344	7,117	7,745	4,629	1,565	1,089	67	634	31,190
Total staff	**84,855**	**73,897**	**49,840**	**29,164**	**21,268**	**6,225**	**5,742**	**3,712**	**274,703**
Average salaries ($)									
Salaried medical officers	157,404	180,389	187,986	242,613	171,209	201,237	205,067	239,753	182,609
Total nurses	89,522	84,936	92,460	95,553	85,229	91,611	115,894	108,084	89,971
Other personal care staff	n.a	. .	68,872	. .	45,402	n.a	73,654	n.p.	60,441
Diagnostic and allied health professionals	83,390	65,225	101,248	92,400	93,360	89,570	66,225	96,069	79,961
Administrative and clerical staff[f]	75,589	56,836	71,561	73,945	59,002	64,595	87,770	77,681	68,122
Domestic and other staff	57,217	79,363	59,927	64,418	42,154	56,485	63,117	65,172	63,405
Average salary ($)	**91,907**	**87,125**	**98,753**	**104,823**	**88,839**	**94,005**	**112,754**	**112,774**	**93,762**

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2012 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) For 2012–13, staffing data were missing for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12. Queensland pathology services provided by staff employed by the state pathology service were not reported here.

(e) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for 2 small hospitals in Tasmania were not supplied.

(f) *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.

5 Non-admitted patient care

This chapter presents information on non-admitted patient care in Australia's public hospitals.

Non-admitted patient care includes both emergency and non-emergency services for non-admitted patients.

Emergency departments provide care for patients who may have an urgent need for medical, surgical or other care. Emergency occasions of service for non-admitted patients include visits to formal emergency departments in larger hospitals and those to smaller hospitals with other arrangements for providing emergency services.

Non-emergency non-admitted patient care includes outpatient clinic care and other non-admitted patient care.

Outpatient clinic care includes consultations with specialists to determine the most appropriate treatment for a patient's condition. This can result, for example, in the patient being placed on a waiting list for surgery.

Other non-admitted patient care includes the dispensing of medication, and provision of diagnostic procedures, including pathology, X-rays and ultrasounds—often provided in association with admitted patient care or outpatient clinic services. District and community nursing services, and mental health and alcohol and drug services are also delivered from hospitals for non-admitted patients.

The data are counts of occasions of service, not persons. A person may have multiple occasions of service, at a variety of outpatient clinics or departments reported in a reference year.

What data are reported?

This chapter presents non-admitted patient occasions of service, by type of non-admitted patient service, public hospital peer group and by state and territory.

Emergency non-admitted patient care

Emergency occasions of service

Data on **emergency occasions of service** were sourced from the National Public Hospital Establishments Database (NPHED) which is based on the Public hospital establishments NMDS, defined in the *National health data dictionary 2012, version 16* (AIHW 2012b).

The NPHED has essentially full coverage of public hospitals (see Appendix A). For the purposes of this report, emergency occasions of service refer to those occasions of service reported with a type of non-admitted patient care of *Emergency services*.

The emergency occasions of service data sourced from the NPHED are provided as aggregate data only. Therefore, it is not possible to describe who used these services, how urgently they required care, how long they waited for treatment or the length of time to completion of the occasion of service.

Data on emergency occasions of service reported to the NPHED are in tables 5.1, 5.2, 5.3 and 5.6.

Emergency department presentations

Data for **emergency department presentations** provided at formal emergency departments between 1 July 2012 and 30 June 2013 were sourced from the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) that is based on the Non-admitted patient emergency department care NMDS, as defined in the *National health data dictionary 2012, version 16* (AIHW 2012b).

The emergency department presentations data are provided as episode-level data. The NNAPEDCD data include information on the sex, age and Indigenous status of the patient, their triage category, how long they waited for treatment and the length of time to completion of the presentation.

Timely provision of the 2012–13 emergency department presentations data by state and territory health authorities allowed detailed demographic and waiting times information on emergency department care for larger hospitals to be reported in *Australian hospital statistics 2012–13: emergency department care* (AIHW 2013c) in October 2013.

Counts of emergency department presentations are presented in Table 5.2 to demonstrate the proportion of emergency occasions of service for which detailed information was available. In 2012–13, the NNAPEDCD data provided detailed information for 85% of all public hospital emergency occasions of service, an increase from 80% in 2008–09 (Table 5.2).

Data for emergency department presentations provided at formal emergency departments between 1 January 2013 and 31 December 2013 were sourced from the National Emergency Access Target Database (NEATD) that is based on the Non-admitted patient emergency department care NMDS, as defined in the *National health data dictionary 2012, version 16* (AIHW 2012b).

Non-emergency non-admitted patient care

Non-admitted patient occasions of service

Data on **non-admitted occasions of service** were sourced from the National Public Hospital Establishments Database (NPHED) which is based on the Public hospital establishments NMDS, defined in the *National health data dictionary 2012, version 16* (AIHW 2012b).

The non-admitted patient occasions of service data sourced from the NPHED are provided as aggregate data only. Therefore, it is not possible to describe who used these services, how urgently they required care, how long they waited for treatment, what treatment was provided or the length of time to completion of the occasion of service.

The non-admitted patient occasions of service reported to the NPHED includes data on non-admitted patient occasions of service for 14 non-emergency non-admitted patient services. These services can be categorised as:

- outpatient-related occasions of service
- other non-admitted patient occasions of service.

Outpatient clinic services

Clinic-level summary data for **outpatient clinic occasions of service** in public hospitals are sourced from the National Outpatient Care Database (NOCD) which is based on the Outpatient care NMDS, defined in the *National health data dictionary 2012, version 16* (AIHW 2012b).

The outpatient care data sourced from the NOCD are provided as aggregate data only. Therefore, it is not possible to describe who used these services, how urgently they required care, how long they waited for treatment, what treatment was provided or the length of time to completion of the occasion of service.

These data were provided as counts of individual occasions of service and group sessions for 24 types of outpatient clinics.

The scope for the Outpatient care NMDS for 2012–13 was services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals that were classified as either peer group A (*Principal referral* and *specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2011–12* (AIHW 2013a). Some states and territories also provided outpatient care data for public hospitals that were classified to other peer groups. Western Australia provided data for 7 other hospitals, and South Australia and Tasmania each provided data for 1 other hospital.

The categories of services included in *Outpatient-related occasions of service* (from the NPHED) can be considered to be equivalent to the total outpatient clinic categories (from the NOCD).

In 2012–13, the proportion of individual outpatient-related occasions of service and group sessions for which outpatient clinic services data were available was about 80% for individual occasions of service and 73% for group sessions for all public hospitals (see Table 5.8).

Box 5.1: What are the limitations of the data?

Emergency occasions of service

- South Australia's NPHED occasions of service data excluded patients who were dead on arrival (no resuscitation attempted) and patients in country hospitals who did not wait for treatment.

Emergency department presentations

- The NNAPEDCD provides information about presentations in public hospital emergency departments for hospitals that were mostly classified in peer groups A and B (from *Australian hospital statistics 2011–12*, AIHW 2013a) and mostly located within *Major cities* and *Inner regional* areas.
- The data are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included generally do not have emergency departments that are equivalent to those in peer groups A and B.
- Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories.
- From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for, New South Wales.

(continued)

Box 5.1 (continued): What are the limitations of the data?

Non-emergency non-admitted patient occasions of service

- States and territories may differ in the extent to which outpatient services are provided in non-hospital settings (such as community health services) that are beyond the scope of the NPHED.
- 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 for the NPHED. Differing admission practices between the states and territories also lead to variation among jurisdictions in the services reported.
- For 2009–10 and 2011–12, Tasmania were not able to provide outpatient care data for one hospital, which reported about 180,000 occasions of service to the NPHED in 2010–11.
- From 2010–11, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania's public hospital counts.

Outpatient clinic services

- Data from the NOCD should be interpreted with caution as:
  - they may not be representative of outpatient clinic activity for hospitals that were not required to provide data for the NOCD
  - the comparability of the data may be influenced by variation in admission practices, the type of facility providing these services and in the allocation of outpatient services to the 24 clinic types among the states and territories.
- For some jurisdictions, the reporting of outpatient clinic care data to the NOCD varied over the period 2010–11 to 2012–13, in order to align with the reporting requirements for Activity Based Funding. These changes included: the discontinuation of reporting for some activity; the commencement of reporting for some activity; and the re-categorisation of some clinics according to the Tier 2 clinics structure (IHPA 2011). Therefore, these data may not be comparable with data reported for previous years.
- The estimated proportions of individual occasions of service reported to the NOCD for 2012–13 varied significantly by state and territory, ranging from 77% for New South Wales and Queensland to 100% for the Australian Capital Territory. For group occasions of service, the estimated proportion reported to the NOCD for 2012–13 ranged from 21% in the Australian Capital Territory to 100% for the Northern Territory.
- For 2011–12, data supply issues in Victoria resulted in significant under-reporting of non-admitted occasions of service for *Dental*, *Mental health*, and *Community health*. Consequently, the 2011–12 data for Victoria are not directly comparable with other years presented in time series.
- For Western Australia, counts of outpatient group sessions reported to the NOCD reflect the number of individuals who attended group sessions. The data for Western Australian group sessions are therefore not directly comparable with the data provided for group sessions presented for other states and territories.
- For 2009–10 and 2011–12, Tasmania were not able to provide outpatient care data for one hospital, which reported about 134,000 occasions of service to the NOCD in 2010–11.

See Appendix A for more information.

Box 5.2: What methods were used?

- The proportion of emergency occasions of service for which NNAPEDCD patient-level data was available was calculated as the number of emergency department presentations reported to the NNAPEDCD divided by the number of emergency occasions of service, from the NPHED, as a percentage. Where the number of presentations reported to the NNAPEDCD was greater than the number of emergency occasions of service reported to the NPHED, the proportion is presented as 100%.
- The proportion of outpatient occasions of service for which NOCD clinic-level data was available was calculated as the number of outpatient occasions of service reported to the NOCD divided by the number of outpatient-related occasions of service (as defined above), from the NPHED, as a percentage. Where the number of occasions of service reported to the NOCD was greater than the number of outpatient-related occasions of service reported to the NPHED, the proportion is presented as 100%.

How has activity changed over time?

Non-admitted patient occasions of service

Table 5.1 shows the number of individual occasions of service for non-admitted patient care reported to the NPHED for public acute hospitals between 2008–09 and 2012–13.

Between 2008–09 and 2012–13, the number of emergency occasions of service reported to the NPHED increased steadily from 7.2 million to 7.9 million, an average annual increase of 2.5%.

During that period, outpatient-related care delivered in specialist outpatient clinics increased by an average of 2.3% per year and *Community health, Outreach* and *District nursing* increased by 9.0% per year (Table 5.1). However, there were marked variations across the categories of non-admitted patient services that may reflect changes in activity or reporting practices across states and territories. For example, the large increase for *Dialysis* occasions of service between 2011–12 and 2012–13 was largely caused by the reporting of dialysis training activity for Victoria for the first time.

Table 5.1: Number of individual non-admitted patient occasions of service ('000) for outpatient and other services, public acute hospitals, 2008–09 to 2012–13[(a)]

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
			('000)				
Emergency	7,172	7,390	7,651	7,809	7,924	2.5	1.5
Outpatient-related							
Allied health	3,752	3,848	3,908	4,060	3,742	–0.1	–7.8
Dental	775	864	886	452	917	4.3	102.9
Dialysis	26	50	23	19	156	57.0	699.1
Endoscopy and related procedures	58	55	63	60	67	3.9	13.1
Other medical/surgical/obstetric	11,906	11,972	11,801	12,277	13,205	2.6	7.6
Total outpatient-related occasions of service	*16,516*	*16,789*	*16,682*	*16,868*	*18,088*	*2.3*	*7.2*
Pharmacy, Pathology, Radiology and organ imaging	17,066	16,815	17,197	19,350	17,678	0.9	–8.6
Mental health and Alcohol and drug services	3,042	3,180	3,385	2,798	2,846	–1.6	1.7
Community health, Outreach and District nursing	5,365	5,296	5,261	6,300	7,579	9.0	20.3
Total occasions of service	**49,161**	**49,471**	**50,177**	**53,125**	**54,115**	**2.4**	**1.9**

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

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

Emergency occasions of service

Between 2008–09 and 2012–13, the number of presentations reported to the NNAPEDCD increased by 4.2% per year, from 5.7 million to 6.7 million and the proportion of emergency occasions of service for which detailed episode-level data were available increased from 80% to 85% (Table 5.2).

The increase in the number of hospitals reporting emergency occasions of service between 2011–12 and 2012–13 was mostly due to changed reporting arrangements in Victoria, with an increase in reporting by individual hospitals, that were previously included in local hospital network-level reporting.

Table 5.2: Emergency department presentations and emergency occasions of service, public hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Hospitals reporting emergency occasions of service to NPHED	607	609	611	609	621	0.6	2.0
Emergency occasions of service (NPHED)	7,171,667	7,390,459	7,651,233	7,809,335	7,924,241	2.5	1.5
Hospitals reporting to NNAPEDCD	182	183	185	203	204	2.9	0.5
Presentations (NNAPEDCD)	5,702,039	5,941,498	6,165,813	6,547,342	6,712,357	4.2	2.5
Estimated proportion (%)	**80**	**80**	**81**	**84**	**85**	**1.6**	**1.0**

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database (NPHED) and the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD).

States and territories

Between 2008–09 and 2012–13, the number emergency occasions of service reported to NPHED increased by an average of 2.5% per year (Table 5.3). Over that period, Western Australia reported the highest average annual increase of 5.4%.

Between 2011–12 and 2012–13, Tasmania reported the highest increase in emergency occasions of service of 3.2%.

For Victoria, the increase in the number of hospitals reporting emergency occasions of service between 2011–12 and 2012–13 was not accompanied by a marked increase in emergency occasions of service. The increase in the number of reporting hospitals was mostly due to changed reporting practices for 9 local hospital networks, with these data reported at an individual hospital level in 2012–13, rather than at the network level as had occurred in previous years. There were also 7 small hospitals in Victoria that commenced reporting emergency occasions of service in 2012–13.

Similar information about the numbers of emergency department presentations reported to the NNAPEDCD by state and territory for 2008–09 to 2012–13 and detailed information for the 6.7 million emergency department presentations in 2012–13 was reported in *Australian hospital statistics 2012–13: emergency department care* (AIHW 2013c).

Table 5.3: Emergency occasions of services, public hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales[(a)]							
Occasions of service	2,416,731	2,442,982	2,484,261	2,537,681	2,580,878	1.7	1.7
Number of hospitals	187	187	189	186	185		
Victoria[(a)(b)]							
Occasions of service	1,537,510	1,591,819	1,654,943	1,659,550	1,658,736	1.9	<–0.1
Number of hospitals	90	88	90	90	107		
Queensland							
Occasions of service	1,525,407	1,578,490	1,664,170	1,711,873	1,746,928	3.4	2.0
Number of hospitals	154	156	157	156	156		
Western Australia[(c)]							
Occasions of service	783,294	823,402	877,671	944,759	966,901	5.4	2.3
Number of hospitals	80	81	80	81	80		
South Australia[(d)]							
Occasions of service	531,575	554,906	562,293	537,115	546,588	0.7	1.8
Number of hospitals	73	73	73	73	70		
Tasmania							
Occasions of service	146,085	159,472	154,220	154,731	159,701	2.3	3.2
Number of hospitals	16	17	15	16	16		
Australian Capital Territory							
Occasions of service	101,898	106,806	112,460	118,767	118,975	3.9	0.2
Number of hospitals	2	2	2	2	2		
Northern Territory							
Occasions of service	129,167	132,582	141,215	144,859	145,534	3.0	0.5
Number of hospitals	5	5	5	5	5		
Total							
Occasions of service	**7,171,667**	**7,390,459**	**7,651,233**	**7,809,335**	**7,924,241**	**2.5**	**1.5**
Number of hospitals	**607**	**609**	**611**	**609**	**621**		

(a) From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for, New South Wales.

(b) For Victoria, the increase in the number of reporting hospitals was mostly due to changed reporting practices for 9 local hospital networks, with these data reported at an individual hospital level in 2012–13, rather than at the network level as had occurred in previous years. There were also 7 small hospitals in Victoria that commenced reporting emergency occasions of service in 2012–13.

(c) For Western Australia, the decrease in the number of reporting hospitals occurred because in Western Australia the scope for NPHED reporting is restricted to hospitals that report admitted patient activity. In 2012–13, one hospital that provided emergency services did not record any admitted patient activity, so was not included in Western Australia's NPHED submission.

(d) For South Australia, the decrease in emergency occasions of service between 2010–11 and 2011–12 was due to changes in the categorisation of emergency department services at 2 hospitals. From 1 July 2011, the units at the 2 hospitals were no longer categorised as emergency departments.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

Outpatient and other non-admitted occasions of service

Between 2008–09 and 2012–13, the number of outpatient clinic services reported to the NOCD increased by 3.4% per year, from 13.0 million to 14.9 million, and the proportion of outpatient-related occasions of service for which clinic-level data were available increased from 78% to 80% (Table 5.4).

Table 5.4: Outpatient clinic services and outpatient-related occasions of service, public hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Hospitals reporting outpatient-related occasions of service to NPHED	137	135	141	137	138	0.2	0.7
Outpatient-related occasions of service (NPHED)	16,516,005	16,789,487	16,682,006	16,867,591	18,087,570	2.3	7.2
Hospitals reporting to NOCD	113	110	114	116	117	0.9	0.9
Outpatient clinic services	13,035,982	13,034,892	13,316,298	13,814,027	14,892,699	3.4	7.8
Estimated proportion (%)	**78**	**78**	**79**	**78**	**80**	**0.4**	**2.0**

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods. Additional information on outpatient clinic services by public hospital peer groups is in Table 5.8 at the end of this chapter.

Source: National Public Hospital Establishments Database (NPHED) and the National Outpatient Care Database (NOCD).

States and territories

Between 2008–09 and 2012–13, individual *Outpatient* occasions of service reported to the NPHED increased by an average of 2.3% per year, with the Australian Capital Territory reporting the highest increase of 13% per year (Table 5.5). From 2011–12, outpatient care and public hospital establishments data reported for the Australian Capital Territory differ from previous years due to the inclusion of public hospital non-admitted/outpatient services delivered in the community.

Between 2011–12 and 2012–13, there were apparent variations in the activity that some jurisdictions reported. For the Australian Capital Territory there were notable increases in *Pharmacy*, *Pathology*, *Radiology and organ imaging*, and *Allied health*. Western Australia had a notable decrease in *Allied health* (see Table 5.6 and *Australian hospital statistics 2011–12*, AIHW 2013a).

For 2011–12, Victoria was not able to report all *Dental*, *Mental health* and *Community health* occasions of service. For 2012–13, Victoria was able to report these data, resulting in a notable increase in the numbers of occasions of service reported between 2011–12 and 2012–13.

How much activity was there in 2012–13?

Emergency occasions of service

In 2012–13, public hospitals provided more than 7.9 million emergency occasions of service (Table 5.6).

Overall, emergency occasions of service accounted for about 15% of all non-admitted occasions of service reported. However, there was some variation in this proportion among states and territories. The Australian Capital Territory had the lowest proportion of non-admitted occasions of service that were for emergency services and South Australia had the highest proportion (6% and 33%, respectively). This reflects variation in the types of non-admitted services provided by hospitals.

Table 5.5: Individual non-admitted patient occasions of service for outpatient and other services, public acute hospitals, states and territories, 2008–09 to 2012–13[a]

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales[b]							
Outpatient-related	6,549,516	6,450,592	6,022,466	6,428,747	6,962,125	1.5	8.3
Other non-admitted[c]	13,137,117	12,523,328	12,827,589	15,095,464	14,869,309	3.1	–1.5
Total	*19,686,633*	*18,973,920*	*18,850,055*	*21,524,211*	*21,831,434*	*2.6*	*1.4*
Victoria[b][d]							
Outpatient-related	2,939,829	3,094,084	3,334,130	2,962,630	3,643,485	5.5	23.0
Other non-admitted[c]	3,081,479	3,246,556	3,393,818	2,439,196	2,622,975	–3.9	7.5
Total	*6,021,308*	*6,340,640*	*6,727,948*	*5,401,826*	*6,266,460*	*1.0*	*16.0*
Queensland							
Outpatient-related	3,190,117	3,344,905	3,259,578	3,329,408	3,288,162	0.8	–1.2
Other non-admitted[c]	6,023,488	6,155,172	6,267,074	6,147,142	5,799,561	–0.9	–5.7
Total	*9,213,605*	*9,500,077*	*9,526,652*	*9,476,550*	*9,087,723*	*–0.3*	*–4.1*
Western Australia							
Outpatient-related	1,775,362	1,902,060	2,021,564	2,243,413	1,975,763	2.7	–11.9
Other non-admitted[c]	1,969,478	2,195,464	2,458,701	2,706,973	2,880,566	10.0	6.4
Total	*3,744,840*	*4,097,524*	*4,480,265*	*4,950,386*	*4,856,329*	*6.7*	*–1.9*
South Australia							
Outpatient-related	1,130,999	1,136,319	1,142,192	1,172,450	1,167,791	0.8	–0.4
Other non-admitted[c]	444,769	482,368	458,092	489,635	453,621	0.5	–7.4
Total	*1,575,768*	*1,618,687*	*1,600,284*	*1,662,085*	*1,621,412*	*0.7*	*–2.4*
Tasmania[e]							
Outpatient-related	454,806	334,946	358,322	326,013	304,860	–9.5	–6.5
Other non-admitted[c]	453,849	295,280	30,335	23,308	17,685	–55.6	–24.1
Total	*908,655*	*630,226*	*388,657*	*349,321*	*322,545*	*–22.8*	*–7.7*
Australian Capital Territory							
Outpatient-related	343,383	379,974	396,566	229,768	550,332	12.5	139.5
Other non-admitted[c]	158,941	169,808	170,225	1,294,070	1,200,511	65.8	–7.2
Total	*502,324*	*549,782*	*566,791*	*1,523,838*	*1,750,843*	*36.6*	*14.9*
Northern Territory							
Outpatient-related	131,993	146,607	147,188	175,162	195,052	10.3	11.4
Other non-admitted[c]	203,994	223,292	237,874	251,847	259,001	6.2	2.8
Total	*335,987*	*369,899*	*385,062*	*427,009*	*454,053*	*7.8*	*6.3*
Total							
Outpatient-related	**16,516,005**	**16,789,487**	**16,682,006**	**16,867,591**	**18,087,570**	**2.3**	**7.2**
Other non-admitted[c]	**25,473,115**	**25,291,268**	**25,843,708**	**28,447,635**	**28,103,229**	**2.5**	**–1.2**
Occasions of service	**41,989,120**	**42,080,755**	**42,525,714**	**45,315,226**	**46,190,799**	**2.4**	**1.9**

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

(b) From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for New South Wales.

(c) *Other Pharmacy*, *Pathology*, *Radiology and organ imaging*, *Mental health*, *Alcohol and drug*, *Community health* and *Outreach and District nursing*.

(d) For 2011–12, Victoria was not able to report all *Dental*, *Mental health* and *Community health* occasions of service.

(e) For 2009–10 and 2011–12, Tasmania was not able to provide occasions of service data for one hospital that reported about 180,000 non-admitted patient occasions of service to the NPHED in 2010–11.From 2010–11, Tasmania excluded counts of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania's public hospital counts.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

Table 5.6: Non-admitted patient occasions of service, public acute hospitals, states and territories, 2012–13

Type of non-admitted patient service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[a]	Total
Individual occasions of service									
Emergency	2,580,878	1,658,736	1,746,928	966,901	546,588	159,701	118,975	145,534	7,924,241
Outpatient care									
Allied health	759,428	1,009,769	671,857	890,159	171,262	62,666	159,522	17,590	3,742,253
Dental	439,492	455,473	. .	12,832	9,135	. .	. .	. .	916,932
Dialysis	22,667	127,656	. .	. .	. .	. .	. .	5,262	155,585
Endoscopy and related procedures	24,381	3,497	8,307	. .	26,901	. .	3,139	1,104	67,329
Other medical/surgical/obstetric[b]	5,716,157	2,047,090	2,607,998	1,072,772	960,493	242,194	387,671	171,096	13,205,471
Total outpatient occasions of service	*6,962,125*	*3,643,485*	*3,288,162*	*1,975,763*	*1,167,791*	*304,860*	*550,332*	*195,052*	*18,087,570*
Pharmacy[c]	3,765,178	421,723	539,330	234,006	. .	. .	42,880	35,283	5,038,400
Pathology	3,244,984	877,350	3,840,715	837,049	. .	. .	683,066	132,045	9,615,209
Radiology and organ imaging	631,210	644,895	986,772	434,404	193,615	. .	41,577	91,673	3,024,146
Mental health	1,017,711	. .	30,782	96,596	12,908	4,105	262,860	. .	1,424,962
Alcohol and drug	1,293,842	87,747	39,694	. .	. .	. .	. .	. .	1,421,283
Community health	2,543,707	426,022	227,451	1,058,187	. .	13,580	170,128	. .	4,439,075
District nursing[c]	1,636,103	159,594	. .	114,674	. .	. .	. .	. .	1,910,371
Other outreach	736,574	5,644	134,817	105,650	247,098	. .	. .	. .	1,229,783
Total individual occasions of service	**24,412,312**	**7,925,196**	**10,834,651**	**5,823,230**	**2,168,000**	**482,246**	**1,869,818**	**599,587**	**54,115,040**

(continued)

Table 5.6 (continued): Non-admitted patient occasions of service, public acute hospitals, states and territories, 2012–13

Type of non-admitted patient service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[a]	Total
Group sessions									
Outpatient care									
Allied health	10,621	34,212	11,940	130,233	6,757	. .	14,042	261	208,066
Dental	46	. .	. .	. .	. .	. .	. .	. .	46
Other medical/surgical/obstetric[b]	32,944	2,879	7,162	7,496	6,472	. .	3,145	511	60,609
Total outpatient occasions of service	*43,611*	*37,091*	*19,102*	*137,729*	*13,229*	. .	*17,187*	*772*	*268,721*
Mental health	34,543	. .	2	20,720	460	. .	5,648	. .	61,373
Alcohol and drug	292	. .	165	. .	. .	. .	. .	. .	457
Community health	25,161	1,836	12,538	31,033	. .	. .	38,241	. .	108,809
District nursing	2,608	36	. .	758	. .	. .	. .	. .	3,402
Other outreach	2,568	. .	136	1,439	69,094	. .	. .	. .	73,237
Other	98	32	. .	. .	. .	. .	. .	. .	130
Total group sessions[d]	**108,881**	**38,995**	**31,943**	**191,679**	**82,783**	**. .**	**61,076**	**772**	**516,129**

(a) *Radiology* figures for the Northern Territory are underestimated and *Pathology* figures relate only to 3 of the 5 hospitals.

(b) *Other medical/surgical/obstetric* relates to the NOCD outpatient services of *Gynaecology*, *Obstetrics*, *Cardiology*, *Endocrinology*, *Oncology*, *Respiratory*, *Gastroenterology*, *Medical*, *General practice primary* care, *Paediatric*, *Plastic surgery*, *Urology*, *Orthopaedic surgery*, *Ophthalmology*, *Ear, nose and throat*, *Chemotherapy*, *Paediatric surgery* and *Renal medical*.

(c) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service for *Pharmacy* and *District nursing* that may not be typical for other hospitals.

(d) Includes any group sessions for *Dialysis* and *Endoscopy* and related procedures.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

How long did people wait for care?

Waiting times for emergency department care—proportion completed within four hours

The proportion of patients whose emergency department visit is completed within 4 hours is considered to be an indicator of accessibility. The information presented in Table 5.7 relates to emergency department care between 1 January 2012 and 31 December 2013.

Patients are considered to have completed their visit to the emergency department when they physically leave the emergency department (regardless of whether they were admitted to the hospital, referred to another hospital, departed without being admitted or referred to another hospital, or left at their own risk). Included are all hospitals reporting to the NAPEDC NMDS.

During 2013, overall, 71% of patients presenting to a public hospital emergency department had their visit completed in 4 hours or less (Table 5.10). The proportion of presentations completed within 4 hours varied among states and territories, ranging from 59% in the Australian Capital Territory to 78% in Western Australia.

Between 2012 and 2013, the proportion of presentations completed in 4 hours or less increased for New South Wales, Victoria, Queensland, Tasmania and the Australian Capital Territory.

Information on the proportion of presentations completed within 4 hours for each quarter of 2013 is available in Table S5.1, accompanying this report online.

Table 5.7: Emergency department presentations[a], proportion with a length of stay[b] of 4 hours or less, states and territories, 2012 to 2013

Calendar year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Presentations with length of stay of 4 hours or less				
2012[c]	1,388,084	989,168	847,114	592,939	297,059	96,636	67,869	92,617	4,371,486
2013	1,836,945	1,039,983	995,011	582,431	299,155	98,859	72,444	91,880	5,016,708
					Total presentations				
2012[c]	2,270,081	1,521,872	1,266,468	754,911	450,355	144,324	119,666	144,144	6,671,821
2013	2,594,678	1,544,455	1,315,802	748,207	459,448	147,401	121,880	146,949	7,078,820
					Proportion of presentations with length of stay of 4 hours or less (%)				
2012[c]	61.1	65.0	66.9	78.5	66.0	67.0	56.7	64.3	65.5
2013	70.8	67.3	75.6	77.8	65.1	67.1	59.4	62.5	70.9

(a) Excludes records for which the emergency department length of stay could not be calculated due to missing date or time data.

(b) The emergency department length of stay is the amount of time between the patient presenting to the emergency department (arrival) and the physical departure of the patient.

(c) As reported in *Australian hospital statistics: national emergency access and elective surgery targets 2012* (AIHW 2013g).

Source: National Emergency Access Target Database.

Outpatient and other non-admitted occasions of service

In 2012–13, public hospitals provided almost 18.1 million service episodes for outpatient-related care (Table 5.6), including:

- 3.7 million services for *Allied health*
- 13.2 million service episodes delivered in specialist outpatient clinics for *Other medical/surgical/obstetric*.

The proportion of non-admitted patient occasions of service that are related to outpatient care varied across states, from 29% in New South Wales to 63% in Tasmania. However, there was considerable variation in activity for other non-admitted patient service types across states and territories, which may in part reflect differences in data recording practices. For example, Justice Health in New South Wales reported a large number of occasions of service for *Pharmacy* and *District nursing* that may not be typical for other hospitals.

In 2012–13, 516,000 non-admitted patient care occasions of service were reported to the NPHED for group sessions (care provided to more than one patient at a time), with *Mental health*, *Community health* and *Other Outreach* accounting for 47% of these sessions.

Outpatient clinic services

In 2012–13, outpatient clinic-level data were provided to the NOCD for almost 14.9 million occasions of service for individuals (Table 5.8, see Box 5.1). The public hospital peer groups presented in Table 5.8 reflect the new AIHW public hospital peer group classification. See Appendix C for more information.

The estimated proportions of individual occasions of service reported to the NOCD for 2012–13 varied significantly by state and territory, ranging from 77% for New South Wales and Queensland to 100% for the Australian Capital Territory. For group occasions of service, the estimated proportion reported to the NOCD for 2012–13 ranged from 21% in the Australian Capital Territory to 100% for the Northern Territory.

Individual occasions of service

Around 52% of individual outpatient occasions of service reported to the NOCD were provided by *Allied health*, *Medical* and *Obstetrics* clinics (Table 5.9).

There were large variations in the types of services reported and in the volume of activity reported. For example, the Northern Territory reported a relatively high number of occasions of service for *Paediatric* outpatient clinics and Victoria reported a relatively low number compared with other states and territories. For 2012–13, the large number of *Dialysis* occasions of service for Victoria reflects the reporting of dialysis training activity.

Group occasions of service

In 2012–13, there were about 230,000 group sessions reported for non-admitted patient outpatient clinic care (Table 5.10). Over 77% of group sessions reported to the NOCD were provided by *Allied health* clinics.

Additional material

An additional table accompanies this report online:

Table S5.1: Emergency department presentations, proportion with a length of stay of 4 hours or less by quarter, states and territories, 2013.

Table 5.8: Outpatient occasions of service, by public hospital peer group[(a)], states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Hospitals reporting to NOCD									
Individual occasions of service	14	9	8	4	3	1	1	1	41
Group occasions of service	11	9	5	4	3	0	1	1	34
Occasions of service									
Individual	3,741,620	1,361,036	1,353,268	881,425	551,004	186,618	552,429	131,086	8,758,486
Group	7,676	34,203	5,258	51,743	8,239	0	3,398	629	111,146
Large acute hospitals									
Hospitals reporting to NOCD									
Individual occasions of service	21	16	12	3	4	2	1	1	60
Group occasions of service	19	12	11	3	4	0	1	1	51
Occasions of service									
Individual	1,387,659	1,042,107	1,034,719	359,024	398,002	145,866	36,111	45,561	4,449,049
Group	18,019	10,339	8,575	21,622	3,745	0	221	143	62,664
Medium acute hospitals									
Hospitals reporting to NOCD									
Individual occasions of service	9	7	3	5	1	1	. .	. .	26
Group occasions of service	8	7	2	5	1	0	. .	. .	23
Occasions of service									
Individual	352,649	336,842	127,964	186,822	11,071	45,656	. .	. .	1,061,004
Group	2,260	6,502	561	23,188	151	0	. .	. .	32,662
Other hospitals									
Hospitals reporting to NOCD									
Individual occasions of service	0	4	0	7	0	0	0	0	11
Group occasions of service	0	2	0	7	0	0	0	0	9
Occasions of service									
Individual	0	403,377	0	220,783	0	0	0	0	624,160
Group	0	187	0	24,000	0	0	0	0	24,187

(continued)

Table 5.8 (continued): Outpatient occasions of service, by public hospital peer group[(a)], states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total									
Hospitals reporting to NOCD									
Individual occasions of service	44	36	23	19	8	4	2	2	138
Group occasions of service	38	30	18	19	8	0	2	2	117
Occasions of service									
Individual	5,481,928	3,143,362	2,515,951	1,648,054	960,077	378,140	588,540	176,647	14,892,699
Group	27,955	51,231	14,394	120,553	12,135	0	3,619	772	230,659
Estimated proportion of occasions of service in NOCD									
Individual	77	79	77	83	82	95	100	91	80
Group	64	42	75	87	92	. .	21	100	73

(a) The AIHW public hospital peer group classification (AIHW forthcoming) has been updated since *Australian hospital statistics 2011–12* (AIHW 2013a). See Appendix C for more information.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Outpatient Care Database.

Table 5.9: Outpatient care individual occasions of service[(a)], by outpatient clinic type, selected public hospitals, states and territories, 2012–13

Clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Allied Health	613,573	477,588	541,417	579,239	149,764	88,642	104,053	16,551	2,570,827
Dental	279,910	402,132	0	12,294	9,122	0	0	0	703,458
Gynaecology	63,935	56,115	49,157	20,784	42,498	10,989	4,321	6,642	254,441
Obstetrics	927,542	509,892	415,253	161,078	104,139	39,908	48,175	29,043	2,235,030
Cardiology	64,292	15,302	58,806	42,217	28,330	17,052	8,006	1,722	235,727
Endocrinology	207,341	64,763	58,421	40,703	35,565	18,630	13,656	3,067	442,146
Oncology	304,421	245,581	103,297	75,880	19,213	6,230	59,339	4,223	818,184
Respiratory	136,487	8,913	36,463	24,628	39,305	7,356	10,282	2,991	266,425
Gastroenterology	74,490	23,094	35,160	17,978	28,565	5,433	10,988	1,123	196,831
Medical	1368803	537,540	399,562	260,591	124,384	45,753	150,812	24,978	2,912,423
General practice/primary care	238,419	433	27,066	203	0	0	123,474	0	389,595
Paediatric	69,019	14,101	53,655	13,164	17,910	9,118	7,017	8,117	192,101
Endoscopy	22,421	3,544	8,205	0	17,208	1,441	0	0	52,819
Plastic surgery	56,133	80,049	27,673	48,401	20,788	29,951	8,453	1,952	273,400
Urology	22,002	48,178	48,300	23,478	16,465	4,382	0	508	163,313
Orthopaedic	359,188	195,986	239,566	99,017	73,099	28,461	19,967	15,857	1,031,141
Ophthalmology	106,280	87,982	81,827	61,855	71,666	11,315	0	13,287	434,212
Ear, nose and throat surgery	36,078	40,600	43,510	27,135	21,554	3,838	2,506	5,653	180,874
Pre-admission and pre-anaesthesia	198,058	98,793	88,507	52,556	31,393	13,130	8,612	8,716	499,765
Chemotherapy	97,983	0	13,715	1,951	20,175	8,296	0	4,666	146,786
Dialysis	19,879	87,762	0	849	0	0	0	5,237	113,727
Surgery	104,712	138,383	126,865	64,633	76,672	21,210	8,841	18,257	559,573
Paediatric surgery	2,151	6,631	5,543	4,162	852	2,063	0	0	21,402
Renal medicine	108,811	0	53,983	15,258	11,410	4,942	38	4,057	198,499
Total	**5,481,928**	**3,143,362**	**2,515,951**	**1,648,054**	**960,077**	**378,140**	**588,540**	**176,647**	**14,892,699**

(a) Variations among jurisdictions in the reporting of occasions of service may reflect differences in admission practices and in the types of facilities offering these services.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Outpatient Care Database.

Table 5.10: Outpatient care group occasions of service[(a)], by outpatient clinic type, selected public hospitals, states and territories, 2012–13

Clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Allied Health	8,976	36,211	8,450	116,112	6,186	0	1,699	261	177,895
Dental	6	0	0	0	0	0	0	0	6
Gynaecology	1	0	0	0	0	0	0	0	1
Obstetrics	1,654	12,742	2,241	2,301	931	0	1,226	0	21,095
Cardiology	77	0	2,272	171	320	0	0	0	2,840
Endocrinology	1,175	1,116	351	848	245	0	304	0	4,039
Oncology	262	0	279	28	0	0	0	0	569
Respiratory	3,638	0	125	0	22	0	112	0	3,897
Gastroenterology	0	0	0	0	0	0	0	0	0
Medical	7,582	120	319	1,090	3,890	0	17	511	13,529
General practice/primary care	117	0	0	0	0	0	240	0	357
Paediatric	426	2	104	0	10	0	0	0	542
Endoscopy	0	0	0	0	0	0	0	0	0
Plastic surgery	0	0	0	0	335	0	0	0	335
Urology	1	0	0	1	0	0	0	0	2
Orthopaedic	318	3	52	0	31	0	0	0	404
Ophthalmology	0	0	0	0	0	0	0	0	0
Ear, nose and throat surgery	1	0	0	0	0	0	0	0	1
Pre-admission and pre-anaesthesia	3,305	763	83	0	0	0	21	0	4,172
Chemotherapy	23	0	3	0	0	0	0	0	26
Dialysis	2	226	0	0	0	0	0	0	228
Surgery	50	48	109	2	165	0	0	0	374
Paediatric surgery	0	0	0	0	0	0	0	0	0
Renal medicine	341	0	6	0	0	0	0	0	347
Total	**27,955**	**51,231**	**14,394**	**120,553**	**12,135**	**0**	**3,619**	**772**	**230,659**

(a) Variations among jurisdictions in the reporting of occasions of service may reflect differences in admission practices and in the types of facilities offering these services.

Note: See boxes 5.1 and 5.2 for notes on data limitations and methods.

Source: National Outpatient Care Database

6 Admitted patient care: overview

This chapter draws on data from the NHMD to present an overview of admitted patient care in Australia's hospitals.

Subsequent chapters present information on the following subsets of admitted patient care:

- same-day acute admitted patient care (Chapter 7)
- overnight acute admitted patient care (Chapter 8)
- surgery for admitted patients (Chapter 9)
- subacute and non-acute care (Chapter 10).

What data are reported?

The NHMD contains episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The data in this chapter include administrative, demographic and clinical data.

Administrative data provide information on:

- how patients were admitted
- how patient care ended
- length of stay in hospital
- the source of funding.

Demographic data provide information on the patient's:

- age
- sex
- Indigenous status
- remoteness area of usual residence
- SES of area of usual residence.

Clinical data provide information on:

- the type of care provided
- principal and additional diagnoses, and external causes of injury or poisoning
- procedures or interventions
- AR-DRGs.

Terms relevant to admitted patient care data are summarised in Box 6.1.

Box 6.1: Summary of terms and classifications relating to admitted patient care

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

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 length of stay for an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day.

A **same-day** separation occurs when a patient is admitted to and separated from the hospital on the same date. An **overnight** separation occurs when a patient is admitted to and separated from the hospital on different dates.

The **principal diagnosis** is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. An **additional diagnosis** is a condition or complaint that either coexists with the principal diagnosis or arises during the episode of care. An additional diagnosis is reported if the condition affects patient management.

A **procedure** is a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Australian Refined Diagnosis Related Groups (AR-DRGs) is a classification system developed to 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 resources. The AR-DRG system is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), which are divided into *Surgical*, *Medical* and *Other* partitions, and then into 708 individual AR-DRGs (in AR-DRG version 6.0x).

In 2012–13, diagnoses and external causes of injury were recorded using the 7th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2010). It comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization's version of ICD-10. The ICD-10-AM classification is hierarchical, with 20 summary disease chapters that are divided into a large number of more specific disease groupings. See Appendix B for more information.

(continued)

Box 6.1 (continued): Summary of terms and classifications relating to admitted patient care

Procedures were recorded using the 7th edition of the *Australian Classification of Health Interventions* (ACHI) (NCCH 2010). The ACHI classification is divided into 20 chapters by anatomical site. These subchapters are further divided into more specific procedure blocks, ordered from the least invasive to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure information. In this publication, procedures are mostly presented based on the ACHI procedure chapters and the ACHI procedure blocks. See Appendix B for more information.

See the Glossary for more terms relating to admitted patient care.

Box 6.2: What are the limitations of the data?

When interpreting the data presented, the following should be noted:

- Coverage for the NHMD is essentially complete. For 2012–13, all public hospitals were included except for a small mothercraft hospital in the Australian Capital Territory. Private hospital data were not provided for private free-standing day hospital facilities in the Australian Capital Territory and the Northern Territory and one private free-standing day hospital facility in Victoria.
- There may be variation among states and territories in the use of statistical discharges and the assignment of care types (see Appendix A).
- In 2011–12, it was estimated that 88% of Indigenous patients were correctly identified in Australian public hospitals (AIHW 2013h). The overall quality of the data provided for Indigenous status in 2012–13 is considered to be in need of some improvement and varied between states and territories (see Appendix B).
- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly important for the Australian Capital Territory. In 2012–13, about 18% of separations for the Australian Capital Territory hospitals were for patients who lived in New South Wales.

See appendixes A and B for more information.

Box 6.3: What methods were used?

- Unless otherwise indicated in footnotes, separations with a care type of *Newborn* (without qualified days) and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
- The patient's age is calculated at the date of admission.
- In tables by age group and sex, separations for which age and sex were not reported are included in the totals. In 2012–13, there were 59 separations that did not have sex reported as male or female, and 20 separations for which date of birth was not reported (and therefore age could not be calculated).
- Separation rates are age-standardised as detailed in Appendix B.
- In some tables, separation rates are accompanied by the standardised separation rate ratio (SRR). If the SRR is greater than 1, then the rate for the category was higher than the national average (or, in the case of Indigenous status, than other Australians).
- *Other Australians* includes separations for which the Indigenous status of the patient was not reported.
- Data on area of usual residence were provided as state or territory and statistical area level 2 (SA2) and/or postcode, and have been aggregated to remoteness areas under the ASGS (ABS 2011b). Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.
- Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2013b) for the area of usual residence (SA2) of the patient. These SES groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory. Disaggregation by SES group is based on the patient's usual residence, not the location of the hospital.
- The 'cost weight' for a separation is the ratio of the estimated average cost for the separation (based on AR-DRG version 6.0x) compared with the average cost for all acute separations. The national estimated cost weights for each AR-DRG version 6.0x can be used as approximations of the relative costs of admitted patient care during 2012–13. They should be used with caution in any comparisons between the states and territories.
- For 2012–13, the 2010–11 AR-DRG version 6.0x public hospital cost weights obtained from the NHCDC (IHPA 2013a) were applied to each separation. The NHCDC Round 15 (2010–11) estimated the national average cost of an acute public hospital separation at $4,613 (including depreciation) (IHPA 2013a).
- For private hospitals, the 2011–12 AR-DRG version 6.0x overnight private hospital cost weights (IHPA 2013b) were applied to each private hospital separation. An average cost was not reported for private hospitals.
- Estimated total admitted patient costs are not directly comparable between public and private hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information. These costs are included in public hospital cost information.

See Appendix B for more information.

How has activity changed over time?

From 2011–12 to 2012–13, separations rose 1.3% to 9.4 million (Table 6.1). The increase in separations was higher in private hospitals (2.6%) than in public hospitals (0.3%). However, if a change in emergency department admission policy in Victoria had not occurred (which Victoria has advised resulted in a decrease of about 140,000 admissions in emergency departments), public hospital separations were estimated to have risen by 2.9%.

Between 2008–09 and 2012–13, the number of separations rose by an average of 3.6% per year (Table 6.1). Over that period, the average annual rise in separations was higher in private hospitals than in public hospitals. The largest increases in acute separation rates were seen for private hospital same-day separations (4.3% per year). After adjusting for Victoria's admission policy changes as above, the overall increase is estimated to be about 3.9% per year, and the increase for public hospitals is estimated at about 3.8% per year.

The largest increases in separations between 2008–09 and 2012–13 occurred for subacute and non-acute care, which rose by an average of 8.2% per year for public hospitals and 13.9% per year for private hospitals (see Chapter 10 for more information on subacute and non-acute care).

States and territories

Between 2008–09 and 2012–13, the number of public hospital separations increased at a greater rate than the national average (3.1%) in New South Wales, Queensland, Western Australia, Tasmania and the Northern Territory (Table 6.2).

Between 2011–12 and 2012–13, the largest increase in the number of public hospital separations was recorded for Tasmania (6.8%). The large decrease in public hospital separations recorded for Victoria reflects a change in Victoria's emergency department admission policy between 2011–12 and 2012–13. After adjusting for this change, public hospital separations for Victoria were estimated to have increased by about 1.8%.

Over the same period, above-average increases in the number of private hospital separations were recorded in Victoria, Queensland, Western Australia and South Australia.

Table 6.1: Separations, by type of care, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Acute[(a)]	4,748,075	4,916,330	5,114,373	5,329,166	5,334,793	3.0	0.1
Same-day	2,438,918	2,548,838	2,660,640	2,777,380	2,751,061	3.1	–0.9
Surgical[(b)]	359,435	365,562	373,252	380,885	384,515	1.7	1.0
Other[(c)]	2,079,483	2,183,276	2,287,388	2,396,495	2,366,546	3.3	–1.2
Overnight	2,309,157	2,367,492	2,453,733	2,551,786	2,583,732	2.8	1.3
Surgical[(b)]	526,808	540,062	556,447	569,746	573,039	2.1	0.6
Other[(c)]	1,782,349	1,827,430	1,897,286	1,982,040	2,010,693	3.1	1.4
Subacute and non-acute[(d)]	142,600	152,578	164,499	181,926	195,323	8.2	7.4
Total public hospitals[(e)]	*4,891,023*	*5,069,288*	*5,279,132*	*5,511,492*	*5,530,195*	*3.1*	*0.3*
Private hospitals							
Acute[(a)]	3,105,309	3,277,060	3,357,966	3,502,827	3,587,976	3.7	2.4
Same-day	2,082,968	2,216,940	2,282,843	2,399,171	2,463,017	4.3	2.7
Surgical[(b)]	703,982	743,928	761,808	805,846	818,006	3.8	1.5
Other[(c)]	1,378,986	1,473,012	1,521,035	1,593,325	1,645,011	4.5	3.2
Overnight	1,022,341	1,060,120	1,075,123	1,103,656	1,124,959	2.4	1.9
Surgical[(b)]	533,197	553,920	565,565	581,538	593,192	2.7	2.0
Other[(c)]	489,144	506,200	509,558	522,118	531,767	2.1	1.9
Subacute and non-acute[(d)]	151,923	184,461	215,393	241,791	255,351	13.9	5.6
Total private hospitals[(e)]	*3,257,425*	*3,461,715*	*3,573,418*	*3,744,677*	*3,843,331*	*4.2*	*2.6*
Total	**8,148,448**	**8,531,003**	**8,852,550**	**9,256,169**	**9,373,526**	**3.6**	**1.3**

(a) *Acute* admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported.

(b) *Surgical* separations are defined as acute care separations with a surgical procedure reported, based on the procedures used to define 'surgical' DRGs in AR-DRG, version 6.0x (DoHA 2011).

(c) *Other* separations are those classified as acute care but not involving a surgical (or operating room) procedure. This can include non-operating room procedures such as endoscopy.

(d) *Subacute and non-acute* care includes *Rehabilitation*, *Palliative*, *Geriatric evaluation and management*, *Psychogeriatric* and *Maintenance* care types.

(e) The totals include separations with a care type of *Other* admitted patient care.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Between 2008–09 and 2012–13, the numbers of public hospital patient days increased at a higher rate than the national average for Queensland, Western Australia, the Australian Capital Territory and the Northern Territory (Table 6.3). The decrease in patient days for Tasmanian public hospitals over the same period may, in part, reflect changes in the reporting of psychiatric care.

Table 6.2: Separations for public and private hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales[a]							
Public hospitals	1,505,969	1,542,968	1,582,804	1,660,602	1,716,789	3.3	3.4
Private hospitals	907,214	960,706	1,011,887	1,070,140	1,082,500	4.5	1.2
All hospitals	*2,413,183*	*2,503,674*	*2,594,691*	*2,730,742*	*2,799,289*	*3.8*	*2.5*
Victoria[a][b]							
Public hospitals	1,379,624	1,424,663	1,496,041	1,543,773	1,429,453	n.p.	n.p.
Private hospitals	811,020	885,776	875,470	917,810	943,381	3.9	2.8
All hospitals	*2,190,644*	*2,310,439*	*2,371,511*	*2,461,583*	*2,372,834*	*n.p.*	*n.p.*
Queensland							
Public hospitals	883,340	922,970	964,349	1,001,215	1,044,011	4.3	4.3
Private hospitals	813,941	844,953	859,202	901,188	933,661	3.5	3.6
All hospitals	*1,697,281*	*1,767,923*	*1,823,551*	*1,902,403*	*1,977,672*	*3.9*	*4.0*
Western Australia[a]							
Public hospitals	467,433	505,909	548,272	588,143	606,809	6.7	3.2
Private hospitals	362,162	381,300	417,761	436,319	451,942	5.7	3.6
All hospitals	*829,595*	*887,209*	*966,033*	*1,024,462*	*1,058,751*	*6.3*	*3.3*
South Australia[a]							
Public hospitals	374,540	383,055	390,154	407,315	413,756	2.5	1.6
Private hospitals	255,500	270,015	283,281	289,980	298,159	3.9	2.8
All hospitals	*630,040*	*653,070*	*673,435*	*697,295*	*711,915*	*3.1*	*2.1*
Tasmania[a]							
Public hospitals	94,892	101,673	99,333	99,632	106,358	2.9	6.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	89,869	88,356	93,745	97,455	94,712	1.3	–2.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	95,356	99,694	104,434	113,357	118,307	5.5	4.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**4,891,023**	**5,069,288**	**5,279,132**	**5,511,492**	**5,530,195**	**3.1**	**0.3**
Private hospitals	**3,257,425**	**3,461,715**	**3,573,418**	**3,744,677**	**3,843,331**	**4.2**	**2.6**
All hospitals	**8,148,448**	**8,531,003**	**8,852,550**	**9,256,169**	**9,373,526**	**3.6**	**1.3**

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

(b) The large decrease in public hospital separations recorded for Victoria reflects a change in Victoria's emergency department admission policy between 2011–12 and 2012–13.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information for 2012–13 by state and territory is in Table 6.34 at the end of this chapter.

Table 6.3: Patient days for public and private hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales[a]							
Public hospitals	6,114,244	6,061,168	6,192,497	6,434,979	6,387,014	1.1	–0.7
Private hospitals	2,121,237	2,225,185	2,330,294	2,452,877	2,464,340	3.8	0.5
All hospitals	*8,235,481*	*8,286,353*	*8,522,791*	*8,887,856*	*8,851,354*	*1.8*	*–0.4*
Victoria[a][b]							
Public hospitals	4,499,508	4,606,599	4,722,672	4,782,281	4,629,716	0.7	–3.2
Private hospitals	2,060,800	2,235,086	2,166,659	2,261,615	2,310,738	2.9	2.2
All hospitals	*6,560,308*	*6,841,685*	*6,889,331*	*7,043,896*	*6,940,454*	*1.4*	*–1.5*
Queensland							
Public hospitals	3,072,713	3,128,097	3,206,398	3,262,934	3,295,250	1.8	1.0
Private hospitals	2,005,809	2,062,543	2,093,296	2,177,232	2,219,627	2.6	1.9
All hospitals	*5,078,522*	*5,190,640*	*5,299,694*	*5,440,166*	*5,514,877*	*2.1*	*1.4*
Western Australia[a]							
Public hospitals	1,647,019	1,722,439	1,779,052	1,856,812	1,920,265	3.9	3.4
Private hospitals	819,851	829,497	886,003	905,529	910,944	2.7	0.6
All hospitals	*2,466,870*	*2,551,936*	*2,665,055*	*2,762,341*	*2,831,209*	*3.5*	*2.5*
South Australia[a]							
Public hospitals	1,598,610	1,591,333	1,614,514	1,679,153	1,600,110	0.0	–4.7
Private hospitals	609,747	617,179	625,664	634,321	639,419	1.2	0.8
All hospitals	*2,208,357*	*2,208,512*	*2,240,178*	*2,313,474*	*2,239,529*	*0.4*	*–3.2*
Tasmania[a]							
Public hospitals	394,285	423,915	372,761	353,640	359,760	–2.3	1.7
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	292,947	296,483	311,607	326,778	327,728	2.8	0.3
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	269,856	272,712	287,518	294,459	302,980	2.9	2.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**17,889,182**	**18,102,746**	**18,487,019**	**18,991,036**	**18,822,823**	**1.3**	**–0.9**
Private hospitals	**7,892,929**	**8,262,177**	**8,407,813**	**8,745,214**	**8,872,946**	**3.0**	**1.5**
All hospitals	**25,782,111**	**26,364,923**	**26,894,832**	**27,736,250**	**27,695,769**	**1.8**	**–0.1**

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

(b) The large decrease in public hospital patient days recorded for Victoria reflects a change in Victoria's emergency department admission policy between 2011–12 and 2012–13.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information for 2012–13 by state and territory is in Table 6.34 at the end of this chapter.

How much activity was there in 2012–13?

In 2012–13, about 59% of separations (5.5 million) and 68% of patient days (18.8 million) occurred in public hospitals. Public hospitals accounted for about 70% of overnight separations and 53% of same-day separations.

For the 3.8 million separations from private hospitals, about 22% of separations (853,000) occurred in *Private free-standing day hospital facilities* and the remainder were in other private hospitals

The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices, which lead to variation, in particular, in the number of same-day admissions.

The proportion of separations that were for same-day care varied by hospital sector and between jurisdictions. For public hospitals, the proportion of same-day separations ranged from 45% in New South Wales to 67% in the Northern Territory. For private free-standing day hospitals and other private hospitals combined, it ranged from 66% in Victoria to 72% in New South Wales.

More information on the numbers of separations and patient days by state and territory is available in Table 6.34 at the end of this chapter.

Overnight separations

In 2012–13, there were about 165 overnight separations per 1,000 population. Public hospitals accounted for about 115 overnight separations per 1,000 population and private hospitals accounted for about 49 per 1,000. See Chapter 8 for selected international comparisons based on overnight acute care.

Rates of overnight separations in public hospitals ranged from 92 per 1,000 in Tasmania to 189 per 1,000 in the Northern Territory (Table 6.4). For private hospitals, rates of overnight separations ranged from 38 per 1,000 in New South Wales to 62 per 1,000 in Queensland.

The proportion of overnight separations that were in public hospitals varied among states and territories, ranging from 64% in Queensland to 76% in New South Wales.

Separation rates presented by the state or territory of hospitalisation will include separations for patients not usually resident in that state or territory. For the Australian Capital Territory, about 76% of overnight separations were for Australian Capital Territory residents, with most of the remainder for residents of New South Wales.

There were variations in rates of overnight separations by Indigenous status, remoteness area of residence and SES of area of residence (see 'Who used these services').

Table 6.4: Overnight separations per 1,000 population, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT[(a)]	NT	Total
Hospital sector									
Public	121.3	107.7	112.0	114.4	122.5	91.7	122.9	188.6	115.4
Private	38.4	52.5	62.3	55.8	48.2	n.p.	n.p.	n.p.	49.3
Indigenous status									
Indigenous	304.4	272.0	311.2	398.9	380.4	n.p.	n.p.	n.p.	324.5
Other Australians	161.2	164.7	174.7	170.1	172.4	n.p.	n.p.	n.p.	166.0
Remoteness area of residence									
Major cities	153.8	152.0	164.3	160.1	160.4	. .	135.8	. .	156.0
Inner regional	164.5	179.9	187.2	181.5	167.4	140.4	n.p.	. .	173.8
Outer regional	199.1	209.0	183.1	201.2	219.8	134.9	. .	172.9	190.7
Remote	235.6	286.9	199.5	227.5	197.3	143.4	. .	222.7	215.3
Very remote	266.9	. .	255.3	214.1	230.5	184.1	. .	305.3	254.6
Socioeconomic status of area of residence									
1—Lowest	161.0	171.6	220.2	213.7	199.5	153.5	n.p.	286.6	182.8
2	149.1	179.9	186.2	191.6	173.7	133.3	n.p.	188.1	170.1
3	176.1	159.6	158.0	170.5	164.6	119.9	551.1	249.1	165.9
4	158.1	156.1	155.0	156.5	148.5	131.1	140.1	169.7	154.8
5—Highest	139.9	134.0	147.9	147.1	135.8	. .	131.7	159.7	140.4
Total	**159.7**	**160.1**	**174.3**	**170.2**	**170.6**	**n.p.**	**n.p.**	**n.p.**	**164.7**

(a) Caution should be used in interpreting rates for the Australian Capital Territory, as about 24% of overnight separations in the Australian Capital Territory were for interstate residents.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Same-day separations

The number of same-day separations may not be comparable among the states and territories due to variations in admission practices. Therefore, these data should be interpreted with caution.

In 2012–13, there were about 226 same-day separations per 1,000 population. Public hospitals accounted for about 116 same-day separations per 1,000 population and private hospitals accounted for 109 per 1,000.

Rates of same-day separations in public hospitals ranged from 98 per 1,000 in New South Wales and Tasmania to 373 per 1,000 in the Northern Territory (Table 6.5). For private hospitals, rates of same-day separations ranged from 98 per 1,000 in New South Wales to 135 per 1,000 in Queensland.

For the Australian Capital Territory, about 84% of same-day separations were for Australian Capital Territory residents, with most of the remainder being for residents of New South Wales.

There were variations in rates of same-day separations by Indigenous status, remoteness area of residence and SES of area of residence (see 'Who used these services').

Table 6.5: Same-day separations per 1,000 population, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT[(a)]	NT	Total
Hospital sector									
Public	97.9	131.6	112.0	133.3	105.3	97.6	140.5	373.1	116.4
Private	98.2	104.0	134.7	127.3	108.2	n.p.	n.p.	n.p.	109.3
Indigenous status									
Indigenous	373.9	506.5	606.0	1214.7	852.7	n.p.	n.p.	n.p.	713.9
Other Australians	196.8	238.4	245.1	251.8	210.3	n.p.	n.p.	n.p.	223.0
Remoteness area of residence									
Major cities	201.5	242.6	251.5	270.5	223.0	. .	184.2	. .	230.4
Inner regional	186.0	214.2	244.0	220.7	178.2	201.2	n.p.	. .	209.9
Outer regional	182.1	232.7	232.1	211.8	202.1	165.7	. .	267.5	213.1
Remote	163.3	310.2	205.2	287.5	159.4	182.1	. .	355.2	240.4
Very remote	156.2	. .	212.6	147.6	163.7	147.5	. .	925.6	324.6
Socioeconomic status of area of residence									
1—Lowest	175.8	254.3	274.9	267.5	213.2	185.7	n.p.	720.8	226.5
2	166.2	235.1	240.6	270.2	207.5	186.9	n.p.	314.9	211.7
3	215.6	225.2	228.6	273.5	211.2	178.5	535.7	418.6	229.1
4	206.3	243.2	242.0	250.6	215.8	205.1	189.1	252.2	230.7
5—Highest	214.2	221.5	255.0	247.9	218.8	. .	180.9	181.6	225.5
Total	**196.1**	**235.6**	**246.6**	**260.5**	**213.5**	**n.p.**	**n.p.**	**n.p.**	**225.7**

(a) Caution should be used in interpreting rates for the Australian Capital Territory, as about 16% of same-day separations in the Australian Capital Territory were for interstate residents.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Who used these services?

Sex and age group

In 2012–13, overall there were about 4.9 million separations for females, compared with about 4.5 million separations for males (Table 6.6). In particular, women aged 15 to 45 years accounted for about 65% of separations for this age group. Females also accounted for more patient days than males (Table 6.6).

People aged 65 and over (who make up about 13% of the population) accounted for 39% of separations and 48% of patient days in 2012–13. Information on separations and patient days by sex and age group for each state and territory is available in tables 6.37 and 6.38 at the end of this chapter.

In 2012–13, there were more separations per 1,000 population for females than for males in the age groups 15 to 54 (Figure 6.1). Separation rates increased markedly with age for both males and females aged 55 and over.

Table 6.6: Separations and patient days, by age group and sex, all hospitals, 2012–13

	Separations			Patient days		
Age group (years)	Males	Females	Persons	Males	Females	Persons
0–4	210,853	151,099	361,960	673,278	521,582	1,194,882
5–9	79,372	59,170	138,545	125,756	99,244	225,003
10–14	62,640	53,299	115,939	122,632	124,715	247,347
15–19	99,882	138,362	238,246	243,062	328,313	571,406
20–24	118,895	223,814	342,712	340,434	495,220	835,662
25–29	121,738	287,023	408,766	377,494	700,503	1,078,131
30–34	136,519	332,677	469,203	433,661	864,144	1,297,832
35–39	160,185	302,000	462,187	468,474	745,781	1,214,257
40–44	208,538	281,970	490,511	548,642	650,870	1,199,517
45–49	237,663	274,492	512,157	612,817	638,139	1,250,958
50–54	295,692	319,247	614,939	748,754	743,765	1,492,519
55–59	353,058	342,213	695,273	898,234	804,027	1,702,263
60–64	424,018	374,728	798,748	1,074,858	935,616	2,010,476
65–69	479,612	399,075	878,688	1,261,870	1,061,764	2,323,635
70–74	438,150	373,096	811,247	1,234,815	1,112,999	2,347,815
75–79	407,813	355,363	763,177	1,276,151	1,250,642	2,526,794
80–84	336,809	313,659	650,469	1,250,282	1,415,051	2,665,334
85+	278,752	341,974	620,729	1,370,525	2,141,372	3,511,903
Total[(a)]	**4,450,204**	**4,923,265**	**9,373,526**	**13,061,754**	**14,633,752**	**27,695,769**

(a) Total includes separations for which the age was not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 6.36 and 6.37 at the end of this chapter.

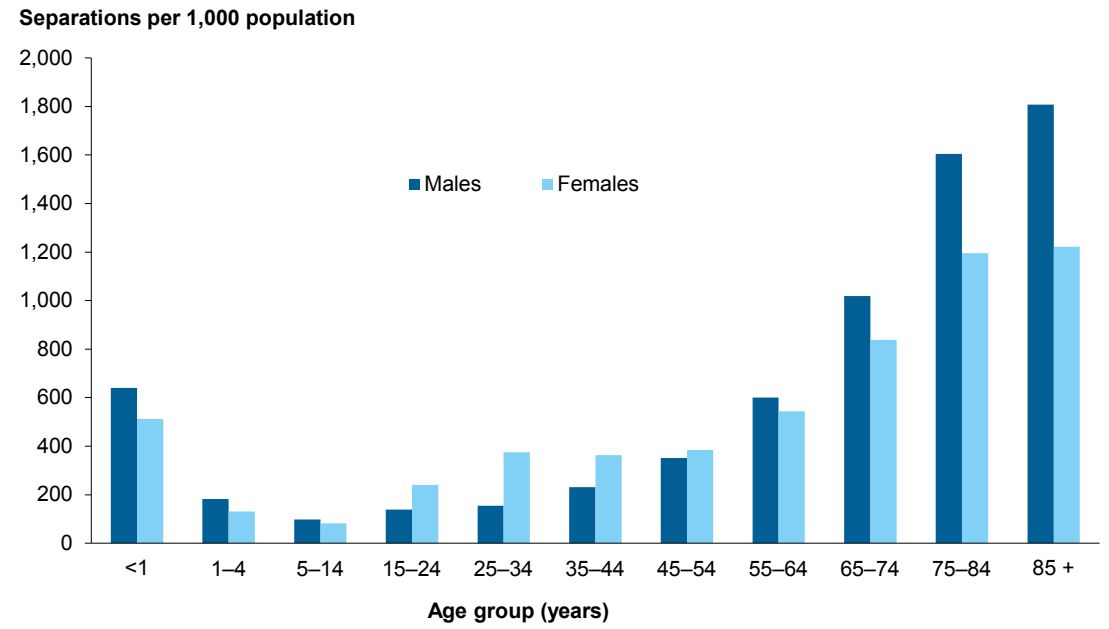
Persons aged 85 and over accounted for about 7% of all separations in 2012–13.

Between 2008–09 and 2012–13, there were large increases in separations for persons aged 65 to 74 years and for persons aged 85 and over.

Separations for persons aged 65 to 74 years increased by 28% overall (Figure 6.2), an average increase of 6% each year.

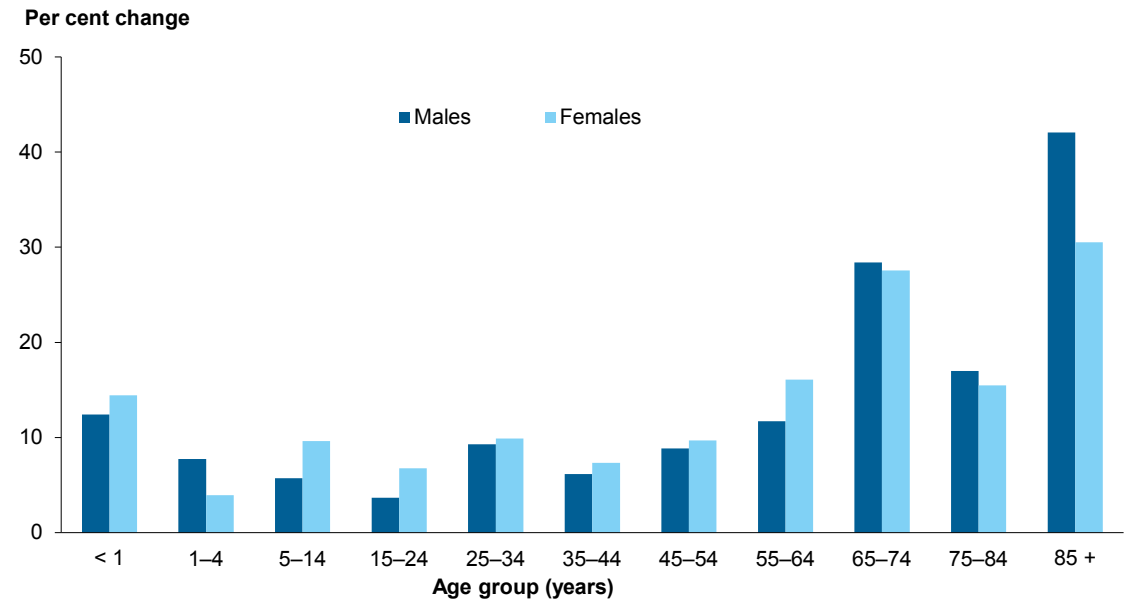
Separations for persons aged 85 and over increased by 36% overall (Figure 6.2), an average increase of 8% each year. This was faster than the population growth for this age group of about 4.3% each year over the same period.

The large increase in separations and patient days for patients aged less than 1 year mostly reflects changes in the reporting of *Newborn* episodes of care with qualified days in New South Wales between 2010–11 and 2011–12 (see Appendix B for more information).



Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Figure 6.1: Separations per 1,000 population by sex and age group, all hospitals, 2012–13



Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Figure 6.2: Overall change in separations by sex and age group, all hospitals, 2008–09 to 2012–13

Aboriginal and Torres Strait Islander people

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. See 'Under-identification of Indigenous persons' (below) and appendix A for more information on the quality of Indigenous status data in the NHMD.

In 2012–13, there were about 385,000 separations reported for Aboriginal and Torres Strait Islander people (Table 6.7). For persons reported as Indigenous Australians:

- 93% were reported as *Aboriginal but not Torres Strait Islander origin*, 4% were reported as *Torres Strait Islander but not Aboriginal origin* and 3% were reported as *Aboriginal and Torres Strait Islander origin* sector (Table 6.38)
- 92% were from the public sector (353,000), whereas 58% of separations for other Australians were from the public sector (Table 6.38). In part, this may reflect the lower quality of Indigenous identification in private hospitals compared with public hospitals.
- there were 325 overnight separations per 1,000 population, almost twice the rate for other Australians (166 per 1,000) (Table 6.4)
- there were 714 same-day separations per 1,000 population, more than 3 times the rate for other Australians (223 per 1,000) (Table 6.5).

In 2012–13, there were 1,038 separations per 1,000 population for Indigenous Australians (Tables 6.4 and 6.5), about 2.7 times the separation rate for other Australians. About 86% of the difference between these rates was due to higher separation rates for Indigenous Australians admitted for same-day maintenance kidney dialysis (see Chapter 7).

The Northern Territory had the highest separation rate for Indigenous Australians (1,911 separations per 1,000), nearly 6 times the rate for other Australians (excludes private hospitals) (Table 6.38). Information on separations by Indigenous status for states and territories is available in tables 6.38 and 6.39 at the end of this chapter.

Under-identification of Indigenous persons

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013h) found that nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported.

Using the agreed national correction factor of 1.09 (AIHW 2013h), the 'true' number of separations for Indigenous Australians for 2012–13 could be estimated at about 419,000 separations. As other Australians may include unidentified Aboriginal and Torres Strait Islander people, the 'true' number of separations for other Australians would be reduced and could be estimated at about 8,941,000 separations.

Using the same method (and assuming that the age distributions for unidentified and identified Indigenous Australians is similar), the 'true' separation rates for Indigenous Australians and other Australians for 2012–13 could be estimated as about 1,130 per 1,000 population and 387 per 1,000, respectively. These rates indicate that, after adjusting for under-identification, Indigenous Australians were hospitalised at about 2.9 times the rate for other Australians.

Sex and age group

In 2012–13:

- 57% of separations for Indigenous Australians were for females, compared with 52% for other Australians (Table 6.7)
- 11% of separations for Indigenous Australians were for people aged 0 to 14, compared with 6% of separations for other Australians.
- 13% of separations for Indigenous Australians were for people aged 65 and over, compared with 41% of separations for other Australians.

Table 6.7: Separations by Indigenous status, sex and age group, all hospitals, 2012–13

	Indigenous Australians			Other Australians		
Age group (years)	Males	Females	Persons	Males	Females	Persons
0–4	14,035	10,688	24,723	196,818	140,411	337,237
5–9	4,967	3,866	8,833	74,405	55,304	129,712
10–14	3,852	3,492	7,344	58,788	49,807	108,595
15–19	5,010	9,893	14,903	94,872	128,469	223,343
20–24	6,549	15,235	21,784	112,346	208,579	320,928
25–29	6,763	13,757	20,520	114,975	273,266	388,246
30–34	7,410	12,140	19,550	129,109	320,537	449,653
35–39	11,040	15,577	26,617	149,145	286,423	435,570
40–44	16,400	17,779	34,179	192,138	264,191	456,332
45–49	19,254	21,647	40,901	218,409	252,845	471,256
50–54	17,759	21,529	39,288	277,933	297,718	575,651
55–59	16,808	24,263	41,072	336,250	317,950	654,201
60–64	14,344	19,884	34,228	409,674	354,844	764,520
65+	20,800	29,895	50,695	1,920,336	1,753,272	3,673,615
Total[(a)]	**164,991**	**219,646**	**384,638**	**4,285,213**	**4,703,619**	**8,988,888**

(a) Total includes separations for which the age was not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 6.38 and 6.39 at the end of this chapter.

State or territory of residence

The admitted patient care data includes information on the patient's area of usual residence, including the state or territory of usual residence and the Statistical Area level 2 (SA2).

Table 6.36 (at the end of this chapter) presents counts of separations by both the state or territory of hospitalisation and the state or territory of usual residence of the patient.

For 2012–13, about 98% of separations (9.1 million) were for people who were hospitalised in their state or territory of residence. However, in the Australian Capital Territory, only 80% of hospital separations were for Australian Capital Territory residents, with most of the remainder for residents of New South Wales.

Remoteness area

The patient's area of usual residence can be used to derive the remoteness area of usual residence. Remoteness area categories divide Australia into areas depending on distances from population centres.

The number of separations per 1,000 population varied by remoteness area. Overall, separation rates were highest for persons residing in *Very remote* and *Remote* areas (579 and 456 per 1,000 population, respectively) (Table 6.8).

The separation rates for the public and private sectors varied across remoteness areas.

For public hospitals, the highest separation rates were for patients living in *Very remote* areas and the lowest for patients living in *Major cities* (511 and 212 per 1,000, respectively).

For private hospitals, the highest separation rates were for patients living in *Major cities* and the lowest for patients living in *Very remote areas* (175 and 68 per 1,000, respectively).

Table 6.8: Separations per 1,000 persons, by remoteness area of usual residence, public and private hospitals, 2012–13

	Remoteness area of residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Public hospitals	211.8	248.4	299.8	360.7	511.4	231.8
Private hospitals	174.6	135.4	103.9	95.0	67.8	158.6
All hospitals	**386.4**	**383.8**	**403.7**	**455.7**	**579.2**	**390.4**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

For overnight separations, patients living in *Very remote* areas had the highest separation rate (255 per 1,000) and those living in *Major cities* had the lowest separation rate (156 per 1,000) (Table 6.4).

For same-day separations, patients living in *Very remote* areas had the highest separation rate (325 per 1,000) (Table 6.5).

Socioeconomic status

SES groups in this report are based on the Index of Relative Socio-Economic Disadvantage (from SEIFA 2011) for the area of usual residence, or SA2, of the patient. See Appendix B for details.

In 2012–13, separation rates varied across SES groups and between public and private hospitals. For public hospitals, the highest separation rates were for patients living in areas classified as being the lowest SES group (304 separations per 1,000 population) (Table 6.9). For private hospitals, the highest separation rates were for patients living in areas classified as being the highest SES group (215 per 1,000).

Table 6.9: Separations per 1,000 population by socioeconomic status of area of residence, public and private hospitals, 2012–13

	Socioeconomic status of area of residence					
	1—Lowest	2	3	4	5—Highest	Total
Public hospitals	304.1	256.9	234.0	197.3	151.1	231.9
Private hospitals	105.3	125.0	161.0	188.2	214.7	158.6
All hospitals	**409.4**	**381.8**	**394.9**	**385.5**	**365.8**	**390.4**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

For overnight separations, patients living in areas classified as being in the lowest SES group had the highest separation rate (183 per 1,000) and those living in areas classified as being in the highest SES group had the lowest separation rate (140 per 1,000) (Table 6.4).

For same-day separations, separations rates were fairly similar across all SES groups (Table 6.5), ranging from 212 to 231 per 1,000.

How did people access these services?

The mode of admission records the mechanism by which an admitted patient begins an episode of care. Patients may have the following modes of admission:

- *Admitted patient transferred from another hospital*
- *Statistical admission: care type change*—where a new admitted patient episode is created as a result of a change in the clinical intent of care (for example, a patient's care may move from a focus on acute care to a focus on rehabilitation or palliative care), within the same hospital
- *Other*—the term used to refer to all other planned and unplanned admissions.

In 2012–13, most separations in both public and private hospitals had a mode of admission of *Other* (94%).

Public hospitals had a higher proportion of patients transferred from another hospital than private hospitals (4.9% and 2.8%, respectively). Western Australia had the highest proportion of patients transferred from another hospital and the Northern Territory had the lowest (6.1% and 0.2%, respectively).

Public hospitals also reported higher proportions of *Statistical admissions* than private hospitals (1.9% and 0.5%, respectively) (Table 6.10). For public hospitals, the Australian Capital Territory had the highest proportion of patients with a statistical admission.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in terms of the principal diagnosis.

Where a patient has a diagnosis related to injury and poisoning, additional information is available on the cause of the injury (for example, a traffic accident or fall). In some cases, the principal diagnosis is described in terms of a treatment for an ongoing condition (for example, care involving dialysis).

Table 6.10: Separations by mode of admission, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Admitted patient transferred from another hospital	95,855	69,865	40,037	37,263	20,017	2,507	2,961	240	268,745
Statistical admission: type change	34,086	15,872	30,691	11,070	4,284	1,658	3,343	1,507	102,511
Other	1,577,636	1,342,932	973,283	558,476	388,772	101,257	88,408	116,560	5,147,324
Not reported	9,212	784	0	0	683	936	0	0	11,615
Total	*1,716,789*	*1,429,453*	*1,044,011*	*606,809*	*413,756*	*106,358*	*94,712*	*118,307*	*5,530,195*
Private hospitals									
Admitted patient transferred from another hospital	41,188	31,537	18,309	7,821	5,993	n.p.	n.p.	n.p.	109,111
Statistical admission: type change	5,018	3,432	7,947	2,716	471	n.p.	n.p.	n.p.	20,644
Other	1,035,294	908,412	907,405	441,405	291,466	n.p.	n.p.	n.p.	3,695,203
Not reported	1,000	0	0	0	229	n.p.	n.p.	n.p.	18,373
Total	*1,082,500*	*943,381*	*933,661*	*451,942*	*298,159*	*n.p.*	*n.p.*	*n.p.*	*3,843,331*
All hospitals									
Admitted patient transferred from another hospital	137,043	101,402	58,346	45,084	26,010	n.p.	n.p.	n.p.	377,856
Statistical admission: type change	39,104	19,304	38,638	13,786	4,755	n.p.	n.p.	n.p.	123,155
Other	2,612,930	2,251,344	1,880,688	999,881	680,238	n.p.	n.p.	n.p.	8,842,527
Not reported	10,212	784	0	0	912	n.p.	n.p.	n.p.	29,988
Total	**2,799,289**	**2,372,834**	**1,977,672**	**1,058,751**	**711,915**	**n.p.**	**n.p.**	**n.p.**	**9,373,526**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Principal diagnosis

In 2012–13, more than one-quarter of separations in public and private hospitals had a principal diagnosis in the *Factors influencing health status and contact with health services* chapter, which includes care involving dialysis and chemotherapy (Table 6.11).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, about 84% of separations for *Certain infectious and parasitic diseases* and 81% of separations for *Injury, poisoning and certain other consequences of external causes* were from public hospitals. For *Diseases of the eye and adnexa*, about 72% of separations were from private hospitals.

Table 6.11: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	118,506	23,256	141,762
C00–D48	Neoplasms	278,881	321,931	600,812
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	90,615	48,434	139,049
E00–E89	Endocrine, nutritional and metabolic diseases	88,750	48,163	136,913
F00–F99	Mental and behavioural disorders	193,939	163,156	357,095
G00–G99	Diseases of the nervous system	139,413	107,196	246,609
H00–H59	Diseases of the eye and adnexa	95,295	239,340	334,635
H60–H95	Diseases of the ear and mastoid process	31,425	29,235	60,660
I00–I99	Diseases of the circulatory system	339,423	179,279	518,702
J00–J99	Diseases of the respiratory system	305,877	94,926	400,803
K00–K93	Diseases of the digestive system	422,474	498,254	920,728
L00–L99	Diseases of the skin and subcutaneous tissue	108,573	46,660	155,233
M00–M99	Diseases of the musculoskeletal system and connective tissue	189,972	309,307	499,279
N00–N99	Diseases of the genitourinary system	247,773	186,543	434,316
O00–O99	Pregnancy, childbirth and the puerperium	346,803	146,864	493,667
P00–P96	Certain conditions originating in the perinatal period	52,928	12,203	65,131
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	25,837	11,150	36,987
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	445,708	209,910	655,618
S00–T98	Injury, poisoning and certain other consequences of external causes	488,513	113,247	601,760
Z00–Z99	Factors influencing health status and contact with health services	1,516,324	1,052,930	2,569,254
	Not reported	3,166	1,347	4,513
Total		**5,530,195**	**3,843,331**	**9,373,526**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

More than 48% of separations for Indigenous Australians had a principal diagnosis in the chapter *Factors influencing health status and contact with health services*, compared with 27% for other Australians (Table 6.12). This category includes care involving dialysis which accounts for a large proportion of same-day separations for Indigenous Australians (see Chapter 7).

Injury, poisoning and certain other consequences of external causes was the second most common principal diagnosis among Indigenous Australians, accounting for 7.2% of separations.

Table 6.12: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, all hospitals, 2012–13

Principal diagnosis		Indigenous Australians	Other Australians	All Australians
A00–B99	Certain infectious and parasitic diseases	6,601	135,161	141,762
C00–D48	Neoplasms	5,394	595,418	600,812
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2,240	136,809	139,049
E00–E89	Endocrine, nutritional and metabolic diseases	5,797	131,116	136,913
F00–F99	Mental and behavioural disorders	16,393	340,702	357,095
G00–G99	Diseases of the nervous system	4,929	241,680	246,609
H00–H59	Diseases of the eye and adnexa	3,071	331,564	334,635
H60–H95	Diseases of the ear and mastoid process	2,762	57,898	60,660
I00–I99	Diseases of the circulatory system	11,588	507,114	518,702
J00–J99	Diseases of the respiratory system	20,944	379,859	400,803
K00–K93	Diseases of the digestive system	19,315	901,413	920,728
L00–L99	Diseases of the skin and subcutaneous tissue	8,310	146,923	155,233
M00–M99	Diseases of the musculoskeletal system and connective tissue	7,201	492,078	499,279
N00–N99	Diseases of the genitourinary system	10,348	423,968	434,316
O00–O99	Pregnancy, childbirth and the puerperium	22,342	471,325	493,667
P00–P96	Certain conditions originating in the perinatal period	4,093	61,038	65,131
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,259	35,728	36,987
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	18,616	637,002	655,618
S00–T98	Injury, poisoning and certain other consequences of external causes	27,653	574,107	601,760
Z00–Z99	Factors influencing health status and contact with health services	185,289	2,383,965	2,569,254
	Not reported	493	4,020	4,513
Total		**384,638**	**8,988,888**	**9,373,526**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How many separations were due to injury and poisoning?

Some hospitalisations for injury or poisoning may be considered potentially avoidable. It should be noted that the admitted patient care data provide only a partial picture of the overall burden of injury because it does not include injuries not medically treated, injuries treated by general practitioners and injuries treated in emergency departments that do not require admission to hospital.

In 2012–13, about 602,000 separations (about 26 per 1,000 population) had a principal diagnosis that was in the group *Injury, poisoning and certain other consequences of external causes*. The majority (81%) of these were treated in public hospitals (Table 6.13).

About 45% of these separations, in public and private hospitals combined, had a principal diagnosis of *Injuries to upper and lower limbs*.

Table 6.13: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
S00–S19	Injuries to head & neck	89,197	7,495	96,692
S20–S39	Injuries to thorax, abdomen, back, spine & pelvis	47,687	6,198	53,885
S40–S99	Injuries to upper & lower limbs	211,831	56,475	268,306
T00–T19	Injuries to multi- or unspecified region; foreign body effects	10,209	1,367	11,576
T20–T35	Burns and frostbite	8,111	249	8,360
T36–T65	Poisoning and toxic effects	38,642	525	39,167
T66–T79	Other and unspecified effects of external causes	13,145	708	13,853
T80–T88	Complications of medical and surgical care	69,623	40,214	109,837
T89–T98	Other trauma complications; external cause sequelae	68	16	84
Total		**488,513**	**113,247**	**601,760**
Separations per 1,000 population		**20.8**	**4.7**	**25.5**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Indigenous Australians were hospitalised with a principal diagnosis of injury and poisoning at more than twice the rate of other Australians (54 per 1,000 and 26 per 1,000, respectively) (Table 6.14).

Injuries to the head and neck accounted for 26% of these separations for Indigenous Australians and 16% for other Australians. *Complications of medical and surgical care* accounted for a higher proportion of these separations for other Australians (19%) compared with Indigenous Australians (11%).

Table 6.14: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, all hospitals, 2012–13

Principal diagnosis		Indigenous Australians	Other Australians	All Australians
S00–S19	Injuries to head & neck	7,199	89,493	96,692
S20–S39	Injuries to thorax, abdomen, back, spine & pelvis	2,120	51,765	53,885
S40–S99	Injuries to upper & lower limbs	10,755	257,551	268,306
T00–T19	Injuries to multi- or unspecified region; foreign body effects	618	10,958	11,576
T20–T35	Burns and frostbite	774	7,586	8,360
T36–T65	Poisoning and toxic effects	2,351	36,816	39,167
T66–T79	Other and unspecified effects of external causes	656	13,197	13,853
T80–T88	Complications of medical and surgical care	3,171	106,666	109,837
T89–T98	Other trauma complications; external cause sequelae	9	75	84
Total		**27,653**	**574,107**	**601,760**
Separations per 1,000 population		**54.4**	**25.6**	**26.3**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

What were the causes of injury and poisoning?

An **external cause** is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. External causes may also be required for other selected diagnoses.

A place of occurrence code is also usually recorded and, for most records, the activity of the person at the time of the event should be recorded (NCCH 2010).

In 2012–13, there were more than 1.1 million separations for which an external cause of injury or poisoning was reported (Table 6.15). About 76% of these separations were from public hospitals.

The most frequently reported groups of external causes in both public and private hospitals were *Complications of medical and surgical care* (462,000 separations) and *Falls* (299,000 separations). Public hospitals had notably higher proportions of separations with external causes of *Intentional self-harm, Accidental drowning and submersion, Accidental poisoning* and *Assault* than private hospitals.

Some of these external causes may be related to additional diagnoses, particularly for *Complications of medical and surgical care*.

Table 6.15: Separations, by external cause in ICD-10-AM groupings, public and private hospitals, 2012–13

External cause		Public hospitals	Private hospitals	Total
V00–V99	Transport accidents	63,601	8,361	71,962
W00–W19	Falls	244,086	54,623	298,709
W20–W64	Exposure to mechanical forces	92,768	12,046	104,814
W65–W74	Accidental drowning and submersion	723	13	736
W75–W84	Other accidental threats to breathing	13,525	1,744	15,269
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	1,108	189	1,297
X00–X19	Exposure to smoke, fire, flames, hot substances	8,449	541	8,990
X20–X39	Exposure to venomous plants, animals, forces of nature	5,677	330	6,007
X40–X49	Accidental poisoning	12,500	651	13,151
X50–X59	Other external causes of accidental injury	45,815	42,808	88,623
X60–X84	Intentional self-harm	33,432	1,033	34,465
X85–Y09	Assault	25,463	483	25,946
Y10–Y34	Events of undetermined intent	6,518	439	6,957
Y35–Y36	Legal intervention and operations of war	185	59	244
Y40–Y84	Complications of medical and surgical care	322,242	140,084	462,326
Y85–Y98	Sequelae and supplementary factors	30,377	8,726	39,103
Total[(a)]		**854,136**	**263,095**	**1,117,231**

(a) As more than one external cause can be reported for a separation, the totals may not equal the sums of the columns.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

More information on the place of occurrence and the activity when injured is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Aboriginal and Torres Strait Islander people

Complications of medical and surgical care was the most commonly reported external cause of injury and poisoning for hospitalisations for Indigenous Australians, accounting for about one-quarter (25%) of all reported external causes (Table 6.16). This was also the most commonly reported external cause for other Australians (42%).

Assault accounted for 18% of external causes reported for Indigenous Australians, compared with 2% of external causes reported for other Australians.

Transport accidents accounted for a similar proportion of external causes for both Indigenous Australians and other Australians (6.8% and 6.4%, respectively).

Table 6.16: Separations, by external cause in ICD-10-AM groupings and Indigenous status, all hospitals, 2012–13

External cause		Indigenous Australians	Other Australians	All Australians
V00–V99	Transport accidents	2,811	69,151	71,962
W00–W19	Falls	7,028	291,681	298,709
W20–W64	Exposure to mechanical forces	5,623	99,191	104,814
W65–W74	Accidental drowning and submersion	34	702	736
W75–W84	Other accidental threats to breathing	525	14,744	15,269
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	42	1,255	1,297
X00–X19	Exposure to smoke, fire, flames, hot substances	818	8,172	8,990
X20–X39	Exposure to venomous plants, animals, forces of nature	280	5,727	6,007
X40–X49	Accidental poisoning	818	12,333	13,151
X50–X59	Other external causes of accidental injury	2,551	86,072	88,623
X60–X84	Intentional self-harm	2,547	31,918	34,465
X85–Y09	Assault	7,296	18,650	25,946
Y10–Y34	Events of undetermined intent	593	6,364	6,957
Y35–Y36	Legal intervention and operations of war	23	221	244
Y40–Y84	Complications of medical and surgical care	10,575	451,751	462,326
Y85–Y98	Sequelae and supplementary factors	2,175	36,928	39,103
Total[(a)]		**41,596**	**1,075,635**	**1,117,231**

(a) As more than one external cause can be reported for a separation, the total may not equal the sum of the column.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How many separations were potentially preventable?

The rate of potentially preventable hospitalisations (PPHs) is a NHA performance indicator, relating to the outcome *Australians receive appropriate high quality and affordable primary and community health services*. The proportion of total separations that were for PPHs is an NHA benchmark.

PPHs are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs 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.

There are three broad categories of PPHs. These were originally sourced from the Victorian Ambulatory Care Sensitive Conditions Study (DHS, Victoria 2002) and are classified as:

- *Vaccine-preventable*. These diseases can be prevented by proper vaccination and 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 would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include complicated appendicitis; dehydration/gastroenteritis; pyelonephritis;

perforated ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections; and dental conditions.

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

In 2012–13, 772,000 separations in public and private hospitals were classified as PPHs (Table 6.17). PPHs accounted for 8.2% of all hospital separations, 10.3% of public hospital separations and 5.2% of private hospital separations. Almost three-quarters of PPHs (74%) were reported for public hospitals. *Diabetes complications* accounted for about 26% of separations that were classified as PPHs.

Table 6.17: Separations for potentially preventable hospitalisations, public and private hospitals, 2012–13

PPH category	Public hospitals	Private hospitals	Total
Vaccine-preventable conditions	20,586	3,138	23,724
Acute conditions	248,267	92,085	340,352
Chronic conditions[(a)]	*307,673*	*105,585*	*413,258*
Diabetes complications	136,759	66,635	203,394
Chronic conditions (excluding diabetes)	193,584	42,454	236,038
Total	**572,124**	**200,274**	**772,398**
Proportion of total separations (%)	**10.3**	**5.2**	**8.2**

(a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by residence state is in Table 6.40 at the end of this chapter.

How have rates of potentially preventable hospitalisations changed over time?

Between 2008–09 and 2012–13, overall rates of PPHs fluctuated (Table 6.18).

For *Chronic conditions*, the rate was 16.7 per 1,000 in 2008–09. It decreased between 2009–10 and 2010–11 and then increased between 2011–12 and 2012–13. However, over this period, a number of changes in the coding standards for diabetes-related conditions were implemented. The first change in the coding standard resulted in a marked decrease in the reporting of *Diabetes complications* between 2009–10 and 2010–11. A second change to the coding standard was implemented on 1 July 2012, and this resulted in a sharp increase (124%) in the reporting of *Diabetes complications* between 2011–12 and 2012–13. For more information on these changes to coding standards and the effect on the reporting of diabetes, see Appendix B.

Table 6.18: Separations per 1,000 population for potentially preventable hospitalisations, by PPH category, all hospitals, 2008–09 to 2012–13

PPH category	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%) Average since 2008–09	Change (%) Since 2011–12
Vaccine preventable conditions	0.7	0.8	0.8	0.8	1.0	7.1	19.9
Acute conditions	11.3	11.4	11.6	14.5	14.0	5.5	–3.0
Chronic conditions[(a)]	*16.7*	*15.9*	*12.9*	*12.9*	*16.4*	*–0.4*	*27.5*
Diabetes complications[(b)]	7.8	7.1	3.7	3.6	8.0	0.7	124.0
Chronic conditions (excluding diabetes)	9.5	9.3	9.6	9.6	9.4	–0.3	–2.3
Total	**30.9**	**30.4**	**27.8**	**28.0**	**31.2**	**0.3**	**11.4**

(a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

(b) Changes in coding standards for the recording of diabetes-related conditions took effect from 1 July 2010 and 1 July 2012. See Appendix A for more information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How do rates of potentially preventable hospitalisations differ by population groups?

Remoteness area of residence

For 2012–13, the overall rate of PPHs was highest for residents of *Remote* and *Very remote* areas (58 and 74 per 1,000 population, respectively) and lowest for residents of *Major cities* (31 per 1,000) (Table 6.19).

Residents of *Remote* and *Very remote* areas had the highest rates of PPHs across the three categories of PPHs.

Socioeconomic status

The rate of PPHs generally decreased with increasing levels of socioeconomic advantage, ranging from 24 per 1,000 for residents of areas classified as being in the highest SES group to 40 per 1,000 for residents of areas classified as being in the lowest SES group.

Residents of areas classified as being in the lowest SES group had the highest rates of PPHs across the three categories of PPHs.

More information about individual PPH conditions by state of residence, remoteness area of residence and SES of area of residence is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 6.19: Separations per 1,000 population for potentially preventable hospitalisations, by remoteness area and socioeconomic status of area of residence, all hospitals, 2012–13

	Vaccine-preventable conditions	Acute conditions	*Total chronic conditions*[(a)]	Diabetes complications	Chronic conditions (excluding diabetes)	Total
Remoteness area of residence						
Major cities	1.0	14.0	*16.1*	7.9	9.1	30.9
Inner regional	0.9	14.8	*16.8*	8.1	9.7	32.3
Outer regional	1.1	17.8	*19.2*	9.0	11.3	39.2
Remote	2.1	24.2	*31.7*	18.6	14.8	57.6
Very remote	3.4	32.8	*40.5*	20.7	23.0	74.4
Socioeconomic status of area of residence						
1–Lowest	1.3	17.2	*22.0*	10.9	12.6	40.1
2	1.0	15.1	*18.4*	9.2	10.3	34.3
3	1.1	15.2	*18.8*	9.5	10.4	34.9
4	0.9	13.6	*14.2*	6.7	8.3	28.5
5–Highest	0.7	12.5	*10.9*	5.0	6.4	24.0
Total	**1.0**	**14.0**	***16.4***	**8.0**	**9.4**	**31.2**

(a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How urgent was the care?

Admissions to hospital can be categorised as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (includes elective and other planned care).

Table 6.20 presents information on urgency of admission and whether the separations were considered to be *Childbirth, Specialist mental health, Surgical, Medical* and *Other*. See the section 'What care was provided?' for more information on these types of care.

In 2012–13, 68% of separations were *Non-emergency* admissions, accounting for about 87% of same-day separations and 43% of overnight separations.

For same-day separations about 5% of *Emergency* admissions required surgical treatment. For overnight separations about 15% of *Emergency* admissions required surgical treatment.

Private hospitals accounted for about 53% of *Non-emergency* admissions and public hospitals accounted for about 92% of *Emergency* admissions (Table 6.20).

The numbers presented in Table 6.20 do not match those presented in chapters 7 and 8 due to the inclusion of care types other than acute in Table 6.20.

Table 6.20: Same-day and overnight separations by broad category of service and urgency of admission, public and private hospitals, 2012–13

	Public hospitals	Private hospitals	Total
Same-day separations			
Childbirth	8,836	119	8,955
Specialist mental health	15,712	110,179	125,891
Emergency			
Surgical	21,741	4,970	26,711
Medical	512,218	10,930	523,148
Other	5,059	3,798	8,857
Non-emergency			
Surgical	362,808	813,045	1,175,853
Medical	1,604,711	990,712	2,595,423
Other	252,595	713,173	965,768
Total same-day separations	*2,783,680*	*2,646,926*	*5,430,606*
Overnight separations			
Childbirth	214,978	81,753	296,731
Specialist mental health	97,993	33,566	131,559
Emergency			
Surgical	239,139	34,462	273,601
Medical	1,357,568	136,733	1,494,301
Other	58,372	12,037	70,409
Non-emergency			
Surgical	335,692	558,950	894,642
Medical	420,157	298,318	718,475
Other	22,616	40,586	63,202
Total overnight separations	*2,746,515*	*1,196,405*	*3,942,920*
Total separations	**5,530,195**	**3,843,331**	**9,373,526**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables accompanying this report online.

What care was provided?

The care that is provided can be described in terms of:

- the broad category of service—*Childbirth, Specialist mental health, Medical, Surgical* or *Other*
- the intent of care—acute, subacute or non-acute
- MDCs and AR-DRGs—based on the AR-DRG classification of acute care separations
- the type of surgical or other procedure undertaken.

Broad category of service

This section presents information describing care by the following broad categories of service:

- *Childbirth*: separations for which the AR-DRG was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported, excluding separations for childbirth.
- *Surgical*: separations for which the AR-DRG belonged to the Surgical partition (involving an operating room procedure), excluding separations for childbirth and specialist mental health.
- *Medical*: separations for which the AR-DRG belonged to the Medical partition (not involving an operating room procedure), excluding separations for childbirth and specialist mental health.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for childbirth and specialist mental health.

In 2012–13, more than 17% of separations in public hospitals were for *Surgical* care and 70% were for *Medical* care, compared with 37% each for both *Surgical* and *Medical* care in private hospitals (Table 6.20). Overall, about 3.3% of separations were for *Childbirth*.

There were about 257,000 separations for *Specialist mental health* care. Private hospitals provided about 56% of these, accounting for 88% of same-day separations and 26% of overnight separations for *Specialist mental health care*.

Care type

The **care type** describes the overall nature of a clinical service provided to an admitted patient during an episode of care.

The care type can be classified as:

- acute—*Acute* and *Newborn* (with at least one qualified day of patient care)
- subacute—*Rehabilitation*, *Palliative care*, *Geriatric evaluation and management* and *Psychogeriatric care*
- non-acute—*Maintenance care*
- *Other admitted patient care*.

For the public and private sectors combined, 94% of separations were classified as episodes of *Acute* care, 1.0% as *Newborn* (with qualified days) and 3.7% as *Rehabilitation care* (Table 6.21).

The proportions of separations, separation rates, patient days and days per 1,000 population for each care type varied by hospital sector.

The average length of stay for episodes of *Acute* care was longer in public hospitals (2.8 days) than in private hospitals (2.1 days).

The average length of stay for *Rehabilitation* episodes was 16.2 days in public hospitals, and 4.5 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in private hospitals, as well as a number of very long stays for rehabilitation separations in public hospitals. More information on subacute and non-acute care is in Chapter 10.

Table 6.21: Selected separation statistics by care type, public and private hospitals, 2012–13

Care type and sector	Separations	Separations per 1,000 population	Patient days	Patient days per 1,000 population	Average length of stay
Public hospitals					
Acute care	5,259,398	220.8	14,914,215	618.8	2.8
Newborn total[(a)]	242,096	10.8	910,288	38.3	3.8
Newborn with qualified days only	64,587	2.9	472,561	21.1	7.3
Newborn with a mixture of qualified days and unqualified days[(b)]	10,767	0.5	31,369	1.4	2.9
Rehabilitation care	103,220	4.1	1,676,928	67.5	16.2
Other[(c)]	92,223	3.5	1,727,750	66.6	18.7
Total	*5,530,195*	*231.8*	*18,822,823*	*775.3*	*3.4*
Private hospitals					
Acute care	3,570,183	147.7	7,512,905	306.6	2.1
Newborn total[(a)]	65,569	2.9	313,759	13.3	4.8
Newborn with qualified days only	15,220	0.7	101,620	4.5	6.7
Newborn with a mixture of qualified days and unqualified days[(b)]	2,211	0.1	8,957	0.4	4.1
Rehabilitation care	240,519	9.4	1,088,903	41.7	4.5
Other[(c)]	15,198	0.6	160,561	6.0	10.6
Total	*3,843,331*	*158.5*	*8,872,946*	*359.3*	*2.3*
All hospitals	**9,373,526**	**390.3**	**27,695,769**	**1,134.6**	**3.0**

(a) For *Newborns* with a mixture of qualified and unqualified days, the number of patient days includes only the qualified days for these separations. Unqualified days for these separations are not included in counts of patient days in this report.

(b) The totals do not include separations and unqualified days for *Newborns* (without qualified days). For information on *Newborn* (without qualified days), see tables 6.41 and 6.42.

(c) Includes separations for *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care* and *Other admitted patient care*.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 6.41 and 6.42 at the end of this chapter.

Major Diagnostic Categories

Australian Refined Diagnosis Related Groups (AR-DRG) is a classification system developed to provide a clinically meaningful way of relating the number and type of patients treated in a hospital to the resources required by the hospital. In general, Major Diagnostic Categories (MDCs) are based on a single body system or aetiology that is associated with a particular medical specialty (DoHA 2010).

For public hospitals, *Medical DRGs* accounted for about 74% of acute separations, and *Surgical DRGs* accounted for about 19%.

For private hospitals, *Medical DRGs* accounted for about 38% of acute separations, and *Surgical DRGs* accounted for about 40%.

Diseases and disorders of the kidney and urinary tract accounted for 23% of acute separations for public hospitals and *Diseases and disorders of the digestive system* was the most common MDC for private hospitals (Table 6.22). About 70% of acute separations for *Diseases and disorders of the eye* were from private hospitals.

Cost by volume

An estimate of expenditure in public hospitals can be made using AR-DRGs and related cost information. See Box 6.3 and Appendix E for more information.

The cost-by-volume figures in Table 6.22 were derived by multiplying the estimated average cost for each AR-DRG by the number of acute separations for each AR-DRG. The cost estimates for all AR-DRGs within a given MDC were then summed to produce an estimated cost for the MDC. It should be noted that the estimates in Table 6.22 do not include the costs for subacute and non-acute separations. The cost estimates in Table 6.22 do not reconcile with those presented for total admitted patient care in public hospitals in Table 6.28 due to different estimation methods.

For 2012–13, the total estimated cost for acute admitted patient care was $24.3 billion in public hospitals (Table 6.22). The highest cost-by-volume MDC in the public sector was *Diseases and disorders of the musculoskeletal system and connective tissue* ($2.9 billion). *Medical DRGs* and *Surgical DRGs* accounted for the majority of the estimated costs in public hospitals (54% and 41%, respectively).

Procedures

In 2012–13, about 11.9 million procedures were reported, with about 5.9 million procedures performed in public hospitals and 6.0 million in private hospitals (Table 6.23).

In public hospitals, 75% of separations involved a procedure (4.1 million). In contrast, 95% of separations in private hospitals involved a procedure (3.6 million).

Public hospitals accounted for 76% of *Procedures on the urinary system* (mainly for dialysis), 75% of *Procedures on the respiratory system* and over 71% of *Obstetric procedures* (which includes childbirth).

Private hospitals accounted for 50% of the separations for which a procedure was reported, although they accounted for 41% of the separations overall. Private hospitals accounted for 79% of *Dental services* and over 70% of *Procedures on the eye and adnexa* (which includes cataract extractions).

Table 6.22: Separation[a] statistics, by Major Diagnostic Category version 6.0x and Medical/ Surgical/Other partition, public and private hospitals, 2012–13

Major Diagnostic Category		Public hospitals		Private hospitals	
		Separations	Cost by volume ($'000)[b]	Separations	Cost by volume ($'000)[c]
PR	Pre-MDC (tracheostomies, transplants, ECMO)	13,105	1,270,698	3,263	n.a.
01	Diseases and disorders of the nervous system	273,489	1,655,844	75,258	n.a.
02	Diseases and disorders of the eye	105,242	304,145	244,679	n.a.
03	Diseases and disorders of the ear, nose, mouth and throat	191,499	606,468	229,696	n.a.
04	Diseases and disorders of the respiratory system	300,645	1,847,922	106,525	n.a.
05	Diseases and disorders of the circulatory system	441,023	2,628,680	175,243	n.a.
06	Diseases and disorders of the digestive system	532,122	2,267,068	591,849	n.a.
07	Diseases and disorders of the hepatobiliary system and pancreas	99,916	724,372	35,731	n.a.
08	Diseases and disorders of the musculoskeletal system and connective tissue	391,488	2,913,601	383,337	n.a.
09	Diseases and disorders of the skin, subcutaneous tissue and breast	203,885	862,540	199,766	n.a.
10	Endocrine, nutritional and metabolic diseases and disorders	77,508	480,992	47,746	n.a.
11	Diseases and disorders of the kidney and urinary tract	1,246,224	1,555,767	336,555	n.a.
12	Diseases and disorders of the male reproductive system	45,623	183,983	67,881	n.a.
13	Diseases and disorders of the female reproductive system	115,286	457,012	176,968	n.a.
14	Pregnancy, childbirth and puerperium	365,184	1,758,450	150,562	n.a.
15	Newborns and other neonates	85,850	825,819	18,862	n.a.
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	101,974	295,168	53,599	n.a.
17	Neoplastic disorders (haematological and solid neoplasms)	186,404	528,149	268,408	n.a.
18	Infectious and parasitic diseases	66,630	487,674	14,999	n.a.
19	Mental diseases and disorders	142,413	1,296,115	125,007	n.a.
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	37,570	141,987	31,905	n.a.
21	Injuries, poisoning and toxic effects of drugs	162,018	691,276	25,830	n.a.
22	Burns	8,244	88,731	303	n.a.
23	Factors influencing health status and other contacts with health services	133,445	320,679	213,606	n.a.
ED	Error DRGs[d]	8,006	119,676	10,398	n.a.
	Surgical DRG	*1,028,684*	*10,104,705*	*1,448,719*	*n.a.*
	Medical DRG	*3,963,306*	*12,933,724*	*1,364,088*	*n.a.*
	Other DRG	*342,803*	*1,274,388*	*775,169*	*n.a.*
Total		**5,334,793**	**24,312,817**	**3,587,976**	**n.a.**

DRG—Diagnosis related group; ECMO—extracorporeal membrane oxygenation; MDC—Major diagnostic category.

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

(b) Cost by volume is calculated using the 2010–11 Round 15 AR-DRG version 6.0x public hospital cost weights, with the average public cost of $4,613.

(c) Although private cost weights are available for AR-DRG version 6.0x using the 2011–12 Round 16 NHCDC, an average cost has not been published for private hospitals. Therefore, the cost by volume cannot be calculated.

(d) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.23: Separations, by procedure in ACHI chapters, public and private hospitals, 2012–13

Procedure		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	77,402	110,064	187,466
110–129	Procedures on endocrine system	8,065	9,016	17,081
160–256	Procedures on eye and adnexa	93,982	236,957	330,939
300–333	Procedures on ear and mastoid process	25,189	33,940	59,129
370–422	Procedures on nose, mouth and pharynx	62,675	89,567	152,242
450–490	Dental services	29,958	112,981	142,939
520–570	Procedures on respiratory system	114,710	38,214	152,924
600–777	Procedures on cardiovascular system	151,993	137,270	289,263
800–817	Procedures on blood and blood-forming organs	36,408	25,250	61,658
850–1011	Procedures on digestive system	443,890	777,515	1,221,405
1040–1129	Procedures on urinary system	1,182,152	371,397	1,553,549
1160–1203	Procedures on male genital organs	40,808	71,558	112,366
1240–1299	Gynaecological procedures	130,863	222,195	353,058
1330–1347	Obstetric procedures	204,045	81,785	285,830
1360–1579	Procedures on musculoskeletal system	264,145	337,935	602,080
1600–1718	Dermatological and plastic procedures	204,807	204,517	409,324
1740–1759	Procedures on breast	20,146	38,557	58,703
1786–1799	Radiation oncology procedures	10,572	3,807	14,379
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	2,752,224	3,083,697	5,835,921
1940–2016	Imaging services	45,621	36,062	81,683
	Procedures reported[(a)]	*5,899,655*	*6,022,284*	*11,921,939*
	Separations with no procedure reported	1,385,321	207,401	1,592,722
Total separations		**5,530,195**	**3,843,331**	**9,373,526**

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

What was the safety and quality of the care?

Some information is available on the safety and quality of admitted patient care in hospitals, but the available information does not provide a complete picture. For example there is no routinely available information on some aspects of quality, such as continuity or responsiveness of hospital services.

This section presents information on conditions that arose during the hospital stay. These conditions may have led to a higher resource use than initially expected, and may have affected the length of the hospital stay. Conditions that arise during the hospital stay include adverse events (some of which may have been preventable) and therefore may provide information about the safety and quality of the care.

Other information on the safety and quality of the care is included in:

- Chapter 3 presents 3 performance indicators related to safety:
  - adverse events treated in hospitals

  - unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital)
  - falls resulting in patient harm in hospitals.
- Chapter 9 presents information on adverse events and unplanned/unexpected readmissions following surgery for admissions from public hospital elective surgery waiting lists.

The NHA performance indicator '*Staphylococcus aureus* bacteraemia in public hospitals' has been reported in *Australian hospitals statistics 2012–13:* Staphylococcus aureus *bacteraemia in Australian public hospitals* (AIHW 2013e).

What proportion of separations had a condition that arose during the hospital stay?

Conditions that arise during a hospital stay can be identified using the condition onset flag (COF) that is provided for each diagnosis and external cause of injury or poisoning in the patient's record.

'The condition onset flag (COF) is a means of differentiating those conditions which arise during, from those arising before, an episode of admitted patient care. This information provides insight into the kinds of conditions patients already have when entering hospital and what arises during the episode. A better understanding of those conditions arising during the episode may inform prevention strategies, particularly in relation to complications of medical care.' (NCCC 2013)

The Australian Coding Standard 0048 provides guidance to the assignment of the COF (NCCC 2013):

- A COF of '1' is assigned for a condition which arises during the episode of admitted patient care and would not have been present or suspected on admission. For example:
  - a condition resulting from a misadventure during surgical or medical care in the current episode of admitted patient care
  - an abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care
  - a condition newly arising during the episode of admitted patient care (for example, pneumonia, rash, confusion or cyst)
  - a condition impacting on obstetric care arising after admission, including complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management
  - for neonates, this also includes the condition(s) in the birth episode arising during the birth event (for example, respiratory distress, jaundice, feeding problems, neonatal aspiration, conditions associated with birth trauma or newborn affected by delivery or intrauterine procedures).
- A COF of '2' is assigned for a condition previously existing or suspected on admission such as the presenting problem, a comorbidity, chronic disease or disease status.

For 2012–13, the COF data were provided for almost all separations in both public and private hospitals for all states and territories except New South Wales. The information presented in this section therefore does not include the COF data for New South Wales. See Appendix A for more information on the quality and comparability the condition onset flag.

In 2012–13, about 553,000 separations recorded a condition with onset during the episode of care (tables 6.24 and 6.25). These accounted for about 10.5% of public hospital separations (Table 6.24) and 5.6% of private hospital separations (Table 6.25).

For both same-day and overnight separations, in both public and private hospitals, the highest proportion of separations that reported a condition with onset during the episode were in the *Childbirth* category.

Another category with relatively high rates of reporting conditions with onset during the episode were separations with an urgency of admission of *Emergency* and which involved surgery:

- for public hospitals, about 2.1% of same-day separations and 30.8% of overnight separations in this category reported a condition with onset during the episode (Table 6.24)
- for private hospitals, less than 1% of same-day separations and 25.9% of overnight separations in this category reported a condition with onset during the episode (Table 6.25).

There was marked variation between states and territories, with the overall proportion of records for which a condition was reported as arising during the episode of care.

For public hospitals, the proportion ranged from 4.0% for the Northern Territory to 12.6% in Victoria. For private hospitals, the proportion ranged from 4.0% for Queensland to 7.4% for Victoria. Differences in casemix between states and territories may account for some of this variation. However, this variation may indicate that there are differences in the allocation of COF values, and that there may be underreporting by some states and territories compared with others.

The top 30 conditions (Table 6.26) and the top 20 external causes of injury and poisoning (Table 6.27) reported as arising during the hospital stay provide some support for the quality of these data.

What conditions arose during the hospital stay?

Conditions that arise during the hospital stay can be described in terms of the diagnoses and external causes for which the condition onset flag indicated that the condition arose during the hospital stay.

Diagnoses and external causes

Diagnoses

In 2012–13, over 1.5 million diagnoses were reported as having onset during the episode of care, for the 553,000 separations that reported at least one condition with onset during the episode of care.

The 30 diagnoses presented in Table 6.26 accounted for about 51% of all conditions reported as having onset during the episode of care for public and private hospitals combined. Eight of the 30 most common diagnoses were obstetric conditions, 6 were 'signs and symptoms' (including nausea and vomiting, fever and headache) and 2 were complications of procedures.

Table 6.24: Proportion of separations[a] with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, public hospitals, states and territories, 2012–13

									Total[b]	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Rate	Separations
Same-day separations										
Childbirth	n.p.	37.7	29.7	34.4	28.3	29.0	34.6	39.5	32.5	1,903
Specialist mental health	n.p.	0.3	1.7	0.7	0.2	n.p.	0.0	n.p.	1.1	84
Emergency										
Surgical	n.p.	2.5	2.1	1.2	2.0	1.1	2.9	0.8	2.1	275
Medical	n.p.	1.2	0.9	0.6	2.3	1.3	2.9	0.5	1.1	4,137
Other	n.p.	5.3	1.7	1.2	3.3	2.2	3.8	n.p.	2.7	75
Total emergency	*n.p.*	*1.3*	*1.0*	*0.6*	*2.3*	*1.3*	*2.9*	*0.5*	*1.2*	*4,487*
Non-emergency										
Surgical	n.p.	1.7	0.9	0.9	0.7	1.4	1.2	0.7	1.2	3,172
Medical	n.p.	0.6	1.0	0.3	1.8	0.7	0.9	0.3	0.7	8,771
Other	n.p.	1.1	0.6	0.6	0.7	1.4	1.4	0.2	0.9	1,639
Total non-emergency	*n.p.*	*0.8*	*1.0*	*0.4*	*1.5*	*0.9*	*1.0*	*0.3*	*0.8*	*13,582*
Total same-day separations	**n.p.**	**0.9**	**1.1**	**0.5**	**1.7**	**1.0**	**1.7**	**0.4**	**1.0**	**20,056**
Overnight separations										
Childbirth	n.p.	65.1	56.5	56.1	59.9	48.5	52.4	55.3	59.7	86,230
Specialist mental health	n.p.	13.9	14.9	15.3	11.5	7.9	12.1	6.1	13.8	8,880
Emergency										
Surgical	n.p.	38.7	27.3	22.4	30.1	35.4	29.5	14.9	30.8	49,765
Medical	n.p.	17.1	9.0	7.7	11.3	17.1	12.6	5.0	11.9	104,353
Other	n.p.	37.4	23.6	19.2	24.0	29.3	24.4	12.2	27.7	10,336
Total emergency	*n.p.*	*21.3*	*11.9*	*10.4*	*14.4*	*20.8*	*16.7*	*6.8*	*15.3*	*164,454*
Non-emergency										
Surgical	n.p.	32.1	21.7	18.9	21.1	34.6	23.8	11.2	25.6	59,311
Medical	n.p.	24.3	21.2	15.9	18.8	21.8	21.7	11.6	21.4	57,429
Other	n.p.	24.1	14.6	17.3	13.9	26.9	20.5	6.8	18.9	2,998
Total non-emergency	*n.p.*	*27.7*	*21.2*	*17.4*	*19.7*	*27.6*	*22.7*	*11.3*	*23.2*	*119,738*
Total overnight separations	**n.p.**	**26.9**	**18.1**	**16.0**	**18.8**	**24.0**	**21.6**	**11.4**	**21.1**	**379,302**
Total all separations	**n.p.**	**12.6**	**9.6**	**7.6**	**10.9**	**12.0**	**11.1**	**4.0**	**10.5**	**399,358**

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category.

(b) The total column excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.25: Proportion of separations[a] with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, private hospitals, states and territories, 2012–13

									Total[b]	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Rate	Separations
Same-day separations										
Childbirth	n.a.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	31.3	31
Specialist mental health	n.a.	1.5	0.0	0.2	0.0	n.p.	n.p.	n.p.	0.4	301
Emergency										
Surgical	n.a.	1.7	1.9	0.8	0.4	n.p.	n.p.	n.p.	0.7	33
Medical	n.a.	1.1	1.1	0.9	2.4	n.p.	n.p.	n.p.	1.3	130
Other	n.a.	2.0	0.9	0.8	0.4	n.p.	n.p.	n.p.	0.5	20
Total emergency	*n.a.*	*1.2*	*1.2*	*0.9*	*0.8*	*n.p.*	*n.p.*	*n.p.*	*1.0*	*183*
Non-emergency										
Surgical	n.a.	0.4	0.6	0.5	0.4	n.p.	n.p.	n.p.	0.5	2,517
Medical	n.a.	0.5	0.4	0.2	0.9	n.p.	n.p.	n.p.	0.5	3,327
Other	n.a.	0.2	0.2	0.3	0.5	n.p.	n.p.	n.p.	0.2	1,224
Total non-emergency	*n.a.*	*0.4*	*0.4*	*0.3*	*0.6*	*n.p.*	*n.p.*	*n.p.*	*0.4*	*7,068*
Total same-day separations	**n.a.**	**0.4**	**0.4**	**0.3**	**0.6**	**n.p.**	**n.p.**	**n.p.**	**0.4**	**7,583**
Overnight separations										
Childbirth	n.a.	51.4	37.6	54.8	63.8	n.p.	n.p.	n.p.	47.8	27,783
Specialist mental health	n.a.	25.8	10.3	15.3	3.1	n.p.	n.p.	n.p.	16.3	3,945
Emergency										
Surgical	n.a.	35.7	20.2	20.5	26.7	n.p.	n.p.	n.p.	25.8	7,925
Medical	n.a.	17.6	10.4	13.4	14.9	n.p.	n.p.	n.p.	13.2	16,280
Other	n.a.	19.1	13.2	18.9	18.8	n.p.	n.p.	n.p.	16.4	16,280
Total emergency	*n.a.*	*21.4*	*12.1*	*15.2*	*17.7*	*n.p.*	*n.p.*	*n.p.*	*15.8*	*40,485*
Non-emergency										
Surgical	n.a.	18.7	9.9	12.0	15.4	n.p.	n.p.	n.p.	13.7	54,623
Medical	n.a.	18.4	9.7	12.9	18.8	n.p.	n.p.	n.p.	14.3	31,079
Other	n.a.	12.1	6.5	12.0	11.4	n.p.	n.p.	n.p.	9.7	2,990
Total non-emergency	*n.a.*	*18.2*	*9.6*	*12.2*	*16.2*	*n.p.*	*n.p.*	*n.p.*	*13.7*	*88,692*
Total overnight separations	**n.a.**	**21.1**	**11.9**	**16.2**	**18.7**	**n.p.**	**n.p.**	**n.p.**	**16.4**	**146,452**
Total all separations	**n.a.**	**7.4**	**4.0**	**5.1**	**6.2**	**n.p.**	**n.p.**	**n.p.**	**5.6**	**154,035**

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category.

(b) The total column excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.26: The 30 most common conditions (diagnoses) reported with onset during the episode of care, public and private hospitals[(a)], 2012–13

Condition		Public hospitals	Private hospitals	Total[(a)]
E87	Other disorders of fluid, electrolyte and acid-base balance	62,467	12,347	74,814
I95	Hypotension	51,344	15,872	67,216
O70	Perineal laceration during delivery	49,617	11,304	60,921
T81	Complications of procedures, not elsewhere classified	32,714	14,143	46,857
R11	Nausea and vomiting	26,932	16,081	43,013
K59	Other functional intestinal disorders	27,310	8,959	36,269
O68	Labour and delivery complicated by fetal stress [distress]	23,646	5,248	28,894
R00	Abnormalities of heart beat	22,137	5,826	27,963
N39	Other disorders of urinary system	20,572	5,498	26,070
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	21,990	3,458	25,448
B96	Other bacterial agents as the cause of diseases classified to other chapters	18,327	4,907	23,234
O72	Postpartum haemorrhage	20,691	2,440	23,131
D64	Other anaemias	16,299	6,809	23,108
O92	Other disorders of breast and lactation associated with childbirth	15,022	6,216	21,238
E86	Volume depletion	18,530	2,157	20,687
R33	Retention of urine	15,201	5,095	20,296
R07	Pain in throat and chest	15,110	4,867	19,977
R50	Fever of other and unknown origin	14,165	4,860	19,025
E83	Disorders of mineral metabolism	16,669	2,353	19,022
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts	15,387	2,943	18,330
I48	Atrial fibrillation and flutter	12,671	5,270	17,941
O62	Abnormalities of forces of labour	14,790	2,760	17,550
A09	Other gastroenteritis and colitis of infectious and unspecified origin	12,689	4,173	16,862
N17	Acute kidney failure	14,169	2,523	16,692
L89	Decubitus ulcer and pressure area	12,300	2,545	14,845
F05	Delirium, not induced by alcohol and other psychoactive substances	11,790	2,061	13,851
O63	Long labour	11,078	2,131	13,209
O71	Other obstetric trauma	9,543	3,276	12,819
R51	Headache	8,764	3,930	12,694
J98	Other respiratory disorders	8,714	3,474	12,188

(a) Excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

External causes of injury and poisoning

External causes of injury or poisoning are assigned the same condition onset flag as the diagnosis to which they relate.

In 2012–13, the 20 external causes presented in Table 6.27 accounted for about 88% of all external causes of injury and poisoning reported as having onset during the episode of care for public and private hospitals.

Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y83) was the most common external causes of injury and poisoning reported as having onset during the episode of care.

Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y84) was the second most common external causes of injury and poisoning reported as having onset during the episode of care.

The 20 most common external causes included:

- adverse effects of drugs and medicaments (for example, involving analgesics, antipyretics and anti-inflammatory drugs)
- misadventures during procedures (for example, involving an unintentional cut, puncture or haemorrhage)
- falls, including that involving a bed.

Table 6.27: The 20 most common ICD-10-AM external cause codes with onset during the episode of care, public and private hospitals[(a)], 2012–13

External cause of injury or poisoning		Public hospitals	Private hospitals	Total[(a)]
Y83	Surgical operation and other surgical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	39,682	16,391	56,188
Y84	Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	29,334	5,775	35,146
Y45	Analgesics, antipyretics and anti-inflammatory drugs causing adverse effects in therapeutic use	9,821	2,941	12,783
Y60	Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care	7,640	2,905	10,556
Y40	Systemic antibiotics causing adverse effects in therapeutic use	7,369	1,479	8,867
Y44	Agents primarily affecting blood constituents causing adverse effects in therapeutic use	5,222	1,003	6,234
W18	Other fall on same level	4,713	1,074	5,822
Y52	Agents primarily affecting the cardiovascular system causing adverse effects in therapeutic use	3,828	773	4,611
W19	Unspecified fall	3,450	933	4,400
Y95	Nosocomial condition	3,958	167	4,134
Y48	Anaesthetics and therapeutic gases causing adverse effects in therapeutic use	3,266	682	3,948
W01	Fall on same level from slipping, tripping and stumbling	3,060	616	3,687
Y43	Primarily systemic agents causing adverse effects in therapeutic use	2,641	830	3,489
X59	Exposure to unspecified factor	2,571	772	3,352
W06	Fall involving bed	2,394	440	2,847
W84	Unspecified threat to breathing	2,286	316	2,604
Y65	Other misadventures during surgical and medical care	1,971	612	2,585
Y57	Other and unspecified drugs and medicaments causing adverse effects in therapeutic use	2,087	443	2,539
Y42	Hormones and their synthetic substitutes and antagonists, not elsewhere classified causing adverse effects in therapeutic use	2,011	412	2,476
Y54	Agents primarily affecting water-balance and mineral and uric acid metabolism causing adverse effects in therapeutic use	2,046	369	2,425

(a) Excludes data for New South Wales.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

What was the cost of the care?

This section includes information on expenditure for admitted patient care in public hospitals and the average 'cost weight' for separations in both public and private hospitals.

Admitted patient expenditure—public hospitals

In 2012–13, about $29 billion was spent on admitted patient services in public hospitals (Table 6.28). This figure is based on the recurrent expenditure reported for each public hospital, multiplied by the 'admitted patient cost proportion' provided for the hospital. The admitted patient cost proportion is an estimate of the proportion of each hospital's recurrent expenditure that was spent on admitted patient care.

Table 6.28: Estimated expenditure on admitted patient care ($ million), public hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				$ million					
Total expenditure	13,454	10,093	7,656	4,790	3,194	957	988	608	41,741
Estimated admitted patient cost proportion	0.69	0.70	0.69	0.72	0.72	0.67	0.64	0.80	0.70
Estimated admitted patient expenditure	9,334	7,067	5,247	3,465	2,295	637	637	485	29,167

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

Average cost weights and cost by volume

The National Hospital Cost Data Collection (NHCDC) compiles estimates of average costs for each AR-DRG version 6.0x (see Box 6.3 and Appendix E for more information).

As the public and private cost weights are not comparable, the 2010–11 AR-DRG version 6.0x public hospital cost weights were applied to both public and private hospital separations in Table 6.29.

In public hospitals, separations for *Public* and *Self-funded* patients generally had lower average cost weights than other patients and separations funded by *Motor vehicle third party personal claim* had higher average cost weights (Table 6.29).

In private hospitals, *Self-funded* separations had lower average costs than other separations. The very low average cost weight for *Public patients* in private hospitals for Western Australia reflects a large amount of contracted care involving dialysis (funded by *Other hospital or public authority*).

Cost by volume

An estimate of expenditure in public hospitals can be made using AR-DRGs and related cost information. See Table 6.22 for more information.

Table 6.29: Average cost weight[(a)] of separations, by principal source of funds, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[(b)]	1.05	1.01	1.04	0.92	1.05	1.09	1.09	0.67	1.01
Private health insurance	1.13	1.11	1.07	1.45	1.40	0.96	1.08	0.96	1.14
Self-funded	1.29	0.79	1.06	0.87	0.79	0.73	1.35	1.25	1.09
Workers compensation	1.19	1.43	1.30	1.25	1.24	1.46	1.28	1.27	1.29
Motor vehicle third party personal claim	1.63	2.48	2.01	2.11	2.36	2.32	2.00	2.38	2.07
Department of Veterans' Affairs	1.20	1.29	1.15	1.28	1.21	1.42	0.86	1.42	1.21
Other[(c)]	1.75	1.26	1.18	1.12	1.19	1.09	1.20	0.92	1.33
Total	**1.08**	**1.04**	**1.05**	**0.96**	**1.09**	**1.08**	**1.08**	**0.69**	**1.04**
Private hospitals									
Public patients[(b)]	0.91	0.45	0.47	0.22	0.28	n.p.	n.p.	n.p.	0.33
Private health insurance	0.77	0.85	0.80	0.85	0.80	n.p.	n.p.	n.p.	0.81
Self-funded	0.77	0.57	0.49	0.54	0.66	n.p.	n.p.	n.p.	0.64
Workers compensation	1.13	1.20	0.94	1.07	1.15	n.p.	n.p.	n.p.	1.09
Motor vehicle third party personal claim	0.83	1.41	1.17	1.01	0.83	n.p.	n.p.	n.p.	1.18
Department of Veterans' Affairs	0.94	1.19	0.89	1.06	1.01	n.p.	n.p.	n.p.	0.98
Other[(c)]	0.90	0.96	0.57	0.66	0.74	n.p.	n.p.	n.p.	0.83
Total	**0.79**	**0.84**	**0.78**	**0.73**	**0.80**	**n.p.**	**n.p.**	**n.p.**	**0.80**

(a) AR-DRG version 6.0x public hospital cost weights 2010–11 were used for both public and private hospitals.

(b) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(c) Other includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority (*without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Who paid for the care?

The **funding source** describes the principal source of funds for the admitted patient episode.

There may be some variation between jurisdictions in the definitions of funding source categories and in the way in which state- or territory- level information was mapped to the *National health data dictionary* domain values.

In 2012–13, about 83% of separations in public hospitals were for *Public patients*, compared with about 3% in private hospitals (Table 6.30). For private hospitals, *Private health insurance* funded about 82% of separations.

Table 6.30: Separations by principal source of funds, public and private hospitals, 2012–13

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients[(a)]	4,607,838	119,236	4,727,074
Private health insurance	686,076	3,152,158	3,838,234
Self-funded	53,318	290,799	344,117
Workers compensation	21,660	61,745	83,405
Motor vehicle third party personal claim	27,818	6,349	34,167
Department of Veterans' Affairs	104,154	184,807	288,961
Other[(b)]	29,331	28,237	57,568
Total	**5,530,195**	**3,843,331**	**9,373,526**

(a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in table 6.43 at the end of this chapter.

How much care was contracted between hospitals?

Inter-hospital contracted patient separations are episodes of care for admitted patients whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service for which the activity is recorded by both hospitals.

A new specification for this data element was implemented rom 1 July 2012 and therefore caution should be used in comparing these data over time. The new specification was introduced to enable the reporting of this activity by both the contracting (originating) hospital and the contracted (destination) hospital.

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 NHMD. The new specification will enable the elimination of double counting of episodes of admitted patient care.

These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and Local Health Networks.

In 2012–13, there were about 133,000 separations for which the inter-hospital contracted patient status indicated that the patient received care at more than one hospital during their hospital stay (Table 6.31). Most contracted care provided by private hospitals was purchased by public hospitals. About 1,000 separations indicated contracted care between private hospitals.

There is a very good match between the numbers of separations reported as a public hospital separations contracted to the private sector (54,766) and the number of separations reported as a private hospital separations contracted from the public sector (54,756).

However, there are significant discrepancies between the numbers of separations reported as a private hospital separations contracted to the public sector (60) and the number of separations reported as a public hospital separations contracted from the private sector (2,774). Further information by state and territory is in the tables accompanying this report online.

Table 6.31: Separations by inter-hospital contracted patient status, public and private hospitals, 2012–13

	Public hospitals	Private hospitals	Total
Inter-hospital contracted patient from public sector hospital	10,210	54,756	64,966
Inter-hospital contracted patient from private sector hospital	2,774	1,034	3,808
Inter-hospital contracted patient to public sector hospital	9,844	60	9,904
Inter-hospital contracted patient to private sector hospital	54,766	16	54,782
Total contracted separations	*77,594*	*55,866*	*133,460*
Not inter-hospital contracted	5,435,133	2,690,600	8,125,733
Not stated	17,468	1,096,865	1,114,333
Total	**5,530,195**	**3,843,331**	**9,373,526**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territories is in the tables accompanying this report online.

How much hospital care was provided in the patient's home?

Most states and territories have hospital-in-the-home (HITH) programs under which admitted patients are provided with hospital care in the home. This care has been defined 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 (AIHW 2012b). HITH days are counted as patient days in the data presented in this report (see the table accompanying this report online).

How long did patients stay?

In 2012–13, public hospitals accounted for 59% of separations and 68% of patient days (Table 6.32).

The average length of stay per separation was longer in public hospitals than in private hospitals (3.4 days and 2.3 days, respectively).

Same-day separations accounted for 50% of public hospital separations and 69% of private hospital separations. The average length of stay for overnight separations was longer in public hospitals (5.8 days) than in private hospitals (5.2 days).

Table 6.32: Average length of stay (ALOS), public and private hospitals, 2012–13

	Separations	Same-day separations	Patient days	ALOS	ALOS (excluding same-day)
Public hospitals	5,530,195	2,783,680	18,822,823	3.4	5.8
Private hospitals	3,843,331	2,646,926	8,872,946	2.3	5.2
Total	**9,373,526**	**5,430,606**	**27,695,769**	**3.0**	**5.6**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in table 6.34 at the end of this chapter.

How was the care completed?

The **mode of separation** records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 91% of separations (8.6 million) had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 6.33). This was particularly the case in the private sector, where 95% of separations (3.7 million) were categorised as *Other*, compared with 89% (4.9 million) in the public sector.

About 5.8% of public hospital separations and 1.6% of private hospital separations had a mode of separation of *Discharge/transfer to an (other) hospital*, indicating that their care continued at another hospital.

However, there is a discrepancy between the number of separations with a mode of separation of *Discharge/transfer to an (other) hospital* (acute and psychiatric) (383,000) and the number of separations with a mode of admission of *Admitted patient transferred from another hospital* (378,000; see Table 6.10). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission. There may also be discrepancies because some patients were admitted and separated in different reporting years.

Table 6.33: Separations, by mode of separation, public and private hospitals, 2012–13

Mode of separation	Public hospitals	Private hospitals	Total
Discharge/transfer to an (other) acute hospital	319,705	63,259	382,964
Discharge/transfer to residential aged care service[(a)]	63,162	7,517	70,679
Discharge/transfer to an (other) psychiatric hospital	6,838	199	7,037
Discharge/transfer to other health care accommodation[(b)]	15,528	64,372	79,900
Statistical discharge: type change	103,127	21,933	125,060
Left against medical advice/discharge at own risk	48,553	2,145	50,698
Statistical discharge from leave	5,500	241	5,741
Died	61,030	13,538	74,568
Other[(c)]	4,905,637	3,670,076	8,575,713
Not reported	1,115	51	1,166
Total	**5,530,195**	**3,843,331**	**9,373,526**

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

(b) Includes *Mothercraft* hospitals, except in jurisdictions where *Mothercraft* facilities are considered acute.

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in table 6.44 at the end of this chapter.

Additional information

More detailed information on admitted patient care, including data by state and territory for principal diagnoses and procedures, is in the tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

List of supplementary online tables

Table S6.1: Separations, by principal source of funds, public and private hospitals, 2008–09 to 2012–13

Table S6.2: Patient days by principal source of funds, public and private hospitals, states and territories, 2012–13

Table S6.3: Same-day and overnight separations by broad category of service, public hospitals, states and territories, 2012–13

Table S6.4: Same-day and overnight separations by broad category of service, private hospitals, states and territories, 2012–13

Table S6.5: Separations by inter-hospital contracted patient status and hospital sector, states and territories, 2012–13

Table S6.6: Separations with hospital in the home care, public and private hospitals, states and territories, 2012–13

Table 6.34: Separation, average cost weight, patient days and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	*1,716,789*	*1,429,453*	*1,044,011*	*606,809*	*413,756*	*106,358*	*94,712*	*118,307*	*5,530,195*
Public acute hospitals	1,711,419	1,429,009	1,043,492	605,499	412,239	105,263	94,712	118,307	5,519,940
Public psychiatric hospitals	5,370	444	519	1,310	1,517	1,095	. .	. .	10,255
Private hospitals	*1,082,500*	*943,381*	*933,661*	*451,942*	*298,159*	*n.p.*	*n.p.*	*n.p.*	*3,843,331*
Private free-standing day hospital facilities	218,878	211,752	216,561	124,497	70,981	n.p.	n.p.	n.p.	854,843
Other private hospitals[(a)]	863,622	731,629	717,100	327,445	227,178	n.p.	n.p.	n.p.	2,988,488
Public acute and private hospitals	*2,793,919*	*2,372,390*	*1,977,153*	*1,057,441*	*710,398*	*n.p.*	*n.p.*	*n.p.*	*9,363,271*
All hospitals	**2,799,289**	**2,372,834**	**1,977,672**	**1,058,751**	**711,915**	**n.p.**	**n.p.**	**n.p.**	**9,373,526**
Overnight separations									
Public hospitals	*947,449*	*641,888*	*520,905*	*279,791*	*222,508*	*50,532*	*44,624*	*38,818*	*2,746,515*
Public acute hospitals	*942,265*	*641,446*	*520,432*	*278,502*	*221,256*	*49,453*	*44,624*	*38,818*	*2,736,796*
Public psychiatric hospitals	*5,184*	*442*	*473*	*1,289*	*1,252*	*1,079*	. .	. .	*9,719*
Private hospitals	*302,790*	*320,821*	*294,580*	*137,362*	*91,676*	*n.p.*	*n.p.*	*n.p.*	*1,196,405*
Private free-standing day hospital facilities	0	7	1	1,418	0	n.p.	n.p.	n.p.	1,431
Other private hospitals[(a)]	302,790	320,814	294,579	135,944	91,676	n.p.	n.p.	n.p.	1,194,974
Public acute and private hospitals	*1,245,055*	*962,267*	*815,012*	*415,864*	*312,932*	*n.p.*	*n.p.*	*n.p.*	*3,933,201*
All hospitals	**1,250,239**	**962,709**	**815,485**	**417,153**	**314,184**	**n.p.**	**n.p.**	**n.p.**	**3,942,920**
Same-day separations									
Public hospitals	*769,340*	*787,565*	*523,106*	*327,018*	*191,248*	*55,826*	*50,088*	*79,489*	*2,783,680*
Public acute hospitals	769,154	787,563	523,060	326,997	190,983	55,810	50,088	79,489	2,783,144
Public psychiatric hospitals	186	2	46	21	265	16	. .	. .	536
Private hospitals	*779,710*	*622,560*	*639,081*	*314,580*	*206,483*	*n.p.*	*n.p.*	*n.p.*	*2,646,926*
Private free-standing day hospital facilities	218,878	211,745	216,560	123,079	70,981	n.p.	n.p.	n.p.	853,412
Other private hospitals[(a)]	560,832	410,815	422,521	191,501	135,502	n.p.	n.p.	n.p.	1,793,514
Public acute and private hospitals	*1,548,864*	*1,410,123*	*1,162,141*	*641,577*	*397,466*	*n.p.*	*n.p.*	*n.p.*	*5,430,070*
All hospitals	**1,549,050**	**1,410,125**	**1,162,187**	**641,598**	**397,731**	**n.p.**	**n.p.**	**n.p.**	**5,430,606**

(continued)

Table 6.34 (continued): Separation, average cost weight, patient day and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Same-day separations as a % of total									
Public hospitals	*44.8*	*55.1*	*50.1*	*53.9*	*46.2*	*52.5*	*52.9*	*67.2*	*50.3*
Public acute hospitals	44.9	55.1	50.1	54.0	46.3	53.0	52.9	67.2	50.4
Public psychiatric hospitals	3.5	0.5	8.9	1.6	17.5	1.5	. .	. .	5.2
Private hospitals	*72.0*	*66.0*	*68.4*	*69.6*	*69.3*	*n.p.*	*n.p.*	*n.p.*	*68.9*
Private free-standing day hospital facilities	100.0	100.0	100.0	98.9	100.0	n.p.	n.p.	n.p.	99.8
Other private hospitals[(a)]	64.9	56.2	58.9	58.5	59.6	n.p.	n.p.	n.p.	60.0
Public acute and private hospitals	*55.4*	*59.4*	*58.8*	*60.7*	*55.9*	*n.p.*	*n.p.*	*n.p.*	*58.0*
All hospitals	**55.3**	**59.4**	**58.8**	**60.6**	**55.9**	**n.p.**	**n.p.**	**n.p.**	**57.9**
Separations per 1,000 population									
Public hospitals	*219.6*	*239.5*	*224.3*	*247.9*	*228.0*	*189.5*	*263.7*	*561.6*	*232.1*
Public acute hospitals	218.9	239.5	224.2	247.3	227.1	187.4	263.7	561.6	231.6
Public psychiatric hospitals	0.8	0.1	0.1	0.5	0.9	2.1	. .	. .	0.5
Private hospitals	*136.8*	*156.5*	*197.1*	*183.1*	*156.5*	*n.p.*	*n.p.*	*n.p.*	*158.7*
Private free-standing day hospital facilities	27.8	35.3	45.6	50.6	36.0	n.p.	n.p.	n.p.	35.3
Other private hospitals[(a)]	109.0	121.2	151.6	132.4	120.5	n.p.	n.p.	n.p.	123.4
Public acute and private hospitals	*355.6*	*396.0*	*421.3*	*430.4*	*383.6*	*n.p.*	*n.p.*	*n.p.*	*390.3*
All hospitals	**356.4**	**396.1**	**421.4**	**430.9**	**384.5**	**n.p.**	**n.p.**	**n.p.**	**390.8**
Average public cost weight of separations[(b)]									
Public hospitals	*1.05*	*1.01*	*1.03*	*0.94*	*1.08*	*1.06*	*1.06*	*0.68*	*1.02*
Public acute hospitals	1.06	1.01	1.03	0.94	1.08	1.06	1.06	0.68	1.02
Public psychiatric hospitals	2.32	2.21	2.83	2.69	2.16	1.05	. .	. .	2.31
Private hospitals	*0.93*	*0.90*	*0.86*	*0.79*	*0.90*	*n.p.*	*n.p.*	*n.p.*	*0.89*
Private free-standing day hospital facilities	0.58	0.42	0.50	0.33	0.44	n.p.	n.p.	n.p.	0.47
Other private hospitals[(a)]	1.03	1.04	0.98	0.97	1.06	n.p.	n.p.	n.p.	1.02
Public acute and private hospitals	*1.01*	*0.97*	*0.95*	*0.87*	*1.01*	*n.p.*	*n.p.*	*n.p.*	*0.97*
All hospitals	**1.01**	**0.97**	**0.95**	**0.88**	**1.01**	**n.p.**	**n.p.**	**n.p.**	**0.97**

(continued)

Table 6.34 (continued): Separation, average cost weight, patient day and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average private cost weight of separations[(c)]									
Private hospitals	*0.88*	*1.00*	*0.91*	*0.89*	*0.95*	*n.p.*	*n.p.*	*n.p.*	*0.92*
Private free-standing day hospital facilities	0.43	0.30	0.35	0.28	0.33	n.p.	n.p.	n.p.	0.35
Other private hospitals[(a)]	0.79	0.84	0.78	0.73	0.80	n.p.	n.p.	n.p.	0.80
Patient days									
Public hospitals	*6,387,014*	*4,629,716*	*3,295,250*	*1,920,265*	*1,600,110*	*359,760*	*327,728*	*302,980*	*18,822,823*
Public acute hospitals	6,172,903	4,584,261	3,128,538	1,859,895	1,525,960	339,614	327,728	302,980	18,241,879
Public psychiatric hospitals	214,111	45,455	166,712	60,370	74,150	20,146	. .	. .	580,944
Private hospitals	*2,464,340*	*2,310,738*	*2,219,627*	*910,944*	*639,419*	*n.p.*	*n.p.*	*n.p.*	*8,872,946*
Private free-standing day hospital facilities	218,878	211,759	216,561	124,497	70,981	n.p.	n.p.	n.p.	854,933
Other private hospitals[(a)]	2,245,462	2,098,979	2,003,066	786,447	568,438	n.p.	n.p.	n.p.	8,018,013
Public acute and private hospitals	*8,637,243*	*6,894,999*	*5,348,165*	*2,770,839*	*2,165,379*	*n.p.*	*n.p.*	*n.p.*	*27,114,825*
All hospitals	**8,851,354**	**6,940,454**	**5,514,877**	**2,831,209**	**2,239,529**	**n.p.**	**n.p.**	**n.p.**	**27,695,769**
Patient days per 1,000 population									
Public hospitals	*796.7*	*759.3*	*705.4*	*785.2*	*836.6*	*621.9*	*923.5*	*1,619.3*	*776.2*
Public acute hospitals	767.6	751.2	668.5	760.5	793.9	587.2	923.5	1,619.3	750.8
Public psychiatric hospitals	29.0	8.2	36.9	24.7	42.7	34.6	. .	. .	25.5
Private hospitals	*304.6*	*373.1*	*466.8*	*369.9*	*323.2*	*n.p.*	*n.p.*	*n.p.*	*359.7*
Private free-standing day hospital facilities	27.8	35.3	45.6	50.6	36.0	n.p.	n.p.	n.p.	35.3
Other private hospitals[(a)]	276.9	337.8	421.2	319.3	287.1	n.p.	n.p.	n.p.	324.4
Public acute and private hospitals	*1,072.3*	*1,124.2*	*1,135.3*	*1,130.4*	*1,117.1*	*n.p.*	*n.p.*	*n.p.*	*1,110.4*
All hospitals	**1,101.3**	**1,132.4**	**1,172.2**	**1,155.1**	**1,159.7**	**n.p.**	**n.p.**	**n.p.**	**1,135.9**

(continued)

Table 6.34 (continued): Separation, average cost weight, patient day and average length of stay statistics, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (days)									
Public hospitals	*3.7*	*3.2*	*3.2*	*3.2*	*3.9*	*3.4*	*3.5*	*2.6*	*3.4*
Public acute hospitals	3.6	3.2	3.0	3.1	3.7	3.2	3.5	2.6	3.3
Public psychiatric hospitals[(d)]	39.9	102.4	321.2	46.1	48.9	18.4	. .	. .	56.6
Private hospitals	*2.3*	*2.4*	*2.4*	*2.0*	*2.1*	*n.p.*	*n.p.*	*n.p.*	*2.3*
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals[(a)]	2.6	2.9	2.8	2.4	2.5	n.p.	n.p.	n.p.	2.7
Public acute and private hospitals	*3.1*	*2.9*	*2.7*	*2.6*	*3.0*	*n.p.*	*n.p.*	*n.p.*	*2.9*
All hospitals	**3.2**	**2.9**	**2.8**	**2.7**	**3.1**	**n.p.**	**n.p.**	**n.p.**	**3.0**
Average length of stay, excluding same-day separations (days)									
Public hospitals	*5.9*	*6.0*	*5.3*	*5.7*	*6.3*	*6.0*	*6.2*	*5.8*	*5.8*
Public acute hospitals	5.7	5.9	5.0	5.5	6.0	5.7	6.2	5.8	5.6
Public psychiatric hospitals[(d)]	41.3	102.8	352.4	46.8	59.0	18.7	. .	. .	59.7
Private hospitals	*5.6*	*5.3*	*5.4*	*4.3*	*4.7*	*n.p.*	*n.p.*	*n.p.*	*5.2*
Private free-standing day hospital facilities	. .	2.0	1.0	1.0	. .	n.p.	n.p.	n.p.	1.1
Other private hospitals[(a)]	5.6	5.3	5.4	4.4	4.7	n.p.	n.p.	n.p.	5.2
Public acute and private hospitals	*5.7*	*5.7*	*5.1*	*5.1*	*5.6*	*n.p.*	*n.p.*	*n.p.*	*5.5*
All hospitals	**5.8**	**5.7**	**5.3**	**5.2**	**5.9**	**n.p.**	**n.p.**	**n.p.**	**5.6**

(a) Includes private psychiatric hospitals.

(b) Separations for which the care type was reported as *Acute*, or as *Newborn* (with qualified days), or was not reported. AR-DRG version 6.0x national public sector estimated cost weights 2010–11 were applied to AR-DRG version 6.0x DRGs for all rows in *Average public cost weight of separations*.

(c) AR-DRG version 6.0x national private sector estimated cost weights 2011–12 were applied to AR-DRG version 6.0x DRGs.

(d) 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.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.35: Separations, by state or territory of usual residence, public and private hospitals, states and territories, 2012–13

State or territory of usual residence	State or territory of hospitalisation									Separations per 1,000 population
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public hospitals										
New South Wales	1,687,152	29,150	11,264	804	1,713	357	16,581	549	1,747,570	223.2
Victoria	3,811	1,389,390	2,474	871	2,362	279	285	384	1,399,856	234.3
Queensland	12,354	1,520	1,021,384	790	492	187	187	668	1,037,582	222.6
Western Australia	621	582	613	600,251	360	85	48	2,808	605,368	247.1
South Australia	743	2,164	556	360	405,945	53	64	2,741	412,626	227.0
Tasmania	257	1,804	378	122	86	105,258	33	55	107,993	192.6
Australian Capital Territory	3,566	239	259	56	87	19	76,183	24	80,433	539.2
Northern Territory	254	264	538	282	1,657	10	8	110,787	113,800	223.7
Other Australian territories[(a)]	1,294	0	11	278	1,054	0	2	0	2,639	n.p.
Not elsewhere classified[(b)]	6,737	3,883	6,534	2,995	0	0	56	290	20,495	. .
Not reported	0	457	0	0	0	110	1,265	1	1,833	. .
Total	*1,716,789*	*1,429,453*	*1,044,011*	*606,809*	*413,756*	*106,358*	*94,712*	*118,307*	*5,530,195*	*232.1*
Private hospitals										
New South Wales	1,064,359	9,419	31,833	355	1,643	n.p.	n.p.	n.p.	1,115,299	140.5
Victoria	7,856	929,340	1,614	234	1,647	n.p.	n.p.	n.p.	940,936	156.1
Queensland	4,069	1,123	897,655	264	273	n.p.	n.p.	n.p.	903,549	190.7
Western Australia	378	426	311	450,592	176	n.p.	n.p.	n.p.	452,021	153.4
South Australia	383	670	283	121	291,076	n.p.	n.p.	n.p.	292,600	142.9
Tasmania	328	1,438	313	33	68	n.p.	n.p.	n.p.	82,780	183.1
Australian Capital Territory	2,257	239	230	25	46	n.p.	n.p.	n.p.	34,596	96.2
Northern Territory	393	499	730	179	1,078	n.p.	n.p.	n.p.	15,733	77.5
Other Australian territories[(a)]	1,766	0	86	67	0	n.p.	n.p.	n.p.	4,073	n.p.
Not elsewhere classified[(b)]	711	227	606	72	0	n.p.	n.p.	n.p.	1,653	. .
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	91	. .
Total	*1,082,500*	*943,381*	*933,661*	*451,942*	*298,159*	*n.p.*	*n.p.*	*n.p.*	*3,843,331*	*158.7*
All hospitals	**2,799,289**	**2,372,834**	**1,977,672**	**1,058,751**	**711,915**	**n.p.**	**n.p.**	**n.p.**	**9,373,526**	**390.8**

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

(b) Includes *Resident overseas*, *At sea* and *No fixed address*.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.36: Separations, by age group and sex, public hospitals, states and territories, 2012–13

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	34,432	16,600	15,247	7,925	5,585	1,516	1,314	1,376	83,995
	1–4	27,661	19,032	18,614	10,200	7,199	1,433	1,269	1,612	87,020
	5–14	36,013	23,152	24,048	12,757	8,456	1,903	1,980	1,821	110,130
	15–24	44,206	32,846	33,075	17,037	10,831	2,447	2,790	2,518	145,750
	25–34	49,497	40,170	36,463	22,841	11,701	2,762	3,147	5,056	171,637
	35–44	64,793	57,437	48,489	28,570	16,832	4,418	4,512	7,862	232,913
	45–54	92,412	80,515	63,443	37,314	23,924	6,830	5,013	12,499	321,950
	55–64	125,841	116,462	83,307	47,132	31,671	9,066	7,513	10,515	431,507
	65–74	151,649	146,171	89,694	53,287	34,762	10,879	10,044	5,511	501,997
	75–84	152,527	131,967	72,531	44,886	38,731	9,804	7,400	2,351	460,197
	85 and over	58,431	41,298	24,791	17,875	14,654	2,621	3,405	302	163,377
	Total[(a)]	*837,463*	*705,650*	*509,702*	*299,824*	*204,346*	*53,679*	*48,387*	*51,423*	*2,710,474*
Females	Under 1	28,080	12,320	11,249	5,957	4,041	1,105	1,068	1,080	64,900
	1–4	19,691	12,156	13,137	6,898	4,976	999	949	1,216	60,022
	5–14	26,600	18,824	18,220	9,777	6,661	1,396	1,268	1,494	84,240
	15–24	68,211	54,020	60,723	28,017	19,013	4,542	4,069	5,586	244,181
	25–34	117,689	99,441	82,415	41,854	28,790	6,464	7,585	8,700	392,938
	35–44	87,861	81,462	61,617	34,874	22,224	5,593	5,803	11,222	310,656
	45–54	82,294	82,241	60,866	36,841	23,393	6,765	4,880	14,342	311,622
	55–64	98,117	95,224	63,780	41,829	23,743	7,488	5,209	14,892	350,282
	65–74	131,766	111,537	67,532	40,743	26,741	8,604	6,238	6,538	399,699
	75–84	137,189	106,431	63,006	38,791	30,534	6,604	5,847	1,424	389,826
	85 and over	81,802	50,141	31,764	21,404	19,294	3,119	3,409	390	211,323
	Total[(a)]	*879,301*	*723,797*	*534,309*	*306,985*	*209,410*	*52,679*	*46,325*	*66,884*	*2,819,690*
Total[(a)]		**1,716,789**	**1,429,453**	**1,044,011**	**606,809**	**413,756**	**106,358**	**94,712**	**118,307**	**5,530,195**

(a) Totals include separations where age group was not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.37: Separations, by age group and sex, private hospitals, states and territories, 2012–13

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	5,554	3,986	2,937	1,928	894	n.p.	n.p.	n.p.	15,683
	1–4	7,557	4,964	5,395	3,389	1,977	n.p.	n.p.	n.p.	24,155
	5–14	9,658	7,209	7,635	4,011	2,150	n.p.	n.p.	n.p.	31,882
	15–24	20,635	19,163	15,790	9,087	5,685	n.p.	n.p.	n.p.	73,027
	25–34	24,035	21,084	19,542	12,494	6,301	n.p.	n.p.	n.p.	86,620
	35–44	38,163	33,230	31,796	19,286	8,905	n.p.	n.p.	n.p.	135,810
	45–54	57,936	51,572	50,545	28,718	15,195	n.p.	n.p.	n.p.	211,405
	55–64	94,679	81,827	86,215	43,049	27,809	n.p.	n.p.	n.p.	345,569
	65–74	117,090	94,810	108,871	45,613	35,412	n.p.	n.p.	n.p.	415,765
	75–84	78,918	70,265	70,166	31,589	24,507	n.p.	n.p.	n.p.	284,425
	85 and over	31,008	29,360	28,985	12,291	10,397	n.p.	n.p.	n.p.	115,375
	Total[(a)]	*485,233*	*417,470*	*427,877*	*211,455*	*139,246*	*n.p.*	*n.p.*	*n.p.*	*1,739,730*
Females	Under 1	3,848	2,621	1,927	1,246	417	n.p.	n.p.	n.p.	10,370
	1–4	4,808	3,273	3,631	2,189	1,291	n.p.	n.p.	n.p.	15,807
	5–14	8,516	6,443	6,619	3,556	2,001	n.p.	n.p.	n.p.	28,229
	15–24	32,311	30,736	28,971	14,749	6,926	n.p.	n.p.	n.p.	117,995
	25–34	64,417	58,454	53,875	28,352	12,814	n.p.	n.p.	n.p.	226,762
	35–44	76,733	75,878	62,581	32,185	16,328	n.p.	n.p.	n.p.	273,314
	45–54	76,208	72,183	67,688	35,766	19,812	n.p.	n.p.	n.p.	282,117
	55–64	102,976	88,037	87,410	44,859	29,986	n.p.	n.p.	n.p.	366,659
	65–74	112,346	86,025	91,576	38,326	31,618	n.p.	n.p.	n.p.	372,472
	75–84	79,664	67,952	68,426	28,210	25,373	n.p.	n.p.	n.p.	279,196
	85 and over	35,437	34,298	33,080	11,049	12,333	n.p.	n.p.	n.p.	130,651
	Total[(a)]	*597,264*	*525,900*	*505,784*	*240,487*	*158,902*	*n.p.*	*n.p.*	*n.p.*	*2,103,575*
Total[(a)]		**1,082,500**	**943,381**	**933,661**	**451,942**	**298,159**	**n.p.**	**n.p.**	**n.p.**	**3,843,331**

(a) Totals include separations where age group was not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.38: Separations, by Indigenous status, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Aboriginal but not Torres Strait Islander origin	72,877	15,838	73,834	55,614	23,090	3,297	1,920	81,945	328,415
Torres Strait Islander but not Aboriginal origin	1,043	259	10,717	433	332	168	71	301	13,324
Aboriginal and Torres Strait Islander origin	1,592	1,638	5,935	742	70	181	55	876	11,089
Indigenous people	*75,512*	*17,735*	*90,486*	*56,789*	*23,492*	*3,646*	*2,046*	*83,122*	*352,828*
Neither Aboriginal nor Torres Strait Islander origin	1,632,944	1,398,497	942,770	550,013	372,687	101,444	89,574	35,182	5,123,111
Not reported	8,333	13,221	10,755	7	17,577	1,268	3,092	3	54,256
Total	*1,716,789*	*1,429,453*	*1,044,011*	*606,809*	*413,756*	*106,358*	*94,712*	*118,307*	*5,530,195*
Private hospitals									
Aboriginal but not Torres Strait Islander origin	2,352	665	2,620	20,327	353	n.p.	n.p.	n.p.	27,441
Torres Strait Islander but not Aboriginal origin	92	156	765	330	76	n.p.	n.p.	n.p.	1,473
Aboriginal and Torres Strait Islander origin	691	724	634	492	171	n.p.	n.p.	n.p.	2,896
Indigenous people	*3,135*	*1,545*	*4,019*	*21,149*	*600*	*n.p.*	*n.p.*	*n.p.*	*31,810*
Neither Aboriginal nor Torres Strait Islander origin	1,045,488	936,139	866,174	430,793	281,789	n.p.	n.p.	n.p.	3,674,987
Not reported	33,877	5,697	63,468	0	15,770	n.p.	n.p.	n.p.	136,534
Total	*1,082,500*	*943,381*	*933,661*	*451,942*	*298,159*	*n.p.*	*n.p.*	*n.p.*	*3,843,331*
All hospitals									
Indigenous people	*78,647*	*19,280*	*94,505*	*77,938*	*24,092*	*n.p.*	*n.p.*	*n.p.*	*384,638*
Other Australians	*2,720,642*	*2,353,554*	*1,883,167*	*980,813*	*687,823*	*n.p.*	*n.p.*	*n.p.*	*8,988,888*
Total[(a)]	**2,799,289**	**2,372,834**	**1,977,672**	**1,058,751**	**711,915**	**n.p.**	**n.p.**	**n.p.**	**9,373,526**
Separation rate for Indigenous people per 1,000	678.3	778.5	917.2	1,613.6	1,233.1	286.5	709.0	1,911.0	1,038.4
Separation rate for other Australians per 1,000	358.0	403.1	419.8	422.0	382.7	332.2	380.1	329.4	389.1
Separation rate for all people per 1,000	362.9	404.6	430.3	445.0	391.8	330.9	383.1	648.9	399.1
Separation rate ratio[(a)]	1.9	1.9	2.2	3.8	3.2	0.9	1.9	5.8	2.7

(a) The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.39: Overnight separations, by Indigenous status, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Aboriginal but not Torres Strait Islander origin	37,463	6,318	30,060	24,368	8,577	1,838	1,078	20,720	130,422
Torres Strait Islander but not Aboriginal origin	675	167	3,810	127	212	76	15	102	5,184
Aboriginal and Torres Strait Islander origin	1,014	732	2,497	267	45	107	38	283	4,983
Indigenous people	*39,152*	*7,217*	*36,367*	*24,762*	*8,834*	*2,021*	*1,131*	*21,105*	*140,589*
Neither Aboriginal nor Torres Strait Islander origin	903,006	628,301	478,322	255,025	204,881	47,880	42,436	17,712	2,577,563
Not reported	5,291	6,370	6,216	4	8,793	631	1,057	1	28,363
Total	*947,449*	*641,888*	*520,905*	*279,791*	*222,508*	*50,532*	*44,624*	*38,818*	*2,746,515*
Private hospitals									
Aboriginal but not Torres Strait Islander origin	838	289	680	211	108	n.p.	n.p.	n.p.	2,575
Torres Strait Islander but not Aboriginal origin	34	87	134	13	26	n.p.	n.p.	n.p.	319
Aboriginal and Torres Strait Islander origin	195	314	128	61	51	n.p.	n.p.	n.p.	839
Indigenous people	*1,067*	*690*	*942*	*285*	*185*	*n.p.*	*n.p.*	*n.p.*	*3,733*
Neither Aboriginal nor Torres Strait Islander origin	293,607	317,524	280,891	137,077	89,804	n.p.	n.p.	n.p.	1,163,480
Not reported	8,116	2,607	12,747	0	1,687	n.p.	n.p.	n.p.	29,192
Total	*302,790*	*320,821*	*294,580*	*137,362*	*91,676*	*n.p.*	*n.p.*	*n.p.*	*1,196,405*
All hospitals									
Indigenous people	*40,219*	*7,907*	*37,309*	*25,047*	*9,019*	*n.p.*	*n.p.*	*n.p.*	*144,322*
Other Australians	*1,210,020*	*954,802*	*778,176*	*392,106*	*305,165*	*n.p.*	*n.p.*	*n.p.*	*3,798,598*
Total	**1,250,239**	**962,709**	**815,485**	**417,153**	**314,184**	**n.p.**	**n.p.**	**n.p.**	**3,942,920**
Separation rate for Indigenous people per 1,000	304.4	272.0	311.2	398.9	380.4	153.1	344.3	376.6	324.5
Separation rate for other Australians per 1,000	161.2	164.7	174.7	170.1	172.4	140.8	168.5	165.7	166.0
Separation rate for all people per 1,000	163.9	165.3	178.5	176.6	175.5	140.8	170.3	218.8	169.4
Separation rate ratio[(a)]	1.9	1.7	1.8	2.3	2.2	1.1	2.0	2.3	2.0

(a) The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 6.1, 6.2, and 6.3 for notes on data limitations and methods.

Table 6.40: Separations for selected potentially preventable hospitalisations[a], by state or territory of usual residence, all hospitals, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
Vaccine-preventable conditions									
Influenza and pneumonia	5,456	3,797	4,883	2,263	1,925	490	262	419	19,512
Other vaccine-preventable conditions	1,133	1,301	865	401	179	78	29	277	4,266
Total vaccine-preventable conditions[c]	*6,575*	*5,085*	*5,733*	*2,657*	*2,104*	*568*	*291*	*691*	*23,724*
Vaccine-preventable PPH separations per 1,000 population	*0.8*	*0.9*	*1.3*	*1.1*	*1.1*	*1.0*	*0.9*	*3.6*	*1.0*
Acute conditions									
Appendicitis with generalised peritonitis	2,744	2,079	1,918	895	661	166	114	107	8,692
Cellulitis	15,397	9,748	11,284	4,561	3,780	920	529	869	47,133
Convulsions and epilepsy	11,321	6,999	8,323	3,688	2,800	677	503	705	35,049
Dehydration and gastroenteritis	21,043	15,263	14,781	6,486	5,261	1,153	592	671	65,296
Dental conditions	16,870	14,893	13,024	9,550	6,090	1,572	761	787	63,597
Ear, nose and throat infections	11,395	7,114	9,171	4,806	3,434	553	384	688	37,578
Gangrene	1,275	2,527	1,514	1,055	431	169	68	160	7,207
Pelvic inflammatory disease	1,152	1,056	1,144	515	296	89	71	136	4,460
Perforated/bleeding ulcer	1,834	1,302	1,002	568	480	130	58	38	5,413
Pyelonephritis	20,606	14,566	15,811	7,282	5,385	910	889	720	66,211
Total acute conditions[c]	*103,585*	*75,454*	*77,907*	*39,373*	*28,598*	*6,331*	*3,966*	*4,871*	*340,352*
Acute PPH separations per 1,000 population	*13.7*	*13.1*	*17.2*	*16.7*	*16.5*	*11.9*	*11.3*	*23.2*	*14.8*

(continued)

Table 6.40 (continued): Separations for selected potentially preventable hospitalisations[a], by state or territory of usual residence, all hospitals, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
Chronic conditions									
Angina	8,564	5,302	8,913	3,004	2,563	614	216	337	29,532
Asthma	12,829	9,089	7,882	2,926	3,226	605	404	420	37,395
Chronic obstructive pulmonary disease	22,894	15,028	15,339	5,739	5,898	1,580	708	1,211	68,437
Congestive cardiac failure	16,947	13,604	10,192	4,805	4,275	1,154	542	552	52,106
Diabetes complications	56,058	45,342	46,741	31,152	14,990	4,775	1,772	2,386	203,394
Hypertension	2,619	1,908	2,489	659	674	120	66	58	8,600
Iron deficiency anaemia	9,738	11,709	5,948	4,257	3,104	1,201	384	269	36,639
Nutritional deficiencies	122	91	92	23	21	10	20	39	418
Rheumatic heart disease[d]	682	568	696	371	273	28	28	260	2,911
Total chronic conditions[c]	*122,402*	*96,406*	*92,538*	*50,328*	*32,642*	*9,567*	*3,928*	*5,138*	*413,258*
Chronic PPH separations per 1,000 population	*15.1*	*15.8*	*19.9*	*21.3*	*16.5*	*15.5*	*12.0*	*30.5*	*17.0*
Total chronic conditions, excluding diabetes[c]	*74,395*	*57,299*	*51,551*	*21,784*	*20,034*	*5,312*	*2,368*	*3,146*	*236,038*
Chronic PPH (excluding diabetes) separations per 1,000 population	*9.2*	*9.4*	*11.2*	*9.3*	*10.1*	*8.6*	*7.2*	*19.1*	*9.7*
Total selected potentially preventable hospitalisations[c]	**231,368**	**175,861**	**174,962**	**91,741**	**62,887**	**16,356**	**8,130**	**10,500**	**772,398**
Total PPH separations per 1,000 population	**29.5**	**29.6**	**38.1**	**38.9**	**33.9**	**28.2**	**23.9**	**56.3**	**32.6**

PPH—potentially preventable hospitalisation.

(a) These conditions are defined using ICD-10-AM codes in Appendix B tables accompanying this report online.

(b) Includes other territories and excludes overseas residents and unknown state of residence.

(c) Excludes multiple diagnoses for the same separation within the same group.

(d) Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.41: Separations, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic[a]	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,614,570	1,375,204	984,757	583,629	393,762	102,023	88,879	116,574	5,259,398
Rehabilitation care	35,533	15,264	27,012	11,564	10,069	911	2,608	259	103,220
Palliative care	13,129	7,342	8,404	1,518	1,411	553	600	315	33,272
Geriatric evaluation and management	6,497	17,920	4,606	1,964	1,479	266	456	96	33,284
Psychogeriatric care	809	0	472	792	268	114	28	2	2,485
Maintenance care	9,590	470	7,494	1,412	2,290	866	777	163	23,062
Newborn–qualified days only	33,387	11,612	8,573	4,781	2,784	1,477	1,140	833	64,587
Newborn–qualified and unqualified days[b]	3,273	1,641	2,691	1,149	1,693	101	219	0	10,767
Newborn–unqualified days only	42,145	47,510	36,118	19,614	12,249	2,467	3,807	2,832	166,742
Newborn total	*78,805*	*60,763*	*47,382*	*25,544*	*16,726*	*4,045*	*5,166*	*3,665*	*242,096*
Other admitted patient care	1	0	2	0	0	6	5	65	79
Not reported	0	0	0	0	0	41	0	0	41
Total[c]	*1,758,934*	*1,476,963*	*1,080,129*	*626,423*	*426,005*	*108,825*	*98,519*	*121,139*	*5,696,937*

(continued)

Table 6.41 (continued): Separations, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic[(a)]	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals									
Acute care	926,838	913,451	888,748	442,753	275,011	n.p.	n.p.	n.p.	3,570,183
Rehabilitation care	147,723	20,119	38,128	3,270	22,040	n.p.	n.p.	n.p.	240,519
Palliative care	318	693	1,946	2,683	229	n.p.	n.p.	n.p.	6,007
Geriatric evaluation and management	0	0	130	0	60	n.p.	n.p.	n.p.	204
Psychogeriatric care	0	5,466	6	849	0	n.p.	n.p.	n.p.	6,321
Maintenance care	102	44	1,997	103	14	n.p.	n.p.	n.p.	2,300
Newborn–qualified days only	6,954	3,318	2,291	1,465	805	n.p.	n.p.	n.p.	15,220
Newborn–qualified and unqualified days	565	290	415	819	0	n.p.	n.p.	n.p.	2,211
Newborn–unqualified days only	16,739	2,440	15,918	8,873	772	n.p.	n.p.	n.p.	48,138
Newborn total	*24,258*	*6,048*	*18,624*	*11,157*	*1,577*	*n.p.*	*n.p.*	*n.p.*	*65,569*
Other admitted patient care	0	0	0	0	0	n.p.	n.p.	n.p.	4
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	362
Total[(c)]	*1,099,239*	*945,821*	*949,579*	*460,815*	*298,931*	*n.p.*	*n.p.*	*n.p.*	*3,891,469*

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(b) Public hospitals in the Northern Territory did not report any separations for *Newborn* care with both qualified and unqualified days.

(c) Total separations include records for *Newborn* (without qualified days).

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.42: Patient days, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic[a]	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	5,196,801	3,675,744	2,461,885	1,520,263	1,231,434	298,002	258,686	271,400	14,914,215
Rehabilitation care	586,645	319,336	357,686	226,604	126,010	23,042	27,838	9,767	1,676,928
Palliative care	135,920	94,384	64,327	14,658	16,092	5,182	6,820	3,361	340,744
Geriatric evaluation and management	80,517	369,653	63,899	19,209	24,878	4,883	5,605	2,056	570,700
Psychogeriatric care	44,535	0	15,218	36,754	10,328	7,879	306	2	115,022
Maintenance care	175,861	47,564	242,288	52,668	148,395	8,609	16,755	8,197	700,337
Newborn–qualified days	166,734	123,035	89,939	50,109	42,973	11,348	11,697	8,095	503,930
Newborn–unqualified days	112,153	116,998	74,727	47,314	33,493	5,939	8,178	7,556	406,358
Newborn total	278,887	240,033	164,666	97,423	76,466	17,287	19,875	15,651	910,288
Other admitted patient care	1	0	8	0	0	52	21	102	184
Not reported	0	0	0	0	0	763	0	0	763
Total[b]	*6,387,014*	*4,629,716*	*3,295,250*	*1,920,265*	*1,600,110*	*359,760*	*327,728*	*302,980*	*18,822,823*

(continued)

Table 6.42 (continued): Patient days, by care type, public and private hospitals, states and territories, 2012–13

Care type	NSW	Vic[a]	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals									
Acute care	1,935,943	1,977,705	1,956,758	804,114	558,285	n.p.	n.p.	n.p.	7,512,905
Rehabilitation total	483,208	269,820	169,232	55,077	70,727	n.p.	n.p.	n.p.	1,088,903
Palliative care	3,982	8,199	26,133	24,725	3,363	n.p.	n.p.	n.p.	68,483
Geriatric evaluation and management	0	0	2,523	0	407	n.p.	n.p.	n.p.	3,013
Psychogeriatric care	0	32,100	93	12,156	0	n.p.	n.p.	n.p.	44,349
Maintenance care	1,269	665	38,243	2,848	937	n.p.	n.p.	n.p.	44,002
Newborn–qualified days	39,938	22,249	26,645	12,024	5,700	n.p.	n.p.	n.p.	110,577
Newborn–unqualified days	73,954	11,055	62,418	38,658	3,217	n.p.	n.p.	n.p.	203,182
Newborn total	113,892	33,304	89,063	50,682	8,917	n.p.	n.p.	n.p.	313,759
Other admitted patient care	0	0	0	0	0	n.p.	n.p.	n.p.	11
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	703
Total[b]	*2,464,340*	*2,310,738*	*2,219,627*	*910,944*	*639,419*	*n.p.*	*n.p.*	*n.p.*	*8,872,946*

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low numbers of days in this category.

(b) Total patient days exclude unqualified days for *Newborns*.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.43: Separations by principal source of funds, public and private hospitals, states and territories, 2012–13

Principal source of funds	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public[(a)]	1,314,978	1,197,467	897,279	551,258	366,206	84,308	81,372	114,970	4,607,838
Private health insurance	308,605	178,137	105,873	35,958	30,282	18,104	8,278	839	686,076
Self-funded	23,779	12,365	13,965	939	1,585	111	10	564	53,318
Workers compensation	6,942	4,769	5,697	1,898	1,174	343	423	414	21,660
Motor vehicle third party personal claim	8,758	7,492	4,314	3,435	2,257	663	275	624	27,818
Department of Veterans' Affairs	46,013	20,318	15,622	6,887	9,370	2,215	3,468	261	104,154
Other[(b)]	7,714	8,905	1,261	6,434	2,882	614	886	635	29,331
Total	*1,716,789*	*1,429,453*	*1,044,011*	*606,809*	*413,756*	*106,358*	*94,712*	*118,307*	*5,530,195*
Private hospitals									
Public[(a)]	8,307	2,858	22,311	81,031	3,680	n.p.	n.p.	n.p.	119,236
Private health insurance	895,044	808,292	751,030	327,106	263,699	n.p.	n.p.	n.p.	3,152,158
Self-funded	112,240	82,496	63,447	17,301	10,407	n.p.	n.p.	n.p.	290,799
Workers compensation	21,056	11,879	14,076	8,065	4,953	n.p.	n.p.	n.p.	61,745
Motor vehicle third party personal claim	1,281	3,208	495	699	494	n.p.	n.p.	n.p.	6,349
Department of Veterans' Affairs	43,613	32,784	73,761	15,342	13,008	n.p.	n.p.	n.p.	184,807
Other[(b)]	959	1,864	8,541	2,398	1,918	n.p.	n.p.	n.p.	28,237
Total	*1,082,500*	*943,381*	*933,661*	*451,942*	*298,159*	*n.p.*	*n.p.*	*n.p.*	*3,843,331*
All hospitals	**2,799,289**	**2,372,834**	**1,977,672**	**1,058,751**	**711,915**	**n.p.**	**n.p.**	**n.p.**	**9,373,526**

(a) Public patients includes separations with a funding source of *Health Service budget* (including *Health Service budget due to Reciprocal health care agreements* and *Health Service budget—no charge raised due to hospital decision* in public hospitals) and *Other hospital or public authority* (with a *Public* patient election status).

(b) Other includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public* patient election status), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 6.44: Separations, by mode of separation, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an (other) acute hospital	109,978	76,359	65,700	30,074	26,986	4,024	3,114	3,470	319,705
Discharge/transfer to residential aged care service[(a)]	17,629	22,239	4,824	8,038	8,751	874	465	342	63,162
Discharge/transfer to an (other) psychiatric hospital	2,035	1,541	151	1,126	1,141	744	89	11	6,838
Discharge/transfer to other health-care accommodation[(b)]	4,339	3,470	2,204	1,380	1,479	190	366	2,100	15,528
Statistical discharge: type change	34,117	16,144	30,572	10,873	4,597	2,011	3,486	1,327	103,127
Left against medical advice/discharge at own risk	17,943	6,607	10,302	5,645	3,469	371	457	3,759	48,553
Statistical discharge from leave	3,234	24	856	1,193	193	0	0	0	5,500
Died	23,596	14,698	10,701	4,220	4,879	1,479	976	481	61,030
Other[(c)]	1,503,317	1,287,927	918,701	544,258	362,248	96,654	85,715	106,817	4,905,637
Not reported	601	444	0	2	13	11	44	0	1,115
Total	*1,716,789*	*1,429,453*	*1,044,011*	*606,809*	*413,756*	*106,358*	*94,712*	*118,307*	*5,530,195*
Private hospitals									
Discharge/transfer to an (other) acute hospital	23,062	20,307	8,158	3,245	7,103	n.p.	n.p.	n.p.	63,259
Discharge/transfer to residential aged care service[(a)]	1,357	2,798	1,136	838	1,084	n.p.	n.p.	n.p.	7,517
Discharge/transfer to an (other) psychiatric hospital	64	56	20	25	30	n.p.	n.p.	n.p.	199
Discharge/transfer to other health-care accommodation[(b)]	62,919	20	769	195	244	n.p.	n.p.	n.p.	64,372
Statistical discharge: type change	5,714	3,863	8,006	2,881	491	n.p.	n.p.	n.p.	21,933
Left against medical advice/discharge at own risk	922	495	475	146	60	n.p.	n.p.	n.p.	2,145
Statistical discharge from leave	163	0	64	12	2	n.p.	n.p.	n.p.	241
Died	2,002	3,461	4,351	2,120	1,088	n.p.	n.p.	n.p.	13,538
Other[(c)]	986,297	912,381	910,682	442,480	288,006	n.p.	n.p.	n.p.	3,670,076
Not reported	0	0	0	0	51	n.p.	n.p.	n.p.	51
Total	*1,082,500*	*943,381*	*933,661*	*451,942*	*298,159*	*n.p.*	*n.p.*	*n.p.*	*3,843,331*

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

(b) Includes Mothercraft hospitals, except in jurisdictions where Mothercraft facilities are considered acute.

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

7 Same-day acute admitted patient care

This chapter presents information on same-day acute admitted patient care provided by public and private hospitals in Australia.

A same-day separation is one in which the patient is admitted and separated on the same date. Acute admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported. Separations for other care types were excluded. The data are sourced from the AIHW's NHMD. For definitions of terms and classifications, and more information on data limitations and methods, see Chapter 6 (boxes 6.1, 6.2 and 6.3).

Of all same-day separations, 96% were reported as *Acute*, with a higher proportion in the public sector (99%) than in the private sector (93%).

How has activity changed over time?

From 2011–12 to 2012–13, same-day acute separations increased by 0.7% to 5.2 million, a lower increase than the average per year between 2008–09 and 2012–13 (3.6%) (Table 7.1).

However, between 2011–12 and 2012–13, there was a change in Victoria's emergency department admission policy, which resulted in a decrease in admissions. After adjusting for this change (as detailed in Chapter 6) (with the assumption that the majority of emergency department 'admissions' that are no longer reported were same-day stays), same-day acute separations were estimated to have increased by about 3.0% between 2011–12 and 2012–13.

The annual growth rate in same-day acute separations between 2008–09 and 2012–13 was higher in private hospitals (4.3%) than in public hospitals (3.1%). After adjusting for changes as above, same-day acute separations for public hospitals increased by about 4.1% per year between 2008–09 and 2012–13. The greatest increase in same-day acute separations occurred in *Other private hospitals* (4.4% on average each year), increasing from fewer than 1.4 million in 2008–09 to more than 1.6 million in 2012–13.

Table 7.1: Same-day acute separations, public and private hospitals, 2008–09 to 2012–13

						Change (%)[a]	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Public acute hospitals	2,438,288	2,548,148	2,660,010	2,776,747	2,750,608	3.1	–0.9
Public psychiatric hospitals	630	690	630	633	453	–7.9	–28.4
Total	*2,438,918*	*2,548,838*	*2,660,640*	*2,777,380*	*2,751,061*	*3.1*	*–0.9*
Private hospitals							
Private free-standing day hospital facilities	726,572	780,690	806,409	841,327	852,073	4.1	1.3
Other private hospitals	1,356,396	1,436,250	1,476,434	1,557,844	1,610,944	4.4	3.4
Total	*2,082,968*	*2,216,940*	*2,282,843*	*2,399,171*	*2,463,017*	*4.3*	*2.7*
All hospitals	**4,521,886**	**4,765,778**	**4,943,483**	**5,176,551**	**5,214,078**	**3.6**	**0.7**

(a) Annual average change, not adjusted for changes in coverage and re–categorisation of hospitals as public or private.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Between 2008–09 and 2012–13, the highest average increases in the number of same-day acute separations in public hospitals were for Western Australia (8.0%) and the Northern Territory (7.5%) (Table 7.2). Western Australia also recorded the highest average increase in the number of same-day acute separations in private hospitals (6.6% per year).

Table 7.2: Same-day acute separations, public and private hospitals, states and territories, 2008–09 to 2012–13

						Change (%)[a]	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales[b]							
Public hospitals	654,272	679,911	697,804	726,434	757,835	3.7	4.3
Private hospitals	563,959	592,552	618,824	651,662	654,772	3.8	0.5
All hospitals	*1,218,231*	*1,272,463*	*1,316,628*	*1,378,096*	*1,412,607*	*3.8*	*2.5*
Victoria[b][c]							
Public hospitals	789,255	809,244	849,798	882,687	787,362	n.p.	n.p.
Private hospitals	531,609	581,364	573,363	601,695	618,398	3.9	2.8
All hospitals	*1,320,864*	*1,390,608*	*1,423,161*	*1,484,382*	*1,405,760*	*n.p.*	*n.p.*
Queensland							
Public hospitals	433,612	459,402	482,271	492,281	509,595	4.1	3.5
Private hospitals	530,024	549,879	556,567	586,929	609,674	3.6	3.9
All hospitals	*963,636*	*1,009,281*	*1,038,838*	*1,079,210*	*1,119,269*	*3.8*	*3.7*
Western Australia[b]							
Public hospitals	239,899	269,408	292,117	316,669	326,687	8.0	3.2
Private hospitals	242,941	260,654	287,160	302,562	313,984	6.6	3.8
All hospitals	*482,840*	*530,062*	*579,277*	*619,231*	*640,671*	*7.3*	*3.5*
South Australia[b]							
Public hospitals	164,745	170,177	173,794	183,019	185,094	3.0	1.1
Private hospitals	153,881	162,859	172,395	180,672	189,061	5.3	4.6
All hospitals	*318,626*	*333,036*	*346,189*	*363,691*	*374,155*	*4.1*	*2.9*
Tasmania[b]							
Public hospitals	49,338	51,080	49,606	50,462	55,765	3.1	10.5
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	48,248	47,081	49,304	51,505	49,298	0.5	–4.3
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	59,549	62,535	65,946	74,323	79,425	7.5	6.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**2,438,918**	**2,548,838**	**2,660,640**	**2,777,380**	**2,751,061**	**3.1**	**–0.9**
Private hospitals	**2,082,968**	**2,216,940**	**2,282,843**	**2,399,171**	**2,463,017**	**4.3**	**2.7**
All hospitals	**4,521,886**	**4,765,778**	**4,943,483**	**5,176,551**	**5,214,078**	**3.6**	**0.7**

(a) Annual average change, not adjusted for changes in coverage and re–categorisation of hospitals as public or private.

(b) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

(c) The large decrease in public hospital separations recorded for Victoria reflects a change in Victoria's emergency department admission policy between 2011–12 and 2012–13.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Large single-year increases in the number of same-day acute separations between 2011–12 and 2012–13 were recorded for public hospitals in Tasmania (10.5%) and the Northern Territory (6.9%) and for private hospitals in South Australia (4.6%) (Table 7.2).

Between 2011–12 and 2012–13, the decrease in same-day acute separations for Victorian public hospitals reflects a change in emergency department admission policy. After adjusting for this change (as above), same-day acute separations in Victorian public hospitals would have increased by about 5.1% between 2011–12 and 2012–13.

Who used these services?

Sex and age group

Just over half (51%) of same-day acute separations were for females (Table 7.3). However, there were more same-day separations for boys aged 0 to 14 and men aged 55 and over. People aged 55 and over accounted for more than half (58%) of all same-day separations.

Table 7.3: Same-day acute separations, by sex and age group (years), all hospitals, 2012–13

Age group (years)	Males	Females	Persons
0–4	71,017	44,942	115,960
5–9	43,544	30,445	73,991
10–14	31,020	25,093	56,113
15–19	50,447	68,613	119,061
20–24	60,991	112,424	173,416
25–19	64,192	125,069	189,263
30–34	74,018	146,173	220,193
35–39	91,890	160,324	252,215
40–44	123,919	173,390	297,310
45–49	144,751	176,424	321,176
50–54	184,140	206,610	390,750
55–59	224,894	224,456	449,351
60–64	269,152	238,311	507,465
65–69	300,822	248,140	548,963
70–74	270,819	222,264	493,084
75–79	248,083	200,049	448,133
80–84	187,978	145,376	333,355
85+	118,410	105,849	224,260
Total[(a)]	**2,560,101**	**2,653,955**	**5,214,078**

(a) The total includes separations for which age information was not known.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-counted. The quality of the data provided for Indigenous status in 2012–13 for admitted patient care varied by jurisdiction. For more information, see Chapter 6 and Appendix A.

Nationally, 4.6% of all same-day acute separations were for Aboriginal or Torres Strait Islander people.

In 2012–13, the same-day acute separation rate for Indigenous Australians was more than 3 times the rate for other Australians (Table 7.4). The Northern Territory had the highest rate of same-day acute separations for Indigenous Australians.

Care involving dialysis accounted for a large proportion of same-day separations, particularly for Indigenous Australians, who were admitted for dialysis at 12 times the rate for other Australians. Excluding separations for dialysis, Indigenous Australians had lower same-day acute separation rates than other Australians in New South Wales, Victoria, Queensland, Western Australia and Tasmania.

Table 7.4: Same-day acute separations per 1,000 population, by Indigenous status, all hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous Australians									
Separations	38,166	11,373	56,787	52,880	15,015	n.p.	n.p.	n.p.	239,487
Separations per 1,000 population	370.4	506.5	601.5	1214.4	847.8	n.p.	n.p.	n.p.	710.9
Excluding care involving dialysis	132.1	163.7	167.2	156.5	155.6	n.p.	n.p.	n.p.	152.8
Other Australians									
Separations	1,374,441	1,394,387	1,062,482	587,791	359,140	n.p.	n.p.	n.p.	4,974,591
Separations per 1,000 population	180.2	237.7	235.8	251.4	198.2	n.p.	n.p.	n.p.	214.1
Excluding care involving dialysis	139.1	185.4	194.5	192.5	159.2	n.p.	n.p.	n.p.	168.7
All Australians									
Separations	**1,412,607**	**1,405,760**	**1,119,269**	**640,671**	**374,155**	**n.p.**	**n.p.**	**n.p.**	**5,214,078**
Separations per 1,000 population	**182.5**	**238.6**	**242.6**	**268.0**	**204.3**	**n.p.**	**n.p.**	**n.p.**	**220.9**
Excluding care involving dialysis	**139.1**	**185.3**	**194.4**	**192.2**	**159.3**	**n.p.**	**n.p.**	**n.p.**	**168.7**
Separation rate ratio	**2.1**	**2.1**	**2.6**	**4.8**	**4.3**	**0.7**	**1.7**	**9.5**	**3.3**
Separation rate ratio (excluding care involving dialysis)	**0.9**	**0.9**	**0.9**	**0.8**	**1.0**	**0.7**	**1.5**	**1.3**	**0.9**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Remoteness area

In 2012–13, people who lived in *Very remote* areas had 356 same-day acute separations per 1,000 population, compared with about 222 per 1,000 nationally (Table 7.5). The SRR for *Very remote* areas was 1.60, indicating that the separation rate was 60% higher than the national separation rate.

Table 7.5: Selected same-day acute separation statistics, by remoteness area of usual residence, all hospitals, 2012–13

	Remoteness area of residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[(a)]
Separations	3,619,349	968,758	472,457	77,556	60,216	5,214,078
Separation rate	227.7	199.4	215.5	237.0	356.0	222.1
Standardised separation rate ratio	1.03	0.90	0.97	1.07	1.60	

(a) Total includes separations for which the remoteness area was not able to be categorised.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Socioeconomic status

Each SES group accounted for between 19% and 21% of total same-day acute separations. The separation rates varied from 208 per 1,000 population for people living in areas classified as being the second–lowest SES group to 231 per 1,000 for the middle SES group (Table 7.6).

Table 7.6: Selected same-day acute separation statistics, by socioeconomic status of area of residence, all hospitals, 2012–13

	Socioeconomic status of area of residence					
	1—Lowest	2	3	4	5—Highest	Total[(a)]
Separations	1,090,154	1,023,472	1,066,321	1,017,101	975,528	5,214,078
Separation rate	230.1	208.1	230.6	226.1	209.2	222.1
Standardised separation rate ratio	1.04	0.94	1.04	1.02	0.94	

(a) Total includes separations for which socioeconomic status group was not able to be categorised.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How did people access these services?

The **mode of admission** records the mechanism by which a patient begins an episode of care.

In both public and private hospitals, most same-day separations had a mode of admission of *Other* (99% overall), 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* than private hospitals (1.2% and 0.3%, respectively) (Table 7.7).

Table 7.7: Same-day acute separations, by mode of admission, public and private hospitals, 2012–13

	Public hospitals	Private free-standing day facilities	Other private hospitals	Total
Admitted patient transferred from another hospital	32,209	4,446	3,711	40,366
Statistical admission: type change	3,233	0	450	3,683
Other	2,707,781	847,619	1,594,964	5,150,364
Not reported	7,838	8	11,819	19,665
Total	**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in terms of the principal diagnosis.

In 2012–13, almost half (48%) of same-day acute separations in public hospitals and 31% in private hospitals had a principal diagnosis in the *Factors influencing health status and contact with health services* chapter of the ICD-10-AM (Table 7.8). The major contributors to the *Factors influencing health status and contact with health services* separations were *Care involving dialysis* and *Other medical care* (which includes chemotherapy) (Table 7.9).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, about 63% of same-day acute separations for *Factors influencing health status and contact with health services* were from public hospitals, while about 74% of same-day acute separations for *Diseases of the eye and adnexa* were from private hospitals.

Table 7.8: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	30,444	2,512	8,418	41,374
C00–D48	Neoplasms	124,679	69,972	142,760	337,411
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	60,075	14,550	24,202	98,827
E00–E89	Endocrine, nutritional and metabolic diseases	32,965	6,279	14,352	53,596
F00–F99	Mental and behavioural disorders	46,674	483	119,065	166,222
G00–G99	Diseases of the nervous system	66,828	4,349	32,323	103,500
H00–H59	Diseases of the eye and adnexa	82,654	144,663	84,995	312,312
H60–H95	Diseases of the ear and mastoid process	17,239	3,012	19,567	39,818
I00–I99	Diseases of the circulatory system	75,163	19,187	48,276	142,626
J00–J99	Diseases of the respiratory system	49,444	3,405	16,147	68,996
K00–K93	Diseases of the digestive system	172,411	147,465	245,108	564,984
L00–L99	Diseases of the skin and subcutaneous tissue	36,029	10,661	21,734	68,424
M00–M99	Diseases of the musculoskeletal system and connective tissue	74,163	16,384	116,525	207,072
N00–N99	Diseases of the genitourinary system	107,447	17,280	90,624	215,351
O00–O99	Pregnancy, childbirth and the puerperium	75,652	35,851	17,888	129,391
P00–P96	Certain conditions originating in the perinatal period	2,295	4	407	2,706
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	11,847	1,258	5,533	18,638
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	205,352	46,366	101,499	353,217
S00–T98	Injury, poisoning and certain other consequences of external causes	156,055	5,335	28,696	190,086
Z00–Z99	Factors influencing health status and contact with health services	1,322,907	302,076	472,652	2,097,635
	Not reported	738	981	173	1,892
Total		**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 7.19 and 7.20 at the end of this chapter.

Most common principal diagnoses

Public and private hospitals also differed substantially in the relative distributions of principal diagnoses at the 3-character level. Public hospitals accounted for the majority (82%) of same-day acute separations for *Care involving dialysis*, but private hospitals provided more same-day acute separations for *Other malignant neoplasms of skin* (71%) *Other cataract* (68%) and *Other medical care* (63%, which includes chemotherapy for neoplasms) (Table 7.9).

Table 7.9: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for same-day acute separations, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
Z49	Care involving dialysis	1,037,550	130,114	99,166	1,266,830
Z51	Other medical care	141,594	66,993	173,563	382,150
H26	Other cataract	57,283	62,788	58,694	178,765
R10	Abdominal and pelvic pain	38,665	20,612	27,836	87,113
C44	Other malignant neoplasms of skin	23,991	25,538	34,329	83,858
K01	Embedded and impacted teeth	7,885	19,111	48,840	75,836
Z45	Adjustment and management of drug delivery or implanted device	19,011	7,600	43,104	69,715
Z31	Procreative management	5,151	41,009	21,716	67,876
R07	Pain in throat and chest	57,761	1,398	7,536	66,695
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	17,675	15,163	31,606	64,444
D12	Benign neoplasm of colon, rectum, anus and anal canal	12,190	17,915	31,090	61,195
K21	Gastro-oesophageal reflux disease	13,554	19,154	27,898	60,606
Z12	Special screening examination for neoplasms	10,350	16,785	28,369	55,504
H35	Other retinal disorders	2,620	40,314	7,844	50,778
Z08	Follow-up examination after treatment for malignant neoplasms	20,797	4,463	24,641	49,901
M23	Internal derangement of knee	9,886	3,032	36,640	49,558
K92	Other diseases of digestive system	18,662	7,842	22,074	48,578
R19	Other symptoms and signs involving the digestive system and abdomen	13,049	9,815	23,011	45,875
O04	Medical abortion	8,129	34,658	2,440	45,227
F32	Depressive episode	9,330	148	31,089	40,567
	Other	1,225,928	307,621	829,458	2,363,007
Total		**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables S7.1 and S7.2 accompanying this report online.

How urgent was the care?

Table 7.10 includes information on urgency of admission and whether the separations were considered to be *Childbirth, Specialist mental health, Surgical, Medical* or *Other*. See the section 'What care was provided?' for more information on these types of care.

In 2012–13, about 11% of same-day acute separations were *Emergency* admissions (required within 24 hours), 96% of which were in public hospitals. About 87% of same-day acute separations were *Non–emergency* admissions (includes elective and other planned care), and these occurred slightly more often in private hospitals (52%) than in public hospitals (48%) (Table 7.10).

Table 7.10: Same-day acute separations, by urgency of admission and broad category of service[(a)], public and private hospitals, 2012–13

	Public hospitals		Private hospitals		Total	
	Separations	% (column)	Separations	% (column)	Separations	% (column)
Childbirth	8,836	0.3	119	<0.1	8,955	0.2
Specialist mental health	15,536	0.6	105,592	4.3	121,128	2.3
Emergency						
Surgical	21,733	0.8	4,969	0.2	26,702	0.5
Medical	511,629	18.6	10,767	0.4	522,396	10.0
Other	5,055	0.2	3,798	0.2	8,853	0.2
Total emergency	*538,417*	*19.6*	*19,534*	*0.8*	*557,951*	*10.7*
Non-emergency						
Surgical	362,782	13.2	813,037	33.0	1,175,819	22.6
Medical	1,572,925	57.2	811,578	33.0	2,384,503	45.7
Other	252,565	9.2	713,157	29.0	965,722	18.5
Total non-emergency	*2,188,272*	*79.5*	*2,337,772*	*94.9*	*4,526,044*	*86.8*
Total	**2,751,061**	**100.0**	**2,463,017**	**100.0**	**5,214,078**	**100.0**

(a) Separations have been categorised as *Childbirth*, *Specialist mental health*, *Medical*, *Surgical* or *Other* based mainly on the AR-DRG classification recorded for the separation. See Chapter 6 and Appendix B for more information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in Table 7.21 at the end of this chapter.

What care was provided?

This section presents information on same-day acute separations describing care by:

- the broad category of service—*Childbirth, Specialist mental health, Medical* (not involving a procedure), *Surgical* (involving an operating room procedure) or *Other* (involving a non–operating room procedure, such as endoscopy). See Chapter 6 and Appendix B for more information.
- MDCs and AR-DRGs—based on the AR–DRG classification of acute care separations.
- the type of surgical or other procedure undertaken.

Broad categories of service

In 2012–13, more than half (56%) of same-day acute separations were reported as *Medical*, 23% were *Surgical* and 19% were *Other care* (excluding *Childbirth* and *Specialist mental health*, Table 7.10). The majority of *Medical* care occurred in public hospitals (72%) and the majority of *Surgical* care occurred in private hospitals (68%). *Specialist mental health* admissions accounted for about 2.3% of same-day acute separations.

Major Diagnostic Categories

Table 7.11 presents same-day acute separations by MDCs for public and private hospitals. *Diseases and disorders of the kidney and urinary tract* accounted for more than one-quarter (27%) of same-day acute separations, and 80% of these separations were from public hospitals. About 72% of same-day acute separations for *Mental diseases and disorders* and 73% for *Diseases and disorders of the eye* were from private hospitals.

Table 7.11: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, public and private hospitals, 2012–13

Major Diagnostic Category		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	297	8	180	485
01	Diseases and disorders of the nervous system	105,982	6,411	35,365	147,758
02	Diseases and disorders of the eye	88,145	147,300	87,044	322,489
03	Diseases and disorders of the ear, nose, mouth and throat	87,465	43,460	119,284	250,209
04	Diseases and disorders of the respiratory system	48,390	686	8,042	57,118
05	Diseases and disorders of the circulatory system	136,362	7,266	42,978	186,606
06	Diseases and disorders of the digestive system	242,706	188,436	288,365	719,507
07	Diseases and disorders of the hepatobiliary system and pancreas	18,463	599	4,740	23,802
08	Diseases and disorders of the musculoskeletal system and connective tissue	136,738	18,447	138,910	294,095
09	Diseases and disorders of the skin, subcutaneous tissue and breast	95,066	54,335	89,922	239,323
10	Endocrine, nutritional and metabolic diseases and disorders	24,350	4,724	12,751	41,825
11	Diseases and disorders of the kidney and urinary tract	1,123,789	135,682	153,672	1,413,143
12	Diseases and disorders of the male reproductive system	25,811	6,894	36,675	69,380
13	Diseases and disorders of the female reproductive system	70,132	49,924	84,398	204,454
14	Pregnancy, childbirth and puerperium	87,852	35,856	20,159	143,867
15	Newborns and other neonates	5,956	386	801	7,143
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	69,144	16,166	27,256	112,566
17	Neoplastic disorders(haematological and solid neoplasms)	166,923	71,706	185,617	424,246
18	Infectious and parasitic diseases	11,706	383	3,135	15,224
19	Mental diseases and disorders	37,216	437	94,462	132,115
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	9,984	2	24,335	34,321
21	Injuries, poisoning and toxic effects of drugs	58,354	1,895	7,252	67,501
22	Burns	2,771	25	102	2,898
23	Factors influencing health status and other contacts with health services	95,719	54,231	144,284	294,234
ED	Error DRGs[(a)]	1,740	6,814	1,215	9,769
	Surgical	*384,790*	*318,381*	*499,666*	*1,202,837*
	Medical	*2,104,429*	*275,815*	*646,589*	*3,026,833*
	Other	*261,842*	*257,877*	*464,689*	*984,408*
Total		**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 7.22 and 7.23 at the end of this chapter.

Most common AR-DRGs

In 2012–13, the 20 most common AR-DRGs accounted for just over two-thirds (68%) of same-day acute separations. Almost one-quarter of same-day acute separations were for *Haemodialysis*, with *Chemotherapy* the next most common category (Table 7.12).

Public hospitals provided the majority (82%) of same-day separations for *Haemodialysis*, and private hospitals provided more than 90% of separations for *Retinal procedures*.

Table 7.12: Separations for the 20 most common AR-DRGs version 6.0x for same-day acute separations, public and private hospitals, 2012–13

AR-DRG		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
L61Z	Haemodialysis	1,030,272	128,977	99,002	1,258,251
R63Z	Chemotherapy	136,622	65,126	172,758	374,506
G48C	Colonoscopy, same-day	57,799	77,546	109,310	244,655
C16Z	Lens procedures	63,322	81,760	64,040	209,122
G46C	Complex gastroscopy, same-day	30,570	52,601	74,080	157,251
Z40Z	Endoscopy with diagnoses of other contacts with health services, same-day	41,084	36,027	75,482	152,593
G47C	Other gastroscopy, same-day	38,216	51,408	62,018	151,642
D40Z	Dental extractions and restorations	21,951	30,240	69,971	122,162
Z64B	Other factors influencing health status, same-day	42,098	16,542	59,301	117,941
U60Z	Mental health treatment, same-day, without ECT	24,770	231	88,645	113,646
J11Z	Other skin, subcutaneous tissue and breast procedures	34,824	22,744	35,894	93,462
I18Z	Other knee procedures	14,356	4,082	53,319	71,757
Q61B	Red blood cell disorders without catastrophic or severe CC	43,534	8,814	17,597	69,945
N07Z	Other uterine and adnexa procedures for non-malignancy	14,914	21,942	32,492	69,348
O05Z	Abortion with operating room procedure	20,048	35,601	10,702	66,351
L14Z	Cystourethroscopy, same-day	26,829	3,799	28,597	59,225
C03Z	Retinal procedures	5,586	43,375	9,946	58,907
F74Z	Chest pain	54,655	862	3,278	58,795
O66B	False labour	46,780	22	6,709	53,511
I68C	Non-surgical spinal disorders, same-day	19,693	6,125	20,755	46,573
	Other	983,138	164,249	517,048	1,664,435
Total		**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

CC— complications and comorbidities; ECT—electroconvulsive therapy.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables S7.3 and S7.4 accompanying this report online.

Procedures

In 2012–13, 7.9 million procedures were reported for same-day acute separations, with more than 4.6 million in the private sector (Table 7.13). Public hospitals accounted for 41% of the same-day acute separations for which a procedure was reported. In public hospitals, 81% of same-day acute separations involved a procedure, compared with 97% in private hospitals. See Box 6.1 and Appendix B for information on the classification of procedures.

Table 7.13: Procedures[(a)] reported for same-day acute separations, by ACHI chapter, public and private hospitals, 2012–13

Procedure		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
1–86	Procedures on nervous system	26,331	12,679	45,284	84,294
110–129	Procedures on endocrine system	222	13	166	401
160–256	Procedures on eye and adnexa	81,540	143,506	83,841	308,887
300–333	Procedures on ear and mastoid process	15,594	3,046	21,274	39,914
370–422	Procedures on nose, mouth and pharynx	19,556	8,340	26,293	54,189
450–490	Dental services	24,049	33,523	76,012	133,584
520–570	Procedures on respiratory system	18,368	188	7,972	26,528
600–777	Procedures on cardiovascular system	45,581	8,562	39,177	93,320
800–817	Procedures on blood and blood-forming organs	12,998	2,306	5,291	20,595
850–1011	Procedures on digestive system	222,366	237,898	386,316	846,580
1040–1129	Procedures on urinary system	1,105,750	143,416	174,936	1,424,102
1160–1203	Procedures on male genital organs	23,110	6,643	36,794	66,547
1240–1299	Gynaecological procedures	82,620	85,550	92,693	260,863
1330–1347	Obstetric procedures	8,665	32	1,592	10,289
1360–1579	Procedures on musculoskeletal system	76,467	16,564	122,147	215,178
1600–1718	Dermatological and plastic procedures	89,656	57,045	92,129	238,830
1740–1759	Procedures on breast	7,470	5,006	11,184	23,660
1786–1799	Radiation oncology procedures	2,190	816	492	3,498
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	1,024,652	557,786	1,352,957	2,935,395
1940–2016	Imaging services	20,375	1,051	15,838	37,264
	Procedures reported	*3,243,024*	*1,550,426*	*3,078,418*	*7,871,868*
	No procedure or not reported	531,345	4,335	64,191	599,871
Total separations		**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the table may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is available in tables 7.24 and 7.25 at the end of this chapter.

Most common procedures

In 2012–13, *Cerebral anaesthesia* (general anaesthesia) was the most common procedure overall, reflecting that it is a companion procedure for many other procedures (Table 7.14). Apart from *Cerebral anaesthesia*, the most frequently reported procedure groups were *Haemodialysis*, *Administration of pharmacotherapy* (including chemotherapy) and *Fibreoptic colonoscopy with excision*.

Table 7.14: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for same-day acute separations, public and private hospitals, 2012–13

Procedure block		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
1910	Cerebral anaesthesia	634,551	450,325	982,625	2,067,501
1060	Haemodialysis	1,031,531	134,160	98,987	1,264,678
1920	Administration of pharmacotherapy	219,599	70,979	207,929	498,507
911	Fibreoptic colonoscopy with excision	64,430	89,986	150,910	305,326
1008	Panendoscopy with excision	68,676	89,348	142,473	300,497
905	Fibreoptic colonoscopy	67,521	87,786	129,718	285,025
197	Extracapsular cystalline lens extraction by phacoemulsification	62,603	80,669	61,262	204,534
1909	Conduction anaesthesia	63,905	57,560	60,650	182,115
1620	Excision of lesion(s) of skin and subcutaneous tissue	48,136	37,538	62,957	148,631
1265	Curettage and evacuation of uterus	51,214	39,798	48,789	139,801
1893	Administration of blood and blood products	81,725	18,483	32,825	133,033
458	Surgical removal of tooth	11,743	25,765	63,966	101,474
1089	Examination procedures on bladder	37,729	6,127	44,082	87,938
1005	Panendoscopy	18,651	31,920	25,857	76,428
1916	Generalised allied health interventions	44,549	419	30,216	75,184
1297	Procedures for reproductive medicine	5,020	40,696	22,440	68,156
1259	Examination procedures on uterus	26,766	3,575	31,026	61,367
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	3,160	40,684	8,978	52,822
1873	Psychological/psychosocial therapies	89	1	52,326	52,416
1922	Other procedures related to pharmacotherapy	9,145	6,973	33,546	49,664
	Other	692,281	237,634	786,856	1,716,771
	Procedures reported	*3,243,024*	*1,550,426*	*3,078,418*	*7,871,868*
	No procedure or not reported	531,345	4,335	64,191	599,871
Total separations		**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

ACHI—Australian Classification of Health Interventions.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the table may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables S7.5 and S7.6 accompanying this report online.

How does Australia compare?

An OECD indicator is the proportion of cataract surgeries that were performed on a same day basis. Australia's proportion was higher than the OECD average (95.7% and 85.6%, respectively) (Table 7.15).

In 2012–13, most states and territories, except the Northern Territory, had higher rates of cataract surgeries performed as same-day surgery than the OECD average. Queensland had the highest rate (96.9%) and the Northern Territory the lowest (83.2%). For more international comparisons, see chapters 4 and 8.

Table 7.15: Proportion of cataract surgeries undertaken as same-day separations, all hospitals, states and territories (2012–13) and OECD statistics (2011)[a]

	Proportion of cataract surgeries undertaken as same-day separations (%)
New South Wales	96.5
Victoria	95.9
Queensland	96.9
Western Australia	92.4
South Australia	93.6
Tasmania	96.8
Australian Capital Territory	95.8
Northern Territory	83.2
Australia	**95.7**
OECD average	**85.6**
OECD interquartile range[b]	81.3–97.1
Number of OECD countries	27

(a) For some OECD countries, the data relate to a year other than 2011.

(b) The interquartile range is a measure of statistical dispersion, being equal to the difference between the upper and lower quartiles.

Source: OECD *Health Statistics 2013* (OECD 2013).

Who paid for the care?

About 86% of same-day acute separations from public hospitals were *Public patients*, and *Private health insurance* funded about 80% of same-day acute separations from private hospitals (Table 7.16).

About 69% of same-day separations that the *Department of Veterans' Affairs* funded were from private hospitals. About 10% of same-day acute separations from private hospitals were *Self–funded*, with a higher proportion of these occurring in *Private free–standing day facilities* (16%) than in *Other private hospitals* (6%).

How was the care completed?

About 96% of same-day acute separations had a mode of separation of *Other*, suggesting that most patients went home after their episode of care. In private hospitals, 98% of separations reported a mode of separation of *Other*, compared with 94% in public hospitals. A higher proportion of public hospital same-day separations ended with a *Transfer to another hospital (acute or psychiatric)* compared with private hospital same-day separations (4.1% and 0.7%, respectively) (Table 7.17).

Table 7.16: Same-day acute separations, by principal source of funds, public and private hospitals, 2012–13

Principal source of funds	Public hospitals	Private free-standing day facilities	Other private hospitals	Total
Public patients[(a)]	2,358,398	80,700	29,895	2,468,993
Private health insurance	297,783	604,056	1,378,208	2,280,047
Self-funded	28,812	133,633	101,757	264,202
Workers compensation	8,713	3,158	23,685	35,556
Motor vehicle third party personal claim	7,947	451	2,090	10,488
Department of Veterans' Affairs	38,869	23,891	64,095	126,855
Other[(b)]	10,539	6,184	11,214	27,937
Total	**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

(a) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public* patient election status), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.17: Same-day acute separations, by mode of separation, public and private hospitals, 2012–13

Mode of separation	Public hospitals	Private free-standing day facilities	Other private hospitals	Total
Discharge/transfer to an (other) acute hospital	111,926	11,036	5,519	128,481
Discharge/transfer to residential aged care service[(a)]	11,134	10	203	11,347
Discharge/transfer to an (other) psychiatric hospital	1,621	2	14	1,637
Discharge/transfer to other health care accommodation	2,249	190	32,992	35,431
Statistical discharge: type change	4,832	1	358	5,191
Left against medical advice/discharge at own risk	16,703	42	529	17,274
Statistical discharge from leave	418	2	97	517
Died	5,029	2	312	5,343
Other[(b)]	2,596,833	840,788	1,570,902	5,008,523
Not reported	316	0	18	334
Total	**2,751,061**	**852,073**	**1,610,944**	**5,214,078**

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

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

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.18: Same-day acute separations, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute	757,673	787,360	509,594	326,666	184,830	55,762	49,298	79,425	2,750,608
Public psychiatric	162	2	1	21	264	3	..	..	453
Total	*757,835*	*787,362*	*509,595*	*326,687*	*185,094*	*55,765*	*49,298*	*79,425*	*2,751,061*
Separation rate	98.4	134.6	111.9	137.8	103.6	98.5	142.8	384.4	117.7
Private hospitals									
Private free-standing day hospital facilities	218,877	211,745	215,222	123,079	70,981	n.p.	n.p.	n.p.	852,073
Other private hospitals	435,895	406,653	394,452	190,905	118,080	n.p.	n.p.	n.p.	1,610,944
Total	*654,772*	*618,398*	*609,674*	*313,984*	*189,061*	*n.p.*	*n.p.*	*n.p.*	*2,463,017*
Separation rate	85.0	105.6	132.1	131.5	101.4	n.p.	n.p.	n.p.	104.3
All hospitals	**1,412,607**	**1,405,760**	**1,119,269**	**640,671**	**374,155**	**n.p.**	**n.p.**	**n.p.**	**5,214,078**
Separation rate	**183.4**	**240.2**	**243.9**	**269.3**	**205.0**	**n.p.**	**n.p.**	**n.p.**	**222.0**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.19: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2012–13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	8,531	5,465	9,476	3,885	1,980	277	436	394	30,444
C00–D48	Neoplasms	31,883	41,508	21,051	14,163	10,677	3,416	997	984	124,679
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	13,309	22,664	8,356	8,011	4,385	1,815	1,151	384	60,075
E00–E89	Endocrine, nutritional and metabolic diseases	6,329	11,288	5,593	5,295	1,880	1,294	518	768	32,965
F00–F99	Mental and behavioural disorders	13,656	10,601	10,896	5,231	3,876	918	338	1,158	46,674
G00–G99	Diseases of the nervous system	15,066	23,291	13,895	6,746	4,244	1,921	1,176	489	66,828
H00–H59	Diseases of the eye and adnexa	24,627	21,609	10,513	13,412	8,265	1,739	1,441	1,048	82,654
H60–H95	Diseases of the ear and mastoid process	3,854	3,861	4,917	2,016	1,882	245	222	242	17,239
I00–I99	Diseases of the circulatory system	23,261	17,162	15,657	8,778	6,382	1,588	1,662	673	75,163
J00–J99	Diseases of the respiratory system	14,031	9,603	15,383	4,465	3,736	831	608	787	49,444
K00–K93	Diseases of the digestive system	50,434	51,277	28,423	23,876	8,474	4,635	3,094	2,198	172,411
L00–L99	Diseases of the skin and subcutaneous tissue	8,815	8,671	7,670	3,827	4,869	1,158	450	569	36,029
M00–M99	Diseases of the musculoskeletal system and connective tissue	18,401	20,205	14,286	9,504	7,327	1,891	1,729	820	74,163
N00–N99	Diseases of the genitourinary system	30,925	29,488	22,538	11,411	8,174	2,036	1,676	1,199	107,447
O00–O99	Pregnancy, childbirth and the puerperium	21,382	15,678	20,510	5,859	7,628	1,036	1,141	2,418	75,652
P00–P96	Certain conditions originating in the perinatal period	856	460	568	209	113	16	35	38	2,295
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	4,058	3,073	2,139	1,099	934	241	217	86	11,847
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	56,703	49,846	47,327	28,631	13,054	3,130	4,239	2,422	205,352
S00–T98	Injury, poisoning and certain other consequences of external causes	47,583	28,354	42,185	18,106	10,616	2,628	3,550	3,033	156,055
Z00–Z99	Factors influencing health status and contact with health services	363,421	413,230	208,212	152,163	76,598	24,950	24,618	59,715	1,322,907
	Not reported	710	28	0	0	0	0	0	0	738
Total		**757,835**	**787,362**	**509,595**	**326,687**	**185,094**	**55,765**	**49,298**	**79,425**	**2,751,061**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.20: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2012–13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	2,985	2,477	2,897	1,262	912	n.p.	n.p.	n.p.	10,930
C00–D48	Neoplasms	58,243	45,359	59,116	22,666	20,843	n.p.	n.p.	n.p.	212,732
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	7,145	9,127	15,810	2,415	3,046	n.p.	n.p.	n.p.	38,752
E00–E89	Endocrine, nutritional and metabolic diseases	3,987	6,468	5,040	3,049	1,412	n.p.	n.p.	n.p.	20,631
F00–F99	Mental and behavioural disorders	49,890	17,702	40,561	4,799	560	n.p.	n.p.	n.p.	119,548
G00–G99	Diseases of the nervous system	8,779	8,570	10,691	5,426	2,148	n.p.	n.p.	n.p.	36,672
H00–H59	Diseases of the eye and adnexa	74,506	47,886	53,112	23,092	18,185	n.p.	n.p.	n.p.	229,658
H60–H95	Diseases of the ear and mastoid process	7,045	5,303	3,934	2,989	2,326	n.p.	n.p.	n.p.	22,579
I00–I99	Diseases of the circulatory system	22,132	18,085	11,682	7,429	4,899	n.p.	n.p.	n.p.	67,463
J00–J99	Diseases of the respiratory system	6,620	4,413	5,057	1,386	1,444	n.p.	n.p.	n.p.	19,552
K00–K93	Diseases of the digestive system	114,907	113,200	87,801	36,997	27,461	n.p.	n.p.	n.p.	392,573
L00–L99	Diseases of the skin and subcutaneous tissue	8,395	8,826	5,630	3,606	4,987	n.p.	n.p.	n.p.	32,395
M00–M99	Diseases of the musculoskeletal system and connective tissue	35,319	33,034	26,425	17,856	14,920	n.p.	n.p.	n.p.	132,909
N00–N99	Diseases of the genitourinary system	35,329	28,905	22,573	10,633	6,519	n.p.	n.p.	n.p.	107,904
O00–O99	Pregnancy, childbirth and the puerperium	10,835	17,584	14,873	8,474	815	n.p.	n.p.	n.p.	53,739
P00–P96	Certain conditions originating in the perinatal period	59	164	53	80	31	n.p.	n.p.	n.p.	411
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	2,105	1,669	1,455	669	711	n.p.	n.p.	n.p.	6,791
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	42,115	45,392	31,348	15,810	8,917	n.p.	n.p.	n.p.	147,865
S00–T98	Injury, poisoning and certain other consequences of external causes	8,632	7,720	6,749	4,063	5,639	n.p.	n.p.	n.p.	34,031
Z00–Z99	Factors influencing health status and contact with health services	155,744	195,374	204,867	141,283	63,277	n.p.	n.p.	n.p.	774,728
	Not reported	0	1,140	0	0	9	n.p.	n.p.	n.p.	1,154
Total		**654,772**	**618,398**	**609,674**	**313,984**	**189,061**	**n.p.**	**n.p.**	**n.p.**	**2,463,017**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.21: Same-day acute separations by broad category of service[(a)], public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	2,986	1,263	2,402	742	619	193	459	172	8,836
Specialist mental health	7,959	1,781	4,292	405	931	7	110	51	15,536
Emergency									
Surgical	8,608	5,182	2,747	2,244	1,468	621	733	130	21,733
Medical	144,162	82,553	160,393	63,519	37,029	4,471	9,614	9,888	511,629
Other	2,254	677	946	683	242	137	106	10	5,055
Non-emergency									
Surgical	104,559	108,729	55,369	40,477	36,417	7,958	4,928	4,345	362,782
Medical	417,502	497,251	255,639	176,006	99,012	35,569	29,410	62,536	1,572,925
Other	69,805	89,926	27,807	42,611	9,376	6,809	3,938	2,293	252,565
Total public hospitals	*757,835*	*787,362*	*509,595*	*326,687*	*185,094*	*55,765*	*49,298*	*79,425*	*2,751,061*
Private hospitals									
Childbirth	20	19	30	12	11	n.p	n.p.	n.p.	119
Specialist mental health	42,804	15,580	36,707	4,753	523	n.p	n.p.	n.p.	105,592
Emergency									
Surgical	394	469	525	495	2,998	n.p	n.p.	n.p.	4,969
Medical	937	2,639	3,316	2,024	1,773	n.p	n.p.	n.p.	10,767
Other	157	205	344	132	2,939	n.p	n.p.	n.p.	3,798
Non-emergency									
Surgical	254,426	198,463	177,999	87,576	61,538	n.p	n.p.	n.p.	813,037
Medical	148,216	193,092	233,214	148,272	73,005	n.p	n.p.	n.p.	811,578
Other	207,818	207,931	157,539	70,720	46,274	n.p	n.p.	n.p.	713,157
Total private hospitals	*654,772*	*618,398*	*609,674*	*313,984*	*189,061*	*n.p*	*n.p.*	*n.p.*	*2,463,017*

(a) Separations have been categorised as *Childbirth*, *Specialist mental health, Medical*, *Surgical* or *Other* based mainly on the AR-DRG classification recorded for the separation. See Chapter 6 and Appendix B for more information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.22: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, public hospitals, states and territories, 2012–13

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	52	93	28	87	23	14	0	0	297
01	Diseases and disorders of the nervous system	26,654	29,542	25,655	11,469	7,419	2,423	1,817	1,003	105,982
02	Diseases and disorders of the eye	26,195	22,612	11,874	14,098	8,735	1,833	1,572	1,226	88,145
03	Diseases and disorders of the ear, nose, mouth and throat	21,829	21,551	22,064	9,428	8,210	1,793	1,324	1,266	87,465
04	Diseases and disorders of the respiratory system	14,021	10,146	13,444	4,820	3,314	1,174	709	762	48,390
05	Diseases and disorders of the circulatory system	38,095	30,850	32,728	16,447	11,488	2,075	3,460	1,219	136,362
06	Diseases and disorders of the digestive system	75,085	66,723	42,846	36,933	8,920	5,152	4,116	2,931	242,706
07	Diseases and disorders of the hepatobiliary system and pancreas	5,206	5,211	3,465	2,241	1,001	710	364	265	18,463
08	Diseases and disorders of the musculoskeletal system and connective tissue	39,113	32,700	29,600	15,716	11,300	2,882	3,735	1,692	136,738
09	Diseases and disorders of the skin, subcutaneous tissue and breast	24,555	23,782	21,734	9,746	10,426	2,559	973	1,291	95,066
10	Endocrine, nutritional and metabolic diseases and disorders	5,333	7,071	4,722	4,065	1,730	707	442	280	24,350
11	Diseases and disorders of the kidney and urinary tract	344,364	308,836	183,147	114,882	73,228	17,863	23,266	58,203	1,123,789
12	Diseases and disorders of the male reproductive system	6,510	7,314	4,328	4,192	2,180	566	436	285	25,811
13	Diseases and disorders of the female reproductive system	19,476	22,032	13,517	5,722	6,217	1,533	826	809	70,132
14	Pregnancy, childbirth and puerperium	25,010	16,681	26,861	6,058	7,954	1,097	1,184	3,007	87,852
15	Newborns and other neonates	3,712	602	1,015	307	188	24	47	61	5,956
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	14,747	27,235	8,945	9,335	4,638	2,378	1,189	677	69,144
17	Neoplastic disorders(haematological and solid neoplasms)	8,919	99,975	14,940	33,742	3,502	4,196	856	793	166,923
18	Infectious and parasitic diseases	3,329	2,101	3,699	1,426	664	127	129	231	11,706
19	Mental diseases and disorders	11,478	10,676	7,493	2,956	2,951	872	202	588	37,216
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	1,995	930	3,225	2,225	869	34	123	583	9,984
21	Injuries, poisoning and toxic effects of drugs	17,199	10,230	15,772	7,461	4,171	1,196	1,095	1,230	58,354
22	Burns	1,104	329	655	254	213	98	19	99	2,771
23	Factors influencing health status and other contacts with health services	22,904	29,685	17,732	12,945	5,674	4,451	1,412	916	95,719
ED	Error DRGs[(a)]	950	455	106	132	79	8	2	8	1,740
Total		**757,835**	**787,362**	**509,595**	**326,687**	**185,094**	**55,765**	**49,298**	**79,425**	**2,751,061**

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.23: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, private hospitals, states and territories, 2012–13

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	74	33	48	5	23	n.p.	n.p.	n.p.	188
01	Diseases and disorders of the nervous system	9,903	9,703	12,628	5,660	2,713	n.p.	n.p.	n.p.	41,776
02	Diseases and disorders of the eye	75,718	48,840	54,355	23,866	18,482	n.p.	n.p.	n.p.	234,344
03	Diseases and disorders of the ear, nose, mouth and throat	46,816	41,366	31,772	22,544	14,234	n.p.	n.p.	n.p.	162,744
04	Diseases and disorders of the respiratory system	1,579	2,225	2,912	949	863	n.p.	n.p.	n.p.	8,728
05	Diseases and disorders of the circulatory system	17,800	10,256	8,997	6,520	3,857	n.p.	n.p.	n.p.	50,244
06	Diseases and disorders of the digestive system	142,771	139,675	112,050	38,117	30,820	n.p.	n.p.	n.p.	476,801
07	Diseases and disorders of the hepatobiliary system and pancreas	1,161	1,442	1,651	317	586	n.p.	n.p.	n.p.	5,339
08	Diseases and disorders of the musculoskeletal system and connective tissue	43,424	38,776	31,221	20,876	16,886	n.p.	n.p.	n.p.	157,357
09	Diseases and disorders of the skin, subcutaneous tissue and breast	37,854	34,257	33,953	17,421	16,985	n.p.	n.p.	n.p.	144,257
10	Endocrine, nutritional and metabolic diseases and disorders	3,917	4,969	4,173	2,684	1,334	n.p.	n.p.	n.p.	17,475
11	Diseases and disorders of the kidney and urinary tract	47,212	54,615	73,871	84,384	26,331	n.p.	n.p.	n.p.	289,354
12	Diseases and disorders of the male reproductive system	13,216	10,326	8,275	6,684	3,576	n.p.	n.p.	n.p.	43,569
13	Diseases and disorders of the female reproductive system	40,877	41,080	27,367	12,011	8,322	n.p.	n.p.	n.p.	134,322
14	Pregnancy, childbirth and puerperium	11,903	18,237	15,244	8,527	824	n.p.	n.p.	n.p.	56,015
15	Newborns and other neonates	260	321	223	116	232	n.p.	n.p.	n.p.	1,187
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	7,669	10,800	17,642	2,625	3,178	n.p.	n.p.	n.p.	43,422
17	Neoplastic disorders(haematological and solid neoplasms)	44,270	67,745	82,811	33,690	22,779	n.p.	n.p.	n.p.	257,323
18	Infectious and parasitic diseases	187	238	627	92	2,345	n.p.	n.p.	n.p.	3,518
19	Mental diseases and disorders	37,914	12,402	35,296	3,275	551	n.p.	n.p.	n.p.	94,899
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	11,795	5,281	5,208	1,511	3	n.p.	n.p.	n.p.	24,337
21	Injuries, poisoning and toxic effects of drugs	1,952	2,443	1,917	1,299	1,173	n.p.	n.p.	n.p.	9,147
22	Burns	21	33	30	16	18	n.p.	n.p.	n.p.	127
23	Factors influencing health status and other contacts with health services	50,694	61,711	47,130	20,674	12,818	n.p.	n.p.	n.p.	198,515
ED	Error DRGs[(a)]	5,785	1,624	273	121	128	n.p.	n.p.	n.p.	8,029
Total		**654,772**	**618,398**	**609,674**	**313,984**	**189,061**	**n.p.**	**n.p.**	**n.p.**	**2,463,017**

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.24: Procedures[(a)] reported for same-day acute separations, by ACHI chapter, public hospitals, states and territories, 2012–13

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	6,622	7,814	4,527	3,299	3,144	505	223	197	26,331
110–129	Procedures on endocrine system	63	92	37	15	8	4	3	0	222
160–256	Procedures on eye and adnexa	24,125	21,541	10,359	13,095	8,264	1,703	1,485	968	81,540
300–333	Procedures on ear and mastoid process	3,196	3,580	4,628	1,864	1,743	209	169	205	15,594
370–422	Procedures on nose, mouth and pharynx	4,785	4,747	6,227	1,769	1,450	212	210	156	19,556
450–490	Dental services	5,434	7,447	4,135	2,643	2,861	782	410	337	24,049
520–570	Procedures on respiratory system	5,514	5,492	3,650	1,756	850	646	260	200	18,368
600–777	Procedures on cardiovascular system	11,508	15,973	5,481	5,829	3,248	1,824	1,233	485	45,581
800–817	Procedures on blood and blood-forming organs	2,610	5,941	999	1,325	1,717	276	44	86	12,998
850–1011	Procedures on digestive system	70,449	75,228	22,343	39,499	3,946	5,794	2,706	2,401	222,366
1040–1129	Procedures on urinary system	340,147	306,529	175,300	112,886	72,335	17,556	23,096	57,901	1,105,750
1160–1203	Procedures on male genital organs	5,834	6,967	3,581	3,573	2,093	508	326	228	23,110
1240–1299	Gynaecological procedures	21,519	27,321	12,934	6,920	10,003	1,597	920	1,406	82,620
1330–1347	Obstetric procedures	2,641	1,942	1,603	983	886	152	317	141	8,665
1360–1579	Procedures on musculoskeletal system	23,373	21,473	12,781	8,352	6,460	1,702	1,595	731	76,467
1600–1718	Dermatological and plastic procedures	22,568	25,047	18,137	10,209	9,615	1,982	988	1,110	89,656
1740–1759	Procedures on breast	2,684	2,241	1,157	609	463	215	59	42	7,470
1786–1799	Radiation oncology procedures	470	782	640	193	96	5	3	1	2,190
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	248,670	367,818	140,605	145,762	66,565	29,579	16,381	9,272	1,024,652
1940–2016	Imaging services	6,162	6,048	2,672	2,706	1,775	634	287	91	20,375
	No procedure or not reported	164,452	83,842	167,780	51,276	38,253	5,790	9,003	10,949	531,345
Total separations		**757,835**	**787,362**	**509,595**	**326,687**	**185,094**	**55,765**	**49,298**	**79,425**	**2,751,061**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of separations that reported at least one procedure within the ACHI procedure chapter.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 7.25: Procedures[(a)] reported for same-day acute separations, by ACHI chapter, private hospitals, states and territories, 2012–13

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	13,978	14,832	13,422	9,183	4,672	n.p.	n.p.	n.p.	57,963
110–129	Procedures on endocrine system	62	59	30	10	5	n.p.	n.p.	n.p.	179
160–256	Procedures on eye and adnexa	73,445	47,614	52,648	22,946	17,906	n.p.	n.p.	n.p.	227,347
300–333	Procedures on ear and mastoid process	7,715	5,598	4,333	3,273	2,348	n.p.	n.p.	n.p.	24,320
370–422	Procedures on nose, mouth and pharynx	12,377	7,105	6,896	4,335	2,865	n.p.	n.p.	n.p.	34,633
450–490	Dental services	29,286	29,029	20,934	16,572	9,643	n.p.	n.p.	n.p.	109,535
520–570	Procedures on respiratory system	1,749	1,896	2,738	784	781	n.p.	n.p.	n.p.	8,160
600–777	Procedures on cardiovascular system	16,473	10,600	9,962	4,787	3,009	n.p.	n.p.	n.p.	47,739
800–817	Procedures on blood and blood-forming organs	1,180	1,868	3,109	531	573	n.p.	n.p.	n.p.	7,597
850–1011	Procedures on digestive system	187,902	183,586	142,888	53,538	38,671	n.p.	n.p.	n.p.	624,214
1040–1129	Procedures on urinary system	60,097	60,720	78,000	87,652	27,909	n.p.	n.p.	n.p.	318,352
1160–1203	Procedures on male genital organs	14,257	10,562	7,692	5,689	3,707	n.p.	n.p.	n.p.	43,437
1240–1299	Gynaecological procedures	49,295	55,877	39,882	19,600	8,475	n.p.	n.p.	n.p.	178,243
1330–1347	Obstetric procedures	294	550	527	140	51	n.p.	n.p.	n.p.	1,624
1360–1579	Procedures on musculoskeletal system	41,653	33,958	26,867	16,095	14,500	n.p.	n.p.	n.p.	138,711
1600–1718	Dermatological and plastic procedures	40,747	35,960	33,319	18,891	15,858	n.p.	n.p.	n.p.	149,174
1740–1759	Procedures on breast	4,949	3,064	4,996	1,739	1,099	n.p.	n.p.	n.p.	16,190
1786–1799	Radiation oncology procedures	952	93	80	11	158	n.p.	n.p.	n.p.	1,308
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	553,520	490,190	485,960	187,340	133,524	n.p.	n.p.	n.p.	1,910,743
1940–2016	Imaging services	7,143	3,378	3,901	1,375	720	n.p.	n.p.	n.p.	16,889
	No procedure or not reported	8,997	17,762	21,031	7,607	8,228	n.p.	n.p.	n.p.	68,526
Total separations		**654,772**	**618,398**	**609,674**	**313,984**	**189,061**	**n.p.**	**n.p.**	**n.p.**	**2,463,017**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of separations that reported at least one procedure within the ACHI procedure chapter.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Additional information

The following tables provide more information on diagnosis and procedures for same-day acute separations, by state and territory. Information on the 50 most common principal diagnoses, diagnosis-related groups and procedure blocks is available in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Additional tables accompany this report online:

Table S7.1: Same-day acute separations, for the 50 most common principal diagnoses, public hospitals, states and territories, 2012–13

Table S7.2: Same-day acute separations, for the 50 most common principal diagnoses, private hospitals, states and territories, 2012–13

Table S7.3: Same-day acute separations for the 50 most common AR-DRGs version 6.0x, public hospitals, states and territories, 2012–13

Table S7.4: Same-day acute separations for the 50 most common AR-DRGs version 6.0x, private hospitals, states and territories, 2012–13

Table S7.5: Procedures reported for the 50 most common ACHI procedure blocks for same-day acute separations, public hospitals, states and territories, 2012–13

Table S7.6: Procedures reported for the 50 most common ACHI procedure blocks for same-day acute separations, private hospitals, states and territories, 2012–13

8 Overnight acute admitted patient care

This chapter presents information on overnight acute admitted patient care that public and private hospitals in Australia provide.

An overnight separation occurs when the patient is admitted and separated on different dates. Acute admitted patient care includes separations for which the care type was reported as *Acute, Newborn* (with qualified days) or was not reported. Separations for other care types were excluded. The data are sourced from the AIHW's NHMD. For definitions of terms and classifications, and more information on data limitations and methods, see Chapter 6 (boxes 6.1, 6.2 and 6.3).

Of all overnight separations, 94% were reported as *Acute* in both public and private hospitals.

How has activity changed over time?

Between 2008–09 and 2012–13, the number of overnight acute separations (in both public and private hospitals combined) increased by an average of 2.7% per year, with an average annual increase of 2.8% in public hospitals and 2.4% in private hospitals (Table 8.1).

Table 8.1: Overnight acute separations, public and private hospitals, 2008–09 to 2012–13

						Change (%)[a]	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Public acute hospitals[b]	2,299,960	2,358,333	2,445,577	2,544,092	2,576,351	2.9	1.3
Public psychiatric hospitals[c]	9,197	9,159	8,156	7,694	7,381	–5.4	–4.1
Total	*2,309,157*	*2,367,492*	*2,453,733*	*2,551,786*	*2,583,732*	*2.8*	*1.3*
Private hospitals[b]							
Private free-standing day hospital facilities[d]	1,247	1,259	1,363	1,231	1,431	n.p.	n.p.
Other private hospitals	1,021,094	1,058,861	1,073,760	1,102,425	1,123,528	2.4	1.9
Total	*1,022,341*	*1,060,120*	*1,075,123*	*1,103,656*	*1,124,959*	*2.4*	*1.9*
All hospitals	**3,331,498**	**3,427,612**	**3,528,856**	**3,655,442**	**3,708,691**	**2.7**	**1.5**

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.

(b) For 2009–10, data were missing for Western Australia for 2,400 separations in public hospitals and 10,600 separations in private hospitals.

(c) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care data was categorised as admitted patient care.

(d) The average change per year is not shown due to low numbers.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Between 2008–09 and 2012–13, the greatest increases in the rate of overnight acute public hospital separations occurred in Western Australia and Queensland (Table 8.2).

Over the same period, above average increases in the rate of overnight acute private hospital separations were recorded in Victoria, Queensland and Western Australia.

Large single-year increases in the number of overnight acute hospital separations between 2011–12 and 2012–13 were recorded for public hospitals in New South Wales, Queensland, Western Australia, South Australia and Tasmania and for private hospitals in Victoria, Queensland and Western Australia.

Table 8.2: Overnight acute separations, public and private hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales							
Public hospitals	806,544	812,097	828,898	874,293	893,395	2.6	2.2
Private hospitals	260,688	268,024	270,018	276,770	279,585	1.8	1.0
All hospitals	*1,067,232*	*1,080,121*	*1,098,916*	*1,151,063*	*1,172,980*	*2.4*	*1.9*
Victoria							
Public hospitals	557,718	580,354	608,894	621,425	601,095	1.9	–3.3
Private hospitals	258,873	280,390	278,660	290,786	298,661	3.6	2.7
All hospitals	*816,591*	*860,744*	*887,554*	*912,211*	*899,756*	*2.5*	*–1.4*
Queensland							
Public hospitals	418,960	431,204	447,294	466,393	486,426	3.8	4.3
Private hospitals	254,922	261,394	267,591	275,689	281,780	2.5	2.2
All hospitals	*673,882*	*692,598*	*714,885*	*742,082*	*768,206*	*3.3*	*3.5*
Western Australia[(a)]							
Public hospitals	214,047	223,900	242,507	254,810	262,872	5.3	3.2
Private hospitals	115,178	115,779	124,923	127,610	131,053	3.3	2.7
All hospitals	*329,225*	*339,679*	*367,430*	*382,420*	*393,925*	*4.6*	*3.0*
South Australia							
Public hospitals	198,181	200,360	202,226	208,710	213,145	1.8	2.1
Private hospitals	88,856	89,104	88,376	87,252	86,755	–0.6	–0.6
All hospitals	*287,037*	*289,464*	*290,602*	*295,962*	*299,900*	*1.1*	*1.3*
Tasmania[(b)]							
Public hospitals	43,409	48,278	47,803	47,009	47,877	2.5	1.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	35,664	35,526	38,795	41,051	40,940	3.5	–0.3
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	34,634	35,773	37,316	38,095	37,982	2.3	–0.3
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**2,309,157**	**2,367,492**	**2,453,733**	**2,551,786**	**2,583,732**	**2.8**	**1.3**
Private hospitals	**1,022,341**	**1,060,120**	**1,075,123**	**1,103,656**	**1,124,959**	**2.4**	**1.9**
All hospitals	**3,331,498**	**3,427,612**	**3,528,856**	**3,655,442**	**3,708,691**	**2.7**	**1.5**

(a) For 2009–10, data were missing for Western Australia for 2,400 separations in public hospitals and 10,600 separations in private hospitals.

(b) From 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Who used these services?

Sex and age group

Males accounted for less than half (46%) of overnight acute separations (Table 8.3). There were, however, more overnight separations for males than females in the age groups 0 to 14 and 50 to 79. People aged 55 and over accounted for nearly half of all overnight acute separations.

Table 8.3: Overnight acute separations, by age group and sex, all hospitals, 2012-13

Age group (years)	Males	Females	Persons[(a)]
0–4	139,737	106,061	245,805
5–9	35,702	28,651	64,354
10–14	31,344	27,985	59,329
15–19	48,184	68,992	117,177
20–24	56,189	110,300	166,491
25–29	55,605	160,628	216,236
30–34	59,957	184,455	244,417
35–39	65,246	138,831	204,078
40–44	79,751	104,357	184,110
45–49	86,580	92,390	178,971
50–54	103,315	101,972	205,287
55–59	115,003	103,053	218,057
60–64	136,351	114,355	250,706
65–69	153,184	120,860	274,044
70–74	140,524	118,716	259,240
75–79	132,832	121,478	254,310
80–84	122,662	131,078	253,740
85+	127,954	184,372	312,328
Total[(a)]	**1,690,121**	**2,018,535**	**3,708,691**

(a) The total includes separations for which age group or sex was not known or not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. The quality of the data provided for Indigenous status in 2012–13 for admitted patient care varied by jurisdiction. See Chapter 6 and Appendix A for more information on the quality of Indigenous data in the NHMD.

Nationally, 3.8% of overnight acute separations were for Aboriginal or Torres Strait Islander people. In 2012–13, the overnight acute separation rate for Indigenous Australians was twice the rate for other Australians. Western Australia had the highest rate ratio for overnight acute separations for Indigenous Australians compared with other Australians (Table 8.4).

Table 8.4: Overnight acute separations per 1,000 population, by Indigenous status, all hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous Australians									
Separations	39,265	7,699	36,174	24,506	8,888	n.p	n.p.	n.p.	140,928
Separations per 1,000 population[(a)]	292.5	259.3	294.9	384.3	371.6	n.p.	n.p.	n.p.	311.7
Other Australians									
Separations	1,133,715	892,057	732,032	369,419	291,012	n.p.	n.p.	n.p.	3,567,763
Separations per 1,000 population[(a)]	151.9	154.5	164.6	160.3	165.4	n.p.	n.p.	n.p.	156.5
All Australians									
Separations	**1,172,980**	**899,756**	**768,206**	**393,925**	**299,900**	**n.p.**	**n.p.**	**n.p.**	**3,708,691**
Separations per 1,000 population[(a)]	**154.5**	**155.1**	**168.3**	**166.6**	**168.5**	**n.p.**	**n.p.**	**n.p.**	**159.8**
Standardised separation rate ratio	**1.9**	**1.7**	**1.8**	**2.4**	**2.2**	**1.1**	**2.1**	**2.3**	**2.0**

(a) The separation rate presented in this table differs from the separation rate in Table 6.4 because all care types (that is, including sub- and non-acute care) are included in Table 6.4. In addition, the total separation rate differs from the figures in Table 8.19 due to differences in the population age groups used for calculating the age-standardised rates.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Remoteness area

In 2012–13, people living in *Very remote* areas of Australia had 246 overnight acute separations per 1,000 population, compared with 156 per 1,000 nationwide (Table 8.5).

The standardised separation rate ratio of 1.58 for this area indicates that the overnight separation rate in *Very remote* areas was 58% higher than the national rate.

Table 8.5: Overnight acute separation statistics, by remoteness area of residence, all hospitals, 2012–13

	Remoteness area of residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[(a)]
Separations	2,431,800	748,396	395,258	64,904	45,457	3,708,691
Separation rate	146.6	165.4	182.9	208.5	245.9	155.7
Standardised separation rate ratio	0.94	1.06	1.18	1.34	1.58	

(a) The total includes separations for which the remoteness area was not able to be categorised.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Socioeconomic status

Each SES group accounted for between 16% and 23% of total overnight acute separations. Separation rates varied from 131 per 1,000 population for patients living in areas classified as being the highest SES group to 174 per 1,000 for the lowest SES group (Table 8.6).

Table 8.6: Overnight acute separation statistics, by socioeconomic status of area of residence, all hospitals, 2012–13

	Socioeconomic status of area of residence					
	1—Lowest	2	3	4	5—Highest	Total[(a)]
Separations	845,451	790,519	749,555	671,811	607,287	3,708,691
Separation rate	173.7	161.7	157.0	145.2	131.4	155.7
Standardised separation rate ratio	1.12	1.04	1.01	0.93	0.84	

(a) The total includes separations for which the socioeconomic status group was not able to be categorised.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How did people access these services?

The **mode of admission** records the mechanism by which a patient begins an episode of care.

For both public and private hospitals, the majority of overnight acute separations had a mode of admission of *Other* (93% overall), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 8.7).

Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals (7.1% and 5.0%, respectively) (Table 8.7).

Table 8.7: Overnight acute separations, by mode of admission, public and private hospitals, 2012–13

Mode of admission	Public hospitals	Private hospitals	Total
Admitted patient transferred from another hospital	182,675	56,645	239,320
Statistical admission: type change	10,302	2,250	12,552
Other	2,387,096	1,059,812	3,446,908
Not reported	3,659	6,252	9,911
Total	**2,583,732**	**1,124,959**	**3,708,691**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in terms of the principal diagnosis.

Overall, almost half of all overnight acute separations in 2012–13 had a principal diagnosis from 1 of 5 ICD-10-AM chapters:

- *Diseases of the digestive system*
- *Diseases of the respiratory system*
- *Diseases of the circulatory system*
- *Pregnancy, childbirth and the puerperium*
- *Injury and poisoning.*

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For *Certain infectious and parasitic diseases*, 88% of overnight separations were from public hospitals. For *Diseases of the musculoskeletal system and connective tissue*, 61% of separations were from private hospitals (Table 8.8).

Table 8.8: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	86,626	12,277	98,903
C00–D48	Neoplasms	131,914	104,644	236,558
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	30,004	9,631	39,635
E00–E89	Endocrine, nutritional and metabolic diseases	54,651	27,454	82,105
F00–F99	Mental and behavioural disorders	140,889	38,254	179,143
G00–G99	Diseases of the nervous system	69,180	69,701	138,881
H00–H59	Diseases of the eye and adnexa	12,610	9,680	22,290
H60–H95	Diseases of the ear and mastoid process	14,104	6,655	20,759
I00–I99	Diseases of the circulatory system	257,147	111,243	368,390
J00–J99	Diseases of the respiratory system	250,817	74,827	325,644
K00–K93	Diseases of the digestive system	247,545	105,496	353,041
L00–L99	Diseases of the skin and subcutaneous tissue	71,744	14,229	85,973
M00–M99	Diseases of the musculoskeletal system and connective tissue	113,325	176,218	289,543
N00–N99	Diseases of the genitourinary system	137,991	78,395	216,386
O00–O99	Pregnancy, childbirth and the puerperium	271,094	93,122	364,216
P00–P96	Certain conditions originating in the perinatal period	50,630	11,792	62,422
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	13,961	4,356	18,317
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	236,334	61,874	298,208
S00–T98	Injury, poisoning and certain other consequences of external causes	325,273	78,977	404,250
Z00–Z99	Factors influencing health status and contact with health services	65,632	35,978	101,610
	Not reported	2,261	156	2,417
Total		**2,583,732**	**1,124,959**	**3,708,691**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 8.20 and 8.21 at the end of this chapter.

Most common principal diagnoses

The most common principal diagnosis (at the 3-character level) reported for overnight acute separations was *Single spontaneous delivery*, which accounted for 4.6% of overnight acute separations in public hospitals and 2.8% in private hospitals. The 20 most common principal diagnoses included several childbirth-related and heart-related conditions, as well as respiratory conditions (Table 8.9).

Comparing this table with Table 7.8, it can be seen that the top 20 principal diagnoses for overnight acute separations and same-day acute separations are different, suggesting that

there are differences in the types of conditions that are most commonly treated on an overnight basis compared with those that are not.

Table 8.9: Overnight acute separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
O80	Single spontaneous delivery	118,208	31,623	149,831
O82	Single delivery by caesarean section	58,575	34,044	92,619
G47	Sleep disorders	15,878	55,981	71,859
R07	Pain in throat and chest	58,166	13,435	71,601
J18	Pneumonia, organism unspecified	48,027	8,814	56,841
J44	Other chronic obstructive pulmonary disease	48,773	7,325	56,098
K80	Cholelithiasis	36,438	18,795	55,233
M17	Gonarthrosis [arthrosis of knee]	15,691	31,670	47,361
R10	Abdominal and pelvic pain	38,247	8,411	46,658
I50	Heart failure	35,965	10,291	46,256
I21	Acute myocardial infarction	37,988	8,201	46,189
N39	Other disorders of urinary system	35,862	9,831	45,693
L03	Cellulitis	36,864	6,519	43,383
I48	Atrial fibrillation and flutter	27,078	13,307	40,385
I20	Angina pectoris	27,027	12,542	39,569
O81	Single delivery by forceps and vacuum extractor	24,435	12,360	36,795
K40	Inguinal hernia	15,441	20,673	36,114
J35	Chronic diseases of tonsils and adenoids	13,789	20,260	34,049
T81	Complications of procedures, not elsewhere classified	22,592	9,766	32,358
K35	Acute appendicitis	26,126	4,648	30,774
	Other	1,842,562	786,463	2,629,025
Total		**2,583,732**	**1,124,959**	**3,708,691**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables S8.1 and S8.2 accompanying this report online.

How urgent was the care?

Table 8.10 presents information on the urgency of admission by overnight status and the broad category of admitted patient service (*Childbirth, Specialist mental health, Surgical, Medical* and *Other*). See the section 'What care was provided?' for more information on these broad categories of service.

In 2012–13, about half of all overnight acute separations were *Emergency* admissions (required within 24 hours), 90% of which were from public hospitals. Just over 39% of overnight acute separations were *Non-emergency* admissions (includes elective and other planned care), and more than half of these were from private hospitals (Table 8.10).

Table 8.10: Overnight acute separations by broad category of service[(a)], public and private hospitals, states and territories, 2012–13

	Public hospitals		Private hospitals		Total	
	Separations	% (column)	Separations	% (column)	Separations	% (column)
Childbirth	214,949	8.3	81,752	7.3	296,701	8.0
Specialist mental health	92,253	3.6	32,144	2.9	124,397	3.4
Emergency						
Surgical	239,070	9.3	34,416	3.1	273,486	7.4
Medical	1,347,103	52.1	134,902	12.0	1,482,005	40.0
Other	58,344	2.3	12,026	1.1	70,370	1.9
Total emergency	*1,644,517*	*63.6*	*181,344*	*16.1*	*1,825,861*	*49.2*
Non-emergency						
Surgical	333,969	12.9	558,776	49.7	892,745	24.1
Medical	275,559	10.7	230,370	20.5	505,929	13.6
Other	22,485	0.9	40,573	3.6	63,058	1.7
Total non-emergency	*632,013*	*24.5*	*829,719*	*73.8*	*1,461,732*	*39.4*
Total	**2,583,732**	**100.0**	**1,124,959**	**100.0**	**3,708,691**	**100.0**

(a) Separations have been categorised as *Childbirth*, *Specialist mental health*, *Medical*, *Surgical* or *Other* based mainly on the AR-DRG classification recorded for the separation. See Chapter 6 and Appendix B for more information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in Table 8.22 at the end of this chapter.

What care was provided?

The care that a patient received can be described in a variety of ways. This section presents information on overnight acute separations describing care by:

- the broad category of service—*Childbirth, Specialist mental health, Medical* (not involving a procedure), *Surgical* (involving an operating room procedure) or *Other* (involving a non-operating room procedure, such as endoscopy). See Chapter 6 and Appendix B for more information.
- MDCs and AR-DRGs—based on the AR-DRG classification of acute care separations
- the type of surgical or other procedure undertaken.

Broad categories of service

In 2012–13, more than half (54%) of overnight acute separations were reported as *Medical*, almost one-third (31%) were *Surgical* and about 4% were *Other* care (excluding *Childbirth* and *Specialist mental health*, Table 8.10). The majority of *Medical* care occurred in public hospitals (82%), as did almost half (49%) of *Surgical* care. *Childbirth* admissions accounted for 8.0% of overnight acute separations and *Specialist mental health* for 3.4%.

Major Diagnostic Categories

Table 8.11 presents overnight acute separations by MDCs for public and private hospitals.

Diseases and disorders of the musculoskeletal system and connective tissue accounted for 13% of total overnight acute separations for the combined public and private sectors, and just over half of these separations (53%) were from public hospitals. For *Injuries, poisoning and toxic effects of drugs*, around 86% of the overnight acute separations were from public hospitals. For

Diseases and disorders of the male reproductive system just over half (55%) of the overnight acute separations were from private hospitals.

Table 8.11: Overnight acute separations, by Major Diagnostic Category, AR-DRG version 6.0x, public and private hospitals, 2012–13

Major Diagnostic Category		Public hospitals	Private hospitals	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	12,808	3,075	15,883
01	Diseases and disorders of the nervous system	167,507	33,482	200,989
02	Diseases and disorders of the eye	17,097	10,335	27,432
03	Diseases and disorders of the ear, nose, mouth and throat	104,034	66,952	170,986
04	Diseases and disorders of the respiratory system	252,255	97,797	350,052
05	Diseases and disorders of the circulatory system	304,661	124,999	429,660
06	Diseases and disorders of the digestive system	289,416	115,048	404,464
07	Diseases and disorders of the hepatobiliary system and pancreas	81,453	30,392	111,845
08	Diseases and disorders of the musculoskeletal system and connective tissue	254,750	225,980	480,730
09	Diseases and disorders of the skin, subcutaneous tissue and breast	108,819	55,509	164,328
10	Endocrine, nutritional and metabolic diseases and disorders	53,158	30,271	83,429
11	Diseases and disorders of the kidney and urinary tract	122,435	47,201	169,636
12	Diseases and disorders of the male reproductive system	19,812	24,312	44,124
13	Diseases and disorders of the female reproductive system	45,154	42,646	87,800
14	Pregnancy, childbirth and puerperium	277,332	94,547	371,879
15	Newborns and other neonates	79,894	17,675	97,569
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	32,830	10,177	43,007
17	Neoplastic disorders (haematological and solid neoplasms)	19,481	11,085	30,566
18	Infectious and parasitic diseases	54,924	11,481	66,405
19	Mental diseases and disorders	105,197	30,108	135,305
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	27,586	7,568	35,154
21	Injuries, poisoning and toxic effects of drugs	103,664	16,683	120,347
22	Burns	5,473	176	5,649
23	Factors influencing health status and other contacts with health services	37,726	15,091	52,817
ED	Error DRGs[(a)]	6,266	2,369	8,635
	Surgical	*643,894*	*630,672*	*1,274,566*
	Medical	*1,858,877*	*441,684*	*2,300,561*
	Other	*80,961*	*52,603*	*133,564*
Total		**2,583,732**	**1,124,959**	**3,708,691**

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is available in tables 8.23 and 8.24 at the end of this chapter.

Most common AR-DRGs

In 2012–13, the 20 most common AR-DRGs accounted for one-quarter of overnight acute separations. The 2 most common AR-DRGs for overnight acute separations were childbirth-related, followed by *Chest pain* and *Sleep apnoea* (Table 8.12).

Public hospitals provided the majority of separations for childbirth and *Chest pain*. Private hospitals provided the majority of separations for AR-DRGs such as *Sleep apnoea*, *Other shoulder procedures*, *Circulatory disorders* (F42B) and *Knee replacement* (I04B).

Table 8.12: Separations for the 20 most common AR-DRGs version 6.0x for overnight acute separations, public and private hospitals, 2012–13

AR-DRG		Public hospitals	Private hospitals	Total
O60B	Vaginal delivery without CSCC	103,054	34,821	137,875
O01C	Caesarean delivery without CSCC	46,552	29,665	76,217
F74Z	Chest pain	54,647	8,698	63,345
E63Z	Sleep apnoea	6,446	48,693	55,139
G70B	Other digestive system diagnoses without CSCC	40,729	8,204	48,933
G10B	Hernia procedures without CC	19,581	27,871	47,452
J64B	Cellulitis without CSCC	41,306	5,667	46,973
E65B	Chronic obstructive airways disease without catastrophic CC	37,352	6,641	43,993
P67D	Neonate, admission weight >2499 grams without significant operating room procedure without problem	33,853	8,088	41,941
G66Z	Abdominal pain or mesenteric adenitis	34,408	4,995	39,403
I16Z	Other shoulder procedures	6,659	32,574	39,233
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	20,878	17,293	38,171
O66A	Antenatal and other obstetric admission	31,209	6,758	37,967
G67B	Oesophagitis and gastroenteritis without CSCC	31,922	4,376	36,298
D11Z	Tonsillectomy and/or adenoidectomy	15,402	20,358	35,760
L63B	Kidney and urinary tract infections without CSCC	29,281	5,492	34,773
F42B	Circulatory disorders without AMI with invasive cardiac investigative procedure without CSCC	12,259	21,916	34,175
I04B	Knee replacement without CSCC	10,246	23,431	33,677
F76B	Arrhythmia, cardiac arrest and conduction disorders without CSCC	25,267	7,736	33,003
U63B	Major affective disorders age<70/ without CSCC	18,326	13,810	32,136
	Other	1,964,355	787,872	2,752,227
Total		**2,583,732**	**1,124,959**	**3,708,691**

AMI—acute myocardial infarction; CC—complications and comorbidities; CDE—common duct exploration; CSCC—catastrophic or severe complications or comorbidities.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables S8.3 and S8.4 that accompany this report online.

Procedures

In 2012–13, almost 7.1 million procedures were reported for overnight acute separations, with about 4.1 million in the public sector and 2.9 million in the private sector. Public hospitals accounted for 64% of the overnight acute separations for which a procedure was reported (Table 8.13). In public hospitals, 67% or 1.7 million overnight acute separations involved a procedure. In contrast, for private hospitals, 88% or 1 million overnight acute separations involved a procedure.

Table 8.13: Procedures[(a)] reported for overnight acute separations, by ACHI chapter, public and private hospitals, 2012–13

Procedure		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	50,704	51,838	102,542
110–129	Procedures on endocrine system	7,821	8,832	16,653
160–256	Procedures on eye and adnexa	12,381	9,602	21,983
300–333	Procedures on ear and mastoid process	9,411	9,602	19,013
370–422	Procedures on nose, mouth and pharynx	43,044	54,923	97,967
450–490	Dental services	5,798	3,443	9,241
520–570	Procedures on respiratory system	95,330	29,918	125,248
600–777	Procedures on cardiovascular system	106,194	89,459	195,653
800–817	Procedures on blood and blood-forming organs	23,336	17,639	40,975
850–1011	Procedures on digestive system	220,278	153,034	373,312
1040–1129	Procedures on urinary system	75,060	52,812	127,872
1160–1203	Procedures on male genital organs	17,682	28,119	45,801
1240–1299	Gynaecological procedures	48,217	43,941	92,158
1330–1347	Obstetric procedures	195,356	80,160	275,516
1360–1579	Procedures on musculoskeletal system	186,765	198,840	385,605
1600–1718	Dermatological and plastic procedures	112,996	55,024	168,020
1740–1759	Procedures on breast	12,645	22,359	35,004
1786–1799	Radiation oncology procedures	7,794	2,453	10,247
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	1,565,540	928,915	2,494,455
1940–2016	Imaging services	24,936	19,106	44,042
	Procedures reported	*4,162,236*	*2,937,196*	*7,099,432*
	No procedure or not reported	853,976	138,875	992,851
Total overnight acute separations		**2,583,732**	**1,124,959**	**3,708,691**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables 8.25 and 8.26 at the end of this chapter.

Most common procedures

In 2012–13, *Generalised allied health interventions*, which includes physiotherapy and other rehabilitation procedures or interventions, was the most common procedure block reported for overnight acute separations. *Cerebral anaesthesia* (general anaesthesia) was the next most

frequently reported procedure block, reflecting the fact that it is a companion procedure for many other procedures (Table 8.14).

Table 8.14: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for overnight acute separations, public and private hospitals, 2012–13

Procedure block		Public hospitals	Private hospitals	Total
1916	Generalised allied health interventions	1,061,034	398,511	1,459,545
1910	Cerebral anaesthesia	681,451	654,898	1,336,349
1909	Conduction anaesthesia	125,608	130,994	256,602
1893	Administration of blood and blood products	139,835	57,773	197,608
1340	Caesarean section	63,750	36,297	100,047
1920	Administration of pharmacotherapy	68,752	26,883	95,635
1344	Postpartum suture	70,517	23,623	94,140
668	Coronary angiography	44,648	39,465	84,113
1333	Analgesia and anaesthesia during labour and delivery procedure	53,869	28,572	82,441
1334	Medical or surgical induction of labour	57,467	23,849	81,316
1335	Medical or surgical augmentation of labour	47,050	15,014	62,064
1828	Sleep study	7,132	51,527	58,659
986	Division of abdominal adhesions	30,072	27,434	57,506
570	Non-invasive ventilatory support	41,213	15,217	56,430
607	Examination procedures on ventricle	23,579	28,621	52,200
965	Cholecystectomy	29,986	21,122	51,108
412	Tonsillectomy or adenoidectomy	20,606	29,071	49,677
1566	Excision procedures on other musculoskeletal sites	26,688	18,207	44,895
1343	Other procedures associated with delivery	29,718	12,940	42,658
957	Examination of gallbladder or biliary tract	23,759	17,813	41,572
	Other	1,515,502	1,279,365	2,794,867
	Procedures reported	*4,162,236*	*2,937,196*	*7,099,432*
	No procedure or not reported	*853,976*	*138,875*	*992,851*
Total separations		**2,583,732**	**1,124,959**	**3,708,691**

ACHI—Australian Classification of Health Interventions.

(a) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods. Additional information by state and territory is in tables S8.5 and S8.6 that accompany this report online.

How does Australia compare?

Table 8.15 presents statistics on selected indicators for procedures in Australia and the OECD. Note that these statistics may be affected by variation in admission practices both within Australia and internationally. Procedures undertaken during same-day admissions are not included in this analysis and may also affect the comparability of the data.

Australia's rate of *Caesarean sections* was higher than the OECD average (32.7 and 26.9 per 100 births, respectively) and was also above the interquartile range (19.9 to 32.2). Western Australia had the highest rate of *Caesarean sections* (34.4 per 100 births).

In 2012–13, the *Coronary revascularisation procedure* rate for Australia was below the 2011 OECD average (202.0 and 220.7 per 100,000 population, respectively), but within the interquartile range. *Coronary angioplasty* accounted for 76% of all revascularisation procedures in Australia, compared to 79% across OECD countries (interquartile range 75% to 83%). Western Australia had the highest proportion of revascularisation procedures that were coronary angioplasties (83%).

The Australian Capital Territory had the highest population rates for *Coronary revascularisation procedures, Hip replacement surgery* and *Knee replacement surgery*. However, these rates should be interpreted with caution due to the high proportion of interstate patients treated in hospitals in the Australian Capital Territory.

Table 8.15: Selected indicators, all hospitals, states and territories (2012–13) and OECD statistics (2011)[(a)]

	Caesarean sections (per 100 live births)	Coronary revascularisation procedures (per 100,000 population)[(b)]	Coronary angioplasty (% of coronary revascularisation procedures)	Hip replacement surgery (per 100,000 population)	Knee replacement surgery (per 100,000 population)
New South Wales	31.7	195.7	76.2	176.4	120.3
Victoria	32.4	210.7	75.4	153.6	136.2
Queensland	33.4	206.8	72.3	173.6	111.3
Western Australia	34.4	194.3	82.5	206.7	149.1
South Australia	34.1	209.2	73.2	188.7	147.8
Tasmania	31.5	153.0	75.8	143.3	137.6
Australian Capital Territory	33.7	344.7	80.5	268.6	199.7
Northern Territory	33.3	. .	. .	74.8	40.4
Australia	**32.7**	**202.0**	**75.7**	**173.8**	**128.5**
OECD average	**26.9**	**220.7**	**79.4**	**160.4**	**118.6**
OECD interquartile range[(c)]	19.9–32.2	173.3–256.2	75.0–83.0	102.0–225.4	85.9–166.9
Number of OECD countries	32	29	29	32	30

(a) For some OECD countries, the data relate to a year other than 2011.

(b) Revascularisation procedures include coronary bypass and angioplasty.

(c) The interquartile range is a measure of statistical dispersion, being equal to the difference between the upper and lower quartiles.

Source: OECD *Health Statistics 2013* (OECD 2013).

How long did patients stay?

The lengths of stay for overnight acute separations varied by the type of care received and between public and private hospitals.

Non-emergency separations had longer lengths of stay in public hospitals than in private hospitals. *Childbirth, Specialist mental health* care and *Emergency* separations for *Surgical* and *Medical* care had longer lengths of stay in private hospitals than in public hospitals (Table 8.16).

Table 8.16: Patient days and average length of stay, for overnight acute separations, by broad category of service[a], public and private hospitals, 2012–13

	Public hospitals		Private hospitals		Total	
Broad category of service	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Childbirth	669,009	3.1	381,564	4.7	1,050,573	3.5
Specialist mental health	1,523,959	16.5	610,966	19.0	2,134,925	17.2
Emergency						
Surgical	1,844,054	7.7	279,587	8.1	2,123,641	7.8
Medical	5,315,949	3.9	785,188	5.8	6,101,137	4.1
Other	378,742	6.5	67,689	5.6	446,431	6.3
Non-emergency						
Surgical	1,375,398	4.1	1,806,420	3.2	3,181,818	3.6
Medical	1,478,309	5.4	1,124,919	4.9	2,603,228	5.1
Other	82,427	3.7	104,835	2.6	187,262	3.0
Total	**12,667,847**	**4.9**	**5,161,168**	**4.6**	**17,829,015**	**4.8**

(a) Separations have been categorised as *Childbirth, Medical, Surgical* or *Other* based on the AR-DRG classification recorded for the separation. The category *Specialist mental health* is assigned for those separations for which at least 1 day of specialised psychiatric care is reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Who paid for the care?

Around 81% of overnight acute separations from public hospitals were for *Public* patients and *Private health insurance* funded 85% of overnight acute separations from private hospitals (Table 8.17). The *Department of Veterans' Affairs* funded 2% of overnight acute separations in public hospitals and 6% in private hospitals.

Table 8.17: Overnight acute separations, by principal source of funds, public and private hospitals, 2012–13

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients[a]	2,103,266	4,622	2,107,888
Private health insurance	352,301	960,781	1,313,082
Self-funded	23,949	49,590	73,539
Workers compensation	12,379	27,690	40,069
Motor vehicle third party personal claim	18,142	2,533	20,675
Department of Veterans' Affairs	55,609	70,190	125,799
Other[b]	18,086	9,553	27,639
Total	**2,583,732**	**1,124,959**	**3,708,691**

(a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 87% of overnight acute separations had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 8.18). This was particularly the case in private hospitals, where 91% of separations reported a mode of separation of *Other*, compared with 85% in public hospitals.

Table 8.18: Overnight acute separations, by mode of separation, public and private hospitals, 2012–13

Mode of separation	Public hospitals	Private hospitals	Total
Discharge/transfer to an (other) acute hospital	188,268	42,812	231,080
Discharge/transfer to residential aged care service	35,475	5,403	40,878
Discharge/transfer to an (other) psychiatric hospital	4,960	172	5,132
Discharge/transfer to other health care accommodation	9,353	18,118	27,471
Statistical discharge: type change	77,837	18,714	96,551
Left against medical advice/discharge at own risk	30,529	1,344	31,873
Statistical discharge from leave	4,054	107	4,161
Died	34,632	9,562	44,194
Other	2,197,938	1,028,698	3,226,636
Not reported	686	29	715
Total	**2,583,732**	**1,124,959**	**3,708,691**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Additional information

Additional tables accompany this report online:

Table S8.1: Overnight acute separations, for the 50 most common principal diagnoses, public hospitals, states and territories, 2012–13

Table S8.2: Overnight acute separations, for the 50 most common principal diagnoses, private hospitals, states and territories, 2012–13

Table S8.3: Overnight acute separations, for the 50 most common AR-DRGs version 6.0x, public hospitals, states and territories, 2012–13

Table S8.4: Overnight acute separations, for the 50 most common AR-DRGs version 6.0x, private hospitals, states and territories, 2012–13

Table S8.5: Procedure statistics for the 50 most common procedures for overnight acute separations, public hospitals, state and territories, 2012–13

Table S8.6: Procedure statistics for the 50 most common procedures for overnight acute separations, private hospitals, state and territories, 2012–13

Table 8.19: Overnight acute separations, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	889,073	600,653	486,420	261,600	212,034	47,649	40,940	37,982	2,576,351
Public psychiatric hospitals	4,322	442	6	1,272	1,111	228	. .	. .	7,381
Total	*893,395*	*601,095*	*486,426*	*262,872*	*213,145*	*47,877*	*40,940*	*37,982*	*2,583,732*
Separations per 1,000 population[(a)]	115.2	101.4	104.8	107.5	118.2	87.4	112.0	182.2	109.1
Private hospitals									
Private free-standing day hospital facilities	0	7	1	1,418	0	n.p.	n.p.	n.p.	1,431
Other private hospitals	279,585	298,654	281,779	129,635	86,755	n.p.	n.p.	n.p.	1,123,528
Total	*279,585*	*298,661*	*281,780*	*131,053*	*86,755*	*n.p.*	*n.p.*	*n.p.*	*1,124,959*
Separations per 1,000 population	35.7	49.1	59.7	53.2	46.0	n.p.	n.p.	n.p.	46.5
All hospitals	**1,172,980**	**899,756**	**768,206**	**393,925**	**299,900**	**n.p.**	**n.p.**	**n.p.**	**3,708,691**
Separations per 1,000 population[(a)]	**150.9**	**150.5**	**164.5**	**160.7**	**164.2**	**n.p.**	**n.p.**	**n.p.**	**155.6**

(a) Separation rates may differ from the figures in Table 6.4 due to differences in the care types used.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 8.20: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2012–13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	33,028	18,842	15,623	8,504	6,310	1,377	1,257	1,685	86,626
C00–D48	Neoplasms	42,023	35,352	24,654	12,183	11,672	2,891	2,225	914	131,914
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	10,513	7,580	5,208	2,648	2,934	461	372	288	30,004
E00–E89	Endocrine, nutritional and metabolic diseases	17,099	12,951	11,040	5,464	5,054	1,024	655	1,364	54,651
F00–F99	Mental and behavioural disorders	49,284	29,938	24,814	17,802	12,693	2,683	2,109	1,566	140,889
G00–G99	Diseases of the nervous system	20,462	20,255	13,403	6,232	5,946	1,439	879	564	69,180
H00–H59	Diseases of the eye and adnexa	4,471	3,117	1,872	1,593	999	89	236	233	12,610
H60–H95	Diseases of the ear and mastoid process	4,485	3,261	2,669	1,686	1,200	267	174	362	14,104
I00–I99	Diseases of the circulatory system	88,967	59,691	50,816	23,261	21,693	5,525	4,296	2,898	257,147
J00–J99	Diseases of the respiratory system	88,318	56,158	46,119	24,883	22,755	4,701	3,432	4,451	250,817
K00–K93	Diseases of the digestive system	84,300	59,286	46,978	25,578	19,358	4,803	4,170	3,072	247,545
L00–L99	Diseases of the skin and subcutaneous tissue	23,590	14,853	15,230	8,307	5,087	1,072	1,043	2,562	71,744
M00–M99	Diseases of the musculoskeletal system and connective tissue	38,435	27,912	19,627	12,883	9,276	2,129	1,784	1,279	113,325
N00–N99	Diseases of the genitourinary system	45,686	32,488	27,688	13,953	11,747	2,218	2,358	1,853	137,991
O00–O99	Pregnancy, childbirth and the puerperium	89,840	65,720	53,469	28,736	18,728	4,721	5,436	4,444	271,094
P00–P96	Certain conditions originating in the perinatal period	17,134	12,183	9,396	5,008	3,891	997	1,277	744	50,630
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	5,346	3,326	2,389	1,377	946	254	206	117	13,961
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	86,317	54,154	43,108	21,899	21,419	3,878	2,869	2,690	236,334
S00–T98	Injury, poisoning and certain other consequences of external causes	111,783	71,968	62,909	36,371	24,656	5,859	5,719	6,008	325,273
Z00–Z99	Factors influencing health status and contact with health services	30,118	11,997	9,414	4,504	6,781	1,487	443	888	65,632
	Not reported	2,196	63	0	0	0	2	0	0	2,261
Total		**893,395**	**601,095**	**486,426**	**262,872**	**213,145**	**47,877**	**40,940**	**37,982**	**2,583,732**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 8.21: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2012–13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	1,679	3,706	4,457	1,041	872	n.p.	n.p.	n.p.	12,277
C00–D48	Neoplasms	25,543	30,300	25,256	11,373	8,035	n.p.	n.p.	n.p.	104,644
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1,690	2,913	2,544	1,123	1,018	n.p.	n.p.	n.p.	9,631
E00–E89	Endocrine, nutritional and metabolic diseases	7,095	6,343	6,233	4,555	2,072	n.p.	n.p.	n.p.	27,454
F00–F99	Mental and behavioural disorders	11,673	9,117	9,978	4,230	1,672	n.p.	n.p.	n.p.	38,254
G00–G99	Diseases of the nervous system	15,887	17,810	20,085	8,936	4,800	n.p.	n.p.	n.p.	69,701
H00–H59	Diseases of the eye and adnexa	2,778	1,780	1,454	2,309	970	n.p.	n.p.	n.p.	9,680
H60–H95	Diseases of the ear and mastoid process	2,090	1,385	1,577	741	591	n.p.	n.p.	n.p.	6,655
I00–I99	Diseases of the circulatory system	25,514	32,772	30,817	10,855	7,815	n.p.	n.p.	n.p.	111,243
J00–J99	Diseases of the respiratory system	18,256	19,096	20,158	7,507	6,501	n.p.	n.p.	n.p.	74,827
K00–K93	Diseases of the digestive system	24,950	28,081	27,823	10,977	8,473	n.p.	n.p.	n.p.	105,496
L00–L99	Diseases of the skin and subcutaneous tissue	2,966	3,927	4,235	1,440	1,047	n.p.	n.p.	n.p.	14,229
M00–M99	Diseases of the musculoskeletal system and connective tissue	46,122	46,263	37,167	24,001	14,921	n.p.	n.p.	n.p.	176,218
N00–N99	Diseases of the genitourinary system	20,556	19,741	19,005	8,451	6,875	n.p.	n.p.	n.p.	78,395
O00–O99	Pregnancy, childbirth and the puerperium	26,958	22,925	21,038	12,126	5,187	n.p.	n.p.	n.p.	93,122
P00–P96	Certain conditions originating in the perinatal period	2,878	3,136	2,514	2,047	723	n.p.	n.p.	n.p.	11,792
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,413	1,080	986	467	297	n.p.	n.p.	n.p.	4,356
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	10,127	19,929	18,319	5,280	5,691	n.p.	n.p.	n.p.	61,874
S00–T98	Injury, poisoning and certain other consequences of external causes	16,911	19,595	22,274	10,469	6,884	n.p.	n.p.	n.p.	78,977
Z00–Z99	Factors influencing health status and contact with health services	14,498	8,608	5,860	3,125	2,311	n.p.	n.p.	n.p.	35,978
	Not reported	1	154	0	0	0	n.p.	n.p.	n.p.	156
Total		**279,585**	**298,661**	**281,780**	**131,053**	**86,755**	**n.p.**	**n.p.**	**n.p.**	**1,124,959**

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 8.22: Overnight acute separations by broad category of service[(a)], public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	70,494	54,836	41,692	22,039	14,883	3,650	4,340	3,015	214,949
Specialist mental health	31,722	21,427	18,321	9,922	6,427	2,062	1,427	945	92,253
Emergency									
Surgical	77,411	56,602	42,861	27,701	19,207	5,198	5,789	4,301	239,070
Medical	478,044	285,044	264,050	140,559	115,114	22,771	19,460	22,061	1,347,103
Other	21,002	13,036	9,695	6,094	4,948	1,370	1,163	1,036	58,344
Non-emergency									
Surgical	104,141	91,054	61,497	33,711	28,748	6,341	5,660	2,817	333,969
Medical	103,887	72,703	43,445	21,277	21,739	6,097	2,897	3,514	275,559
Other	6,694	6,393	4,865	1,569	2,079	388	204	293	22,485
Total	*893,395*	*601,095*	*486,426*	*262,872*	*213,145*	*47,877*	*40,940*	*37,982*	*2,583,732*
Private hospitals									
Childbirth	23,687	20,689	17,906	10,713	4,696	n.p.	n.p.	n.p.	81,752
Specialist mental health	9,385	7,863	8,277	3,933	1,410	n.p.	n.p.	n.p.	32,144
Emergency									
Surgical	3,781	10,105	10,637	4,946	4,209	n.p.	n.p.	n.p.	34,416
Medical	13,360	36,611	51,750	15,789	13,892	n.p.	n.p.	n.p.	134,902
Other	912	3,928	4,182	1,475	1,298	n.p.	n.p.	n.p.	12,026
Non-emergency									
Surgical	160,682	138,884	119,317	70,404	44,348	n.p.	n.p.	n.p.	558,776
Medical	58,033	67,545	58,792	21,133	14,181	n.p.	n.p.	n.p.	230,370
Other	9,745	13,036	10,919	2,660	2,721	n.p.	n.p.	n.p.	40,573
Total	*279,585*	*298,661*	*281,780*	*131,053*	*86,755*	*n.p.*	*n.p.*	*n.p.*	*1,124,959*

(a) Separations have been categorised as *Childbirth, Specialist mental health, Medical, Surgical* or *Other* based mainly on the AR-DRG recorded for the separation. See Chapter 6 and Appendix B for more information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 8.23: Overnight acute separations by Major Diagnostic Category AR-DRG version 6.0x, public hospitals, states and territories, 2012–13

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	4,214	3,308	2,532	1,075	1,054	260	212	153	12,808
01	Diseases and disorders of the nervous system	58,082	40,401	30,785	16,531	13,885	3,499	2,539	1,785	167,507
02	Diseases and disorders of the eye	6,080	4,059	2,744	2,105	1,354	132	308	315	17,097
03	Diseases and disorders of the ear, nose, mouth and throat	32,146	25,705	19,786	11,421	9,575	1,896	1,506	1,999	104,034
04	Diseases and disorders of the respiratory system	88,852	57,752	46,075	24,597	22,390	5,020	3,421	4,148	252,255
05	Diseases and disorders of the circulatory system	106,221	67,413	63,386	26,549	27,421	5,656	4,526	3,489	304,661
06	Diseases and disorders of the digestive system	101,538	68,457	53,654	28,615	23,777	5,495	4,677	3,203	289,416
07	Diseases and disorders of the hepatobiliary system and pancreas	28,022	20,389	14,931	7,918	6,145	1,640	1,303	1,105	81,453
08	Diseases and disorders of the musculoskeletal system and connective tissue	87,238	60,455	45,917	28,497	19,658	4,894	4,563	3,528	254,750
09	Diseases and disorders of the skin, subcutaneous tissue and breast	36,013	23,039	22,280	12,480	8,624	1,689	1,522	3,172	108,819
10	Endocrine, nutritional and metabolic diseases and disorders	17,230	12,726	10,327	5,331	4,838	1,048	687	971	53,158
11	Diseases and disorders of the kidney and urinary tract	39,702	28,988	23,976	11,917	11,964	1,864	2,070	1,954	122,435
12	Diseases and disorders of the male reproductive system	6,312	4,785	3,750	2,132	1,808	370	407	248	19,812
13	Diseases and disorders of the female reproductive system	14,292	11,789	8,769	4,421	3,680	928	697	578	45,154
14	Pregnancy, childbirth and puerperium	91,944	67,003	54,666	29,573	19,216	4,807	5,520	4,603	277,332
15	Newborns and other neonates	36,508	14,947	12,391	6,947	4,969	1,700	1,472	960	79,894
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	11,333	8,143	5,788	3,069	3,159	514	422	402	32,830
17	Neoplastic disorders (haematological and solid neoplasms)	6,129	5,704	3,080	1,865	1,692	505	377	129	19,481
18	Infectious and parasitic diseases	20,542	12,664	9,931	5,713	3,410	910	830	924	54,924
19	Mental diseases and disorders	33,757	24,976	19,773	12,803	9,665	1,937	1,288	998	105,197
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	11,014	3,849	5,012	4,048	2,077	445	659	482	27,586
21	Injuries, poisoning and toxic effects of drugs	36,385	22,434	19,843	11,714	8,014	1,717	1,619	1,938	103,664
22	Burns	1,333	1,047	1,041	881	687	134	49	301	5,473
23	Factors influencing health status and other contacts with health services	15,163	9,807	5,284	2,251	3,714	760	215	532	37,726
ED	Error DRGs[(a)]	3,345	1,255	705	419	369	57	51	65	6,266
Total		**893,395**	**601,095**	**486,426**	**262,872**	**213,145**	**47,877**	**40,940**	**37,982**	**2,583,732**

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 8.24: Overnight acute separations by Major Diagnostic Category AR-DRG version 6.0x, private hospitals, states and territories, 2012–13

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	783	721	963	226	300	n.p.	n.p.	n.p.	3,075
01	Diseases and disorders of the nervous system	7,833	9,521	9,718	3,206	2,184	n.p.	n.p.	n.p.	33,482
02	Diseases and disorders of the eye	2,926	1,930	1,608	2,445	1,023	n.p.	n.p.	n.p.	10,335
03	Diseases and disorders of the ear, nose, mouth and throat	20,717	14,992	14,388	7,236	6,278	n.p.	n.p.	n.p.	66,952
04	Diseases and disorders of the respiratory system	18,684	26,965	30,181	11,536	7,307	n.p.	n.p.	n.p.	97,797
05	Diseases and disorders of the circulatory system	26,886	37,625	35,480	11,696	9,731	n.p.	n.p.	n.p.	124,999
06	Diseases and disorders of the digestive system	24,698	31,945	31,915	11,744	9,123	n.p.	n.p.	n.p.	115,048
07	Diseases and disorders of the hepatobiliary system and pancreas	7,681	8,206	7,667	3,062	2,351	n.p.	n.p.	n.p.	30,392
08	Diseases and disorders of the musculoskeletal system and connective tissue	57,395	58,506	50,848	30,298	19,599	n.p.	n.p.	n.p.	225,980
09	Diseases and disorders of the skin, subcutaneous tissue and breast	13,642	15,599	13,346	6,337	4,240	n.p.	n.p.	n.p.	55,509
10	Endocrine, nutritional and metabolic diseases and disorders	8,141	6,828	6,836	4,788	2,402	n.p.	n.p.	n.p.	30,271
11	Diseases and disorders of the kidney and urinary tract	10,421	13,885	11,726	4,565	4,087	n.p.	n.p.	n.p.	47,201
12	Diseases and disorders of the male reproductive system	7,411	6,300	5,414	2,457	1,600	n.p.	n.p.	n.p.	24,312
13	Diseases and disorders of the female reproductive system	12,551	9,455	9,991	4,913	3,706	n.p.	n.p.	n.p.	42,646
14	Pregnancy, childbirth and puerperium	27,576	23,226	21,210	12,190	5,221	n.p.	n.p.	n.p.	94,547
15	Newborns and other neonates	7,608	3,574	2,825	2,349	793	n.p.	n.p.	n.p.	17,675
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	1,756	3,114	2,695	1,186	1,057	n.p.	n.p.	n.p.	10,177
17	Neoplastic disorders (haematological and solid neoplasms)	1,386	3,648	3,359	1,659	797	n.p.	n.p.	n.p.	11,085
18	Infectious and parasitic diseases	2,002	3,163	3,914	1,160	776	n.p.	n.p.	n.p.	11,481
19	Mental diseases and disorders	8,933	7,313	7,611	3,500	1,406	n.p.	n.p.	n.p.	30,108
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	2,507	1,808	2,082	714	263	n.p.	n.p.	n.p.	7,568
21	Injuries, poisoning and toxic effects of drugs	3,036	4,308	4,780	2,612	1,234	n.p.	n.p.	n.p.	16,683
22	Burns	24	53	51	27	12	n.p.	n.p.	n.p.	176
23	Factors influencing health status and other contacts with health services	4,567	5,129	2,466	945	1,123	n.p.	n.p.	n.p.	15,091
ED	Error DRGs[(a)]	421	847	706	202	142	n.p.	n.p.	n.p.	2,369
Total		**279,585**	**298,661**	**281,780**	**131,053**	**86,755**	**n.p.**	**n.p.**	**n.p.**	**1,124,959**

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 8.25: Procedures[(a)] reported for overnight acute separations by ACHI chapter, public hospitals, states and territories, 2012–13

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	16,906	13,712	8,239	5,273	3,900	1,232	934	508	50,704
110–129	Procedures on endocrine system	2,790	2,057	1,366	803	531	130	94	50	7,821
160–256	Procedures on eye and adnexa	4,355	3,143	1,787	1,608	1,022	70	235	161	12,381
300–333	Procedures on ear and mastoid process	2,400	2,266	1,903	1,244	1,000	165	145	288	9,411
370–422	Procedures on nose, mouth and pharynx	12,284	12,802	6,910	4,685	4,428	751	652	532	43,044
450–490	Dental services	1,251	1,306	1,298	879	498	99	183	284	5,798
520–570	Procedures on respiratory system	31,477	25,164	16,772	9,459	6,994	2,185	1,870	1,409	95,330
600–777	Procedures on cardiovascular system	34,948	26,464	20,424	9,873	9,041	2,149	2,312	983	106,194
800–817	Procedures on blood and blood-forming organs	7,567	5,957	4,378	2,370	1,845	536	465	218	23,336
850–1011	Procedures on digestive system	72,716	56,613	40,135	22,164	17,728	4,598	4,034	2,290	220,278
1040–1129	Procedures on urinary system	21,792	19,237	13,730	7,520	8,013	1,183	1,537	2,048	75,060
1160–1203	Procedures on male genital organs	5,453	4,687	3,018	1,966	1,641	413	345	159	17,682
1240–1299	Gynaecological procedures	15,104	12,269	9,482	4,965	3,934	1,062	811	590	48,217
1330–1347	Obstetric procedures	63,487	49,307	36,587	22,498	13,658	3,238	3,957	2,624	195,356
1360–1579	Procedures on musculoskeletal system	61,954	44,628	33,642	21,552	13,964	4,056	3,887	3,082	186,765
1600–1718	Dermatological and plastic procedures	32,633	28,947	21,278	13,637	9,047	1,657	2,183	3,614	112,996
1740–1759	Procedures on breast	3,704	3,006	2,521	1,551	1,295	229	178	161	12,645
1786–1799	Radiation oncology procedures	2,895	1,942	1,343	587	n.p.	n.p.	245	n.p.	7,794
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	512,534	390,886	287,474	163,334	132,435	31,690	26,214	20,973	1,565,540
1940–2016	Imaging services	10,549	4,944	4,083	2,882	1,279	351	648	200	24,936
	No procedure or not reported	324,193	168,561	170,985	82,083	69,650	13,402	11,329	13,773	853,976
Total separations		**893,395**	**601,095**	**486,426**	**262,872**	**213,145**	**47,877**	**40,940**	**37,982**	**2,583,732**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

Table 8.26: Procedures[(a)] reported for overnight acute separations by ACHI chapter, private hospitals, states and territories, 2012–13

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	14,552	12,855	12,134	7,044	3,229	n.p.	n.p.	n.p.	51,838
110–129	Procedures on endocrine system	3,143	2,113	1,734	982	616	n.p.	n.p.	n.p.	8,832
160–256	Procedures on eye and adnexa	2,739	1,762	1,455	2,312	981	n.p.	n.p.	n.p.	9,602
300–333	Procedures on ear and mastoid process	3,174	1,708	1,948	1,485	846	n.p.	n.p.	n.p.	9,602
370–422	Procedures on nose, mouth and pharynx	17,437	11,871	10,303	7,381	5,060	n.p.	n.p.	n.p.	54,923
450–490	Dental services	1,006	932	544	376	429	n.p.	n.p.	n.p.	3,443
520–570	Procedures on respiratory system	6,133	7,108	10,995	2,607	2,607	n.p.	n.p.	n.p.	29,918
600–777	Procedures on cardiovascular system	22,821	27,723	22,144	8,888	5,691	n.p.	n.p.	n.p.	89,459
800–817	Procedures on blood and blood-forming organs	4,878	4,218	4,452	1,695	1,655	n.p.	n.p.	n.p.	17,639
850–1011	Procedures on digestive system	37,728	39,226	39,202	17,412	12,215	n.p.	n.p.	n.p.	153,034
1040–1129	Procedures on urinary system	13,938	14,122	12,123	5,269	4,720	n.p.	n.p.	n.p.	52,812
1160–1203	Procedures on male genital organs	8,746	7,351	5,881	2,813	1,803	n.p.	n.p.	n.p.	28,119
1240–1299	Gynaecological procedures	12,956	9,710	10,503	4,886	3,759	n.p.	n.p.	n.p.	43,941
1330–1347	Obstetric procedures	23,316	20,148	17,446	10,762	4,630	n.p.	n.p.	n.p.	80,160
1360–1579	Procedures on musculoskeletal system	50,536	51,487	43,935	27,188	17,431	n.p.	n.p.	n.p.	198,840
1600–1718	Dermatological and plastic procedures	14,513	14,988	12,037	7,149	4,111	n.p.	n.p.	n.p.	55,024
1740–1759	Procedures on breast	5,988	5,315	4,494	3,593	1,968	n.p.	n.p.	n.p.	22,359
1786–1799	Radiation oncology procedures	673	997	408	131	210	n.p.	n.p.	n.p.	2,453
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	236,425	245,805	226,005	109,729	73,212	n.p.	n.p.	n.p.	928,915
1940–2016	Imaging services	5,946	5,423	5,150	1,362	971	n.p.	n.p.	n.p.	19,106
	No procedure or not reported	26,050	37,303	43,878	13,993	10,962	n.p.	n.p.	n.p.	138,875
Total separations		**279,585**	**298,661**	**281,780**	**131,053**	**86,755**	**n.p.**	**n.p.**	**n.p.**	**1,124,959**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 6.1, 6.2 and 6.3 for notes on data limitations and methods.

9 Surgery in Australian hospitals

This chapter presents information on surgery in Australian hospitals.

It includes an overview of surgery in public and private hospitals, based on information for almost 2.5 million acute separations involving surgery in 2012–13, sourced from the NHMD. It then presents more detailed information on surgery for separations with an *Emergency* or *Elective* urgency of admission that includes:

- demographic information on the patients' age, sex, Indigenous status, remoteness area and SES of area of usual residence
- administrative information, including the modes of admission and separation and funding source for the episode
- clinical information, including the principal diagnoses and procedures performed.

This chapter also includes waiting times information for about 651,000 patients admitted from public hospital elective surgery waiting lists in 2012–13, for which additional demographic information has been sourced from the NHMD.

Timely provision of the NESWTDC data by state and territory health authorities allowed overall waiting times information to be reported in *Australian hospital statistics 2012–13: elective surgery waiting times* (AIHW 2013d) in October 2013.

Information on public hospital elective surgery waiting times for the calendar year 2013 is also reported in this chapter as this is already available.

What data are reported?

Admissions involving surgery

Information on admitted patient care for both *Emergency* and *Elective* admissions involving surgery is derived from the NHMD (see Appendix A). Terms relevant to admitted patient care data are summarised in Box 6.1.

As the NHMD includes information on admitted patient care for essentially all public and private hospitals, it can provide an overview of 'elective' surgery that is beyond the scope of the NESWTDC, which is restricted to waiting lists managed by public hospitals.

Elective surgery waiting times

The scope of the NESWTDC is patients on waiting lists for elective surgery that are managed by public hospitals. This may include *Public patients* treated in private hospitals and patients other than *Public patients* treated in public hospitals.

For the NESWTDC, the data reported are for patients removed from elective surgery waiting lists in public hospitals between 1 July 2012 and 30 June 2013. It is estimated that the NESWTDC data covers about 96% of all elective surgery in public hospitals. Waiting times data are not available for private hospitals. See Appendix A for more information.

For 2012–13, data from the NESWTDC were linked to the patient's admitted patient record by the state or territory health authorities. These linked records were provided to the AIHW as part of the NHMD.

The elective surgery data in the NHMD allowed analysis of public hospital waiting times for elective surgery by remoteness area and socioeconomic status of the patient's usual residence. Estimates of the separation rates for indicator procedures and for cancer-related principal diagnoses are included.

Box 9.1: Definitions

How are admissions involving surgery defined in this chapter?

Separations were included for which the care type was reported as *Acute*, *Newborn* (with at least one qualified day) and records where the care type was not reported.

Admissions involving surgery are defined as acute care separations with a 'surgical procedure' reported, based on the procedures used to define 'surgical' DRGs in AR-DRG version 6.0x (DoHA 2010). Separations for *Specialist mental health care* and *Childbirth* were excluded (see Chapter 6).

Admissions involving surgery are presented in this chapter as **emergency** and **elective admissions involving surgery**. *Emergency admissions* includes separations for which the Urgency of admission was reported as *Emergency* (about 300,000 records nationally). *Elective admissions* includes separations for which the Urgency of admission was reported as *Elective* (about 2 million records nationally). A relatively small number of separations involving surgery had an Urgency of admission that was *Not assigned* or *Not reported* (about 26,000 records nationally). These records are in Table 9.1 but are not included in subsequent tables in this chapter.

The **elective admissions involving surgery** using admitted patient care data from the NHMD is not necessarily the same as **elective surgery** as defined for the NESWTDC.

Waiting times data for elective surgery

For the NESWTDC, elective surgery comprises elective care (admission could be delayed by at least 24 hours), where 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 (AIHW 2013i).

Box 9.2: What are the limitations of the data?

Admitted patient care data

- Limitations of the data on admitted patient care are outlined in Chapter 6 and Appendix A.
- The quality of Indigenous status data in the NHMD is variable and these data should be used with caution. For more information, see Appendix A.
- In the Northern Territory, urgency of admission for private hospital separations was missing for all records. For the purposes of this chapter, all separations involving surgery have been categorised as elective admissions involving surgery. Therefore, these counts may not agree with counts presented for non-emergency surgery in other chapters in this report.

(continued)

Box 9.2 (continued): What are the limitations of the data?

Linked NHMD and NESWTDC data

- For 2012–13, the linked data accounted for about 96% of public hospital elective admissions involving surgery. There was some variation in the linked data coverage between states and territories. For some states, the number of linked records exceeded the number of elective admissions involving surgery because the linked data include emergency admissions for elective surgery or because some patients may receive more than one awaited surgery during one admission.
- Coverage of the linked data by remoteness area ranged from 86% in *Inner regional* areas to 100% in *Major cities*. Coverage by SES group ranged from 89% for the second most disadvantaged group to 100% for the least disadvantaged group (5– Highest). These variations in coverage should be considered when interpreting the waiting times and the age-standardised rates in this chapter.
- Methods to calculate waiting times have varied across states and territories and over time (see *Australian hospital statistics 2012–13: elective surgery waiting times*, AIHW 2013d).
- In 2012–13, for patients who were admitted after being transferred from another hospital's waiting list, New South Wales, South Australia and the Northern Territory reported the total time waited on all hospital waiting lists. This could have an effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others.
- From 2009–10, the Victorian Department of Health has reported data for the Albury Base Hospital as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas New South Wales formerly reported these data and included in statistics.

How has surgery activity changed over time?

Between 2011–12 and 2012–13, separations involving surgery increased by 1.4% to almost 2.5 million.

Between 2008–09 and 2012–13, the number of separations involving surgery rose by an average of 2.8% per year (Table 9.1). Over the same period, the number of emergency admissions involving surgery increased by an average of 3.9% per year and the number of elective admissions involving surgery rose by an average of 3.0% per year. The average annual rise in elective admissions involving surgery was higher in private hospitals (3.9%) than in public hospitals (1.3%).

States and territories

Between 2008–09 and 2012–13, the number of emergency admissions involving surgery increased for public hospitals in most states and territories (Table 9.2). Emergency admissions involving surgery in private hospitals also rose in most states and territories.

Over this period, public hospitals accounted for the majority (87% to 88%) of emergency admissions involving surgery.

Victoria had the highest increase in emergency admissions involving surgery (5.9%) in private hospitals between 2011–12 and 2012–13.

Table 9.1: Separations involving surgery by urgency of admission, public and private hospitals, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Emergency admissions	226,469	229,707	243,771	256,804	260,803	3.6	1.6
Elective admissions	644,175	656,741	669,884	676,148	679,084	1.3	0.4
Sub-total	*870,644*	*886,448*	*913,655*	*932,952*	*939,887*	1.9	0.7
Childbirth-related surgery	62,537	64,347	65,993	69,039	70,844	3.2	2.6
Urgency not assigned	15,597	15,849	15,760	17,461	17,429	2.8	–0.2
Urgency not reported[(a)]	2	3,327	284	218	238	n.p.	n.p.
All surgery	*948,780*	*969,971*	*995,692*	*1,019,670*	*1,028,398*	2.0	0.9
Private hospitals							
Emergency admissions	30,575	33,069	36,556	38,634	39,173	6.4	1.4
Elective admissions	1,172,326	1,245,704	1,279,501	1,339,422	1,363,566	3.9	1.8
Sub-total	*1,202,901*	*1,278,773*	*1,316,057*	*1,378,056*	*1,402,739*	3.9	1.8
Childbirth-related surgery	35,474	37,097	35,698	36,812	37,500	1.4	1.9
Urgency not assigned[(a)]	34,278	18,745	9,206	8,075	8,381	n.p.	n.p.
Urgency not reported[(a)]	0	330	2,110	1,253	78	n.p.	n.p.
All surgery	*1,272,653*	*1,334,945*	*1,363,071*	*1,424,196*	*1,448,698*	3.3	1.7
All hospitals							
Emergency admissions	**257,044**	**262,776**	**280,327**	**295,438**	**299,976**	**3.9**	**1.5**
Elective admissions	**1,816,501**	**1,902,445**	**1,949,385**	**2,015,570**	**2,042,650**	**3.0**	**1.3**
Sub-total	***2,073,545***	***2,165,221***	***2,229,712***	***2,311,008***	***2,342,626***	**3.1**	**1.4**
Childbirth-related surgery	**98,011**	**101,444**	**101,691**	**105,851**	**108,344**	**2.5**	**2.4**
Urgency not assigned[(a)]	**49,875**	**34,594**	**24,966**	**25,536**	**25,810**	**n.p.**	**n.p.**
Urgency not reported[(a)]	**2**	**3,657**	**2,394**	**1,471**	**316**	**n.p.**	**n.p.**
All surgery	**2,221,433**	**2,304,916**	**2,358,763**	**2,443,866**	**2,477,096**	**2.8**	**1.4**

(a) The average change per year is not shown due to low numbers or known data quality issues.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Between 2008–09 and 2012–13, the number of elective admissions involving surgery for public hospitals increased in all states and territories (Table 9.3), with the highest increase in Tasmania (4.3%). Western Australia had the highest average annual rise in elective admissions involving surgery (5.5%) in private hospitals.

Over this period, private hospitals accounted for the majority (65% to 67%) of elective admissions involving surgery.

Between 2011–12 and 2012–13, there were increases in the numbers of elective admissions involving surgery for public hospitals in New South Wales, Western Australia, the Australian Capital Territory and the Northern Territory.

Table 9.2: Emergency admissions involving surgery, public and private hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales							
Public hospitals	77,185	77,905	79,858	84,980	86,019	2.7	1.2
Private hospitals	4,278	4,204	4,046	4,296	4,175	–0.6	–2.8
All hospitals	*81,463*	*82,109*	*83,904*	*89,276*	*90,194*	2.6	1.0
Victoria							
Public hospitals	54,716	57,817	59,997	62,528	61,784	3.1	–1.2
Private hospitals	6,964	7,874	8,964	9,988	10,574	11.0	5.9
All hospitals	*61,680*	*65,691*	*68,961*	*72,516*	*72,358*	4.1	–0.2
Queensland							
Public hospitals	35,794	36,979	39,814	42,632	45,608	6.2	7.0
Private hospitals	9,649	10,533	11,241	11,047	11,162	3.7	1.0
All hospitals	*45,443*	*47,512*	*51,055*	*53,679*	*56,770*	5.7	5.8
Western Australia							
Public hospitals	25,101	26,076	28,025	29,296	29,945	4.5	2.2
Private hospitals	3,717	4,842	5,501	5,433	5,441	10.0	0.1
All hospitals	*28,818*	*30,918*	*33,526*	*34,729*	*35,386*	5.3	1.9
South Australia							
Public hospitals	18,945	18,720	19,531	20,238	20,675	2.2	2.2
Private hospitals	5,201	5,013	6,233	7,331	7,207	8.5	–1.7
All hospitals	*24,146*	*23,733*	*25,764*	*27,569*	*27,882*	3.7	1.1
Tasmania[(a)]							
Public hospitals	5,711	2,500	5,770	5,902	5,819	0.5	–1.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	5,238	5,788	6,377	6,600	6,522	5.6	–1.2
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	3,779	3,922	4,399	4,628	4,431	4.1	–4.3
Private hospitals[(b)]	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**226,469**	**229,707**	**243,771**	**256,804**	**260,803**	**3.6**	**1.6**
Private hospitals	**30,575**	**33,069**	**36,556**	**38,634**	**39,173**	**6.4**	**1.4**
All hospitals	**257,044**	**262,776**	**280,327**	**295,438**	**299,976**	**3.9**	**1.5**

(a) For Tasmania in 2009–10, urgency of admission was not reported for a large number of records.

(b) For private hospitals in the Northern Territory, urgency of admission was missing for all records. All Northern Territory private hospital separations involving surgery have been categorised as elective admissions. Therefore, the counts of emergency admissions involving surgery are likely to be under-estimated.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Table 9.3: Elective admissions involving surgery, public and private hospitals, states and territories, 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales							
Public hospitals	183,554	184,325	189,681	193,730	196,926	1.8	1.6
Private hospitals	363,722	382,465	391,822	409,531	410,613	3.1	0.3
All hospitals	*547,276*	*566,790*	*581,503*	*603,261*	*607,539*	2.6	0.7
Victoria							
Public hospitals	196,717	201,661	202,715	199,876	198,973	0.3	–0.5
Private hospitals	284,616	306,155	313,182	331,335	337,107	4.3	1.7
All hospitals	*481,333*	*507,816*	*515,897*	*531,211*	*536,080*	2.7	0.9
Queensland							
Public hospitals	108,311	112,458	114,288	115,709	114,334	1.4	–1.2
Private hospitals	253,890	270,111	275,223	288,108	295,551	3.9	2.6
All hospitals	*362,201*	*382,569*	*389,511*	*403,817*	*409,885*	3.1	1.5
Western Australia							
Public hospitals	65,128	65,452	69,188	70,892	73,498	3.1	3.7
Private hospitals	127,671	132,185	145,057	153,090	157,876	5.5	3.1
All hospitals	*192,799*	*197,637*	*214,245*	*223,982*	*231,374*	4.7	3.3
South Australia							
Public hospitals	63,054	63,060	64,087	65,644	64,458	0.6	–1.8
Private hospitals	98,106	101,183	100,106	101,816	105,699	1.9	3.8
All hospitals	*161,160*	*164,243*	*164,193*	*167,460*	*170,157*	1.4	1.6
Tasmania[(a)]							
Public hospitals	11,662	14,349	13,832	13,945	13,818	4.3	–0.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	10,018	9,522	10,149	10,317	10,421	1.0	1.0
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	5,731	5,914	5,944	6,035	6,656	3.8	10.3
Private hospitals[(b)]	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**644,175**	**656,741**	**669,884**	**676,148**	**679,084**	**1.3**	**0.4**
Private hospitals	**1,172,326**	**1,245,704**	**1,279,501**	**1,339,422**	**1,363,566**	**3.9**	**1.8**
All hospitals	**1,816,501**	**1,902,445**	**1,949,385**	**2,015,570**	**2,042,650**	**3.0**	**1.3**

(a) For Tasmania in 2009–10, urgency of admission was not reported for a large number of records.

(b) For private hospitals in the Northern Territory, urgency of admission was missing for all records. All Northern Territory private hospital separations involving surgery have been categorised as elective admissions. Therefore, the counts of elective admissions involving surgery are likely to be over-estimated.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How much activity was there in 2012–13?

In 2012–13, there were almost 300,000 emergency admissions involving surgery and more than 2 million elective admissions involving surgery (Table 9.4).

Nationally, there were 99 separations involving surgery per 1,000 population, with emergency admissions accounting for 13 per 1,000 population. There was some variation among states and territories in the proportion of separations involving surgery that were emergency admissions, ranging from 12% in Victoria to 40% in the Northern Territory (public hospitals only).

Table 9.4: Separations involving surgery per 1,000 population, by urgency of admission, all hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT[(a)]	NT[(a)]	Total[(b)]
Emergency admissions									
Separations	90,194	72,358	56,770	35,386	27,882	5,819	6,522	4,431	299,976
Separations per 1,000 population	11.8	12.3	12.3	14.5	15.3	10.9	17.7	19.8	12.8
Elective admissions									
Separations	607,539	536,080	409,885	231,374	170,157	13,818	10,421	6,656	2,042,650
Separations per 1,000 population	78.1	90.8	87.5	94.5	93.5	24.9	29.3	33.2	85.9
Total									
Separations	**697,733**	**608,438**	**466,655**	**266,760**	**198,039**	**19,637**	**16,943**	**11,087**	**2,342,626**
Separations per 1,000 population	**89.9**	**103.0**	**99.8**	**108.9**	**108.8**	**35.8**	**47.0**	**53.0**	**98.6**

(a) For Tasmania, Australian Capital Territory and Northern Territory, data are for public hospitals only.

(b) The total includes private hospital data for Tasmania, Australian Capital Territory and Northern Territory.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How urgent was the care?

In 2012–13, public hospitals provided 40 separations involving surgery per 1,000 population and private hospitals provided about 59 per 1,000 (Table 9.5).

There was some variation in the rates of separations involving surgery by urgency of admission. Public hospitals provided about 11 emergency admissions involving surgery per 1,000 population and private hospitals provided fewer than 2 per 1,000. For elective admissions involving surgery, public hospitals provided about 29 per 1,000 population and private hospitals provided about 57 per 1,000.

There were also variations in the rates of separations involving surgery by Indigenous status, remoteness area and SES of area of residence (see 'Who used these services?').

Table 9.5: Separations involving surgery per 1,000 population by urgency of admission, Indigenous status, remoteness area and socioeconomic status of area of residence, public and private hospitals, 2012–13

	Public hospitals		Private hospitals		Total		
	Emergency admissions	Elective admissions	Emergency admissions	Elective admissions	Emergency admissions	Elective admissions	Number
Indigenous status							
Indigenous	26.4	48.3	0.3	10.6	26.7	58.9	36,549
Other Australians	11.1	28.9	1.7	59.1	12.8	88.0	2,306,077
Remoteness area of residence							
Major cities	10.4	25.4	1.8	59.4	12.2	84.8	1,593,732
Inner regional	11.9	35.2	1.3	55.4	13.2	90.5	477,195
Outer regional	12.9	39.1	0.9	46.7	13.8	85.8	219,071
Remote	15.9	40.6	0.9	37.0	16.8	77.7	29,655
Very remote	20.2	34.1	0.7	24.8	20.9	58.8	14,466
Socioeconomic status of area of residence							
1–Lowest	13.2	37.6	0.8	41.3	14.0	78.9	451,469
2	11.9	34.7	1.1	47.9	13.0	82.6	466,210
3	11.5	30.0	1.5	58.1	13.0	88.2	482,099
4	10.0	23.8	2.2	65.1	12.2	88.9	464,934
5–Highest	8.3	16.2	2.4	71.7	10.8	87.8	456,257
Total	**11.2**	**28.8**	**1.6**	**57.0**	**12.8**	**85.9**	**2,342,626**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

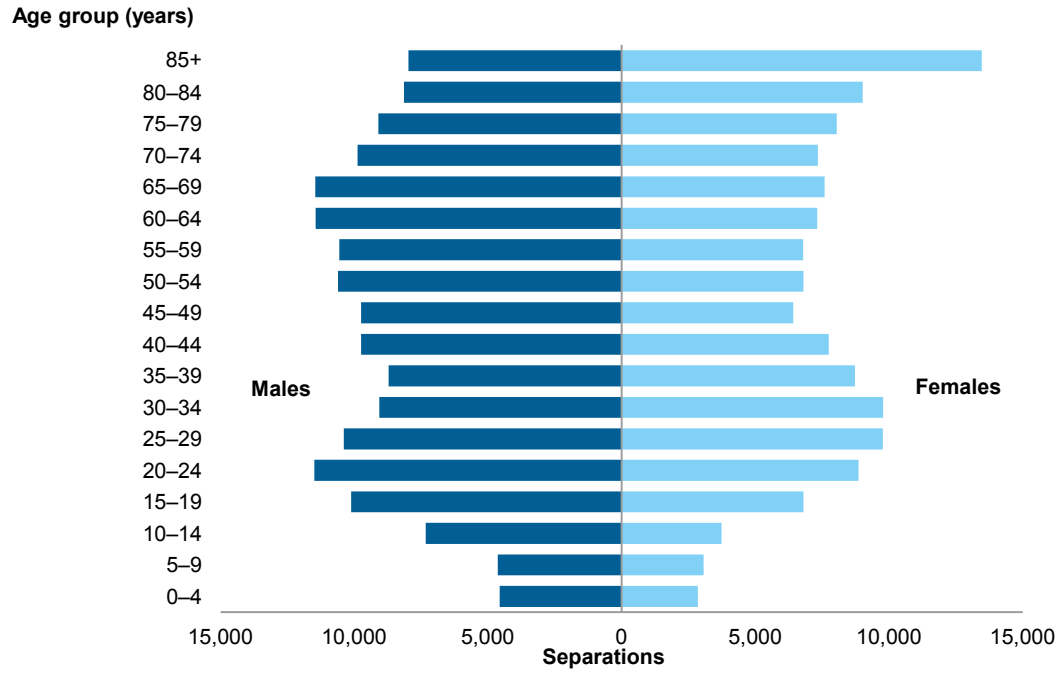
Who used these services?

Sex and age group

Males accounted for more than half (55%) of emergency admissions involving surgery (Figure 9.1). There were more emergency admissions involving surgery for males than females in almost all age groups except 30 to 39 and those aged 80 and over. Persons aged 15 to 29 accounted for about 19% of all emergency admissions involving surgery.

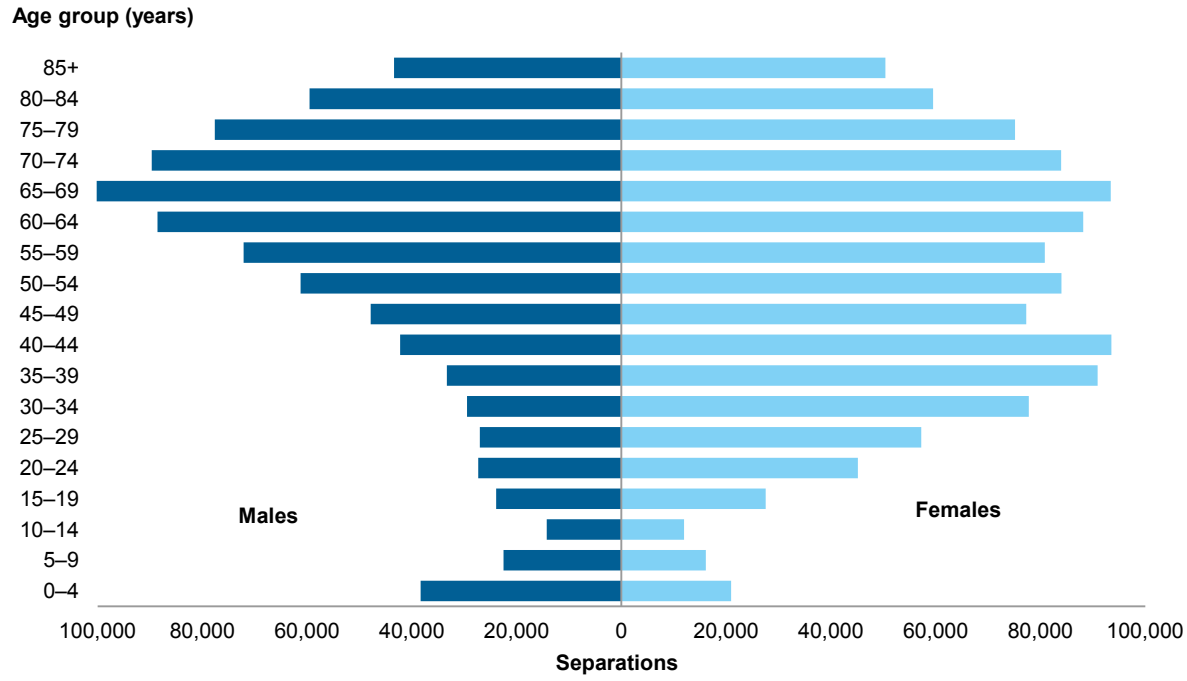
For children aged 10 to 14, there were almost twice as many emergency admissions for boys as for girls.

Females accounted for more than half (56%) of elective admissions involving surgery (Figure 9.2). There were more elective admissions involving surgery for females than males in the age groups from 15 to 59 and 85 and over. In particular, for the age groups from 30 to 39, there were more than two and half times as many elective admissions involving surgery for females as for males.



Note: See boxes 9.1 and 9.2 for notes on definitions and data limitations.

Figure 9.1: Emergency admissions involving surgery, by sex and age group, all hospitals, 2012–13



Note: See boxes 9.1 and 9.2 for notes on definitions and data limitations.

Figure 9.2: Elective admissions involving surgery, by sex and age group, all hospitals, 2012–13

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-counted. The quality of the data provided for Indigenous status in 2012–13 for admitted patient care varied by jurisdiction. See Chapter 6 and Appendix A for more information on the quality of Indigenous data in the NHMD.

There were more than 36,500 separations involving surgery for Indigenous Australians in 2012–13, a rate of 86 per 1,000 population for Indigenous Australians compared to 101 per 1,000 for other Australians (Table 9.5).

About one-third of separations involving surgery for Indigenous Australians were emergency admissions (35%), and the rate of emergency admissions involving surgery for Indigenous Australians was about 27 per 1,000 population, more than twice the rate for other Australians (13 per 1,000).

The separation rate for elective admissions involving surgery for other Australians (88 per 1,000) was about 1.5 times of the rate for Indigenous Australians (58 per 1,000).

Indicator procedures

Indicator procedures are those of high volume and are often associated with long waits.

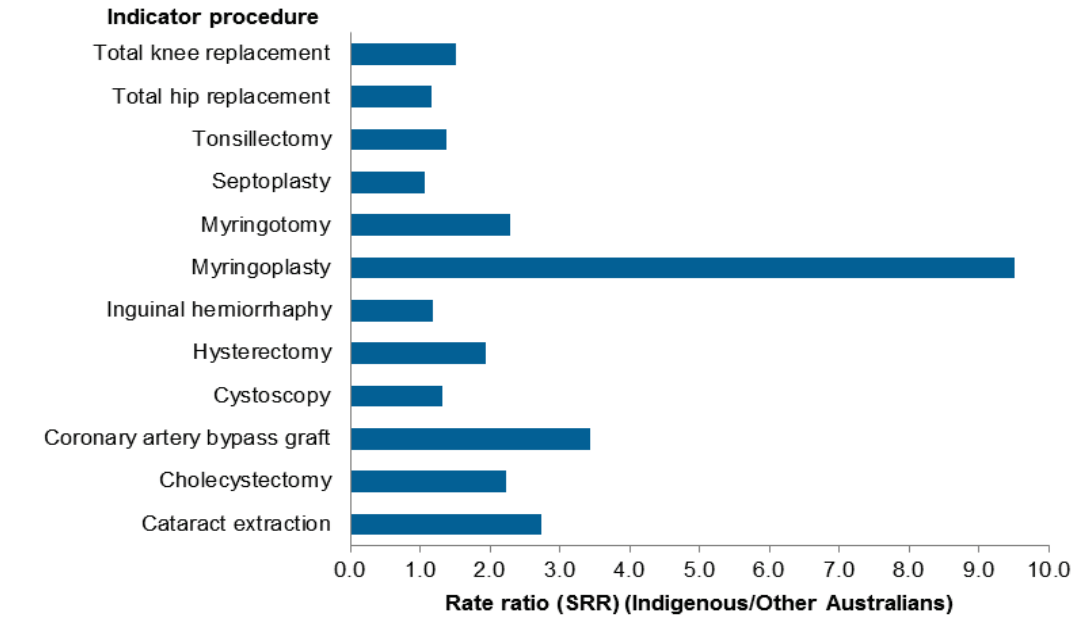
The SRRs presented in Figure 9.3 compare the separation rates for indicator procedures for Indigenous Australians with the rates for other Australians for public hospitals in 2012–13. An SRR greater than 1.0 indicates that the separation rate for the indicator procedure for Indigenous Australians was higher than for other Australians admitted for the same indicator procedure.

The SRR is not shown for indicator procedures for which there were fewer than 100 separations for Indigenous Australians.

For 8 of the 12 indicator procedures, the data suggest that the separation rates for Indigenous Australians were markedly different from the rates for other Australians. The rates were not notably different for *Cystoscopy, Septoplasty*, *Inguinal herniorrhaphy*, and *Total hip replacement*.

The highest SRRs were reported for *Myringoplasty* (9.5) and *Coronary artery bypass graft* (3.4). Indigenous Australians had an SRR less than 1.0 for *Varicose veins stripping and ligation*.

For more information, see Table S9.1 accompanying this report online at <www.aihw.gov.au/hospitals/>.



Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Figure 9.3: Standardised separation rate ratios for elective surgery by indicator procedure and Indigenous status, public hospitals, 2012–13

Remoteness area

In 2012–13, the overall rate of separations involving surgery was highest for those living in *Inner regional* areas (104 per 1,000 population, Table 9.5). The rate of elective admissions involving surgery was lowest for those living in *Very remote* areas (59 per 1,000) and highest for those living in *Inner regional* areas (91 per 1,000). The separation rate for emergency admissions involving surgery was highest for those living in *Very remote* areas (21 per 1,000) and decreased with decreasing remoteness.

For elective admissions involving surgery in public hospitals, the separation rate was lowest for those living in *Major cities* (25 per 1,000) and highest for those living in *Remote* areas (41 per 1,000). In contrast, for private hospitals the rate was highest for those living in *Major cities* (59 per 1,000) and fell with increasing remoteness to 25 per 1,000 for *Very remote* areas. This may reflect variations in the availability of private hospital services in the more remote areas of Australia.

Indicator procedures

Table 9.6 presents separation rates by indicator procedure and remoteness area for the 651,000 patients admitted from elective surgery waiting lists. For people living in *Very remote* areas, the rate for *Myringoplasty* for was 13 times the national rate and the rate for *Cataract extraction* was twice the national rate.

Socioeconomic status

There was little variation in the rate of emergency admissions involving surgery by SES of area of residence (Table 9.5). For elective admissions involving surgery, separation rates ranged from 79 per 1,000 population for those living in areas classified as being in the lowest

SES group to 89 per 1,000 for those living in areas classified as being in the middle SES group.

In 2012–13, the separation rate for elective admissions involving surgery in public hospitals was highest for people living in areas classified as being in the lowest SES group (38 per 1,000) and tended to drop with increasing SES to 16 per 1,000 for people living in areas classified in the highest SES group. In contrast, the rate in private hospitals was highest for people living in areas classified as being in the highest SES group (72 per 1,000) and lowest for people living in areas classified in the lowest SES group (41 per 1,000).

Table 9.6: Separations per 1,000 population[(a)] for admissions from public hospital elective surgery waiting lists, by indicator procedure and remoteness area of usual residence, public hospitals, 2012–13

	Remoteness area of residence					
Indicator procedure	**Major Cities**	**Inner Regional**	**Outer Regional**	**Remote**	**Very Remote**	**Total[(b)]**
Cataract extraction	2.4	2.3	3.4	4.2	4.7	2.5
Cholecystectomy	0.7	0.9	1.0	1.0	0.9	0.8
Coronary artery bypass graft	0.1	0.2	0.2	n.p.	n.p.	0.2
Cystoscopy	1.9	1.6	1.6	2.0	1.7	1.8
Haemorrhoidectomy	0.2	0.1	0.3	n.p.	n.p.	0.2
Hysterectomy	0.4	0.5	0.6	n.p.	n.p.	0.4
Inguinal herniorrhaphy	0.6	0.7	0.7	1.0	0.7	0.7
Myringoplasty	0.1	0.1	0.1	0.4	1.3	0.1
Myringotomy	0.3	0.3	0.3	0.5	0.5	0.3
Prostatectomy	0.3	0.3	0.3	n.p.	n.p.	0.3
Septoplasty	0.2	0.2	0.2	n.p.	n.p.	0.2
Tonsillectomy	0.8	1.0	0.8	0.9	0.6	0.8
Total hip replacement	0.3	0.4	0.5	n.p.	n.p.	0.4
Total knee replacement	0.5	0.6	0.8	n.p.	n.p.	0.6
Varicose veins stripping and ligation	0.2	0.2	0.2	n.p.	n.p.	0.2
Not applicable/not stated	17.8	19.7	23.3	26.5	21.3	18.8
Total	**26.8**	**29.1**	**34.2**	**39.4**	**34.2**	**28.1**
Number of separations	**419,956**	**137,143**	**74,162**	**12,456**	**5,614**	**651,372**

(a) Separations per 1000 population are not published where there are fewer than 100 separations in a remoteness area for the indicator procedure.

(b) The total includes records for which *Remoteness area* was not recorded or not known.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Indicator procedures

Table 9.7 presents separation rates by indicator procedure and socioeconomic status for the 651,000 patients admitted from elective surgery waiting lists. Across all indicator procedures, people living in areas classified as being in the highest SES group had the lowest separation rates for public elective surgery (Table 9.7).

The greatest variation in separation rates by SES were for *Myringoplasty*, with people living in areas classified as being in the lowest SES group having twice the overall rate. The rates for *Septoplasty* were more evenly distributed among SES groups, with people living in areas classified as being in the lowest SES group having separation rates about 30% higher than the

overall rate, and those in the highest SES group having separation rates about 60% lower than the overall rate.

Table 9.7: Separations per 1,000 population for admissions from public hospital elective surgery waiting lists, by indicator procedure and socioeconomic status[(a)] of area of residence, public hospitals, 2012–13

	Socioeconomic status of area of residence					
Indicator procedure	**1–Lowest**	**2**	**3**	**4**	**5–Highest**	**Total[(b)]**
Cataract extraction	3.3	2.7	2.7	2.1	1.4	2.5
Cholecystectomy	1.2	0.9	0.8	0.6	0.4	0.8
Coronary artery bypass graft	0.2	0.2	0.2	0.1	0.1	0.1
Cystoscopy	2.3	1.9	2.0	1.7	1.1	1.8
Haemorrhoidectomy	0.3	0.2	0.2	0.1	0.1	0.2
Hysterectomy	0.6	0.5	0.5	0.3	0.2	0.4
Inguinal herniorrhaphy	0.8	0.7	0.7	0.6	0.4	0.7
Myringoplasty	0.2	0.1	0.1	0.1	<0.1	0.1
Myringotomy	0.3	0.3	0.3	0.3	0.1	0.3
Prostatectomy	0.4	0.3	0.3	0.3	0.2	0.3
Septoplasty	0.3	0.2	0.2	0.2	0.1	0.2
Tonsillectomy	1.1	1.0	0.9	0.7	0.4	0.8
Total hip replacement	0.5	0.4	0.4	0.3	0.2	0.4
Total knee replacement	0.8	0.7	0.6	0.4	0.3	0.6
Varicose veins stripping and ligation	0.2	0.2	0.2	0.2	0.1	0.2
Not applicable/not stated	25.0	20.9	20.2	16.0	11.3	18.9
Total	**37.3**	**31.3**	**30.3**	**23.9**	**16.5**	**28.2**
Number of separations	**176,431**	**150,201**	**135,590**	**108,095**	**74,994**	**651,372**

(a) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population.

(b) The total includes records for which records for which *Socioeconomic status of area of usual residence* was not recorded or not known.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How did people access these services?

Most separations involving surgery had a mode of admission of *Other* (97%), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 9.8). However, for emergency admissions involving surgery, about 11% were transferred from another hospital.

Table 9.8: Separations involving surgery by urgency of admission and mode of admission, all hospitals, 2012–13

Mode of admission	**Emergency admissions**	**Elective admissions**	**Total**
Admitted patient transferred from another hospital	34,180	21,908	56,088
Other	265,543	2,010,418	2,275,961
Not reported	253	10,324	10,577
Total	**299,976**	**2,042,650**	**2,342,626**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Why did people receive the care?

The reason that a patient receives surgical care can be described in terms of the principal diagnosis.

In 2012–13, more than 14% of separations involving surgery had a principal diagnosis in the ICD-10-AM chapter *Diseases of the musculoskeletal system and connective tissue* and almost 14% had a principal diagnosis in both the *Neoplasms* and *Diseases of the eye and adnexa* chapters (Table 9.9).

The relative distributions of separations involving surgery by diagnosis chapter varied by urgency of admission. For example, more than 98% of separations involving surgery for *Diseases of the eye and adnexa* and *Diseases of the ear and mastoid process* and *Factors influencing health status and contact with health services* were elective admissions. More than half of separations involving surgery for *Injury, poisoning and certain other consequences of external causes* were emergency admissions.

Table 9.9: Separations involving surgery, by principal diagnosis in ICD-10-AM chapters and urgency of admission, all hospitals, 2012–13

Principal diagnosis		Emergency admissions	Elective admissions	Total
A00–B99	Certain infectious and parasitic diseases	2,376	3,405	5,781
C00–D48	Neoplasms	12,852	307,772	320,624
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	581	1,441	2,022
E00–E89	Endocrine, nutritional and metabolic diseases	3,683	31,910	35,593
F00–F99	Mental and behavioural disorders	104	31	135
G00–G99	Diseases of the nervous system	1,625	50,918	52,543
H00–H59	Diseases of the eye and adnexa	4,472	318,483	322,955
H60–H95	Diseases of the ear and mastoid process	444	41,174	41,618
I00–I99	Diseases of the circulatory system	34,808	101,802	136,610
J00–J99	Diseases of the respiratory system	5,504	83,809	89,313
K00–K93	Diseases of the digestive system	66,918	169,770	236,688
L00–L99	Diseases of the skin and subcutaneous tissue	6,925	41,274	48,199
M00–M99	Diseases of the musculoskeletal system and connective tissue	9,970	322,033	332,003
N00–N99	Diseases of the genitourinary system	13,777	215,256	229,033
O00–O99	Pregnancy, childbirth and the puerperium	12,739	63,296	76,035
P00–P96	Certain conditions originating in the perinatal period	202	241	443
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,289	20,169	21,458
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	5,002	21,964	26,966
S00–T98	Injury, poisoning and certain other consequences of external causes	115,781	102,226	218,007
Z00–Z99	Factors influencing health status and contact with health services	924	145,676	146,600
Total		**299,976**	**2,042,650**	**2,342,626**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Most common principal diagnoses

The 20 most common principal diagnoses for emergency admissions involving surgery accounted for half of the principal diagnoses reported (Table 9.10). The most common principal diagnosis for emergency admissions was *Acute appendicitis*, with 89% of those separations in public hospitals. *Angina pectoris* was the principal diagnosis with the highest proportion of emergency admissions in private hospitals (32%).

For elective admissions involving surgery, the 20 most common principal diagnoses accounted for about 46% of the principal diagnoses reported (Table 9.11). The most common principal diagnosis for elective admissions was *Other cataract*, with 68% of those separations coming from private hospitals. About 94% of elective admissions involving surgery with a principal diagnosis of *Other retinal disorders* and about 92% with a principal diagnosis of *Procreative management* were from private hospitals.

Table 9.10: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for emergency admissions involving surgery, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
K35	Acute appendicitis	24,308	3,103	27,411
S72	Fracture of femur	16,899	2,437	19,336
I21	Acute myocardial infarction	12,137	1,947	14,084
S82	Fracture of lower leg, including ankle	11,322	1,182	12,504
S52	Fracture of forearm	9,201	1,011	10,212
K80	Cholelithiasis	8,054	1,646	9,700
S62	Fracture at wrist and hand level	6,864	546	7,410
S61	Open wound of wrist and hand	6,308	574	6,882
T81	Complications of procedures, not elsewhere classified	4,710	840	5,550
K61	Abscess of anal and rectal regions	4,871	444	5,315
S42	Fracture of shoulder and upper arm	4,714	548	5,262
O03	Spontaneous abortion	4,263	242	4,505
S66	Injury of muscle and tendon at wrist and hand level	4,061	286	4,347
K56	Paralytic ileus and intestinal obstruction without hernia	3,652	607	4,259
O02	Other abnormal products of conception	3,196	135	3,331
S01	Open wound of head	2,976	235	3,211
O00	Ectopic pregnancy	2,983	149	3,132
I20	Angina pectoris	2,109	983	3,092
S81	Open wound of lower leg	2,606	329	2,935
E11	Type 2 diabetes mellitus	2,689	205	2,894
	Other	122,880	21,724	144,604
Total		**260,803**	**39,173**	**299,976**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Table 9.11: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for elective admissions involving surgery, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
H26	Other cataract	58,213	122,869	181,082
C44	Other malignant neoplasms of skin	27,799	67,359	95,158
Z31	Procreative management	5,032	62,260	67,292
M23	Internal derangement of knee	12,738	48,877	61,615
M17	Gonarthrosis [arthrosis of knee]	17,672	41,469	59,141
H35	Other retinal disorders	3,055	48,751	51,806
O04	Medical abortion	7,766	36,964	44,730
K40	Inguinal hernia	17,502	25,026	42,528
J35	Chronic diseases of tonsils and adenoids	15,331	24,581	39,912
K80	Cholelithiasis	16,976	15,408	32,384
G56	Mononeuropathies of upper limb	11,994	20,234	32,228
H25	Senile cataract	7,582	23,296	30,878
M75	Shoulder lesions	4,913	24,996	29,909
N92	Excessive, frequent and irregular menstruation	13,998	14,657	28,655
M16	Coxarthrosis [arthrosis of hip]	7,964	17,584	25,548
J34	Other disorders of nose and nasal sinuses	6,804	17,514	24,318
Z47	Other orthopaedic follow-up care	8,506	14,703	23,209
I84	Haemorrhoids	10,828	10,725	21,553
C50	Malignant neoplasm of breast	8,685	10,801	19,486
H65	Nonsuppurative otitis media	6,486	12,891	19,377
	Other	409,240	702,601	1,111,841
Total		**679,084**	**1,363,566**	**2,042,650**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

What care was provided?

This section presents information on separations involving surgery describing care using:

- MDCs and AR-DRGs—based on the AR-DRG classification of acute care separations
- type of surgical procedure undertaken.

Major Diagnostic Categories

Table 9.12 presents separations involving surgery by MDC and urgency of admission. About 27% of emergency admissions and 20% of elective admissions involving surgery were for *Diseases and disorders of the musculoskeletal system and connective tissue*, with 84% of these being elective admissions. Almost 60% of separations involving surgery for *Injuries, poisoning and toxic effects of drugs* were emergency admissions.

Table 9.12: Separations involving surgery, by Major Diagnostic Category[a], AR-DRG version 6.0x and urgency of admission, all hospitals, 2012–13

Major Diagnostic Category		Emergency admissions	Elective admissions	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	8,682	6,789	15,471
01	Diseases and disorders of the nervous system	10,207	51,463	61,670
02	Diseases and disorders of the eye	5,787	326,374	332,161
03	Diseases and disorders of the ear, nose, mouth and throat	7,333	158,727	166,060
04	Diseases and disorders of the respiratory system	3,166	19,706	22,872
05	Diseases and disorders of the circulatory system	32,192	89,976	122,168
06	Diseases and disorders of the digestive system	58,380	161,693	220,073
07	Diseases and disorders of the hepatobiliary system and pancreas	13,987	43,768	57,755
08	Diseases and disorders of the musculoskeletal system and connective tissue	79,924	411,179	491,103
09	Diseases and disorders of the skin, subcutaneous tissue and breast	9,214	249,444	258,658
10	Endocrine, nutritional and metabolic diseases and disorders	2,809	33,250	36,059
11	Diseases and disorders of the kidney and urinary tract	6,742	65,841	72,583
12	Diseases and disorders of the male reproductive system	3,456	55,727	59,183
13	Diseases and disorders of the female reproductive system	6,743	254,180	260,923
14	Pregnancy, childbirth and puerperium	12,727	63,302	76,029
15	Newborns and other neonates	634	454	1,088
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	905	3,362	4,267
17	Neoplastic disorders (haematological and solid neoplasms)	1,560	8,664	10,224
18	Infectious and parasitic diseases	4,073	2,573	6,646
21	Injuries, poisoning and toxic effects of drugs	26,076	17,721	43,797
22	Burns	2,030	1,547	3,577
23	Factors influencing health status and other contacts with health services	201	11,782	11,983
ED	Error DRGs[b]	3,148	5,128	8,276
Total		**299,976**	**2,042,650**	**2,342,626**

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) The Major Diagnostic Categories *Mental diseases and disorders* and *Alcohol/drug use and alcohol/drug induced organic mental disorders* are not listed as there were no separations involving surgery for these MDCs.

(b) An *Error* DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Most common AR-DRGs

For emergency admissions involving surgery, the 20 most common AR-DRGs accounted for half of the AR-DRGs reported (Table 9.13). In 2012–13, about 7% of emergency admissions involving surgery had an AR-DRG of *Appendicectomy without malignancy or peritonitis without catastrophic or severe complications or comorbidities*. For *Implantation or replacement of pacemaker, total system without catastrophic complications or comorbidities*, about 31% of emergency admissions involving surgery were in private hospitals.

Table 9.13: Separations involving surgery for the 20 most common AR-DRGs version 6.0x for emergency admissions, public and private hospitals, 2012–13

AR-DRG		Public hospitals	Private hospitals	Total
G07B	Appendicectomy without malignancy or peritonitis without CSCC	18,835	2,541	21,376
I30Z	Hand procedures	11,377	1,042	12,419
I13B	Humerus, tibia, fibula and ankle procedures without CC	10,715	1,177	11,892
F10B	Interventional coronary procedures with AMI without catastrophic CC	7,713	1,375	9,088
O05Z	Abortion with OR procedure	8,192	418	8,610
I19B	Other elbow or forearm procedures without CC	7,532	884	8,416
I08B	Other hip and femur procedures without catastrophic CC	7,202	1,109	8,311
G07A	Appendicectomy with malignancy or peritonitis or with CSCC	6,888	700	7,588
X06B	Other procedures for other injuries without CSCC	6,768	636	7,404
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	5,879	1,448	7,327
G11Z	Anal and stomal procedures	5,878	835	6,713
X05B	Other procedures for injuries to hand without CC	5,330	482	5,812
A06B	Tracheostomy with ventilation >95 hours without catastrophic CC or tracheostomy with ventilation >95 hours with catastrophic CC	5,365	253	5,618
I08A	Other hip and femur procedures with catastrophic CC	4,999	471	5,470
G02A	Major small and large bowel procedures with catastrophic CC	4,008	550	4,558
H08A	Laparoscopic cholecystectomy with closed CDE or with CSCC	3,235	538	3,773
F12B	Implantation or replacement of pacemaker, total system without catastrophic CC	2,470	1,131	3,601
I27B	Soft tissue procedures without CC	3,124	320	3,444
I03B	Hip replacement without catastrophic CC	2,684	735	3,419
X06A	Other procedures for other injuries with CSCC	2,899	280	3,179
	Other	129,710	22,248	151,958
Total		**260,803**	**39,173**	**299,976**

AMI—acute myocardial infarction; CC—complications or comorbidities; CDE—Common bile duct exploration; CSCC— catastrophic or severe complications or comorbidities; OR—operating room.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

For elective admissions involving surgery, the 20 most common AR-DRGs accounted for over half (56%) of the AR-DRGs reported (Table 9.14). The most common AR-DRG for elective admissions was for *Lens procedures*, of which 69% were carried out in private hospitals and which accounted for about 10% of elective admissions involving surgery.

Table 9.14: Separations involving surgery for the 20 most common AR-DRGs version 6.0x for elective admissions, public and private hospitals, 2012–13

AR-DRG		Public hospitals	Private hospitals	Total
C16Z	Lens procedures	64,951	147,556	212,507
J11Z	Other skin, subcutaneous tissue and breast procedures	37,015	61,500	98,515
I18Z	Other knee procedures	16,736	66,793	83,529
N07Z	Other uterine and adnexa procedures for non-malignancy	18,985	60,676	79,661
C03Z	Retinal procedures	7,681	54,803	62,484
G10B	Hernia procedures without CC	25,647	35,814	61,461
O05Z	Abortion with OR procedure	14,992	46,371	61,363
G11Z	Anal and stomal procedures	20,248	34,351	54,599
D11Z	Tonsillectomy and/or adenoidectomy	18,462	28,916	47,378
J08B	Other skin graft and/or debridement procedures without CC	9,436	35,757	45,193
I30Z	Hand procedures	15,723	29,393	45,116
I16Z	Other shoulder procedures	6,918	35,094	42,012
N10Z	Diagnostic Curettage or diagnostic Hysteroscopy	18,061	20,883	38,944
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	9,267	26,739	36,006
N11Z	Other female reproductive system OR procedures	10,129	23,270	33,399
I04B	Knee replacement without CSCC	2,795	30,586	33,381
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	15,974	16,088	32,062
N09Z	Conisation, vagina, cervix and vulva procedures	15,606	13,906	29,512
B05Z	Carpal tunnel release	11,004	17,385	28,389
I03B	Hip replacement without catastrophic CC	7,787	17,449	25,236
	Other	331,667	560,236	891,903
Total		**679,084**	**1,363,566**	**2,042,650**

CC—complications or comorbidities; CDE—common bile duct exploration; CSCC— catastrophic or severe complications or comorbidities; OR—operating room.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Procedures

In this chapter, counts of procedures are presented for surgical procedures only. See Box 6.1 and Appendix B for information on the classification of procedures.

Almost 23% of all surgical procedures reported for separations involving surgery were for *Procedures on musculoskeletal system*, with 81% of these being elective admissions (Table 9.15).

In 2012–13, more than 2.8 million surgical procedures were reported for separations involving surgery, with 2.4 million reported for elective admissions. Emergency admissions accounted for about 13% of the procedures reported for separations involving surgery.

Table 9.15: Procedures[a][b] reported for separations involving surgery by ACHI chapter and urgency of admission, all hospitals, 2012–13

Procedure		Emergency admissions	Elective admissions	Total
1–86	Procedures on nervous system	15,328	91,352	106,680
110–129	Procedures on endocrine system	278	15,853	16,131
160–256	Procedures on eye and adnexa	7,561	345,203	352,764
300–333	Procedures on ear and mastoid process	482	35,293	35,775
370–422	Procedures on nose, mouth and pharynx	4,292	143,547	147,839
450–490	Dental services	73	2,313	2,386
520–570	Procedures on respiratory system	13,543	16,765	30,308
600–777	Procedures on cardiovascular system	48,930	132,604	181,534
800–817	Procedures on blood and blood-forming organs	2,338	32,438	34,776
850–1011	Procedures on digestive system	84,283	262,533	346,816
1040–1129	Procedures on urinary system	8,083	87,680	95,763
1160–1203	Procedures on male genital organs	4,814	61,395	66,209
1240–1299	Gynaecological procedures	19,112	351,185	370,297
1330–1347	Obstetric procedures	678	782	1,460
1360–1579	Procedures on musculoskeletal system	120,019	522,785	642,804
1600–1718	Dermatological and plastic procedures	36,573	287,640	324,213
1740–1759	Procedures on breast	376	54,479	54,855
1786–1799	Radiation oncology procedures	28	2,019	2,047
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	3,729	1,834	5,563
1940–2016	Imaging services	2	5	7
Total surgical procedures		**370,522**	**2,447,705**	**2,818,227**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as *Surgical*.

(b) A procedure is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Most common procedures

In 2012–13, *Appendicectomy* was the most common surgical procedure for emergency admissions involving surgery (Table 9.16). Around 89% of emergency admissions for *Appendicectomy* procedures were performed in public hospitals. *Insertion of cardiac pacemaker generator* was the surgical procedure with the highest proportion of emergency admissions in private hospitals (32%).

Table 9.16: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for emergency admissions involving surgery, public and private hospitals, 2012–13

Procedure		Public hospitals	Private hospitals	Total
926	Appendicectomy	26,462	3,283	29,745
671	Transluminal coronary angioplasty with stenting	11,416	2,697	14,113
1566	Excision procedures on other musculoskeletal sites	12,268	1,652	13,920
965	Cholecystectomy	9,806	2,062	11,868
1628	Other debridement of skin and subcutaneous tissue	11,131	530	11,661
1479	Fixation of fracture of pelvis or femur	9,719	1,301	11,020
1265	Curettage and evacuation of uterus	8,461	453	8,914
1539	Open reduction of fracture of ankle or toe	6,396	728	7,124
569	Ventilatory support	6,660	308	6,968
1489	Arthroplasty of hip	5,539	1,091	6,630
1429	Open reduction of fracture of radius	5,672	727	6,399
986	Division of abdominal adhesions	4,760	903	5,663
930	Incision procedures on rectum or anus	5,013	486	5,499
650	Insertion of cardiac pacemaker generator	3,333	1,319	4,652
1466	Repair of tendon of hand	4,059	270	4,329
1636	Repair of nail	3,924	214	4,138
1256	Procedures for management of ectopic pregnancy	2,995	149	3,144
913	Colectomy	2,451	454	2,905
83	Repair of nerve or nerve trunk	2,464	138	2,602
1414	Open reduction of fracture of humerus or elbow	2,236	317	2,553
	Other	116,038	20,091	136,129
Total		**260,803**	**39,173**	**299,976**

ACHI—Australian Classification of Health Interventions.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as *Surgical*. For separations for which more than one operating room procedure was reported, the separation was counted against the first surgical procedure reported.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

In 2012–13, *Extracapsular crystalline lens extraction by phacoemulsification* was the most common surgical procedure for elective admissions, accounting for 10% of elective admissions (Table 9.17). Around 93% of elective admissions for *Procedures for reproductive medicine* were reported for private hospitals.

Table 9.17: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for elective admissions involving surgery, public and private hospitals, 2012–13

Procedure		Public hospitals	Private hospitals	Total
197	Extracapsular crystalline lens extraction by phacoemulsification	62,697	140,851	203,548
1620	Excision of lesion(s) of skin and subcutaneous tissue	33,444	55,957	89,401
1265	Curettage and evacuation of uterus	26,035	56,600	82,635
1297	Procedures for reproductive medicine	4,926	63,113	68,039
412	Tonsillectomy or adenoidectomy	23,354	35,038	58,392
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	2,914	46,836	49,750
1517	Arthroscopic meniscectomy of knee with repair	6,820	40,638	47,458
990	Repair of inguinal hernia	17,293	24,030	41,323
1518	Arthroplasty of knee	13,321	27,680	41,001
941	Procedures for haemorrhoids	13,709	24,839	38,548
965	Cholecystectomy	18,876	17,915	36,791
1651	Local skin flap, simple and small, single stage	6,910	25,105	32,015
76	Release of carpal and tarsal tunnel	11,117	17,671	28,788
1489	Arthroplasty of hip	8,851	18,675	27,526
1554	Other application, insertion or removal procedures on other musculoskeletal sites	12,432	10,970	23,402
309	Myringotomy	7,023	14,241	21,264
1266	Excision of lesion of uterus	7,401	13,260	20,661
1566	Excision procedures on other musculoskeletal sites	5,080	15,053	20,133
1503	Arthroscopic excision of knee	6,184	13,854	20,038
1649	Other full thickness skin graft	6,596	11,985	18,581
	Other	384,101	689,255	1,073,356
Total		**679,084**	**1,363,566**	**2,042,650**

ACHI—Australian Classification of Health Interventions.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as *Surgical*. For separations for which more than one operating room procedure was reported, the separation was counted against the first surgical procedure reported.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How long did patients stay?

The length of stay for separations involving surgery varied by urgency of admission and, to a lesser extent, between public and private hospitals. For overnight separations, the length of stay for emergency admissions involving surgery was more than twice as long as for elective admissions involving surgery (Table 9.18).

Table 9.18: Patient days and average length of stay for separations involving surgery, by urgency of admission, public and private hospitals, 2012–13

	Public hospitals		Private hospitals		Total	
	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Same-day						
Emergency admissions	21,733	1.0	4,932	1.0	26,665	*1.0*
Elective admissions	358,098	1.0	808,955	1.0	1,167,053	*1.0*
All same-day surgery	*379,831*	*1.0*	*813,887*	*1.0*	*1,193,718*	*1.0*
Overnight						
Emergency admissions	1,844,054	7.7	278,862	8.1	2,122,916	7.8
Elective admissions	1,197,450	3.7	1,776,484	3.2	2,973,934	3.4
All overnight surgery	*3,041,504*	*4.7*	*2,055,346*	*3.3*	*5,096,850*	*4.0*
Total						
Emergency admissions	**1,865,787**	**7.2**	**283,794**	**7.2**	**2,149,581**	**7.2**
Elective admissions	**1,555,548**	**2.3**	**2,585,439**	**1.9**	**4,140,987**	**2.0**
All surgery	**3,421,335**	**3.3**	**2,869,233**	**2.0**	**6,290,568**	**2.7**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Who paid for the care?

About 76% of emergency admissions involving surgery in public hospitals were for *Public patients* and *Private health insurance* funded about 16% (Table 9.19). For private hospitals, *Private health insurance* funded almost 86% of emergency admissions involving surgery and the *Department of Veterans' Affairs* funded about 7%.

For elective admissions involving surgery, 88% of separations in public hospitals were for *Public patients* and *Private health insurance* funded about 7% of separations. In private hospitals, *Private health insurance* funded about 81% of elective admissions involving surgery and 11% were *Self-funded*.

Table 9.19: Separations involving surgery, by principal source of funds and urgency of admission, public and private hospitals, 2012–13

	Public hospitals	Private hospitals	Total
Emergency admissions			
Public patients[(a)]	197,473	64	197,537
Private health insurance	42,409	33,759	76,168
Self-funded	2,360	758	3,118
Workers compensation	6,257	1,435	7,692
Motor vehicle third party personal claim	5,245	90	5,335
Department of Veterans' Affairs	4,140	2,841	6,981
Other[(b)]	2,919	226	3,145
Total	*260,803*	*39,173*	*299,976*
Elective admissions			
Public patients[(a)]	597,482	8,122	605,604
Private health insurance	49,510	1,100,424	1,149,934
Self-funded	22,271	153,647	175,918
Workers compensation	2,646	39,350	41,996
Motor vehicle third party personal claim	1,693	3,021	4,714
Department of Veterans' Affairs	3,232	48,324	51,556
Other[(b)]	2,250	10,678	12,928
Total	*679,084*	*1,363,566*	*2,042,650*

(a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 94% of separations involving surgery had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 9.20). A higher proportion of separations involving surgery were *Discharged/transferred to an (other) acute hospital* for public hospitals (4%) compared with private hospitals (2%).

Table 9.20: Separations involving surgery, by mode of separation, public and private hospitals, 2012–13

Mode of separation	Public hospitals	Private hospitals	Total
Discharge/transfer to an (other) acute hospital	34,093	26,221	60,314
Discharge/transfer to residential aged care service[(a)]	3,946	1,001	4,947
Discharge/transfer to an (other) psychiatric hospital	103	19	122
Discharge/transfer to other health care accommodation[(b)]	1,786	25,106	26,892
Statistical discharge: type change	15,651	11,364	27,015
Left against medical advice/discharge at own risk	4,197	341	4,538
Statistical discharge from leave	258	64	322
Died	5,428	1,286	6,714
Other[(c)]	874,389	1,337,317	2,211,706
Not reported	36	20	56
Total	**939,887**	**1,402,739**	**2,342,626**

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

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

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

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Public hospital elective surgery

This section presents information on patients admitted from public hospital elective surgery waiting lists. Depending on data availability, some of the information presented here relate to the period 1 July 2012 to 30 June 2013 (2012–13), while other analyses present information for the 2012 and 2013 calendar years.

Information on waiting times for about 651,000 patients admitted from public hospital elective surgery waiting lists in 2012–13 includes analyses by:

- the Indigenous status of the patient
- remoteness of the area of residence of the patient
- the socioeconomic status of the area of residence of the patient
- and for patients with a principal diagnosis of cancer.

Information for about 682,000 patients admitted from public hospital elective surgery waiting lists in the 2013 calendar year includes information on:

- reason for removal
- clinical urgency category
- adverse events
- readmissions following elective surgery.

The waiting times data presented in this section are for patients who completed their wait and were admitted for their surgery on either an emergency or an elective basis.

How did people access these services?

The section describes the reason that a patient was removed from an elective surgery waiting list. Most patients are admitted after waiting; however, some patients were removed from waiting lists for other reasons.

Number of patients removed (as an elective or emergency admission) from elective surgery waiting lists managed by public hospitals

In 2013, there were more than 682,000 admissions from public hospital elective surgery waiting lists, as either an elective or an emergency admission (Table 9.21). Emergency admissions accounted for around 0.6% of admissions across Australia, ranging from 0.4% in Victoria and the Australian Capital Territory to 0.7% in New South Wales and Western Australia.

Number of removals from waiting lists for reasons other than elective or emergency admission

In 2013, more than 110,000 patients were removed from public hospital elective surgery waiting lists for reasons other than admission (Table 9.21).

About 58% of patients removed from waiting lists for reasons other than admission for the awaited surgery had a reason of *Surgery not required or declined*. More than 19% were *Treated elsewhere* and a further 12% were *Transferred to another hospital's waiting list*.

Similar information on removals from waiting lists for each quarter is available in Table S9.2, accompanying this report online.

Table 9.21: Number of patients admitted from public hospital elective surgery waiting lists, by reason for removal, states and territories, 2013

Reason for removal	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Elective admissions	214,957	156,587	123,108	84,751	63,982	15,816	11,531	7,708	678,440
Emergency admissions	1,576	553	575	568	358	102	49	42	3,823
Total admissions	216,533	157,140	123,683	85,319	64,340	15,918	11,580	7,750	682,263
Other reasons									
Not contactable/died	2,049	1,979	1,057	960	613	412	150	132	7,352
Treated elsewhere	10,484	3,701	2,662	2,512	1,083	475	358	120	21,395
Surgery not required or declined	19,757	15,832	14,243	7,002	3,865	988	1,137	1,107	63,931
Transferred to another hospital's waiting list	0	2,252	4,794	4,663	777	57	275	0	12,818
Not reported	0	269	125	2,255	1,300	490	157	0	4,596
Total other reasons	*32,290*	*24,033*	*22,881*	*17,392*	*7,638*	*2,422*	*2,077*	*1,359*	*110,092*
Total removals	**248,823**	**181,173**	**146,564**	**102,711**	**71,978**	**18,340**	**13,657**	**9,109**	**792,355**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How long did people wait for care?

This section presents information about the length of time waited by patients on public hospital elective surgery waiting lists before being admitted for surgery. The waiting times data presented are for patients who complete their wait and are admitted for surgery as either an elective or emergency admission.

It includes the proportion seen within the clinically recommended time, the median waiting time, the average overdue waiting time and the numbers of longest wait patients remaining on waiting lists at the end of the year. This information is presented by the clinical urgency category of the patient.

Due to the apparent lack of comparability of clinical urgency categories between states and territories, these data are presented for each state and territory separately. See Box 9.3 for more information.

How did waiting times differ by clinical urgency category?

At the time of being placed on the public hospital waiting list, a clinical assessment is made of the urgency with which the patient requires elective surgery. The clinical urgency categories are:

- *Category 1*—admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
- *Category 2*—admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
- *Category 3*—admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. A patient is generally regarded as overdue for Category 3 if they wait longer than 365 days.

Box 9.3: Comparability of clinical urgency categorisation

Analyses of clinical urgency category data have shown notable variation in the assignment of these categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall (AIHW 2013i). This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not comparable between jurisdictions.

In 2012, the AIHW, in collaboration with the Royal Australasian College of Surgeons, developed a package of integrated reforms for national definitions for elective surgery urgency categories (AIHW 2013i). Health ministers have agreed with these recommendations, which are being implemented. Once this has occurred, waiting times will be able to be presented in a comparable way for each state and territory for each urgency category, as will the proportions of patients who had their surgery within the clinically recommended time.

For the purpose of this report, a patient is regarded as being treated within the clinically recommended time (or 'seen on time') if they were admitted within:

- 30 days for *Category 1*
- 90 days for *Category 2*
- 365 days for *Category 3*.

Proportion of patients seen within the recommended time

This measure presents the percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time for each clinical urgency category.

Between 2012 and 2013, 6 states and territories increased the proportion of patients who received treatment within the recommended time for clinical urgency category 1 (tables 9.22a to 9.22h). For clinical urgency categories 2 and 3, the proportions seen on time in 2013 had either improved or were similar to the proportions seen on time in 2012 for 6 states and territories.

Average overdue wait time

The 'average overdue wait time' is calculated for patients remaining on the waiting list at 31 December, who were ready for care and had waited more than the recommended time for their clinical urgency category.

The 'overdue wait' is the amount of time spent waiting while overdue, that is, after 30, 90 or 365 days for clinical urgency categories 1, 2 and 3, respectively.

Between 2012 and 2013, the average overdue wait for people who were not admitted within the clinically recommended time decreased for most jurisdictions, or was fairly stable (tables 9.22a to 9.22h).

Number of longest wait patients at end of year

Tables 9.22a to 9.22h present the number of the 10% longest waiting patients in clinical urgency categories 1, 2 and 3 (as at 31 December 2012), who were still waiting for care (that is, they had not had their surgery or appropriate alternative treatment options identified) at 31 December 2013, for each clinical urgency category.

These data were provided by the Commonwealth Department of Health. They are based on anonymised lists of patients still waiting at 31 December 2012 agreed between the Department and states and territories, and anonymised information on patients removed from elective surgery waiting lists supplied to the Department by AIHW.

For New South Wales, Western Australia, South Australia and the Australian Capital Territory, there were no long wait patients remaining on elective surgery waiting lists at the end of 2013.

For the remaining states and territories, the number of long wait patients remaining on a list at the end of 2013 was generally lower than the number who remained waiting at the end of 2012.

Median waiting times

In 2013, the median waiting time for clinical urgency category 1 either improved or was similar to those for 2012 for most jurisdictions (tables 9.22a to 9.22h).

States and territories

For New South Wales, the proportion seen on time, average overdue waiting times and median waiting times improved between 2012 and 2013 for all clinical urgency categories (Table 9.22a). At 31 December 2013, there were no 'longest wait' patients remaining on elective surgery waiting lists.

Table 9.22a: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, New South Wales, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	52,344	68,746	91,673	51,594	71,313	93,626
Number admitted within clinically recommended time	49,761	62,535	84,518	51,286	68,758	89,245
Proportion admitted within clinically recommended time (%)	95.1	91.0	92.2	99.4	96.4	95.3
Average overdue wait time (days)	11	23.6	63.4	0.0	20.5	51.5
Number of longest wait patients remaining on list at end of year	0	0	0	0	0	0
Days waited at 50th percentile	11	48	200	10	43	194

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

For Victoria, the proportion seen on time, average overdue waiting times and median waiting times improved or were stable for clinical urgency category 1. For categories 2 and 3, they declined between 2012 and 2013 (Table 9.22b). At 31 December 2013, there were two 'longest wait' patients remaining on elective surgery waiting lists.

Table 9.22b: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, Victoria, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	47,223	72,328	34,423	47,777	73,857	35,506
Number admitted within clinically recommended time	47,223	49,392	31,073	47,777	48,150	31,397
Proportion admitted within clinically recommended time (%)	100.0	68.3	90.3	100.0	65.2	88.4
Average overdue wait time (days)	0.0	96.4	144.4	0.0	105	189.2
Number of longest wait patients remaining on list at end of year	0	0	0	0	0	2
Days waited at 50th percentile	11	60	105	11	64	104

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

For Queensland, the proportions seen on time were relatively stable and average overdue waiting times improved for all clinical urgency categories (Table 9.22c). There were 15 'longest wait' patients remaining on elective surgery waiting lists at 31 December 2013, an improvement compared with the 78 patients remaining on elective surgery waiting lists at 31 December 2012.

Table 9.22c: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, Queensland, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	49,160	53,446	19,876	49,061	53,136	21,486
Number admitted within clinically recommended time	43,769	41,215	17,627	45,977	40,985	18,711
Proportion admitted within clinically recommended time (%)	89	77.1	88.7	93.7	77.1	87.1
Average overdue wait time (days)	32	133	133.9	18.8	126.1	115.6
Number of longest wait patients remaining on list at end of year	1	65	12	0	11	4
Days waited at 50th percentile	12	52	109	11	55	127

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

For Western Australia, the proportions seen on time improved and average overdue waiting times were relatively stable for all clinical urgency categories (Table 9.22d). At 31 December 2013, there were no 'longest wait' patients remaining on elective surgery waiting lists.

Table 9.22d: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, Western Australia, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	20,274	28,895	33,877	21,151	30,980	33,188
Number admitted within clinically recommended time	17,502	23,708	32,661	20,291	27,690	32,411
Proportion admitted within clinically recommended time (%)	86.3	82	96.4	95.9	89.4	97.7
Average overdue wait time (days)	12.1	54.2	66.9	12.9	55.0	75.8
Number of longest wait patients remaining on list at end of year	0	0	0	0	0	0
Days waited at 50th percentile	12	40	53	10	40	63

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

For South Australia, the proportions seen on time improved for all clinical urgency categories (Table 9.22e). There were no overdue patients who had waited more than the recommended time still on the waiting list as at 31 December 2013, and there were also no 'longest wait' patients remaining on elective surgery waiting lists.

Table 9.22e: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, South Australia, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	17,476	22,274	24,692	16,731	22,962	24,647
Number admitted within clinically recommended time	15,901	20,192	23,782	15,471	21,176	24,130
Proportion admitted within clinically recommended time (%)	91	90.7	96.3	92.5	92.2	97.9
Average overdue wait time (days)	22.7	38.2	65.8	0.0	0.0	0.0
Number of longest wait patients remaining on list at end of year	0	0	0	0	0	0
Days waited at 50th percentile	11	42	85	11	43	74

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

For Tasmania, the proportions seen on time declined for clinical urgency categories 1 and 2. However, the average overdue waiting time decreased for all clinical urgency categories between 2012 and 2013 (Table 9.22f). There were 57 'longest wait' patients remaining on elective surgery waiting lists at the end of 2013, an improvement compared with the 155 'longest wait' patients remaining on elective surgery waiting lists at the end of 2012.

Table 9.22f: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, Tasmania, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	6,013	6,243	2,770	6,085	6,567	3,266
Number admitted within clinically recommended time	4,575	3,770	2,017	4,499	3,476	2,376
Proportion admitted within clinically recommended time (%)	76.1	60.4	72.8	73.9	52.9	72.7
Average overdue wait time (days)	72.9	287.1	586.4	37.6	250.7	514.8
Number of longest wait patients remaining on list at end of year	0	57	98	0	28	29
Days waited at 50th percentile	15	66	183	17	83	152

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

For the Australian Capital Territory, the proportions seen on time improved for clinical urgency categories 2 and 3. The average overdue waiting times decreased for all clinical urgency categories between 2012 and 2013 (Table 9.22g). There were no 'longest wait' patients remaining on elective surgery waiting lists at the end of 2013.

Table 9.22g: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, Australian Capital Territory, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	3,555	5,447	2,625	3,558	5,157	2,865
Number admitted within clinically recommended time	3,503	3,122	2,345	3,474	3,386	2,591
Proportion admitted within clinically recommended time (%)	98.5	57.3	89.3	97.6	65.7	90.4
Average overdue wait time (days)	20.3	127.1	109	0.0	100.5	73.4
Number of longest wait patients remaining on list at end of year	0	0	0	0	0	0
Days waited at 50th percentile	13	77	175	15	66	178

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

For the Northern Territory, the proportions seen on time improved for all clinical urgency categories. Median waiting times improved for patients assigned to clinical urgency category 2 (decreasing from 57 days to 46 days) and clinical urgency category 3 (decreasing from 170 days to 140 days). (Table 9.22h). There were 6 'longest wait' patients remaining on elective surgery waiting lists at the end of 2013.

Table 9.22h: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category, Northern Territory, 2012 and 2013

	2012			2013		
	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	2,489	3,434	1,490	2,215	3,788	1,747
Number admitted within clinically recommended time	2,178	2,450	1,282	2,005	2,867	1,499
Proportion admitted within clinically recommended time (%)	87.5	71.3	86	90.5	75.7	85.8
Average overdue wait time (days)	23.8	82.6	70.8	116.4	67.6	117.1
Number of longest wait patients remaining on list at end of year	0	2	1	0	4	2
Days waited at 50th percentile	12	57	170	12	46	140

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.3 for notes on definitions and data limitations. Similar information for each quarter of 2013 is available in tables S9.3a to S9.3h, accompanying this report online.

How did waiting times differ by indicator procedure?

Indicator procedures are those of high volume and are often associated with long waits. Table 9.23 presents median waiting times by indicator procedure for each state and territory for 2013.

Median waiting times were shortest for *Coronary artery bypass grafts* in six of the seven states and territories that performed this procedure. The median waiting times were longest for *Total knee replacement* in four states and territories.

Information on median waiting times for each quarter of 2013 is available in tables S9.4a to S9.4h, accompanying this report online.

How did waiting times differ for Indigenous and other Australians?

In 2012–13, there were almost 20,000 admissions from public hospital waiting lists for elective surgery for patients identified as Aboriginal and/or Torres Strait Islander.

Overall, the median waiting time for Indigenous Australians was greater than the median waiting time for other Australians (41 days and 36 days respectively (Table 9.24).

Indicator procedures

Indigenous Australians had higher median waiting times for 9 of the 12 indicator procedures for which there were at least 100 separations for Indigenous Australians. The greatest difference in median waiting times was for *Total knee replacement* (320 days for Indigenous Australians and 205 days for other Australians). *Cholecystectomy* and *Coronary artery bypass graft* had the smallest differences in median waiting times by Indigenous status.

Table 9.23: Median waiting times (days) and admissions from public hospital elective surgery waiting lists, by indicator procedure, states and territories, 2013

Indicator procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Cataract extraction								
Admissions	22,082	13,105	7,918	10,232	6,863	1,435	1,283	838
Days waited at 50th percentile	230	47	42	42	70	147	167	120
Cholecystectomy								
Admissions	7,063	4,275	3,808	1,712	1,438	541	315	179
Days waited at 50th percentile	53	58	43	28	30	66	70	54
Coronary artery bypass graft								
Admissions	908	889	1327	233	424	154	71	0
Days waited at 50th percentile	23	22	9	16	16	23	19	0
Cystoscopy								
Admissions	12,735	15,648	4,627	7,111	2,945	817	1,322	377
Days waited at 50th percentile	27	21	25	20	31	34	30	45
Haemorrhoidectomy								
Admissions	1,304	1,338	462	563	423	131	56	188
Days waited at 50th percentile	64	79	55	36	21	76	74	70
Hysterectomy								
Admissions	2,560	2,476	2,216	1,140	863	310	163	62
Days waited at 50th percentile	55	63	54	33	42	69	55	60
Inguinal herniorrhaphy								
Admissions	6,172	3,682	2,286	1,747	1,295	408	252	149
Days waited at 50th percentile	70	70	62	36	29	88	71	47
Myringoplasty								
Admissions	370	355	436	351	86	22	10	246
Days waited at 50th percentile	319	141	85	84	83	80	392	158
Myringotomy								
Admissions	363	1536	1776	998	556	155	118	143
Days waited at 50th percentile	66	59	47	55	35	88	81	83

(continued)

Table 9.23 (continued): Median waiting times (days) and admissions from public hospital elective surgery waiting lists, by indicator procedure, states and territories, 2013

Indicator procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Prostatectomy								
Admissions	2,558	1,914	1,561	879	604	24	90	18
Days waited at 50th percentile	55	28	37	26	42	29	34	65
Septoplasty								
Admissions	1,792	1,317	562	390	469	92	108	39
Days waited at 50th percentile	323	143	84	140	98	301	357	133
Tonsillectomy								
Admissions	5,380	4,649	3,429	1,970	1,529	314	288	177
Days waited at 50th percentile	238	98	56	94	68	116	256	63
Total hip replacement								
Admissions	3,172	2,244	1,592	1,124	894	263	211	46
Days waited at 50th percentile	196	116	71	73	96	409	138	70
Total knee replacement								
Admissions	5,853	2,850	2,576	1,665	1,095	294	298	71
Days waited at 50th percentile	292	156	159	86	153	660	161	121
Varicose veins stripping and ligation								
Admissions	1,438	1,317	516	296	369	23	178	35
Days waited at 50th percentile	105	135	67	77	75	98	88	121
Other procedures								
Admissions	142,783	99,544	88,590	54,908	44,487	10,935	6,817	5,166
Days waited at 50th percentile	32	29	23	26	28	34	30	25
Total								
Admissions	**216,533**	**157,140**	**123,683**	**85,319**	**64,340**	**15,918**	**11,580**	**7,750**
Days waited at 50th percentile	**48**	**36**	**27**	**29**	**34**	**44**	**49**	**37**

Source: National Elective Surgery Target Database.

Table 9.24: Median waiting time (days) to admission for elective surgery by indicator procedure and Indigenous status, public hospitals, 2012–13

Indicator procedure	Indigenous Australians	Other Australians	All Australians
Cataract extraction	140	88	89
Cholecystectomy	47	50	50
Coronary artery bypass graft	16	16	16
Cystoscopy	29	24	24
Hysterectomy	59	53	53
Inguinal herniorrhaphy	42	60	59
Myringoplasty	121	123	123
Myringotomy	54	49	49
Septoplasty	253	191	193
Tonsillectomy	102	96	97
Total hip replacement	190	123	123
Total knee replacement	320	205	207
Not applicable/not stated	29	28	28
Total	**41**	**36**	**36**
Number of admissions	**19,528**	**631,844**	**651,372**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations. Some indicator procedures are not shown due to small numbers of admissions for Indigenous Australians.

Source: National Hospital Morbidity Database.

How did waiting times vary by remoteness area?

Overall, about 68% of admissions from waiting lists for elective surgery were for patients living in *Major cities*, 20% were for patients in *Inner regional* areas and 9% were for patients in *Outer regional* areas (Table 9.5).

The median waiting time varied somewhat by remoteness, ranging from 30 days for people living in *Remote* areas to 40 days for people living in *Inner regional* areas (Table 9.25).

Indicator procedures

There was some variation in the median waiting time for remoteness areas by indicator procedure. For indicator procedures with at least 100 admissions in each remoteness area, *Cataract extraction* had the greatest variation in waiting times by remoteness area. People from *Inner regional* areas had the highest median waiting time of 181 days, and people from *Major cities* had the lowest (70 days) (Table 9.25). *Cystoscopy* had the least variation by remoteness area, ranging from 24 days for people from *Inner regional*, *Major cities* and *Remote* areas to 38 days for people from *Very remote* areas.

For more information, see Table S9.5 accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 9.25: Median waiting time (days) to admission for elective surgery by indicator procedure and remoteness area of usual residence, public hospitals, 2012–13

	Remoteness area of residence					
Indicator procedure	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total
Cataract extraction	70	181	143	89	90	89
Cholecystectomy	51	53	46	35	49	50
Coronary artery bypass graft	16	12	24	n.p.	n.p.	16
Cystoscopy	24	24	26	24	38	24
Haemorrhoidectomy	65	67	42	38	n.p.	60
Hysterectomy	55	55	43	43	n.p.	53
Inguinal herniorrhaphy	62	64	51	33	31	59
Myringoplasty	125	130	105	84	145	123
Myringotomy	47	53	62	33	52	49
Prostatectomy	38	40	42	n.p.	n.p.	39
Septoplasty	194	192	253	n.p.	n.p.	193
Tonsillectomy	95	107	102	69	68	97
Total hip replacement	113	139	139	122	n.p.	123
Total knee replacement	180	259	248	227	n.p.	207
Varicose veins stripping and ligation	97	97	88	n.p.	n.p.	95
Not applicable/not stated	28	28	28	25	27	28
Total	**36**	**40**	**37**	**30**	**35**	**36**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How did waiting vary by socioeconomic status?

Overall, about 27% of admissions from waiting lists were for people living in areas classified as being in the lowest SES group, dropping to about 12% for people living in areas classified as being in the highest SES group (Table 9.7).

Median waiting times varied by SES, ranging from 31 days for people living in areas classified as the highest SES group to 40 days for people living in areas classified as the lowest SES group (Table 9.26).

Indicator procedures

Septoplasty was the indicator procedure with the greatest variation in waiting times by socioeconomic status, ranging from 251 days for people living in areas classified as being in the lowest SES group to 159 days for people in the highest SES group. *Cystoscopy* had the least variation by socioeconomic status group (Table 9.26).

For more information, see Table S9.6 accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 9.26: Median waiting times (days) for elective surgery by indicator procedure and socioeconomic status of area of usual residence, public hospitals, 2012–13

	Socioeconomic status of area of residence					
Indicator procedure	**1–Lowest**	**2**	**3**	**4**	**5–Highest**	**Total**
Cataract extraction	119	96	74	74	72	89
Cholecystectomy	54	50	49	51	43	50
Coronary artery bypass graft	18	18	14	16	14	16
Cystoscopy	25	24	23	23	24	24
Haemorrhoidectomy	58	56	63	64	56	60
Hysterectomy	56	51	52	54	47	53
Inguinal herniorrhaphy	61	58	60	63	53	59
Myringoplasty	147	123	103	99	113	123
Myringotomy	56	53	42	46	41	49
Prostatectomy	43	42	35	35	34	39
Septoplasty	251	197	161	167	159	193
Tonsillectomy	111	102	91	89	78	97
Total hip replacement	136	128	115	114	109	123
Total knee replacement	232	211	196	184	165	207
Varicose veins stripping and ligation	100	97	95	98	89	95
Not applicable/not stated	29	29	28	28	26	28
Total	**40**	**39**	**35**	**35**	**31**	**36**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

How did waiting times vary by diagnosis?

The diagnosis information available in the data from the NHMD can be used to compare the waiting times for patients for whom elective surgery may be more urgent with the waiting times for other patients. In this way, the waiting times for patients awaiting surgery for cancer can be compared with the waiting times for patients awaiting the same surgery for other conditions.

Median waiting times varied according to the type of cancer. The selected 'cancer types' presented in Table 9.27 were defined as separations with a principal diagnosis of:

- Bladder cancer (C67, D09.0)
- Bowel cancer (C18–20, D01.0–D01.2)
- Breast cancer (C50, D05)
- Gynaecological cancer (C51–58, D06.9, D07.0–D07.3)
- Kidney cancer (C64)
- Lung cancer (C33–34, D02.1–D02.2)
- Melanoma (C43, D03)
- Prostate cancer (C61, D07.5).

In 2012–13, patients admitted with a principal diagnosis for lung cancer had a median waiting time of 12 days and 90% of patients had been admitted for surgery within 29 days (Table 9.27). Patients with a principal diagnosis of prostate cancer had a median waiting time of 28 days and 90% of patients had been admitted for surgery within 93 days.

Table 9.27: Waiting time statistics for admissions from public hospital waiting lists for elective surgery, for selected principal diagnoses for cancer, 2012–13

Cancer type	Separations	Days waited at 50th percentile	Days waited at 90th percentile
Bladder cancer	7,520	20	77
Bowel cancer	5,130	15	35
Breast cancer	10,140	13	28
Gynaecological cancer	7,417	22	78
Kidney cancer	1,275	23	72
Lung cancer	1,341	12	29
Melanoma	4,348	14	33
Prostate cancer	6,689	28	93
All other principal diagnoses	607,512	41	279
Total	**651,372**	**36**	**266**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

Surgical specialties

There were shorter overall waiting times for admissions with a principal diagnosis of a cancer (median of 17 days) compared with other admissions (41 days), and for most surgical specialties (Table 9.28). Cancer principal diagnoses were defined by the ICD-10-AM diagnosis codes C00–C99, D00–D09, D45, D46, D47.1 and D47.3.

For surgical specialties for which there were at least 100 cancer-related separations, the largest variation in median waiting times by surgical specialty was for *General surgery* for which patients with a cancer-related principal diagnosis had a median waiting time of 14 days, compared with 38 days for other diagnoses and 31 days overall. The surgical specialties that had the least variation in median waiting times for separations with a cancer-related principal diagnosis compared with other diagnoses were *Urology* (23 days for cancer, compared with 26 days) and *Cardiothoracic surgery* (12 days for cancer, compared with 18 days).

Table 9.28: Median waiting time (days) for patients admitted from public hospital waiting lists for elective surgery with a cancer-related principal diagnoses (or other principal diagnosis), by surgical specialty, 2012–13

Surgical specialty	Cancer-related	Other diagnosis	Overall
Cardio-thoracic surgery	12	18	17
Ear, nose and throat surgery	n.p.	67	67
General surgery	14	38	31
Gynaecology	21	33	31
Neurosurgery	n.p.	32	32
Ophthalmology	n.p.	75	75
Orthopaedic surgery	n.p.	68	68
Plastic surgery	14	25	24
Urology	23	26	26
Vascular surgery	n.p.	21	21
Other	23	26	26
Total	**17**	**41**	**36**

Note: See boxes 6.1, 6.2, 6.3, 9.1 and 9.2 for notes on definitions and data limitations.

What was the safety and quality of the care?

This section presents information on some aspects of safety and quality of surgical care. It includes information for:

- adverse events reported for public hospital elective surgery admissions
- unplanned readmissions following public hospital elective surgery.

Box 9.4: Limitations of the data for adverse events and unplanned readmissions following surgery

- Diagnosis information that can indicate that adverse events occurred are only available at the end of the episode of care. Therefore, information on adverse events may not be available for the quarter in which the surgery was undertaken.
- Data on readmissions within 28 days following elective surgery may not be available during the quarter that the surgery occurred, as the admission may occur during the following quarter. It should be noted that the numbers of readmissions following surgery for the most recent quarter may not be final.
- The Northern Territory Department of Health identified that, due to an error in their information system, the numbers reported for adverse events and readmissions during the July to September 2013 quarter were under reported. Therefore, these data have been suppressed in this report. The Northern Territory Department of Health have advised that the issue has been rectified. The data will be reported as soon as available.

Adverse events reported for elective surgery admissions

Adverse events are generally defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

Table 9.29 presents information on the proportion of separations for patients admitted from elective surgery waiting lists where an adverse event was reported, for patients admitted to hospitals from elective surgery waiting lists between 1 October 2012 and 30 September 2013.

The data presented in Table 9.29 can be interpreted as representing selected adverse events in health care that have affected the hospital admissions, rather than all adverse events that occurred.

Information on adverse events was calculated by the states and territories, not the AIHW. Therefore, the comparability of the calculations is unknown. Data for the October to December quarter 2013 were not available at the time of publication of this report. Further information on the definition for this indicator is provided in Appendix B.

Between 1 October 2012 and 30 September 2013, adverse events were reported for approximately 6.5% of patients admitted from public hospital elective surgery waiting lists (Table 9.29). This was similar to the rate of adverse events reported for elective surgery for the period 1 January 2012 and 30 September 2012 (*Australian hospital statistics: national emergency access and elective surgery targets 2012*, AIHW 2013g).

Between 2012 and 2013, the rate of adverse events increased for most states and territories, it decreased for New South Wales.

More information on adverse events for each quarter, by states and territories is available in Table S9.7, accompanying this report online.

Table 9.29: Adverse events reported for admissions from public hospital elective surgery waiting lists, states and territories, October 2012 to September 2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total admissions	205,248	147,173	107,497	81,606	63,649	15,279	10,774	6,843	641,418
Admissions with adverse events	10,898	12,538	7,896	4,328	4,033	1,237	820	n.a.	41,750
Proportion with an adverse event (%)	5.3	8.5	7.3	5.3	6.3	8.1	7.6	n.a.	6.5

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.4 for notes on definitions and data limitations.

Unplanned readmissions following elective surgery

Unplanned readmissions following selected surgical episodes of care are generally defined as the number of separations where the principal diagnosis indicates an unplanned or unexpected readmission following an episode of care, and where admission occurred within a specified period (in days).

Table 9.30 presents information on unplanned readmissions within 28 days to the same hospital, for patients admitted to hospitals from elective surgery waiting lists between 1 October 2012 and 30 September 2013. The indicator is an underestimate of all possible unplanned readmissions because:

- it could only be calculated for readmissions to the same hospital, whereas readmissions can take place to other hospitals and even across state and territory borders
- the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM (NCCH 2010) diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions
- the indicator only includes unplanned readmissions where the urgency of admission was *Emergency*.

Information on unplanned readmissions was calculated by the states and territories, not the AIHW. Therefore, the comparability of the calculations is unknown. Data for the October to December 2013 quarter were not available at the time of publication of this report. Further information on the definition for this indicator is provided in Appendix B.

Between 1 October 2012 and 30 September 2013, approximately 1.2% of patients who were admitted from a public hospital elective surgery waiting list had an unplanned or unexpected readmission to hospital within 28 days of admission for the awaited surgery (Table 9.30). This was similar to the rate of unexpected readmissions reported for the period 1 January 2012 and 30 September 2012 (AIHW 2013g).

Between 2012 and 2013, the rate of unexpected readmission to hospital within 28 days decreased for Victoria and Tasmania.

More information on unplanned readmissions following elective surgery for each quarter, by states and territories is available in Table S9.8, accompanying this report online.

Table 9.30: Readmissions within 28 days of elective surgery for admissions from public hospital elective surgery waiting lists, states and territories, October 2012 to September 2013

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total admissions	205,248	147,173	107,497	81,606	63,649	15,279	10,774	6,843	641,418
Readmissions within 28 days	2,332	1,693	1,665	922	743	3	148	n.a.	7,506
Proportion with a readmission (%)	1.1	1.2	1.5	1.1	1.2	0.0	1.4	n.a.	1.2

Note: See boxes 6.1, 6.2, 6.3, 9.1, 9.2 and 9.4 for notes on definitions and data limitations.

Additional information

Detailed information on waiting time statistics for patients admitted from waiting lists during 2012–13 were published in *Australian hospital statistics: elective surgery waiting times 2012–13* (AIHW 2013d).

Additional information is available in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table S9.1: Selected separation statistics for elective surgery by indicator procedure and Indigenous status, public hospitals, 2012–13

Table S9.2: Number of patients admitted from public hospital elective surgery waiting lists, by reason for removal and quarter, states and territories, 2013

Table S9.3a: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, New South Wales, 2013

Table S9.3b: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, Victoria, 2013

Table S9.3c: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, Queensland 2013

Table S9.3d: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, Western Australia, 2013

Table S9.3e: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, South Australia, 2013

Table S9.3f: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, Tasmania, 2013

Table S9.3g: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, Australian Capital Territory, 2013

Table S9.3h: Selected statistics for admissions from public hospital elective surgery waiting lists, by clinical urgency category and quarter, Northern Territory, 2013

Table S9.4a: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, New South Wales, 2013

Table S9.4b: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Victoria, 2013

Table S9.4c: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Queensland 2013

Table S9.4d: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Western Australia, 2013

Table S9.4e: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, South Australia, 2013

Table S9.4f: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Tasmania, 2013

Table S9.4g: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Australian Capital Territory, 2013

Table S9.4h: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Northern Territory, 2013

Table S9.5: Waiting time statistics for admissions from public hospital elective surgery waiting lists by indicator procedure and remoteness area of usual residence, 2012–13

Table S9.6: Waiting time statistics for admissions from public hospital elective surgery waiting lists by indicator procedure and remoteness area of usual residence, 2012–13

Table S9.7: Adverse events reported for admissions from public hospital elective surgery waiting lists by quarter, states and territories, October 2012 to September 2013

Table S9.8: Readmissions within 28 days of elective surgery for admissions from public hospital elective surgery waiting lists by quarter, states and territories, October 2012 to September 2013

10 Subacute and non-acute admitted patient care

This chapter presents an overview of subacute and non-acute admitted patient care provided by public and private hospitals in Australia, based on data for more than 450,000 separations sourced from the NHMD.

What data are reported?

Subacute admitted patient care includes the following categories:

- *Rehabilitation care*—care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.
- *Palliative care*—care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family.
- *Geriatric evaluation and management*—care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient.
- *Psychogeriatric care*—care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance.

Non-acute care is:

- *Maintenance care*—care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. The patient may require care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, for example at home, or in a residential aged care service, by a relative or carer, that is unavailable in the short term.

Box 10.1: What are the limitations of the data?

As these data are sourced from the NHMD, the data limitations presented in Chapter 6 and Appendix A should be taken into consideration when interpreting the data.

Some subacute and non-acute activity may occur during an acute episode of admitted patient care, or may be delivered as a non-admitted patient service. Therefore, the information presented in this chapter is likely to underestimate this activity.

There is some apparent variation among jurisdictions in the use of statistical discharges and associated assignment of care types which may affect the comparability of the data.

See boxes 6.1, 6.2 and 6.3 for notes on definitions, data limitations and methods.

Box 10.2: What methods were used?

In this chapter, separations are reported for the care types: *Rehabilitation care, Palliative care, Geriatric evaluation and management, Psychogeriatric care* or *Maintenance care*.

In some tables in this chapter, the category **Other subacute and non-acute care** has been used. It includes the care types: *Geriatric evaluation and management, Psychogeriatric care* and *Maintenance care*.

For details of other methods used in this chapter, see Chapter 6 and Appendix B.

How has activity changed over time?

Between 2008–09 and 2012–13, the number of separations for subacute and non-acute care rose from about 295,000 to about 451,000, an average increase of 11.2% per year (Table 10.1).

Over this period, the average rate of increase was higher in private hospitals (13.9%) than in public hospitals (8.2%).

Between 2008–09 and 2012–13, *Rehabilitation care* consistently accounted for the majority (more than 73%) of subacute and non-acute separations. It accounted for just over half of subacute and non-acute separations for public hospitals and over 90% for private hospitals. Over the five-year period, *Rehabilitation care* in private hospitals increased by an average of 14.9% per year.

Separations for *Geriatric evaluation and management* in public hospitals increased by an average of 16.1% per year between 2008–09 and 2012–13.

Table 10.1: Subacute and non-acute separations by care type, public and private hospitals, 2008–09 to 2012–13

						Change (%)[a]	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Rehabilitation care	77,875	82,675	86,426	95,562	103,220	7.3	8.0
Palliative care	24,262	26,633	28,255	31,260	33,272	8.2	6.4
Geriatric evaluation and management	18,307	21,310	26,484	30,451	33,284	16.1	9.3
Psychogeriatric care	2,393	2,336	2,445	2,382	2,485	0.9	4.3
Maintenance care	19,763	19,624	20,889	22,271	23,062	3.9	3.6
Total public hospitals	*142,600*	*152,578*	*164,499*	*181,926*	*195,323*	*8.2*	*7.4*
Private hospitals							
Rehabilitation care	137,946	168,972	200,808	226,887	240,519	14.9	6.0
Palliative care	5,281	5,016	5,507	5,877	6,007	3.3	2.2
Geriatric evaluation and management[b]	113	88	77	124	204	n.p.	n.p.
Psychogeriatric care	6,579	8,102	6,336	6,204	6,321	–1.0	1.9
Maintenance care	2,004	2,283	2,665	2,698	2,300	3.5	–14.8
Total private hospitals	*151,923*	*184,461*	*215,393*	*241,790*	*255,351*	*13.9*	*5.6*
Total	**294,523**	**337,039**	**379,892**	**423,716**	**450,674**	**11.2**	**6.4**

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.

(b) The average change per year is not shown due to low numbers.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

States and territories

Between 2008–09 and 2012–13, the average rate of increase for subacute and non-acute care separations in public hospitals was highest in Queensland (12.1%) (Table 10.2). For the Australian Capital Territory and the Northern Territory, the rate of subacute and non-acute separations in public hospitals decreased between 2008–09 and 2012–13 (decreases of 6.8% and 7.8% on average per year, respectively).

Over the same period, the average rate of increase for subacute and non-acute separations in private hospitals varied among jurisdictions. It was highest for New South Wales (15.7% on average per year), South Australia (15.0%) and Western Australia (14.3%).

Table 10.2: Subacute and non-acute separations, public and private hospitals, states and territories, 2008–09 to 2012–13

						Change (%)[(a)]	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
New South Wales							
Public hospitals	45,153	50,960	56,102	59,740	65,558	9.8	9.7
Private hospitals	82,567	100,130	123,045	141,708	148,143	15.7	4.5
All hospitals	*127,720*	*151,090*	*179,147*	*201,448*	*213,701*	*13.7*	*6.1*
Victoria							
Public hospitals	32,651	35,065	37,349	39,661	40,996	5.9	3.4
Private hospitals	20,538	24,022	23,447	25,329	26,322	6.4	3.9
All hospitals	*53,189*	*59,087*	*60,796*	*64,990*	*67,318*	*6.1*	*3.6*
Queensland							
Public hospitals	30,439	32,104	34,615	42,444	47,988	12.1	13.1
Private hospitals	28,805	33,487	34,990	38,514	42,207	10.0	9.6
All hospitals	*59,244*	*65,591*	*69,605*	*80,958*	*90,195*	*11.1*	*11.4*
Western Australia							
Public hospitals	13,487	12,601	13,648	16,664	17,250	6.3	3.5
Private hospitals	4,043	4,867	5,678	6,146	6,905	14.3	12.3
All hospitals	*17,530*	*17,468*	*19,326*	*22,810*	*24,155*	*8.3*	*5.9*
South Australia							
Public hospitals	11,614	12,518	14,134	15,586	15,517	7.5	–0.4
Private hospitals	12,763	18,052	22,510	22,056	22,343	15.0	1.3
All hospitals	*24,377*	*30,570*	*36,644*	*37,642*	*37,860*	*11.6*	*0.6*
Tasmania							
Public hospitals	2,145	2,230	1,910	2,148	2,710	6.0	26.2
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	5,956	5,749	5,645	4,877	4,469	–6.9	–8.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	1,155	1,351	1,096	806	835	–7.8	3.6
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**142,600**	**152,578**	**164,499**	**181,926**	**195,323**	**8.2**	**7.4**
Private hospitals	**151,923**	**184,461**	**215,393**	**241,790**	**255,351**	**13.9**	**5.6**
All hospitals	**294,523**	**337,039**	**379,892**	**423,716**	**450,674**	**11.2**	**6.4**

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How much activity was there in 2012–13?

Overall, 4.8% of separations in 2012–13 were for subacute and non-acute separations (Table 10.3). The proportion of separations that were for subacute and non-acute care varied among states and territories, ranging from 2.3% of all separations in Western Australia to 7.6% in New South Wales.

Table 10.3: Subacute and non-acute separations by care type, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Rehabilitation care	35,533	15,264	27,012	11,564	10,069	911	2,608	259	103,220
Palliative care	13,129	7,342	8,404	1,518	1,411	553	600	315	33,272
Geriatric evaluation and management	6,497	17,920	4,606	1,964	1,479	266	456	96	33,284
Psychogeriatric care	809	0	472	792	268	114	28	2	2,485
Maintenance care	9,590	470	7,494	1,412	2,290	866	777	163	23,062
Public hospital total	*65,558*	*40,996*	*47,988*	*17,250*	*15,517*	*2,710*	*4,469*	*835*	*195,323*
Private hospitals									
Rehabilitation care	147,723	20,119	38,128	3,270	22,040	n.p.	n.p.	n.p.	240,519
Palliative care	318	693	1,946	2,683	229	n.p.	n.p.	n.p.	6,007
Geriatric evaluation and management	0	0	130	0	60	n.p.	n.p.	n.p.	204
Psychogeriatric care	0	5,466	6	849	0	n.p.	n.p.	n.p.	6,321
Maintenance care	102	44	1,997	103	14	n.p.	n.p.	n.p.	2,300
Private hospital total	*148,143*	*26,322*	*42,207*	*6,905*	*22,343*	*n.p.*	*n.p.*	*n.p.*	*255,351*
All hospitals	**213,701**	**67,318**	**90,195**	**24,155**	**37,860**	**n.p.**	**n.p.**	**n.p.**	**450,674**
Proportion of all separations	**7.6**	**2.8**	**4.6**	**2.3**	**5.3**	**n.p.**	**n.p.**	**n.p.**	**4.8**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Overall in 2012–13, there were 17.6 subacute and non-acute separations per 1,000 population. There was large variation among states and territories, ranging from 9.9 per 1,000 in Western Australia to 24.9 per 1,000 for New South Wales (Table 10.4).

In Table 10.4, the data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only. However, separations for private hospitals for all jurisdictions are included in the Australian total.

The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices which lead to variation, in particular, in the number of same-day admissions.

In 2012–13 overall, there were 9.0 overnight subacute and non-acute separations per 1,000 population, with some variation between states and territories, ranging from 6.5 per 1,000 for South Australia to 9.9 per 1,000 for Queensland.

There was notable variation between states and territories in the rates for same-day separations for subacute and non-acute care, ranging from 0.4 per 1,000 for Western Australia to 16.1 per 1,000 for New South Wales.

Table 10.4: Subacute and non-acute separations per 1,000 population by same-day/overnight status, states and territories, all hospitals, 2012–13

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]
Same-day separations per 1,000 population									
Rehabilitation care	15.9	<0.1	8.7	0.1	11.7	<0.1	2.1	<0.1	8.2
Palliative care	0.2	<0.1	0.2	0.3	<0.1	<0.1	0.1	0.1	0.1
Geriatric evaluation and management	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Psychogeriatric care	<0.1	0.6	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	0.2
Maintenance care	<0.1	<0.1	0.2	<0.1	<0.1	<0.1	<0.1	<0.1	0.1
Same-day total	*16.1*	*0.7*	*9.1*	*0.4*	*11.7*	*0.1*	*2.2*	*0.2*	*8.6*
Overnight separations per 1,000 population									
Rehabilitation care	5.6	5.5	5.1	6.0	4.0	1.5	5.4	1.5	5.3
Palliative care	1.4	1.2	1.9	1.4	0.8	0.8	1.7	2.3	1.4
Geriatric evaluation and management	0.7	2.6	1.0	0.8	0.6	0.4	1.4	1.1	1.2
Psychogeriatric care	0.1	0.2	0.1	0.6	0.1	0.2	0.1	. .	0.2
Maintenance care	1.0	0.1	1.8	0.6	1.0	1.5	2.2	1.3	0.9
Overnight total	*8.8*	*9.6*	*9.9*	*9.5*	*6.5*	*4.3*	*10.8*	*6.2*	*9.0*
Total	**24.9**	**10.3**	**18.9**	**9.9**	**18.2**	**4.4**	**13.0**	**6.5**	**17.6**

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Overnight separations for subacute and non-acute care

There was a large difference in the overall separation rates of overnight subacute and non-acute care between public and private hospitals (6.3 per 1,000 population and 2.7 per 1,000, respectively) (Table 10.5).

The separation rate for overnight subacute and non-acute for Indigenous Australians was about 34% higher than the rate for other Australians (12.7 per 1,000 and 9.5 per 1,000, respectively).

There were also variations by remoteness of area of residence, with persons residing in *Remote* areas having the lowest rate of overnight subacute and non-acute separations and persons residing in *Major cities* having the highest rate.

Nationally, there was very little variation in the rates of overnight subacute and non-acute care by SES of area of residence.

Table 10.5: Separations per 1,000 population for overnight subacute and non-acute care by hospital sector, Indigenous status, remoteness area and socioeconomic status of area of residence, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital sector									
Public	6.1	6.2	7.2	7.0	4.3	4.3	10.8	6.2	6.3
Private	2.6	3.4	2.6	2.6	2.2	n.p.	n.p.	n.p.	2.7
Indigenous status[(a)]									
Indigenous	11.9	12.8	16.3	14.6	8.8	n.p.	n.p.	n.p.	12.7
Other Australians	9.3	10.2	10.0	9.9	7.0	n.p.	n.p.	n.p.	9.5
Remoteness area of residence									
Major cities	9.1	9.9	10.2	9.6	7.1	. .	9.3	. .	9.4
Inner regional	7.9	9.1	9.7	7.7	4.4	5.3	n.p.	. .	8.4
Outer regional	8.9	7.8	8.3	10.1	4.8	2.5	. .	6.7	7.7
Remote	7.1	6.7	6.7	9.6	5.1	3.0	. .	4.7	6.8
Very remote	6.3	. .	10.3	9.1	4.7	2.1	. .	5.9	8.4
Socioeconomic status of area of residence									
1—Lowest	8.1	10.0	12.3	11.0	6.4	5.0	n.p.	6.0	9.2
2	7.2	9.6	10.0	10.3	6.6	3.9	n.p.	6.3	8.5
3	9.3	9.0	8.8	9.7	6.0	2.9	31.2	7.8	8.9
4	10.1	10.1	9.1	9.2	6.8	4.7	11.0	6.2	9.5
5—Highest	9.2	9.3	8.8	8.5	5.9	2.9	8.1	4.7	8.9
Total	**8.8**	**9.6**	**9.9**	**9.5**	**6.5**	**n.p.**	**n.p.**	**n.p.**	**9.0**

(a) The populations used for calculating age standardised separation rates by Indigenous status use different age groups compared with the populations used to calculate other age standardised separation rates presented in this table. Therefore, the separation rates by Indigenous status are not directly comparable with the rates by hospital sector, remoteness of residence or socioeconomic status.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Who used these services?

Sex and age group

Females accounted for more than half (56%) of subacute and non-acute separations (Table 10.6) and there were more separations for females than for males in the age groups 50 years and above. Persons aged 65 and over accounted for around 72% of all subacute and non-acute separations.

Table 10.6: Subacute and non-acute separations, by age group and sex, all hospitals, 2012–13

Age group (years)	Males	Females	Persons
0–4	93	94	187
5–9	125	73	198
10–14	274	221	495
15–19	1,249	752	2,001
20–24	1,712	1,087	2,799
25–19	1,939	1,318	3,257
30–34	2,543	2,049	4,592
35–39	3,044	2,842	5,886
40–44	4,865	4,216	9,081
45–49	6,330	5,674	12,004
50–54	8,234	10,661	18,895
55–59	13,159	14,702	27,861
60–64	18,515	22,060	40,575
65–69	25,604	30,073	55,677
70–74	26,807	32,116	58,923
75–79	26,897	33,835	60,732
80–84	26,168	37,204	63,372
85+	32,386	51,753	84,139
Total	**199,944**	**250,730**	**450,674**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. The quality of the data provided for Indigenous status in 2012–13 for admitted patient care varied by jurisdiction. See Chapter 6 and Appendix A for more information on the quality of Indigenous data in the NHMD.

In 2012–13, there were more than 4,100 subacute and non-acute separations for which the Indigenous status was reported as *Aboriginal and/or Torres Strait Islander*, accounting for less than 1% of all subacute and non-acute separations (Table 10.7). For all separations (acute, subacute and non-acute), Indigenous persons comprised about 4.3% of separations. The proportion of separations for subacute and non-acute care that were for Indigenous Australians varied among the states and territories.

In 2012–13, there were 16 subacute and non-acute separations per 1,000 population for Indigenous Australians, about 85% of the rate for other Australians (18 per 1,000). Indigenous Australians had lower separation rates for *Rehabilitation care* than other Australians (9 per 1,000 and 14 per 1,000, respectively). Indigenous Australians had higher separation rates for *Palliative care* than other Australians.

Table 10.7: Subacute and non-acute separations, by Indigenous status, all hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]	Per 1,000 population
Indigenous Australians										
Rehabilitation care	785	135	899	316	143	25	60	120	2,501	8.9
Palliative care	198	29	230	82	20	18	6	61	645	2.7
Other subacute and non-acute care	232	44	415	154	26	19	14	118	1,022	4.1
Total Indigenous Australians	*1,215*	*208*	*1,544*	*552*	*189*	*62*	*80*	*299*	*4,168*	*15.6*
Proportion of all hospital separations (%)	1.5	1.1	1.6	0.7	0.8	0.2	1.4	2.6	1.1	
Other Australians										
Rehabilitation care	182,471	35,248	64,241	14,518	31,966	886	2,548	139	341,238	14.1
Palliative care	13,249	8,006	10,120	4,119	1,620	535	594	254	38,634	1.6
Other subacute and non-acute care	16,766	23,856	14,290	4,966	4,085	1,227	1,247	143	66,634	2.7
Total other Australians	*212,486*	*67,110*	*88,651*	*23,603*	*37,671*	*2,648*	*4,389*	*536*	*446,506*	*18.4*
Proportion of all hospital separations (%)	7.8	2.9	4.7	2.4	5.5	1.2	19.8	5.0	5.0	
Total	**213,701**	**67,318**	**90,195**	**24,155**	**37,860**	**2,710**	**4,469**	**835**	**450,674**	**18.4**

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Remoteness area

Overall, people usually resident in *Major cities* had much higher rates for *Rehabilitation care* than other areas (17 separations per 1,000 population, compared with 14 per 1,000 nationwide) (Table 10.8).

The SRRs indicate notable differences in the separation rates for *Rehabilitation care* across remoteness areas for both public and private hospitals.

For public hospitals, the rate of *Rehabilitation care* varied from 2.8 per 1,000 population for people residing in *Remote* areas to 4.4 per 1,000 for people residing in *Major cit*ies (Table 10.8). There were more marked variations for private hospitals, with the rate of *Rehabilitation care* ranging from 1.7 per 1,000 in *Remote* areas to 12.1 per 1,000 in *Major cities*.

Socioeconomic status

The separation rates varied from 24 per 1,000 population for patients living in areas classified as being the highest SES group to 14 per 1,000 for the lowest and second lowest SES groups (Table 10.9).

The SRRs indicate notable differences in the separation rates across SES groups for some care types, and for both public and private hospitals.

For public hospitals, the rate of *Rehabilitation care* was broadly similar across all SES groups. For private hospitals, the rate varied from 5.5 per 1,000 population for persons living in areas

classified as the second lowest SES group to 17.4 per 1,000 for persons living in areas classified as the highest SES group.

Table 10.8: Subacute and non-acute separation statistics, by remoteness area of usual residence, public and private hospitals, 2012–13

	Remoteness area of residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[(a)]
			Public hospitals			
Rehabilitation care						
Separations	75,897	18,096	7,353	793	484	103,220
Separations per 1,000 population	4.4	3.5	3.1	2.8	3.2	4.1
Separation rate ratio	1.08	0.85	0.76	0.67	0.77	
Palliative care						
Separations	21,410	7,469	3,834	339	149	33,272
Separations per 1,000 population	1.2	1.4	1.5	1.2	1.2	1.3
Separation rate ratio	0.96	1.05	1.19	0.93	0.92	
Geriatric evaluation and management						
Separations	25,289	6,064	1,786	50	28	33,284
Separations per 1,000 population	1.4	1.1	0.7	n.p.	n.p.	1.2
Separation rate ratio	1.11	0.86	0.58	n.p.	n.p.	
Psychogeriatric care						
Separations	1,949	366	146	7	2	2,485
Separations per 1,000 population	0.1	0.1	0.1	n.p.	n.p.	0.1
Separation rate ratio	1.18	0.67	0.59	n.p.	n.p.	
Maintenance care						
Separations	13,178	5,640	3,096	592	426	23,062
Separations per 1,000 population	0.7	1.1	1.3	2.3	4.0	0.9
Separation rate ratio	0.83	1.22	1.45	2.63	4.50	
Total						
Separations	**137,723**	**37,635**	**16,215**	**1,781**	**1,089**	**195,323**
Separations per 1,000 population	**7.9**	**7.0**	**6.7**	**6.5**	**8.6**	**7.6**
Separation rate ratio	**1.04**	**0.93**	**0.88**	**0.85**	**1.13**	
			Private hospitals			
Rehabilitation care						
Separations	206,586	28,251	4,674	426	199	240,519
Separations per 1,000 population	12.1	5.3	2.0	1.7	2.0	9.5
Separation rate ratio	1.27	0.56	0.21	0.18	0.21	
Palliative care						
Separations	3,879	1,697	391	24	15	6,007
Separations per 1,000 population	0.2	0.3	0.2	n.p.	n.p.	0.2
Separation rate ratio	0.95	1.36	0.68	n.p.	n.p.	
Other subacute and non-acute care						
Separations	7,782	815	200	18	7	8,825
Separations per 1,000 population	0.4	0.2	0.1	n.p.	n.p.	0.3
Separation rate ratio	1.31	0.49	0.34	n.p.	n.p.	
Total						
Separations	**218,247**	**30,763**	**5,265**	**468**	**221**	**255,351**
Separations per 1,000 population	**12.7**	**5.8**	**2.2**	**1.9**	**2.2**	**10.0**
Separation rate ratio	**1.27**	**0.58**	**0.22**	**0.19**	**0.22**	

(a) *Total* includes separations for which the remoteness area was not able to be categorised.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.9: Subacute and non-acute separation statistics, by socioeconomic status of area of residence, all hospitals, 2012–13

	Socioeconomic status of area of residence					
	1—Lowest	2	3	4	5—Highest	Total[(a)]
			Public hospitals			
Rehabilitation care						
Separations	21,883	21,201	21,334	20,144	17,390	103,220
Separations per 1,000 population	4.1	4.0	4.2	4.3	3.7	4.1
Separation rate ratio	1.00	0.96	1.03	1.06	0.90	
Palliative care						
Separations	9,000	7,568	6,444	5,502	4,353	33,272
Separations per 1,000 population	1.6	1.4	1.3	1.2	0.9	1.3
Separation rate ratio	1.26	1.05	0.97	0.91	0.70	
Geriatric evaluation and management						
Separations	7,808	6,813	6,419	7,050	4,867	33,284
Separations per 1,000 population	1.3	1.2	1.2	1.5	1.0	1.2
Separation rate ratio	1.07	0.93	0.97	1.18	0.79	
Psychogeriatric care						
Separations	594	530	564	421	344	2,485
Separations per 1,000 population	0.1	0.1	0.1	0.1	0.1	0.1
Separation rate ratio	1.09	0.97	1.13	0.96	0.76	
Maintenance care						
Separations	7,040	5,465	4,160	3,355	2,774	23,062
Separations per 1,000 population	1.3	1.0	0.8	0.7	0.6	0.9
Separation rate ratio	1.44	1.09	0.90	0.80	0.64	
Total						
Separations	**46,325**	**41,577**	**38,921**	**36,472**	**29,728**	**195,323**
Separations per 1,000 population	**8.4**	**7.5**	**7.6**	**7.8**	**6.2**	**7.6**
Separation rate ratio	**1.11**	**0.99**	**1.00**	**1.02**	**0.82**	
			Private hospitals			
Rehabilitation care						
Separations	29,786	32,327	44,945	48,668	81,885	240,519
Separations per 1,000 population	5.5	6.0	8.8	10.5	17.4	9.5
Separation rate ratio	0.58	0.63	0.93	1.11	1.84	
Palliative care						
Separations	751	1,443	1,169	1,220	1,421	6,007
Separations per 1,000 population	0.1	0.3	0.2	0.3	0.3	0.2
Separation rate ratio	0.58	1.11	0.95	1.11	1.26	
Other subacute and non-acute care						
Separations	786	827	1,744	2,973	2,490	8,825
Separations per 1,000 population	0.1	0.2	0.3	0.7	0.5	0.3
Separation rate ratio	0.42	0.44	0.96	1.90	1.54	
Total						
Separations	**31,323**	**34,597**	**47,858**	**52,861**	**85,796**	**255,351**
Separations per 1,000 population	**5.8**	**6.4**	**9.4**	**11.4**	**18.2**	**10.0**
Separation rate ratio	**0.58**	**0.64**	**0.93**	**1.14**	**1.82**	

(a) *Total* includes separations for which the socioeconomic status group was not able to be categorised.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How did people access these services?

The **mode of admission** records the mechanism by which an admitted patient begins an episode of care.

Over half of all subacute and non-acute separations had a mode of admission of *Other*, the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 10.10).

Statistical admission: care type change was the most common admission mode for subacute and non-acute separations in public hospitals, accounting for 46% of subacute and non-acute separations. This indicates that the clinical intent of the patient's care had changed (for example, from *Acute* care to *Rehabilitation care*) within the one hospital. Public hospitals also recorded a higher proportion (27%) of *Admitted patient transferred from another hospital* than private hospitals (17%).

Table 10.10: Subacute and non-acute separations, by mode of admission, public and private hospitals, 2012–13

Mode of admission	Public hospitals	Private hospitals	Total
Admitted patient transferred from another hospital	53,856	44,308	98,164
Statistical admission: care type change	88,974	17,944	106,918
Other	52,375	192,805	245,180
Not reported	118	294	412
Total	**195,323**	**255,351**	**450,674**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient received admitted patient care can usually be described in terms of the principal diagnosis.

Overall, 4 out of 5 subacute and non-acute separations had a principal diagnosis from the ICD-10-AM chapter *Factors influencing health status and contact with health services*. A principal diagnosis within this chapter was reported for 95% of subacute and non-acute separations in private hospitals and 65% in public hospitals (Table 10.11).

Table 10.11: Subacute and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	1,434	49	1,483
C00–D48	Neoplasms	22,287	4,555	26,842
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	535	51	586
E00–E89	Endocrine, nutritional and metabolic diseases	1,132	78	1,210
F00–F99	Mental and behavioural disorders	6,366	5,354	11,720
G00–G99	Diseases of the nervous system	3,404	823	4,227
I00–I99	Diseases of the circulatory system	7,112	573	7,685
J00–J99	Diseases of the respiratory system	5,603	547	6,150
K00–K93	Diseases of the digestive system	2,515	184	2,699
L00–L99	Diseases of the skin and subcutaneous tissue	794	36	830
M00–M99	Diseases of the musculoskeletal system and connective tissue	2,483	179	2,662
N00–N99	Diseases of the genitourinary system	2,332	244	2,576
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4,016	171	4,187
S00–T98	Injury, poisoning and certain other consequences of external causes	7,173	239	7,412
Z00–Z99	Factors influencing health status and contact with health services	127,779	242,223	370,002
	Other ICD-10-AM chapters	192	8	200
	Not reported	166	37	203
Total subacute and non-acute separations		**195,323**	**255,351**	**450,674**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods. Additional information for states and territories is in tables 10.26 and 10.27 at the end of this chapter.

Most common principal diagnoses

Care involving use of rehabilitation procedures accounted for 76% of principal diagnoses reported for subacute and non-acute separations (at the 3-character level). This diagnosis is required to be reported as the principal diagnosis for *Rehabilitation care* and lies within the chapter *Factors influencing health status and contact with health services*.

The second most common principal diagnosis chapter reported for subacute and non-acute separations was *Neoplasms*, which includes both benign and malignant tumours, and was particularly associated with separations for *Palliative care*.

For *Palliative care*, neoplasm-related principal diagnoses accounted for 64% of principal diagnoses for *Palliative care* separations. The 5 most common neoplasm-related principal diagnoses are presented in Table 10.12, as are the top 5 non-neoplasm-related principal diagnoses for *Palliative care*, which included heart failure and respiratory disorders.

Table 10.12: Separations for the 5 most common neoplasm-related and the 5 most common other principal diagnoses in 3-character ICD-10-AM groupings for *Palliative care* separations, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
Neoplasm-related				
C34	Malignant neoplasm of bronchus and lung	3,836	676	4,512
C79	Secondary malignant neoplasm of other and unspecified sites	2,240	506	2,746
C78	Secondary malignant neoplasm of respiratory and digestive organs	1,556	361	1,917
C25	Malignant neoplasm of pancreas	1,120	322	1,442
C61	Malignant neoplasm of prostate	1,084	264	1,348
	Other neoplasm-related principal diagnosis	10,851	2,282	13,133
Other				
I50	Heart failure	815	134	949
J44	Other chronic obstructive pulmonary disease	756	70	826
J18	Pneumonia, organism unspecified	729	62	791
J69	Pneumonitis due to solids and liquids	517	32	549
I63	Cerebral infarction	512	29	541
	Other (excludes neoplasm-related principal diagnoses)	9,256	1,269	10,525
Total Palliative care separations		**33,272**	**6,007**	**39,279**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

For *Geriatric evaluation and management*, the 5 most common principal diagnoses made up 25% of all separations within this care type. They included *Care involving use of rehabilitation procedures*, *Fracture of the femur* (hip) and *Delirium* (Table 10.13).

For *Psychogeriatric care*, the 5 most common principal diagnoses made up 66% of all separations within this care type. The 5 most common principal diagnoses were from the ICD-10-AM chapter *Mental and behavioural disorders* (Table 10.13).

For *Maintenance care*, the 5 most common principal diagnoses made up almost 89% of all separations within this care type, with *Problems related to medical facilities and other health care* reported as the principal diagnosis for 73% of *Maintenance care* separations (Table 10.13).

In some cases, patients may have extended stays in hospital while waiting for admission to another health care facility, such as a residential aged care service.

Table 10.13: Separations for the 5 most common principal diagnoses in 3-character ICD-10-AM groupings for other subacute and non-acute care separations, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
Geriatric evaluation and management				
Z50	Care involving use of rehabilitation procedures	3,386	0	3,386
S72	Fracture of femur	1,687	n.p.	n.p.
F05	Delirium, not induced by alcohol and other psychoactive substances	1,282	n.p.	n.p.
I50	Heart failure	1,095	n.p.	n.p.
S32	Fracture of lumbar spine and pelvis	978	n.p.	n.p.
	Other	24,856	182	25,038
Total Geriatric evaluation and management separations		*33,284*	*204*	*33,488*
Psychogeriatric care				
F33	Recurrent depressive disorder	234	1,862	2,096
F32	Depressive episode	462	948	1,410
G30	Alzheimer's disease	275	621	896
F31	Bipolar affective disorder	199	569	768
F41	Other anxiety disorders	60	613	673
	Other	1,255	1,708	2,963
Total Psychogeriatric care separations		*2,485*	*6,321*	*8,806*
Maintenance care				
Z75	Problems related to medical facilities and other health care	17,632	972	18,604
Z54	Convalescence	935	594	1,529
Z74	Problems related to care-provider dependency	1,380	9	1,389
F99	Mental disorder, not otherwise specified	531	0	531
F33	Recurrent depressive disorder	12	456	468
	Other	2,572	269	2,841
Total Maintenance care separations		*23,062*	*2,300*	*25,362*

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Additional diagnoses

For *Rehabilitation care*, the principal diagnosis is required to be reported as *Care involving use of rehabilitation procedures*, and the first additional diagnosis is usually the reason for that care.

The 10 most common first additional diagnoses reported for *Rehabilitation care* separations included 7 musculoskeletal conditions or injuries (Table 10.14). Over half of rehabilitation separations in private hospitals and over one-quarter of rehabilitation separations in public hospitals reported these 10 first additional diagnoses.

Table 10.14: Separations for the 10 most common first additional diagnoses in 3-character ICD-10-AM groupings for *Rehabilitation care* separations, public and private hospitals, 2012–13

First additional diagnosis		Public hospitals	Private hospitals	Total
M17	Gonarthrosis [arthrosis of knee]	3,893	57,238	61,131
M16	Coxarthrosis [arthrosis of hip]	1,990	23,250	25,240
S72	Fracture of femur	8,166	7,818	15,984
I63	Cerebral infarction	6,613	4,638	11,251
Z96	Presence of other functional implants	2,072	8,563	10,635
M54	Dorsalgia	1,195	8,220	9,415
M25	Other joint disorders, not elsewhere classified	603	6,572	7,175
S32	Fracture of lumbar spine and pelvis	2,742	4,029	6,771
M48	Other spondylopathies	730	5,217	5,947
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	990	4,931	5,921
	Other	74,226	110,043	184,269
Total *Rehabilitation care* separations		**103,220**	**240,519**	**343,739**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Performance indicator: number of hospital patient days used by those eligible and waiting for residential aged care

This indicator is related to the NHA outcome area of *Older Australians receive appropriate high quality and affordable health and aged services*. The indicator is specified under the NHA as a 'proxy' measure as it requires data development to ensure that the analysis is better suited to the intent of the indicator.

This indicator is intended to report the number of hospital patient days taken up by Australians waiting for a residential aged care place. However, the current data collected do not identify whether an aged care assessment has been made and there may also be variations in the use of the care type *Maintenance* between jurisdictions.

Table 10.15 presents the number of hospital patient days (per 1,000 patient days) for overnight separations with a care type of *Maintenance* and a diagnosis of *Person awaiting admission to residential aged care service*.

There were large variations in the rates between states and territories. There was also variation in the rates according to remoteness area of the patient and SES, with the highest rates of patient days reported for persons residing in *Remote* areas, and those in the two lowest SES.

Table 10.15: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care[a], 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous status									
Indigenous	2.8	0.2	15.7	2.7	22.2	n.p	n.p.	n.p.	8.5
Other Australians	7.1	1.2	20.6	14.0	24.1	n.p.	n.p.	n.p.	10.5
Remoteness area of residence[b]									
Major cities	6.0	<0.1	13.9	3.7	19.4	. .	18.0	. .	6.8
Inner regional	9.6	2.5	19.2	23.8	2.9	5.9	n.p.	. .	9.9
Outer regional	11.1	10.9	45.2	77.7	28.2	9.9	. .	18.1	29.4
Remote	0.6	4.4	57.8	37.5	132.4	4.4	. .	24.6	53.3
Very remote	<0.1	. .	25.8	11.7	77.0	22.3	. .	8.5	18.9
Socioeconomic status of area of residence									
1—Lowest	10.6	1.1	28.5	6.3	10.0	8.5	1.4	7.7	12.4
2	7.4	2.6	27.5	30.0	36.4	4.7	8.1	30.5	16.2
3	6.4	1.8	13.4	18.6	44.6	8.4	8.0	28.7	10.7
4	5.9	0.3	13.5	4.1	13.2	4.9	21.7	14.6	6.5
5—Highest	3.6	. .	14.3	4.0	12.2	3.4	15.5	16.6	5.3
Total	**6.9**	**1.2**	**20.4**	**13.3**	**24.0**	**7.1**	**15.4**	**15.7**	**10.4**

(a) Includes patient days for overnight separations with a care type of *Maintenance*, for which the separation mode was not *Other* (was not discharged to their place of usual residence) and had a diagnosis of Z75.11 *Person awaiting admission to residential aged care service*.

(b) Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How urgent was the care?

Admissions to hospital can be categorised as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis).

In 2012–13, 65% of subacute and non-acute admitted patients were reported as *Elective* admissions (treatment could be delayed by at least 24 hours). The proportion of *Elective* admissions varied between public and private hospitals, accounting for 89% of subacute and non-acute separations in private hospitals and 34% in public hospitals. About 32% of subacute and non-acute separations had a *Not assigned* urgency of admission (Table 10.16).

Table 10.16: Subacute and non-acute separations, by urgency of admission and care type, public and private hospitals, 2012–13

	Care type					
	Rehabilitation	Palliative	Geriatric evaluation and management	Psycho-geriatric	Maintenance	Total
Public hospitals						
Emergency	3,399	6,361	790	653	998	12,201
Elective	41,922	10,129	11,137	627	1,701	65,516
Not assigned	57,813	16,751	21,314	1,203	19,834	116,915
Total[(a)]	*103,220*	*33,272*	*33,284*	*2,485*	*23,062*	*195,323*
Private hospitals						
Emergency	582	817	11	644	34	2,088
Elective	215,888	4,171	137	5,655	1,584	227,435
Not assigned	24,048	1,019	56	22	644	25,789
Total[(a)]	*240,519*	*6,007*	*204*	*6,321*	*2,300*	*255,351*
Total[(a)]	**343,739**	**39,279**	**33,488**	**8,806**	**25,362**	**450,674**

(a) The totals include separations for which the urgency of admission was not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

What care was provided?

The care that a patient received can be described in a variety of ways. This section presents information on subacute and non-acute separations describing care by the type of procedure undertaken.

The type of care is also described by the care type that is used throughout this chapter to categorise the subacute and non-acute separations.

Palliative care

Although over 39,000 separations were recorded with a care type of *Palliative care*, there were more than 61,000 separations identified as providing some form of palliative care regardless of the care type specified (Table 10.17). These separations are identified by either the assignment of the ICD-10-AM code Z51.5 *Palliative care* as an additional diagnosis, or by the assignment of the *Palliative care* type. The exact nature of the care provided for the separations that were not assigned the *Palliative care* type, but were assigned an additional diagnosis code of Z51.5, is unknown.

Table 10.17: *Palliative care* separations as identified by care type and/or additional diagnosis of Z51.5, all hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT[(a)]	NT[(a)]	Total[(b)]
Care type	13,447	8,035	10,350	4,201	1,640	553	600	315	39,279
Diagnosis	17,839	20,108	10,350	4,201	4,198	1,655	700	666	60,375
Care type and/or diagnosis	18,699	20,114	10,350	4,201	4,383	1,693	728	746	61,596

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Procedures and other interventions

In public hospitals, about 17% of subacute and non-acute separations did not report a procedure, for private hospitals about 4% did not report a procedure (Table 10.18).

About 90% of procedures reported for subacute and non-acute separations, belonged to the ACHI procedure chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*. This chapter includes anaesthesia, allied health interventions (which includes physiotherapy and other rehabilitation-related procedures), dialysis and chemotherapy.

Table 10.18: Procedures[(a)] reported for subacute and non-acute separations, by ACHI chapter, public and private hospitals, 2012–13

Procedure chapter		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	367	263	630
300–333	Procedures on ear and mastoid process	184	18	202
370–422	Procedures on nose, mouth and pharynx	74	11	85
450–490	Dental services	111	3	114
520–570	Procedures on respiratory system	1,010	136	1,146
600–777	Procedures on cardiovascular system	218	72	290
800–817	Procedures on blood and blood-forming organs	73	14	87
850–1011	Procedures on digestive system	1,246	267	1,513
1040–1129	Procedures on urinary system	1,338	233	1,571
1360–1579	Procedures on musculoskeletal system	912	383	1,295
1600–1718	Dermatological and plastic procedures	2,151	319	2,470
1786–1799	Radiation oncology procedures	588	46	634
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	162,019	244,038	406,057
1940–2016	Imaging services	310	67	377
	Other ACHI chapters	176	35	211
	No procedure or not reported	32,747	11,236	43,983
Total subacute and non-acute separations		**195,323**	**255,351**	**450,674**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods. Additional information for states and territories is in tables 10.28 and 10.29 at the end of this chapter.

Most common procedures

The most frequently reported procedures for each of the subacute and non-acute care types are presented in tables 10.19 to 10.21.

In 2012–13, allied health interventions (which lie within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*) were the most frequently reported procedures for *Rehabilitation care* separations (Table 10.19). The 10 most common allied health interventions reported accounted for 91% of procedures reported. They included physiotherapy, occupational therapy and social work. Some procedures were predominantly performed in private hospitals, such as hydrotherapy and exercise therapy.

Table 10.19: Procedures[a] reported for the 10 most common ACHI procedures for *Rehabilitation care*, public and private hospitals, 2012–13

Procedure code		Public hospitals	Private hospitals	Total
95550-03	Allied health intervention, physiotherapy	82,280	214,938	297,218
95550-02	Allied health intervention, occupational therapy	61,463	111,690	173,153
96153-00	Hydrotherapy	5,319	74,463	79,782
95550-01	Allied health intervention, social work	41,293	18,074	59,367
95550-00	Allied health intervention, dietetics	28,006	13,646	41,652
96129-00	Exercise therapy, total body	109	36,842	36,951
95550-05	Allied health intervention, speech pathology	20,305	11,595	31,900
95550-11	Allied health intervention, other	4,142	16,296	20,438
95550-09	Allied health intervention, pharmacy	10,780	5,770	16,550
95550-10	Allied health intervention, psychology	6,639	5,945	12,584
	Other	28,885	43,527	72,412
	No procedure or not reported	13,714	4,666	18,380
Total procedures		**289,221**	**552,786**	**842,007**

ACHI—Australian Classification of Health Interventions.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

For *Palliative care*, 9 of the 10 most common reported procedures were allied health interventions and included social work, physiotherapy and pastoral care (Table 10.20). About 15% of *Palliative care* separations had no procedures reported.

Table 10.20: Procedures[a] reported for the 10 most common ACHI procedures for *Palliative care*, public and private hospitals, 2012–13

Procedure code		Public hospitals	Private hospitals	Total
95550-01	Allied health intervention, social work	13,572	1,214	14,786
95550-03	Allied health intervention, physiotherapy	12,592	1,523	14,115
95550-02	Allied health intervention, occupational therapy	8,245	438	8,683
95550-00	Allied health intervention, dietetics	6,575	740	7,315
95550-12	Allied health intervention, pastoral care	5,938	865	6,803
95550-05	Allied health intervention, speech pathology	4,779	254	5,033
95550-09	Allied health intervention, pharmacy	2,623	186	2,809
13706-02	Administration of packed cells	1,209	361	1,570
95550-11	Allied health intervention, other	1,188	82	1,270
96187-00	Pastoral ministry	89	1,015	1,104
	Other	9,131	2,345	11,476
	No procedure or not reported	8,948	2,243	11,191
Total procedures		**65,941**	**9,023**	**74,964**

ACHI—Australian Classification of Health Interventions.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

For *Geriatric evaluation and management*, the 5 most common procedures were allied health interventions and accounted for about 80% of reported procedures. These included physiotherapy, occupational therapy and social work (Table 10.21).

For *Psychogeriatric care*, about 28% of separations had no procedures reported. The 5 most common procedures included general anaesthesia, physiotherapy, social work and occupational therapy (Table 10.21).

For *Maintenance care*, about 18% of separations had no procedures reported. The 5 most common procedures included physiotherapy, social work and occupational therapy (Table 10.21).

Table 10.21: Procedures[(a)] reported for the 5 most common ACHI procedures for other subacute and non-acute care, public and private hospitals, 2012–13

Procedure code		Public hospitals	Private hospitals	Total
Geriatric evaluation and management				
95550-03	Allied health intervention, physiotherapy	27,425	140	27,565
95550-02	Allied health intervention, occupational therapy	24,140	88	24,228
95550-01	Allied health intervention, social work	20,524	65	20,589
95550-00	Allied health intervention, dietetics	14,568	34	14,602
95550-05	Allied health intervention, speech pathology	8,468	15	8,483
	Other	24,176	179	24,355
	Separations with no procedure reported	2,586	14	2,600
Total procedures for Geriatric evaluation and management		*119,301*	*521*	*119,822*
Psychogeriatric care				
92514-99	General anaesthesia, ASA 99	491	1,663	2,154
95550-03	Allied health intervention, physiotherapy	1,081	674	1,755
95550-01	Allied health intervention, social work	1,194	460	1,654
95550-02	Allied health intervention, occupational therapy	1,041	561	1,602
92514-39	General anaesthesia, ASA 39	202	496	698
	Other	2,903	3,991	6,894
	Separations with no procedure reported	544	3,547	4,091
Total procedures for Psychogeriatric care		*6,912*	*7,845*	*14,757*
Maintenance care				
95550-03	Allied health intervention, physiotherapy	10,345	750	11,095
95550-01	Allied health intervention, social work	9,462	497	9,959
95550-02	Allied health intervention, occupational therapy	6,117	228	6,345
95550-00	Allied health intervention, dietetics	4,625	188	4,813
95550-05	Allied health intervention, speech pathology	2,914	115	3,029
	Other	7,746	858	8,604
	Separations with no procedure reported	6,957	766	7,723
Total procedures for Maintenance care		*41,209*	*2,636*	*43,845*

ACHI—Australian Classification of Health Interventions; ASA—American Society of Anesthesiologists Physical Status Classification.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How long did patients stay?

Subacute and non-acute separations may involve same-day or overnight episodes. Overall, the average length of stay for subacute and non-acute care was much higher than the average length of stay for acute care (Table 6.21), and was higher in public hospitals than in private hospitals (Table 10.22). For example, the average length of stay for *Rehabilitation care* was 16.2 days in public hospitals, compared to 4.5 days in private hospitals.

Table 10.22: Patient days and average length of stay for subacute and non-acute separations, by care type, public and private hospitals, 2012–13

	Public hospitals		Private hospitals		Total	
Care type	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Rehabilitation care	1,676,928	16.2	1,088,903	4.5	2,765,831	8.0
Palliative care	340,744	10.2	68,483	11.4	409,227	10.4
Geriatric evaluation and management	570,700	17.1	3,013	14.8	573,713	17.1
Psychogeriatric care	115,022	46.3	44,349	7.0	159,371	18.1
Maintenance care	700,337	30.4	44,002	19.1	744,339	29.3
Total	**3,403,731**	**17.4**	**1,248,750**	**4.9**	**4,652,481**	**10.3**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Who paid for the care?

About 75% of subacute and non-acute separations from public hospitals were for *Public patients*, and *Private health insurance* funded 82% of subacute and non-acute separations from private hospitals (Table 10.23). The *Department of Veterans' Affairs* funded 5% of subacute and non-acute separations in public hospitals and 10% in private hospitals. For private hospitals, about 38% of *Palliative care* separations were *Public patients*.

How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

In 2012–13, the most common mode of separation for subacute and non-acute separations was *Other* (76%), which includes discharge to usual residence/own accommodation/welfare institution (Table 10.24). Over 5% were transferred to another hospital and a further 4% of separations ended with *Discharged or transferred to a residential aged care service.*

Other was reported as the separation mode for 90% of private hospital separations for subacute and non-acute care, compared with 57% for subacute and non-acute care in public hospitals.

For public hospitals, about 10% of subacute and non-acute separations ended with a *Discharge/transfer to an (other) acute hospital* and a further 11% ended with a *Statistical discharge: type change* (indicating that the patient remained in hospital but the intent of care had changed).

There was some variation in the mode of separation by type of subacute and non-acute care. For example, for *Rehabilitation care*, 86% of separations reported a mode of separation of *Other*, compared with 27% for *Palliative care* and 51% for *Other subacute and non-acute care* types. Around 19% of patients in *Other subacute and non-acute care* types had a mode of separation of *Discharge/transfer to residential aged care service*. Over half (58%) of *Palliative care* separations had a mode of separation of *Died* (Table 10.25).

Table 10.23: Subacute and non-acute separations, by principal source of funds and care type, public and private hospitals, 2012–13

	Care type			
Principal source of funds	**Rehabilitation**	**Palliative**	**Other subacute and non-acute care**	**Total**
Public hospitals				
Public patients[(a)]	77,133	24,590	44,373	146,096
Private health insurance	19,302	6,660	10,030	35,992
Self-funded	312	111	134	557
Workers compensation	514	38	16	568
Motor vehicle third party personal claim	1,503	5	221	1,729
Department of Veterans' Affairs	4,020	1,721	3,935	9,676
Other[(b)]	436	147	122	705
Total public hospitals	*103,220*	*33,272*	*58,831*	*195,323*
Private hospitals				
Public patients[(a)]	1,171	2,250	597	4,018
Private health insurance	199,863	2,971	6,276	209,110
Self-funded	5,676	19	124	5,819
Workers compensation	7,185	5	22	7,212
Motor vehicle third party personal claim	1,222	52	1	1,275
Department of Veterans' Affairs	24,370	484	1,777	26,631
Other[(b)]	1,032	226	28	1,286
Total private hospitals	*240,519*	*6,007*	*8,825*	*255,351*
Total	**343,739**	**39,279**	**67,656**	**450,674**

(a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.24: Subacute and non-acute separations, by mode of separation, public and private hospitals, 2012–13

Mode of separation	Public hospitals	Private hospitals	Total
Discharge/transfer to an (other) acute hospital	19,491	3,891	23,382
Discharge/transfer to residential aged care service[(a)]	16,553	1,901	18,454
Discharge/transfer to an (other) psychiatric hospital	257	11	268
Discharge/transfer to other health-care accommodation	3,924	13,072	16,996
Statistical discharge: type change	20,458	2,860	23,318
Left against medical advice/discharge at own risk	1,316	230	1,546
Statistical discharge from leave	1,028	35	1,063
Died	21,369	3,662	25,031
Other[(b)]	110,815	229,685	340,500
Total[(c)]	**195,323**	**255,351**	**450,674**

(a) The separation mode *Discharge/transfer to residential aged care service* excludes where this was the usual place of residence.

(b) The separation mode *Other* includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

(c) *Total* includes records where the mode of separation was not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.25: Subacute and non-acute separations, by mode of separation and care type, all hospitals, 2012–13

	Care type			
Mode of separation	Rehabilitation	Palliative	Other subacute and non-acute care	Total
Discharge/transfer to an (other) acute hospital	13,242	2,577	7,563	23,382
Discharge/transfer to residential aged care service[(a)]	4,504	1,214	12,736	18,454
Discharge/transfer to an (other) psychiatric hospital	100	7	161	268
Discharge/transfer to other health-care accommodation	14,312	408	2,276	16,996
Statistical discharge type change	13,936	1,187	8,195	23,318
Left against medical advice	1,095	88	363	1,546
Statistical discharge from leave	699	200	164	1,063
Died	469	22,891	1,671	25,031
Other[(b)]	295,337	10,663	34,500	340,500
Total[(c)]	**343,739**	**39,279**	**67,656**	**450,674**

(a) The separation mode *Discharge/transfer to residential aged care service* excludes where this was the usual place of residence.

(b) The separation mode *Other* includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

(c) *Total* includes records where the mode of separation was not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.26: Subacute and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2012–13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	483	460	296	77	44	26	35	13	1,434
C00–D48	Neoplasms	8,864	5,255	5,472	903	929	337	377	150	22,287
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	171	176	113	21	35	9	6	4	535
E00–E89	Endocrine, nutritional and metabolic diseases	287	455	260	49	47	6	19	9	1,132
F00–F99	Mental and behavioural disorders	1,842	1,345	1,256	698	383	728	92	22	6,366
G00–G99	Diseases of the nervous system	732	1,386	639	300	224	67	51	5	3,404
I00–I99	Diseases of the circulatory system	1,961	2,665	1,560	516	201	75	110	24	7,112
J00–J99	Diseases of the respiratory system	1,609	2,005	1,160	321	253	69	146	40	5,603
K00–K93	Diseases of the digestive system	737	819	576	196	87	32	42	26	2,515
L00–L99	Diseases of the skin and subcutaneous tissue	235	293	147	51	32	5	26	5	794
M00–M99	Diseases of the musculoskeletal system and connective tissue	541	1,135	321	193	222	25	33	13	2,483
N00–N99	Diseases of the genitourinary system	669	858	487	153	84	19	51	11	2,332
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	962	1,837	563	238	318	19	59	20	4,016
S00–T98	Injury, poisoning and certain other consequences of external causes	1,871	3,263	1,181	518	195	62	58	25	7,173
Z00–Z99	Factors influencing health status and contact with health services	44,377	18,977	33,925	12,989	12,455	1,230	3,361	465	127,779
	Other ICD-10-AM chapters/not reported	217	67	32	27	8	1	3	3	358
Total subacute and non-acute separations		**65,558**	**40,996**	**47,988**	**17,250**	**15,517**	**2,710**	**4,469**	**835**	**195,323**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.27: Subacute and non-acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2012–13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
C00–D48	Neoplasms	220	564	1,418	2,087	176	n.p.	n.p.	n.p.	4,555
F00–F99	Mental and behavioural disorders	0	4,808	484	56	1	n.p.	n.p.	n.p.	5,354
G00–G99	Diseases of the nervous system	5	656	47	45	16	n.p.	n.p.	n.p.	823
I00–I99	Diseases of the circulatory system	23	28	121	367	16	n.p.	n.p.	n.p.	573
J00–J99	Diseases of the respiratory system	20	27	103	370	19	n.p.	n.p.	n.p.	547
Z00–Z99	Factors influencing health status and contact with health services	147,791	20,110	39,674	3,378	22,043	n.p.	n.p.	n.p.	242,223
	Other ICD-10-AM chapters/not reported	84	129	360	602	72	n.p.	n.p.	n.p.	1,276
Total subacute and non-acute separations		**148,143**	**26,322**	**42,207**	**6,905**	**22,343**	**n.p.**	**n.p.**	**n.p.**	**255,351**

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.28: Procedures[(a)] reported for subacute and non-acute separations, by ACHI chapter, public hospitals, states and territories, 2012–13

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	118	67	46	59	49	6	17	5	367
520–570	Procedures on respiratory system	317	198	285	114	43	11	31	11	1,010
850–1011	Procedures on digestive system	443	218	266	133	110	12	40	24	1,246
1040–1129	Procedures on urinary system	572	256	199	163	60	8	49	31	1,338
1360–1579	Procedures on musculoskeletal system	286	223	110	159	84	24	18	8	912
1600–1718	Dermatological and plastic procedures	294	1,356	247	111	83	14	29	17	2,151
1786–1799	Radiation oncology procedures	271	161	61	17	4	11	38	25	588
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	58,023	35,728	32,970	15,506	13,410	1,560	4,188	634	162,019
1940–2016	Imaging services	239	27	20	11	3	3	6	1	310
	Other ACHI chapters	279	111	259	102	47	6	23	9	836
	Separations with procedures	58,250	35,780	33,125	15,561	13,447	1,564	4,198	651	162,576
	No procedure or not reported	7,308	5,216	14,863	1,689	2,070	1,146	271	184	32,747
Total subacute and non-acute separations		**65,558**	**40,996**	**47,988**	**17,250**	**15,517**	**2,710**	**4,469**	**835**	**195,323**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows. For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore, the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.29: Procedures[a] reported for subacute and non-acute separations, by ACHI chapter, private hospitals, states and territories, 2012–13

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1360–1579	Procedures on musculoskeletal system	88	77	81	96	26	n.p.	n.p.	n.p.	383
1600–1718	Dermatological and plastic procedures	108	22	74	87	16	n.p.	n.p.	n.p.	319
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	144,045	22,723	40,040	5,606	22,252	n.p.	n.p.	n.p.	244,038
	Other ACHI chapters	219	155	359	285	98	n.p.	n.p.	n.p.	1,165
	Separations with procedures	144,049	22,727	40,069	5,640	22,254	n.p.	n.p.	n.p.	244,115
	No procedure or not reported	4,094	3,595	2,138	1,265	89	n.p.	n.p.	n.p.	11,236
Total subacute and non-acute separations		**148,143**	**26,322**	**42,207**	**6,905**	**22,343**	**n.p.**	**n.p.**	**n.p.**	**255,351**

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the table may not equal the sum of counts in the rows. For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore, the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Appendix A: Database quality statement summaries

This appendix includes data quality summaries and additional detailed information relevant to interpretation of the:

- National Hospital Morbidity Database (NHMD)
- National Public Hospital Establishments Database (NPHED)
- National Outpatient Care Database (NOCD)
- National Emergency Access Target Database (NEATD)
- National Elective Surgery Target Database (NESTD).

This appendix also contains information on variation in the categorisation of public and private hospitals, and other changes in hospital reporting that may affect interpretation of the data presented in this report.

Complete data quality statements for these databases are available online at <meteor.aihw.gov.au>.

Public and private hospitals

There is some variation between jurisdictions as to whether hospitals that predominantly provide public hospital services, but are privately owned and/or operated, are reported as public or private hospitals. A list of such hospitals is in Table A1 with information on how they are reported. The categorisations listed are those used for this report; reports produced by other agencies may categorise these hospitals differently.

For example, Peel and Joondalup hospitals are private hospitals that predominantly treat public patients under contract to the Western Australian Department of Health. From 2006–07, two new reporting units (public hospitals) were created to cover the public health services of these two hospitals, whereas in previous years all activity was reported for the private hospitals.

Another example is the Hawkesbury District Health Service, which was categorised as a private hospital until 2002–03 and has been categorised as a public hospital in AIHW reports since 2003–04.

Lists of all public and private hospitals contributing to this report are in tables A.S1 and A.S2 accompanying this report online at <www.aihw.gov.au/hospitals>.

Table A1: Hospitals included in this report that predominantly provide public hospital services that were privately owned and/or operated, 2012–13

Hospital	How reported
Hawkesbury District Health Service, NSW	Public hospital
Mildura Base Hospital, Victoria	Public hospital
Mater Adult Hospital, Qld	Public hospital
Mater Children's Hospital, Qld	Public hospital
Mater Mother's Hospital, Qld	Public hospital
Joondalup Health Campus, WA	Public hospital for services provided under the contract and a private hospital for services provided to private patients
Peel Health Campus, WA	Public hospital for services provided under the contract and a private hospital for services provided to private patients
McLaren Vale and Districts War Memorial Private Hospital, SA	Public hospital for services provided under the contract and a private hospital for services provided to private patients
May Shaw District Nursing Centre, Tas	Public hospital
Toosey Hospital, Tas	Public hospital
Mersey Community Hospital	Public hospital

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals.

The data supplied are based on the National Minimum Data Set (NMDS) for Admitted patient care and include demographic, administrative and length of stay data, as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not in scope but some are included.

The reference period for this data set is 2012–13. The data set includes records for admitted patient separations between 1 July 2012 and 30 June 2013.

Summary of key issues

- The NHMD is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- 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 NHMD.
- For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the Australian Capital Territory. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the Australian Capital Territory, the single private free-standing day hospital in the Northern Territory, and a private free-standing day hospital in Victoria.

- Hospitals may be re-categorised as public or private between or within years.
- There is apparent variation between states and territories in the use of statistical discharges and associated assignment of care types. For example, for public hospitals, the proportion of separations ending with a statistical discharge varied from 0.9% to 3.9% across states and territories.
- There was variation between states and territories in the reporting of separations for *Newborns* (without qualified days).
- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly the case for the Australian Capital Territory. In 2012–13, about 18% of separations for Australian Capital Territory hospitals were for patients who resided in New South Wales.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Caution should be used in comparing diagnosis, procedure and external cause data over time, as the classifications and coding standards for those data can change over time. In particular, between 2009–10 and 2010–11, there were significant changes in the coding of diagnoses for diabetes and obstetrics and for imaging procedures. There were also significant changes made to coding practices for diabetes and related conditions for the 2012–13 year, resulting in increased counts for these conditions.
- The Indigenous status data in the NHMD for all states and territories are considered of sufficient quality for statistical reporting for 2010–11, 2011–12 and 2012–13. In 2011–12, an estimated 88% of Indigenous patients were correctly identified in public hospitals. The overall quality of the data provided for Indigenous status is considered to be in need of some improvement and varied between states and territories.

The list of public hospitals that contributed to the NHMD in 2012–13 is in Table A.S1, which accompanies this report online.

Factors affecting interpretation of the NHMD data

This section presents information about the quality of the data provided for the NHMD and other factors that may affect interpretation of the information presented in this report.

Newborn episodes of care

There is variation in the reporting of *Newborn* care between states and territories.

Between 2010–11 and 2011–12, the reporting of *Newborn* episodes with qualified days increased markedly for New South Wales public hospitals. Therefore, the data for *Newborn* care in New South Wales public hospitals for 2011–12 and 2012–13 are not comparable to the data reported by New South Wales in previous years.

For Victoria, private hospitals did not report all *Newborn* episodes without qualified days. Therefore, the count of newborns may be underestimated.

The Northern Territory did not report separations for *Newborn* episodes with a mixture of qualified and unqualified days.

Information on reporting practices for *Newborn* episodes before 2012–13 is available in previous *Australian hospital statistics* reports.

Quality of Indigenous status data

Indigenous identification in hospital separations data: 2013 quality report

The 2013 AIHW report *Indigenous identification in hospital separations data–2013 quality report*, (AIHW, 2013h) presented the latest findings on the quality of Indigenous identification in hospital separations data in Australia, based on studies conducted in public hospitals during 2011. Private hospitals were not included in the assessment.

The results of the study indicated that, overall, the quality of Indigenous identification in hospital separations data was similar to that achieved in the previous study (AIHW 2010). However, the 2011–12 survey was performed on larger samples for each jurisdiction/region and is therefore considered more robust than the previous study.

The report recommends that the data for all jurisdictions are used in analysis of Indigenous hospitalisation rates, for hospitalisations in total in national analyses of Indigenous admitted patient care for data from 2010–11 onwards.

Based on the results of the survey data a correction factor of 1.09 was calculated, suggesting that the 'true' number of Indigenous persons should be about 9% higher than indicated in the hospital record. The correction factor is calculated based on a number of possible variables including over-identification or under-identification of Indigenous persons in the hospital record.

Quality in 2012–13

The following information has been provided by the states and territories to provide some additional insight into the quality of Indigenous status data in the hospitals data provided to the AIHW.

New South Wales

The New South Wales Ministry of Health (NSW) noted that NSW had achieved an overall weighted completeness of 80% for Indigenous identification in 2011–12. The low level of completeness for hospitals in major cities (67% compared with 98% in remote areas) revealed that education in Indigenous status data collection should be focused on hospital staff in urban areas. NSW's Data Quality Audit and Assurance Program revealed that individual Local Health Districts have initiated, and are delivering, their own comprehensive programs to staff on cultural sensitivity and innovative methods of Indigenous data collection.

Victoria

The Victorian Department of Health reports that Indigenous status data for 2012–13 is of an adequate standard for reporting, but should still be considered to under-count the number of Aboriginal and Torres Strait Islander patients. There is a continued effort to improve the quality of this data element through data validation processes and communication channels.

Queensland

The Queensland Department of Health noted that for 2012–13, Indigenous status was reported as 'not stated' for 3.8% of admitted patient separations (1.0% of public hospital separations and 6.8% of private hospital separations). The level of non-reporting of Indigenous status has continued to improve for both public and private hospitals compared to the previous financial years.

Western Australia

The Western Australian Department of Health regards its Indigenous status data as being of good quality, with 99.5% of cases having a valid Indigenous status reported in 2012–13.

A recent sample survey concluded that Western Australia was collecting Indigenous status with a high degree of accuracy.

South Australia

South Australia considers the quality of Indigenous status data to be acceptable for reporting and analysis purposes. The department contracted the Australian Bureau of Statistics to develop a training package for the collection of Indigenous identifier aimed at frontline staff in hospitals and other healthcare units. The package is based on the best practice guidelines developed by the AIHW. A state-wide training program was completed in 2011. A second training program commenced in late 2012 and was completed in mid-2013.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, are of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health participated in the national review of the quality of demographic data, coordinated by AIHW, in 2011. Indigenous status was found to be accurately recorded in 98% of admitted patients, consistent with findings from previous surveys in 1997 and 2008. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Quality of the coded clinical data

The comparability of the coded diagnosis, procedure and external cause data can be affected by variations in the quality of the coding, the numbers of diagnoses and/or procedures reported and can also be influenced by state-specific coding standards.

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 quality and comparability of the coded data can, however, be gauged by information provided by the states and territories on the quality of the data and by assessment of apparent variation in the reporting of additional diagnoses.

State-specific coding standards

The Australian Coding Standards (ACS) were developed for use in both public and private hospitals with the aim of satisfying sound coding convention according to the ICD-10-AM/ACHI. Although all states and territories instruct their coders to follow the ACS, some jurisdictions also apply state-specific coding standards to deal with state-specific reporting requirements. These standards may be in addition to or instead of the relevant ACS, and may affect the comparability of ICD-10-AM coded data.

For example, there are variations in coding standards between jurisdictions with regard to the reporting of external cause codes and place of occurrence codes. The ACS requires a place of occurrence code to be reported if an external cause code in the range V00–Y89 has been reported, and requires an activity when injured code to be recorded if the external cause code is in the range V00–Y34. The Western Australian coding standard requires the mandatory recording of a place of occurrence and activity when injured code for all records with a diagnosis code in the range S00–T98, regardless of the external cause code reported. The Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured for separations where the care type is *Rehabilitation care*.

State and territory comments on the quality of the data

The following information has been provided by the states and territories to provide some insight into the quality of the coded data in the NHMD.

New South Wales

For New South Wales, hospitals perform formal audits on ICD-10-AM coded data at a local level. Data edits are monitored regularly and consistent errors are identified and rectified by individual hospitals.

All NSW public hospital coded data is routinely processed, monitored and validated using Performance Indicators for Coding Quality (PICQ™) by the Ministry of Health and disseminated back to the Local Health Districts and individual hospitals. The data from PICQ™ is also used to benchmark Local Health District's/Network's performance.

Victoria

As part of a comprehensive health data integrity audit program, the Victorian Department of Health continues to conduct state-wide external audits of admitted patient data across public sites. These audits review the ICD-10-AM/ACHI coding and the application of ACSs along with some key demographic and administrative data. Approximately 13,000 patient records are audited each year. In the most recently completed 3-year audit cycle, the rate of AR-DRG change reported for audited records continued to decrease, falling to less than 5% in the third year, indicating a high quality of coding. Coded data is also validated using PICQ™ with published state-wide results for both public and private hospitals.

Queensland

Hospitals in Queensland conduct their own coding quality audits, and ICD-10-AM/ ACHI validations are automatically executed as part of the general processing of morbidity data in the corporate data collection. A Statewide Health Information Management Clinical Coding Network (SHIM-CCN) Steering Committee has been established to aid the improvement of Health Information Management (HIM) and clinical coding services state-wide. It also fosters appropriate education and development of HIMs and clinical coders. The Queensland Department of Health complements this activity by undertaking a range of quality assurance processes.

Western Australia

The Western Australian Department of Health conducts in-house data quality activities and regular comprehensive external audits of hospital medical records and admitted patient data reporting processes. The Edit Protocol for Hospital Morbidity Data System and the Clinical Information Audit Program aims to provide assurances of data quality and integrity, promoting confidence in the use of health information by hospitals and throughout the system.

South Australia

The South Australian Department for Health and Ageing completed a major audit of coding practices in 2011. The rate of AR-DRG change for metropolitan hospitals was marginally above 10%. A result of less than 10% is generally regarded as an indication of high quality coding.

The Department conducts a number of other coding improvement activities, aimed at improving compliance with national and state coding standards. For example, desktop audits of coded data are regularly run. Individual hospitals are followed-up as required and results are reported to all coders in quarterly newsletters. A coding educator has been appointed to assist hospitals in further developing their coding knowledge.

Tasmania

In Tasmania, hospitals continue to conduct coding quality improvement activities using the Australian Coding Benchmark Audit tool and PICQ™. Validation of ICD-10-AM data also occurs routinely as the data are processed from the hospitals. A state-wide coding auditor/educator has been appointed and that position will assume the responsibility of managing state-wide coding audits and education in relation to findings from them. Also the position will manage changes/updates to coding classifications and grouping systems.

Australian Capital Territory

The Australian Capital Territory conducts regular coding data quality improvement and integrity activities including analysis using the PICQ™ tool to ensure a high standard of coding quality. Validations are automatically undertaken as part of the processing data flow in the hospital level and corporate level data collections and further education and training supports these quality improvement activities.

Northern Territory

The Northern Territory is committed to the continual improvement of clinical coding across the Northern Territory Hospitals Network, and in the past has experienced challenges in recruiting suitably experienced staff. In the last 12 months off-site coding has discontinued and recruitment to vacant coding positions has been successful. With the introduction of integrated clinical coding software, there have been gains in coding quality, consistency and timeliness.

Apparent variation in reporting of additional diagnoses

A measure of apparent variation among Australian states and territories in the reporting and coding of additional diagnoses is the proportion of separations in the lowest resource split for adjacent AR-DRGs, standardised to the national distribution of adjacent AR-DRGs to take into account differing casemixes (Coory & Cornes 2005).

Method

An adjacent AR-DRG is a set of AR-DRGs that is split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping.

For many adjacent AR-DRGs, this split is based on the inclusion of significant additional diagnoses, also known as complications or comorbidities (CCs). Adjacent AR-DRGs are signified in the AR-DRG classification by having the first three characters in common. The allocation of a fourth character code is hierarchical, with the highest resource use level being assigned an A and the lowest resource use level being assigned the lowest letter in the sequence.

This analysis concentrates on differences in the reporting of additional diagnoses that are significant in AR-DRG assignment within the adjacent AR-DRG groupings. The analysis covers four groups of adjacent AR-DRGs:

1. all applicable adjacent AR-DRGs (that is, excluding adjacent AR-DRGs with other factors affecting partitioning)
2. adjacent AR-DRGs where the lowest split was without complications or comorbidities
3. adjacent AR-DRGs where the lowest split was without catastrophic or severe complications or comorbidities
4. Vaginal and caesarean deliveries.

Categories 2, 3 and 4 are subsets of category 1.

The category *Vaginal and caesarean deliveries* is included as it represents a sub-group of patients for which there is limited scope for differences in the admission threshold. Therefore, it is expected that differences in the proportions in the lowest resource AR-DRGs for this group are likely to reflect variation in reporting additional diagnoses.

Table A2 shows that there is variation among jurisdictions, and by sector, in the proportion of separations grouped to the lowest resource split for adjacent AR-DRGs.

Overall for public hospitals, about 71% of separations were allocated to the lowest resource split for adjacent AR-DRGs, ranging from 66% for Victoria to 74% for Western Australia.

For private hospitals, there was less variation among jurisdictions in the proportion allocated to the lowest resource split, ranging from 74% in Victoria to 77% in South Australia.

For *Vaginal and caesarean deliveries*, the proportion allocated to the lowest resource split was 37% for both public and private hospitals. However, there was some variation among jurisdictions, with public hospital proportions ranging from 34% in Victoria to 40% in Queensland and Tasmania.

Standardised proportion

The underlying assumption of this analysis is that variation in the proportions of separations assigned to individual AR-DRGs within an adjacent AR-DRG is caused by variation in the reporting and coding of additional diagnoses that are relevant to the split of the adjacent AR-DRG. This assumption is less likely to be valid when comparing hospital sectors which have differing casemixes, or the smaller jurisdictions because of differing population profiles and the limitations of the standardisation method.

The data were directly standardised by scaling the distribution of adjacent AR-DRGs in each jurisdiction/sector to the same distribution as the national total. The resulting proportions of separations in the lowest resource AR-DRG within the adjacent AR-DRG are considered comparable.

See tables accompanying this report online for additional detail on this analysis and the list of AR-DRGs included.

Table A2: Standardised proportion of separations[(a)] in lowest resource level AR-DRG for selected adjacent AR-DRGs version 6.0x, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All adjacent AR-DRGs split by complications only									
Public hospitals									
Separations	709,829	506,473	442,282	227,131	171,670	43,329	36,947	32,850	2,170,511
Standardised proportion in lowest resource level	0.72	0.66	0.72	0.74	0.71	0.71	0.69	0.67	0.71
Private hospitals									
Separations	220,085	227,201	217,508	97,290	73,788	n.p.	n.p.	n.p.	870,568
Standardised proportion in lowest resource level	0.75	0.74	0.75	0.76	0.77	n.p.	n.p.	n.p.	0.75
Adjacent AR-DRGs with 'without complication' as the lowest resource level AR-DRG									
Public hospitals									
Separations	226,305	173,713	143,710	75,840	53,123	13,584	13,595	11,390	711,260
Standardised proportion in lowest resource level	0.61	0.56	0.61	0.61	0.60	0.60	0.58	0.52	0.60
Private hospitals									
Separations	83,472	81,610	76,496	39,705	24,930	n.p.	n.p.	n.p.	318,276
Standardised proportion in lowest resource level	0.62	0.62	0.63	0.64	0.64	n.p.	n.p.	n.p.	0.63
Adjacent DRGs with 'without catastrophic or severe complication' as the lowest resource level AR-DRG									
Public hospitals	483,524	332,760	298,572	151,291	118,547	29,745	23,352	21,460	1,459,251
Separations	0.77	0.72	0.77	0.80	0.77	0.77	0.75	0.74	0.76
Standardised proportion in lowest resource level									
Private hospitals									
Separations	136,613	145,591	141,012	57,585	48,858	n.p.	n.p.	n.p.	552,292
Standardised proportion in lowest resource level	0.81	0.80	0.81	0.83	0.84	n.p.	n.p.	n.p.	0.82
Adjacent DRGs for Vaginal and caesarean delivery									
Public hospitals									
Separations	73,480	56,099	44,094	22,781	15,502	3,843	4,799	3,187	223,785
Standardised proportion in lowest resource level	0.38	0.34	0.40	0.35	0.38	0.40	0.37	0.35	0.37
Private hospitals									
Separations	23,707	20,708	17,936	10,725	4,707	n.p.	n.p.	n.p.	81,871
Standardised proportion in lowest resource level	0.36	0.36	0.38	0.36	0.34	n.p.	n.p.	n.p.	0.37

AR-DRG—Australian Refined Diagnosis Related Group.

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

Changes affecting ICD-10-AM/ACHI classifications

The Australian Coding Standard for *Diabetes mellitus and Impaired glucose regulation* (ACS 0401) has undergone changes in the last few ICD-10-AM editions.

The 7th edition of ICD-10-AM was implemented in Australian hospitals from 1 July 2010. From 1 July 2012, changes were implemented to the coding standard for diabetes (ACS 0401) to ensure that 'when documented, diabetes mellitus should always be coded'.

The coding practice for classifying diabetes under ICD-10-AM 6th edition (used 1 July 2008 to 30 June 2010) was largely consistent with previous editions of ICD-10-AM. However, clarification of how the coding standard for additional diagnoses (ACS 0002) should be applied under ICD-10-AM 6th edition meant that conditions would only be coded as an additional diagnosis if they were 'significant in terms of treatment required, investigations needed and resources used in each episode of care'. While this clarification resulted in a decrease in the number of conditions being coded as additional diagnoses for all separations, it had a particularly significant impact on the reporting of diabetes as an additional diagnosis for separations that involved a patient with diabetes.

The coding practice for classifying diabetes under ICD-10-AM 7th edition (from 1 July 2010) changed as a result of changes made to the ACS specialty standard for *Diabetes Mellitus and impaired glucose regulation* (ACS 0401). The ACS changes resulted in a further decrease between 2009–10 and 2010–11 in the reporting of diabetes-related conditions, due to the condition not meeting the criteria for being assigned as either a principal (ACS 0001) or additional diagnosis (ACS 0002).

During 2011, the National Casemix and Classification Centre's ICD Technical Group and the Diagnosis Related Group Technical Group investigated the effect of the changes to diabetes coding and recommended that 'when documented, diabetes mellitus should always be coded'.

This recommendation was agreed by the National Health Information Standards and Statistics Committee (NHISSC) at its March 2012 meeting, for implementation from 1 July 2012.

Effect on reporting

Between 2009–10 and 2010–11, the numbers of diagnoses reported for diabetes and impaired glucose regulation (E09–E14) decreased by 38% from 531,000 diagnoses in 2009–10 to 330,000 diagnoses in 2010–11 (Table A3).

Between 2010–11 and 2011–12, there were increases in the numbers of diagnoses reported for diabetes (E10–E14) that may be unrelated to coding changes.

Between 2011–12 and 2012–13, the numbers of codes reported for both principal and additional diagnoses of diabetes increased markedly. The reporting of diabetes as a principal diagnosis increased by an average of 29.6% between 2011–12 and 2012–13 (Table A3). The reporting of diabetes as an additional diagnosis increased by an average of 247% between 2011–12 and 2012–13.

Examining the reporting of codes for E11—*Type 2 diabetes mellitus* in more detail, the greatest increases in reporting between 2011–12 and 2012–13 were for E11.3 (*Type 2 diabetes mellitus with ophthalmic complication*) and E11.9 (*Type 2 diabetes mellitus without complications*) (Table A4). There was also a very large increase in the reporting of E11.2 (*Type 2 diabetes mellitus with kidney complication*).

Table A3: Diabetes mellitus and impaired glucose regulation, reporting, all hospitals, 2008–09 to 2012–13

	ICD-10-AM 6th edition		ICD-10-AM 7th edition			Change (%) since
	2008–09	2009–10	2010–11	2011–12	2012–13	2011–12
Principal diagnoses						
E09	229	198	46	106	93	–12.3
E10	22,363	23,584	18,280	19,946	24,490	22.8
E11	129,475	130,983	47,133	48,220	64,137	33.0
E13	689	719	413	481	589	22.5
E14	655	858	374	479	382	–20.3
Total principal diagnoses	*153,411*	*156,342*	*66,246*	*69,232*	*89,691*	*29.6*
Additional diagnoses						
E09	2,242	1,986	1,347	1,276	6,798	432.8
E10	24,499	24,238	19,750	21,029	58,916	180.2
E11	373,472	345,873	238,737	265,782	939,309	253.4
E13	3,579	3,454	2,976	3,707	7,866	112.2
E14	1,560	1,102	691	646	5,242	711.5
Total additional diagnoses	*403,792*	*375,551*	*262,810*	*291,794*	*1,012,889*	*247.1*
Total (E09–E14)	**557,203**	**531,893**	**329,056**	**361,026**	**1,102,580**	**205.4**

E09—Impaired glucose regulation; E10—Type 1 diabetes mellitus; E11—Type 2 diabetes mellitus; E13—Other specified diabetes mellitus.

E14—Unspecified diabetes mellitus; E09–E14—Impaired glucose regulation and diabetes mellitus.

Source: National Hospital Morbidity Database.

Table A4: Type 2 diabetes mellitus, all diagnoses reported, all hospitals, 2008–09 to 2012–13

	ICD-10-AM 6th edition		ICD-10-AM 7th edition			Change (%) since
Diagnosis	**2008–09**	**2009–10**	**2010–11**	**2011–12**	**2012–13**	**2011–12**
Type 2 diabetes mellitus						
E11.0 – with hyperosmolarity	951	974	1,088	1,265	2,003	58.3
E11.1 – with acidosis	1,835	2,122	1,913	2,123	4,000	88.4
E11.2 – with kidney complication	103,820	98,041	58,576	62,897	177,945	182.9
E11.3 – with ophthalmic complication	40,858	39,201	7,323	7,058	82,190	1,064.5
E11.4 – with neurological complication	10,156	9,837	6,101	6,914	50,534	630.9
E11.5 – with circulatory complication	22,370	20,292	9,405	10,206	51,261	402.3
E11.6 – with other specified complication	54,288	57,600	60,981	67,640	86,994	28.6
E11.7 – with multiple complications	236,463	223,289	119,087	132,613	160,498	21.0
E11.9 – without complication	32,184	25,458	21,362	23,240	387,940	1,569.3
Total Type 2 diabetes mellitus (E11)	**502,925**	**476,814**	**285,836**	**313,956**	**1,003,365**	**219.6**

Source: National Hospital Morbidity Database.

Condition onset flag data

The data element 'Episode of admitted patient care—condition onset flag' was mandated for national collection for the first time for the 2008–09 reporting period.

Information on the data reported for Conditions onset flag for 2012–13 is included in Chapter 6.

Quality of the Condition onset flag data for 2012–13

Overall, the provision of COF data for 2012–13 was similar to that provided for 2010–11 and 2011–12:

- In 2012–13, the coverage of COF data was 91% for public hospitals and 72% for private hospitals (Table A5). Data were missing for all private hospital records for New South Wales and there were major gaps for public hospitals for New South Wales.
- Private hospital COF data were reported by the private hospital in the Northern Territory for the first time in 2012–13.
- There was marked variation between states and territories in the overall proportion of records for which a condition was reported as arising during the episode of care. For public hospitals, the proportion ranged from 4.0% for the Northern Territory to 12.6% in Victoria (Table 6.24). For private hospitals, the proportion ranged from 1.5% for Tasmania to 7.4% for Victoria (Table 6.25). Differences in casemix between states and territories may account for some of this variation. However, this variation may indicate that there are differences in the allocation of COF values.
- There was some variation among jurisdictions in the conditions reported as having onset during the episode of care.
- The top 30 conditions reported as arising during the hospital stay provide support for the quality of the condition onset flag assignment (Table 6.26).
- The top 20 external caused of injury or poisoning reported as arising during the hospital stay provide support for the quality of the condition onset flag assignment (Table 6.27).

Table A5: Proportion of separations with Condition onset flag reported[(a)] (%), public and private hospitals, states and territories, 2012–13

	Public hospitals	Private hospitals
New South Wales	71.2	0.0
Victoria	100.0	100.0
Queensland	100.0	100.0
Western Australia	100.0	100.0
South Australia	100.0	100.0
Tasmania	100.0	97.6
Australian Capital Territory	100.0	99.9
Northern Territory	100.0	100.0
Total	**91.0**	**71.8**

(a) The proportion of separations for which Condition onset flag was reported may include records where the flag was provided for some diagnoses and not for others.

National Public Hospital Establishments Database

The National Public Hospital Establishments Database (NPHED) is based on the National Minimum Data Set (NMDS) for Public hospital establishments. It 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. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients.

The reference period for this data set is 2012–13.

Summary of key issues

- In 2012–13, the NPHED included essentially all public hospitals in Australia.
- Differences in accounting, counting and classification practices across jurisdictions and over time may affect the comparability of these data. There was variation between states and territories in the reporting of expenditure, depreciation, revenue, available beds, staffing categories and outpatient occasions of service.
- 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.
- 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.
- Recurrent expenditure reported to the NPHED is largely expenditure by hospitals, and may not necessarily include all expenditure on hospital services by each state or territory government.
- The collection of data by staffing category is not consistent among states and territories.
- The outsourcing of services with a large labour related component (such as food services and domestic services) can have a substantial impact on estimates of costs.
- A small number of establishments in 2012–13 did not report any financial data, or reported incomplete financial data.
- For 2012–13, Queensland was not able to provide complete data for the three privately-managed Mater public hospitals in Brisbane. Data were not available for expenditure and staffing categories. In 2011–12, these hospitals reported a total of about $560 million for recurrent expenditure and about 3,800 full time equivalent staff.
- Victoria substantially under-reported outpatient *Dental* services data in 2011–12, with those data being not directly comparable with previous years. For 2012–13, Victoria reported substantially more *Dental* services activity than for 2011–12. The reporting of *Dialysis* occasions of service in 2012–13 captured data for dialysis training activity.

The list of public hospitals that contributed to the NPHED is available in Table A.S1, which accompanies this report online.

National Outpatient Care Database

The National Outpatient Care Database (NOCD) includes aggregate data on services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals. It includes data on the type of outpatient clinic and counts of individual and group occasions of service. The data supplied are based on the National Minimum Data Set for Outpatient care (OPC NMDS).

The scope of the NOCD covers public hospitals that are classified as either peer group A or B (*Principal referral and specialist women's and children's hospitals* or *Large hospitals*) in the *Australian hospital statistics* publication from the preceding financial year.

The reference period for this data set is 2012–13. The data set includes records for outpatient care occasions of service provided between 1 July 2012 and 30 June 2013.

Summary of key issues

- While the scope of the NOCD covers public hospitals in public hospital peer groups A and B (*Principal referral and specialist women's and children's* and *Large* hospitals), data were also provided by some states and territories for hospitals in peer groups other than A and B.
- For 2012–13, the proportion of outpatient occasions of service reported to the NOCD was estimated as 100% for public hospitals in peer groups A and B and 80% for all public hospitals.
- Although the NOCD is a valuable source of information on services provided to non-admitted, non-emergency patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- Over the three reporting periods 2010–11, 2011–12 and 2012–13 the reporting of outpatient clinic care for some jurisdictions was changed in order to align with the reporting requirements for Activity Based Funding. These changes included: the discontinuation of reporting for some activity; the commencement of reporting for some activity; and the re-categorisation of some clinics according to the Tier 2 clinics structure (IHPA 2011). Therefore, data for 2010–11, 2011–12 and 2012–13 may not be comparable with data reported for previous years.
- Victoria substantially under-reported outpatient *Dental* services data in 2011–12, with those data being not directly comparable with previous years. For 2012–13, Victoria reported considerably more *Dental* services activity than for 2011–12.
- For 2012–13, Tasmania was able to provide outpatient care data for one *Principal referral hospital* that did not report in 2011–12.

The list of public hospitals that contributed to the NOCD in 2012–13 is in Table A.S1, which accompanies this report online.

The National Emergency Access Target Database

The National Emergency Access Target Database (NEATD) includes episode-level data on non-admitted patients treated in the emergency departments of Australian public hospitals. The data supplied for the period from 1 January to 30 June 2013 are based on the NMDS for Non-admitted patient emergency department care (NAPEDC NMDS) 2012–13. The data supplied for the period from 1 July to 31 December 2013 are based on the NAPEDC NMDS for 2013–14.

The scope of the NEATD covers public hospitals in public hospital peer groups A and B (*Principal referral and specialist women's and children's hospitals* and *Large hospitals*) in the AIHW's *Australian hospital statistics* of the previous year. Some states and territories also provided data for public hospitals that were classified in peer groups other than A or B, as agreed between the Commonwealth and states and territories for the purposes of the National Partnership Agreement on Improving Public Hospital Services (NPA-IPHS). For 2013, coverage of the NEATD in relation to the reporting requirements for the NPA-IPHS was 100%.

Summary of key data quality issues

- The NEATD is a compilation of episode-level data for emergency department presentations in public hospitals.
- The scope of the NEATD is patients registered for care in emergency departments in public hospital peer groups A and B (*Principal referral and specialist women's and children's* and *Large hospitals*).
- Some states and territories also provided data for public hospitals that were classified in peer groups other than A or B as agreed between the Commonwealth and states and territories for the purpose of the NPA-IPHS.
- The NEATD includes all care provided to patients treated in emergency departments. Care is included until the patient is recorded as having physically departed the emergency department, regardless of whether they have been admitted to hospital. Care provided to patients admitted to 'short stay units' is not included.
- Although there are national standards for data on non-admitted patient emergency department services, there are some variations in how those services are defined and counted across states and territories and over time.
- The care provided to patients in emergency departments is, in most instances, recognised as being provided to 'non-admitted' patients. Patients being treated in emergency departments may subsequently become 'admitted'.
- Non-admitted patients who are treated in outpatient clinics are not included in the NEATD.

National Elective Surgery Target Database

The National Elective Surgery Target Database (NESTD) provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals. This includes private patients treated in public hospitals, and may include public patients treated in private hospitals. 'Public hospitals' may include hospitals that are set up to provide services for public patients (as public hospitals do), but are managed privately.

The data supplied for 1 January 2013 to 30 June 2013 are based on the NMDS for Elective surgery waiting times (ESWT NMDS—Removals) 2012–13. The data supplied for 1 July 2013 to 31 December 2014 are based on the NMDS for ESWT NMDS—Removals 2013—.

Data for the NESTD are reported quarterly. The NESTD includes episode-level data on patients added to, removed from, or still waiting on elective surgery waiting lists managed by public hospitals from 1 January 2013 to 31 December 2013.

Summary of key data quality issues

- The NESTD is a compilation of episode-level data on patients added to, removed from, or still waiting on elective surgery waiting lists managed by public hospitals.
- States and territories provided data to the NESTD as agreed between the Commonwealth and states and territories for the purposes of the NPA-IPHS. The NESTD covered most hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared with other hospitals.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions.

Appendix B: Technical appendix

This appendix covers:

- definitions and classifications used
- the presentation of data in this report
- analysis methods.

Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary, version 16* (NHDD) (AIHW 2012b) (summarised in the Glossary).

Data element definitions for each National Minimum Data Set (NMDS) are also available online for the:

- Admitted patient care NMDS 2012–13 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/466132>
- Non-admitted patient emergency department care NMDS 2012–13 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/474371>
- Outpatient patient care NMDS 2012–13 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/336862>
- Public hospital establishments NMDS 2012–13 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/470656>
- Elective surgery waiting times (removals data) NMDS 2012–13 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/472497>.

Geographical classifications

Remoteness areas

Data on geographical location of the patient's usual residence and of the hospital location are defined using the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS). Data on remoteness area of usual residence are defined using the ABS's ASGS Remoteness Structure 2011 (ABS 2011c).

The ABS's ASGS Remoteness Structure 2011 categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website <www.abs.gov.au>. The classification is as follows:

- *Major cities*
- *Inner regional*
- *Outer regional*
- *Remote*
- *Very remote.*

Socioeconomic status

Data on socioeconomic status groups are defined using the ABS's Socio-Economic Indexes For Areas 2011 (SEIFA 2011 [ABS 2013b]).

The SEIFA 2011 (ABS 2013b) are generated by the ABS using a combination of 2011 Census data such as income, education, health problems/disability, access to Internet, occupation/unemployment, wealth and living conditions, dwellings without motor vehicles, rent paid, mortgage repayments, and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based on the Census collection districts. However, they are also compiled for higher levels of aggregation including SA2. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

Classifications of clinical data

ICD-10-AM/ACHI

Diagnosis, procedure and external cause data for 2012–13 were reported to the NHMD by all states and territories using the 7th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2010), incorporating the *Australian classification of health interventions* (ACHI).

The tables and figures presented in chapters 6, 7, 8, 9 and 10 use the codes and abbreviated descriptions of the ICD-10-AM/ACHI classification. Full descriptions of the categories are available in the ICD-10-AM/ACHI publications (NCCH 2010).

Diagnoses

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). Most of the 3-character disease groupings can be divided into an even larger number of very specific disease categories represented by 4-character and 5-character codes.

External causes

The external cause classification (Chapter 20 of ICD-10-AM) is hierarchical, consisting of 377 three-character categories. Some of the information in Chapter 6 is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. Information on the 30 most common external causes reported for conditions arising during the episode of care are presented at the 3-character level.

Additional information on external causes of injury and poisoning, place of occurrence and activity when injured is available online at <www.aihw.gov.au/hospitals/>.

Procedures

One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions, so only some of the separation records include procedure data.

The procedure classification is divided into chapters by anatomical site, and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These subchapters 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.

Australian Refined Diagnosis Related Groups

AR-DRG 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. This system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected use of hospital resources, based on information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 6.0x (DoHA 2010) to classify separations.

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into *Surgical*, *Medical* and *Other* partitions, and then into 698 individual AR-DRGs.

The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource intensive may be assigned to the *Pre-MDC* category (AR-DRGs A01Z to A41B), irrespective of the principal diagnosis (including most organ and bone marrow transplants). Episodes that contain clinically atypical or invalid information are assigned *Error DRGs* (AR-DRGs 801A–801C and 960Z–963Z), even if they were assigned to an MDC (*Error DRGs* are included within the *Other* DRG in the *Surgical*/ *Medical*/*Other* DRG partition).

Episodes are assigned to AR-DRGs within MDCs, mainly on the basis of the procedure codes (in the *Surgical* DRG partition) or the diagnosis codes (in the *Medical* DRG partition). Additional variables including the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, the length of stay, and the mode of separation are also used for AR-DRG assignment.

Estimated resident populations

All populations, except those used for analyses by Indigenous status, are based on the estimated resident population as at 30 June (at the beginning of the reporting period), based on the 2011 Census data. For more information, see 'Methods'.

For analyses by Indigenous status, the population projections based on the 2011 Census were not available at the time of the release of this report. Therefore, the ABS's Indigenous experimental estimates and projections (2001 Census-based) were used.

Presentation of data

For the majority of tables in this report, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exceptions are for tables presenting information on potentially preventable hospitalisations and selected procedures, 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 Chapter 6.

For tables presented by the state or territory of usual residence of the patient, the totals include unknown residence area (within a known state), overseas residents and unknown state of residence.

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Suppression of data

The AIHW operates under a strict privacy regime which has its basis in Section 29 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). Section 29 of the AIHW Act requires that confidentiality of data relating to persons (living and deceased) and organisations be maintained. The Privacy Act governs confidentiality of information about living individuals.

The AIHW is committed to reporting that maximises the value of information released for users while being statistically reliable and meeting legislative requirements described above.

Data (cells) in tables may be suppressed in order to maintain the privacy or confidentiality of a person or organisation, or because a proportion or other measure related to a small number of events and may therefore not be reliable.

Data have been suppressed to avoid attribute disclosure. Some measures have been suppressed if there if there were fewer than 100 separations in the category being presented (for example, for length of stay, separations rates and elective surgery waiting times). The abbreviation 'n.p.' has been used in tables to denote these suppressions. For these tables, the totals include the suppressed information.

The data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory were not published for confidentiality reasons.

In addition, private hospital data are suppressed for a particular diagnosis, procedure or AR-DRG where:

- there are fewer than three reporting units
- there are three or more reporting units and one contributed more than 85% of the total separations, or
- there are three or more reporting units and two contributed more than 90% of the total separations.

Analysis methods

Admitted patient care data analyses

Records for 2012–13 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2012 to 30 June 2013. Data on patients who were admitted on any date before 1 July 2012 are included, provided that they also separated between 1 July 2012 and 30 June 2013. 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 NHMD.

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 reporting period (1 July 2012 to 30 June 2013), this means that not all patient days reported will have occurred in that year. It is expected, however, that patient days for patients who separated in 2012–13, but who were admitted before 1 July 2012, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2013 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. Information on some aspects of the quality and comparability of the data are presented in Appendix A.

The notes above and those in Box 6.1 should be used to guide interpretation of the data.

Newborn episodes of care

Newborn care episodes can include 'qualified days' which are considered to be the equivalent of acute care days. In this report, *Newborn* episodes with at least one qualified day have been included in all 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.

Standardised separation rate

Unless noted otherwise, population rates (separation rates) presented in this report are age-standardised, calculated using the direct standardisation method and 5-year age groups.

The crude population rates presented in some tables (for example, average available beds per 1,000 population) were calculated using the population estimates for 30 June 2012.

All populations, except those used for analyses by Indigenous status, are based on the 2011 Census data. For time series tables in this report, the age-standardised separations rates (per 1,000 population) presented for the years 2008–09 to 2011–12 have been calculated using estimated resident populations based on the 2011 Census data. Therefore, the separation rates reported for 2008–09 to 2011–12 in this report are not comparable to the separation rates presented in earlier *Australian hospital statistics* reports which were based on the 2006 Census data.

The total Australian population for 30 June 2001 was used as the standard population against which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 30 June at the beginning of the reporting period (see tables B.S1 to B.S3 accompanying this report online) were used for the observed rates as detailed below:

- Separation rates (by hospital state, residence state, remoteness areas and by quintiles of socioeconomic advantage/disadvantage) were directly age-standardised, using the estimated resident populations as at 30 June 2012. The estimated resident populations use a highest age group of 85 and over.
- Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2012, based on the 2006

Census data. The population for other Australians was based on the estimated resident populations as at 30 June 2012, based on the 2006 Census data. As the projected estimates use a highest age group of 65 and over and population data for June 2012, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented elsewhere.

Standardised separation rate ratios

For some tables reporting comparative separation rates, 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). The calculation is as follows:

Standardised separation rate ratio (SRR) = observed rate/expected rate

A standardised separation ratio of 1.0 indicates that the population of interest (for example, Indigenous Australians) 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.

The populations used for the observed and expected rates vary in this report, for example:

- For Indigenous status, the rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians (other Australians includes Indigenous status not reported).
- For analyses by residence state or territory, remoteness areas and socioeconomic status of area of residence, the rate ratio is equal to the separation rate for the residence state or territory, remoteness area or socioeconomic status group divided by the separation rate for Australia.

Counts of separations by groups of diagnoses, procedures and external causes

For tables with counts of separations by groups of diagnoses, procedures or external causes, a separation is counted once for the group if it has at least one diagnosis/procedure/external cause reported within the group. As more than one diagnosis, procedure or external cause can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Diagnoses

Most of the information about principal diagnoses in chapters 6, 7, 8, 9 and 10 is presented using two 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
- 3-character ICD-10-AM groupings—1,674 categories describe the diseases at a specific level. Detailed information is presented for the 20 groupings with the highest number of separations. Summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>.

Procedures

For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation.

The procedure information is presented using three methods of grouping procedures based on the ACHI procedure classification:

- ACHI procedure chapters—these 20 groups provide information aggregated at the ACHI chapter level
- ACHI procedure blocks—these 1,601 categories describe procedures at a specific level. Detailed information is presented for the 10 groups with the highest number of separations and summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>
- ACHI procedures—there are over 6,300 individual procedures. Chapter 10 presents information for the most common procedures for sub- and non-acute care separations.

ICD-10-AM codes used for selected analyses

A number of tables in this report use ICD-10-AM/ACHI codes to define diagnoses and procedures. The codes are presented in tables B.S4 to B.S8 accompanying this report online and relate to:

- adverse events (Chapter 3)
- unplanned/unexpected readmissions (Chapter 3)
- selected procedures (Chapter 3)
- selected AR-DRGs (Chapter 3)
- potentially preventable hospitalisations (Chapter 6).

Counts of AR-DRGs and MDCs

Following receipt of the data from states and territories, the AIHW regrouped the data to ensure that the same grouping method was used for all data. The AR-DRGs that resulted from this regrouping are reported here, and may differ slightly from the AR-DRGs derived by the states and territories.

The information in chapters 6, 7, 8, and 9 is presented using different methods of grouping the AR-DRG classification:

- Separations have been categorised as *Childbirth*, *Medical*, *Surgical* or *Other* based on the AR-DRG recorded for the separation
- MDCs—these 23 groups are used to provide information at a high level of aggregation
- AR-DRGs—detailed information is presented for the 20 AR-DRGs having the largest number of separations.

AR-DRG versions

For 2012–13, each separation in the NHMD was classified to AR-DRG version 6.0x (DoHA 2010) on the basis of demographic and clinical characteristics of the patient.

Each AR-DRG version is based on a specific edition of the ICD-10-AM/ACHI (Table B1). However, AR-DRGs can be mapped from other ICD-10-AM/ACHI editions.

Table B1: ICD-10-AM and AR-DRG versions, 2008–09 to 2012–13

Year	ICD-10-AM edition	Relevant AR-DRG version	AR-DRG version reported in *Australian hospital statistics*
2008–09	Sixth edition	Version 6.0	Version 5.2
2009–10	Sixth edition	Version 6.0	Version 5.2
2010–11[(a)]	Seventh edition	Version 6.0	Version 6.0
2011–12	Seventh edition	Version 6.0	Version 6.0x
2012–13	Seventh edition	Version 6.0x	Version 6.0x

(a) For *Australian hospital statistics 2010–11* in analyses where cost weights were required, AR-DRG version 5.2 Round 13 cost weights (2008–09) were applied to AR-DRG version 5.2.

For the purpose of making AR-DRG-based time series comparisons, the coded clinical data for 2008–09 to 2009–10 were grouped to AR-DRG version 6.0 using the mapping facility in the DRGroup™ software. Due to the mapping necessary to generate the AR-DRG versions, the data presented in these tables may not be comparable to those reported by the states and territories for a small number of AR-DRGs.

Broad categories of service

Separations have been categorised as *Childbirth*, *Specialist mental health*, *Medical*, *Surgical* or *Other* based mainly on the AR-DRG recorded for the separation:

- *Childbirth*: separations for which the AR-DRG was associated with childbirth:
  - O01A *Caesarean delivery with catastrophic complication or comorbidity*
  - O01B *Caesarean delivery with severe complication or comorbidity*
  - O01C *Caesarean delivery without catastrophic or severe complication or comorbidity*
  - O02A *Vaginal delivery with operating room procedure with catastrophic or severe complication or comorbidity*
  - O02B *Vaginal delivery with operating room procedure without catastrophic or severe complication or comorbidity*
  - O60A *Vaginal delivery with catastrophic or severe complication or comorbidity*
  - O60B *Vaginal delivery without catastrophic or severe complication or comorbidity*
  - O60C *Vaginal delivery single uncomplicated without other condition*

  Does not include newborn care. Includes separations for childbirth for which specialised psychiatric care days were reported.
- *Specialist mental health*: separations for which at least one specialised psychiatric care day was reported. Excludes separations for *Childbirth* that also reported specialised psychiatric care days.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.

- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

For Chapter 6, broad categories of service are presented for standard admitted patient care data analyses. For chapters 7, 8, and 9, broad categories of service are presented for acute admitted patient care data analyses.

Standard admitted patient care data analyses

For chapters 2 and 6, the counts of separations do not include separations for *Newborns* (without qualified days) and records for *Hospital boarders* or *Posthumous organ procurement*, and the patient days are also not included for those records. In addition, patient days for *Newborns* that were not qualified days are excluded from the counts of patient days.

Acute admitted patient care data analyses

For chapters 6, 7, 8 and 9, and for tables in other chapters that include AR-DRGs and/or cost weight information, separations are included only for *Acute* care, *Newborns* (with qualified days) or where care type was not reported. Patient days for *Newborns* that were not qualified days are excluded from the counts of patient days.

Same-day acute admitted patient care data analyses

For Chapter 7, records are included if the patient had a care type of *Acute*, *Newborn* (with qualified days), or the care type was not reported, and the patient was admitted and separated on the same date.

As a separation may be generated by a transfer between hospitals, or a change in the type of care provided, these data may include records for patients whose stay in hospital was longer than one day but involved more than one separation.

Overnight acute admitted patient care data analyses

For Chapter 8, records are included if the patient had a care type of *Acute*, *Newborn* (with qualified days), or the care type was not reported, and the patient was admitted and separated on different dates.

Separations involving surgery

For Chapter 9, separations involving surgery are defined as acute separations with a 'surgical procedure' reported, based on the procedures used to define 'surgical' AR-DRGs in AR-DRG version 6.0x (DoHA 2010). Separations for *Specialist mental health* care and *Childbirth* were excluded (see Chapter 9).

Separations involving surgery are further disaggregated in Chapter 9 based on the reported urgency of admission as:

- *Emergency admissions involving surgery*—includes separations for which the urgency of admission was reported as *Emergency*
- *Elective admissions involving surgery*—includes separations for which the urgency of admission was reported as *Elective*.

Separations involving surgery for which the urgency of admission was *Not assigned* or not reported are only included in the first table of Chapter 9.

Subacute and non-acute admitted patient care data analyses

For Chapter 10, records are included if the patient had a care type of *Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care* or *Maintenance care*. It includes both same-day and overnight separations for subacute and non-acute care.

Funding source

Between 2011–12 and 2012–13, some changes were made to the data element 'Episode of care—source of funding' (METeOR id 472033) to facilitate the use of this data element in non-admitted patient care as well as admitted patient care.

Some of the existing domain values were renamed as the category title 'Australian health care agreements' (AHCA) was no longer valid after the cessation of the AHCAs in 2009. In addition, a domain value was added for the funding source 'Medicare benefits schedule', which is not applicable for admitted patient care.

Public patient analyses

From 2012–13, the category *Public patients* includes separations for which the funding source was reported as:

- *Health service budget*
- *Health service budget (due to eligibility for Reciprocal health care agreements)*
- *Health service budget (no charge raised due to hospital decision)* in public hospitals
- *Other hospital or public authority* with a patient election status of *Public* (regardless of hospital sector).

In tables presenting information by funding source, the category *Other* includes separations for which the funding source was reported as:

- *Other compensation*
- *Department of Defence*
- *Correctional facility*
- *Other hospital or public authority* with a patient election status of *Private* (or not reported)
- *Health service budget (no charge raised due to hospital decision)* in private hospitals
- *Other funding source*.

Non-admitted patient emergency department care data analyses

Estimated proportion of emergency services

The estimated proportion of emergency occasions of service covered by the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) data is calculated as the number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED, as a percentage. See Chapter 5.

Emergency department length of stay statistics calculations

Length of stay statistics are calculated for all emergency department *Type of visit* categories.

Proportion of emergency department presentations completed in 4 hours or less

The proportion of presentations completed in 4 hours or less is determined as the proportion of all emergency presentations with time elapsed between the presentation and the physical departure of the patient of less than or equal to 240 minutes. See Chapter 5.

Presentations were excluded if either (or both) of the presentation date/time or physical departure date/time were missing or invalid, or if the calculation resulted in an invalid length of stay (that is, missing or negative number of minutes).

National elective surgery waiting times data analyses

Elective surgery waiting times

The waiting times data presented in this report are for patients who complete their wait and are admitted for their surgery as either an elective or emergency admission. In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data reported in previous *Australian hospital statistics* reports.

See also 'Median and 90th percentiles'.

Elective surgery care and elective surgical separations

The definition of elective surgery care for the purposes of the National Elective Surgery Waiting Times Data Collection (NESWTDC), and the definition of separations described as elective admissions involving surgery in the National Hospital Morbidity Database (NHMD) differ. In particular, the procedures defined as surgical differ between those used to define the scope of the NESWTDC and those used to define surgical separations in the NHMD.

For the NESWTDC, elective surgery comprises elective care where 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 (AIHW 2012).

For the NHMD (see Chapter 9), separations involving surgery are defined as acute separations with a 'surgical procedure' reported, based on the procedures used to define 'surgical' AR-DRGs in AR-DRG version 6.0x (DoHA 2010).

National public hospital establishment data analyses

Counting public hospitals

Two 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 NHMD and the National Public Hospital Establishments Database (NPHED) (Table B2):

- Entities for which there was expenditure information were counted as hospitals. A small number of hospitals in the NPHED had incomplete expenditure information. In addition, in some jurisdictions, expenditure data were available at the Local Hospital Networks level, not at campus-level, so the networks were the entities counted as hospitals in these cases.

- In Chapter 4, hospitals are generally counted as they were reported to the NPHED. These entities are usually 'physical hospitals' (buildings or campuses) but may encompass some outpost locations such as dialysis units. Conversely 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 NHMD, some small hospitals do not have separations every year.

Table B2: Numbers of public hospitals reported in this report, states and territories, 2012–13

Hospitals	NSW	Vic	Qld	WA	SA	Tas	ACT[(a)]	NT	Total
For expenditure data	225	104	167	90	80	23	3	5	697
Chapter 4 (physical campuses)	225	150	170	90	80	23	3	5	746

(a) The count of hospitals for the Australian Capital Territory includes a small mothercraft hospital for which admitted patient data were not reported. The expenditure for this hospital is included in the total reported for the Australian Capital Territory in Chapter 4.

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. For example, for 2012–13, Western Australia reported 6 fewer hospitals than in 2011–12, due to the amalgamation of reporting for 5 small campuses with their respective parent hospitals.

Counts of private hospitals can also vary, depending on the source of the information. Therefore, there may be discrepancies between counts of private hospitals from the ABS Private Health Establishments Collection and the lists of private hospitals contributing to the NHMD (which are the basis of admitted patient data presented in chapters 6, 7, 8, 9 and 10). 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.

Expenditure and revenue

Constant prices

Constant price expenditure adjusts current prices for the effects of inflation, that is, it aims to remove the effects of inflation. Hence, expenditures in different years can be compared on a dollar-for-dollar basis, using this measure of changes in the volume of health goods and services.

Constant price estimates for expenditure aggregates have been derived in terms of prices in the reference year 2012–13 with the ABS Government Final Consumption Expenditure, State and Local– Hospitals & Nursing Homes deflator used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.

Median and 90th percentiles

The 50th percentile is the median (or the middle value) in a group of data arranged from lowest to highest value. It represents, for example, the amount of time within which 50% of patients were admitted; half the waiting times will have been shorter, and half the waiting times longer, than the median.

Using the same example, the 90th percentile data represent the number of days within which 90% of patients were admitted.

The 50th percentile and 90th percentile waiting times are calculated using an empirical distribution function with averaging. Using this method, observations are sorted in ascending order.

The calculation is where:

n is the number of observations and

p is the percentile value divided by 100,

then $n \times p = i + f$ (where i is an integer and f is the fractional part of $n \times p$).

If $n \times p$ is an integer, then the percentile value will correspond to the average of the values for the ith and (i+1)th observations.

If $n \times p$ is not an integer, then the percentile value will correspond to the value for the (i+1)th observation.

For example, if there were 100 observations, the median waiting time will correspond to the average waiting time for the 50th and 51st observations (ordered according to waiting time). Similarly, the 90th percentile will correspond to the average waiting time for the 90th and 91st observations if there are 100 observations.

If there were 101 observations, then the median waiting time will correspond to the waiting time for the 51st observation and the 90th percentile waiting time will correspond to the waiting time for the 91st observation.

The 50th and 90th percentiles have been rounded to the nearest whole number; in days for elective surgery waiting times and in minutes for emergency department waiting times.

Data on geographical location

Data on geographical location are collected on hospitals in the NPHED and on the area of usual residence of patients in the NHMD and the NAPEDCD. These data have been provided as state or territory and Statistical Area level 2 (SA2), a small area unit within the ABS's ASGS and/or postcode, and have been aggregated to remoteness areas.

Geographical location of hospital

The remoteness area of each public hospital was determined on the basis of its location. For 2012–13, the geographical location aligns with the ABS's ASGS Remoteness Structure 2011 (ABS 2011b). Data on the remoteness area of hospitals are presented in Chapter 4.

Geographical location of usual residence of the patient

The NHDD specifies that these data should be provided as the state or territory and the SA2 of usual residence. All states and territories were able to provide SA2 codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction.

The AIHW mapped the supplied area of residence data for each separation to remoteness area categories based on the ABS's ASGS Remoteness Structure 2011. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by remoteness areas and SA2s. Because of the probabilistic

nature of this mapping, the remoteness area data for individual records may not be accurate; however, the overall distribution of records by geographical areas is considered useful.

For the NHMD, about 99% of records included data on the area of usual residence in the form of an SA2. For the remaining 0.4% of records, about 50% were for overseas residents, 5% were of no fixed abode, and the remainder not reported.

Remoteness area of usual residence

Data based on the area of usual residence for admitted patients are presented by remoteness area in chapters 3, 4, 6, 7, 8, 9 and 10.

The data presented in this report by remoteness areas using the ABS's ASGS Remoteness Structure 2011 are not comparable to the data presented by remoteness areas using the ABS's ASGC Remoteness Structure 2006 (ABS 2006) in *Australian hospital statistics* reports for 2006–07 to 2011–12 because of differences in the underlying calculation of the Accessibility/Remoteness Index of Australia (ARIA) scores used to determine remoteness areas. Therefore, caution should be used when making comparisons over time.

Socioeconomic status

Separation rates by socioeconomic status were generated by the AIHW using the ABS Index of Relative Socio-Economic Disadvantage (IRSD) scores for the SA2 of usual residence of the patient reported for each separation.

The SEIFA Index of Relative Socio-Economic Disadvantage is one of the ABS's SEIFA indexes. The relative disadvantage scores indicate the collective socioeconomic status of the people living in an area, with reference to the situation and standards applying in the wider community at a given point in time. A relatively disadvantaged area is likely to have a high proportion of relatively disadvantaged people. However, such an area is also likely to contain people who are not disadvantaged, as well as people who are relatively advantaged.

Separation rates by socioeconomic status were generated by the AIHW using the ABS Index of Relative Socio-Economic Disadvantage (IRSD) scores for the SA2 of usual residence of the patient reported for each separation. The 1—Lowest SES group represents the areas containing the 20% of the population with the most disadvantage, and the 5—Highest SES group represents the areas containing the 20% of the population with the least disadvantage.

The following labels for each socioeconomic group have been used throughout the report:

Label	Socioeconomic status group
1—Lowest	Most disadvantaged
2	Second most disadvantaged
3	Middle
4	Second least disadvantaged
5—Highest	Least disadvantaged

AR-DRG cost weights and cost estimates

Cost weights and cost estimates were prepared by the Independent Hospital Pricing Authority (IHPA) through the National Hospital Cost Data Collection (NHCDC) (IHPA 2013a, 2013b). The NHCDC estimates the average cost of each AR-DRG and the cost weight is the average cost for that AR-DRG divided by the average cost across all AR-DRGs.

Separate cost weights are usually estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The most recent public hospital cost weights based on version 6.0x relate to the 2010–11 reporting period (Round 15, IHPA 2013a). For 2010–11, the average cost for public hospital separations was $4,613.

For private hospitals, the most recent private hospital cost weights based on version 6.0x relate to the 2011–12 reporting period (Round 16, IHPA 2013b). For 2011–12, an average cost for private hospital separations was not reported.

Average cost weight

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the average cost for all separations.

The average cost weight for a hospital (or group of hospitals) is calculated as the sum of the average cost weights for each separation, divided by the total number of separations for the hospital. 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 (equal to 1.00).

Cost per casemix-adjusted separation analysis

In previous *Australian hospital statistics* reports, the cost per casemix-adjusted separation was presented as an indicator of the efficiency of public acute care hospitals (see Chapter 3).

The cost per casemix-adjusted separation 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. A summary of the method used in this analysis was included in Appendix B of *Australian hospital statistics 2011–12*, and more detail is available in *Australian hospital statistics 2000–01* (AIHW 2002).

This indicator has been omitted from *Australian hospital statistics 2012–13* for two reasons:

- There are concerns about the potential for this indicator to be confused with the IHPA's calculation of the national efficient price and the allocation of activity based funding for the 2012–13 reporting period.
- The method has not been revised since the 2000–01 reporting period. Over the past two years, the IHPA have been developing costing models for subacute and non-acute care, mental health care, emergency department care and outpatient care, which may contain elements that could be appropriately included in the AIHW's cost per casemix-adjusted separation analysis.

The AIHW will undertake a revision of this indicator during the first half of 2014, and aims to publish the results in an addendum to this report in the second half of 2014.

Relative stay index analysis

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Chapter 3. They are calculated as the number of 'observed patient days' for separations in selected AR-DRGs, divided by the number of 'expected patient days', standardised for casemix (based on national figures).

An RSI greater than 1.0 indicates that an average patient's length of stay is higher than expected given the casemix for the group of separations of interest. An RSI of less than 1.0 indicates that the length of stay was less than expected.

The standardisation for casemix (based on AR-DRG version 6.0x and the age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided; however, it does not take into account other influences on length of stay, such as Indigenous status or the remoteness area of the patient's residence or of the hospital.

The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or with a length of stay greater than 120 days. Excluded from the analysis were:

- AR-DRGs for rehabilitation (such as Z60A *Rehabilitation with catastrophic/severe complications or comorbidities*)
- predominantly same-day AR-DRGs (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*)
- AR-DRGs with a length of stay component in the definition (see tables accompanying this report online)
- *Error AR-DRGs*.

Comparisons with RSIs presented in earlier reports should be made with caution, because the indexes for reports from 2004–05 to 2009–10 were calculated using AR-DRG versions 5.0/5.1/5.2.

RSI standardisation methods—direct and indirect relative stay indexes

The two methods for standardisation of the length of stay data used in this report are analogous to direct and indirect age-standardisation methods.

Indirect relative stay index

The indirect RSI method applies the national average length of stay (ALOS) for each AR-DRG 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. This method is generally used when rate information (ALOS for each AR-DRG in this analysis) for the population of interest is unknown or subject to fluctuation because of small population sizes. It 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. Therefore, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

Direct relative stay index

For the direct RSI method, the 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 a 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 the 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 AR-DRGs which are not represented in a group need to be estimated. The method in this report uses the 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. Also, this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group, which can be particularly problematic if the low-volume AR-DRGs are atypical.

For those jurisdictions and sectors for which RSI statistics are presented in tables 3.9 and 3.10, there were between 502 and 672 AR-DRGs represented, meaning that ALOS data was estimated for up to 170 AR-DRGs.

Due to the issues with the direct RSI detailed above, this report mainly presents RSI information using the indirect standardised method. However, the direct standardised method has also been presented in Chapter 3. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented.

For public hospitals in the Northern Territory, about 500 of the 672 DRGs used in the national RSI analysis are represented, so results are likely to have been affected by estimation of the missing ALOS data. Therefore the data presented for the direct standardised method in the public sector for the Northern Territory in tables 3.9 and 3.10 should be interpreted with caution.

Table B.S9, accompanying this report online, shows the number of AR-DRGs represented in each cell in tables 3.9 and 3.10, so that the number of AR-DRGs for which ALOS was estimated can be derived.

Appendix C: Public hospital peer groups

This report uses a new public hospital peer group classification, developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee. An AIHW report on the new peer group classification will be released later in 2014 (*Australian hospital peer groups 2014*, AIHW forthcoming). This appendix presents a summary of the method used to develop the new peer groups.

Since 1999, AIHW has grouped public hospitals into peer groups when reporting hospital data. This reflects the need to compare hospitals against other hospitals with similar characteristics when reporting statistics and monitoring performance.

The AIHW's original peer grouping was developed with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC). It was developed to examine variability in the average cost per casemix-adjusted separation and to group hospitals into broadly similar groups in terms of their range of admitted patient activities.

This grouping was first published in *Australian hospital statistics 1998-99* (AIHW 2000) and continued to be used in all subsequent *Australian hospital statistics* publications until the 2011–12 report. It grouped hospitals based on a number of criteria, including specialisation of hospital (categories such as multi-purpose services, hospices, rehabilitation, mothercraft, psychiatric or other non-acute; categorisation was based on advice from states and territories); workload of hospital, measured in acute separations or acute weighted separations; and geographic location (see Table C1).

However, changes in hospital workloads and work practices over time highlighted the need for a review of the appropriateness of the peer groups.

The new AIHW peer grouping has been developed as a flexible and robust system for the categorisation of hospitals into peer groups:

- The groups are based on logical groupings of hospitals according to available data. It is based on a broader range of hospital data sources than the original peer group classification and does not rely on advice from state and territories to create particular groups.
- The grouping is intended to be multi-purpose. The peer groups were defined according to common criteria and not for any particular type of statistical analysis or performance reporting purpose. They should be useful for a range of different purposes.
- The grouping is intended to be stable over time. The individual groups have been defined by the type and nature of the services provided rather than by size-based characteristics which can change through activity increases. The stability of the grouping membership was also tested using several years of data.

A summary of the new peer group classification is presented in Table C2. The peer group to which each public hospital was assigned for 2012–13 is included in Table CS.1 accompanying this report online and includes the previous peer group for information.

Table C1: Public hospital peer group classification, 1999 to 2013

Peer group	Subgroup	Code	Definition
Principal referral and specialist women's and children's hospitals	Principal referral	A1	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	A2	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Major city	B1	Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Regional and Remote	B2	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	C1	Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.
	Group 2	C2	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	D1	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	D3	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	D2	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	E2	
	Hospices	E3	
	Rehabilitation	E4	
	Mothercraft	E5	
	Other non-acute	E9	For example, geriatric treatment centres combining rehabilitation and palliative care, with a small number of acute patients.
Unpeered and other hospitals		G	Prison medical services, dental hospitals, special circumstance hospitals, Major city hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations etc.
Psychiatric hospitals		F	

Table C2: List of new peer groups including number of public hospitals, 2012–13

Group	Description	Public hospitals
Acute public hospitals	**Are identified according to the hospital's service profile:**	
Principal referral hospitals	Provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an Infectious diseases unit and a 24-hour emergency department	29
Large acute hospitals	Provide a wide range of services to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals, but provide a narrower range of services than the Principal referral group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units	62
Medium acute hospitals	Most have a 24-hour emergency department and perform elective surgery. They provide a narrower range of services than the Principal referral and Large acute groups. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units.	45
Small acute hospitals		
Small hospitals with surgery and/or obstetrics	These hospitals usually provide an obstetric unit, surgical services and some form of emergency facility. Generally smaller than the Medium acute hospitals.	143
Other small hospitals	Often situated in regional and remote areas and offer a smaller range of services relative to the other public acute hospitals groups. Hospitals in this group tend to have a greater proportion of non-acute separations compared with the larger acute public hospitals.	191
Very small hospitals	Generally provide less than 200 admitted patient separations each year.	136
Specialist hospital groups	**Perform a readily identified role within the health system**	
Women's and children's hospitals		**12**
Children's hospitals	Specialise in the treatment and care of children	6
Women's hospitals	Specialise in treatment of women	5
Women's and children's hospitals	Specialise in the treatment of both women and children	1
Early parenting centres	Specialise in care and assistance for mothers and their very young children	8
Drug and alcohol hospitals	Specialises in the treatment of disorders relating to drug or alcohol use	2
Psychiatric hospitals	Specialise in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability	
Psychogeriatric hospitals	Specialise in the psychiatric treatment of older people	7
Child, adolescent and young adult psychiatric hospitals	Specialise in the psychiatric treatment of children and young people	4
General acute psychiatric hospitals	Provide acute psychiatric treatment	5
General non-acute psychiatric hospitals	Provide non-acute psychiatric treatment—mainly to the general adult population	6
Forensic psychiatric hospitals	Provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending	5

Table C2 (continued): List of new peer groups including number of public hospitals, 2012–13

Group	Description	Public hospitals
Same day hospitals	Treat patients on a same-day basis. The hospitals in the same day hospital peer groups tend to be highly specialised.	
Other day procedure hospitals	Provide a variety of specialised services on a same day basis.	4
Other acute specialised hospitals	Specialise in a particular form of acute care, not grouped elsewhere. This group is too diverse to be considered a peer group for comparison purposes. It includes hospitals that specialise in the treatment of cancer, rheumatology, eye, ear and dental disorders.	3
Subacute and non-acute hospitals		
Rehabilitation and geriatric evaluation and management hospitals	Primarily provide rehabilitation and/or geriatric evaluation and management in which the clinical purpose or treatment goal is improvement in the functioning of a patient	14
Mixed subacute and non-acute hospitals	Primarily provide a mixture of subacute (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care) and non-acute (maintenance) care that is not covered by the hospitals in the rehabilitation and geriatric evaluation and management hospital peer group	26
Outpatient hospitals	Provide a range of non-admitted patient services. Generally do not admit patients.	44
Unpeered hospitals	Could not be placed in one of the other peer groups.	11

Appendix D: Service Related Groups

Introduction

The Service Related Group (SRG) classification categorises admitted patient episodes into groups representing clinical divisions of hospital activity, based on aggregations of AR-DRGs. 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 AR-DRG system was not considered appropriate for this purpose 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-10-AM chapters, MDCs and SRGs.

Procedure	ICD-10-AM	MDC	SRG
Extraction of wisdom teeth	Diseases of the digestive system	MDC 3: Ear, nose and throat	Dentistry
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of the digestive system	MDC 6: digestive system	Gastroenterology
Excision of haemorrhoids	Diseases of the digestive system	MDC 6: Digestive system	Colorectal surgery

For the *Australian hospital statistics* 2001–02 to 2004–05 reports, this analysis used a method based on AR-DRG version 4.2, originally developed by the former New South Wales Department of Health and Australian Government Department of Health and Ageing.

A different methodology was used in *Australian hospital statistics* from 2005–06 to 2009–10, which assigned SRGs based on AR-DRG versions 5.0, 5.1 and 5.2 and was developed by the former New South Wales Department of Health (unpublished).

The SRG version used for the 2010–11, 2011–12 and this report assigns service related group based mostly on AR-DRGs version 6.0, also developed by the New South Wales Ministry of Health (adapted for AR-DRG version 6.0x). For more information on the methodology used to assign SRGs, see Table D6 (which accompanies this report online).

SRGs were allocated using the data in the NHMD. The method 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 with non-acute care are allocated to separate SRG categories according to the type of care, because the main service type of these separations cannot be ascertained from their diagnoses or procedures.

For public hospitals, separations may also have been 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 (see Chapter 4). An 'unallocated' SRG is assigned for separations with an *Error DRG*.

The classification also incorporates non-specialist SRGs, which are used for smaller hospitals that do not have the specialist services or specialist equipment. There are 46 SRGs, and the 20 most common were presented in Chapter 4.

How much activity in 2012–13?

Table D1 contains the number of separations and patient days in each SRG category for public and private hospitals. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with over 1,039,000. This was followed by *Obstetrics* (SRG 72) with 329,000. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations with over 414,000, followed by *Orthopaedics* (SRG 49) with 320,000.

For patient days, in public hospitals, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1.96 million days, followed by *Psychiatry – acute* (SRG 82) with 1.69 million. For private hospitals, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1.01 million days, followed by *Orthopaedics* (SRG 49) with 865,000.

Table D1: Separations[(a)] and patient days by service related group based on AR-DRG version 6.0x, public and private hospitals, 2012–13

		Public hospitals		Private hospitals	
Service Related Group		Separations	Patient days	Separations	Patient days
11	Cardiology	311,968	825,204	57,863	232,007
12	Interventional cardiology	69,709	233,906	78,768	179,183
13	Dermatology	22,013	48,607	4,480	11,226
14	Endocrinology	34,340	120,176	4,871	20,294
15	Gastroenterology	305,972	739,381	211,659	334,764
16	Diagnostic GI endoscopy	143,045	206,295	414,058	439,790
17	Haematology	58,244	257,995	35,394	93,758
18	Immunology and infections	53,951	117,549	11,848	22,136
19	Oncology	46,685	244,199	24,255	126,842
20	Chemotherapy	136,638	136,647	237,914	237,946
21	Neurology	201,081	632,471	37,706	142,055
22	Renal medicine	58,109	186,971	38,553	70,836
23	Renal dialysis	1,039,223	1,039,565	229,139	229,149
24	Respiratory medicine	274,579	1,145,518	91,294	324,063
25	Rheumatology	30,633	83,143	11,591	27,522
26	Pain management	33,901	53,166	34,330	48,924
27	Non subspecialty—medicine	292,794	1,199,934	91,344	334,268
41	Breast surgery	19,035	41,728	35,155	62,050
42	Cardiothoracic surgery	16,947	173,824	11,056	116,704
43	Colorectal surgery	47,443	256,458	50,131	166,027
44	Upper Gastrointestinal surgery	79,450	316,746	44,695	130,849
46	Neurosurgery	80,221	374,262	51,941	273,879
47	Dentistry	23,760	25,627	101,772	102,058
48	Ear, nose and throat; head and neck	129,768	199,359	121,943	142,083
49	Orthopaedics	307,473	1,162,946	320,386	864,879

(continued)

Table D1 (continued): Separations[(a)] and patient days by service related group based on AR-DRG version 6.0, public and private hospitals, 2012–13

		Public hospitals		Private hospitals	
Service Related Group		Separations	Patient days	Separations	Patient days
50	Ophthalmology	103,155	128,230	244,428	248,176
51	Plastic and reconstructive surgery	90,357	205,249	147,749	216,050
52	Urology	160,192	305,209	158,386	268,052
53	Vascular surgery	48,081	289,151	35,827	133,459
54	Non subspecialty—surgery	300,952	760,598	133,788	303,670
61	Transplantation	1,390	24,710	17	150
62	Extensive burns	2,070	21,417	55	389
63	Tracheostomy	9,709	290,317	1,086	37,904
71	Gynaecology	149,211	228,450	224,669	300,173
72	Obstetrics	329,093	849,256	101,317	421,082
73	Qualified neonate	63,273	230,232	18,886	120,816
74	Unqualified neonate	166,742	0	48,138	0
75	Perinatology	22,875	345,377	n.a.	n.a.
81	Drug and alcohol	64,305	138,256	10,099	33,871
82	Psychiatry—acute	161,847	1,687,238	148,160	768,667
83	Psychiatry—non acute	4,096	495,653	470	483
84	Rehabilitation	135,090	1,957,460	241,160	1,097,036
85	Psychogeriatric care	2,485	115,022	6,321	44,349
86	Palliative care	33,266	340,592	6,006	68,482
87	Maintenance	23,748	523,469	2,027	45,723
99	Unallocated	8,018	65,260	10,734	31,122
	Total	**5,696,937**	**18,822,823**	**3,891,469**	**8,872,946**

(a) Separations excludes records for *Hospital boarders* and *Posthumous organ procurement*. *Newborns* without qualified days are included, and are allocated to SRG 74 *Unqualified neonate*.

Source: National Hospital Morbidity Database.

Tables D.S1 to D.S5 (which accompany this report online) present more detailed SRG information by state and territory.

Table D.S1 contains the number of public hospitals establishments that, in 2012–13, reported more than 50 separations or more than 360 patient days in each SRG by state and territory and by remoteness area. 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. For example, for *Maintenance* (SRG 87), 104 hospitals provided more than 50 separations per year and 241 hospitals provided more than 360 patient days (reflecting the longer lengths of stay associated with maintenance care), while for *Gastroenterology* (SRG 15) these measures were 379 and 224 hospitals respectively. *Cardiothoracic surgery* (SRG 42) showed very little difference between the two different measures, with 39 hospitals providing more than 50 separations per year and 44 hospitals providing more than 360 patient days.

Non subspecialty – medicine (SRG 27) had the greatest number of establishments, with 410 hospitals with more than 50 separations per year and 362 hospitals with more than 360 patient days per year.

Additional information online

Table D.S1: Number of hospitals with more than 50 separations and with more than 360 patient days in each SRG, by SRG and remoteness area, public hospitals, 2012–13

Table D.S2: Separations by service related group based on AR-DRG version 6.0, public hospitals, states and territories, 2012–13

Table D.S3: Separations by service related groups based on AR-DRG version 6.0, private hospitals, states and territories, 2012–13

Table D.S4: Patient days by service related group based on AR-DRG version 6.0, public hospitals, states and territories, 2012–13

Table D.S5: Patient days by service related group based on AR-DRG version 6.0, private hospitals, states and territories, 2012–13

Table D.S6: Service Related Groups (SRG) to Diagnosis Related Groups (DRG) conversion table, based on AR-DRG version 6.0

Appendix E: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Group (AR-DRG) cost weights and estimated average costs, as incorporated into tables in chapters 3, 4 and 6. This report uses the cost data for acute admitted patients only. Unless otherwise specified, the cost weight data in this report applies public hospital cost weight data for AR-DRG version 6.0x (IHPA 2013a) to the AR-DRGs reported in version 6.0x.

The NHCDC comprises a voluntary collection of hospital cost and activity data covering the financial year before the collection period, and is coordinated by the Independent Hospitals Pricing Authority (IHPA). Both public and private hospital data are usually included, with the results separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2010–11 financial year (Round 15) for public hospitals (IHPA 2013a) and the 2011–12 financial year (Round 16) for private hospitals (IHPA 2013b).

Cost weights and associated tables for each round of the NHCDC can be obtained from the NHCDC pages of the IHPA website at <www.ihpa.gov.au>.

Public hospitals

For 2010–11, the NHCDC involved arrangements whereby the hospital data were collected by the individual hospitals, and checked and validated by state/territory coordinators before being passed on to the IHPA. The production and publication of the final cost weights and associated tables followed extensive quality assurance procedures undertaken by the IHPA and endorsement of the results by the states and territories.

In 2010–11, 352 public hospitals participated in the NHCDC. The total number of public hospital separations reported to the NHCDC was approximately 92% of total acute separations within the year (IHPA 2013a).

Private hospitals

For the 2011–12 private sector cost weights, the NHCDC involved arrangements where individual private hospitals submitted data to PricewaterhouseCoopers Australia (PwC). Data for the majority of hospitals were cost-modelled by PwC. The production and publication of the final cost weights and associated tables followed extensive quality assurance procedures undertaken by the PwC in consultation with, and endorsed by, private hospitals.

For 2011–12, 105 overnight private hospitals participated in the NHCDC Round 16. These hospitals accounted for about 66% of separations for overnight private hospitals (IHPA 2013b).

Glossary

Definitions in the Glossary contain an identification number from the Metadata Online Registry (METeOR). METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. 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. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

activity when injured: The type of activity being undertaken by a person at the time of injury. METeOR identifier: 514277.

acute: Having a short and relatively severe course.

acute care: See **care type**.

acute care hospital: See **establishment type**.

additional diagnosis: A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment. METeOR identifier: 514271.

administrative and clerical staff: Staff engaged in administrative and clerical duties. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded. Civil engineers and computing staff are included in this category. METeOR identifier: 270496.

administrative expenditure: All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance (including workers compensation). METeOR identifier: 270107.

admitted patient: A patient who undergoes a hospital's 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). METeOR identifier: 268957.

admitted patient cost proportion: 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 **inpatient fraction** or **IFRAC**.

adverse event: An incident in which harm resulted to a person receiving health care. They include infections, falls and other injuries, and reactions or complications due to surgery and other procedures, medical devices or medication, some of which may be preventable.

age standardisation: A set of techniques used to remove, as far as possible, the effects of differences in age when comparing two or more populations.

alcohol and drug treatment centre: See **establishment type**.

arrival mode—transport: The mode of transport by which the person arrives at the emergency department. METeOR identifier: 471921.

Australian Classification of Health Interventions (ACHI): ACHI was developed by the National Centre for Classification in Health. The 7th edition was used for the 2012–13 procedures data for admitted patients in Australian hospitals.

Australian Refined Diagnosis Related Groups (AR-DRGs): 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.

available beds: The average number of beds which are immediately available for use by an admitted patient or resident within the establishment. A bed is immediately available for use if it is located in a suitable place for care with nursing and auxiliary staff available within a reasonable period. METeOR identifier: 270133.

From 1 July 2009, superseded by:

- average available beds for same-day patients and
- average available beds for overnight-stay patients.

average available beds for overnight-stay patients: The number of beds available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period. METeOR identifier: 374151.

average available beds for same-day patients: The number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period. METeOR identifier: 373966.

average length of stay: The average number of patient days for admitted patient episodes. Patients admitted and separated on the same date are allocated a length of stay of 1 day.

capital expenditure: Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years). METeOR identifier: 270516.

care type: 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 (care other than admitted care). METeOR identifier: 491557. Admitted patient care consists of the following categories:

- acute care
- rehabilitation care
- palliative care
- geriatric evaluation and management
- psychogeriatric care
- maintenance care
- newborn care
- other admitted patient care—this is where the principal clinical intent does not meet the criteria for any of the above.

Care other than admitted care include:

- posthumous organ procurement
- hospital boarder.

casemix: 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.

chronic: Persistent and long-lasting.

clinical urgency: A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR identifier: 270008.

compensable patient: An individual who is entitled to receive or has received a compensation payment with respect to an injury or disease. Compensable patient excludes eligible beneficiaries (Department of Veterans' Affairs), Defence Force personnel and persons covered by the Motor Accident Compensation Scheme, Northern Territory. METeOR identifier: 270100.

condition onset flag: A means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. Having this information can provide an insight into the kinds of conditions patients already have when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies, particularly in relation to complications of medical care. METeOR identifier: 496512.

constant prices: Constant price expenditure adjusts current prices for the effects of inflation, that is, it aims to remove the effects of inflation. Hence, expenditures in different years can be compared on a dollar–for–dollar basis, using this measure of changes in the volume of health goods and services.

cost weight: 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.

current prices: Expenditures reported for a particular year, unadjusted for inflation.

Department of Veterans' Affairs patient: A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the DVA. METeOR identifier: 270092.

diagnosis related group (DRG): A widely used 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, AR-DRGs are used. METeOR identifier: 391295.

diagnostic and allied health professionals: Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff). METeOR identifier: 270495.

domestic and other staff: Domestic staff are staff engaged in the provision of food and cleaning services including those primarily engaged in administrative duties such as food services manager. Dieticians are excluded. This category also includes all staff not elsewhere included (primarily maintenance staff, trades people and gardening staff). METeOR identifier: 270498.

domestic services expenditure: The cost 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. METeOR identifier: 270283.

drug supplies expenditure: The cost of all drugs, including the cost of containers. METeOR identifier: 270282.

elective care: Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR identifier: 335036.

elective surgery: 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. METeOR identifier: 470208.

elective admissions involving surgery: Separation for which the urgency of admission was reported as elective (admission could be delayed by at least 24 hours) and where the assigned AR-DRG was surgical (excluding childbirth-related AR-DRGs).

emergency occasion of service: A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with an *Emergency services* **Type of non-admitted patient occasion of service**.

enrolled nurses: Enrolled nurses are division 2 nurses who are registered with the Australian Health Practitioner Regulation Agency–Nursing and Midwifery Board of Australia. Includes general enrolled nurses and specialist enrolled nurses (for example, mothercraft nurses in some states). METeOR identifier: 270497.

episode end status: The status of the patient at the end of the non-admitted patient emergency department service episode. METeOR identifier: 474159.

episode of care: 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 **care type** and **separation**). METeOR identifier: 491557 (Care type), METeOR identifier: 268956 (Episode of admitted patient care).

error DRGs: AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.

establishment type: Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. METeOR identifier: 269971.

external cause: The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect. METeOR identifier: 514295.

full-time equivalent staff: 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). METeOR identifier: 270543. For more detailed information see the glossary entries for the staffing categories:

- salaried medical officers
- registered nurses

- enrolled nurses
- student nurses
- other personal care staff
- diagnostic and allied health professionals
- administrative and clerical staff
- domestic and other staff.

funding source for hospital patient: The principal source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 339080.

geriatric evaluation and management: See **care type**.

group session: A non-admitted occasion of service provided to two or more patients, where all individuals are not members of the same family. METeOR identifier: 269674.

HASAC (Health and Allied Services Advisory Council) ratio: For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by the HASAC ratio.

hospice: See **establishment type**.

hospital: 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. METeOR identifier: 268971.

hospital boarder: See **care type**.

hospital-in-the-home care: 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. METeOR identifier: 270305.

IFRAC (inpatient fraction): see **admitted patient cost proportion**.

Index of Relative Socio-Economic Disadvantage (IRSD): One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

indicator procedure: A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. METeOR identifier: 514033.

Indigenous status: 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. METeOR identifier: 291036.

inpatient: See **admitted patient**. METeOR identifier: 268957.

interactive data cubes: A multidimensional representation of data which provides fast retrieval from multiple layers of information.

International Classification of Diseases (ICD): The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th revision, Australian modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.

inter-hospital contracted care: 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 of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital) and for which the activity is recorded by both hospitals. METeOR identifier: 472024.

length of stay: 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 days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. METeOR identifier: 269982.

licensed bed: A bed in a private hospital, licensed by the relevant state or territory health authority.

maintenance care: See **care type**.

Major Diagnostic Categories (MDCs): The category into which the patient's diagnosis and the associated AR-DRG falls. They correspond generally to the major organ systems of the body. METeOR identifier: 391298.

medical and surgical supplies expenditure: The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. METeOR identifier: 270358.

mode of admission: The mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976.

mode of separation: Status at separation of a person (discharge/transfer/death) and place to which a person is released (where applicable). METeOR identifier: 270094.

National health data dictionary: A biennial publication of all the standardised and accepted terms and protocols used for the collection of health information.

newborn care: See **care type**.

non-admitted patient: A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient; outpatient; and other non-admitted patient (treated by hospital employees off the hospital site—includes community/outreach services). METeOR identifier: 268973.

non-admitted patient occasion of service: 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. METeOR identifier: 270506.

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.

number of days of hospital-in-the-home care: The number of hospital-in-the-home days occurring within an episode of care for an admitted patient. See **hospital-in-the-home care**. METeOR identifier: 270305.

occasion of service: See **non-admitted patient occasion of service**.

other care: See **care type**.

other personal care staff: Includes attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents; they are not formally qualified or undergoing training in nursing or allied health professions. METeOR identifier: 270171.

other recurrent expenditure: Expenditure incurred by organisations on a recurring basis, for the provision of health goods and services that excludes salary and wages; payments to visiting medical officers; superannuation payments; drug supplies; medical and surgical supplies; food supplies; domestic services; repairs and maintenance; patient transport; administrative expenses; interest payments and depreciation. METeOR identifier: 270126.

other revenue: 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 includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 364799.

outpatient: See **non-admitted patient**. METeOR identifier: 268973.

outpatient clinic service: An examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital. METeOR identifier: 336980.

outpatient clinic type: The nature of services which are provided by outpatient clinic services. METeOR identifier: 291073.

overnight-stay patient: A patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night (that is, who is admitted to and separated from the hospital on different dates).

palliative care: See **care type**.

patient days: The total number of days for all 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 1 patient day. METeOR identifier: 270045.

patient election status: Accommodation chargeable status elected by patient on admission. METeOR identifier: 326619. The categories are:

- **public patient**
- **private patient**.

patient presentation at emergency department: The presentation of a patient at an emergency department. It is the earliest occasion of being registered clerically or triaged. METeOR identifier: 270393.

patient revenue: Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 364797.

patient transport cost: The direct cost of transporting patients, excluding salaries and wages of transport staff where payment is made by an establishment. METeOR identifier: 270048.

payments to visiting medical officers: All payments made by an institutional health care establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. METeOR identifier: 270049.

peer group: Groupings of hospitals into broadly similar groups in terms of characteristics.

percentile: Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.

performance indicator: A statistic or other unit of information that directly or indirectly, reflect either the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.

place of occurrence of external cause: The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 514302.

posthumous organ procurement: See **care type**.

potentially preventable hospitalisation (selected): Hospital separations from a specified range of conditions where hospitalisation is considered to be largely preventable if timely and adequate care were provided through population health services, primary care and outpatient services. The PPH conditions are classified as vaccine-preventable, chronic and acute. The rate of PPHs is currently being used as an indicator of the effectiveness of a large part of the health system, other than hospital admitted patient care.

Pre-MDC (Pre-Major Diagnostic Category): AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).

principal diagnosis: The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment. METeOR identifier: 514273.

private hospital: 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 also Establishment type.

private patient: Person admitted to a private hospital, or person admitted to a public hospital who decides to choose the doctor(s) who will treat them or to have private ward accommodation. This means they will be charged for medical services, food and accommodation.

procedure: 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 available only in an acute care setting. METeOR identifier: 514040.

psychiatric hospital: See **establishment type**.

psychogeriatric care: See **care type**.

public hospital: 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 also **establishment type**.

public patient: A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared ward accommodation. This means that the patient is not charged. This includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a public patient election status), *Health service budget* (*due to eligibility for Reciprocal health care agreements*) and *Health service budget – no charge raised due to hospital decision* (in public hospitals).

qualified days: The number 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 9 days old or less. METeOR identifier: 268957 (Admitted patient). METeOR identifier: 270033 (Newborn qualification status). A newborn day is acute (qualified) when a newborn meets at least one of the following criteria:

- is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient
- 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
- remains in hospital without its mother
- is admitted to the hospital without its mother.

recoveries: All revenue received that is in the nature of a recovery of expenditure incurred. This includes income from provision of meals and accommodation to hospital staff, income from the use of hospital facilities for private practice and some recoveries relating to inter-hospital services. METeOR identifier: 364805.

recurrent expenditure: Expenditure incurred by organisations on a recurring basis, for the provision of health goods and services. This includes, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. This excludes capital expenditure. METeOR identifier: 269132.

registered nurses: Registered nurses must be registered as division 1 nurses with the Australian Health Practitioner Regulation Agency–Nursing and Midwifery Board of Australia. METeOR identifier: 270500.

This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, psychiatric nurse, senior nurse, charge nurse (now unit manager), supervisory nurse and nurse educator. It may also include registered midwives (including pupil midwife). This category also includes nurses engaged in administrative duties no matter what the extent of their engagement, for example, directors of nursing and assistant directors of nursing.

rehabilitation care: See **care type**.

relative stay index (RSI): 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.

remoteness area: A classification of the remoteness of a location using the Australian Statistical Geography Standard Remoteness Structure (2011), based on the Accessibility /Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The categories are:

- Major cities
- Inner regional
- Outer regional
- Remote
- Very remote
- Migratory.

removal from waiting list: The reason why a patient is removed from an elective surgery waiting list. METeOR identifier: 471735. The reason-for-removal categories are:

- admitted as an elective patient for awaited procedure by or on behalf of this hospital or the state/territory
- admitted as an emergency patient for awaited procedure by or on behalf of this hospital or the state/territory
- could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)
- treated elsewhere for awaited procedure, but not on behalf of this hospital or the state/territory
- surgery not required or declined
- transferred to another hospital's waiting list
- not known.

repairs and maintenance expenditure: The costs incurred in maintaining, repairing, replacing and providing additional equipment; maintaining and renovating buildings and minor additional works. METeOR identifier: 269970.

salaried medical officers: Medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical offices engaged on an honorary, sessional or fee-for-service basis. This category includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example, clinical superintendent and medical superintendent). METeOR identifier: 270494.

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.

same-day patient: An admitted patient who is admitted and separated on the same date.

separation: 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 care to rehabilitation).

Separation also means 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.

separation rate: The total number of episodes of care for admitted patients divided by the total number of persons in the population under study. Often presented as a rate per 1,000 or 10,000 members of a population. Rates may be crude or standardised.

separation rate ratio: The separation rate for one population divided by the separation rate of another.

separations: 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. METeOR identifier: 270407.

Service Related Group (SRG): A classification based on AR-DRG aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.

specialised service: A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as an intensive care unit. METeOR identifier: 269612.

student nurses: A person employed by a health establishment who is currently studying in years one to three of a three-year certificate course. This includes any person commencing or undertaking a three-year course of training leading to registration as a nurse by the state or territory registration board. This includes full-time general student nurse and specialist student nurse (such as mental deficiency nurse) but excludes practising nurses enrolled in post-basic training courses. METeOR identifier: 270499.

superannuation employer contributions: Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority, to a superannuation fund providing retirement and related benefits to establishment employees. METeOR identifier: 270371.

surgical procedure: A procedure used to define surgical AR-DRGs in version 6.0x (DoHA 2010).

surgical specialty: The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146.

trainee nurse: Includes any person commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse by the state/territory registration board. METeOR identifier: 270493.

type of non-admitted patient occasion of service: A broad classification of services provided to **non-admitted patients**, including emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing and other outreach services. METeOR identifiers: 270395, 270502–270514.

visiting medical officer: A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. METeOR identifier: 327170.

waiting time at admission: 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. METeOR identifier: 269477.

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Related publications

This report, *Australian hospital statistics 2012–13*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

Statistics reported in the hard copy are more concise than those presented in the report prior to 2008–09, with smaller tables, and graphs and figures interspersed in the text. More detailed statistics can be found in the supplementary tables presented as additional tables online. See <www.aihw.gov.au/hospitals/>.

Accompanying the release of *Australian hospital statistics 2012–13* is *Australia's hospitals 2012–13 at a glance*.

The following AIHW publications relating to hospitals, hospital service utilisation and hospital resources might also be of interest:

- AIHW 2014 (forthcoming). Australian hospital peer groups 2014.Canberra: AIHW.
- AIHW 2014 (forthcoming). Australian hospital statistics 2012–13: private hospitals. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics: national emergency access and elective surgery targets 2012. Cat. no. HSE 131. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics 2011–12: *Staphylococcus aureus* bacteraemia in Australian hospitals. Health services series no. 47. Cat. no. HSE 129. Canberra: AIHW.
- AIHW 2012. Australian hospital statistics 2011–12: emergency department care. Health services series no. 45. Cat. no. HSE 126. Canberra: AIHW.
- AIHW 2012. Australian hospital statistics 2011–12: elective surgery waiting times. Health services series no. 46.Cat. no. HSE 127. Canberra: AIHW.
- AIHW 2012. Australian hospital statistics 2010–11. Cat. no. HSE 117. Canberra: AIHW.
- AIHW 2011. Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times Cat. no. HSE 115. Canberra: AIHW.
- AIHW 2011. Australian hospital statistics 2009–10. Cat. no. HSE 107. Canberra: AIHW.
- AIHW 2010. Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times. Cat. no. HSE 93. Canberra: AIHW.
- AIHW 2010. Australian hospital statistics 2008–09. Cat. no. HSE 84. Canberra: AIHW.
- AIHW 2009. Australian hospital statistics 2007–08. Cat. no. HSE 71. Canberra: AIHW.

Please see <www.aihw.gov.au/publications-catalogue/> to access a complete list of AIHW publications relating to Australia's health and welfare.

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Australian hospital statistics 2012–13 presents a detailed overview of Australia's public and private hospitals. In 2012–13, there were about 9.4 million separations from hospitals, including:

- 5.2 million same-day acute separations
- 3.7 million overnight acute separations
- about 450,000 sub-acute and non-acute separations.

There were also 7.9 million non-admitted patient emergency services and more than 46 million outpatient services provided by public hospitals.