11 Public hospitals

CONTENTS

Attachment tables

Attachment tables are identified in references throughout this chapter by a '11A' prefix (for example, table 11A.1). A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

Public hospitals are important providers of government funded health services in Australia. This chapter reports on the performance of State and Territory public hospitals, focusing on acute care services. It also reports separately on a significant component of the services provided by public hospitals — maternity services.

Improvements to the reporting of public hospitals in this edition include:

- a new measure 'Proportion of emergency department presentations with length of stay of 4 hours or less' is reported under the 'Emergency department waiting times' indicator

- ‘Elective surgery waiting times by clinical urgency category’ data are reported on a more timely basis. Data for 2013-14 are reported in line with the other waiting time measures (previously data had been lagged a year)
- the measure ‘Falls resulting in patient harm in hospitals’ is reported under the ‘Adverse events in public hospitals’ indicator for the first time since the 2012 Report
- a change in the definition for maternal sentinel events to improve comparability across jurisdictions
- the age group used for the ‘Caesareans and inductions for selected primiparae’ indicators has been changed from 25–29 years to 20–34 years to align with national data definitions
- the name of the indicator ‘Vaginal delivery following previous caesarean’ has been changed to ‘Vaginal birth after caesarean section’
- data quality information (DQI) is available for the first time for the measures ‘Presentations to emergency departments with a length of stay of 4 hours or less ending in admission’, ‘Proportion of emergency department presentations with length of stay of 4 hours or less’, ‘Adverse events’ and ‘Falls resulting in patient harm in hospitals’, and the indicator ‘Mother’s average length of stay’.

11.1 Profile of public hospitals

A key objective of Australian governments is to provide public hospital services to ensure the population has access to cost-effective health services, based on clinical need and within clinically appropriate times, irrespective of geographic location. Public hospitals provide a range of services, including:

- acute care services to admitted patients
- subacute and non-acute services to admitted patients (for example, rehabilitation, palliative care and long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients
- mental health services, including services provided to admitted patients by designated psychiatric/psychogeriatric units
- public health services
- teaching and research activities.

This chapter focuses on services provided to admitted patients and emergency services provided to non-admitted patients in public hospitals. These services comprise the bulk of public hospital activity and, in the case of services to admitted patients, have the most reliable data relative to other hospitals data. Data in the chapter include subacute and non-acute care services.

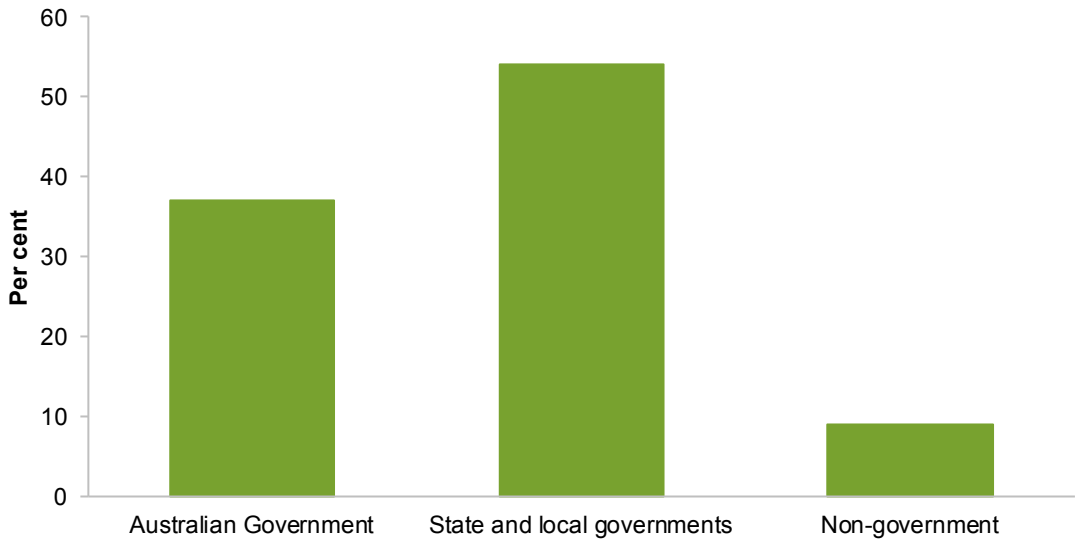
In some instances, data for stand-alone psychiatric hospitals are included in this chapter. However, under the National Mental Health Strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the 'Mental health management' chapter of this Report (chapter 12).

Funding

Total recurrent expenditure on public hospitals (excluding depreciation) was $41.7 billion in 2012-13 (table 11A.1). The majority of public hospital recurrent expenditure is spent on admitted patients. Non-admitted patients account for a much smaller share. For selected public hospitals, in 2012-13, the proportion of total public hospital recurrent expenditure that related to the care of admitted patients (based on the admitted patient cost proportion) was around 70 per cent across Australia (AIHW 2014a).

Funding for public hospitals comes from a number of sources. The Australian, State and Territory governments contributed 91.0 per cent of funding for public hospital services in 2012-13 (figure 11.1). Public hospital services accounted for 41.8 per cent of government recurrent expenditure on health services in 2012-13 (AIHW 2014b).

Figure 11.1 **Recurrent expenditure, public hospital services, by source of funds, 2012-13**

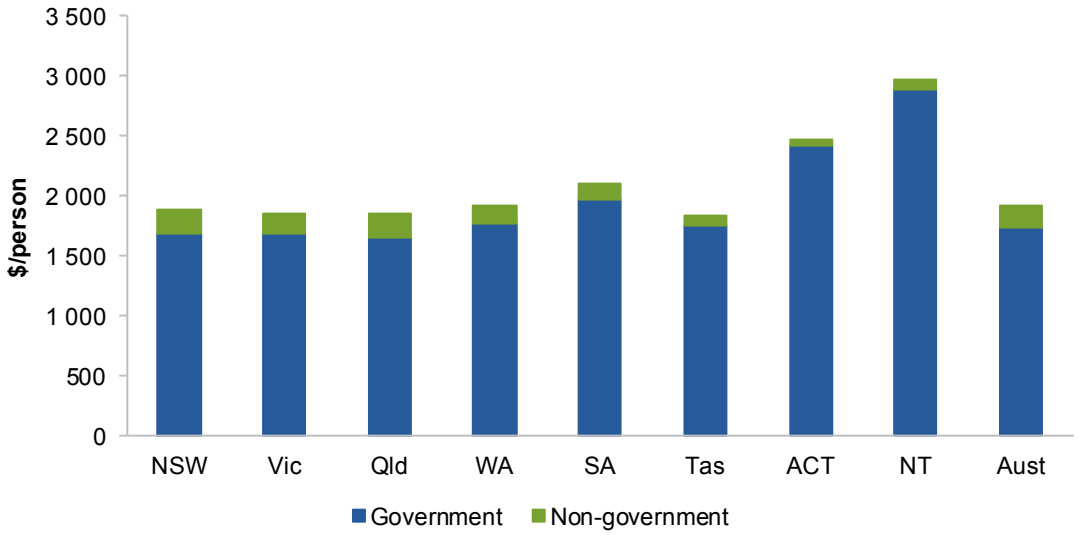


Source: AIHW (2014), *Health expenditure Australia 2012–13*, Health and Welfare Expenditure Series No. 52, Cat. no. HWE 61. Canberra.

Non-government sources contributed 9.0 per cent of all recurrent expenditure on public hospital services in 2012-13 (including depreciation) (figure 11.2 and table 11A.2).

Non-government expenditure comprised revenue from health insurance funds, individuals, workers' compensation and compulsory third-party motor vehicle insurers, and other sources. The proportion of hospitals' revenue per person funded from non-government sources varied across jurisdictions in 2012-13 (figure 11.2).

Figure 11.2 **Source of public hospital recurrent expenditure, 2012-13[a, b, c]**



[a] Depreciation is included in recurrent expenditure. [b] Non-government expenditure includes expenditure by health insurance funds, individuals, workers' compensation, compulsory third-party motor vehicle insurers and other sources. [c] The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated.

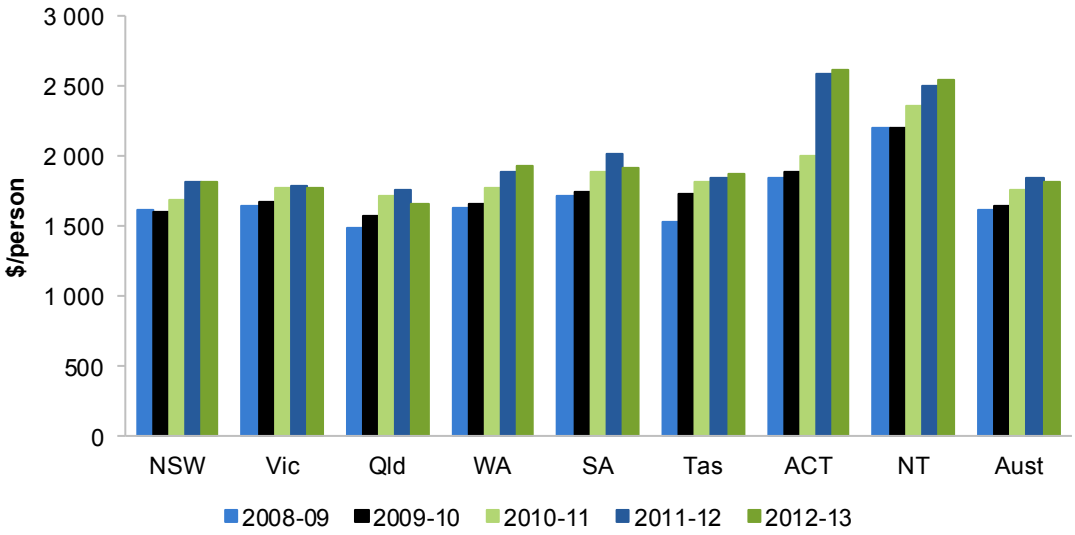
Source: AIHW (2014), *Health expenditure Australia 2012–13*, Health and Welfare Expenditure Series No. 52, Cat. no. HWE 61. Canberra; table 11A.2.

Expenditure data in figures 11.1 and 11.2 are sourced from unpublished data from the AIHW Health Expenditure Australia database, and are not directly comparable with other expenditure data used in this chapter, which are drawn from *Australian Hospital Statistics 2012-13* (AIHW 2014a). The AIHW publication *Health Expenditure Australia 2012-13* provides information about the differences in the expenditure data between the two sources (AIHW 2014b).

In 2012-13, government real recurrent expenditure on public hospitals was $1819 per person nationally, up from $1616 in 2008-09 (in 2012-13 dollars) (figure 11.3). It is difficult to make comparisons across jurisdictions based on these recurrent expenditure data, due to differences in the data coverage. The main differences are:

- the inclusion, by some jurisdictions, of expenditure on community health services as well as public hospital services
- the exclusion, by some jurisdictions, of expenditure on privately owned or privately operated hospitals that have been contracted to provide public hospital services.

Figure 11.3 **Real recurrent expenditure per person, public hospitals (including psychiatric) (2012-13 dollars)[a, b, c, d, e, f]**



[a] Expenditure data exclude depreciation and interest payments. [b] Recurrent expenditure on purchase of public hospital services at the State, or area health service level, from privately owned and/or operated hospitals is excluded. [c] Expenditure data are deflated using the hospital/nursing home care price index from the AIHW (2014b). [d] Queensland pathology services were purchased from a Statewide pathology service rather than being provided by hospital employees. [e] In SA in 2011-12 there were significant once-off revaluations of other employee related expenses. This has caused an artificial reduction in expenditure, including for salaries and wages expenditure components, for 2012-13 results. [f] The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated.

Source: AIHW (various years), *Australian hospital statistics*, Health Services Series, Cat. nos HSE 84, 107, 117, 134 and 145; AIHW (2014), *Health expenditure Australia 2012–13*, Health and Welfare Expenditure Series No. 52, Cat. no. HWE 61. Canberra, AIHW; table 11A.3.

Size and scope of sector

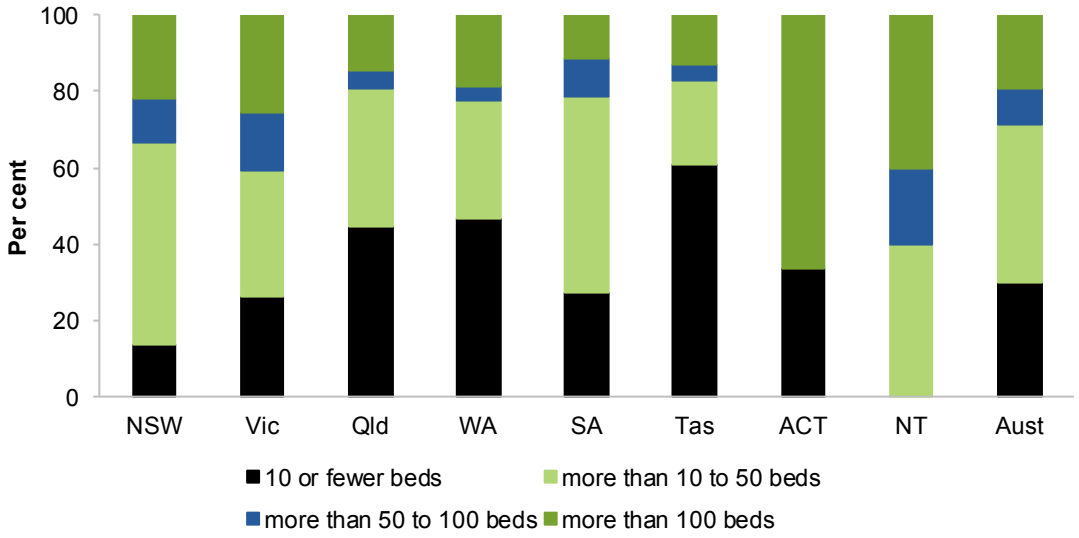
There are several ways to measure the size and scope of Australia's public hospital sector. This chapter reports on: the number and size of hospitals; the number and location of public hospital beds; the number and type of public hospital separations; the number of separations by age group of the patient; the number of separations and incidence of treatment, by the Indigenous status of the patient; the number of hospital staff; and types of public hospital activity.

Hospitals

In 2012-13, Australia had 746 public hospitals (including 17 psychiatric hospitals) (table 11A.4 and AIHW 2014a). Although 71 per cent of hospitals had 50 or fewer beds,

these smaller hospitals represented only 15 per cent of total available beds (figure 11.4 and table 11A.4).

Figure 11.4 **Public hospitals, by size, 2012-13**[a, b, c, d, e]



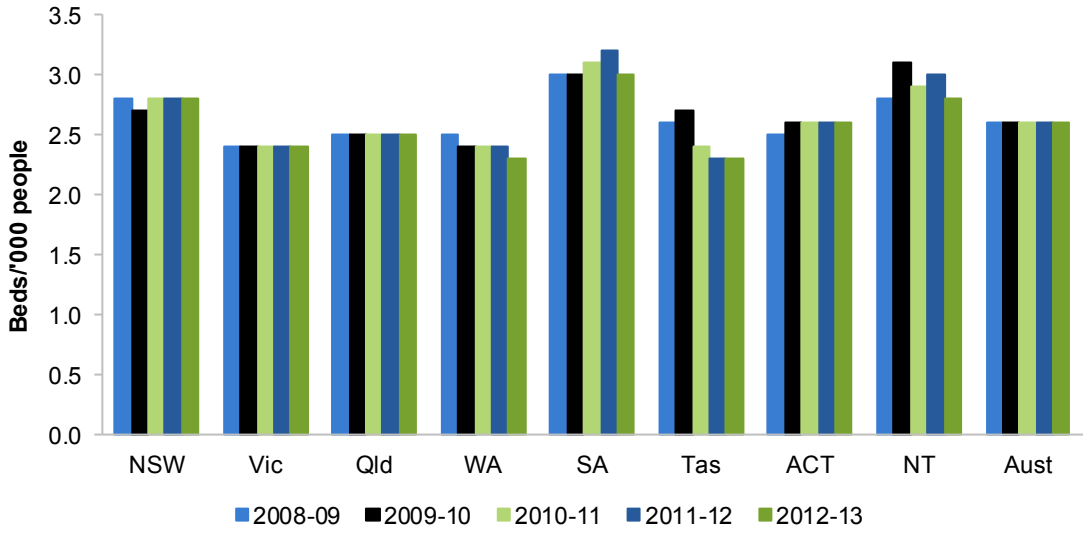
[a] The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of hospital buildings or campuses. [b] Size is based on the average number of available beds. [c] The comparability of bed numbers can be affected by the casemix of hospitals, including the extent to which hospitals provide same day admitted services and other specialised services. [d] The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database. [e] The ACT did not have hospitals with more than 10 to 50 beds or more than 50 to 100 beds. The NT did not have hospitals with 10 or fewer beds.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no HSE 145; table 11A.4.

Hospital beds

There were 58 311 available beds for admitted patients in public hospitals in 2012-13, equivalent to 2.6 beds per 1000 people (figure 11.5 and table 11A.4). The concept of an available bed is becoming less important in the overall context of hospital activity, particularly given the increasing significance of same day hospitalisations and hospital-in-the-home care (AIHW 2011). Nationally, about 87 per cent of beds in public acute hospitals were available for overnight-stay patients in 2012-13 (AIHW 2014a).

Figure 11.5 **Available beds, public hospitals**[a, b]



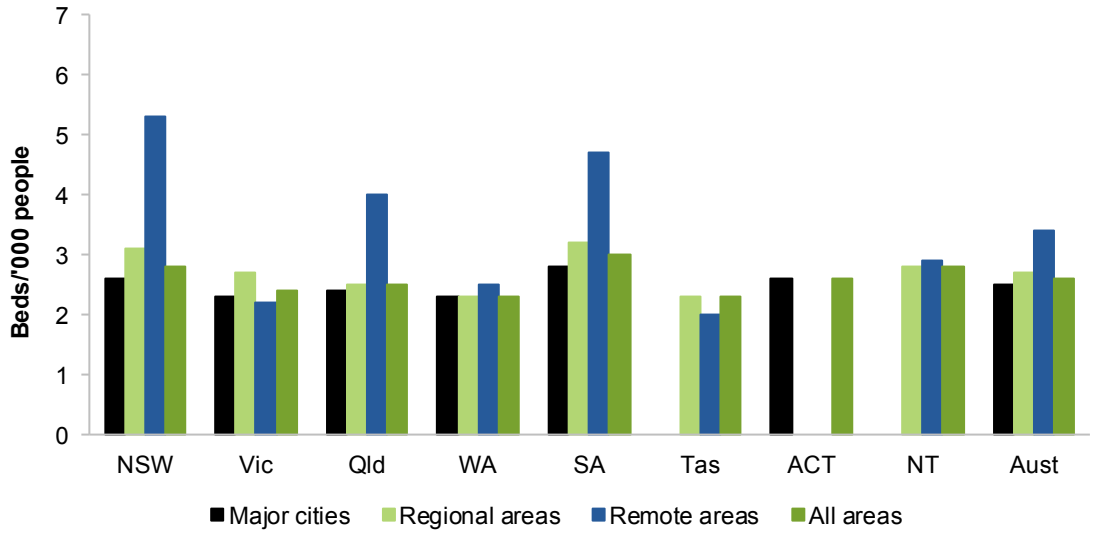
[a] Available beds includes both average available beds for overnight and same day accommodation. Average available overnight beds is the number of beds available to provide overnight accommodation for patients (other than neonatal cots (nonspecial-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period. Average available same day beds is the number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period (HDSC 2012). [b] In 2012-13 a large number of SA state-funded aged care beds in country hospitals 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.

Source: AIHW (various years), *Australian hospital statistics*, Health Services Series, Cat. nos HSE 84, 107, 117, 134 and 145; table 11A.5.

The comparability of bed numbers can be affected by the casemix of hospitals, including the extent to which hospitals provide same day admitted services and other specialised services. There are also differences in admission practices and how available beds are counted, both across jurisdictions and over time.

Nationally, more beds were available per 1000 people in remote areas (figure 11.6). The patterns of bed availability can reflect a number of factors, including patterns of availability of other healthcare services, patterns of disease and injury and the relatively poor health of Aboriginal and Torres Strait Islander Australians, who have higher population concentrations in remote areas. These data also need to be viewed in the context of the age and sex structure (reported in chapter 2) and the morbidity and mortality (reported in the 'Health sector overview') of the population in each State and Territory.

Figure 11.6 **Available beds, public hospitals, by location, 2012-13[a, b, c]**



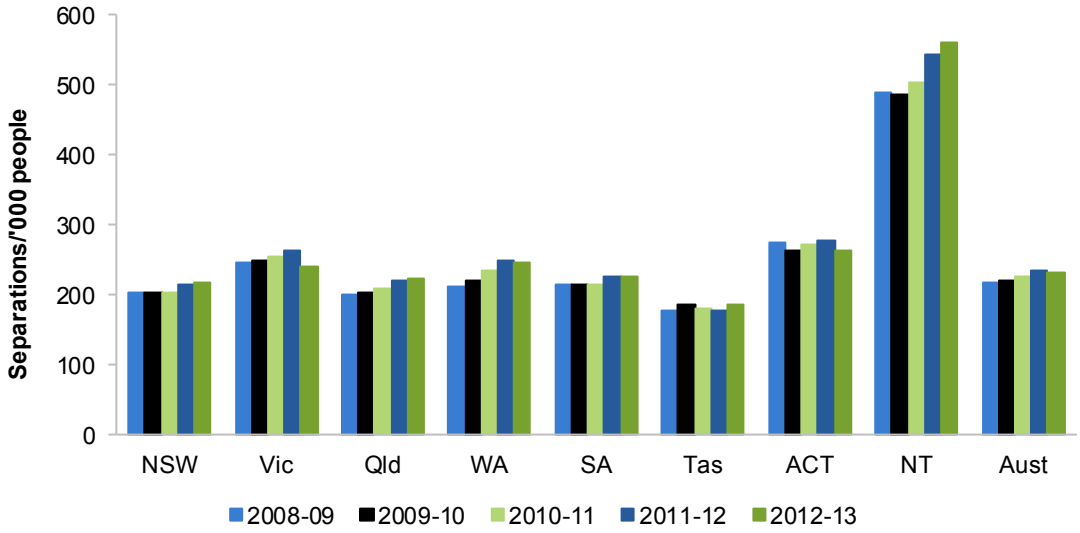
[a] Available beds includes both average available beds for overnight and same day accommodation. Average available overnight beds is the number of beds available to provide overnight accommodation for patients (other than neonatal cots (nonspecial-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period. Average available same day beds is the number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period (HDSC 2012). [b] Analysis by remoteness area is of less relevance to geographically smaller jurisdictions and those jurisdictions with small populations residing in remote areas (such as Victoria) (AIHW 2014a). [c] Tasmania and the NT do not have major cities and the ACT does not have regional and remote areas.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; table 11A.5.

Admitted patient care

There were approximately 5.5 million separations from public (non-psychiatric) hospitals in 2012-13 (table 11A.6). Nationally, this translates into 231.6 separations per 1000 people (figure 11.7). Acute separations accounted for 95.1 per cent of separations from public hospitals, newborns who required acute care accounted for 1.4 per cent and rehabilitation care accounted for 1.9 per cent (table 11A.13). Palliative care, geriatric evaluation and management, and maintenance care constitute the remainder. Of the total number of separations in public (non-psychiatric) hospitals, 50.4 per cent were for same day patients. Public psychiatric hospitals accounted for around 0.2 per cent of total separations in public hospitals in 2012-13 (table 11A.6).

Figure 11.7 **Separation rates in public (non-psychiatric) hospitals**[a, b, c, d]



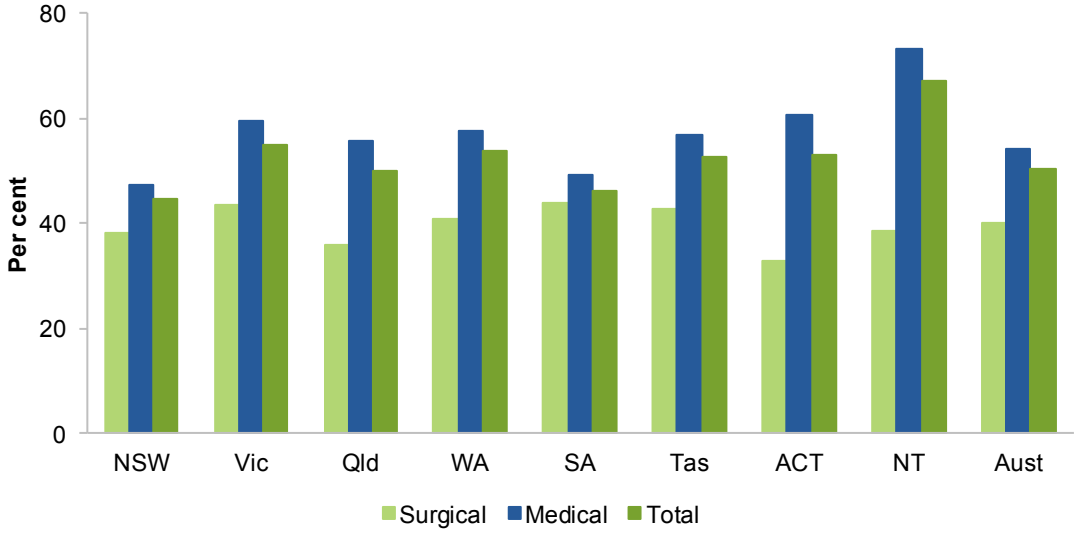
[a] Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders (hospital boarder is defined in section 11.8) and posthumous organ procurement. [b] Rates are directly age standardised to the Australian population at 30 June 2001. [c] There was a change in Victorian admission policy from 1 July 2012 that has impacted the separation time series. [d] Aboriginal and Torres Strait Islander people make up a high proportion of the population in the NT which contributes to the high level of separations in the NT. Aboriginal and Torres Strait Islander people are more likely than other Australians to experience poor health (see Health sector overview).

Source: AIHW (various years), *Australian Hospital Statistics*, Health Services Series, Cat. nos HSE 84, 107, 117, 134 and 145; table 11A.7.

Differences across jurisdictions in separation rates reflect variations in the health profiles of the people living in each State and Territory, the decisions made by medical staff about the type of care required and people's access to services other than public hospitals (for example, primary care and private hospitals).

Variations in admission rates can reflect different practices in classifying patients as either admitted same day patients or outpatients. For example, in SA, chemotherapy and scope procedures are treated as outpatient rather than same day services. The extent of differences in classification practices can be inferred from the variation in the proportion of same day separations across jurisdictions for certain conditions or treatments. This is particularly true of medical separations. Significant variation across jurisdictions in the proportion of same day medical separations was evident in 2012-13 (figure 11.8). Lower jurisdictional variation is likely in admission practices for surgical procedures, as reflected by the lower variability in the proportion of same day surgical separations.

Figure 11.8 **Proportion of medical, surgical and total separations that were same day, public (non-psychiatric) hospitals, 2012-13[a]**



[a] 'Total' includes medical, surgical, chemotherapy, radiotherapy, renal dialysis and 'other' separations based on AR-DRG version 6.0x categories.

Source: AIHW (unpublished), National Hospital Morbidity Database; table 11A.8.

People aged 55 years and over accounted for half of the separations in public hospitals (52.6 per cent) in 2012-13, even though they accounted for only 25.6 per cent of the estimated resident population at 30 June 2012 (table 11A.9 and AIHW 2014a).

In 2012-13, the most common principal diagnoses for overnight acute separations in public hospitals were for single spontaneous delivery (4.6 per cent), followed by single delivery by caesarean section (2.3 per cent) and pain in throat and chest (2.3 per cent) (table 11A.15). The most common principal diagnoses for same day acute separations in public hospitals were for care involving dialysis (37.7 per cent), other medical care, including radiotherapy, chemotherapy, some blood transfusions and palliative care (5.1 per cent) and pain in throat and chest (2.1 per cent) (table 11A.14).

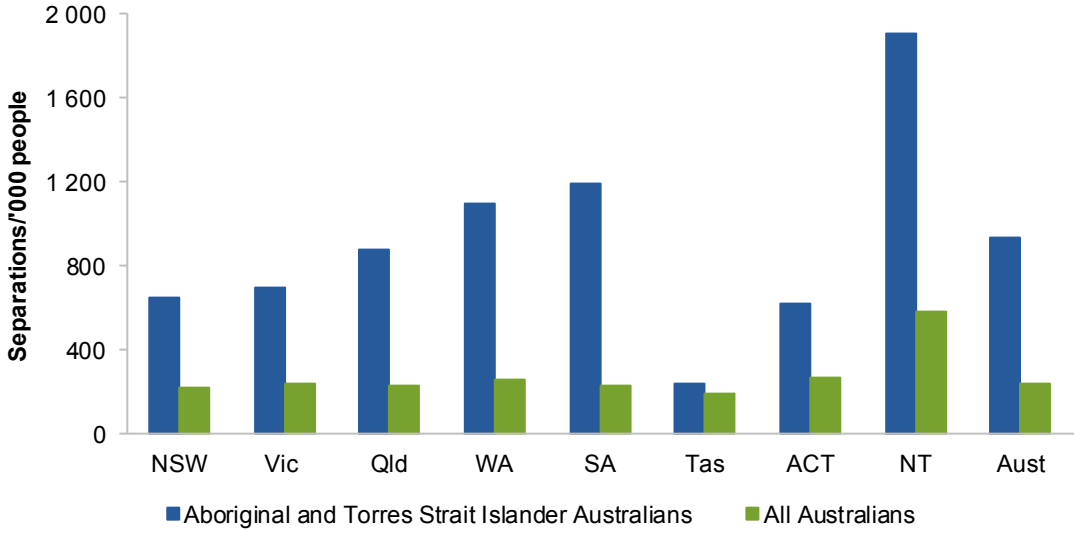
Most patient days in public hospitals in 2012-13 were for acute care (79.2 per cent) and rehabilitation care (8.9 per cent). The remainder was mainly accounted for by palliative care, geriatric evaluation and management, psychogeriatric care and maintenance care (table 11A.16). Patient days by care type for private hospitals are reported in table 11A.16.

Admitted patient care for Aboriginal and Torres Strait Islander Australians

The completeness of identification of Aboriginal and Torres Strait Islander people in hospital admitted patient data varies across states and territories. Efforts to improve identification are ongoing. In 2012-13, on an age standardised basis, 938.6 public hospital

separations (including same day separations) for Aboriginal and Torres Strait Islander Australians were reported per 1000 Aboriginal and Torres Strait Islander Australians. This rate was markedly higher than the corresponding rate of 237.0 per 1000 for all Australians (figure 11.9).

Figure 11.9 **Public hospital separations, 2012-13[a, b]**



[a] The rates are directly age standardised to the Australian population at 30 June 2001. [b] Identification of Aboriginal and Torres Strait Islander Australians is incomplete and completeness varies across jurisdictions.

Source: AIHW (unpublished), National Hospital Morbidity Database; table 11A.11.

Hospital episodes of care involving dialysis accounted for a large portion of same day separations, particularly for Aboriginal and Torres Strait Islander Australians. The hospitalisation rate for Aboriginal and Torres Strait Islander Australians for dialysis was 12 times as high as the rate for other Australians. When dialysis is excluded, the same day hospitalisation rate for Aboriginal and Torres Strait Islander Australians in 2012-13 (152.8 per 1000 of the population) was less than that for other Australians (168.7 per 1000 of the population) (AIHW 2014a).

In 2012-13, separations for Aboriginal and Torres Strait Islander Australians accounted for around 4.1 per cent of total separations and 6.4 per cent of separations in public hospitals (table 11A.10). Aboriginal and Torres Strait Islander Australians made up only around 3 per cent of the population nationally, although this rate varied significantly from 0.9 per cent in Victoria to 29.8 per cent in the NT (tables 2A.1 and 2A.14). Most separations involving Aboriginal and Torres Strait Islander Australians (91.7 per cent) in these jurisdictions occurred in public hospitals (table 11A.10).

Non-admitted patient services

A total of 54.1 million individual occasions of service were provided to non-admitted patients in public acute hospitals in 2012-13 (table 11.1). In addition, public hospitals delivered 516 129 group sessions during this time (a group session is defined as a service provided to two or more patients, excluding services provided to two or more family members) (table 11A.17). In public acute hospitals in 2012-13, accident and emergency services comprised 14.6 per cent of all individual occasions of service to non-admitted patients. 'Other medical, surgical and obstetric services' (24.4 per cent), 'pathology services' (17.8 per cent) and 'pharmacy' (9.3 per cent) were other common types of non-admitted patient care (table 11.1).

Table 11.1 **Non-admitted patient occasions of service, by type of non-admitted patient care, public acute hospitals, 2012-13[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*[b]	*Aust*
Occasions of service for the most common types of non-admitted patient care as a proportion of all occasions of service for non-admitted patients (%)									
Accident and emergency	10.6	20.9	16.1	16.6	25.2	33.1	6.4	24.3	14.6
Pathology	13.3	11.1	35.4	14.4	..	..	36.5	22.0	17.8
Radiology and organ imaging	2.6	8.1	9.1	7.5	8.9	..	2.2	15.3	5.6
Pharmacy[c]	15.4	5.3	5.0	4.0	..	..	2.3	5.9	9.3
Other medical/surgical/ obstetric	23.4	25.8	24.1	18.4	44.3	50.2	20.7	28.5	24.4
Mental health	4.2	..	0.3	1.7	0.6	0.9	14.1	..	2.6
Dental	1.8	5.7	..	0.2	0.4	..	..	..	1.7
Allied health	3.1	12.7	6.2	15.3	7.9	13.0	8.5	2.9	6.9
Other non-admitted									
Community health	10.4	5.4	2.1	18.2	..	2.8	9.1	..	8.2
District nursing[d]	6.7	2.0	..	2.0	..	..	..	..	3.5
Most common occasions of service (%)	**91.5**	**97.2**	**98.3**	**98.2**	**87.4**	**100.0**	**99.8**	**98.9**	**94.7**
Total occasions of service ('000)	**24 412**	**7 925**	**10 835**	**5 823**	**2 168**	**482**	**1 870**	**600**	**54 115**

[a] Individual non-admitted patient care services. Excludes group sessions. Reporting arrangements vary significantly across jurisdictions. [b] Radiology data for the NT are underestimated and pathology data relate to only three of the five hospitals. [c] Justice Health in NSW reported a large number of occasions of service that may not be typical of pharmacy. [d] Justice Health in NSW reported a large number of occasions of service that may not be typical of district nursing. .. Not applicable.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; table 11A.17.

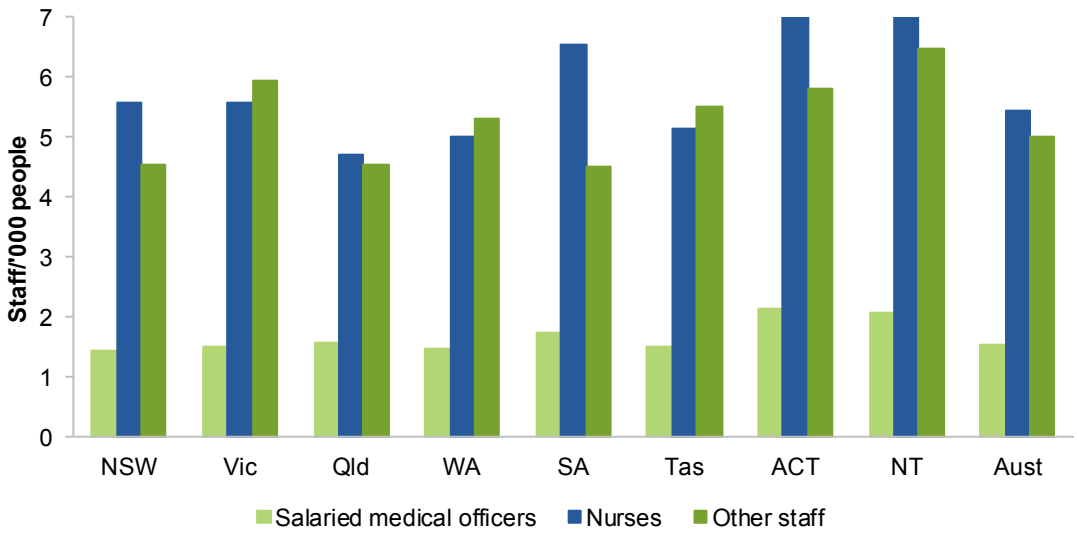
There is considerable variation among states and territories and across reporting years in collection of non-admitted patient occasions of service. Differing admission practices

across states and territories also lead to variation among jurisdictions in the services reported (AIHW 2014a).

Staff

In 2012-13, nurses comprised the single largest group of full time equivalent (FTE) staff employed in public hospitals (5.4 per 1000 people) (figure 11.10). Comparing data on FTE staff across jurisdictions should be undertaken with care, because these data are affected by differences across jurisdictions in the recording and classification of staff. The outsourcing of services with a large labour related component (for example, food services and domestic services) can have a large impact on hospital staffing figures and can explain some of the differences in FTE staff in some staffing categories across jurisdictions (AIHW 2011).

Figure 11.10 **Average FTE staff per 1000 people, public hospitals, 2012-13**[a, b, c, d, e]



[a] 'Other staff' include diagnostic and allied health professionals, other personal care staff, administrative and clerical staff, and domestic and other staff. [b] Staff per 1000 people are calculated from ABS population data at 31 December 2012 (table 2A.2). Population data used to derive rates are revised to the final 2011 Census rebased estimates and projections. Population data for All Australians for all years are estimates. See chapter 2 (table 2A.2) for details. [c] Queensland pathology services staff employed by the State pathology service are not included. [d] Data for two small Tasmanian hospitals are not included. [e] Caution should be used in comparing data for the ACT with other jurisdictions as the ACT workforce serves many residents of southern NSW in addition to ACT residents, while only ACT residents are captured in the denominator.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; ABS (unpublished), Australian Demographic Statistics, December Quarter 2012, Cat. no. 3101.0; tables 11A.12 and 2A.2.

11.2 Framework of performance indicators for public hospitals

Performance is reported against objectives that are common to public hospitals in all jurisdictions (box 11.1). The Health sector overview explains the performance indicator framework for health services as a whole, including the subdimensions of quality and sustainability that have been added to the standard Review framework.

COAG has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations).

The National Healthcare Agreement (NHA) covers the area of health and aged care, and health indicators in the National Indigenous Reform Agreement (NIRA) establish specific outcomes for reducing the level of disadvantage experienced by Aboriginal and Torres Strait Islander Australians. Both agreements include sets of performance indicators. The Steering Committee collates NIRA performance information for analysis by the Department of Prime Minister and Cabinet. Performance indicators reported in this chapter are aligned with health performance indicators in the most recent version of the NHA, where relevant.

Box 11.1 Objectives for public hospitals

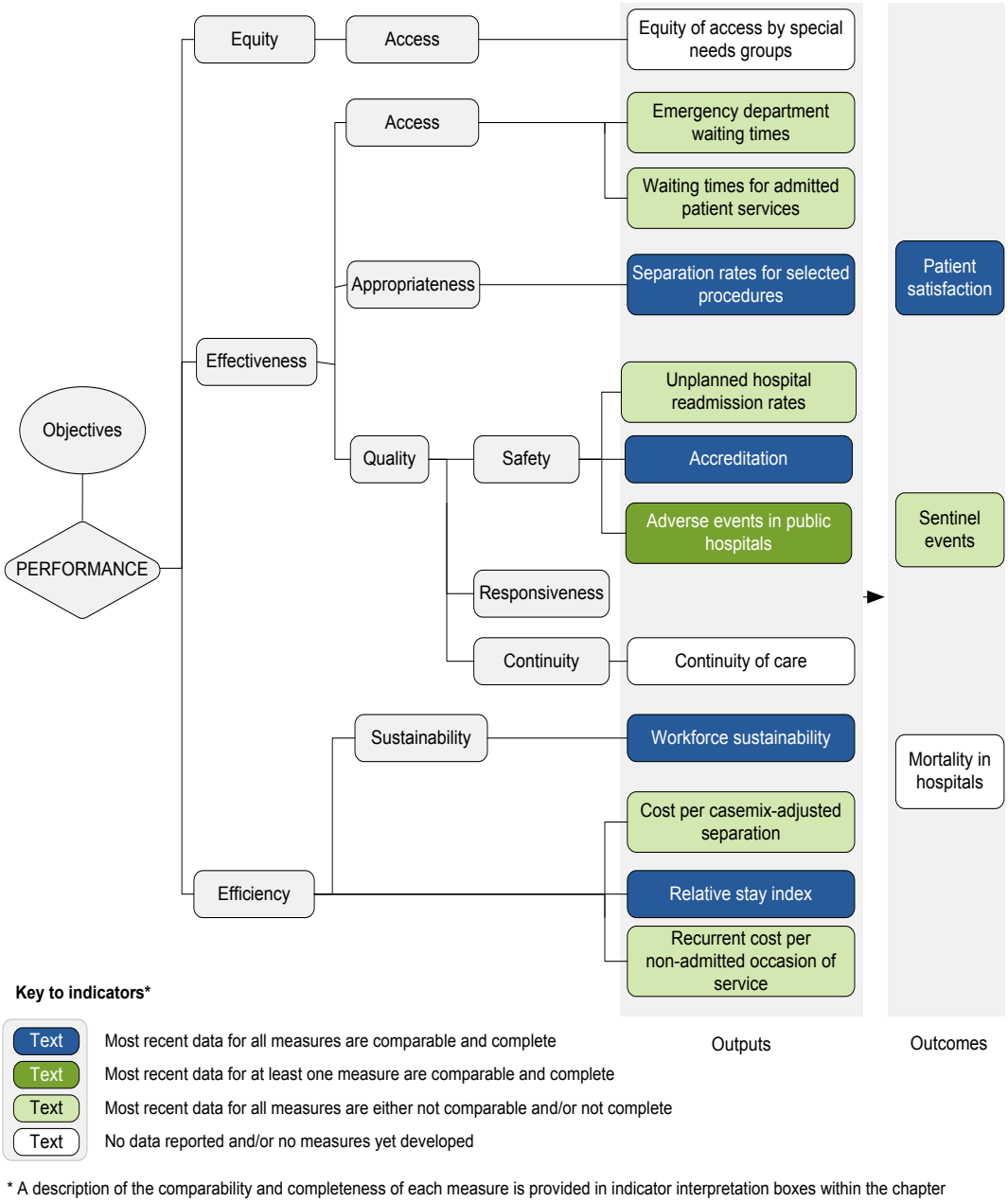
The common government objectives for public hospitals are to provide acute and specialist services that are:

- safe and of high quality
- appropriate and responsive to individual needs
- affordable, timely and accessible
- equitably and efficiently delivered.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of public hospital services (figure 11.11). The performance indicator framework shows which data are comparable in the 2015 Report. For data that are not considered directly comparable, text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability and data completeness from a Report-wide perspective (section 1.6).

The Report's statistical context chapter contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous- and ethnic-status) (chapter 2).

Figure 11.11 **Public hospitals performance indicator framework**



Data quality information (DQI) is being progressively introduced for all indicators in the Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators, in addition to material in the chapter or sector overview and attachment tables. DQI in this Report cover the seven dimensions in the ABS' data quality framework (institutional environment, relevance, timeliness, accuracy, coherence, accessibility and interpretability) in addition to dimensions that define and describe performance indicators in a consistent manner, and

key data gaps and issues identified by the Steering Committee. All DQI for the 2015 Report can be found at www.pc.gov.au/rogs/2015.

11.3 Key performance indicator results for public hospitals

Different delivery contexts, locations and types of client can affect the equity, effectiveness and efficiency of health services.

As discussed in section 11.1, public hospitals provide a range of services to admitted patients, including some sub-acute and non-acute services such as rehabilitation and palliative care. The extent to which these sub-acute and non-acute treatments can be identified and excluded from the data differs across jurisdictions. Similarly, psychiatric treatments are provided in public (non-psychiatric) hospitals at different rates across jurisdictions.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

Equity — access

Equity indicators measure how well a service is meeting the needs of certain groups in society (see chapter 1). Public hospitals have a significant influence on the equity of the overall healthcare system. While access to public hospital services is important to the community in general, it is particularly important for people of low socioeconomic status (and others) who can have difficulty in accessing alternative services, such as those provided by private hospitals.

Equity of access by special needs groups

'Equity of access by special needs groups' is an indicator of governments' objective to provide accessible services (box 11.2).

Box 11.2 Equity of access by special needs groups

'Equity of access by special needs groups' measures the performance of agencies providing services for identified special needs groups including: Aboriginal and Torres Strait Islander Australians; people living in communities outside the capital cities (that is, people living in other metropolitan areas, or rural and remote communities); and people from culturally and linguistically diverse backgrounds. Chapter 1 outlines special needs groups in more detail.

Equity of access by special needs groups has been identified as a key area for development in future Reports. Data for the emergency department waiting times and waiting times for admitted patient services indicators are reported by Indigenous status and remoteness.

Effectiveness — access

Emergency department waiting times

'Emergency department waiting times' is an indicator of governments' objective to provide accessible services (box 11.3).

Box 11.3 Emergency department waiting times

'Emergency department waiting times' is defined by the following two measures:

- Emergency department waiting times by triage category
- Proportion of emergency department presentations with length of stay of 4 hours or less.

Emergency department waiting times by triage category

Emergency department waiting times by triage category is calculated by subtracting the time at which the patient presents at the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) from the time of commencement of service by a treating medical officer or nurse. Patients who do not wait for care after being triaged or clerically registered are excluded from the data.

'Emergency department waiting times by triage category' is defined as the proportion of patients seen within the benchmarks set by the Australasian Triage Scale. The Australasian Triage Scale is a scale for rating clinical urgency, designed for use in hospital-based emergency services in Australia and New Zealand.

(Continued on next page)

Box 11.3 **(continued)**

The benchmarks, set according to triage category, are as follows:

- triage category 1: need for resuscitation — patients seen immediately
- triage category 2: emergency — patients seen within 10 minutes
- triage category 3: urgent — patients seen within 30 minutes
- triage category 4: semi-urgent — patients seen within 60 minutes
- triage category 5: non-urgent — patients seen within 120 minutes (HDSC 2008).

A high or increasing proportion of patients seen within the benchmarks set for each triage category is desirable.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2013-14 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Proportion of emergency department presentations with length of stay of 4 hours or less

'Proportion of Emergency department presentations with length of stay of 4 hours or less' is defined as the percentage of presentations to public hospital emergency departments where the time from presentation to physical departure is less than or equal to four hours. It is a measure of the duration of the emergency department service rather than a waiting time for emergency department care.

A high or increasing proportion of patients with a length of stay of four hours or less is desirable.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2013-14 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Emergency department waiting times by triage category

The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage (table 11.2) and clinical practices — in particular, the allocation of cases to urgency categories. The proportion of patients in each triage category who were subsequently admitted can indicate the comparability of triage categorisations across jurisdictions and thus the comparability of the waiting times data (table 11A.18).

Nationally, in 2013-14, 100 per cent of patients in triage category 1 were seen within the clinically appropriate timeframe, and 82 per cent of patients in triage category 2 were seen within the clinically appropriate timeframe. For all triage categories combined, 75 per cent of patients were seen within triage category timeframes (table 11.2). Emergency department waiting times for peer group A and B hospitals are reported in table 11A.19.

Table 11.2 **Emergency department patients seen within triage category timeframes, public hospitals (per cent)[a]**

Triage category	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2012-13									
1 — Resuscitation[b]	100	100	100	100	100	100	100	100	100
2 — Emergency	83	84	84	81	75	83	74	66	82
3 — Urgent	73	72	68	52	66	65	43	52	68
4 — Semi-urgent	77	68	74	67	78	70	46	52	72
5 — Non-urgent	92	87	92	93	92	90	79	89	91
Total	**78**	**73**	**74**	**66**	**75**	**71**	**51**	**57**	**73**
Data coverage[c]	88	92	74	78	83	92	100	100	85
2013-14									
1 — Resuscitation[b]	100	100	100	100	100	100	100	100	100
2 — Emergency	83	84	80	86	74	85	83	61	82
3 — Urgent	76	73	67	58	65	66	50	51	70
4 — Semi-urgent	80	71	75	71	77	71	57	53	75
5 — Non-urgent	94	88	92	94	92	90	86	89	92
Total	**81**	**75**	**73**	**70**	**73**	**72**	**61**	**57**	**75**
Data coverage[c]	99	92	74	78	83	92	100	100	88

[a] Percentages are derived from all hospitals that reported to the Non-admitted Patient Emergency Department Care Database, including all principal referral and specialist women's and children's hospitals, large hospitals and public hospitals that were classified to other peer groups. [b] Resuscitation patients whose waiting time for treatment was less than or equal to two minutes are considered to have been seen on time. [c] Data coverage is estimated as the number of occasions of service with waiting times data divided by the number of emergency department occasions of service. This can underestimate coverage because some occasions of service are for other than emergency presentations. For some jurisdictions, the number of emergency department occasions of service reported to the Non-admitted Patient Emergency Department Care Database exceeded the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database. For these jurisdictions the coverage has been estimated as 100 per cent.

Source: AIHW (2014), *Australian hospital statistics 2013–14: emergency department care*, Health services series no. 58 Cat. no. HSE 153. Canberra; AIHW (2013), *Australian hospital statistics 2012–13: emergency department care,* Health services series no. 52. Cat. no. HSE 142. Canberra; table 11A.18.

Emergency department waiting times by Indigenous status, remoteness and socioeconomic status for peer group A and B hospitals are reported in the attachment (tables 11A.20–22). Nationally, there was little difference between Aboriginal and Torres Strait Islander and other Australians in the percentages of patients treated within national benchmarks across the triage categories, although there were variations across states and territories for some triage categories (table 11A.20). At the national level, there was variation in waiting times

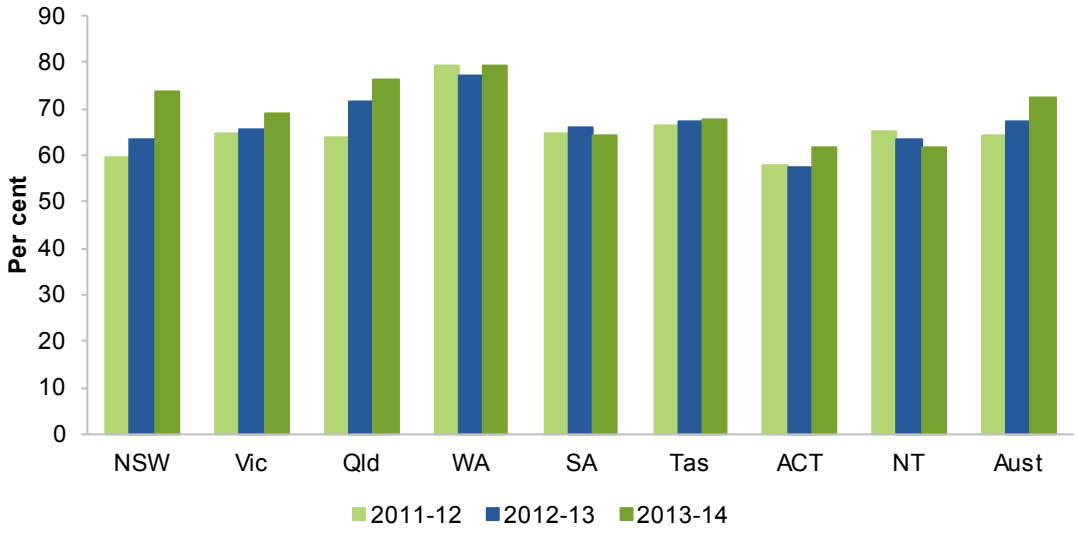
across triage categories by remoteness, although there was less variation for the most serious category, resuscitation (table 11A.21). There was little difference in waiting times across triage categories by socioeconomic status on a national basis (table 11A.22).

Proportion of emergency department presentations with length of stay of 4 hours or less

The proportion of emergency department presentations with length of stay of 4 hours or less is reported for the first time in this Report edition. Data for this measure are sourced from the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD). The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). However, data were also provided by some states and territories for hospitals in peer groups other than A and B. For 2013–14, coverage of the NNAPEDCD collection was estimated to be about 88 per cent of emergency occasions of service in Australian public hospitals (AIHW 2014d). The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The proportion of emergency department presentations with length of stay of 4 hours or less has increased from 64.3 per cent in 2011-12 to 72.7 per cent in 2013-14 (figure 11.12).

Figure 11.12 **Proportion of emergency department presentations with length of stay of 4 hours or less[a, b]**



[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.

Source: AIHW (2014), *Australian hospital statistics 2013–14: emergency department care*, Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW, Canberra; AIHW (2013), *Australian hospital statistics 2012–13: emergency department care*, Health services series no. 52. Cat. no. HSE 142. Canberra: AIHW, Canberra; AIHW (2012), *Australian hospital statistics 2011–12: emergency department care*, Health services series no. 45. Cat. no. HSE 126. Canberra; table 11A.23.

Waiting times for admitted patient services

'Waiting times for admitted patient services' is an indicator of governments' objective to provide accessible services (box 11.4). Elective surgery patients who wait longer are likely to suffer discomfort and inconvenience, and more urgent patients can experience poor health outcomes as a result of extended waits.

Box 11.4 Waiting times for admitted patient services

'Waiting times for admitted patient services' is defined by the following three measures:

- Overall elective surgery waiting times
- Elective surgery waiting times by clinical urgency category
- Presentations to emergency departments with a length of stay of 4 hours or less ending in admission.

Overall elective surgery waiting times

'Overall elective surgery waiting times' are calculated by comparing the date on which patients are added to a waiting list with the date on which they are admitted. Days on which the patient was not ready for care are excluded. 'Overall waiting times' are presented as the number of days within which 50 per cent of patients are admitted and the number of days within which 90 per cent of patients are admitted. The proportion of patients who waited more than 12 months is also shown.

For overall elective surgery waiting times, a low or decreasing number of days waited at the 50th and 90th percentiles, and a low or decreasing proportion of people waiting more than 365 days are desirable.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2013-14 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Elective surgery waiting times by clinical urgency category

'Elective surgery waiting times by clinical urgency category' reports the proportion of patients who were admitted from waiting lists after an extended wait. The three generally accepted clinical urgency categories for elective surgery are:

- category 1 — admission is desirable within 30 days for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
- category 2 - admission is desirable within 90 days 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 is 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. The desirable timeframe for this category is admission within 365 days.

(Continued on next page)

Box 11.4 **(continued)**

The term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting more than the agreed desirable waiting times of 30 days and 90 days respectively.

For elective surgery waiting times by clinical urgency category, a low or decreasing proportion of patients who have experienced extended waits at admission is desirable. However, variation in the way patients are classified to urgency categories should be taken into account. Rather than comparing jurisdictions, the results for individual jurisdictions should be viewed in the context of the proportions of patients assigned to each of the three urgency categories (table 11.3).

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2013-14 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Presentations to emergency departments with a length of stay of 4 hours or less ending in admission

'Presentations to emergency departments with a length of stay of 4 hours or less ending in admission' is defined as the percentage of presentations to public hospital emergency departments where the time from presentation to admission to hospital is less than or equal to four hours.

A high or increasing proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission is desirable.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2013-14 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Overall elective surgery waiting times

Elective surgery waiting times data are provided for waiting lists managed by public acute hospitals. The data collection covers most public hospitals that undertake elective surgery, and in 2013-14 covered 93 per cent of separations for elective surgery in public acute hospitals (table 11A.24).

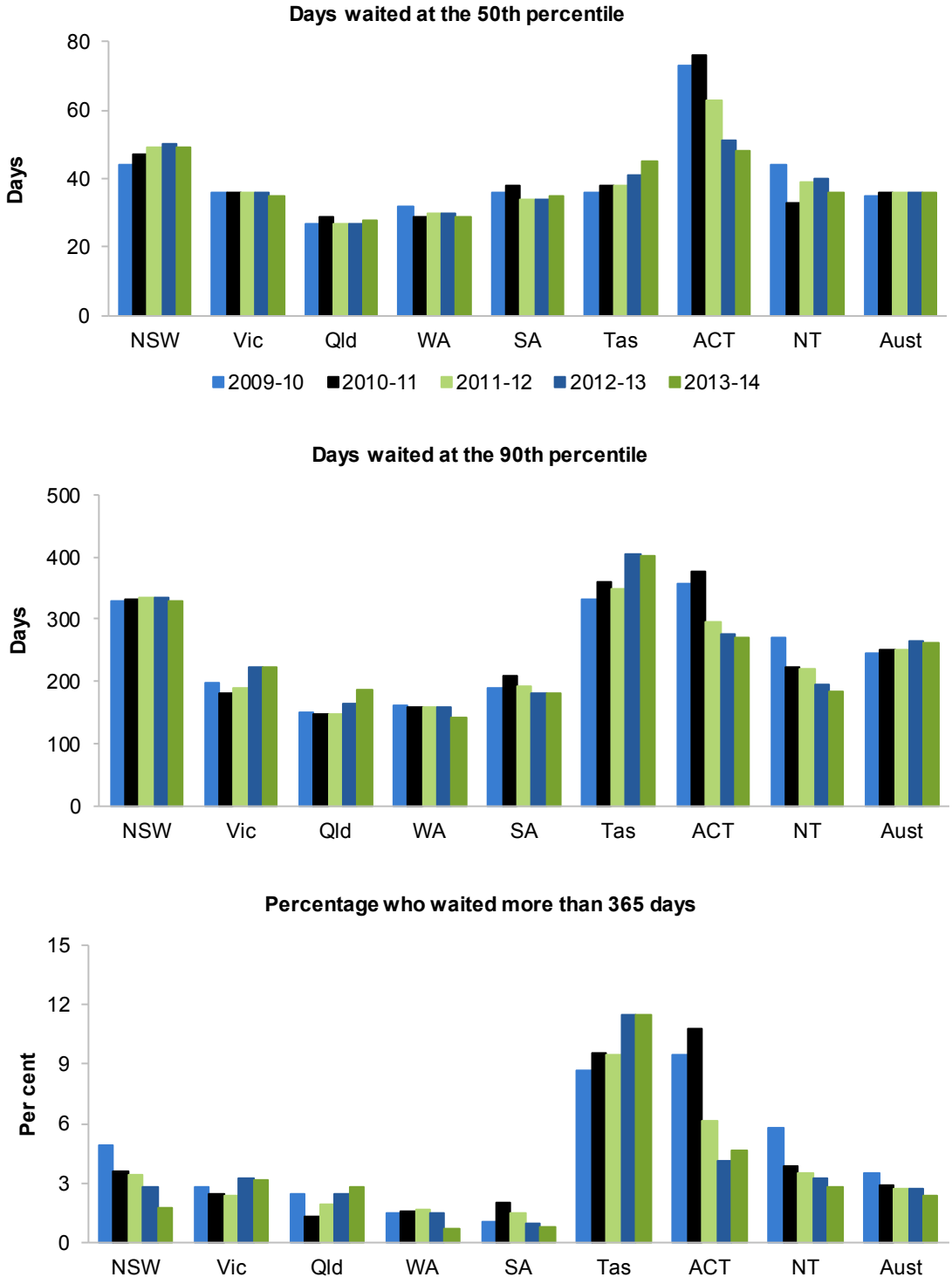
Patients on waiting lists who were not subsequently admitted to hospital are excluded. Patients can be removed from waiting lists because they no longer need the surgery, die, are treated at another location, decline to have the surgery, or cannot be contacted by the

hospital (AIHW 2014c). In 2013-14, 14.1 per cent of patients who were removed from waiting lists were removed for reasons other than elective or emergency admission (AIHW 2014c).

Comparisons across jurisdictions should be made with caution, due to differences in clinical practices and classification of patients across Australia. The measures are also affected by variations across jurisdictions in the method used to calculate waiting times for patients who transferred from a waiting list managed by one hospital to a waiting list managed by another hospital. For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is included in the waiting time reported in NSW, SA and the NT. This approach can have the effect of increasing the apparent waiting times for admissions in these jurisdictions compared with other jurisdictions (AIHW 2014c).

Nationally in 2013-14, 50 per cent of patients were admitted within 36 days and 90 per cent of patients were admitted within 262 days. The proportion of patients who waited more than a year was 2.4 per cent. Nationally, waiting times at the 50th percentile increased by one day between 2009-10 and 2013-14, from 35 to 36 days. However, there were different trends for different jurisdictions and for different sized hospitals over that period (figure 11.13 and table 11A.24).

Figure 11.13 **Waiting times for elective surgery, public hospitals**



Source: AIHW (various years), *Australian Hospital Statistics*, Health Services Series, Cat nos. HSE 107 and 117; AIHW (various years), *Australian hospital statistics: elective surgery waiting times,* Cat. nos. HSE 127, 140 and 151; table 11A.24.

Attachment 11A includes data on elective surgery waiting times by hospital peer group, specialty of surgeon and indicator procedure. It also includes waiting times by Indigenous status, remoteness and socioeconomic status (tables 11A.24–29). Nationally, Aboriginal and Torres Strait Islander Australians had longer waiting times for elective surgery than other Australians at the 50th percentile and 90th percentile (table 11A.26). Those living in regional areas had longer waiting times than those in major cities at the 50th and 90th percentiles at the national level (table 11A.27). Elective surgery waiting times tended to increase with social disadvantage at the 50th and 90th percentiles on a national basis (table 11A.28).

Elective surgery waiting times by clinical urgency category

Elective surgery waiting times by urgency category not only provide an indication of the extent to which patients are seen within a clinically desirable time, but also draw attention to the variation in the way in which patients are classified across jurisdictions. Jurisdictional differences in the classification of patients by urgency category in 2013-14 are shown in table 11.3. The states and territories with lower proportions of patients in category 1 tended to have smaller proportions of patients in this category who were 'not seen on time'. NSW, Victoria and the ACT, for example, had low proportions of patients in category 1 and also had low proportions of patients in category 1 who had extended waits (tables 11.3, 11A.31, 11A.33 and 11A.43).

The system of urgency categorisation for elective surgery in public hospitals is important to ensure that priority is given to patients according to their needs. While elective surgery waiting times by urgency category are not comparable across jurisdictions, this measure has the advantage of providing an indication of the extent to which patients are seen within a clinically desirable time according to the urgency category to which they have been assigned.

The AIHW, with the Royal Australasian College of Surgeons, submitted a proposal to Health Ministers in December 2012 for nationally agreed elective surgery urgency category definitions, including consistent treatment of patients 'not ready for care'. This was endorsed by Health Ministers, and NSW is now leading work on nation-wide implementation of the recommendations outlined in the proposal.

Table 11.3 **Classification of elective surgery patients, by clinical urgency category, 2013-14 (per cent)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*
Patients on waiting lists								
Category 1	2.5	4.1	7.6	5.1	4.2	5.7	4.4	5.3
Category 2	16.0	50.1	34.9	27.7	22.4	50.9	35.9	41.0
Category 3	81.5	45.8	57.5	67.1	73.4	43.4	59.7	53.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	23.5	28.9	39.0	24.9	25.5	38.2	29.3	29.8
Category 2	33.2	47.7	41.8	37.1	36.0	42.0	44.5	48.5
Category 3	43.3	23.3	19.1	38.0	38.5	19.8	26.3	21.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection; table 11A.30.

Reporting of elective surgery waiting times by clinical urgency category includes the proportions of patients with extended waits at admission. The proportions of patients on waiting lists who already had an extended wait are reported in tables 11A.31, 11A.33, 11A.35, 11A.37, 11A.39, 11A.41, 11A.43 and 11A.45. The proportion of patients on waiting lists who already had an extended wait at the date of assessment does not represent the completed waiting times of patients. This is represented by the proportion of patients with extended waits at admission.

Elective surgery waiting times by clinical urgency category data are sourced from the AIHW for the years 2013-14 and 2012-13. This is the first year that these data have been sourced from the AIHW. In previous Report editions, all data were sourced directly from states and territories. In this Report edition, data for all years prior to 2012-13 were sourced directly from states and territories. Due to the difference in data sources, comparisons over time should be made with care.

Elective surgery waiting times by clinical urgency category data are reported on a more timely basis in this Report edition. Data for 2013-14 are reported in line with the other waiting time measures, previously the elective surgery waiting times by clinical urgency category data had been lagged a year.

Of patients admitted from waiting lists in NSW in 2013-14:

- 23.5 per cent were classified to category 1, of whom 0.3 per cent had an extended wait
- 33.2 per cent were classified to category 2, of whom 3.1 per cent had an extended wait
- 43.3 per cent were classified to category 3, of whom 4.1 per cent had an extended wait.

Overall in NSW, 2.9 per cent of all patients experienced extended waits (table 11.3 and table 11A.31).

Of patients admitted from waiting lists in Victoria in 2013-14:

- 28.9 per cent were classified to category 1, of whom zero per cent had an extended wait
- 47.7 per cent were classified to category 2, of whom 31.4 per cent had an extended wait
- 23.3 per cent were classified to category 3, of whom 9.9 per cent had an extended wait.

Overall in Victoria, 17.3 per cent of all patients experienced extended waits (table 11.3 and table 11A.33).

Of patients admitted from waiting lists in Queensland in 2013-14:

- 39.0 per cent were classified to category 1, of whom 5.0 per cent had an extended wait
- 41.8 per cent were classified to category 2, of whom 19.5 per cent had an extended wait
- 19.1 per cent were classified to category 3, of whom 11.4 per cent had an extended wait.

Overall in Queensland, 12.3 per cent of all patients experienced extended waits (table 11.3 and table 11A.35).

Of patients admitted from waiting lists in WA in 2013-14:

- 24.9 per cent were classified to category 1, of whom 2.2 per cent had an extended wait
- 37.1 per cent were classified to category 2, of whom 8.2 per cent had an extended wait
- 38.0 per cent were classified to category 3, of whom 1.7 per cent had an extended wait.

Overall in WA, 4.2 per cent of all patients experienced extended waits (table 11.3 and table 11A.37).

Of patients admitted from waiting lists in SA in 2013-14:

- 25.5 per cent were classified to category 1, of whom 6.7 per cent had an extended wait
- 36.0 per cent were classified to category 2, of whom 7.7 per cent had an extended wait
- 38.5 per cent were classified to category 3, of whom 2.1 per cent had an extended wait.

Overall in SA, 5.3 per cent of all patients experienced extended waits (table 11.3 and table 11A.39).

Of patients admitted from waiting lists in Tasmania in 2013-14:

- 38.2 per cent were classified to category 1, of whom 24.8 per cent had an extended wait
- 42.0 per cent were classified to category 2, of whom 50.3 per cent had an extended wait
- 19.8 per cent were classified to category 3, of whom 24.7 per cent had an extended wait.

Overall in Tasmania, 35.5 per cent of all patients experienced extended waits (table 11.3 and table 11A.41).

Of patients admitted from waiting lists in the ACT in 2013-14:

- 29.3 per cent were classified to category 1, of whom 1.5 per cent had an extended wait
- 44.5 per cent were classified to category 2, of whom 26.2 per cent had an extended wait
- 26.3 per cent were classified to category 3, of whom 12.8 per cent had an extended wait.

Overall in the ACT, 15.4 per cent of all patients experienced extended waits (table 11.3 and table 11A.43).

Of patients admitted from waiting lists in NT in 2013-14:

- 29.8 per cent were classified to category 1, of whom 9.8 per cent had an extended wait
- 48.5 per cent were classified to category 2, of whom 24.7 per cent had an extended wait
- 21.7 per cent were classified to category 3, of whom 12.5 per cent had an extended wait.

Overall in the NT, 17.6 per cent of all patients experienced extended waits (table 11.3 and table 11A.45).

Waiting times data by urgency category and surgical speciality were also provided (tables 11A.32, 11A.34, 11A.36, 11A.38, 11A.40, 11A.42, 11A.44 and 11A.46).

Presentations to emergency departments with a length of stay of 4 hours or less ending in admission

Nationally in 2013-14, 45 per cent of those who presented to an emergency department waited 4 hours or less to be admitted to hospital. Nationally, the percentage waiting 4 hours or less to be admitted was 56 per cent of patients requiring resuscitation, 47 per cent of emergency patients and 43 per cent of urgent patients. Waiting times improved for all triage categories for all hospitals from 2012-13 to 2013-14 on a national basis (table 11.4).

Table 11.4 **Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals[a, b, c, d]**

Triage category	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2012-13									
1 — Resuscitation	44	56	54	59	55	56	62	48	52
2 — Emergency	32	44	40	52	41	32	40	23	39
3 — Urgent	27	36	39	43	38	22	24	23	34
4 — Semi-urgent	30	36	45	45	43	24	28	24	35
5 — Non-urgent	53	53	62	55	61	47	40	50	54
Total[d]	**30**	**38**	**41**	**46**	**41**	**25**	**29**	**24**	**36**
2013-14									
1 — Resuscitation	51	57	59	66	54	58	63	46	56
2 — Emergency	43	49	53	58	37	33	45	21	47
3 — Urgent	40	44	51	51	35	25	29	21	43
4 — Semi-urgent	44	45	57	52	42	28	33	22	46
5 — Non-urgent	65	60	68	60	59	44	45	50	62
Total[d]	**42**	**46**	**53**	**53**	**38**	**28**	**34**	**22**	**45**

[a] Includes presentations for all types of visit. [b] Length of stay is calculated as the length of time between presentation to the emergency department and physical departure. [c] Data includes Principal referral and specialist women's and children's hospitals, Large hospitals and hospitals in other peer groups that reported to the National Non-Admitted Patient Emergency Department Care Database. [d] Total includes presentations for which the triage category was not reported.

Source(s): AIHW (2014), *Australian hospital statistics 2013–14: emergency department care*, Health services series no. 58. Cat. no. HSE 153. Canberra; AIHW (2013), *Australian hospital statistics 2012–13: emergency department care*, Health services series no. 52. Cat. no. HSE 142. Canberra; table 11A.47.

Data on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories and over time. The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage (table 11.2) and clinical practices — in particular, the allocation of cases to urgency categories.

Data in table 11.4 are for all hospitals. Data for peer group A ('Principal referral and specialist women's and children's' hospitals) and B ('Large hospitals') are presented in table 11A.47. Nationally in 2013-14, a lower proportion of patients were admitted within 4 hours or less in large hospitals than in principal referral and specialist women's and children's hospitals for all triage categories (table 11A.47).

Effectiveness — appropriateness

Separation rates for selected procedures

'Separation rates for selected procedures' is an indicator of the appropriateness of hospital services (box 11.5).

Box 11.5 Separation rates for selected procedures

'Separation rates for selected procedures' is defined as separations per 1000 people for certain procedures in public hospitals. The procedures are selected for their frequency, for sometimes being elective and discretionary, and because alternative treatments are sometimes available.

Higher/lower or increasing/decreasing rates are not necessarily associated with inappropriate care. However, large jurisdictional variations in rates for particular procedures can require investigation to determine whether service levels are appropriate.

Care needs to be taken when interpreting differences in the separation rates for the selected procedures. Variations in rates can be attributable to variations in the prevalence of the conditions being treated, or to differences in clinical practice across states and territories. Higher rates can be acceptable for certain conditions and not for others. Higher rates of angioplasties, for example, can represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies can represent an over-reliance on procedures. Some of the selected procedures, such as angioplasty and coronary artery bypass graft, are alternative treatment options for people diagnosed with similar conditions.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

The separation rates for selected procedures reported here reflect the activities of the public health system. For all procedures, separation rates varied across jurisdictions (table 11.5).

Table 11.5 **Separations for selected procedures per 1000 people, public hospitals, 2012-13[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Procedure									
Cataract extraction	2.7	3.0	1.6	4.7	3.4	2.0	4.1	6.7	2.8
Cholecystectomy	1.4	1.5	1.2	1.2	1.5	1.4	1.4	1.2	1.4
Coronary angioplasty	0.9	0.8	0.8	0.8	0.9	1.0	2.0	..	0.9
Coronary artery bypass graft	0.3	0.3	0.3	0.2	0.3	0.3	0.5	..	0.3
Cystoscopy	1.6	2.9	2.0	3.3	2.7	1.6	3.0	2.0	2.3
Haemorrhoidectomy	1.0	0.8	0.3	0.5	0.5	0.6	0.3	0.9	0.7
Hip replacement	0.6	0.7	0.5	0.8	0.7	0.7	1.0	0.6	0.6
Hysterectomy, females aged 15–69 years	1.0	1.1	1.0	1.0	1.2	1.2	0.9	0.8	1.0
Inguinal herniorrhaphy	1.0	1.0	0.8	1.0	1.0	1.0	1.0	1.0	1.0
Knee replacement	0.7	0.5	0.5	0.7	0.6	0.4	0.7	0.5	0.6
Myringotomy (with insertion of tube)	0.5	0.7	0.6	0.8	1.4	0.5	0.5	0.6	0.7
Prostatectomy	0.9	1.0	0.7	0.9	1.0	0.8	1.1	0.5	0.9
Septoplasty	0.3	0.4	0.2	0.2	0.5	0.1	0.3	0.2	0.3
Tonsillectomy	0.9	1.3	0.8	0.9	1.5	0.7	0.8	1.0	1.0
Varicose veins, stripping and ligation	0.2	0.3	0.1	0.1	0.3	<0.1	0.5	0.2	0.2

a Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years). **..** Not applicable.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; table 11A.48.

Data for private hospitals are reported in table 11A.48. Table 11A.48 also reports selected separations for all hospitals by Indigenous status, remoteness and socioeconomic status. Table 11A.49 reports additional information for the selected separations for all hospitals such as numbers of separations and the standardised separation rate ratio.

Effectiveness — quality

There is no single definition of quality in healthcare, but the Australian Commission on Safety and Quality in Health Care (ACSQHC) has defined quality as 'the extent to which the properties of a service or product produce a desired outcome' (Runciman 2006). No single indicator can measure quality across all providers. An alternative approach is to identify and report on aspects of quality of care. The aspects of quality highlighted in the performance indicator framework are safety, responsiveness and continuity. This Report includes indicators of safety, but no indicators have yet been developed for responsiveness or continuity.

Various governments publicly report performance indicators for service quality of public hospitals. Some have adopted the same indicators reported in this chapter. For example:

- The Australian Government's MyHospitals website, which is managed by the National Health Performance Authority, reports *staphylococcus aureus* bacteraemia (SAB) infections as counts and rates per 10 000 patient days under surveillance for most public hospitals and a number of private hospitals.
- In NSW, reporting of surgical site infection rates for hip and knee surgery is mandatory for public hospitals.
- Victorian hospitals are required to publish annual quality of care reports that include safety and quality indicators for infection control, medication errors, falls monitoring and prevention, pressure wound monitoring and prevention, patient satisfaction and consumer participation in health care decision making.
- Queensland Health publishes regular online public hospitals performance, which among other measures, includes patient experience results.
- Both the WA and Tasmanian health departments' annual reports include information on unplanned readmission rates and WA also includes a section on patient evaluation of health services.
- SA Health publishes an annual patient safety report, which provides a summary of the types of incidents that occurred in public hospitals and a comprehensive overview of the major patient safety programs being conducted by SA Health. It links the programs to the safety issues identified by analysis of data from the incident management system (Safety Learning System), Coronial recommendations and other sources, to help explain what actions are being taken to address these safety issues. A Measuring Consumer Experience SA Public Hospital Inpatient Annual Report, which details the key findings from the SA Consumer Experience Surveillance System, is also published.
- ACT Health publishes quarterly reports that include data on unplanned readmissions, unplanned returns to operating theatre and hospital acquired infection rates. Information about quality and safety activities and consumer feedback management is also included in an annual report.
- The NT Health Department Annual Report has a chapter on clinical governance including information on complaints, hand hygiene, *staphylococcus aureus* bacteraemia and unplanned readmission rates. Other sections report unplanned readmission rates after discharge for acute mental health episodes.

Safety

Improving patient safety is an important issue for all hospitals. Studies on medical errors have indicated that adverse healthcare related events occur in public hospitals in Australia and internationally, and that their incidence is potentially high (for example Eshani et al. 2006). These adverse events can result in serious consequences for individual

patients, and the associated costs to individuals and the health care system can be considerable (Van den Bos et al. 2011).

Safety — unplanned hospital readmission rates

'Unplanned hospital readmission rates' is an indicator of governments' objective to provide public hospital services that are safe and of high quality (box 11.6). Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, if post-discharge planning was inadequate, or for reasons outside the control of the hospital (for example poor post-discharge care).

Box 11.6 **Unplanned hospital readmission rates**

'Unplanned hospital readmission rates' is defined as the rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition. It is calculated as the number of separations that were unplanned or unexpected readmissions to the same hospital following a separation in which a selected surgical procedure was performed and which occurred within 28 days of the previous date of separation, expressed per 1000 separations in which one of the selected surgical procedures was performed. Selected surgical procedures are knee replacement, hip replacement, tonsillectomy and adenoidectomy, hysterectomy, prostatectomy, cataract surgery and appendectomy. Unplanned readmissions are those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned.

Low or decreasing rates for this indicator are desirable. Conversely, high rates for this indicator suggest the quality of care provided by hospitals, or post-discharge care or planning, should be examined, because there may be scope for improvement.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

Unplanned readmission rates are not adjusted for casemix or patient risk factors, which can vary across hospitals and across jurisdictions. Unplanned hospital readmission rates in public hospitals in 2012-13 are reported in table 11.6. Unplanned hospital readmission rates are reported by hospital peer group, Indigenous status, remoteness and socioeconomic status in table 11A.51.

Table 11.6 **Unplanned hospital readmission rates, per 1000 separations, 2012-13**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*[a]
Surgical procedure prior to separation									
Knee replacement	21.6	15.1	35.1	22.3	18.6	37.0	–	np	22.4
Hip replacement	18.0	16.1	16.1	15.9	19.3	29.6	12.9	np	17.5
Tonsillectomy and adenoidectomy	30.3	29.1	35.7	42.4	37.5	51.9	44.7	83.0	33.1
Hysterectomy	31.6	25.9	31.8	43.6	28.7	52.0	23.1	np	30.6
Prostatectomy	27.3	26.5	40.7	33.9	28.9	57.8	np	np	31.1
Cataract surgery	3.4	3.0	4.6	2.6	2.9	4.4	0.9	6.0	3.4
Appendicectomy	22.4	22.8	22.0	29.0	27.0	26.5	20.4	43.5	23.1

[a] Total rates for Australia do not include WA. **np** Not published. – Nil or rounded to zero.

Source: AIHW (unpublished) National Hospital Morbidity Database; WA Health (unpublished); table 11A.50.

There are some difficulties in identifying readmissions that were unplanned. The indicator is likely to be an under-estimate because:

- it identifies only those patients readmitted to the same hospital, so does not include patients who go to another hospital
- episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included
- the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event. This does not include all possible unplanned/unexpected readmissions.

Safety — hospital accreditation

'Accreditation' is an indicator of governments' objective to provide public hospital services that are of high quality (box 11.7). Data for this indicator are shown in figure 11.14.

Box 11.7 **Accreditation**

'Accreditation' is defined as the number of beds in accredited hospitals as a percentage of total beds. 'Accreditation' signifies professional and national recognition awarded to hospitals and other healthcare facilities that meet defined industry standards.

Australian Health Ministers have mandated accreditation in all public and private hospitals and day procedure services in Australia from 1 January 2013. From this date health services are to be assessed to the National Safety and Quality Health Service (NSQHS) Standards by accrediting agencies approved by the ACSQHC. There are currently 10 accrediting agencies with approval listed on the ACSQHC website. By 2016 it is anticipated all Australian hospitals will have been accredited to all 10 NSQHS Standards. Until 1 January 2013 public hospital accreditation was voluntary in all jurisdictions except Victoria and Queensland, where it was mandatory for all public hospitals (excluding those in Victoria that provide only dental or mothercraft services and those in Queensland that do not routinely admit patients). Public hospitals could seek accreditation through a number of agencies. These agencies were accredited through the Joint Accreditation System of Australia and New Zealand or the International Society for Quality in Healthcare. Caution should therefore be used when comparing 2012-13 data with prior years.

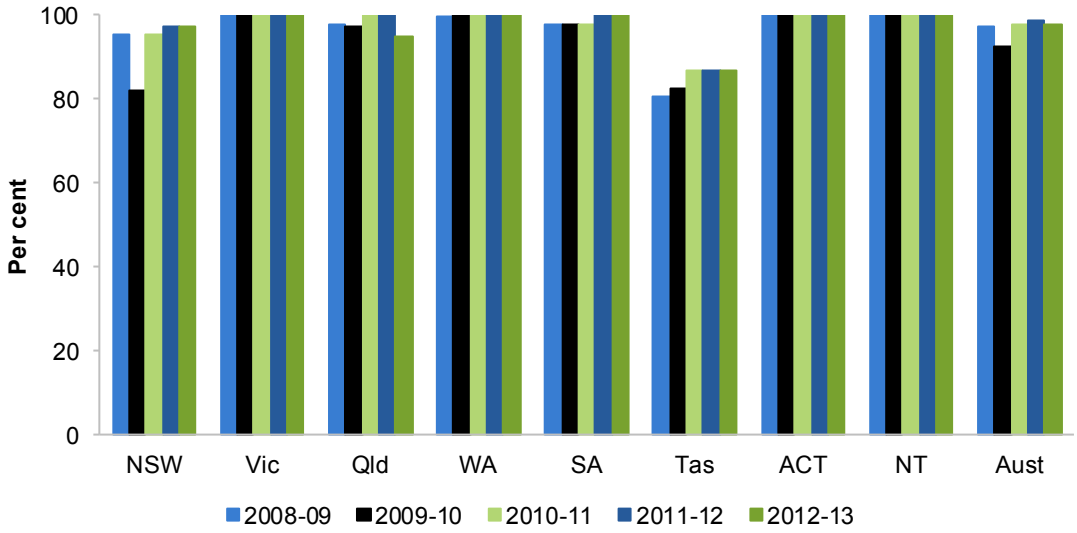
A high or increasing rate of accreditation is desirable. However, it is not possible to draw conclusions about the quality of care in those hospitals that do not have accreditation.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions but not over time. Data for 2012-13 are not comparable with prior years.
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

Figure 11.14 **Proportion of accredited beds, public hospitals**[a, b, c, d]



[a] Where average available beds for the year were not available, bed numbers at 30 June were used. [b] Includes psychiatric hospitals. [c] Australian Health Ministers have mandated accreditation in all public and private hospitals and day procedure services in Australia from 1 January 2013. From this date health services are to be assessed to the NSQHS Standards by accrediting agencies approved by the ACSQHC. Caution should therefore be used when comparing 2012-13 data with prior years. [d] Accreditation status for three Queensland hospitals was not provided.

Source: AIHW (various years), *Australian Hospital Statistics,* Health Services Series, Cat nos. HSE 84, 107, 117, 134 and 145; table 11A.52.

Safety — adverse events in public hospitals

'Adverse events in public hospitals' is an indicator of governments' objective to provide public hospital services that are safe and of high quality (box 11.8). Adverse events in public hospitals can result in serious consequences for individual patients, place a significant burden on the health system and are influenced by the safety of hospital practices and procedures. Sentinel events, which are a subset of adverse events that result in death or very serious harm to the patient, are reported separately in this chapter as an outcome indicator.

Box 11.8 Adverse events in public hospitals

'Adverse events in public hospitals' is defined by the following three measures:

- healthcare-associated infections
- adverse events treated in hospitals
- falls resulting in patient harm in hospitals.

Healthcare-associated infections

'Healthcare-associated infections' is the number of *Staphylococcus aureus* (including Methicillin-resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) patient episodes associated with public hospitals, expressed as a rate per 10 000 patient days for public hospitals reporting for the SAB indicator.

A patient episode of SAB is defined as a positive blood culture for SAB. Only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.

SAB is considered to be healthcare-associated if the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, or if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient episode of SAB:

- SAB is a complication of the presence of an indwelling medical device
- SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
- an invasive instrumentation or incision related to the SAB was performed within 48 hours
- SAB is associated with neutropenia (<1x109/L) contributed to by cytotoxic therapy.

Cases where a known previous blood culture has been obtained within the last 14 days are excluded. Patient days for unqualified newborns are included. Patient days for hospital boarders and posthumous organ procurement are excluded.

A low or decreasing healthcare-associated infections rate is desirable.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2013-14 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

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Box 11.8 **(continued)**

Adverse events treated in hospitals

'Adverse events treated in hospitals' are incidents in which harm resulted to a person during hospitalisation. They are measured by separations that had an adverse event, including infections, falls resulting in injuries and problems with medication and medical devices that occurred during a hospitalisation. Hospitalisation is identified by 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.

Low or decreasing adverse events treated in hospitals is desirable.

Data reported for this measure are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Falls resulting in patient harm in hospitals

'Falls resulting in patient harm in hospitals' is defined as the number of separations with an external cause code for fall and a place of occurrence of health service area, expressed as a rate per 1000 hospital separations.

It is not possible to determine if the place of occurrence was a public setting, only that it was a health service area.

A low or decreasing rate of falls resulting in patient harm in hospitals is desirable.

Data reported for this measure are:

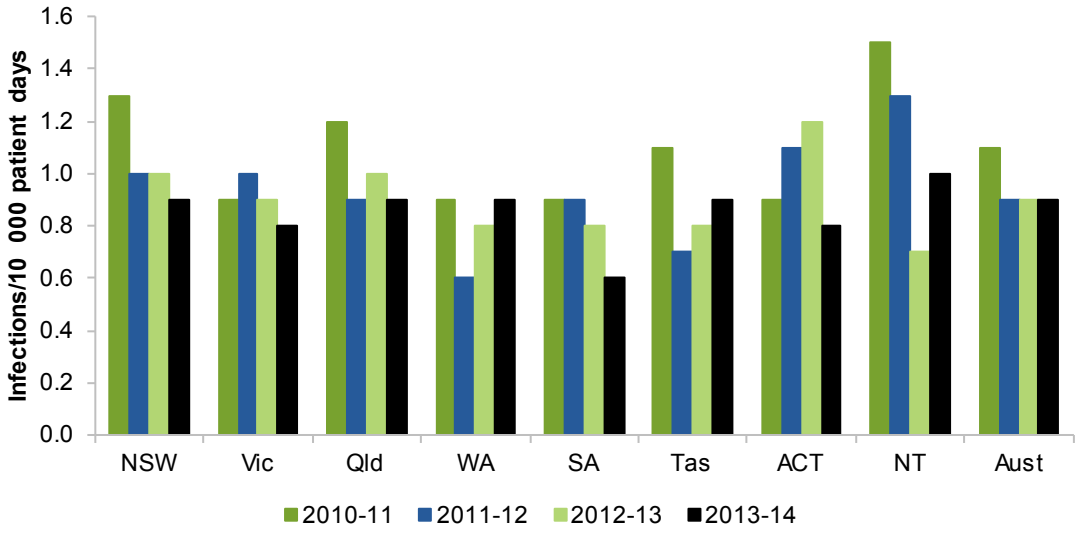
- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Safety — healthcare-associated infections

Healthcare-associated infections in public hospitals per 10 000 patient days is reported in figure 11.15.

Figure 11.15 **Healthcare-associated infections, public hospitals[a, b]**



[a] Comprises both Methicillin resistant *Staphylococcus aureus* and Methicillin sensitive *Staphylococcus aureus*. [b] The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates across jurisdictions and over time is limited, because of coverage differences and because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity.

Source: AIHW (2014), *Staphylococcus aureus bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics*. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.; table 11A.53.

Safety — adverse events treated in hospitals

In 2012-13, 6.5 per cent of separations in public hospitals reported an ICD-10-AM code indicating an adverse event (table 11.7). Around 54 per cent of separations with an adverse event reported procedures causing abnormal reactions/complications, and 38 per cent reported adverse effects of drugs, medicaments and biological substances (table 11A.54).

Table 11.7 **Separations with an adverse event, per 100 separations, public hospitals, 2012-13**[a, b]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
External cause of injury and poisoning									
Adverse effects of drugs, medicaments and biological substances									
	2.5	2.3	2.4	2.5	2.8	2.7	2.5	0.9	2.4
Misadventures to patients during surgical and medical care									
	0.2	0.4	0.3	0.3	0.3	0.4	0.3	0.1	0.3
Procedures causing abnormal reactions/complications									
	3.1	3.8	3.3	3.3	3.6	4.8	4.3	2.2	3.4
Other external causes of adverse events									
	0.1	0.2	0.1	0.1	0.3	0.2	0.2	0.1	0.2
Place of occurrence of injury and poisoning									
Place of occurrence: Health service area									
	6.2	6.6	6.1	6.2	6.8	8.1	7.2	3.3	6.3
Diagnoses									
Selected post-procedural disorders									
	0.9	0.7	0.8	0.8	1.1	1.3	1.3	0.4	0.8
Haemorrhage and haematoma complicating a procedure									
	0.5	0.5	0.4	0.5	0.4	0.5	0.6	0.3	0.5
Infection following a procedure									
	0.5	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4
Complications of internal prosthetic devices									
	1.2	1.6	1.3	1.2	1.2	1.4	1.8	0.9	1.3
Other diagnoses of complications of medical and surgical care									
	0.7	1.3	0.9	0.8	0.9	1.1	1.0	0.6	0.9
Total (any of the above)[c]									
	6.3	6.8	6.3	6.4	7.2	8.2	7.4	3.4	6.5

[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] Age standardised rate. [c] Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation, and external cause codes and diagnosis codes can be used together to describe an adverse event.

Source: AIHW (unpublished), National Hospital Morbidity Database; table 11A.54.

A separation may be recorded against more than one category in table 11.7, as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning).

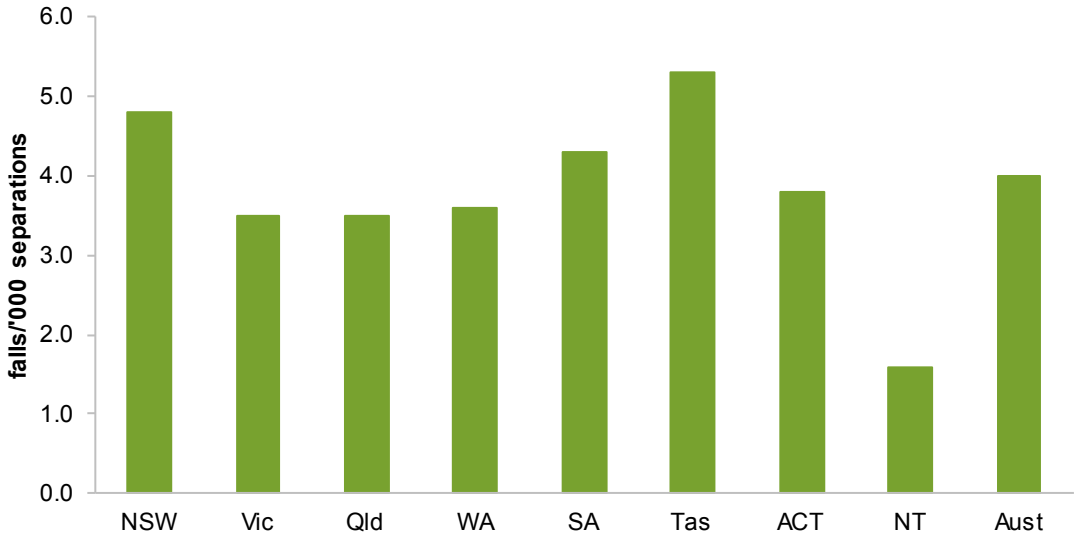
These data can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals. Some of the adverse events included in these tables may represent events that occurred before admission.

Some adverse events are not identifiable using the codes for an adverse event or a place of occurrence of hospital. Some other diagnosis codes may suggest that an adverse event has occurred when it has not.

Safety — falls resulting in patient harm in hospitals

Data for falls resulting in patient harm in hospitals are available this year for the first time since the 2012 Report. Falls resulting in patient harm recorded in public hospital separations where the place of occurrence was a health service area varied across states and territories in 2012-13, with a national rate of 4.0 falls per 1000 separations (figure 11.16). Data are reported by Indigenous status and remoteness in table 11A.55.

Figure 11.16 **Separations for falls resulting in patient harm in public hospitals, 2012-13[a, b]**



[a] Falls resulting in patient harm occurring in hospitals could be underestimated, as the place of occurrence was not reported (or unspecified) for about 26 per cent of separations with an external cause of injury of falls. [b] It is not possible to identify falls specifically occurring in hospitals. The data identify falls occurring in any health service setting, including day surgery centres or hospices. To minimise the inclusion of falls that occurred before admission, separations with an injury or poisoning principal diagnosis are excluded.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; table 11A.55.

Falls resulting in patient harm occurring in hospitals could be underestimated as the place of occurrence was not reported (or unspecified) for about 26 per cent of separations with an external cause of injury of falls (AIHW 2014a).

Falls could also be overestimated, as it is not currently possible to identify falls specifically occurring in hospitals. Currently, the data identify falls occurring in any health service setting, including day surgery centres or hospices. However, to minimise the inclusion of

falls that occurred before admission, separations with an injury or poisoning principal diagnosis are excluded.

Responsiveness

The Steering Committee has identified the responsiveness of public hospitals as an area for development in future Reports.

Continuity — continuity of care

'Continuity of care' is an indicator of governments' objective to provide public hospital services that are of high quality (box 11.9).

Box 11.9 Continuity of care

'Continuity of care' measures the provision of uninterrupted, timely, coordinated healthcare, interventions and actions across programs, practitioners and organisations.

Continuity of care has been identified as a key area for development in future Reports.

Sustainability

Workforce sustainability

'Workforce sustainability' is an indicator of governments' objective to provide sustainable public hospital services (box 11.10). Labour, particularly nurses and medical practitioners, is the most significant and costly resource used in providing public hospital services (figure 11.23), and the sustainability of the workforce helps determine whether problems might arise in the future delivery of public hospital services.

Box 11.10 Workforce sustainability

'Workforce sustainability' reports age profiles for nurse and medical practitioner workforces. It shows the proportions of registered nurses and medical practitioners in ten year age brackets, by jurisdiction and by region.

High or increasing proportions of the workforce that are new entrants and/or low or decreasing proportions of the workforce that are close to retirement is desirable.

All nurses (including midwives) and medical practitioners in the workforce are included in these measures, as crude indicators of the potential respective workforces for public hospitals.

(Continued on next page)

Box 11.10 **(continued)**

These measures are not a substitute for a full workforce analysis that allows for migration, trends in full-time work and expected demand increases. They can, however, indicate that further attention should be given to workforce sustainability for public hospitals.

Data reported for this indicator are:

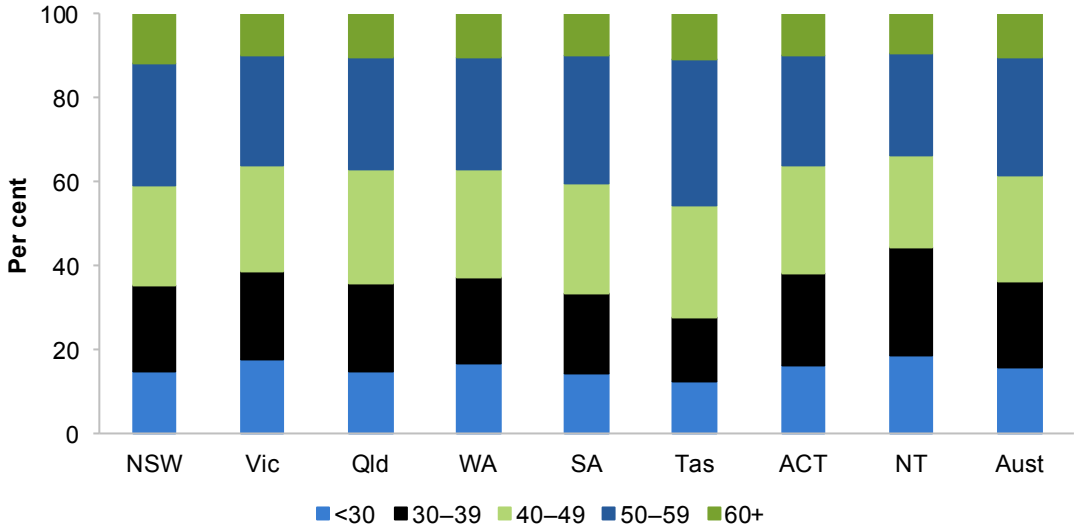
- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2013 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

The sustainability of the public hospital workforce is affected by a number of factors; in particular, whether the number of new entrants are sufficient to maintain the existing workforce, and the proportion of the workforce that is close to retirement.

The age profile of the nursing workforce (which includes midwives) for 2013 for each jurisdiction is shown in figure 11.17. Nationally, 15.9 per cent of the nursing workforce was aged under 30 years and 10.6 per cent were aged 60 years and over.

Figure 11.17 **Nursing workforce, by age group, 2013[a, b]**

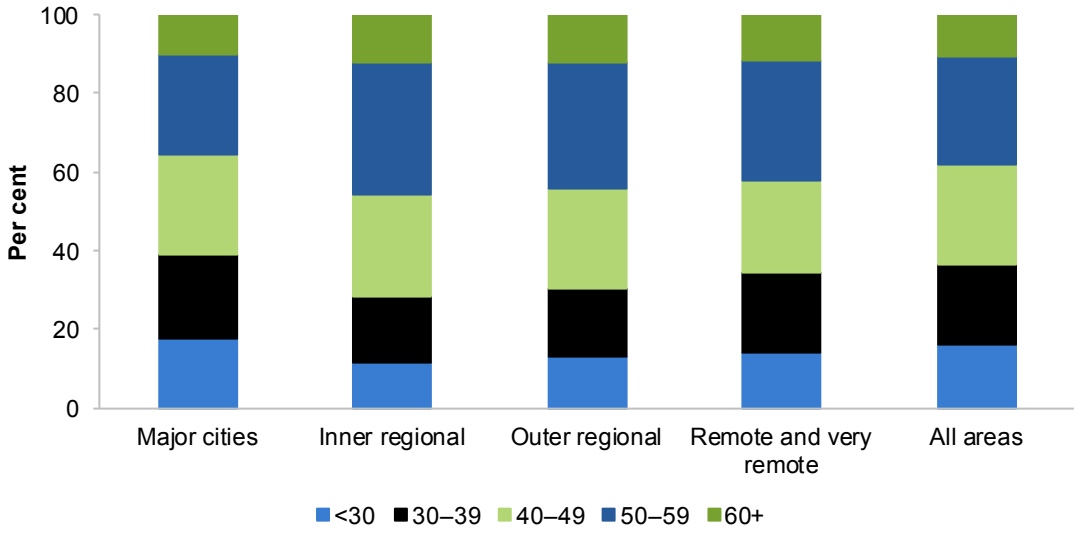


[a] Includes registered and enrolled nurses (including midwives) who are employed in nursing, nurses who are registered but on extended leave and nurses who are registered and looking for work in nursing. [b] State and Territory is derived from State and Territory of main job where available; otherwise State and Territory of principal practice is used as a proxy. If principal practice details are unavailable, State and Territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

Source: AIHW (unpublished) National Health Workforce Data Set; table 11A.57.

Almost three quarters of the workforce was aged between 30 and 59 years. Nursing workforce data by remoteness area for 2013 are shown in figure 11.18.

Figure 11.18 **Nursing workforce, by age group and remoteness area, 2013[a]**

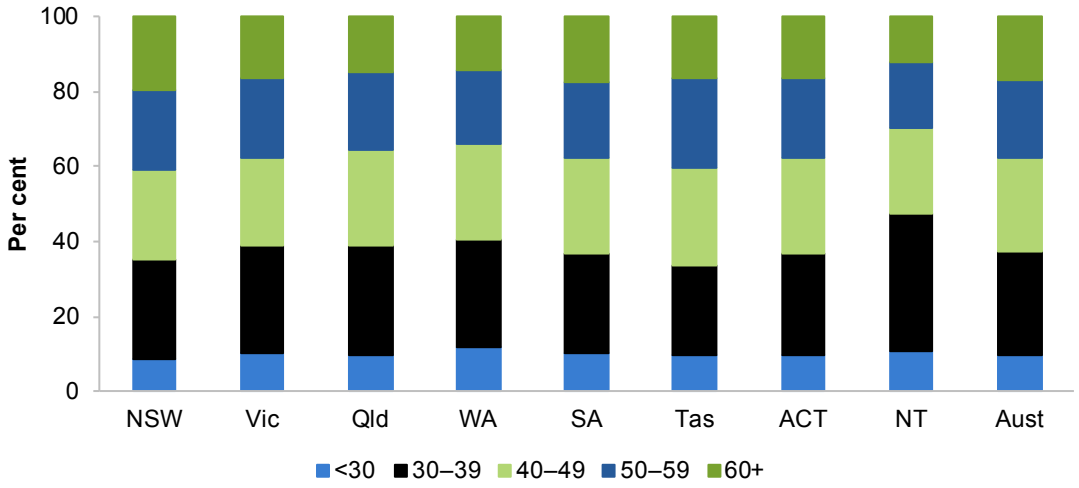


[a] Includes registered and enrolled nurses (including midwives) who are employed in nursing, nurses who are registered but on extended leave and nurses who are registered and looking for work in nursing.

Source: AIHW (unpublished) National Health Workforce Data Set; table 11A.56.

The age profile of the medical practitioner workforce in 2013 for each jurisdiction is shown in figure 11.19. Nationally, 10.0 per cent of the medical practitioner workforce was aged under 30 years and 17.0 per cent were aged 60 years and over. Almost three quarters of the workforce was aged between 30 and 59 years. Medical practitioner workforce data for 2013 by remoteness area are shown in figure 11.20.

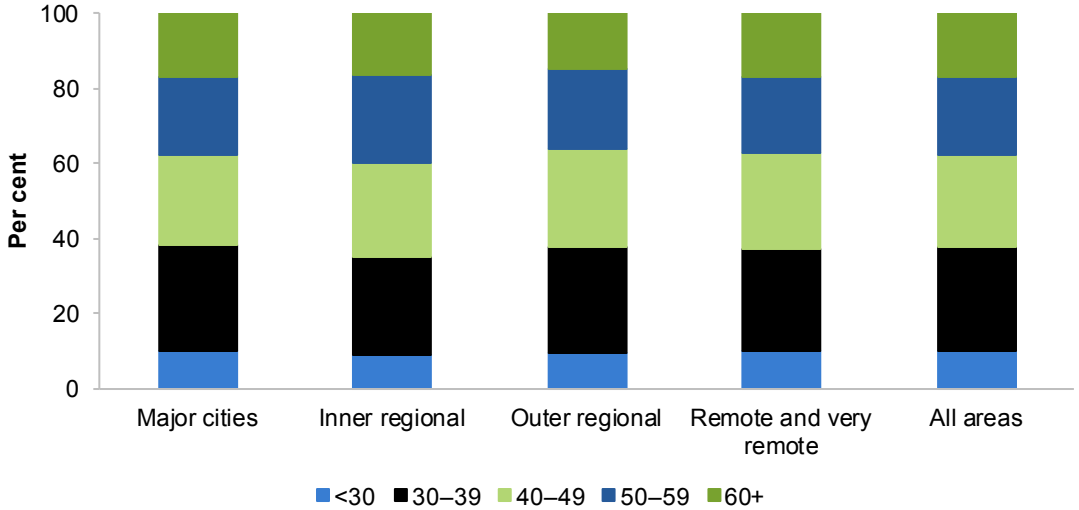
Figure 11.19 **Medical practitioner workforce, by age group, 2013[a, b]**



[a] Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine. [b] State and Territory is derived from State and Territory of main job where available; otherwise State and Territory of principal practice is used as a proxy. If principal practice details are unavailable, State and Territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

Source: AIHW (unpublished) National Health Workforce Data Set; table 11A.59.

Figure 11.20 **Medical practitioner workforce, by age group and remoteness area, 2013[a]**



[a] Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

Source: AIHW (unpublished) National Health Workforce Data Set; table 11A.58.

Efficiency

Two approaches to measuring the efficiency of public hospital services are included in this Report: the 'cost per casemix-adjusted unit of output' (the unit cost) and the 'casemix-adjusted relative length of stay index'. Length of stay is correlated with costs at aggregate levels of reporting.

The Steering Committee's approach is to report the full costs of a service where they are available. Where the full costs of a service cannot be accurately measured, the Steering Committee seeks to report estimated costs that are comparable. Where differences in comparability remain, the differences are documented. The Steering Committee has identified financial reporting issues that have affected the accuracy and comparability of unit costs for acute care services. These include the treatment of payroll tax, superannuation, depreciation and the user cost of capital associated with buildings and equipment. A number of issues remain to improve further the quality of these estimates.

Costs associated with non-current physical assets (such as depreciation and the user cost of capital) are potentially important components of the total costs of many services delivered by government agencies. Differences in the techniques for measuring non-current physical assets (such as valuation methods) can reduce the comparability of cost estimates across jurisdictions. In response to concerns regarding data comparability, the Steering Committee initiated a study, reported in Asset Measurement in the Costing of Government Services (SCRCSSP 2001). The study examined the extent to which differences in asset measurement techniques applied by participating agencies can affect the comparability of reported unit costs.

The results reported in the study for public hospitals indicate that different methods of asset measurement could lead to quite large variations in reported capital costs. However, considered in the context of total unit costs, the differences created by these asset measurement effects were relatively small, because capital costs represent a small proportion of total cost (although the differences can affect cost rankings across jurisdictions). A key message from the study was that the adoption of nationally uniform accounting standards across all service areas would be a desirable outcome.

Care needs to be taken, therefore, in comparing unit costs across jurisdictions. Differences in counting rules, the treatment of various expenditure items (for example, superannuation) and the allocation of overhead costs have the potential to affect such comparisons. In addition, differences in the use of salary packaging can allow hospitals to lower their wage bills (and thus State or Territory government expenditure) while maintaining the after-tax income of their staff. No data were available for reporting on the effect of salary packaging and any variation in its use across jurisdictions.

Cost per casemix-adjusted separation

'Cost per casemix-adjusted separation' is an indicator of governments' objective to deliver services in a cost effective manner (box 11.11).

Box 11.11 **Cost per casemix-adjusted separation**

'Cost per casemix-adjusted separation' is defined by the following two measures:

- Recurrent cost per casemix-adjusted separation
- Total cost per casemix-adjusted separation.

Recurrent cost per casemix-adjusted separation

'Recurrent cost per casemix-adjusted separation' is the average cost of providing care for an admitted patient (overnight stay or same day) adjusted with AR-DRG cost weights for the relative complexity of the patient's clinical condition and of the hospital services provided (AIHW 2000).

A low or decreasing recurrent cost per casemix-adjusted separation can reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as decreasing cost could also be associated with decreasing quality and effectiveness.

This measure includes overnight stays, same day separations, private patient separations in public hospitals and private patient recurrent costs. It excludes non-acute hospitals, mothercraft hospitals, multipurpose hospitals, multipurpose services, hospices, rehabilitation hospitals, psychiatric hospitals and hospitals in the 'unpeered and other' peer group. The data exclude expenditure on non-admitted patient care, the user cost of capital and depreciation, and research costs.

All admitted patient separations and their costs are included, and most separations are for acute care. Cost weights are not available for admitted patients who received non-acute care (4.7 per cent of total separations in 2011-12 (table 11A.13)), so the acute care cost weights are applied to non-acute separations. The admitted patient cost proportion is an estimate only.

Some jurisdictions have developed experimental cost estimates for acute, non-psychiatric patients, which are reported here. Separations for non-acute patients and psychiatric acute care patients are excluded from these estimates because AR-DRG cost weights are a poor predictor of the cost of these separations.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

(Continued on next page)

Box 11.11 **(continued)**

Total cost per casemix-adjusted separation

'Total cost per casemix adjusted separation' is the recurrent cost per casemix-adjusted separation plus the capital costs per casemix-adjusted separation. Recurrent costs include labour and material costs, and capital costs include depreciation and the user cost of capital for buildings and equipment. This measure allows the full cost of hospital services to be considered. The hospitals included in this measure are the same as for recurrent cost per casemix-adjusted separation.

Depreciation is defined as the cost of consuming an asset's services. It is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital invested in an asset, and is equivalent to the return foregone from not using the funds to deliver other services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs to avoid double counting.

A low or decreasing cost per casemix-adjusted separation can reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as decreasing cost could also be associated with decreasing quality and effectiveness.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Data quality information for this measure is at www.pc.gov.au/rogs/2015.

Data for 2012-13 were not available for the recurrent and total cost per casemix-adjusted separation measures for this Report edition. Data for these measures are sourced from the AIHW. The AIHW are currently changing the methodology for this indicator. Data for the new methodology were not available in time for inclusion in this Report edition.

Recurrent cost per casemix-adjusted separation

'Recurrent cost per casemix-adjusted separation' data are presented in figure 11.21.

Figure 11.21 **Recurrent cost per casemix-adjusted separation, 2011-12**[a, b, c, d]

[a] Excludes depreciation and the user cost of capital, spending on non-admitted patient care and research costs. [b] Casemix-adjusted separations are the product of total separations and average cost weight. Average cost weights are from the National Hospital Cost Data Collection, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2008-09 AR-DRG v 5.2 cost weights. [c] Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ procurement. [d] Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute hospitals and multi purpose services are excluded from these data. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134; table 11A.60.

Experimental estimates of 'recurrent cost per casemix-adjusted separation' for acute non-psychiatric patients are reported for NSW, Victoria and WA (figure 11.22). (These estimates relate to a subset of the selected public hospitals reported in figure 11.21 and are not available for other jurisdictions.) The experimental estimates aim to overcome the need to apply cost weights for acute care to non-acute care separations (box 11.11). The effect of restricting the analysis to acute, non-psychiatric admitted patients was to decrease the estimated recurrent cost per casemix adjusted separation for the subset of hospitals by 5.6 per cent for NSW, 14.0 per cent for Victoria and 4.1 per cent for WA (AIHW 2013).

Figure 11.22 **Recurrent cost per acute non-psychiatric casemix-adjusted separation, subset of hospitals, 2011-12**[a, b, c, d]

[a] Excludes psychiatric hospitals, subacute, non-acute and unpeered hospitals. This subset excludes hospitals where the inpatient fraction was equal to the acute inpatient fraction and more than 1000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded $1000 per day and more than $1 million of apparent expenditure on non-acute patients days was reported. [b] Separations are those where the care type is acute, newborn with qualified days, or not reported. Psychiatric separations are those with psychiatric care days. [c] Average cost weight from the National Hospital Cost Data Collection, based on acute, newborn with at least one qualified day, or not reported, using the 2008-09 AR-DRG version 5.2 cost weights. [d] These estimates are not available for Queensland, SA, Tasmania, the ACT or the NT.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134; table 11A.60.

Recurrent cost per casemix-adjusted separation is affected by differences in the mix of admitted patient services produced by hospitals in each jurisdiction. Hospitals have been categorised by 'peer groups' to enable those with similar activities to be compared. The public hospital peer groups include 'Principal referral and Specialist women's and children's hospitals', 'Large hospitals', 'Medium hospitals' and 'Small acute hospitals'.

The dominant peer classification is the 'Principal referral and Specialist women's and children's' category. The 90 hospitals in this group had an average of 45 440 separations each at an average cost of $5222 per separation (table 11A.61 and table 11.8). Data for each of the hospital peer groups are presented in table 11.8. Detailed data for all peer groups are presented in table 11A.61.

Table 11.8 **Recurrent cost per casemix-adjusted separation, by hospital peer group, 2011-12**[a, b, c]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Hospital peer group									
Principal referral and Specialist women's and children's	5 337	4 670	5 355	5 738	5 287	5 777	6 384	5 967	5 222
Large	5 003	4 593	3 973	5 149	5 051	7 390	..	..	4 912
Medium	4 964	4 945	4 645	5 399	5 208	6 406	..	..	5 025
Small acute	5 931	5 947	5 065	8 259	4 884	7 514	..	6 424	6 171
All hospitals[d]	**5 280**	**4 693**	**5 246**	**5 733**	**5 251**	**6 033**	**6 384**	**6 017**	**5 204**

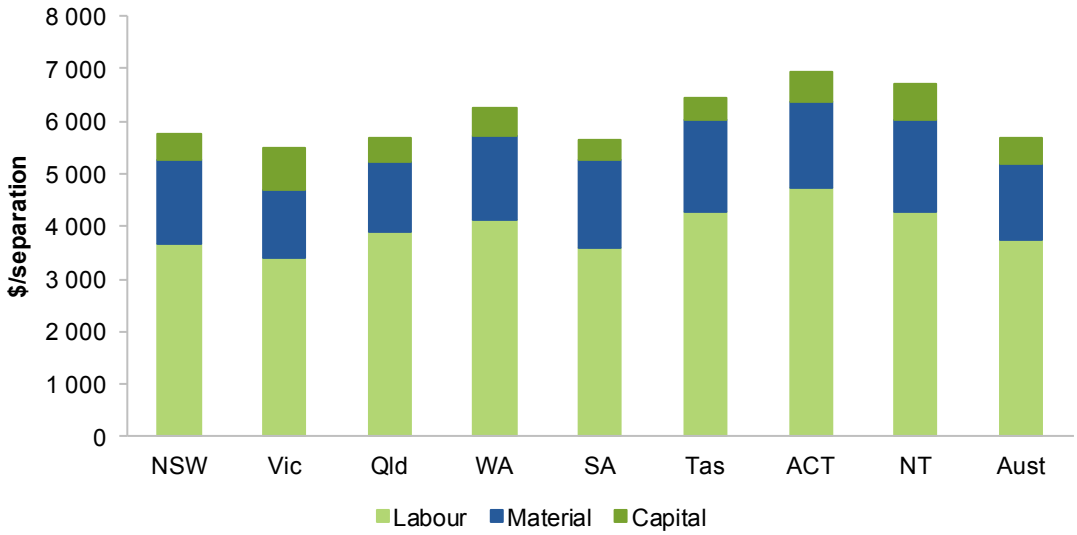
[a] Data exclude depreciation and the user cost of capital, spending on non-admitted patient care and research costs. [b] The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. [c] Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded. [d] Includes all hospitals in this cost per casemix adjusted analysis. .. Not applicable.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134; table 11A.61.

Total cost per casemix-adjusted separation

Total cost includes both the recurrent costs (as discussed above) and the capital costs associated with hospital services. Results for this measure in 2011-12 are reported in figure 11.23. Labour costs accounted for the majority of costs in all jurisdictions. The user cost of capital for land is not included in figure 11.23 but is reported in table 11A.62.

Figure 11.23 **Total cost per casemix-adjusted separation, public hospitals, 2011-12[a, b, c]**



[a] Labour includes medical and non-medical labour costs. Material includes other non-labour recurrent costs, such as repairs and maintenance (table 11A.60). [b] Capital cost includes depreciation and the user cost of capital for buildings and equipment that is associated with the delivery of admitted patient services in the public hospitals as described in the data for recurrent cost per casemix-adjusted separation. Capital cost excludes the user cost of capital associated with land (reported in table 11A.62). [c] Variation across jurisdictions in the collection of capital related data suggests the data are only indicative. The capital cost per casemix adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.

Data source: AIHW (2013), *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134; State and Territory governments (unpublished); tables 11A.60 and 11A.62.

Relative stay index

'Relative stay index' is an indicator of governments' objective to deliver services efficiently (box 11.12). Data for this indicator are reported in figure 11.24. The relative stay index is reported by funding source and by medical, surgical and other AR-DRGs in tables 11A.63–64.

Box 11.12 **Relative stay index**

'Relative stay index' is defined as the actual number of acute care patient days divided by the expected number of acute care patient days, adjusted for casemix. Casemix adjustment allows comparisons to take account of variation in types of service provided but not other influences on length of stay, such as the Indigenous status of the patient. Acute care separations only are included. Section 11.8 contains a more detailed definition outlining exclusions from the index.

The relative stay index for Australia for all hospitals (public and private) is one. A relative stay index greater than one indicates that average length of patient stay is higher than expected given the jurisdiction's casemix distribution. A relative stay index of less than one indicates that the number of bed days used was less than expected. A low or decreasing relative stay index is desirable if it is not associated with poorer health outcomes or significant extra costs outside the hospital systems (for example, in home care).

States and territories vary in their thresholds for classifying patients as either same day admitted patients or outpatients. These variations affect the relative stay index.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

Figure 11.24 **Relative stay index, public hospitals, 2012-13[a, b]**

[a] Separations exclude newborns with unqualified days, organ procurement posthumous and hospital boarders. [b] The relative stay index is based on all hospitals and is estimated using the indirect standardisation method and AR-DRG version 6.0x. The indirectly standardised relative stay index is not strictly comparable across jurisdictions but is a comparison of the jurisdiction with the national average based on the casemix of the jurisdiction.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; table 11A.63.

Recurrent cost per non-admitted occasion of service

'Recurrent cost per non-admitted occasion of service' is an indicator of governments' objective to deliver services in a cost effective manner (box 11.13).

Box 11.13 Recurrent cost per non-admitted occasion of service

'Recurrent cost per non-admitted occasion of service' is defined as the proportion of recurrent expenditure allocated to patients who were not admitted, divided by the total number of non-admitted patient occasions of service in public hospitals. Occasions of service include examinations, consultations, treatments or other services provided to patients in each functional unit of a hospital. Non-admitted occasions of service (including emergency department presentations and outpatient services) account for a significant proportion of hospital expenditure.

A low or decreasing recurrent cost per non-admitted occasion of service can reflect more efficient service delivery in public hospitals. However, this indicator should be viewed in the context of the set of performance indicators as a whole, as decreasing cost could also be associated with decreasing quality and effectiveness. This indicator does not adjust for the complexity of service — for example, a simple urine glucose test is treated equally with a complete biochemical analysis of all body fluids (AIHW 2000).

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- incomplete for the current reporting period. All required data were not available for Victoria, Queensland and the NT.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

These data are not comparable across jurisdictions. Reporting categories vary across jurisdictions, and further inconsistencies arise as a result of differences in outsourcing practices. In some cases, for example, outsourced occasions of service can be included in expenditure on non-admitted services, but not in the count of occasions of service. Jurisdictions able to supply 2012-13 data for this indicator reported the following results for non-admitted patient services:

- In NSW, the emergency department cost per occasion of service was $260 for 2.5 million occasions, the outpatient cost per occasion of service was $117 for 16.6 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was $127 for 23.1 million occasions (table 11A.65).
- In WA, the emergency department cost per occasion of service was $568 for 991 000 occasions, the outpatient cost per occasion of service was $289 for 1.8 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was $389 for 2.8 million occasions (table 11A.66).
- In SA, the emergency department cost per occasion of service was $549 for 553 000 occasions, the outpatient cost per occasion of service was $356 for 1.5 million occasions and the overall cost per occasion of service (emergency plus outpatient) was $408 for 2.1 million occasions (table 11A.67).
- In Tasmania, the emergency department cost per occasion of service was $363 for 129 000 occasions. The outpatient cost per occasion of service was $272 for

473 000 occasions. An overall cost per occasion of service was not available (table 11A.68).

- In the ACT, the emergency department cost per occasion of service was $832 for 119 000 occasions, the outpatient cost per occasion of service was $358 for 319 000 occasions and the overall cost per occasion of service (emergency plus outpatient) was $357 for 827 000 occasions (table 11A.69).

Given the lack of a nationally consistent non-admitted patient classification system, this Report includes national data from the Independent Hospital Pricing Authority's National Hospital Cost Data Collection (NHCDC). The NHCDC collects data across a sample of hospitals that is expanding over time. The sample for each jurisdiction is not necessarily representative, because hospitals contribute data on a voluntary basis. The NHCDC data are affected by differences in costing and admission practices across jurisdictions and hospitals. Therefore, an estimation process has been carried out to create representative national activity figures from the sample data. In addition, the purpose of the NHCDC is to calculate between-DRG cost weights, not to compare the efficiency of hospitals.

The emergency department cost per presentation in 2011-12 was $585 nationally (table 11A.70). Wages and salaries accounted for around two thirds of this average cost nationally (table 11A.70). Emergency department costs per presentation by urgency related grouping are reported in table 11A.71 for the period 2009-10 to 2011-12 on a national basis. Non-admitted service events had an average cost of $318 in 2011-12 nationally (table 11A.72).

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the services delivered) (see chapter 1, section 1.5).

Patient satisfaction

'Patient satisfaction' provides a proxy measure of governments' objective to deliver services that are high quality and responsive to individual patient needs (box 11.14). Patient satisfaction surveys are different from other sources of hospital quality data, because they provide information on hospital quality from the patient's perspective. Surveys can be useful for obtaining information on patient views of both clinical and non-clinical hospital care (such as whether patients feel they were treated with respect and provided with appropriate information regarding their treatment).

Box 11.14 **Patient satisfaction**

'Patient satisfaction' is defined by the following six measures for the purposes of this report:

- Proportion of people who went to an emergency department in the last 12 months reporting that the emergency department doctors, specialists or nurses 'always' or 'often' listened carefully to them
- Proportion of people who went to an emergency department in the last 12 months reporting that the emergency department doctors, specialists or nurses 'always' or 'often' showed respect to them
- Proportion of people who went to an emergency department in the last 12 months reporting that the emergency department doctors, specialists or nurses 'always' or 'often' spent enough time with them
- Proportion of people who were admitted to hospital in the last 12 months reporting that the hospital doctors, specialists or nurses 'always' or 'often' listened carefully to them
- Proportion of people who were admitted to hospital in the last 12 months reporting that the hospital doctors, specialists or nurses 'always' or 'often' showed respect to them
- Proportion of people who were admitted to hospital in the last 12 months reporting that the hospital doctors, specialists or nurses 'always' or 'often' spent enough time with them.

A high or increasing proportion of patients who were satisfied is desirable, because it suggests the hospital care received was of high quality and better met the expectations and needs of patients.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2013-14 data are available for all jurisdictions.

Descriptive information on patient surveys undertaken by states and territories is also reported. The descriptive information includes the survey time period, method, sample size, response rate and a selection of results where available. Information on how jurisdictions have used patient satisfaction surveys to improve public hospital quality in recent years is also reported. If public hospitals respond to patient views and modify services, service quality can be improved to better meet patients' needs. As State and Territory based surveys differ in content, timing and scope across jurisdictions, it is not possible to compare their results nationally.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

Patient satisfaction data for emergency department and admitted hospital patients are reported in table 11.9. Relative standard errors and confidence intervals are reported in attachment tables 11A.73–80. These tables also report patient satisfaction by remoteness.

Table 11.9 **Patient satisfaction, hospitals, 2013-14**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Emergency department patients									
Proportion of people who went to an emergency department in the last 12 months reporting the emergency department doctors, specialists or nurses always or often listened carefully to them									
Doctors or specialists	86.6	84.9	84.4	86.7	86.8	76.9	75.2	90.6	85.4
Nurses	90.2	89.7	90.4	87.0	90.3	85.3	81.7	90.6	89.1
Proportion of people who went to an emergency department in the last 12 months reporting the emergency department doctors, specialists or nurses always or often showed respect to them									
Doctors or specialists	87.2	86.2	86.1	87.4	86.3	85.5	77.3	87.2	86.5
Nurses	90.7	90.1	91.7	88.7	90.4	87.6	85.1	92.0	90.2
Proportion of people who went to an emergency department in the last 12 months reporting the emergency department doctors, specialists or nurses always or often spent enough time with them									
Doctors or specialists	81.5	80.4	81.3	81.3	81.7	77.9	75.3	85.0	81.0
Nurses	85.9	86.0	86.7	85.5	84.9	79.7	82.5	94.2	85.8
Admitted hospital patients									
Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often listened carefully to them									
Doctors or specialists	91.3	90.5	88.4	90.0	93.6	88.5	83.9	91.0	90.6
Nurses	92.3	92.5	90.1	91.3	91.4	88.5	83.9	91.3	91.5
Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often showed respect to them									
Doctors or specialists	92.7	93.0	90.3	91.2	96.0	89.5	84.8	91.8	92.4
Nurses	94.0	93.3	91.4	91.5	92.9	90.9	83.9	94.2	92.6
Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often spent enough time with them									
Doctors or specialists	87.7	88.4	86.1	86.9	92.3	84.7	79.1	92.3	87.7
Nurses	88.6	91.2	87.2	88.4	88.9	86.2	81.9	94.2	89.0

Source: ABS (unpublished) *Patient Experience Survey 2013-14*, tables 11A.73–80.

State and Territory based survey data

State and Territory survey approaches differed markedly across jurisdictions, so it is not possible to compare results:

- All jurisdictions provided details of surveys conducted in 2013 and/or 2014, with the exception of Tasmania and the NT, which did not update survey details for this Report.
- The length of time that surveys were conducted varied from a 12 month period to a two month period.
- Queensland, WA and SA used Computer Assisted Telephone Interviewing, while other jurisdictions used a combination of mail and internet surveys.
- Most jurisdictions surveyed admitted and non-admitted patients. One jurisdiction surveyed emergency department patients only.
- Sample sizes varied from around 500 to around 73 000 patients.

More information on the survey methods and results are in tables 11A.81–88.

All jurisdictions reported that they use survey results in some way to improve services. All jurisdictions provide survey results or feedback to hospitals. Most jurisdictions have a formalised approach to prioritising the areas in need of improvement identified by the surveys and then implementing quality improvements. More information on how survey results are used to improve services are in tables 11A.81–88.

Sentinel events

'Sentinel events' is an indicator of governments' objective to deliver public hospital services that are safe and of high quality (box 11.15). Sentinel events can indicate hospital system and process deficiencies that compromise quality and safety. Sentinel events are a subset of adverse events that result in death or very serious harm to the patient. Adverse events are reported elsewhere in this chapter as an output indicator.

Box 11.15 **Sentinel events**

'Sentinel events' is defined as the number of reported adverse events that occur because of hospital system and process deficiencies, and which result in the death of, or serious harm to, a patient. Sentinel events occur relatively infrequently and are independent of a patient's condition. Sentinel events have the potential to seriously undermine public confidence in the healthcare system.

Australian health ministers have agreed on a national core set of sentinel events for which all public hospitals are required to provide data. The eight nationally agreed core sentinel events are:

1. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.
2. Suicide of a patient in an inpatient unit.
3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure.
4. Intravascular gas embolism resulting in death or neurological damage.
5. Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.
6. Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.
7. Maternal death associated with pregnancy, birth or the puerperium.
8. Infant discharged to the wrong family.

A low or decreasing number of sentinel events is desirable.

(Continued next page)

Box 11.15 **(continued)**

Over time, an increase in the number of sentinel events reported might reflect improvements in incident reporting mechanisms and organisational cultural change, rather than an increase in the frequency of such events. However, trends need to be monitored to establish whether this is the underlying reason.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this indicator is under development.

Sentinel event programs have been implemented by all State and Territory governments. The purpose of these programs is to facilitate a safe environment for patients by reducing the frequency of these events. The programs are not punitive, and are designed to facilitate self reporting of errors so that the underlying causes of the events can be examined, and action taken to reduce the risk of these events re-occurring.

In 2007, the AIHW, in conjunction with the ACSQHC, published a report that included national sentinel events data for 2004-05 (AIHW and ACSQHC 2007). The report identified that reporting practices differ across jurisdictions and, as a result, the data are not comparable across jurisdictions.

In this Report edition the sentinel event classification 'maternal death or serious morbidity associated with labour or delivery' used in previous years has been changed to 'maternal deaths associated with pregnancy, birth or the puerperium' to improve data comparability across states and territories. WA, Victoria and the ACT reported data using the previous definition for the period 2008-09 to 2012-13.

Numbers of sentinel events for 2012-13 are reported below. Data for 2008-09 to 2012-13 are reported in tables 11A.89–96. Australian totals are reported in table 11A.97. As larger states and territories will tend to have more sentinel events than smaller jurisdictions, the numbers of separations and individual occasions of service are also presented to provide context.

In NSW public hospitals in 2012-13, there was a total of 38 sentinel events (table 11A.89) compared to around 1.7 million separations (table 11A.6) and around 24.0 million individual occasions of service (table 11A.17). The sentinel events comprised:

- 15 suicides of a patient in an inpatient unit
- 13 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- 2 intravascular gas embolisms resulting in death or neurological damage

- 1 haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility
- 2 medication errors leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
- 5 maternal deaths associated with pregnancy, birth or the puerperium. This figure is for calendar year 2012 rather than financial year 2012-13 (table 11A.89).

In Victorian public hospitals in 2012-13, there was a total of 17 sentinel events (table 11A.90) compared to around 1.4 million separations (table 11A.6) and around 7.9 million individual occasions of service (table 11A.17). The sentinel events comprised:

- 9 suicides of a patient in an inpatient unit
- 6 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- 1 medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
- 1 maternal death or serious morbidity associated with labour or delivery (table 11A.90).[1]

In Queensland public hospitals in 2012-13, there was a total of 7 sentinel events (table 11A.91) compared to around 1.0 million separations (table 11A.6) and around 10.8 million individual occasions of service (table 11A.17). The sentinel events comprised:

- 2 suicides of a patient in an inpatient unit
- 4 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- 1 maternal death associated with pregnancy, birth or the puerperium (table 11A.91).

In WA public hospitals in 2012-13, there was a total of 15 sentinel events (table 11A.92) compared to around 607 000 separations (table 11A.6) and around 5.8 million individual occasions of service (table 11A.17). The sentinel events comprised:

- 1 procedure involving the wrong patient or body part resulting in death or major permanent loss of function
- 7 suicides of a patient in an inpatient unit
- 3 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- 3 medication errors leading to the death of a patient reasonably believed to be due to incorrect administration of drugs

[1] Victoria has supplied data using the sentinel event definition applicable to the data collection period. Most other jurisdictions have retrospectively applied the amended definition to 2012-13 data.

- 1 maternal death or serious morbidity associated with labour or delivery (table 11A.92).[2]

In SA public hospitals in 2012-13, there was a total of 9 sentinel events (table 11A.93) compared to around 414 000 separations (table 11A.6) and around 2.2 million individual occasions of service (table 11A.17). The sentinel events comprised:

- 1 suicide of a patient in an inpatient unit
- 5 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- 1 haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility
- 2 maternal deaths associated with pregnancy, birth or the puerperium (table 11A.93).

In Tasmanian public hospitals in 2012-13, there were no reported sentinel events (table 11A.94) compared to around 106 000 separations (table 11A.6) and around 482 000 individual occasions of service (table 11A.17).

In ACT public hospitals in 2012-13, there was a total of 3 sentinel events (table 11A.95) compared to around 95 000 separations (table 11A.6) and around 1.9 million individual occasions of service (table 11A.17). ACT sentinel events were not reported by category due to confidentiality concerns.

In the NT public hospitals in 2012-13, there was one sentinel event (table 11A.96) compared to around 118 000 separations (table 11A.6) and around 600 000 individual occasions of service. The sentinel event was a suicide of a patient in an inpatient unit (table 11A.17).

Mortality in hospitals

'Mortality in hospitals' is an indicator of governments' objective to deliver public hospital services that are safe and of high quality (box 11.16).

[2] WA has supplied data using the sentinel event definition applicable to the data collection period. Most other jurisdictions have retrospectively applied the amended definition to 2012-13 data.

Box 11.16 **Mortality in hospitals**

'Mortality in hospitals' is defined by the following three measures:

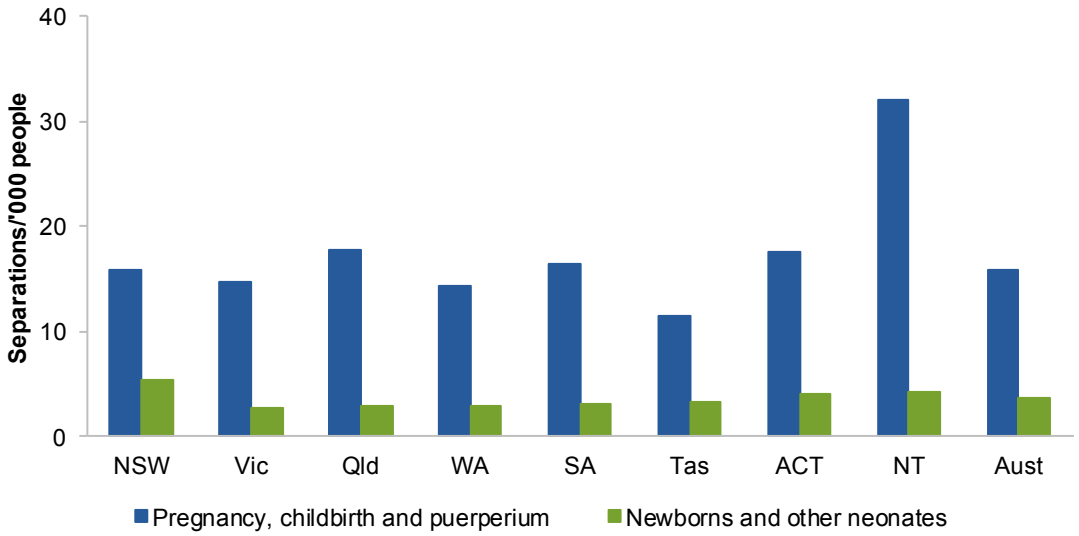
- Hospital standardised mortality ratio
- Death in low-mortality diagnostic related groups
- In-hospital mortality rates.

Mortality in hospitals has been identified as a key area for development in future Reports.

11.4 Profile of maternity services

Maternity services (defined as AR-DRGs relating to pregnancy, childbirth and the puerperium, and newborns and other neonates) accounted for 8.5 per cent of total acute separations in public hospitals (table 11A.99) and around 10.6 per cent of the total cost of all acute separations in public hospitals in 2012-13 (table 11A.98). Figure 11.25 shows the rate of acute separations per 1000 people for maternity services across jurisdictions in 2012-13.

Figure 11.25 **Separation rates for maternity services, public hospitals, 2012-13**[a, b, c, d]



[a] The puerperium refers to the period of confinement immediately after labour (around six weeks). [b] Newborns and other neonates include babies aged less than 28 days or babies aged less than one year with admission weight of less than 2500 grams. [c] Includes separations for which the type of episode of care was reported as 'acute', or 'newborn with qualified patient days'. [d] Population data used to derive rates are revised to the ABS' final 2011 Census rebased estimates and projections. See chapter 2 (table 2A.2) for details.

Source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; ABS (unpublished), Australian Demographic Statistics, December Quarter 2012, Cat. no. 3101.0; tables 2A.2 and 11A.99.

In Australian public hospitals in 2012-13, 41.9 per cent of the separations for pregnancy, childbirth and the puerperium had a DRG of vaginal delivery (tables 11A.99 and 11A.100). In the context of all AR-DRGs in public hospitals, vaginal deliveries comprised the largest number of overnight acute separations (4.6 per cent of all separations) (table 11A.15). The cost of vaginal deliveries was $775.6 million in 2012-13 (table 11A.100).

The complexity of maternity services is partly related to the mother's age at the time of giving birth. The mean age of mothers giving birth varied across jurisdictions (table 11.10).

Table 11.10 **Mean age of mothers at time of giving birth, public hospitals**

	NSW	*Vic*[a]	*Qld*	*WA*[a]	*SA*[a]	*Tas*	*ACT*[a, b]	*NT*
2009								
First birth	27.9	28.2	25.6	26.2	27.0	27.9	28.0	24.2
Second birth	30.4	30.6	28.3	28.6	29.6	30.4	30.5	26.8
Third birth	31.6	32.0	29.8	30.1	31.1	31.6	31.4	28.6
All births	29.9	30.1	28.0	28.3	29.1	29.9	29.8	26.9
2010								
First birth	28.2	28.4	25.6	26.3	27.1	28.2	28.0	24.6
Second birth	30.3	30.8	28.2	28.8	29.6	30.3	30.4	27.1
Third birth	31.6	32.1	29.8	30.3	31.3	31.6	31.9	28.9
All births	29.9	30.2	28.0	28.4	29.2	29.9	29.9	27.0
2011								
First birth	28.2	28.4	25.9	26.5	27.3	28.2	28.4	24.7
Second birth	30.4	30.7	28.2	28.8	29.8	30.4	30.6	27.2
Third birth	31.6	32.2	30.1	30.4	31.3	31.6	32.2	28.7
All births	29.9	30.2	28.1	28.5	29.3	29.9	30.0	27.1
2012								
First birth	28.3	28.6	26.0	26.6	27.3	27.8	28.3	24.8
Second birth	30.4	30.9	28.4	28.9	29.8	30.3	30.7	27.4
Third birth	31.8	32.2	29.9	30.3	31.3	31.5	31.8	28.8
All births	30.0	30.3	28.2	28.5	29.3	29.5	29.9	27.2
2013								
First birth	28.6	28.8	26.1	26.9	27.6	na	28.7	25.2
Second birth	30.5	30.9	28.4	29.1	30.0	na	30.8	27.9
Third birth	31.7	32.2	29.9	30.4	31.2	na	32.4	29.7
All births	30.1	30.4	28.2	28.5	29.4	na	30.3	27.6

a Data for Victoria, WA, SA and the ACT for 2013 are preliminary. **b** Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT. **na** Not available.

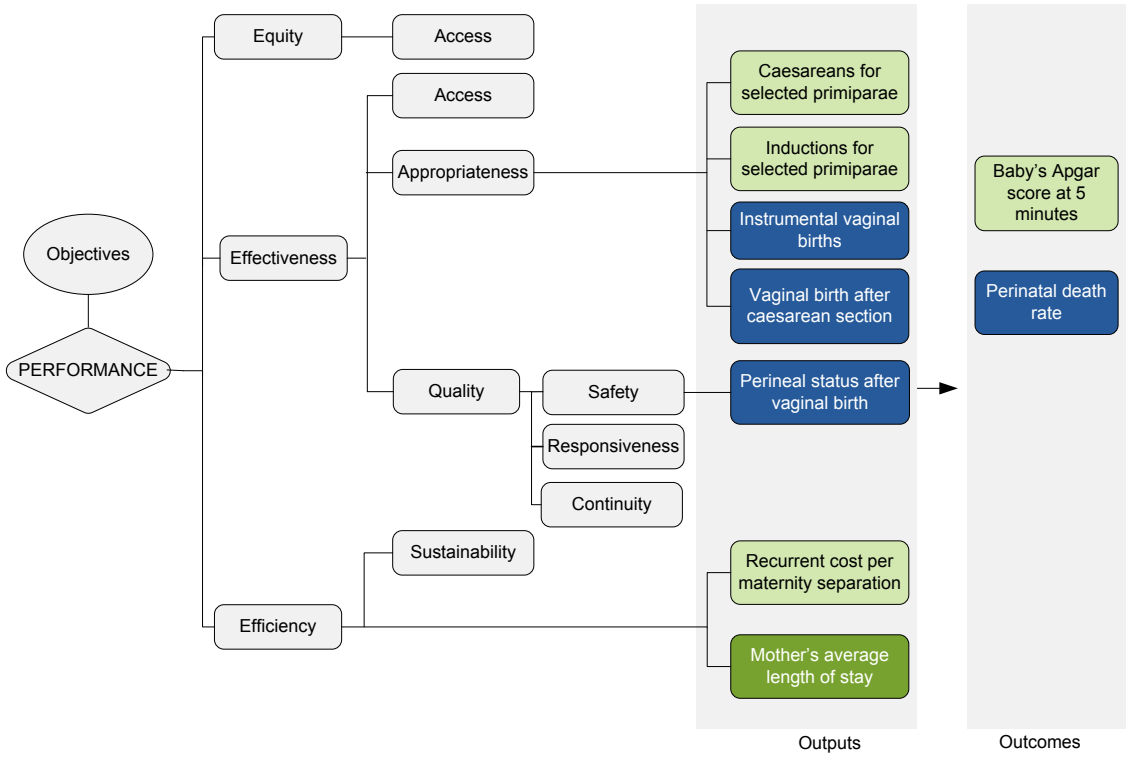
Source: State and Territory governments (unpublished); table 11A.101.

11.5 Framework of performance indicators for maternity services

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of maternity services (figure 11.26). The performance indicator framework shows which data are comparable in the 2015 Report. For data that are not considered directly comparable, text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability and data completeness from a Report-wide perspective (section 1.6). The Health sector overview explains the performance indicator framework for health services as a whole, including the subdimensions of quality and sustainability that have been added to the standard Review framework.

The Report's statistical context chapter contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous- and ethnic-status) (chapter 2).

Figure 11.26 **Maternity services performance indicator framework**



Data quality information (DQI) is being progressively introduced for all indicators in the Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators, in addition to material in the chapter or sector overview and attachment tables. DQI in this Report cover the seven dimensions in the ABS' data quality framework (institutional environment, relevance, timeliness, accuracy, coherence, accessibility and interpretability) in addition to dimensions that define and describe performance indicators in a consistent manner, and key data gaps and issues identified by the Steering Committee. All DQI for the 2015 Report can be found at www.pc.gov.au/rogs/2015.

11.6 Key performance indicator results for maternity services

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

Equity — access

The Steering Committee has identified equity of access as an area for development in future Reports. Equity of access indicators will measure access to maternity services by special needs groups such as Aboriginal and Torres Strait Islander Australians or people in rural and remote areas.

Effectiveness — access

The Steering Committee has identified the effectiveness of access to maternity services as an area for development in future Reports. Effectiveness of access indicators will measure access to appropriate services for the population as a whole, particularly in terms of affordability and/or timeliness.

Effectiveness — appropriateness

Caesareans and inductions for selected primiparae

'Caesareans for selected primiparae' and 'Inductions for selected primiparae' are indicators of the appropriateness of maternity services in public hospitals (box 11.17).

Box 11.17 Caesareans and inductions for selected primiparae[a]

'Caesareans and inductions for selected primiparae' are defined as the number of inductions or caesareans for the selected primiparae[a] divided respectively by the number of the selected primiparae who gave birth.

The indicator is calculated for women aged between 20 and 34 years who have had no previous deliveries, with a singleton baby with a vertex presentation (that is, the crown of the baby's head is at the lower segment of the mother's uterus) and a gestation length of 37 to 41 weeks. This group is considered to be low risk parturients,[b] so caesarean or induction rates should be low in their population.

High intervention rates can indicate a need for investigation, although labour inductions and birth by caesarean section are interventions that are appropriate in some circumstances, depending on the health and wellbeing of mothers and babies.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions and over time but are not comparable across jurisdictions and are not comparable with data in previous report editions
- incomplete for the current reporting period. All required data were not available for Tasmania.

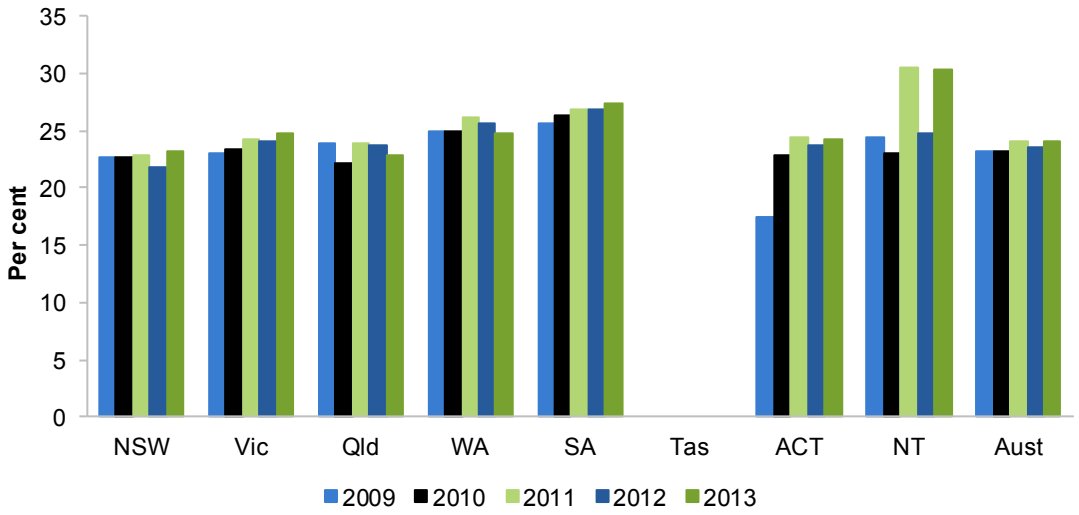
Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

a Primiparae refers to a woman who has given birth to a liveborn or stillborn infant for the first time. **b** Parturient means 'about to give birth'.

This year the age group of women used for this indicator has been changed from 25–29 years to 20–34, years to align with national data definitions. All time series data in attachment tables 11A.103–110 for this Report edition have been backcast using the 20–34 year age group. Therefore, data for this indicator are not comparable with data in previous report editions.

Caesarean rates for selected primiparae in public hospitals are reported in figure 11.27. Induction rates for selected primiparae in public hospitals are reported in figure 11.28. Caesarean and induction rates for private hospitals are shown in table 11A.102 for comparison. They are higher than the rate for public hospitals in almost all jurisdictions for which data are available. Data for all jurisdictions for earlier years are included in tables 11A.103–110.

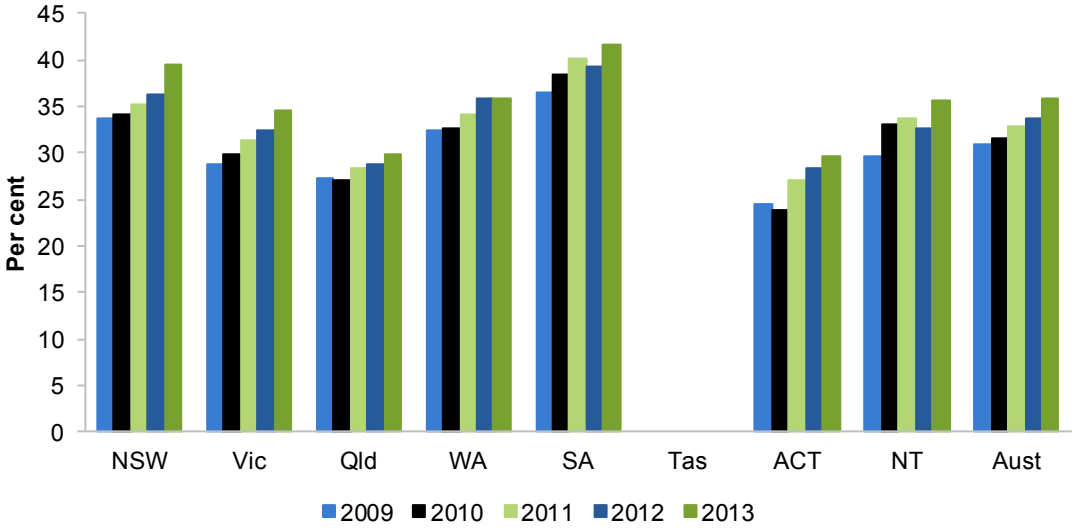
Figure 11.27 **Caesareans for selected primiparae, public hospitals**[a, b, c, d, e, f]



[a] Data for 2013 for Victoria, WA, SA and the ACT are preliminary. [b] Data for Tasmania are not available. [c] Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT. [d] Total includes only jurisdictions for which data are available. [e] The indicator is calculated for women aged between 20 and 34 years who have had no previous deliveries, with a singleton baby with a vertex presentation (that is, the crown of the baby's head is at the lower segment of the mother's uterus) and a gestation length of 37 to 41 weeks. [f] The age group of women used for this indicator has been changed from 25–29 years to 20–34 years in this Report edition to align with national data definitions. Therefore, data for this indicator are not comparable with data in previous report editions.

Source: State and Territory governments (unpublished); tables 11A.103–110.

Figure 11.28 **Inductions for selected primiparae, public hospitals**[a, b, c, d, e, f]



[a] Data for 2013 for Victoria, WA, SA and the ACT are preliminary. [b] Data for Tasmania are not available. [c] Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT. [d] Total includes only jurisdictions for which data are available. [e] The indicator is calculated for women aged between 20 and 34 years who have had no previous deliveries, with a singleton baby with a vertex presentation (that is, the crown of the baby's head is at the lower segment of the mother's uterus) and a gestation length of 37 to 41 weeks. [f] The age group of women used for this indicator has been changed from 25–29 years to 20–34 years in this Report edition to align with national data definitions. Therefore, data for this indicator are not comparable with data in previous report editions.

Source: State and Territory governments (unpublished); tables 11A.103–110.

Instrumental vaginal births

'Instrumental vaginal births' is an indicator of the appropriateness of maternity services (box 11.18).

Box 11.18 **Instrumental vaginal births**

'Instrumental vaginal births' is defined as the number of selected primiparas[a] who had an instrumental vaginal birth as a percentage of all selected primiparas that gave birth. Instrumental vaginal births includes the use of forceps and vacuum extraction.

The indicator is calculated for women aged between 20 and 34 years who have had no previous deliveries, with a singleton baby with a vertex presentation (that is, the crown of the baby's head is at the lower segment of the mother's uterus) and a gestation length of 37 to 41 weeks.

While low or decreasing instrumental vaginal births can be desirable, a high rate does not necessarily indicate inappropriate care. Reasons for instrumental vaginal births often include:

- the first baby/birth of the mother
- the baby was becoming distressed during birth
- the baby was not moving down through the birth canal
- there was a medical reason why the mother should or could not push.

In these cases, the use of instruments is often necessary and appropriate and can often have a better outcome for mother and baby than a caesarean section. A low or decreasing rate of instrumental vaginal births could be undesirable in situations such as this if there is a corresponding increase in the rate of caesarean sections.

Data reported for this indicator are:

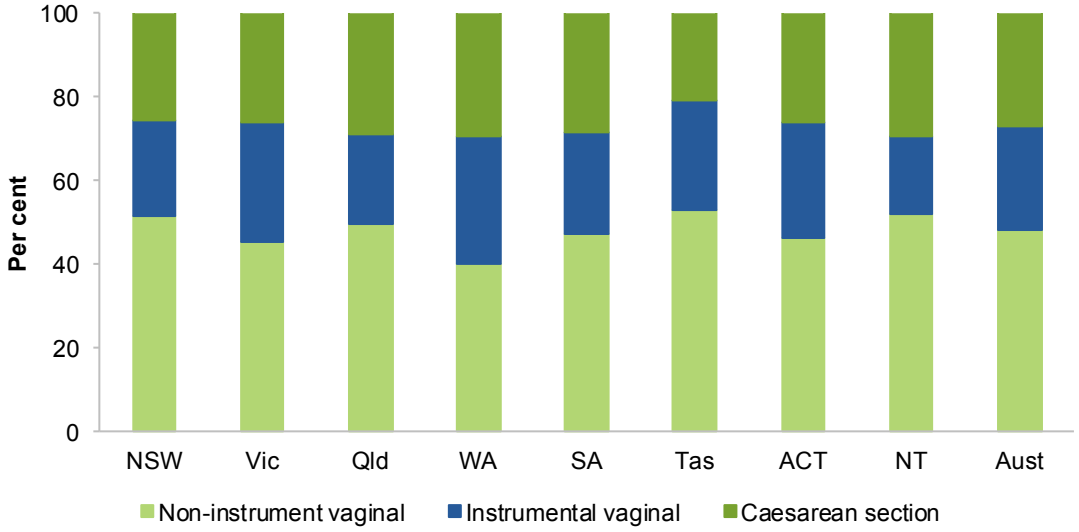
- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

[a] Primiparas refers to women who have given birth to a liveborn or stillborn infant for the first time.

In 2012 across Australia, 48.0 per cent of women giving birth for the first time gave birth without the assistance of instruments, while 24.9 per cent gave birth with the use of instruments and 27.0 per cent had a caesarean section. There was significant variation across states and territories (figure 11.29).

Figure 11.29 **Method of birth for selected women giving birth for the first time, 2012[a, b]**



[a] Selection criteria: women aged 20 to 34 years, with a singleton baby positioned with head towards the cervix at the onset of labour born between 37 and 41 weeks gestation. [b] Data for Victoria are preliminary.

Source: AIHW (unpublished) National Perinatal Data Collection; table 11A.111.

Vaginal birth after caesarean section

'Vaginal birth after caesarean section' is an indicator of the appropriateness of maternity services (box 11.19). This indicator was named 'vaginal delivery following previous caesarean' in previous report editions.

Box 11.19 **Vaginal birth after caesarean section**

'Vaginal birth after caesarean section' is defined as the percentage of multiparous[a] mothers who have had a previous caesarean, whose current method of birth was either an instrumental or non-instrumental vaginal birth.

Interpretation of this indicator is ambiguous. There is ongoing debate about the relative risks of a repeat caesarean section or vaginal birth following a caesarean section. The decision should always be based on clinical assessment. Low rates of vaginal birth following a caesarean may warrant investigation, or on the other hand, they can indicate appropriate clinical caution. When interpreting this indicator, emphasis needs to be given to the potential for improvement.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time

(Continued on next page)

Box 11.19 **(continued)**

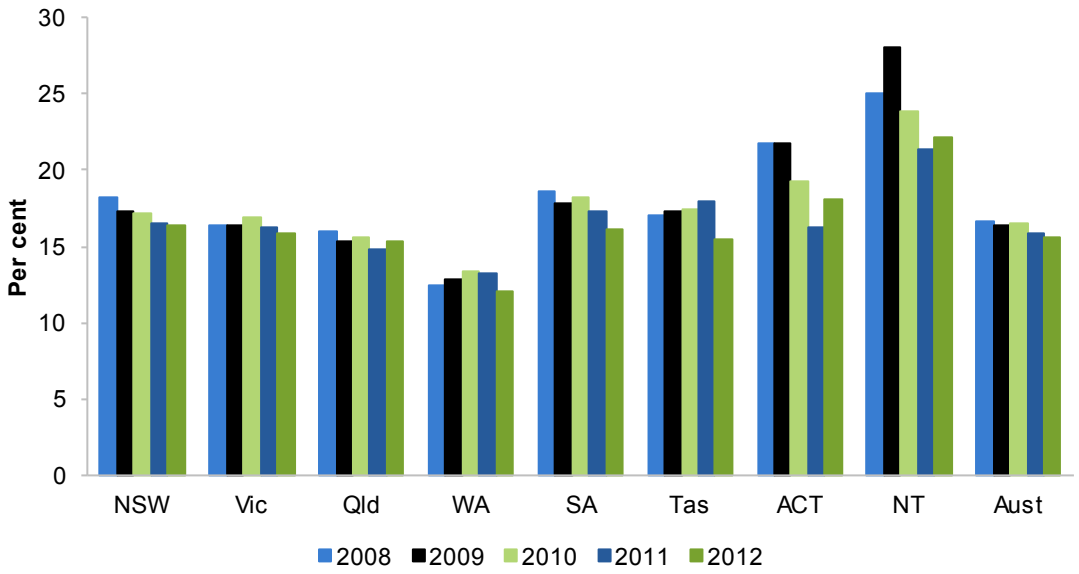
- complete (subject to caveats) for the current reporting period. All required 2012 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

[a] Multiparous means a woman who has given birth from at least two pregnancies that each resulted in a live birth or stillbirth.

Nationally in 2012, 15.6 per cent of women had either an instrumental or non-instrumental vaginal delivery after a caesarean section, while 84.4 per cent had another caesarean section (figure 11.30 and table 11A.112).

Figure 11.30 **Women who had a vaginal birth after a caesarean section[a, b, c, d, e]**



[a] Vaginal birth comprises both instrumental and non-instrumental vaginal births. [b] For multiple births, the method of birth of the first born baby was used. [c] For NSW, Victoria, WA and the NT, non-instrumental vaginal birth includes all women who had a vaginal breech birth, whether or not instruments were used. For the remaining jurisdictions, vaginal breech births are only included where instruments were not used. [d] Instrumental vaginal birth includes forceps and vacuum extraction. [e] Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

Source: Li, Z., McNally, L., Hilder, L. and Sullivan, EA. (various years), Australia's mothers and babies, Perinatal statistics series Cat nos. PER 50, 52 and 56; table 11A.112.

Effectiveness — quality

The performance indicator framework for maternity services identifies three subdimensions of quality for health services: safety; responsiveness and continuity. For

maternity services in this Report, data are reported against the subdimension of safety only. Other subdimensions of quality have been identified by the Steering Committee for future development.

Safety — perineal status after vaginal birth

'Perineal status after vaginal birth' is an indicator of governments' objective to provide safe and high quality services (box 11.20). Perineal lacerations caused by childbirth are painful, take time to heal and can result in ongoing discomfort and debilitating conditions such as faecal incontinence.

Box 11.20 **Perineal status after vaginal birth**

'Perineal status after vaginal birth' is defined as the state of the perineum following a vaginal birth (HDSC 2008). A third or fourth degree laceration is a perineal laceration or rupture (or tear following episiotomy) extending to, or beyond, the anal sphincter (see section 11.8 for definitions) (NCCH 2008). It is measured by the proportion of women giving birth with third or fourth degree lacerations to their perineum following vaginal birth.

A low or decreasing rate of women giving birth with third or fourth degree lacerations after vaginal birth is desirable. Maternity services staff aim to minimise lacerations, particularly more severe lacerations (third and fourth degree), through labour management practices. Severe lacerations (third and fourth degree laceration) of the perineum are not avoidable in all cases and so safe labour management is associated with a low (rather than zero) proportion of third or fourth degree lacerations.

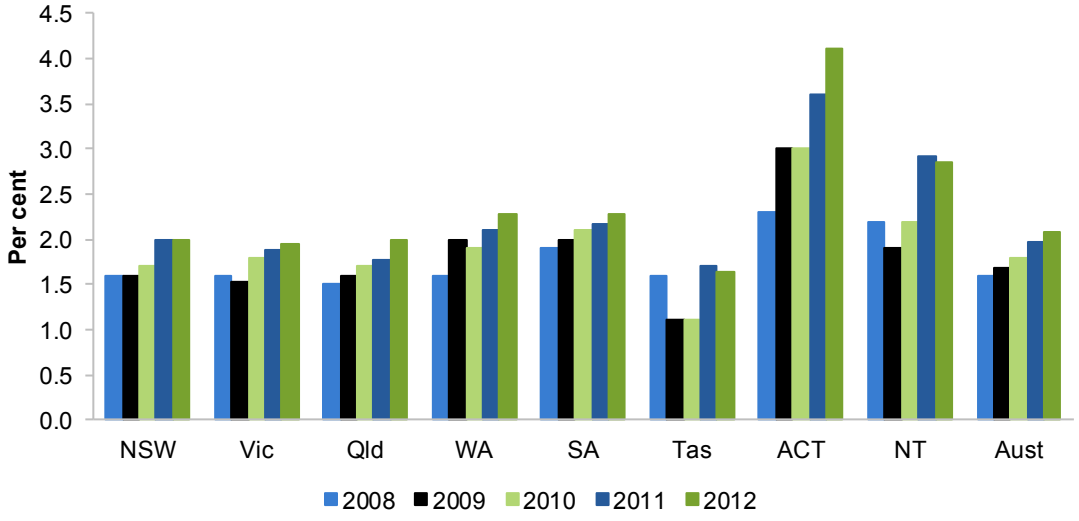
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

The proportion of mothers with third or fourth degree lacerations to their perineum following vaginal births is shown in figure 11.31. More information on perineal status after vaginal birth (including the proportion of mothers with intact perineum following vaginal births) is contained in table 11A.113.

Figure 11.31 **Perineal status — mothers with third or fourth degree lacerations after vaginal births[a, b, c]**



[a] For multiple births, the perineal status recorded against the birth of the first child was used. [b] Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths.[c] Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

Source: Li, Z., McNally, L., Hilder, L. and Sullivan, EA. (various years), *Australia's mothers and babies*, Perinatal statistics series Cat nos. PER 22, 48, 50, 52 and 56; table 11A.113.

Responsiveness, continuity

The Steering Committee has identified the responsiveness and continuity of care of maternity services as an area for development in future Reports.

Efficiency — sustainability

The Steering Committee has identified the sustainability of maternity services as an area for development in future Reports.

Efficiency

Recurrent cost per maternity separation

'Recurrent cost per maternity separation' is an indicator of governments' objective to deliver cost effective services (box 11.21).

Box 11.21 Recurrent cost per maternity separation

'Recurrent cost per maternity separation' is presented for the two AR-DRGs that account for the largest number of maternity patient days: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities.

Low or decreasing recurrent costs per maternity separation can reflect high or increasing efficiency in providing maternity services to admitted patients. However, this is only likely to be the case where the low cost maternity services are provided at equal or superior effectiveness.

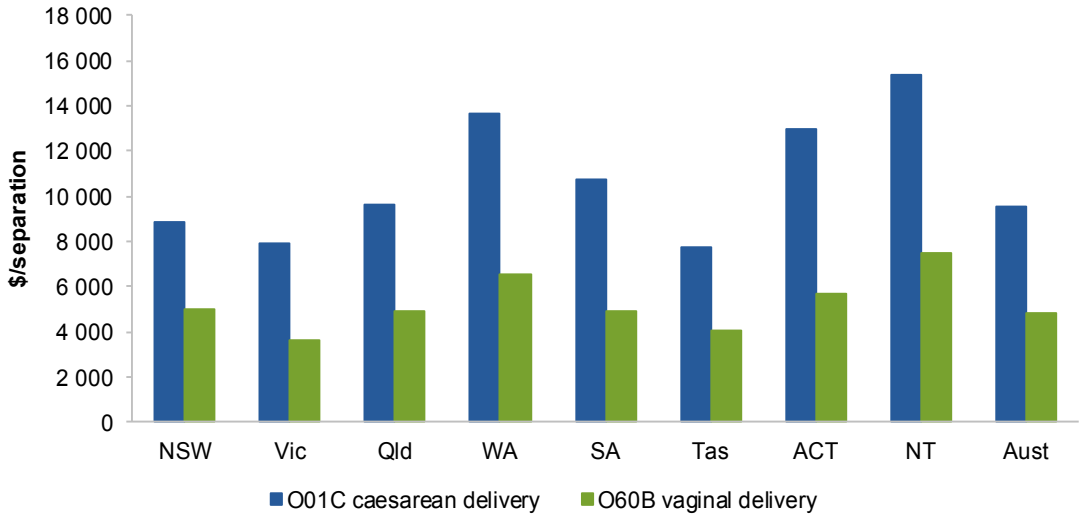
Data reported for this indicator are:

- comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions (see caveats in attachment tables for specific jurisdictions)
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Data quality information for this indicator is under development.

Data are reported for the two most common maternity AR-DRGs: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities (figure 11.32).

Figure 11.32 Estimated average cost per separation for selected maternity related AR-DRGs, public hospitals, 2011-12[a, b]



[a] Includes AR-DRG O01C caesarean delivery without catastrophic or severe complications and comorbidities and AR-DRG O60B vaginal delivery without catastrophic or severe complications and comorbidities. [b] Average cost is affected by a number of factors including admission practices, sample size, remoteness and the types of hospital contributing to the collection. Caution must be used in making direct comparisons across jurisdictions, because of differences in hospital costing systems.

Source: IHPA (unpublished), National Hospital Cost Data Collection; table 11A.114.

Data for a number of other maternity related AR-DRGs are shown in table 11A.114. Data are sourced from the NHCDC. The NHCDC is a voluntary annual collection, the purpose of which is to calculate DRG cost weights. The samples are not necessarily representative of the set of hospitals in each jurisdiction. An estimation process has been carried out to create representative national activity figures from the sample data.

Mother's average length of stay

'Mother's average length of stay' is an indicator of governments' objective to deliver services efficiently (box 11.22).

Box 11.22 **Mother's average length of stay**

'Mother's average length of stay' is defined as the total number of patient days for the selected maternity AR-DRG, divided by the number of separations for that AR-DRG.

Shorter stays for mothers reduce hospital costs but whether they represent genuine efficiency improvements depends on a number of factors. Shorter stays can, for example, have an adverse effect on the health of some mothers and result in additional costs for in-home care and potential readmissions. The indicator is not adjusted for multiple births born vaginally and without complications but requiring a longer stay to manage breastfeeding.

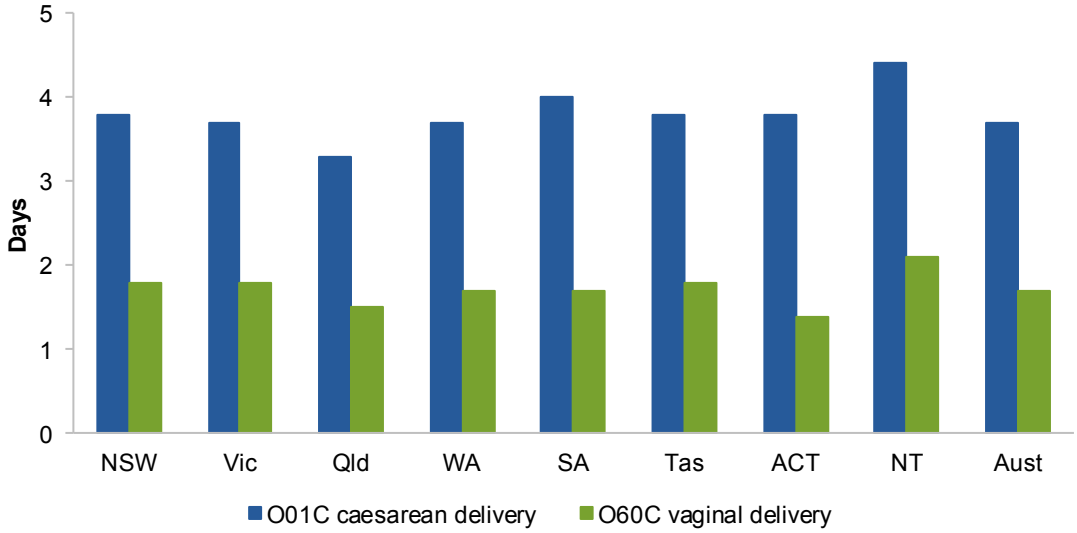
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

Data are reported for two selected maternity AR-DRGs: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery single uncomplicated (figure 11.33).

Figure 11.33 **Average length of stay for selected maternity-related AR-DRGs, public hospitals, 2012-13[a]**



[a] Includes AR-DRG O01C caesarean delivery without catastrophic or severe complications and comorbidities and AR-DRG O60C vaginal delivery single uncomplicated.

Data source: AIHW (2014), *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145; table 11A.115.

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the services delivered) (see chapter 1, section 1.5).

Baby's Apgar score

'Baby's Apgar score at five minutes' is an indicator of governments' objective to deliver maternity services that are safe and of high quality (box 11.23). The future health of babies with lower Apgar scores is often poorer than those with higher scores.

Box 11.23 Baby's Apgar score at five minutes

Baby's Apgar score at five minutes is defined as the number of live births with an Apgar score of less than 4, at 5 minutes post-delivery, as a proportion of the total number of live births by specified birthweight categories. The Apgar score is a numerical score that indicates a baby's condition shortly after birth. Apgar scores are based on an assessment of the baby's heart rate, breathing, colour, muscle tone and reflex irritability. Between 0 and 2 points are given for each of these five characteristics and the total score is between 0 and 10. The Apgar score is routinely assessed at 1 and 5 minutes after birth, and subsequently at 5 minute intervals if it is still low at 5 minutes (Day et al. 1999).

A high or increasing Apgar score is desirable.

Low Apgar scores (defined as less than 4) are strongly associated with low birthweights. The management of labour in hospitals does not usually affect birthweights, but can affect the prevalence of low Apgar scores for babies with similar birthweights. Apgar scores can therefore indicate relative performance within birthweight categories, although factors other than hospital maternity services can influence Apgar scores within birthweight categories — for example, antenatal care, multiple births and socioeconomic factors.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- incomplete for the current reporting period. All required data were not available for Tasmania.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

'Low' (less than 4) Apgar scores for babies by birthweight category are reported in table 11.11. The full range of Apgar scores for 2004 to 2013 are reported in table 11A.116.

Table 11.11 Live births with an Apgar score of less than 4, 5 minutes post delivery, public hospitals, 2013

Birthweight (grams)	*Unit*	*NSW*	*Vic*[a]	*Qld*	*WA*[a]	*SA*[a]	*Tas*	*ACT*[a, b]	*NT*
Less than 1500	no.	846	726	544	294	225	na	80	50
Low Apgar	%	15.1	18.7	18.6	5.4	8.0	na	13.8	26.0
1500-1999	no.	965	757	648	374	297	na	70	64
Low Apgar	%	1.7	1.3	1.5	1.1	0.6	na	1.4	np
2000-2499	no.	3 021	2 407	1 815	904	708	na	210	172
Low Apgar	%	0.8	0.3	0.6	0.6	0.6	na	1.0	np
2500 and over	no.	67 065	53 069	41 458	18 485	14 046	na	4 444	2 960
Low Apgar	%	0.3	0.2	0.2	0.2	0.1	na	0.3	0.4

a Data for Victoria, WA, SA and the ACT are preliminary. **b** ACT data include both ACT and non-ACT residents where the birth occurred in the ACT. **na** Not available. **np** Not published.

Source: State and Territory governments (unpublished); table 11A.116.

Perinatal death rate

'Perinatal death rate' is an indicator of governments' objective to deliver maternity services that are safe and of high quality (box 11.24).

Box 11.24 **Perinatal death rate**

'Perinatal death rate' is defined by the following three measures:

- Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants weighing at least 400 grams or of a gestational age of at least 20 weeks. The fetal death rate is calculated as the number of fetal deaths divided by the total number of births (live births and fetal deaths combined). The rate of fetal deaths is expressed per 1000 total births, by State or Territory of usual residence of the mother.
- Neonatal death is the death of a live born infant within 28 days of birth (see section 11.8 for a definition of a live birth). The neonatal death rate is calculated as the number of neonatal deaths divided by the number of live births registered. The rate of neonatal deaths is expressed per 1000 live births, by State or Territory of usual residence of the mother.
- A perinatal death is a fetal or neonatal death. The perinatal death rate is calculated as the number of perinatal deaths divided by the total number of births (live births and fetal deaths combined). It is expressed per 1000 total births, by State or Territory of usual residence of the mother.

Low or decreasing death rates are desirable and can indicate high quality maternity services. The neonatal death rate tends to be higher among premature babies, so a lower neonatal death rate can also indicate a lower percentage of pre-term births.

Differences in the fetal death rate across jurisdictions are likely to be due to factors outside the control of admitted patient maternity services (such as the health of mothers and the progress of pregnancy before hospital admission). To the extent that the health system influences fetal death rates, the health services that can have an influence include outpatient services, general practice services and maternity services. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

As for fetal deaths, a range of factors contribute to neonatal deaths. However, the influence of maternity services for admitted patients is greater for neonatal deaths than for fetal deaths, through the management of labour and the care of sick and premature babies.

Data reported for this indicator are:

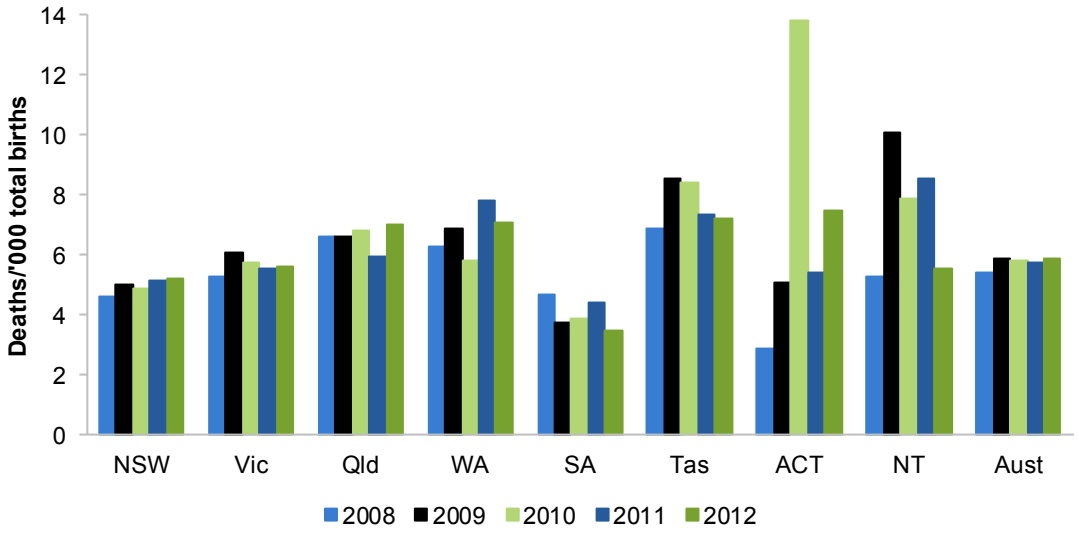
- comparable (subject to caveats) across jurisdictions and over time
- incomplete for the current reporting period. All required data for Aboriginal and Torres Strait Islander people were not available for Victoria, Tasmania and the ACT.

Data quality information for this indicator is at www.pc.gov.au/rogs/2015.

Fetal death rate

Fetal death rates are reported in figure 11.34. National time series for fetal death rates for the period 2003 to 2012 are included in table 11A.119.

Figure 11.34 **Fetal death rate**[a, b, c]



[a] Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of fetal deaths and small populations. [b] Some fetal deaths occurring in WA could be the result of termination of pregnancy at 20 weeks gestation or more. [c] Some ACT stillbirth data were not received or processed by the ABS in time for finalisation of the 2008 reference year. According to scope rules these 2008 data were included in the 2010 reference year. The data for the ACT and the Australian total therefore show a decline in 2008 and an increase in 2010 which is not related to any actual significant change in fetal death rates.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 11A.117.

Fetal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. These five states and territories are considered to have adequate levels of identification of Aboriginal and Torres Strait Islander people in mortality data (ABS 2004). There was significant variation in the fetal death rates for Aboriginal and Torres Strait Islander Australians for the five jurisdictions for which data are available (figure 11.35).

Figure 11.35 **Fetal death rate by Indigenous status of mother 2008–2012[a]**

[a] Data are reported individually by jurisdiction of residence of mother for NSW, Queensland, WA, SA and the NT only. These jurisdictions have evidence of sufficient levels of identification and sufficient numbers of deaths. Data are not available for other jurisdictions. The total relates to those jurisdictions for which data are published.

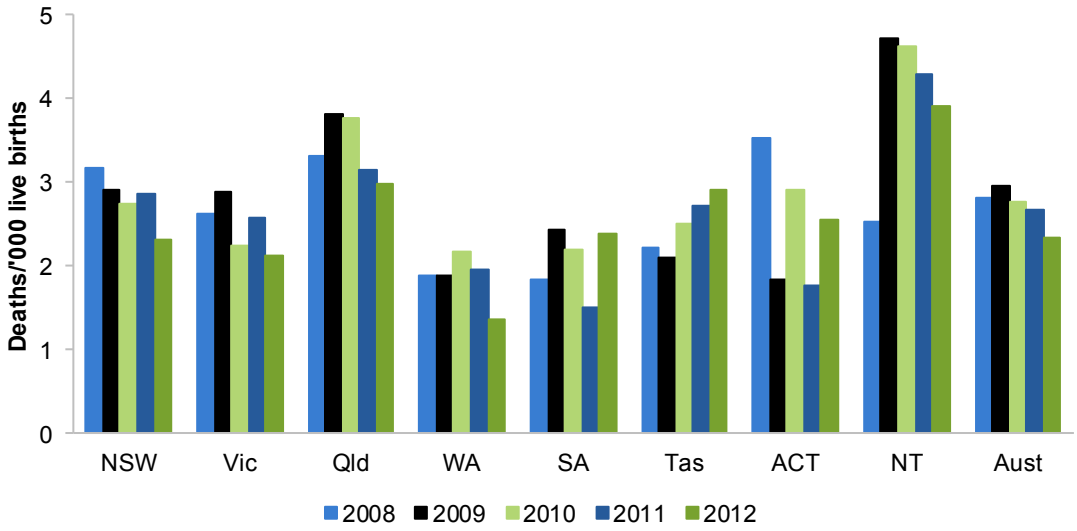
Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 11A.121.

Neonatal death rate

Neonatal death rates are reported in figure 11.36. Nationally, neonatal death rates have declined over the period 2008–2012. National time series for neonatal death rates for the period 2003 to 2012 are included in table 11A.119.

Neonatal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. These five states and territories are considered to have adequate levels of identification of Aboriginal and Torres Strait Islander people in mortality data (ABS 2004). In four of the jurisdictions for which data are available, the neonatal death rates for Aboriginal and Torres Strait Islander Australians are higher than those for other Australians (figure 11.37).

Figure 11.36 **Neonatal death rate[a]**



[a] Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of neonatal deaths and small populations.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 11A.118.

Figure 11.37 **Neonatal death rate by Indigenous status of mother 2008–2012[a]**

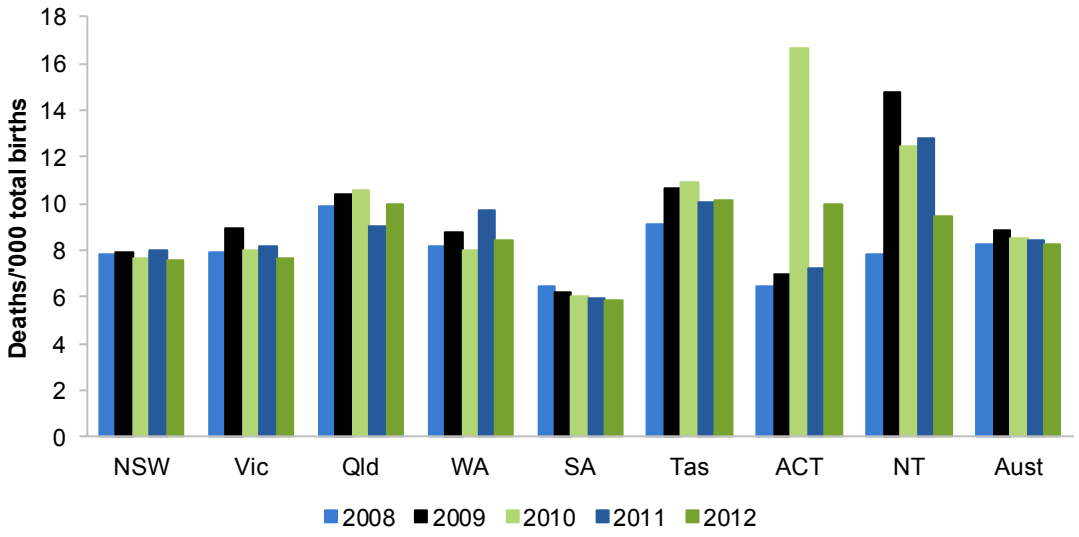
[a] Data are reported individually by jurisdiction of residence of mother for NSW, Queensland, WA, SA and the NT only. These jurisdictions have evidence of sufficient levels of identification and sufficient numbers of deaths. Data are not available for other jurisdictions. The total relates to those jurisdictions for which data are published.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 11A.121.

Perinatal death rate

Perinatal death rates are shown in figure 11.38. Nationally, perinatal death rates have been steady over the period 2008–2012. National time series for perinatal death rates for the period 2003 to 2012 are included in table 11A.119.

Figure 11.38 **Perinatal death rate**[a, b]



[a] Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of perinatal deaths. [b] Some ACT stillbirth data were not received or processed by the ABS in time for finalisation of the 2008 reference year. According to scope rules these 2008 data were included in the 2010 reference year. The data for the ACT and the Australian total therefore show a decline in 2008 and an increase in 2010 which is not related to any actual significant change in fetal death rates.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 11A.120.

Perinatal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. These five states and territories are considered to have adequate levels of identification of Aboriginal and Torres Strait Islander people in mortality data (ABS 2004). In three of the jurisdictions for which data are available, perinatal death rates for Aboriginal and Torres Strait Islander Australians are higher than those for other Australians (figure 11.39).

Figure 11.39 **Perinatal death rate by Indigenous status of mother 2008–2012[a]**

[a] Data are reported individually by jurisdiction of residence of mother for NSW, Queensland, WA, SA and the NT only. These jurisdictions have evidence of sufficient levels of identification and sufficient numbers of deaths. Data are not available for other jurisdictions. The total relates to those jurisdictions for which data are published.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 11A.121.

11.7 Future directions in performance reporting

Priorities for future reporting on public hospitals and maternity services include the following:

- Improving the comprehensiveness of reporting by filling in gaps in the performance indicator frameworks. Important gaps in reporting for public hospitals include indicators of equity of access to services for special needs groups, and indicators of continuity of care. Gaps in the maternity services framework include equity of access, effectiveness of access, two aspects of quality — responsiveness and continuity — and the efficiency subdimension of sustainability.
- Improving currently reported indicators for public hospitals and maternity services where data are not complete or not directly comparable. There is scope to improve reporting of the quality and access dimensions of the public hospitals framework, and the output indicators for maternity services.
- Improving the reporting of elective surgery waiting times by urgency category to achieve greater comparability across jurisdictions and improving timeliness of the data.
- Improving the reporting of quality and safety indicators in both the public hospitals' and maternity services' frameworks.

- Improving the quality of data on Aboriginal and Torres Strait Islander Australians. Work on improving the identification of Aboriginal and Torres Strait Islander people in hospital admitted patient data across states and territories is ongoing.

11.8 Definitions of key terms

Accreditation	Professional recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals can seek accreditation through the ACHS Evaluation and Quality Improvement Program, the Australian Quality Council (now known as Business Excellence Australia), the Quality Improvement Council, the International Organisation for Standardization 9000 Quality Management System or other equivalent programs.
Acute care	Clinical services provided to admitted or non-admitted patients, including managing labour, curing illness or treating injury, performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay.
Admitted patient	A patient who has undergone a formal admission process in a public hospital to begin an episode of care. Admitted patients can receive acute, subacute or non-acute care services.
Admitted patient cost proportion	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction.
Allied health (non-admitted)	Occasions of service to non-admitted patients at units/clinics providing treatment/counselling to patients. These include units providing physiotherapy, speech therapy, family planning, dietary advice, optometry and occupational therapy.
Apgar score	Numerical score used to evaluate a baby's condition after birth. The definition of the reported indicator is the number of babies born with an Apgar score of 3 or lower at 5 minutes post delivery, as a proportion of the total number of babies born. Excludes fetal deaths in utero before commencement of labour.
AR-DRG	Australian Refined Diagnosis Related Group - a patient classification system that hospitals use to match their patient services (hospital procedures and diagnoses) with their resource needs. AR-DRG version 6.0x is based on the ICD-10-AM classification.
Australian Classification of Health Interventions (ACHI)	ACHI is the Australian classification of health interventions.
Average length of stay	The mean length of stay for all patient episodes, calculated by dividing total occupied bed days by total episodes of care.
Caesarean section	Operative birth through an incision into abdomen and uterus.
Casemix adjusted	Adjustment of data on cases treated to account for the number and type of cases. Cases are sorted by AR-DRG into categories of patients with similar clinical conditions and requiring similar hospital services. Casemix adjustment is an important step to achieving comparable measures of efficiency across hospitals and jurisdictions.
Casemix adjusted separations	The number of separations adjusted to account for differences across hospitals in the complexity of episodes of care.
Catastrophic	An acute or prolonged illness usually considered to be life threatening or with the threat of serious residual disability. Treatment can be radical and is frequently costly.
Community health services	Health services for individuals and groups delivered in a community setting, rather than via hospitals or private facilities.
Comparability	Data are considered comparable if, (subject to caveats) they can be used to inform an assessment of comparative performance. Typically, data are considered comparable when they are collected in the same way and in accordance with the same definitions. For comparable indicators or measures, significant differences in reported results allow an assessment of differences in performance, rather than being the result of anomalies in the

	data.
Completeness	Data are considered complete if all required data are available for all jurisdictions that provide the service.
Cost of capital	The return foregone on the next best investment, estimated at a rate of 8 per cent of the depreciated replacement value of buildings, equipment and land. Also called the 'opportunity cost' of capital.
Cost per casemix adjusted separation	Recurrent expenditure multiplied by the inpatient fraction and divided by the total number of casemix-adjusted separations plus estimated private patient medical costs.
Cost per non-admitted occasion of service	Recurrent expenditure divided by the inpatient fraction and divided by the total number of non-admitted occasions of service.
Elective surgery waiting times	Elective surgery waiting times are calculated by comparing the date on which patients are added to a waiting list with the date on which they are admitted for the awaited procedure. Days on which the patient was not ready for care are excluded.
Emergency department waiting time to commencement of clinical care	The time elapsed for each patient from presentation to the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) to the commencement of service by a treating medical officer or nurse.
Emergency department waiting times to admission	The time elapsed for each patient from presentation to the emergency department to admission to hospital.
Episiotomy	A surgical incision into the perineum and vagina that attempts to control trauma while widening the vaginal opening to expedite birth of the infant or provide better access for application of forceps or vacuum cup to the fetus.
Fetal death	Delivery of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Excludes infants that weigh less than 400 grams or that are of a gestational age of less than 20 weeks.
Fetal death rate	The number of fetal deaths divided by the total number of births (that is, by live births registered and fetal deaths combined).
General practice	The organisational structure with one or more GPs and other staff such as practice nurses. A general practice provides and supervises healthcare for a 'population' of patients and can include services for specific populations, such as women's health or Aboriginal and Torres Strait Islander people's health.
ICD-10-AM	The Australian modification of the International Standard Classification of Diseases and Related Health Conditions. This is the current classification of diagnoses in Australia.
Hospital boarder	A person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.
Inpatient fraction	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
Labour cost per casemix-adjusted separation	Salary and wages plus visiting medical officer payments, multiplied by the inpatient fraction, divided by the number of casemix-adjusted separations.
Length of stay	The period from admission to separation less any days spent away from the hospital (leave days).
Live birth	Birth of a child who, after delivery, breathes or shows any other evidence of life, such as a heartbeat. Includes all registered live births regardless of birthweight.
Medicare	Australian Government funding of private medical and optometrical services (under the Medicare Benefits Schedule). Sometimes defined to include other forms of Australian Government funding such as subsidisation of selected

	pharmaceuticals (under the Pharmaceutical Benefits Scheme) and public hospital funding (under the Australian Health Care Agreements), which provides public hospital services free of charge to public patients.
Mortality rate	The number of deaths per 100 000 people.
Neonatal death	Death of a live born infant within 28 days of birth. Defined in Australia as the death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
Neonatal death rate	Neonatal deaths divided by the number of live births registered.
Newborn qualification status	A newborn qualification status is assigned to each patient day within a newborn episode of care. A newborn patient day is qualified if the infant 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 Commonwealth Minister for the purpose of the provision of special care, • is admitted to, or remains in hospital without its mother. A newborn patient day is unqualified if the infant does not meet any of the above criteria. The day on which a change in qualification status occurs is counted as a day of the new qualification status. If there is more than one qualification status in a single day, the day is counted as a day of the final qualification status for that day.
Nursing workforce	Registered and enrolled nurses who are employed in nursing, on extended leave or looking for work in nursing.
Medical practitioner workforce	Registered medical practitioners who are employed as medical practitioners, on extended leave or looking for work as a medical practitioner.
Multiparous	A woman who has given birth from at least two pregnancies that each resulted in a live birth or stillbirth.
Non-acute care	Includes maintenance care and newborn care (where the newborn does not require acute care).
Non-admitted occasions of service	Occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service establishment. Services can include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across states and territories, and relative differences in the complexity of services provided are not yet documented.
Non-admitted patient	A patient who has not undergone a formal admission process, but who may receive care through an emergency department, outpatient or other non-admitted service.
Perinatal death	Fetal death or neonatal death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
Perinatal death rate	Perinatal deaths divided by the total number of births (that is, live births registered and fetal deaths combined).
Perineal laceration (third or fourth degree)	A 'third degree' laceration or rupture during birth (or a tear following episiotomy) involves the anal sphincter, rectovaginal septum and sphincter NOS. A 'fourth degree' laceration, rupture or tear also involves the anal mucosa and rectal mucosa (NCCH 2008).
Perineal status	The state of the perineum following a birth.
Primary care	Essential healthcare based on practical, scientifically sound and socially acceptable methods made universally accessible to individuals and families

	in the community.
Primipara	A woman who has given birth to a liveborn or stillborn infant for the first time.
Public hospital	A hospital that provides free treatment and accommodation to eligible admitted persons who elect to be treated as public patients. It also provides free services to eligible non-admitted patients and can provide (and charge for) treatment and accommodation services to private patients. Charges to non-admitted patients and admitted patients on discharge can be levied in accordance with the Australian Health Care Agreements (for example, aids and appliances).
Puerperium	The time in the woman's perinatal period between the birth and up to 42 days after the birth.
Real expenditure	Actual expenditure adjusted for changes in prices.
Relative stay index	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. Includes acute care separations only. Excludes: patients who died or were transferred within 2 days of admission, or separations with length of stay greater than 120 days, AR-DRGs which are for 'rehabilitation', AR-DRGs which are predominantly same day (such as R63Z chemotherapy and L61Z admit for renal dialysis), AR-DRGs which have a length of stay component in the definition, and error AR-DRGs.
Same day patients	A patient whose admission date is the same as the separation date.
Sentinel events	Adverse events that cause serious harm to patients and that have the potential to undermine public confidence in the healthcare system.
Separation	A total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change in the type of care for an admitted patient (for example, from acute to rehabilitation). Includes admitted patients who receive same day procedures (for example, renal dialysis).
Separation rate	Hospital separations per 1000 people or 100 000 people.
Selected primiparae	Primiparae with no previous deliveries, aged 20–34 years, singleton, vertex presentation and gestation of 37–41 weeks (inclusive).
Subacute care	Specialised multidisciplinary care in which the primary need for care is optimisation of the patient's functioning and quality of life. A person's functioning may relate to their whole body or a body part, the whole person, or the whole person in a social context, and to impairment of a body function or structure, activity limitation and/or participation restriction. Subacute care comprises the defined care types of rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care.
Triage category	The urgency of the patient's need for medical and nursing care: category 1 — resuscitation (immediate within seconds) category 2 — emergency (within 10 minutes) category 3 — urgent (within 30 minutes) category 4 — semi-urgent (within 60 minutes) category 5 — non-urgent (within 120 minutes).
Urgency category for elective surgery	Category 1 patients — admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it can become an emergency. Category 2 patients — admission within 90 days is desirable for a condition that is causing some pain, dysfunction or disability, but that is not likely to deteriorate quickly or become an emergency. Category 3 patients — admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, that is unlikely to deteriorate quickly and that does not have the potential to become an emergency.

11.9 List of attachment tables

Attachment tables are identified in references throughout this chapter by a '11A' prefix (for example, table 11A.1). Attachment tables are available from the Review website (www.pc.gov.au/gsp).

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Table 11A.46 NT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14

Table 11A.47 Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals,

Table 11A.48 Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13

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Table 11A.50 Unplanned hospital readmissions rates

Table 11A.51 Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2012-13

Table 11A.52 Proportion of accredited beds in public hospitals (per cent)

Table 11A.53 Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA

Table 11A.54 Separations with an adverse event, public hospitals

Table 11A.55 Separations for falls resulting in patient harm in hospitals, per 1000 separations, 2012-13

Table 11A.56 Nursing workforce (includes midwives), by age group and remoteness area

Table 11A.57 Nursing workforce (includes midwives), by age group .

Table 11A.58 Medical practitioner workforce, by age group and remoteness area

Table 11A.59 Medical practitioner workforce, by age group

Table 11A.60 Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12

Table 11A.61 Costs and utilisation by hospital peer group, public hospitals, 2011-12

Table 11A.62 Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2011-12

Table 11A.63 Relative stay index for patients in public hospitals, by funding source, 2012-13

Table 11A.64 Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group 2012-13

Table 11A.65 NSW recurrent cost per non-admitted patient occasion of service, public hospitals

Table 11A.66 WA recurrent cost per non-admitted patient occasion of service, public hospitals

Table 11A.67 SA recurrent cost per non-admitted patient occasion of service, public hospitals

Table 11A.68 Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals

Table 11A.69 ACT recurrent cost per non-admitted patient occasion of service, public hospitals

Table 11A.70 Emergency department admitted and non-admitted cost per presentation, 2011-12

Table 11A.71 Emergency department presentations by Urgency Related Groupings (URG) codes - presentations and average cost per presentation

Table 11A.72 Non-admitted service events and average cost per service event

11.10 References

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11A Public hospitals — attachment

Definitions for the indicators and descriptors in this attachment are in section 11.8 of the chapter. Unsourced information was obtained from the Australian, State and Territory governments.

Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat.

Data reported in the attachment tables are the most accurate available at the time of data collection. Historical data may have been updated since the last edition of RoGS.

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp).

Attachment contents

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Table 11A.1 **Recurrent expenditure, public hospitals (including psychiatric hospitals), (2012-13 dollars, million) (a), (b)**

	NSW (c)	*Vic*	*Qld* (d)	*WA* (e)	*SA* (f)	*Tas* (g)	*ACT*	*NT* (h)	*Aust*
2003-04									
Salary and wages	5 807	4 450	2 472	1 541	1 211	299	252	198	16 229
Non-salary	3 731	2 616	1 470	889	836	229	210	122	10 104
Total	**9 538**	**7 066**	**3 942**	**2 430**	**2 047**	**528**	**462**	**319**	**26 333**
2004-05									
Salary and wages	6 125	4 689	2 557	1 665	1 308	348	293	232	17 216
Non-salary	3 940	2 714	1 640	936	872	241	206	130	10 679
Total	**10 064**	**7 402**	**4 197**	**2 601**	**2 180**	**589**	**499**	**362**	**27 895**
2005-06									
Salary and wages	6 488	4 760	2 915	1 728	1 389	388	312	265	18 245
Non-salary	4 024	2 868	1 775	958	896	289	207	139	11 156
Total	**10 512**	**7 628**	**4 690**	**2 687**	**2 285**	**677**	**519**	**404**	**29 401**
2006-07									
Salary and wages	6 607	4 993	3 339	1 950	1 452	412	319	280	19 352
Non-salary	4 163	2 927	1 895	1 098	887	303	228	149	11 650
Total	**10 770**	**7 920**	**5 235**	**3 048**	**2 339**	**715**	**547**	**429**	**31 002**
2007-08									
Salary and wages	6 655	5 304	3 795	2 150	1 575	398	356	287	20 521
Non-salary	4 420	3 071	2 091	1 172	1 087	319	241	155	12 555
Total	**11 075**	**8 375**	**5 886**	**3 322**	**2 662**	**717**	**597**	**442**	**33 076**
2008-09									
Salary and wages	6 933	5 558	4 142	2 366	1 671	452	393	320	21 835
Non-salary	4 385	3 214	2 237	1 246	1 064	317	256	171	12 891
Total	**11 318**	**8 772**	**6 380**	**3 612**	**2 735**	**768**	**650**	**491**	**34 726**
2009-10									
Salary and wages	6 822	5 778	4 516	2 395	1 741	544	401	345	22 542
Non-salary	4 550	3 325	2 383	1 368	1 077	334	273	159	13 469
Total	**11 372**	**9 103**	**6 899**	**3 764**	**2 818**	**878**	**674**	**503**	**36 011**
2010-11									
Salary and wages	7 131	6 178	5 097	2 581	1 825	573	436	371	24 193
Non-salary	5 044	3 542	2 555	1 547	1 267	354	298	172	14 779
Total	**12 175**	**9 720**	**7 652**	**4 128**	**3 093**	**927**	**734**	**543**	**38 972**
2011-12									
Salary and wages	7 749	6 436	5 276	2 855	1 979	585	588	403	25 870
Non-salary	5 529	3 591	2 652	1 652	1 344	357	372	181	15 677
Total	**13 277**	**10 027**	**7 928**	**4 507**	**3 323**	**942**	**960**	**584**	**41 548**
2012-13									
Salary and wages	7 794	6 438	4 922	3 057	1 889	585	647	419	25 751
Non-salary	5 661	3 655	2 735	1 733	1 304	372	341	189	15 989
Total	**13 454**	**10 093**	**7 656**	**4 790**	**3 194**	**957**	**988**	**608**	**41 741**

(a) Expenditure data exclude depreciation.

(b) Recurrent expenditure on the purchase of public hospitals services at the State, or area health service-level, from privately owned and/or operated hospitals is excluded.

(c) NSW hospital expenditure recorded against special purposes and trust funds is excluded.

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

(e) In WA, expenditure on public patients at Joondalup and Peel Health Campuses is included from 2006-07 figures but not in those for previous years.

(f) In SA in 2011-12 there were significant once-off revaluations of other employee related expenses. This reflects as an artificial reduction in expenditure, including for salaries and wages expenditure components, for 2012-13 results.

(g) For 2005-06 data for one hospital are not included.

(h) Interest payments for the NT were not reported

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra; AIHW (2014), *Health expenditure Australia 2012–13* , Health and Welfare Expenditure Series No. 52, Cat. no. HWE 61. Canberra, AIHW.

Table 11A.2 **Recurrent expenditure, public hospital services, by source of funding, (2012-13 dollars) (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA (c)	Tas	ACT (d)	NT	Aust (e)
2003-04										
Total expenditure										
Government	$'000	7 581 579	6 155 263	3 713 158	2 151 316	1 723 684	431 579	414 474	306 579	22 477 632
Non-government	$'000	793 421	526 316	148 684	123 684	73 684	63 158	35 526	13 158	1 777 632
Expenditure per person										
Government	$ per person	1 142.7	1 256.2	980.0	1 094.3	1 130.3	897.3	1 263.6	1 517.7	1 133.8
Non-government	$ per person	119.6	107.4	39.2	62.9	48.3	131.3	108.3	65.1	89.7
2004-05										
Total expenditure										
Government	$'000	9 028 205	6 657 692	3 801 282	2 437 179	2 133 333	514 103	479 487	383 333	25 434 253
Non-government	$'000	974 359	700 000	92 308	243 590	71 795	33 333	39 744	6 410	2 161 538
Expenditure per person										
Government	$ per person	1 353.8	1 343.1	981.7	1 222.3	1 391.6	1 060.0	1 457.4	1 879.1	1 268.9
Non-government	$ per person	146.1	141.2	23.8	122.2	46.8	68.7	120.8	31.4	107.8
2005-06										
Total expenditure										
Government	$'000	9 894 608	6 579 657	4 767 157	2 578 431	2 231 618	557 598	482 843	401 961	27 547 794
Non-government	$'000	1 012 255	683 824	172 794	171 569	80 882	42 892	73 529	6 127	2 254 902
Expenditure per person										
Government	$ per person	1 472.9	1 309.9	1 202.6	1 270.2	1 444.4	1 142.6	1 445.6	1 941.8	1 356.4
Non-government	$ per person	150.7	136.1	43.6	84.5	52.4	87.9	220.1	29.6	111.0
2006-07										
Total expenditure										
Government	$'000	10 438 679	6 655 660	5 514 151	2 836 085	2 413 915	660 377	576 651	500 000	29 595 519
Non-government	$'000	869 104	739 387	205 189	168 632	94 340	45 991	70 755	9 434	2 201 651
Expenditure per person										

Table 11A.2 **Recurrent expenditure, public hospital services, by source of funding, (2012-13 dollars) (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA (c)*	*Tas*	*ACT* (d)	*NT*	*Aust (e)*
Government	$ per person	1 538.3	1 304.0	1 359.5	1 365.5	1 546.4	1 342.2	1 706.1	2 369.7	1 434.9
Non-government	$ per person	128.1	144.9	50.6	81.2	60.4	93.5	209.3	44.7	106.7
2007-08										
Total expenditure										
Government	$'000	10 924 485	7 495 423	6 370 709	3 200 229	2 749 428	763 158	678 490	540 046	32 721 968
Non-government	$'000	1 018 307	724 256	312 357	186 499	155 606	52 632	73 227	16 018	2 538 902
Expenditure per person										
Government	$ per person	1 586.9	1 441.4	1 531.4	1 498.9	1 742.3	1 538.6	1 972.4	2 488.7	1 557.2
Non-government	$ per person	147.9	139.3	75.1	87.4	98.6	106.1	212.9	73.8	120.8
2008-09										
Total expenditure										
Government	$'000	11 265 953	7 713 620	6 786 447	3 469 404	2 825 552	786 644	752 030	519 373	34 119 023
Non-government	$'000	1 144 479	903 867	391 781	250 649	144 497	66 812	17 465	15 051	2 934 601
Expenditure per person										
Government	$ per person	1 609.0	1 451.8	1 587.1	1 570.6	1 768.2	1 567.0	2 142.5	2 329.0	1 588.9
Non-government	$ per person	163.5	170.1	91.6	113.5	90.4	133.1	49.8	67.5	136.7
2009-10										
Total expenditure										
Government	$'000	11 653 846	8 360 043	7 147 436	3 454 060	2 938 034	819 444	792 735	518 162	35 683 761
Non-government	$'000	1 211 538	898 504	474 359	227 564	164 530	25 641	17 094	13 889	3 032 051
Expenditure per person										
Government	$ per person	1 640.9	1 542.7	1 636.7	1 525.6	1 814.7	1 619.5	2 214.3	2 272.6	1 632.2
Non-government	$ per person	170.6	165.8	108.6	100.5	101.6	50.7	47.7	60.9	138.7
2010-11										
Total expenditure										
Government	$'000	12 022 129	9 253 952	7 136 986	3 739 726	3 054 795	905 163	856 691	606 955	37 576 396

Table 11A.2 **Recurrent expenditure, public hospital services, by source of funding, (2012-13 dollars) (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA (c)*	*Tas*	*ACT* (d)	*NT*	*Aust (e)*
Non-government	$'000	1 286 617	1 014 752	618 546	297 155	168 599	34 773	20 021	12 645	3 453 109
Expenditure per person										
Government	$ per person	1 674.4	1 683.8	1 608.5	1 612.6	1 871.8	1 774.8	2 347.1	2 638.9	1 695.0
Non-government	$ per person	179.2	184.6	139.4	128.1	103.3	68.2	54.9	55.0	155.8
2011-12										
Total expenditure										
Government	$'000	12 514 403	9 359 053	7 505 144	4 295 267	3 427 984	898 148	916 667	673 868	39 590 535
Non-government	$'000	1 362 140	1 109 053	809 671	113 169	185 185	42 181	23 663	9 259	3 654 321
Expenditure per person										
Government	$ per person	1 723.3	1 676.3	1 660.8	1 795.7	2 081.4	1 754.2	2 470.8	2 892.1	1 758.3
Non-government	$ per person	187.6	198.6	179.2	47.3	112.4	82.4	63.8	39.7	162.3
2012-13										
Total expenditure										
Government	$'000	12 453 000	9 633 000	7 646 000	4 379 000	3 282 000	900 000	913 000	691 000	39 897 000
Non-government	$'000	1 443 000	939 000	908 000	369 000	219 000	43 000	23 000	19 000	3 963 000
Expenditure per person										
Government	$ per person	1 693.1	1 695.1	1 658.2	1 765.7	1 974.7	1 757.8	2 415.3	2 891.2	1 740.7
Non-government	$ per person	196.2	165.2	196.9	148.8	131.8	84.0	60.8	79.5	172.9

(a) Depreciation is included in recurrent expenditure.

(b) Non-government expenditure includes expenditure by health insurance funds, individuals, workers' compensation and compulsory third-party motor vehicle insurers as well as other sources.

(c) In SA in 2011-12 there were significant once-off revaluations of other employee related expenses. This reflects as an artificial reduction in expenditure, including for salaries and wages expenditure components, for 2012-13 results.

(d) The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated.

(e) Components may not add to totals due to rounding.

na Not available.

Table 11A.2 **Recurrent expenditure, public hospital services, by source of funding, (2012-13 dollars) (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA (c)*	*Tas*	*ACT* (d)	*NT*	*Aust (e)*

Source: AIHW various years, Health Expenditure Australia, Health and Welfare Expenditure Series, AIHW, Canberra.

Table 11A.3 **Recurrent expenditure per person, public hospitals (including psychiatric) (2012-13 dollars) (a), (b)**

	NSW	*Vic*	*Qld* (c)	*WA* (d)	*SA (e)*	*Tas* (f)	*ACT* (g)	*NT*	*Aust*
2003-04	1 436.9	1 442.0	1 040.5	1 227.4	1 340.9	1 098.5	1 407.0	1 580.0	1 327.1
2004-05	1 508.5	1 493.3	1 083.9	1 296.5	1 421.0	1 214.0	1 516.5	1 774.7	1 390.6
2005-06	1 563.7	1 518.6	1 183.2	1 316.5	1 477.6	1 386.9	1 552.3	1 950.1	1 446.5
2006-07	1 585.9	1 551.7	1 290.6	1 462.2	1 497.0	1 452.5	1 618.8	2 031.3	1 502.1
2007-08	1 594.4	1 610.5	1 414.9	1 551.8	1 686.8	1 446.4	1 736.0	2 037.9	1 568.8
2008-09	1 615.1	1 651.0	1 492.0	1 630.0	1 711.5	1 530.8	1 850.9	2 201.3	1 616.2
2009-10	1 600.0	1 679.8	1 579.8	1 660.0	1 740.8	1 735.6	1 882.6	2 207.9	1 646.5
2010-11	1 694.8	1 768.6	1 724.6	1 778.5	1 892.0	1 817.3	2 010.5	2 359.3	1 757.3
2011-12	1 822.4	1 796.0	1 754.4	1 882.9	2 014.5	1 839.8	2 586.7	2 505.9	1 842.9
2012-13	1 822.8	1 776.0	1 660.5	1 930.6	1 920.5	1 869.2	2 613.5	2 544.2	1 818.9

(a) Expenditure data exclude depreciation and interest payments.

(b) Recurrent expenditure on the purchase of public hospitals services at the State, or area health service-level, from privately owned and/or operated hospitals is not included.

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

(d) In WA, recurrent expenditure per person from 2006-07 includes expenditure on public patients at Joondalup and Peel Health Campuses. Expenditure for these patients is not included in previous years.

(e) In SA in 2011-12 there were significant once-off revaluations of other employee related expenses. This reflects as an artificial reduction in expenditure, including for salaries and wages expenditure components, for 2012-13 results.

(f) In Tasmania, for 2005-06, data for one hospital are not included.

(g) The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated

Table 11A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA* (f)	*Tas*	*ACT*	*NT*	*Aust*
2008-09									
No. of hospitals									
10 or fewer beds	27	41	72	42	7	18	1	–	208
more than 10 to 50 beds	122	46	64	31	58	7	–	2	330
more than 50 to 100 beds	28	24	10	5	6	–	–	1	74
more than 100 to 200 beds	23	19	10	9	2	1	–	1	65
more than 200 to 500 beds	19	15	9	5	5	1	1	1	56
more than 500 beds	8	4	5	2	2	1	1	–	23
Total	**227**	**149**	**170**	**94**	**80**	**28**	**3**	**5**	**756**
Proportion of total hospitals (%)									
10 or fewer beds	11.9	27.5	42.4	44.7	8.8	64.3	33.3	0.0	27.5
more than 10 to 50 beds	53.7	30.9	37.6	33.0	72.5	25.0	0.0	40.0	43.7
more than 50 to 100 beds	12.3	16.1	5.9	5.3	7.5	0.0	0.0	20.0	9.8
more than 100 beds	22.0	25.5	14.1	17.0	11.3	10.7	66.7	40.0	19.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of available beds									
10 or fewer beds	99	197	270	235	41	99	10	..	951
more than 10 to 50 beds	3 186	1 071	1 466	738	1 468	150	..	40	8 119
more than 50 to 100 beds	2 023	1 724	690	330	460	..	..	60	5 288
more than 100 to 200 beds	3 464	2 795	1 634	1 345	316	130	..	171	9 855
more than 200 to 500 beds	5 752	4 727	2 688	1 435	1 387	330	223	335	16 876
more than 500 beds	5 281	2 354	4 057	1 286	1 201	566	642	..	15 388
Total	**19 805**	**12 869**	**10 805**	**5 369**	**4 874**	**1 275**	**875**	**606**	**56 478**
Proportion of total beds (%)									
10 or fewer beds	0.5	1.5	2.5	4.4	0.8	7.8	1.1	..	1.7
more than 10 to 50 beds	16.1	8.3	13.6	13.7	30.1	11.8	..	6.6	14.4
more than 50 to 100 beds	10.2	13.4	6.4	6.1	9.4	..	..	9.9	9.4
more than 100 beds	73.2	76.7	77.5	75.7	59.6	80.5	98.9	83.5	74.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2009-10									
No. of hospitals									
10 or fewer beds	31	41	74	44	10	14	1	–	215
more than 10 to 50 beds	119	48	62	31	55	5	–	2	322
more than 50 to 100 beds	27	22	10	4	6	2	–	1	72
more than 100 to 200 beds	23	18	10	9	2	1	–	1	64
more than 200 to 500 beds	18	17	9	5	5	1	1	1	57
more than 500 beds	8	4	5	2	2	1	1	–	23
Total	**226**	**150**	**170**	**95**	**80**	**24**	**3**	**5**	**753**
Proportion of total hospitals (%)									
10 or fewer beds	13.7	27.3	43.5	46.3	12.5	58.3	33.3	0.0	28.6

Table 11A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA* (f)	*Tas*	*ACT*	*NT*	*Aust*
more than 10 to 50 beds	52.7	32.0	36.5	32.6	68.8	20.8	0.0	40.0	42.8
more than 50 to 100 beds	11.9	14.7	5.9	4.2	7.5	8.3	0.0	20.0	9.6
more than 100 beds	21.7	26.0	14.1	16.8	11.3	12.5	66.7	40.0	19.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of available beds									
10 or fewer beds	130	225	241	245	74	76	10	..	1 001
more than 10 to 50 beds	3 128	1 204	1 415	751	1 378	81	..	52	8 009
more than 50 to 100 beds	1 976	1 613	709	307	462	166	..	60	5 293
more than 100 to 200 beds	3 475	2 562	1 659	1 342	309	130	..	189	9 667
more than 200 to 500 beds	5 612	5 206	2 779	1 432	1 422	330	227	393	17 400
more than 500 beds	5 287	2 376	4 108	1 299	1 214	576	670	..	15 530
Total	**19 608**	**13 186**	**10 911**	**5 376**	**4 859**	**1 359**	**907**	**694**	**56 900**
Proportion of total beds (%)									
10 or fewer beds	0.7	1.7	2.2	4.6	1.5	5.6	1.1	..	1.8
more than 10 to 50 beds	16.0	9.1	13.0	14.0	28.4	6.0	..	7.5	14.1
more than 50 to 100 beds	10.1	12.2	6.5	5.7	9.5	12.2	..	8.6	9.3
more than 100 beds	73.3	76.9	78.3	75.8	60.6	76.2	98.9	83.9	74.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2010-11									
No. of hospitals									
10 or fewer beds	29	40	74	43	11	14	1	–	212
more than 10 to 50 beds	118	50	62	31	54	5	–	2	322
more than 50 to 100 beds	30	22	10	3	6	1	–	1	73
more than 100 to 200 beds	22	19	9	10	3	1	–	1	65
more than 200 to 500 beds	18	16	10	5	4	1	1	1	56
more than 500 beds	9	4	5	2	2	1	1	–	24
Total	**226**	**151**	**170**	**94**	**80**	**23**	**3**	**5**	**752**
Proportion of total hospitals (%)									
10 or fewer beds	12.8	26.5	43.5	45.7	13.8	60.9	33.3	0.0	28.2
more than 10 to 50 beds	52.2	33.1	36.5	33.0	67.5	21.7	0.0	40.0	42.8
more than 50 to 100 beds	13.3	14.6	5.9	3.2	7.5	4.3	0.0	20.0	9.7
more than 100 beds	21.7	25.8	14.1	18.1	11.3	13.0	66.7	40.0	19.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of available beds									
10 or fewer beds	122	209	224	239	51	76	10	–	930
more than 10 to 50 beds	3 026	1 220	1 394	761	1 328	81	–	52	7 862
more than 50 to 100 beds	2 146	1 596	697	226	452	87	–	60	5 263
more than 100 to 200 beds	3 278	2 839	1 505	1 496	519	116	–	183	9 936
more than 200 to 500 beds	5 473	5 065	3 111	1 469	1 262	333	223	367	17 303
more than 500 beds	5 887	2 480	4 186	1 302	1 428	503	693	–	16 478

Table 11A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA* (f)	*Tas*	*ACT*	*NT*	*Aust*
Total	**19 931**	**13 408**	**11 117**	**5 492**	**5 040**	**1 196**	**926**	**662**	**57 772**
Proportion of total beds (%)									
10 or fewer beds	0.6	1.6	2.0	4.4	1.0	6.4	1.1	0.0	1.6
more than 10 to 50 beds	15.2	9.1	12.5	13.9	26.3	6.8	0.0	7.9	13.6
more than 50 to 100 beds	10.8	11.9	6.3	4.1	9.0	7.3	0.0	9.1	9.1
more than 100 beds	73.4	77.4	79.2	77.7	63.7	79.6	98.9	83.1	75.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2011-12									
No. of hospitals									
10 or fewer beds	32	40	74	44	12	14	1	–	217
more than 10 to 50 beds	116	50	62	32	51	5	–	2	318
more than 50 to 100 beds	27	21	10	3	8	1	–	1	71
more than 100 to 200 beds	22	20	8	10	3	1	–	1	65
more than 200 to 500 beds	19	16	10	5	4	1	1	1	57
more than 500 beds	9	4	6	2	2	1	1	–	25
Total	**225**	**151**	**170**	**96**	**80**	**23**	**3**	**5**	**753**
Proportion of total hospitals (%)									
10 or fewer beds	14.2	26.5	43.5	45.8	15.0	60.9	33.3	–	28.8
more than 10 to 50 beds	51.6	33.1	36.5	33.3	63.8	21.7	–	40.0	42.2
more than 50 to 100 beds	12.0	13.9	5.9	3.1	10.0	4.3	–	20.0	9.4
more than 100 beds	22.2	26.5	14.1	17.7	11.3	13.0	66.7	40.0	19.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of available beds									
10 or fewer beds	125	192	223	243	89	76	10	–	958
more than 10 to 50 beds	2 970	1 192	1 415	785	1 279	81	–	54	7 776
more than 50 to 100 beds	1 915	1 480	720	227	639	89	–	60	5 130
more than 100 to 200 beds	3 198	2 840	1 300	1 579	482	115	–	195	9 709
more than 200 to 500 beds	5 868	5 126	2 853	1 521	1 280	324	225	387	17 584
more than 500 beds	5 996	2 540	4 734	1 321	1 464	503	704	–	17 261
Total	**20 073**	**13 370**	**11 245**	**5 677**	**5 232**	**1 188**	**939**	**696**	**58 420**
Proportion of total beds (%)									
10 or fewer beds	0.6	1.4	2.0	4.3	1.7	6.4	1.1	0.0	1.6
more than 10 to 50 beds	14.8	8.9	12.6	13.8	24.4	6.8	0.0	7.8	13.3
more than 50 to 100 beds	9.5	11.1	6.4	4.0	12.2	7.5	0.0	8.6	8.8
more than 100 beds	75.0	78.6	79.0	77.9	61.7	79.3	98.9	83.6	76.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2012-13									
No. of hospitals									
10 or fewer beds	31	39	76	42	22	14	1	–	225
more than 10 to 50 beds	119	50	61	28	41	5	–	2	306

Table 11A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA* (f)	*Tas*	*ACT*	*NT*	*Aust*
more than 50 to 100 beds	26	23	8	3	8	1	–	1	70
more than 100 to 200 beds	21	18	8	10	3	1	–	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	–	1	–	24
Total	**225**	**150**	**170**	**90**	**80**	**23**	**3**	**5**	**746**
Proportion of total hospitals (%)									
10 or fewer beds	13.8	26.0	44.7	46.7	27.5	60.9	33.3	–	30.2
more than 10 to 50 beds	52.9	33.3	35.9	31.1	51.3	21.7	–	40.0	41.0
more than 50 to 100 beds	11.6	15.3	4.7	3.3	10.0	4.3	–	20.0	9.4
more than 100 beds	21.8	25.3	14.7	18.9	11.3	13.0	66.7	40.0	19.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of available beds									
10 or fewer beds	103	226	244	233	137	76	10	–	1 029
more than 10 to 50 beds	3 045	1 199	1 448	723	1 018	82	–	54	7 569
more than 50 to 100 beds	1 944	1 699	621	226	580	89	–	60	5 218
more than 100 to 200 beds	3 123	2 589	1 294	1 547	444	115	–	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	–	741	–	16 396
Total	**20 181**	**13 449**	**11 273**	**5 648**	**4 922**	**1 188**	**986**	**664**	**58 311**
Proportion of total beds (%)									
10 or fewer beds	0.5	1.7	2.2	4.1	2.8	6.4	1.0	–	1.8
more than 10 to 50 beds	15.1	8.9	12.8	12.8	20.7	6.9	–	8.1	13.0
more than 50 to 100 beds	9.6	12.6	5.5	4.0	11.8	7.5	–	9.0	8.9
more than 100 beds	74.8	76.8	79.5	79.1	64.8	79.2	99.0	82.8	76.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

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

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

(d) A change in definition of average available beds may affect comparison over time.

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

(f) In 2012-13 a large number of SA state-funded aged care beds in country hospitals 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. This has also resulted in hospitals shifting categories, there are more hospitals with 10 or fewer beds in 2012-13.

.. Not applicable. – Nil or rounded to zero.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.5 **Available beds per 1000 people, by region, public hospitals (including psychiatric) (number) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2003-04									
Metropolitan	2.7	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Rural	3.4	2.7	2.5	2.5	3.7	2.4	..	2.7	2.9
Remote	6.7	2.4	6.3	4.5	7.8	2.6	..	3.0	5.3
Total	**2.9**	**2.4**	**2.6**	**2.5**	**3.2**	**2.4**	**2.1**	**2.9**	**2.7**
2004-05									
Major cities	2.9	2.3	2.4	2.5	2.9	..	2.1	..	2.6
Regional	3.6	2.7	2.5	2.5	3.7	2.7	–	2.7	3.0
Remote	7.3	2.4	6.3	4.5	7.7	2.6	..	3.0	5.3
Total	**3.1**	**2.4**	**2.6**	**2.6**	**3.3**	**2.7**	**2.1**	**2.9**	**2.8**
2005-06									
Major cities	2.7	2.4	2.4	2.4	2.8	..	2.2	..	2.5
Regional	3.3	2.6	2.5	2.4	3.6	2.7	–	2.7	2.8
Remote	6.5	2.4	5.7	3.9	7.6	2.5	..	2.9	4.9
Total	**2.9**	**2.4**	**2.5**	**2.5**	**3.2**	**2.7**	**2.2**	**2.8**	**2.7**
2006-07									
Major cities	2.7	2.3	2.1	2.5	2.7	..	2.4	..	2.5
Regional	3.4	2.7	2.9	2.9	3.6	2.8	–	2.8	3.0
Remote	7.5	2.1	5.6	3.8	7.8	3.0	..	2.9	4.9
Total	**2.9**	**2.4**	**2.5**	**2.7**	**3.1**	**2.8**	**2.3**	**2.8**	**2.7**
2007-08									
Major cities	2.7	2.4	2.3	2.6	2.8	..	2.6	..	2.5
Regional	3.4	2.7	2.9	2.5	3.7	2.6	–	2.9	3.0
Remote	7.7	2.9	4.9	3.2	7.7	3.0	..	2.9	4.5
Total	**2.9**	**2.5**	**2.6**	**2.6**	**3.2**	**2.6**	**2.5**	**2.9**	**2.7**
2008-09									
Metropolitan	2.6	2.3	2.2	2.5	2.7	..	2.5	..	2.5
Rural	3.3	2.7	2.8	2.3	3.4	2.6	..	2.8	2.9
Remote	6.9	3.0	4.9	2.9	7.3	2.1	..	2.8	4.3
Total	**2.8**	**2.4**	**2.5**	**2.5**	**3.0**	**2.6**	**2.5**	**2.8**	**2.6**
2009-10									
Major cities	2.6	2.3	2.3	2.4	2.7	..	2.6	..	2.5
Regional	3.1	2.7	2.6	2.2	3.3	2.7	..	3.1	2.8
Remote	5.7	3.0	4.4	2.9	7.0	2.1	..	3.0	4.0
Total	**2.7**	**2.4**	**2.5**	**2.4**	**3.0**	**2.7**	**2.6**	**3.1**	**2.6**
2010-11									
Major cities	2.6	2.3	2.3	2.4	2.8	..	2.6	..	2.5
Regional	3.1	2.7	2.6	2.2	3.3	2.4	..	2.9	2.8
Remote	5.6	3.0	4.2	2.8	6.7	2.1	..	2.9	3.9
Total	**2.8**	**2.4**	**2.5**	**2.4**	**3.1**	**2.4**	**2.6**	**2.9**	**2.6**

Table 11A.5 **Available beds per 1000 people, by region, public hospitals (including psychiatric) (number) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2011-12									
Major cities	2.7	2.3	2.3	2.5	2.9	..	2.6	..	2.5
Regional	3.1	2.7	2.8	2.2	3.6	2.3	..	3.0	2.8
Remote	5.3	2.5	4.1	2.6	6.6	2.2	..	3.1	3.7
Total	**2.8**	**2.4**	**2.5**	**2.4**	**3.2**	**2.3**	**2.6**	**3.0**	**2.6**
2012-13									
Major cities	2.6	2.3	2.4	2.3	2.8	..	2.6	..	2.5
Regional	3.1	2.7	2.5	2.3	3.2	2.3	–	2.8	2.7
Remote	5.3	2.2	4.0	2.5	4.7	2.0	..	2.9	3.4
Total	**2.8**	**2.4**	**2.5**	**2.3**	**3.0**	**2.3**	**2.6**	**2.8**	**2.6**

(a) Population calculated based on a crude rate. Data need to be viewed in the context of the age and sex structure and morbidity and mortality of the population in each jurisdiction. The age and sex structure of the population in each jurisdiction is provided in the 'Statistical appendix' and mortality rates in the 'Health sector summary'.

(b) An ‘available bed’ is one that is immediately available for exclusive or predominate use by admitted patients. 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. Both occupied and unoccupied beds are included. 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 are excluded. Beds in wards that were closed for any reason (except weekend closures for beds/wards staffed and available on weekends only) are also excluded (National Health Data Dictionary, Version 14).

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

(d) In WA, beds available for public patients at Joondalup and Peel Health Campuses are included from 2006-07 figures but not in those for previous years.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.6 **Summary of separations, public hospitals (a)**

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT (c)	NT	Aust
2008-09										
Separations										
Public hospitals	no.	1 505 969	1 379 624	883 340	467 433	374 540	94 892	89 869	95 356	4 891 023
Public acute hospitals	no.	1 500 020	1 379 132	882 933	465 971	372 401	94 226	89 869	95 356	4 879 908
Public psychiatric hospitals	no.	5 949	492	407	1 462	2 139	666	..	..	11 115
Overnight separations										
Public hospitals	no.	844 105	590 087	440 246	227 217	206 420	45 360	41 176	35 533	2 430 144
Public acute hospitals	no.	838 343	589 596	439 839	225 833	204 644	44 700	41 176	35 533	2 419 664
Public psychiatric hospitals	no.	5 762	491	407	1 384	1 776	660	..	..	10 480
Same day separations										
Public hospitals	no.	661 864	789 537	443 094	240 216	168 120	49 532	48 693	59 823	2 460 879
Public acute hospitals	no.	661 677	789 536	443 094	240 138	167 757	49 526	48 693	59 823	2 460 244
Public psychiatric hospitals	no.	187	1	–	78	363	6	..	..	635
Same day separations (per cent of total)										
Public hospitals	%	43.9	57.2	50.2	51.4	44.9	52.2	54.2	62.7	50.3
Public acute hospitals	%	44.1	57.2	50.2	51.5	45.0	52.6	54.2	62.7	50.4
Public psychiatric hospitals	%	3.1	0.2	0.0	5.3	17.0	0.9	..	..	5.7
Separations per 1000 population (d)										
Public hospitals	no.	204.2	247.3	202.1	212.6	216.3	179.0	275.4	487.9	219.3
Public acute hospitals	no.	203.4	247.2	202.0	212.0	215.1	177.7	275.4	487.9	218.8
Public psychiatric hospitals	no.	0.9	0.1	0.1	0.7	1.3	1.3	..	..	0.5
2009-10										
Separations										
Public hospitals	no.	1 542 968	1 424 663	922 970	505 909	383 055	101 673	88 356	99 694	5 069 288
Public acute hospitals	no.	1 536 690	1 424 134	922 581	504 381	381 202	101 038	88 356	99 694	5 058 076
Public psychiatric hospitals	no.	6 278	529	389	1 528	1 853	635	..	..	11 212

Table 11A.6 **Summary of separations, public hospitals (a)**

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Overnight separations										
Public hospitals	no.	852 671	615 183	453 538	236 231	209 695	50 445	40 729	36 737	2 495 229
Public acute hospitals	no.	846 630	614 655	453 155	234 792	208 195	49 826	40 729	36 737	2 484 719
Public psychiatric hospitals	no.	6 041	528	383	1 439	1 500	619	..	..	10 510
Same day separations										
Public hospitals	no.	690 297	809 480	469 432	269 678	173 360	51 228	47 627	62 957	2 574 059
Public acute hospitals	no.	690 060	809 479	469 426	269 589	173 007	51 212	47 627	62 957	2 573 357
Public psychiatric hospitals	no.	237	1	6	89	353	16	..	..	702
Same day separations (per cent of total)										
Public hospitals	%	44.7	56.8	50.9	53.3	45.3	50.4	53.9	63.2	50.8
Public acute hospitals	%	44.9	56.8	50.9	53.4	45.4	50.7	53.9	63.2	50.9
Public psychiatric hospitals	%	3.8	0.2	1.5	5.8	19.1	2.5	..	..	6.3
Separations per 1000 population (d)										
Public hospitals	no.	204.3	248.8	204.8	222.8	217.3	188.0	263.6	486.8	221.4
Public acute hospitals	no.	203.4	248.7	204.7	222.1	216.2	186.7	263.6	486.8	220.9
Public psychiatric hospitals	no.	0.9	0.1	0.1	0.7	1.1	1.2	..	..	0.5
2010-11										
Separations										
Public hospitals	no.	1 582 804	1 496 041	964 349	548 272	390 154	99 333	93 745	104 434	5 279 132
Public acute hospitals	no.	1 576 866	1 495 555	964 025	546 785	388 483	99 118	93 745	104 434	5 269 011
Public psychiatric hospitals	no.	5 938	486	324	1 487	1 671	215	..	..	10 121
Overnight separations										
Public hospitals	no.	875 005	645 995	472 812	255 849	212 421	49 703	43 849	38 350	2 593 984
Public acute hospitals	no.	869 273	645 515	472 492	254 433	211 101	49 496	43 849	38 350	2 584 509
Public psychiatric hospitals	no.	5 732	480	320	1 416	1 320	207	..	..	9 475
Same day separations										

Table 11A.6 **Summary of separations, public hospitals (a)**

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Public hospitals	no.	707 799	850 046	491 537	292 423	177 733	49 630	49 896	66 084	2 685 148
Public acute hospitals	no.	707 593	850 040	491 533	292 352	177 382	49 622	49 896	66 084	2 684 502
Public psychiatric hospitals	no.	206	6	4	71	351	8	..	..	646
Same day separations (per cent of total)										
Public hospitals	%	44.7	56.8	51.0	53.3	45.6	50.0	53.2	63.3	50.9
Public acute hospitals	%	44.9	56.8	51.0	53.5	45.7	50.1	53.2	63.3	50.9
Public psychiatric hospitals	%	3.5	1.2	1.2	4.8	21.0	3.7	..	..	6.4
Separations per 1000 population (d)										
Public hospitals	no.	205.7	255.7	209.4	235.2	217.2	181.4	272.3	504.5	225.9
Public acute hospitals	no.	204.8	255.6	209.3	234.6	216.2	180.9	272.3	504.5	225.5
Public psychiatric hospitals	no.	0.8	0.1	0.1	0.6	1.0	0.5	0.0	0.0	0.5
2011-12										
Separations										
Public hospitals	no.	1 660 602	1 543 773	1 001 215	588 143	407 315	99 632	97 455	113 357	5 511 492
Public acute hospitals	no.	1 655 276	1 543 310	1 000 832	586 745	405 462	99 276	97 455	113 357	5 501 713
Public psychiatric hospitals	no.	5 326	463	383	1 398	1 853	356	..	..	9 779
Overnight separations										
Public hospitals	no.	924 308	660 844	496 615	270 866	218 944	49 120	45 138	38 864	2 704 699
Public acute hospitals	no.	919 191	660 387	496 235	269 498	217 482	48 772	45 138	38 864	2 695 567
Public psychiatric hospitals	no.	5 117	457	380	1 368	1 462	348	–	–	9 132
Same day separations										
Public hospitals	no.	736 294	882 929	504 600	317 277	188 371	50 512	52 317	74 493	2 806 793
Public acute hospitals	no.	736 085	882 923	504 597	317 247	187 980	50 504	52 317	74 493	2 806 146
Public psychiatric hospitals	no.	209	6	3	30	391	8	..	..	647
Same day separations (per cent of total)										
Public hospitals	%	44.3	57.2	50.4	53.9	46.2	50.7	53.7	65.7	50.9

Table 11A.6 **Summary of separations, public hospitals (a)**

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Public acute hospitals	%	44.5	57.2	50.4	54.1	46.4	50.9	53.7	65.7	51.0
Public psychiatric hospitals	%	3.9	1.3	0.8	2.1	21.1	2.2	..	..	6.6
Separations per 1000 population (d)										
Public hospitals	no.	216.1	264.9	220.3	248.8	227.6	179.9	278.8	544.7	236.4
Public acute hospitals	no.	215.3	264.8	220.2	248.2	226.5	179.2	278.8	544.7	236.0
Public psychiatric hospitals	no.	0.8	0.1	0.1	0.6	1.1	0.7	0.0	0.0	0.4
2012-13										
Separations										
Public hospitals	no.	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	no.	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	no.	5 370	444	519	1 310	1 517	1 095	..	..	10 255
Overnight separations										
Public hospitals	no.	947 449	641 888	520 905	279 791	222 508	50 532	44 624	38 818	2 746 515
Public acute hospitals	no.	942 265	641 446	520 432	278 502	221 256	49 453	44 624	38 818	2 736 796
Public psychiatric hospitals	no.	5 184	442	473	1 289	1 252	1 079	..	..	9 719
Same day separations										
Public hospitals	no.	769 340	787 565	523 106	327 018	191 248	55 826	50 088	79 489	2 783 680
Public acute hospitals	no.	769 154	787 563	523 060	326 997	190 983	55 810	50 088	79 489	2 783 144
Public psychiatric hospitals	no.	186	2	46	21	265	16	..	..	536
Same day separations (per cent 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
Separations per 1000 population (d)										
Public hospitals	no.	219.6	239.5	224.3	247.9	228.0	189.5	263.7	561.6	232.1
Public acute hospitals	no.	218.9	239.5	224.2	247.3	227.1	187.4	263.7	561.6	231.6

Table 11A.6 **Summary of separations, public hospitals (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT (c)*	*NT*	*Aust*
Public psychiatric hospitals	no.	0.8	0.1	0.1	0.5	0.9	2.1	..	..	0.5

(a) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(b) There was a change in Victorian admission policy from 1 July 2012 that has impacted the separation time series.

(c) Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly the case for the ACT. In 2009–10, about 23 per cent of separations for ACT hospitals were for patients who resided in NSW.

(d) Figures are directly age-standardised to the June 2001 Australian population.

.. Not applicable.

Source: AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.7 Separations, public (non-psychiatric) hospitals (a)

	Unit	NSW	Vic (b)	Qld	WA (c)	SA (d)	Tas	ACT	NT	Aust
Total separations (no.)										
2003-04	'000	1 314	1 187	721	366	377	81	69	70	4 183
2004-05	'000	1 333	1 223	733	382	363	86	64	76	4 261
2005-06	'000	1 409	1 272	750	393	376	94	72	83	4 451
2006-07	'000	1 451	1 314	784	449	389	97	76	86	4 646
2007-08	'000	1 457	1 351	832	457	366	96	81	90	4 729
2008-09	'000	1 500	1 379	883	466	372	94	90	95	4 880
2009-10	'000	1 537	1 424	923	504	381	101	88	100	5 058
2010-11	'000	1 577	1 496	964	547	388	99	94	104	5 269
2011-12	'000	1 655	1 543	1 001	587	405	99	97	113	5 502
2012-13	'000	1 711	1 429	1 043	605	412	105	95	118	5 520
Overnight separations (no.)										
2003-04	'000	751	535	370	184	189	40	30	29	2 129
2004-05	'000	756	545	377	188	191	45	30	31	2 164
2005-06	'000	792	561	383	194	192	48	33	34	2 237
2006-07	'000	814	577	398	213	197	48	35	34	2 315
2007-08	'000	819	584	424	221	203	45	37	34	2 368
2008-09	'000	838	590	440	226	205	45	41	36	2 420
2009-10	'000	847	615	453	235	208	50	41	37	2 485
2010-11	'000	869	646	472	254	211	49	44	38	2 585
2011-12	'000	919	660	496	269	217	49	45	39	2 696
2012-13	'000	942	641	520	279	221	49	45	39	2 737
Same day separations (no.)										
2003-04	'000	562	652	351	181	187	40	39	41	2 054
2004-05	'000	577	678	356	193	172	42	34	45	2 097
2005-06	'000	617	711	367	200	184	46	39	50	2 214
2006-07	'000	637	737	386	236	192	49	41	52	2 331
2007-08	'000	638	767	408	235	163	51	44	56	2 362
2008-09	'000	662	790	443	240	168	50	49	60	2 460
2009-10	'000	690	809	469	270	173	51	48	63	2 573
2010-11	'000	708	850	492	292	177	50	50	66	2 685
2011-12	'000	736	883	505	317	188	51	52	74	2 806
2012-13	'000	769	788	523	327	191	56	50	79	2 783
Same day separations as a percentage of total separations (%)										
2003-04	%	42.8	55.0	48.7	49.6	49.8	49.9	56.5	58.2	49.1
2004-05	%	43.3	55.4	48.6	50.6	47.4	48.3	53.1	59.2	49.2
2005-06	%	43.8	55.9	48.9	50.8	48.9	49.0	54.7	59.6	49.7
2006-07	%	43.9	56.1	49.2	52.6	49.4	50.5	54.4	60.6	50.2
2007-08	%	43.8	56.8	49.0	51.5	44.6	52.8	54.0	62.0	49.9
2008-09	%	44.1	57.2	50.2	51.5	45.0	52.6	54.2	62.7	50.4
2009-10	%	44.9	56.8	50.9	53.4	45.4	50.7	53.9	63.2	50.9

Table 11A.7 **Separations, public (non-psychiatric) hospitals (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA* (c)	*SA* (d)	*Tas*	*ACT*	*NT*	*Aust*
2010-11	%	44.9	56.8	51.0	53.5	45.7	50.1	53.2	63.3	50.9
2011-12	%	44.5	57.2	50.4	54.1	46.4	50.9	53.7	65.7	51.0
2012-13	%	44.9	55.1	50.1	54.0	46.3	53.0	52.9	67.2	50.4
Total separations (rate per 1000) (e)										
2003-04	no.	191.1	235.0	189.2	190.2	234.2	162.4	235.6	428.9	206.8
2004-05	no.	191.6	238.2	187.9	194.4	224.0	172.2	214.4	456.2	207.3
2005-06	no.	199.8	243.7	187.9	195.7	228.4	185.8	238.4	483.0	212.8
2006-07	no.	204.4	246.6	190.1	217.7	231.5	187.5	244.8	480.1	218.0
2007-08	no.	201.4	247.7	195.6	214.3	215.1	182.7	256.1	486.4	216.9
2008-09	no.	203.4	247.2	202.0	212.0	215.1	177.7	275.4	487.9	218.8
2009-10	no.	203.4	248.7	204.7	222.1	216.2	186.7	263.6	486.8	220.9
2010-11	no.	204.8	255.6	209.3	234.6	216.2	180.9	272.3	504.5	225.5
2011-12	no.	215.3	264.8	220.2	248.2	226.5	179.2	278.8	544.7	236.0
2012-13	no.	218.9	239.5	224.2	247.3	227.1	187.4	263.7	561.6	231.6

(a) Excludes separations for which the care type was reported as ‘newborn with no qualified days’ and records for hospital boarders and posthumous organ procurement.

(b) There was a change in Victorian admission policy from 1 July 2012 that has impacted the separation time series.

(c) In WA, separations for public patients at Joondalup and Peel Health Campuses are included from 2006-07 figures but not in those for previous years.

(d) In SA as of 1 July 2007, all sameday chemotherapy and scopes patients were treated on an outpatient basis. This resulted in a drop in sameday inpatient activity from 2007-08 onwards. In addition to this flexible bronchoscopy patients were treated as outpatients from 1 July 2009.

(e) Rates per 1000 people are directly age standardised to the Australian population at June 2001.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2009-10									
Same-day separations									
Childbirth	2 334	1 021	1 794	666	468	155	309	192	6 939
Specialist mental health	4 390	434	4 718	582	776	16	166	71	11 153
Emergency									
Surgical	7 525	5 687	2 414	1 997	1 238	204	691	123	19 879
Medical	128 936	145 428	109 633	40 892	31 604	2 231	8 343	7 638	474 705
Other	1 867	939	555	553	186	184	106	22	4 412
Non-emergency									
Surgical	96 644	109 687	52 775	35 500	34 771	8 143	4 314	3 797	345 631
Medical	385 232	464 083	263 294	152 675	96 096	33 425	30 648	49 879	1 475 332
Other	63 369	82 201	34 249	36 813	8 221	6 870	3 050	1 235	236 008
Total same-day separations	690 297	809 480	469 432	269 678	173 360	51 228	47 627	62 957	2 574 059
Overnight separations									
Childbirth	69 348	50 358	40 566	19 561	13 928	3 838	3 740	2 821	204 160
Specialist mental health	30 667	19 306	17 123	9 031	6 943	619	1 191	795	85 675
Emergency									
Surgical	70 281	52 069	34 513	24 027	17 436	2 287	5 085	3 801	209 499
Medical	436 052	282 606	223 399	119 018	110 609	10 319	16 405	20 753	1 219 161
Other	19 051	12 540	7 327	5 109	4 802	501	936	830	51 096
Non-emergency									
Surgical	97 915	92 884	61 491	30 427	28 656	9 862	5 496	2 638	329 369
Medical	122 923	99 073	64 351	27 680	25 212	21 904	7 696	4 825	373 664
Other	6 434	6 347	4 768	1 378	2 109	1 115	180	274	22 605
Total overnight separations	852 671	615 183	453 538	236 231	209 695	50 445	40 729	36 737	2 495 229

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total seperations									
Childbirth	71 682	51 379	42 360	20 227	14 396	3 993	4 049	3 013	211 099
Specialist mental health	35 057	19 740	21 841	9 613	7 719	635	1 357	866	96 828
Emergency									
Surgical	77 806	57 756	36 927	26 024	18 674	2 491	5 776	3 924	229 378
Medical	564 988	428 034	333 032	159 910	142 213	12 550	24 748	28 391	1 693 866
Other	20 918	13 479	7 882	5 662	4 988	685	1 042	852	55 508
Non-emergency									
Surgical	194 559	202 571	114 266	65 927	63 427	18 005	9 810	6 435	675 000
Medical	508 155	563 156	327 645	180 355	121 308	55 329	38 344	54 704	1 848 996
Other	69 803	88 548	39 017	38 191	10 330	7 985	3 230	1 509	258 613
Total	**1 542 968**	**1 424 663**	**922 970**	**505 909**	**383 055**	**101 673**	**88 356**	**99 694**	**5 069 288**
Same day separations (% of total separations)									
Childbirth	3.3	2.0	4.2	3.3	3.3	3.9	7.6	6.4	3.3
Specialist mental health	12.5	2.2	21.6	6.1	10.1	2.5	12.2	8.2	11.5
Emergency									
Surgical	9.7	9.8	6.5	7.7	6.6	8.2	12.0	3.1	8.7
Medical	22.8	34.0	32.9	25.6	22.2	17.8	33.7	26.9	28.0
Other	8.9	7.0	7.0	9.8	3.7	26.9	10.2	2.6	7.9
Non-emergency									
Surgical	49.7	54.1	46.2	53.8	54.8	45.2	44.0	59.0	51.2
Medical	75.8	82.4	80.4	84.7	79.2	60.4	79.9	91.2	79.8
Other	90.8	92.8	87.8	96.4	79.6	86.0	94.4	81.8	91.3

Table 11A.8 Same-day and overnight separations by broad category of service, public hospitals (a)

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2010-11									
Same-day separations									
Childbirth	2 521	1 053	2 018	604	485	139	295	172	7 287
Specialist mental health	4 054	478	4 689	461	790	7	131	31	10 641
Emergency									
Surgical	7 389	5 907	2 480	2 224	1 246	434	842	164	20 686
Medical	126 629	171 859	113 517	53 409	32 461	3 523	8 679	8 204	518 281
Other	1 585	677	529	588	245	125	124	13	3 886
Non-emergency									
Surgical	99 826	109 628	54 476	37 527	35 393	7 389	4 477	3 890	352 606
Medical	395 545	469 718	277 515	157 769	98 613	30 203	31 761	52 110	1 513 234
Other	70 250	90 726	36 313	39 841	8 500	7 810	3 587	1 500	258 527
Total same-day separations	707 799	850 046	491 537	292 423	177 733	49 630	49 896	66 084	2 685 148
Overnight separations									
Childbirth	69 745	51 012	40 436	20 253	14 098	3 877	3 836	2 876	206 133
Specialist mental health	31 383	19 788	17 609	9 851	7 723	2 166	1 214	832	90 566
Emergency									
Surgical	72 491	54 112	37 342	25 808	18 292	5 337	5 535	4 238	223 155
Medical	454 462	300 851	236 543	130 372	110 240	20 886	18 536	22 058	1 293 948
Other	19 670	12 367	7 891	5 623	4 819	1 326	1 019	850	53 565
Non-emergency									
Surgical	100 550	94 549	62 142	32 440	29 169	7 109	5 935	2 615	334 509
Medical	120 144	106 682	65 653	30 036	26 001	8 538	7 582	4 626	369 262
Other	6 560	6 634	5 196	1 466	2 079	464	192	255	22 846
Total overnight separations	875 005	645 995	472 812	255 849	212 421	49 703	43 849	38 350	2 593 984

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total seperations									
Childbirth	72 266	52 065	42 454	20 857	14 583	4 016	4 131	3 048	213 420
Specialist mental health	35 437	20 266	22 298	10 312	8 513	2 173	1 345	863	101 207
Emergency									
Surgical	79 880	60 019	39 822	28 032	19 538	5 771	6 377	4 402	243 841
Medical	581 091	472 710	350 060	183 781	142 701	24 409	27 215	30 262	1 812 229
Other	21 255	13 044	8 420	6 211	5 064	1 451	1 143	863	57 451
Non-emergency									
Surgical	200 376	204 177	116 618	69 967	64 562	14 498	10 412	6 505	687 115
Medical	515 689	576 400	343 168	187 805	124 614	38 741	39 343	56 736	1 882 496
Other	76 810	97 360	41 509	41 307	10 579	8 274	3 779	1 755	281 373
Total	**1 582 804**	**1 496 041**	**964 349**	**548 272**	**390 154**	**99 333**	**93 745**	**104 434**	**5 279 132**
Same day separations (% of total separations)									
Childbirth	3.5	2.0	4.8	2.9	3.3	3.5	7.1	5.6	3.4
Specialist mental health	11.4	2.4	21.0	4.5	9.3	0.3	9.7	3.6	10.5
Emergency									
Surgical	9.3	9.8	6.2	7.9	6.4	7.5	13.2	3.7	8.5
Medical	21.8	36.4	32.4	29.1	22.7	14.4	31.9	27.1	28.6
Other	7.5	5.2	6.3	9.5	4.8	8.6	10.8	1.5	6.8
Non-emergency									
Surgical	49.8	53.7	46.7	53.6	54.8	51.0	43.0	59.8	51.3
Medical	76.7	81.5	80.9	84.0	79.1	78.0	80.7	91.8	80.4
Other	91.5	93.2	87.5	96.5	80.3	94.4	94.9	85.5	91.9

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2011-12									
Same-day separations									
Childbirth	2 921	1 104	2 070	673	564	124	369	209	8 034
Specialist mental health	8 351	930	4 856	491	1 180	5	101	53	15 967
Emergency									
Surgical	8 436	6 486	2 494	2 372	1 298	522	656	139	22 403
Medical	133 043	182 590	124 801	63 325	34 079	3 559	9 847	9 210	560 454
Other	1 873	762	734	588	231	119	133	17	4 457
Non-emergency									
Surgical	102 433	108 908	55 086	38 606	36 677	8 120	4 674	4 004	358 508
Medical	409 794	492 295	282 218	170 483	105 379	30 260	32 984	58 879	1 582 292
Other	69 443	89 854	32 341	40 739	8 963	7 803	3 553	1 982	254 678
Total same-day separations	736 294	882 929	504 600	317 277	188 371	50 512	52 317	74 493	2 806 793
Overnight separations									
Childbirth	69 968	53 259	41 364	20 943	14 581	3 731	4 040	2 983	210 869
Specialist mental health	32 074	20 562	18 626	10 059	7 640	2 169	1 343	857	93 330
Emergency									
Surgical	76 568	56 058	40 147	26 938	18 950	5 381	5 944	4 491	234 477
Medical	469 321	308 907	247 201	139 147	112 626	22 154	19 924	22 416	1 341 696
Other	20 473	12 655	8 398	5 781	4 954	1 245	1 108	893	55 507
Non-emergency									
Surgical	102 891	92 821	63 338	33 019	29 735	6 460	5 822	2 645	336 731
Medical	146 616	110 235	71 888	33 398	28 225	7 568	6 762	4 270	408 962
Other	6 397	6 347	5 653	1 581	2 233	412	195	309	23 127
Total overnight separations	924 308	660 844	496 615	270 866	218 944	49 120	45 138	38 864	2 704 699

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total seperations									
Childbirth	72 889	54 363	43 434	21 616	15 145	3 855	4 409	3 192	218 903
Specialist mental health	40 425	21 492	23 482	10 550	8 820	2 174	1 444	910	109 297
Emergency									
Surgical	85 004	62 544	42 641	29 310	20 248	5 903	6 600	4 630	256 880
Medical	602 364	491 497	372 002	202 472	146 705	25 713	29 771	31 626	1 902 150
Other	22 346	13 417	9 132	6 369	5 185	1 364	1 241	910	59 964
Non-emergency									
Surgical	205 324	201 729	118 424	71 625	66 412	14 580	10 496	6 649	695 239
Medical	556 410	602 530	354 106	203 881	133 604	37 828	39 746	63 149	1 991 254
Other	75 840	96 201	37 994	42 320	11 196	8 215	3 748	2 291	277 805
Total	**1 660 602**	**1 543 773**	**1 001 215**	**588 143**	**407 315**	**99 632**	**97 455**	**113 357**	**5 511 492**
Same day separations (% of total separations)									
Childbirth	4.0	2.0	4.8	3.1	3.7	3.2	8.4	6.5	3.7
Specialist mental health	20.7	4.3	20.7	4.7	13.4	0.2	7.0	5.8	14.6
Emergency									
Surgical	9.9	10.4	5.8	8.1	6.4	8.8	9.9	3.0	8.7
Medical	22.1	37.1	33.5	31.3	23.2	13.8	33.1	29.1	29.5
Other	8.4	5.7	8.0	9.2	4.5	8.7	10.7	1.9	7.4
Non-emergency									
Surgical	49.9	54.0	46.5	53.9	55.2	55.7	44.5	60.2	51.6
Medical	73.6	81.7	79.7	83.6	78.9	80.0	83.0	93.2	79.5
Other	91.6	93.4	85.1	96.3	80.1	95.0	94.8	86.5	91.7

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2012-13									
Same-day separations									
Childbirth	2 986	1 263	2 402	742	619	193	459	172	8 836
Specialist mental health	7 982	1 782	4 382	453	936	8	115	54	15 712
Emergency									
Surgical	8 614	5 183	2 747	2 244	1 469	621	733	130	21 741
Medical	144 356	82 596	160 619	63 585	37 051	4 479	9 617	9 915	512 218
Other	2 257	677	946	684	242	137	106	10	5 059
Non-emergency									
Surgical	104 578	108 729	55 371	40 481	36 417	7 958	4 929	4 345	362 808
Medical	428 746	497 409	268 829	176 215	105 138	35 621	30 183	62 570	1 604 711
Other	69 821	89 926	27 810	42 614	9 376	6 809	3 946	2 293	252 595
Total same-day separations	769 340	787 565	523 106	327 018	191 248	55 826	50 088	79 489	2 783 680
Overnight separations									
Childbirth	70 511	54 836	41 693	22 043	14 883	3 650	4 340	3 022	214 978
Specialist mental health	33 461	21 596	19 923	10 878	6 835	2 913	1 438	949	97 993
Emergency									
Surgical	77 439	56 624	42 864	27 707	19 213	5 200	5 789	4 303	239 139
Medical	481 991	286 679	265 820	142 674	115 703	23 095	19 479	22 127	1 357 568
Other	21 019	13 040	9 698	6 097	4 949	1 370	1 163	1 036	58 372
Non-emergency									
Surgical	104 352	92 269	61 634	33 778	28 808	6 351	5 675	2 825	335 692
Medical	151 938	110 432	74 368	35 034	30 032	7 562	6 530	4 261	420 157
Other	6 738	6 412	4 905	1 580	2 085	391	210	295	22 616
Total overnight separations	947 449	641 888	520 905	279 791	222 508	50 532	44 624	38 818	2 746 515

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total seperations									
Childbirth	73 497	56 099	44 095	22 785	15 502	3 843	4 799	3 194	223 814
Specialist mental health	41 443	23 378	24 305	11 331	7 771	2 921	1 553	1 003	113 705
Emergency									
Surgical	86 053	61 807	45 611	29 951	20 682	5 821	6 522	4 433	260 880
Medical	626 347	369 275	426 439	206 259	152 754	27 574	29 096	32 042	1 869 786
Other	23 276	13 717	10 644	6 781	5 191	1 507	1 269	1 046	63 431
Non-emergency									
Surgical	208 930	200 998	117 005	74 259	65 225	14 309	10 604	7 170	698 500
Medical	580 684	607 841	343 197	211 249	135 170	43 183	36 713	66 831	2 024 868
Other	76 559	96 338	32 715	44 194	11 461	7 200	4 156	2 588	275 211
Total	**1 716 789**	**1 429 453**	**1 044 011**	**606 809**	**413 756**	**106 358**	**94 712**	**118 307**	**5 530 195**
Same day separations (% of total separations)									
Childbirth	4.1	2.3	5.4	3.3	4.0	5.0	9.6	5.4	3.9
Specialist mental health	19.3	7.6	18.0	4.0	12.0	0.3	7.4	5.4	13.8
Emergency									
Surgical	10.0	8.4	6.0	7.5	7.1	10.7	11.2	2.9	8.3
Medical	23.0	22.4	37.7	30.8	24.3	16.2	33.1	30.9	27.4
Other	9.7	4.9	8.9	10.1	4.7	9.1	8.4	1.0	8.0
Non-emergency									
Surgical	50.1	54.1	47.3	54.5	55.8	55.6	46.5	60.6	51.9
Medical	73.8	81.8	78.3	83.4	77.8	82.5	82.2	93.6	79.3
Other	91.2	93.3	85.0	96.4	81.8	94.6	94.9	88.6	91.8

Table 11A.8 **Same-day and overnight separations by broad category of service, public hospitals (a)**

	NSW	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

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

(b) There was a change in Victorian admission policy from 1 July 2012 that has impacted the separation time series.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.9 Separations in public hospitals, by age group (a)

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT	NT	Aust
2008-09										
Age group										
Under 1	'000	47.4	29.4	23.5	10.3	9.2	2.1	2.2	2.5	126.5
1 to 4	'000	46.3	32.7	29.1	13.6	12.1	2.0	2.0	3.1	141.0
5 to 14	'000	57.3	44.8	39.4	18.6	13.3	3.3	3.0	3.3	182.9
15 to 24	'000	105.1	93.5	80.7	37.6	29.0	7.7	6.4	7.7	367.7
25 to 34	'000	154.3	142.3	102.5	49.7	37.6	9.5	9.6	10.5	515.9
35 to 44	'000	144.2	144.8	94.2	51.8	40.1	10.0	10.1	16.4	511.7
45 to 54	'000	159.2	161.8	108.3	59.2	42.4	12.9	9.6	20.7	574.1
55 to 64	'000	194.3	203.4	128.5	68.0	48.5	14.3	14.5	18.6	690.0
65 to 74	'000	237.9	231.1	128.7	71.1	54.8	15.1	14.0	9.5	762.3
75 to 84	'000	252.6	219.3	109.1	63.9	62.2	12.9	13.5	2.5	735.8
85 and over	'000	107.4	76.5	39.4	23.7	25.4	5.1	5.0	0.5	283.0
Total	'000	1 506.0	1 379.6	883.3	467.4	374.5	94.9	89.9	95.4	4 891.0
Proportion of total separations										
Under 1	%	3.1	2.1	2.7	2.2	2.4	2.2	2.4	2.6	2.6
1 to 4	%	3.1	2.4	3.3	2.9	3.2	2.1	2.2	3.3	2.9
5 to 14	%	3.8	3.3	4.5	4.0	3.5	3.5	3.3	3.4	3.7
15 to 24	%	7.0	6.8	9.1	8.1	7.7	8.1	7.2	8.1	7.5
25 to 34	%	10.2	10.3	11.6	10.6	10.0	10.0	10.7	11.0	10.5
35 to 44	%	9.6	10.5	10.7	11.1	10.7	10.5	11.3	17.2	10.5
45 to 54	%	10.6	11.7	12.3	12.7	11.3	13.6	10.7	21.8	11.7
55 to 64	%	12.9	14.7	14.5	14.5	12.9	15.1	16.1	19.5	14.1
65 to 74	%	15.8	16.8	14.6	15.2	14.6	15.9	15.5	10.0	15.6
75 to 84	%	16.8	15.9	12.4	13.7	16.6	13.6	15.0	2.6	15.0
85 and over	%	7.1	5.5	4.5	5.1	6.8	5.3	5.6	0.5	5.8
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2009-10										
Age group										
Under 1	'000	46.9	27.3	23.5	10.7	9.2	2.9	2.2	2.8	125.4
1 to 4	'000	47.0	33.1	30.6	14.6	12.2	2.3	1.9	2.9	144.6
5 to 14	'000	58.2	45.2	39.0	18.3	14.0	3.4	3.1	3.2	184.4
15 to 24	'000	104.8	95.5	80.6	39.1	29.5	7.5	6.2	7.5	370.8
25 to 34	'000	154.8	142.5	104.3	52.4	37.7	9.2	9.6	10.7	521.1
35 to 44	'000	145.8	147.0	97.9	54.4	39.3	10.3	9.5	17.4	521.6
45 to 54	'000	161.3	171.2	114.1	64.8	43.0	13.7	9.5	22.3	599.9
55 to 64	'000	203.5	211.9	135.8	75.8	49.9	15.4	14.0	20.9	727.2
65 to 74	'000	247.6	242.5	138.2	77.7	56.9	16.8	14.2	9.1	802.9
75 to 84	'000	259.9	227.3	116.8	71.3	64.2	14.6	12.9	2.2	769.2

Table 11A.9 Separations in public hospitals, by age group (a)

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT	NT	Aust
85 and over	'000	113.3	81.2	42.3	26.8	27.3	5.4	5.4	0.5	302.2
Total	'000	1 543.0	1 424.7	923.0	505.9	383.1	101.7	88.4	99.7	5 069.3
Proportion of total separations										
Under 1	%	3.0	1.9	2.5	2.1	2.4	2.9	2.5	2.8	2.5
1 to 4	%	3.0	2.3	3.3	2.9	3.2	2.3	2.2	2.9	2.9
5 to 14	%	3.8	3.2	4.2	3.6	3.7	3.4	3.5	3.2	3.6
15 to 24	%	6.8	6.7	8.7	7.7	7.7	7.4	7.0	7.6	7.3
25 to 34	%	10.0	10.0	11.3	10.4	9.8	9.0	10.9	10.7	10.3
35 to 44	%	9.5	10.3	10.6	10.7	10.3	10.2	10.7	17.4	10.3
45 to 54	%	10.5	12.0	12.4	12.8	11.2	13.5	10.7	22.4	11.8
55 to 64	%	13.2	14.9	14.7	15.0	13.0	15.2	15.8	21.0	14.3
65 to 74	%	16.0	17.0	15.0	15.4	14.9	16.5	16.1	9.2	15.8
75 to 84	%	16.8	16.0	12.7	14.1	16.8	14.4	14.5	2.3	15.2
85 and over	%	7.3	5.7	4.6	5.3	7.1	5.3	6.2	0.5	6.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2010-11										
Age group										
Under 1	'000	40.8	28.4	23.5	12.2	9.1	2.3	2.3	2.6	121.3
1 to 4	'000	47.3	34.6	29.5	16.3	11.7	2.2	2.1	2.9	146.5
5 to 14	'000	59.2	47.2	38.4	20.9	13.4	3.2	3.4	3.3	189.0
15 to 24	'000	106.0	101.7	81.8	42.8	28.8	7.0	7.0	8.1	383.1
25 to 34	'000	157.5	150.8	105.7	56.3	38.3	9.2	10.0	11.9	539.7
35 to 44	'000	146.5	153.5	101.6	58.5	37.5	10.0	10.4	17.3	535.3
45 to 54	'000	166.1	176.1	119.0	68.9	44.0	13.2	10.0	23.2	620.5
55 to 64	'000	209.2	224.1	143.8	82.1	52.6	15.0	14.1	21.8	762.5
65 to 74	'000	256.6	251.1	150.4	83.8	58.3	17.0	15.4	10.1	842.8
75 to 84	'000	269.4	239.5	124.0	75.6	66.3	14.9	12.8	2.8	805.2
85 and over	'000	124.3	89.0	46.5	30.9	30.1	5.4	6.3	0.5	333.1
Total	'000	1 582.7	1 496.0	964.3	548.3	390.2	99.3	93.7	104.4	5 279.0
Proportion of total separations										
Under 1	%	2.6	1.9	2.4	2.2	2.3	2.3	2.5	2.5	2.3
1 to 4	%	3.0	2.3	3.1	3.0	3.0	2.2	2.2	2.8	2.8
5 to 14	%	3.7	3.2	4.0	3.8	3.4	3.2	3.6	3.1	3.6
15 to 24	%	6.7	6.8	8.5	7.8	7.4	7.1	7.4	7.7	7.3
25 to 34	%	10.0	10.1	11.0	10.3	9.8	9.3	10.7	11.4	10.2
35 to 44	%	9.3	10.3	10.5	10.7	9.6	10.0	11.1	16.6	10.1
45 to 54	%	10.5	11.8	12.3	12.6	11.3	13.3	10.6	22.2	11.8
55 to 64	%	13.2	15.0	14.9	15.0	13.5	15.1	15.0	20.8	14.4
65 to 74	%	16.2	16.8	15.6	15.3	15.0	17.1	16.4	9.7	16.0

Table 11A.9 Separations in public hospitals, by age group (a)

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT	NT	Aust
75 to 84	%	17.0	16.0	12.9	13.8	17.0	15.0	13.6	2.7	15.3
85 and over	%	7.9	6.0	4.8	5.6	7.7	5.4	6.7	0.5	6.3
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2011-12										
Age group										
Under 1	'000	61.9	29.8	24.8	13.2	9.2	2.5	2.4	2.6	146.5
1 to 4	'000	46.9	34.5	29.9	16.6	11.7	2.1	2.3	3.0	147.0
5 to 14	'000	61.0	47.9	40.3	21.9	14.0	3.2	3.2	3.6	195.1
15 to 24	'000	108.4	105.9	86.2	43.9	29.7	6.7	7.1	8.7	396.5
25 to 34	'000	160.8	157.4	113.4	61.5	39.8	8.9	10.7	12.7	565.1
35 to 44	'000	150.1	155.9	104.1	62.3	38.5	10.1	10.9	19.0	550.9
45 to 54	'000	168.4	178.9	123.3	74.0	47.4	12.8	10.9	24.5	640.2
55 to 64	'000	219.3	228.4	145.0	87.5	55.1	15.2	14.0	24.9	789.4
65 to 74	'000	270.6	265.2	154.0	89.0	60.1	17.2	16.1	10.7	883.0
75 to 84	'000	280.9	245.0	130.2	82.5	69.9	15.6	12.9	3.0	839.9
85 and over	'000	132.3	94.9	50.1	35.8	31.9	5.3	7.0	0.6	357.9
Total	'000	1 660.6	1 543.8	1 001.2	588.1	407.3	99.6	97.5	113.4	5 511.5
Proportion of total separations										
Under 1	%	3.7	1.9	2.5	2.2	2.3	2.5	2.5	2.3	2.7
1 to 4	%	2.8	2.2	3.0	2.8	2.9	2.1	2.4	2.6	2.7
5 to 14	%	3.7	3.1	4.0	3.7	3.4	3.3	3.3	3.2	3.5
15 to 24	%	6.5	6.9	8.6	7.5	7.3	6.7	7.2	7.7	7.2
25 to 34	%	9.7	10.2	11.3	10.5	9.8	8.9	11.0	11.2	10.3
35 to 44	%	9.0	10.1	10.4	10.6	9.5	10.1	11.2	16.8	10.0
45 to 54	%	10.1	11.6	12.3	12.6	11.6	12.9	11.1	21.6	11.6
55 to 64	%	13.2	14.8	14.5	14.9	13.5	15.2	14.3	22.0	14.3
65 to 74	%	16.3	17.2	15.4	15.1	14.8	17.3	16.5	9.5	16.0
75 to 84	%	16.9	15.9	13.0	14.0	17.2	15.6	13.3	2.7	15.2
85 and over	%	8.0	6.1	5.0	6.1	7.8	5.4	7.2	0.5	6.5
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2012-13										
Age group										
Under 1	'000	62.5	28.9	26.5	13.9	9.6	2.6	2.4	2.5	148.9
1 to 4	'000	47.4	31.2	31.8	17.1	12.2	2.4	2.2	2.8	147.0
5 to 14	'000	62.6	42.0	42.3	22.5	15.1	3.3	3.2	3.3	194.4
15 to 24	'000	112.4	86.9	93.8	45.1	29.8	7.0	6.9	8.1	389.9
25 to 34	'000	167.2	139.6	118.9	64.7	40.5	9.2	10.7	13.8	564.6
35 to 44	'000	152.7	138.9	110.1	63.4	39.1	10.0	10.3	19.1	543.6
45 to 54	'000	174.7	162.8	124.3	74.2	47.3	13.6	9.9	26.8	633.6
55 to 64	'000	224.0	211.7	147.1	89.0	55.4	16.6	12.7	25.4	781.8

Table 11A.9 **Separations in public hospitals, by age group (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
65 to 74	'000	283.4	257.7	157.2	94.0	61.5	19.5	16.3	12.0	901.7
75 to 84	'000	289.7	238.4	135.5	83.7	69.3	16.4	13.2	3.8	850.0
85 and over	'000	140.2	91.4	56.6	39.3	33.9	5.7	6.8	0.7	374.7
Total	'000	1 716.8	1 429.5	1 044.0	606.8	413.8	106.4	94.7	118.3	5 530.2
Proportion of total separations										
Under 1	%	3.6	2.0	2.5	2.3	2.3	2.5	2.5	2.1	2.7
1 to 4	%	2.8	2.2	3.0	2.8	2.9	2.3	2.3	2.4	2.7
5 to 14	%	3.6	2.9	4.0	3.7	3.7	3.1	3.4	2.8	3.5
15 to 24	%	6.5	6.1	9.0	7.4	7.2	6.6	7.2	6.8	7.1
25 to 34	%	9.7	9.8	11.4	10.7	9.8	8.7	11.3	11.6	10.2
35 to 44	%	8.9	9.7	10.5	10.5	9.4	9.4	10.9	16.1	9.8
45 to 54	%	10.2	11.4	11.9	12.2	11.4	12.8	10.4	22.7	11.5
55 to 64	%	13.0	14.8	14.1	14.7	13.4	15.6	13.4	21.5	14.1
65 to 74	%	16.5	18.0	15.1	15.5	14.9	18.3	17.2	10.2	16.3
75 to 84	%	16.9	16.7	13.0	13.8	16.7	15.4	14.0	3.2	15.4
85 and over	%	8.2	6.4	5.4	6.5	8.2	5.4	7.2	0.6	6.8
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement.

(b) There was a change in Victorian admission policy from 1 July 2012 that has impacted the separation time series.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.10 **Separations by hospital sector and Indigenous status of patient (a), (b)**

	Unit	*NSW*	*Vic (c)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (d)
2008-09										
Public hospitals										
Aboriginal and Torres Strait Islander Australians	no.	56 753	12 680	68 708	40 978	18 453	2 452	1 987	66 189	263 761
Other Australians	no.	1 434 823	1 357 081	797 701	426 455	339 592	89 994	86 244	29 165	4 384 817
Not reported	no.	14 393	9 863	16 931	–	16 495	2 446	1 638	2	57 684
Total	**no.**	**1 505 969**	**1 379 624**	**883 340**	**467 433**	**374 540**	**94 892**	**89 869**	**95 356**	**4 706 262**
Private hospitals										
Aboriginal and Torres Strait Islander Australians	no.	1 459	710	4 426	14 443	1 018	np	np	np	22 056
Other Australians	no.	885 960	800 180	733 180	347 719	240 286	np	np	np	3 007 325
Not reported	no.	19 795	10 130	76 335	–	14 196	np	np	np	120 456
Total	**no.**	**907 214**	**811 020**	**813 941**	**362 162**	**255 500**	**np**	**np**	**np**	**3 149 837**
Indigenous separations (% of total separations)										
Public hospitals	%	3.8	0.9	7.8	8.8	4.9	2.6	2.2	69.4	5.6
Private hospitals	%	0.2	0.1	0.5	4.0	0.4	np	np	np	0.7
All hospitals	%	2.4	0.6	4.3	6.7	3.1	np	np	np	3.6
Separations in public hospitals (% of total separations)										
Aboriginal and Torres Strait Islander Australians	%	97.5	94.7	93.9	73.9	94.8	np	np	np	92.3
Other Australians	%	61.8	62.9	52.1	55.1	58.6	np	np	np	59.3
2009-10										
Public hospitals										
Aboriginal and Torres Strait Islander Australians	no.	59 468	14 034	73 598	45 197	19 702	3 018	1 893	69 431	281 430
Other Australians	no.	1 469 511	1 401 247	834 350	460 712	344 117	96 445	84 771	30 259	4 540 196
Not reported	no.	13 989	9 382	15 022	–	19 236	2 210	1 692	4	57 633

Table 11A.10 **Separations by hospital sector and Indigenous status of patient (a), (b)**

	Unit	*NSW*	*Vic (c)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (d)
Total	**no.**	**1 542 968**	**1 424 663**	**922 970**	**505 909**	**383 055**	**101 673**	**88 356**	**99 694**	**4 879 259**
Private hospitals										
Aboriginal and Torres Strait Islander Australians	no.	1 535	1 142	3 699	16 405	771	np	np	np	23 552
Other Australians	no.	936 936	871 026	764 773	364 895	239 686	np	np	np	3 177 316
Not reported	no.	22 235	13 608	76 481	–	29 558	np	np	np	141 882
Total	**no.**	**960 706**	**885 776**	**844 953**	**381 300**	**270 015**	**np**	**np**	**np**	**3 342 750**
Indigenous separations (% of total separations)										
Public hospitals	%	3.9	1.0	8.0	8.9	5.1	3.0	2.1	69.6	5.8
Private hospitals	%	0.2	0.1	0.4	4.3	0.3	np	np	np	0.7
All hospitals	%	2.4	0.7	4.4	6.9	3.1	np	np	np	3.7
Separations in public hospitals (% of total separations)										
Aboriginal and Torres Strait Islander Australians	%	97.5	92.5	95.2	73.4	96.2	np	np	np	92.3
Other Australians	%	61.1	61.7	52.2	55.8	58.9	np	np	np	58.8
2010-11										
Public hospitals										
Aboriginal and Torres Strait Islander Australians	no.	62 385	16 416	78 263	50 135	20 826	2 837	2 128	72 920	300 945
Other Australians	no.	1 507 520	1 468 985	872 535	498 137	351 331	94 652	90 172	31 513	4 730 021
Not reported	no.	12 899	10 640	13 551	–	17 997	1 844	1 445	1	55 088
Total	**no.**	**1 582 804**	**1 496 041**	**964 349**	**548 272**	**390 154**	**99 333**	**93 745**	**104 434**	**5 086 054**
Private hospitals										
Aboriginal and Torres Strait Islander Australians	no.	1 885	2 696	3 491	17 809	609	np	np	np	26 490
Other Australians	no.	980 483	862 310	790 644	399 952	244 411	np	np	np	3 277 800
Not reported	no.	29 519	10 464	65 067	–	38 261	np	np	np	143 311

Table 11A.10 **Separations by hospital sector and Indigenous status of patient (a), (b)**

	Unit	*NSW*	*Vic (c)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (d)
Total	**no.**	**1 011 887**	**875 470**	**859 202**	**417 761**	**283 281**	**np**	**np**	**np**	**3 447 601**
Indigenous separations (% of total separations)										
Public hospitals	%	3.9	1.1	8.1	9.1	5.3	2.9	2.3	69.8	5.9
Private hospitals	%	0.2	0.3	0.4	4.3	0.2	np	np	np	0.8
All hospitals	%	2.5	0.8	4.5	7.0	3.2	np	np	np	3.8
Separations in public hospitals (% of total separations)										
Aboriginal and Torres Strait Islander Australians	%	97.1	85.9	95.7	73.8	97.2	np	np	np	91.9
Other Australians	%	60.6	63.0	52.5	55.5	59.0	np	np	np	59.1
2011-12										
Public hospitals										
Aboriginal and Torres Strait Islander Australians	no.	69 850	18 741	84 708	55 720	22 831	3 258	2 191	79 649	336 948
Other Australians	no.	1 579 067	1 511 411	905 093	532 423	366 676	94 973	94 151	33 707	5 117 501
Not reported	no.	11 685	13 621	11 414	–	17 808	1 401	1 113	1	57 043
Total	**no.**	**1 660 602**	**1 543 773**	**1 001 215**	**588 143**	**407 315**	**99 632**	**97 455**	**113 357**	**5 511 492**
Private hospitals										
Aboriginal and Torres Strait Islander Australians	no.	2 639	1 718	3 959	19 586	535	np	np	np	29 170
Other Australians	no.	1 032 182	909 183	832 185	416 733	265 931	np	np	np	3 557 459
Not reported	no.	35 319	6 909	65 044	–	23 514	np	np	np	158 048
Total	**no.**	**1 070 140**	**917 810**	**901 188**	**436 319**	**289 980**	**np**	**np**	**np**	**3 744 677**
Indigenous separations (% of total separations)										
Public hospitals	%	4.2	1.2	8.5	9.5	5.6	3.3	2.2	70.3	6.1
Private hospitals	%	0.2	0.2	0.4	4.5	0.2	np	np	np	0.8
All hospitals	%	2.7	0.8	4.7	7.4	3.4	np	np	np	4.0
Separations in public hospitals (% of total separations)										

Table 11A.10 **Separations by hospital sector and Indigenous status of patient (a), (b)**

	Unit	*NSW*	*Vic (c)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (d)
Aboriginal and Torres Strait Islander Australians	%	96.4	91.6	95.5	74.0	97.7	np	np	np	92.0
Other Australians	%	60.5	62.4	52.1	56.1	58.0	np	np	np	59.0
2012-13										
Public hospitals										
Aboriginal and Torres Strait Islander Australians	no.	75 512	17 735	90 486	56 789	23 492	3 646	2 046	83 122	352 828
Other Australians	no.	1 632 944	1 398 497	942 770	550 013	372 687	101 444	89 574	35 182	5 123 111
Not reported	no.	8 333	13 221	10 755	7	17 577	1 268	3 092	3	54 256
Total	**no.**	**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 and Torres Strait Islander Australians	no.	3 135	1 545	4 019	21 149	600	np	np	np	31 810
Other Australians	no.	1 045 488	936 139	866 174	430 793	281 789	np	np	np	3 674 987
Not reported	no.	33 877	5 697	63 468	–	15 770	np	np	np	136 534
Total	**no.**	**1 082 500**	**943 381**	**933 661**	**451 942**	**298 159**	**np**	**np**	**np**	**3 843 331**
Indigenous separations (% of total separations)										
Public hospitals	%	4.4	1.2	8.7	9.4	5.7	3.4	2.2	70.3	6.4
Private hospitals	%	0.3	0.2	0.4	4.7	0.2	np	np	np	0.8
All hospitals	%	2.8	0.8	4.8	7.4	3.4	np	np	np	4.1
Separations in public hospitals (% of total separations)										
Aboriginal and Torres Strait Islander Australians	%	96.0	92.0	95.7	72.9	97.5	np	np	np	91.7
Other Australians	%	61.0	59.9	52.1	56.1	56.9	np	np	np	58.2

(a) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(b) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among the jurisdictions.

Table 11A.10 **Separations by hospital sector and Indigenous status of patient (a), (b)**

	Unit	*NSW*	*Vic (c)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (d)

(c) There was a change in Victorian admission policy from 1 July 2012 that has impacted the separation time series.

(d) Total includes data only for NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions.

– Nil or rounded to zero. **np** Not published.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.11 Separations per 1000 people, by Indigenous status of patient (number) (a), (b)

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas* (d)	*ACT* (d)	*NT* (d)	*Total* (e)
2003-04									
Public hospitals									
Aboriginal and Torres Strait Islander people	np	np	710.9	789.3	853.9	np	np	1 286.2	np
All people	np	np	189.3	191.0	235.9	np	np	428.9	np
Private Hospitals									
Aboriginal and Torres Strait Islander people	np	np	70.7	198.3	51.2	np	np	np	np
All people	np	np	167.8	149.8	124.8	np	np	np	np
2004-05									
Public hospitals									
Aboriginal and Torres Strait Islander people	np	np	733.6	821.5	822.2	np	np	1 441.0	907.0
All people	193.3	238.3	188.1	195.2	225.3	np	np	456.2	208.1
Private Hospitals									
Aboriginal and Torres Strait Islander people	np	np	np	np	np	np	np	np	np
All people	106.6	136.1	172.4	155.7	126.5	np	np	np	133.9
2005-06									
Public hospitals									
Aboriginal and Torres Strait Islander people	495.6	np	745.4	845.2	875.0	np	np	1 548.0	792.1
All people	203.2	243.4	186.2	196.4	228.4	np	np	479.1	213.6
Private Hospitals									
Aboriginal and Torres Strait Islander people	np	np	np	np	np	np	np	np	np
All people	108.6	136.4	175.2	157.2	129.2	np	np	np	np
2006-07									
Public hospitals									
Aboriginal and Torres Strait Islander people	528.0	624.3	756.7	876.5	929.3	np	np	1 584.8	787.5
All people	206.0	246.7	190.2	218.4	232.6	np	np	480.1	218.8
Private Hospitals									
Aboriginal and Torres Strait Islander people	np	np	np	np	np	np	np	np	np
All people	112.9	141.3	177.9	138.4	132.5	np	np	np	141.4
2007-08									
Public hospitals									

Table 11A.11 **Separations per 1000 people, by Indigenous status of patient (number) (a), (b)**

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas* (d)	*ACT* (d)	*NT* (d)	*Total* (e)
Aboriginal and Torres Strait Islander people	550.5	629.8	785.7	869.4	908.9	np	np	1 670.7	807.7
All people	202.8	247.8	195.7	215.1	216.4	np	np	486.4	217.6
Private Hospitals									
Aboriginal and Torres Strait Islander people	15.0	53.7	82.0	315.3	91.3	np	np	np	95.1
All people	117.6	145.5	181.5	150.9	138.3	np	np	np	147.0
2008-09									
Public hospitals									
Aboriginal and Torres Strait Islander people	511.5	535.8	732.5	817.3	950.5	np	np	1 656.0	763.3
All people	205.6	249.5	204.4	215.8	217.7	np	np	495.5	221.3
Private Hospitals									
Aboriginal and Torres Strait Islander people	17.3	44.1	64.6	373.1	67.4	np	np	np	81.7
All people	122.9	145.3	186.6	165.3	143.4	np	np	np	145.6
2009-10									
Public hospitals									
Aboriginal and Torres Strait Islander people	522.5	558.1	752.8	901.8	1 005.2	np	np	1 663.8	813.4
All people	207.1	251.4	206.7	225.4	219.9	np	np	500.2	224.3
Private Hospitals									
Aboriginal and Torres Strait Islander people	15.4	62.5	47.4	411.8	52.0	np	np	np	84.0
All people	127.7	155.4	188.0	168.8	149.0	np	np	np	152.6
2010-11									
Public hospitals									
Aboriginal and Torres Strait Islander people	540.7	636.4	765.2	986.6	1 059.5	np	np	1 704.3	848.0
All people	207.3	258.0	211.5	238.3	218.2	np	np	510.6	227.9
Private Hospitals									
Aboriginal and Torres Strait Islander people	18.5	135.5	40.5	453.0	37.7	np	np	np	93.2
All people	131.3	149.6	186.5	180.4	152.8	np	np	np	152.3
2011-12									
Public hospitals									

Table 11A.11 Separations per 1000 people, by Indigenous status of patient (number) (a), (b)

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas* (d)	*ACT* (d)	*NT* (d)	*Total* (e)
Aboriginal and Torres Strait Islander people	589.5	715.3	794.9	1 074.5	1 129.1	223.5	652.5	1 778.7	877.4
All people	216.1	264.9	220.3	248.8	227.6	179.9	278.8	544.7	236.4
Private Hospitals									
Aboriginal and Torres Strait Islander people	24.6	91.9	43.7	488.0	33.2	np	np	np	95.5
All people	137.7	155.9	195.2	183.1	155.5	np	np	np	158.2
2012-13									
Public hospitals									
Aboriginal and Torres Strait Islander people	650.2	701.3	874.8	1 095.8	1 193.5	244.5	626.6	1 906.4	938.6
All people	223.2	244.7	229.7	256.7	231.1	191.0	271.9	579.7	237.0
Private Hospitals									
Aboriginal and Torres Strait Islander people	29.6	79.0	45.1	523.1	42.9	np	np	np	103.1
All people	139.2	160.0	202.5	189.6	159.2	np	np	np	162.3

(a) Directly age standardised to the Australian population at 30 June 2001.

(b) Identification of Aboriginal and Torres Strait Islander patients has varied among jurisdictions and over time. From 2011-12 Indigenous data are of acceptable quality for all states and territories in public hospitals. From 2006-07 data for NSW, Victoria, Queensland, SA, WA and the NT (public only) were of acceptable quality. For 2005-06 NSW, Queensland, SA, WA and the NT (public only) were of acceptable quality. Prior to this Queensland, SA, WA and the NT (public only) were of acceptable quality. Data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality and changes in hospitalisation rates for Indigenous people over time may include a component due to improved identification. Indigenous status should therefore be interpreted cautiously.

(c) In WA, separations for public patients at Joondalup and Peel Health Campuses are included from 2006-07 public hospitals figures but not in those for previous years.

(d) Private hospital data are supressed for confidentiality reasons.

(e) The totals include data only for the states and teritories that had acceptable data quality. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.

np Not published.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 11A.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT (g)*	*NT*	*Aust*
2003-04									
Salaried medical officers	1.0	1.1	1.0	1.0	1.1	0.8	1.0	1.2	1.0
Nurses	4.8	4.9	3.9	4.1	5.1	3.8	4.5	4.7	4.6
Registered nurses	na	na	3.3	3.7	4.0	3.3	3.8	4.5	na
Other nurses	na	na	0.6	0.4	1.1	0.4	0.7	0.2	na
Other personal care staff	na	na	0.2	0.0	na	na	0.4	0.1	na
Diagnostic and allied health	1.5	2.2	0.9	1.1	1.3	0.7	1.1	1.3	1.5
Administrative and clerical	1.7	1.8	1.2	1.6	1.8	1.0	1.6	1.8	1.6
Domestic and other staff	1.8	1.3	1.6	1.9	1.4	2.0	0.6	2.4	1.6
Total staff	10.8	11.4	8.7	9.7	10.7	8.3	9.1	11.5	10.4
2004-05									
Salaried medical officers	1.1	1.1	1.0	1.0	1.1	0.9	1.1	1.3	1.1
Nurses	5.0	4.9	3.9	4.2	5.2	4.5	4.6	5.1	4.7
Registered nurses	na	na	3.3	3.8	4.0	3.9	3.9	4.9	na
Other nurses	na	na	0.6	0.5	1.1	0.5	0.7	0.2	na
Other personal care staff	na	na	0.2	na	na	0.4	0.5	0.1	na
Diagnostic and allied health	1.5	2.3	0.9	1.2	1.3	0.9	1.2	1.4	1.5
Administrative and clerical	1.8	1.8	1.1	1.7	1.8	1.2	1.9	1.9	1.6
Domestic and other staff	1.7	1.4	1.6	1.9	1.3	1.8	0.6	2.6	1.6
Total staff	11.1	11.6	8.6	9.9	10.7	9.7	10.0	12.3	10.6
2005-06									
Salaried medical officers	1.2	1.1	1.0	1.0	1.3	1.0	1.2	1.5	1.1
Nurses	5.3	5.0	4.0	4.3	5.7	4.7	5.0	5.7	4.9
Registered nurses	na	na	3.4	4.0	4.4	4.2	4.3	5.0	na
Other nurses	na	na	0.6	0.3	1.2	0.5	0.8	0.7	na
Other personal care staff	na	na	0.2	na	na	0.2	0.5	0.1	na
Diagnostic and allied health	1.6	2.4	0.9	1.2	1.4	0.9	1.3	1.4	1.6
Administrative and clerical	1.8	1.9	1.2	1.6	1.9	1.3	1.8	2.0	1.7
Domestic and other staff	1.7	1.4	1.6	1.9	1.5	2.1	0.5	2.6	1.6
Total staff	11.5	11.8	8.9	10.1	11.7	10.2	10.4	13.2	10.9
2006-07									
Salaried medical officers	1.1	1.2	1.2	1.2	1.4	1.1	1.3	1.6	1.2
Nurses	5.4	5.2	4.3	4.6	5.6	4.6	5.2	5.7	5.0
Registered nurses	na	na	3.7	4.4	4.4	4.1	4.3	5.1	na
Other nurses	na	na	0.6	0.2	1.2	0.5	0.9	0.7	na
Other personal care staff	na	na	0.2	0.0	0.5	0.2	0.5	0.1	na
Diagnostic and allied health	1.7	2.4	1.1	1.3	1.2	0.9	1.3	1.4	1.7
Administrative and clerical	1.8	2.0	1.4	1.9	2.0	1.5	1.7	2.1	1.8
Domestic and other staff	1.7	1.3	1.8	2.0	1.3	2.0	0.5	2.6	1.6
Total staff	11.7	12.0	10.0	11.0	12.0	10.2	10.5	13.5	11.4

Table 11A.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT (g)*	*NT*	*Aust*
2007-08									
Salaried medical officers	1.2	1.3	1.4	1.2	1.4	1.0	1.5	1.6	1.3
Nurses	5.3	5.2	4.6	4.5	5.8	4.5	5.7	5.6	5.1
Registered nurses	na	na	4.0	4.3	4.6	4.0	4.7	5.0	na
Other nurses	na	na	0.6	0.2	1.2	0.5	1.0	0.6	na
Other personal care staff	na	na	0.2	na	0.5	na	0.5	0.1	na
Diagnostic and allied health	1.8	2.4	1.2	1.4	1.3	1.1	1.4	1.5	1.7
Administrative and clerical	1.6	2.1	1.5	1.9	1.9	1.3	1.8	2.0	1.8
Domestic and other staff	1.4	1.3	1.8	2.0	1.2	2.0	0.5	2.6	1.5
Total staff	11.4	12.2	10.6	11.0	12.1	9.9	11.4	13.3	11.4
2008-09									
Salaried medical officers	1.2	1.4	1.4	1.3	1.5	1.5	1.8	1.7	1.4
Nurses	5.4	5.4	4.6	4.7	6.1	4.9	5.8	6.1	5.2
Registered nurses	na	na	na	na	na	na	na	na	na
Other nurses	na	na	na	na	na	na	na	na	na
Other personal care staff	na	na	0.2	na	0.5	na	0.5	0.1	na
Diagnostic and allied health	1.7	2.4	1.1	1.4	1.2	1.0	1.5	1.5	1.7
Administrative and clerical	1.6	2.1	1.5	1.9	1.9	1.6	2.0	2.0	1.8
Domestic and other staff	1.3	1.2	1.7	1.9	1.2	2.2	0.5	2.6	1.4
Total staff	11.1	12.5	10.5	11.2	12.3	11.2	12.2	14.0	11.5
2009-10									
Salaried medical officers	1.3	1.4	1.4	1.4	1.6	1.8	1.7	1.7	1.4
Nurses	5.2	5.5	4.6	4.7	6.3	5.3	5.8	6.7	5.2
Registered nurses	na	na	na	na	na	na	na	na	na
Other nurses	na	na	na	na	na	na	na	na	na
Other personal care staff	na	na	0.2	na	0.5	na	0.5	0.0	0.1
Diagnostic and allied health	1.6	2.5	1.1	1.2	1.2	1.0	1.5	1.6	1.6
Administrative and clerical	1.6	2.1	1.5	1.9	1.8	2.0	2.0	2.1	1.7
Domestic and other staff	1.3	1.3	1.7	1.8	1.1	2.1	0.5	2.7	1.4
Total staff	10.9	12.7	10.5	11.0	12.6	12.3	12.0	14.9	11.5
2010-11									
Salaried medical officers	1.3	1.5	1.6	1.4	1.6	1.9	1.8	1.9	1.5
Nurses	5.2	5.7	5.1	4.8	6.4	5.5	5.9	6.7	5.4
Registered nurses	na	na	na	na	na	na	na	na	na
Other nurses	na	na	na	na	na	na	na	na	na
Other personal care staff	na	na	0.3	na	0.6	na	0.6	0.0	0.1
Diagnostic and allied health	1.5	2.6	1.2	1.2	1.2	1.1	1.6	1.6	1.7
Administrative and clerical	1.6	2.1	1.7	2.0	2.1	2.1	2.1	2.0	1.9
Domestic and other staff	1.1	1.3	1.8	1.9	1.1	2.1	0.5	2.7	1.4
Total staff	**10.8**	**13.2**	**11.6**	**11.2**	**12.9**	**12.7**	**12.4**	**15.0**	**11.9**

Table 11A.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT (g)*	*NT*	*Aust*
2011-12									
Salaried medical officers	1.4	1.5	1.7	1.5	1.7	1.7	1.8	2.0	1.5
Nurses	5.4	5.7	5.1	4.9	6.5	5.3	6.7	6.9	5.5
Registered nurses	na	na	na	na	na	na	na	na	na
Other nurses	na	na	na	na	na	na	na	na	na
Other personal care staff	na	na	0.3	na	0.5	na	0.6	0.0	0.1
Diagnostic and allied health	1.4	2.6	1.2	1.3	1.1	1.1	2.5	1.7	1.7
Administrative and clerical	1.6	2.2	1.7	2.0	2.0	2.2	2.6	2.1	1.9
Domestic and other staff	1.1	1.3	1.8	1.8	1.0	2.1	0.0	2.8	1.4
Total staff	**11.0**	**13.3**	**11.9**	**11.5**	**12.7**	**12.4**	**14.2**	**15.6**	**12.0**
2012-13									
Salaried medical officers	1.4	1.5	1.6	1.5	1.7	1.5	2.1	2.1	1.5
Nurses	5.6	5.6	4.7	5.0	6.5	5.1	7.2	7.1	5.4
Registered nurses	na	na	na	na	na	na	na	na	na
Other nurses	na	na	na	na	na	na	na	na	na
Other personal care staff	na	–	0.2	–	0.5	na	0.8	0.0	0.1
Diagnostic and allied health	1.6	2.5	1.1	1.3	1.1	1.2	2.8	1.7	1.7
Administrative and clerical	1.7	2.1	1.5	2.1	2.0	2.2	2.1	2.1	1.9
Domestic and other staff	1.1	1.3	1.7	1.9	0.9	2.1	0.2	2.7	1.4
Total staff	**11.5**	**13.0**	**10.8**	**11.8**	**12.8**	**12.1**	**15.1**	**15.7**	**12.0**

(a) Where average FTE staff numbers are not available for a financial year, staff numbers on the last day of the financial year are used (for example, 30 June 2009, for 2008-09). Staff contracted to provide products (rather than labour) are not included. Numbers per 1000 people are calculated from population estimates for each financial year (table AA.2).

(b) For NSW, 'other personal care staff' are included in 'diagnostic and allied health' and 'domestic and other staff'.

(c) For Victoria, FTEs may be slightly understated. 'Other personal care staff' are included in 'domestic and other staff'.

(d) Queensland pathology services staff employed by the state pathology service are not included.

(e) Many WA hospitals were unable to provide a split between nurse categories and these have been reported as registered nurses.

Table 11A.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT (g)*	*NT*	*Aust*

(f) In Tasmania in 2006-07 data for two small hospitals are not included. Tasmanian 'other personal care' staff are included in 'domestic and other staff'.

(g) Caution should be used in comparing data for the ACT with other jurisdictions as the ACT workforce serves many residents of southern NSW in addition to ACT residents, while only ACT residents are captured in the denominator.

na Not available.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra; ABS (unpublished), Australian Demographic Statistics, December Quarter 2012, Cat. no. 3101.0; table AA.2.

Table 11A.13 Separations, by type of episode of care, public hospitals (including psychiatric), 2012-13 (a)

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2008-09										
Number of separations										
Acute care	no.	1 437 796	1 332 252	842 765	450 300	359 088	91 658	82 785	93 271	4 689 915
Rehabilitation care	no.	26 400	13 821	17 574	8 923	6 907	1 168	2 681	401	77 875
Palliative care	no.	9 345	5 652	5 457	1 245	1 298	304	609	352	24 262
Geriatric evaluation and management	no.	2 348	12 250	1 336	708	377	44	1 244	–	18 307
Psychogeriatric care	no.	669	2 001	525	716	265	165	53	–	4 394
Maintenance care	no.	6 391	802	5 547	1 895	2 767	464	1 369	402	19 637
Newborn total	no.	77 150	54 476	45 160	22 143	15 450	3 934	4 136	3 478	225 927
Newborn — unqualified days only	no.	54 139	41 630	35 353	18 497	11 612	2 845	3 009	2 566	169 651
Other admitted care	no.	–	–	329	–	–	–	1	18	348
Not reported	no.	9	–	–	–	–	–	–	–	9
Total (c)	no.	**1 560 108**	**1 421 254**	**918 693**	**485 930**	**386 152**	**97 737**	**92 878**	**97 922**	**5 060 674**
Total (d)	no.	**1 505 969**	**1 379 624**	**883 340**	**467 433**	**374 540**	**94 892**	**89 869**	**95 356**	**4 891 023**
Proportion of total separations										
Acute care	%	95.5	96.6	95.4	96.3	95.9	96.6	92.1	97.8	95.9
Rehabilitation care	%	1.8	1.0	2.0	1.9	1.8	1.2	3.0	0.4	1.6
Palliative care	%	0.6	0.4	0.6	0.3	0.3	0.3	0.7	0.4	0.5
Geriatric evaluation and management	%	0.2	0.9	0.2	0.2	0.1	–	1.4	–	0.4
Psychogeriatric care	%	–	0.1	0.1	0.2	0.1	0.2	0.1	–	0.1
Maintenance care	%	0.4	0.1	0.6	0.4	0.7	0.5	1.5	0.4	0.4
Newborn excluding unqualified days	%	1.5	0.9	1.1	0.8	1.0	1.1	1.3	1.0	1.2

Table 11A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2012-13 (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Other admitted care	%	–	–	–	–	–	–	–	–	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (d)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2009-10										
Number of separations										
Acute care	no.	1 468 941	1 377 417	880 728	489 249	366 576	97 527	81 422	97 365	4 859 225
Rehabilitation care	no.	29 312	14 796	18 786	8 511	6 510	1 358	2 788	614	82 675
Palliative care	no.	10 279	6 208	5 953	1 284	1 627	310	651	321	26 633
Geriatric evaluation and management	no.	3 689	13 250	1 671	668	1 327	35	639	31	21 310
Psychogeriatric care	no.	744	–	544	708	260	48	31	1	2 336
Maintenance care	no.	6 936	811	5 150	1 430	2 794	479	1 640	384	19 624
Newborn total	no.	76 982	55 875	45 393	22 467	15 454	4 364	4 453	3 487	228 475
Newborn — unqualified days only	no.	53 920	43 694	35 515	18 408	11 493	2 533	3 268	2 544	171 375
Other admitted care	no.	–	–	260	–	–	85	–	35	380
Not reported	no.	5	–	–	–	–	–	–	–	5
Total (c)	no.	**1 596 888**	**1 468 357**	**958 485**	**524 317**	**394 548**	**104 206**	**91 624**	**102 238**	**5 240 663**
Total (d)	no.	**1 542 968**	**1 424 663**	**922 970**	**505 909**	**383 055**	**101 673**	**88 356**	**99 694**	**5 069 288**
Proportion of total separations										
Acute care	%	95.2	96.7	95.4	96.7	95.7	95.9	92.2	97.7	95.9
Rehabilitation care	%	1.9	1.0	2.0	1.7	1.7	1.3	3.2	0.6	1.6
Palliative care	%	0.7	0.4	0.6	0.3	0.4	0.3	0.7	0.3	0.5
Geriatric evaluation and management	%	0.2	0.9	0.2	0.1	0.3	–	0.7	–	0.4
Psychogeriatric care	%	–	–	0.1	0.1	0.1	–	–	–	–

Table 11A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2012-13 (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Maintenance care	%	0.4	0.1	0.6	0.3	0.7	0.5	1.9	0.4	0.4
Newborn excluding unqualified days	%	1.5	0.9	1.1	0.8	1.0	1.8	1.3	0.9	1.1
Other admitted care	%	–	–	–	–	–	0.1	–	–	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (d)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2010-11										
Number of separations										
Acute care	no.	1 510 980	1 446 301	919 598	529 774	371 880	96 124	86 828	102 340	5 063 825
Rehabilitation care	no.	30 832	14 776	19 385	9 496	7 664	1 114	2 718	441	86 426
Palliative care	no.	10 919	6 659	6 599	1 234	1 678	217	629	320	28 255
Geriatric evaluation and management	no.	5 624	15 293	2 172	804	1 701	141	707	42	26 484
Psychogeriatric care	no.	808	–	596	730	288	1	21	1	2 445
Maintenance care	no.	7 919	621	5 863	1 384	2 803	437	1 570	292	20 889
Newborn total	no.	77 737	56 535	45 530	23 273	15 693	4 548	4 557	3 545	231 418
Newborn — unqualified days only	no.	62 019	44 278	35 563	18 423	11 553	3 267	3 286	2 623	181 012
Other admitted care	no.	–	–	169	–	–	14	1	76	260
Not reported	no.	4	134	–	–	–	4	–	–	142
Total (c)	no.	**1 644 823**	**1 540 319**	**999 912**	**566 695**	**401 707**	**102 600**	**97 031**	**107 057**	**5 460 144**
Total (d)	no.	**1 582 804**	**1 496 041**	**964 349**	**548 272**	**390 154**	**99 333**	**93 745**	**104 434**	**5 279 132**
Proportion of total separations										
Acute care	%	95.5	96.7	95.4	96.6	95.3	96.8	92.6	98.0	95.9
Rehabilitation care	%	1.9	1.0	2.0	1.7	2.0	1.1	2.9	0.4	1.6
Palliative care	%	0.7	0.4	0.7	0.2	0.4	0.2	0.7	0.3	0.5

Table 11A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2012-13 (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Geriatric evaluation and management	%	0.4	1.0	0.2	0.1	0.4	0.1	0.8	–	0.5
Psychogeriatric care	%	0.1	–	0.1	0.1	0.1	–	–	–	–
Maintenance care	%	0.5	–	0.6	0.3	0.7	0.4	1.7	0.3	0.4
Newborn excluding unqualified days	%	1.0	0.8	1.0	0.9	1.1	1.3	1.4	0.9	1.0
Other admitted care	%	–	–	–	–	–	–	–	0.1	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (d)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2011-12										
Number of separations										
Acute care	no.	1 564 100	1 490 776	947 980	566 072	387 421	95 999	91 177	111 520	5 255 045
Rehabilitation care	no.	31 964	14 954	24 068	11 511	9 205	910	2 603	347	95 562
Palliative care	no.	12 371	7 191	7 333	1 456	1 492	476	648	293	31 260
Geriatric evaluation and management	no.	5 907	16 963	3 712	1 554	1 597	324	374	20	30 451
Psychogeriatric care	no.	827	–	472	732	255	54	42	–	2 382
Maintenance care	no.	8 671	553	6 859	1 411	3 037	384	1 210	146	22 271
Newborn total	no.	78 731	58 981	46 498	24 112	16 258	4 132	4 862	3 704	237 278
Newborn — unqualified days only	no.	42 116	45 672	35 804	18 705	11 950	2 670	3 483	2 806	163 206
Other admitted care	no.	135	–	97	–	–	13	22	133	400
Not reported	no.	12	27	–	–	–	10	–	–	49
Total (c)	no.	**1 702 718**	**1 589 445**	**1 037 019**	**606 848**	**419 265**	**102 302**	**100 938**	**116 163**	**5 674 698**
Total (d)	no.	**1 660 602**	**1 543 773**	**1 001 215**	**588 143**	**407 315**	**99 632**	**97 455**	**113 357**	**5 511 492**
Proportion of total separations										

Table 11A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2012-13 (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Acute care	%	94.2	96.6	94.7	96.2	95.1	96.4	93.6	98.4	95.3
Rehabilitation care	%	1.9	1.0	2.4	2.0	2.3	0.9	2.7	0.3	1.7
Palliative care	%	0.7	0.5	0.7	0.2	0.4	0.5	0.7	0.3	0.6
Geriatric evaluation and management	%	0.4	1.1	0.4	0.3	0.4	0.3	0.4	–	0.6
Psychogeriatric care	%	–	–	–	0.1	0.1	0.1	–	–	–
Maintenance care	%	0.5	–	0.7	0.2	0.7	0.4	1.2	0.1	0.4
Newborn excluding unqualified days	%	2.2	0.9	1.1	0.9	1.1	1.5	1.4	0.8	1.3
Other admitted care	%	–	–	–	–	–	–	–	0.1	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (d)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2012-13										
Number of separations										
Acute care	no.	1 614 570	1 375 204	984 757	583 629	393 762	102 023	88 879	116 574	5 259 398
Rehabilitation care	no.	35 533	15 264	27 012	11 564	10 069	911	2 608	259	103 220
Palliative care	no.	13 129	7 342	8 404	1 518	1 411	553	600	315	33 272
Geriatric evaluation and management	no.	6 497	17 920	4 606	1 964	1 479	266	456	96	33 284
Psychogeriatric care	no.	809	–	472	792	268	114	28	2	2 485
Maintenance care	no.	9 590	470	7 494	1 412	2 290	866	777	163	23 062
Newborn total	no.	78 805	60 763	47 382	25 544	16 726	4 045	5 166	3 665	242 096
Newborn — unqualified days only	no.	42 145	47 510	36 118	19 614	12 249	2 467	3 807	2 832	166 742
Other admitted care	no.	1	–	2	–	–	6	5	65	79
Not reported	no.	–	–	–	–	–	41	–	–	41

Table 11A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2012-13 (a)**

	Unit	*NSW*	*Vic (b)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total (c)	no.	**1 758 934**	**1 476 963**	**1 080 129**	**626 423**	**426 005**	**108 825**	**98 519**	**121 139**	**5 696 937**
Total (d)	no.	**1 716 789**	**1 429 453**	**1 044 011**	**606 809**	**413 756**	**106 358**	**94 712**	**118 307**	**5 530 195**
Proportion of total separations										
Acute care	%	94.0	96.2	94.3	96.2	95.2	95.9	93.8	98.5	95.1
Rehabilitation care	%	2.1	1.1	2.6	1.9	2.4	0.9	2.8	0.2	1.9
Palliative care	%	0.8	0.5	0.8	0.3	0.3	0.5	0.6	0.3	0.6
Geriatric evaluation and management	%	0.4	1.3	0.4	0.3	0.4	0.3	0.5	0.1	0.6
Psychogeriatric care	%	–	–	–	0.1	0.1	0.1	–	–	–
Maintenance care	%	0.6	–	0.7	0.2	0.6	0.8	0.8	0.1	0.4
Newborn excluding unqualified days	%	2.1	0.9	1.1	1.0	1.1	1.5	1.4	0.7	1.4
Other admitted care	%	–	–	–	–	–	–	–	0.1	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (d)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Excludes records for hospital boarders or posthumous organ procurement.

(b) There was a change in Victorian admission policy from 1 July 2012 that has impacted the separation time series.

(c) Total separations include 'newborn unqualified days only', which are not normally included as admitted patient care.

(d) Total separations exclude 'newborn unqualified days only', which are not normally included as admitted patient care.

– Nil or rounded to zero.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 11A.14 **Same-day acute separations(a), for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations (no.)										
Z49	Care involving dialysis	322 117	284 187	165 015	104 156	66 702	16 179	21 917	57 277	1 037 550
Z51	Other medical care	3 942	88 490	13 001	30 660	593	3 422	816	670	141 594
R07	Pain in throat and chest	14 435	13 593	15 186	7 434	4 337	592	1 595	589	57 761
H26	Other cataract	18 460	14 451	6 315	9 152	5 770	1 177	1 222	736	57 283
R10	Abdominal and pelvic pain	11 336	8 218	9 542	5 711	1 968	569	798	523	38 665
C44	Other malignant neoplasms of skin	5 334	6 214	6 236	2 391	2 764	690	179	183	23 991
Z08	Follow-up examination after treatment for malignant neoplasms	5 544	6 779	3 682	2 761	1 332	430	161	108	20 797
Z45	Adjustment and management of implanted device	2 257	4 937	5 543	2 028	703	2 854	558	131	19 011
K92	Other diseases of digestive system	7 540	3 958	2 536	3 521	319	413	172	203	18 662
D50	Iron deficiency anaemia	4 004	5 987	2 552	2 877	1 302	641	270	161	17 794
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	4 814	5 807	2 624	2 957	683	407	251	132	17 675
A09	Other gastroenteritis and colitis of infectious and unspecified origin	4 357	2 828	3 844	2 003	809	94	231	148	14 314
K21	Gastro-oesophageal reflux disease	4 451	3 994	1 691	2 442	262	324	242	148	13 554
R19	Other symptoms and signs involving the digestive system and abdomen	4 648	3 490	1 298	2 902	40	385	105	181	13 049
G35	Multiple sclerosis	1 679	6 952	1 436	1 454	162	887	340	47	12 957
D64	Other anaemias	3 103	4 484	1 425	2 025	1 222	373	50	83	12 765
Z46	Fitting and adjustment of other devices	2 725	4 281	2 705	1 394	825	401	166	112	12 609
D12	Benign neoplasm of colon, rectum, anus and anal canal	4 336	4 393	1 028	1 831	29	276	138	159	12 190
K29	Gastritis and duodenitis	3 852	3 577	2 179	1 547	272	108	98	327	11 960
K02	Dental caries	3 154	3 230	2 349	1 101	1 281	442	135	245	11 937

Table 11A.14 **Same-day acute separations(a), for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
G56	Mononeuropathies of upper limb	3 521	3 340	1 932	1 125	1 373	293	111	92	11 787
N92	Excessive, frequent and irregular menstruation	3 168	3 195	2 423	1 014	1 113	261	171	139	11 484
M54	Dorsalgia	2 563	3 201	2 735	1 512	1 024	80	187	95	11 397
S01	Open wound of head	3 205	2 146	2 952	1 651	683	87	188	425	11 337
I48	Atrial fibrillation and flutter	3 027	2 434	2 359	1 427	1 098	153	284	91	10 873
K50	Crohn's disease [regional enteritis]	1 711	4 595	1 720	1 018	536	338	782	92	10 792
S62	Fracture at wrist and hand level	4 209	2 947	1 471	813	380	272	533	133	10 758
Z47	Other orthopaedic follow-up care	3 314	2 551	2 589	1 060	501	200	251	157	10 623
I20	Angina pectoris	2 703	2 052	2 846	1 357	925	194	248	92	10 417
Z12	Special screening examination for neoplasms	3 272	3 404	869	2 343	na	256	114	92	10 350
N20	Calculus of kidney and ureter	3 502	2 882	2 100	1 019	467	157	168	50	10 345
Z30	Contraceptive management	2 461	3 016	1 093	1 651	1 521	371	34	104	10 251
N39	Other disorders of urinary system	2 729	2 277	2 858	1 249	706	111	190	104	10 224
I84	Haemorrhoids	3 346	3 254	979	1 492	590	240	157	136	10 194
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	3 196	727	4 124	938	484	57	73	369	9 968
M23	Internal derangement of knee	2 806	2 881	1 226	1 143	1 359	245	130	96	9 886
S52	Fracture of forearm	3 847	1 153	2 459	972	475	76	401	131	9 514
R55	Syncope and collapse	2 638	1 987	2 434	1 086	942	80	217	68	9 452
F32	Depressive episode	2 528	2 544	1 713	779	987	678	24	77	9 330
G61	Inflammatory polyneuropathy	2 162	3 506	1 511	1 162	303	260	115	35	9 054
R31	Unspecified haematuria	2 013	2 471	1 640	1 374	837	218	133	39	8 725
D80	Immunodeficiency with predominantly antibody defects	2 466	3 003	1 298	854	382	290	323	23	8 639
E83	Disorders of mineral metabolism	1 003	4 406	631	1 283	90	530	38	287	8 268
O80	Single spontaneous delivery	2 774	1 171	2 288	673	574	177	403	169	8 229

Table 11A.14 **Same-day acute separations(a), for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
O04	Medical abortion	655	2 646	112	593	3 349	39	34	701	8 129
K57	Diverticular disease of intestine	2 466	3 127	1 171	870	109	162	78	106	8 089
J45	Asthma	2 108	1 803	2 409	562	633	212	111	102	7 940
K01	Embedded and impacted teeth	1 430	3 129	1 070	632	1 251	183	184	6	7 885
F10	Mental and behavioural disorders due to use of alcohol	1 362	692	2 673	1 790	703	26	101	528	7 875
S61	Open wound of wrist and hand	3 213	1 742	1 260	586	243	117	287	147	7 595
	Other	246 349	229 230	202 463	102 312	70 081	18 738	13 784	12 576	895 533
Total		**757 835**	**787 362**	**509 595**	**326 687**	**185 094**	**55 765**	**49 298**	**79 425**	**2 751 061**
Separations (per cent)										
Z49	Care involving dialysis	42.5	36.1	32.4	31.9	36.0	29.0	44.5	72.1	37.7
Z51	Other medical care	0.5	11.2	2.6	9.4	0.3	6.1	1.7	0.8	5.1
R07	Pain in throat and chest	1.9	1.7	3.0	2.3	2.3	1.1	3.2	0.7	2.1
H26	Other cataract	2.4	1.8	1.2	2.8	3.1	2.1	2.5	0.9	2.1
R10	Abdominal and pelvic pain	1.5	1.0	1.9	1.7	1.1	1.0	1.6	0.7	1.4
C44	Other malignant neoplasms of skin	0.7	0.8	1.2	0.7	1.5	1.2	0.4	0.2	0.9
Z08	Follow-up examination after treatment for malignant neoplasms	0.7	0.9	0.7	0.8	0.7	0.8	0.3	0.1	0.8
Z45	Adjustment and management of implanted device	0.3	0.6	1.1	0.6	0.4	5.1	1.1	0.2	0.7
K92	Other diseases of digestive system	1.0	0.5	0.5	1.1	0.2	0.7	0.3	0.3	0.7
D50	Iron deficiency anaemia	0.5	0.8	0.5	0.9	0.7	1.1	0.5	0.2	0.6
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	0.6	0.7	0.5	0.9	0.4	0.7	0.5	0.2	0.6
A09	Other gastroenteritis and colitis of infectious and unspecified origin	0.6	0.4	0.8	0.6	0.4	0.2	0.5	0.2	0.5

Table 11A.14 **Same-day acute separations(a), for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
K21	Gastro-oesophageal reflux disease	0.6	0.5	0.3	0.7	0.1	0.6	0.5	0.2	0.5
R19	Other symptoms and signs involving the digestive system and abdomen	0.6	0.4	0.3	0.9	0.0	0.7	0.2	0.2	0.5
G35	Multiple sclerosis	0.2	0.9	0.3	0.4	0.1	1.6	0.7	0.1	0.5
D64	Other anaemias	0.4	0.6	0.3	0.6	0.7	0.7	0.1	0.1	0.5
Z46	Fitting and adjustment of other devices	0.4	0.5	0.5	0.4	0.4	0.7	0.3	0.1	0.5
D12	Benign neoplasm of colon, rectum, anus and anal canal	0.6	0.6	0.2	0.6	0.0	0.5	0.3	0.2	0.4
K29	Gastritis and duodenitis	0.5	0.5	0.4	0.5	0.1	0.2	0.2	0.4	0.4
K02	Dental caries	0.4	0.4	0.5	0.3	0.7	0.8	0.3	0.3	0.4
G56	Mononeuropathies of upper limb	0.5	0.4	0.4	0.3	0.7	0.5	0.2	0.1	0.4
N92	Excessive, frequent and irregular menstruation	0.4	0.4	0.5	0.3	0.6	0.5	0.3	0.2	0.4
M54	Dorsalgia	0.3	0.4	0.5	0.5	0.6	0.1	0.4	0.1	0.4
S01	Open wound of head	0.4	0.3	0.6	0.5	0.4	0.2	0.4	0.5	0.4
I48	Atrial fibrillation and flutter	0.4	0.3	0.5	0.4	0.6	0.3	0.6	0.1	0.4
K50	Crohn's disease [regional enteritis]	0.2	0.6	0.3	0.3	0.3	0.6	1.6	0.1	0.4
S62	Fracture at wrist and hand level	0.6	0.4	0.3	0.2	0.2	0.5	1.1	0.2	0.4
Z47	Other orthopaedic follow-up care	0.4	0.3	0.5	0.3	0.3	0.4	0.5	0.2	0.4
I20	Angina pectoris	0.4	0.3	0.6	0.4	0.5	0.3	0.5	0.1	0.4
Z12	Special screening examination for neoplasms	0.4	0.4	0.2	0.7	na	0.5	0.2	0.1	0.4
N20	Calculus of kidney and ureter	0.5	0.4	0.4	0.3	0.3	0.3	0.3	0.1	0.4
Z30	Contraceptive management	0.3	0.4	0.2	0.5	0.8	0.7	0.1	0.1	0.4
N39	Other disorders of urinary system	0.4	0.3	0.6	0.4	0.4	0.2	0.4	0.1	0.4
I84	Haemorrhoids	0.4	0.4	0.2	0.5	0.3	0.4	0.3	0.2	0.4
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0.4	0.1	0.8	0.3	0.3	0.1	0.1	0.5	0.4

Table 11A.14 **Same-day acute separations(a), for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
M23	Internal derangement of knee	0.4	0.4	0.2	0.3	0.7	0.4	0.3	0.1	0.4
S52	Fracture of forearm	0.5	0.1	0.5	0.3	0.3	0.1	0.8	0.2	0.3
R55	Syncope and collapse	0.3	0.3	0.5	0.3	0.5	0.1	0.4	0.1	0.3
F32	Depressive episode	0.3	0.3	0.3	0.2	0.5	1.2	0.0	0.1	0.3
G61	Inflammatory polyneuropathy	0.3	0.4	0.3	0.4	0.2	0.5	0.2	0.0	0.3
R31	Unspecified haematuria	0.3	0.3	0.3	0.4	0.5	0.4	0.3	0.0	0.3
D80	Immunodeficiency with predominantly antibody defects	0.3	0.4	0.3	0.3	0.2	0.5	0.7	0.0	0.3
E83	Disorders of mineral metabolism	0.1	0.6	0.1	0.4	0.0	1.0	0.1	0.4	0.3
O80	Single spontaneous delivery	0.4	0.1	0.4	0.2	0.3	0.3	0.8	0.2	0.3
O04	Medical abortion	0.1	0.3	0.0	0.2	1.8	0.1	0.1	0.9	0.3
K57	Diverticular disease of intestine	0.3	0.4	0.2	0.3	0.1	0.3	0.2	0.1	0.3
J45	Asthma	0.3	0.2	0.5	0.2	0.3	0.4	0.2	0.1	0.3
K01	Embedded and impacted teeth	0.2	0.4	0.2	0.2	0.7	0.3	0.4	0.0	0.3
F10	Mental and behavioural disorders due to use of alcohol	0.2	0.1	0.5	0.5	0.4	0.0	0.2	0.7	0.3
S61	Open wound of wrist and hand	0.4	0.2	0.2	0.2	0.1	0.2	0.6	0.2	0.3
Total		**67.5**	**70.9**	**60.3**	**68.7**	**62.1**	**66.4**	**72.0**	**84.2**	**67.4**

(a) Includes separations for which the care type was reported as ‘acute’ or ‘newborn with qualified days’, or was not reported.

na Not availaible.

Source : AIHW 2014, *Australian Hospital Statistics 2012-13* , Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.15 **Overnight acute separations, for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Patient days (no.)										
O80	Single spontaneous delivery	39 449	29 411	24 196	11 567	7 716	1 933	2 137	1 799	118 208
O82	Single delivery by caesarean section	18 483	15 390	11 118	6 123	4 476	1 014	1 199	772	58 575
R07	Pain in throat and chest	20 380	11 503	13 368	4 957	6 026	642	602	688	58 166
J44	Other chronic obstructive pulmonary disease	18 104	10 292	9 416	4 022	4 446	1 159	554	780	48 773
J18	Pneumonia, organism unspecified	16 632	11 498	8 497	4 703	4 014	1 003	743	937	48 027
R10	Abdominal and pelvic pain	13 642	9 442	6 638	3 661	3 151	710	585	418	38 247
I21	Acute myocardial infarction	12 037	8 597	8 686	3 710	2 872	899	758	429	37 988
L03	Cellulitis	12 771	8 028	7 831	3 750	2 565	593	527	799	36 864
K80	Cholelithiasis	12 496	9 120	6 917	3 483	2 686	786	562	388	36 438
I50	Heart failure	13 176	8 639	6 084	3 299	3 023	863	430	451	35 965
N39	Other disorders of urinary system	13 218	7 216	7 313	3 608	3 087	472	550	398	35 862
I48	Atrial fibrillation and flutter	10 551	5 681	5 083	2 219	2 404	446	363	331	27 078
I20	Angina pectoris	9 355	5 054	6 286	2 450	2 658	582	303	339	27 027
K35	Acute appendicitis	8 414	6 193	5 426	2 844	1 848	513	550	338	26 126
J45	Asthma	9 215	6 344	4 007	2 115	2 299	330	325	304	24 939
O81	Single delivery by forceps and vacuum extractor	7 498	7 310	3 777	2 838	1 719	426	629	238	24 435
A09	Other gastroenteritis and colitis of infectious and unspecified origin	9 473	5 182	4 182	2 276	2 021	344	238	441	24 157
S52	Fracture of forearm	8 324	5 203	3 799	2 370	1 541	453	517	450	22 657
T81	Complications of procedures, not elsewhere classified	7 662	5 175	4 142	2 597	1 706	492	419	399	22 592
S72	Fracture of femur	8 276	5 168	3 785	2 259	1 636	576	430	162	22 292
F20	Schizophrenia	6 907	4 769	4 437	2 043	1 657	445	242	333	20 833
R55	Syncope and collapse	7 724	4 306	3 890	1 631	2 387	394	266	149	20 747
S82	Fracture of lower leg, including ankle	6 902	4 728	3 806	2 334	1 355	461	477	368	20 431

Table 11A.15 **Overnight acute separations, for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	5 417	4 616	3 580	2 122	1 585	350	493	305	18 468
K56	Paralytic ileus and intestinal obstruction without hernia	6 617	4 147	3 141	1 618	1 396	355	295	143	17 712
F10	Mental and behavioural disorders due to use of alcohol	6 497	2 664	3 314	2 596	1 386	287	473	412	17 629
F32	Depressive episode	5 362	4 106	2 670	2 345	2 097	319	214	130	17 243
J22	Unspecified acute lower respiratory infection	6 142	2 995	2 780	2 587	1 552	238	175	392	16 861
J21	Acute bronchiolitis	6 079	2 775	3 024	1 815	1 464	267	253	433	16 110
E11	Type 2 diabetes mellitus	5 066	3 606	3 242	1 780	1 557	245	188	394	16 078
F43	Reaction to severe stress, and adjustment disorders	5 911	2 454	2 525	3 051	1 575	315	111	136	16 078
G47	Sleep disorders	2 328	7 288	3 221	1 044	1 452	435	72	38	15 878
K57	Diverticular disease of intestine	5 385	3 782	3 124	1 614	1 199	293	299	130	15 826
M17	Gonarthrosis [arthrosis of knee]	5 937	3 401	2 477	1 990	1 212	289	277	108	15 691
K40	Inguinal hernia	5 636	4 029	2 430	1 474	1 196	312	242	122	15 441
I63	Cerebral infarction	5 258	4 086	2 273	1 405	1 389	408	222	87	15 128
A41	Other sepsis	6 188	3 964	2 235	1 195	639	296	284	150	14 951
L02	Cutaneous abscess, furuncle and carbuncle	4 111	2 205	3 577	2 218	852	118	153	1 283	14 517
M54	Dorsalgia	5 168	3 751	2 552	1 169	1 201	260	144	64	14 309
K85	Acute pancreatitis	4 679	3 412	2 632	1 612	893	311	239	320	14 098
J35	Chronic diseases of tonsils and adenoids	4 107	4 054	2 045	1 365	1 551	281	201	185	13 789
K92	Other diseases of digestive system	5 331	3 009	2 276	1 131	1 075	262	167	125	13 376
S06	Intracranial injury	4 403	2 966	2 837	1 360	1 071	245	236	187	13 305
K59	Other functional intestinal disorders	4 397	2 938	2 504	1 496	1 128	222	167	100	12 952
S42	Fracture of shoulder and upper arm	4 538	3 274	2 226	1 306	867	238	292	165	12 906
Z38	Liveborn infants according to place of birth	12 042	247	85	356	61	12	19	35	12 857
R56	Convulsions, not elsewhere classified	3 864	2 712	2 249	1 292	861	253	158	297	11 686

Table 11A.15 **Overnight acute separations, for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
G45	Transient cerebral ischaemic attacks and related syndromes	4 495	2 450	2 233	984	842	207	178	83	11 472
B34	Viral infection of unspecified site	4 332	2 225	1 977	1 657	820	113	122	143	11 389
N20	Calculus of kidney and ureter	3 417	2 597	2 460	1 018	1 090	181	225	70	11 058
	Other	459 999	317 093	254 053	138 413	113 841	25 229	21 635	20 234	1 350 497
Total		**893 395**	**601 095**	**486 426**	**262 872**	**213 145**	**47 877**	**40 940**	**37 982**	**2 583 732**
Patient days (per cent)										
O80	Single spontaneous delivery	4.4	4.9	5.0	4.4	3.6	4.0	5.2	4.7	4.6
O82	Single delivery by caesarean section	2.1	2.6	2.3	2.3	2.1	2.1	2.9	2.0	2.3
R07	Pain in throat and chest	2.3	1.9	2.7	1.9	2.8	1.3	1.5	1.8	2.3
J44	Other chronic obstructive pulmonary disease	2.0	1.7	1.9	1.5	2.1	2.4	1.4	2.1	1.9
J18	Pneumonia, organism unspecified	1.9	1.9	1.7	1.8	1.9	2.1	1.8	2.5	1.9
R10	Abdominal and pelvic pain	1.5	1.6	1.4	1.4	1.5	1.5	1.4	1.1	1.5
I21	Acute myocardial infarction	1.3	1.4	1.8	1.4	1.3	1.9	1.9	1.1	1.5
L03	Cellulitis	1.4	1.3	1.6	1.4	1.2	1.2	1.3	2.1	1.4
K80	Cholelithiasis	1.4	1.5	1.4	1.3	1.3	1.6	1.4	1.0	1.4
I50	Heart failure	1.5	1.4	1.3	1.3	1.4	1.8	1.1	1.2	1.4
N39	Other disorders of urinary system	1.5	1.2	1.5	1.4	1.4	1.0	1.3	1.0	1.4
I48	Atrial fibrillation and flutter	1.2	0.9	1.0	0.8	1.1	0.9	0.9	0.9	1.0
I20	Angina pectoris	1.0	0.8	1.3	0.9	1.2	1.2	0.7	0.9	1.0
K35	Acute appendicitis	0.9	1.0	1.1	1.1	0.9	1.1	1.3	0.9	1.0
J45	Asthma	1.0	1.1	0.8	0.8	1.1	0.7	0.8	0.8	1.0
O81	Single delivery by forceps and vacuum extractor	0.8	1.2	0.8	1.1	0.8	0.9	1.5	0.6	0.9
A09	Other gastroenteritis and colitis of infectious and unspecified origin	1.1	0.9	0.9	0.9	0.9	0.7	0.6	1.2	0.9

Table 11A.15 **Overnight acute separations, for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
S52	Fracture of forearm	0.9	0.9	0.8	0.9	0.7	0.9	1.3	1.2	0.9
T81	Complications of procedures, not elsewhere classified	0.9	0.9	0.9	1.0	0.8	1.0	1.0	1.1	0.9
S72	Fracture of femur	0.9	0.9	0.8	0.9	0.8	1.2	1.1	0.4	0.9
F20	Schizophrenia	0.8	0.8	0.9	0.8	0.8	0.9	0.6	0.9	0.8
R55	Syncope and collapse	0.9	0.7	0.8	0.6	1.1	0.8	0.6	0.4	0.8
S82	Fracture of lower leg, including ankle	0.8	0.8	0.8	0.9	0.6	1.0	1.2	1.0	0.8
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	0.6	0.8	0.7	0.8	0.7	0.7	1.2	0.8	0.7
K56	Paralytic ileus and intestinal obstruction without hernia	0.7	0.7	0.6	0.6	0.7	0.7	0.7	0.4	0.7
F10	Mental and behavioural disorders due to use of alcohol	0.7	0.4	0.7	1.0	0.7	0.6	1.2	1.1	0.7
F32	Depressive episode	0.6	0.7	0.5	0.9	1.0	0.7	0.5	0.3	0.7
J22	Unspecified acute lower respiratory infection	0.7	0.5	0.6	1.0	0.7	0.5	0.4	1.0	0.7
J21	Acute bronchiolitis	0.7	0.5	0.6	0.7	0.7	0.6	0.6	1.1	0.6
E11	Type 2 diabetes mellitus	0.6	0.6	0.7	0.7	0.7	0.5	0.5	1.0	0.6
F43	Reaction to severe stress, and adjustment disorders	0.7	0.4	0.5	1.2	0.7	0.7	0.3	0.4	0.6
G47	Sleep disorders	0.3	1.2	0.7	0.4	0.7	0.9	0.2	0.1	0.6
K57	Diverticular disease of intestine	0.6	0.6	0.6	0.6	0.6	0.6	0.7	0.3	0.6
M17	Gonarthrosis [arthrosis of knee]	0.7	0.6	0.5	0.8	0.6	0.6	0.7	0.3	0.6
K40	Inguinal hernia	0.6	0.7	0.5	0.6	0.6	0.7	0.6	0.3	0.6
I63	Cerebral infarction	0.6	0.7	0.5	0.5	0.7	0.9	0.5	0.2	0.6
A41	Other sepsis	0.7	0.7	0.5	0.5	0.3	0.6	0.7	0.4	0.6
L02	Cutaneous abscess, furuncle and carbuncle	0.5	0.4	0.7	0.8	0.4	0.2	0.4	3.4	0.6
M54	Dorsalgia	0.6	0.6	0.5	0.4	0.6	0.5	0.4	0.2	0.6
K85	Acute pancreatitis	0.5	0.6	0.5	0.6	0.4	0.6	0.6	0.8	0.5
J35	Chronic diseases of tonsils and adenoids	0.5	0.7	0.4	0.5	0.7	0.6	0.5	0.5	0.5

Table 11A.15 **Overnight acute separations, for the 50 most common principal diagnoses, public hospitals, states and territories, 2012-13 (a)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
K92	Other diseases of digestive system	0.6	0.5	0.5	0.4	0.5	0.5	0.4	0.3	0.5
S06	Intracranial injury	0.5	0.5	0.6	0.5	0.5	0.5	0.6	0.5	0.5
K59	Other functional intestinal disorders	0.5	0.5	0.5	0.6	0.5	0.5	0.4	0.3	0.5
S42	Fracture of shoulder and upper arm	0.5	0.5	0.5	0.5	0.4	0.5	0.7	0.4	0.5
Z38	Liveborn infants according to place of birth	1.3	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.5
R56	Convulsions, not elsewhere classified	0.4	0.5	0.5	0.5	0.4	0.5	0.4	0.8	0.5
G45	Transient cerebral ischaemic attacks and related syndromes	0.5	0.4	0.5	0.4	0.4	0.4	0.4	0.2	0.4
B34	Viral infection of unspecified site	0.5	0.4	0.4	0.6	0.4	0.2	0.3	0.4	0.4
N20	Calculus of kidney and ureter	0.4	0.4	0.5	0.4	0.5	0.4	0.5	0.2	0.4
Total		**48.5**	**47.2**	**47.8**	**47.3**	**46.6**	**47.3**	**47.2**	**46.7**	**47.7**

(a) Includes separations for which the care type was reported as ‘acute’ or ‘newborn with qualified days’, or was not reported.

Source: AIHW 2014, *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.16 **Patient days, by care type, public and private hospitals, 2012-13**

	NSW	*Vic* (a)	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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	–	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	–	8	–	–	52	21	102	184
Not reported	–	–	–	–	–	763	–	–	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**
Private hospitals									
Acute care	1 935 943	1 977 705	1 956 758	804 114	558 285	np	np	np	7 512 905
Rehabilitation total	483 208	269 820	169 232	55 077	70 727	np	np	np	1 088 903
Palliative care	3 982	8 199	26 133	24 725	3 363	np	np	np	68 483
Geriatric evaluation and management	–	–	2 523	–	407	np	np	np	3 013
Psychogeriatric care	–	32 100	93	12 156	–	np	np	np	44 349
Maintenance care	1 269	665	38 243	2 848	937	np	np	np	44 002
Newborn–qualified days	39 938	22 249	26 645	12 024	5 700	np	np	np	110 577
Newborn–unqualified days	73 954	11 055	62 418	38 658	3 217	np	np	np	203 182
Newborn total	113 892	33 304	89 063	50 682	8 917	np	np	np	313 759
Other admitted patient care	–	–	–	–	–	np	np	np	11
Not reported	–	–	–	–	–	np	np	np	703
Total (b)	**2 464 340**	**2 310 738**	**2 219 627**	**910 944**	**639 419**	**np**	**np**	**np**	**8 872 946**

Table 11A.16 **Patient days, by care type, public and private hospitals, 2012-13**

	NSW	*Vic* (a)	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(a) The reporting of Newborns (with unqualified days only) is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(b) Total patient days exclude unqualified days for Newborns.

– Nil or rounded to zero. **np** Not published.

Source : AIHW 2014, *Australian Hospital Statistics 2012-13* , Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.17 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2012-13 (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas (b)*	*ACT*	*NT* (c)	*Aust* (d)
Public acute hospitals										
Individual occasions of service										
Accident and emergency	no.	2 580 878	1 658 736	1 746 928	966 901	546 588	159 701	118 975	145 534	7 924 241
Dialysis	no.	22 667	127 656	..	..	..	..	..	5 262	155 585
Pathology	no.	3 244 984	877 350	3 840 715	837 049	..	..	683 066	132 045	9 615 209
Radiology and organ imaging	no.	631 210	644 895	986 772	434 404	193 615	..	41 577	91 673	3 024 146
Endoscopy and related procedures	no.	24 381	3 497	8 307	..	26 901	..	3 139	1 104	67 329
Other medical/surgical/obstetric (e)	no.	5 716 157	2 047 090	2 607 998	1 072 772	960 493	242 194	387 671	171 096	13 205 471
Mental health	no.	1 017 711	..	30 782	96 596	12 908	4 105	262 860	..	1 424 962
Alcohol and drug	no.	1 293 842	87 747	39 694	..	..	..	..	..	1 421 283
Dental	no.	439 492	455 473	..	12 832	9 135	..	..	..	916 932
Pharmacy (f)	no.	3 765 178	421 723	539 330	234 006	..	..	42 880	35 283	5 038 400
Allied health	no.	759 428	1 009 769	671 857	890 159	171 262	62 666	159 522	17 590	3 742 253
Other non-admitted services										
Community health	no.	2 543 707	426 022	227 451	1 058 187	..	13 580	170 128	..	4 439 075
District nursing (g)	no.	1 636 103	159 594	..	114 674	..	..	..	..	1 910 371
Other outreach	no.	736 574	5 644	134 817	105 650	247 098	..	..	..	1 229 783
Total (individual)	no.	**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**
Group sessions										
Outpatient care										
Allied health	no.	10 621	34 212	11 940	130 233	6 757	..	14 042	261	208 066
Dental	no.	46	..	..	..	..	..	..	..	46
Other medical/surgical/obstetric (e)	no.	32 944	2 879	7 162	7 496	6 472	..	3 145	511	60 609

Table 11A.17 **Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2012-13 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas (b)*	*ACT*	*NT* (c)	*Aust* (d)
Mental health	no.	34 543	..	2	20 720	460	..	5 648	..	61 373
Alcohol & drug	no.	292	..	165	..	..	..	..	..	457
Community health	no.	25 161	1 836	12 538	31 033	..	..	38 241	..	108 809
District nursing	no.	2 608	36	..	758	..	..	..	..	3 402
Other outreach	no.	2 568	..	136	1 439	69 094	..	..	..	73 237
Other	no.	98	32	..	..	..	..	..	..	130
Total (group sessions)	no.	**108 881**	**38 995**	**31 943**	**191 679**	**82 783**	**..**	**61 076**	**772**	**516 129**
Public acute hospitals										
Accident and emergency	%	10.6	20.9	16.1	16.6	25.2	33.1	6.4	24.3	14.6
Outpatient services										
Dialysis	%	0.1	1.6	..	..	..	..	..	0.9	0.3
Pathology	%	13.3	11.1	35.4	14.4	..	..	36.5	22.0	17.8
Radiology and organ imaging	%	2.6	8.1	9.1	7.5	8.9	..	2.2	15.3	5.6
Endoscopy and related procedures	%	0.1	–	0.1	..	1.2	..	0.2	0.2	0.1
Other medical/surgical/obstetric (e)	%	23.4	25.8	24.1	18.4	44.3	50.2	20.7	28.5	24.4
Mental health	%	4.2	..	0.3	1.7	0.6	0.9	14.1	..	2.6
Alcohol and drug	%	5.3	1.1	0.4	..	..	..	..	..	2.6
Dental	%	1.8	5.7	..	0.2	0.4	..	..	..	1.7
Pharmacy (f)	%	15.4	5.3	5.0	4.0	..	..	2.3	5.9	9.3
Allied health	%	3.1	12.7	6.2	15.3	7.9	13.0	8.5	2.9	6.9
Other non-admitted services										
Community health	%	10.4	5.4	2.1	18.2	..	2.8	9.1	..	8.2
District nursing (g)	%	6.7	2.0	..	2.0	..	..	..	..	3.5
Other outreach	%	3.0	0.1	1.2	1.8	11.4	..	..	..	2.3

Table 11A.17 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2012-13 (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas (b)*	*ACT*	*NT* (c)	*Aust* (d)
Total (individual)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Group sessions										
Allied health	%	9.8	87.7	37.4	67.9	8.2	..	23.0	33.8	40.3
Dental	%	–	..	..	..	..	..	..	..	–
Other medical/surgical/obstetric (e)	%	30.3	7.4	22.4	3.9	7.8	..	5.1	66.2	11.7
Mental health	%	31.7	..	–	10.8	0.6	..	9.2	..	11.9
Alcohol & drug	%	0.3	..	0.5	..	..	..	..	..	0.1
Community health	%	23.1	4.7	39.3	16.2	..	..	62.6	..	21.1
District nursing	%	2.4	0.1	..	0.4	..	..	..	..	0.7
Other outreach	%	2.4	..	0.4	0.8	83.5	..	..	..	14.2
Other	%	0.1	0.1	..	..	..	..	..	..	–
Total (group sessions)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**	**100.0**	**100.0**	**100.0**

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

(b) Includes data for the Mersey Community Hospital.

(c) Radiology figures for the NT are underestimated and pathology figures relate only to three of the five hospitals.

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

(e) Other includes the 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.

(f) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service that may not be typical of Pharmacy.

(g) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service that may not be typical of District nursing.

na Not available. .. Not applicable. – Nil or rounded to zero.

Source : AIHW 2014, *Australian Hospital Statistics 2012-13* , Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.18 Emergency department waiting times, by triage category, public hospitals

	Unit	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
2004-05										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	100	98	99	96	100	100	100
2 – Emergency	%	75	86	71	75	72	76	70	61	76
3 – Urgent	%	60	81	54	67	58	67	50	61	64
4 – Semi-urgent	%	66	73	57	65	62	64	52	55	65
5 – Non-urgent	%	87	89	85	91	89	91	83	86	88
Total	%	**68**	**79**	**59**	**70**	**63**	**68**	**58**	**62**	**69**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	82	90	72	66	77	85	70	57	79
2 – Emergency	%	67	73	58	47	57	64	43	62	63
3 – Urgent	%	46	53	34	33	39	41	37	42	43
4 – Semi-urgent	%	19	22	11	12	13	14	12	14	17
5 – Non-urgent	%	6	5	3	2	6	3	2	6	5
Total	%	**30**	**33**	**22**	**21**	**28**	**26**	**21**	**24**	**28**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	8	10	11	7	8	6	8
3 – Urgent	%	33	28	35	29	35	33	29	27	32
4 – Semi-urgent	%	44	48	48	49	48	51	47	52	47
5 – Non-urgent	%	14	15	9	11	5	7	16	14	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	76	88	64	68	68	84	100	100	76
Hospitals reporting emergency department episode-level data	no.	57	38	21	13	8	4	2	5	148
2005-06										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	100	98	99	95	100	100	99
2 – Emergency	%	81	83	66	77	69	68	71	59	77
3 – Urgent	%	61	79	55	69	56	57	44	59	64
4 – Semi-urgent	%	66	71	58	67	62	59	47	53	65
5 – Non-urgent	%	87	89	86	90	85	89	84	87	87
Total	%	**69**	**77**	**60**	**71**	**62**	**62**	**52**	**60**	**69**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	82	91	73	68	75	84	81	52	80
2 – Emergency	%	66	74	57	51	59	61	57	67	64

Table 11A.18 **Emergency department waiting times, by triage category, public hospitals**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
3 – Urgent	%	44	53	33	37	40	40	43	44	43
4 – Semi-urgent	%	18	22	10	13	13	13	13	16	17
5 – Non-urgent	%	5	5	3	5	6	3	3	6	5
Total	%	**30**	**32**	**22**	**23**	**28**	**26**	**25**	**25**	**28**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	8	10	11	8	6	6	8
3 – Urgent	%	33	29	36	28	34	34	32	27	32
4 – Semi-urgent	%	44	48	47	50	48	49	49	51	47
5 – Non-urgent	%	14	15	9	11	5	7	12	15	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	81	89	65	68	68	86	100	100	78
Hospitals reporting emergency department episode-level data	no.	62	38	21	14	8	3	2	5	153
2006-07										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	98	98	99	96	100	100	99
2 – Emergency	%	87	82	67	71	72	72	77	56	78
3 – Urgent	%	71	73	57	59	56	62	47	54	65
4 – Semi-urgent	%	74	67	60	61	63	61	49	48	66
5 – Non-urgent	%	89	88	87	87	87	87	81	87	88
Total	%	**76**	**74**	**61**	**64**	**63**	**64**	**54**	**55**	**70**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	81	92	71	67	71	82	73	70	79
2 – Emergency	%	64	74	56	46	58	57	58	64	62
3 – Urgent	%	43	53	31	33	40	38	42	43	42
4 – Semi-urgent	%	18	22	10	11	13	13	14	14	16
5 – Non-urgent	%	5	5	3	4	6	3	4	7	5
Total	%	**28**	**33**	**22**	**21**	**32**	**25**	**25**	**25**	**27**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	9	10	12	8	7	6	8
3 – Urgent	%	32	29	37	29	36	34	33	29	32
4 – Semi-urgent	%	45	48	46	51	47	50	48	52	47
5 – Non-urgent	%	15	15	8	9	4	7	11	12	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Table 11A.18 Emergency department waiting times, by triage category, public hospitals

	Unit	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	81	89	64	72	69	96	100	100	78
Hospitals reporting emergency department episode-level data	no.	71	38	21	16	8	3	2	5	164
2007-08										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	98	99	100	99	100	100	100
2 – Emergency	%	81	79	69	69	72	74	81	59	76
3 – Urgent	%	69	71	56	56	54	54	52	47	63
4 – Semi-urgent	%	75	65	61	59	60	58	51	47	66
5 – Non-urgent	%	90	86	87	86	80	86	78	86	87
Total	%	**76**	**71**	**63**	**61**	**61**	**60**	**58**	**52**	**69**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	80	92	71	65	73	84	73	67	78
2 – Emergency	%	61	75	55	45	60	58	60	64	61
3 – Urgent	%	40	53	32	33	42	38	42	42	41
4 – Semi-urgent	%	16	21	10	11	14	13	13	13	16
5 – Non-urgent	%	5	4	3	4	6	5	3	5	4
Total	%	**26**	**33**	**22**	**20**	**29**	**25**	**25**	**24**	**27**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	9	10	11	8	8	6	9
3 – Urgent	%	31	30	37	29	35	35	32	30	32
4 – Semi-urgent	%	45	47	44	52	46	50	45	53	46
5 – Non-urgent	%	15	14	9	8	6	7	14	10	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	81	89	64	72	67	88	100	100	78
Hospitals reporting emergency department episode-level data	no.	71	38	22	16	8	3	2	5	165
2008-09										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	99	99	100	99	100	100	100
2 – Emergency	%	80	82	72	69	75	76	86	62	77

Table 11A.18 Emergency department waiting times, by triage category, public hospitals

	Unit	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
3 – Urgent	%	68	74	59	53	59	54	53	48	64
4 – Semi-urgent	%	73	68	65	62	62	61	53	49	67
5 – Non-urgent	%	90	86	88	89	83	87	78	89	88
Total	%	**75**	**73**	**66**	**62**	**64**	**62**	**60**	**54**	**70**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	81	92	69	67	78	82	77	72	79
2 – Emergency	%	62	74	53	48	58	58	63	61	61
3 – Urgent	%	41	52	30	34	42	38	44	43	40
4 – Semi-urgent	%	17	21	10	12	15	13	15	14	16
5 – Non-urgent	%	5	4	3	4	5	5	3	4	5
Total	%	**26**	**33**	**22**	**22**	**30**	**25**	**27**	**25**	**27**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	9	10	11	12	7	9	7	9
3 – Urgent	%	31	30	39	30	35	34	31	30	32
4 – Semi-urgent	%	44	47	43	51	44	50	44	53	46
5 – Non-urgent	%	16	13	8	8	8	8	15	10	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	83	88	72	72	67	89	100	100	80
Hospitals reporting emergency department episode-level data	no.	85	38	26	16	8	4	2	5	184
2009-10										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	99	99	100	99	100	100	100
2 – Emergency	%	82	80	77	71	78	71	83	63	78
3 – Urgent	%	70	71	60	55	63	52	57	49	65
4 – Semi-urgent	%	73	67	66	64	63	63	56	51	68
5 – Non-urgent	%	89	85	89	92	85	88	77	91	88
Total	%	**75**	**72**	**66**	**64**	**67**	**63**	**62**	**56**	**70**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	81	90	69	68	78	79	72	72	78
2 – Emergency	%	62	73	54	49	59	54	55	61	61
3 – Urgent	%	41	51	32	35	41	32	38	44	40
4 – Semi-urgent	%	17	21	10	11	16	10	13	14	16
5 – Non-urgent	%	5	4	3	4	7	4	3	6	5
Total	%	**27**	**33**	**23**	**23**	**30**	**21**	**24**	**26**	**27**
Proportion of occasions of service (c)										

Table 11A.18 Emergency department waiting times, by triage category, public hospitals

	Unit	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
1 – Resuscitation	%	1	1	1	1	1	1	0	1	1
2 – Emergency	%	8	9	10	11	12	8	9	7	9
3 – Urgent	%	30	31	40	31	36	35	31	28	33
4 – Semi-urgent	%	45	47	42	50	44	46	46	53	45
5 – Non-urgent	%	16	13	7	7	7	11	13	10	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	83	90	72	73	67	89	100	100	81
Hospitals reporting emergency department episode-level data	no.	84	39	26	16	8	4	2	5	184
2010-11										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	100	99	100	100	100	100	100
2 – Emergency	%	83	81	78	71	78	72	78	65	79
3 – Urgent	%	71	70	60	50	66	55	48	53	65
4 – Semi-urgent	%	73	65	67	65	70	63	48	54	68
5 – Non-urgent	%	88	86	90	92	88	83	75	90	88
Total	%	**76**	**71**	**67**	**63**	**71**	**62**	**55**	**58**	**70**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	81	87	67	72	76	77	75	76	77
2 – Emergency	%	62	69	52	54	58	53	54	62	60
3 – Urgent	%	41	49	32	38	40	32	37	46	40
4 – Semi-urgent	%	18	21	10	13	16	11	14	15	16
5 – Non-urgent	%	6	5	3	4	8	4	4	5	5
Total	%	**27**	**33**	**24**	**26**	**30**	**21**	**24**	**26**	**28**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	1	1	1	1	0	0	1	1
2 – Emergency	%	9	9	11	11	13	7	10	6	10
3 – Urgent	%	30	32	41	32	37	35	31	26	33
4 – Semi-urgent	%	45	47	41	49	42	48	46	56	45
5 – Non-urgent	%	15	11	6	7	7	9	13	10	11
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	83	90	72	74	68	93	100	100	81

Table 11A.18 Emergency department waiting times, by triage category, public hospitals

	Unit	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
Hospitals reporting emergency department episode-level data	no.	86	39	26	16	8	4	2	5	186
2011-12										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	100	99	100	100	100	100	100
2 – Emergency	%	82	83	82	76	79	77	76	64	80
3 – Urgent	%	71	72	63	52	70	64	50	49	66
4 – Semi-urgent	%	74	67	69	67	77	71	47	49	70
5 – Non-urgent	%	89	87	90	94	92	88	81	89	89
Total	%	**76**	**72**	**69**	**65**	**76**	**71**	**55**	**54**	**72**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	88	93	69	69	78	83	77	71	80
2 – Emergency	%	64	75	50	53	59	51	56	58	61
3 – Urgent	%	42	54	30	36	40	33	38	44	41
4 – Semi-urgent	%	18	23	9	13	15	11	15	16	17
5 – Non-urgent	%	6	6	3	4	6	4	3	5	5
Total	%	**29**	**36**	**23**	**25**	**29**	**21**	**26**	**26**	**29**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	0	1	1	1	1	0	1	1
2 – Emergency	%	9	9	11	11	12	8	11	7	10
3 – Urgent	%	32	33	42	32	36	34	33	29	34
4 – Semi-urgent	%	44	48	40	48	43	48	44	54	45
5 – Non-urgent	%	14	10	6	7	7	10	11	9	10
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	88	91	72	78	80	92	100	100	84
Hospitals reporting emergency department episode-level data	no.	95	40	26	17	14	4	2	5	203
2012-13										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	100	100	100	100	100	100	100
2 – Emergency	%	83	84	84	81	75	83	74	66	82
3 – Urgent	%	73	72	68	52	66	65	43	52	68
4 – Semi-urgent	%	77	68	74	67	78	70	46	52	72
5 – Non-urgent	%	92	87	92	93	92	90	79	89	91
Total	%	**78**	**73**	**74**	**66**	**75**	**71**	**51**	**57**	**73**

Table 11A.18 Emergency department waiting times, by triage category, public hospitals

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	80	74	72	69	79	80	81	72	76
2 – Emergency	%	63	58	52	50	59	52	56	57	58
3 – Urgent	%	42	41	32	35	41	33	36	44	38
4 – Semi-urgent	%	18	17	10	13	15	11	16	16	15
5 – Non-urgent	%	6	4	3	4	6	4	4	5	5
Total	%	**29**	**28**	**25**	**24**	**30**	**21**	**26**	**26**	**27**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	0	1	1	1	1	0	1	1
2 – Emergency	%	11	10	12	12	13	8	11	9	11
3 – Urgent	%	32	34	42	33	36	35	34	28	35
4 – Semi-urgent	%	44	47	40	47	42	48	45	53	44
5 – Non-urgent	%	12	9	5	7	7	9	10	9	9
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	88	92	74	78	83	92	100	100	85
Hospitals reporting emergency department episode-level data	no.	95	40	27	17	14	4	2	5	204
2013-14										
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	100	100	100	100	100	100	100
2 – Emergency	%	83	84	80	86	74	85	83	61	82
3 – Urgent	%	76	73	67	58	65	66	50	51	70
4 – Semi-urgent	%	80	71	75	71	77	71	57	53	75
5 – Non-urgent	%	94	88	92	94	92	90	86	89	92
Total	%	**81**	**75**	**73**	**70**	**73**	**72**	**61**	**57**	**75**
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	79	74	78	68	80	77	80	74	77
2 – Emergency	%	62	60	60	50	59	58	58	56	59
3 – Urgent	%	41	43	39	35	40	37	39	43	40
4 – Semi-urgent	%	16	19	13	12	15	13	17	16	16
5 – Non-urgent	%	5	5	4	3	6	4	5	5	5
Total	**%**	**28**	**30**	**30**	**24**	**30**	**25**	**27**	**27**	**29**
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	0	1	1	1	1	0	1	1
2 – Emergency	%	11	10	12	12	13	8	10	10	11
3 – Urgent	%	32	35	42	34	37	35	34	29	35

Table 11A.18 Emergency department waiting times, by triage category, public hospitals

	Unit	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
4 – Semi-urgent	%	44	45	40	46	42	47	42	51	44
5 – Non-urgent	%	13	9	5	7	7	9	13	9	9
Total	**%**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (e)	%	99	92	74	78	83	92	100	100	88
Hospitals reporting emergency department episode-level data	no.	180	40	27	17	14	4	2	5	289

(a) Includes data for the Mersey Community Hospital.

(b) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category Resuscitation, an occasion of service was classified as 'seen on time' if the waiting time to service was reported as less than or equal to 2 minutes.

(c) Values are derived from all hospitals that reported to the non-admitted patient emergency department care database, including all principal referral and specialist women's and children's hospitals, large hospitals and public hospitals that were classified to other peer groups.

(d) The proportion of occasions of service for which the emergency department departure status was reported as 'admitted to this hospital'.

(e) The number of presentations reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) divided by the number of emergency occasions of service reported to the National Public Hospital Establishments Database (NPHED) as a percentage.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra; AIHW (2014), Australian hospital statistics 2013–14: emergency department care, Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW, Canberra; AIHW (2013), *Australian hospital statistics 2012–13: emergency department care,* Health services series no. 52. Cat. no. HSE 142. Canberra: AIHW, Canberra; AIHW (2012), Australian hospital statistics 2011–12: emergency department care, Health services series no. 45. Cat. no. HSE 126. Canberra: AIHW, (2010), *Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times* . Health services series no. 38. Cat. no. HSE 93. Canberra: AIHW

Table 11A.19 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											*no.*
Peer group A hospitals											
Triage category 1	*%*	100	100	100	100	100	100	100	100	100	36 426
Triage category 2	*%*	83	81	77	68	77	67	78	65	79	453 165
Triage category 3	*%*	68	68	58	46	63	41	48	50	62	1 455 076
Triage category 4	*%*	70	65	65	63	68	49	48	48	65	1 652 580
Triage category 5	*%*	84	87	89	91	87	76	75	83	85	318 925
Total (d)	***%***	73	70	65	60	69	50	55	52	67	3 916 284
Total number (d), (e)	*no.*	1 172 976	974 641	859 878	356 158	276 139	81 910	100 989	93 593	3 916 284	
Peer group B hospitals											
Triage category 1	*%*	100	100	97	95	100	100	..	..	98	4 133
Triage category 2	*%*	83	78	88	73	80	86	..	..	80	86 771
Triage category 3	*%*	76	74	71	52	76	82	..	..	70	353 537
Triage category 4	*%*	74	64	77	64	79	82	..	..	70	545 735
Triage category 5	*%*	89	82	93	91	97	94	..	..	88	112 954
Total (d)	***%***	77	70	77	63	80	84	..	..	72	1 103 156
Total number (d), (e)	*no.*	341 772	289 132	144 541	238 044	41 977	47 690	..	..	1 103 156	
Total (Peer group A and B hospitals)											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	40 559
Triage category 2	*%*	83	81	78	70	77	72	78	65	79	539 936
Triage category 3	*%*	70	69	59	49	65	55	48	50	63	1 808 613

Table 11A.19 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 4	*%*	71	64	67	63	70	63	48	48	66	2 198 315
Triage category 5	*%*	85	85	90	91	88	83	75	83	86	431 879
Total (d)	***%***	74	70	66	61	71	62	55	52	68	5 019 440
Total number (d), (e)	*no.*	1 514 748	1 263 773	1 004 419	594 202	318 116	129 600	100 989	93 593	5 019 440	
2011-12											
Peer group A hospitals											
Triage category 1	*%*	100	100	100	100	100	100	100	100	100	35 924
Triage category 2	*%*	82	82	81	75	77	73	76	62	80	498 947
Triage category 3	*%*	69	69	62	47	65	54	50	45	64	1 565 049
Triage category 4	*%*	72	66	68	65	72	61	47	40	67	1 724 027
Triage category 5	*%*	86	87	90	93	88	86	81	78	87	313 518
Total (d)	***%***	74	71	68	62	71	63	55	46	69	4 137 593
Total number (d), (e)	*no.*	1 253 722	1 003 224	939 721	385 412	266 275	83 890	109 724	95 625	4 137 593	
Peer group B hospitals											
Triage category 1	*%*	100	100	100	96	100	99	–	–	99	4 200
Triage category 2	*%*	81	83	89	76	82	89	–	–	81	89 750
Triage category 3	*%*	74	77	65	54	74	84	–	–	69	355 354
Triage category 4	*%*	74	67	70	66	75	84	–	–	70	531 070
Triage category 5	*%*	89	86	91	93	94	94	–	–	89	98 670
Total (d)	***%***	76	73	71	65	77	85	–	–	72	1 079 077
Total number (d), (e)	*no.*	321 640	303 713	110 690	262 245	34 560	46 229	–	–	1 079 077	

Table 11A.19 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total (Peer group A and B hospitals)											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	40 124
Triage category 2	*%*	82	82	82	75	78	77	76	62	80	588 697
Triage category 3	*%*	70	71	62	50	66	64	50	45	65	1 920 403
Triage category 4	*%*	72	66	69	65	72	71	47	40	68	2 255 097
Triage category 5	*%*	87	86	90	93	89	88	81	78	88	412 188
Total (d)	***%***	74	71	69	63	72	71	55	46	70	5 216 670
Total number (d), (e)	*no.*	1 575 362	1 306 937	1 050 411	647 657	300 835	130 119	109 724	95 625	5 216 670	
2012-13											
Peer group A hospitals											
Triage category 1	%	100	100	100	100	100	100	100	100	100	39 049
Triage category 2	%	83	84	84	80	74	83	74	64	82	557 883
Triage category 3	%	70	70	69	44	62	58	43	48	65	1 660 721
Triage category 4	%	74	67	75	59	73	64	46	44	69	1 813 051
Triage category 5	%	90	87	93	89	88	88	79	80	89	295 722
Total (d)	%	76	72	74	59	70	66	51	50	71	4 366 426
Total number (d), (e)	no.	1 306 601	1 010 140	985 292	487 333	281 965	88 764	109 697	96 776	4 366 568	
Peer group B hospitals											
Triage category 1	%	100	100	100	100	100	100	–	–	100	3 757
Triage category 2	%	82	84	86	83	72	84	–	–	83	96 734

Table 11A.19 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 3	%	74	77	56	66	64	79	–	–	71	375 392
Triage category 4	%	77	68	64	74	73	79	–	–	72	509 328
Triage category 5	%	92	86	88	95	91	95	–	–	90	94 939
Total (d)	%	78	73	64	74	71	81	–	–	74	1 080 150
Total number (d), (e)	no.	364 374	325 427	130 386	162 211	50 243	47 544	–	–	1 080 185	
Total (Peer group A and B hospitals)											
Triage category 1	%	100	100	100	100	100	100	100	100	100	42 806
Triage category 2	%	83	84	84	80	74	83	74	64	82	654 617
Triage category 3	%	71	71	67	49	62	65	43	48	66	2 036 113
Triage category 4	%	75	67	74	63	73	70	46	44	70	2 322 379
Triage category 5	%	91	86	92	91	89	90	79	80	89	390 661
Total (d)	%	76	72	73	63	70	71	51	50	72	5 446 576
Total number (d), (e)	no.	1 670 975	1 335 567	1 115 678	649 544	332 208	136 308	109 697	96 776	5 446 753	
2013-14											
Peer group A hospitals											
Triage category 1	%	100	100	100	100	100	100	100	100	100	39 008
Triage category 2	%	83	84	81	85	71	86	83	59	82	595 561
Triage category 3	%	74	72	70	52	60	59	50	46	68	1 726 893
Triage category 4	%	78	70	76	66	72	65	57	46	72	1 847 126
Triage category 5	%	93	88	93	93	88	88	86	80	91	302 671
Total (d)	%	**79**	**74**	**75**	**65**	**68**	**67**	**61**	**50**	**73**	**4 511 259**

Table 11A.19 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total number (d), (e)	no.	1 370 694	1 061 659	987 179	491 226	289 337	93 101	119 136	99 129	4 511 461	
Peer group B hospitals											
Triage category 1	%	100	100	100	100	100	100	0	0	100	3 721
Triage category 2	%	85	85	85	89	90	82	0	0	86	101 774
Triage category 3	%	77	77	56	73	69	81	0	0	73	376 220
Triage category 4	%	79	71	68	80	76	82	0	0	75	518 748
Triage category 5	%	93	86	90	96	92	95	0	0	90	96 648
Total (d)	%	**80**	**76**	**66**	**80**	**76**	**82**	0	0	**77**	**1 097 111**
Total number (d), (e)	no.	376 263	328 117	135 830	158 728	51 728	46 482	–	–	1 097 148	
Total (Peer group A and B hospitals)											
Triage category 1	%	100	100	100	100	100	100	100	100	100	42 729
Triage category 2	%	84	84	81	86	73	85	83	59	82	697 335
Triage category 3	%	75	73	68	57	61	66	50	46	69	2 103 113
Triage category 4	%	78	70	75	70	72	71	57	46	73	2 365 874
Triage category 5	%	93	87	93	94	89	90	86	80	91	399 319
Total (d)	%	**79**	**74**	**74**	**69**	**69**	**72**	**61**	**50**	**74**	**5 608 370**
Total number (d), (e)	no.	1 746 957	1 389 776	1 123 009	649 954	341 065	139 583	119 136	99 129	5 608 609	

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

Table 11A.19 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*

(c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

(d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

(e) The totals include records for which the triage category was not assigned or not reported.

.. Not applicable.

Source : AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table 11A.20 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											
Total (Peer group A and B hospitals)											
Aboriginal and Torres Strait Islander Australians											*no.*
Triage category 1	*%*	100	100	100	98	100	100	100	100	100	1 756
Triage category 2	*%*	78	78	82	73	76	69	78	66	76	18 995
Triage category 3	*%*	66	72	66	60	64	52	43	53	62	73 151
Triage category 4	*%*	68	68	70	69	67	62	46	46	64	95 079
Triage category 5	*%*	84	87	91	92	85	84	75	78	86	17 759
Total (e)	***%***	71	72	71	68	69	61	52	52	67	206 745
Total number (e), (f)	*no.*	48 288	15 779	56 129	32 709	9 458	5 022	2 484	36 876	206 745	
Other Australians											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	38 803
Triage category 2	*%*	83	81	78	70	77	72	78	64	79	520 941
Triage category 3	*%*	70	69	59	48	65	55	48	48	63	1 735 462
Triage category 4	*%*	71	64	66	63	70	63	48	49	66	2 103 236
Triage category 5	*%*	85	85	90	91	88	83	75	86	86	414 120
Total (e)	***%***	74	70	66	61	71	62	55	52	69	4 812 695
Total number (e), (f)	no.	1 466 460	1 247 994	948 290	561 493	308 658	124 578	98 505	56 717	4 812 695	

Table 11A.20 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2011-12											
Total (Peer group A and B hospitals)											
Aboriginal and Torres Strait Islander Australians											
Triage category 1	*%*	100	100	100	98	100	100	n.p.	100	100	1 816
Triage category 2	*%*	81	77	83	76	78	81	74	63	78	22 148
Triage category 3	*%*	67	74	67	58	65	62	49	50	63	82 090
Triage category 4	*%*	70	70	70	70	69	70	47	43	65	100 151
Triage category 5	*%*	86	89	88	93	88	87	80	76	87	17 267
Total (e)	***%***	72	74	71	69	71	70	54	49	67	223 473
Total number (e), (f)	*no.*	53 731	17 161	62 162	35 140	9 361	5 543	2 592	37 783	223 473	
Other Australians											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	38 308
Triage category 2	*%*	82	83	82	75	78	77	76	62	81	566 549
Triage category 3	*%*	70	71	62	49	66	64	50	41	65	1 838 313
Triage category 4	*%*	72	66	69	65	73	71	47	39	68	2 154 946
Triage category 5	*%*	87	86	90	93	89	89	81	80	88	394 921
Total (e)	***%***	74	71	68	63	72	71	55	44	70	4 993 197
Total number (e), (f)	*no.*	1 521 631	1 289 776	988 249	612 517	291 474	124 576	107 132	57 842	4 993 197	
2012-13											
Total (Peer group A and B hospitals)											
Aboriginal and Torres Strait Islander Australians											

Table 11A.20 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 1	%	100	100	100	100	100	np	np	100	100	2 093
Triage category 2	%	81	81	85	84	72	84	73	65	80	26 396
Triage category 3	%	70	72	72	62	61	63	41	53	66	90 758
Triage category 4	%	74	70	74	70	68	69	44	45	67	106 794
Triage category 5	%	89	88	90	93	86	90	73	77	89	18 737
Total (e)	**%**	**75**	**73**	**76**	**72**	**68**	**70**	**49**	**52**	**70**	**244 778**
Total number (e), (f)	no.	62 422	18 291	68 010	39 160	10 335	6 114	2 697	37 754	244 783	
Other Australians											
Triage category 1	%	100	100	100	100	100	100	100	100	100	40 713
Triage category 2	%	83	84	84	80	74	83	74	64	82	628 221
Triage category 3	%	71	71	67	48	62	65	43	44	66	1 945 355
Triage category 4	%	75	67	74	63	73	70	46	43	70	2 215 585
Triage category 5	%	91	86	92	91	89	90	79	82	89	371 924
Total (e)	**%**	**76**	**72**	**73**	**62**	**70**	**71**	**51**	**48**	**72**	**5 201 798**
Total number (e), (f)	no.	1 608 553	1 317 276	1 047 668	610 384	321 873	130 194	107 000	59 022	5 201 970	
2013-14											
Total (Peer group A and B hospitals)											
Aboriginal and Torres Strait Islander Australians											
Triage category 1	%	100	100	100	100	100	np	np	100	100	2 265
Triage category 2	%	83	84	83	86	72	85	81	62	80	29 415
Triage category 3	%	73	73	72	68	61	62	48	54	68	95 511

Table 11A.20 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 4	%	77	71	75	77	70	72	52	49	71	113 665
Triage category 5	%	92	88	92	95	87	90	82	77	91	19 746
Total (e)	%	**78**	**75**	**76**	**77**	**68**	**71**	**57**	**54**	**73**	**260 602**
Total number (e), (f)	*no.*	71 416	20 554	71 776	38 481	10 551	6 329	3 205	38 298	260 610	
Other Australians											
Triage category 1	%	100	100	100	100	100	100	100	100	100	40 464
Triage category 2	%	84	84	81	86	73	85	83	58	82	667 920
Triage category 3	%	75	73	68	56	61	66	50	41	69	2007 602
Triage category 4	%	78	70	75	69	73	71	57	45	73	2252 209
Triage category 5	%	93	87	93	94	89	90	86	81	91	379 573
Total (e)	%	**79**	**74**	**74**	**69**	**69**	**72**	**61**	**47**	**74**	**5 347 768**
Total number (e), (f)	*no.*	1 675 541	1 369 222	1 051 233	611 473	330 514	133 254	115 931	60 831	5 347 999	

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

(c) The quality of the identification of Aboriginal and Torres Strait Islander patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete, and completeness may vary among the states and territories.

(d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

Table 11A.20 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*

(f) The totals include records for which the triage category was not assigned or not reported.

Source : AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											
Total (Peer group A and B hospitals)											
Major cities											*no.*
Triage category 1	*%*	100	100	100	100	100	100	99	100	100	28 183
Triage category 2	*%*	85	82	76	70	77	75	77	65	79	394 923
Triage category 3	*%*	71	68	55	43	64	52	48	49	63	1 253 345
Triage category 4	*%*	72	62	65	59	69	60	48	50	65	1 446 773
Triage category 5	*%*	85	83	89	89	88	84	75	85	85	277 763
Total (f)	***%***	75	68	63	57	70	62	55	53	68	3 401 080
Total number (f), (g), (h)	*no.*	1 123 089	879 272	606 274	405 232	289 040	2 106	93 140	2 927	3 401 080	
Inner regional											
Triage category 1	*%*	100	100	99	96	100	100	100	100	99	6 930
Triage category 2	*%*	78	79	83	63	77	69	81	64	77	94 766
Triage category 3	*%*	66	72	66	49	65	46	48	50	65	364 134
Triage category 4	*%*	68	69	70	63	72	54	50	48	67	502 391
Triage category 5	*%*	85	89	90	92	89	79	80	90	87	110 213
Total (f)	***%***	71	73	71	61	72	55	57	53	69	1 078 473
Total number (f), (g), (h)	*no.*	332 026	319 572	230 655	94 289	16 934	77 781	5 871	1 345	1 078 473	
Outer regional											
Triage category 1	*%*	100	100	100	93	100	99	100	100	99	3 366
Triage category 2	*%*	78	73	84	80	78	78	84	61	79	36 492

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 3	%	65	75	65	79	66	69	49	42	67	135 753
Triage category 4	%	66	71	65	83	73	76	47	47	68	176 138
Triage category 5	%	84	90	89	96	89	91	75	81	90	28 208
Total (f)	**%**	70	75	68	83	72	75	57	48	71	379 960
Total number (f), (g), (h)	*no.*	36 254	53 100	116 708	73 002	7 485	46 829	1 592	44 990	379 960	
Remote											
Triage category 1	%	100	100	100	100	100	100	–	100	100	462
Triage category 2	%	75	74	92	76	79	75	np	70	78	5 205
Triage category 3	%	64	71	84	69	68	69	50	56	70	24 946
Triage category 4	%	70	70	83	75	74	68	57	52	69	32 569
Triage category 5	%	86	94	92	94	88	89	73	86	91	6 273
Total (f)	**%**	70	74	85	74	74	71	56	57	72	69 455
Total number (f), (g), (h)	*no.*	3 339	1 072	29 548	6 188	1 983	1 075	54	26 196	69 455	
Very remote											
Triage category 1	%	np	–	100	100	100	np	–	100	100	311
Triage category 2	%	72	92	86	73	73	73	np	67	72	2 496
Triage category 3	%	72	78	71	63	63	63	np	56	61	10 440
Triage category 4	%	65	71	74	73	71	61	55	47	56	12 331
Triage category 5	%	96	95	93	93	86	79	np	82	88	1 547
Total (f)	**%**	72	78	76	72	71	64	44	54	62	27 125
Total number (f), (g), (h)	*no.*	377	139	5 169	3 469	928	278	18	16 747	27 125	

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2011-12											
Total (Peer group A and B hospitals)											
Major cities											
Triage category 1	*%*	100	100	100	100	100	100	100	100	100	27 327
Triage category 2	*%*	83	83	81	75	78	78	76	59	81	426 000
Triage category 3	*%*	70	70	59	44	65	65	49	44	64	1 327 802
Triage category 4	*%*	73	64	67	61	72	71	47	38	67	1 487 047
Triage category 5	*%*	87	84	90	91	89	89	81	86	87	263 221
Total (f)	***%***	74	70	66	59	72	73	55	45	69	3 531 540
Total number (f), (g), (h)	*no.*	1 173 784	904 482	628 280	446 191	272 792	1 955	101 278	2 778	3 531 540	
Inner regional											
Triage category 1	*%*	100	100	100	95	100	100	100	np	100	7 070
Triage category 2	*%*	81	82	83	71	78	75	78	61	80	103 608
Triage category 3	*%*	69	73	66	54	67	58	51	46	67	381 954
Triage category 4	*%*	71	70	70	68	76	65	48	40	70	510 172
Triage category 5	*%*	87	89	90	94	92	87	81	79	88	104 868
Total (f)	***%***	74	74	71	66	74	66	57	46	72	1 107 684
Total number (f), (g), (h)	*no.*	339 496	324 064	240 162	100 100	16 554	79 543	6 426	1 339	1 107 684	
Outer regional											
Triage category 1	*%*	100	100	100	97	100	99	100	100	100	3 583

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 2	%	79	81	84	80	81	81	80	59	79	43 286
Triage category 3	%	68	77	68	76	70	74	51	31	68	150 297
Triage category 4	%	70	75	71	81	79	79	47	31	69	183 028
Triage category 5	%	87	92	90	95	91	92	83	68	91	30 067
Total (f)	**%**	72	79	73	81	77	79	57	36	72	410 261
Total number (f), (g), (h)	*no.*	37 728	67 017	127 871	77 337	7 096	45 841	1 641	45 730	410 261	
Remote											
Triage category 1	%	100	np	100	97	100	100	–	100	100	477
Triage category 2	%	80	84	93	78	79	90	np	70	82	6 066
Triage category 3	%	62	79	81	64	73	75	57	59	70	27 180
Triage category 4	%	68	75	72	74	79	81	45	55	65	33 692
Triage category 5	%	87	90	87	95	95	88	64	89	88	4 907
Total (f)	**%**	69	80	78	73	78	80	52	59	70	72 322
Total number (f), (g), (h)	*no.*	3 475	1 321	30 872	6 905	1 786	1 036	61	26 866	72 322	
Very remote											
Triage category 1	%	np	np	100	100	100	np	np	100	100	274
Triage category 2	%	79	82	84	77	80	68	np	65	72	2 903
Triage category 3	%	66	77	72	62	73	66	np	54	60	11 520
Triage category 4	%	70	67	73	73	77	88	np	46	56	12 561
Triage category 5	%	82	95	92	94	91	100	np	77	86	1 520
Total (f)	**%**	71	75	76	72	77	78	50	53	61	28 778

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total number (f), (g), (h)	*no.*	439	154	5 440	4 068	823	233	16	17 605	28 778	
2012-13											
Total (Peer group A and B hospitals)											
Major cities											
Triage category 1	**%**	100	100	100	100	100	np	99	np	100	29 935
Triage category 2	**%**	83	84	83	79	74	82	73	60	81	480 970
Triage category 3	**%**	71	71	63	42	61	64	43	45	64	1 438 534
Triage category 4	**%**	75	66	72	59	72	71	46	42	69	1 576 191
Triage category 5	**%**	91	85	92	89	89	92	78	84	89	251 995
Total (f)	**%**	**76**	**71**	**70**	**58**	**69**	**73**	**51**	**48**	**70**	**3 777 625**
Total number (f), (g), (h)	no.	1 269 768	934 203	686 307	492 950	287 941	2 201	101 601	2 792	3 777 763	
Inner regional											
Triage category 1	**%**	100	100	100	100	100	100	np	np	100	6 782
Triage category 2	**%**	83	83	86	85	74	83	75	62	83	105 899
Triage category 3	**%**	72	73	75	66	63	59	44	44	72	371 583
Triage category 4	**%**	75	70	78	73	75	66	48	44	73	474 318
Triage category 5	**%**	90	88	92	95	92	88	83	86	90	91 432
Total (f)	%	**77**	**74**	**78**	**74**	**71**	**67**	**54**	**49**	**75**	**1 050 014**
Total number (f), (g), (h)	no.	333 272	320 677	235 634	52 034	17 459	83 505	6 191	1 272	1 050 044	
Outer regional											

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 1	**%**	100	100	100	100	100	100	np	100	100	3 740
Triage category 2	**%**	83	81	87	89	82	82	79	62	82	47 634
Triage category 3	**%**	73	77	73	83	77	74	42	36	71	157 002
Triage category 4	**%**	75	75	75	88	78	76	48	37	72	182 628
Triage category 5	**%**	90	93	94	97	90	92	74	70	92	29 047
Total (f)	**%**	**77**	**78**	**77**	**87**	**79**	**77**	**54**	**41**	**75**	**420 051**
Total number (f), (g), (h)	no.	41 340	69 148	137 615	54 428	21 706	46 987	1 452	47 381	420 057	
Remote											
Triage category 1	**%**	np	np	100	99	np	np	–	100	100	476
Triage category 2	**%**	83	83	90	92	78	88	np	71	83	6 840
Triage category 3	**%**	69	76	79	77	70	78	np	61	71	26 234
Triage category 4	**%**	78	73	67	80	79	74	np	57	68	34 922
Triage category 5	**%**	91	89	86	95	np	np	np	90	92	6 959
Total (f)	**%**	**76**	**77**	**75**	**83**	**77**	**78**	**np**	**61**	**73**	**75 431**
Total number (f), (g), (h)	no.	3 173	1 356	19 800	22 078	1 744	1 213	44	26 023	75 431	
Very remote											
Triage category 1	**%**	np	np	100	np	np	np	–	100	100	395
Triage category 2	**%**	np	np	91	88	76	np	np	67	79	4 044
Triage category 3	**%**	68	np	81	70	67	np	np	56	68	15 040
Triage category 4	**%**	75	68	68	77	81	np	np	47	60	18 171
Triage category 5	**%**	np	np	86	94	np	np	np	77	85	2 654

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total (f)	**%**	**74**	**73**	**76**	**78**	**75**	**73**	**np**	**54**	**67**	**40 304**
Total number (f), (g), (h)	no.	837	224	15 314	4 970	800	200	16	17 943	40 304	
2013-14											
Total (Peer group A and B hospitals)											
Major cities											
Triage category 1	%	100	100	100	100	100	np	99	np	100	29 609
Triage category 2	%	83	84	79	85	72	86	83	59	82	511 684
Triage category 3	%	75	73	64	52	60	65	50	46	68	1 493 713
Triage category 4	%	78	70	73	67	71	72	57	49	73	1 615 168
Triage category 5	%	93	86	93	93	89	92	86	88	91	266 347
Total (f)	%	**79**	**74**	**71**	**66**	**68**	**74**	**61**	**52**	**73**	**3 916 521**
Total number (f), (g), (h)	*no.*	1 337 791	981 111	688 366	498 622	294 878	2 346	110 524	3 050	3 916 688	
Inner regional											
Triage category 1	%	100	100	100	100	100	100	np	np	100	7 045
Triage category 2	%	86	84	84	91	73	85	85	64	85	115 531
Triage category 3	%	76	71	75	68	61	61	51	42	72	386 189
Triage category 4	%	78	70	77	77	76	67	59	50	74	477 489
Triage category 5	%	91	88	92	94	91	89	89	86	90	87 122
Total (f)	%	**80**	**73**	**78**	**76**	**70**	**69**	**63**	**52**	**76**	**1 073 376**
Total number (f), (g), (h)	*no.*	339 342	325 653	240 098	55 104	17 915	87 465	6 459	1 395	1 073 431	

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Outer regional											
Triage category 1	*%*	100	100	100	100	100	100	np	100	100	3 738
Triage category 2	*%*	83	85	85	88	79	84	np	54	80	50 539
Triage category 3	*%*	77	77	75	79	75	74	np	31	72	157 827
Triage category 4	*%*	80	75	79	86	82	78	np	36	74	185 332
Triage category 5	*%*	93	92	94	96	94	93	np	68	92	27 923
Total (f)	*%*	**81**	**79**	**79**	**85**	**80**	**78**	**np**	**39**	**75**	**425 359**
Total number (f), (g), (h)	*no.*	41 543	71 331	142 298	52 355	21 975	47 794	1 509	46 564	425 369	
Remote											
Triage category 1	*%*	np	np	99	100	np	np	0	100	100	550
Triage category 2	*%*	87	88	91	92	64	87	np	68	81	6 629
Triage category 3	*%*	80	76	82	80	66	76	np	63	74	25 579
Triage category 4	*%*	82	75	76	84	77	78	np	61	73	37 021
Triage category 5	*%*	95	88	90	96	np	np	np	91	93	7 126
Total (f)	*%*	**83**	**78**	**80**	**85**	**72**	**79**	**np**	**64**	**76**	**76 905**
Total number (f), (g), (h)	*no.*	3 045	1 393	19 895	21 637	1 742	1 285	45	27 863	76 905	
Very remote											
Triage category 1	*%*	np	np	100	np	np	np	0	100	100	386
Triage category 2	*%*	np	np	91	88	62	np	0	66	76	4 491
Triage category 3	*%*	77	np	83	77	61	66	np	56	69	15 102
Triage category 4	*%*	78	np	76	82	78	np	np	49	65	19 287

Table 11A.21 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 5	*%*	np	np	89	96	np	np	np	77	88	2 939
Total (f)	*%*	**80**	**np**	**81**	**83**	**70**	**75**	**np**	**56**	**70**	**42 205**
Total number (f), (g), (h)	*no.*	854	243	15 595	5 663	708	233	11	18 899	42 206	

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

(c) Area of usual residence was not reported or not mappable to remoteness areas for approximately 80 000 records.

(d) Remoteness areas are based on the usual residential address of the patient. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Outer regional' does not exist in the ACT, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no ‘major city’ classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction.

(e) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

(f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

(g) The totals include records for which the triage category was not assigned or not reported.

(h) Total includes records for which a remoteness area could not be assigned as the place of residence was unknown or not stated.

– Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											
Total (Peer group A and B hospitals)											*no.*
Quintile 1											
Triage category 1	**%**	100	100	99	96	100	100	100	100	100	9 349
Triage category 2	**%**	83	78	80	84	79	74	81	65	80	113 956
Triage category 3	**%**	70	67	60	81	61	60	48	51	65	405 639
Triage category 4	**%**	70	61	65	84	64	67	47	46	66	458 109
Triage category 5	**%**	85	84	88	96	86	86	75	81	86	88 369
Total (f)	**%**	**73**	**67**	**66**	**84**	**67**	**66**	**57**	**51**	**69**	1 075 442
Total number (f), (g), (h)	*no.*	316 203	225 603	272 034	41 219	107 740	82 010	1 358	29 275	1 075 442	
Quintile 2											
Triage category 1	**%**	100	100	100	99	100	100	100	100	100	7 954
Triage category 2	**%**	79	82	80	71	77	69	82	63	78	110 475
Triage category 3	**%**	66	75	65	46	66	58	52	50	65	368 031
Triage category 4	**%**	67	69	71	59	71	67	52	47	67	467 575
Triage category 5	**%**	83	87	90	89	90	87	81	85	85	115 825
Total (f)	**%**	**71**	**74**	**71**	**58**	**71**	**66**	**60**	**51**	**70**	1 069 911
Total number (f), (g), (h)	*no.*	445 116	233 443	172 406	121 030	72 148	13 797	4 595	7 376	1 069 911	
Quintile 3											
Triage category 1	**%**	100	100	100	98	100	100	100	100	99	8 100
Triage category 2	**%**	83	81	78	70	76	68	76	68	78	113 383

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 3	*%*	69	71	60	47	65	44	53	54	63	391 949
Triage category 4	*%*	71	65	67	63	70	52	51	51	66	525 335
Triage category 5	*%*	86	85	90	91	88	78	78	86	87	89 561
Total (f)	*%*	**73**	**70**	**66**	**61**	**71**	**53**	**58**	**55**	**68**	1 128 354
Total number (f), (g), (h)	*no.*	282 092	335 353	198 759	210 377	44 476	19 912	5 460	31 925	1 128 354	
Quintile 4											
Triage category 1	*%*	100	100	100	99	100	100	99	100	100	7 686
Triage category 2	*%*	83	81	75	69	78	73	77	60	78	107 432
Triage category 3	*%*	68	67	55	47	68	35	47	43	60	345 739
Triage category 4	*%*	70	63	64	61	74	40	46	47	64	389 607
Triage category 5	*%*	84	84	90	91	91	75	74	81	85	65 696
Total (f)	*%*	**72**	**68**	**63**	**59**	**73**	**47**	**53**	**49**	**66**	916 182
Total number (f), (g), (h)	*no.*	200 410	263 773	219 051	115 755	55 678	11 645	32 449	17 421	916 182	
Quintile 5											
Triage category 1	*%*	100	100	100	100	100	100	100	100	100	6 182
Triage category 2	*%*	91	83	79	67	75	75	78	59	81	88 770
Triage category 3	*%*	77	68	60	43	66	47	48	42	65	277 584
Triage category 4	*%*	79	63	68	61	77	61	48	46	68	329 879
Triage category 5	*%*	90	84	93	92	90	87	76	81	87	64 554
Total (f)	*%*	**81**	**69**	**68**	**57**	**73**	**62**	**55**	**48**	**70**	766 985
Total number (f), (g), (h)	*no.*	251 252	194 979	126 098	95 110	36 324	704	56 320	6 198	766 985	

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
2011-12											
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	**%**	100	100	100	97	100	100	100	100	100	9 470
Triage category 2	**%**	82	80	82	81	79	78	74	63	81	127 348
Triage category 3	**%**	69	69	61	77	61	67	51	48	66	435 268
Triage category 4	**%**	71	65	66	82	67	73	48	40	68	473 740
Triage category 5	**%**	87	87	88	96	87	90	76	75	88	93 801
Total (f)	**%**	**73**	**70**	**67**	**81**	**68**	**73**	**56**	**47**	**70**	**1 139 640**
Total number (f), (g), (h)	*no.*	389 477	236 612	276 336	44 429	80 340	81 375	2 341	28 730	1 139 640	
Quintile 2											
Triage category 1	**%**	100	100	100	95	100	97	100	100	100	8 494
Triage category 2	**%**	81	81	82	71	78	72	80	63	80	123 149
Triage category 3	**%**	67	74	64	55	66	65	52	46	67	400 215
Triage category 4	**%**	70	69	69	68	72	73	48	41	69	496 351
Triage category 5	**%**	85	87	89	94	90	90	83	83	87	104 751
Total (f)	**%**	**72**	**73**	**69**	**67**	**72**	**71**	**58**	**47**	**71**	**1 132 992**
Total number (f), (g), (h)	*no.*	436 117	302 859	177 427	91 095	97 018	15 796	3 542	9 138	1 132 992	
Quintile 3											
Triage category 1	**%**	100	100	100	100	100	100	100	100	100	7 808

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 2	*%*	83	82	83	77	79	73	76	67	81	123 312
Triage category 3	*%*	72	71	64	47	71	54	50	54	64	406 582
Triage category 4	*%*	73	64	71	62	74	62	47	50	67	512 527
Triage category 5	*%*	87	85	91	91	88	86	81	87	88	80 461
Total (f)	*%*	**75**	**70**	**70**	**61**	**75**	**63**	**56**	**54**	**69**	**1 130 726**
Total number (f), (g), (h)	*no.*	311 312	260 021	240 178	240 481	30 253	18 656	2 493	27 332	1 130 726	
Quintile 4											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	7 013
Triage category 2	*%*	84	84	80	75	78	88	75	59	81	110 537
Triage category 3	*%*	71	69	58	46	68	57	51	32	62	360 456
Triage category 4	*%*	73	65	67	64	76	63	47	33	66	396 981
Triage category 5	*%*	88	86	90	93	91	86	80	71	88	62 232
Total (f)	*%*	**75**	**70**	**66**	**61**	**74**	**67**	**55**	**37**	**68**	**937 248**
Total number (f), (g), (h)	*no.*	161 357	313 800	208 897	141 563	57 854	12 122	27 379	14 276	937 248	
Quintile 5											
Triage category 1	*%*	100	100	100	100	100	np	100	100	100	5 943
Triage category 2	*%*	82	85	82	73	76	86	76	58	80	97 474
Triage category 3	*%*	72	72	64	44	69	68	49	31	64	296 107
Triage category 4	*%*	76	66	72	64	79	69	48	31	68	346 779
Triage category 5	*%*	89	87	93	93	93	91	81	66	88	63 317
Total (f)	*%*	**77**	**72**	**71**	**60**	**76**	**74**	**55**	**36**	**70**	**809 665**

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total number (f), (g), (h)	*no.*	256 640	183 744	129 781	117 033	33 586	654	73 390	14 837	809 665	
2012-13											
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	**%**	100	100	100	100	100	100	np	100	100	10 295
Triage category 2	**%**	82	83	84	81	76	83	72	66	82	153 669
Triage category 3	**%**	70	70	70	53	60	67	42	52	68	500 861
Triage category 4	**%**	73	67	73	64	69	71	45	45	70	556 303
Triage category 5	**%**	90	85	90	91	86	90	77	77	89	95 550
Total (f)	**%**	**75**	**72**	**74**	**65**	**68**	**72**	**52**	**52**	**72**	**1 316 678**
Total number (f), (g), (h)	*no.*	439 381	268 853	324 123	87 746	96 400	73 748	1 851	24 605	1 316 707	
Quintile 2											
Triage category 1	**%**	100	100	100	100	100	100	np	np	100	9 332
Triage category 2	**%**	83	82	85	84	74	83	76	62	82	137 360
Triage category 3	**%**	71	74	66	60	63	66	47	46	68	430 056
Triage category 4	**%**	74	68	73	69	72	70	49	43	71	498 808
Triage category 5	**%**	90	88	92	93	89	89	78	80	90	89 533
Total (f)	**%**	**76**	**73**	**73**	**70**	**70**	**72**	**55**	**48**	**73**	**1 165 089**
Total number (f), (g), (h)	*no.*	390 723	298 415	196 355	139 876	100 381	20 738	3 864	14 773	1 165 125	
Quintile 3											

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 1	*%*	100	100	100	100	100	100	np	100	100	7 807
Triage category 2	*%*	82	84	84	78	74	79	72	68	82	126 928
Triage category 3	*%*	70	71	64	46	64	61	40	56	65	392 136
Triage category 4	*%*	75	66	74	61	75	67	45	53	69	445 313
Triage category 5	*%*	90	86	92	91	90	90	80	89	89	70 407
Total (f)	*%*	**75**	**72**	**72**	**60**	**71**	**68**	**50**	**58**	**70**	**1 042 591**
Total number (f), (g), (h)	*no.*	288 475	283 378	229 339	143 660	41 789	22 509	7 507	25 975	1 042 632	
Quintile 4											
Triage category 1	*%*	100	100	100	100	100	100	99	100	100	7 520
Triage category 2	*%*	84	85	84	80	72	88	73	62	82	122 389
Triage category 3	*%*	73	71	65	47	62	57	43	36	65	380 143
Triage category 4	*%*	76	67	73	62	76	66	46	37	69	426 438
Triage category 5	*%*	91	86	93	91	92	88	77	69	89	66 146
Total (f)	*%*	**78**	**72**	**72**	**61**	**71**	**68**	**51**	**42**	**70**	**1 002 636**
Total number (f), (g), (h)	*no.*	226 135	305 834	216 864	118 247	65 955	15 159	34 556	19 909	1 002 659	
Quintile 5											
Triage category 1	*%*	100	100	100	100	100	np	100	np	100	6 365
Triage category 2	*%*	83	84	85	79	72	88	74	63	82	104 891
Triage category 3	*%*	73	71	70	43	65	63	43	36	65	304 795
Triage category 4	*%*	78	68	77	60	79	71	46	37	70	358 829
Triage category 5	*%*	92	87	95	89	94	90	79	71	90	60 307

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total (f)	**%**	**78**	**73**	**76**	**58**	**73**	**73**	**52**	**41**	**71**	**835 187**
Total number (f), (g), (h)	*no.*	303 621	169 065	127 696	136 734	25 077	1 951	60 942	10 146	835 232	
2013-14											
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	**%**	100	100	100	100	100	100	np	100	100	10 551
Triage category 2	**%**	83	83	80	88	73	84	84	63	82	167 135
Triage category 3	**%**	74	71	69	62	59	68	53	51	70	514 984
Triage category 4	**%**	76	70	73	73	69	73	59	47	73	565 934
Triage category 5	**%**	92	86	91	93	87	90	86	76	90	95 645
Total (f)	**%**	**78**	**73**	**73**	**72**	**67**	**74**	**64**	**52**	**74**	1 354 249
Total number (f), (g), (h)	*no.*	458 113	280 668	329 815	85 730	97 229	75 094	2 088	25 584	1 354 321	
Quintile 2											
Triage category 1	**%**	100	100	100	100	100	np	np	100	100	9 173
Triage category 2	**%**	84	85	81	87	74	86	86	57	83	144 658
Triage category 3	**%**	75	75	67	64	63	67	56	43	70	439 061
Triage category 4	**%**	78	71	75	74	71	72	59	43	74	502 416
Triage category 5	**%**	92	89	92	95	89	90	88	79	91	87 705
Total (f)	**%**	**79**	**75**	**73**	**74**	**70**	**73**	**65**	**46**	**75**	**1 183 013**
Total number (f), (g), (h)	*no.*	406 229	308 140	192 732	133 469	102 526	21 268	3 887	14 802	1 183 053	

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Quintile 3											
Triage category 1	*%*	100	100	100	100	100	100	np	100	100	7 837
Triage category 2	*%*	83	85	82	86	71	85	84	64	82	135 817
Triage category 3	*%*	73	72	66	55	62	64	49	59	68	406 891
Triage category 4	*%*	77	69	75	69	74	69	55	58	72	455 130
Triage category 5	*%*	92	87	93	94	90	91	83	90	90	70 225
Total (f)	*%*	**78**	**74**	**73**	**68**	**70**	**70**	**60**	**60**	**73**	**1 075 900**
Total number (f), (g), (h)	*no.*	298 999	295 114	230 469	147 725	44 324	23 913	7 857	27 545	1 075 946	
Quintile 4											
Triage category 1	*%*	100	100	100	100	100	100	99	100	100	7 412
Triage category 2	*%*	84	85	82	86	72	86	82	56	82	128 418
Triage category 3	*%*	76	72	68	54	62	59	50	31	68	393 742
Triage category 4	*%*	80	71	76	68	76	66	55	36	72	436 286
Triage category 5	*%*	94	88	94	94	92	88	85	68	90	70 976
Total (f)	*%*	**80**	**74**	**74**	**67**	**71**	**68**	**60**	**39**	**73**	**1 036 834**
Total number (f), (g), (h)	*no.*	238 115	319 798	215 578	122 718	67 847	16 680	37 017	19 116	1 036 869	
Quintile 5											
Triage category 1	*%*	100	100	100	100	100	np	100	np	100	6 348
Triage category 2	*%*	84	84	84	85	71	87	83	54	83	112 732
Triage category 3	*%*	77	75	72	51	63	56	50	32	69	323 347
Triage category 4	*%*	81	72	79	66	79	71	57	38	74	373 993
Triage category 5	*%*	94	88	95	93	93	93	86	73	92	66 736

Table 11A.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total (f)	***%***	**81**	**76**	**78**	**65**	**72**	**71**	**61**	**40**	**75**	**883 156**
Total number (f), (g), (h)	*no.*	321 017	175 928	137 454	143 591	25 246	2 147	67 093	10 720	883 196	

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

(d) Area of usual residence was not reported or not mappable to SEIFA categories for approximately 80 000 records.

(e) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

(f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

(g) The totals include records for which the triage category was not assigned or not reported.

(h) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.

Source : AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table 11A.23 **Percentage of presentations where the time from presentation to physical departure (Emergency Department (ED) Stay length) is within four hours, by State and Territory (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
2011-12										
Number of ED presentations where ED Stay is less than or equal to four hours	no.	1 331 758	975 275	789 155	577 182	275 963	94 076	68 357	94 403	4 206 169
Total number of ED presentations	no.	2 231 891	1 509 052	1 238 522	725 840	427 011	141 700	118 396	144 842	6 537 254
ED Stay length is within four hours	**%**	**59.7**	**64.6**	**63.7**	**79.5**	**64.6**	**66.4**	**57.7**	**65.2**	**64.3**
2012-13										
Number of ED presentations where ED Stay is less than or equal to four hours	no.	1 447 210	1 002 616	921 527	581 873	300 787	98 992	68 172	92 578	4 513 755
Total number of ED presentations	no.	2 275 808	1 528 608	1 284 158	754 119	455 220	147 064	118 931	145 532	6 709 440
ED Stay length is within four hours	**%**	**63.6**	**65.6**	**71.8**	**77.2**	**66.1**	**67.3**	**57.3**	**63.6**	**67.3**
2013-14										
Number of ED presentations where ED Stay is less than or equal to four hours	no.	1 946 951	1 084 460	1 031 765	590 031	298 650	100 372	77 844	89 438	5 219 511
Total number of ED presentations	no.	2 634 923	1 572 787	1 351 573	742 615	463 171	148 278	125 888	145 176	7 184 411
ED Stay length is within four hours	**%**	**73.9**	**69.0**	**76.3**	**79.5**	**64.5**	**67.7**	**61.8**	**61.6**	**72.7**

Table 11A.23 **Percentage of presentations where the time from presentation to physical departure (Emergency Department (ED) Stay length) is within four hours, by State and Territory (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*

(a) Invalid records are excluded from the numerator and denominator. Invalid records are records for which: the length of stay is less than zero (0), the presentation date or time is missing or the physical departure date or time is missing.

(b) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

Source : AIHW various years, ***Australian hospital statistics 2013–14: emergency department care*** , Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW, Canberra; AIHW (2013), ***Australian hospital statistics 2012–13: emergency department care*** , Health services series no. 52. Cat. no. HSE 142. Canberra: AIHW, Canberra; AIHW (2012), ***Australian hospital statistics 2011–12: emergency department care*** , Health services series no. 45. Cat. no. HSE 126. Canberra; AIHW (unpublished), National Non-admitted Patient Emergency Department Care Database.

Table 11A.24 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
2004-05									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	26	19	16	4	5	2	1	2	75
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	117 762	84 230	90 171	29 258	30 193	10 451	4 994	5 026	372 085
Days waited at 50th percentile	29	28	22	26	36	41	np	25	28
Days waited at 90th percentile	274	216	105	184	203	373	np	252	203
% waited more than 365 days	6.7	4.3	1.9	3.4	3.9	10.3	np	5.5	4.6
Large hospitals									
Number of reporting hospitals (d)	16	8	6	2	2	1	1	..	36
Est coverage of surgical separations (e)	100	73	100	48	100	66	100	..	82
Number of admissions (f)	34 153	32 307	13 272	7 696	6 511	3 354	3 623	..	100 916
Days waited at 50th percentile	41	23	22	np	30	np	np	..	29
Days waited at 90th percentile	330	159	95	np	179	np	np	..	227
% waited more than 365 days	7.6	2.3	1.5	np	4.5	np	np	..	4.8
Medium hospitals									
Number of reporting hospitals (d)	41	5	9	4	–	..	..	..	59
Est coverage of surgical separations (e)	100	37	83	75	–	..	..	..	62
Number of admissions (f)	41 509	12 668	5 433	10 220	na	..	..	..	69 830
Days waited at 50th percentile	47	34	28	23	na	..	..	..	37
Days waited at 90th percentile	316	213	137	182	na	..	..	..	272
% waited more than 365 days	7.3	6.0	1.5	4.0	na	..	..	..	6.1
Total (g)									
Number of reporting hospitals (d)	**104**	**32**	**31**	**11**	**7**	**3**	**2**	**5**	**195**
Est coverage of surgical separations (e)	**100**	**79**	**96**	**72**	**62**	**90**	**100**	**100**	**87**

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Number of admissions (f)	**197 600**	**129 205**	**108 876**	**49 295**	**36 704**	**13 805**	**8 617**	**5 644**	**549 746**
Admissions per 1000 population (h)	**29.3**	**25.9**	**27.7**	**24.7**	**23.9**	**28.5**	**26.6**	**28.1**	**27.2**
Days waited at 50th percentile	**34**	**28**	**22**	**27**	**35**	**34**	**45**	**29**	**29**
Days waited at 90th percentile	**294**	**200**	**105**	**197**	**201**	**352**	**368**	**266**	**217**
% waited more than 365 days	**6.9**	**4.0**	**1.8**	**3.8**	**4.0**	**9.5**	**10.1**	**5.9**	**4.8**
2005-06									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	28	19	16	4	5	3	1	2	78
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	127 298	85 425	89 393	28 512	30 352	15 041	5 106	5 076	386 203
Days waited at 50th percentile	31	32	24	30	38	34	np	26	30
Days waited at 90th percentile	278	238	132	208	213	332	np	298	228
% waited more than 365 days	5.6	5.0	2.3	4.5	3.9	8.7	np	7.2	4.7
Large hospitals									
Number of reporting hospitals (d)	14	9	6	2	2	..	1	..	34
Est coverage of surgical separations (e)	100	72	100	52	100	..	100	..	81
Number of admissions (f)	29 741	37 473	12 435	8 630	5 567	..	3 970	..	97 816
Days waited at 50th percentile	43	32	26	22	40	..	np	..	35
Days waited at 90th percentile	312	222	105	224	199	..	np	..	251
% waited more than 365 days	5.4	3.9	1.4	4.5	6.1	..	np	..	4.6
Medium hospitals									
Number of reporting hospitals (d)	36	4	7	4	–	..	..	..	51
Est coverage of surgical separations (e)	100	36	86	78	–	..	..	..	62
Number of admissions (f)	38 306	11 626	4 034	9 675	na	..	..	..	63 641
Days waited at 50th percentile	48	32	28	23	na	..	..	..	38

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	304	136	112	145	na	..	..	..	257
% waited more than 365 days	4.8	2.1	1.1	2.7	na	..	..	..	3.8
Total (g)									
Number of reporting hospitals (d)	**100**	**32**	**31**	**11**	**7**	**3**	**2**	**5**	**191**
Est coverage of surgical separations (e)	**100**	**79**	**96**	**76**	**63**	**100**	**100**	**100**	**87**
Number of admissions (f)	**201 438**	**134 524**	**106 323**	**48 935**	**35 919**	**15 041**	**9 076**	**5 695**	**556 951**
Admissions per 1000 population (h)	**29.6**	**26.6**	**26.6**	**24.1**	**23.2**	**30.9**	**27.8**	**27.9**	**27.2**
Days waited at 50th percentile	**36**	**32**	**25**	**28**	**38**	**34**	**61**	**30**	**32**
Days waited at 90th percentile	**291**	**224**	**127**	**205**	**212**	**332**	**372**	**313**	**237**
% waited more than 365 days	**5.4**	**4.5**	**2.1**	**4.3**	**4.2**	**8.7**	**10.3**	**7.7**	**4.6**
2006-07									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	29	20	17	5	5	3	1	2	82
Est coverage of surgical separations (e)	100	100	97	84	100	100	100	100	98
Number of admissions (f)	134 093	86 679	91 827	26 002	31 705	14 181	5 129	5 215	394 831
Days waited at 50th percentile	31	29	26	29	39	38	np	31	30
Days waited at 90th percentile	259	224	149	223	207	343	np	363	225
% waited more than 365 days	2.3	4.0	2.6	5.0	3.8	9.2	np	9.8	3.4
Large hospitals									
Number of reporting hospitals (d)	12	8	5	2	2	..	1	..	30
Est coverage of surgical separations (e)	100	70	100	42	100	..	100	..	77
Number of admissions (f)	24 825	33 713	11 658	8 571	5 489	..	4 177	..	88 433
Days waited at 50th percentile	39	33	22	23	43	..	np	..	33
Days waited at 90th percentile	266	195	96	233	201	..	np	..	224
% waited more than 365 days	1.3	2.3	1.9	3.8	4.5	..	np	..	2.7

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Medium hospitals									
Number of reporting hospitals (d)	37	4	7	4	–	..	..	..	52
Est coverage of surgical separations (e)	100	35	81	80	–	..	..	..	63
Number of admissions (f)	36 573	11 277	4 090	11 718	na	..	..	..	63 658
Days waited at 50th percentile	50	28	27	28	na	..	..	..	39
Days waited at 90th percentile	271	137	125	209	na	..	..	..	231
% waited more than 365 days	1.1	1.2	1.1	4.2	na	..	..	..	1.7
Total (g)									
Number of reporting hospitals (d)	**99**	**32**	**31**	**13**	**7**	**3**	**2**	**5**	**192**
Est coverage of surgical separations (e)	**100**	**79**	**96**	**67**	**64**	**100**	**100**	**100**	**87**
Number of admissions (f)	**201 630**	**131 669**	**107 893**	**48 986**	**37 194**	**14 181**	**9 306**	**5 911**	**556 770**
Admissions per 1000 population (h)	**29.4**	**25.5**	**26.1**	**23.5**	**23.6**	**28.8**	**27.7**	**27.8**	**26.7**
Days waited at 50th percentile	**35**	**30**	**25**	**29**	**40**	**38**	**63**	**35**	**32**
Days waited at 90th percentile	**260**	**208**	**142**	**225**	**206**	**343**	**364**	**370**	**226**
% waited more than 365 days	**1.9**	**3.3**	**2.5**	**4.6**	**3.9**	**9.2**	**9.9**	**10.2**	**3.1**
2007-08									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	29	20	18	6	5	2	1	2	83
Est coverage of surgical separations (e)	100	100	100	100	100	100	100	100	100
Number of admissions (f)	133 191	90 392	92 935	30 354	33 402	10 516	5 322	5 406	401 518
Days waited at 50th percentile	33	30	27	29	42	39	np	39	31
Days waited at 90th percentile	275	232	143	225	203	400	np	329	233
% waited more than 365 days	2.2	4.3	2.6	4.1	3.5	11.1	np	8.0	3.4
Large hospitals									
Number of reporting hospitals (d)	15	8	5	3	2	1	1	..	35

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Est coverage of surgical separations (e)	100	68	100	57	100	100	100	..	80
Number of admissions (f)	28 980	32 028	10 515	11 778	6 286	3 633	4 255	..	97 475
Days waited at 50th percentile	42	40	27	27	53	np	np	..	39
Days waited at 90th percentile	281	211	112	189	276	np	np	..	237
% waited more than 365 days	0.9	2.3	0.9	1.2	6.6	np	np	..	2.4
Medium hospitals									
Number of reporting hospitals (d)	36	3	7	4	1	..	..	..	51
Est coverage of surgical separations (e)	100	32	85	81	22	..	..	..	64
Number of admissions (f)	32 030	7 886	3 993	12 809	1 358	..	..	..	58 076
Days waited at 50th percentile	60	29	34	31	np	..	..	..	42
Days waited at 90th percentile	290	124	117	177	np	..	..	..	238
% waited more than 365 days	1.3	0.6	0.4	2.2	np	..	..	..	1.4
Total (g)									
Number of reporting hospitals (d)	**98**	**31**	**31**	**14**	**8**	**3**	**2**	**5**	**192**
Est coverage of surgical separations (e)	**100**	**80**	**98**	**79**	**70**	**100**	**100**	**100**	**91**
Number of admissions (f)	**199 578**	**130 306**	**107 623**	**57 122**	**41 046**	**14 149**	**9 577**	**6 100**	**565 501**
Admissions per 1000 population (h)	**28.7**	**24.8**	**25.4**	**26.7**	**25.8**	**28.6**	**28.0**	**28.1**	**26.6**
Days waited at 50th percentile	**39**	**33**	**27**	**30**	**42**	**36**	**72**	**43**	**34**
Days waited at 90th percentile	**278**	**221**	**137**	**206**	**208**	**369**	**372**	**337**	**235**
% waited more than 365 days	**1.8**	**3.6**	**2.3**	**3.0**	**3.9**	**10.1**	**10.3**	**8.6**	**3.0**
2008-09									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	29	20	19	6	5	2	2	2	85
Est coverage of surgical separations (e)	100	100	100	100	100	100	100	100	100
Number of admissions (f)	134 856	104 532	98 135	31 125	34 827	12 450	10 104	5 646	431 675

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	33	28	26	29	39	49	75	38	31
Days waited at 90th percentile	273	201	133	181	208	460	378	243	216
% waited more than 365 days	2.8	3.3	1.9	2.6	2.4	13.6	11.0	5.0	3.2
Large hospitals									
Number of reporting hospitals (d)	15	8	4	4	2	1	..	..	34
Est coverage of surgical separations (e)	100	70	100	87	100	100	..	..	84
Number of admissions (f)	28 391	35 342	7 158	12 485	6 033	2 357	..	..	91 766
Days waited at 50th percentile	45	39	37	28	41	np	..	..	40
Days waited at 90th percentile	293	188	146	178	263	np	..	..	227
% waited more than 365 days	2.1	1.9	1.1	1.4	4.8	np	..	..	2.5
Medium hospitals									
Number of reporting hospitals (d)	35	3	8	4	1	1	..	..	52
Est coverage of surgical separations (e)	100	26	89	78	21	100	..	..	60
Number of admissions (f)	30 299	7 816	4 634	14 650	na	2 124	..	..	62 815
Days waited at 50th percentile	59	42	29	32	na	np	..	..	42
Days waited at 90th percentile	300	132	123	152	na	np	..	..	230
% waited more than 365 days	1.6	1.5	0.9	1.4	na	np	..	..	1.5
Total (g)									
Number of reporting hospitals (d)	**98**	**31**	**32**	**15**	**8**	**4**	**2**	**5**	**195**
Est coverage of surgical separations (e)	**100**	**78**	**98**	**85**	**70**	**100**	**100**	**100**	**91**
Number of admissions (f)	**199 384**	**147 690**	**109 940**	**60 398**	**44 152**	**16 931**	**10 104**	**6 410**	**595 009**
Admissions per 1000 population (h)	**28.3**	**27.5**	**25.3**	**27.4**	**27.4**	**33.8**	**29.0**	**28.9**	**27.5**
Days waited at 50th percentile	**39**	**31**	**27**	**31**	**36**	**44**	**75**	**40**	**33**
Days waited at 90th percentile	**283**	**194**	**133**	**174**	**207**	**448**	**378**	**256**	**220**
% waited more than 365 days	**2.5**	**2.9**	**1.8**	**2.0**	**2.7**	**13.1**	**10.6**	**5.6**	**2.9**

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
2009-10									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	29	20	19	5	5	2	2	2	84
Est coverage of surgical separations (e)	100	98	100	100	96	100	97	100	100
Number of admissions (f)	135 790	109 398	100 846	29 888	34 660	12 443	9 778	5 500	438 303
Days waited at 50th percentile	37	32	27	30	36	36	73	42	33
Days waited at 90th percentile	319	193	150	176	197	363	357	256	234
% waited more than 365 days	5.0	3.2	2.5	2.1	1.2	9.9	9.6	5.3	3.7
Large hospitals									
Number of reporting hospitals (d)	14	9	4	3	2	1	–	–	33
Est coverage of surgical separations (e)	100	76	100	74	100	100	..	..	88
Number of admissions (f)	27 099	38 927	8 219	12 919	6 443	2 093	..	..	95 700
Days waited at 50th percentile	57	44	29	27	43	np	..	..	42
Days waited at 90th percentile	342	215	174	142	181	np	..	..	259
% waited more than 365 days	5.9	2.1	2.5	0.6	0.7	np	..	..	3.0
Medium hospitals									
Number of reporting hospitals (d)	34	3	8	4	1	1	–	–	51
Est coverage of surgical separations (e)	100	24	96	77	19	100	..	..	61
Number of admissions (f)	30 130	7 436	4 750	14 063	3 124	2 074	..	..	61 577
Days waited at 50th percentile	65	48	30	34	np	np	..	..	45
Days waited at 90th percentile	342	165	125	143	np	np	..	..	296
% waited more than 365 days	4.6	2.3	2.1	1.1	np	np	..	..	3.1
Total (g)									
Number of reporting hospitals (d)	**96**	**32**	**32**	**14**	**8**	**4**	**2**	**5**	**193**
Est coverage of surgical separations (e)	**100**	**78**	**100**	**79**	**68**	**100**	**97**	**100**	**91**

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Number of admissions (f)	**198 503**	**155 761**	**113 834**	**61 298**	**44 227**	**16 610**	**9 778**	**6 244**	**606 255**
Admissions per 1000 population (h)	**27.6**	**28.3**	**25.4**	**27.0**	**27.1**	**32.9**	**27.6**	**27.4**	**27.4**
Days waited at 50th percentile	**44**	**36**	**27**	**32**	**36**	**36**	**73**	**44**	**35**
Days waited at 90th percentile	**330**	**197**	**150**	**161**	**189**	**332**	**357**	**271**	**246**
% waited more than 365 days	**4.9**	**2.8**	**2.5**	**1.5**	**1.1**	**8.7**	**9.5**	**5.8**	**3.5**
2010-11									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	30	20	19	6	5	2	1	2	85
Est coverage of surgical separations (e)	100	99	100	100	99	100	100	100	100
Number of admissions (f)	142 084	112 381	100 808	34 286	35 970	12 334	6 245	5 783	449 891
Days waited at 50th percentile	39	34	29	29	38	38	np	30	34
Days waited at 90th percentile	332	188	151	171	214	332	np	211	242
% waited more than 365 days	4.0	3.0	1.4	1.8	2.1	10.8	np	3.4	3.1
Large hospitals									
Number of reporting hospitals (d)	16	9	4	3	2	1	1	–	36
Est coverage of surgical separations (e)	100	71	100	94	100	100	100	..	92
Number of admissions (f)	30 158	36 090	8 568	13 179	7 044	2 082	5 093	..	102 214
Days waited at 50th percentile	63	40	28	26	48	np	np	..	42
Days waited at 90th percentile	335	167	125	132	236	np	np	..	263
% waited more than 365 days	3.3	1.1	1.0	1.0	1.8	np	np	..	2.4
Medium hospitals									
Number of reporting hospitals (d)	30	4	8	4	1	1	–	–	48
Est coverage of surgical separations (e)	100	27	85	85	19	100	..	..	61
Number of admissions (f)	26 045	8 520	4 373	15 111	3 067	2 081	..	..	59 197
Days waited at 50th percentile	63	56	29	33	np	np	..	..	46

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	331	165	139	148	np	np	..	..	273
% waited more than 365 days	1.7	1.0	0.7	1.2	np	np	..	..	1.6
Total (g)									
Number of reporting hospitals (d)	**96**	**34**	**32**	**14**	**8**	**4**	**2**	**5**	**195**
Est coverage of surgical separations (e)	**100**	**78**	**98**	**92**	**71**	**100**	**100**	**100**	**93**
Number of admissions (f)	**204 820**	**157 073**	**113 760**	**64 785**	**46 081**	**16 497**	**11 338**	**6 429**	**620 783**
Admissions per 1000 population (h)	**28.2**	**28.1**	**25.0**	**28.0**	**27.9**	**32.4**	**31.3**	**28.0**	**27.6**
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
% waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**
2011-12									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	30	21	16	7	5	2	2	2	85
Est coverage of surgical separations (e)	100	98	89	100	100	100	100	100	97
Number of admissions (f)	146 951	114 380	98 950	37 685	37 176	11 970	11 362	6 572	465 046
Days waited at 50th percentile	43	34	26	31	35	39	63	36	35
Days waited at 90th percentile	339	193	150	173	195	418	296	212	253
% waited more than 365 days	3.9	2.7	2.1	2.2	2.0	11.9	6.2	3.1	3.2
Large hospitals									
Number of reporting hospitals (d)	14	8	4	7	2	1	..	..	36
Est coverage of surgical separations (e)	100	74	100	100	100	100	..	..	89
Number of admissions (f)	27 461	32 461	8 961	23 195	7 490	1 934	..	..	101 502
Days waited at 50th percentile	63	38	29	28	49	np	..	..	40
Days waited at 90th percentile	322	166	154	141	235	np	..	..	236
% waited more than 365 days	2.8	1.6	2.1	1.2	1.4	np	..	..	1.9

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Medium hospitals									
Number of reporting hospitals (d)	33	3	8	5	13	1	..	..	63
Est coverage of surgical separations (e)	100	26	86	100	100	100	..	..	78
Number of admissions (f)	31 849	7 238	4 523	14 584	16 796	1 898	..	..	76 888
Days waited at 50th percentile	64	58	29	33	30	np	..	..	44
Days waited at 90th percentile	330	207	119	160	174	np	..	..	260
% waited more than 365 days	2.1	1.9	0.1	1.4	0.7	np	..	..	1.5
Total (g)									
Number of reporting hospitals (d)	**96**	**32**	**29**	**36**	**40**	**4**	**2**	**5**	**244**
Est coverage of surgical separations (e)	**100**	**80**	**89**	**100**	**96**	**100**	**100**	**100**	**92**
Number of admissions (f)	**211 452**	**154 079**	**114 328**	**82 248**	**65 186**	**15 802**	**11 362**	**7 250**	**661 707**
Admissions per 1000 population (h)	**29.6**	**28.2**	**25.8**	**35.6**	**40.0**	**31.1**	**31.5**	**31.5**	**30.0**
Days waited at 50th percentile	**49**	**36**	**27**	**30**	**34**	**38**	**63**	**39**	**36**
Days waited at 90th percentile	**335**	**189**	**147**	**159**	**191**	**348**	**296**	**219**	**251**
% waited more than 365 days	**3.4**	**2.4**	**2.0**	**1.7**	**1.5**	**9.4**	**6.2**	**3.5**	**2.7**
2012-13									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	31	21	20	7	5	2	2	2	90
Est coverage of surgical separations (e)	100	98	100	100	100	100	100	100	99
Number of admissions (f)	151 744	115 578	102 656	40 325	35 664	11 654	11 628	7 119	476 368
Days waited at 50th percentile	43	35	26	30	36	45	51	37	35
Days waited at 90th percentile	340	222	168	175	175	462	277	193	269
% waited more than 365 days	3.4	3.5	2.6	2.2	1.4	12.9	4.1	3.3	3.3
Large hospitals									
Number of reporting hospitals (d)	13	8	4	7	2	1	..	..	35

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Est coverage of surgical separations (e)	100	70	100	100	100	100	..	..	87
Number of admissions (f)	25 784	31 223	10 661	23 359	7 639	1 816	..	..	100 482
Days waited at 50th percentile	63	32	28	30	43	np	..	..	38
Days waited at 90th percentile	323	176	140	149	227	np	..	..	238
% waited more than 365 days	1.5	2.3	2.5	0.4	1.0	np	..	..	1.6
Medium hospitals									
Number of reporting hospitals (d)	30	3	8	5	12	1	..	..	59
Est coverage of surgical separations (e)	100	26	84	100	100	100	..	..	78
Number of admissions (f)	31 177	6 614	4 255	14 673	16 922	2 005	..	..	75 646
Days waited at 50th percentile	63	80	28	32	28	np	..	..	45
Days waited at 90th percentile	326	320	115	140	188	np	..	..	287
% waited more than 365 days	1.1	3.8	0.2	1.3	0.2	np	..	..	1.3
Total (g)									
Number of reporting hospitals (d)	**96**	**32**	**33**	**35**	**39**	**4**	**2**	**5**	**246**
Est coverage of surgical separations (e)	**100**	**80**	**98**	**100**	**97**	**100**	**100**	**100**	**93**
Number of admissions (f)	**216 106**	**153 415**	**119 767**	**84 981**	**64 136**	**15 475**	**11 628**	**7 808**	**673 316**
Admissions per 1000 population (h)	**29.4**	**27.0**	**26.0**	**34.4**	**38.6**	**30.2**	**30.6**	**33.0**	**29.4**
Days waited at 50th percentile	**50**	**36**	**27**	**30**	**34**	**41**	**51**	**40**	**36**
Days waited at 90th percentile	**335**	**223**	**163**	**159**	**182**	**406**	**277**	**196**	**265**
% waited more than 365 days	**2.8**	**3.3**	**2.5**	**1.5**	**1.0**	**11.5**	**4.1**	**3.3**	**2.7**
2013-14									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	31	21	21	9	5	2	2	2	93
Est coverage of surgical separations (e)	100	100	100	100	100	100	100	100	100
Number of admissions (f)	151 072	127 686	114 831	50 413	35 349	11 327	11 781	6 804	509 263

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	43	35	28	28	38	49	48	32	35
Days waited at 90th percentile	330	221	197	150	154	479	270	167	258
% waited more than 365 days	2.1	3.5	3.1	1.0	1.0	13.2	4.7	2.3	2.8
Large hospitals									
Number of reporting hospitals (d)	14	8	3	5	3	2	..	..	35
Est coverage of surgical separations (e)	100	67	100	100	100	100	..	..	85
Number of admissions (f)	28 644	34 132	7 303	15 116	8 755	3 988	..	..	97 938
Days waited at 50th percentile	62	31	31	29	47	38	..	..	39
Days waited at 90th percentile	317	185	142	139	256	330	..	..	253
% waited more than 365 days	0.7	2.6	0.5	–	1.1	6.7	..	..	1.5
Medium hospitals									
Number of reporting hospitals (d)	30	3	8	5	11	..	..	..	57
Est coverage of surgical separations (e)	100	21	83	100	100	..	..	..	73
Number of admissions (f)	29 587	8 496	3 879	15 523	14 950	..	..	..	72 435
Days waited at 50th percentile	63	68	27	31	30	..	..	..	46
Days waited at 90th percentile	332	309	124	124	195	..	..	..	289
% waited more than 365 days	0.9	1.8	0.2	0.3	0.2	..	..	..	0.7
Total (g)									
Number of reporting hospitals (d)	**96**	**32**	**33**	**34**	**38**	**4**	**2**	**5**	**244**
Est coverage of surgical separations (e)	**100**	**77**	**98**	**100**	**97**	**100**	**100**	**100**	**93**
Number of admissions (f)	**216 675**	**170 314**	**127 494**	**86 882**	**62 968**	**15 315**	**11 781**	**7 594**	**699 023**
Admissions per 1000 population (h)	**29.0**	**29.4**	**27.2**	**34.1**	**37.5**	**29.8**	**30.7**	**31.3**	**30.0**
Days waited at 50th percentile	**49**	**35**	**28**	**29**	**35**	**45**	**48**	**36**	**36**
Days waited at 90th percentile	**329**	**222**	**186**	**142**	**180**	**401**	**270**	**183**	**262**

Table 11A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	*Vic*	*Qld* (b)	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*
% waited more than 365 days	**1.8**	**3.2**	**2.8**	**0.7**	**0.8**	**11.5**	**4.7**	**2.8**	**2.4**

(a) Public hospitals only. Principal referral hospitals and women's and children's hospitals include major cities hospitals with > 20 000 acute casemix adjusted separations a year and regional hospitals with > 16 000 acute casemix adjusted separations a year, as well as specialised acute women's and children's hospitals with > 10 000 acute casemix adjusted separations a year. Large hospitals include major cities acute hospitals treating > 10 000 acute casemix adjusted separations a year, regional acute hospitals treating > 8000 acute casemix adjusted separations a year and remote hospitals with > 5000 acute casemix adjusted separations a year. Medium hospitals include medium acute hospitals in regional and major city areas treating between 5000 and 10 000 acute casemix adjusted separations a year and medium acute hospitals in regional and major city areas treating between 2000 and 5000 acute casemix adjusted separations per year, plus acute hospitals treating < 2000 acute casemix adjusted separations a year but with > 2000 separations a year.

(b) For Queensland, the number of admissions includes admissions that were removed from the waiting list for elective admission before the start of the collection period or separated before the end of the collection period. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(c) Includes data for the Mersey Community Hospital.

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

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

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

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

(h) Crude rate based on the Australian estimated resident population as at 31 December.

na Not available. .. Not applicable. – Nil or rounded to zero. **np** Not published.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW, Canberra; AIHW (2014), *Australian hospital statistics 2013–14: elective surgery waiting times*. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW; AIHW (2013), *Australian hospital statistics 2012–13: elective surgery waiting times*. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
2004-05									
Cardio-thoracic									
Days waited at 50th percentile	14	5	8	13	12	24	17	..	11
Days waited at 90th percentile	69	66	69	42	70	86	35	..	62
% waited more than 365 days	0.2	–	0.3	–	0.2	–	–	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	60	29	15	83	50	39	116	55	37
Days waited at 90th percentile	446	192	105	351	314	448	689	384	322
% waited more than 365 days	14.1	4.9	2.9	9.6	8.6	13.0	17.3	10.7	8.4
General surgery									
Days waited at 50th percentile	27	26	25	20	31	28	28	51	27
Days waited at 90th percentile	163	194	99	120	142	199	201	315	155
% waited more than 365 days	3.1	3.7	1.6	1.5	1.9	3.3	2.8	8.1	2.8
Gynaecology									
Days waited at 50th percentile	27	28	21	19	28	29	30	6	25
Days waited at 90th percentile	133	139	87	68	128	141	160	66	113
% waited more than 365 days	2.2	1.7	0.9	0.5	0.6	0.8	0.8	1.2	1.5
Neurosurgery									
Days waited at 50th percentile	21	21	11	34	21	42	70	..	22
Days waited at 90th percentile	129	149	78	134	153	436	337	..	141
% waited more than 365 days	1.9	1.2	0.4	1.2	2.0	13.7	9.0	..	1.7
Ophthalmology									
Days waited at 50th percentile	140	34	28	78	71	115	209	145	66
Days waited at 90th percentile	450	179	189	314	255	554	531	356	364
% waited more than 365 days	18.2	1.7	2.8	6.1	2.9	35.0	28.4	9.1	9.8
Orthopaedic surgery									
Days waited at 50th percentile	61	64	22	81	69	160	112	36	48
Days waited at 90th percentile	410	358	123	396	363	648	404	289	356
% waited more than 365 days	12.7	9.6	2.3	11.2	9.8	30.8	13.0	7.9	9.6
Plastic surgery									
Days waited at 50th percentile	28	24	25	25	31	22	35	39	27
Days waited at 90th percentile	140	187	97	245	213	192	463	294	162
% waited more than 365 days	2.0	3.8	1.7	5.4	7.2	5.6	13.3	8.3	3.6
Urology									
Days waited at 50th percentile	28	23	26	21	28	37	33	50	26
Days waited at 90th percentile	163	182	109	126	119	174	191	188	155
% waited more than 365 days	3.4	4.0	1.4	2.2	2.7	3.1	2.6	5.7	3.0
Vascular surgery									
Days waited at 50th percentile	18	23	16	16	8	40	23	..	18
Days waited at 90th percentile	101	298	92	66	39	203	534	..	121
% waited more than 365 days	2.4	8.4	2.3	1.2	0.6	5.2	14.2	..	3.9

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Other									
Days waited at 50th percentile	7	21	26	9	22	6	35	13	14
Days waited at 90th percentile	66	81	116	43	90	32	332	98	96
% waited more than 365 days	0.4	0.9	3.1	0.1	0.5	0.2	7.4	0.9	1.5
Total									
Days waited at 50th percentile	**34**	**28**	**22**	**27**	**35**	**34**	**45**	**29**	**29**
Days waited at 90th percentile	**294**	**200**	**105**	**197**	**201**	**352**	**368**	**266**	**217**
% waited more than 365 days	**6.9**	**4.0**	**1.8**	**3.8**	**4.0**	**9.5**	**10.1**	**5.9**	**4.8**
2005-06									
Cardio-thoracic									
Days waited at 50th percentile	13	7	7	14	18	36	27	..	12
Days waited at 90th percentile	73	92	78	46	72	135	100	..	73
% waited more than 365 days	–	0.2	0.1	0.2	–	–	–	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	70	45	20	82	46	45	140	75	47
Days waited at 90th percentile	404	229	143	320	296	491	828	623	331
% waited more than 365 days	13.0	4.9	3.7	8.2	7.8	15.4	23.0	18.4	8.3
General surgery									
Days waited at 50th percentile	29	29	26	21	31	23	27	51	28
Days waited at 90th percentile	175	203	112	132	141	193	159	324	166
% waited more than 365 days	2.3	3.7	1.7	2.5	1.5	3.9	4.2	8.4	2.6
Gynaecology									
Days waited at 50th percentile	28	29	25	16	31	32	36	6	27
Days waited at 90th percentile	126	148	94	77	113	170	186	63	119
% waited more than 365 days	1.6	1.9	0.6	0.2	0.6	1.2	2.2	1.6	1.3
Neurosurgery									
Days waited at 50th percentile	20	26	12	44	18	74	52	..	26
Days waited at 90th percentile	103	177	108	147	121	427	372	..	152
% waited more than 365 days	2.1	2.0	1.0	1.1	1.6	14.1	10.4	..	2.1
Ophthalmology									
Days waited at 50th percentile	132	38	34	71	68	41	180	189	69
Days waited at 90th percentile	362	210	247	291	291	545	504	455	326
% waited more than 365 days	9.4	1.0	3.8	6.0	4.2	30.2	22.5	19.1	6.5
Orthopaedic surgery									
Days waited at 50th percentile	66	69	23	70	77	146	137	36	54
Days waited at 90th percentile	390	392	168	370	404	538	450	340	364
% waited more than 365 days	12.0	11.2	2.9	10.2	12.3	22.4	15.3	8.4	9.9
Plastic surgery									
Days waited at 50th percentile	29	24	29	31	37	25	52	46	29
Days waited at 90th percentile	185	223	134	310	217	146	392	357	197
% waited more than 365 days	3.9	5.3	2.3	8.8	5.0	3.3	12.9	8.9	4.7

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Urology									
Days waited at 50th percentile	28	20	28	21	38	36	49	25	26
Days waited at 90th percentile	168	176	118	147	160	184	215	174	162
% waited more than 365 days	2.6	3.9	1.7	3.2	4.0	3.4	3.1	7.2	3.0
Vascular surgery									
Days waited at 50th percentile	19	33	21	17	12	42	22	..	20
Days waited at 90th percentile	122	507	84	76	47	284	552	..	175
% waited more than 365 days	2.0	14.2	2.0	0.8	0.3	4.3	13.6	..	5.0
Other									
Days waited at 50th percentile	8	23	24	14	33	12	33	11	16
Days waited at 90th percentile	64	78	111	48	110	133	199	85	91
% waited more than 365 days	0.7	0.5	2.7	–	–	–	1.9	1.2	1.0
Total									
Days waited at 50th percentile	**36**	**32**	**25**	**28**	**38**	**34**	**61**	**30**	**32**
Days waited at 90th percentile	**291**	**224**	**127**	**205**	**212**	**332**	**372**	**313**	**237**
% waited more than 365 days	**5.4**	**4.5**	**2.1**	**4.3**	**4.2**	**8.7**	**10.3**	**7.7**	**4.6**
2006-07									
Cardio-thoracic									
Days waited at 50th percentile	12	7	12	13	18	27	24	..	12
Days waited at 90th percentile	62	63	82	40	74	173	87	..	66
% waited more than 365 days	–	0.1	0.2	–	0.1	0.5	–	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	69	39	23	90	54	57	105	50	46
Days waited at 90th percentile	335	204	159	431	312	521	803	546	308
% waited more than 365 days	4.1	3.5	3.6	13.5	7.4	12.9	23.1	14.8	5.5
General surgery									
Days waited at 50th percentile	28	29	26	25	33	29	29	53	28
Days waited at 90th percentile	158	183	124	177	158	268	164	326	162
% waited more than 365 days	0.7	2.8	2.1	3.5	2.4	6.9	1.5	7.8	2.0
Gynaecology									
Days waited at 50th percentile	29	36	24	21	32	38	39	7	28
Days waited at 90th percentile	145	143	97	94	119	238	209	81	130
% waited more than 365 days	0.7	1.2	0.8	0.2	0.3	3.7	1.8	1.2	0.9
Neurosurgery									
Days waited at 50th percentile	23	21	15	42	21	38	29	..	26
Days waited at 90th percentile	130	162	158	169	89	505	296	..	154
% waited more than 365 days	0.9	1.7	4.0	1.1	0.2	11.9	7.7	..	1.9
Ophthalmology									
Days waited at 50th percentile	123	36	34	77	68	54	173	255	71
Days waited at 90th percentile	339	228	268	304	278	528	510	643	318
% waited more than 365 days	3.5	1.1	4.8	6.7	4.6	23.6	27.7	36.3	4.6

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Orthopaedic surgery									
Days waited at 50th percentile	65	63	25	52	69	123	123	49	50
Days waited at 90th percentile	330	340	175	301	345	561	403	399	318
% waited more than 365 days	4.2	8.6	3.5	6.6	9.2	22.5	12.3	11.9	6.0
Plastic surgery									
Days waited at 50th percentile	28	23	29	29	37	22	62	42	28
Days waited at 90th percentile	167	213	135	312	182	166	371	315	193
% waited more than 365 days	1.3	4.5	2.0	8.2	4.1	3.7	10.1	8.1	3.6
Urology									
Days waited at 50th percentile	28	21	27	19	44	33	52	50	26
Days waited at 90th percentile	167	151	127	133	177	148	237	407	158
% waited more than 365 days	1.4	2.7	2.3	3.1	4.1	2.1	3.4	11.8	2.3
Vascular surgery									
Days waited at 50th percentile	17	25	20	20	12	43	27	..	20
Days waited at 90th percentile	89	273	84	103	71	242	482	..	133
% waited more than 365 days	0.5	6.3	1.6	1.1	1.5	4.2	11.4	..	2.4
Other									
Days waited at 50th percentile	6	23	29	13	21	12	36	20	15
Days waited at 90th percentile	46	86	122	42	82	54	151	251	90
% waited more than 365 days	0.1	0.4	0.6	0.3	0.4	0.6	2.0	5.4	0.6
Total									
Days waited at 50th percentile	**35**	**30**	**25**	**29**	**40**	**38**	**63**	**35**	**32**
Days waited at 90th percentile	**260**	**208**	**142**	**225**	**206**	**343**	**364**	**370**	**226**
% waited more than 365 days	**1.9**	**3.3**	**2.5**	**4.6**	**3.9**	**9.2**	**9.9**	**10.2**	**3.1**
2007-08									
Cardio-thoracic									
Days waited at 50th percentile	14	6	10	19	14	21	18	..	12
Days waited at 90th percentile	74	85	69	55	101	131	103	..	78
% waited more than 365 days	0.1	0.1	0.3	–	–	0.5	0.4	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	87	48	28	106	63	50	135	73	57
Days waited at 90th percentile	346	276	161	416	350	406	610	530	335
% waited more than 365 days	4.4	3.4	3.4	14.0	9.1	11.3	30.4	18.1	6.2
General surgery									
Days waited at 50th percentile	29	34	26	27	37	25	35	44	29
Days waited at 90th percentile	165	204	109	152	180	344	218	244	170
% waited more than 365 days	0.6	2.8	1.1	1.7	2.6	9.0	1.3	5.5	1.7
Gynaecology									
Days waited at 50th percentile	32	45	25	30	29	37	53	10	31
Days waited at 90th percentile	168	158	95	138	121	195	226	110	145
% waited more than 365 days	0.9	1.4	0.9	1.1	0.4	3.3	2.3	2.3	1.1

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Neurosurgery									
Days waited at 50th percentile	25	24	21	35	21	35	39	..	25
Days waited at 90th percentile	148	185	134	187	95	343	276	..	166
% waited more than 365 days	0.7	1.5	4.3	1.8	0.2	9.9	7.6	..	1.9
Ophthalmology									
Days waited at 50th percentile	134	36	42	55	61	104	169	149	68
Days waited at 90th percentile	335	217	296	267	230	670	484	524	315
% waited more than 365 days	2.6	1.9	5.5	3.5	2.5	30.7	18.4	18.9	3.8
Orthopaedic surgery									
Days waited at 50th percentile	70	61	27	58	77	125	121	53	54
Days waited at 90th percentile	343	335	175	254	379	548	427	414	323
% waited more than 365 days	4.5	8.4	3.3	3.3	10.5	20.2	13.6	11.6	5.8
Plastic surgery									
Days waited at 50th percentile	25	22	28	18	40	13	45	42	26
Days waited at 90th percentile	147	235	148	144	187	134	347	376	186
% waited more than 365 days	0.5	5.6	2.8	1.7	3.5	2.4	9.5	10.5	3.2
Urology									
Days waited at 50th percentile	28	20	31	21	44	41	50	59	27
Days waited at 90th percentile	166	170	122	127	185	185	267	210	162
% waited more than 365 days	1.1	2.7	2.4	2.4	2.8	3.2	4.5	2.9	2.1
Vascular surgery									
Days waited at 50th percentile	18	25	22	27	14	25	25	..	21
Days waited at 90th percentile	108	364	82	145	57	242	705	..	161
% waited more than 365 days	0.5	9.9	1.3	2.6	0.9	5.6	19.6	..	3.8
Other									
Days waited at 50th percentile	7	24	27	18	21	50	35	63	19
Days waited at 90th percentile	63	88	96	72	76	795	157	383	89
% waited more than 365 days	–	1.0	0.4	0.4	–	37.1	1.5	10.2	1.4
Total									
Days waited at 50th percentile	**39**	**33**	**27**	**30**	**42**	**36**	**72**	**43**	**34**
Days waited at 90th percentile	**278**	**221**	**137**	**206**	**208**	**369**	**372**	**337**	**235**
% waited more than 365 days	**1.8**	**3.6**	**2.3**	**3.0**	**3.9**	**10.1**	**10.3**	**8.6**	**3.0**
2008-09									
Cardio-thoracic									
Days waited at 50th percentile	13	9	11	13	11	15	19	7	12
Days waited at 90th percentile	62	107	74	38	117	107	69	15	76
% waited more than 365 days	0.1	0.7	0.2	–	0.3	–	–	–	0.3
Ear, nose and throat surgery									
Days waited at 50th percentile	84	56	31	73	51	56	204	36	58
Days waited at 90th percentile	353	267	158	294	252	268	627	385	318
% waited more than 365 days	6.3	3.2	3.3	5.7	3.4	7.3	33.6	10.8	5.2

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
General surgery									
Days waited at 50th percentile	30	32	26	27	34	58	41	47	30
Days waited at 90th percentile	149	176	114	154	175	564	193	225	165
% waited more than 365 days	1.1	2.5	1.1	2.0	1.8	19.6	2.8	4.6	2.4
Gynaecology									
Days waited at 50th percentile	30	35	25	29	22	30	56	13	28
Days waited at 90th percentile	139	137	96	117	112	175	211	99	126
% waited more than 365 days	0.7	1.0	0.4	0.7	0.7	4.5	3.6	1.0	0.9
Neurosurgery									
Days waited at 50th percentile	26	22	18	40	26	35	43	..	24
Days waited at 90th percentile	168	165	107	167	84	265	217	..	157
% waited more than 365 days	1.5	1.5	0.8	2.5	0.1	6.2	1.6	..	1.5
Ophthalmology									
Days waited at 50th percentile	135	48	35	49	49	109	115	118	65
Days waited at 90th percentile	344	181	205	200	252	571	318	350	306
% waited more than 365 days	3.5	1.1	1.9	1.2	2.0	26.9	8.1	8.7	3.0
Orthopaedic surgery									
Days waited at 50th percentile	76	51	28	51	68	..	125	36	53
Days waited at 90th percentile	355	301	172	224	334	..	506	315	323
% waited more than 365 days	6.5	6.7	3.0	3.1	7.0	..	18.5	8.0	5.6
Plastic surgery									
Days waited at 50th percentile	22	17	26	24	31	17	48	69	22
Days waited at 90th percentile	135	193	147	147	186	126	338	520	168
% waited more than 365 days	0.7	3.7	3.4	1.9	4.4	3.1	9.1	11.7	3.0
Urology									
Days waited at 50th percentile	29	20	32	24	43	43	63	81	27
Days waited at 90th percentile	126	140	116	121	151	181	388	234	137
% waited more than 365 days	1.1	1.9	1.4	1.5	2.2	3.6	11.2	5.2	1.8
Vascular surgery									
Days waited at 50th percentile	17	27	19	28	11	44	25	208	20
Days waited at 90th percentile	104	320	79	222	47	535	382	565	175
% waited more than 365 days	0.3	8.4	1.0	4.2	0.7	12.7	11.9	32.0	3.5
Other									
Days waited at 50th percentile	10	26	14	19	26	156	42	30	21
Days waited at 90th percentile	104	82	96	79	75	475	159	137	105
% waited more than 365 days	0.1	0.2	0.6	0.5	–	20.0	1.3	2.9	1.5
Total									
Days waited at 50th percentile	**39**	**31**	**27**	**31**	**36**	**44**	**75**	**40**	**33**
Days waited at 90th percentile	**283**	**194**	**133**	**174**	**207**	**448**	**378**	**256**	**220**
% waited more than 365 days	**2.5**	**2.9**	**1.8**	**2.0**	**2.7**	**13.1**	**10.6**	**5.6**	**2.9**

2009-10

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Cardio-thoracic									
Days waited at 50th percentile	14	20	7	16	10	11	20	0	14
Days waited at 90th percentile	62	104	52	62	104	72	77	0	71
% waited more than 365 days	–	1.3	–	0.1	0.1	–	–	–	0.4
Ear, nose and throat surgery									
Days waited at 50th percentile	117	61	32	62	55	49	200	59	63
Days waited at 90th percentile	378	289	164	196	263	239	477	389	340
% waited more than 365 days	12.8	4.8	3.1	2.3	2.3	6.4	29.9	10.8	6.8
General surgery									
Days waited at 50th percentile	33	35	26	27	34	33	36	49	31
Days waited at 90th percentile	191	160	134	163	148	385	213	291	172
% waited more than 365 days	1.9	2.1	1.6	1.6	0.7	10.4	4.2	6.6	2.1
Gynaecology									
Days waited at 50th percentile	31	35	27	38	25	34	45	10	30
Days waited at 90th percentile	181	129	103	119	105	191	223	121	135
% waited more than 365 days	2.0	0.4	0.6	0.1	0.2	1.8	2.9	0.7	1.0
Neurosurgery									
Days waited at 50th percentile	32	30	24	39	28	55	33	6	30
Days waited at 90th percentile	235	195	139	209	87	432	211	6	197
% waited more than 365 days	2.7	2.3	1.0	3.2	–	10.3	0.9	–	2.3
Ophthalmology									
Days waited at 50th percentile	168	53	35	42	54	75	143	112	69
Days waited at 90th percentile	361	212	216	189	302	292	326	340	329
% waited more than 365 days	7.6	1.8	2.5	1.1	2.7	5.4	8.9	8.3	4.1
Orthopaedic surgery									
Days waited at 50th percentile	98	61	31	54	67	156	140	56	62
Days waited at 90th percentile	371	308	229	210	286	645	503	295	352
% waited more than 365 days	11.6	6.6	4.9	2.8	0.8	28.2	19.0	6.8	7.9
Plastic surgery									
Days waited at 50th percentile	22	19	23	24	27	16	30	59	22
Days waited at 90th percentile	163	175	133	159	146	131	311	291	164
% waited more than 365 days	1.4	3.2	3.3	2.0	1.8	3.1	7.1	8.5	2.7
Urology									
Days waited at 50th percentile	29	24	29	29	36	30	84	88	28
Days waited at 90th percentile	144	122	115	140	118	143	306	338	134
% waited more than 365 days	1.8	1.2	2.2	1.7	0.5	2.6	7.0	3.1	1.7
Vascular surgery									
Days waited at 50th percentile	17	36	18	25	9	32	22	597	20
Days waited at 90th percentile	103	374	86	170	33	529	301	948	183
% waited more than 365 days	0.7	10.4	2.3	1.6	–	14.8	6.7	64.3	3.9

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Other									
Days waited at 50th percentile	11	32	25	20	9	26	42	21	22
Days waited at 90th percentile	107	114	103	76	49	182	232	111	102
% waited more than 365 days	3.6	1.2	0.9	0.2	–	0.6	3.2	–	1.1
Total									
Days waited at 50th percentile	**44**	**36**	**27**	**32**	**36**	**36**	**73**	**44**	**35**
Days waited at 90th percentile	**330**	**197**	**150**	**161**	**189**	**332**	**357**	**271**	**246**
% waited more than 365 days	**4.9**	**2.8**	**2.5**	**1.5**	**1.1**	**8.7**	**9.5**	**5.8**	**3.5**
2010-11									
Cardio-thoracic									
Days waited at 50th percentile	15	21	10	16	21	25	17	..	16
Days waited at 90th percentile	65	99	57	63	110	82	51	..	77
% waited more than 365 days	0.2	0.1	0.2	–	0.4	0.2	–	..	0.2
Ear, nose and throat surgery									
Days waited at 50th percentile	100	68	32	58	50	82	255	42	64
Days waited at 90th percentile	364	316	148	215	243	280	655	415	340
% waited more than 365 days	9.0	5.3	0.8	3.3	0.9	5.5	33.4	12.1	5.6
General surgery									
Days waited at 50th percentile	34	36	29	26	34	28	46	34	32
Days waited at 90th percentile	207	158	129	142	141	273	233	200	164
% waited more than 365 days	1.7	2.2	0.6	1.8	1.7	7.9	2.9	4.1	1.8
Gynaecology									
Days waited at 50th percentile	33	36	28	34	23	29	44	11	30
Days waited at 90th percentile	189	120	104	128	109	125	199	99	133
% waited more than 365 days	1.6	0.4	0.5	0.1	0.1	0.8	2.6	0.6	0.8
Neurosurgery									
Days waited at 50th percentile	34	39	29	32	34	74	26	np	34
Days waited at 90th percentile	288	195	207	151	110	436	132	np	221
% waited more than 365 days	4.2	2.4	3.0	1.7	0.2	14.0	2.1	np	3.3
Ophthalmology									
Days waited at 50th percentile	178	49	37	35	77	168	121	98	71
Days waited at 90th percentile	358	188	298	171	349	422	294	278	335
% waited more than 365 days	5.6	0.7	2.9	0.7	6.5	20.8	4.5	3.0	3.6
Orthopaedic surgery									
Days waited at 50th percentile	97	61	34	53	73	147	179	49	64
Days waited at 90th percentile	360	293	214	237	315	622	491	273	345
% waited more than 365 days	7.4	6.1	2.9	3.5	4.0	29.2	21.5	6.1	6.2

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Plastic surgery									
Days waited at 50th percentile	29	21	26	23	29	22	10	18	24
Days waited at 90th percentile	211	154	119	161	132	223	260	101	156
% waited more than 365 days	2.4	2.3	0.9	1.6	1.8	5.6	6.4	1.6	2.1
Urology									
Days waited at 50th percentile	29	24	28	27	37	30	70	50	28
Days waited at 90th percentile	116	110	120	156	106	153	423	154	122
% waited more than 365 days	1.5	1.1	0.8	1.8	0.6	2.4	13.3	–	1.6
Vascular surgery									
Days waited at 50th percentile	17	31	18	26	12	25	24	..	21
Days waited at 90th percentile	108	305	76	145	41	315	369	..	149
% waited more than 365 days	0.8	7.5	0.3	0.7	0.1	8.1	10.4	..	2.6
Other									
Days waited at 50th percentile	11	28	37	22	21	11	42	15	23
Days waited at 90th percentile	86	82	120	82	80	29	253	303	98
% waited more than 365 days	1.3	0.2	0.8	0.3	–	–	3.2	3.4	0.6
Total									
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
% waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**
2011-12									
Cardio-thoracic									
Days waited at 50th percentile	19	19	11	19	18	20	23	..	16
Days waited at 90th percentile	78	109	58	77	98	73	72	..	81
% waited more than 365 days	0.1	0.2	0.1	–	0.1	–	–	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	111	68	28	60	47	62	160	56	66
Days waited at 90th percentile	365	317	178	253	213	311	481	293	344
% waited more than 365 days	9.7	5.2	2.0	3.8	1.2	5.5	15.7	7.0	5.6
General surgery									
Days waited at 50th percentile	35	38	26	26	28	35	35	39	31
Days waited at 90th percentile	223	170	119	118	110	356	150	211	164
% waited more than 365 days	1.8	1.7	0.9	1.8	1.1	9.7	0.8	4.1	1.8
Gynaecology									
Days waited at 50th percentile	35	41	32	24	20	28	35	15	31
Days waited at 90th percentile	174	142	124	98	95	133	159	123	133
% waited more than 365 days	1.2	1.2	0.8	0.1	0.1	0.9	1.0	1.3	0.9

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Neurosurgery									
Days waited at 50th percentile	34	38	16	40	32	66	19	..	31
Days waited at 90th percentile	286	171	110	175	104	506	104	..	191
% waited more than 365 days	3.8	1.7	1.8	0.9	0.6	13.9	0.6	..	2.7
Ophthalmology									
Days waited at 50th percentile	181	49	40	36	70	113	131	133	74
Days waited at 90th percentile	357	188	303	190	314	531	287	274	335
% waited more than 365 days	4.8	0.7	7.3	1.2	2.4	25.3	1.2	2.9	3.6
Orthopaedic surgery									
Days waited at 50th percentile	100	66	28	48	70	121	145	42	63
Days waited at 90th percentile	359	273	211	222	294	602	428	192	338
% waited more than 365 days	7.0	5.0	3.0	2.9	4.1	22.0	15.9	3.4	5.4
Plastic surgery									
Days waited at 50th percentile	32	20	23	26	28	24	6	29	24
Days waited at 90th percentile	254	196	140	151	146	205	168	128	182
% waited more than 365 days	1.8	4.3	1.0	1.6	2.2	4.7	4.9	2.8	2.7
Urology									
Days waited at 50th percentile	28	23	26	28	35	28	46	54	27
Days waited at 90th percentile	110	111	100	157	106	151	224	210	116
% waited more than 365 days	1.0	0.9	0.8	2.2	0.6	3.1	2.6	4.9	1.2
Vascular surgery									
Days waited at 50th percentile	19	29	13	22	14	22	28	63	20
Days waited at 90th percentile	120	247	70	166	50	101	505	296	147
% waited more than 365 days	0.9	5.5	0.4	2.5	0.4	4.9	14.3	7.9	2.5
Other									
Days waited at 50th percentile	17	27	25	26	21	10	59	14	25
Days waited at 90th percentile	96	88	112	90	81	40	266	66	100
% waited more than 365 days	0.8	0.2	1.0	0.2	0.2	–	5.8	–	0.6
Total									
Days waited at 50th percentile	**49**	**36**	**27**	**30**	**34**	**38**	**63**	**39**	**36**
Days waited at 90th percentile	**335**	**189**	**147**	**159**	**191**	**348**	**296**	**219**	**251**
% waited more than 365 days	**3.4**	**2.4**	**2.0**	**1.7**	**1.5**	**9.4**	**6.2**	**3.5**	**2.7**
2012-13									
Cardio-thoracic									
Days waited at 50th percentile	21	18	11	14	15	37	10	..	17
Days waited at 90th percentile	75	103	75	64	69	137	54	..	80
% waited more than 365 days	0.1	0.7	0.1	–	0.2	–	–	..	0.3

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Ear, nose and throat surgery									
Days waited at 50th percentile	127	69	28	68	50	59	95	75	68
Days waited at 90th percentile	364	335	174	259	244	383	429	323	349
% waited more than 365 days	8.4	7.4	3.0	4.4	1.3	10.3	15.8	7.3	5.9
General surgery									
Days waited at 50th percentile	34	43	26	26	24	35	43	34	30
Days waited at 90th percentile	230	213	131	111	99	340	184	157	178
% waited more than 365 days	1.5	2.9	1.5	0.9	0.5	9.3	0.2	2.5	1.9
Gynaecology									
Days waited at 50th percentile	35	39	33	26	23	29	33	18	31
Days waited at 90th percentile	192	187	144	98	89	139	132	99	157
% waited more than 365 days	1.1	2.1	1.5	0.1	0.2	1.4	0.5	1.3	1.2
Neurosurgery									
Days waited at 50th percentile	33	44	14	34	28	86	20	..	30
Days waited at 90th percentile	256	217	127	182	92	429	95	..	210
% waited more than 365 days	2.7	2.1	2.2	2.9	0.6	12.2	0.9	..	2.6
Ophthalmology									
Days waited at 50th percentile	196	44	39	43	72	178	134	138	76
Days waited at 90th percentile	353	253	211	213	295	739	302	307	335
% waited more than 365 days	3.3	1.9	3.1	1.5	2.3	34.5	0.7	6.4	3.2
Orthopaedic surgery									
Days waited at 50th percentile	106	69	29	55	58	113	126	45	65
Days waited at 90th percentile	358	301	280	223	275	720	435	189	342
% waited more than 365 days	6.1	5.8	5.5	2.6	1.4	24.5	15.2	2.2	5.5
Plastic surgery									
Days waited at 50th percentile	33	20	23	24	28	22	7	43	24
Days waited at 90th percentile	277	226	127	148	137	147	79	149	187
% waited more than 365 days	1.8	5.0	1.3	1.6	1.4	2.9	0.5	3.0	2.8
Urology									
Days waited at 50th percentile	27	22	25	23	33	34	31	70	25
Days waited at 90th percentile	107	112	108	130	101	217	160	180	113
% waited more than 365 days	0.7	1.0	1.4	1.6	0.5	4.3	0.9	2.6	1.1
Vascular surgery									
Days waited at 50th percentile	20	29	15	21	13	14	21	37	20
Days waited at 90th percentile	118	284	82	151	44	92	267	197	153
% waited more than 365 days	1.0	5.1	0.5	1.8	–	2.3	5.5	4.8	2.0

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Other (c)									
Days waited at 50th percentile	15	42	21	23	22	43	36	9	25
Days waited at 90th percentile	86	114	148	103	77	403	164	79	110
% waited more than 365 days	0.6	0.4	0.7	0.3	–	11.4	1.3	1.1	0.5
Total									
Days waited at 50th percentile	**50**	**36**	**27**	**30**	**34**	**41**	**51**	**40**	**36**
Days waited at 90th percentile	**335**	**223**	**163**	**159**	**182**	**406**	**277**	**196**	**265**
% waited more than 365 days	**2.8**	**3.3**	**2.5**	**1.5**	**1.0**	**11.5**	**4.1**	**3.3**	**2.7**
2013-14									
Cardio-thoracic									
Days waited at 50th percentile	21	21	12	20	20	15	19	..	18
Days waited at 90th percentile	75	112	88	68	91	71	69	..	86
% waited more than 365 days	–	0.5	–	–	0.1	–	–	..	0.2
Ear, nose and throat surgery									
Days waited at 50th percentile	131	77	36	73	53	62	154	62	70
Days waited at 90th percentile	359	351	249	271	271	305	521	344	348
% waited more than 365 days	4.9	8.1	2.4	2.6	1.3	5.7	24.7	9.2	5.0
General surgery									
Days waited at 50th percentile	34	38	27	26	25	41	44	29	30
Days waited at 90th percentile	221	186	127	98	91	304	171	138	163
% waited more than 365 days	0.9	2.2	1.5	0.2	0.3	7.5	1.3	1.6	1.4
Gynaecology									
Days waited at 50th percentile	34	38	35	26	27	34	40	15	32
Days waited at 90th percentile	183	189	132	90	89	182	140	112	150
% waited more than 365 days	0.5	1.9	1.2	–	0.1	1.6	0.6	1.2	0.9
Neurosurgery									
Days waited at 50th percentile	31	36	20	38	27	60	27	..	31
Days waited at 90th percentile	228	215	192	217	95	365	83	..	214
% waited more than 365 days	2.5	2.6	4.5	4.8	1.5	9.9	2.0	..	3.2
Ophthalmology									
Days waited at 50th percentile	175	37	46	42	70	124	112	113	69
Days waited at 90th percentile	350	213	272	199	307	683	302	298	328
% waited more than 365 days	2.2	1.3	3.7	0.8	1.3	32.2	1.0	5.7	2.6
Orthopaedic surgery									
Days waited at 50th percentile	104	73	35	51	59	141	86	39	66
Days waited at 90th percentile	351	313	333	174	265	737	425	156	337
% waited more than 365 days	3.7	5.9	6.5	0.8	1.0	27.3	15.0	0.6	4.8

Table 11A.25 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Plastic surgery									
Days waited at 50th percentile	35	22	26	20	31	30	22	32	25
Days waited at 90th percentile	295	241	198	110	134	203	91	245	212
% waited more than 365 days	2.0	5.3	3.2	0.5	1.6	4.9	1.4	3.1	3.3
Urology									
Days waited at 50th percentile	28	22	24	19	33	36	29	81	25
Days waited at 90th percentile	109	112	106	98	103	221	143	207	110
% waited more than 365 days	0.4	1.2	1.2	0.6	0.9	5.1	0.3	2.7	0.9
Vascular surgery									
Days waited at 50th percentile	19	28	16	18	12	14	18	np	19
Days waited at 90th percentile	131	288	79	136	42	95	97	np	145
% waited more than 365 days	0.9	5.6	0.7	0.3	–	0.7	2.3	np	1.8
Other (c)									
Days waited at 50th percentile	13	42	18	22	26	np	29	9	23
Days waited at 90th percentile	77	135	103	111	71	np	105	44	110
% waited more than 365 days	0.4	0.8	1.1	0.4	–	np	–	–	0.5
Total									
Days waited at 50th percentile	**49**	**35**	**28**	**29**	**35**	**45**	**48**	**36**	**36**
Days waited at 90th percentile	**329**	**222**	**186**	**142**	**180**	**401**	**270**	**183**	**262**
% waited more than 365 days	**1.8**	**3.2**	**2.8**	**0.7**	**0.8**	**11.5**	**4.7**	**2.8**	**2.4**

(a) The total number of admissions for Queensland include 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods. The total number of admissions for Queensland includes 507 patients who were removed from the waiting list for elective admission before 30 June 2007 and separated before 30 June 2008. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) Includes data for the Mersey Community Hospital. For Tasmania in 2008-09, admissions for Orthopaedic surgery were included under the category General Surgery.

(c) Includes specialty of surgeon 'not reported'

.. Not applicable. – Nil or rounded to zero.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW, Canberra; AIHW (2014), *Australian hospital statistics 2013–14: elective surgery waiting times*. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW; AIHW (2013), *Australian hospital statistics 2012–13: elective surgery waiting times*. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW

Table 11A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Aboriginal and Torres Strait Islander Australians (b)									*Other Australians (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2010-11																		
All hospitals																		
50th percentile																		
Cataract extraction	265	41	68	43	70	np	np	133	125	226	56	47	34	87	239	141	148	86
Cholecystectomy	56	41	62	42	58	79	np	99	58	61	49	51	28	49	68	68	56	52
Coronary artery bypass graft	13	np	20	26	19	np	np	–	20	15	22	7	14	22	25	12	–	16
Cystoscopy	28	24	31	26	46	24	np	110	29	23	23	28	27	35	28	70	74	25
Haemorrhoidectomy	48	np	37	np	np	–	–	133	65	65	62	61	35	55	33	120	62	59
Hysterectomy	59	np	37	21	74	72	np	82	51	55	48	41	44	54	46	58	60	48
Inguinal herniorrhaphy	50	35	51	32	np	33	np	76	49	70	54	58	33	43	57	78	55	57
Myringoplasty	332	np	76	85	186	np	43	154	120	317	83	67	92	179	180	351	112	105
Myringotomy	70	38	48	44	np	108	np	21	48	67	49	33	43	47	123	148	22	44
Prostatectomy	67	np	76	np	–	np	np	np	59	62	28	45	33	48	78	82	60	46
Septoplasty	311	np	92	np	143	np	–	np	189	312	105	56	92	137	222	393	np	146
Tonsillectomy	176	110	81	87	74	154	352	59	98	190	96	54	78	71	112	334	65	90
Total hip replacement	153	np	60	np	np	np	np	np	134	146	107	78	77	117	197	253	141	105
Total knee replacement	310	np	110	np	np	np	np	np	227	294	144	109	94	136	399	326	220	169
Varicose veins stripping & ligation	128	np	np	np	–	np	np	np	108	100	103	63	67	204	85	333	94	94
Total (d)	**50**	**35**	**34**	**31**	**33**	**40**	**67**	**43**	**39**	**47**	**36**	**29**	**29**	**38**	**36**	**75**	**30**	**36**
90th percentile																		
Cataract extraction	362	83	309	193	301	np	np	364	354	361	179	333	158	349	425	301	282	342
Cholecystectomy	218	168	151	206	132	400	np	300	171	232	131	139	160	99	457	250	223	156
Coronary artery bypass graft	79	np	75	63	92	np	np	–	76	77	87	56	63	83	83	49	–	72

Table 11A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Aboriginal and Torres Strait Islander Australians (b)									*Other Australians (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Cystoscopy	114	78	136	203	141	44	np	223	124	105	99	126	177	97	112	368	224	111
Haemorrhoidectomy	362	np	129	np	np	–	–	250	250	301	240	155	212	220	366	279	239	247
Hysterectomy	267	np	135	82	274	342	np	182	225	302	135	141	127	168	212	202	224	196
Inguinal herniorrhaphy	296	296	130	139	np	401	np	313	252	326	155	161	164	140	591	289	197	246
Myringoplasty	370	np	166	282	321	np	43	551	441	384	354	192	233	354	694	672	469	365
Myringotomy	177	99	118	97	np	187	np	138	119	300	138	105	115	109	197	364	105	129
Prostatectomy	114	np	442	np	–	np	np	np	173	230	158	168	120	91	195	749	135	161
Septoplasty	374	np	431	np	245	np	–	np	380	381	378	262	345	301	694	691	np	371
Tonsillectomy	366	324	190	213	290	317	564	348	354	366	330	181	210	263	293	612	396	343
Total hip replacement	358	np	447	np	np	np	np	np	357	362	335	272	236	316	629	595	261	351
Total knee replacement	366	np	374	np	np	np	np	np	370	371	392	350	306	350	717	573	404	368
Varicose veins stripping & ligation	300	np	np	np	–	np	np	np	358	350	422	302	267	409	421	597	462	359
Total (d)	**337**	**204**	**155**	**188**	**167**	**353**	**363**	**283**	**260**	**331**	**176**	**148**	**158**	**210**	**349**	**368**	**212**	**243**
2011-12																		
All hospitals																		
50th percentile																		
Cataract extraction	272	60	67	87	84	198	162	168	126	231	60	49	35	78	244	162	176	89
Cholecystectomy	64	63	63	43	31	111	np	86	60	60	55	45	27	42	89	57	52	51
Coronary artery bypass graft	24	21	20	65	32	np	np	–	24	23	18	5	22	18	21	21	–	15
Cystoscopy	36	23	33	44	31	29	83	71	35	26	22	25	28	32	28	52	47	25
Haemorrhoidectomy	31	np	40	46	np	np	np	121	46	71	63	57	33	38	65	83	135	58
Hysterectomy	66	59	50	35	48	109	np	47	54	57	57	53	40	40	51	60	92	52

Table 11A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Aboriginal and Torres Strait Islander Australians (b)									*Other Australians (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Inguinal herniorrhaphy	47	76	57	16	33	80	np	53	43	73	60	51	29	34	57	73	79	56
Myringoplasty	314	np	86	92	8	np	–	90	91	315	106	78	77	74	114	393	92	109
Myringotomy	86	48	55	57	34	92	99	43	57	76	49	29	47	43	90	113	40	48
Prostatectomy	98	np	45	54	np	np	–	np	56	57	33	39	34	36	43	45	63	42
Septoplasty	262	np	178	np	np	np	np	np	135	322	98	56	100	137	200	321	110	154
Tonsillectomy	150	95	83	118	78	169	133	62	95	230	97	57	78	63	98	168	74	91
Total hip replacement	292	101	188	np	np	np	–	np	182	195	109	88	96	133	224	196	107	120
Total knee replacement	334	np	134	87	np	np	np	np	256	300	135	118	118	172	495	226	121	185
Varicose veins stripping & ligation	136	np	np	np	np	np	np	np	144	99	106	77	65	123	64	230	223	99
Total (d)	**57**	**42**	**32**	**34**	**30**	**44**	**71**	**49**	**41**	**50**	**36**	**28**	**30**	**34**	**37**	**59**	**40**	**36**
90th percentile																		
Cataract extraction	362	232	394	217	261	480	292	295	355	360	173	368	193	324	554	291	268	346
Cholecystectomy	239	204	164	147	112	645	np	274	201	248	161	126	139	103	525	169	267	172
Coronary artery bypass graft	86	36	75	181	131	np	np	–	104	85	84	55	61	78	73	71	–	75
Cystoscopy	101	120	97	188	83	134	138	194	131	102	100	96	158	93	135	224	157	107
Haemorrhoidectomy	174	np	127	112	np	np	np	234	195	304	262	163	182	122	797	314	227	246
Hysterectomy	283	184	138	93	98	217	np	145	175	306	171	167	123	176	198	229	162	205
Inguinal herniorrhaphy	325	448	208	148	359	331	np	156	265	338	173	147	151	141	524	198	330	270
Myringoplasty	376	np	323	263	296	np	–	400	349	376	352	286	238	302	565	529	381	365
Myringotomy	331	112	137	172	163	180	280	131	161	322	141	102	113	98	197	270	105	135
Prostatectomy	191	np	169	77	np	np	–	np	169	183	185	139	139	88	106	188	129	160
Septoplasty	365	np	326	np	np	np	np	np	360	372	367	296	358	316	601	543	413	369
Tonsillectomy	363	328	290	336	327	373	267	280	354	370	327	223	238	254	331	330	320	355

Table 11A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Aboriginal and Torres Strait Islander Australians (b)									*Other Australians (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total hip replacement	372	281	289	np	np	np	–	np	378	364	300	301	266	335	660	441	239	356
Total knee replacement	378	np	328	328	np	np	np	np	377	370	352	361	342	362	868	488	477	370
Varicose veins stripping & ligation	352	np	np	np	np	np	np	np	358	342	384	349	379	363	667	627	562	361
Total (d)	**339**	**232**	**177**	**169**	**162**	**352**	**286**	**248**	**260**	**336**	**186**	**150**	**157**	**194**	**348**	**285**	**219**	**247**
2012-13																		
All hospitals																		
50th percentile																		
Cataract extraction	269	np	80	76	np	np	np	174	140	238	52	43	44	81	277	157	150	88
Cholecystectomy	55	np	39	np	np	np	np	np	48	56	60	46	29	30	70	66	56	50
Coronary artery bypass graft	np	np	np	np	np	np	–	–	15	28	19	8	13	15	43	np	–	16
Cystoscopy	34	np	27	30	np	np	np	np	30	25	21	24	22	30	34	34	48	23
Haemorrhoidectomy	np	np	np	np	np	np	np	np	np	68	79	56	35	19	68	np	86	59
Hysterectomy	np	np	57	np	np	np	np	np	59	59	59	55	35	43	69	55	np	53
Inguinal herniorrhaphy	49	np	np	np	np	np	np	np	41	72	71	65	34	29	104	85	54	61
Myringoplasty	np	np	np	97	np	np	–	150	121	311	132	82	83	np	np	np	np	124
Myringotomy	np	np	53	39	np	np	np	np	54	68	50	35	54	41	71	64	np	49
Prostatectomy	np	np	np	np	np	np	–	np	np	54	28	36	31	36	np	65	np	39
Septoplasty	np	np	np	np	np	np	np	np	238	328	129	75	124	99	269	np	np	196
Tonsillectomy	237	np	79	np	np	np	np	np	105	259	105	51	89	68	98	176	74	98
Total hip replacement	np	np	np	np	np	np	–	np	158	196	105	78	92	108	380	136	np	115
Total knee replacement	np	np	np	np	np	np	np	np	297	296	141	152	105	153	616	177	np	195
Varicose veins stripping & ligation	np	np	np	np	np	–	np	np	np	97	145	56	70	87	np	157	np	97

Table 11A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Aboriginal and Torres Strait Islander Australians (b)									*Other Australians (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total (d)	**56**	**44**	**28**	**34**	**28**	**47**	**39**	**52**	**40**	**49**	**36**	**27**	**30**	**34**	**41**	**51**	**35**	**36**
90th percentile																		
Cataract extraction	360	np	334	214	np	np	np	399	357	356	248	217	208	301	755	305	239	339
Cholecystectomy	303	np	167	np	np	np	np	np	197	234	188	139	112	90	399	217	190	181
Coronary artery bypass graft	np	np	np	np	np	np	–	–	88	85	85	68	44	54	127	np	–	76
Cystoscopy	111	np	108	99	np	np	np	np	127	103	96	100	137	97	185	168	146	107
Haemorrhoidectomy	np	np	np	np	np	np	np	np	np	310	284	211	121	90	750	np	222	257
Hysterectomy	np	np	168	np	np	np	np	np	240	315	213	172	120	130	237	189	np	217
Inguinal herniorrhaphy	284	np	np	np	np	np	np	np	225	338	232	181	120	119	636	235	145	286
Myringoplasty	np	np	np	279	np	np	–	400	348	383	375	330	279	np	np	np	np	367
Myringotomy	np	np	106	165	np	np	np	np	177	337	170	102	128	95	251	254	np	139
Prostatectomy	np	np	np	np	np	np	–	np	np	211	179	170	146	107	np	139	np	167
Septoplasty	np	np	np	np	np	np	np	np	399	378	571	377	390	330	584	np	np	390
Tonsillectomy	362	np	246	np	np	np	np	np	358	366	355	212	261	271	455	377	371	359
Total hip replacement	np	np	np	np	np	np	–	np	372	362	308	346	271	317	831	373	np	357
Total knee replacement	np	np	np	np	np	np	np	np	406	368	365	462	312	343	964	445	np	373
Varicose veins stripping & ligation	np	np	np	np	np	–	np	np	np	353	403	308	342	339	np	545	np	356
Total (d)	**342**	**247**	**173**	**174**	**167**	**328**	**217**	**259**	**277**	**335**	**223**	**162**	**158**	**182**	**409**	**278**	**174**	**264**
2013-14																		
All hospitals																		
50th percentile																		
Cataract extraction	232	np	69	55	np	np	np	126	107	218	41	51	43	78	171	125	111	78

Table 11A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Aboriginal and Torres Strait Islander Australians (b)									*Other Australians (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Cholecystectomy	54	np	41	np	np	np	np	np	46	55	47	42	27	34	71	67	45	46
Coronary artery bypass graft	np	np	np	np	np	np	np	np	18	25	21	10	20	21	18	np	–	18
Cystoscopy	32	np	24	31	np	np	np	np	29	27	21	23	18	31	31	29	47	23
Haemorrhoidectomy	np	np	np	np	np	np	np	np	np	64	69	52	40	21	np	np	61	58
Hysterectomy	np	np	64	np	np	np	np	np	57	55	63	56	33	47	70	64	np	52
Inguinal herniorrhaphy	58	np	np	np	np	np	np	np	45	69	57	56	35	33	84	62	42	56
Myringoplasty	np	np	np	74	np	np	np	157	117	320	140	85	84	np	np	np	np	132
Myringotomy	np	np	70	41	np	np	np	np	58	71	62	43	57	35	72	79	np	54
Prostatectomy	np	np	np	np	np	np	np	np	64	60	34	40	26	41	np	np	np	43
Septoplasty	np	np	np	np	np	np	np	np	np	324	138	86	136	139	np	381	np	218
Tonsillectomy	203	95	81	np	np	np	np	np	105	237	104	55	100	70	115	338	70	98
Total hip replacement	np	np	np	np	np	np	np	np	129	191	112	76	69	103	364	111	np	106
Total knee replacement	np	np	np	np	np	np	np	np	244	290	160	145	83	161	535	150	np	194
Varicose veins stripping & ligation	np	np	np	np	np	np	np	np	np	122	126	64	83	61	np	73	np	97
Total (d)	**54**	**40**	**30**	**31**	**29**	**55**	**61**	**50**	**41**	**49**	**35**	**28**	**29**	**35**	**45**	**47**	**31**	**36**
90th percentile																		
Cataract extraction	359	np	319	183	np	np	np	377	346	351	205	288	192	310	716	302	232	332
Cholecystectomy	154	np	138	np	np	np	np	np	147	227	148	121	90	83	342	211	147	148
Coronary artery bypass graft	np	np	np	np	np	np	np	np	78	79	90	93	66	81	76	np	–	83
Cystoscopy	133	np	106	118	np	np	np	np	140	106	89	98	104	99	135	135	187	100
Haemorrhoidectomy	np	np	np	np	np	np	np	np	np	224	262	237	116	89	np	np	160	221
Hysterectomy	np	np	159	np	np	np	np	np	185	268	254	165	104	145	225	205	np	212
Inguinal herniorrhaphy	339	np	np	np	np	np	np	np	282	335	193	155	104	105	439	223	134	246

Table 11A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Aboriginal and Torres Strait Islander Australians (b)									*Other Australians (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Myringoplasty	np	np	np	221	np	np	np	440	379	412	435	345	265	np	np	np	np	383
Myringotomy	np	np	271	156	np	np	np	np	232	325	194	169	180	87	182	220	np	186
Prostatectomy	np	np	np	np	np	np	np	np	184	162	198	145	92	97	np	np	np	157
Septoplasty	np	np	np	np	np	np	np	np	np	365	447	383	362	336	np	765	np	385
Tonsillectomy	358	335	339	np	np	np	np	np	353	360	356	303	295	280	322	480	353	354
Total hip replacement	np	np	np	np	np	np	np	np	377	357	317	363	204	313	761	434	np	354
Total knee replacement	np	np	np	np	np	np	np	np	389	362	390	426	277	321	878	486	np	365
Varicose veins stripping & ligation	np	np	np	np	np	np	np	np	np	353	410	332	299	182	np	306	np	353
Total (d)	**335**	**224**	**233**	**155**	**146**	**356**	**320**	**245**	**275**	**328**	**222**	**183**	**141**	**181**	**406**	**269**	**158**	**262**

(a) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.

(b) The quality of the data reported for Indigenous status in the National Elective Surgery Waiting Times Data Collection (NESWTDC) has not been formally assessed; therefore, caution should be exercised when interpreting these data. Data for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Aboriginal and Torres Strait islander Australians and Other Australians do not include data for Tasmania and the ACT for 2010-11 and 2011-12.

(c) Other Australians includes records for which the Indigenous status was Not reported.

(d) Total includes all removals for elective surgery procedures, including but not limited to the procedures listed above.

.. Not applicable. **np** Not published. – Nil or rounded to zero.

Source: AIHW (unpublished) linked National Hospital Morbidity Database; AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.27 **Waiting times for elective surgery in public hospitals, by State and Territory, by remoteness area (days) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
All hospitals									
2010-11									
50th percentile									
Major cities	42	37	28	31	41	48	77	4	36
Inner regional	56	32	29	27	33	35	63	np	38
Outer regional	61	28	34	29	29	38	np	29	39
Remote	43	36	28	32	28	38	np	33	32
Very remote	27	32	35	27	26	55	np	50	35
90th percentile									
Major cities	316	176	140	162	221	222	367	50	229
Inner regional	345	177	157	138	162	353	370	np	289
Outer regional	349	189	166	165	156	342	np	236	303
Remote	338	195	157	182	150	350	np	173	223
Very remote	233	182	185	156	151	425	np	278	221
2011-12									
50th percentile									
Major cities	46	37	28	30	38	np	59	8	36
Inner regional	58	35	28	28	32	37	66	np	38
Outer regional	65	29	32	31	30	39	46	40	36
Remote	38	35	27	29	26	31	np	39	29
Very remote	46	30	28	33	21	48	0	56	35
90th percentile									
Major cities	322	188	147	161	210	np	283	320	232
Inner regional	349	182	143	152	215	384	291	np	287
Outer regional	350	179	182	160	147	304	290	236	267
Remote	341	216	166	137	119	269	np	174	166
Very remote	315	207	161	165	127	296	0	247	186
2012-13									
50th percentile									
Major cities	45	36	27	31	38	np	51	np	36
Inner regional	57	36	28	30	31	42	43	np	40
Outer regional	62	29	32	31	27	40	np	39	37
Remote	52	28	28	30	21	36	np	40	30
Very remote	62	np	28	30	16	np	np	56	35
90th percentile									
Major cities	326	224	161	160	194	np	269	np	248
Inner regional	343	223	175	156	214	413	231	np	305

Table 11A.27 **Waiting times for elective surgery in public hospitals, by State and Territory, by remoteness area (days) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Outer regional	345	218	218	166	165	403	np	185	293
Remote	344	181	194	132	106	383	np	180	171
Very remote	341	np	214	173	119	np	np	272	222

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 97 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2010-11 and 2011-12 and about 96 per cent of all records for 2012-13.

(b) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Data are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for patients living in each remoteness area (regardless of their jurisdiction of residence) in the reporting jurisdiction.

(c) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.

np Not published.

Source: AIHW (unpublished) linked National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection.

Table 11A.28 **Waiting times for elective surgery in public hospitals, by State and Territory, by SEIFA IRSD quintiles (days) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
All hospitals									
2010-11									
50th percentile									
Quintile 1	52	41	30	29	40	37	61	42	41
Quintile 2	56	35	28	30	40	37	75	39	41
Quintile 3	42	38	29	29	37	34	72	29	35
Quintile 4	43	35	29	31	35	32	78	30	35
Quintile 5	28	30	25	29	35	np	73	34	30
90th percentile									
Quintile 1	338	196	159	170	225	353	370	278	286
Quintile 2	343	180	153	163	211	336	379	237	297
Quintile 3	322	176	146	147	207	352	388	150	209
Quintile 4	319	175	145	168	173	323	367	235	214
Quintile 5	207	150	129	164	183	np	364	223	184
2011-12									
50th percentile									
Quintile 1	56	41	28	34	32	39	64.5	50	40
Quintile 2	59	37	28	29	36	35	52	45	41
Quintile 3	43	38	29	30	31	38	64	38	34
Quintile 4	45	34	28	30	34	36	65	36	34
Quintile 5	32	32	25	30	35	np	57	40	31
90th percentile									
Quintile 1	343	200	154	178	192	322	283	254	285
Quintile 2	346	195	158	150	207	304	298	223	290
Quintile 3	321	185	151	155	176	430	305	186	210
Quintile 4	318	183	145	159	182	462	289	225	204
Quintile 5	215	156	142	161	170	np	277	229	184
2012-13									
50th percentile									
Quintile 1	56	40	29	29	34	41	37	50	41
Quintile 2	55	37	29	33	33	42	48	40	39
Quintile 3	47	36	28	30	33	40	52	40	35
Quintile 4	45	35	28	31	35	35	52	41	35
Quintile 5	35	29	24	29	32	38	49	37	31
90th percentile									
Quintile 1	342	245	188	160	196	409	220	258	301
Quintile 2	340	224	186	167	176	387	261	175	282

Table 11A.28 **Waiting times for elective surgery in public hospitals, by State and Territory, by SEIFA IRSD quintiles (days) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Quintile 3	335	221	154	155	176	451	289	177	246
Quintile 4	320	217	163	162	179	326	273	189	230
Quintile 5	273	203	154	152	167	305	256	170	210

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 97 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2010-11 and 2011-12 and about 96 per cent of all records for 2012-13.

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Data are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for patients in each SEIFA quintile (regardless of their jurisdiction of residence) in the reporting jurisdiction.

(c) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.

np Not published.

Source: AIHW (unpublished) linked National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection.

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
2004-05									
Cataract extraction									
Days waited at 50th percentile	182	44	33	94	99	368	240	167	92
Days waited at 90th percentile	475	187	209	317	272	595	531	365	388
% waited more than 365 days	21.2	1.9	2.6	6.1	2.9	51.1	29.9	9.7	12.1
Cholecystectomy									
Days waited at 50th percentile	50	49	40	28	40	64	57	92	46
Days waited at 90th percentile	274	236	104	165	132	217	334	367	217
% waited more than 365 days	6.1	4.4	1.2	2.2	0.8	3.5	6.6	10.6	4.2
Coronary artery bypass graft									
Days waited at 50th percentile	17	7	11	20	20	28	12	..	14
Days waited at 90th percentile	94	129	84	53	78	86	33	..	89
% waited more than 365 days	0.1	0.1	0.4	–	–	–	–	..	0.2
Cystoscopy									
Days waited at 50th percentile	27	23	29	23	22	37	44	47	27
Days waited at 90th percentile	146	174	160	187	100	179	197	182	158
% waited more than 365 days	2.2	3.6	1.4	3.5	1.6	3.0	2.5	3.4	2.6
Haemorrhoidectomy									
Days waited at 50th percentile	49	58	40	33	35	104	105	np	45
Days waited at 90th percentile	338	308	201	170	92	638	370	np	294
% waited more than 365 days	8.7	7.6	6.3	4.3	0.8	27.8	12.1	np	7.4
Hysterectomy									
Days waited at 50th percentile	40	35	34	25	53	45	44	43	36
Days waited at 90th percentile	189	173	105	78	168	161	186	389	153
% waited more than 365 days	3.7	2.2	0.8	0.8	1.1	1.6	2.0	11.5	2.4
Inguinal herniorrhaphy									
Days waited at 50th percentile	47	48	38	25	45	72	77	84	43
Days waited at 90th percentile	246	255	111	151	153	273	311	379	216
% waited more than 365 days	4.7	5.3	1.5	2.6	1.1	5.6	3.5	11.3	4.0
Myringoplasty									
Days waited at 50th percentile	210	64	46	123	115	38	96	49	88
Days waited at 90th percentile	629	434	489	419	544	489	1 093	730	550
% waited more than 365 days	32.5	12.4	12.6	14.1	26.1	15.0	30.0	23.8	19.9
Myringotomy									
Days waited at 50th percentile	34	23	21	77	43	46	127	65	29
Days waited at 90th percentile	200	80	103	168	111	157	241	263	119
% waited more than 365 days	3.3	0.6	1.0	0.9	–	–	3.9	4.8	0.9
Prostatectomy									
Days waited at 50th percentile	40	25	28	28	39	36	30	53	32
Days waited at 90th percentile	265	267	98	123	155	52	162	188	216
% waited more than 365 days	6.9	6.5	1.9	1.1	3.1	–	3.7	3.2	5.2

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Septoplasty									
Days waited at 50th percentile	179	63	46	176	173	np	354	149	96
Days waited at 90th percentile	662	565	1 031	649	614	np	952	433	642
% waited more than 365 days	30.4	19.0	20.4	29.0	24.7	np	50.0	13.0	24.2
Tonsillectomy									
Days waited at 50th percentile	110	39	28	127	73	75	173	76	62
Days waited at 90th percentile	516	205	128	406	306	402	734	369	360
% waited more than 365 days	19.1	3.1	2.0	14.0	7.0	15.0	22.4	10.5	9.8
Total hip replacement									
Days waited at 50th percentile	106	141	50	114	125	355	173	96	102
Days waited at 90th percentile	481	400	179	377	375	668	427	402	433
% waited more than 365 days	18.9	12.8	4.0	10.5	10.9	48.5	15.1	16.7	14.4
Total knee replacement									
Days waited at 50th percentile	218	176	60	165	140	411	207	217	152
Days waited at 90th percentile	604	463	267	450	418	747	587	503	542
% waited more than 365 days	33.1	17.6	7.2	17.8	14.2	57.9	28.7	33.3	23.5
Varicose veins stripping and ligation									
Days waited at 50th percentile	68	90	68	29	169	96	519	243	78
Days waited at 90th percentile	483	1,145	808	147	668	510	1,087	876	775
% waited more than 365 days	13.8	27.9	20.0	4.8	26.1	22.2	67.1	47.6	21.1
Not available/Not stated									
Days waited at 50th percentile	25	23	19	21	29	27	29	21	23
Days waited at 90th percentile	173	174	93	150	163	245	262	212	154
% waited more than 365 days	3.6	3.3	1.4	3.0	3.8	6.4	5.6	4.7	3.1
Total									
Days waited at 50th percentile	**34**	**28**	**22**	**27**	**35**	**34**	**45**	**29**	**29**
Days waited at 90th percentile	**294**	**200**	**105**	**197**	**201**	**352**	**368**	**266**	**217**
% waited more than 365 days	**6.9**	**4.0**	**1.8**	**3.8**	**4.0**	**9.5**	**10.1**	**5.9**	**4.8**
2005-06									
Cataract extraction									
Days waited at 50th percentile	161	49	41	83	96	389	182	246	93
Days waited at 90th percentile	368	225	272	293	314	566	496	464	342
% waited more than 365 days	10.5	0.8	4.2	5.9	4.5	50.8	22.7	21.6	7.5
Cholecystectomy									
Days waited at 50th percentile	50	48	41	31	29	47	48	71	45
Days waited at 90th percentile	261	210	138	175	96	264	169	568	211
% waited more than 365 days	4.4	3.3	1.5	3.3	–	4.9	6.4	15.0	3.4
Coronary artery bypass graft									
Days waited at 50th percentile	16	10	8	20	25	45	22	..	15
Days waited at 90th percentile	90	159	93	62	79	138	98	..	100
% waited more than 365 days	–	0.2	0.1	–	–	–	–	..	0.1

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Cystoscopy									
Days waited at 50th percentile	24	21	32	23	35	38	55	51	25
Days waited at 90th percentile	141	159	140	198	137	180	216	211	155
% waited more than 365 days	1.8	2.8	1.7	4.8	3.5	2.7	2.9	5.0	2.5
Haemorrhoidectomy									
Days waited at 50th percentile	54	70	42	32	47	53	70	np	51
Days waited at 90th percentile	292	366	171	322	105	353	379	np	286
% waited more than 365 days	5.3	10.0	3.3	8.3	–	8.5	12.5	np	6.3
Hysterectomy									
Days waited at 50th percentile	41	40	39	26	54	48	49	47	40
Days waited at 90th percentile	209	161	110	90	138	184	276	372	157
% waited more than 365 days	3.4	1.9	0.7	0.2	0.2	1.3	4.2	11.6	2.1
Inguinal herniorrhaphy									
Days waited at 50th percentile	51	56	41	24	44	41	47	71	48
Days waited at 90th percentile	259	257	133	148	142	308	202	517	233
% waited more than 365 days	3.5	5.6	2.1	3.1	0.8	5.3	3.3	17.9	3.8
Myringoplasty									
Days waited at 50th percentile	190	83	60	99	72	69	631	364	98
Days waited at 90th percentile	574	361	376	440	367	1 903	1 000	1 144	463
% waited more than 365 days	26.7	9.4	10.2	10.4	10.0	38.9	61.1	45.7	16.3
Myringotomy									
Days waited at 50th percentile	40	34	29	75	38	23	144	30	37
Days waited at 90th percentile	210	107	118	220	117	153	329	187	139
% waited more than 365 days	1.8	0.2	2.7	0.3	0.2	–	6.5	–	1.1
Prostatectomy									
Days waited at 50th percentile	48	21	28	25	50	41	52	62	35
Days waited at 90th percentile	281	278	126	116	324	70	239	250	246
% waited more than 365 days	6.0	7.8	3.0	1.5	7.5	–	3.9	9.1	5.9
Septoplasty									
Days waited at 50th percentile	266	96	66	147	130	np	312	130	128
Days waited at 90th percentile	613	430	945	503	522	np	847	468	542
% waited more than 365 days	32.9	14.7	19.0	16.2	20.1	np	41.8	19.4	22.4
Tonsillectomy									
Days waited at 50th percentile	129	56	40	119	74	57	203	118	72
Days waited at 90th percentile	406	215	182	390	231	648	894	389	336
% waited more than 365 days	13.6	3.9	3.9	11.3	2.0	26.5	30.3	13.3	8.1
Total hip replacement									
Days waited at 50th percentile	119	154	61	99	106	238	149	120	111
Days waited at 90th percentile	418	408	187	359	418	552	477	345	406
% waited more than 365 days	16.0	13.0	3.3	9.2	14.9	32.2	16.8	8.3	13.3
Total knee replacement									

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	242	188	74	138	193	326	219	137	178
Days waited at 90th percentile	519	463	287	498	505	639	633	1,060	492
% waited more than 365 days	29.1	18.6	6.4	20.0	26.0	41.0	29.6	22.2	23.1
Varicose veins stripping and ligation									
Days waited at 50th percentile	70	182	71	33	203	52	241	352	98
Days waited at 90th percentile	358	726	699	416	504	252	927	635	596
% waited more than 365 days	9.5	29.1	19.9	10.3	29.4	3.9	46.3	47.6	19.6
Not available/Not stated									
Days waited at 50th percentile	27	26	21	23	32	28	36	22	25
Days waited at 90th percentile	191	195	109	167	176	253	290	237	174
% waited more than 365 days	3.3	4.1	1.6	3.6	3.7	5.7	6.7	5.6	3.3
Total									
Days waited at 50th percentile	**36**	**32**	**25**	**28**	**38**	**34**	**61**	**30**	**32**
Days waited at 90th percentile	**291**	**224**	**127**	**205**	**212**	**332**	**372**	**313**	**237**
% waited more than 365 days	**5.4**	**4.5**	**2.1**	**4.3**	**4.2**	**8.7**	**10.3**	**7.7**	**4.6**
2006-07									
Cataract extraction									
Days waited at 50th percentile	152	50	40	85	96	111	177	320	93
Days waited at 90th percentile	343	237	292	297	288	625	516	641	330
% waited more than 365 days	3.9	0.8	5.8	6.3	3.9	35.7	29.3	40.3	5.0
Cholecystectomy									
Days waited at 50th percentile	47	45	38	32	36	61	71	111	43
Days waited at 90th percentile	202	170	133	279	107	258	239	503	182
% waited more than 365 days	1.2	1.8	1.1	5.2	–	6.4	2.9	14.1	1.7
Coronary artery bypass graft									
Days waited at 50th percentile	15	9	15	26	24	43	19	..	17
Days waited at 90th percentile	76	80	91	67	83	196	77	..	88
% waited more than 365 days	0.1	0.2	0.1	–	–	0.4	–	..	0.1
Cystoscopy									
Days waited at 50th percentile	25	21	29	16	42	35	66	48	25
Days waited at 90th percentile	151	141	168	167	195	146	257	260	157
% waited more than 365 days	1.0	2.0	3.1	3.4	5.1	0.9	4.0	7.5	2.1
Haemorrhoidectomy									
Days waited at 50th percentile	44	53	42	36	32	94	81	np	44
Days waited at 90th percentile	237	265	201	359	158	298	160	np	241
% waited more than 365 days	2.1	3.7	4.8	8.2	0.7	8.8	–	np	3.3
Hysterectomy									
Days waited at 50th percentile	45	43	36	32	52	62	53	32	43
Days waited at 90th percentile	204	146	116	118	154	241	252	129	165
% waited more than 365 days	1.0	1.1	1.2	0.4	0.4	3.2	4.4	4.8	1.1
Inguinal herniorrhaphy									

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	48	45	40	32	47	77	79	77	45
Days waited at 90th percentile	231	198	168	232	141	424	224	362	217
% waited more than 365 days	1.2	2.4	2.4	5.0	1.5	13.6	1.4	9.5	2.4
Myringoplasty									
Days waited at 50th percentile	125	62	62	143	186	154	252	440	93
Days waited at 90th percentile	354	278	379	485	434	1 106	952	863	378
% waited more than 365 days	6.5	6.2	11.0	14.8	22.6	28.6	35.7	58.3	11.4
Myringotomy									
Days waited at 50th percentile	42	28	38	68	49	37	61	13	39
Days waited at 90th percentile	232	92	150	301	133	114	321	116	152
% waited more than 365 days	1.1	0.2	1.1	5.5	0.6	–	6.1	5.0	1.3
Prostatectomy									
Days waited at 50th percentile	44	23	28	23	55	51	30	45	35
Days waited at 90th percentile	223	225	128	122	232	83	218	441	206
% waited more than 365 days	2.6	5.2	1.9	1.9	4.3	–	5.1	15.4	3.4
Septoplasty									
Days waited at 50th percentile	203	75	56	159	129	np	167	205	113
Days waited at 90th percentile	370	376	545	561	354	np	851	1 814	405
% waited more than 365 days	11.4	10.7	16.9	19.1	9.5	np	29.4	42.9	13.6
Tonsillectomy									
Days waited at 50th percentile	123	53	42	112	80	117	194	154	75
Days waited at 90th percentile	345	199	183	461	364	1 278	943	683	332
% waited more than 365 days	4.3	2.0	3.8	17.5	9.8	35.5	35.8	20.2	6.1
Total hip replacement									
Days waited at 50th percentile	134	132	62	83	111	244	140	164	106
Days waited at 90th percentile	356	361	245	326	468	617	330	413	358
% waited more than 365 days	5.9	9.4	5.3	7.1	16.5	38.3	8.1	27.3	8.6
Total knee replacement									
Days waited at 50th percentile	221	170	74	115	171	392	233	203	162
Days waited at 90th percentile	365	437	343	399	559	654	527	434	390
% waited more than 365 days	9.9	15.6	9.0	12.0	28.5	54.0	24.1	36.4	13.4
Varicose veins stripping and ligation									
Days waited at 50th percentile	59	109	77	51	284	39	218	305	83
Days waited at 90th percentile	230	431	770	336	747	254	957	1,269	426
% waited more than 365 days	1.9	14.0	22.6	8.9	35.5	3.3	41.3	46.7	12.8
Not available/Not stated									
Days waited at 50th percentile	26	26	21	24	33	32	38	26	26
Days waited at 90th percentile	184	189	114	183	163	280	239	246	174
% waited more than 365 days	1.2	3.3	1.8	3.8	2.7	6.9	5.1	5.9	2.4
Total									
Days waited at 50th percentile	**35**	**30**	**25**	**29**	**40**	**38**	**63**	**35**	**32**

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	**260**	**208**	**142**	**225**	**206**	**343**	**364**	**370**	**226**
% waited more than 365 days	**1.9**	**3.3**	**2.5**	**4.6**	**3.9**	**9.2**	**9.9**	**10.2**	**3.1**
2007-08									
Cataract extraction									
Days waited at 50th percentile	168	43	48	59	73	417	175	184	87
Days waited at 90th percentile	340	231	317	265	225	737	484	498	326
% waited more than 365 days	2.9	1.7	6.0	3.3	1.2	51.5	18.5	20.1	4.3
Cholecystectomy									
Days waited at 50th percentile	53	50	37	33	50	78	83	76	47
Days waited at 90th percentile	202	194	117	194	154	420	227	384	188
% waited more than 365 days	0.7	1.4	0.7	1.8	0.6	13.8	1.8	10.5	1.4
Coronary artery bypass graft									
Days waited at 50th percentile	14	11	9	24	20	31	13	..	14
Days waited at 90th percentile	102	151	67	56	113	140	84	..	97
% waited more than 365 days	0.1	0.2	0.2	–	–	0.8	–	..	0.2
Cystoscopy									
Days waited at 50th percentile	26	21	33	20	35	49	51	52	26
Days waited at 90th percentile	156	163	137	146	119	174	279	181	157
% waited more than 365 days	0.9	2.0	3.0	3.1	1.1	2.4	4.0	3.5	1.8
Haemorrhoidectomy									
Days waited at 50th percentile	50	65	37	39	48	68	72	79	50
Days waited at 90th percentile	249	260	167	245	168	440	168	307	245
% waited more than 365 days	1.9	4.2	2.5	2.9	1.7	12.5	–	6.1	2.8
Hysterectomy									
Days waited at 50th percentile	52	52	36	42	54	66	85	78	49
Days waited at 90th percentile	239	161	121	161	167	221	308	158	192
% waited more than 365 days	1.8	1.2	0.7	1.1	0.8	3.5	4.1	3.4	1.4
Inguinal herniorrhaphy									
Days waited at 50th percentile	56	52	40	35	51	98	90	74	50
Days waited at 90th percentile	231	232	145	196	201	424	237	461	225
% waited more than 365 days	0.8	4.1	0.9	1.5	2.4	15.5	1.8	11.5	2.2
Myringoplasty									
Days waited at 50th percentile	177	63	62	166	200	441	417	406	104
Days waited at 90th percentile	365	322	358	408	551	1 432	860	1 043	411
% waited more than 365 days	9.8	5.9	9.9	15.8	32.2	60.0	64.0	55.6	14.5
Myringotomy									
Days waited at 50th percentile	63	39	36	73	57	44	94	44	48
Days waited at 90th percentile	315	113	168	355	159	150	418	106	182
% waited more than 365 days	2.4	0.5	0.9	9.4	0.7	–	13.8	3.6	2.4
Prostatectomy									
Days waited at 50th percentile	47	22	36	28	58	39	45	50	36

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	232	234	155	105	217	135	178	160	203
% waited more than 365 days	1.7	5.6	3.0	0.9	2.5	–	3.0	–	3.0
Septoplasty									
Days waited at 50th percentile	224	105	68	156	148	507	196	153	141
Days waited at 90th percentile	369	364	625	382	459	1 557	645	1 913	389
% waited more than 365 days	11.3	9.7	14.5	12.3	18.6	60.4	32.4	21.1	13.1
Tonsillectomy									
Days waited at 50th percentile	148	67	40	146	109	96	289	95	88
Days waited at 90th percentile	350	271	188	443	399	539	677	385	349
% waited more than 365 days	4.1	2.9	3.8	18.0	14.3	15.7	43.2	11.2	7.1
Total hip replacement									
Days waited at 50th percentile	134	121	62	84	114	294	185	129	107
Days waited at 90th percentile	357	405	230	246	484	679	478	928	359
% waited more than 365 days	6.3	12.7	3.3	3.1	16.4	39.6	21.3	21.7	8.9
Total knee replacement									
Days waited at 50th percentile	235	166	77	118	207	381	226	292	160
Days waited at 90th percentile	367	505	294	307	656	762	496	618	386
% waited more than 365 days	10.5	18.7	6.9	5.7	34.9	53.9	25.2	37.5	13.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	71	140	57	66	258	46	401	123	91
Days waited at 90th percentile	290	480	353	397	603	331	867	987	430
% waited more than 365 days	2.7	20.3	9.4	12.9	34.3	9.1	53.6	27.1	13.8
Not available/Not stated									
Days waited at 50th percentile	27	27	22	25	35	28	42	28	27
Days waited at 90th percentile	200	203	113	160	175	263	261	229	181
% waited more than 365 days	1.2	3.4	1.8	2.2	2.7	6.2	6.1	5.6	2.3
Total									
Days waited at 50th percentile	**39**	**33**	**27**	**30**	**42**	**36**	**72**	**43**	**34**
Days waited at 90th percentile	**278**	**221**	**137**	**206**	**208**	**369**	**372**	**337**	**235**
% waited more than 365 days	**1.8**	**3.6**	**2.3**	**3.0**	**3.9**	**10.1**	**10.3**	**8.6**	**3.0**
2008-09									
Cataract extraction									
Days waited at 50th percentile	168	56	42	49	59	197	121	146	84
Days waited at 90th percentile	348	190	224	190	259	570	339	372	320
% waited more than 365 days	3.8	1.0	2.2	0.8	1.3	30.4	8.8	10.2	3.6
Cholecystectomy									
Days waited at 50th percentile	53	47	40	32	44	59	85	82	47
Days waited at 90th percentile	189	175	117	149	148	426	226	253	170
% waited more than 365 days	1.8	1.5	0.7	0.9	0.5	14.1	3.5	4.9	1.8
Coronary artery bypass graft									
Days waited at 50th percentile	15	15	10	15	17	29	11	..	14

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	80	184	74	35	119	142	51	..	93
% waited more than 365 days	–	1.3	0.1	–	0.2	–	–	..	0.4
Cystoscopy									
Days waited at 50th percentile	26	19	33	22	35	36	80	49	25
Days waited at 90th percentile	118	126	145	161	100	158	394	213	133
% waited more than 365 days	0.8	1.2	1.4	2.5	1.1	1.2	12.1	3.0	1.5
Haemorrhoidectomy									
Days waited at 50th percentile	51	68	42	30	38	204	84	73	51
Days waited at 90th percentile	191	248	166	178	179	591	164	318	216
% waited more than 365 days	1.6	5.0	2.1	1.4	3.4	30.8	–	8.0	3.3
Hysterectomy									
Days waited at 50th percentile	50	48	41	56	50	55	77	56	48
Days waited at 90th percentile	215	141	119	160	184	280	235	208	171
% waited more than 365 days	1.6	0.6	0.5	1.1	1.0	4.3	3.5	1.1	1.2
Inguinal herniorrhaphy									
Days waited at 50th percentile	58	52	47	32	48	68	87	80	52
Days waited at 90th percentile	241	214	145	156	217	622	272	206	218
% waited more than 365 days	2.3	3.4	1.2	0.9	1.1	22.7	5.7	1.5	3.0
Myringoplasty									
Days waited at 50th percentile	190	82	70	101	153	71	273	82	92
Days waited at 90th percentile	366	316	328	381	451	450	689	593	370
% waited more than 365 days	10.9	6.9	8.1	11.4	16.3	15.0	40.0	16.2	10.8
Myringotomy									
Days waited at 50th percentile	45	43	33	58	48	49	119	35	44
Days waited at 90th percentile	195	120	119	212	109	154	353	128	141
% waited more than 365 days	1.1	0.3	1.2	2.5	0.4	1.0	8.9	2.5	1.2
Prostatectomy									
Days waited at 50th percentile	55	23	40	28	56	51	42	108	41
Days waited at 90th percentile	182	227	121	72	136	109	467	216	172
% waited more than 365 days	2.2	4.8	1.7	0.1	2.4	–	13.3	–	2.8
Septoplasty									
Days waited at 50th percentile	237	86	69	110	106	136	420	105	128
Days waited at 90th percentile	369	353	413	336	337	909	728	1 203	378
% waited more than 365 days	12.3	8.5	12.6	8.6	7.7	29.0	58.5	30.3	12.6
Tonsillectomy									
Days waited at 50th percentile	145	80	48	101	74	113	346	66	85
Days waited at 90th percentile	361	281	168	301	277	244	560	413	335
% waited more than 365 days	8.2	2.6	3.5	5.8	1.8	7.4	46.1	11.2	5.7
Total hip replacement									
Days waited at 50th percentile	125	107	68	68	102	370	170	59	100
Days waited at 90th percentile	364	348	242	218	374	757	489	391	364

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
% waited more than 365 days	8.9	9.2	4.0	1.8	11.0	50.5	22.0	12.5	9.6
Total knee replacement									
Days waited at 50th percentile	223	143	86	83	182	493	249	172	147
Days waited at 90th percentile	376	463	343	271	429	825	589	409	393
% waited more than 365 days	14.0	17.1	7.9	4.2	19.0	69.9	37.3	11.1	14.9
Varicose veins stripping and ligation									
Days waited at 50th percentile	69	110	55	91	116	104	298	118	87
Days waited at 90th percentile	270	486	275	393	344	584	749	524	373
% waited more than 365 days	2.2	17.0	5.9	12.4	7.9	13.9	35.4	21.1	10.6
Not available/Not stated									
Days waited at 50th percentile	28	25	22	26	29	32	44	25	26
Days waited at 90th percentile	194	172	113	149	172	315	256	181	168
% waited more than 365 days	1.7	2.6	1.5	1.9	2.4	8.4	6.3	3.9	2.3
Total									
Days waited at 50th percentile	**39**	**31**	**27**	**31**	**36**	**44**	**75**	**40**	**33**
Days waited at 90th percentile	**283**	**194**	**133**	**174**	**207**	**448**	**378**	**256**	**220**
% waited more than 365 days	**2.5**	**2.9**	**1.8**	**2.0**	**2.7**	**13.1**	**10.6**	**5.6**	**2.9**
2009-10									
Cataract extraction									
Days waited at 50th percentile	211	63	37	41	61	100	162	123	86
Days waited at 90th percentile	363	228	224	183	313	297	371	341	336
% waited more than 365 days	8.4	1.4	2.2	0.5	1.6	4.6	10.9	8.7	4.3
Cholecystectomy									
Days waited at 50th percentile	62	50	40	31	47	76	72	65	51
Days waited at 90th percentile	233	156	138	171	117	562	273	259	186
% waited more than 365 days	2.5	1.2	0.8	1.6	0.5	16.5	6.6	–	2.2
Coronary artery bypass graft									
Days waited at 50th percentile	19	23	5	20	12	16	16	..	15
Days waited at 90th percentile	69	122	53	70	132	75	55	..	80
% waited more than 365 days	–	2.7	–	–	0.3	–	–	..	0.7
Cystoscopy									
Days waited at 50th percentile	25	22	30	28	30	26	85	88	25
Days waited at 90th percentile	130	108	117	162	90	103	274	247	126
% waited more than 365 days	1.3	0.7	1.5	2.5	0.2	0.4	5.4	6.5	1.3
Haemorrhoidectomy									
Days waited at 50th percentile	68	77	60	33	46	51	111	69	66
Days waited at 90th percentile	284	245	190	220	189	931	320	315	260
% waited more than 365 days	2.0	4.3	3.7	2.9	0.5	21.3	8.3	6.8	3.5
Hysterectomy									
Days waited at 50th percentile	52	52	39	49	56	59	70	89	50
Days waited at 90th percentile	284	149	134	150	176	259	275	263	196

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
% waited more than 365 days	3.6	0.4	1.1	0.1	0.2	4.3	4.3	2.6	1.9
Inguinal herniorrhaphy									
Days waited at 50th percentile	72	52	47	37	50	63	88	75	57
Days waited at 90th percentile	319	170	155	198	162	461	270	265	250
% waited more than 365 days	4.3	1.9	1.6	0.8	0.3	13.3	3.9	5.0	3.1
Myringoplasty									
Days waited at 50th percentile	291	85	66	100	132	56	372	78	103
Days waited at 90th percentile	418	294	280	350	386	907	708	597	382
% waited more than 365 days	20.9	5.1	5.5	7.8	15.7	17.1	57.1	22.1	12.5
Myringotomy									
Days waited at 50th percentile	71	48	34	59	50	50	148	31	48
Days waited at 90th percentile	319	147	120	149	108	137	376	134	151
% waited more than 365 days	5.0	0.6	0.9	0.6	0.3	–	11.0	–	1.2
Prostatectomy									
Days waited at 50th percentile	61	31	40	41	56	55	71	109	47
Days waited at 90th percentile	227	198	179	111	114	127	672	462	188
% waited more than 365 days	3.7	2.2	4.6	0.1	0.6	–	14.0	13.9	2.9
Septoplasty									
Days waited at 50th percentile	311	104	56	81	98	153	373	173	144
Days waited at 90th percentile	460	381	368	317	342	931	676	403	413
% waited more than 365 days	28.4	11.0	10.3	7.0	3.9	25.6	52.8	10.3	16.3
Tonsillectomy									
Days waited at 50th percentile	220	86	53	76	77	73	331	143	91
Days waited at 90th percentile	387	318	213	181	331	247	498	474	357
% waited more than 365 days	15.7	6.0	4.0	1.3	3.9	3.8	43.0	12.7	8.4
Total hip replacement									
Days waited at 50th percentile	167	119	69	78	120	291	222	134	116
Days waited at 90th percentile	391	352	269	209	327	740	505	360	373
% waited more than 365 days	16.2	8.9	5.2	1.7	1.3	40.2	28.1	6.9	11.1
Total knee replacement									
Days waited at 50th percentile	301	155	93	100	162	431	366	172	180
Days waited at 90th percentile	415	417	368	277	337	896	568	494	414
% waited more than 365 days	24.6	14.5	10.3	5.9	1.2	59.6	50.0	15.0	18.1
Varicose veins stripping and ligation									
Days waited at 50th percentile	77	119	70	70	144	113	254	119	96
Days waited at 90th percentile	338	474	386	308	343	680	435	471	389
% waited more than 365 days	5.6	19.9	13.4	6.1	5.3	20.9	30.7	11.4	12.8
Not available/Not stated									
Days waited at 50th percentile	29	28	23	27	29	29	42	30	28
Days waited at 90th percentile	258	169	128	144	147	283	275	223	184
% waited more than 365 days	3.2	2.5	2.2	1.4	0.9	7.2	6.1	4.5	2.7

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Total									
Days waited at 50th percentile	**44**	**36**	**27**	**32**	**36**	**36**	**73**	**44**	**35**
Days waited at 90th percentile	**330**	**197**	**150**	**161**	**189**	**332**	**357**	**271**	**246**
% waited more than 365 days	**4.9**	**2.8**	**2.5**	**1.5**	**1.1**	**8.7**	**9.5**	**5.8**	**3.5**
2010-11									
Cataract extraction									
Days waited at 50th percentile	227	57	48	35	87	246	140	126	90
Days waited at 90th percentile	361	196	333	159	349	435	300	285	343
% waited more than 365 days	6.3	0.6	3.7	0.4	6.1	27.3	5.1	3.3	4.1
Cholecystectomy									
Days waited at 50th percentile	61	50	52	28	49	68	70	68	54
Days waited at 90th percentile	240	137	141	163	99	454	261	234	171
% waited more than 365 days	2.1	0.9	0.4	1.9	0.2	14.7	3.4	3.3	1.8
Coronary artery bypass graft									
Days waited at 50th percentile	16	22	7	14	23	28	13	..	17
Days waited at 90th percentile	77	87	58	63	88	86	49	..	75
% waited more than 365 days	0.2	0.2	–	–	0.5	0.5	–	..	0.2
Cystoscopy									
Days waited at 50th percentile	23	23	28	27	35	28	73	83	25
Days waited at 90th percentile	105	99	126	176	98	112	380	224	115
% waited more than 365 days	1.2	0.6	0.7	2.6	0.4	0.6	11.1	4.4	1.3
Haemorrhoidectomy									
Days waited at 50th percentile	66	63	61	34	55	33	126	60	60
Days waited at 90th percentile	310	248	155	212	220	366	286	250	255
% waited more than 365 days	3.8	4.0	1.0	3.6	2.2	11.1	–	–	3.4
Hysterectomy									
Days waited at 50th percentile	55	49	40	43	54	48	55	71	49
Days waited at 90th percentile	300	137	141	127	169	210	218	224	201
% waited more than 365 days	3.6	0.4	1.1	0.1	0.2	1.4	3.3	–	1.7
Inguinal herniorrhaphy									
Days waited at 50th percentile	70	54	58	33	43	54	82	58	57
Days waited at 90th percentile	329	161	159	168	136	587	290	241	259
% waited more than 365 days	3.3	1.3	0.7	2.3	1.0	15.7	5.2	5.0	2.6
Myringoplasty									
Days waited at 50th percentile	316	84	68	90	182	180	317	147	108
Days waited at 90th percentile	383	356	190	246	354	694	672	539	369
% waited more than 365 days	19.0	9.7	1.1	4.9	7.3	21.7	46.7	23.2	10.7
Myringotomy									
Days waited at 50th percentile	68	49	35	43	48	119	164	22	47
Days waited at 90th percentile	297	139	108	114	110	197	384	106	139
% waited more than 365 days	2.9	0.6	0.2	1.0	–	1.6	11.6	–	0.9

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Prostatectomy									
Days waited at 50th percentile	62	29	45	33	49	82	82	56	47
Days waited at 90th percentile	222	174	169	119	91	191	749	154	170
% waited more than 365 days	3.1	2.9	1.4	0.3	0.8	–	23.4	2.0	2.5
Septoplasty									
Days waited at 50th percentile	312	110	58	94	137	231	404	277	159
Days waited at 90th percentile	385	384	263	349	301	721	894	489	382
% waited more than 365 days	18.7	12.2	2.8	9.4	2.5	31.9	55.0	36.4	13.7
Tonsillectomy									
Days waited at 50th percentile	192	97	56	78	71	120	336	64	94
Days waited at 90th percentile	370	330	183	210	263	302	637	385	351
% waited more than 365 days	11.6	5.3	0.9	1.7	0.9	3.3	42.4	13.1	6.5
Total hip replacement									
Days waited at 50th percentile	149	98	78	80	118	194	253	148	108
Days waited at 90th percentile	363	323	273	237	312	635	581	273	357
% waited more than 365 days	8.0	6.9	4.2	2.9	3.3	33.2	28.6	–	7.6
Total knee replacement									
Days waited at 50th percentile	295	133	109	94	136	377	328	213	173
Days waited at 90th percentile	372	382	350	306	351	717	585	404	376
% waited more than 365 days	13.8	11.7	7.7	5.1	5.7	51.0	42.7	28.8	12.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	101	104	63	68	204	85	319	94	100
Days waited at 90th percentile	350	434	305	274	411	421	584	462	368
% waited more than 365 days	5.3	13.8	4.1	4.8	18.9	19.4	33.8	11.1	10.2
Not available/Not stated									
Days waited at 50th percentile	31	29	25	27	29	29	41	24	28
Days waited at 90th percentile	276	164	126	143	153	272	305	165	184
% waited more than 365 days	2.6	2.4	1.0	1.5	1.6	7.1	7.0	2.9	2.2
Total									
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
% waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**
2011-12									
Cataract extraction									
Days waited at 50th percentile	225	61	51	38	78	244	162	170	91
Days waited at 90th percentile	359	192	363	191	323	551	291	280	344
% waited more than 365 days	5.0	0.5	9.7	0.8	2.3	35.2	1.1	3.1	4.0
Cholecystectomy									
Days waited at 50th percentile	60	54	44	28	42	89	57	63	51
Days waited at 90th percentile	252	161	127	148	104	521	167	267	176
% waited more than 365 days	2.2	1.4	0.4	2.3	0.6	18.0	0.7	3.2	2.0

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Coronary artery bypass graft									
Days waited at 50th percentile	23	18	8	25	18	21	20	..	16
Days waited at 90th percentile	85	83	56	78	84	72	70	..	76
% waited more than 365 days	0.1	–	–	–	–	–	–	..	0.1
Cystoscopy									
Days waited at 50th percentile	25	21	24	29	32	27	55	48	25
Days waited at 90th percentile	101	97	93	176	93	132	230	166	108
% waited more than 365 days	0.6	0.5	1.1	2.9	0.4	1.6	2.2	2.6	1.0
Haemorrhoidectomy									
Days waited at 50th percentile	70	63	52	34	36	52	83	131	57
Days waited at 90th percentile	304	263	154	181	120	781	306	228	245
% waited more than 365 days	3.3	4.1	1.3	2.8	0.5	25.4	2.3	0.5	3.2
Hysterectomy									
Days waited at 50th percentile	58	57	55	39	40	53	60	74	53
Days waited at 90th percentile	307	171	167	120	174	200	217	158	207
% waited more than 365 days	3.2	1.6	1.2	0.2	0.2	1.4	1.5	1.8	1.8
Inguinal herniorrhaphy									
Days waited at 50th percentile	73	60	54	29	33	58	73	73	57
Days waited at 90th percentile	342	175	152	151	142	516	198	283	277
% waited more than 365 days	4.1	1.3	1.1	2.7	1.4	14.9	1.6	7.4	3.1
Myringoplasty									
Days waited at 50th percentile	314	108	82	84	63	130	399	92	106
Days waited at 90th percentile	376	355	290	259	295	702	588	399	364
% waited more than 365 days	18.8	8.7	4.1	2.0	2.6	23.5	56.3	12.5	9.5
Myringotomy									
Days waited at 50th percentile	76	49	31	48	43	91	116	43	49
Days waited at 90th percentile	322	144	110	123	98	194	270	122	145
% waited more than 365 days	2.6	1.6	1.1	0.2	0.5	–	2.0	1.4	1.1
Prostatectomy									
Days waited at 50th percentile	56	33	38	34	36	46	45	55	42
Days waited at 90th percentile	178	187	139	135	90	97	188	106	160
% waited more than 365 days	1.7	2.3	1.4	1.9	0.8	–	3.6	–	1.7
Septoplasty									
Days waited at 50th percentile	320	101	60	99	133	200	323	110	160
Days waited at 90th percentile	372	370	298	358	316	601	552	414	370
% waited more than 365 days	16.0	11.0	4.7	9.0	2.9	22.9	39.6	18.5	11.8
Tonsillectomy									
Days waited at 50th percentile	221	98	61	78	64	103	177	73	97
Days waited at 90th percentile	370	333	253	243	254	336	335	301	358
% waited more than 365 days	13.5	6.3	3.5	3.3	1.7	5.1	5.4	4.3	7.2
Total hip replacement									

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	193	99	81	95	130	229	193	98	116
Days waited at 90th percentile	365	288	285	266	337	669	434	233	357
% waited more than 365 days	9.6	4.8	4.6	3.4	6.1	30.7	18.6	3.0	7.2
Total knee replacement									
Days waited at 50th percentile	303	123	120	119	173	476	216	123	184
Days waited at 90th percentile	372	343	362	342	362	833	444	490	371
% waited more than 365 days	13.7	8.0	9.2	8.7	8.9	52.2	20.7	14.3	11.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	100	112	77	66	119	66	256	236	103
Days waited at 90th percentile	343	417	356	379	363	667	660	562	365
% waited more than 365 days	3.7	13.3	6.9	11.5	8.2	23.1	33.2	35.9	10.0
Not available/Not stated									
Days waited at 50th percentile	33	29	23	27	28	30	33	27	28
Days waited at 90th percentile	280	175	122	129	137	264	265	158	181
% waited more than 365 days	2.4	2.4	1.2	1.3	1.2	6.7	5.8	3.0	2.1
Total									
Days waited at 50th percentile	**49**	**36**	**27**	**30**	**34**	**38**	**63**	**39**	**36**
Days waited at 90th percentile	**335**	**189**	**147**	**159**	**191**	**348**	**296**	**219**	**251**
% waited more than 365 days	**3.4**	**2.4**	**2.0**	**1.7**	**1.5**	**9.4**	**6.2**	**3.5**	**2.7**
2012-13									
Cataract extraction									
Days waited at 50th percentile	232	52	44	45	82	275	157	156	91
Days waited at 90th percentile	355	249	219	208	302	753	305	308	338
% waited more than 365 days	3.2	0.8	3.3	1.1	2.5	40.3	0.6	6.6	3.1
Cholecystectomy									
Days waited at 50th percentile	56	60	46	29	30	71	63	58	50
Days waited at 90th percentile	235	188	141	112	90	399	217	170	181
% waited more than 365 days	1.7	1.8	0.9	0.6	0.1	13.0	–	3.4	1.7
Coronary artery bypass graft									
Days waited at 50th percentile	27	20	8	13	15	45	7	..	16
Days waited at 90th percentile	85	85	69	43	55	134	56	..	77
% waited more than 365 days	0.2	0.3	0.2	–	–	–	–	..	0.2
Cystoscopy									
Days waited at 50th percentile	25	21	24	22	30	34	34	50	23
Days waited at 90th percentile	104	96	100	136	97	182	168	158	108
% waited more than 365 days	0.6	0.5	1.5	2.2	0.5	1.8	0.5	3.2	0.9
Haemorrhoidectomy									
Days waited at 50th percentile	67	79	56	36	19	68	86	75	58
Days waited at 90th percentile	310	284	210	121	90	754	235	226	257
% waited more than 365 days	3.0	4.4	3.6	0.2	0.2	22.8	–	6.6	3.5
Hysterectomy									

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	60	60	55	35	42	70	55	60	53
Days waited at 90th percentile	316	213	171	120	131	237	189	254	218
% waited more than 365 days	2.3	2.6	1.8	–	–	4.1	0.7	6.6	1.9
Inguinal herniorrhaphy									
Days waited at 50th percentile	71	71	65	34	29	99	81	52	60
Days waited at 90th percentile	337	232	181	120	119	633	232	133	284
% waited more than 365 days	3.4	2.7	2.2	0.8	0.2	25.9	0.7	0.7	3.1
Myringoplasty									
Days waited at 50th percentile	303	131	84	87	68	80	399	143	123
Days waited at 90th percentile	383	374	322	279	364	553	525	386	365
% waited more than 365 days	15.3	11.3	6.2	3.4	9.2	16.7	62.5	10.3	9.7
Myringotomy									
Days waited at 50th percentile	68	51	36	51	42	71	59	73	49
Days waited at 90th percentile	329	171	103	133	96	266	296	177	141
% waited more than 365 days	2.3	2.0	0.9	0.2	0.2	4.7	4.7	2.3	1.3
Prostatectomy									
Days waited at 50th percentile	53	27	36	31	36	52	65	63	39
Days waited at 90th percentile	198	179	168	147	107	121	139	157	167
% waited more than 365 days	1.8	1.8	2.3	1.0	0.5	–	1.9	–	1.7
Septoplasty									
Days waited at 50th percentile	327	129	76	124	100	272	340	117	197
Days waited at 90th percentile	377	569	379	390	331	584	572	443	389
% waited more than 365 days	16.6	18.7	12.2	13.6	2.3	31.9	31.8	22.9	15.7
Tonsillectomy									
Days waited at 50th percentile	258	105	56	88	69	96	170	75	98
Days waited at 90th percentile	366	354	216	259	279	448	377	363	359
% waited more than 365 days	10.1	8.4	4.3	4.6	1.5	16.4	13.4	9.6	7.3
Total hip replacement									
Days waited at 50th percentile	195	105	78	92	108	372	136	107	115
Days waited at 90th percentile	362	309	347	271	317	831	373	281	357
% waited more than 365 days	7.4	5.8	7.8	4.2	3.0	50.8	10.7	2.2	7.5
Total knee replacement									
Days waited at 50th percentile	297	141	153	105	153	615	177	121	196
Days waited at 90th percentile	368	368	462	312	342	962	448	366	374
% waited more than 365 days	11.3	10.1	18.2	5.6	3.3	66.7	19.0	11.1	12.1
Varicose veins stripping and ligation									
Days waited at 50th percentile	97	144	56	70	88	39	157	98	96
Days waited at 90th percentile	353	403	317	342	339	273	545	387	356
% waited more than 365 days	4.7	12.5	4.9	7.3	3.4	3.6	14.7	11.1	7.7
Not available/Not stated									
Days waited at 50th percentile	32	29	23	26	28	29	29	26	28

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	283	209	139	132	129	225	211	139	195
% waited more than 365 days	2.1	3.3	1.9	1.2	0.7	5.8	3.9	1.9	2.2
Total									
Days waited at 50th percentile	**50**	**36**	**27**	**30**	**34**	**41**	**51**	**40**	**36**
Days waited at 90th percentile	**335**	**223**	**163**	**159**	**182**	**406**	**277**	**196**	**265**
% waited more than 365 days	**2.8**	**3.3**	**2.5**	**1.5**	**1.0**	**11.5**	**4.1**	**3.3**	**2.7**
2013-14									
Cataract extraction									
Days waited at 50th percentile	218	41	52	43	78	167	125	116	79
Days waited at 90th percentile	351	205	292	191	309	716	303	298	333
% waited more than 365 days	2.1	0.3	4.0	0.4	1.0	36.1	0.5	5.0	2.4
Cholecystectomy									
Days waited at 50th percentile	55	47	42	27	34	71	67	49	46
Days waited at 90th percentile	224	147	122	90	83	335	211	170	148
% waited more than 365 days	0.7	0.7	0.4	0.1	–	7.0	1.8	2.8	0.7
Coronary artery bypass graft									
Days waited at 50th percentile	25	21	10	20	18	18	np	..	18
Days waited at 90th percentile	79	90	90	63	81	76	np	..	82
% waited more than 365 days	–	0.2	–	–	–	–	np	..	–
Cystoscopy									
Days waited at 50th percentile	27	21	23	19	31	31	29	47	23
Days waited at 90th percentile	106	89	98	104	99	138	136	184	100
% waited more than 365 days	0.3	0.6	0.9	0.8	1.0	1.9	0.5	1.7	0.6
Haemorrhoidectomy									
Days waited at 50th percentile	64	69	53	40	21	np	np	70	59
Days waited at 90th percentile	230	262	237	116	89	np	np	171	222
% waited more than 365 days	1.0	3.6	3.7	0.2	0.3	np	np	4.8	2.3
Hysterectomy									
Days waited at 50th percentile	55	63	56	33	47	71	63	np	52
Days waited at 90th percentile	268	254	165	103	143	230	206	np	211
% waited more than 365 days	0.9	2.8	1.4	–	0.1	3.1	1.3	np	1.4
Inguinal herniorrhaphy									
Days waited at 50th percentile	69	57	56	34	33	84	62	42	56
Days waited at 90th percentile	335	192	156	104	104	452	214	138	246
% waited more than 365 days	1.8	2.3	2.0	–	–	13.4	0.8	1.3	1.8
Myringoplasty									
Days waited at 50th percentile	316	140	88	81	np	np	np	155	128
Days waited at 90th percentile	402	443	352	253	np	np	np	439	383
% waited more than 365 days	17.0	14.7	7.7	2.1	np	np	np	20.9	11.8
Myringotomy									
Days waited at 50th percentile	71	61	47	55	35	72	80	61	55

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	324	195	195	171	88	215	204	195	191
% waited more than 365 days	1.7	1.7	0.6	0.4	–	2.2	1.6	1.6	1.0
Prostatectomy									
Days waited at 50th percentile	60	34	40	26	41	np	np	np	43
Days waited at 90th percentile	162	198	145	92	97	np	np	np	157
% waited more than 365 days	0.6	2.8	1.6	–	0.4	np	np	np	1.3
Septoplasty									
Days waited at 50th percentile	324	138	87	139	138	np	380	np	221
Days waited at 90th percentile	365	446	384	360	336	np	730	np	385
% waited more than 365 days	9.1	16.3	13.1	9.6	2.0	np	54.1	np	12.8
Tonsillectomy									
Days waited at 50th percentile	233	104	56	98	71	114	342	67	99
Days waited at 90th percentile	360	355	309	293	286	321	483	277	354
% waited more than 365 days	4.3	8.1	2.3	2.4	1.4	5.0	26.3	7.6	5.0
Total hip replacement									
Days waited at 50th percentile	191	111	76	69	104	366	110	np	106
Days waited at 90th percentile	357	316	363	205	313	761	455	np	354
% waited more than 365 days	4.7	6.1	9.4	0.9	1.7	50.2	16.6	np	6.5
Total knee replacement									
Days waited at 50th percentile	290	160	146	83	161	540	151	np	194
Days waited at 90th percentile	362	389	428	276	321	881	491	np	365
% waited more than 365 days	6.8	12.2	16.3	1.4	1.0	64.0	19.8	np	9.9
Varicose veins stripping and ligation									
Days waited at 50th percentile	122	126	64	83	60	np	73	np	97
Days waited at 90th percentile	353	410	340	295	182	np	306	np	353
% waited more than 365 days	4.6	12.7	6.3	1.2	0.3	np	8.8	np	7.2
Not available/Not stated									
Days waited at 50th percentile	33	29	24	26	29	35	31	25	28
Days waited at 90th percentile	281	210	152	119	126	284	199	131	199
% waited more than 365 days	1.4	3.3	2.4	0.6	0.8	7.3	3.9	1.4	2.1
Total									
Days waited at 50th percentile	**49**	**35**	**28**	**29**	**35**	**45**	**48**	**36**	**36**
Days waited at 90th percentile	**329**	**222**	**186**	**142**	**180**	**401**	**270**	**183**	**262**
% waited more than 365 days	**1.8**	**3.2**	**2.8**	**0.7**	**0.8**	**11.5**	**4.7**	**2.8**	**2.4**

(a) The total number of admissions for Queensland includes 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods. The total number of admissions for Queensland includes 507 patients who were removed from the waiting list for elective admission before 30 June 2007 and separated before 30 June 2008. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) Includes data for the Mersey Community Hospital.

Table 11A.29 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*

.. Not applicable. – Nil or rounded to zero. **np** Not published**.**

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW, Canberra; AIHW (2014), Australian hospital statistics 2013–14: elective surgery waiting times. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW; AIHW (2013), *Australian hospital statistics 2012–13: elective surgery waiting times.* Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW

Table 11A.30 **Classification of elective surgery patients, by clinical urgency category (per cent) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*
2004-05								
Patients on waiting lists								
Category 1	10.9	1.7	7.1	8.0	7.2	na	2.7	8.0
Category 2	30.6	43.4	33.9	29.3	21.9	na	45.0	34.6
Category 3	58.6	54.9	59.0	62.7	70.9	na	52.3	57.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	42.5	21.3	35.2	35.6	35.0	na	37.7	42.1
Category 2	29.7	46.2	44.4	25.3	24.7	na	40.0	35.8
Category 3	27.9	32.6	20.4	39.1	40.3	na	22.2	22.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**
2005-06								
Patients on waiting lists								
Category 1	6.8	2.4	8.0	5.9	8.4	8.0	2.4	9.7
Category 2	32.4	44.0	36.7	35.0	22.8	47.0	47.5	37.2
Category 3	60.8	53.6	55.3	59.1	68.9	45.0	50.0	53.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	41.5	22.4	36.2	35.3	34.6	45.0	29.9	48.9
Category 2	30.6	46.9	44.8	26.7	27.4	34.0	46.1	33.0
Category 3	28.0	30.7	19.0	38.0	37.9	21.0	24.0	18.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2006-07								
Patients on waiting lists								
Category 1	4.1	2.5	8.5	7.9	7.9	6.6	2.7	10.1
Category 2	28.3	43.9	39.3	34.7	24.6	49.6	50.2	41.6
Category 3	67.7	53.6	52.3	57.4	67.5	43.8	47.1	48.3
Total	**100.0**	**100.0**	**100.1**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	33.2	24.5	38.1	33.0	33.8	42.2	29.7	47.7
Category 2	33.0	47.8	43.8	29.2	27.7	37.5	47.5	35.1
Category 3	33.8	27.7	18.1	37.8	38.5	20.3	22.8	17.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2007-08								
Patients on waiting lists								
Category 1	3.7	2.8	9.2	6.2	8.6	6.9	3.1	9.4
Category 2	22.1	47.4	42.1	34.2	23.8	48.4	53.7	43.2
Category 3	74.2	49.8	48.7	59.6	67.5	44.7	43.2	47.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 11A.30 **Classification of elective surgery patients, by clinical urgency category (per cent) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*
Patients admitted from waiting lists								
Category 1	30.1	26.1	38.6	31.8	35.8	44.5	28.7	42.7
Category 2	35.0	46.4	43.5	33.7	29.9	35.8	49.7	39.9
Category 3	34.9	27.5	17.9	34.5	34.3	19.7	21.6	17.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2008-09								
Patients on waiting lists								
Category 1	3.4	3.3	8.6	8.5	5.1	7.5	2.3	12.6
Category 2	17.7	47.3	46.1	35.5	23.3	54.5	54.0	47.2
Category 3	78.9	49.4	45.3	56.0	71.6	38.0	43.7	40.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	28.3	27.6	39.6	30.6	33.2	36.6	28.3	45.6
Category 2	32.4	46.3	44.0	34.0	31.6	35.9	50.1	36.6
Category 3	39.3	26.1	16.4	35.4	35.1	27.5	21.6	17.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2009-10								
Patients on waiting lists								
Category 1	3.0	4.0	9.2	6.1	5.1	9.5	2.8	9.4
Category 2	16.6	46.3	53.7	34.2	23.4	53.7	53.6	38.2
Category 3	80.4	49.7	37.1	59.6	71.5	36.8	43.6	52.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	27.7	26.6	39.0	28.4	31.8	39.3	29.8	42.4
Category 2	31.6	48.1	44.3	35.7	34.5	40.9	49.7	39.4
Category 3	40.7	25.3	16.7	35.9	33.6	19.8	20.4	18.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**99.9**	**100.0**
2010-11								
Patients on waiting lists	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Category 1	3.1	4.0	10.1	6.4	6.4	9.8	4.1	7.7
Category 2	16.8	45.8	48.0	30.6	25.0	54.9	54.9	38.7
Category 3	80.2	50.2	41.9	62.9	68.6	35.3	41.0	53.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	26.9	28.2	39.0	26.1	33.6	40.8	29.1	42.3
Category 2	32.3	47.6	45.6	35.3	34.2	42.5	48.6	38.3
Category 3	40.8	24.2	15.4	38.6	32.2	16.7	22.3	19.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 11A.30 **Classification of elective surgery patients, by clinical urgency category (per cent) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*
2011-12								
Patients on waiting lists								
Category 1	2.8	3.5	8.9	5.5	5.0	6.2	3.5	4.7
Category 2	16.4	46.6	47.1	31.0	23.0	52.5	47.2	42.9
Category 3	80.8	49.9	44.0	63.5	72.0	41.3	49.3	52.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	25.5	30.3	40.0	23.4	27.1	39.0	30.2	38.8
Category 2	33.2	46.9	44.6	34.8	33.3	44.0	48.6	41.4
Category 3	41.3	22.8	15.4	41.8	39.6	17.0	21.2	19.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2012-13								
Patients on waiting lists								
Category 1	2.6	3.6	5.5	4.4	5.1	6.0	4.2	4.8
Category 2	16.7	48.8	41.0	28.8	24.0	52.6	39.3	35.8
Category 3	80.7	47.6	53.5	66.7	70.9	41.4	56.5	59.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	24.2	31.1	40.5	25.1	26.4	39.5	31.6	29.1
Category 2	32.4	46.5	43.7	35.0	35.7	40.6	44.8	49.3
Category 3	43.3	22.4	15.8	39.9	37.9	19.9	23.6	21.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2013-14								
Patients on waiting lists								
Category 1	2.5	4.1	7.6	5.1	4.2	5.7	4.4	5.3
Category 2	16.0	50.1	34.9	27.7	22.4	50.9	35.9	41.0
Category 3	81.5	45.8	57.5	67.1	73.4	43.4	59.7	53.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Patients admitted from waiting lists								
Category 1	23.5	28.9	39.0	24.9	25.5	38.2	29.3	29.8
Category 2	33.2	47.7	41.8	37.1	36.0	42.0	44.5	48.5
Category 3	43.3	23.3	19.1	38.0	38.5	19.8	26.3	21.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Data for 2010-11 and prior years are were sourced from state and territory governments. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

na Not available.

Source: State and Territory governments (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.31 **NSW elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	38.9	15.7	5.1	1.5	3.3	0.1	0.3	1.2	0.1	0.3
Category 2 (over 90 days)	40.2	38.7	28.9	16.2	7.4	1.2	0.4	0.9	1.7	1.5
Category 3 (over 12 months)	10.6	0.1	0.2	0.1	1.3	2.0	0.2	0.3	0.9	0.6
All patients	22.7	13.7	8.5	3.7	2.5	1.8	0.2	0.4	1.0	0.7
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	21.7	22.8	12.9	7.9	7.2	7.9	7.4	6.3	2.6	0.3
Category 2 (over 90 days)	28.8	29.5	25.5	24.3	14.5	15.9	10.3	9.8	6.1	3.1
Category 3 (over 12 months)	20.8	15.8	4.4	4.6	6.4	12.1	8.8	8.4	6.5	4.1
All patients	23.6	22.9	14.2	12.5	9.2	12.1	8.9	8.3	5.4	2.9
Waiting time data coverage										
Per cent of elective surgery separations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the NSW Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

na Not available.

Source: NSW Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.32 **NSW elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	73	88	695	268	42	57	95	63	377	97	34
No. of extended wait patients	3	–	1	1	–	–	–	–	–	–	–
% overdue	4.1	–	0.1	0.4	–	–	–	–	–	–	–
Category 2											
No. patients on waiting list	205	670	3 784	1 884	249	887	1 092	526	2 357	224	77
No. of extended wait patients	5	29	66	11	6	1	16	1	43	3	2
% overdue	2.4	4.3	1.7	0.6	2.4	0.1	1.5	0.2	1.8	1.3	2.6
Category 3											
No. patients on waiting list	75	8 689	8 875	4 304	817	15 494	17 586	1 709	2 543	625	124
No. of extended wait patients	2	100	83	2	3	10	119	14	21	–	–
% overdue	2.7	1.2	0.9	0.0	0.4	0.1	0.7	0.8	0.8	–	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	1 761	2 314	17 592	7 511	1 345	1 843	5 228	2 563	6 805	3 051	953
No. of extended wait patients	37	7	38	16	3	2	6	5	31	5	6
% overdue	2.1	0.3	0.2	0.2	0.2	0.1	0.1	0.2	0.5	0.2	0.6
Category 2											
No. patients admitted from waiting list	1 760	4 131	22 316	12 559	1 571	4 890	6 475	3 018	12 806	1 789	662
No. of extended wait patients	74	232	630	187	73	130	281	118	448	36	17
% overdue	4.2	5.6	2.8	1.5	4.6	2.7	4.3	3.9	3.5	2.0	2.6

Table 11A.32 **NSW elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 3											
No. patients admitted from waiting list	291	9 906	16 914	8 652	1 482	21 309	21 579	3 255	8 541	1 336	467
No. of extended wait patients	1	796	533	150	110	605	1 247	178	116	58	9
% overdue	0.3	8.0	3.2	1.7	7.4	2.8	5.8	5.5	1.4	4.3	1.9

– Nil or rounded to zero.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.33 **Victorian elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	0.7	–	–	–	–	–	–	–	–	–
Category 2 (over 90 days)	42.3	36.8	34.0	35.1	32.9	29.9	28.0	34.0	37.5	34.7
Category 3 (over 12 months)	20.8	14.2	10.5	9.3	9.3	6.8	6.8	9.4	17.0	14.0
All patients	29.7	23.8	20.5	21.3	20.3	17.4	16.3	20.6	26.4	23.8
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	0.0	–	–	–	–	–	–	–	–	–
Category 2 (over 90 days)	23.6	27.7	25.3	29.9	27.0	27.0	25.4	27.7	34.3	31.4
Category 3 (over 12 months)	8.7	10.3	8.5	9.7	7.9	8.0	7.4	8.5	11.0	9.9
All patients	13.7	16.2	14.5	16.5	14.6	15.1	13.9	14.9	18.4	17.3
Waiting time data coverage										
Per cent of elective surgery separations	77.0	77.9	77.9	78.1	79.2	79.6	78.0	77.0	76.9	78.7

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the Victorian Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

– Nil or rounded to zero.

Source : Victorian Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.34 **Victorian elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	62	61	326	190	29	41	76	232	489	41	28
No. of extended wait patients	–	–	–	–	–	–	–	–	–	–	–
% overdue	–	–	–	–	–	–	–	–	–	–	–
Category 2											
No. patients on waiting list	293	2 439	3 898	2 239	499	664	4 992	1 387	2 067	334	374
No. of extended wait patients	58	1 113	902	596	172	64	2 419	539	601	152	38
% overdue	19.8	45.6	23.1	26.6	34.5	9.6	48.5	38.9	29.1	45.5	10.2
Category 3											
No. patients on waiting list	90	3 269	2 615	1 435	224	2 793	3 628	2 073	653	577	202
No. of extended wait patients	4	540	298	142	11	49	643	523	36	200	11
% overdue	4.4	16.5	11.4	9.9	4.9	1.8	17.7	25.2	5.5	34.7	5.4
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	1 631	2 355	10 459	6 043	911	2 014	3 263	8 437	11 883	1 311	995
No. of extended wait patients	–	–	–	–	–	–	–	–	–	–	–
% overdue	–	–	–	–	–	–	–	–	–	–	–
Category 2											
No. patients admitted from waiting list	1 482	7 628	19 057	10 277	1 887	4 748	13 628	6 807	12 077	1 201	2 489
No. of extended wait patients	337	3 510	5 267	4 044	651	329	5 913	2 054	2 570	372	485
% overdue	22.7	46.0	27.6	39.4	34.5	6.9	43.4	30.2	21.3	31.0	19.5

Table 11A.34 **Victorian elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 3											
No. patients admitted from waiting list	176	5 224	6 605	2 149	463	12 820	4 759	3 006	3 075	844	610
No. of extended wait patients	8	1 075	570	307	43	248	703	688	126	139	32
% overdue	4.5	20.6	8.6	14.3	9.3	1.9	14.8	22.9	4.1	16.5	5.2

– Nil or rounded to zero.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.35 **Queensland elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	5.4	11.0	6.4	8.0	6.4	8.4	10.4	7.8	7.2	1.1
Category 2 (over 90 days)	11.3	20.5	20.5	21.4	22.1	28.2	21.1	26.6	33.5	7.8
Category 3 (over 12 months)	30.5	32.8	32.5	24.4	15.5	1.1	3.4	8.0	9.9	0.9
All patients	22.2	26.5	25.6	21.6	17.8	16.3	12.6	16.8	19.4	3.3
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	10.4	14.3	13.2	14.7	13.0	12.8	13.5	12.3	8.3	5.0
Category 2 (over 90 days)	9.4	15.6	17.7	16.9	18.4	21.3	24.9	22.5	23.1	19.5
Category 3 (over 12 months)	8.5	10.2	11.7	11.2	8.7	11.3	6.2	10.2	12.1	11.4
All patients	9.6	14.1	14.9	15.0	14.7	16.3	17.6	16.5	15.4	12.3
Waiting time data coverage										
Per cent of elective surgery separations	95.0	95.0	95.0	98.0	98.0	98.0	98.0	98.0	97.9	97.9

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the Queensland Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

Source: Queensland Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.36 **Queensland elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	72	95	650	322	38	42	229	170	350	66	31
No. of extended wait patients	–	–	3	3	–	–	3	3	7	3	–
% overdue	–	–	0.5	0.9	–	–	1.3	1.8	2.0	4.5	–
Category 2											
No. patients on waiting list	96	795	2 429	1 435	184	1 056	1 596	717	882	136	125
No. of extended wait patients	–	52	147	29	42	87	150	132	94	4	–
% overdue	–	6.5	6.1	2.0	22.8	8.2	9.4	18.4	10.7	2.9	–
Category 3											
No. patients on waiting list	39	2 195	2 055	1 577	98	3 029	5 218	687	411	73	218
No. of extended wait patients	–	4	17	3	9	34	40	23	14	–	–
% overdue	–	0.2	0.8	0.2	9.2	1.1	0.8	3.3	3.4	–	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	2 125	3 534	13 550	6 567	1 074	1 212	9 006	4 367	5 860	1 726	749
No. of extended wait patients	39	131	575	270	95	43	189	481	564	74	19
% overdue	1.8	3.7	4.2	4.1	8.8	3.5	2.1	11.0	9.6	4.3	2.5
Category 2											
No. patients admitted from waiting list	949	5 190	14 298	8 585	838	4 637	8 749	3 421	4 477	998	1 187
No. of extended wait patients	226	821	2 687	1 607	313	541	2 202	910	967	100	40
% overdue	23.8	15.8	18.8	18.7	37.4	11.7	25.2	26.6	21.6	10.0	3.4

Table 11A.36 **Queensland elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	118	3 157	3 917	2 227	125	5 283	7 095	1 173	727	163	410
No. of extended wait patients	1	276	352	214	22	388	1 189	184	105	18	24
% overdue	0.8	8.7	9.0	9.6	17.6	7.3	16.8	15.7	14.4	11.0	5.9

– Nil or rounded to zero.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.37 **WA elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	40.9	27.4	26.2	13.9	21.1	11.7	16.4	14.5	3.8	1.8
Category 2 (over 90 days)	52.4	53.0	46.2	40.1	30.1	28.8	25.2	23.8	9.1	7.7
Category 3 (over 12 months)	24.9	19.7	6.5	4.1	3.1	2.6	3.5	4.1	1.6	0.8
All patients	34.2	31.8	21.9	17.0	14.2	12.1	11.0	10.8	3.9	2.8
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	17.8	18.9	28.8	12.3	14.1	14.5	12.7	15.4	8.2	2.2
Category 2 (over 90 days)	31.8	32.1	44.0	30.2	24.7	24.1	19.3	17.4	15.0	8.2
Category 3 (over 12 months)	7.6	8.3	24.3	5.4	4.5	3.1	3.2	3.5	3.3	1.7
All patients	17.3	18.4	31.6	16.0	14.3	13.8	11.3	11.1	8.6	4.2
Waiting time data coverage										
Per cent of elective surgery separations	72.0	76.0	67.0	79.0	78.0	79.0	92.0	100.0	100.0	100.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the WA Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

Source: WA Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.38 **WA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	17	26	171	52	12	40	65	130	169	10	138
No. of extended wait patients	1	–	1	2	1	1	1	3	4	–	1
% overdue	5.9	–	0.6	3.8	8.3	2.5	1.5	2.3	2.4	–	0.7
Category 2											
No. patients on waiting list	45	344	763	358	41	344	950	356	700	109	489
No. of extended wait patients	2	42	20	–	5	6	53	94	82	10	33
% overdue	4.4	12.2	2.6	–	12.2	1.7	5.6	26.4	11.7	9.2	6.7
Category 3											
No. patients on waiting list	21	2 105	1 446	497	77	2 497	2 273	376	735	225	637
No. of extended wait patients	–	21	4	–	3	10	13	18	11	1	8
% overdue	–	1.0	0.3	–	3.9	0.4	0.6	4.8	1.5	0.4	1.3
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	400	847	4 208	1 938	259	757	2 106	2 590	3 673	423	4 467
No. of extended wait patients	10	10	38	22	10	22	20	52	98	9	187
% overdue	2.5	1.2	0.9	1.1	3.9	2.9	0.9	2.0	2.7	2.1	4.2
Category 2											
No. patients admitted from waiting list	331	2 159	6 532	2 966	356	2 890	5 072	1 731	4 955	889	4 355
No. of extended wait patients	17	212	236	31	64	328	578	230	379	64	499
% overdue	5.1	9.8	3.6	1.0	18.0	11.3	11.4	13.3	7.6	7.2	11.5

Table 11A.38 **WA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	64	3 053	4 885	2 819	361	9 360	5 137	777	3 530	441	2 551
No. of extended wait patients	–	154	33	–	42	101	94	23	65	4	37
% overdue	–	5.0	0.7	–	11.6	1.1	1.8	3.0	1.8	0.9	1.5

– Nil or rounded to zero.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.39 **SA elective surgery waiting times, by clinical urgency category, public hospitals (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	19.8	22.9	21.6	26.0	0.8	2.5	0.1	–	–	–
Category 2 (over 90 days)	27.9	20.8	16.8	11.2	1.1	1.1	0.1	–	–	0.2
Category 3 (over 12 months)	13.5	12.2	11.3	6.5	0.1	0.1	–	–	–	0.0
All patients	17.1	15.1	13.5	9.3	0.3	0.5	–	–	–	0.1
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	20.0	22.4	22.5	21.5	17.4	11.2	13.2	9.9	7.8	6.7
Category 2 (over 90 days)	24.9	22.9	22.1	27.1	15.6	10.9	12.7	16.8	7.7	7.7
Category 3 (over 12 months)	9.4	10.5	9.5	11.4	7.2	3.1	6.1	3.9	2.6	2.1
All patients	16.9	18.0	17.4	19.2	13.2	8.4	10.7	7.8	5.8	5.3
Waiting time data coverage										
Per cent of elective surgery separations	62.2	60.4	61.6	67.7	70.6	70.7	70.7	100.0	96.7	96.7

(a) For 2004-05, waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1. In previous periods, SA counted the waiting time in all urgency categories.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the SA Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

– Nil or rounded to zero.

Source: SA Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.40 **SA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	24	43	185	88	5	25	27	99	93	23	2
No. of extended wait patients	–	–	–	–	–	–	–	–	–	–	–
% overdue	–	–	–	–	–	–	–	–	–	–	–
Category 2											
No. patients on waiting list	43	421	655	513	53	260	311	502	456	20	24
No. of extended wait patients	1	–	–	–	–	–	4	–	–	–	–
% overdue	2.3	–	–	–	–	–	1.3	–	–	–	–
Category 3											
No. patients on waiting list	22	1 371	1 251	915	45	2 940	2 851	849	411	22	16
No. of extended wait patients	–	–	–	–	–	–	5	–	–	–	–
% overdue	–	–	–	–	–	–	0.2	–	–	–	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	679	1 064	4 094	3 189	212	640	1 291	2 127	1 887	765	104
No. of extended wait patients	123	60	146	63	9	17	18	137	465	35	–
% overdue	18.1	5.6	3.6	2.0	4.2	2.7	1.4	6.4	24.6	4.6	–
Category 2											
No. patients admitted from waiting list	286	2 509	5 935	3 811	349	1 477	2 034	2 464	3 286	168	327
No. of extended wait patients	63	225	214	86	30	156	99	301	562	9	–
% overdue	22.0	9.0	3.6	2.3	8.6	10.6	4.9	12.2	17.1	5.4	–

Table 11A.40 **SA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	32	2 720	3 940	2 407	57	6 453	5 458	1 390	1 691	55	67
No. of extended wait patients	1	81	43	11	9	112	88	97	64	–	–
% overdue	3.1	3.0	1.1	0.5	15.8	1.7	1.6	7.0	3.8	–	–

– Nil or rounded to zero. .. Not applicable.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.41 **Tasmanian elective surgery waiting times, by clinical urgency category, public hospitals (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	na	52.0	39.7	46.4	48.0	55.3	55.6	39.0	32.4	33.5
Category 2 (over 90 days)	na	66.0	64.8	68.5	68.6	66.7	66.7	70.0	66.9	61.6
Category 3 (over 12 months)	na	31.0	32.0	40.3	27.2	22.7	25.6	34.0	30.5	22.6
All patients	na	49.0	48.8	54.4	51.3	49.4	51.1	53.0	49.7	43.1
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	na	28.0	25.0	23.4	27.1	23.3	28.0	24.0	26.1	24.8
Category 2 (over 90 days)	na	43.0	46.1	51.2	48.2	45.3	39.0	40.0	42.5	50.3
Category 3 (over 12 months)	na	23.0	22.6	28.8	28.5	19.8	28.0	28.0	27.0	24.7
All patients	na	32.0	32.4	34.4	35.1	31.6	33.0	32.0	33.0	35.5
Waiting time data coverage										
Per cent of elective surgery separations	na	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the Tasmanian Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

na Not available.

Source: Tasmanian Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.42 **Tasmania elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	36	15	98	71	43	8	21	122	62	11	2
No. of extended wait patients	15	3	18	10	29	6	4	52	20	6	1
% overdue	41.7	20.0	18.4	14.1	67.4	75.0	19.0	42.6	32.3	54.5	50.0
Category 2											
No. patients on waiting list	–	261	993	433	119	834	983	229	478	26	4
No. of extended wait patients	–	134	583	146	74	608	703	144	285	8	1
% overdue	..	51.3	58.7	33.7	62.2	72.9	71.5	62.9	59.6	30.8	25.0
Category 3											
No. patients on waiting list	–	427	744	340	14	898	699	223	348	22	4
No. of extended wait patients	–	32	297	25	5	103	195	86	98	1	–
% overdue	..	7.5	39.9	7.4	35.7	11.5	27.9	38.6	28.2	4.5	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	351	231	1 584	969	227	217	358	884	863	147	14
No. of extended wait patients	108	59	352	146	124	24	52	299	268	14	2
% overdue	30.8	25.5	22.2	15.1	54.6	11.1	14.5	33.8	31.1	9.5	14.3
Category 2											
No. patients admitted from waiting list	–	511	1 521	1 026	106	851	1 211	338	762	90	15
No. of extended wait patients	–	198	748	345	80	500	821	190	330	21	3
% overdue	..	38.7	49.2	33.6	75.5	58.8	67.8	56.2	43.3	23.3	20.0

Table 11A.42 **Tasmania elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	–	212	606	349	11	1 014	327	81	364	64	11
No. of extended wait patients	–	39	110	38	5	320	147	34	56	1	1
% overdue	..	18.4	18.2	10.9	45.5	31.6	45.0	42.0	15.4	1.6	9.1

– Nil or rounded to zero. .. Not applicable.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.43 **ACT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	0.8	0.9	6.8	6.6	0.8	6.6	1.1	–	1.2	0.5
Category 2 (over 90 days)	60.9	54.2	54.0	54.5	51.2	58.3	50.1	41.1	34.0	29.9
Category 3 (over 12 months)	34.2	34.1	24.3	20.9	15.4	20.2	14.6	5.7	8.0	11.0
All patients	45.3	42.8	38.7	38.5	34.4	40.2	33.5	22.2	17.9	17.3
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	9.2	3.7	7.2	4.1	5.9	6.4	9.8	2.5	1.6	1.5
Category 2 (over 90 days)	55.6	48.3	49.1	53.4	54.9	56.3	55.1	49.3	39.6	26.2
Category 3 (over 12 months)	30.2	27.0	30.4	29.0	24.8	22.0	23.6	14.7	9.7	12.8
All patients	32.5	29.9	32.4	34.0	34.5	34.4	34.9	27.9	20.5	15.4
Waiting time data coverage										
Per cent of elective surgery separations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the ACT Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

– Nil or rounded to zero.

Source : ACT Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.44 **ACT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	3	6	23	23	2	8	5	16	72	16	10
No. of extended wait patients	–	–	–	–	–	–	–	–	1	–	–
% overdue	–	–	–	–	–	–	–	–	1.4	–	–
Category 2											
No. patients on waiting list	22	127	224	167	27	77	472	68	174	10	137
No. of extended wait patients	3	50	59	18	9	3	227	18	29	1	33
% overdue	13.6	39.4	26.3	10.8	33.3	3.9	48.1	26.5	16.7	10.0	24.1
Category 3											
No. patients on waiting list	–	771	153	129	5	557	530	46	111	143	58
No. of extended wait patients	–	162	8	2	–	1	82	–	1	19	–
% overdue	..	21.0	5.2	1.6	–	0.2	15.5	–	0.9	13.3	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	87	105	556	401	81	130	198	423	707	344	414
No. of extended wait patients	4	–	8	3	1	–	1	3	27	3	2
% overdue	4.6	–	1.4	0.7	1.2	–	0.5	0.7	3.8	0.9	0.5
Category 2											
No. patients admitted from waiting list	86	385	984	679	153	428	901	225	849	81	471
No. of extended wait patients	6	141	279	142	14	58	419	42	166	6	98
% overdue	7.0	36.6	28.4	20.9	9.2	13.6	46.5	18.7	19.6	7.4	20.8

Table 11A.44 **ACT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	–	468	263	158	19	1 098	457	48	290	99	193
No. of extended wait patients	–	215	12	8	1	16	116	9	6	12	–
% overdue	..	45.9	4.6	5.1	5.3	1.5	25.4	18.8	2.1	12.1	–

– Nil or rounded to zero. **np** Not published. .. Not applicable.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.45 **NT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b), (c)**

	2004-05	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*
Per cent of patients on waiting lists with extended waits (d)										
Category 1 (over 30 days)	61.4	53.6	53.7	57.0	49.7	37.2	23.7	15.6	15.7	14.8
Category 2 (over 90 days)	64.2	57.0	51.7	52.4	50.0	42.9	38.4	30.4	19.2	35.7
Category 3 (over 12 months)	42.2	42.6	39.3	35.8	24.2	15.0	16.7	6.1	13.3	20.0
All patients	55.9	49.0	45.9	44.9	39.1	27.7	25.6	17.0	15.5	26.2
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	17.2	16.7	19.2	19.6	24.3	23.5	18.6	16.1	9.5	9.8
Category 2 (over 90 days)	30.5	31.0	43.0	37.9	41.6	47.8	41.2	32.8	27.5	24.7
Category 3 (over 12 months)	14.9	22.7	39.9	29.1	19.7	19.1	17.9	16.3	13.2	12.5
All patients	21.5	22.5	31.1	28.6	29.8	32.2	27.1	23.0	19.2	17.6
Waiting time data coverage (e)										
Per cent of elective surgery separations	71.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) Extended waits include those patients overdue in any category, that is, it is not restricted to patients waiting greater than 365 days**.** There is no specified or agreed desirable wait for category 3 patients, so the term ‘extended wait’ is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data for 2010-11 and prior years are were sourced from the NT Government. Data for 2011-12 and after were sourced from the AIHW. Some differences in data may occur between these periods due to the different data sources.

(d) Data show patients on the waiting list at 30 June.

(e) In previous reports, waiting times coverage data were derived including scopes. Data from 2004-05 exclude these scopes.

Source : NT Government (unpublished); AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.46 **NT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 1											
No. patients on waiting list	–	5	76	23	–	6	11	12	–	7	2
No. of extended wait patients	–	–	8	4	–	2	1	–	–	5	1
% overdue	..	–	10.5	17.4	..	33.3	9.1	–	..	71.4	50.0
Category 2											
No. patients on waiting list	–	228	366	153	–	189	80	29	34	11	10
No. of extended wait patients	–	119	147	39	–	60	12	5	2	6	3
% overdue	..	52.2	40.2	25.5	..	31.7	15.0	17.2	5.9	54.5	30.0
Category 3											
No. patients on waiting list	–	493	226	105	–	357	142	59	52	8	–
No. of extended wait patients	–	189	32	12	–	41	3	11	1	–	–
% overdue	..	38.3	14.2	11.4	..	11.5	2.1	18.6	1.9	–	..
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	–	181	1 154	386	–	57	221	125	25	39	78
No. of extended wait patients	–	7	114	35	–	9	27	6	3	14	7
% overdue	..	3.9	9.9	9.1	..	15.8	12.2	4.8	12.0	35.9	9.0
Category 2											
No. patients admitted from waiting list	–	435	1 134	1 031	–	396	381	107	107	33	59
No. of extended wait patients	–	191	281	156	–	163	50	20	39	10	1
% overdue	..	43.9	24.8	15.1	..	41.2	13.1	18.7	36.4	30.3	1.7

Table 11A.46 **NT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2013-14**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 3											
No. patients admitted from waiting list	–	158	403	125	–	641	177	54	55	11	21
No. of extended wait patients	–	67	39	19	–	59	5	9	5	2	–
% overdue	..	42.4	9.7	15.2	..	9.2	2.8	16.7	9.1	18.2	–

– Nil or rounded to zero. **na** Not available.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 11A.47 **Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals, (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2011-12									
Principal referral and specialist women's and children's hospitals									
Resuscitation	43	53	42	61	52	59	61	53	48
Emergency	21	34	22	53	30	29	41	23	29
Urgent	16	27	19	49	24	18	28	21	24
Semi-urgent	19	29	22	51	28	20	27	19	26
Non-urgent	36	48	42	60	42	33	44	35	41
Total (c)	19	30	21	51	28	22	32	22	26
Large hospitals									
Resuscitation	42	56	47	59	40	81	..	..	49
Emergency	28	35	23	57	57	42	..	..	36
Urgent	21	32	21	51	52	36	..	..	30
Semi-urgent	21	34	29	48	51	44	..	..	30
Non-urgent	51	66	49	66	61	86	..	..	58
Total (c)	23	34	23	52	53	41	..	..	32
All hospitals (d)									
Resuscitation	44	53	43	61	53	62	61	53	49
Emergency	25	35	24	54	36	30	41	28	32
Urgent	21	29	20	50	33	21	28	28	27
Semi-urgent	23	30	25	51	37	24	27	29	29
Non-urgent	43	53	46	62	52	43	44	60	48
Total (c)	24	31	23	52	36	25	32	29	29
2012-13									
Principal referral and specialist women's and children's hospitals									
Resuscitation	43	57	54	59	53	56	62	49	51
Emergency	28	44	37	49	35	31	40	20	36
Urgent	23	36	36	42	29	18	24	19	31
Semi-urgent	27	35	43	44	32	19	28	16	33
Non-urgent	46	50	60	52	51	36	40	33	49
Total (c)	26	38	38	45	32	22	29	19	33
Large hospitals									
Resuscitation	44	44	54	54	39	69	..	..	48
Emergency	36	40	55	56	52	37	..	..	45
Urgent	29	31	51	42	44	34	..	..	37
Semi-urgent	31	33	57	41	44	42	..	..	36
Non-urgent	64	58	66	53	61	77	..	..	62
Total (c)	32	34	53	46	46	38	..	..	39
All hospitals (d)									

Table 11A.47 **Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals, (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Resuscitation	44	56	54	59	55	56	62	48	52
Emergency	32	44	40	52	41	32	40	23	39
Urgent	27	36	39	43	38	22	24	23	34
Semi-urgent	30	36	45	45	43	24	28	24	35
Non-urgent	53	53	62	55	61	47	40	50	54
Total (c)	30	38	41	46	41	25	29	24	36
2013-14									
Principal referral and specialist women's and children's hospitals									
Resuscitation	52	61	62	72	52	55	66	49	58
Emergency	42	49	53	65	38	33	47	17	47
Urgent	38	49	51	62	33	24	29	11	44
Semi-urgent	44	50	58	63	38	27	32	11	47
Non-urgent	61	60	65	64	61	37	39	10	59
Total (c)	42	50	53	63	37	28	34	14	46
Large hospitals									
Resuscitation	48	53	56	55	50	64	53	40	52
Emergency	39	46	51	47	25	29	39	21	43
Urgent	33	39	51	34	21	22	30	21	38
Semi-urgent	35	41	57	36	24	26	37	19	40
Non-urgent	58	60	70	48	33	64	61	44	58
Total (c)	36	41	53	39	23	25	34	21	40
All hospitals (d)									
Resuscitation	51	57	59	66	54	58	63	46	56
Emergency	43	49	53	58	37	33	45	21	47
Urgent	40	44	51	51	35	25	29	21	43
Semi-urgent	44	45	57	52	42	28	33	22	46
Non-urgent	65	60	68	60	59	44	45	50	62
Total (c)	42	46	53	53	38	28	34	22	45

(a) Includes presentations for all Types of visit.

(b) Length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

(c) The total includes presentations for which the triage category was not reported.

(d) Data for 2012-13 includes Principal referral and specialist women's and children's hospitals, Large hospitals and hospitals in other peer groups that reported to the National Non-Admitted Patient Emergency Department Care Database. Data for 2013-14 includes Principal referral and Women's and children's hospitals, Public acute group A hospitals, Public acute group B hospitals and hospitals in other peer groups that reported to the National Non-Admitted Patient Emergency Department Care Database.

.. Not applicable.

Table 11A.47 **Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals, (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

Source: AIHW (2012), *Australian hospital statistics 2011–12: emergency department care* , Health services series no. 45. Cat. no. HSE 126. Canberra; AIHW (2013), *Australian hospital statistics 2012–13: emergency department care* , Health services series no. 52. Cat. no. HSE 142. Canberra; AIHW (2014), *Australian hospital statistics 2013–14: emergency department care* , Health services series no. 58. Cat. no. HSE 153. Canberra.

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Cataract extraction									
Hospital sector									
Public	2.7	3.0	1.6	4.7	3.4	2.0	4.1	6.7	2.8
Private	6.1	5.5	7.9	6.3	5.0	np	np	np	6.2
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	8.6	7.1	7.4	9.0	11.0	np	np	np	8.7
Other Australians	8.6	8.5	9.3	10.7	8.3	np	np	np	8.9
Remoteness of residence (e)									
Major cities	8.3	8.3	9.7	11.9	7.9	..	6.1	..	8.8
Inner regional	9.6	9.1	9.0	8.0	8.2	11.2	np	..	9.3
Outer regional	9.4	9.1	9.8	9.5	10.8	10.0	..	9.9	9.8
Remote	8.6	11.7	6.9	9.3	8.6	16.1	..	8.0	8.7
Very remote	15.1	..	12.3	6.1	6.9	6.9	..	11.4	10.1
Socioeconomic status of area of residence (f)									
1–Lowest	10.1	8.8	8.7	21.3	6.9	8.7	44.9	7.1	9.3
2	6.0	9.3	12.7	12.4	11.0	24.0	23.1	18.6	8.8
3	11.2	8.8	10.9	7.2	8.8	9.2	23.7	9.0	9.7
4	8.8	9.3	7.7	11.3	9.2	12.5	6.6	8.7	9.0
5–Highest	8.8	6.7	8.4	12.9	5.6	..	5.7	23.3	8.3
Total	**8.7**	**8.5**	**9.5**	**11.0**	**8.4**	**np**	**np**	**np**	**9.1**
Cholecystectomy									
Hospital sector									
Public	1.4	1.5	1.2	1.2	1.5	1.4	1.4	1.2	1.4
Private	0.8	0.9	1.1	0.9	0.8	np	np	np	0.9
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	3.6	4.2	2.8	2.9	3.4	np	np	np	3.1
Other Australians	2.2	2.3	2.3	2.1	2.3	np	np	np	2.3
Remoteness of residence (e)									
Major cities	2.2	2.2	2.4	2.3	2.3	..	2.1	..	2.2
Inner regional	2.3	2.8	2.5	1.7	1.8	2.3	np	..	2.4
Outer regional	2.7	3.0	2.1	1.9	3.0	2.5	..	1.6	2.4
Remote	2.3	3.1	2.1	2.2	2.7	2.2	..	1.8	2.2
Very remote	4.3	..	2.7	1.3	2.6	1.9	..	1.8	2.0
Socioeconomic status of area of residence (f)									
1–Lowest	2.8	2.7	2.7	4.0	2.3	2.1	27.2	1.5	2.7
2	1.7	2.9	2.9	2.3	3.1	5.1	7.8	4.4	2.4
3	2.7	2.4	2.6	1.6	2.2	2.1	7.6	1.8	2.4

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
4	2.0	2.5	1.9	2.1	2.2	2.1	2.4	1.2	2.2
5–Highest	1.8	1.5	1.9	2.4	1.2	..	2.0	2.8	1.8
Total	**2.2**	**2.4**	**2.4**	**2.1**	**2.3**	**np**	**np**	**np**	**2.3**
Coronary angioplasty									
Hospital sector									
Public	0.9	0.8	0.8	0.8	0.9	1.0	2.0	..	0.9
Private	0.6	0.7	0.7	0.7	0.5	np	np	..	0.7
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	2.1	2.2	2.6	2.3	5.2	np	np	..	2.2
Other Australians	1.5	1.5	1.5	1.4	1.3	np	np	..	1.5
Remoteness of residence (e)									
Major cities	1.6	1.6	1.6	1.6	1.3	..	2.1	..	1.6
Inner regional	1.2	1.6	1.5	0.8	1.1	1.1	np	..	1.4
Outer regional	1.2	1.5	1.6	1.3	2.0	1.2	..	..	1.5
Remote	1.6	1.3	1.4	1.3	1.8	1.2	..	..	1.3
Very remote	3.1	..	1.9	1.1	3.5	1.5	..	..	1.5
Socioeconomic status of area of residence (f)									
1–Lowest	1.5	1.7	1.6	3.0	1.2	1.0	118.3	..	1.5
2	1.0	1.8	2.3	1.5	1.9	2.4	32.7	..	1.5
3	2.0	1.6	1.8	1.1	1.3	1.1	13.9	..	1.6
4	1.6	1.8	1.2	1.4	1.5	1.1	2.2	..	1.5
5–Highest	1.6	1.1	1.2	1.7	0.9	..	1.9	..	1.4
Total	**1.5**	**1.6**	**1.6**	**1.5**	**1.4**	**np**	**np**	**..**	**1.5**
Coronary artery bypass graft									
Hospital sector									
Public	0.3	0.3	0.3	0.2	0.3	0.3	0.5	..	0.3
Private	0.2	0.2	0.3	0.2	0.2	np	np	..	0.2
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	0.9	0.9	1.3	1.1	4.0	0.3	2.4	..	1.1
Other Australians	0.5	0.5	0.5	0.4	0.5	np	np	..	0.5
Remoteness of residence (e)									
Major cities	0.5	0.5	0.5	0.4	0.5	..	0.4	..	0.5
Inner regional	0.4	0.6	0.6	0.3	0.4	0.3	np	..	0.5
Outer regional	0.5	0.6	0.6	0.3	0.9	0.3	..	..	0.5
Remote	0.8	0.8	0.6	0.5	1.2	0.1	..	..	0.6
Very remote	0.9	..	0.8	0.4	2.2	0.3	..	..	0.7
Socioeconomic status of area of residence (f)									

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
1–Lowest	0.6	0.6	0.6	0.7	0.6	0.2	33.5	..	0.6
2	0.3	0.6	0.8	0.5	0.8	0.5	7.8	..	0.5
3	0.6	0.6	0.6	0.3	0.5	0.3	3.5	..	0.5
4	0.5	0.6	0.4	0.4	0.6	0.6	0.6	..	0.5
5–Highest	0.4	0.3	0.4	0.4	0.3	..	0.4	..	0.4
Total	**0.5**	**0.5**	**0.5**	**0.4**	**0.6**	**np**	**np**	**..**	**0.5**
Cystoscopy									
Hospital sector									
Public	1.6	2.9	2.0	3.3	2.7	1.6	3.0	2.0	2.3
Private	2.4	3.0	3.5	4.3	3.5	np	np	1.1	3.1
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	3.4	6.0	3.1	4.5	3.4	np	np	np	3.6
Other Australians	4.1	5.9	5.4	7.6	6.2	np	np	np	5.4
Remoteness of residence (e)									
Major cities	4.1	6.0	5.6	8.5	6.5	..	5.0	..	5.6
Inner regional	4.0	5.8	5.2	5.3	4.9	6.1	np	..	5.0
Outer regional	3.9	4.8	5.4	6.4	6.0	4.0	..	3.4	4.9
Remote	3.9	7.3	3.7	6.2	5.3	3.5	..	2.1	4.6
Very remote	6.6	..	3.9	3.9	5.9	3.0	..	2.7	4.0
Socioeconomic status of area of residence (f)									
1–Lowest	4.5	5.8	5.0	14.0	4.6	3.7	98.6	2.3	5.0
2	2.8	6.0	7.0	7.9	8.0	10.9	20.7	6.1	5.1
3	5.0	6.1	6.1	5.2	6.3	5.1	22.6	2.2	5.7
4	4.5	7.1	4.5	7.7	7.6	8.1	5.6	2.8	5.8
5–Highest	4.1	4.7	5.2	9.6	4.8	..	4.6	8.1	5.2
Total	**4.1**	**5.9**	**5.5**	**7.7**	**6.2**	**np**	**np**	**np**	**5.4**
Haemorrhoidectomy									
Hospital sector									
Public	1.0	0.8	0.3	0.5	0.5	0.6	0.3	0.9	0.7
Private	1.9	1.0	1.3	0.6	0.9	np	np	np	1.3
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	2.0	2.5	0.7	0.6	0.9	np	np	np	1.2
Other Australians	2.8	1.8	1.6	1.2	1.4	np	np	np	2.0
Remoteness of residence (e)									
Major cities	2.8	1.5	1.6	1.1	1.3	..	0.9	..	1.9
Inner regional	2.8	2.8	2.1	1.3	1.0	2.0	np	..	2.4
Outer regional	3.4	2.3	1.2	1.5	2.5	2.1	..	3.0	2.2
Remote	2.3	3.0	1.0	1.0	1.5	2.7	..	2.0	1.5

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Very remote	2.6	..	0.9	0.6	0.8	1.6	..	1.2	0.9
Socioeconomic status of area of residence (f)									
1–Lowest	3.2	2.1	1.5	1.9	1.1	1.5	5.8	1.2	2.2
2	2.1	2.3	2.0	1.5	1.7	4.0	1.3	5.7	2.1
3	3.2	1.7	1.8	0.8	1.5	2.4	2.5	2.5	2.0
4	2.9	1.7	1.4	1.1	1.6	2.5	1.0	2.7	1.9
5–Highest	2.7	1.2	1.5	1.4	1.3	..	0.9	4.9	1.8
Total	**2.8**	**1.8**	**1.6**	**1.2**	**1.4**	**np**	**np**	**np**	**2.0**
Hip replacement									
Hospital sector									
Public	0.6	0.7	0.5	0.8	0.7	0.7	1.0	0.6	0.6
Private	0.8	1.0	0.9	1.0	1.0	np	np	np	0.9
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	0.8	1.5	0.7	0.8	1.2	np	np	np	0.8
Other Australians	1.4	1.6	1.4	1.8	1.7	np	np	np	1.5
Remoteness of residence (e)									
Major cities	1.4	1.5	1.4	1.9	1.6	..	1.8	..	1.5
Inner regional	1.4	1.9	1.4	1.5	1.7	2.0	np	..	1.6
Outer regional	1.5	2.1	1.3	2.1	2.2	1.9	..	0.8	1.7
Remote	1.4	3.4	1.0	1.9	1.8	1.7	..	0.7	1.5
Very remote	1.5	..	1.2	0.7	1.6	1.6	..	0.8	1.1
Socioeconomic status of area of residence (f)									
1–Lowest	1.4	1.5	1.4	3.6	1.3	1.5	46.4	0.6	1.5
2	1.0	1.8	1.9	2.1	2.2	3.6	19.0	1.4	1.5
3	1.7	1.7	1.6	1.2	1.7	1.8	7.4	1.0	1.6
4	1.5	1.8	1.1	1.8	2.0	3.0	2.0	0.7	1.6
5–Highest	1.6	1.3	1.1	2.0	1.2	..	1.7	1.3	1.5
Total	**1.4**	**1.6**	**1.4**	**1.8**	**1.7**	**np**	**np**	**np**	**1.5**
Hysterectomy, females aged 15–69 (g)									
Hospital sector									
Public	1.0	1.1	1.0	1.0	1.2	1.2	0.9	0.8	1.0
Private	1.1	1.1	1.6	1.7	1.2	np	np	np	1.3
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	2.4	2.2	2.2	1.8	2.5	np	np	np	2.1
Other Australians	2.0	2.0	2.5	3.5	1.6	np	np	np	2.2
Remoteness of residence (e)									
Major cities	2.0	1.9	2.5	2.7	2.3	..	2.0	..	2.1

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Inner regional	2.5	3.1	3.0	1.9	2.5	2.5	np	..	2.7
Outer regional	2.8	3.3	2.7	2.0	3.5	2.8	..	1.7	2.7
Remote	2.4	5.5	2.4	2.4	2.9	2.1	..	1.2	2.3
Very remote	2.5	..	3.2	1.8	1.3	2.6	..	1.5	2.2
Socioeconomic status of area of residence (f)									
1–Lowest	2.5	2.4	2.6	3.6	2.0	1.8	40.6	1.3	2.4
2	1.6	2.9	3.6	2.3	3.3	6.1	7.2	2.2	2.4
3	2.7	2.2	3.0	1.8	2.8	2.5	8.7	1.0	2.5
4	2.0	2.3	2.2	2.3	2.9	3.0	2.0	1.9	2.2
5–Highest	1.8	1.4	2.2	3.5	1.4	..	2.1	2.4	2.0
Total	**2.1**	**2.2**	**2.6**	**2.7**	**2.5**	**np**	**np**	**np**	**2.3**
Inguinal herniorrhaphy									
Hospital sector									
Public	1.0	1.0	0.8	1.0	1.0	1.0	1.0	1.0	1.0
Private	1.1	1.1	1.4	1.3	1.0	np	np	np	1.2
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	1.8	2.0	1.2	1.1	0.9	np	np	np	1.4
Other Australians	2.2	2.1	2.2	2.3	2.0	np	np	np	2.2
Remoteness of residence (e)									
Major cities	2.2	2.1	2.3	2.5	1.9	..	2.0	..	2.2
Inner regional	2.0	2.3	2.2	1.5	1.9	2.4	np	..	2.1
Outer regional	2.3	2.5	2.3	2.1	2.2	2.2	..	2.2	2.3
Remote	2.5	3.1	1.7	2.0	2.1	2.4	..	1.8	2.0
Very remote	4.7	..	2.0	1.7	2.0	2.3	..	0.9	1.8
Socioeconomic status of area of residence (f)									
1–Lowest	2.4	2.1	2.1	3.7	1.6	1.7	43.0	1.0	2.1
2	1.5	2.3	2.8	2.3	2.6	4.6	5.5	4.0	2.1
3	2.6	2.1	2.6	1.5	1.9	2.4	6.3	2.3	2.2
4	2.2	2.5	1.8	2.2	2.4	3.3	2.2	1.9	2.2
5–Highest	2.3	1.7	1.9	3.1	1.4	..	2.1	3.5	2.1
Total	**2.2**	**2.1**	**2.2**	**2.3**	**2.0**	**np**	**np**	**np**	**2.2**
Knee replacement									
Hospital sector									
Public	0.7	0.5	0.5	0.7	0.6	0.4	0.7	0.5	0.6
Private	1.2	1.1	1.4	1.5	1.5	np	np	np	1.3
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	1.7	1.1	1.1	0.8	1.3	np	np	np	1.2

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Other Australians	1.9	1.6	1.9	2.2	2.0	np	np	np	1.9
Remoteness of residence (e)									
Major cities	1.9	1.4	1.7	2.3	1.8	..	1.7	..	1.8
Inner regional	2.0	2.1	2.2	1.7	1.9	1.8	np	..	2.0
Outer regional	2.0	2.3	2.3	2.5	3.2	1.4	..	1.0	2.2
Remote	2.0	1.7	1.6	2.3	2.4	2.5	..	0.9	1.9
Very remote	3.3	..	1.7	1.1	2.7	0.9	..	0.6	1.5
Socioeconomic status of area of residence (f)									
1–Lowest	2.2	1.6	2.0	4.9	1.8	1.2	45.6	0.5	2.0
2	1.3	1.9	2.8	2.6	2.7	3.7	16.4	2.0	1.9
3	2.5	1.7	2.1	1.5	2.2	1.6	9.0	0.8	2.0
4	2.1	1.7	1.5	2.2	2.2	2.3	2.0	1.2	1.8
5–Highest	1.8	1.2	1.4	2.4	1.3	..	1.7	1.1	1.6
Total	**1.9**	**1.6**	**1.9**	**2.2**	**2.0**	**np**	**np**	**np**	**1.9**
Myringotomy									
Hospital sector									
Public	0.5	0.7	0.6	0.8	1.4	0.5	0.5	0.6	0.7
Private	1.1	1.1	1.0	1.6	1.7	np	np	np	1.2
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	1.8	2.6	1.7	2.3	2.3	np	np	np	1.8
Other Australians	1.6	1.8	1.7	2.3	3.0	np	np	np	1.8
Remoteness of residence (e)									
Major cities	1.6	1.6	1.7	2.6	3.2	..	1.9	..	1.9
Inner regional	1.5	2.2	1.6	1.8	2.6	1.6	np	..	1.8
Outer regional	1.4	2.3	1.4	1.6	2.8	1.2	..	1.2	1.6
Remote	2.1	4.2	1.7	2.3	2.7	0.7	..	0.8	1.9
Very remote	2.6	..	2.7	2.1	1.3	1.0	..	0.6	1.8
Socioeconomic status of area of residence (f)									
1–Lowest	1.5	1.5	1.6	3.7	2.0	1.1	77.6	0.8	1.6
2	1.0	1.9	1.8	2.0	3.8	2.9	8.0	1.8	1.7
3	2.0	1.8	1.9	1.4	3.3	1.7	8.5	0.7	1.9
4	1.6	2.0	1.5	2.4	4.3	1.9	1.9	0.9	1.9
5–Highest	2.1	1.7	1.6	3.9	2.2	..	1.9	1.8	2.1
Total	1.6	1.8	1.7	2.3	3.0	np	np	np	1.8
Prostatectomy (h)									
Hospital sector									
Public	0.9	1.0	0.7	0.9	1.0	0.8	1.1	0.5	0.9
Private	1.8	2.0	1.9	1.7	1.4	np	np	np	1.8
Indigenous status (d)									

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Aboriginal and Torres Strait Islander Australians	2.2	2.1	1.3	1.2	1.4	np	np	np	1.6
Other Australians	2.6	2.9	2.6	3.0	1.9	np	np	np	2.6
Remoteness of residence (e)									
Major cities	2.7	3.0	2.6	2.8	2.3	..	2.8	..	2.8
Inner regional	2.5	2.9	2.8	2.0	2.1	3.3	np	..	2.7
Outer regional	2.7	3.0	2.5	2.3	3.0	2.4	..	0.7	2.6
Remote	3.0	2.7	1.2	1.9	2.4	2.6	..	0.7	1.9
Very remote	6.4	..	3.1	0.5	1.3	4.2	..	0.4	2.0
Socioeconomic status of area of residence (f)									
1–Lowest	2.7	2.6	2.4	4.3	1.9	2.1	51.9	0.6	2.5
2	1.8	2.9	3.5	2.8	2.9	5.4	24.1	2.1	2.5
3	3.2	3.3	2.9	1.7	2.3	3.1	14.1	0.3	2.8
4	2.8	3.6	2.0	2.7	2.9	4.6	2.7	0.5	2.9
5–Highest	3.0	2.6	2.7	3.2	2.0	..	2.8	1.1	2.8
Total	**2.7**	**3.0**	**2.6**	**2.6**	**2.4**	**np**	**np**	**np**	**2.7**
Septoplasty									
Hospital sector									
Public	0.3	0.4	0.2	0.2	0.5	0.1	0.3	0.2	0.3
Private	0.8	0.9	0.7	0.7	1.0	np	np	np	0.8
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	0.5	0.9	0.3	0.2	0.7	np	np	np	0.4
Other Australians	1.1	1.3	0.9	1.0	1.5	np	np	np	1.1
Remoteness of residence (e)									
Major cities	1.2	1.3	0.9	1.1	1.6	..	0.8	..	1.2
Inner regional	0.9	1.5	0.8	0.6	1.1	0.6	np	..	1.0
Outer regional	0.8	1.5	1.2	0.7	1.2	0.6	..	0.7	1.0
Remote	0.5	1.1	0.6	0.7	0.7	0.3	..	0.4	0.6
Very remote	1.0	..	0.7	0.4	0.6	0.3	..	0.1	0.5
Socioeconomic status of area of residence (f)									
1–Lowest	1.1	1.2	0.7	1.1	0.9	0.4	15.8	0.2	1.0
2	0.7	1.4	1.1	0.8	2.0	1.3	4.1	1.5	1.1
3	1.3	1.2	1.0	0.6	1.5	0.4	4.0	0.7	1.1
4	1.2	1.5	0.8	1.0	2.1	0.8	0.8	0.4	1.2
5–Highest	1.4	1.3	1.0	1.5	1.2	..	0.8	0.9	1.3
Total	**1.1**	**1.3**	**0.9**	**1.0**	**1.5**	**np**	**np**	**np**	**1.1**
Tonsillectomy									
Hospital sector									

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Public	0.9	1.3	0.8	0.9	1.5	0.7	0.8	1.0	1.0
Private	1.5	1.2	1.5	1.9	1.6	np	np	np	1.5
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	2.2	2.8	1.3	0.9	1.8	np	np	np	1.6
Other Australians	2.4	2.5	2.4	2.9	3.1	np	np	np	2.5
Remoteness of residence (e)									
Major cities	2.3	2.1	2.3	3.1	2.9	..	3.1	..	2.4
Inner regional	2.5	3.7	2.8	2.3	2.7	1.9	np	..	2.8
Outer regional	2.7	4.5	2.2	2.4	3.9	1.7	..	1.6	2.7
Remote	2.4	6.2	1.9	2.1	3.5	1.7	..	1.6	2.2
Very remote	4.2	..	1.5	1.1	2.7	3.5	..	0.9	1.4
Socioeconomic status of area of residence (f)									
1–Lowest	2.5	2.7	2.1	3.6	2.2	1.3	146.8	0.9	2.3
2	1.8	3.1	2.8	2.4	3.9	4.2	10.7	3.6	2.5
3	2.7	2.5	2.8	1.9	3.2	2.0	13.0	1.8	2.5
4	2.3	2.6	2.1	2.9	4.1	2.0	3.2	1.2	2.5
5–Highest	2.5	1.8	2.2	4.4	2.1	..	3.1	2.4	2.5
Total	**2.4**	**2.5**	**2.4**	**2.8**	**3.0**	**np**	**np**	**np**	**2.5**
Varicose veins, stripping and ligation									
Hospital sector									
Public	0.2	0.3	0.1	0.1	0.3	<0.1	0.5	0.2	0.2
Private	0.4	0.4	0.4	0.4	0.3	np	np	np	0.4
Indigenous status (d)									
Aboriginal and Torres Strait Islander Australians	0.3	0.6	0.1	0.2	0.1	0.1	0.9	0.1	0.2
Other Australians	0.6	0.7	0.5	0.6	0.6	np	np	np	0.6
Remoteness of residence (e)									
Major cities	0.6	0.7	0.5	0.6	0.5	..	0.9	..	0.6
Inner regional	0.6	0.8	0.5	0.5	0.6	0.4	np	..	0.6
Outer regional	0.5	0.8	0.4	0.6	0.8	0.4	..	0.4	0.5
Remote	0.3	1.5	0.3	0.4	0.8	0.3	..	0.2	0.4
Very remote	0.6	..	0.2	0.2	0.2	0.9	..	0.3	0.3
Socioeconomic status of area of residence (f)									
1–Lowest	0.6	0.7	0.4	0.6	0.4	0.2	10.6	0.2	0.5
2	0.4	0.9	0.6	0.5	0.7	1.1	4.2	1.0	0.6
3	0.7	0.7	0.6	0.4	0.6	0.4	3.9	0.4	0.6
4	0.5	0.9	0.4	0.7	0.7	0.7	0.9	0.3	0.6
5–Highest	0.7	0.6	0.6	0.9	0.5	..	1.0	0.7	0.7

Table 11A.48 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2012-13 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**0.6**	**0.7**	**0.5**	**0.6**	**0.6**	**np**	**np**	**np**	**0.6**

(a) Separations for which the care type was reported as Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement were excluded.

(b) Rates per 1000 population were directly age-standardised.

(c) The procedures and diagnoses are defined using ICD-10-AM codes.

(d) Other Australians includes records for which the Indigenous status was Not reported.

(e) 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.

(f) Socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. These socioeconomic groups represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by socioeconomic group is based on the patient's usual residence, not the location of the hospital.

(g) For Hysterectomy, the rate per 1000 population was calculated for the estimated resident female population aged 15 to 69 years.

(h) For Prostatectomy, the rate per 1000 population was calculated for the estimated resident male population.

Source: AIHW 2014, *Australian Hospital Statistics 2012-13* , Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.49 **Separation statistics for selected hospital procedures, all hospitals, 2012-13**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Cataract extraction										
Separations	no.	71 471	52 494	43 624	25 125	17 269	6 974	2 270	1 224	220 451
Separations not within state of residence	%	2.0	2.0	3.0	–	3.0	–	24.0	3.0	2.0
Proportion of separations public patients (a)	%	29.0	32.0	16.0	40.0	36.0	18.0	55.0	63.0	29.0
Separation rate (b)	per 1000	8.7	8.5	9.5	11.0	8.4	10.9	7.4	9.8	9.1
Standardised separation rate ratio	Ratio	1.0	0.9	1.0	1.2	0.9	1.2	0.8	1.1	
Cholecystectomy										
Separations	no.	16 695	13 556	10 766	5 086	4 003	1 297	910	368	52 681
Separations not within state of residence	%	2.0	2.0	2.0	–	2.0	–	22.0	5.0	2.0
Proportion of separations public patients (a)	%	53.0	54.0	49.0	51.0	58.0	53.0	53.0	67.0	53.0
Separation rate (b)	per 1000	2.2	2.4	2.4	2.1	2.3	2.4	2.5	1.7	2.3
Standardised separation rate ratio	Ratio	1.0	1.0	1.0	0.9	1.0	1.0	1.1	0.7	
Coronary angioplasty										
Separations	no.	12 319	9 535	7 412	3 550	2 742	737	1 104	..	37 399
Separations not within state of residence	%	1.0	4.0	8.0	2.0	10.0	1.0	45.0	..	5.0
Proportion of separations public patients (a)	%	45.0	45.0	45.0	44.0	51.0	55.0	48.0	..	46.0
Separation rate (b)	per 1000	1.5	1.6	1.6	1.5	1.4	1.2	3.3	..	1.5
Standardised separation rate ratio	Ratio	1.0	1.0	1.0	1.0	0.9	0.8	2.2	..	
Coronary artery bypass graft										
Separations	no.	3 902	3 252	2 556	911	1 163	204	245	..	12 233
Separations not within state of residence	%	4.0	4.0	9.0	2.0	13.0	1.0	53.0	..	6.0
Proportion of separations public patients (a)	%	52.0	51.0	47.0	48.0	53.0	47.0	54.0	..	51.0
Separation rate (b)	per 1000	0.5	0.5	0.5	0.4	0.6	0.3	0.8	..	0.5
Standardised separation rate ratio	Ratio	1.0	1.1	1.1	0.8	1.2	0.6	1.5	..	
Cystoscopy										

Table 11A.49 **Separation statistics for selected hospital procedures, all hospitals, 2012-13**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations	no.	32 809	35 591	25 372	18 130	12 079	3 290	2 085	446	129 802
Separations not within state of residence	%	2.0	2.0	3.0	–	1.0	–	27.0	3.0	2.0
Proportion of separations public patients (a)	%	36.0	45.0	35.0	39.0	39.0	28.0	48.0	62.0	39.0
Separation rate (b)	per 1000	4.1	5.9	5.5	7.7	6.2	5.3	6.2	3.1	5.4
Standardised separation rate ratio	Ratio	0.8	1.1	1.0	1.4	1.2	1.0	1.2	0.6	
Haemorrhoidectomy										
Separations	no.	21 485	10 252	7 473	2 847	2 560	1 156	356	516	46 645
Separations not within state of residence	%	1.0	2.0	2.0	–	1.0	–	17.0	1.0	1.0
Proportion of separations public patients (a)	%	30.0	41.0	19.0	40.0	30.0	27.0	32.0	34.0	31.0
Separation rate (b)	per 1000	2.8	1.8	1.6	1.2	1.4	2.1	1.0	2.4	2.0
Standardised separation rate ratio	Ratio	1.4	0.9	0.8	0.6	0.7	1.0	0.5	1.2	
Hip replacement										
Separations	no.	11 586	10 102	6 574	4 283	3 460	1 285	802	104	38 196
Separations not within state of residence	%	2.0	3.0	5.0	–	4.0	1.0	33.0	6.0	3.0
Proportion of separations public patients (a)	%	36.0	35.0	34.0	39.0	35.0	28.0	39.0	71.0	36.0
Separation rate (b)	per 1000	1.4	1.6	1.4	1.8	1.7	2.0	2.4	0.8	1.5
Standardised separation rate ratio	Ratio	0.9	1.1	0.9	1.2	1.1	1.3	1.6	0.5	
Hysterectomy, females aged 15–69										
Separations	no.	7 780	6 231	6 029	2 943	2 131	674	443	175	26 406
Separations not within state of residence	%	2.0	2.0	4.0	–	3.0	–	21.0	3.0	3.0
Proportion of separations public patients (a)	%	42.0	46.0	36.0	35.0	47.0	43.0	36.0	47.0	41.0
Separation rate (b)	per 1000	2.1	2.2	2.6	2.7	2.5	2.6	2.4	1.6	2.3
Standardised separation rate ratio	Ratio	0.9	0.9	1.1	1.2	1.1	1.1	1.0	0.7	
Inguinal herniorrhaphy										
Separations	no.	16 729	12 562	10 278	5 394	3 575	1 363	834	379	51 114

Table 11A.49 **Separation statistics for selected hospital procedures, all hospitals, 2012-13**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations not within state of residence	%	1.0	2.0	3.0	–	1.0	–	21.0	4.0	2.0
Proportion of separations public patients (a)	%	41.0	41.0	35.0	39.0	43.0	40.0	39.0	45.0	40.0
Separation rate (b)	per 1000	2.2	2.1	2.2	2.3	2.0	2.3	2.4	1.9	2.2
Standardised separation rate ratio	Ratio	1.0	1.0	1.0	1.0	0.9	1.1	1.1	0.9	
Knee replacement										
Separations	no.	15 974	9 895	9 211	5 255	4 115	1 120	811	129	46 510
Separations not within state of residence	%	1.0	3.0	5.0	–	5.0	–	36.0	1.0	3.0
Proportion of separations public patients (a)	%	33.0	31.0	25.0	31.0	26.0	24.0	31.0	54.0	30.0
Separation rate (b)	per 1000	1.9	1.6	1.9	2.2	2.0	1.7	2.4	0.9	1.9
Standardised separation rate ratio	Ratio	1.0	0.9	1.0	1.2	1.1	0.9	1.3	0.5	
Myringotomy (with insertion of tube)										
Separations	no.	11 193	9 403	7 454	5 375	4 450	713	796	251	39 635
Separations not within state of residence	%	2.0	3.0	3.0	–	1.0	–	26.0	–	2.0
Proportion of separations public patients (a)	%	28.0	36.0	37.0	32.0	41.0	30.0	23.0	57.0	34.0
Separation rate (b)	per 1000	1.6	1.8	1.7	2.3	3.0	1.5	2.3	1.0	1.8
Standardised separation rate ratio	Ratio	0.9	1.0	0.9	1.3	1.6	0.8	1.2	0.5	
Prostatectomy										
Separations	no.	10 444	8 617	6 064	2 924	2 284	934	572	46	31 885
Separations not within state of residence	%	3.0	3.0	5.0	–	2.0	–	30.0	np	3.0
Proportion of separations public patients (a)	%	31.0	31.0	27.0	32.0	31.0	25.0	28.0	np	30.0
Separation rate (b)	per 1000	2.7	3.0	2.6	2.6	2.4	3.0	3.7	np	2.7
Standardised separation rate ratio	Ratio	1.0	1.1	1.0	0.9	0.9	1.1	1.4	np	
Septoplasty										
Separations	no.	8 161	7 426	4 089	2 285	2 479	293	395	125	25 253
Separations not within state of residence	%	3.0	2.0	4.0	–	2.0	–	27.0	–	3.0

Table 11A.49 **Separation statistics for selected hospital procedures, all hospitals, 2012-13**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of separations public patients (a)	%	25.0	29.0	20.0	22.0	30.0	23.0	28.0	24.0	25.0
Separation rate (b)	per 1000	1.1	1.3	0.9	1.0	1.5	0.6	1.0	0.5	1.1
Standardised separation rate ratio	Ratio	1.0	1.2	0.8	0.9	1.3	0.5	0.9	0.5	
Tonsillectomy										
Separations	no.	15 962	12 705	10 368	6 332	4 451	844	1 284	351	52 297
Separations not within state of residence	%	2.0	4.0	3.0	–	2.0	–	24.0	1.0	3.0
Proportion of separations public patients (a)	%	36.0	47.0	33.0	32.0	44.0	35.0	22.0	63.0	38.0
Separation rate (b)	per 1000	2.4	2.5	2.4	2.8	3.0	1.8	3.6	1.4	2.5
Standardised separation rate ratio	Ratio	1.0	1.0	1.0	1.1	1.2	0.7	1.5	0.6	
Varicose veins, stripping and ligation										
Separations	no.	4 223	4 301	2 309	1 417	1 002	222	426	79	13 979
Separations not within state of residence	%	1.0	1.0	2.0	–	2.0	–	27.0	np	2.0
Proportion of separations public patients (a)	%	33.0	36.0	21.0	23.0	42.0	14.0	42.0	np	32.0
Separation rate (b)	per 1000	0.6	0.7	0.5	0.6	0.6	0.4	1.2	np	0.6
Standardised separation rate ratio	Ratio	0.9	1.2	0.8	1.0	1.0	0.7	1.9	np	

(a) Ophthalmological services purchased from the private sector rather than being provided by public hospitals will result in a understating of Cataract extraction separation rates in the public sector.

(b) Separations per 1000 population was directly age-standardised.

.. Not applicable. **np** Not published. — Nil or rounded to Zero

Source: AIHW 2014, *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.50 **Unplanned hospital readmissions rates (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	Aust (c)
				rate per 1000 separations						*no.*
2009-10										
Surgical procedure prior to separation										
Knee replacement	24.5	26.0	37.1	15.0	16.1	27.6	np	np	26.2	240
Hip replacement	16.0	18.0	21.9	14.6	np	26.1	np	np	16.4	118
Tonsillectomy and Adenoidectomy	20.1	26.0	30.4	30.7	33.3	52.5	np	np	26.5	525
Hysterectomy	30.8	31.5	36.4	30.8	23.2	65.7	np	np	31.3	307
Prostatectomy	33.1	23.5	33.6	44.3	34.4	np	np	np	30.9	217
Cataract surgery	4.0	3.3	4.1	4.1	4.4	7.8	np	10.9	3.8	179
Appendicectomy	21.6	25.8	24.9	29.5	36.4	20.0	25.9	50.6	25.1	519
2010-11										
Surgical procedure prior to separation										
Knee replacement	21.7	22.0	37.5	31.1	19.6	31.7	np	np	24.4	242
Hip replacement	16.5	20.8	14.2	14.7	10.3	np	np	np	16.5	119
Tonsillectomy and Adenoidectomy	22.9	23.9	31.0	34.4	31.3	37.6	19.3	np	26.3	516
Hysterectomy	29.1	28.9	34.7	33.5	28.1	40.1	np	np	30.5	284
Prostatectomy	27.2	20.9	25.8	38.0	21.9	np	np	np	25.1	174
Cataract surgery	3.2	3.9	4.0	4.3	4.0	–	–	np	3.5	166
Appendicectomy	24.8	25.6	19.6	30.8	22.8	19.9	37.7	40.2	24.2	548
2011-12										
Surgical procedure prior to separation										
Knee replacement	18.5	19.1	26.9	17.4	17.7	np	np	np	20.0	204
Hip replacement	17.7	17.4	14.2	22.5	23.7	np	np	np	17.7	129
Tonsillectomy and Adenoidectomy	24.8	23.7	32.6	33.3	33.7	60.6	18.3	np	27.8	557
Hysterectomy	27.9	32.4	33.2	31.5	28.1	28.1	np	np	30.9	281

Table 11A.50 **Unplanned hospital readmissions rates (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	Aust (c)
Prostatectomy	22.7	26.4	36.3	50.3	25.9	np	np	np	27.2	181
Cataract surgery	2.8	3.2	4.0	2.6	3.3	7.2	–	np	3.2	156
Appendicectomy	23.5	24.5	20.4	31.3	36.0	29.8	26.3	49.6	24.7	623
2012-13										
Surgical procedure prior to separation										
Knee replacement	21.6	15.1	35.1	22.3	18.6	37.0	–	np	22.4	227
Hip replacement	18.0	16.1	16.1	15.9	19.3	29.6	12.9	np	17.5	130
Tonsillectomy and Adenoidectomy	30.3	29.1	35.7	42.4	37.5	51.9	44.7	83.0	33.1	673
Hysterectomy	31.6	25.9	31.8	43.6	28.7	52.0	23.1	np	30.6	277
Prostatectomy	27.3	26.5	40.7	33.9	28.9	57.8	np	np	31.1	198
Cataract surgery	3.4	3.0	4.6	2.6	2.9	4.4	0.9	6.0	3.4	167
Appendicectomy	22.4	22.8	22.0	29.0	27.0	26.5	20.4	43.5	23.1	584

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

(c) Total rates and numbers for 2009-10 for Australia do not include WA and Tasmania. Total rates and numbers for 2010-11, 2011-12 and 2012-13 for Australia do not include WA.

– Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; WA Health (unpublished).

Table 11A.51 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2012-13 (a), (b)**

	Rate	*Number*
Knee replacement		
Hospital peer group		
Peer group A	25.0	181
Peer group B	np	30
Other peer groups	np	16
Indigenous status (d)		
Indigenous	np	5
Other Australians	22.2	222
Remoteness of residence (e)		
Major cities	19.4	111
Inner regional	np	69
Outer regional	np	42
Remote & Very remote	np	4
SEIFA of residence (f)		
Quintile 1	np	83
Quintile 2	np	56
Quintile 3	np	46
Quintile 4	np	27
Quintile 5	np	14
Hip replacement		
Hospital peer group		
Peer group A	20.1	110
Peer group B	np	11
Other peer groups	np	9
Indigenous status (d)		
Indigenous	–	0
Other Australians	17.7	130
Remoteness of residence (e)		
Major cities	np	76
Inner regional	np	32
Outer regional	np	21
Remote & Very remote	np	1
SEIFA of residence (f)		
Quintile 1	np	44
Quintile 2	np	34
Quintile 3	np	23
Quintile 4	np	20
Quintile 5	np	9

Table 11A.51 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2012-13 (a), (b)**

	Rate	*Number*
Tonsillectomy and Adenoidectomy		
Hospital peer group		
Peer group A	41.3	571
Peer group B	np	62
Other peer groups	np	40
Indigenous status (d)		
Indigenous	np	37
Other Australians	33.5	636
Remoteness of residence (e)		
Major cities	36.9	438
Inner regional	30.1	162
Outer regional	np	60
Remote & Very remote	np	13
SEIFA of residence (f)		
Quintile 1	31.2	189
Quintile 2	32.5	174
Quintile 3	30.2	122
Quintile 4	36.9	115
Quintile 5	np	73
Hysterectomy		
Hospital peer group		
Peer group A	33.3	221
Peer group B	np	38
Other peer groups	np	18
Indigenous status (d)		
Indigenous	np	15
Other Australians	30.0	262
Remoteness of residence (e)		
Major cities	29.1	149
Inner regional	np	81
Outer regional	np	44
Remote & Very remote	np	2
SEIFA of residence (f)		
Quintile 1	np	85
Quintile 2	np	76
Quintile 3	np	56
Quintile 4	np	34
Quintile 5	np	25

Table 11A.51 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2012-13 (a), (b)**

	Rate	*Number*
Prostatectomy		
Hospital peer group		
Peer group A	35.0	164
Peer group B	np	17
Other peer groups	np	17
Indigenous status (d)		
Indigenous	np	np
Other Australians	30.9	194
Remoteness of residence (e)		
Major cities	np	99
Inner regional	np	76
Outer regional	np	19
Remote & Very remote	np	4
SEIFA of residence (f)		
Quintile 1	np	68
Quintile 2	np	60
Quintile 3	np	33
Quintile 4	np	22
Quintile 5	np	15
Cataract surgery		
Hospital peer group		
Peer group A	np	88
Peer group B	np	38
Other peer groups	np	41
Indigenous status (d)		
Indigenous	np	6
Other Australians	3.3	161
Remoteness of residence (e)		
Major cities	4.4	117
Inner regional	np	26
Outer regional	np	16
Remote & Very remote	np	6
SEIFA of residence (f)		
Quintile 1	np	48
Quintile 2	np	35
Quintile 3	np	35
Quintile 4	np	28
Quintile 5	np	19

Table 11A.51 Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2012-13 (a), (b)

	Rate	*Number*
Appendicectomy		
Hospital peer group		
Peer group A	24.3	505
Peer group B	np	57
Other peer groups	np	22
Indigenous status (d)		
Indigenous	np	32
Other Australians	22.7	552
Remoteness of residence (e)		
Major cities	22.3	367
Inner regional	24.5	132
Outer regional	np	62
Remote & Very remote	np	15
SEIFA of residence (f)		
Quintile 1	28.4	164
Quintile 2	24.4	136
Quintile 3	22.0	111
Quintile 4	np	98
Quintile 5	np	67

(a) This indicator is limited to public hospitals.

(b) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(c) Total rates and numbers for Australia do not include WA.

(d) Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of separations for people living in that remoteness area and hospitalised in the reporting jurisdiction.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of separations for people living in that SEIFA quintile and hospitalised in the reporting jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; WA Health (unpublished).

Table 11A.52 **Proportion of accredited beds in public hospitals (per cent) (a)**

	NSW	*Vic*	*Qld (b)*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total beds accredited by ACHS or other agency									
2003-04	91	99	97	76	97	82	100	96	93
2004-05	95	100	97	93	98	83	100	100	96
2005-06	93	100	97	96	98	83	100	100	96
2006-07	85	100	94	100	97	83	100	100	93
2007-08	85	100	97	100	98	82	100	100	93
2008-09	95	100	98	100	98	80	100	100	97
2009-10	82	100	97	100	98	83	100	100	93
2010-11	95	100	100	100	98	87	100	100	98
2011-12	97	100	100	100	100	87	100	100	99
2012-13	97	100	95	100	100	87	100	100	98

(a) Accreditation status at 30 June. Where average available beds for various years were not available, bed numbers at 30 June were used.

(b) Accreditation status for three Queensland hospitals was not provided.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW, Canberra.

Table 11A.53 **Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA (a)**

	unit	*NSW (b)*	*Vic*	*Qld (c)*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (d)*
2010-11										
Infection rates										
Methicillin resistant Staphylococcus aureus	*rate per 10 000 patient days*	0.4	0.2	0.3	0.1	0.2	0.2	0.2	0.5	0.3
Methicillin sensitive Staphylococcus aureus	*rate per 10 000 patient days*	0.9	0.7	0.9	0.8	0.7	1.0	0.7	0.9	0.8
Total (e)	***rate per 10 000 patient days***	**1.3**	**0.9**	**1.2**	**0.9**	**0.9**	**1.1**	**0.9**	**1.5**	**1.1**
Number of infections										
Methicillin resistant Staphylococcus aureus	*no.*	233	118	72	23	31	6	6	16	505
Methicillin sensitive Staphylococcus aureus	*no.*	536	322	218	117	91	37	23	27	1371
Total	*no.*	**769**	**440**	**290**	**140**	**122**	**43**	**29**	**43**	**1876**
Coverage (f), (g)	*%*	94	99	77	94	81	100	98	100	92
2011-12										
Infection rates										
Methicillin resistant *Staphylococcus aureus*	*rate per 10 000 patient days*	0.3	0.2	0.2	0.1	0.3	0.1	0.2	0.5	0.2
Methicillin sensitive *Staphylococcus aureus*	*rate per 10 000 patient days*	0.7	0.8	0.7	0.5	0.6	0.6	0.9	0.8	0.7
Total (e)	***rate per 10 000 patient days***	**1.0**	**1.0**	**0.9**	**0.6**	**0.9**	**0.7**	**1.1**	**1.3**	**0.9**
Number of infections										
Methicillin resistant *Staphylococcus aureus*	no.	201	82	51	23	42	4	6	15	424
Methicillin sensitive *Staphylococcus aureus*	no.	473	379	220	82	85	23	31	24	1317

Table 11A.53 **Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA (a)**

	unit	NSW (b)	Vic	Qld (c)	WA	SA	Tas	ACT	NT	Aust (d)
Total	**no.**	**674**	**461**	**271**	**105**	**127**	**27**	**37**	**39**	**1741**
Coverage (f), (g)	%	97	99	98	95	80	100	98	100	96
2012-13										
Infection rates										
Methicillin resistant *Staphylococcus aureus*	*rate per 10 000 patient days*	0.3	0.2	0.1	0.1	0.2	0.1	0.1	0.2	0.2
Methicillin sensitive *Staphylococcus aureus*	*rate per 10 000 patient days*	0.7	0.7	0.8	0.6	0.6	0.8	1.1	0.5	0.7
Total (e)	***rate per 10 000 patient days***	**1.0**	**0.9**	**1.0**	**0.8**	**0.8**	**0.8**	**1.2**	**0.7**	**0.9**
Number of infections										
Methicillin resistant *Staphylococcus aureus*	no.	206	81	47	22	23	2	3	7	391
Methicillin sensitive *Staphylococcus aureus*	no.	447	345	260	106	91	29	37	15	1330
Total	**no.**	**653**	**426**	**307**	**128**	**114**	**31**	**40**	**22**	**1721**
Coverage (f), (g)	%	98	99	96	95	92	100	100	100	97
2013-14										
Infection rates										
Methicillin resistant *Staphylococcus aureus*	*rate per 10 000 patient days*	0.3	0.2	0.1	0.2	0.2	0.1	0.2	0.3	0.2
Methicillin sensitive *Staphylococcus aureus*	*rate per 10 000 patient days*	0.6	0.6	0.8	0.8	0.4	0.8	0.7	0.7	0.7
Total (e)	***rate per 10 000 patient days***	**0.9**	**0.8**	**0.9**	**0.9**	**0.6**	**0.9**	**0.8**	**1.0**	**0.9**

Table 11A.53 **Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA (a)**

	unit	*NSW (b)*	*Vic*	*Qld (c)*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (d)*
Number of infections										
Methicillin resistant *Staphylococcus aureus*	no.	180	95	46	24	24	3	6	11	389
Methicillin sensitive *Staphylococcus aureus*	no.	409	307	258	124	57	32	23	22	1232
Total	**no.**	**589**	**402**	**304**	**148**	**81**	**35**	**29**	**33**	**1621**
Coverage (f), (g)	%	98	99	99	95	95	100	100	100	98

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates among jurisdictions and over time is limited because of coverage differences and because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity.

(b) NSW data do not comply with the agreed specification, therefore NSW data are not comparable with data from other jurisdictions. Refer to the Data Quality Statement for further details.

(c) For 2010-11, Qld data only include patients 14 years of age and over.

(d) Australian totals include NSW.

(e) Total may not equal sum of components due to rounding.

(f) Coverage estimates may be preliminary.

(g) Coverage is the number of patient days for hospitals included in the SAB surveillance arrangements as a proportion of total patient days for all public hospitals.

Source: AIHW 2014 *Staphylococcus aureus bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics*. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.

Table 11A.54 **Separations with an adverse event, public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2009-10										
Number of events										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*no.*	na	na	na	na	na	na	na	na	na
Misadventures to patients during surgical and medical care	*no.*	na	na	na	na	na	na	na	na	na
Procedures causing abnormal reactions/complications	*no.*	na	na	na	na	na	na	na	na	na
Other external causes of adverse events	*no.*	na	na	na	na	na	na	na	na	na
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	*no.*	na	na	na	na	na	na	na	na	na
Diagnoses										
Selected post-procedural disorders	*no.*	na	na	na	na	na	na	na	na	na
Haemorrhage and haematoma complicating a procedure	*no.*	na	na	na	na	na	na	na	na	na
Infection following a procedure	*no.*	na	na	na	na	na	na	na	na	na
Complications of internal prosthetic devices	*no.*	na	na	na	na	na	na	na	na	na
Other diagnoses of complications of medical and surgical care	*no.*	na	na	na	na	na	na	na	na	na
Total (any of the above) (c)	*no.*	na	na	na	na	na	na	na	na	na
Events per 100 separations (d)										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*Rate*	2.1	2.0	1.8	2.1	2.3	1.7	1.8	np	2.0
Misadventures to patients during surgical and medical care	*Rate*	0.2	0.3	0.3	0.3	0.2	0.3	0.4	np	0.3
Procedures causing abnormal reactions/complications	*Rate*	3.2	3.1	3.1	3.3	3.6	4.2	3.5	np	3.2
Other external causes of adverse events	*Rate*	0.1	0.1	0.1	0.1	0.2	0.1	0.2	np	0.1
Place of occurrence of injury and poisoning										

Table 11A.54 **Separations with an adverse event, public hospitals (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Place of occurrence: Health service area	Rate	5.7	5.6	5.3	5.9	6.1	6.6	5.8	np	5.6
Diagnoses										
Selected post-procedural disorders	Rate	0.9	0.6	0.7	0.9	1.1	0.9	1.1	np	0.8
Haemorrhage and haematoma complicating a procedure	Rate	0.4	0.6	0.4	0.5	0.4	0.5	0.5	np	0.5
Infection following a procedure	Rate	0.5	0.4	0.4	0.4	0.4	0.6	0.5	np	0.5
Complications of internal prosthetic devices	Rate	1.2	1.2	1.2	1.1	1.1	1.1	1.4	np	1.2
Other diagnoses of complications of medical and surgical care	Rate	0.7	1.0	0.8	0.9	0.8	1.1	0.8	np	0.8
Total (any of the above) (c)	Rate	6.0	5.8	5.6	6.0	6.5	6.6	5.9	np	5.9
2010-11										
Number of events										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	no.	na	na	na	na	na	na	na	na	na
Misadventures to patients during surgical and medical care	no.	na	na	na	na	na	na	na	na	na
Procedures causing abnormal reactions/complications	no.	na	na	na	na	na	na	na	na	na
Other external causes of adverse events	no.	na	na	na	na	na	na	na	na	na
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	no.	na	na	na	na	na	na	na	na	na
Diagnoses										
Selected post-procedural disorders	no.	na	na	na	na	na	na	na	na	na
Haemorrhage and haematoma complicating a procedure	no.	na	na	na	na	na	na	na	na	na
Infection following a procedure	no.	na	na	na	na	na	na	na	na	na
Complications of internal prosthetic devices	no.	na	na	na	na	na	na	na	na	na

Table 11A.54 **Separations with an adverse event, public hospitals (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Other diagnoses of complications of medical and surgical care	*no.*	na	na	na	na	na	na	na	na	na
Total (any of the above) (c)	*no.*	na	na	na	na	na	na	na	na	na
Events per 100 separations (d)										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*Rate*	2.3	2.1	1.9	2.2	2.4	2.2	1.8	np	2.1
Misadventures to patients during surgical and medical care	*Rate*	0.2	0.3	0.3	0.3	0.3	0.3	0.3	np	0.3
Procedures causing abnormal reactions/complications	*Rate*	3.1	3.1	3.2	3.2	3.6	4.1	3.5	np	3.2
Other external causes of adverse events	*Rate*	0.1	0.1	0.1	0.1	0.2	0.1	0.2	np	0.1
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	*Rate*	5.9	5.7	5.5	5.8	6.3	7.0	5.8	np	5.7
Diagnoses										
Selected post-procedural disorders	*Rate*	0.9	0.6	0.7	0.9	1.1	1.1	1.1	np	0.8
Haemorrhage and haematoma complicating a procedure	*Rate*	0.4	0.5	0.4	0.5	0.4	0.5	0.5	np	0.5
Infection following a procedure	*Rate*	0.5	0.4	0.4	0.4	0.4	0.5	0.5	np	0.4
Complications of internal prosthetic devices	*Rate*	1.2	1.2	1.3	1.2	1.2	1.2	1.3	np	1.2
Other diagnoses of complications of medical and surgical care	*Rate*	0.7	1.0	0.8	0.8	0.8	0.9	0.8	np	0.8
Total (any of the above) (c)	*Rate*	6.1	5.8	5.7	6.0	6.6	7.1	6.0	np	5.9
2011-12										
Number of events										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*no.*	39 674	32 632	21 282	13 369	10 061	2 393	2 159	973	122 543
Misadventures to patients during surgical and medical care	*no.*	3 864	5 188	3 257	1 482	1 012	422	285	159	15 669

Table 11A.54 **Separations with an adverse event, public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Procedures causing abnormal reactions/complications	*no.*	52 902	51 360	32 805	18 641	14 405	4 444	3 458	2 257	180 272
Other external causes of adverse events	*no.*	2 093	2 633	1 261	412	953	128	194	90	7 764
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	*no.*	101 761	91 565	59 278	34 598	26 368	7 544	5 968	3 444	330 526
Diagnoses										
Selected post-procedural disorders	*no.*	15 433	10 457	7 673	4 719	4 435	1 233	1 073	401	45 424
Haemorrhage and haematoma complicating a procedure	*no.*	7 731	8 025	4 419	2 746	1 797	487	502	326	26 033
Infection following a procedure	*no.*	8 185	5 709	4 514	2 369	1 578	488	351	437	23 631
Complications of internal prosthetic devices	*no.*	19 505	20 253	12 774	6 571	4 825	1 237	1 410	893	67 468
Other diagnoses of complications of medical and surgical care	*no.*	11 387	16 630	8 262	4 474	3 344	1 065	721	704	46 587
Total (any of the above) (c)	*no.*	103 896	94 060	60 429	35 373	27 435	7 652	6 142	3 592	338 579
Events per 100 separations (d)										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*Rate*	2.4	2.1	2.1	2.3	2.5	2.4	2.2	0.9	2.2
Misadventures to patients during surgical and medical care	*Rate*	0.2	0.3	0.3	0.3	0.2	0.4	0.3	0.1	0.3
Procedures causing abnormal reactions/complications	*Rate*	3.2	3.3	3.3	3.2	3.5	4.5	3.5	2.0	3.3
Other external causes of adverse events	*Rate*	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.1	0.1
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	*Rate*	6.1	5.9	5.9	5.9	6.5	7.6	6.1	3.0	6.0
Diagnoses										
Selected post-procedural disorders	*Rate*	0.9	0.7	0.8	0.8	1.1	1.2	1.1	0.4	0.8
Haemorrhage and haematoma complicating a procedure	*Rate*	0.5	0.5	0.4	0.5	0.4	0.5	0.5	0.3	0.5
Infection following a procedure	*Rate*	0.5	0.4	0.5	0.4	0.4	0.5	0.4	0.4	0.4
Complications of internal prosthetic devices	*Rate*	1.2	1.3	1.3	1.1	1.2	1.2	1.4	0.8	1.2

Table 11A.54 **Separations with an adverse event, public hospitals (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Other diagnoses of complications of medical and surgical care	Rate	0.7	1.1	0.8	0.8	0.8	1.1	0.7	0.6	0.8
Total (any of the above) (c)	Rate	6.3	6.1	6.0	6.0	6.7	7.7	6.3	3.2	6.1
2012-13										
Number of events										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	no.	43 155	32 327	24 649	15 113	11 410	2 918	2 377	1 091	133 040
Misadventures to patients during surgical and medical care	no.	4 186	5 173	3 138	1 674	1 225	426	321	134	16 277
Procedures causing abnormal reactions/complications	no.	53 495	54 704	34 699	19 853	14 959	5 091	4 109	2 625	189 535
Other external causes of adverse events	no.	2 422	3 091	1 469	466	1 326	190	220	124	9 308
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	no.	106 563	94 097	64 065	37 828	28 319	8 630	6 836	3 921	350 259
Diagnoses										
Selected post-procedural disorders	no.	14 707	10 007	8 125	4 795	4 645	1 417	1 202	503	45 401
Haemorrhage and haematoma complicating a procedure	no.	7 820	7 639	4 668	2 927	1 773	572	535	315	26 249
Infection following a procedure	no.	8 079	5 068	4 499	2 443	1 511	520	410	464	22 994
Complications of internal prosthetic devices	no.	20 443	22 995	13 966	7 208	5 103	1 465	1 713	1 072	73 965
Other diagnoses of complications of medical and surgical care	no.	11 916	18 627	9 036	5 072	3 700	1 172	950	704	51 177
Total (any of the above) (c)	no.	108 860	96 776	65 637	38 642	29 689	8 752	6 996	4 038	359 390
Events per 100 separations (d)										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	Rate	2.5	2.3	2.4	2.5	2.8	2.7	2.5	0.9	2.4

Table 11A.54 **Separations with an adverse event, public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Misadventures to patients during surgical and medical care	*Rate*	0.2	0.4	0.3	0.3	0.3	0.4	0.3	0.1	0.3
Procedures causing abnormal reactions/complications	*Rate*	3.1	3.8	3.3	3.3	3.6	4.8	4.3	2.2	3.4
Other external causes of adverse events	*Rate*	0.1	0.2	0.1	0.1	0.3	0.2	0.2	0.1	0.2
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	*Rate*	6.2	6.6	6.1	6.2	6.8	8.1	7.2	3.3	6.3
Diagnoses										
Selected post-procedural disorders	*Rate*	0.9	0.7	0.8	0.8	1.1	1.3	1.3	0.4	0.8
Haemorrhage and haematoma complicating a procedure	*Rate*	0.5	0.5	0.4	0.5	0.4	0.5	0.6	0.3	0.5
Infection following a procedure	*Rate*	0.5	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4
Complications of internal prosthetic devices	*Rate*	1.2	1.6	1.3	1.2	1.2	1.4	1.8	0.9	1.3
Other diagnoses of complications of medical and surgical care	*Rate*	0.7	1.3	0.9	0.8	0.9	1.1	1.0	0.6	0.9
Total (any of the above) (c)	*Rate*	6.3	6.8	6.3	6.4	7.2	8.2	7.4	3.4	6.5

(a) Public hospitals include public acute and public psychiatric hospitals.

(b) 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.

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

(d) Age standardised rate.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table 11A.55 **Separations for falls resulting in patient harm in hospitals, per 1000 separations, 2012-13**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (a)*	
									Rate	*No.*
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	np	np	np	1.5	5 776
Indigenous status (b)										
Aboriginal and Torres Strait Islander Australians	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 area 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	np	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 (d)	3.5	2.6	2.7	2.6	3.1	np	np	np	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.

Table 11A.55 **Separations for falls resulting in patient harm in hospitals, per 1000 separations, 2012-13**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (a)*

(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 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory.

Source: AIHW 2014, *Australian Hospital Statistics 2012-13* , Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.56 **Nursing workforce (includes midwives), by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Nurses (registered and enrolled) in workforce											
Major cities	**no.**	**159 662**	**159 880**	**na**	**174 214**	**176 797**	**176 286**	**na**	**213 669**	**220 210**	**225 614**
Inner regional	**no.**	**50 080**	**51 726**	**na**	**55 701**	**56 742**	**59 076**	**na**	**59 342**	**56 716**	**57 522**
Outer regional	**no.**	**22 287**	**23 699**	**na**	**24 479**	**25 342**	**26 404**	**na**	**26 115**	**26 657**	**26 896**
Remote and very remote	**no.**	**5 460**	**5 504**	**na**	**5 867**	**6 680**	**6 579**	**na**	**7 064**	**7 334**	**7 098**
Total	**no.**	**253 592**	**254 956**	**na**	**277 297**	**282 968**	**291 246**	**na**	**306 414**	**311 176**	**317 988**
Proportion of Nurses aged under 30											
Major cities	%	13.4	10.2	na	15.0	15.0	14.7	na	16.5	16.6	17.4
Inner regional	%	8.6	6.7	na	10.2	9.9	10.6	na	10.9	10.9	11.7
Outer regional	%	8.4	6.4	na	10.2	10.5	11.0	na	11.7	12.2	12.9
Remote and very remote	%	10.2	8.6	na	11.3	12.5	12.0	na	13.4	13.7	14.2
Total	%	11.8	9.0	na	13.6	13.6	13.5	na	15.0	15.1	15.9
Proportion of Nurses aged 30 to 39											
Major cities	%	25.1	22.6	na	24.6	23.5	23.4	na	22.0	21.8	21.7
Inner regional	%	21.3	18.5	na	21.1	19.0	19.7	na	16.7	16.5	16.7
Outer regional	%	21.9	19.2	na	20.6	19.3	20.4	na	17.4	17.3	17.2
Remote and very remote	%	23.7	20.6	na	24.8	23.0	21.5	na	20.5	19.8	20.1
Total	%	24.0	21.4	na	23.6	22.3	22.1	na	20.5	20.4	20.4
Proportion of Nurses aged 40 to 49											
Major cities	%	33.1	32.9	na	29.3	28.6	28.0	na	26.5	25.8	25.3
Inner regional	%	39.3	37.4	na	33.6	32.6	30.6	na	28.4	27.1	25.9
Outer regional	%	38.2	37.4	na	33.5	32.8	31.0	na	27.3	26.5	25.6
Remote and very remote	%	34.4	34.9	na	30.6	29.2	29.8	na	24.5	24.4	23.5
Total	%	34.8	34.3	na	30.4	29.7	28.8	na	26.9	26.1	25.4
Proportion of Nurses aged 50 to 59											
Major cities	%	22.8	26.9	na	24.1	25.4	25.9	na	25.8	26.0	25.5
Inner regional	%	25.0	30.0	na	28.1	30.5	30.8	na	33.8	34.4	33.8
Outer regional	%	24.9	29.5	na	27.5	29.2	29.3	na	33.0	32.6	32.2

Table 11A.56 **Nursing workforce (includes midwives), by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Remote and very remote	%	25.3	28.2	na	26.7	27.4	28.8	na	31.5	30.9	30.6
Total	%	23.5	27.8	na	25.2	26.8	27.3	na	28.1	28.2	27.7
Proportion of Nurses aged 60+											
Major cities	%	5.6	7.4	na	7.0	7.4	7.9	na	9.2	9.8	10.1
Inner regional	%	5.8	7.3	na	7.0	7.9	8.4	na	10.3	11.1	11.9
Outer regional	%	6.6	7.7	na	8.2	8.1	8.3	na	10.7	11.3	12.1
Remote and very remote	%	6.3	7.7	na	6.7	7.9	8.0	na	10.2	11.1	11.6
Total	%	5.9	7.5	na	7.2	7.7	8.2	na	9.5	10.2	10.6

(a) No data collected for 2010. The 2012 and 2013 data exclude provisional registrants.

(b) In 2008, 2009, 2011, 2012 and 2013 total include 'Not Stated' for ASGC Remoteness areas. Numbers of 'Not Stated' are significantly higher in 2008 and 2009 than in later years.

(c) Nurses are allocated to a region based on postcode of main job where available; otherwise, postcode of principal practice is used as a proxy. If principal practice details are unavailable, postocde of residence is used. Records with no information on all 3 locations are coded to 'not stated'. In 2009 and 2011, region is based on 2006 version Australian Standard Geographical Classification (ASGC) — Remoteness Areas. In 2012 and 2013, region is based on 2011 version Australian Statistical Geography Standard (ASGS) — Remoteness Areas. Previous versions of these data were supplied using a mix of 2001 and 2006 versions of the classification so these data may not match earlier supplies.

(d) In 2008, 2009, 2011, 2012 and 2013 data include registered and enrolled nurses in the workforce: those who are employed in nursing, on extended leave and looking for work in nursing.

(e) 2008 data has been revised due to the correction of an error in processing Victoria data.

na Not available.

Source: AIHW National Health Workforce Data Set (unpublished).

Table 11A.57 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)	*Aust*
2004										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	12.6	14.3	9.4	8.1	11.4	6.9	8.0	14.6	11.8
Nurses aged 30 to 39	%	24.0	25.5	24.1	21.2	23.7	19.5	20.2	27.5	24.0
Nurses aged 40 to 49	%	35.4	33.1	33.8	35.8	38.2	38.0	36.7	30.6	34.8
Nurses aged 50 to 59	%	22.4	22.1	25.0	27.0	22.5	28.4	28.9	23.6	23.5
Nurses aged 60+	%	5.6	5.0	7.7	7.9	4.2	7.3	6.2	3.7	5.9
Total nurses in workforce	**no.**	**79 293**	**70 986**	**42 690**	**23 895**	**23 836**	**6 347**	**4 048**	**2 496**	**253 592**
2005										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	12.7	7.4	5.9	6.1	10.1	8.7	8.5	na	9.0
Nurses aged 30 to 39	%	23.9	21.1	18.9	18.2	22.1	19.1	20.2	na	21.4
Nurses aged 40 to 49	%	33.9	33.2	35.1	34.5	37.0	36.1	34.6	na	34.3
Nurses aged 50 to 59	%	23.8	29.6	30.7	31.9	25.5	29.2	30.2	na	27.8
Nurses aged 60+	%	5.7	8.6	9.5	9.2	5.2	6.9	6.5	na	7.5
Total nurses in workforce	**no.**	**77 075**	**72 153**	**42 973**	**23 839**	**24 279**	**6 823**	**4 284**	**na**	**254 956**
2006										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	na	na	na	na	na	na	na	na	na
Nurses aged 30 to 39	%	na	na	na	na	na	na	na	na	na
Nurses aged 40 to 49	%	na	na	na	na	na	na	na	na	na
Nurses aged 50 to 59	%	na	na	na	na	na	na	na	na	na

Table 11A.57 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)	*Aust*
Nurses aged 60+	%	na	na	na	na	na	na	na	na	na
Total nurses in workforce	**no.**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
2007										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	14.6	15.5	13.3	9.8	8.8	10.8	12.8	17.6	13.6
Nurses aged 30 to 39	%	25.5	24.0	23.6	21.0	20.6	17.5	23.5	23.5	23.6
Nurses aged 40 to 49	%	28.6	29.2	31.5	33.0	34.3	34.1	32.6	27.8	30.4
Nurses aged 50 to 59	%	24.5	24.2	24.2	27.8	28.9	29.1	26.1	25.0	25.2
Nurses aged 60+	%	6.8	7.1	7.4	8.5	7.4	8.4	4.9	6.2	7.2
Total nurses in workforce	**no.**	**81 606**	**79 279**	**51 436**	**25 047**	**24 952**	**7 329**	**4 413**	**3 234**	**277 297**
2008										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	14.1	14.6	13.4	12.4	11.8	10.2	11.7	16.9	13.6
Nurses aged 30 to 39	%	22.2	23.0	23.0	21.3	21.3	16.9	22.4	24.2	22.3
Nurses aged 40 to 49	%	28.5	28.5	31.3	30.4	32.4	32.8	30.1	28.0	29.7
Nurses aged 50 to 59	%	27.8	26.1	24.8	27.3	27.8	30.6	28.7	24.8	26.8
Nurses aged 60+	%	7.5	7.8	7.5	8.6	6.7	9.5	7.1	6.1	7.7
Total nurses in workforce	**no.**	**82 450**	**77 839**	**51 249**	**27 858**	**27 017**	**7 570**	**4 632**	**4 353**	**282 968**
2009										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	14.1	13.9	13.4	12.1	12.4	10.3	12.6	16.7	13.5
Nurses aged 30 to 39	%	21.4	23.3	23.0	21.2	21.7	16.0	21.2	26.7	22.1
Nurses aged 40 to 49	%	26.8	28.0	31.4	30.1	30.4	31.2	28.7	27.4	28.8

Table 11A.57 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)	*Aust*
Nurses aged 50 to 59	%	29.2	26.3	24.7	27.8	28.4	31.8	29.7	22.8	27.3
Nurses aged 60+	%	8.4	8.5	7.5	8.7	7.1	10.8	7.8	6.4	8.2
Total nurses in workforce	**no.**	**83 516**	**79 844**	**54 180**	**28 092**	**28 889**	**7 650**	**4 720**	**4 355**	**291 246**
2010										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	na	na	na	na	na	na	na	na	na
Nurses aged 30 to 39	%	na	na	na	na	na	na	na	na	na
Nurses aged 40 to 49	%	na	na	na	na	na	na	na	na	na
Nurses aged 50 to 59	%	na	na	na	na	na	na	na	na	na
Nurses aged 60+	%	na	na	na	na	na	na	na	na	na
Total nurses in workforce	**no.**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
2011										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	13.3	17.0	14.7	15.9	13.8	12.7	14.0	16.9	15.0
Nurses aged 30 to 39	%	20.3	21.4	21.0	19.6	19.3	15.2	21.4	25.1	20.5
Nurses aged 40 to 49	%	25.4	26.6	28.6	27.6	27.8	28.2	26.1	23.6	26.9
Nurses aged 50 to 59	%	30.5	26.1	26.3	26.7	30.7	33.7	29.6	26.1	28.1
Nurses aged 60+	%	10.5	8.9	9.3	10.3	8.4	10.2	8.8	8.4	9.5
Total nurses in workforce	**no.**	**85 196**	**84 715**	**59 851**	**30 842**	**29 056**	**7 837**	**5 004**	**3 773**	**306 414**
2012										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	13.8	17.0	14.7	16.0	14.1	12.0	15.4	17.9	15.1
Nurses aged 30 to 39	%	20.1	21.3	20.7	20.1	18.9	15.5	21.7	25.6	20.4
Nurses aged 40 to 49	%	24.5	25.9	27.8	26.7	26.7	27.7	25.6	22.8	26.1
Nurses aged 50 to 59	%	30.3	26.3	26.7	26.8	31.0	34.2	28.3	25.3	28.2

Table 11A.57 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)	*Aust*
Nurses aged 60+	%	11.2	9.5	10.0	10.4	9.3	10.6	9.0	8.4	10.2
Total nurses in workforce	**no.**	**86 451.9**	**85 472.1**	**60 995.4**	**32 109.0**	**29 327.0**	**7 630.9**	**5 073.6**	**4 036.0**	**311 175.8**
2013										
Nurses (registered and enrolled) in workforce										
Nurses aged under 30	%	15.1	17.7	15.1	16.8	14.4	12.7	16.6	18.5	15.9
Nurses aged 30 to 39	%	20.1	21.0	20.7	20.6	19.2	15.2	21.8	25.7	20.4
Nurses aged 40 to 49	%	23.9	25.2	27.2	25.7	25.8	26.7	25.5	21.9	25.4
Nurses aged 50 to 59	%	29.1	26.0	26.8	26.4	30.7	34.4	26.2	24.4	27.7
Nurses aged 60+	%	11.7	10.1	10.3	10.5	9.9	11.0	9.8	9.5	10.6
Total nurses in workforce	**no.**	**89 579.0**	**86 340.0**	**61 973.0**	**33 090.0**	**29 843.0**	**7 729.0**	**5 215.0**	**4 091.0**	**317 988.0**

(a) In 2008, 2009, 2011, 2012 and 2013 data include registered and enrolled nurses in the workforce: those who are employed in nursing, on extended leave and looking for work in nursing.

(b) 2011, 2012 and 2013 data is by derived state, derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details unavailable, state and territory of residence is used. For records with no information on all three locations, they are coded to 'Not stated'.

(c) 2012 and 2013 data exclude provisional registrants

(d) No data collected for 2010

(e) In 2008 and 2009 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons. Estimates for Victoria for 2008 and 2009 should be treated with caution due to low response rate (39.9 per cent, 33.3 per cent and 31.6 per cent respectively). Estimates for Victoria for 2005 are derived from responses to the 2006 AIHW Nursing and Midwifery Labour Force Census, weighted to 2005 registration and enrolment benchmark figures. Nurse labour force data for 2008 has been revised due to the correction of an error in processing Victorian data.

(f) Estimates for Queensland for 2008 and 2009 should be treated with caution due to low response rate (32.9 per cent and 28.2 per cent respectively). Estimates for WA for 2008 and 2009 should be treated with caution due to low response rates (34.4 per cent and 35.4 per cent respectively). Estimates for Tasmania for 2009 should be treated with caution due to a low response rate 33.2 per cent.

Table 11A.57 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)	*Aust*

(g) Estimates for the NT for 2008 and 2009 should be treated with caution due to low response rates (34.9 per cent and 32.8 per cent respectively). Data for the NT is affected by the transient nature of the nursing labour force in that jurisdiction. According to the Nursing Board Annual Report, approximately one-third of all nurses do not re-register each year, primarily because they no longer practise in the jurisdiction. There has been some variation across years in the degree to which nurses who are interstate have been removed from the renewal process and hence the survey.

na Not available.

Source : AIHW National Health Workforce Data Set (unpublished).

Table 11A.58 **Medical practitioner workforce, by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Medical practitioners in workforce											
Major cities	**no.**	**45 994**	**47 632**	**49 835**	**50 981**	**52 639**	**56 655**	**42 427**	**64 433**	**64 641**	**66 774**
Inner regional	**no.**	**7 471**	**7 577**	**7 816**	**8 141**	**8 686**	**9 258**	**7 621**	**11 098**	**11 029**	**11 388**
Outer regional	**no.**	**2 710**	**2 993**	**3 061**	**3 258**	**3 516**	**3 924**	**2 092**	**4 656**	**4 964**	**4 988**
Remote and very remote	**no.**	**582**	**711**	**886**	**1 001**	**867**	**1 095**	**514**	**1 218**	**1 197**	**1 219**
Total	**no.**	**59 004**	**61 165**	**63 688**	**68 812**	**70 193**	**74 260**	**55 424**	**81 751**	**81 910**	**84 613**
Medical practitioners under 30											
Major cties	%	11.0	12.4	10.2	10.2	10.8	10.6	10.3	10.7	9.6	10.1
Inner regional	%	9.3	8.8	7.4	8.2	8.1	8.8	8.9	9.2	7.8	9.1
Outer regional	%	7.5	7.9	8.8	7.1	8.0	10.3	8.9	11.1	9.1	9.5
Remote and very remote	%	5.8	8.4	13.0	9.6	5.9	15.5	10.7	9.0	9.6	10.0
Total	%	10.6	11.6	9.8	9.7	10.2	10.6	10.1	10.5	9.3	10.0
Medical practitioners aged 30 to 39											
Major cties	%	26.3	26.4	25.7	27.1	27.2	27.1	27.7	29.1	28.2	27.9
Inner regional	%	21.0	21.1	21.1	22.3	22.2	22.7	24.7	25.8	26.1	25.8
Outer regional	%	24.1	24.6	22.6	24.7	26.8	24.4	27.2	27.7	28.2	28.1
Remote and very remote	%	29.7	29.7	30.1	29.9	30.0	30.5	26.1	29.1	26.3	27.2
Total	%	25.7	25.8	25.0	26.3	26.5	26.7	27.5	28.6	27.9	27.6
Medical practitioners aged 40 to 49											
Major cties	%	27.5	27.0	27.0	26.2	26.0	26.0	24.2	23.9	24.6	24.3
Inner regional	%	32.4	31.7	29.8	29.0	27.7	27.1	25.9	25.4	25.4	25.3
Outer regional	%	30.9	30.7	30.3	30.0	28.1	28.0	24.6	25.9	26.9	26.2
Remote and very remote	%	28.7	29.0	27.2	28.8	32.4	27.9	27.8	25.8	27.0	25.4
Total	%	28.0	27.6	27.4	26.7	26.3	26.1	24.4	24.3	24.9	24.6
Medical practitioners aged 50 to 59											

Table 11A.58 **Medical practitioner workforce, by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Major cties	%	20.8	20.3	21.1	20.4	20.5	20.5	20.7	20.1	20.7	20.5
Inner regional	%	24.0	25.4	26.9	25.6	26.7	25.6	24.6	23.7	23.9	23.1
Outer regional	%	22.5	22.2	23.6	24.0	22.5	23.2	24.1	21.1	21.1	21.2
Remote and very remote	%	20.8	19.7	16.3	18.7	19.4	14.2	18.1	20.3	21.4	20.4
Total	%	21.1	20.9	21.7	21.0	21.3	21.0	21.1	20.6	21.1	20.9
Medical practitioners aged 60+											
Major cties	%	14.4	13.8	16.0	16.1	15.5	15.8	17.0	16.2	16.9	17.2
Inner regional	%	13.3	13.1	14.8	14.8	15.2	15.9	15.8	15.9	16.9	16.7
Outer regional	%	14.9	14.7	14.7	14.3	14.6	14.0	15.1	14.1	14.6	15.0
Remote and very remote	%	15.1	13.1	13.4	13.1	12.3	11.8	17.1	15.8	15.7	16.9
Total	%	14.7	14.0	16.0	16.2	15.8	15.7	16.8	16.0	16.8	17.0

(a) No 2010 data collected for Queensland and WA. 2012 and 2013 data excludes provisional registrants.

(b) In 2008, 2009, 2011, 2012 and 2013 total include 'Not Stated' for ASGC Remoteness areas. Numbers of 'Not Stated' are significantly higher in 2008 and 2009 than in later years.

(c) In 2008, 2009, 2010, 2011, 2012 and 2013 data include employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(d) In 2008, 2009, 2010, 2011, 2012 and 2013 Remote and very remote areas include Migratory areas. Estimates for remote and very remote areas should be treated with caution due to the relatively small number of medical practitioners used to produce these estimates.

(e) Medical practitioners are allocated to a region based on postcode of main job where available; otherwise, postcode of principal practice is used as a proxy. If principal practice details are unavailable, postocde of residence is used. Records with no information on all 3 locations are coded to 'not stated'. In 2009, 2010 and 2011, region is based on 2006 version Australian Standard Geographical Classification (ASGC) — Remoteness Areas. In 2012 and 2013, region is based on 2011 version Australian Statistical Geography Standard(ASGS) — Remoteness Areas. Previous versions of these data were supplied using a mix of 2001 and 2006 versions of the classification so these data may not match earlier supplies.

Source: AIHW National Health Workforce Data Set (unpublished).

Table 11A.59 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)	*Aust*
2004										
Medical practitioners in workforce										
Medical practitioners under 30	%	11.3	13.1	7.8	8.0	9.2	5.6	6.8	13.1	10.6
Medical practitioners aged 30 to 39	%	26.7	25.9	24.4	23.5	27.6	17.6	21.7	32.8	25.7
Medical practitioners aged 40 to 49	%	26.3	27.5	30.7	29.2	28.5	32.1	33.3	27.5	28.0
Medical practitioners aged 50 to 59	%	20.3	20.2	22.3	21.8	21.6	27.6	25.5	17.8	21.1
Medical practitioners aged 60+	%	15.4	13.4	14.8	17.5	13.0	17.2	12.6	8.8	14.7
Total Medical practitioners in workforce	**no.**	**21 406**	**15 757**	**8 718**	**4 895**	**5 011**	**1 416**	**1 302**	**497**	**59 004**
2005										
Medical practitioners in workforce										
Medical practitioners under 30	%	13.6	14.4	6.5	8.8	8.7	4.5	6.7	19.9	11.6
Medical practitioners aged 30 to 39	%	26.7	26.5	24.4	23.2	27.8	17.4	21.1	34.0	25.8
Medical practitioners aged 40 to 49	%	26.0	27.3	30.5	28.4	27.6	32.6	33.2	22.6	27.6
Medical practitioners aged 50 to 59	%	19.9	19.4	22.8	22.3	21.8	28.5	26.1	15.6	20.9
Medical practitioners aged 60+	%	13.8	12.4	15.8	17.3	14.1	17.0	13.0	7.9	14.0
Total Medical practitioners in workforce	**no.**	**22 015**	**16 085**	**9 474**	**4 990**	**5 006**	**1 481**	**1 381**	**732**	**61 165**
2006										
Medical practitioners in workforce										
Medical practitioners under 30	%	9.1	13.3	7.1	9.5	8.3	4.2	6.7	18.5	9.8
Medical practitioners aged 30 to 39	%	25.1	26.0	23.5	23.6	26.7	18.9	25.1	33.1	25.0
Medical practitioners aged 40 to 49	%	26.4	26.1	29.9	28.3	28.3	30.4	28.8	26.9	27.4
Medical practitioners aged 50 to 59	%	22.0	20.2	23.6	21.3	21.4	28.4	23.6	14.7	21.7

Table 11A.59 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)	*Aust*
Medical practitioners aged 60+	%	17.4	14.3	15.8	17.3	15.3	18.0	15.8	6.9	16.0
Total Medical practitioners in workforce	**no.**	**21 656**	**16 900**	**9 937**	**6 378**	**5 178**	**1 384**	**1 364**	**891**	**63 688**
2007										
Medical practitioners in workforce										
Medical practitioners under 30	%	9.2	11.9	7.6	12.0	8.8	4.2	4.7	13.9	9.7
Medical practitioners aged 30 to 39	%	24.4	26.2	28.0	27.4	27.5	19.4	37.1	28.9	26.3
Medical practitioners aged 40 to 49	%	26.4	25.6	28.5	26.3	26.7	28.0	28.2	29.1	26.7
Medical practitioners aged 50 to 59	%	22.4	19.7	21.0	19.9	21.1	28.7	16.4	16.4	21.0
Medical practitioners aged 60+	%	17.5	16.6	14.9	14.3	16.1	19.7	13.6	11.7	16.2
Total Medical practitioners in workforce	**no.**	**21 530**	**17 515**	**12 436**	**7 758**	**5 526**	**1 638**	**1 486**	**924**	**68 812**
2008										
Medical practitioners in workforce										
Medical practitioners under 30	%	11.2	11.9	5.1	13.3	9.6	4.1	12.0	14.0	10.2
Medical practitioners aged 30 to 39	%	24.2	26.7	28.6	28.1	27.6	18.5	28.9	32.8	26.5
Medical practitioners aged 40 to 49	%	26.0	25.7	27.8	26.4	25.2	27.6	26.2	25.6	26.3
Medical practitioners aged 50 to 59	%	21.9	20.5	22.3	19.0	20.6	29.3	21.3	16.8	21.3
Medical practitioners aged 60+	%	16.6	15.1	16.2	13.2	17.1	20.6	11.6	10.8	15.8
Total Medical practitioners in workforce	**no.**	**21 958**	**17 813**	**13 571**	**6 995**	**5 791**	**1 607**	**1 592**	**865**	**70 193**
2009										
Medical practitioners in workforce										
Medical practitioners under 30	%	10.2	12.0	8.0	16.0	8.0	3.6	10.8	14.8	10.6

Table 11A.59 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)	*Aust*
Medical practitioners aged 30 to 39	%	24.4	27.2	28.8	27.8	28.4	17.9	31.4	29.4	26.7
Medical practitioners aged 40 to 49	%	25.1	25.2	28.8	24.9	25.9	30.7	24.4	27.7	26.1
Medical practitioners aged 50 to 59	%	22.3	20.2	20.2	18.9	21.2	27.9	21.5	17.2	21.0
Medical practitioners aged 60+	%	17.9	15.3	14.3	12.4	16.5	20.0	11.9	10.9	15.7
Total Medical practitioners in workforce	**no.**	**22 442**	**18 620**	**15 026**	**7 708**	**5 827**	**1 884**	**1 708**	**1 045**	**74 260**
2010										
Medical practitioners in workforce										
Medical practitioners under 30	%	8.6	11.8	na	na	11.1	9.3	9.3	11.9	10.1
Medical practitioners aged 30 to 39	%	26.8	28.3	na	na	27.8	25.9	25.4	32.8	27.5
Medical practitioners aged 40 to 49	%	24.5	24.0	na	na	24.4	25.5	26.5	27.1	24.4
Medical practitioners aged 50 to 59	%	21.6	20.5	na	na	20.5	23.7	24.1	18.0	21.1
Medical practitioners aged 60+	%	18.5	15.4	na	na	16.3	15.5	14.6	10.3	16.8
Total Medical practitioners in workforce	**no.**	**25 134**	**19 528**	**na**	**na**	**6 361**	**1 849**	**1 566**	**836**	**55 424**
2011										
Medical practitioners in workforce										
Medical practitioners under 30	%	8.9	11.9	10.4	12.3	11.6	9.0	8.0	12.1	10.5
Medical practitioners aged 30 to 39	%	27.3	28.4	30.6	29.0	27.7	26.4	28.3	37.2	28.6
Medical practitioners aged 40 to 49	%	24.0	23.6	25.3	24.8	23.7	24.8	26.0	22.8	24.3
Medical practitioners aged 50 to 59	%	21.1	20.6	20.0	19.9	20.3	23.8	23.4	15.9	20.6
Medical practitioners aged 60+	%	18.7	15.6	13.6	14.0	16.7	15.9	14.4	11.9	16.0
Total Medical practitioners in workforce	**no.**	**26 286**	**20 116**	**16 177**	**7 914**	**6 524**	**1 884**	**1 607**	**1 022**	**81 751**

Table 11A.59 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)	*Aust*
2012										
Medical practitioners in workforce										
Medical practitioners under 30	%	7.7	10.3	9.5	11.7	10.0	8.6	7.0	9.6	9.3
Medical practitioners aged 30 to 39	%	26.7	28.1	29.6	27.9	27.4	23.9	28.1	35.6	27.9
Medical practitioners aged 40 to 49	%	24.5	24.1	25.7	25.4	24.9	26.4	26.6	24.4	24.9
Medical practitioners aged 50 to 59	%	21.8	21.0	20.7	20.4	20.5	23.8	23.3	17.6	21.1
Medical practitioners aged 60+	%	19.3	16.4	14.4	14.6	17.2	17.3	14.9	12.7	16.8
Total Medical practitioners in workforce	**no.**	**26 277**	**20 166**	**16 330**	**8 149**	**6 467**	**1 840**	**1 611**	**1 039**	**81 910**
2013										
Medical practitioners in workforce										
Medical practitioners under 30	%	8.8	10.6	9.8	12.1	10.2	9.8	9.7	11.0	10.0
Medical practitioners aged 30 to 39	%	26.3	28.4	28.9	28.3	26.6	24.0	27.3	36.5	27.6
Medical practitioners aged 40 to 49	%	24.0	23.5	25.8	25.5	25.4	25.9	25.5	23.2	24.6
Medical practitioners aged 50 to 59	%	21.1	20.9	20.9	19.7	20.5	23.7	21.4	17.5	20.9
Medical practitioners aged 60+	%	19.8	16.6	14.5	14.3	17.3	16.6	16.2	11.9	17.0
Total Medical practitioners in workforce	**no.**	**27 514**	**20 744**	**16 588**	**8 489**	**6 581**	**1 899**	**1 695**	**1 041**	**84 613**

(a) In 2008, 2009, 2010, 2011, 2012 and 2013 data include employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(b) 2011, 2012 and 2013 data is by derived state, derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details unavailable, state and territory of residence is used. For records with no information on all three locations, they are coded to 'Not stated'.

(c) 2012 and 2013 data exclude provisional registrants.

Table 11A.59 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)	*Aust*

(d) In 2008 and 2009, NSW data are based on responses to the Medical Labour Force Survey weighted to financial registrants holding general, conditional specialist, limited prescribing and referring or non-practising registration.

(e) In 2008 and 2009, Victoria surveyed only general, specific and provisional registered medical practitioners in the Medical Labour Force Survey but responses are weighted to all registered medical practitioners.

(f) In 2008 and 2009, Queensland data are based on responses to the Medical Labour Force Survey weighted to all registrants excluding some conditional registration types. The Queensland benchmarks for 2009 were taken from the Queensland medical board annual report which included an age breakdown in 10 year increments whilst the estimates for previous years was done using 5 year increments. Given that the response rates have fallen between 2008 and 2009 and that the response rates for some age groups are particularly small, (notably the response rate for 25-34 year olds was only 7.8 per cent for males and 11.4 per cent for females), Queensland data should be treated with caution, particularly for the younger groups.

(g) In 2010 no data collected for Queensland and WA.

(h) In 2008 and 2009, for WA data, the scope has been consistent, that is, the survey population and the benchmark figures are based on general and conditional registrants. For 2005, survey was administered to both general and conditional registrants but benchmark figures were for general registrants only. For 2008 the benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For WA in 2007, 2008 and 2009, the benchmark data includes a significant number of registered medical practitioners that are no longer active in the workforce. This inflates the perception of the medical labour force in WA. It is also unknown how significantly past years have been affected. Care should be taken when interpreting these figures.

(i) In 2008 and 2009, Tasmania data are based on responses to the annual Medical Labour Force Survey weighted to general registrants, conditionally registered specialists and non-practising practitioners only.

(j) 2010 data is by state of principal practice, while 2011, 2012 and 2013 data is by derived state, derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details unavailable, state and territory of residence is used. For records with no information on all three locations, they are coded to 'Not stated'.

na Not available.

Source: AIHW National Health Workforce Data Set (unpublished).

Table 11A.60 **Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	Tas	*ACT*	*NT* (b)	*Aust*
Total separations (c)	'000	1 593	1 511	977	565	384	98	97	113	5 339
Acute separations (d)	'000	1 559	1 473	937	552	372	96	93	112	5 193
Proportion of separations not acute	%	2.1	2.5	4.1	2.3	3.1	2.0	4.1	0.9	2.7
Average cost weight (e)	no.	1.04	0.96	1.15	0.91	1.07	1.06	1.00	0.67	0.99
Casemix-adjusted separations (f)	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Total admitted patient days (c)	'000	5 583	4 587	2 985	1 611	1 349	334	327	294	17 070
Admitted patient days for acute patients	'000	5 100	3 813	102	1 423	1 181	293	270	278	14 865
Proportion of bed days not acute	%	8.7	16.9	96.6	11.7	12.5	12.3	17.4	5.4	12.9
Total recurrent expenditure	$m	12 906	9 746	7 706	4 381	3 230	916	933	568	40 384
Admitted patient cost proportion (g)		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Total admitted patient recurrent expenditure	$m	8 905	6 823	5 240	3 154	2 261	632	644	454	28 269
Relative stay index (h)		1.09	0.92	0.90	1.01	1.06	1.09	1.02	1.18	1.00
Average cost data for selected included hospitals										
Non-medical labour costs per casemix-adjusted separation										
Nursing	$	1 320	1 271	1 338	1 323	1 396	1 460	1 857	1 788	1 336
Diagnostic/allied health (i)	$	347	412	373	353	285	314	392	380	366
Administrative	$	361	284	356	438	292	450	526	364	346
Other staff	$	215	229	343	326	151	324	100	437	251
Superannuation	$	247	247	296	289	249	443	453	na	265
Total non-medical labour costs	$	2 490	2 443	2 707	2 729	2 373	2 990	3 328	2 969	2 564

Table 11A.60 **Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	Tas	*ACT*	*NT* (b)	*Aust*
Other recurrent costs per casemix-adjusted separation										
Domestic services	$	117	100	108	139	93	99	224	158	113
Repairs/maintenance	$	113	87	97	202	104	65	75	153	109
Medical supplies (i)	$	574	400	572	380	349	746	518	435	491
Drug supplies	$	235	243	243	286	244	326	156	247	245
Food supplies	$	92	46	36	34	32	50	44	49	49
Administration	$	360	278	286	233	150	281	452	199	294
Other	$	113	121	21	323	671	180	170	507	168
Total other recurrent costs	$	1 604	1 275	1 362	1 596	1 642	1 747	1 639	1 749	1 477
Total excluding medical labour costs	$	4 094	3 718	4 068	4 326	4 015	4 738	4 967	4 718	4 041
Medical labour costs per casemix-adjusted separation										
Public patients										
Salaried/sessional staff	$	630	731	961	1 054	856	1 006	902	1 150	797
Visiting medical officer payments	$	248	70	63	172	185	2	301	97	147
Private patients (estimated) (j)	$	307	174	153	181	195	288	214	51	218
Total medical labour costs	$	1 185	975	1 177	1 407	1 237	1 295	1 417	1 299	1 163
Total labour costs (medical + non-medical)	$	3 675	3 418	3 884	4 136	3 609	4 285	4 745	4 267	3 727
Total recurrent cost per casemix-adjusted separation	**$**	**5 280**	**4 693**	**5 246**	**5 733**	**5 251**	**6 033**	**6 384**	**6 017**	**5 204**
Experimental estimates of recurrent cost per casemix-adjusted acute non-psychiatric separations (k)	**$**	**4 983**	**4 038**	**na**	**5 497**	**na**	**na**	**na**	**na**	**na**

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

(b) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the NT.

Table 11A.60 **Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	Tas	*ACT*	*NT* (b)	*Aust*

(c) Excludes separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement.

(d) Separations for which the care type was reported as acute and unspecified and newborn episodes of care with qualified days.

(e) Average cost weight from the National Hospital Cost Data Collection, using the 2008–09 AR-DRG version 5.2 cost weights for separations for which the care type was reported as acute, newborn with at least one qualified day or was not reported.

(f) Casemix-adjusted separations are the product of total separations and average cost weight.

(g) Of the selected hospitals, three small hospitals had their admitted patient cost proportion estimated by the Health and Allied Services Advisory Council ratio. Admitted patient cost proportion was previously called the inpatient fraction.

(h) Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. Relative stay index based on AR-DRG version 5.2.

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

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

(k) Estimates relate to a subset of the selected public hospitals only. This subset excludes hospitals where the inpatient fraction was equal to the acute inpatient fraction and more than 1000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded $1000 per day and more than $1 000 000 of apparent expenditure on non-acute patients days was reported. These data are provided by states and territories on a voluntary basis.

na Not available.

Source: AIHW 2013, *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 11A.61 Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Principal referral: major cities (>20 000 acute weighted separations) and regional (>16 000 acute weighted separations)										
Number of hospitals	no.	28	19	17	5	4	2	2	2	79
Separations per hospital (c)	no.	39 613	61 896	44 533	62 586	55 057	39 107	48 728	48 507	48 710
AR-DRGs (5+) per hospital (d)	no.	438	525	422	463	504	474	454	401	461
Average cost weight (e)		1.10	0.99	1.05	0.96	1.20	1.07	1.00	0.70	1.04
Relative stay index (f)		1.12	0.89	0.92	1.02	1.07	1.03	1.02	1.21	1.00
Cost per casemix adjusted separation	$	5 291	4 586	5 285	5 659	5 223	5 777	6 384	5 967	5 158
Specialist women's and children's (>10 000 acute weighted separations)										
Number of hospitals	no.	3	2	3	2	1	–	–	–	11
Separations per hospital (c)	no.	19 877	30 046	16 046	21 096	31 472	..	..	..	21 956
AR-DRGs (5+) per hospital (d)	no.	237	247	202	202	321	..	..	..	231
Average cost weight (e)		1.22	1.30	1.20	1.26	1.15	..	..	..	1.24
Relative stay index (f)		1.08	0.99	0.96	1.10	1.13	..	..	..	1.05
Cost per casemix adjusted separation	$	6 200	5 990	6 345	6 200	5 749	..	..	..	6 107
Total principal referral and specialist women's and children's										
Number of hospitals	no.	31	21	20	7	5	2	2	2	90
Separations per hospital (c)	no.	37 703	58 863	40 260	50 732	50 340	39 107	48 728	48 507	45 440
AR-DRGs (5+) per hospital (d)	no.	418	499	389	389	467	474	454	401	433
Average cost weight (e)		1.10	1.00	1.06	1.00	1.19	1.07	1.00	0.70	1.05
Relative stay index (f)		1.12	0.90	0.92	1.03	1.08	1.03	1.02	1.21	1.00
Cost per casemix adjusted separation	$	5 337	4 670	5 355	5 738	5 287	5 777	6 384	5 967	5 222
Large major cities (>10 000 acute weighted separations)										
Number of hospitals	no.	10	2	2	3	2	–	–	–	19
Separations per hospital (c)	no.	16 001	17 446	22 138	23 381	18 172	..	..	..	18 193
AR-DRGs (5+) per hospital (d)	no.	259	125	280	284	275	..	..	..	253
Average cost weight (e)		1.00	1.00	1.00	1.00	1.00	..	..	..	1.00

Table 11A.61 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Relative stay index (f)		1.08	0.96	0.83	0.92	0.95	..	..	..	1.00
Cost per casemix adjusted separation	$	4 839	5 347	3 965	4 851	5 051	..	..	..	4 832
Large regional (>8 000 acute weighted separations) and remote (>5 000 acute weighted separations)										
Number of hospitals	no.	3	8	1	4	–	1	–	–	17
Separations per hospital (c)	no.	11 613	17 491	6 857	15 803	..	7 736	..	..	14 857
AR-DRGs (5+) per hospital (d)	no.	236	322	206	240	..	243	..	..	276
Average cost weight (e)		1.00	1.00	1.00	1.00	..	1.00	..	..	1.00
Relative stay index (f)		1.02	0.95	0.97	0.97	..	1.11	..	..	0.97
Cost per casemix adjusted separation	$	5 933	4 442	4 029	5 539	..	7 390	..	..	5 025
Total large hospitals										
Number of hospitals	no.	13	10	3	7	2	1	–	–	36
Separations per hospital (c)	no.	14 988	17 482	17 044	19 051	18 172	7 736	..	..	16 618
AR-DRGs (5+) per hospital (d)	no.	253	283	255	259	275	243	..	..	264
Average cost weight (e)		1.00	1.00	1.00	1.00	1.00	1.00	..	..	1.00
Relative stay index (f)		1.07	0.95	0.86	0.94	0.95	1.11	..	..	0.99
Cost per casemix adjusted separation	$	5 003	4 593	3 973	5 149	5 051	7 390	..	..	4 912
Medium (5000 to 10 000 acute weighted separations)										
Number of hospitals	no.	11	3	4	3	4	1	–	–	26
Separations per hospital (c)	no.	8 567	8 329	10 617	10 624	10 253	8 872	..	..	9 363
AR-DRGs (5+) per hospital (d)	no.	175	194	190	113	195	195	..	..	176
Average cost weight (e)		0.87	0.73	0.64	0.87	0.72	0.77	..	..	0.79
Relative stay index (f)		1.02	0.97	0.56	0.99	0.96	1.10	..	..	0.93
Cost per casemix adjusted separation	$	5 051	5 057	4 397	5 291	5 423	6 406	..	..	5 100
Medium (2000 to 5000 acute weighted separations)										
Number of hospitals	no.	20	10	9	2	8	–	–	–	49
Separations per hospital (c)	no.	4 185	4 623	4 103	4 072	4 353	..	..	..	4 282

Table 11A.61 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
AR-DRGs (5+) per hospital (d)	no.	116	125	124	119	128	..	..	..	122
Average cost weight (e)		0.75	0.70	0.73	0.74	0.77	..	..	..	0.74
Relative stay index (f)		1.01	1.04	0.80	0.90	0.92	..	..	..	0.96
Cost per casemix adjusted separation	$	4 858	4 885	4 911	5 879	4 946	..	..	..	4 929
Total medium										
Number of hospitals	no.	31	13	13	5	12	1	–	–	75
Separations per hospital (c)	no.	5 740	5 478	6 107	8 003	6 319	8 872	..	..	6 043
AR-DRGs (5+) per hospital (d)	no.	137	141	144	115	150	195	..	..	141
Average cost weight (e)		0.81	0.71	0.68	0.84	0.74	0.77	..	..	0.76
Relative stay index (f)		1.01	1.02	0.68	0.97	0.94	1.10	..	..	0.94
Cost per casemix adjusted separation	$	4 964	4 945	4 645	5 399	5 208	6 406	..	..	5 025
Small regional acute (<2000 acute weighted separations and less than 40 per cent not acute or outlier bed days)										
Number of hospitals	no.	40	22	26	3	14	5	–	–	110
Separations per hospital (c)	no.	1 186	1 311	1 108	1 348	1 018	518	..	..	1 145
AR-DRGs (5+) per hospital (d)	no.	49	44	49	61	47	25	..	..	47
Average cost weight (e)		0.76	0.68	0.76	0.78	0.79	0.87	..	..	0.75
Relative stay index (f)		1.02	1.32	0.90	1.12	1.03	1.71	..	..	1.07
Cost per casemix adjusted separation	$	5 694	5 947	4 931	5 565	4 744	7 580	..	..	5 505
Remote acute (<5000 acute weighted separations)										
Number of hospitals	no.	5	–	16	12	4	1	–	3	41
Separations per hospital (c)	no.	803	..	785	2 679	1 557	303	..	5 448	1 746
AR-DRGs (5+) per hospital (d)	no.	32	..	36	87	47	14	..	110	56
Average cost weight (e)		0.60	..	0.74	0.74	0.75	0.70	..	0.52	0.68
Relative stay index (f)		0.91	..	1.00	0.85	1.00	1.06	..	0.93	0.91
Cost per casemix adjusted separation	$	9 318	..	5 372	8 596	5 211	6 799	..	6 424	7 322
Total small acute										

Table 11A.61 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Number of hospitals	no.	45	22	42	15	18	6	–	3	151
Separations per hospital (c)	no.	1 143	1 311	985	2 413	1 138	482	..	5 448	1 308
AR-DRGs (5+) per hospital (d)	no.	47	44	44	82	47	24	..	110	49
Average cost weight (e)		0.75	0.68	0.75	0.75	0.78	0.85	..	0.52	0.72
Relative stay index (f)		1.01	1.32	0.93	0.88	1.02	1.65	..	0.93	1.02
Cost per casemix adjusted separation	$	5 931	5 947	5 065	8 259	4 884	7 514	..	6 424	6 171
Total hospitals in cost per casemix adjusted separation analysis										
Number of hospitals	**no.**	**120**	**66**	**78**	**34**	**37**	**10**	**2**	**5**	**352**
Separations per hospital (c)	**no.**	**13 275**	**22 894**	**12 527**	**16 608**	**10 388**	**9 772**	**48 728**	**22 671**	**15 167**
AR-DRGs (5+) per hospital (d)	**no.**	**188**	**244**	**157**	**186**	**150**	**153**	**454**	**226**	**189**
Average cost weight (e)		**1.04**	**0.96**	**1.01**	**0.91**	**1.07**	**1.06**	**1.00**	**0.67**	**0.99**
Relative stay index (f)		**1.10**	**0.91**	**0.91**	**1.00**	**1.04**	**1.07**	**1.02**	**1.18**	**1.00**
Cost per casemix adjusted separation	**$**	**5 280**	**4 693**	**5 246**	**5 733**	**5 251**	**6 033**	**6 384**	**6 017**	**5 204**
Small non-acute (<2000 acute weighted separations more than 40 per cent not acute or outlier bed days)										
Number of hospitals	no.	17	3	14	4	18	1	–	–	57
Separations per hospital (c)	no.	1 097	1 241	837	1 494	627	304	–	–	906
Total expenditure	$'000	140 250	33 114	71 049	42 058	65 098	2 450	–	–	354 018
Cost per casemix adjusted separation	$	7548.0	8222.0	6309.0	9094.0	6752.0	5227.0	0.0	0.0	7371.0
Multi-purpose service										
Number of hospitals	no.	18	9	9	40	2	–	–	–	78
Separations per hospital (c)	no.	235	689	663	221	973	–	–	–	349
Total expenditure	$'000	69 399	58 697	46 054	92 322	9 786	–	–	–	276 259
Cost per casemix adjusted separation	$	15952.0	10293.0	5756.0	6550.0	6404.0	0.0	0.0	0.0	8613.0
Rehabilitation										
Number of hospitals	no.	5	–	–	1	2	–	–	–	8
Separations per hospital (c)	no.	458	–	–	4 597	1 234	–	–	–	1 170

Table 11A.61 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total expenditure	$'000	110 634	–	–	87 916	58 119	–	–	–	256 670
Cost per casemix adjusted separation	$	21214.0	0.0	0.0	9617.0	21519.0	0.0	–	0.0	12734.0
Mothercraft										
Number of hospitals	no.	3	2	1	–	–	–	1	–	7
Separations per hospital (c)	no.	2 318	1 914	2 224	–	–	–	–	–	1 858
Total expenditure	$'000	17 289	11 204	4 674	–	–	–	3 154	–	36 321
Cost per casemix adjusted separation	$	1338.0	2200.0	2190.0	0.0	0.0	0.0	0.0	0.0	1694.0
Other non-acute										
Number of hospitals	no.	12	–	–	–	–	–	–	–	12
Separations per hospital (c)	no.	916	–	–	–	–	–	–	–	916
Total expenditure	$'000	162 761	–	–	–	–	–	–	–	162 761
Cost per casemix adjusted separation	$	7333.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7333.0
Total non-acute										
Number of hospitals	no.	105	38	92	62	43	13	1	–	354
Separations per hospital	no.	587	863	262	378	513	147	na	..	469
AR-DRGs (5+) per hospital	no.	10	12	9	10	15	5	na	..	11
Average cost weight		1	1	1	1	1	1	na	..	1
Relative stay index		1	1	1	1	1	2	na	..	1
Cost per casemix adjusted separation	$	9 526	9 156	9 898	11 489	12 058	13 878	na	..	10 534
Psychiatric (g)										
Number of hospitals	no.	7	2	4	2	2	1	–	–	18
Separations per hospital (c)	no.	756	232	96	699	927	356	–	–	541
Total expenditure	$'000	245 061	49 417	137 584	88 033	78 950	18 101	–	–	617 146
Cost per casemix adjusted separation	$	11593.0	41040.0	53649.0	15863.0	19115.0	29609.0	0.0	0.0	17270.0
Unpeered and other acute (includes hospitals with fewer than 200 separations)										
Number of hospitals	no.	43	22	64	15	19	11	–	–	174

Table 11A.61 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations per hospital (c)	no.	307	844	60	176	237	114	–	–	253
Total expenditure	$'000	274 457	247 556	97 636	93 092	40 394	27 421	–	–	780 556
Cost per casemix adjusted separation	$	10 920	7 628	13 428	26 432	8 815	10 971	–	–	12 327
Total										
Number of hospitals used in this analysis	**no.**	**225**	**104**	**170**	**96**	**80**	**23**	**3**	**5**	**706**
Average beds per hospital (h)	**no.**	**89**	**89**	**66**	**59**	**65**	**52**	**313**	**139**	**78**
Number of hospitals	**no.**	**225**	**151**	**170**	**96**	**80**	**23**	**3**	**5**	**753**
Separations per hospital	**no.**	**7 354**	**14 844**	**5 890**	**6 126**	**5 080**	**4 332**	**32 485**	**22 671**	**7 797**
Total expenditure	**$'000**	**12 905 606**	**9 746 466**	**7 705 940**	**4 380 674**	**3 229 556**	**915 578**	**932 981**	**567 521**	**40 384 321**
Teaching (excluding psychiatric)										
Number of hospitals	no.	20	16	22	6	7	3	2	2	78
Separations per hospital (c)	no.	43 876	49 937	35 600	50 107	41 149	28 650	48 728	48 507	42 677
AR-DRGs (5+) per hospital (d)	no.	425	402	349	349	412	397	454	401	391
Average cost weight (e)		1.14	1.15	1.08	1.03	1.18	1.10	1.00	0.70	1.10
Relative stay index (f)		1.14	0.92	0.93	1.05	1.06	1.04	1.02	1.21	1.02
Cost per casemix adjusted separation	$	5 321	5 896	5 396	6 004	5 257	5 961	6 384	5 967	5 591

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

(b) Expenditure and cost per casemix adjusted separation data exclude depreciation.

(c) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(d) The number of different version 5.2 AR-DRGs provided by a hospital for which there were at least five acute separations.

(e) Average cost weight from the National Hospital Cost Data Collection, based on acute and unspecified separations and Newborn episodes of care with qualified days, using the 2008–09 AR-DRG version 5.2 cost weights.

Table 11A.61 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(f) Relative stay index based on observed vs expected length of stay based on age and AR-DRG Version 5.2, public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group.

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

(h) Calculated by dividing total number of available beds across all hospitals by total number of hospitals.

na Not available. .. Not applicable. **np** Not published. – Nil or rounded to zero.

Source : AIHW 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 11A.62 **Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2011-12 (a), (b), (c)**

	Unit	*NSW*	*Vic* (d)	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Land										
Asset value at 30 June	$m	1 664	na	685	428	229	38	28	20	3 093
User cost of capital	$m	133	na	55	34	18	3	2	2	247
Casemix-adjusted separations	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Inpatient fraction		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Cost per casemix-adj. separation	$	55	na	33	67	31	20	16	17	33
Buildings										
Asset value at 30 June	$m	7 682	5 197	4 886	2 270	1 520	403	580	534	23 072
User cost of capital	$m	615	416	391	182	122	32	46	43	1846
Annual depreciation	$m	329	398	147	55	73	15	15	17	1049
Casemix-adjusted separations	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Inpatient fraction		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Cost per casemix-adj. separation	$	393	561	326	459	332	316	434	633	383
Equipment										
Asset value at 30 June	$m	870	1 862	975	181	118	110	58	17	4 191
User cost of capital	$m	70	149	78	15	9	9	5	1	335
Annual depreciation	$m	170	203	84	31	32	8	13	4	544
Casemix-adjusted separations	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Inpatient fraction		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Cost per casemix-adj. separation	$	100	243	98	88	70	111	124	60	116
Interest payments	$m	41.6	–	–	2.8	4.5	–	0.2	–	49.1
Interest payments per separation	$	17.3	–	–	5.4	7.7	–	1.2	–	6.5
Total capital cost (excl. land) per casemix-adj. separation	**$**	**475**	**804**	**424**	**542**	**395**	**427**	**556**	**693**	**493**

Table 11A.62 **Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2011-12 (a), (b), (c)**

	Unit	*NSW*	*Vic* (d)	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*

(a) Capital cost is defined as the user cost of capital (calculated at 8 per cent of the current value of non-current physical assets) plus the depreciation amount. The capital cost per casemix-adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.

(b) Where possible, data relate to inpatients in public acute hospitals, with the scope the same as that for recurrent cost per casemix adjusted separations calculated by the AIHW, that is - psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities and small non-acute and multi-purpose services are excluded.

(c) Inpatient fractions sourced from AIHW's Australian Hospital Statistics for all jurisdictions.

(d) The asset values and depreciation amounts for Victoria and WA relate to inpatients only and so have not been adjusted by the inpatient fraction.

(e) Interest payments are not reported.

na Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); AIHW 2013, *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 11A.63 **Relative stay index for patients in public hospitals, by funding source, 2012-13 (a), (b)**

Accommodation status	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Public patients (c)	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 3rd 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 (d)	1.75	0.96	0.91	1.07	1.03	1.04	0.99	1.04	1.21
Total	**1.04**	**0.93**	**0.86**	**0.98**	**1.04**	**1.01**	**1.02**	**1.13**	**0.97**

(a) Separations for which the care type was reported as acute or newborn with qualified days, or was not reported.

(b) Relative stay index based on all hospitals using the indirect method using AR-DRG version 6.0x. 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) Public patients includes separations with a funding source of Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals).

(d) Includes patients whose funding source was reported as other compensation, Department of Defence, Correctional facilities, other hospital or public authority, other and unknown.

– Nil or rounded to zero.

Source : AIHW 2014, *Australian Hospital Statistics 2012-13* , Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.64 Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group 2012-13 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
All public hospitals	**1.04**	**0.93**	**0.86**	**0.98**	**1.04**	**1.01**	**1.02**	**1.13**	**0.97**

(a) Separations for which the care type was reported as acute or newborn with qualified days, or was not reported. Relative stay index based on all hospitals using AR-DRG version 6.0x.

(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.

Source: AIHW 2014, *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.65 **NSW recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	882 510	906 689	916 314	952 499	984 949
Large hospitals	no.	689 374	683 249	693 313	718 201	735 485
Medium hospitals	no.	559 006	570 768	590 426	590 153	578 220
Small hositals	no.	141 249	139 356	139 172	131 678	135 252
Unpeered and other acute hospitals	no.	26 353	26 662	27 044	25 519	25 108
Total public acute	no.	2 298 492	2 326 724	2 366 269	2 418 050	2 459 014
Outpatient						
Principal referral and Women's and children's hospitals	no.	8 428 689	8 024 141	8 057 030	9 159 883	8 388 222
Large hospitals	no.	2 694 304	2 646 680	2 692 358	3 014 713	2 739 848
Medium hospitals	no.	1 154 536	1 184 590	1 261 467	1 358 327	1 416 818
Small hositals	no.	110 675	116 213	125 779	124 305	113 276
Unpeered and other acute hospitals	no.	3 621 901	3 504 152	3 476 754	3 685 381	3 898 020
Total public acute	no.	16 010 105	15 475 776	15 613 388	17 342 609	16 556 184
Other						
Principal referral and Women's and children's hospitals	no.	1 164 306	1 043 412	879 446	1 212 795	1 747 734
Large hospitals	no.	690 388	567 511	612 388	619 867	927 075
Medium hospitals	no.	440 748	421 894	386 468	554 453	643 935
Small hositals	no.	108 954	106 655	116 928	164 585	168 957
Unpeered and other acute hospitals	no.	503 100	501 099	468 942	503 515	589 442
Total public acute	no.	2 907 496	2 640 571	2 464 172	3 055 215	4 077 143
Total						
Principal referral and Women's and children's hospitals	no.	10 475 505	9 974 242	9 852 790	11 325 177	11 120 905
Large hospitals	no.	4 074 066	3 897 440	3 998 059	4 352 781	4 402 408
Medium hospitals	no.	2 154 290	2 177 252	2 238 361	2 502 933	2 638 973
Small hositals	no.	360 878	362 224	381 879	420 568	417 485

Table 11A.65 NSW recurrent cost per non-admitted patient occasion of service, public hospitals (a)

		2008-09	2009-10	2010-11	2011-12	2012-13
Unpeered and other acute hospitals	no.	4 151 354	4 031 913	3 972 740	4 214 415	4 512 570
Total public acute	no.	21 216 093	20 443 071	20 443 829	22 815 874	23 092 341
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	46 561	43 263	57 306	60 501	72 060
Other	no.	na	na	na	na	na
Total	no.	46 561	43 263	57 306	60 501	72 062
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	216	226	281	277	268
Large hospitals	$	151	204	252	267	257
Medium hospitals	$	164	220	221	256	262
Small hositals	$	98	117	106	234	238
Unpeered and other acute hospitals	$	96	105	116	129	151
Total public acute	$	175	210	245	265	260
Outpatient						
Principal referral and Women's and children's hospitals	$	139	154	164	124	152
Large hospitals	$	103	114	119	104	128
Medium hospitals	$	73	94	92	93	114
Small hositals	$	111	133	125	177	175
Unpeered and other acute hospitals	$	9	38	40	47	33
Total public acute	$	99	116	122	102	117
Other						
Principal referral and Women's and children's hospitals	$	101	106	129	138	81
Large hospitals	$	80	103	94	144	70
Medium hospitals	$	124	122	141	90	84
Small hositals	$	103	120	113	98	123

Table 11A.65 **NSW recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Unpeered and other acute hospitals	$	84	85	101	12	104
Total public acute	$	96	105	116	108	84
Total						
Principal referral and Women's and children's hospitals	$	142	155	172	138	151
Large hospitals	$	107	128	138	136	138
Medium hospitals	$	107	133	135	131	139
Small hositals	$	103	123	115	164	174
Unpeered and other acute hospitals	$	19	44	48	44	43
Total public acute	$	107	125	136	120	127
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	894	1 123	862	736	526
Other	$	na	na	na	na	na
Total	$	907	1 137	872	771	533

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available.

Source: NSW Government (unpublished).

Table 11A.66 **WA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	229 705	280 942	377 377	408 829	416 918
Large hospitals	no.	133 032	106 722	255 184	283 874	295 120
Medium hospitals	no.	105 399	110 235	24 967	26 855	28 411
Small hositals	no.	131 683	147 031	160 324	173 961	173 803
Unpeered and other acute hospitals	no.	85 514	81 393	83 831	81 990	76 272
Total public acute	no.	685 333	726 323	901 683	975 509	990 524
Outpatient						
Principal referral and Women's and children's hospitals	no.	1 611 707	1 662 696	1 317 725	1 023 297	1 080 723
Large hospitals	no.	290 118	317 121	363 001	258 069	284 167
Medium hospitals	no.	515 736	565 286	128 633	89 716	92 169
Small hositals	no.	367 379	388 176	180 793	120 151	158 165
Unpeered and other acute hospitals	no.	241 705	242 553	160 312	97 307	158 441
Total public acute	no.	3 026 645	3 175 832	2 150 464	1 588 540	1 773 665
Other						
Principal referral and Women's and children's hospitals	no.	10 857	136 365	na	na	na
Large hospitals	no.	30 934	15 201	na	na	na
Medium hospitals	no.	40 991	44 293	na	na	na
Small hositals	no.	72 764	92 460	na	na	na
Unpeered and other acute hospitals	no.	80 629	30 249	na	na	na
Total public acute	no.	236 175	318 568	na	na	na
Total						
Principal referral and Women's and children's hospitals	no.	1 852 269	2 080 003	1 695 102	1 432 126	1 497 641
Large hospitals	no.	454 084	439 044	618 185	541 943	579 287
Medium hospitals	no.	662 126	719 814	153 600	116 571	120 580
Small hositals	no.	440 143	480 636	341 117	294 112	331 968

Table 11A.66 **WA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Unpeered and other acute hospitals	no.	322 334	272 802	244 143	179 297	234 713
Total public acute	no.	3 730 956	3 992 299	3 052 147	2 564 049	2 764 189
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department (b)						
Principal referral and Women's and children's hospitals	$	530	505	465	603	635
Large hospitals	$	411	635	585	534	567
Medium hospitals	$	214	643	370	481	491
Small hositals	$	na	na	433	437	470
Unpeered and other acute hospitals	$	na	na	311	424	462
Total public acute	$	na	na	476	535	568
Outpatient						
Principal referral and Women's and children's hospitals	$	244	267	246	306	311
Large hospitals	$	119	157	87	248	268
Medium hospitals	$	126	121	62	213	232
Small hositals	$	213	245	141	237	254
Unpeered and other acute hospitals	$	180	201	125	254	241
Total public acute	$	203	222	190	283	289
Other						
Principal referral and Women's and children's hospitals	$	78	81	na	na	na
Large hospitals	$	78	81	na	na	na
Medium hospitals	$	78	81	na	na	na
Small hositals	$	78	81	na	na	na

Table 11A.66 **WA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	2009-10	2010-11	2011-12	2012-13
Unpeered and other acute hospitals	$	78	81	na	na	na
Total public acute	$	78	81	na	na	na
Total						
Principal referral and Women's and children's hospitals	$	278	287	295	391	401
Large hospitals	$	152	271	292	398	420
Medium hospitals	$	117	198	112	275	293
Small hositals	$	191	213	278	355	367
Unpeered and other acute hospitals	$	154	188	189	332	313
Total public acute	$	213	253	275	379	389
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

(b) Total cost per emergency department calculated using data for metropolitan hospitals only.

na Not available.

Source : WA Government (unpublished).

Table 11A.67 SA recurrent cost per non-admitted patient occasion of service, public hospitals (a)

		2008-09	2009-10	2010-11	2011-12	2012-13
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	257 999	272 164	280 184	286 285	302 207
Large hospitals	no.	38 518	39 971	42 569	40 564	38 193
Medium hospitals	no.	142 719	147 775	148 348	201 743	144 659
Small hositals	no.	62 979	65 586	61 869	68 473	60 700
Unpeered and other acute hospitals	no.	9 055	8 760	11 018	10 817	6 905
Total public acute	no.	511 270	534 256	543 988	607 882	552 664
Outpatient						
Principal referral and Women's and children's hospitals	no.	990 999	1 012 893	1 026 225	1 109 261	1 070 995
Large hospitals	no.	139 747	170 186	170 025	164 271	155 822
Medium hospitals	no.	196 281	205 610	191 881	187 799	187 649
Small hositals	no.	88 939	87 954	84 746	80 649	78 956
Unpeered and other acute hospitals	no.	21 995	21 542	17 542	20 651	19 820
Total public acute	no.	1 437 961	1 498 185	1 490 389	1 562 631	1 513 242
Other						
Principal referral and Women's and children's hospitals	no.	na	na	na	na	na
Large hospitals	no.	na	na	na	na	na
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	no.	1 248 998	1 285 057	1 306 409	1 395 546	1 373 202
Large hospitals	no.	178 265	210 157	212 594	204 835	194 015
Medium hospitals	no.	339 000	353 385	340 229	389 542	332 308
Small hositals	no.	151 918	153 540	146 585	149 122	139 656

Table 11A.67 SA recurrent cost per non-admitted patient occasion of service, public hospitals (a)

		2008-09	2009-10	2010-11	2011-12	2012-13
Unpeered and other acute hospitals	no.	31 050	30 302	28 560	31 468	26 725
Total public acute	no.	1 949 231	2 032 441	2 034 377	2 170 513	2 065 906
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	529	556	658	691	561
Large hospitals	$	333	244	402	502	717
Medium hospitals	$	213	232	256	215	468
Small hositals	$	60	64	94	67	273
Unpeered and other acute hospitals	$	–	–	–	–	–
Total public acute	$	365	380	460	455	549
Outpatient						
Principal referral and Women's and children's hospitals	$	355	370	410	365	395
Large hospitals	$	287	216	220	267	260
Medium hospitals	$	85	82	115	108	164
Small hositals	$	34	39	133	65	160
Unpeered and other acute hospitals	$	–	–	–	–	–
Total public acute	$	291	292	334	314	356
Other						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na

Table 11A.67 **SA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	2009-10	2010-11	2011-12	2012-13
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	$	391	409	463	432	431
Large hospitals	$	297	221	256	314	350
Medium hospitals	$	139	145	178	164	296
Small hositals	$	45	50	117	66	209
Unpeered and other acute hospitals	$	–	–	–	–	–
Total public acute	$	310	315	368	353	408
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available. **–** Nil or rounded to zero.

Source: SA Government (unpublished).

Table 11A.68 **Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	80 151	62 340	68 687	68 418	72 293
Large hospitals	no.	49 957	44 871	44 328	43 194	44 096
Medium hospitals	no.	..	..	..	..	..
Small hositals	no.	..	..	..	..	..
Unpeered and other acute hospitals	no.	12 234	6 822	10 324	12 987	12 642
Total public acute	no.	142 342	114 033	123 339	124 599	129 031
Outpatient						
Principal referral and Women's and children's hospitals	no.	389 290	218 617	395 067	390 313	391 530
Large hospitals	no.	89 672	81 085	84 057	76 266	73 542
Medium hospitals	no.	..	..	..	..	..
Small hositals	no.	..	..	..	..	..
Unpeered and other acute hospitals	no.	6 582	2 234	4 539	14 896	7 780
Total public acute	no.	485 544	301 936	483 663	481 475	472 852
Other						
Principal referral and Women's and children's hospitals	no.	na	60 464	na	na	na
Large hospitals	no.	na	1 460	na	na	na
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	no.	na	na	na	na	na
Large hospitals	no.	na	na	na	na	na
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na

Table 11A.68 Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals (a)

		2008-09	2009-10	2010-11	2011-12	2012-13
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	na
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	575	469	391	483	390
Large hospitals	$	353	340	338	360	380
Medium hospitals	$	..	..	..	..	..
Small hositals	$	..	..	..	..	..
Unpeered and other acute hospitals	$	44	169	184	140	152
Total public acute	$	451	400	355	451	363
Outpatient						
Principal referral and Women's and children's hospitals	$	213	302	248	260	269
Large hospitals	$	185	182	272	281	277
Medium hospitals	$	..	..	..	..	..
Small hositals	$	..	..	..	..	..
Unpeered and other acute hospitals	$	78	59	65	412	202
Total public acute	$	206	268	250	268	272
Other						
Principal referral and Women's and children's hospitals	$	na	133	na	na	na
Large hospitals	$	na	166	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na

Table 11A.68 **Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	na
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available. **..** Not applicable.

Source: Tasmania Government (unpublished).

Table 11A.69 ACT recurrent cost per non-admitted patient occasion of service, public hospitals (a)

		2008-09	2009-10	2010-11	2011-12	2012-13
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	54 117	57 487	60 572	64 928	65 821
Large hospitals	no.	47 781	49 327	51 355	53 839	53 154
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	101 898	106 814	112 197	118 767	118 975
Outpatient						
Principal referral and Women's and children's hospitals	no.	230 384	256 195	240 336	285 636	261 975
Large hospitals	no.	57 435	60 653	74 157	71 812	56 748
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	287 819	316 848	314 493	340 455	318 723
Other						
Principal referral and Women's and children's hospitals	no.	na	na	na	na	379 798
Large hospitals	no.	na	na	na	na	9 588
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	389 386
Total						
Principal referral and Women's and children's hospitals	no.	284 501	313 682	300 908	350 564	707 594
Large hospitals	no.	105 216	109 980	125 512	125 651	119 490
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na

Table 11A.69 ACT recurrent cost per non-admitted patient occasion of service, public hospitals (a)

		2008-09	2009-10	2010-11	2011-12	2012-13
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	389 717	423 662	426 420	459 222	827 084
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	637	665	723	839	832
Outpatient						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	268	330	255	338	358
Other						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na

Table 11A.69 **ACT recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	212
Total						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	368	371	340	463	357
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available.

Source: ACT Government (unpublished).

Table 11A.70 **Emergency department admitted and non-admitted cost per presentation, 2011-12 (a)**

Line item	*Average cost/presentation*
	$
Salary & Wages – Medical (non-VMO)	158
Salary & Wages VMO	16
Salary & Wages – Nursing	130
Salary & Wages – Allied health	23
Salary & Wages – other	56
On-costs	40
Medical supplies	20
Prostheses	1
Imaging	14
Pathology	25
Pharmaceuticals – non PBS	8
Pharmaceuticals – PBS	1
Blood	5
Hotel	11
Goods and services	48
Depreciation – building	7
Depreciation – equipment	5
Lease	3
Payroll tax	–
Capital	–
Corporate	14
Excluded costs	–
Total	**585**

(a) Emergency department urgency related grouping data reported by 247 hospitals in 2011-12.

– Nil or rounded to zero. VMO=Visiting Medical Officer.

Source: IHPA (2014), *National Hospital Cost Data Collection Australian Public Hospitals Cost Report 2011-12 Round 16* , Commonwealth of Australia.

Table 11A.71 **Emergency department presentations by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b)**

		2009-10		2010-11		2011-12	
Urgency related grouping		*Presentations*	*Average cost*	*Presentations*	*Average cost*	*Presentations*	*Average cost*
		no.	*$*	*no.*	*$*	*no.*	*$*
Admitted emergency department presentations							
3	Adm_T1_Injury	4 629	1 336	5 404	1 950	5 104	2 146
4	Adm_T1_Poisoning	1 287	1 204	1 265	1 396	1 348	1 576
5	Adm_T1_Respiratory system illness	2 946	1 286	3 668	1 461	3 778	1 530
6	Adm_T1_Circulatory system illness	4 625	981	6 021	1 217	6 045	1 367
7	Adm_T1_All other MDB groups	5 926	1 273	7 087	1 508	7 640	1 727
9	Adm_T2_Poisoning	712	1 101	4 545	1 060	5 917	1 170
10	Adm_T2_Injury	21 551	885	22 053	1 140	27 644	1 331
11	Adm_T2_Gastrointestinal system illness	13 635	978	15 295	1 136	19 273	1 334
12	Adm_T2_Respiratory system illness	29 297	909	35 081	1 014	41 263	1 175
14	Adm_T2_Neurological illness	14 589	997	16 770	1 138	19 762	1 397
15	Adm_T2_Toxic effects of drugs	5 672	977	1 242	1 057	2 048	1 129
16	Adm_T2_Circulatory system illness	86 085	890	95 704	953	112 312	1 131
17	Adm_T2_All other MDB groups	29 497	931	33 305	980	41 827	1 219
19	Adm_T3_Blood / Immune system illness	10 705	803	12 419	889	14 001	1 185
20	Adm_T3_Injury	54 725	736	57 266	819	68 459	1 009
21	Adm_T3_Neurological illness	45 891	868	48 898	934	60 922	1 145
22	Adm_T3_Obstetric/Gynaecological illness	16 242	545	16 881	538	18 803	616
23	Adm_T3_Gastrointestinal system illness	99 644	818	106 829	914	131 839	1 094
24	Adm_T3_Circulatory system illness	74 634	809	80 261	875	95 032	1 040
25	Adm_T3_Poisoning/Toxic effects of drugs	9 944	870	10 066	870	13 955	959
26	Adm_T3_Urological illness	29 502	815	30 212	905	36 708	1 076

Table 11A.71 **Emergency department presentations by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b)**

		2009-10		2010-11		2011-12	
Urgency related grouping		*Presentations*	*Average cost*	*Presentations*	*Average cost*	*Presentations*	*Average cost*
27	Adm_T3_Respiratory system illness	66 371	799	75 864	863	83 508	1 039
29	Adm_T3_All other MDB groups	70 320	859	83 088	841	96 053	1 011
30	Adm_T4_Poisoning/Toxic effects of drugs	16 215	656	3 075	700	11 067	735
31	Adm_T4_Respiratory system illness	21 067	714	22 110	732	23 448	873
32	Adm_T4_Gastrointestinal system illness	61 238	716	59 537	775	73 009	917
33	Adm_T4_All other MDB groups	121 710	693	127 249	710	146 602	848
34	Adm_T4_Injury	29 020	601	42 858	643	44 058	781
35	Adm_T4_Psychiatric/Social problem/Other presentation	21 316	766	23 228	784	24 584	801
36	Adm_T5_Psychiatric/Social problem/Other presentation	3 230	518	3 988	528	3 692	545
37	Adm_T5_All other MDB groups	17 134	532	19 676	596	21 839	661
AE1	Error - Episode End Status not=1,2,3,4,5,6 or 7	..	..	..	..	5	1 378
AE2	Error - Triage not=1,2,3,4 or 5	61	529	33	543	50	686
AE3	Error - Blank Diagnosis Code	2 101	660	14 829	701	125 103	1 016
AE4	Error - Invalid Diagnosis Code	59 973	812	43 642	848	72 055	1 294
AE5	Error - Diagnosis Code – No MDB map	1 731	844	1 622	964	29 485	649
EDAdm1	Emergency admission Triage 1	7 632	1 683	..	..	..	..
EDAdm2	Emergency admission Triage 2	77 548	893	..	..	..	..
EDAdm3	Emergency admission Triage 3	184 658	764	..	..	..	..
EDAdm4	Emergency admission Triage 4	94 582	620	..	..	..	..
EDAdm5	Emergency admission Triage 5	9 488	463	..	..	..	..

Table 11A.71 **Emergency department presentations by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b)**

		2009-10		2010-11		2011-12	
Urgency related grouping		*Presentations*	*Average cost*	*Presentations*	*Average cost*	*Presentations*	*Average cost*
Total		**1 427 133**	**791**	**1 131 071**	**865**	**1 488 238**	**1 037**
Non-admitted ED presentations							
38	Dead on Arrival w any Triage w any MDB	2 532	240	3 986	169	4 620	339
39	N-A_T1_All MDB groups	4 158	1 197	6 366	1 468	5 314	1 441
40	N-A_T2_Alcohol/drug abuse	1 818	836	2 866	879	2 799	887
42	N-A_T2_Musculoskeletal/connective tissue illness	2 352	665	3 078	707	4 857	646
43	N-A_T2_Circulatory system / Respiratory system illness	44 052	747	71 623	840	80 365	821
44	N-A_T2_Injury	21 817	786	29 432	834	27 875	855
45	N-A_T2_Poisoning	2 398	739	3 945	820	3 365	847
46	N-A_T2_All other MDB groups	37 976	676	55 693	751	63 656	713
48	N-A_T3_Circulatory system illness	52 077	602	82 193	649	82 488	645
50	N-A_T3_Injury	127 237	527	159 828	553	177 038	573
51	N-A_T3_Genitourinary illness	43 767	589	62 606	626	67 612	627
52	N-A_T3_Gastrointestinal system illness	90 575	565	128 172	607	135 027	618
53	N-A_T3_Neurological illness	45 628	594	66 256	629	69 073	647
55	N-A_T3_Respiratory system illness	75 478	462	100 247	510	112 337	495
56	N-A_T3_Musculoskeletal/connective tissue illness	10 825	511	15 026	543	22 360	523
57	N-A_T3_All other MDB groups	161 901	473	224 866	490	244 429	498
58	N-A_T4_Injury	366 551	322	434 911	343	502 035	366
60	N-A_T4_Genitourinary illness	74 566	361	90 982	407	104 355	405

Table 11A.71 **Emergency department presentations by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b)**

		2009-10		2010-11		2011-12	
Urgency related grouping		*Presentations*	*Average cost*	*Presentations*	*Average cost*	*Presentations*	*Average cost*
61	N-A_T4_Circulatory system / Respiratory system illness	112 793	333	149 082	369	170 357	371
62	N-A_T4_Gastrointestinal system illness	117 673	381	160 501	422	171 180	428
63	N-A_T4_Musculoskeletal/connective tissue illness	37 657	358	53 036	382	74 004	393
65	N-A_T4_Illness of the ENT	49 809	269	68 375	286	86 744	307
66	N-A_T4_Illness of the eyes	34 115	248	51 543	250	60 797	276
67	N-A_T4_Other presentation block	94 256	300	109 494	338	110 627	351
68	N-A_T4_All other MDB groups	197 298	343	286 707	344	315 145	368
69	N-A_T5_Poisoning/Toxic effects of drugs	2 700	257	3 812	257	3 783	281
70	N-A_T5_Injury	83 738	227	110 355	236	122 662	262
71	N-A_T5_Other presentation block	89 279	183	102 520	206	87 073	217
72	N-A_T5_All other MDB groups	137 695	209	172 661	235	184 510	276
73	Did Not Wait	225 731	200	258 865	155	281 664	166
EDDC1	Emergency discharge Triage 1	1 592	641	..	..	..	..
EDDC2	Emergency discharge Triage 2	48 660	534	..	..	..	..
EDDC3	Emergency discharge Triage 3	273 115	453	..	..	..	..
EDDC4	Emergency discharge Triage 4	601 058	358	..	..	..	..
EDDC5	Emergency discharge Triage 5	180 719	216	..	..	..	..
EDDNW	Emergency Did not wait	70 933	41	..	..	..	..
NE1	Error - Episode End Status not=1,2,3,4,5,6 or 7	25 728	419	22 356	346	893	547
NE2	Error - Triage not=1,2,3,4 or 5	182	376	156	699	420	271
NE3	Error - Blank Diagnosis Code	38 552	319	178 959	242	531 141	496

Table 11A.71 **Emergency department presentations by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b)**

		2009-10		2010-11		2011-12	
Urgency related grouping		*Presentations*	*Average cost*	*Presentations*	*Average cost*	*Presentations*	*Average cost*
NE4	Error - Invalid	122 893	412	189 587	396	324 637	464
NE5	Error - Diagnosis Code – No MDB map	6 468	428	14 383	453	279 223	298
National non-admitted emergency department presentations		**3 718 352**	**365**	**3 474 468**	**395**	**4 514 465**	**422**
National emergency department presentations		**5 145 485**	**484**	**4 605 539**	**511**	**6 002 703**	**574**

(a) Costs include depreciation.

(b) Emergency department urgency related grouping data reported by 180 hospitals in 2009-10, 167 hospitals in 2010-11 and 247 hospitals in 2011-12.

.. Not applicable. Adm=Admitted. N-A=Non-admitted. T= triage category 1, 2, 3, 4, 5

Source : IHPA (2014), *National Hospital Cost Data Collection Australian Public Hospitals Cost Report 2011-12 Round 16* , Commonwealth of Australia.

Table 11A.72 **Non-admitted service events and average cost per service event (a), (b), (c)**

	Service events	*Average cost*
	no.	$
2009-10	4 718 585	287
2010-11	5 268 539	322
2011-12	10 690 539	318

(a) Tier 2 NHCDC clinics.

(b) Costs include depreciation.

(c) 2010-11 data based on 164 hospitals, 2011-12 data based on 202 hospitals.

Source: IHPA (2014), *National Hospital Cost Data Collection Australian Public Hospitals Cost Report 2011-12 Round 16,* Commonwealth of Australia.

Table 11A.73 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often listened carefully to them										
					proportion					
Major cities	%	88.6	85.1	84.0	87.7	89.7	..	74.3	..	86.2
Other (c)	%	84.3	82.4	83.2	85.7	82.0	76.9	-	90.6	83.8
Total	**%**	**86.6**	**84.9**	**84.4**	**86.7**	**86.8**	**76.9**	**75.2**	**90.6**	**85.4**
					relative standard error					
Major cities	%	2.1	1.6	1.9	2.5	2.0	..	5.1	..	1.3
Other (c)	%	4.5	3.6	3.4	4.6	3.8	2.9	-	4.4	1.0
Total	**%**	1.5	1.6	0.8	2.1	0.7	2.9	4.8	4.4	0.9
					95 per cent confidence interval					
Major cities	±	3.7	2.7	3.1	4.3	3.6	..	7.4	..	2.3
Other (c)	±	7.8	5.8	5.5	7.7	6.1	4.4	-	7.8	1.6
Total	±	**2.5**	**2.7**	**1.3**	**3.6**	**1.2**	**4.4**	**7.1**	**7.8**	**1.5**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often showed respect to them										
					proportion					
Major cities	%	88.7	86.9	85.8	87.1	88.5	..	76.4	..	86.9
Other (c)	%	86.0	84.4	85.7	90.5	80.1	85.5	-	87.2	85.8
Total	**%**	**87.2**	**86.2**	**86.1**	**87.4**	**86.3**	**85.5**	**77.3**	**87.2**	**86.5**
					relative standard error					
Major cities	%	2.5	2.2	1.4	3.1	2.4	..	5.1	..	1.3
Other (c)	%	4.5	3.5	2.9	4.3	0.8	3.2	-	5.2	1.5

Table 11A.73 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**%**	**1.9**	**2.0**	**1.3**	**2.9**	**1.7**	**3.2**	**4.9**	**5.2**	**1.2**
					95 per cent confidence interval					
Major cities	±	4.3	3.8	2.4	5.4	4.2	..	7.7	..	2.2
Other (c)	±	7.6	5.8	4.8	7.6	1.2	5.3	-	8.9	2.5
Total	±	**3.2**	**3.4**	**2.2**	**5.0**	**2.8**	**5.3**	**7.4**	**8.9**	**2.1**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often spent enough time with them										
					proportion					
Major cities	%	82.3	80.5	81.9	82.3	86.5	..	74.5	..	81.7
Other (c)	%	80.7	78.5	81.0	80.0	70.3	77.9	-	85.0	79.9
Total	**%**	**81.5**	**80.4**	**81.3**	**81.3**	**81.7**	**77.9**	**75.3**	**85.0**	**81.0**
					relative standard error					
Major cities	%	2.6	2.2	4.2	3.3	1.4	..	5.9	..	1.4
Other (c)	%	2.0	4.0	2.9	3.6	3.6	2.9	-	4.2	1.2
Total	**%**	**2.3**	**1.6**	**3.2**	**2.4**	**5.5**	**2.9**	**5.7**	**4.2**	**1.1**
					95 per cent confidence interval					
Major cities	±	4.3	3.5	6.7	5.3	2.3	..	8.6	..	2.3
Other (c)	±	3.1	6.1	4.7	5.7	5.0	4.5	-	7.0	1.8
Total	±	**3.6**	**2.5**	**5.1**	**3.8**	**8.8**	**4.5**	**8.4**	**7.0**	**1.8**

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

Table 11A.73 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(c) Includes inner and outer regional, remote and very remote areas.

.. Not applicable. – Nil or rounded to zero.

Source: ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.74 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2013-14 (a), (b), (c)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often listened carefully to them			
Major cities	86.2	1.3	2.3
Other (c)	83.8	1.0	1.6
Inner regional	84.1	1.2	2.0
Outer regional	83.0	2.3	3.7
Remote/very remote	84.3	14.3	23.6
Total	**85.4**	**0.9**	**1.5**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often showed respect to them			
Major cities	86.9	1.3	2.2
Other (c)	85.8	1.5	2.5
Inner regional	85.7	1.6	2.7
Outer regional	85.4	1.3	2.2
Remote/very remote	88.3	3.3	5.7
Total	**86.5**	**1.2**	**2.1**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often spent enough time with them			
Major cities	81.7	1.4	2.3
Other (c)	79.9	1.2	1.8
Inner regional	80.0	1.5	2.4
Outer regional	79.7	1.5	2.3
Remote/very remote	80.1	13.7	21.5
Total	**81.0**	**1.1**	**1.8**

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) Includes inner and outer regional, remote and very remote areas.

Source: ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.75 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often listened carefully to them										
					proportion					
Major cities	%	89.0	90.0	89.8	86.1	89.3	..	82.1	..	89.2
Other (c)	%	89.9	87.0	91.3	89.7	91.0	85.3	-	90.6	89.2
Total	**%**	**90.2**	**89.7**	**90.4**	**87.0**	**90.3**	**85.3**	**81.7**	**90.6**	**89.1**
					relative standard error					
Major cities	%	1.3	1.3	4.5	2.0	2.5	..	3.8	..	0.9
Other (c)	%	1.1	2.1	1.6	6.2	4.9	5.3	-	4.1	0.3
Total	**%**	**1.3**	**1.7**	**0.7**	**2.2**	**2.3**	**5.3**	**3.7**	**4.1**	**0.7**
					95 per cent confidence interval					
Major cities	±	2.3	2.3	7.9	3.4	4.4	..	6.1	..	1.6
Other (c)	±	1.9	3.5	2.8	11.0	8.7	8.9	-	7.3	0.6
Total	±	**2.2**	**3.0**	**1.3**	**3.8**	**4.1**	**8.9**	**5.9**	**7.3**	**1.2**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often showed respect to them										
					proportion					
Major cities	%	90.3	90.2	91.4	85.6	90.4	..	85.5	..	90.2
Other (c)	%	90.1	88.4	92.3	90.4	90.5	87.6	-	92.0	90.3
Total	**%**	**90.7**	**90.1**	**91.7**	**88.7**	**90.4**	**87.6**	**85.1**	**92.0**	**90.2**
					relative standard error					
Major cities	%	2.0	1.7	4.7	1.6	2.0	..	3.8	..	0.6
Other (c)	%	0.8	2.1	1.4	4.8	5.0	2.9	-	3.4	3.0
Total	**%**	**1.6**	**1.8**	**1.3**	**1.6**	**1.9**	**2.9**	**3.7**	**3.4**	**0.6**

Table 11A.75 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					95 per cent confidence interval					
Major cities	±	3.5	2.9	8.4	2.7	3.6	..	6.4	..	1.1
Other (c)	±	1.4	3.6	2.5	8.5	8.8	5.0	-	6.1	5.3
Total	±	**2.9**	**3.2**	**2.4**	**2.8**	**3.4**	**5.0**	**6.2**	**6.1**	**1.1**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often spent enough time with them										
					proportion					
Major cities	%	85.3	85.7	85.7	84.6	87.0	..	82.9	..	85.5
Other (c)	%	86.8	85.1	89.3	86.2	84.5	79.7	-	94.2	86.3
Total	**%**	**85.9**	**86.0**	**86.7**	**85.5**	**84.9**	**79.7**	**82.5**	**94.2**	**85.8**
					relative standard error					
Major cities	%	1.5	2.2	4.5	1.7	2.2	..	4.9	..	0.5
Other (c)	%	1.6	1.9	1.6	3.0	4.0	3.5	-	4.2	3.0
Total	**%**	**1.6**	**2.0**	**0.8**	**5.5**	**5.7**	**3.5**	**4.8**	**4.2**	**0.5**
					95 per cent confidence interval					
Major cities	±	2.5	3.6	7.6	2.9	3.8	..	7.9	..	0.8
Other (c)	±	2.8	3.1	2.9	5.1	6.6	5.5	-	7.7	5.1
Total	±	**2.7**	**3.4**	**1.3**	**9.2**	**9.5**	**5.5**	**7.8**	**7.7**	**0.8**

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) Includes inner and outer regional, remote and very remote areas.

.. Not applicable. – Nil or rounded to zero.

Table 11A.75 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

Source : ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.76 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2013-14 (a), (b), (c)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often listened carefully to them			
Major cities	89.2	0.9	1.6
Other (c)	89.2	0.3	0.6
Inner regional	88.8	4.0	7.0
Outer regional	89.6	4.5	7.9
Remote/very remote	88.7	7.5	13.0
Total	**89.1**	**0.7**	**1.2**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often showed respect to them			
Major cities	90.2	0.6	1.1
Other (c)	90.3	3.0	5.3
Inner regional	89.8	4.0	7.0
Outer regional	91.5	4.6	8.2
Remote/very remote	90.2	5.7	10.0
Total	**90.2**	**0.6**	**1.1**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often spent enough time with them			
Major cities	85.5	0.5	0.8
Other (c)	86.3	3.0	5.1
Inner regional	86.3	0.8	1.3
Outer regional	87.2	4.6	7.9
Remote/very remote	83.6	15.2	24.9
Total	**85.8**	**0.5**	**0.8**

(a) Persons 15 years and over who visited an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.77 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often listened carefully to them										
					proportion					
Major cities	%	92.1	91.9	89.0	88.7	94.7	..	83.9	..	91.3
Other (c)	%	91.6	88.6	86.8	90.0	90.3	88.5	-	91.0	89.6
Total	**%**	**91.3**	**90.5**	**88.4**	**90.0**	**93.6**	**88.5**	**83.9**	**91.0**	**90.6**
					relative standard error					
Major cities	%	1.1	1.7	2.2	2.5	2.1	..	4.8	..	0.7
Other (c)	%	2.7	2.0	2.9	2.6	3.4	1.5	-	4.0	1.3
Total	**%**	**1.2**	**1.3**	**1.7**	**1.4**	**4.2**	**1.5**	**4.8**	**4.0**	**0.5**
					95 per cent confidence interval					
Major cities	±	2.0	3.1	3.8	4.4	4.0	..	8.0	..	1.3
Other (c)	±	4.8	3.4	5.0	4.5	6.1	2.6	-	7.2	2.2
Total	**±**	**2.1**	**2.3**	**3.0**	**2.5**	**7.7**	**2.6**	**8.0**	**7.2**	**0.9**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often showed respect to them										
					proportion					
Major cities	%	93.2	93.2	92.1	90.3	97.1	..	84.8	..	92.7
Other (c)	%	91.8	92.3	88.8	95.6	93.0	89.5	-	91.8	91.3
Total	**%**	**92.7**	**93.0**	**90.3**	**91.2**	**96.0**	**89.5**	**84.8**	**91.8**	**92.4**
					relative standard error					
Major cities	%	1.5	1.7	6.8	2.7	1.8	..	4.3	..	0.8

Table 11A.77 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Other (c)	%	2.8	2.5	2.5	0.3	2.8	1.6	-	4.6	1.0
Total	**%**	**1.2**	**1.5**	**0.7**	**1.8**	**4.2**	**1.6**	**4.3**	**4.6**	**0.5**
					95 per cent confidence interval					
Major cities	±	2.7	3.2	12.3	4.7	3.4	..	7.2	..	1.4
Other (c)	±	5.1	4.6	4.3	0.6	5.1	2.8	-	8.2	1.9
Total	**±**	**2.2**	**2.8**	**1.2**	**3.3**	**7.9**	**2.8**	**7.2**	**8.2**	**0.9**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often spent enough time with them										
					proportion					
Major cities	%	88.5	89.3	87.0	86.1	93.2	..	79.1	..	88.0
Other (c)	%	87.4	85.8	86.2	86.8	87.4	84.7	-	92.3	86.9
Total	**%**	**87.7**	**88.4**	**86.1**	**86.9**	**92.3**	**84.7**	**79.1**	**92.3**	**87.7**
					relative standard error					
Major cities	%	1.8	2.1	2.4	2.8	2.7	..	5.7	..	0.9
Other (c)	%	2.9	0.8	3.1	7.4	4.5	0.6	-	3.7	0.7
Total	**%**	**1.3**	**1.6**	**1.9**	**2.4**	**1.3**	**0.6**	**5.7**	**3.7**	**1.7**
					95 per cent confidence interval					
Major cities	±	3.1	3.7	4.1	4.8	5.0	..	8.9	..	1.6
Other (c)	±	5.0	1.3	5.2	12.6	7.8	1.0	-	6.7	1.3
Total	**±**	**2.3**	**2.8**	**3.2**	**4.1**	**2.3**	**1.0**	**8.9**	**6.7**	**2.9**

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

Table 11A.77 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) Includes inner and outer regional, remote and very remote areas.

.. Not applicable. – Nil or rounded to zero.

Source : ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.78 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2013-14 (a), (b), (c)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often listened carefully to them			
Major cities	91.3	0.7	1.3
Other (c)	89.6	1.3	2.2
Inner regional	90.2	5.0	8.8
Outer regional	88.3	2.1	3.6
Remote/very remote	92.0	3.6	6.4
Total	**90.6**	**0.5**	**0.9**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often showed respect to them			
Major cities	92.7	0.8	1.4
Other (c)	91.3	1.0	1.9
Inner regional	91.4	4.9	8.8
Outer regional	91.0	1.6	2.9
Remote/very remote	95.7	1.9	3.5
Total	**92.4**	**0.5**	**0.9**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often spent enough time with them			
Major cities	88.0	0.9	1.6
Other (c)	86.9	0.7	1.3
Inner regional	86.8	4.8	8.2
Outer regional	87.0	0.9	1.6
Remote/very remote	91.1	4.2	7.5
Total	**87.7**	**1.7**	**2.9**

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) Includes inner and outer regional, remote and very remote areas.

Source: ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.79 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often listened carefully to them										
					proportion					
Major cities	%	90.9	94.0	90.5	89.3	93.7	..	83.9	..	91.8
Other (c)	%	93.0	90.0	90.3	94.0	87.7	88.5	-	91.3	90.8
Total	**%**	**92.3**	**92.5**	**90.1**	**91.3**	**91.4**	**88.5**	**83.9**	**91.3**	**91.5**
					relative standard error					
Major cities	%	1.2	2.4	1.1	2.9	2.8	..	4.9	..	0.9
Other (c)	%	1.5	2.5	1.9	7.7	3.7	3.0	-	8.4	1.1
Total	**%**	**0.8**	**1.6**	**4.3**	**2.0**	**1.1**	**3.0**	**4.9**	**8.4**	**0.3**
					95 per cent confidence interval					
Major cities	±	2.1	4.3	2.0	5.0	5.1	..	8.1	..	1.5
Other (c)	±	2.7	4.5	3.3	14.2	6.4	5.2	-	15.0	1.9
Total	**±**	**1.5**	**3.0**	**7.6**	**3.5**	**1.9**	**5.2**	**8.1**	**15.0**	**0.5**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often showed respect to them										
					proportion					
Major cities	%	93.4	94.3	93.3	90.7	93.4	..	83.9	..	93.1
Other (c)	%	92.7	92.0	90.6	95.6	92.8	90.9	-	94.2	91.7
Total	**%**	**94.0**	**93.3**	**91.4**	**91.5**	**92.9**	**90.9**	**83.9**	**94.2**	**92.6**
					relative standard error					
Major cities	%	1.4	1.9	0.1	2.8	2.8	..	4.9	..	0.7
Other (c)	%	7.4	2.5	2.2	7.4	3.2	2.6	-	8.4	1.1
Total	**%**	**1.3**	**1.4**	**0.5**	**2.0**	**1.8**	**2.6**	**4.9**	**8.4**	**0.4**

Table 11A.79 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					95 per cent confidence interval					
Major cities	±	2.5	3.5	0.3	4.9	5.1	..	8.1	..	1.3
Other (c)	±	13.4	4.5	3.9	13.9	5.8	4.6	-	15.5	2.1
Total	**±**	**2.4**	**2.5**	**0.9**	**3.5**	**3.2**	**4.6**	**8.1**	**15.5**	**0.7**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often spent enough time with them										
					proportion					
Major cities	%	88.0	91.9	86.5	86.7	90.4	..	81.9	..	89.2
Other (c)	%	89.4	87.9	90.3	92.0	84.6	86.2	-	94.2	88.6
Total	**%**	**88.6**	**91.2**	**87.2**	**88.4**	**88.9**	**86.2**	**81.9**	**94.2**	**89.0**
					relative standard error					
Major cities	%	0.8	1.7	0.2	3.2	1.8	..	5.7	..	0.6
Other (c)	%	7.3	3.4	2.2	0.8	4.7	2.4	-	8.2	0.9
Total	**%**	**1.6**	**1.3**	**0.7**	**2.2**	**4.2**	**2.4**	**5.7**	**8.2**	**0.3**
					95 per cent confidence interval					
Major cities	±	1.4	3.0	0.4	5.4	3.3	..	9.2	..	1.1
Other (c)	±	12.8	5.8	3.9	1.4	7.8	4.0	-	15.1	1.6
Total	**±**	**2.7**	**2.4**	**1.2**	**3.7**	**7.3**	**4.0**	**9.2**	**15.1**	**0.5**

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) Includes inner and outer regional, remote and very remote areas.

.. Not applicable. – Nil or rounded to zero.

Table 11A.79 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2013-14 (a), (b), (c)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

Source : ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.80 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2013-14 (a), (b), (c)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often listened carefully to them			
Major cities	91.8	0.9	1.5
Other (c)	90.8	1.1	1.9
Inner regional	90.2	0.6	1.1
Outer regional	91.9	5.4	9.7
Remote/very remote	95.9	4.2	7.8
Total	**91.5**	**0.3**	**0.5**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often showed respect to them			
Major cities	93.1	0.7	1.3
Other (c)	91.7	1.1	2.1
Inner regional	92.0	0.9	1.6
Outer regional	91.2	5.5	9.8
Remote/very remote	95.3	3.9	7.3
Total	**92.6**	**0.4**	**0.7**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often spent enough time with them			
Major cities	89.2	0.6	1.1
Other (c)	88.6	0.9	1.6
Inner regional	87.7	1.2	2.1
Outer regional	90.0	5.4	9.5
Remote/very remote	91.7	4.8	8.7
Total	**89.0**	**0.3**	**0.5**

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) Includes inner and outer regional, remote and very remote areas.

Source: ABS (unpublished) Patient Experience Survey 2013-14.

Table 11A.81 NSW patient evaluation of hospital services

When the survey was conducted

Year(s):

2013

Time period (eg. July to Sept):

January to December - monthly

Survey method (eg. telephone, mailout etc):

The Adult Admitted Patient Survey is a paper survey mailed to more than 6000 patients each month. Depending on when the survey is returned, patients typically receive the initial questionnaire pack and up to two reminders. The survey can also be completed online, and in non-English languages, through an interpreter phone service.

Respondents (eg. Admitted patients in public acute care hospitals):

Adult Admitted patients (aged 18 and over) in public hospitals

Sample size:

More than 73 000

Response rate:

49 per cent

Size of underlying population:

900 000

Organisation conducting the survey:

Bureau of Health Information

Organisation funding the survey:

Table 11A.81 NSW patient evaluation of hospital services

NSW Ministry of Health & Local Health Districts/Specialty Health Networks

How was information from the survey used to help improve public hospital quality:

Detailed results are provided to the individual Local Health Districts and Specialty Health Networks to assist with assessment of reponses from the survey.

Survey results:

Overall Experience of Care
Most patients reported their overall experience of care in NSW public hospitals as 'good' (27 per cent) or 'very good' (64 per cent). More than three-quarters (77 per cent) said they would speak highly of their hospital experience if asked by family or friends. Full survey results are available through the BHI's interactive reporting tool, Healthcare Observer on the BHI website www.bhi.nsw.gov.au. Survey results for admitted patients aged less than 18 years and for patients attending Emergency Departments are to be published.

na Not available.

Source: NSW Government (unpublished).

Table 11A.82 Victorian patient evaluation of hospital services

When the survey was conducted

Year(s):

2014

Time period (eg. July to Sept):

April - June

Survey method (eg. telephone, mailout etc):

Email, if the patient has provided an email address. Postal mailout for other patients with the option of responding online.

Respondents (eg. Admitted patients in public acute care hospitals):

Admitted patients in public hospitals (acute and sub-acute). Non-admitted emergency department attendees.

Sample size:

Adult (16yrs and over) admitted patients - 16 075;
Adult Emergency Department attendees - 6927;
Paediatric admitted patients - 4158;
Paediatric Emergency Department attendees - 4699

Response rate:

Adult (16yrs and over) admitted patients - 37.7 per cent;
Adult Emergency Department attendees - 21.6 per cent ;
Paediatric admitted patients - 23.7 per cent;
Paediatric Emergency Department attendees - 21.7 per cent

Size of underlying population:

Eligible inpatients and emergency department attendees of Victorian public hospitals (adult and paediatric)

Table 11A.82 Victorian patient evaluation of hospital services

Organisation conducting the survey:

Ipsos Social Research Institute

Organisation funding the survey:

Department of Health, Victoria

How was information from the survey used to help improve public hospital quality:

It is anticipated that health services will use these results to determine where to direct improvement activity. The change from a largely satisfaction-based survey to an experience-based survey will provide health services with actionable results. At time of writing health services have not received their first results from the Victorian Healthcare Experience Survey.

Survey results:

Please note that this is the first quarter of results from a newly designed survey.
The score is derived from the percentage of positive responses (Very Good or Good) to the question 'Overall, how would you rate the care you/your child received in the hospital/emergency department?'
The overall score represents an aggregated score, unique to Victoria, from each patient category, based on the number of patients within each category.
The Overall Victorian Experience score is 88 per cent.
This was derived from
Adult Inpatient score of 92 per cent (representing 41 per cent of all stays)
Paediatric inpatient score of 93 per cent (representing 5 per cent of all stays)
Adult Emergency score of 84 per cent (representing 42 per cent of all stays)
Paediatric Emergency score of 82 per cent (representing 11 per cent of all stays).

Source : Victorian Government (unpublished).

Table 11A.83 Queensland patient evaluation of hospital services

When the survey was conducted

Year(s):

2013 Emergency Department Patient Experience Survey (EDPES)

Time period (eg. July to Sept):

August to September 2013

Survey method (eg. telephone, mailout etc):

Telephone (CATI - Computer Assisted Telephone Interviews)

Respondents (eg. Admitted patients in public acute care hospitals):

Patients who visited a public hospital emergency department between 1 May and 30 June 2013.
Patients were excluded if they:
• were deceased in the emergency department or subsequently;
• did not wait for treatment or left after treatment had commenced;
• presented for a mental health issue or were admitted to a mental health unit or ward;
• presented with self-harm;
• were in a known or suspected domestic violence situation;
• had a miscarriage, stillbirth, live birth where the neonate subsequently died before discharge, intrauterine death, hydatidiform mole, or complications following miscarriage or termination;
• were discharged to a correctional facility, nursing home or another healthcare facility other than a hospital;
• could not communicate effectively for a telephone interview in English (e.g.hearing problems / comprehension problems / poor English / requested an interpreter in hospital);
• had refused consent to be contacted to provide feedback;
• were usually resident outside Australia;
• had been contacted as part of the Press Ganey Survey conducted by the Mater Hospitals;
• were 16 years of age or older if they were a patient in one of the children's hospitals;
• were less than 16 years of age if they were a patient in any of the other hospitals.

Sample size:

10 626

Table 11A.83 Queensland patient evaluation of hospital services

Response rate:

Sixty per cent (60 per cent)

Size of underlying population:

232 320

Organisation conducting the survey:

Office of Economic and Statistical Research, Queensland Treasury (now Queensland Government Statistician's Office, Queensland Treasury and Trade)

Organisation funding the survey:

Queensland Health

How was information from the survey used to help improve public hospital quality:

Individualised hospital reports were produced, presenting the hospital's results against the results of other participating facilities. These were disseminated to Hospital and Health Service (HHS) Chief Executives, Executive Directors of Medical Services (EDMSs), Executive Directors of Nursing Services (EDONs), Directors of Safety and Quality and Directors of Clinical Governance. Hospitals were encouraged to review the results to identify areas in need of improvement and subsequently design and implement improvement initiatives. Results were presented to statewide groups such as the Statewide Emergency Strategic Advisory Panel, Directors of Medical Services Advisory Committee (DOMSAC), Directors of Nursing and Midwifery Advisory Committee (DONMAC), etc. and quality improvement initiatives were discussed and identified, and then promoted through these organisations.

Survey results:

Table 11A.83 Queensland patient evaluation of hospital services

Key results:

Overall, how would you rate the care you (child) received in the Emergency Department?
42 per cent Excellent
31 per cent Very good
17 per cent Good
6 per cent Fair
3 per cent Poor
1 per cent Very poor

Areas of most favourable patient experience
• 98 per cent rated the cleanliness of the Emergency Department as ‘Very clean’ or ‘Fairly clean’
• 94 per cent had all or some of the staff introduce themselves
• 93 per cent rated the cleanliness of toilets as ‘Very clean’ or ‘Fairly clean’
• 93 per cent were not bothered or threatened by other patients/visitors
• 90 per cent had confidence and trust in all or most of the doctors and nurses.

Areas of most unfavourable patient experience
• 85 per cent did not see or receive information in the Emergency Department about how to give feedback about the care they received
• 78 per cent were not told the expected wait time to be examined
• 72 per cent were not told why they had to wait
• 61 per cent were not given written information about their condition/treatment
• 50 per cent were not told, were only told to some extent, or did not need information, about side effects of new medications.

Table 11A.83 Queensland patient evaluation of hospital services

Areas of improved patient experience compared with 2011EDPES survey results

- Patient recall of triage process (70 per cent vs 67 per cent)
- Told expected wait time to be examined (22 per cent vs 15 per cent)
- Not ever worried about being forgotten (86 per cent vs 84 per cent)
- Sufficient information about condition or treatment provided (83 per cent vs 81 per cent)
- Sufficient privacy during examination or treatment (89 per cent vs 86 per cent)
- Assistance from staff when needed (73 per cent vs 69 per cent)
- All or some staff introduced themselves (94 per cent vs 92 per cent)
- Not bothered or threatened by patients/visitors (93 per cent vs 91 per cent)
- Given written/printed information about condition or treatment (39 per cent vs 35 per cent)
- Adequately advised when to resume usual activities (62 per cent vs 58 per cent)
- Danger signs of illness/treatment adequately explained (63 per cent vs 57 per cent)

Source: Queensland Government (unpublished).

Table 11A.84 WA patient evaluation of hospital services

When the survey was conducted

Year(s):

2013-2014

Time period (eg. July to Sept):

July 2013 to June 2014

Survey method (eg. telephone, mailout etc):

Computer Assisted Telephone Interview (CATI). Self report adults (16+ years) and parent/guardian reports on behalf of child (<16 years).

Respondents (eg. Admitted patients in public acute care hospitals):

Survey conducted on admitted patients (including the subsets long-stay and maternity) and emergency department patients. The scope was public patients in Western Australian hospitals. The groups reported on in this document include adult admitted, child admitted, adult long-stay and adult emergency department patients. Child emergency department patients and maternity patients are not reported as this would result in hospital level identification.

Sample size:

7157 adult and child standard admitted patients, 94 longstay admitted patients and 1491 adult and child ED patients.

Response rate:

The eligible contacted response rate for adult emergency department patients was 93.2 per cent, the eligible contacted response rate for child admitted patients was 94.0 per cent, the eligible contacted response rate for adult admitted patients was 91.6 per cent and the eligible contacted response rate for adult long stay patients was 93.0 per cent.

Size of underlying population:

For the admitted population the underlying population are those people aged between 0-74 years admitted to hospitals within scope for the PEHS program and who meet the same criteria as survey participants. For admitted patients this is ~300,000 admissions in 2013-2014. The criteria are public acute patients, residents of WA, not requiring an interpreter, discharged home, no psychiatric care days.

Table 11A.84 WA patient evaluation of hospital services

Organisation conducting the survey:

Edith Cowen University, Survey Research Centre

Organisation funding the survey:

WA Department of Health

How was information from the survey used to help improve public hospital quality:

Each participating hospital receives detailed information from the survey that is used to inform service improvement. Hospitals can also request a workshop to assist in the interpretation of the survey results so that the best use can be made of them. In WA, many hospitals use patient satisfaction as a performance indicator and the use made of the results is hospital-based. Some examples of how hospitals have used the survey to improve public hospital quality include the implementation of a process to record and cross reference for food allergies, employment of a Customer Liaison Officer to improve communication with patients on rights and services, storage of patient care plans in the wall desk of all rooms to increase patient involvement, improved discharge coordination procedures, and the introduction of brochures to inform patients on how the ED works.

Survey results:

Admitted Adults (0-34 Nights)

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	4904	70.31	0.3	69.78	70.84
Consistency Scale: Continuity of care	4861	72.19	0.4	71.49	72.88
Informed Scale: Information and communication	4904	83.90	0.3	83.37	84.42
Involvement Scale: Involved in decisions about your care and treatment	4912	74.47	0.3	73.90	75.04
Needs Scale: Meeting personal needs	4907	90.54	0.2	90.09	91.00
Residential Scale: Residential aspects of the hospital	4896	63.38	0.3	62.81	63.95
Time and Care Scale: Time and attention paid to patient care	4909	87.92	0.2	87.51	88.33

Table 11A.84 **WA patient evaluation of hospital services**

Outcome Scale: Patient rated outcome of hospital stay	4914	86.69	0.3	86.19	87.19
Overall indicator of satisfaction weighted by ranked issues of importance	4912	79.60	0.2	79.19	80.00

Admitted Children (0-34 Nights)

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	2242	66.91	0.4	66.16	67.65
Consistency Scale: Continuity of care	2230	71.97	0.5	70.97	72.97
Informed Scale: Information and communication	2243	84.28	0.4	83.55	85.01
Involvement Scale: Involved in decisions about your care and treatment	2243	75.86	0.4	75.11	76.60
Needs Scale: Meeting personal needs	2241	90.87	0.3	90.23	91.52
Residential Scale: Residential aspects of the hospital	2238	61.79	0.4	60.94	62.65
Time and Care Scale: Time and attention paid to patient care	2243	87.09	0.3	86.47	87.70
Outcome Scale: Patient rated outcome of hospital stay	2243	89.34	0.3	88.67	90.02
Overall indicator of satisfaction weighted by ranked issues of importance	2243	79.58	0.3	79.00	80.15

Admitted Adults (Long Stay 35+ Nights)

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	94	73.19	2.4	68.52	77.86
Consistency Scale: Continuity of care	94	72.75	2.6	67.64	77.87
Informed Scale: Information and communication	94	82.13	2.1	77.98	86.27
Involvement Scale: Involved in decisions about your care and treatment	94	71.75	2.1	67.52	75.98
Needs Scale: Meeting personal needs	94	84.94	2.1	80.69	89.18
Residential Scale: Residential aspects of the hospital	93	59.19	2.3	54.63	63.74
Time and Care Scale: Time and attention paid to patient care	94	87.84	1.6	84.73	90.94

Table 11A.84 **WA patient evaluation of hospital services**

Outcome Scale: Patient rated outcome of hospital stay	94	78.85	2.3	74.24	83.47
Overall indicator of satisfaction weighted by ranked issues of importance	94	78.36	1.7	75.01	81.72

Emergency Department Adults

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	1374	69.83	0.5	68.91	70.75
Consistency Scale: Continuity of care	1369	77.79	0.6	76.60	78.98
Informed Scale: Information and communication	1374	83.75	0.5	82.67	84.83
Involvement Scale: Involved in decisions about your care and treatment	1373	61.27	0.8	59.75	62.79
Needs Scale: Meeting personal needs	1375	83.16	0.4	82.35	83.97
Residential Scale: Residential aspects of the hospital	1367	61.79	0.6	60.55	63.04
Time and Care Scale: Time and attention paid to patient care	1375	88.57	0.5	87.58	89.56
Outcome Scale: Patient rated outcome of hospital stay	1375	85.85	0.6	84.70	87.00
Overall indicator of satisfaction weighted by ranked issues of importance	1375	77.37	0.4	76.59	78.16

Source : WA Government (unpublished).

Table 11A.85 SA patient evaluation of hospital services

When the survey was conducted

Year(s):

2013

Time period (eg. July to Sept):

January to December 2013

Survey method (eg. telephone, mailout etc):

Computer Assisted Telephone Interviewing (CATI) of a random sample.

Respondents (eg. Admitted patients in public acute care hospitals):

South Australian adults aged 16 years or more who have been in hospital care at least overnight in a metropolitan or country hospital.

Sample size:

2427 consumers were interviewed.

Response rate:

The response rate was 75 per cent

Size of underlying population:

A sample of 3630 was drawn from all consumers who met the South Australian Consumer Experience Surveillance System (SACESS) eligibility criteria.

Organisation conducting the survey:

Population Research and Outcomes Studies (PROS), The University of Adelaide

Organisation funding the survey:

SA Health

Table 11A.85 SA patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

The first Measuring Consumer Experience SA Public Hospital Inpatient Annual Report for 2010-11 was released in 2012. The second Measuring Consumer Experience Report 2011-12 was released in 2013, with the third report for 2013, released in 2014. Six monthly reports have been established to report by Local Health Networks and Hospitals. Ongoing monitoring consumers' experiences requires the LHNs to review and implement strategies to improve their results to 85 by 2014-15. A statewide Measuring Consumer Experience Strategic Action Plan is to be developed in 2014-15.

Survey results:

Table 11A.85 SA patient evaluation of hospital services

Questions about each domain were coded to generate scores ranging from zero (a negative response) to 100 (a positive response). The average of the responses to items from domains was used to derive a mean score. The results show the average score for core domains of care relating to consumer experiences of overnight care at a South Australian metropolitan or country hospital.

- 74.2 for involvement in care and treatment (KPI)
- 78.7 for consistent and co-ordination of care
- 92.0 for treated with respect and dignity
- 79.8 for involved in decision making
- 88.2 for doctors
- 89.7 for nursing
- 90.5 for cleanliness
- 90.1 for pain control
- 94.7 for privacy
- 68.5 for food
- 68.0 for discharge information

The lowest mean score (68.0) was recorded for the domain discharge information and the highest (94.7) for the domain privacy.

A score of 85 or less is considered to represent an area where improvement is required. SA Health performed above the benchmark score of 85 for six of these domains. Scores for the four domains 'privacy', 'treated with respect and dignity', 'cleanliness' and pain control' were above 90.

Four domains of care are below the SA Health benchmark of 85. These were consistent and coordination of care, involvement in decision making, food and discharge information. Patients generally gave hospital food a low rating, and felt that there was not enough help from staff when they needed assistance to eat their meals. Lack of written information about what they should or should not do after leaving hospital was a major concern among the surveyed patients. When compared to the 2012 (July to December) mean scores, only privacy scored significantly higher ($p<0.05$).

The domain 'involvement in care and treatment' is a key performance indicator (KPI) for health services. Results from 2013 have been compared with the previous reporting period in 2011-12 to allow monitoring of performance over time. The results from questions in one domain ‘involvement in care and treatment’ were able to be compared with results from previous survey in 2008 as a KPI.

Source: SA Government (unpublished).

Table 11A.86 Tasmanian patient evaluation of hospital services

When the survey was conducted

Year(s):

na

Time period (eg. July to Sept):

na

Survey method (eg. telephone, mailout etc):

na

Respondents (eg. Admitted patients in public acute care hospitals):

na

Sample size:

na

Response rate:

na

Size of underlying population:

na

Organisation conducting the survey:

na

Organisation funding the survey:

na

Table 11A.86 Tasmanian patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

na

Survey results:

na

na Not available.

Source: Tasmanian Government (unpublished).

Table 11A.87 ACT patient evaluation of hospital services

When the survey was conducted

Year(s):

First hospital, 2013; Second hospital, 2014

Time period (eg. July to Sept):

First hospital, January to June; Second hospital, May/June

Survey method (eg. telephone, mailout etc):

Mailout survery in both hospitals

Respondents (eg. Admitted patients in public acute care hospitals):

Cross section of consumers; in second hospital, admitted inpatients in acute and sub-acute care.

Sample size:

3270 in first hospital; 526 in second hospital.

Response rate:

1370 received equating to a 36.8 per cent response rate in first hospital; 32.1 per cent response rate in second hospital (169 responses)

Size of underlying population:

617 071 (this is the ACT Capital Region population as of June 2012; includes ACT and surrounding areas of NSW).

Organisation conducting the survey:

Ultrafeedback and Press Ganey respectively.

Organisation funding the survey:

Calvary Health Care ACT and ACT Health

Table 11A.87 ACT patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

In the first hospital, this is currently under consideration by the Executives; In second hospital, the survey provided patient feedback against 90 survey questions.

Survey results:

Overall satisfaction with first hospital was high; 4.36 out of a possible 5. 84.7 per cent were 'satisfied' or 'very satisfied' with 'all aspects of their experience with the hospital/health service'. 82.9 per cent indicated that they were helped 'quite a bit' or 'great deal' by their stay. Top 10 performing items were: courtesy of staff (4.21 out of 5), being treated with respect (4.19), respect for privacy (4.14), helpfulness of staff (4.13), personal safety at the hospital (4.09), how well cultural, social or religious needs were respected (4.09), helpfulness of staff in general (4.08), confidence in treatment staff (4.05), compassion shown by staff in general (4.04) and cleanliness of facilities (3.97). Top five priorities to improve were identified as: level of involvement in planning care in hospital (3.33 out of 5), way hospital routines were explained e.g. meal times, doctor visits, visiting hours (3.06), level of involvement in planning care after leaving hospital (3.49), restfulness (peace and quite) of the hospital (2.97) and time given to plan your return home (3.37).

At the second hospital, the overall mean score was 80.6, which was in the 50th percentile group of public hospitals of similar bed capacity. The survey identified a number of priority issues for attention with each clinical area devising a formal plan to address the priority issues.

Source: ACT Government (unpublished).

Table 11A.88 NT patient evaluation of hospital services

When the survey was conducted

Year(s):

No valid survey results available

Time period (eg. July to Sept):

na

Survey method (eg. telephone, mailout etc):

na

Respondents (eg. Admitted patients in public acute care hospitals):

na

Sample size:

na

Response rate:

na

Size of underlying population:

na

Organisation conducting the survey:

na

Organisation funding the survey:

na

Table 11A.88 NT patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

na

Survey results:

na

na Not available.
Source: NT Government (unpublished).

Table 11A.89 **NSW selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	6	3	1	1	–
Suicide of a patient in an inpatient unit.	2	18	12	20	15
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	16	16	10	14	13
Intravascular gas embolism resulting in death or neurological damage.	2	–	1	–	2
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	1	1	–	1	1
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	1	4	2	1	2
Maternal death associated with pregnancy, birth or the puerperium. (b)	4	7	6	8	5
Infant discharged to the wrong family.	–	–	–	–	–
Total	**32**	**49**	**32**	**45**	**38**

(a) Sentinel events definitions can vary across jurisdictions.

(b) Data are for calander years 2008, 2009, 2010, 2011 and 2012 rather than financial years.

– Nil or rounded to zero.

Table 11A.90 **Victoria selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	–	1	1	–
Suicide of a patient in an inpatient unit.	7	6	9	8	9
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	3	9	5	7	6
Intravascular gas embolism resulting in death or neurological damage.	–	1	1	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	1	2	1	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	1	1	2	4	1
Maternal death or serious morbidity associated with labour or delivery (b).	3	2	2	–	1
Infant discharged to the wrong family.	–	–	–	–	–
Total	**15**	**21**	**21**	**20**	**17**

(a) Sentinel events definitions can vary across jurisdictions.

(b) Victoria has supplied data using the sentinel event definition applicable to the data collection period. Most other jurisdictions have retrospectively applied the amended definition to 2012-13 data.

– Nil or rounded to zero.

Source : Victorian government (unpublished).

Table 11A.91 **Queensland selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	2	1	–	1	–
Suicide of a patient in an inpatient unit.	2	4	1	1	2
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	1	1	5	5	4
Intravascular gas embolism resulting in death or neurological damage.	–	–	–	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–	–	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	6	2	4	–	–
Maternal death associated with pregnancy, birth or the puerperium.	–	1	–	1	1
Infant discharged to the wrong family.	–	–	–	–	–
Total	**11**	**9**	**10**	**8**	**7**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: Queensland government (unpublished).

Table 11A.92 **WA selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	1	1	1	1
Suicide of a patient in an inpatient unit.	3	3	5	5	7
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	3	1	1	3	3
Intravascular gas embolism resulting in death or neurological damage.	–	–	–	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	2	–	–	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	2	1	2	–	3
Maternal death or serious morbidity associated with labour or delivery (b).	1	1	3	2	1
Infant discharged to the wrong family.	–	–	–	–	–
Total	**11**	**7**	**12**	**11**	**15**

(a) Sentinel events definitions can vary across jurisdictions.

(b) WA has supplied data using the sentinel event definition applicable to the data collection period. Most other jurisdictions have retrospectively applied the amended definition to 2012-13 data.

– Nil or rounded to zero.

Table 11A.93 **SA selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	–	–	–	–
Suicide of a patient in an inpatient unit.	5	5	2	1	1
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	7	3	3	5	5
Intravascular gas embolism resulting in death or neurological damage.	–	–	–	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–	–	–	1
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	–	1	1	1	–
Maternal death associated with pregnancy, birth or the puerperium.	1	2	–	2	2
Infant discharged to the wrong family.	–	–	–	–	–
Total	**13**	**11**	**6**	**9**	**9**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source : SA government (unpublished).

Table 11A.94 **Tasmania selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	–	–	–	–
Suicide of a patient in an inpatient unit.	–	–	–	–	–
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	–	–	–	1	–
Intravascular gas embolism resulting in death or neurological damage.	–	–	–	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–	–	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	–	–	–	–	–
Maternal death associated with pregnancy, birth or the puerperium.	–	–	–	–	–
Infant discharged to the wrong family.	–	–	–	–	–
Total	**–**	**–**	**–**	**1**	**–**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: Tasmanian government (unpublished).

Table 11A.95 **ACT selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	np	np	np	np
Suicide of a patient in an inpatient unit.	–	np	np	np	np
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	–	np	np	np	np
Intravascular gas embolism resulting in death or neurological damage.	–	np	np	np	np
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	np	np	np	np
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	–	np	np	np	np
Maternal death associated with pregnancy, birth or the puerperium.	–	np	np	np	np
Infant discharged to the wrong family.	–	np	np	np	np
Total	**–**	**7**	**2**	**3**	**3**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero. **np** Not published.

Source : ACT government (unpublished).

Table 11A.96 **NT selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	–	–	–	–
Suicide of a patient in an inpatient unit.	–	–	–	–	1
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	–	–	2	–	–
Intravascular gas embolism resulting in death or neurological damage.	–	–	–	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–	–	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	–	–	–	–	–
Maternal death or serious morbidity associated with labour or delivery (b).	–	1	–	–	–
Infant discharged to the wrong family.	–	–	–	–	–
Total	**–**	**1**	**2**	**–**	**1**

(a) Sentinel events definitions can vary across jurisdictions.

(b) The NT has supplied data using the sentinel event definition applicable to the data collection period. Most other jurisdictions have retrospectively applied the amended definition to 2012-13 data.

– Nil or rounded to zero.

Source : NT government (unpublished).

Table 11A.97 **Australia selected sentinel events (number) (a)**

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	8	5	3	4	1
Suicide of a patient in an inpatient unit.	19	36	29	35	35
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	30	30	26	35	31
Intravascular gas embolism resulting in death or neurological damage.	2	1	2	–	2
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	4	3	1	1	2
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	10	9	11	6	6
Maternal death associated with pregnancy, birth or the puerperium.	9	14	11	13	10
Infant discharged to the wrong family.	–	–	–	–	–
Total (b)	**82**	**105**	**85**	**97**	**90**

(a) Sentinel events definitions can vary across jurisdictions.

(b) The total includes sentinel events for the ACT which are not reported in the 8 sub categories of sentinel events due to confidentiality issues.

– Nil or rounded to zero.

Source: State and Territory governments (unpublished).

Table 11A.98 Separations, same day separations, patient days, average length of stay and costs for MDC 14 and MDC 15, public hospitals, Australia, 2012-13

		AR-DRG		
	Unit	*Pregnancy, childbirth and the puerperium (MDC14)*	*Newborns and other neonates (MDC15)*	*Total (all acute separations in public hospitals)* (a)
Separations	no.	365 184	85 850	5 334 793
Separations per 10 000 population (b)	no.	159.4	37.5	2 329.3
Same day separations	no.	87 852	5 956	2 751 061
Patient days	no.	898 667	574 766	15 418 908
Patient days per 10 000 population	no.	392.4	251.0	6 732.2
Average length of stay (ALOS)	days	2.5	6.7	2.9
ALOS (days) excluding same day	days	2.9	7.1	4.9
Cost by volume (c)	$'000	1 758 450	825 819	24 312 817
Cost by proportion	%	7.2	3.4	100.0

(a) Includes separations for which the type of episode of care was reported as 'acute', or 'newborn with qualified patient days', or was not reported.

(b) Crude rate based on the Australian population as at 31 December 2012.

(c) Based on AR–DRG version 6.0x estimated public cost estimates.

ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 11A.99 Separations by major diagnostic category (AR-DRGs) version 6.0x, public hospitals, 2012-13

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations										
Pregnancy, childbirth and puerperium	no.	116 954	83 684	81 527	35 631	27 170	5 904	6 704	7 610	365 184
Newborns and other neonates	no.	40 220	15 549	13 406	7 254	5 157	1 724	1 519	1 021	85 850
Total acute (a) separations	no.	1 651 230	1 388 457	996 021	589 559	398 239	103 642	90 238	117 407	5 334 793
Proportion of all separations										
Pregnancy, childbirth and puerperium	%	7.1	6.0	8.2	6.0	6.8	5.7	7.4	6.5	6.8
Newborns and other neonates	%	2.4	1.1	1.3	1.2	1.3	1.7	1.7	0.9	1.6
Separations per 1000 population										
Pregnancy, childbirth and puerperium	no.	15.9	14.7	17.7	14.4	16.3	11.5	17.7	32.1	15.9
Newborns and other neonates	no.	5.5	2.7	2.9	2.9	3.1	3.4	4.0	4.3	3.7

(a) Includes separations for which the type of episode of care was reported as 'acute', or 'newborn with qualified patient days', or was not reported.

Source: AIHW (unpublished), National Hospital Morbidity Database; ABS (unpublished), Australian Demographic Statistics, December Quarter 2012, Cat. no. 3101.0; table AA.2.

Table 11A.100 **10 Diagnosis related groups with highest cost, by volume, public hospitals, Australia, 2012-13 (a)**

AR-DRG	*Separations*	*Same day separations*	*Same day separations*	*Separations per 10 000 population* (b)	*Patient days*	*Patient days per 10 000 population* (b)	*ALOS (days)*	*ALOS (days), excluding same day*	*Cost by volume*
	no.	no.	%	per 10 000	no.	per 10 000	no.	no.	$'000
O60A Vaginal Delivery W Catastrophic or Severe CC	18 688	209	1.1	8.2	74 242	32.7	4.0	4.0	140 384
O60B Vaginal Delivery W/O Catastrophic or Severe CC	107 604	4 550	4.2	47.4	257 714	113.5	2.0	2.5	524 247
O60C Vaginal Delivery Single uncomplicated	26 637	3 809	14.3	11.7	45 677	20.1	2.0	1.8	110 970
A06B Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	7 019	9	0.1	3.1	176 677	77.8	25.0	25.2	611 186
L61Z Haemodialysis	1 033 444	1030 272	99.7	455.1	1 033 784	455.2	1.0	1.1	609 732
U61A Schizophrenia Disorders W MHLS	15 470	–	0.0	6.8	438 675	193.2	28.0	28.4	345 894
U61B Schizophrenia Disorders W/O MHLS	12 561	–	0.0	5.5	229 982	101.3	18.0	18.3	173 292
A06A Tracheostomy W Ventilation >95 hours W Catastrophic CC	2 067	–	0.0	0.9	103 558	45.6	50.0	50.1	393 269
O01A Caesarean Delivery W Catastrophic CC	4 805	48	1.0	2.1	43 285	19.1	9.0	9.1	83 434
O01B Caesarean Delivery W Severe CC	12 454	51	0.4	5.5	62 110	27.3	5.0	5.0	142 935
O01C Caesarean Delivery W/O Catastrophic or Severe CC	46 667	115	0.2	20.5	171 283	75.4	4.0	3.7	437 456
U63A Major Affective Disorders, Age >69 or W Catastrophic or Severe CC	3 164	0	0.0	1.4	94 928	41.8	30.0	30.0	79 524
U63B Major Affective Disorders, Age<70 or W/O Catastrophic or Severe CC	18 326	0	0.0	8.1	264 741	116.6	14.0	14.4	249 857

Table 11A.100 **10 Diagnosis related groups with highest cost, by volume, public hospitals, Australia, 2012-13 (a)**

AR-DRG	*Separations*	*Same day separations*	*Same day separations*	*Separations per 10 000 population* (b)	*Patient days*	*Patient days per 10 000 population* (b)	*ALOS (days)*	*ALOS (days), excluding same day*	*Cost by volume*
E65B Chronic Obstructive Airways Disease W/O Catastrophic CC	41 462	4 110	9.9	18.3	178 694	78.7	4.0	4.7	218 546
R63Z Chemotherapy	136 638	136 622	100.0	60.2	136 647	60.2	1.0	1.6	201 268
I03B Hip Replacement W/O Catastrophic CC	10 588	15	0.1	4.7	62 503	27.5	6.0	5.9	207 091

(a) Based on AR–DRG version 6.0x estimated public cost estimates.

(b) Crude rate based on Australian population as at 31 December 2012.

ALOS = Average Length of Stay. CC = complication or comorbidity. W = with. W/O = without.

– Nil or rounded to zero.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 11A.101 **Mean age of mothers at time of giving birth, public hospitals**

	NSW	Vic (a)	Qld	WA (a)	SA (a)	Tas	ACT (a,b)	NT
2004								
First birth	27.7	28.1	25.3	25.9	26.8	25.2	27.6	23.9
Second birth	29.9	30.3	27.9	28.4	29.2	27.5	30.4	26.3
Third birth	31.3	31.8	29.6	29.7	30.8	28.8	31.2	27.7
All births	29.5	29.9	27.7	28.0	28.8	27.8	29.5	26.4
2005								
First birth	27.8	27.7	25.5	25.9	26.6	25.1	27.6	24.2
Second birth	29.9	29.9	28.0	28.6	29.4	27.3	29.7	26.3
Third birth	31.4	31.4	29.5	29.9	31.1	29.4	31.0	28.0
All births	29.6	29.5	27.8	28.1	28.9	27.2	29.3	26.5
2006								
First birth	27.1	27.7	25.5	26.0	26.8	24.8	27.7	23.8
Second birth	30.4	29.9	28.1	28.5	29.4	27.7	30.1	26.3
Third birth	31.6	31.5	29.6	29.8	31.0	29.6	31.5	28.2
All births	29.3	29.5	27.9	28.1	29.0	27.2	29.6	26.5
2007								
First birth	28.1	27.8	25.6	26.0	26.9	26.0	27.7	24.1
Second birth	30.2	30.0	28.0	28.5	29.4	28.5	30.2	26.4
Third birth	31.4	31.5	29.7	30.0	31.1	29.9	31.4	27.8
All births	29.1	29.6	27.9	28.1	29.0	28.1	29.6	26.6
2008								
First birth	27.9	27.7	25.5	26.0	26.9	27.0	28.0	24.5
Second birth	30.2	30.0	28.1	28.6	29.5	29.6	30.2	26.4
Third birth	31.5	31.5	29.7	30.1	31.0	31.7	31.9	28.5
All births	29.8	29.6	27.9	28.2	29.1	29.2	29.8	26.8
2009								
First birth	27.9	28.2	25.6	26.2	27.0	27.9	28.0	24.2
Second birth	30.4	30.6	28.3	28.6	29.6	30.4	30.5	26.8
Third birth	31.6	32.0	29.8	30.1	31.1	31.6	31.4	28.6
All births	29.9	30.1	28.0	28.3	29.1	29.9	29.8	26.9
2010								
First birth	28.2	28.4	25.6	26.3	27.1	28.2	28.0	24.6
Second birth	30.3	30.8	28.2	28.8	29.6	30.3	30.4	27.1
Third birth	31.6	32.1	29.8	30.3	31.3	31.6	31.9	28.9
All births	29.9	30.2	28.0	28.4	29.2	29.9	29.9	27.0
2011								
First birth	28.2	28.4	25.9	26.5	27.3	28.2	28.4	24.7
Second birth	30.4	30.7	28.2	28.8	29.8	30.4	30.6	27.2
Third birth	31.6	32.2	30.1	30.4	31.3	31.6	32.2	28.7
All births	29.9	30.2	28.1	28.5	29.3	29.9	30.0	27.1
2012								

Table 11A.101 **Mean age of mothers at time of giving birth, public hospitals**

		NSW	*Vic (a)*	*Qld*	*WA (a)*	*SA (a)*	*Tas*	*ACT (a,b)*	*NT*
	First birth	28.3	28.6	26.0	26.6	27.3	27.8	28.3	24.8
	Second birth	30.4	30.9	28.4	28.9	29.8	30.3	30.7	27.4
	Third birth	31.8	32.2	29.9	30.3	31.3	31.5	31.8	28.8
	All births	30.0	30.3	28.2	28.5	29.3	29.5	29.9	27.2
2013									
	First birth	28.6	28.8	26.1	26.9	27.6	na	28.7	25.2
	Second birth	30.5	30.9	28.4	29.1	30.0	na	30.8	27.9
	Third birth	31.7	32.2	29.9	30.4	31.2	na	32.4	29.7
	All births	30.1	30.4	28.2	28.5	29.4	na	30.3	27.6

(a) Data for 2013 are preliminary.

(b) Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

na Not available.

Source: State and Territory governments (unpublished).

Table 11A.102 **Intervention rates for selected primiparae, 2013 (a)**

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA* (b)	*SA*	*Tas*	*ACT* (c)	*NT*	*Aust* (d)
Proportion of inductions for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	21 300	17 681	11 965	5 728	4 511	na	1 554	846	63 585
Selected primiparae inductions	no.	8 389	6 125	3 579	2 057	1 878	na	460	302	22 790
Rate	%	39.4	34.6	29.9	35.9	41.6	na	29.6	35.7	35.8
Private hospitals										
Selected primiparae who gave birth	no.	6 832	na	5 608	3 928	1 413	na	313	na	18 094
Selected primiparae inductions	no.	2 399	na	1 907	1 622	604	na	123	na	6 655
Rate	%	35.1	na	34.0	41.3	42.7	na	39.3	na	36.8
Proportion of caesareans for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	21 300	17 681	11 965	5 728	4 511	na	1 554	846	63 585
Selected primiparae caesareans	no.	4 945	4 394	2 732	1 418	1 233	na	378	257	15 357
Rate	%	23.2	24.9	22.8	24.8	27.3	na	24.3	30.4	24.2
Private hospitals										
Selected primiparae who gave birth	no.	6 832	na	5 608	3 928	1 413	na	313	na	18 094
Selected primiparae caesareans	no.	2 478	na	2 253	1 360	480	na	109	na	6 680
Rate	%	36.3	na	40.2	34.6	34.0	na	34.8	na	36.9

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) Data for Victoria and WA are preliminary.

(c) Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

(d) Totals for Australia include only jurisdictions for which data are available.

na Not available.

Source: State and Territory governments.

Table 11A.103 **Intervention rates for selected primiparae, NSW (a)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	na	na	na	19 547	19 600	20 106	20 574	21 374	22 045	21 300
Selected primiparae inductions	no.	na	na	na	6 320	6 398	6 757	7 013	7 502	7 983	8 389
Rate	%	na	na	na	32.3	32.6	33.6	34.1	35.1	36.2	39.4
Private hospitals											
Selected primiparae who gave birth	no.	na	na	na	6 976	6 986	7 290	7 115	7 153	7 745	6 832
Selected primiparae inductions	no.	na	na	na	2 384	2 377	2 500	2 459	2 473	2 617	2 399
Rate	%	na	na	na	34.2	34.0	34.3	34.6	34.6	33.8	35.1
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	na	na	na	19 547	19 600	20 106	20 574	21 374	22 045	21 300
Selected primiparae caesareans	no.	na	na	na	4 304	4 359	4 544	4 658	4 903	4 801	4 945
Rate	%	na	na	na	22.0	22.2	22.6	22.6	22.9	21.8	23.2
Private hospitals											
Selected primiparae who gave birth	no.	na	na	na	6 976	6 986	7 290	7 115	7 153	7 745	6 832
Selected primiparae caesareans	no.	na	na	na	2 275	2 276	2 483	2 431	2 525	2 883	2 478
Rate	%	na	na	na	32.6	32.6	34.1	34.2	35.3	37.2	36.3

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: NSW Government (unpublished).

Table 11A.104 **Intervention rates for selected primiparae, Victoria (a)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	12 419	13 041	13 833	14 571	14 309	14 748	15 671	16 192	17 327	17 681
Selected primiparae inductions	no.	4 023	4 002	4 243	4 427	4 261	4 258	4 692	5 078	5 606	6 125
Rate	%	32.4	30.7	30.7	30.4	29.8	28.9	29.9	31.4	32.4	34.6
Private hospitals											
Selected primiparae who gave birth	no.	5 709	5 706	5 793	5 772	5 989	5 845	5 757	5 832	6 208	na
Selected primiparae inductions	no.	1 984	2 021	2 047	2 060	2 052	1 891	1 935	2 017	2 098	na
Rate	%	34.8	35.4	35.3	35.7	34.3	32.4	33.6	34.6	33.8	na
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	12 419	13 041	13 833	14 571	14 309	14 748	15 671	16 192	17 327	17 681
Selected primiparae caesareans	no.	2 815	3 009	3 186	3 267	3 230	3 400	3 669	3 925	4 172	4 394
Rate	%	22.7	23.1	23.0	22.4	22.6	23.1	23.4	24.2	24.1	24.9
Private hospitals											
Selected primiparae who gave birth	no.	5 709	5 706	5 793	5 772	5 989	5 845	5 757	5 832	6 208	na
Selected primiparae caesareans	no.	1 676	1 719	1 691	1 786	1 790	1 830	1 895	1 940	2 091	na
Rate	%	29.4	30.1	29.2	30.9	29.9	31.3	32.9	33.3	33.7	na

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source : Victorian Government (unpublished).

Table 11A.105 **Intervention rates for selected primiparae, Queensland (a)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	8 735	9 405	9 620	10 316	10 524	10 834	11 187	11 443	11 815	11 965
Selected primiparae inductions	no.	2 512	2 631	2 839	2 954	2 964	2 943	3 026	3 236	3 401	3 579
Rate	%	28.8	28.0	29.5	28.6	28.2	27.2	27.0	28.3	28.8	29.9
Private hospitals											
Selected primiparae who gave birth	no.	4 752	5 050	5 066	5 248	5 394	5 397	5 367	5 317	5 405	5 608
Selected primiparae inductions	no.	1 557	1 710	1 636	1 648	1 830	1 734	1 712	1 804	1 775	1 907
Rate	%	32.8	33.9	32.3	31.4	33.9	32.1	31.9	33.9	32.8	34.0
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	8 735	9 405	9 620	10 316	10 524	10 834	11 187	11 443	11 815	11 965
Selected primiparae caesareans	no.	1 882	2 153	2 289	2 405	2 548	2 587	2 476	2 737	2 796	2 732
Rate	%	21.5	22.9	23.8	23.3	24.2	23.9	22.1	23.9	23.7	22.8
Private hospitals											
Selected primiparae who gave birth	no.	4 752	5 050	5 066	5 248	5 394	5 397	5 367	5 317	5 405	5 608
Selected primiparae caesareans	no.	1 795	2 023	2 083	2 172	2 116	2 100	2 096	2 085	2 175	2 253
Rate	%	37.8	40.1	41.1	41.4	39.2	38.9	39.1	39.2	40.2	40.2

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: Queensland Government (unpublished).

Table 11A.106 **Intervention rates for selected primiparae, WA (a)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013 (b)*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	3 887	3 986	4 470	4 664	4 578	4 759	4 894	5 181	5 571	5 728
Selected primiparae inductions	no.	1 239	1 371	1 434	1 505	1 379	1 539	1 599	1 768	2 000	2 057
Rate	%	31.9	34.4	32.1	32.3	30.1	32.3	32.7	34.1	35.9	35.9
Private hospitals											
Selected primiparae who gave birth	no.	3 121	3 263	3 248	3 562	3 630	3 883	3 889	3 868	4 246	3 928
Selected primiparae inductions	no.	1 211	1 255	1 215	1 387	1 378	1 494	1 496	1 532	1 689	1 622
Rate	%	38.8	38.5	37.4	38.9	38.0	38.5	38.5	39.6	39.8	41.3
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	3 887	3 986	4 470	4 664	4 578	4 759	4 894	5 181	5 571	5 728
Selected primiparae caesareans	no.	880	938	990	1 067	1 067	1 190	1 217	1 351	1 424	1 418
Rate	%	22.6	23.5	22.1	22.9	23.3	25.0	24.9	26.1	25.6	24.8
Private hospitals											
Selected primiparae who gave birth	no.	3 121	3 263	3 248	3 562	3 630	3 883	3 889	3 868	4 246	3 928
Selected primiparae caesareans	no.	1 209	1 289	1 192	1 202	1 201	1 389	1 376	1 350	1 484	1 360
Rate	%	38.7	39.5	36.7	33.7	33.1	35.8	35.4	34.9	35.0	34.6

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) Data for 2012 are preliminary.

Table 11A.107 **Intervention rates for selected primiparae, SA (a), (b)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	3 433	3 544	3 536	3 855	3 930	3 963	4 133	4 365	4 519	4 511
Selected primiparae inductions	no.	1 123	1 221	1 280	1 401	1 366	1 448	1 583	1 751	1 778	1 878
Rate	%	32.7	34.5	36.2	36.3	34.8	36.5	38.3	40.1	39.3	41.6
Private hospitals											
Selected primiparae who gave birth	no.	1 581	1 514	1 588	1 647	1 580	1 579	1 555	1 511	1 448	1 413
Selected primiparae inductions	no.	588	607	605	692	603	653	631	633	603	604
Rate	%	37.2	40.1	38.1	42.0	38.2	41.4	40.6	41.9	41.6	42.7
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	3 433	3 544	3 536	3 855	3 930	3 963	4 133	4 365	4 519	4 511
Selected primiparae caesareans	no.	837	928	917	1 026	964	1 018	1 091	1 170	1 215	1 233
Rate	%	24.4	26.2	25.9	26.6	24.5	25.7	26.4	26.8	26.9	27.3
Private hospitals											
Selected primiparae who gave birth	no.	1 581	1 514	1 588	1 647	1 580	1 579	1 555	1 511	1 448	1 413
Selected primiparae caesareans	no.	604	592	601	600	532	498	508	529	476	480
Rate	%	38.2	39.1	37.8	36.4	33.7	31.5	32.7	35.0	32.9	34.0

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) Data for 2012 are preliminary.

Source: SA Government (unpublished).

Table 11A.108 **Intervention rates for selected primiparae, Tasmania (a)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	na	na	na	na	na	na	na	na	na	na
Selected primiparae inductions	no.	na	na	na	na	na	na	na	na	na	na
Rate	%	na	na	na	na	na	na	na	na	na	na
Private hospitals											
Selected primiparae who gave birth	no.	na	na	na	na	na	na	na	na	na	na
Selected primiparae inductions	no.	na	na	na	na	na	na	na	na	na	na
Rate	%	na	na	na	na	na	na	na	na	na	na
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	na	na	na	na	na	na	na	na	na	na
Selected primiparae caesareans	no.	na	na	na	na	na	na	na	na	na	na
Rate	%	na	na	na	na	na	na	na	na	na	na
Private hospitals											
Selected primiparae who gave birth	no.	na	na	na	na	na	na	na	na	na	na
Selected primiparae caesareans	no.	na	na	na	na	na	na	na	na	na	na
Rate	%	na	na	na	na	na	na	na	na	na	na

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

na Not available.

Source: Tasmanian Government (unpublished).

Table 11A.109 **Intervention rates for selected primiparae, ACT (a), (b), (c)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013 (c)*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	887	865	948	1 085	1 076	1 135	1 215	1 257	1 431	1 554
Selected primiparae inductions	no.	162	193	190	215	222	278	291	339	405	460
Rate	%	18.3	22.3	20.0	19.8	20.6	24.5	24.0	27.0	28.3	29.6
Private hospitals											
Selected primiparae who gave birth	no.	550	582	613	521	564	574	471	435	367	313
Selected primiparae inductions	no.	141	169	185	160	195	160	137	139	115	123
Rate	%	25.6	29.0	30.2	30.7	34.6	27.9	29.1	32.0	31.3	39.3
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	887	865	948	1 085	1 076	1 135	1 215	1 257	1 431	1 554
Selected primiparae caesareans	no.	164	157	187	195	176	198	278	307	339	378
Rate	%	18.5	18.2	19.7	18.0	16.4	17.4	22.9	24.4	23.7	24.3
Private hospitals											
Selected primiparae who gave birth	no.	550	582	613	521	564	574	471	435	367	313
Selected primiparae caesareans	no.	148	162	174	173	181	184	154	159	128	109
Rate	%	26.9	27.8	28.4	33.2	32.1	32.1	32.7	36.6	34.9	34.8

(a) Data are calculated according to ACHS Obstetric Clinical Indicator 1 denominator, Clinical Indicator 1.2 and Clinical Indicator 1.4. Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

(c) Data are preliminary.

Source: ACT Government (unpublished).

Table 11A.110 **Intervention rates for selected primiparae, NT (a)**

	Unit	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	549	560	596	628	633	638	669	756	822	846
Selected primiparae inductions	no.	148	145	181	152	170	189	221	255	268	302
Rate	%	27.0	25.9	30.4	24.2	26.9	29.6	33.0	33.7	32.6	35.7
Private hospitals											
Selected primiparae who gave birth	no.	na	na	na	na	na	na	na	na	na	na
Selected primiparae inductions	no.	na	na	na	na	na	na	na	na	na	na
Rate	%	na	na	na	na	na	na	na	na	na	na
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	549	560	596	628	633	638	669	756	822	846
Selected primiparae caesareans	no.	130	143	158	156	145	156	154	230	203	257
Rate	%	23.7	25.5	26.5	24.8	22.9	24.5	23.0	30.4	24.7	30.4
Private hospitals											
Selected primiparae who gave birth	no.	na	na	na	na	na	na	na	na	na	na
Selected primiparae caesareans	no.	na	na	na	na	na	na	na	na	na	na
Rate	%	na	na	na	na	na	na	na	na	na	na

(a) Selected primiparae: mothers with no previous deliveries, 20–34 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

na Not available. **np** Not published.

Source: NT Government (unpublished).

Table 11A.111 **Method of birth for selected women giving birth for the first time, 2012 (a), (b)**

	Unit	*NSW*	*Vic (c)*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Number										
Non-instrument vaginal	no.	15 363	10 061	8 495	3 972	2 821	743	847	516	42 818
Instrumental vaginal	no.	6 748	6 235	3 736	2 982	1 468	367	500	182	22 218
Caesarean section	no.	7 662	5 820	4 951	2 908	1 691	294	475	293	24 094
Not stated	no.	6	1	–	–	–	–	–	–	7
Total	no.	29 779	22 117	17 182	9 862	5 980	1 404	1 822	991	89 137
Per cent										
Non-instrument vaginal	%	51.6	45.5	49.4	40.3	47.2	52.9	46.5	52.1	48.0
Instrumental vaginal	%	22.7	28.2	21.7	30.2	24.5	26.1	27.4	18.4	24.9
Caesarean section	%	25.7	26.3	28.8	29.5	28.3	20.9	26.1	29.6	27.0
Not stated	%	0.0	0.0	–	–	–	–	–	–	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Selection criteria: women aged 20 to 34 years, with a singleton baby positioned with head towards the cervix at the onset of labour born between 37 and 41 weeks gestation.

(b) This indicator is not for women who gave birth in public hospital only. Data includes women who met the selection criteria and gave birth in private hospitals and outside of hospital.

(c) Provisional data were provided by Victoria for this table.

– Nil or rounded to zero.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table 11A.112 **Multiparous mothers who have had a previous caesarean section by current method of birth (a), (b)**

	Unit	NSW (c)	Vic (c)	Qld	WA (c)	SA	Tas	ACT (d)	NT (c)	Aust
2008										
Number										
Non-instrumental vaginal	no.	2 053	1 395	1 441	483	497	134	140	136	6 279
Instrumental vaginal (e)	no.	506	447	275	172	141	23	31	15	1 610
Caesarean section	no.	11 539	9 371	9 014	4 635	2 800	767	614	450	39 190
Not stated	no.	1	–	–	–	–	–	–	–	1
Total	no.	14 099	11 213	10 730	5 290	3 438	924	785	601	47 080
Per cent										
Non-instrumental vaginal	%	14.6	12.4	13.4	9.1	14.5	14.5	17.8	22.6	13.3
Instrumental vaginal (e)	%	3.6	4.0	2.6	3.3	4.1	2.5	3.9	2.5	3.4
Caesarean section	%	81.8	83.6	84.0	87.6	81.4	83.0	78.2	74.9	83.2
Not stated	%	–	–	–	–	–	–	–	–	–
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2009										
Number										
Non-instrumental vaginal	no.	2 001	1 380	1 405	498	476	142	116	164	6 182
Instrumental vaginal (e)	no.	510	488	249	159	144	19	30	19	1 618
Caesarean section	no.	11 956	9 477	9 174	4 438	2 850	766	528	467	39 656
Not stated	no.	–	23	–	–	–	–	–	–	23
Total	no.	14 467	11 363	10 828	5 095	3 470	927	674	650	47 474
Per cent										
Non-instrumental vaginal	%	13.8	12.1	13.0	9.8	13.7	15.3	17.2	25.2	13.0
Instrumental vaginal (e)	%	3.5	4.3	2.3	3.1	4.1	2.0	4.5	2.9	3.4
Caesarean section	%	82.6	83.4	84.7	87.1	82.1	82.6	78.3	71.8	83.5
Not stated	%	–	0.2	–	–	–	–	–	–	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 11A.112 **Multiparous mothers who have had a previous caesarean section by current method of birth (a), (b)**

	Unit	NSW (c)	Vic (c)	Qld	WA (c)	SA	Tas	ACT (d)	NT (c)	Aust
2010										
Number										
Non-instrumental vaginal	no.	1 925	1 470	1 443	507	477	135	122	135	6 214
Instrumental vaginal (e)	no.	537	454	261	180	149	25	28	21	1 655
Caesarean section	no.	11 851	9 512	9 225	4 481	2 809	761	627	499	39 765
Not stated	no.	3	3	–	–	–	–	–	–	6
Total	no.	14 316	11 439	10 929	5 168	3 435	921	777	655	47 640
Per cent										
Non-instrumental vaginal	%	13.4	12.9	13.2	9.8	13.9	14.7	15.7	20.6	13.0
Instrumental vaginal (e)	%	3.8	4.0	2.4	3.5	4.3	2.7	3.6	3.2	3.5
Caesarean section	%	82.8	83.2	84.4	86.7	81.8	82.6	80.7	76.2	83.5
Not stated	%	–	–	–	–	–	–	–	–	–
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2011										
Number										
Non-instrumental vaginal	no.	1 952	1 429	1 306	508	458	136	91	124	6 004
Instrumental vaginal (e)	no.	546	456	277	196	145	39	38	20	1 717
Caesarean section	no.	12 617	9 703	9 128	4 645	2 880	802	664	532	40 971
Not stated	no.	1	1	–	–	–	–	–	–	2
Total	no.	15 116	11 589	10 711	5 349	3 483	977	793	676	48 694
Per cent										
Non-instrumental vaginal	%	12.9	12.3	12.2	9.5	13.1	13.9	11.5	18.3	12.3
Instrumental vaginal (e)	%	3.6	3.9	2.6	3.7	4.2	4.0	4.8	3.0	3.5
Caesarean section	%	83.5	83.7	85.2	86.8	82.7	82.1	83.7	78.7	84.1
Not stated	%	0.0	0.0	–	–	–	–	–	–	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 11A.112 **Multiparous mothers who have had a previous caesarean section by current method of birth (a), (b)**

	Unit	NSW (c)	Vic (c)	Qld	WA (c)	SA	Tas	ACT (d)	NT (c)	Aust
2012										
Number										
Non-instrumental vaginal	no.	1 924	1 303	1 350	514	455	112	110	119	5 887
Instrumental vaginal (e)	no.	589	482	320	171	136	31	53	22	1 804
Caesarean section	no.	12 858	9 438	9 266	4 968	3 080	777	737	494	41 618
Not stated	no.	1	1	–	–	–	1	–	–	3
Total	no.	15 372	11 224	10 936	5 653	3 671	921	900	635	49 312
Per cent										
Non-instrumental vaginal	%	12.5	11.6	12.3	9.1	12.4	12.2	12.2	18.7	11.9
Instrumental vaginal (e)	%	3.8	4.3	2.9	3.0	3.7	3.4	5.9	3.5	3.7
Caesarean section	%	83.7	84.1	84.7	87.9	83.9	84.4	81.9	77.8	84.4
Not stated	%	0.0	0.0	–	–	–	0.1	–	–	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) For multiple births, the method of birth of the first born baby was used.

(b) Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths.

(c) In 2010 and 2011, for NSW and WA, 'Non-instrumental vaginal' includes all women who had a vaginal breech birth, whether or not instruments were used. For the remaining jurisdictions, vaginal breech births are only included where instruments were not used. In 2006 to 2009, for NSW, Victoria, WA and the NT, 'Non-instrumental vaginal' includes all women who had a vaginal breech birth, whether or not instruments were used. For the remaining jurisdictions, vaginal breech births are only included where instruments were not used.

(d) Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

(e) Instrumental vaginal birth includes forceps and vacuum extraction.

– Nil or rounded to zero.

Source : AIHW (various years), ***Australia's mothers and babies*** , Perinatal statistics series, Sydney, AIHW National Perinatal Epidemiology and Statistics Unit.

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
2003										
Number										
Intact	no.	17 657	18 688	13 368	6 779	3 761	na	1 176	1 455	62 956
1st degree laceration	no.	17 923	6 993	6 955	2 808	1 924	na	613	370	37 594
2nd degree laceration	no.	14 404	8 718	6 855	3 350	3 950	na	1 103	466	38 772
3rd/4th degree laceration	no.	958	343	340	172	176	na	33	42	2 065
Episiotomy	no.	9 284	9 425	4 032	3 181	2 227	na	551	272	28 976
Combined laceration and episiotomy	no.	616	878	767	390	299	na	96	94	3 132
Other (g)	no.	2 659	–	1 724	550	2	na	np	35	4 970
Not stated	no.	12	–	1	–	–	na	5	2	15
Total	no.	**63 513**	**45 045**	**34 042**	**17 230**	**12 339**	**na**	**3 578**	**2 736**	**178 480**
Proportion of perineal										
Intact	%	27.8	41.5	39.3	39.3	30.5	na	32.9	53.2	35.3
1st degree laceration	%	28.2	15.5	20.4	16.3	15.6	na	17.1	13.5	21.1
2nd degree laceration	%	22.7	19.4	20.1	19.4	32.0	na	30.8	17.0	21.7
3rd/4th degree laceration	%	1.5	0.8	1.0	1.0	1.4	na	0.9	1.5	1.2
Episiotomy	%	14.6	20.9	11.8	18.5	18.0	na	15.4	9.9	16.2
Combined laceration and episiotomy	%	1.0	1.9	2.3	2.3	2.4	na	2.7	3.4	1.8
Other (g)	%	4.2	–	5.1	3.2	0.0	na	np	1.3	2.8
Not stated	%	0.0	–	0.0	–	–	na	0.1	0.1	0.0
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**	**100.0**
2004										
Number										
Intact	no.	16 840	18 426	13 352	6 530	3 753	na	1 153	1 223	61 301
1st degree laceration	no.	17 838	6 486	7 173	2 840	1 842	na	577	543	37 335
2nd degree laceration	no.	14 263	9 013	7 148	3 502	4 194	na	1 161	475	39 698

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
3rd/4th degree laceration	no.	1 053	368	346	202	113	na	66	42	2 157
Episiotomy	no.	9 082	9 459	4 191	2 744	2 064	na	438	246	28 337
Combined laceration and episiotomy	no.	537	790	385	340	286	na	108	28	2 462
Other (g)	no.	2 837	–	1 703	616	–	na	–	35	5 191
Not stated	no.	8	–	1	–	2	na	1	21	37
Total	no.	**62 458**	**44 542**	**34 299**	**16 774**	**12 254**	**na**	**3 504**	**2 613**	**176 518**
Proportion of perineal										
Intact	%	27.0	41.4	38.9	38.9	30.6	na	32.9	46.8	34.7
1st degree laceration	%	28.6	14.6	20.9	16.9	15.0	na	16.5	20.8	21.2
2nd degree laceration	%	22.8	20.2	20.8	20.9	34.2	na	33.1	18.2	22.5
3rd/4th degree laceration	%	1.7	0.8	1.0	1.2	0.9	na	1.9	1.6	1.2
Episiotomy	%	14.5	21.2	12.2	16.4	16.8	na	12.5	9.4	16.1
Combined laceration and episiotomy	%	0.9	1.8	1.1	2.0	2.3	na	3.1	1.1	1.4
Other (g)	%	4.5	–	5.0	3.7	–	na	–	1.3	2.9
Not stated	%	–	–	–	–	–	na	–	0.8	–
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**	**100.0**
2005										
Number										
Intact	no.	16 172	18 231	13 137	6 570	3 594	na	1 223	1 095	59 952
1st degree laceration	no.	17 427	6 116	7 044	2 815	1 733	na	593	593	36 305
2nd degree laceration	no.	14 952	9 241	7 309	3 636	4 000	na	1 146	491	40 791
3rd/4th degree laceration	no.	1 027	472	378	206	147	na	65	31	2 327
Episiotomy	no.	8 487	9 174	4 248	2 739	2 024	na	441	213	27 323
Combined laceration and episiotomy	no.	515	883	356	430	294	na	85	26	2 612
Other (g)	no.	2 786	–	1 862	587	–	na	–	–	5 235
Not stated	no.	12	4	–	–	1	na	–	–	18

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	NSW	Vic (d)	Qld	WA	SA	Tas (e)	ACT (f)	NT	Aust
Total	no.	**61 378**	**44 121**	**34 334**	**16 983**	**11 793**	**na**	**3 553**	**2 449**	**174 563**
Proportion of perineal										
Intact	%	26.3	41.3	38.3	38.7	30.5	na	34.4	44.7	34.3
1st degree laceration	%	28.4	13.9	20.5	16.6	14.7	na	16.7	24.2	20.8
2nd degree laceration	%	24.4	20.9	21.3	21.4	33.9	na	32.3	20.0	23.4
3rd/4th degree laceration	%	1.7	1.1	1.1	1.2	1.2	na	1.8	1.3	1.3
Episiotomy	%	13.8	20.8	12.4	16.1	17.2	na	12.4	8.7	15.7
Combined laceration and episiotomy	%	0.8	2.0	1.0	2.5	2.5	na	2.4	1.1	1.5
Other (g)	%	4.5	–	5.4	3.5	–	na	–	–	3.0
Not stated	%	–	–	–	–	–	na	–	–	–
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**	**100.0**
2006										
Number										
Intact	no.	17 100	19 017	14 623	6 819	3 753	2 221	1 238	1 161	65 917
1st degree laceration	no.	17 154	6 059	7 416	2 848	2 936	646	643	682	38 334
2nd degree laceration	no.	16 020	9 945	7 761	3 900	2 975	779	1 258	449	42 975
3rd/4th degree laceration	no.	1 190	483	395	207	159	58	82	38	2 595
Episiotomy	no.	8 482	9 361	4 273	2 775	1 950	578	429	226	28 086
Combined laceration and episiotomy	no.	582	756	444	343	330	–	96	32	2 572
Other (g)	no.	3 516	–	1 982	649	18	–	–	–	6 165
Not stated	no.	19	1	–	–	1	–	–	–	21
Total	no.	**64 063**	**45 622**	**36 894**	**17 541**	**12 122**	**4 282**	**3 746**	**2 588**	**186 665**
Proportion of perineal										
Intact	%	26.7	41.7	39.6	38.9	31.0	51.9	33.0	44.9	35.3
1st degree laceration	%	26.8	13.3	20.1	16.2	24.2	15.1	17.2	26.4	20.5
2nd degree laceration	%	25.0	21.8	21.0	22.2	24.5	18.2	33.6	17.3	23.0

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
3rd/4th degree laceration	%	1.9	1.1	1.1	1.2	1.3	1.4	2.2	1.5	1.4
Episiotomy	%	13.2	20.5	11.6	15.8	16.1	13.5	11.5	8.7	15.0
Combined laceration and episiotomy	%	0.9	1.7	1.2	2.0	2.7	–	2.6	1.2	1.4
Other (g)	%	5.5	–	5.4	3.7	0.1	–	–	–	3.3
Not stated	%	0.0	0.0	–	–	0.0	–	–	–	0.0
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2007										
Number										
Intact	no.	17 326	19 664	14 361	7 543	3 836	2 224	1 358	1 190	67 383
1st degree laceration	no.	16 622	6 124	7 440	3 102	3 010	688	636	644	38 273
2nd degree laceration	no.	16 428	10 693	8 208	4 139	3 227	856	1 282	487	45 296
3rd/4th degree laceration	no.	1 125	647	401	277	153	62	80	56	2 803
Episiotomy	no.	8 539	9 752	4 351	2 938	1 805	593	396	218	28 625
Combined laceration and episiotomy	no.	1 058	760	474	367	370	–	97	14	3 139
Other (g)	no.	3 526	–	1 966	651	19	–	–	13	6 175
Not stated	no.	127	1	2	–	1	–	3	4	135
Total	no.	**64 751**	**47 641**	**37 203**	**19 017**	**12 421**	**4 423**	**3 852**	**2 626**	**191 829**
Proportion of perineal										
Intact	%	26.8	41.3	38.6	39.7	30.9	50.3	35.3	45.3	35.1
1st degree laceration	%	25.7	12.9	20.0	16.3	24.2	15.6	16.5	24.5	20.0
2nd degree laceration	%	25.4	22.4	22.1	21.8	26.0	19.4	33.3	18.5	23.6
3rd/4th degree laceration	%	1.7	1.4	1.1	1.5	1.2	1.4	2.1	2.1	1.5
Episiotomy	%	13.2	20.5	11.7	15.4	14.5	13.4	10.3	8.3	14.9
Combined laceration and episiotomy	%	1.6	1.6	1.3	1.9	3.0	–	2.5	0.5	1.6
Other (g)	%	5.4	–	5.3	3.4	0.2	–	–	0.5	3.2
Not stated	%	0.2	–	–	–	–	–	0.1	0.2	0.1

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2008										
Number										
Intact	no.	16 994	20 209	12 876	7 863	3 809	2 246	1 276	1 401	66 672
1st degree laceration	no.	19 072	6 019	6 811	3 175	3 400	726	628	426	40 257
2nd degree laceration	no.	17 382	11 714	9 461	4 599	3 603	921	1 509	566	49 755
3rd/4th degree laceration	no.	1 056	778	623	317	250	71	92	60	3 247
Episiotomy	no.	9 063	10 103	4 685	2 470	1 609	560	363	235	29 088
Combined laceration and episiotomy	no.	1 855	743	587	979	620	–	68	41	4 893
Other (g)	no.	1 433	–	5 173	767	44	–	np	23	7 443
Not stated	no.	14	–	3	–	2	–	–	2	21
Total	no.	**66 869**	**49 566**	**40 219**	**20 170**	**13 337**	**4 524**	**3 939**	**2 754**	**201 376**
Proportion of perineal										
Intact	%	25.4	40.8	32.0	39.0	28.6	49.6	32.4	50.9	33.1
1st degree laceration	%	28.5	12.1	16.9	15.7	25.5	16.0	15.9	15.5	20.0
2nd degree laceration	%	26.0	23.6	23.5	22.8	27.0	20.4	38.3	20.6	24.7
3rd/4th degree laceration	%	1.6	1.6	1.5	1.6	1.9	1.6	2.3	2.2	1.6
Episiotomy	%	13.6	20.4	11.6	12.2	12.1	12.4	9.2	8.5	14.4
Combined laceration and episiotomy	%	2.8	1.5	1.5	4.9	4.6	–	1.7	1.5	2.4
Other (g)	%	2.1	–	12.9	3.8	0.3	–	np	0.8	3.7
Not stated	%	–	–	–	–	–	–	–	0.1	–
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2009										
Number										
Intact	no.	16 297	14 541	12 325	7 799	3 723	2 216	1 352	1 191	59 442
1st degree laceration	no.	18 857	8 663	6 907	3 242	3 318	700	685	620	42 992

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
2nd degree laceration	no.	17 528	11 536	10 014	4 759	3 665	940	1 546	520	50 508
3rd/4th degree laceration	no.	1 074	754	666	413	269	49	125	53	3 403
Episiotomy	no.	9 134	9 382	4 778	2 595	1 608	566	380	297	28 740
Combined laceration and episiotomy	no.	2 040	904	563	1 060	631	–	47	38	5 283
Other (g)	no.	1 391	3 543	5 431	651	31	–	–	34	11 081
Not stated	no.	3	152	1	–	–	–	–	1	157
Total	no.	**66 324**	**49 475**	**40 685**	**20 519**	**13 245**	**4 471**	**4 135**	**2 754**	**201 606**
Proportion of perineal										
Intact	%	24.6	29.4	30.3	38.0	28.1	49.6	32.7	43.2	29.5
1st degree laceration	%	28.4	17.5	17.0	15.8	25.1	15.7	16.6	22.5	21.3
2nd degree laceration	%	26.4	23.3	24.6	23.2	27.7	21.0	37.4	18.9	25.1
3rd/4th degree laceration	%	1.6	1.5	1.6	2.0	2.0	1.1	3.0	1.9	1.7
Episiotomy	%	13.8	19.0	11.7	12.6	12.1	12.7	9.2	10.8	14.3
Combined laceration and episiotomy	%	3.1	1.8	1.4	5.2	4.8	–	1.1	1.4	2.6
Other (g)	%	2.1	7.2	13.3	3.2	0.2	–	–	1.2	5.5
Not stated	%	–	0.3	–	–	–	–	–	–	0.1
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2010										
Number										
Intact	no.	15 340	16 124	11 998	7 768	3 551	1 831	1 391	1 082	59 085
1st degree laceration	no.	18 909	8 904	7 580	3 146	3 377	781	614	567	43 878
2nd degree laceration	no.	17 874	12 025	10 465	4 980	3 645	912	1 395	619	51 915
3rd/4th degree laceration	no.	1 129	908	693	382	282	46	120	61	3 621
Episiotomy	no.	9 488	10 283	5 047	2 626	1 816	549	436	326	30 571
Combined laceration and episiotomy	no.	2 065	1 441	433	1 133	659	27	47	44	5 849
Other (g)	no.	1 205	–	4 747	448	13	97	–	22	4 879

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
Not stated	no.	10	439	–	–	–	–	–	–	449
Total	no.	**66 020**	**50 124**	**40 963**	**20 483**	**13 343**	**4 243**	**4 003**	**2 721**	**201 900**
Proportion of perineal										
Intact	%	23.2	32.2	29.3	37.9	26.6	43.2	34.7	39.8	29.3
1st degree laceration	%	28.6	17.8	18.5	15.4	25.3	18.4	15.3	20.8	21.7
2nd degree laceration	%	27.1	24.0	25.5	24.3	27.3	21.5	34.8	22.7	25.7
3rd/4th degree laceration	%	1.7	1.8	1.7	1.9	2.1	1.1	3.0	2.2	1.8
Episiotomy	%	14.4	20.5	12.3	12.8	13.6	12.9	10.9	12.0	15.1
Combined laceration and episiotomy	%	3.1	2.9	1.1	5.5	4.9	0.6	1.2	1.6	2.9
Other (g)	%	1.8	–	11.6	2.2	0.1	2.3	–	0.8	2.4
Not stated	%	–	0.9	–	–	–	–	–	–	0.2
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2011										
Number										
Intact	no.	14 789	12 182	11 997	7 643	3 628	1 363	1 228	1 003	53 986
1st degree laceration	no.	19 065	8 405	8 119	3 274	3 313	1 098	531	557	44 362
2nd degree laceration	no.	17 584	12 198	10 331	5 016	3 702	985	1 368	608	51 812
3rd/4th degree laceration	no.	1 304	928	720	439	290	73	134	77	3 980
Episiotomy	no.	9 603	10 405	5 047	2 947	2 085	442	426	332	31 134
Combined laceration and episiotomy	no.	2 269	1 490	410	1 267	370	97	56	30	5 954
Other (g), (h), (i)	no.	1 120	3 529	4 190	393	6	227	–	31	9 496
Not stated	no.	25	428	4	–	1	–	–	–	458
Total	no.	**65 759**	**49 565**	**40 818**	**20 979**	**13 395**	**4 285**	**3 743**	**2 638**	**201 182**
Proportion of perineal										
Intact	%	22.5	24.6	29.4	36.4	27.1	31.8	32.8	38.0	26.8
1st degree laceration	%	29.0	17.0	19.9	15.6	24.7	25.6	14.2	21.1	22.1

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
2nd degree laceration	%	26.7	24.6	25.3	23.9	27.6	23.0	36.5	23.0	25.8
3rd/4th degree laceration	%	2.0	1.9	1.8	2.1	2.2	1.7	3.6	2.9	2.0
Episiotomy	%	14.6	21.0	12.4	14.0	15.6	10.3	11.4	12.6	15.5
Combined laceration and episiotomy	%	3.5	3.0	1.0	6.0	2.8	2.3	1.5	1.1	3.0
Other (g), (h), (i)	%	1.7	7.1	10.3	1.9	0.0	5.3	–	1.2	4.7
Not stated	%	0.0	0.9	0.0	–	0.0	–	–	–	0.2
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2012										
Number										
Intact	no.	14 766	12 168	12 455	7 844	3 610	1 185	1 294	895	54 217
1st degree laceration	no.	19 689	7 987	7 758	3 229	3 423	1 074	526	740	44 426
2nd degree laceration	no.	18 214	12 406	11 090	5 321	3 554	924	1 524	680	53 713
3rd/4th degree laceration	no.	1 347	1 020	836	500	307	67	166	79	4 322
Episiotomy	no.	10 177	10 953	5 597	3 619	2 174	431	464	313	33 728
Combined laceration and episiotomy	no.	2 229	2 055	363	886	391	117	57	50	6 148
Other (g), (h), (i)	no.	1 132	5 656	3 768	435	4	274	–	11	11 280
Not stated	no.	8	116	–	18	–	–	–	6	148
Total	no.	**67 562**	**52 361**	**41 867**	**21 852**	**13 463**	**4 072**	**4 031**	**2 774**	**207 982**
Proportion of perineal										
Intact	%	21.9	23.2	29.7	35.9	26.8	29.1	32.1	32.3	26.1
1st degree laceration	%	29.1	15.3	18.5	14.8	25.4	26.4	13.0	26.7	21.4
2nd degree laceration	%	27.0	23.7	26.5	24.4	26.4	22.7	37.8	24.5	25.8
3rd/4th degree laceration	%	2.0	1.9	2.0	2.3	2.3	1.6	4.1	2.8	2.1
Episiotomy	%	15.1	20.9	13.4	16.6	16.1	10.6	11.5	11.3	16.2
Combined laceration and episiotomy	%	3.3	3.9	0.9	4.1	2.9	2.9	1.4	1.8	3.0
Other (g), (h), (i)	%	1.7	10.8	9.0	2.0	0.0	6.7	–	0.4	5.4

Table 11A.113 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
Not stated	%	0.0	0.2	–	0.1	–	–	–	0.2	0.1
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) 1st degree laceration: perineal laceration, rupture or tear during delivery involving fourchette, labia, skin, slight, vagina, vulva; 2nd degree laceration: perineal laceration, rupture or tear during delivery as with 1st degree also involving pelvic floor, perineal muscles, vaginal muscles; 3rd degree laceration: perineal laceration, rupture or tear during delivery as with 2nd degree also involving anal sphincter, rectovaginal septum, sphincter NOS; 4th degree laceration: perineal laceration, rupture or tear during delivery as with 3rd degree also involving anal mucosa, rectal mucosa. Because of differences in definitions and methods used for data collection, care must be taken when comparing across jurisdictions.

(b) For multiple births, the perineal status after delivery of the first born was used.

(c) Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths.

(d) Include mothers reported with a labial, clitorial, vaginal and/or cervical laceration.

(e) In 2010 and 2011, for Tasmania, cases where both a laceration and episiotomy occurred were coded as ‘Combined laceration and episiotomy’ in the electronic systems. In the paper-based form they were recorded as ‘Episiotomy’. Care must be taken when interpreting these numbers. Before 2010, for Tasmania, cases where both a laceration and episiotomy occured were coded as episiotomy. Care must be taken when interpreting these numbers.

(f) Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

(g) For NSW, includes unspecified perineal tear and vulval or perineal haematoma.

(h) In 2010 and 2011, for Queensland, other includes genital grazes such as clitoral or labial.

(i) In 2010 and 2011, for WA, 'other' includes unspecified perineal tear and vulval or perineal haematoma.

– Nil or rounded to zero. **np** Not published.

Source :

AIHW (various years), *Australia’s mothers and babies* , Perinatal statistics series, Sydney, AIHW National Perinatal Epidemiology and Statistics Unit.

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
2010-11										
O01A - Caesarean Delivery +Ccc										
Separations	no.	1 227	910	774	442	310	67	76	71	3 877
Patient days	no.	11 558	9 522	6 191	4 288	3 121	581	486	806	36 554
ALOS	days	9.42	10.46	8.00	9.71	10.05	8.66	6.39	11.35	9.43
Sample size (f)	no. hospitals	42	28	24	19	12	3	2	4	134
Average cost (g)	$/DRG	15 639	19 089	15 760	20 571	17 615	20 871	21 464	24 365	17 558
Direct	$/DRG	11 405	14 230	13 207	17 789	13 970	16 557	12 314	15 838	13 548
Overhead	$/DRG	4 234	4 859	2 553	2 782	3 645	4 315	9 150	8 527	4 009
O01B - Caesarean Delivery +Scc										
Separations	no.	3 403	2 949	1 844	1 236	826	193	226	163	10 839
Patient days	no.	19 468	15 538	9 100	6 480	4 861	1 030	1 061	1 280	58 818
ALOS	days	5.72	5.27	4.93	5.24	5.89	5.35	4.69	7.85	5.43
Sample size (f)	no. hospitals	56	33	27	23	21	3	2	4	169
Average cost (g)	$/DRG	10 911	11 365	11 729	14 715	11 940	15 134	15 663	16 012	11 937
Direct	$/DRG	7 982	8 623	9 756	11 744	9 247	12 038	8 960	10 045	9 107
Overhead	$/DRG	2 929	2 741	1 973	2 971	2 692	3 096	6 703	5 967	2 829
O01C - Caesarean Delivery -Cscc										
Separations	no.	15 100	10 770	–	4 838	3 295	877	798	614	36 292
Patient days	no.	58 120	42 121	–	18 790	13 720	3 475	2 976	2 959	142 160
ALOS	days	3.85	3.91	–	3.88	4.16	3.96	3.73	4.82	3.92
Sample size (f)	no. hospitals	57	34	–	24	25	3	2	4	149
Average cost (g)	$/DRG	8 689	8 947	–	13 196	9 917	12 010	12 328	11 257	9 681
Direct	$/DRG	6 408	6 841	–	9 955	7 581	9 611	7 404	6 664	7 220
Overhead	$/DRG	2 280	2 106	–	3 240	2 337	2 399	4 923	4 593	2 462

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
O02A - Vaginal Delivery +Or Pr +Cscc										
Separations	no.	451	371	301	240	130	20	36	39	1 589
Patient days	no.	2 082	1 506	1 217	1 001	691	72	137	243	6 948
ALOS	days	4.61	4.06	4.05	4.17	5.29	3.54	3.81	6.23	4.37
Sample size (f)	no. hospitals	46	26	25	22	15	3	2	4	143
Average cost (g)	$/DRG	10 544	9 373	10 980	13 854	10 200	11 385	15 355	14 047	11 030
Direct	$/DRG	7 888	7 200	9 177	10 650	7 874	9 039	9 231	8 910	8 457
Overhead	$/DRG	2 656	2 173	1 803	3 204	2 327	2 346	6 124	5 137	2 573
O02B - Vaginal Delivery +Or Pr -Cscc										
Separations	no.	1 707	1 124	934	438	359	75	135	76	4 849
Patient days	no.	5 754	3 302	2 807	1 572	1 248	235	427	259	15 604
ALOS	days	3.37	2.94	3.00	3.58	3.47	3.15	3.16	3.41	3.22
Sample size (f)	no. hospitals	54	29	31	23	18	3	2	4	164
Average cost (g)	$/DRG	6 974	6 546	7 767	9 078	6 487	8 300	8 733	6 734	7 247
Direct	$/DRG	5 163	5 020	6 477	7 132	5 043	6 605	5 249	3 969	5 558
Overhead	$/DRG	1 811	1 526	1 290	1 946	1 444	1 695	3 484	2 765	1 689
O03A - Ectopic Pregnancy (h)										
Separations	no.	134	136	76	66	38	11	12	14	487
Patient days	no.	412	386	237	164	96	35	28	46	1 404
ALOS	days	3.07	2.85	3.13	2.49	2.50	3.14	2.33	3.29	2.89
Sample size (f)	no. hospitals	38	23	19	13	9	3	2	3	110
Average cost (g)	$/DRG	7 911	6 543	10 358	9 708	8 491	8 955	14 054	9 339	8 416
Direct	$/DRG	6 295	5 267	8 806	7 201	6 616	7 198	7 660	6 074	6 595
Overhead	$/DRG	1 616	1 276	1 552	2 507	1 874	1 757	6 393	3 265	1 821
O03B - Ectopic Pregnancy (h)										

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Separations	no.	797	633	520	229	160	41	46	42	2 469
Patient days	no.	1 461	1 068	819	369	282	71	89	81	4 239
ALOS	days	2	2	2	2	2	2	2	2	2
Sample size (f)	no. hospitals	47	29	22	14	12	3	2	3	132
Average cost (g)	$/DRG	4 587	4 086	6 231	6 185	5 748	7 454	7 978	6 507	5 172
Direct	$/DRG	3 613	3 259	5 267	4 837	4 598	6 073	4 877	4 279	4 124
Overhead	$/DRG	974	827	963	1 348	1 150	1 381	3 102	2 228	1 048
O04A - Postpartum & Post Abortn+Or Pr (h)										
Separations	no.	65	64	63	36	14	6	9	4	260
Patient days	no.	328	383	248	185	124	15	33	27	1 344
ALOS	days	5.05	5.98	3.96	5.21	8.80	2.45	3.67	6.75	5.16
Sample size (f)	no. hospitals	29	23	16	10	7	3	2	1	91
Average cost (g)	$/DRG	9 721	11 787	9 912	13 567	13 351	4 710	15 897	19 483	11 240
Direct	$/DRG	7 560	9 537	8 322	10 818	10 833	3 831	10 646	13 427	8 959
Overhead	$/DRG	2 162	2 249	1 590	2 749	2 518	880	5 251	6 055	2 281
O04B - Postpartum & Post Abortn+Or Pr (h)										
Separations	no.	396	369	260	158	99	56	24	17	1,381
Patient days	no.	741	664	487	268	327	74	54	79	2,694
ALOS	days	2	2	2	2	3	1	2	5	2
Sample size (f)	no. hospitals	52	34	25	22	19	3	2	4	161
Average cost (g)	$/DRG	3,770	3,239	4,500	5,085	4,834	3,664	7,493	10,356	4,135
Direct	$/DRG	2,934	2,512	3,823	3,853	3,536	2,935	4,556	5,569	3,198
Overhead	$/DRG	837	726	677	1,232	1,298	730	2,937	4,787	936
O05Z - Abortion+ Or Proc										
Separations	no.	6 565	7 473	2 884	2 102	5 431	489	274	1 099	26 318

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Patient days	no.	7 170	7 780	23 213	2 298	5 572	534	313	1 167	48 047
ALOS	days	1.09	1.04	8.05	1.09	1.03	1.09	1.14	1.06	1.83
Sample size (f)	no. hospitals	65	38	32	21	29	3	2	4	194
Average cost (g)	$/DRG	1 879	1 850	2 977	3 330	1 686	2 465	4 768	1 709	2 101
Direct	$/DRG	1 407	1 410	2 546	2 417	1 355	1 989	2 968	1 122	1 618
Overhead	$/DRG	472	440	432	913	331	476	1 800	587	483
O60A - Vaginal Delivery +Cscc										
Separations	no.	4 432	3 652	2 628	1 596	1 367	283	127	279	14 364
Patient days	no.	20 436	13 953	19 771	6 795	6 064	1 132	513	1 443	70 109
ALOS	days	4.61	3.82	7.52	4.26	4.44	4.01	4.04	5.17	4.88
Sample size (f)	no. hospitals	60	36	33	23	24	3	2	5	186
Average cost (g)	$/DRG	8 233	6 739	7 867	9 243	7 597	9 525	10 167	9 508	7 905
Direct	$/DRG	6 053	5 119	6 532	7 893	5 799	7 426	6 353	5 854	6 109
Overhead	$/DRG	2 180	1 620	1 335	1 350	1 797	2 099	3 814	3 653	1 796
O60B - Vaginal Delivery -Cscc										
Separations	no.	31 013	26 184	19 741	9 156	6 934	1 833	485	1 277	96 623
Patient days	no.	84 279	64 685	56 022	23 785	18 823	5 126	1 366	3 807	257 894
ALOS	days	2.72	2.47	2.84	2.60	2.71	2.80	2.82	2.98	2.67
Sample size (f)	no. hospitals	61	37	48	25	26	3	2	5	207
Average cost (g)	$/DRG	5 304	4 359	5 096	5 669	4 495	5 829	6 919	5 137	4 998
Direct	$/DRG	3 863	3 307	4 223	4 660	3 408	4 584	4 347	2 975	3 834
Overhead	$/DRG	1 440	1 051	872	1 009	1 087	1 245	2 571	2 162	1 164
O60C - Vaginal Delivery + Mod Comp Dx										
Separations	no.	16 085	5 854	6 824	4 901	1 664	706	2 213	481	38 729
Patient days	no.	34 429	11 474	10 948	11 874	3 021	1 428	4 538	1 040	78 752

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
ALOS	days	2.14	1.96	1.60	2.42	1.82	2.02	2.05	2.16	2.03
Sample size (f)	no. hospitals	61	34	48	26	25	3	2	4	203
Average cost (g)	$/DRG	4 278	3 484	3 838	7 356	2 977	4 541	4 296	3 737	4 413
Direct	$/DRG	3 167	2 646	3 215	5 103	2 213	3 599	2 764	2 094	3 272
Overhead	$/DRG	1 111	838	622	2 252	764	942	1 532	1 642	1 141
2011-12										
O01A - Caesarean Delivery +Ccc										
Separations	no.	1 307	921	803	477	337	73	109	83	4 108
Patient days	no.	12 689	8 536	6 036	4 566	3 568	804	816	901	37 903
ALOS	days	9.71	9.27	7.52	9.57	10.59	11.01	7.49	10.86	9.23
Sample size (f)	no. hospitals	46	28	24	18	9	3	2	3	132
Average cost (g)	$/DRG	16 593	14 526	16 642	21 573	18 979	17 921	21 501	30 607	17 352
Direct	$/DRG	11 985	10 785	12 650	17 506	15 284	14 188	12 403	22 361	13 018
Overhead	$/DRG	4 608	3 741	3 992	4 067	3 696	3 733	9 097	8 246	4 334
O01B - Caesarean Delivery +Scc										
Separations	no.	3 417	2736	2060	1102	909	219	257	195	10 884
Patient days	no.	18 652	14 380	9 633	5 732	5 257	1 165	1 370	1 264	57 409
ALOS	days	5.46	5.26	4.68	5.20	5.78	5.32	5.33	6.48	5.28
Sample size (f)	no. hospitals	59	34	33	22	21	3	2	4	174
Average cost (g)	$/DRG	10 671	10 096	11 978	15 727	12 551	10 146	16 324	19 583	11 727
Direct	$/DRG	7 721	7 579	9 088	12 264	10 028	8 158	9 332	13 913	8 755
Overhead	$/DRG	2 950	2 518	2 890	3 463	2 523	1 988	6 992	5 670	2 972
O01C - Caesarean Delivery -Cscc										
Separations	no.	14 845	9536	8902	3855	3476	796	896	663	42 813

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Patient days	no.	56 984	36 067	30 273	14 503	14 319	3 042	3 438	3 019	161 052
ALOS	days	3.84	3.78	3.40	3.76	4.12	3.82	3.84	4.55	3.76
Sample size (f)	no. hospitals	62	32	36	24	25	3	2	4	182
Average cost (g)	$/DRG	8 848	7 889	9 651	13 675	10 712	7 746	12 936	15 333	9 546
Direct	$/DRG	6 426	5 980	7 292	10 166	8 409	6 249	7 442	10 706	7 082
Overhead	$/DRG	2 422	1 909	2 358	3 510	2 302	1 497	5 494	4 627	2 464
O02A - Vaginal Delivery +Or Pr +Cscc										
Separations	no.	485	328	337	198	102	25	37	26	1 534
Patient days	no.	2 249	1 321	1 239	815	423	122	164	129	6 437
ALOS	days	4.64	4.03	3.68	4.12	4.15	4.88	4.43	4.96	4.20
Sample size (f)	no. hospitals	49	28	27	18	13	3	2	4	141
Average cost (g)	$/DRG	10 752	7 891	10 672	12 013	9 660	10 196	14 191	15 224	10 325
Direct	$/DRG	7 848	6 025	8 006	9 460	7 818	8 457	8 468	10 662	7 746
Overhead	$/DRG	2 904	1 866	2 666	2 553	1 842	1 740	5 722	4 561	2 579
O02B - Vaginal Delivery +Or Pr -Cscc										
Separations	no.	1 783	944	897	390	391	83	141	63	4 683
Patient days	no.	5 734	2 750	2 621	1 306	1 300	276	393	236	14 588
ALOS	days	3.22	2.91	2.92	3.35	3.32	3.33	2.79	3.75	3.12
Sample size (f)	no. hospitals	59	32	34	18	18	3	2	4	166
Average cost (g)	$/DRG	6 991	5 644	8 049	9 154	7 029	5 720	8 779	10 905	7 188
Direct	$/DRG	5 054	4 250	6 011	6 961	5 612	4 658	5 286	7 716	5 314
Overhead	$/DRG	1 937	1 393	2 038	2 193	1 417	1 063	3 493	3 189	1 873
O03A - Ectopic Pregnancy (h)										
Separations	no.	163	159	111	69	45	6	6	11	570
Patient days	no.	425	410	274	140	104	18	17	35	1 423

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
ALOS	days	2.61	2.58	2.47	2.03	2.31	3.00	2.83	3.18	2.50
Sample size (f)	no. hospitals	42	22	19	10	9	3	2	3	110
Average cost (g)	$/DRG	7 046	6 856	9 687	7 440	7 655	9 021	14 792	9 554	7 754
Direct	$/DRG	5 336	5 486	7 499	5 782	6 360	7 051	8 661	7 052	6 020
Overhead	$/DRG	1 710	1 370	2 187	1 658	1 295	1 970	6 131	2 502	1 734
O03B - Ectopic Pregnancy (h)										
Separations	no.	796	712	561	220	142	59	44	30	2 564
Patient days	no.	1 434	1 128	914	335	265	129	72	68	4 345
ALOS	days	1.80	1.58	1.63	1.52	1.87	2.19	1.64	2.27	1.70
Sample size (f)	no. hospitals	47	26	25	11	14	3	2	3	131
Average cost (g)	$/DRG	4 664	3 820	7 042	6 171	5 299	6 979	8 139	7 605	5 262
Direct	$/DRG	3 521	3 005	5 477	4 819	4 260	5 551	4 612	5 766	4 050
Overhead	$/DRG	1 143	815	1 565	1 352	1 038	1 428	3 527	1 838	1 212
O04A - Postpartum & Post Abortn+Or Pr (h)										
Separations	no.	77	77	67	41	19	6	5	3	295
Patient days	no.	386	388	287	220	112	36	24	24	1 477
ALOS	days	5.01	5.04	4.28	5.37	5.89	6.00	4.80	8.00	5.01
Sample size (f)	no. hospitals	31	23	17	10	8	2	2	2	95
Average cost (g)	$/DRG	10 473	10 187	11 403	14 818	8 438	19 406	16 890	10 918	11 377
Direct	$/DRG	7 920	8 158	8 708	11 938	6 760	16 227	11 237	8 583	8 877
Overhead	$/DRG	2 553	2 030	2 695	2 879	1 678	3 179	5 652	2 336	2 501
O04B - Postpartum & Post Abortn+Or Pr (h)										
Separations	no.	365	310	254	145	98	51	31	19	1 273
Patient days	no.	771	513	488	337	200	77	63	59	2 508
ALOS	days	2.11	1.65	1.92	2.32	2.04	1.51	2.03	3.11	1.97

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Sample size (f)	no. hospitals	59	36	29	18	19	3	2	2	168
Average cost (g)	$/DRG	3 760	3 245	5 021	5 741	5 097	4 070	8 121	5 972	4 366
Direct	$/DRG	2 813	2 467	3 870	4 459	3 776	3 209	4 855	4 595	3 294
Overhead	$/DRG	947	777	1 151	1 282	1 321	861	3 266	1 376	1 073
O05Z - Abortion+ Or Proc										
Separations	no.	6 050	7003	2823	2041	4711	370	322	995	24 276
Patient days	no.	6 673	7 428	3 164	2 241	4 854	394	347	1 069	26 118
ALOS	days	1.10	1.06	1.12	1.10	1.03	1.06	1.08	1.07	1.08
Sample size (f)	no. hospitals	71	41	40	22	29	3	2	4	205
Average cost (g)	$/DRG	1 986	2 112	3 318	3 042	1 731	2 824	4 600	1 930	2 257
Direct	$/DRG	1 470	1 613	2 636	2 251	1 416	2 233	2 737	1 502	1 729
Overhead	$/DRG	516	499	682	791	315	592	1 863	428	529
O60A - Vaginal Delivery +Cscc										
Separations	no.	5 053	3687	2821	1720	1314	292	297	291	15 441
Patient days	no.	21 961	14 393	9 833	7 488	5 703	1 255	1 153	1 344	63 022
ALOS	days	4.35	3.90	3.49	4.35	4.34	4.30	3.88	4.62	4.08
Sample size (f)	no. hospitals	63	34	37	23	25	4	2	4	186
Average cost (g)	$/DRG	7 672	5 893	7 533	9 929	7 978	7 026	9 657	11 009	7 590
Direct	$/DRG	5 468	4 398	5 601	7 805	6 270	5 585	6 010	7 935	5 625
Overhead	$/DRG	2 203	1 495	1 932	2 125	1 708	1 441	3 647	3 074	1 965
O60B - Vaginal Delivery -Cscc										
Separations	no.	34 515	21598	20042	8915	6587	1638	2069	1374	96 392
Patient days	no.	88 474	53 440	44 233	22 887	17 423	4 585	4 636	3 922	238 598
ALOS	days	2.56	2.47	2.21	2.57	2.65	2.80	2.24	2.85	2.48
Sample size (f)	no. hospitals	67	35	61	25	26	4	2	5	210

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Average cost (g)	$/DRG	4 975	3 634	4 900	6 499	4 911	4 050	5 706	7 503	4 826
Direct	$/DRG	3 560	2 734	3 559	4 884	3 774	3 224	3 620	5 208	3 526
Overhead	$/DRG	1 414	900	1 340	1 615	1 137	826	2 086	2 295	1 300
O60C - Vaginal Delivery + Mod Comp Dx										
Separations	no.	9 354	4836	6750	1992	1888	690	565	447	26 240
Patient days	no.	17 042	9 039	10 671	3 730	3 358	1 364	808	896	46 181
ALOS	days	1.82	1.87	1.58	1.87	1.78	1.98	1.43	2.00	1.76
Sample size (f)	no. hospitals	67	36	66	27	25	6	2	5	221
Average cost (g)	$/DRG	3 755	2 648	3 882	4 781	3 177	3 369	3 907	5 779	3 588
Direct	$/DRG	2 681	2 004	2 776	3 528	2 410	2 699	2 499	3 866	2 597
Overhead	$/DRG	1 074	644	1 106	1 254	767	670	1 408	1 913	991

(a) Cells with fewer than five separations have been marked 'np' for privacy concerns.

(b) Estimated population costs are obtained by weighting the sample results according to the known charactistics of the population.

(c) DRGs with few separations depict an average cost per patients that is significantly different to that reported nationally. Results for smaller jurisdictions such as Tasmania, NT and the ACT are affected by diseconomies of scale and the requirement to provide comprehensive health care to their populations. Caution should be used when interpreting this information. Due to the relatively few observations within these DRGs, smaller State/Territories (Tasmania, NT and ACT) average cost per patient is not a suitable measure if intended for comparative purposes.

(d) The effects of the interaction and relation betwee Public and Private sectors in the provision of Tasmanian health service should be considered when interpreting the data. An example of this is the Public Sector is the only provider of Intensive Care Services to the North and North West of the State.

(e) The admitted patient results from the NT will be affected by many factors distinguishing them from the average for the nation. Including, issues of remoteness, poor health status of the population, measurable high instance of chronic disease not reflected in DRG assignment, low numbers of primary care facilities and lack of community based opportunities to aid in discharge planning strategies. NT ALOS is consistently greater or equal to the national average. The reasons for this will vary from DRG to DRG, but typically it is a function of large distances travelled by the patient and there may be language issues and additional supervision prior top surgery (many Indigenous Australians do not speak English as a first language), interruption of the process due to emergency procedures, (only having a single hospital in each location), and few opportunities for those individuals suffering from chronic poverty, and a lack or responsiveness of the DRGs to the high levels of chronic illness many of the Indigenous patients suffer.

Table 11A.114 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*

(f) The sample size is the number of hospitals contributing to the cost and activity data for each AR-DRG.

(g) Average cost is affected by a number of factors, some of which are admission practices, sample size, remoteness and the type of hospitals contributing to the collection. Direct comparison between jurisdictions is difficult as there are differences in hospital costing systems. In accordance with NHCDC methodology, depreciation and some capital costs are included in these figures, except for Victoria, which did not include depreciation cost in 2009-10 but did in 2010-11 (Round 15).

(h) Instead of O03Z, O04Z (which are DRGs in ARDRG version 5.2), figures are according to DRGs (O03A, O03B, O04A, O04B) in AR-DRG version 6.0x)

ALOS = patient's Average Length of Stay. c = catastrophic. cc = complications and co-morbidities. Or Pr = operating room procedure. s = severe. w/o = without. w = with.

np Not published. – Nil or rounded to zero.

ɔurce: IHPA, *NHCDC Round 14* (2009-10) v6.0x and *Round 15* (2010-11) v6.0x.

Table 11A.115 Average length of stay for selected maternity AR-DRG (version 6.0x) 2012-13 (a)

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
O01C	Caesarean delivery without catastrophic or severe CC									
	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	np	np	np	5.0
	Total	4.3	4.2	3.9	4.3	4.4	np	np	np	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	np	np	np	29 680
	Total	23 678	19 101	15 946	8 893	5 116	np	np	np	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	np	np	np	3.6
	Total	2.1	2.2	1.8	2.0	2.0	np	np	np	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	np	np	np	5 328
	Total	10 583	6 145	7 883	3 055	2 221	np	np	np	31 965

(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 ACT and the NT, or if fewer than 50 separations were reported.

np Not published.

CC=complications and comorbidities

Source: AIHW 2014, *Australian Hospital Statistics 2012-13*, Health Services Series No. 54, Cat no. HSE 145, AIHW, Canberra.

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
2004										
Birthweight less than 1500g	no. of live births	813	544	483	270	190	49	60	51	2 460
Apgar score 0	% of live births	1.6	2.0	5.0	2.2	2.1	–	–	3.9	2.4
Apgar score 1-3	% of live births	12.2	13.6	12.4	5.6	13.7	4.1	10.0	17.7	11.8
Apgar score 4-6	% of live births	12.9	7.4	9.3	10.4	6.3	8.2	13.3	11.8	10.1
Apgar score 7-10	% of live births	72.1	75.7	72.7	81.1	77.9	87.8	76.7	66.7	74.7
Birthweight 1500-1999g	no. of live births	910	575	512	280	213	50	89	34	2 663
Apgar score 0	% of live births	0.1	–	–	–	–	–	–	–	–
Apgar score 1-3	% of live births	0.9	0.9	0.8	0.7	–	–	1.1	–	0.8
Apgar score 4-6	% of live births	5.0	2.6	2.9	1.4	2.8	6.0	5.6	–	3.5
Apgar score 7-10	% of live births	93.9	96.3	96.3	97.1	97.2	94.0	93.3	100.0	95.5
Birthweight 2000-2499g	no. of live births	2 593	1 926	1 488	690	558	159	166	175	7 755
Apgar score 0	% of live births	–	0.1	0.1	–	–	–	–	–	0.1
Apgar score 1-3	% of live births	0.5	0.3	0.5	0.1	0.5	–	0.6	0.6	0.4
Apgar score 4-6	% of live births	1.9	2.2	2.0	2.5	3.4	1.3	1.2	4.0	2.2
Apgar score 7-10	% of live births	97.1	97.1	97.2	97.1	96.1	98.8	98.2	95.4	97.1
Birthweight 2500g and over	no. of live births	60 011	40 353	31 948	13 662	11 601	2 949	2 777	2 451	165 752
Apgar score 0	% of live births	–	–	–	–	–	–	0.1	–	–
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.9	0.7	0.8	1.4	1.0	1.9	0.9
Apgar score 7-10	% of live births	98.6	98.8	98.9	99.1	99.1	98.5	98.7	97.8	98.8
2005										
Birthweight less than 1500g	no. of live births	767	620	484	267	240	44	69	46	2 537
Apgar score 0	% of live births	3.3	2.3	3.7	1.5	2.1	2.3	2.9	4.4	2.8
Apgar score 1-3	% of live births	15.1	16.9	11.4	8.6	13.3	6.8	7.3	19.6	13.7
Apgar score 4-6	% of live births	12.8	10.8	8.1	10.9	7.9	11.4	11.6	10.9	10.6

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 7-10	% of live births	67.4	68.9	76.5	78.3	76.7	79.5	78.3	65.2	72.0
Birthweight 1500-1999g	no. of live births	910	586	565	282	224	52	66	59	2 744
Apgar score 0	% of live births	–	0.2	–	0.4	–	–	–	–	0.1
Apgar score 1-3	% of live births	1.4	0.7	0.7	1.1	–	–	1.5	–	0.9
Apgar score 4-6	% of live births	4.2	3.9	2.8	3.9	4.5	1.9	3.0	3.4	3.7
Apgar score 7-10	% of live births	93.5	94.7	96.5	94.7	95.5	98.1	95.5	96.6	94.9
Birthweight 2000-2499g	no. of live births	2 701	1 953	1 650	741	621	174	159	169	8 168
Apgar score 0	% of live births	0.1	0.1	–	–	–	0.5	–	–	0.1
Apgar score 1-3	% of live births	0.4	0.5	0.4	0.3	0.3	–	1.3	1.2	0.4
Apgar score 4-6	% of live births	2.5	2.4	1.6	1.6	2.1	1.7	0.6	2.4	2.1
Apgar score 7-10	% of live births	96.4	96.9	97.7	97.8	97.6	97.1	98.1	96.5	97.0
Birthweight 2500g and over	no. of live births	62 819	42 376	34 917	14 659	12 078	3 652	2 811	2 607	175 919
Apgar score 0	% of live births	–	–	–	–	–	–	–	0.1	–
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.7	0.8	1.3	1.0	0.6	2.1	0.9
Apgar score 7-10	% of live births	98.7	98.9	99.1	99.1	98.6	98.9	99.3	97.6	98.8
2006										
Birthweight less than 1500g	no. of live births	1 014	455	585	299	196	40	75	52	2 716
Apgar score 0	% of live births	3.7	2.4	3.2	2.3	2.0	2.5	–	–	2.9
Apgar score 1-3	% of live births	10.6	12.6	13.2	7.4	4.6	7.5	18.7	17.3	11.0
Apgar score 4-6	% of live births	12.5	12.6	9.2	13.0	9.7	20.0	5.3	7.7	11.5
Apgar score 7-10	% of live births	71.4	71.4	73.7	76.3	83.7	70.0	76.0	75.0	73.5
Birthweight 1500-1999g	no. of live births	1 012	641	590	308	193	54	73	56	2 927
Apgar score 0	% of live births	0.2	0.1	–	–	–	1.9	–	5.4	0.2
Apgar score 1-3	% of live births	1.1	1.2	1.0	0.3	–	1.9	–	–	0.9
Apgar score 4-6	% of live births	5.1	4.7	3.7	4.9	3.1	3.7	5.5	–	4.5

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 7-10	% of live births	93.2	93.7	95.1	94.8	96.9	92.6	94.5	94.6	94.1
Birthweight 2000-2499g	no. of live births	2 872	2 042	1 673	798	616	194	172	187	8 554
Apgar score 0	% of live births	–	0.1	0.1	–	–	–	–	–	0.1
Apgar score 1-3	% of live births	0.5	0.4	0.3	0.6	0.5	0.5	1.7	–	0.4
Apgar score 4-6	% of live births	1.9	2.1	1.4	2.8	2.1	1.0	3.5	1.6	2.0
Apgar score 7-10	% of live births	97.0	97.1	97.5	96.6	97.4	98.5	94.8	98.4	97.2
Birthweight 2500g and over	no. of live births	64 305	44 192	35 847	15 735	12 538	3 845	3 145	2 637	182 244
Apgar score 0	% of live births	–	–	–	–	–	0.1	–	0.1	–
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.7	0.8	1.0	0.9	1.1	1.7	0.9
Apgar score 7-10	% of live births	98.6	98.8	99.1	99.0	98.9	99.0	98.7	98.1	98.8
2007										
Birthweight less than 1500g	no. of live births	774	658	543	289	215	71	64	57	2 671
Apgar score 0	% of live births	2.1	3.0	2.6	1.4	1.4	9.9	1.6	–	2.4
Apgar score 1-3	% of live births	13.8	14.3	10.3	8.0	11.2	5.6	21.9	14.0	12.4
Apgar score 4-6	% of live births	14.3	15.5	12.0	15.9	9.3	9.9	18.8	22.8	14.1
Apgar score 7-10	% of live births	69.8	66.1	74.4	74.7	78.1	74.7	57.8	59.6	70.6
Birthweight 1500-1999g	no. of live births	942	712	610	344	195	88	89	45	3 025
Apgar score 0	% of live births	0.1	0.1	–	–	–	–	–	–	0.1
Apgar score 1-3	% of live births	1.7	1.1	1.1	1.2	0.5	1.1	–	–	1.2
Apgar score 4-6	% of live births	5.4	5.1	5.2	5.2	7.2	–	6.7	8.8	5.3
Apgar score 7-10	% of live births	92.8	93.4	93.1	93.0	92.3	98.9	93.3	88.9	93.1
Birthweight 2000-2499g	no. of live births	2 827	2 067	1 667	858	653	261	165	166	8 664
Apgar score 0	% of live births	0.1	–	0.1	0.1	0.2	–	–	–	0.1
Apgar score 1-3	% of live births	0.6	0.5	0.5	0.2	0.5	–	–	1.8	0.5
Apgar score 4-6	% of live births	2.9	3.1	1.6	2.2	1.5	1.2	–	3.0	2.4

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 7-10	% of live births	96.4	96.1	97.7	97.2	97.9	98.9	97.6	95.8	96.9
Birthweight 2500g and over	no. of live births	66 970	46 496	38 689	16 110	13 194	5 849	3 304	2 721	193 333
Apgar score 0	% of live births	–	–	–	–	–	0.2	–	–	–
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.1
Apgar score 4-6	% of live births	1.0	1.2	0.7	1.0	1.1	0.9	1.2	1.8	1.0
Apgar score 7-10	% of live births	98.9	98.6	99.0	98.8	98.7	98.9	98.5	97.8	98.8
2008										
Birthweight less than 1500g	no. of live births	849	628	564	298	204	53	65	47	2 708
Apgar score 0	% of live births	3.1	3.0	2.1	1.3	1.5	9.4	–	6.4	3
Apgar score 1-3	% of live births	17.1	13.5	14.2	7.4	14.2	9.4	15.4	14.9	14
Apgar score 4-6	% of live births	14.6	19.9	12.8	17.8	9.3	7.6	30.8	23.4	16
Apgar score 7-10	% of live births	64.2	63.5	70.4	73.5	75.0	73.6	53.9	53.2	67
Birthweight 1500-1999g	no. of live births	1 052	628	602	332	240	98	74	43	3 069
Apgar score 0	% of live births	0.3	3.0	–	0.3	–	–	1.4	–	1
Apgar score 1-3	% of live births	0.8	13.5	1.5	0.6	0.8	2.0	4.1	2.3	4
Apgar score 4-6	% of live births	5.6	19.9	5.3	6.6	3.3	4.1	16.2	4.7	9
Apgar score 7-10	% of live births	93.3	63.5	92.9	92.5	95.8	93.9	78.4	93.0	87
Birthweight 2000-2499g	no. of live births	2 880	1 985	1 706	817	605	290	159	185	8 627
Apgar score 0	% of live births	–	0.1	0.1	–	–	0.3	–	–	0
Apgar score 1-3	% of live births	0.6	0.4	0.5	0.6	0.3	0.3	–	–	0
Apgar score 4-6	% of live births	2.4	3.2	1.8	1.7	2.8	1.7	1.3	1.1	2
Apgar score 7-10	% of live births	96.2	96.3	97.5	97.4	96.9	97.6	98.7	98.4	97
Birthweight 2500g and over	no. of live births	67 810	46 453	39 344	16 439	13 402	5 959	3 367	2 742	195 516
Apgar score 0	% of live births	–	–	–	–	–	0.2	–	0.1	0
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.4	0.1	0
Apgar score 4-6	% of live births	1.0	1.3	0.8	1.0	0.9	0.8	1.6	1.6	1

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 7-10	% of live births	98.5	98.6	99.0	98.9	99.0	99.0	98.0	98.1	98.7
2009										
Birthweight less than 1500g	no. of live births	829	659	537	327	222	829	68	52	3 523
Apgar score 0	% of live births	2.1	1.5	3.7	2.1	2.3	2.1	1.5	1.9	2.2
Apgar score 1-3	% of live births	17.0	15.5	12.7	7.3	7.2	17.0	8.8	21.2	14.4
Apgar score 4-6	% of live births	11.8	14.1	14.3	17.1	8.6	11.8	27.9	9.6	13.2
Apgar score 7-10	% of live births	67.4	64.8	66.7	72.8	82.0	67.4	61.8	67.3	68.1
Birthweight 1500-1999g	no. of live births	933	793	618	325	260	933	67	61	3 990
Apgar score 0	% of live births	0.3	0.4	–	0.6	–	0.3	–	–	0.3
Apgar score 1-3	% of live births	0.9	1.1	0.8	1.2	1.5	0.9	4.5	1.6	1.1
Apgar score 4-6	% of live births	4.5	7.2	4.5	9.2	5.0	4.5	10.5	13.1	5.7
Apgar score 7-10	% of live births	93.9	90.7	94.3	88.6	93.5	93.9	85.1	83.4	92.6
Birthweight 2000-2499g	no. of live births	2 847	2 050	1 843	837	669	2 847	184	204	11 481
Apgar score 0	% of live births	–	–	–	–	–	0.0	–	–	0.0
Apgar score 1-3	% of live births	0.6	0.5	0.8	0.4	0.1	0.6	1.1	–	0.6
Apgar score 4-6	% of live births	2.9	3.1	2.3	3.1	4.2	2.9	3.8	3.4	3.0
Apgar score 7-10	% of live births	96.0	96.3	96.7	96.3	98.8	96.0	95.1	96.6	96.3
Birthweight 2500g and over	no. of live births	67 545	47 025	39 765	16 581	13 345	67 545	3 540	2 749	258 095
Apgar score 0	% of live births	–	–	–	–	–	0.0	0.1	–	–
Apgar score 1-3	% of live births	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Apgar score 4-6	% of live births	1.1	1.3	1.0	1.1	1.1	1.1	1.8	1.7	1.1
Apgar score 7-10	% of live births	98.4	98.4	98.7	98.7	98.8	98.4	98.1	98.2	98.5
2010										
Birthweight less than 1500g	no. of live births	841	686	585	277	214	841	74	54	3 572
Apgar score 0	% of live births	2.0	1.5	3.2	1.4	0.9	2.0	1.4	–	2.0

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 1-3	% of live births	14.9	15.6	15.7	6.9	10.3	14.9	16.2	18.5	14.3
Apgar score 4-6	% of live births	15.1	18.8	16.1	16.3	9.3	15.1	12.2	24.1	15.8
Apgar score 7-10	% of live births	67.3	62.8	63.9	75.5	79.4	67.3	70.3	57.4	67.2
Birthweight 1500-1999g	no. of live births	964	714	603	300	261	964	73	55	3 934
Apgar score 0	% of live births	–	0.3	0.2	–	0.4	–	1.4	–	0.1
Apgar score 1-3	% of live births	1.5	1.0	1.5	1.3	0.8	1.5	–	1.8	1.3
Apgar score 4-6	% of live births	5.0	8.0	5.6	8.3	5.0	5.0	5.5	9.1	5.9
Apgar score 7-10	% of live births	93.0	90.5	92.2	90.3	93.9	93.0	93.2	89.1	92.2
Birthweight 2000-2499g	no. of live births	2 852	2 153	1 796	800	659	2 852	179	163	11 454
Apgar score 0	% of live births	–	0.0	0.1	0.1	–	–	0.6	–	0.0
Apgar score 1-3	% of live births	0.6	0.5	0.5	0.1	0.2	0.6	0.6	1.2	0.5
Apgar score 4-6	% of live births	2.9	3.7	3.2	3.8	2.0	2.9	2.2	3.7	3.1
Apgar score 7-10	% of live births	96.1	95.5	96.0	95.6	97.9	96.1	96.7	95.1	96.1
Birthweight 2500g and over	no. of live births	66 894	48 599	39 878	16 723	13 462	66 894	3 726	2 758	258 934
Apgar score 0	% of live births	–	0.0	–	–	–	–	0.1	–	–
Apgar score 1-3	% of live births	0.2	0.2	0.2	0.1	0.1	0.2	0.3	0.2	0.2
Apgar score 4-6	% of live births	1.1	1.3	1.0	1.3	1.2	1.1	1.1	1.7	1.2
Apgar score 7-10	% of live births	98.4	98.3	98.8	98.6	98.7	98.4	98.6	98.1	98.4
2011										
Birthweight less than 1500g	no. of live births	884	620	563	283	204	884	81	55	3 574
Apgar score 0	% of live births	3.5	0.3	2.7	1.8	2.9	3.5	–	np	na
Apgar score 1-3	% of live births	14.5	12.9	13.5	6.0	3.9	14.5	17.3	9.1	12.8
Apgar score 4-6	% of live births	13.1	17.9	16.7	17.7	14.2	13.1	17.3	9.1	15.0
Apgar score 7-10	% of live births	68.0	63.5	66.1	74.2	78.9	68.0	65.4	78.2	68.1

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	NSW	Vic (a)	Qld	WA (b)	SA (c)	Tas	ACT (d)	NT (e)	Aust
Birthweight 1500-1999g	no. of live births	941	745	635	290	242	941	104	64	3 962
Apgar score 0	% of live births	0.4	–	0.2	–	–	0.4	–	–	0.2
Apgar score 1-3	% of live births	1.1	1.2	0.9	0.3	0.8	1.1	2.9	np	na
Apgar score 4-6	% of live births	7.0	9.1	5.8	5.9	4.5	7.0	7.7	7.8	7.0
Apgar score 7-10	% of live births	91.0	89.0	92.9	93.5	94.6	91.0	89.4	90.6	91.3
Birthweight 2000-2499g	no. of live births	2 955	2 212	1 730	849	752	2 955	204	196	11 853
Apgar score 0	% of live births	0.1	–	–	–	–	0.1	–	np	na
Apgar score 1-3	% of live births	0.8	0.7	1.1	0.5	0.1	0.8	–	–	0.7
Apgar score 4-6	% of live births	2.4	3.2	3.0	4.1	3.6	2.4	6.4	3.1	2.9
Apgar score 7-10	% of live births	96.2	95.4	95.7	95.5	96.3	96.2	93.6	96.4	95.9
Birthweight 2500g and over	no. of live births	68 594	49 166	40 505	17 391	13 958	68 594	3 675	2 748	264 631
Apgar score 0	% of live births	–	–	–	–	–	–	–	–	–
Apgar score 1-3	% of live births	0.2	0.2	0.2	0.1	0.1	0.2	0.2	np	na
Apgar score 4-6	% of live births	1.2	1.4	1.0	1.2	1.4	1.2	1.6	1.6	1.2
Apgar score 7-10	% of live births	98.3	98.2	98.7	98.6	98.5	98.3	98.1	98.3	98.4
2012										
Birthweight less than 1500g	no. of live births	842	670	591	296	227	913	83	44	3 666
Apgar score 0	% of live births	2.1	2.1	2.5	1.0	2.6	3.1	–	np	na
Apgar score 1-3	% of live births	12.9	14.9	14.4	3.0	10.1	14.6	12.1	np	na
Apgar score 4-6	% of live births	14.4	17.3	14.4	16.6	10.6	14.1	15.7	20.5	14.9
Apgar score 7-10	% of live births	69.0	64.5	67.2	79.1	76.7	67.5	72.3	70.5	68.9
Birthweight 1500-1999g	no. of live births	1 000	758	647	311	281	1 364	81	47	4 489
Apgar score 0	% of live births	–	0.1	–	–	0.4	0.3	–	–	0.1
Apgar score 1-3	% of live births	1.3	0.9	2.2	1.3	0.4	1.0	–	np	na
Apgar score 4-6	% of live births	4.3	6.9	5.0	6.8	3.9	5.5	9.9	np	na
Apgar score 7-10	% of live births	94.3	91.7	92.9	92.0	95.4	92.6	90.1	95.7	93.0

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Birthweight 2000-2499g	no. of live births	2 959	2 258	1 907	873	742	3 630	208	188	12 765
Apgar score 0	% of live births	0.1	0.1	–	–	–	0.1	–	–	–
Apgar score 1-3	% of live births	0.4	0.5	0.6	0.5	0.1	0.6	0.5	np	na
Apgar score 4-6	% of live births	3.3	3.3	3.0	4.2	3.0	2.6	3.4	3.2	3.1
Apgar score 7-10	% of live births	95.7	95.9	96.4	95.2	96.9	96.3	96.2	96.3	96.1
Birthweight 2500g and over	no. of live births	69 208	52 578	41 784	18 096	14 239	73 524	4 116	2 896	276 441
Apgar score 0	% of live births	–	–	–	–	–	–	–	np	na
Apgar score 1-3	% of live births	0.1	0.2	0.2	0.1	0.1	0.2	0.2	0.3	0.2
Apgar score 4-6	% of live births	1.3	1.5	1.2	1.4	1.4	1.1	2.2	1.5	1.3
Apgar score 7-10	% of live births	98.3	98.2	98.5	98.4	98.5	98.3	97.6	98.1	98.3
2013										
Birthweight less than 1500g	no. of live births	846	726	544	294	225	na	80	50	2 765
Apgar score 0	% of live births	2.5	2.8	2.9	0.3	1.8	na	1.3	14.0	na
Apgar score 1-3	% of live births	12.6	16.0	15.6	5.1	6.2	na	12.5	12.0	na
Apgar score 4-6	% of live births	14.4	14.6	15.1	19.1	15.6	na	17.5	22.0	na
Apgar score 7-10	% of live births	69.3	65.4	64.5	75.5	76.4	na	68.8	48.0	na
Birthweight 1500-1999g	no. of live births	965	757	648	374	297	na	70	64	3 175
Apgar score 0	% of live births	0.1	0.1	–	0.3	0.3	na	–	np	na
Apgar score 1-3	% of live births	1.6	1.2	1.5	0.8	0.3	na	1.4	np	na
Apgar score 4-6	% of live births	6.5	6.6	7.3	7.5	5.4	na	8.6	9.4	na
Apgar score 7-10	% of live births	91.0	90.9	90.6	90.9	93.9	na	90.0	87.5	na
Birthweight 2000-2499g	no. of live births	3 021	2 407	1 815	904	708	na	210	172	9 237
Apgar score 0	% of live births	–	–	0.1	0.1	–	na	0.5	np	na
Apgar score 1-3	% of live births	0.6	0.3	0.4	0.4	0.6	na	0.5	np	na
Apgar score 4-6	% of live births	2.6	3.9	4.2	4.2	2.8	na	3.3	2.9	na
Apgar score 7-10	% of live births	96.1	95.3	95.0	95.1	96.6	na	95.7	95.9	na

Table 11A.116 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Birthweight 2500g and over	no. of live births	67 065	53 069	41 458	18 485	14 046	na	4 444	2 960	201 527
Apgar score 0	% of live births	0.1	–	–	–	–	na	–	np	na
Apgar score 1-3	% of live births	0.2	0.2	0.2	0.2	0.1	na	0.3	0.4	na
Apgar score 4-6	% of live births	1.4	1.5	1.4	1.4	1.3	na	1.5	2.2	na
Apgar score 7-10	% of live births	98.0	98.1	98.3	98.4	98.5	na	98.2	97.6	na

(a) Data for 2013 for Victoria are preliminary.

(b) Data for WA for 2013 are preliminary. The low Apgar rate for 2012 would seem to indicate that babies belonging in the numerator were not available for reporting at the time of extract.

(c) SA data exclude live births if Apgar scores are not recorded. Data for 2013 are preliminary.

(d) Between 12 and 15 per cent of births each year in the ACT are to non-residents of the ACT.

(e) 2005 data exclude one baby with birthweight 0–1499g with unknown Apgar score.

na Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished).

Table 11A.117 **Fetal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
2003										
Total all births (d)	no.	86 772	61 498	48 644	24 465	17 584	5 808	4 159	3 838	252 799
Fetal deaths (e), (f)	no.	428	440	302	192	141	56	31	48	1 638
Fetal death rate	per 1000 total relevant births	4.9	7.2	6.2	7.8	8.0	9.6	7.5	12.5	6.5
2004										
Total all births (d)	no.	86 367	62 919	50 275	25 492	17 263	5 853	4 199	3 577	255 971
Fetal deaths (e), (f)	no.	473	502	335	197	123	44	25	26	1 725
Fetal death rate	per 1000 total relevant births	5.5	8.0	6.7	7.7	7.1	7.5	6.0	7.3	6.7
2005										
Total all births (d)	no.	91 718	63 821	52 094	26 444	17 911	6 363	4 246	3 702	266 330
Fetal deaths (e), (f)	no.	494	524	387	191	110	53	36	42	1 837
Fetal death rate	per 1000 total relevant births	5.4	8.2	7.4	7.2	6.1	8.3	8.5	11.3	6.9
2006										
Total all births (d)	no.	92 708	65 592	53 054	27 941	18 342	6 518	4 525	3 735	272 444
Fetal deaths (e), (f)	no.	520	347	359	164	82	43	41	39	1 595
Fetal death rate	per 1000 total relevant births	5.6	5.3	6.8	5.9	4.5	6.6	9.1	10.4	5.9
2007										
Total all births (d)	no.	96 847	70 732	61 740	29 326	19 744	6 704	4 787	3 925	293 828
Fetal deaths (e), (f)	no.	496	407	434	161	78	41	30	29	1 676
Fetal death rate	per 1000 total relevant births	5.1	5.8	7.0	5.5	4.0	6.1	6.3	7.4	5.7
2008										
Total all births (d)	no.	100 744	71 564	63 590	32 052	20 324	6 822	4 822	3 965	303 920
Fetal deaths (e), (f)	no.	468	380	422	201	95	47	14	21	1 648
Fetal death rate	per 1000 total relevant births	4.6	5.3	6.6	6.3	4.7	6.9	2.9	5.3	5.4
2009										
Total all births (d)	no.	98 726	71 360	66 590	31 094	19 810	6 684	4 885	3 859	303 033

Table 11A.117 **Fetal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
Fetal deaths (e), (f)	no.	495	432	441	215	75	57	25	39	1 780
Fetal death rate	per 1000 total relevant births	5.0	6.1	6.6	6.9	3.8	8.5	5.1	10.1	5.9
2010										
Total all births (d)	no.	101 765	70 979	64 964	31 609	20 156	6 439	5 224	3 930	305 085
Fetal deaths (e), (f)	no.	499	407	441	185	78	54	72	31	1 767
Fetal death rate	per 1000 total relevant births	4.9	5.7	6.8	5.9	3.9	8.4	13.8	7.9	5.8
2011										
Total all births (d)	no.	99 567	71 844	63 630	32 513	19 981	6 657	5 149	3 988	303 365
Fetal deaths (e), (f)	no.	513	400	377	254	89	49	28	34	1 748
Fetal death rate	per 1000 total relevant births	5.2	5.6	5.9	7.8	4.5	7.4	5.4	8.5	5.8
2012										
Total all births (d)	no.	99 025	77 840	64 289	33 866	20 504	6 213	5 502	4 127	311 414
Fetal deaths (e), (f)	no.	517	435	452	239	71	45	41	23	1 832
Fetal death rate	per 1000 total relevant births	5.2	5.6	7.0	7.1	3.5	7.2	7.5	5.6	5.9

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table is 2010 (preliminary). See ABS Causes of Death (cat. no. 3303.0) 2010 Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) Data may exclude stillbirth data which were not received or processed by the ABS in time for the finalisation of the 2008 reference year. According to scope rules, these 2008 data will be included in the 2010 reference year.

(c) All states and territories, including other territories

(d) All births is the number of live births and fetal deaths combined. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(e) Perinatal deaths (including fetal deaths) for years 2003-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(f) Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

Source : ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 11A.118 **Neonatal deaths (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (b)*
2003										
Total live births (c)	no.	86 344	61 058	48 342	24 273	17 443	5 752	4 128	3 790	251 161
Neonatal deaths (d), (e)	no.	272	250	153	62	40	27	16	21	841
Neonatal death rate	per 1000 live births	3.2	4.1	3.2	2.6	2.3	4.7	3.9	5.5	3.3
2004										
Total live births (c)	no.	85 894	62 417	49 940	25 295	17 140	5 809	4 174	3 551	254 246
Neonatal deaths (d), (e)	no.	272	206	186	55	36	15	25	21	816
Neonatal death rate	per 1000 live births	3.2	3.3	3.7	2.2	2.1	2.6	6.0	5.9	3.2
2005										
Total live births (c)	no.	91 224	63 297	51 707	26 253	17 801	6 310	4 210	3 660	264 493
Neonatal deaths (d), (e)	no.	309	242	192	76	59	13	20	21	932
Neonatal death rate	per 1000 live births	3.4	3.8	3.7	2.9	3.3	2.1	4.8	5.7	3.5
2006										
Total live births (c)	no.	92 188	65 245	52 695	27 777	18 260	6 475	4 484	3 696	270 849
Neonatal deaths (d), (e)	no.	301	201	185	93	33	16	15	20	864
Neonatal death rate	per 1000 live births	3.3	3.1	3.5	3.3	1.8	2.5	3.3	5.4	3.2
2007										
Total live births (c)	no.	96 351	70 325	61 306	29 165	19 666	6 663	4 757	3 896	292 152
Neonatal deaths (d), (e)	no.	286	200	218	40	55	21	15	21	856
Neonatal death rate	per 1000 live births	3.0	2.8	3.6	1.4	2.8	3.2	3.2	5.4	2.9
2008										
Total live births (c)	no.	100 276	71 184	63 168	31 851	20 229	6 775	4 808	3 944	302 272
Neonatal deaths (d), (e)	no.	317	187	209	60	37	15	17	10	853
Neonatal death rate	per 1000 live births	3.2	2.6	3.3	1.9	1.8	2.2	3.5	2.5	2.8
2009										
Total live births (c)	no.	98 231	70 928	66 149	30 879	19 735	6 627	4 860	3 820	301 253

Table 11A.118 **Neonatal deaths (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (b)*
Neonatal deaths (d), (e)	no.	287	204	253	58	48	14	9	18	891
Neonatal death rate	per 1000 live births	2.9	2.9	3.8	1.9	2.4	2.1	1.9	4.7	3.0
2010										
Total live births (c)	no.	101 266	70 572	64 523	31 424	20 078	6 385	5 152	3 899	303 318
Neonatal deaths (d), (e)	no.	279	159	243	68	44	16	15	18	842
Neonatal death rate	per 1000 live births	2.8	2.3	3.8	2.2	2.2	2.5	2.9	4.6	2.8
2011										
Total live births (c)	no.	99 054	71 444	63 253	32 259	19 892	6 608	5 121	3 954	301 617
Neonatal deaths (d), (e)	no.	284	185	199	63	30	18	9	17	805
Neonatal death rate	per 1000 live births	2.9	2.6	3.1	2.0	1.5	2.7	1.8	4.3	2.7
2012										
Total live births (c)	no.	98 508	77 405	63 837	33 627	20 433	6 168	5 461	4 104	309 582
Neonatal deaths (d), (e)	no.	229	164	190	46	49	18	14	16	726
Neonatal death rate	per 1000 live births	2.3	2.1	3.0	1.4	2.4	2.9	2.6	3.9	2.3

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table is 2010 (preliminary). See ABS Causes of Death (cat. no. 3303.0) 2010 Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) All states and territories, including other territories

(c) Total live births are all live births registered in the calendar year.

(d) Perinatal deaths (including neonatal deaths) for years 2003-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(e) A neonatal death is the death within 28 days of birth of a child who after delivery, breathes or shows any evidence of life such as a heartbeat.

Source : ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 11A.119 **Neonatal, fetal and perinatal death rates, Australia (a)**

	Fetal death rate (b)	*Neonatal death rate* (c)	*Perinatal death rate* (d)
2003	6.5	3.3	9.8
2004	6.7	3.2	9.9
2005	6.9	3.5	10.4
2006	5.9	3.2	9.0
2007	5.7	2.9	8.6
2008	5.4	2.8	8.2
2009	5.9	3.0	8.8
2010	5.8	2.8	8.6
2011	5.8	2.7	8.4
2012	5.9	2.3	8.2

(a) Perinatal deaths (including fetal and neonatal deaths) for years 2003-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(b) Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(c) A neonatal death is the death within 28 days of birth of a child who after delivery, breathes or shows any evidence of life such as a heartbeat.

(d) Perinatal deaths are fetal and neonatal deaths combined. Fetal deaths exclude those records where gestational age was less than 20 weeks or birthweight was known to be less than 400 grams.

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 11A.120 **Perinatal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
2003										
Total all births (d)	no.	86 772	61 498	48 644	24 465	17 584	5 808	4 159	3 838	252 799
Perinatal deaths (e), (f)	no.	700	690	455	254	181	83	47	69	2 479
Perinatal death rate	per 1000 total births	8.1	11.2	9.4	10.4	10.3	14.3	11.3	18.0	9.8
2004										
Total all births (d)	no.	86 367	62 919	50 275	25 492	17 263	5 853	4 199	3 577	255 971
Perinatal deaths (e), (f)	no.	745	708	521	252	159	59	50	47	2 541
Perinatal death rate	per 1000 total births	8.6	11.3	10.4	9.9	9.2	10.1	11.9	13.1	9.9
2005										
Total all births (d)	no.	91 718	63 821	52 094	26 444	17 911	6 363	4 246	3 702	266 330
Perinatal deaths (e), (f)	no.	803	766	579	267	169	66	56	63	2 769
Perinatal death rate	per 1000 total births	8.8	12.0	11.1	10.1	9.4	10.4	13.2	17.0	10.4
2006										
Total all births (d)	no.	92 708	65 592	53 054	27 941	18 342	6 518	4 525	3 735	272 444
Perinatal deaths (e), (f)	no.	821	548	544	257	115	59	56	59	2 459
Perinatal death rate	per 1000 total births	8.9	8.4	10.3	9.2	6.3	9.1	12.4	15.8	9.0
2007										
Total all births (d)	no.	96 847	70 732	61 740	29 326	19 744	6 704	4 787	3 925	293 828
Perinatal deaths (e), (f)	no.	782	607	652	201	133	62	45	50	2 532
Perinatal death rate	per 1000 total births	8.1	8.6	10.6	6.9	6.7	9.2	9.4	12.7	8.6
2008										
Total all births (d)	no.	100 744	71 564	63 590	32 052	20 324	6 822	4 822	3 965	303 920
Perinatal deaths (e), (f)	no.	785	567	631	261	132	62	31	31	2 501
Perinatal death rate	per 1000 total births	7.8	7.9	9.9	8.1	6.5	9.1	6.4	7.8	8.2
2009										
Total all births (d)	no.	98 726	71 360	66 590	31 094	19 810	6 684	4 885	3 859	303 033

Table 11A.120 **Perinatal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
Perinatal deaths (e), (f)	no.	782	636	694	273	123	71	34	57	2 671
Perinatal death rate	per 1000 total births	7.9	8.9	10.4	8.8	6.2	10.6	7.0	14.8	8.8
2010										
Total all births (d)	no.	101 765	70 979	64 964	31 609	20 156	6 439	5 224	3 930	305 085
Perinatal deaths (e), (f)	no.	778	566	684	253	122	70	87	49	2 609
Perinatal death rate	per 1000 total births	7.6	8.0	10.5	8.0	6.1	10.9	16.7	12.5	8.6
2011										
Total all births (d)	no.	99 567	71 844	63 630	32 513	19 981	6 657	5 149	3 988	303 365
Perinatal deaths (e), (f)	no.	797	585	576	317	119	67	37	51	2 553
Perinatal death rate	per 1000 total births	8.0	8.1	9.1	9.7	6.0	10.1	7.2	12.8	8.4
2012										
Total all births (d)	no.	99 025	77 840	64 289	33 866	20 504	6 213	5 502	4 127	311 414
Perinatal deaths (e), (f)	no.	746	599	642	285	120	63	55	39	2 558
Perinatal death rate	per 1000 total births	7.5	7.7	10.0	8.4	5.9	10.1	10.0	9.4	8.2

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table is 2010 (preliminary). See ABS Causes of Death (cat. no. 3303.0) 2010 Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) Data may exclude stillbirth data which were not received or processed by the ABS in time for the finalisation of the 2008 reference year. According to scope rules, these 2008 data will be included in the 2010 reference year.

(c) All states and territories, including other territories

(d) Total all births is the number live births and fetal deaths combined. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(e) Perinatal deaths for years 2003-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(f) Perinatal deaths are fetal and neonatal deaths combined. Fetal deaths exclude those records where gestational age was less than 20 weeks or birthweight was known to be less than 400 grams.

Table 11A.120 **Perinatal deaths (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (b)*	*NT*	*Aust (b) (c)*

Source : ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 11A.121 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (d)
2004–2008										
Fetal deaths (e)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	18 000	na	19 592	10 065	3 911	na	na	7 811	59 379
Fetal deaths	no.	89	na	160	79	23	na	na	97	448
Fetal death rate	per 1000 total births	4.9	na	8.2	7.8	5.9	na	na	12.4	7.5
Other Australians (g)										
Total all births (f)	no.	428 449	na	260 992	131 187	89 668	na	na	11 088	921 384
Fetal deaths	no.	2 362	na	1 777	835	465	na	na	60	5 499
Fetal death rate	per 1000 total births	5.5	na	6.8	6.4	5.2	na	na	5.4	6.0
Neonatal deaths (h)										
Aboriginal and Torres Strait Islander Australians										
Total live births (i)	no.	17 911	na	19 432	9 986	3 888	na	na	7 714	58 931
Neonatal deaths	no.	84	na	116	49	15	na	na	65	329
Neonatal death rate	per 1000 live births	4.7	na	6.0	4.9	3.9	na	na	8.4	5.6
Other Australians (g)										
Total live births (i)	no.	426 087	na	259 215	130 352	89 203	na	na	11 028	915 885
Neonatal deaths	no.	1 401	na	874	275	205	na	na	28	2 783
Neonatal death rate	per 1000 live births	3.3	na	3.4	2.1	2.3	na	na	2.5	3.0
Perinatal deaths (j)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	18 000	na	19 592	10 065	3 911	na	na	7 811	59 379
Perinatal deaths	no.	173	na	276	128	38	na	na	162	777
Perinatal death rate	per 1000 total births	9.6	na	14.1	12.7	9.7	na	na	20.7	13.1
Other Australians (g)										
Total all births (f)	no.	428 449	na	260 992	131 187	89 668	na	na	11 088	921 384

Table 11A.121 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total (d)*
Perinatal deaths	no.	3 763	na	2 651	1 110	670	na	na	88	8 282
Perinatal death rate	per 1000 total births	8.8	na	10.2	8.5	7.5	na	na	7.9	9.0
2005–2009										
Fetal deaths (e)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	18 595	na	21 389	10 700	4 211	na	na	7 835	62 730
Fetal deaths	no.	89	na	176	17	87	na	na	107	476
Fetal death rate	per 1000 total births	4.8	na	8.2	4.1	8.1	na	na	13.7	7.6
Other Australians (g)										
Total all births (f)	no.	434 765	na	275 458	135 661	92 406	na	na	11 345	949 635
Fetal deaths	no.	2 384	na	1 867	423	845	na	na	63	5 582
Fetal death rate	per 1000 total births	5.5	na	6.8	4.6	6.2	na	na	5.6	5.9
Neonatal deaths (h)										
Aboriginal and Torres Strait Islander Australians										
Total live births (i)	no.	18 506	na	21 213	10 683	4 124	na	na	7 728	62 254
Neonatal deaths	no.	80	na	128	15	47	na	na	62	332
Neonatal death rate	per 1000 live births	4.3	na	6.0	3.6	4.4	na	na	8.0	5.3
Other Australians (g)										
Total live births (i)	no.	432 381	na	273 591	135 238	91 561	na	na	11 282	944 053
Neonatal deaths	no.	1 420	na	929	217	280	na	na	28	2 874
Neonatal death rate	per 1000 live births	3.3	na	3.4	2.4	2.1	na	na	2.5	3.0
Perinatal deaths (j)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	18 595	na	21 389	10 700	4 211	na	na	7 835	62 730
Perinatal deaths	no.	169	na	304	32	134	na	na	169	808
Perinatal death rate	per 1000 total births	9.1	na	14.2	7.7	12.4	na	na	21.6	12.9

Table 11A.121 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (d)
Other Australians (g)										
Total all births (f)	no.	434 765	na	275 458	135 661	92 406	na	na	11 345	949 635
Perinatal deaths	no.	3 804	na	2 796	640	1 125	na	na	91	8 456
Perinatal death rate	per 1000 total births	8.7	na	10.2	7.0	8.3	na	na	8.0	8.9
2006–2010										
Fetal deaths (e)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	19 870	na	23 042	11 336	4 358	na	na	7 906	66 512
Fetal deaths	no.	88	na	195	75	9	na	na	105	472
Fetal death rate	per 1000 total births	4.4	na	8.5	6.6	2.1	na	na	13.3	7.1
Other Australians (g)										
Total all births (f)	no.	442 824	na	286 640	140 682	94 011	na	na	11 503	975 660
Fetal deaths	no.	2 390	na	1 877	851	399	na	na	54	5 571
Fetal death rate	per 1000 total births	5.4	na	6.6	6.1	4.3	na	na	4.7	5.7
Neonatal deaths (h)										
Aboriginal and Torres Strait Islander Australians										
Total live births (i)	no.	19 782	na	22 847	11 261	4 349	na	na	7 801	66 040
Neonatal deaths	no.	86	na	129	47	14	na	na	62	338
Neonatal death rate	per 1000 live births	4.3	na	5.6	4.2	3.2	na	na	7.9	5.1
Other Australians (g)										
Total live births (i)	no.	440 434	na	284 763	139 831	93 612	na	na	11 449	970 089
Neonatal deaths	no.	1 384	na	979	272	202	na	na	25	2 862
Neonatal death rate	per 1000 live births	3.1	na	3.4	1.9	2.2	na	na	2.2	3.0
Perinatal deaths (j)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	19 870	na	23 042	11 336	4 358	na	na	7 906	66 512

Table 11A.121 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (d)
Perinatal deaths	no.	174	na	324	122	23	na	na	167	810
Perinatal death rate	per 1000 total births	8.8	na	14.1	10.8	5.3	na	na	21.1	12.2
Other Australians (g)										
Total all births (f)	no.	442 824	na	286 640	140 682	94 011	na	na	11 503	975 660
Perinatal deaths	no.	3 774	na	2 856	1 123	601	na	na	79	8 433
Perinatal death rate	per 1000 total births	8.6	na	10.0	8.0	6.4	na	na	6.9	8.6
2007–2011										
Fetal deaths (e)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	21 964	na	24 830	11 944	4 567	na	na	7 881	71 186
Fetal deaths	no.	84	na	190	87	7	na	na	101	469
Fetal death rate	per 1000 total births	3.8	na	7.7	7.3	1.5	na	na	12.8	6.6
Other Australians (g)										
Total all births (f)	no.	452 441	na	295 458	144 647	95 441	na	na	11 781	999 768
Fetal deaths	no.	2 387	na	1 900	929	408	na	na	53	5 677
Fetal death rate	per 1000 total births	5.3	na	6.4	6.4	4.3	na	na	4.5	5.7
Neonatal deaths (h)										
Aboriginal and Torres Strait Islander Australians										
Total live births (i)	no.	21 880	na	24 640	11 857	4 560	na	na	7 780	70 717
Neonatal deaths	no.	91	na	131	42	16	na	na	55	335
Neonatal death rate	per 1000 live births	4.2	na	5.3	3.5	3.5	na	na	7.1	4.7
Other Australians (g)										
Total live births (i)	no.	450 054	na	293 558	143 718	95 033	na	na	11 728	994 091
Neonatal deaths	no.	1 371	na	991	247	198	na	na	29	2 836
Neonatal death rate	per 1000 live births	3.0	na	3.4	1.7	2.1	na	na	2.5	2.9
Perinatal deaths (j)										

Table 11A.121 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (d)
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	21 964	na	24 830	11 944	4 567	na	na	7 881	71 186
Perinatal deaths	no.	175	na	321	129	23	na	na	156	804
Perinatal death rate	per 1000 total births	8.0	na	12.9	10.8	5.0	na	na	19.8	11.3
Other Australians (g)										
Total all births (f)	no.	452 441	na	295 458	144 647	95 441	na	na	11 781	999 768
Perinatal deaths	no.	3 758	na	2 891	1 176	606	na	na	82	8 513
Perinatal death rate	per 1000 total births	8.3	na	9.8	8.1	6.3	na	na	7.0	8.5
2008–2012										
Fetal deaths (e)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	27 161	na	25 958	12 494	4 642	na	na	7 858	78 113
Fetal deaths	no.	86	na	166	100	6	na	na	91	449
Fetal death rate	per 1000 total births	3.2	na	6.4	8.0	1.3	na	na	11.6	5.7
Other Australians (g)										
Total all births (f)	no.	472 666	na	297 080	148 640	96 133	na	na	12 011	1 026 530
Fetal deaths	no.	2 406	na	1 942	994	402	na	na	57	5 801
Fetal death rate	per 1000 total births	5.1	na	6.5	6.7	4.2	na	na	4.7	5.7
Neonatal deaths (h)										
Aboriginal and Torres Strait Islander Australians										
Total live births (i)	no.	27 075	na	25 792	12 394	4 636	na	na	7 767	77 664
Neonatal deaths	no.	72	na	122	43	11	na	na	52	300
Neonatal death rate	per 1000 live births	2.7	na	4.7	3.5	2.4	na	na	6.7	3.9
Other Australians (g)										
Total live births (i)	no.	470 260	na	295 138	147 646	95 731	na	na	11 954	1 020 729
Neonatal deaths	no.	1 324	na	972	252	197	na	na	27	2 772

Table 11A.121 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (d)
Neonatal death rate	per 1000 live births	2.8	na	3.3	1.7	2.1	na	na	2.3	2.7
Perinatal deaths (j)										
Aboriginal and Torres Strait Islander Australians										
Total all births (f)	no.	27 161	na	25 958	12 494	4 642	na	na	7 858	78 113
Perinatal deaths	no.	158	na	288	143	17	na	na	143	749
Perinatal death rate	per 1000 total births	5.8	na	11.1	11.4	3.7	na	na	18.2	9.6
Other Australians (g)										
Total all births (f)	no.	472 666	na	297 080	148 640	96 133	na	na	12 011	1 026 530
Perinatal deaths	no.	3 730	na	2 914	1 246	599	na	na	84	8 573
Perinatal death rate	per 1000 total births	7.9	na	9.8	8.4	6.2	na	na	7.0	8.4

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2006 (final) 2007 (final), 2008 (final), 2009 (revised), 2010 (preliminary). See Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) Perinatal deaths (including fetal and neonatal deaths) for years 1999-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(c) Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These 5 states have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths.

(d) Total includes data for NSW, Queensland, WA, SA and the NT only.

(e) Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(f) Total all births is the number of live births and fetal deaths combined. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams

(g) Other Australians includes Indigenous status not stated.

(h) A neonatal death is the death within 28 days of birth of a child who after delivery, breathes or shows any evidence of life such as a heartbeat.

(i) Total live births are all live births registered in the calendar year.

(j) Perinatal deaths are fetal and neonatal deaths combined. Fetal deaths exclude those records where gestational age was less than 20 weeks or birthweight was known to be less than 400 grams.

Table 11A.121 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total (d)*

na Not available.

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Data quality information — Public hospitals, chapter 11

Data quality information

Data quality information (DQI) provides information against the seven Australian Bureau of Statistics (ABS) data quality framework dimensions, for a selection of performance indicators and/or measures in the Public hospitals chapter. DQI for additional indicators will be progressively introduced in future reports.

Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers.

DQI are available for the following performance indicators:

Emergency department waiting times

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Emergency department waiting times by triage category

Indicator definition and description

Element	Effectiveness — access
Indicator	Emergency department waiting times — Emergency department waiting times by triage category
Measure (computation	Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments. The national benchmark waiting times are: • Triage category 1: seen within seconds, calculated as less than or equal to 2 minutes • Triage category 2: seen within 10 minutes • Triage category 3: seen within 30 minutes • Triage category 4: seen within 60 minutes • Triage category 5: seen within 120 minutes The proportion of patients seen on time is calculated as: *Numerator*—Number of patients seen within the cut-off point, by triage category. *Denominator*—Number of patients by triage category. Inclusions: records with a type of visit of *Emergency presentation*. Restricted to hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospital) or peer group B (Large hospitals). Exclusions: records with an episode end status of *Did not wait to be attended by a health care professional* or *Dead on arrival, not treated in emergency department*. Records are also excluded if the waiting time was missing or otherwise invalid.
Data source/s	This indicator is calculated using data from the AIHW's NNAPEDCD, based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care (NAPEDC). For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2011 and Estimated Resident Population (ERP) by Statistical Area level 2 (SA2) as at 30 June 2012 (2012–13) or 30 June 2013 (2013–14). Each SA2 in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population. For data by remoteness: ABS ERP as at 30 June 2011 (2011–12) or 30 June 2012 (2012–13), by remoteness areas, as specified in the Australian Statistical Geography Standard.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata

standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth),* ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either *Principal referral and Specialist women's and children's hospitals* (peer group A) or *Large hospitals* (peer group B).

In 2013–14, hospitals in peer groups A and B provided about 80 per cent of all public hospital emergency presentations.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The analyses by remoteness and socioeconomic status are based on the Statistical Area level 2 (SA2) of usual residence of the patient. However, data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. Hence, data represent the proportion of patients living in each remoteness area or Socio-Economic Indexes for Areas (SEIFA) population group (regardless of their jurisdiction of residence) seen within the benchmark time in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). For 2012–13 and 2013–14, the SEIFA scores for each SA2 are derived from 2011 Census data and represent the attributes of the population in that SA2 in 2011.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2012–13 and 2013–14.

Accuracy

For 2012–13, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2013–14, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B.

In the baseline year (2007–08), the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008-09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread

across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.

From 2009–10, the data for the Albury Base Hospital (previously reported in NSW hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of data for NSW and Victoria.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors (including waiting time outliers) are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Aboriginal and Torres Strait Islander Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.

Coherence

The data reported for 2012–13 and 2013–14 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals.

In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the National Hospital Establishments Database (NPHED) for each hospital for the same reference year.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics: emergency department care* (report series) and the *National Healthcare Agreement: performance report 2012–13.*

However, 2012–13 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2011–12, rather than 2012–13 peer groups.

Caution should be used in comparing data across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007–08 through to 2011–12 reported by remoteness are reported for RA 2006. Data for 2012–13 and 2013–14 are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.

Data for 2007–08 through to 2010–11 reported for SEIFA quintiles and deciles are

reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011–12 are reported using SEIFA 2011 at the SLA level. Data for 2012–13 and 2013–14 are reported using SEIFA 2011 at the Statistical Area level 2 (SA2). The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore, SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Accessibility The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: *Australian hospital statistics* suite of products with associated Excel tables. These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/.

Interpretability Metadata information for the Non-Admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set (NMDS) is published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.
The *National health data dictionary* can be accessed online at:
http://www.aihw.gov.au/publication-detail/?id=10737422826
The Data Quality Statement for the 2012–13 NNAPEDCD can be accessed on the AIHW website at:
http://meteor.aihw.gov.au/content/index.phtml/itemId/546749

Data Gaps/Issues Analysis

Key data gaps/issues The Steering Committee notes the following key data gaps/issues:

- The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage and clinical practices — in particular, the allocation of cases to urgency categories. The proportion of patients in each triage category who were subsequently admitted can indicate the comparability of triage categorisations across jurisdictions and thus the comparability of the waiting times data.
- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals classified as either *Principal referral and Specialist women's and children's hospitals* (peer group A) or *Large hospitals* (peer group B). Most of the hospitals in peer groups A and B are in major cities. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2012–13, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B. It is estimated that 2013–14 has similar coverage, although final coverage cannot be calculated until the 2013–14 National Public Hospital Establishments Database (NPHED) data are available.
- The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer groups A or B, and the peer group for a hospital, may vary over time.
- Remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.
- SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Proportion of emergency department presentations with length of stay of 4 hours or less

Indicator definition and description

Element Effectiveness — access

Indicator Emergency department waiting times — Proportion of emergency department

presentations with length of stay of 4 hours or les

Measure (computation

Percentage of presentations to public hospital emergency departments where the time from presentation to physical departure (ED Stay length) is less than or equal to four hours.

Calculation includes presentations with any type of visit to emergency department.

ED stay length is calculated by subtracting presentation time/date from physical departure time/date, which is recorded as per the business rules included in the NAPEDC NMDS 2013–14:

http://meteor.aihw.gov.au/content/index.phtml/itemId/509116

The percentage of presentations to public hospital emergency departments completed within four hours is calculated as:

Numerator—Number of ED presentations where ED stay is less than or equal to four hours.

Denominator—Number of ED presentations.

Calculation includes all presentations with an ED stay completed in the reporting period, including records where the presentation date/time is prior to the reporting period. Invalid records are excluded from the numerator and denominator. Invalid records are records for which:

- Length of stay < 0.
- Presentation date or time missing.
- Physical departure date or time missing.

Data source/s

This indicator is calculated using data from the Australian Institute of Health and Welfare's (AIHW's) NNAPEDCD, based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care (NAPEDC).

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth),* ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either *Principal referral and Specialist women's and children's hospitals* (peer group A) or *Large hospitals* (peer group B). In 2012–13, hospitals in peer groups A and B provided over 86 per cent of all public hospital emergency presentations. In 2013–14, hospitals in peer groups A and B provided about 80 per cent of all public hospital emergency presentations.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

Data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence.

Timeliness

The reference period for these data is 2012–13 and 2013–14.

The financial year of 2011–12 is the first reporting period that these data are available according the agreed specification.

Accuracy

For 2012–13, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B and is estimated at about 85 per cent for all hospitals.

For 2013–14, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B and is estimated at about 88 per cent for all hospitals.

In the baseline year (2007-08) for this indicator, the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008-09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.

From 2009–10, data for the Albury Base Hospital (previously reported in NSW hospital statistics) were reported in Victorian hospital statistics. This reporting arrangement should be factored into any analysis of data for NSW and Victoria.

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

Coherence

The scope of the NAPEDC NMDS changed between the 2012–13 and 2013–14 reporting periods. These changes may affect comparability of the data reported for 2013–14 with data reported for previous years.

For 2012–13, the scope of the Non-admitted patient emergency department care national minimum data set was non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either Peer Group A or B in the Australian Institute of Health and Welfare's *Australian Hospital Statistics* publication from the preceding financial year.

For 2013–14, the scope of the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS) is patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- Purposely designed and equipped area with designated assessment, treatment and resuscitation areas.
- Ability to provide resuscitation, stabilisation and initial management of all emergencies.
- Availability of medical staff in the hospital 24 hours a day.
- Designated emergency department nursing staff and nursing unit manager 24 hours per day 7 days per week.

The data reported for 2012–13 are consistent with data reported for the NNAPEDCD for

	previous years for individual hospitals. In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the NPHED for each hospital for the same reference year. Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage. The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics: emergency department care* (report series) and the *National Healthcare Agreement: performance report 2012–13*.
Accessibility	The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: Australian hospital statistics suite of products with associated Excel tables. These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/.
Interpretability	Metadata information for the NAPEDC NMDS and the NAPEDC Data Set Specification (DSS) are published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*. The *National health data dictionary* can be accessed online at: http://www.aihw.gov.au/publication-detail/?id=10737422826 The Data Quality Statement for the 2012–13 NNAPEDCD can be accessed on the AIHW website at: http://meteor.aihw.gov.au/content/index.phtml/itemId/546749

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following key data gaps/issues:

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals reporting to the Non-admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set (NMDS) (Peer Groups A, B and other) as at August 2011 (when the National Health Reform Agreement National Partnership Agreement on Improving Public Hospital Services was signed).
- The scope of the NAPEDC NMDS changed between the 2012–13 and 2013–14 reporting periods. These changes may affect comparability of the data reported for 2013–14 with data reported for previous years.
- For 2012–13, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B (*Principal referral and Specialist women's and children's hospitals* and *Large hospitals*) and is estimated at about 85 per cent for all hospitals.
- It is estimated that 2013–14 has similar coverage for public hospitals in peer groups A and B, and is estimated at about 88 per cent for all hospitals, although final coverage cannot be calculated until the 2013–14 National Public Hospital Establishments Database (NPHED) data are available.
- Caution should be used in comparing these data with earlier years as the number of reporting hospitals and the peer group for a hospital, may vary over time.

Waiting times for admitted patient services

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Overall elective surgery waiting times

Indicator definition and description

Element	Effectiveness — access
Indicator	Waiting times for admitted patient services — Overall elective surgery waiting times

Measure (computation	The number of days' waiting time is calculated by subtracting the listing date for care from the removal date, minus any days when the patient was not ready for care and minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal. The 50th percentile (median) represents the number of days within which 50 per cent of patients were admitted; half the waiting times will be shorter than the median and half the waiting times longer. The 90th percentile data represent the number of days within which 90 per cent of patients were admitted.
Data source/s	For 2012–13 and 2013–14, this indicator is calculated using data from the NESWTDC, based on the National Minimum Data Set (NMDS) for Elective surgery waiting times (removals data). For 2012–13, the NESWTDC was linked to the NHMD, based on the NMDS for Admitted patient care, to allow disaggregation by remoteness of area of usual residence and SEIFA of usual residence (all jurisdictions). For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2011 and Estimated Resident Population (ERP) by Statistical Area 2 (SA2) as at 30 June 2012 (2012–13). Each SA2 in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population. For data by remoteness: ABS ERP as at 30 June 2012 (2012–13), by remoteness areas, as specified in the Australian Statistical Geography Standard.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth)*, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au. Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): http://www.aihw.gov.au/nhissc/ http://meteor.aihw.gov.au/content/index.phtml/itemId/182135 The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	The purpose of the NMDS for Elective surgery waiting times (removals data) is to collect information about patients waiting for elective surgery in public hospitals. The

scope of this NMDS is patients removed from waiting lists for elective surgery (as either an elective or emergency case) which are managed by public acute hospitals. This includes private patients treated in public hospitals and may include public patients treated in private hospitals.

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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

Analyses by remoteness and socioeconomic status are based on the Statistical Area level 2 of usual residence of the patient.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SA2 are derived from 2011 Census data and represent the attributes of the population in that SLA in 2011.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, data represent the waiting time for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) for the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2012–13 and 2013–14.

Accuracy

For 2012–13 and 2013–14:

- Coverage of the NESWTDC was over 90 per cent. Coverage was 100 per cent for *Principal referral and Specialist women's and children's hospitals* (peer group A) and was progressively lower for *Large hospitals* (peer group B) and *Medium hospitals* (peer group C). In 2012–13, coverage also varied by jurisdiction, ranging from 100 per cent in NSW, WA, Tasmania, the ACT and the NT, to 80 per cent in Victoria. For 2013–14, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93 per cent.
- Almost all public hospitals provided data for the NHMD in 2012–13, with the exception of all separations for a mothercraft hospital in the ACT.
- Records from the NESWTDC and the NHMD were linked to assign remoteness areas and SEIFA categories from the admitted patient record to the corresponding elective surgery waiting times record. In 2012–13 approximately 96 per cent of NESWTDC records for removals were linked to the NHMD.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. Interpretation of waiting times for jurisdictions should take into consideration these differences.
- The Indigenous status data were sourced from the NESWTDC for all jurisdictions.
- For 2009–10, the data for Albury Base Hospital (previously reported in NSW hospital statistics) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. From 2010–11, the data for Albury Base Hospital have not been available.
- From 2011–12, SA and WA provided data for a large number of smaller hospitals (32 and 22 respectively) that were not included in the data for previous years.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that had reported almost 10,000 admissions in 2010–11.
- The increase in admissions for the NT between 2010–11 and 2011–12 was, in part, due to the inclusion of certain surgical procedures from 2011–12 that had previously been incorrectly excluded from the NESWTDC by the NT.

Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for

valid values, logical consistency and historical consistency. Where possible, data in individual datasets are checked against data from other datasets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Cells based on fewer than 10 elective surgery admissions were suppressed.
- Cells based on data from one public hospital only were suppressed.

Coherence

Caution should be exercised when comparing waiting times data between jurisdictions due to differences in the assignment of clinical urgency categories (see *Australian hospital statistics 2012–13: elective surgery waiting times*, Appendix A p 40 http://www.aihw.gov.au/publication-detail/?id=60129544692).

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation. Caution should be used in comparing data by peer groups across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

The information presented for this indicator is based on the same data as published in, *Australian hospital statistics 2012–13*, *Australian hospital statistics: elective surgery waiting times* (report series) and the *National Healthcare Agreement: performance report 2012–13*.

The data reported for the 2012–13 and 2013–14 NEWSTDC are consistent with data reported for previous years for individual hospitals.

In addition, some 2012–13 data reported previously in these publications are different from the equivalent data published here because the hospitals peer groups were based on 2011–12, rather than 2012–13 peer groups.

Caution should be exercised when interpreting the 2013–14 data as potential revisions to the 2013–14 NESWTDC data could occur following linking to the 2013–14 NHMD.

Analyses presented in *Australian hospital statistics* and previous *National Healthcare Agreement performance* reports may also differ slightly depending on whether the NESWTDC or linked NESWTDC/NHMD was used.

National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

When comparing data over time, linked data should not be compared with unlinked data. For example, the 2012–13 linked data supplied cannot be directly compared to the 2013–14 unlinked data supplied in this reporting cycle.

In 2011, the ABS updated the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level and data for 2012–13 are reported using SEIFA 2011 at the SA2 level. The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore, SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Accessibility

The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the *Australian hospital statistics* suite of products with associated Excel tables.

These products may be accessed on the AIHW website

http://www.aihw.gov.au/hospitals/.

Interpretability Metadata information for the Elective Surgery Waiting Times (ESWT) NMDS and the Admitted patient care NMDS is published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.
The *National health data dictionary* can be accessed online at:
http://www.aihw.gov.au/publication-detail/?id=10737422826
The Data Quality Statement for the 2012–13 NESWTDC can be accessed on the AIHW website at:
http://meteor.aihw.gov.au/content/index.phtml/itemId/543809
The Data Quality Statement for the 2012–13 NHMD can be accessed on the AIHW website at:
http://meteor.aihw.gov.au/content/index.phtml/itemId/568730

Data Gaps/Issues Analysis

Key data gaps/issues The Steering Committee notes the following key data gaps/issues:

- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness: caution should be exercised when interpreting these data.
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.
- Remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.
- SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Elective surgery waiting times by clinical urgency category

Indicator definition and description

Element Effectiveness — access

Indicator Waiting times for admitted patient services — Elective surgery waiting times by clinical urgency category

Measure (computation Elective surgery waiting times by clinical urgency category reports the proportion of patients who were admitted from waiting lists after an extended wait. The three generally accepted clinical urgency categories for elective surgery are:

- category 1 — admission is desirable within 30 days for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- category 2 — admission is desirable within 90 days 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. Desirable timeframe for this category is admission within 365 days.

Data source/s For 2012–13 and 2013–14, this indicator is calculated using data from the NESWTDC, based on the National Minimum Data Set (NMDS) for Elective surgery waiting times (removals data).

For 2012–13, the NESWTDC was linked to the NHMD, based on the NMDS for Admitted patient care, to allow disaggregation by remoteness of area of usual residence and SEIFA of usual residence (all jurisdictions).

Data Quality Framework Dimensions

Institutional environment The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act*

1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth)*, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NMDS for Elective surgery waiting times (removals data) is to collect information about patients waiting for elective surgery in public hospitals. The scope of this NMDS is patients removed from waiting lists for elective surgery (as either an elective or emergency case) which are managed by public acute hospitals. This includes private patients treated in public hospitals and may include public patients treated in private hospitals.

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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

'Elective surgery waiting times by urgency category' data provide an indication of the extent to which patients are seen within a clinically desirable time and also draw attention to the variation in the way in which patients are classified across jurisdictions.

The system of urgency categorisation for elective surgery in public hospitals is important to ensure that priority is given to patients according to their needs. While elective surgery waiting times by urgency category are not comparable across jurisdictions, this measure has the advantage over other measures in that it provides an indication of the extent to which patients are seen within a clinically desirable time period according to the urgency category to which they have been assigned.

Timeliness

The reference period for these data is 2012–13 and 2013–14.

Accuracy

For 2012–13 and 2013–14:

- Coverage of the NESWTDC was over 90 per cent. Coverage was 100 per cent for *Principal referral and Specialist women's and children's hospitals* (peer group A) and was progressively lower for *Large hospitals* (peer group B) and *Medium hospitals* (peer group C). In 2012–13, coverage also varied by jurisdiction, ranging

from 100 per cent in New South Wales, Western Australia, Tasmania, the ACT and the NT, to 80 per cent in Victoria. For 2013–14, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93 per cent.

- Almost all public hospitals provided data for the NHMD in 2012–13, with the exception of all separations for a mothercraft hospital in the ACT.
- Records from the NESWTDC and the NHMD were linked to assign remoteness areas and SEIFA categories from the admitted patient record to the corresponding elective surgery waiting times record. In 2012–13 approximately 96 per cent of NESWTDC records for removals were linked to the NHMD.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. Interpretation of waiting times for jurisdictions should take into consideration these differences.
- The Indigenous status data were sourced from the NESWTDC for all jurisdictions.
- For 2009–10, the data for Albury Base Hospital (previously reported in NSW hospital statistics) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. From 2010–11, the data for Albury Base Hospital have not been available.
- From 2011–12, SA and WA provided data for a large number of smaller hospitals (32 and 22 respectively) that were not included in the data for previous years.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that had reported almost 10 000 admissions in 2010–11.
- The increase in admissions for the NT between 2010–11 and 2011–12 was, in part, due to the inclusion of certain surgical procedures from 2011–12 that had previously been incorrectly excluded from the NESWTDC by the NT.

Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

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

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Cells based on fewer than 10 elective surgery admissions were suppressed.
- Cells based on data from one public hospital only were suppressed.

Coherence

Caution should be exercised when comparing waiting times data between jurisdictions due to differences in the assignment of clinical urgency categories (see Australian hospital statistics 2012–13: elective surgery waiting times, Appendix A p 40 http://www.aihw.gov.au/publication-detail/?id=60129544692

The data can be meaningfully compared across reference periods.

The data reported for the 2011–12 and 2012–13 NEWSTDC are consistent with data reported for previous years for individual hospitals.

In addition, some 2011–12 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2010–11, rather than 2011–12 peer groups. Caution should be exercised when interpreting the 2012–13 data as potential revisions to the 2012–13 NESWTDC data could occur following linking to the 2012–13 NHMD.

Analyses presented in Australian hospital statistics and previous National Healthcare Agreement performance reports may also differ slightly depending on whether the NESWTDC or linked NESWTDC/NHMD was used.

When comparing data over time, linked data should not be compared with unlinked data. For example, the 2011–12 linked data supplied cannot be directly compared to the 2012–13 unlinked data supplied in this reporting cycle.

Accessibility

The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the Australian hospital statistics suite of

products with associated Excel tables.

These products may be accessed on the AIHW website http://www.aihw.gov.au/hospitals/

Interpretability

Metadata information for the Elective Surgery Waiting Times (ESWT) National Minimum Data Set (NMDS) and ESWT Data Set Specification (DSS) are published in the AIHW's online metadata repository, METeOR, and the National health data dictionary.

The National health data dictionary can be accessed online at:

http://www.aihw.gov.au/publication-detail/?id=10737422826

The Data Quality Statement for the NNAPEDCD can be accessed on the AIHW website at:

http://meteor.aihw.gov.au/content/index.phtml/itemId/543809

Variation in the way patients are classified to urgency categories should be taken into account. Rather than comparing jurisdictions, the results for individual jurisdictions should be viewed in the context of the proportions of patients assigned to each of the three urgency categories.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following key data gaps/issues:

- Comparisons across jurisdictions should be made with caution, due to differences in clinical practices and classification of patients across Australia. The measures are also affected by variations across jurisdictions in the method used to calculate waiting times for patients who transferred from a waiting list managed by one hospital to a waiting list managed by another hospital. For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is included in the waiting time reported in NSW, SA and the NT. This approach can have the effect of increasing the apparent waiting times for admissions in these jurisdictions compared with other jurisdictions.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, for individual surgical specialties and indicator procedures, influencing the overall total. For example, for 2012–13, the proportion of patients admitted from waiting lists who were assigned to Category 3 treatment clinically recommended within 365 days) was 44 per cent for NSW and 16 per cent for Queensland (Table A.1 from *Australian hospital statistics 2012–13: elective surgery waiting times*, Appendix A p 40 http://www.aihw.gov.au/publication-detail/?id=60129544692

Table A.1: Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2012–13 (per cent).

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Per	cent				
Category 1	24	31	40	25	26	40	31	29	29
Category 2	32	47	44	35	36	41	45	49	39
Category 3	44	22	16	40	38	20	24	22	32
Total	100	100	100	100	100	100	100	100	100

Source: AIHW 2013. *Australian hospital Statistics 2012–13*: *elective surgery waiting times*. Health service series No.51. Cat. no. HSE 140. pp 40.

- Interpretation of waiting times for jurisdictions should take into consideration these differences. For example, a state could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state as being in Category 3. Conversely, a state in which a relatively high proportion of patients are assessed by clinicians as being in Category 1 or 2 (treatment clinically recommended within 30 days and 90 days, respectively) could have relatively short median waiting times.
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

Waiting times for admission following emergency department care

Indicator definition and description

Element	Effectiveness — access
Indicator	Waiting times for admitted patient services — Waiting times for admission following emergency department care
Measure (computation	'Presentations to emergency departments with a length of stay of 4 hours or less ending in admission' is defined as the percentage of presentations to public hospital emergency departments where the time from presentation to admission to hospital is less than or equal to four hours. Calculation includes presentations with any type of visit to emergency department. ED stay length is calculated by subtracting presentation time/date from physical departure time/date, which is recorded as per the business rules included in the NAPEDC NMDS 2013–14: http://meteor.aihw.gov.au/content/index.phtml/itemId/509116 Presentations to emergency departments with a length of stay of 4 hours or less ending in admission' is calculated as: *Numerator*: Number of ED presentations where ED stay is less than or equal to four hours ending in hospital admission. *Denominator*: Number of ED presentations. Calculation includes all presentations with an ED stay completed in the reporting period, including records where the presentation date/time is prior to the reporting period. Invalid records are excluded from the numerator and denominator. Invalid records are records for which: • Length of stay < 0. • Presentation date or time missing. • Physical departure date or time missing.
Data source/s	This indicator is calculated using data from the Australian Institute of Health and Welfare's (AIHW's) NNAPEDCD, based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care (NAPEDC).

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth),* ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au. Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/
http://meteor.aihw.gov.au/content/index.phtml/itemId/182135
The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either *Principal referral and Specialist women's and children's hospitals* (peer group A) or *Large hospitals* (peer group B). In 2012–13, hospitals in peer groups A and B provided over 86 per cent of all public hospital emergency presentations. In 2013–14, hospitals in peer groups A and B provided about 80 per cent of all public hospital emergency presentations.
The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.
Data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence.

Timeliness

The reference period for these data is 2012–13 and 2013–14.
The financial year of 2011–12 is the first reporting period that these data are available according the agreed specification.

Accuracy

For 2012–13, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B and is estimated at about 85 per cent for all hospitals.
For 2013–14, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B and is estimated at about 88 per cent for all hospitals.
In the baseline year (2007-08) for this indicator, the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008-09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.
From 2009–10, data for the Albury Base Hospital (previously reported in NSW hospital statistics) were reported in Victorian hospital statistics. This reporting arrangement should be factored into any analysis of data for NSW and Victoria.
States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Coherence

The scope of the NAPEDC NMDS changed between the 2012–13 and 2013–14 reporting periods. These changes may affect comparability of the data reported for 2013–14 with data reported for previous years.
For 2012–13, the scope of the Non-admitted patient emergency department care national minimum data set was non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either Peer Group A or B in the Australian Institute of Health and Welfare's *Australian Hospital Statistics* publication from the preceding financial year.
For 2013–14, the scope of the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS) is patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- Purposely designed and equipped area with designated assessment, treatment and resuscitation areas.

- Ability to provide resuscitation, stabilisation and initial management of all emergencies.
- Availability of medical staff in the hospital 24 hours a day.
- Designated emergency department nursing staff and nursing unit manager 24 hours per day 7 days per week.

The data reported for 2012–13 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals.
In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the NPHED for each hospital for the same reference year.
Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.
The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics: emergency department care* (report series) and the *National Healthcare Agreement: performance report 2012–13*.

Accessibility The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: Australian hospital statistics suite of products with associated Excel tables. These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/.

Interpretability Metadata information for the NAPEDC NMDS and the NAPEDC Data Set Specification (DSS) are published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.
The *National health data dictionary* can be accessed online at:
http://www.aihw.gov.au/publication-detail/?id=10737422826
The Data Quality Statement for the 2012–13 NNAPEDCD can be accessed on the AIHW website at:
http://meteor.aihw.gov.au/content/index.phtml/itemId/546749

Data Gaps/Issues Analysis

Key data gaps/issues The Steering Committee notes the following key data gaps/issues:

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals reporting to the Non-admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set (NMDS) (Peer Groups A, B and other) as at August 2011 (when the National Health Reform Agreement National Partnership Agreement on Improving Public Hospital Services was signed).
- The scope of the NAPEDC NMDS changed between the 2012–13 and 2013–14 reporting periods. These changes may affect comparability of the data reported for 2013–14 with data reported for previous years.
- For 2012–13, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B (*Principal referral and Specialist women's and children's hospitals* and *Large hospitals*) and is estimated at about 85 per cent for all hospitals.
- It is estimated that 2013–14 has similar coverage for public hospitals in peer groups A and B, and is estimated at about 88 per cent for all hospitals, although final coverage cannot be calculated until the 2013–14 National Public Hospital Establishments Database (NPHED) data are available.
- Caution should be used in comparing these data with earlier years as the number of reporting hospitals and the peer group for a hospital, may vary over time.

Separation rates for selected procedures

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness—appropriateness
Indicator	Separation rates for selected procedures
Measure (computation	The *numerator* is the number of hospital separations involving the procedures: cataract extraction, cholecystectomy, coronary artery bypass graft, coronary angioplasty, cystoscopy, haemorrhoidectomy, hip replacement, inguinal herniorrhaphy, knee replacement, myringotomy, tonsillectomy, varicose veins stripping and ligation, septoplasty, prostatectomy and hysterectomy. The *denominator* is the Estimated Resident Population (ERP), with the exception of prostatectomy, where only the male ERP is used, and hysterectomy, where only the female ERP aged 15–69 years is used. A separation is 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). *Calculation* is 1000 × (numerator ÷ denominator), presented as a number per 1000 and age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 84 years, with ages over 84 combined. Aboriginal and Torres Strait Islander population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years, with ages over 64 combined. For hysterectomy only: Total population data were age-standardised using 5 year age groups between 15–69 years. Indigenous disaggregation for the ACT and Tasmania was age-standardised using 5-year age groups from 15–64, with ages over 64 combined. Indigenous disaggregation for all other jurisdictions was standardised using 5-year age groups between 15–69 years as data on the Aboriginal and Torres Strait Islander population aged 65–69 years were available for these jurisdictions.
Data source/s	*Numerator*: This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted patient care. *Denominator*: For total population: Australian Bureau of Statistics (ABS) ERP as at 30 June 2011.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Aboriginal and Torres Strait Islander and Other Australians' rates of hysterectomy in Tasmania and the ACT may underestimate rates of hysterectomy for women aged 15–69 years due to the age-standardisation method used (see above).

Timeliness

The reference period for these data is 2012–13.

Accuracy

For 2012–13 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the ACT.

The majority of private hospitals provided data, with the exception of the private free-standing day hospitals in the ACT and the NT.

Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT requiring these procedures receive treatment interstate.

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

Data on procedures are recorded uniformly using the Australian Classification of Health Interventions.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Data for private hospitals in Tasmania, the ACT and the NT were suppressed.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology

as data published in *Australian hospital statistics 2012–13*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in National Healthcare Agreement performance reports. In 2009-10, WA was missing 2400 separations for one public hospital and was not able to provide about 10 600 separations for one private hospital.

Caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

In 2011, the ABS updated the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level. The AIHW consider the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2011-12 are not directly comparable with SEIFA data from previous reporting cycles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).
- Data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Aboriginal and Torres Strait Islander data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following key data gaps/issues:

Higher/lower rates are not necessarily associated with inappropriate care. However, large jurisdictional variations in rates for particular procedures can require investigation to determine whether service levels are appropriate.

Care needs to be taken when interpreting the differences in the separation rates for the selected procedures. Variations in rates can be attributable to variations in the prevalence of the conditions being treated, or to differences in clinical practice across states and territories. Higher rates can be acceptable for certain conditions and not for others. Higher rates of angioplasties, for example, can represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies can represent an over-reliance on procedures. Some of the selected procedures, such as angioplasty and coronary artery bypass graft, are alternative treatment options for people diagnosed with similar conditions.

Unplanned hospital readmission rates

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Unplanned/unexpected readmissions within 28 days of selected surgical admissions. For the 2013 report, the National Health Information Standards and Statistics Committee (NHISSC), on behalf of Australian Health Ministers' Conference, amended the title of this indicator in the NHISSC specifications to: *Unplanned hospital readmission rates* to better reflect how the indicator is calculated. Readmissions for this indicator are defined within 28 days from the end of the patient's surgical episode of care.
Measure (computation	*Numerator*: the number of separations for public hospitals which meet all of the following criteria: • the separation is a readmission to the same hospital following a separation in which one of the following procedures was performed: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendicectomy • the readmission occurs within 28 days of the previous date of separation • the principal diagnosis for the readmission is a post-operative complication. *Denominator*: the number of separations in which one of the following surgical procedures was undertaken: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendicectomy. The denominator is limited to separations with a separation date between 1 July and 19 May in the reference year.
Data source/s	For all jurisdictions except WA, this indicator is calculated by the Australian Institute of Health and Welfare (AIHW) using data from the NHMD, based on the Admitted patient care national minimum data set (NMDS). For WA, the indicator was calculated and supplied by WA Health and was not independently verified by the AIHW. For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2011 and Estimated Resident Population (ERP) by Statistical Area level 2 (SA2) as at 30 June 2012. Each SA2 in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population. For data by remoteness: each separation is allocated an ABS remoteness area, as specified in the Australian Standard Geographical Classification, based on the SA2 of usual residence of the patient.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of

data and reporting.
One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.
The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth),* ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.
For further information see the AIHW website www.aihw.gov.au.
Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):
http://www.aihw.gov.au/nhissc/
http://meteor.aihw.gov.au/content/index.phtml/itemId/182135
The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.
The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.
The analyses by remoteness and socioeconomic status are based on the Statistical Area level 2 (SA2) of usual residence of the patient. The Socio-Economic Indexes for Areas (SEIFA) categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SA2 are derived from 2011 Census data and represent the attributes of the population in that SA2 in 2011.
Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of separations for people living in that remoteness area or SEIFA population group and hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
The unplanned and/or unexpected readmissions counted in the computation for this indicator have been limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned. Unplanned and/or unexpected readmissions attributable to other causes have not been included.
With regard to hysterectomy, there are three related procedures that are not defined for the indicator, and therefore have not been included in any *National Healthcare Agreement* (NHA) reporting (all years). These are (in ICD-10-AM 7th edition), 35750-00—Laparoscopically assisted vaginal hysterectomy; 35753-02—Laprascopically assisted vaginal hysterectomy with removal of adnexa; and 35653-00—Subtotal abdominal hysterectomy. For public hospitals, there were 1,692 separations in 2012–13 that involved one of these procedures.
The calculation of the indicator is limited to public hospitals and to readmissions to the same hospital.
Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for this data set is 2012–13.

Accuracy

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the ACT and the NT.

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

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013) found that nationally, about 88 per cent of Aboriginal and Torres Strait Islander Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Aboriginal and Torres Strait Islander Australians was about 9 per cent higher than reported. The report recommended that the data for all jurisdictions are used in analysis of Aboriginal and Torres Strait Islander hospitalisation rates, for hospitalisations in total in national analyses of Aboriginal and Torres Strait Islander admitted patient care. However, these data should be interpreted with caution as there is variation among jurisdictions in the quality of the Indigenous status data.

For this indicator, the linkage of separations records is based on the patient identifiers which are reported for public hospitals. As a consequence, only readmissions to the same public hospital are in scope; and readmissions to different public hospitals and readmissions involving private hospitals are not included.

For WA the indicator was calculated and supplied by WA Health.

To calculate this indicator, readmissions within the 2012–13 financial year had to be linked to an initial separation (which involved the specified surgery) that occurred within the 2012–13 financial year. The 19 May was specified as the cut-off date for the initial separation to exclude initial separations from the denominator for which a readmission may occur in the following financial year. The use of the cut-off date ensures that the numerator and denominator for this indicator are consistent.

Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Data on diagnoses are recorded uniformly using the ICD-10-AM.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 200.
- Rates were suppressed where the numerator was zero and the denominator was less than 200.
- Counts were suppressed when the number was less than 5.

Data for private hospitals in Tasmania, ACT and the NT were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2012–13* and the *National healthcare agreement: performance report 2012–13*.

The data can be meaningfully compared across reference periods for all jurisdictions.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

In 2011, the ABS updated the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007–08 through to 2010–11 reported for SEIFA quintiles are reported using SEIFA 2006 at the Statistical

Local Area (SLA) level. Data for 2011–12 are reported using SEIFA 2011 at the SLA level. Data for 2012–13 are reported using SEIFA 2011 at the Statistical Area level 2 (SA2). The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore, SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Aboriginal and Torres Strait Islander data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the National Minimum Data Set (NMDS) for Admitted patient care is published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

The *National health data dictionary* can be accessed online at:
http://www.aihw.gov.au/publication-detail/?id=10737422826

The Data Quality Statement for the 2012–13 NHMD can be accessed on the AIHW website at:
http://meteor.aihw.gov.au/content/index.phtml/itemId/546749

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- The indicator is an underestimate of all possible unplanned/unexpected readmissions because:
  - it could only be calculated for public hospitals and for readmissions to the same hospital.
  - episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included.
  - the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions.
- Calculation of the indicator for WA was not possible using data from the NHMD. Data for WA were supplied by WA Health and Australian rates and numbers do not include WA.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.
- SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Accreditation

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Accreditation
Measure (computation	Accreditation' is defined as the number of beds in accredited hospitals as a percentage of total beds. Accreditation is awarded to a hospital based on meeting a defined set of standards. Public hospitals can seek accreditation through a number of agencies. These agencies are accredited through the Joint Accreditation System of Australia and New Zealand or the International Society for Quality in Healthcare. Jurisdictions apply specific criteria to determine which accreditation programs are suitable. Quality programs require hospitals to demonstrate continual adherence to quality improvement standards to gain and retain accreditation.
Data source/s	This indicator is calculated using data from the NPHED. The NPHED contains information on public hospital expenditure and estimates of the proportion of recurrent expenditure attributed to admitted patient care. The NPHED is based on the National Minimum Data Set (NMDS) for Public hospital establishments.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): http://www.aihw.gov.au/nhissc/ http://meteor.aihw.gov.au/content/index.phtml/itemId/182135 The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance	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. The scope is public hospitals in Australia, including public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans Affairs, and drug and alcohol treatment centres. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The collection covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by correctional authorities or the Australian Defence Force for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.
Timeliness	The reference period for this data set is 2012-13.
Accuracy	For 2012-13, coverage of the NPHED was essentially complete. States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked 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 edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. Although there are national standards for public hospital establishments data, differences in financial accounting, counting and classification practices across jurisdictions may affect the comparability of these data. 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. There was variation between states and territories in the reporting of expenditure, depreciation, available beds, staffing categories and outpatient occasions of service. 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. States and territories may differ in the extent to which non-admitted services are provided in non-hospital settings that are beyond the scope of the NPHED. The comparability of accreditation data among states and territories is limited because of the voluntary nature of participation in award schemes for hospitals in some jurisdictions. As accreditation for public hospitals was counted as at 30 June 2011, hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, would have been counted as non-accredited.
Coherence	The NPHED includes data for each year from 1993–94 to 2012–13. The data reported for 2011–12 are consistent with data reported for the NPHED for previous years for individual hospitals. Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in admission practices. Changes in administrative and/or reporting practices for hospitals, changes in accounting practices for financial data, and changes in counting practices can affect comparisons over time.
Accessibility	The AIHW provides a variety of products that draw upon the NHMD and the NPHED. Published products available on the AIHW website include: • Australian hospital statistics with associated Excel tables • Interactive data cubes for Public hospital establishments.
Interpretability	Supporting information on the quality and use of the NPHED are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following key data gaps/issues: The comparability of accreditation data among states and territories is limited because of the voluntary nature of participation in award schemes for hospitals in some jurisdictions. As accreditation for public hospitals was counted as at 30 June 2011, hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, would have been counted as non-accredited. It is not possible to draw conclusions about the quality of care in those hospitals that do not have 'accreditation'. Until 1 January 2013 public hospital accreditation was voluntary in all jurisdictions except Victoria and Queensland, where it was mandatory for all public hospitals (excluding those in Victoria that provide only dental or mothercraft services and those in Queensland that do not routinely admit patients).

Adverse events in public hospitals

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Healthcare-associated infections

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Adverse events in public hospitals — Healthcare-associated *infections*.
Measure	SAB patient episodes (as defined below) associated with acute care public hospitals.
(computation	Patient episodes associated with care provided by private hospitals and non-hospital healthcare are excluded. The definition of an acute public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'. All types of public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. Unqualified newborns are included in the indicator. Hospital boarders and posthumous organ procurement are excluded from the indicator. A patient episode of SAB is defined as a positive blood culture for *Staphylococcus aureus*. For surveillance purposes, only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded. A *Staphylococcus aureus* bacteraemia will be considered to be healthcare-associated if: the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, OR, if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient-episode of SAB: 1. SAB is a complication of the presence of an indwelling medical device (e.g. intravascular line, haemodialysis vascular access, CSF shunt, urinary catheter) 2. SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site 3. An invasive instrumentation or incision related to the SAB was performed within 48 hours 4. SAB is associated with neutropenia (<1 x 10^9) contributed to by cytotoxic therapy This definition of a patient episode of SAB was agreed by all states and territories and used by all states and territories for reporting for 2010-11 and subsequent years. The *denominator* is number of patient days for public acute care hospitals (only for hospitals included in the surveillance arrangements). *Calculation* is 10 000 × (Numerator ÷ Denominator), presented as a number per

10 000 and number only.

Coverage: Denominator ÷ Number of patient days for all public hospitals in the State or Territory.

Data source/s

Numerator: State and Territory healthcare-associated infection surveillance data.

Denominator: State and Territory admitted patient data.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) calculated the indicator from data provided by states and territories.

The AIHW is an independent statutory authority within the Health portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data supplied by the states and territories were collected from hospitals through the healthcare associated infection surveillance programs run by the states and territories. The arrangements for the collection of data by hospitals and the reporting to State and Territory health authorities vary among the jurisdictions.

Relevance

This indicator is for patient episodes of SAB acquired, diagnosed and treated in public acute care hospitals. The definition of a public acute care hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'. All types of public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. The provision of 'acute' services varies among jurisdictions, so it is not possible to exclude 'non-acute' hospitals from the indicator in a way that would be uniform among the states and territories. Therefore all public hospitals have been included in the scope of the indicator so that the same approach is taken for each State and Territory.

The SAB patient episodes reported were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The accuracy and comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

In 2012, the scope of the indicator was revised to include unqualified newborns. Data reported for 2010-11 and subsequent years include unqualified newborns. It is not possible to backcast the data for earlier years.

Only patient episodes associated with public acute care hospitals in each jurisdiction are counted. If a case is associated with care provided in another jurisdiction then it may be reported (where known) by the jurisdiction where the care associated with the SAB occurred.

Almost all patient episodes of SAB will be diagnosed when the patient is an admitted patient. However, the intention is that patient episodes are reported whether they were determined to be associated with admitted patient care or non-admitted patient care in public acute care hospitals.

The data presented have not been adjusted for any differences in case-mix between the states and territories.

Analysis by state/territory is based on the location of the hospital.

No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. Patient days are used rather than occupied bed days because occupied bed day data were not available for all states and territories and there is no nationally agreed definition for occupied bed days.

Timeliness

The reference period for this data is 2013-14, with revised data provided for 2012-13, 2011-12 and 2010-11.

Accuracy

For some states and territories there is less than 100 percent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals (or parts of hospitals) that contribute

data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.
For 2010-11 and previous years, data for Queensland include only patients aged 14 years and over.
Sometimes it is difficult to determine if a case of SAB is associated with care provided by a particular hospital. Counts therefore may not be precise where cases are incorrectly included or excluded. However, it is likely that the number of cases incorrectly included or excluded would be small.
It is possible that there will be less risk of SAB in hospitals not included in the SAB surveillance arrangements, especially if such hospitals undertake fewer invasive procedures than those hospitals which are included.
There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.
For 2010-11 and subsequent years, all states and territories used the definition of SAB patient episodes associated with acute care public hospitals as defined above.
The patient day data may be preliminary for some hospitals/jurisdictions.

NSW does not provide patient day data, but rather occupied bed days. There may be some difference between patient days and occupied bed days.

Some states and territories have provided revised data for 2012-13, 2011-12 and 2010-11, thus revised tables for these years provided.

Coherence

National data for this indicator were first presented in the 2010 COAG Reform Council report. Since that report further work has been undertaken on data development for this indicator, including the definition of an episode of SAB and a suitable denominator, as well as the coverage of public hospitals. The most recent work in 2012 was to revise the scope of the indicator to include unqualified newborns. Data reported for 2010-11 and subsequent years include unqualified newborns. It is not possible to backcast the data for earlier years. Data for 2013-14, 2012-13, 2011-12 and 2010-11 are therefore not comparable with data for previous years.
Data for 2010-11 and 2011-12 are comparable, except for Queensland, where the 2010-11 data do not include patients aged 13 years and under, whereas the 2011-12 data include patients of all ages.
Data for 2011-12, 2012-13 and 2013-14 are comparable.

NSW data for 2010-11, 2011-12, 2012-13 and 2013-14 are not comparable with data from other jurisdictions because NSW uses occupied bed days, rather than patient days, for calculation of the denominator.

NSW data are included in Australian totals for 2010-11, 2011-12, 2012-13 and 2013-14 because it is expected that at the national level the use of occupied bed days, rather than patient days, for NSW is unlikely to create a marked difference in the Australian data.

As 2008-09 data were provided prior to the development of agreed national definitions, by only five jurisdictions, and was limited to principal referral and large hospitals, these data are not comparable with 2009-10 data, except for Tasmania.

Some jurisdictions have previously published related data (see Accessibility above).

Accessibility

The following states and territories publish data relating to healthcare-associated SAB in various report formats on their websites:
New South Wales: *Your Health Service* public website reports SAB by individual hospital.
http://www.health.nsw.gov.au/hospitals/search.asp
New South Wales: *Healthcare associated infections reporting* for 8 infection indicators by state.
http://www.health.nsw.gov.au/professionals/hai/Documents/HAI-data-collection-report-2014.pdf
Queensland: Queensland Health Hospital Performance website:
http://www.health.qld.gov.au/performance/default.asp
WA: *Healthcare Associated Infection Unit - Annual Report and aggregate reports*.
http://www.public.health.wa.gov.au/3/455/3/reports__healthcare_associated_infection_unit.pm
SA: *Healthcare Associated Bloodstream Infection Report*.
http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/abo

	ut+us/health+statistics/healthcare+infection+statistics/healthcare+infection+statistics?contentIDR=bef94b0042d707bfa38ca3693c255719&useDefaultText=0&useDefaultDesc=1 Tasmania: Acute public hospitals healthcare associated infection surveillance report. http://www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit/publications_and_guidelines
Interpretability	Jurisdictional manuals should be referred to for full details of the definitions used in healthcare-associated infection surveillance. Definitions for this indicator are published in the performance indicator specifications.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

- There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.
- For some states and territories there is less than 100 per cent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.
- The accuracy and comparability of the rates of SAB among jurisdictions and over time is also limited because the count of patient days (denominator) reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity.
- The data for 2013-14, 2012-13 and 2011-12 are comparable.
- The data for 2011-12 are comparable with those from 2010-11 except for Queensland.
- NSW data for 2010-11, 2011-12, 2012-13 and 2013-14 are not comparable with other jurisdictions.
- The patient day data may be preliminary for some hospitals/jurisdictions.

Adverse events treated in hospitals

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Adverse events in public hospitals — Adverse events treated in hospitals
Measure (computation	Adverse events treated in hospitals are measured by separations that had an adverse event including infections, falls resulting in injuries and problems with medication and medical devices that occurred during a hospitalisation. Hospitalisation is identified by 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.
Data source/s	This indicator is calculated using data from the National Hospital Morbidity Database (NHMD), based on the national minimum data set (NMDS) for Admitted patient care.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-

government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

Timeliness

The reference period for this data set is 2012–13.

Accuracy

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the NT, and a private free-standing day hospital in Victoria.

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

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 one category as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning).

The data 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 *Australian hospital statistics 2012–13*, Chapter 6 and Appendix B) can be used to provide other information about adverse events occurring, and treated within, single episodes of care.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2012–13*.

The data can be meaningfully compared across reference periods for all jurisdictions.

Accessibility	The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are: • Australian hospital statistics with associated Excel tables • interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups). These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/
Interpretability	Supporting information on the quality and use of the NHMD are published annually in Australian hospital statistics (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Aboriginal and Torres Strait Islander data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the National Minimum Data Set (NMDS) for Admitted patient care is published in the AIHW's online metadata repository, METeOR, and the National health data dictionary. The National health data dictionary can be accessed online at: http://www.aihw.gov.au/publication-detail/?id=10737422826 The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at: http://meteor.aihw.gov.au/content/index.phtml/itemId/529483

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: A separation may be recorded against more than one category as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning). These data 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 may represent events that occurred before admission. Some adverse events are not identifiable using the codes for an adverse event or a place of occurrence of hospital. Some other diagnosis codes may suggest that an adverse event has occurred when it has not.

Falls resulting in patient harm in hospitals

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Adverse events in public hospitals — Falls resulting in patient harm in hospitals
Measure (computation	*Numerator*: Number of hospital separations with an external cause code for a fall and a place of occurrence of *health service area*. *Denominator*: Total number of hospital separations. A fall is identified by ICD-10-AM external cause codes W00, W01, W03–W11, W13, W14, W16–W19. Excluded from the numerator are those separations where the ICD-10-AM code for the principal diagnosis is in the range of S00 to T14 (inclusive). Also excluded from the numerator are separations where the principal diagnosis has the ICD-10-AM code Z50.9 (*Care involving use of rehabilitation procedure, unspecified*) and the second diagnosis is in the range of S00 to T14 (inclusive). A separation is 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). *Calculation*: Numerator only; and 1000 × (numerator ÷ denominator)
Data source/s	This indicator is calculated using data from the National Hospital Morbidity Database (NHMD), based on the national minimum data set (NMDS) for Admitted patient care.

For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2011 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2011. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: each separation is allocated an ABS remoteness area, as specified in the Australian Standard Geographical Classification, based on the SLA of usual residence of the patient.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by remoteness and socioeconomic status are based on the Statistical Local Area (SLA) of usual residence of the patient. The Socio-Economic Indexes for

Areas (SEIFA) categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2011 Census data and represent the attributes of the population in that SLA in 2011.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of separations for people living in that remoteness area or SEIFA population group and hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for this data set is 2012–13.

Accuracy

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the NT, and a private free-standing day hospital in Victoria.

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

The AIHW report Indigenous identification in hospital separations data: quality report (AIHW 2013) found that nationally, about 88 per cent of Aboriginal and Torres Strait Islander Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Aboriginal and Torres Strait Islander Australians was about 9 per cent higher than reported. The report recommended that the data for all jurisdictions are used in analysis of Aboriginal and Torres Strait Islander hospitalisation rates, for hospitalisations in total in national analyses of Aboriginal and Torres Strait Islander admitted patient care. However, these data should be interpreted with caution as there is variation among jurisdictions in the quality of the Indigenous status data.

The specification for the indicator defines a fall in hospital as being one for which the place of occurrence is coded as *Health service area*. The *Health service area* as a place of occurrence is broader in scope than hospitals—it includes other health service settings such as day surgery centres and hospices. Hence the numbers presented could be an overestimate as they include falls in health care settings other than hospitals.

Around 26 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in hospitals may be an underestimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be overestimated.

To minimise the chance of overestimation, separations where a person was admitted to hospital with a principal diagnosis of an injury were excluded on the basis that if the injury was the principal diagnosis it was associated with an external cause relating to an event occurring prior to admission. However, these exclusions may result in an underestimation of the indicator as the indicator does not count separations where a person is injured and admitted to hospital and then subsequently experiences a fall in hospital.

Data on falls are recorded uniformly using the ICD-10-AM.

The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.

Comparability is affected by data not being adjusted for differences in casemix (for

example, patient age).

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5.
- Data for private hospitals in Tasmania, ACT and the NT were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2012–13*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in the National Healthcare Agreement performance reports.

Caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

In 2011, the ABS updated the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level. The AIHW consider the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2011-12 are not directly comparable with SEIFA data from previous reporting cycles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- Australian hospital statistics with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/

Interpretability

Supporting information on the quality and use of the NHMD are published annually in Australian hospital statistics (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Aboriginal and Torres Strait Islander data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the National Minimum Data Set (NMDS) for Admitted patient care is published in the AIHW's online metadata repository, METeOR, and the National health data dictionary.

The National health data dictionary can be accessed online at:

http://www.aihw.gov.au/publication-detail/?id=10737422826

The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at:

http://meteor.aihw.gov.au/content/index.phtml/itemId/529483

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

The recorded number of falls occurring in hospitals may be an underestimate as

around 26 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence.

Underestimation and overestimation may also have occurred due to other limitations of the data.

The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.

Comparability is affected by data not being adjusted for differences in casemix (for example, patient age).

Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until an assessment of Indigenous identification is completed.

Workforce sustainability

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency — sustainability
Indicator	Workforce sustainability
Measure (computation	Workforce sustainability reports age profiles for nurse and midwife, medical practitioner, dental practitioner and allied health practitioner workforces. It shows the numbers of each of these registered professions in ten year age brackets, both by jurisdiction and by region.
Data source/s	National Health Workforce Data Set: medical practitioners 2013 National Health Workforce Data Set: nurses and midwives 2013 National Health Workforce Data Set: dental practitioners 2013 National Health Workforce Data Set: allied health practitioners 2013

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator using estimates derived from the National Health Workforce Data Set (NHWDS). The NHWDS is developed through the collaboration of three agencies. The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme (NRAS) across Australia, including collecting registration data and administering the workforce surveys. Health Workforce Australia was responsible for the development of the health workforce surveys until its closure by the Australian Government on 6 August 2014. The AIHW receives registration and survey data from the AHPRA. The registration and workforce survey data are combined, cleansed and adjusted for non-response to form NHWDS, and the findings reported by profession. AIHW is the data custodian of the NHWDS. These data are used for workforce planning, monitoring and reporting. The AIHW is an independent statutory authority within the Health portfolio, which is accountable to the Parliament of Australia through the Minister. For further information, see the AIHW website.
Relevance	Medical practitioners, dental practitioners, nurses/midwives and allied health practitioners are required by law to be registered with their relevant national board to practise in Australia. All medical practitioners, dental practitioners, nurses/midwives and nominated allied health practitioners must complete the formal registration renewal form(s) to practise in Australia. This is the compulsory component of the renewal process. The exception is Aboriginal and Torres Strait Islander health practitioners in the allied health workforce; where those who are not required by their employer to use the title 'Aboriginal and Torres Strait Islander health practitioner', 'Aboriginal health practitioner' or 'Torres Strait Islander health practitioner' are not required to be registered, and can continue to work using their current titles (e.g. 'Aboriginal health worker', 'drug and alcohol worker' and 'mental health worker'). The health workforce surveys for each of these professions is voluntary and only practitioners who renew their registration receive a questionnaire for completion. New registrants will not receive a survey form until they renew their registration the following

year, during the registration renewal period. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.

National Health Workforce Data Set: medical practitioners 2013

The NHWDS: medical practitioners 2013 contain registration details of all registered medical practitioners in Australia, at 30 September on the annual renewal date. Data were extracted from the AHPRA database at the end of November of the same year. The NHWDS also contains workforce data of respondents obtained from the Medical Workforce Survey 2013.

National Health Workforce Data Set: dental practitioners 2013

The NHWDS: dental practitioners 2013 contain registration details of all registered dental practitioners in Australia, at 30 November on the annual renewal date. Data were extracted from the AHPRA database at the end of January the following year. The NHWDS also contains workforce data obtained from the Dental Workforce Survey 2013.

National Health Workforce Data Set: nurses and midwives 2013

The NHWDS: nurses and midwives 2013 contain registration details of all registered nurses/midwives in Australia at 31 May on the annual renewal date. Data were extracted from the AHPRA database at the end of November of the same year. The NHWDS also contains workforce data obtained from the Nursing and Midwifery Workforce Survey 2013.

National Health Workforce Data Set: allied health practitioners 2013

The NHWDS: allied health practitioners 2013 contain registration details of all registered allied health practitioners in Australia, at 30 November on the annual renewal date. Data were extracted from the AHPRA database at the end of January the following year. The NHWDS also contains workforce data obtained from each profession-specific health workforce survey.

Indicator data for allied health practitioners are not comparable between 2012 and 2013. Due to transitional arrangements with the migration of data from state and territory-based systems to NRAS, in 2012, many medical radiation practitioners in Queensland, WA and Tasmania were not required to renew their registrations and, as a result did not complete a workforce survey. As a consequence, data for Queensland, WA and Tasmania for this profession are excluded from the indicator data for allied health practitioners.

For the same reason, occupational therapists in Queensland, WA and SA are excluded from the indicator data for allied health practitioners in 2012.

Timeliness

National Health Workforce Data Set:

The NHWDS for each of the registered professions will be produced annually during the national registration renewal process. Each profession will also be administered a Workforce Survey as part of the registration renewal process.

—Medical practitioners 2013

The NHWDS: medical practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 July and 30 September each year, including the collection of the Medical Workforce Survey.

—Nurses and midwives 2013

The NHWDS: nurses and midwives is produced annually from information collected by the national registration renewal process, conducted between 1 April and 31 May each year, including the collection of the Nursing and Midwifery Workforce Survey.

—Dental practitioners 2013

The NHWDS: dental practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 September and 30 November each year, including the collection of the Dental Workforce Survey. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.

—Allied health practitioners 2013

The NHWDS: allied health practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 September and 30 November each year, including the collection of the profession-specific workforce surveys. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.

Accuracy

Data manipulation and estimation processes

The registration and workforce survey data for each health profession are combined, cleansed and adjusted for non-response to form the National Health Workforce Data

Set (NHWDS). The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level, and validation of unit record and aggregate data.
Imputation methods are used to account for item non-response and survey non-response. In 2013, the methodology for survey non-response was changed from a weighting-based methodology to a randomised sequential hot deck-based imputation.
It should be noted that both of these kinds of non-response is likely to introduce some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of records. Care should be taken when drawing conclusions about the size of the differences between estimates.
As a result of the estimation method to adjust for non-response, numbers of medical practitioners, dental practitioners, nurses/midwives or allied health practitioners may have been in fractions, but have been rounded to whole numbers for this indicator. The full-time equivalent (FTE) rate calculations are based on rounded numbers.
Registration data from the National Registration and Accreditation Scheme (NRAS)
Registration details were migrated from the respective state and territory professional board (or council) for practitioners with registrations expiring after the official AHPRA closing date for their profession.
Some data items previously collected by the AIHW Labour Force Surveys are now collected by the NRAS. However, some data quality issues due to migrated data items from the respective state and territory health profession boards may have affected the weighting method.
Medical practitioners, dental practitioners, nurses/midwives and allied health practitioners who reside overseas have been included with practitioners whose state or territory of principal practice and state or territory of main job, respectively, could not be determined.
Health Workforce Survey
In 2013, the online survey questionnaire include for the first time electronic sequencing of questions to automatically guide the respondent to the next appropriate question based on previous responses to questions.
The online survey questionnaire prior to 2013 and in the paper version of the questionnaire, respondents may have made inconsistent responses by not correctly following the sequencing instructions.
The order of the response categories for some questions may have also impacted on the accuracy of the information captured. In addition, there was variation in some responses between the online and paper surveys.
NHWDS data by profession
The following should be noted when comparing state and territory indicator data:

- The data include employed professionals who did not state or adequately describe their state of principal practice and employed professionals who reside overseas. The national estimates include this group.
- *National Health Workforce Data Set: medical practitioners 2013:* The overall response rate of medical practitioners for 2013 was 88.6 per cent.
- *National Health Workforce Data Set: nurses and midwives 2013:* The overall response rate of nurses and midwives for 2013 was 87.6 per cent.
- *National Health Workforce Data Set: dental practitioners 2013:* The overall response rate of dentists for 2013 was 90.0 per cent.
- *National Health Workforce Data Set: allied health practitioners 2013:* The overall response rate of allied health practitioners for 2013 was 87.9 per cent.

Coherence

Health Workforce Survey—coherence with previous surveys
Labour force data published by the AIHW before the NRAS was established in July 2010 were the result of collated jurisdiction-level occupation-specific surveys. The current Health Workforce Survey gathers similar information from each professional group through a separate questionnaire, tailored slightly to take account of profession-specific responses to certain questions, e.g. work setting of main job.
For this indicator, the workforce surveys for medical practitioners, dental practitioners, nurses/midwives and allied health practitioners collect similar data items, but the methodology differs from previous years. The AHPRA is now the single source of registered practitioner data instead of eight state and territories bodies for each profession, and there is greater consistency between jurisdictions and years in the scope of registration information.
The scope and coverage of the Health Workforce Survey is also different from that of the previous series of AIHW Labour Force Surveys as not all jurisdictions surveyed all

types of registered health practitioners.
If the location of principal practice recorded in the registration data was different from the corresponding details of their main job self-reported by practitioners in the survey, the location was derived hierarchically based on main job information and then on principal practice location then place of residence.
Date of birth is one of many data items previously collected by the AIHW Labour Force Surveys, which is now collected by the NRAS.
The three employment-related questions in the new survey are now nationally consistent, but vary from the previous AIHW Labour Force Survey. Due to the differences in data collection (including survey design and questionnaire), processing and estimation methods, it is recommended that comparisons between workforce data from the NHWDS and the previous AIHW Labour Force Survey be made with caution.
AIHW Published Numbers

For this indicator, the rates are based on practitioners employed in the medical, dental, allied health and nursing and midwifery workforces, which is consistent with data published in AIHW's workforce output products available online..

Accessibility Published products available on the AIHW website include workforce online webpages, survey questionnaires and supplementary detailed tables. User guides to the data sets are available on request from the AIHW.

Interpretability Explanatory information for the Medical Workforce Survey, Dental Workforce Survey and the Nursing and Midwifery Workforce Survey is contained in the published online webpages, supplementary detailed tables and data quality statements to the data set for each. For the allied health professions, information about their workforce surveys is available in the National Health Workforce Data Set: allied health practitioners data quality statement. This includes collection method, scope and coverage, survey response, imputation and weighting procedures, and assessment of data quality (including comparison with other data sources).
These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

Data Gaps/Issues Analysis

Key data gaps/issues The Steering Committee notes the following issues:

- These measures are not a substitute for a full workforce analysis that allows for migration, trends in full-time work and expected demand increases. The indicator does not provide information on those currently in training and the intentions of those in the medical workforce to leave the workforce in the near future.
- The rates have been calculated per 100 000 population for this indicator to assist with interpretation.
- Due to the differences in data collection, processing and estimation methods, including survey design and questionnaire, it is recommended that comparisons between workforce data from the National Health Workforce Data Set (NHWDS) and the previous Australian Institute of Health and Welfare (AIHW) Labour Force Survey be made with caution and noted in any analyses.
- Results for the indicator are estimates because the survey data have undergone imputation to adjust for non-response. It should be noted that any of these adjustments may have introduced some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of survey records. Care should be taken when drawing conclusions about the size of the differences between estimates.
- The 2013 allied health workforce indicator data exclude provisional registrants.
- The 2013 dental and medical workforce indicator data exclude provisional registrants.
- There is no provisional registration type for nurses and midwives.

Cost per casemix-adjusted separation

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Recurrent cost per casemix adjusted separation

Indicator definition and description

Element	Efficiency
Indicator	Cost per casemix-adjusted separation — Recurrent cost per casemix adjusted separation
Measure (computation	The average cost per case mix-adjusted separation in public hospitals. The formula used to calculate the cost per casemix-adjusted separation is: (Recurrent expenditure × IFRAC) ÷ (Total separations × Average cost weight) Where: • Recurrent expenditure is as defined by the recurrent expenditure data elements in the National Minimum Data Set for Public Hospital Establishments. • IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates to admitted patient care. • Average cost weight is calculated from the National Hospital Morbidity Database, using the 2009-10 Australian Refined Diagnosis Related Group (AR-DRG) version 6.0x cost weights published by the Department of Health.
Data source/s	This indicator is calculated using data from the NPHED and the NHMD. The NPHED contains information on public hospital expenditure and estimates of the proportion of recurrent expenditure attributed to admitted patient care. The NPHED is based on the National Minimum Data Set (NMDS) for Public hospital establishments. The NHMD is the source of data on casemix-adjusted separations for public hospitals. The NHMD is based on the NMDS for Admitted patient care. Casemix-adjusted separations are calculated by the application of cost weights sourced from the Independent Hospital Pricing Authority's National Hospital Cost Data Collection for each separation's recorded AR-DRG.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with

respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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. The scope is public hospitals in Australia, including public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans Affairs, and drug and alcohol treatment centres. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The collection covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by correctional authorities or the Australian Defence Force 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 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 may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The scope of the analysis includes public hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of Principal referral and specialist women's and children's hospitals, Large hospitals, Medium hospitals, and Small acute hospitals. Excluded are Small non-acute hospitals, Multi-purpose services, Hospices, Rehabilitation hospitals, Mothercraft hospitals, Other non-acute hospitals, Psychiatric hospitals, and hospitals in the Unpeered and other hospitals peer group. Also excluded are hospitals for which expenditure or admitted patient care data were incomplete, although most of these were excluded for other reasons (for example they are small non-acute hospitals).

This indicator is an efficiency indicator, in which the numerator represents the amount of resources used (expenditure) to generate outputs (measured in a standardised way, that is, as cost-weighted separations).

Timeliness

The reference period for this data set is 2011-12.

Accuracy

For 2011-12, coverage of the NPHED was essentially complete. Almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked 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 edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The data are defined in the NMDSs detailed above.

However, the comparability of the cost per casemix-adjusted separation in any one year is sensitive to a number of deficiencies in available data:

- the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable

- capital costs are not included in the numerator. While depreciation information is provided by most jurisdictions, this may vary across states and territories
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. The proportions of separations that are not acute vary across states and territories.
- the proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.

Cells have been suppressed to protect confidentiality (where the numerator would identify a single service provider).

Coherence The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2011-12.*

The denominator for the indicator is based on the reported admitted patient activity, adjusted using cost-weights to derive a 'standard' unit of output as an artificial construct. The estimated number of cost-weighted separations (particularly using constant AR-DRGs and AR-DRG cost weights over time) is for comparison purposes only.

Time series analysis of this indicator is not recommended.

Accessibility The AIHW provides a variety of products that draw upon the NHMD and the NPHED. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables
- Interactive data cubes for Public hospital establishments.

Interpretability Supporting information on the quality and use of the NPHED and NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues The Steering Committee notes the following key data gaps/issues:

- the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute.
- the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Total cost per casemix adjusted separation

Indicator definition and description

Element Efficiency

Indicator Cost per casemix-adjusted separation — Total cost per casemix adjusted separation

Measure (computation The average cost per case mix-adjusted separation in public hospitals. The formula used to calculate the cost per casemix-adjusted separation is:

(Recurrent expenditure × IFRAC) ÷ (Total separations × Average cost weight)

Where:

- Recurrent expenditure is as defined by the recurrent expenditure data elements in the National Minimum Data Set for Public Hospital Establishments.
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital

expenditure that relates to admitted patient care.

- Average cost weight is calculated from the National Hospital Morbidity Database, using the 2009-10 Australian Refined Diagnosis Related Group (AR-DRG) version 6.0x cost weights published by the Department of Health.

'Total cost per casemix-adjusted separation' is defined as the recurrent cost per casemix-adjusted separation plus the capital costs per casemix-adjusted separation. Recurrent costs include labour and material costs, and capital costs include depreciation and the user cost of capital for buildings and equipment. The indicator is included because it allows the full cost of hospital services to be considered in a single measure. The hospitals included in this measure are the same as for recurrent cost per casemix-adjusted separation.

Depreciation is defined as the cost of consuming an asset's services. It is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital invested in an asset, and is equivalent to the return foregone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs in all jurisdictions to avoid double counting.

Data source/s

This indicator is calculated using data from the NPHED and the NHMD. The NPHED contains information on public hospital expenditure and estimates of the proportion of recurrent expenditure attributed to admitted patient care. The NPHED is based on the National Minimum Data Set (NMDS) for Public hospital establishments.

The NHMD is the source of data on casemix-adjusted separations for public hospitals. The NHMD is based on the NMDS for Admitted patient care.

Casemix-adjusted separations are calculated by the application of cost weights sourced from the Independent Hospital Pricing Authority's National Hospital Cost Data Collection for each separation's recorded AR-DRG.

Capital costs are sourced from state and territory health departments as part of the annual Report on Government Services data collection.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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. The scope is public hospitals in Australia, including public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans Affairs, and drug and alcohol treatment centres. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The collection covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by correctional authorities or the Australian Defence Force 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 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 may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The scope of the analysis includes public hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of Principal referral and specialist women's and children's hospitals, Large hospitals, Medium hospitals, and Small acute hospitals. Excluded are Small non-acute hospitals, Multi-purpose services, Hospices, Rehabilitation hospitals, Mothercraft hospitals, Other non-acute hospitals, Psychiatric hospitals, and hospitals in the Unpeered and other hospitals peer group. Also excluded are hospitals for which expenditure or admitted patient care data were incomplete, although most of these were excluded for other reasons (for example they are small non-acute hospitals).

This indicator is an efficiency indicator, in which the numerator represents the amount of resources used (expenditure) to generate outputs (measured in a standardised way, that is, as cost-weighted separations).

Timeliness

The reference period for this data set is 2011-12.

Accuracy

For 2011-12, coverage of the NPHED was essentially complete. Almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked 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 edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The data are defined in the NMDSs detailed above.

However, the comparability of the cost per casemix-adjusted separation in any one year is sensitive to a number of deficiencies in available data:

- the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable
- capital costs are not included in the numerator. While depreciation information is provided by most jurisdictions, this may vary across states and territories
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. The proportions of separations that are not acute vary across states and territories.
- the proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public

	patients) is subject to error.
	Cells have been suppressed to protect confidentiality (where the numerator would identify a single service provider).
Coherence	The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2011-12*.
	The denominator for the indicator is based on the reported admitted patient activity, adjusted using cost-weights to derive a 'standard' unit of output as an artificial construct. The estimated number of cost-weighted separations (particularly using constant AR-DRGs and AR-DRG cost weights over time) is for comparison purposes only.
	Time series analysis of this indicator is not recommended.
Accessibility	The AIHW provides a variety of products that draw upon the NHMD and the NPHED. Published products available on the AIHW website include: • *Australian hospital statistics* with associated Excel tables • Interactive data cubes for Public hospital establishments.
Interpretability	Supporting information on the quality and use of the NPHED and NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following key data gaps/issues: • the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable • only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. • the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error. • Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Relative stay index

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency
Indicator	Relative Stay Index
Measure (computation	Relative stay indexes (RSIs) 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. 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
- *Error* AR-DRGs

Data source/s

The NHMD is the source of data on casemix adjusted separations for public hospitals. The NHMD is based on the NMDS for Admitted patient care.

Casemix adjusted separations are calculated by the application of cost weights sourced from the Independent Hospital Pricing Authority's National Hospital Cost Data Collection for each separation's recorded AR-DRG.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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 may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The scope of the analysis includes public hospitals that provide mainly acute care.

These are the hospitals in the public hospital peer groups of Principal referral and specialist women's and children's hospitals, Large hospitals, Medium hospitals, and Small acute hospitals. Excluded are Small non-acute hospitals, Multi-purpose services, Hospices, Rehabilitation hospitals, Mothercraft hospitals, Other non-acute hospitals, Psychiatric hospitals, and hospitals in the Unpeered and other hospitals peer group. Also excluded are hospitals for which expenditure or admitted patient care data were incomplete, although most of these were excluded for other reasons (for example they are Small non-acute hospitals).

Timeliness

The reference period for this data set is 2012-13.

Accuracy

Almost all public hospitals provided data for the NHMD, with the exception of a Mothercraft hospital in the ACT.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked 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 edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The comparability of the RSI in any one year is sensitive to a number of deficiencies in available data:

- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. The proportions of separations that are not acute vary across states and territories.
- the proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.

Cells have been suppressed to protect confidentiality (where the numerator would identify a single service provider).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2012-13*.

The denominator for the indicator is based on the reported admitted patient activity, adjusted using cost-weights to derive a 'standard' unit of output as an artificial construct. The estimated number of cost-weighted separations (particularly using constant AR-DRGs and AR-DRG cost weights over time) is for comparison purposes only.

Comparisons with RSIs presented in *Australian hospital statistics 2003–04* (AIHW 2005) and earlier reports should be made with caution, because the indexes for earlier years were calculated using AR-DRG version 4, for reports from 2004–05 to 2009–10, the RSIs were calculated using AR-DRG versions 5.0/5.1/5.2 and for 2010-11 and 2011-12, the RSIs were calculated using AR-DRG versions 6.0/6.0x.

Time series analysis of this indicator is not recommended.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD and the NPHED. Published products available on the AIHW website include:

- Australian hospital statistics with associated Excel tables
- Interactive data cubes for Public hospital establishments.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute.
- the proportion of patients other than public patients can vary, and the estimation of

medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.

- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Recurrent cost per non-admitted occasion of service

Data quality information for this indicator has been sourced from the Review with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency
Indicator	Recurrent cost per non-admitted occasion of service
Measure (computation	Recurrent cost per non-admitted occasion of service' is defined as the proportion of recurrent expenditure allocated to patients who were not admitted, divided by the total number of non-admitted patient occasions of service in public hospitals. Occasions of service include examinations, consultations, treatments or other services provided to patients in each functional unit of a hospital. Non-admitted occasions of service (including emergency department presentations and outpatient services) account for a significant proportion of hospital expenditure.
Data source/s	This indicator is calculated using data from states and territories collected by the Review.

Data Quality Framework Dimensions

Institutional environment	Data were supplied by State and Territory health authorities. The State and Territory health authorities receive these data from patient administrative and clinical records. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	This indicator does not adjust for the complexity of service — for example, a simple urine glucose test is treated equally with a complete biochemical analysis of all body fluids.
Timeliness	The reference period for this data set is 2012-13.
Accuracy	Inaccurate responses may occur in all data provided to the Review. The Review does not have direct access to records to determine the accuracy of the data provided. However, the Review undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The Review does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the Review. Processing errors prior to data supply may be found through the validation checks applied by the Review. This indicator is calculated on data that has been reported to the Review. Prior to publication, these data are referred back to jurisdictions for checking and review. The Review does not adjust the data to correct for missing values.
Coherence	Data are not available for two jurisdictions, Victoria and the NT. These data are not comparable across jurisdictions. 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. • There are differing admission practices between the states and territories. • There is variation in the types of services provided for non-admitted patients and the type of facility providing these services, for example, states and territories may differ in the extent to which outpatient services are provided in non-hospital settings (such as community health services). • Reporting categories vary across jurisdictions.

- Inconsistencies arising from differences in outsourcing practices. In some cases, for example, outsourced occasions of service can be included in expenditure on non-admitted services, but not in the count of occasions of service.

Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories. 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. For example, there is variation in:

- the point at which the commencement of clinical care is reported
- the point at which the emergency department presentation is reported as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital.

For some jurisdictions, the reporting of outpatient clinic care varied over the periods 2010–11 and 2011–12, 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. Therefore, these data may not be comparable with data reported for previous years.

Accessibility Cost per occasion of service data are not widely published elsewhere due to data quality issues. No nationally data collection currently exists which can produce comparable data. Data collection and reporting practices differ greatly across jurisdictions.

Interpretability Supporting information on the quality and use of the data are not publicly available. Metadata such as concepts, classifications and counting rules are not published and are not consistent across jurisdictions.

Definitions are not well developed and could be ambiguous or confusing to the user.

There is little other information available to assist the user such as glossaries, standards, explanatory material, methodological information, user guides or classifications.

Data Gaps/Issues Analysis

Key data gaps/issues The Steering Committee notes the following key data gaps/issues:

- the of recurrent expenditure that relates to occasions of service is estimated in different ways in different hospitals and is not always comparable
- This indicator does not adjust for the complexity of service, it is desirable for data to be casemix adjusted
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions
- Data are not available for two jurisdictions, Victoria and the NT.

Patient satisfaction

Data quality information for this indicator has been sourced from the ABS with additional Steering Committee comments.

Indicator definition and description

Element Outcome

Indicator Patient satisfaction

Measure (computation Measure: Nationally comparable information that indicates levels of patient satisfaction around key aspects of care they received.

Numerator:

- persons who had been to a hospital emergency department in the last 12 months reporting the doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them

- persons who had been to a hospital emergency department in the last 12 months reporting the nurses always or often: listened carefully, showed respect, and spent enough time with them
- persons who had been admitted to a hospital in the last 12 months reporting the doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them
- persons who have been admitted to a hospital in the last 12 months reporting the nurses always or often: listened carefully, showed respect, and spent enough time with them

Denominator:

- persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy
- persons who had been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy

Data source/s ABS Patient Experience Survey, 2013-14.

Data Quality Framework Dimensions

Institutional environment

Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment

Collection authority: The Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975.

Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

Relevance

Level of Geography: Data is available by State/Territory, Sex, 2011 SEIFA (Index of Relative Socio-economic Disadvantage) and 2011 Remoteness (major cities, inner and outer regional, remote and very remote Australia).

Data Completeness: All data is available for this indicator from this source.

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia aged 15 years and over, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons.
- People living in discrete indigenous communities

The 2011-12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The 2013-14 iteration continues to include data from very remote areas. The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas.

Data was self-reported for this indicator. Persons who were interviewed by proxy were

	excluded.
Timeliness	Collection interval/s: Patient Experience data is collected annually.
	Data available: The 2013-14 data used for this indicator became available from 28 November 2014.
	Referenced Period: July 2013 to June 2014.
	There are not likely to be revisions to this data after its release.
Accuracy	Method of Collection: For this iteration of the Patient Experience Survey, an additional sample was selected in particular areas using a separate survey called the Health Services Survey (HSS). The HSS collected the same information as the Patient Experience Survey, with enumeration taking place between September 2013 and December 2013. The additional sample was collected to improve the quality of estimates at the Medicare Local catchment level. Sample from the Patient Experience Survey and HSS were combined to produce output. The data was predominantly collected by computer assisted telephone interview, although the HSS interviews were predominantly conducted face-to-face. MPHS PEx included one person aged 15 years and over from each household, while the HSS included two persons aged 15 and over from each household.
	Analysis was conducted to determine whether there was any difference between the estimates which would have been obtained using the MPHS PEx sample only and estimates obtained using the combined MPHS PEx and HSS sample. This was particularly important given the predominantly different modes used between the two surveys (The majority of MPHS PEx interviews were conducted over the telephone while a larger proportion of HSS interviews were conducted face-to-face and included up to two persons per household). This analysis showed that combining the sample from the two surveys did not produce significantly different estimates. Therefore, estimates can be compared over time with other iterations of the Patient Experience Survey
	Response rate and sample size: The response rate in 2013-14 to the MPHS PEx was 77 per cent (27 327 fully responding persons) while the response rate to HSS was 83 per cent (8 541 fully responding persons) resulting in a total sample size of 35 868 fully responding persons. This included 629 proxy interviews for people aged 15 to 17 where permission was not given by a parent or guardian for a personal interview.
	Note this is a substantial increase from the 2012-13 sample size of 30 749. This increase will improve the reliability of the data, particularly at finer levels of disaggregation.
	Data Adjustments: Data was weighted to represent the total in scope Australian population, and was adjusted to account for confidentiality and non-response. Data for MPHS PEx and HSS were weighted separately.
	Confidentiality:
	For the first time in 2013-14, the data has been perturbed. This has been footnoted in the tables. Perturbation is used to minimise the risk of identifying individuals in aggregate statistics. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.
	After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.
	As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use.
	This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, RSEs for remote/very remote breakdowns are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use. Similarly, data for the “other” remoteness category has high RSEs when cross classified by State. Caution should be used when interpreting these data.
	The data for this indicator is attitudinal, as it collects whether people felt they waited too

	long to get an appointment with a GP, and whether the person felt the health professional in question spent enough time with them, listened carefully and showed them respect (the 'patient satisfaction' questions).
	Data is used from personal interviews only (i.e. excluding proxy interviews).
	Explanatory footnotes are provided for each table.
Coherence	Consistency over time: 2009 was the first year data was collected for this indicator.
	Time series issues for unacceptable waiting times for GPs: Data for 2013-14 is comparable to 2012-13, but not prior to this (ie not comparable to 2011-12 or 2010-11). While the question wording itself did not change, the position in the survey (ie where the question was asked) changed in 2011-12 and again in 2012-13. There has been a noticeable contextual effect with this change in question ordering, and ABS recommends that this data item is not comparable over time. This has been footnoted in the relevant tables.
	Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.
	The numerator and denominator are compiled from a single source.
	Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions.
	Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.
	Collections across populations: Data is collected the same way across all jurisdictions.
	The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.
	Due to differences in survey scope, collection methodology and question wording, these data are not comparable to data from the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS).
Accessibility	Data publicly available. Tables showing patients experiences with health professionals are available in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001), Patient Experiences in Australia: Summary of Findings, 2010-11, Patient Experiences in Australia: Summary of Findings, 2011-12, Patient Experiences in Australia: Summary of Findings, 2012-13 and Patient Experiences in Australia: Summary of Findings, 2013-14 (cat. no. 4839.0).
	Data for this indicator is shown by age, sex, SEIFA and remoteness. Jurisdictional data is not currently publicly available but may be made available in the future.
	Data is not available prior to public access.
	Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.
	Access permission/Restrictions: Customised data requests may incur a charge.
	Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070.
Interpretability	Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey. The data was collected over a twelve month period and therefore should minimise any seasonality effects in the data.
	Other Supporting information: The ABS Patient Experience data is published in Patient Experiences in Australia: Summary of Findings, 2013-14 (cat. no. 4839.0). This publication includes explanatory and technical notes.
	Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.
	Socioeconomic status derivation: The 2011 SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.
	Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900

and 1100.The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 per cent of CDs and so on. Further information on SEIFA can be found in the ABS Technical paper *Socio-Economic Indexes for Areas 2011* (cat. No. 2033.0.55.001).

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2013-14 (cat. no. 4839.0).

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following key data gaps/issues:

- State and Territory disaggregation of this indicator by Indigenous status is a priority.
- State and Territory disaggregation of this indicator by SES is a priority.

Caesareans and inductions for selected primiparae

Data quality information for this indicator has been sourced from states and territories with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — appropriateness
Indicator	Caesareans and inductions for selected primiparae
Measure (computation	Caesareans and inductions for selected primiparae' are defined as the number of inductions or caesareans for the selected primiparae divided respectively by the number of the selected primiparae who gave birth. Rates are reported for women aged between 20 and 34 years who have had no previous deliveries, with a vertex presentation (that is, the crown of the baby's head is at the lower segment of the mother's uterus) and a gestation length of 37 to 41 weeks. This group is considered to be low risk parturients, so caesarean or induction rates should be low in their population. Primiparae refers to a woman who has given birth to a liveborn or stillborn infant for the first time. Parturient means 'about to give birth'
Data source/s	This indicator is calculated using data from states and territories.

Data Quality Framework Dimensions

Institutional environment	Data were supplied by State and Territory health authorities. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	High intervention rates can indicate a need for investigation, although labour inductions and birth by caesarean section are interventions that are appropriate in some circumstances, depending on the health and wellbeing of mothers and babies.
Timeliness	The reference period for the data is 2013. Collection of data is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Review. The Review does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Review undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The Review does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the Review. Processing errors prior to data supply may be found through the validation checks applied by the Review. This indicator is calculated on data that has been reported to the Review. Prior to publication, these data are referred back to jurisdictions for checking and review. The Review does not adjust the data to correct for missing values.
Coherence	The age group of women used for this indicator has been changed from 25–29 years

	to 20–34 years in the 2015 Report to align with national data definitions. All time series data in attachment tables for the 2015 Report have been backcast by states and territories using the 20–34 year age group. However, data for this indicator are not comparable with data in previous report editions. Note that because of data editing and subsequent updates of State/Territory databases, numbers reported for this indicator can differ from those in reports published by the states and territories. Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.
Accessibility	Data are published by states and territories and are also collected by the AIHW as part of the National Perinatal Data Collection. Note that the AIHW data are available to the Review one year later than that available to the Review by collecting data direct from states and territories. The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • Australia's mothers and babies annual report • Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004 • METeOR – online metadata repository • National health data dictionary. Ad-hoc data are also available on request (charges apply to recover costs).
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2001 to 2005. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Aboriginal and Torres Strait Islander data that might affect interpretation of the indicator was published in Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5). Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: • Data are collected direct from states and territories and are not reliable as they are not collected under a NMDS and have had minimal validation. The AIHW data, however, are less timely and are available to the Review one year later than that available to the Review by collecting data direct from states and territories. • Disaggregation of this indicator for Indigenous status and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Instrument vaginal births

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness—appropriateness
Indicator	Instrument vaginal births
Measure (computation	'Instrument vaginal births' is defined as the number of instrument vaginal births as a percentage of total births. Instrument vaginal births includes forceps and vacuum extraction. The indicator is calculated for women aged 20 to 34 years, with a singleton baby positioned with head towards the cervix at the onset of labour born between 37 and 41 weeks gestation.
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data

Collection (NPDC).

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.

Relevance

The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s).

The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.

Timeliness

The reference period for the data is 2011. Collection of data for the NPDC is annual.

Accuracy

Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

Coherence

Data for this indicator are published in the AIHW National Perinatal Epidemiology and Statistics Unit report *National core maternity indicators*.

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- Australia's mothers and babies annual report
- Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004
- National core maternity indicators
- METeOR – online metadata repository
- National health data dictionary.

Ad-hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2006 to 2009. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Aboriginal and Torres Strait Islander data that might affect interpretation of the indicator was published in Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: • Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data. • Disaggregation of this indicator for Indigenous status and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Vaginal birth after caesarean section

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness—appropriateness
Indicator	Vaginal birth after caesarean section
Measure (computation	'Vaginal delivery following a previous caesarean' is defined as the percentage of multiparous mothers who have had a previous caesarean, whose current method of birth was either an instrumental or non-instrumental vaginal delivery. Multiparous means a pregnant woman who had at least one previous pregnancy resulting in a live birth or stillbirth. For multiple births, the method of birth of the first born baby was used.
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s). The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.
Timeliness	The reference period for the data is 2012. Collection of data for the NPDC is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory

	databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.
Coherence	Data for this indicator are published in the annual report Australia's mothers and babies.
Accessibility	The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • Australia's mothers and babies annual report • Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004 • METeOR – online metadata repository • National health data dictionary. Ad-hoc data are also available on request (charges apply to recover costs).
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2006 to 2009. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Aboriginal and Torres Strait Islander data that might affect interpretation of the indicator was published in Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5). Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: • Interpretation of this indicator is ambiguous. There is ongoing debate about the relative risk to both mother and baby of a repeat caesarean section compared with a vaginal birth following a previous caesarean. Low rates of vaginal birth following a previous caesarean may warrant investigation, or on the other hand, they can indicate appropriate clinical caution. When interpreting this indicator, emphasis needs to be given to the potential for improvement. • Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data. • A formal assessment of the extent of under-identification of Indigenous status in the NPDC is required. This will identify whether the data require adjustment, and contribute to improved time series reporting. • Disaggregation of this indicator for SES and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Perineal status after vaginal birth

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Perineal status after vaginal birth
Measure (computation	'Perineal status after vaginal birth' is the percentage of mothers with third or fourth degree lacerations to their perineum after a vaginal birth. A 'third degree' laceration or rupture during birth (or a tear following episiotomy) involves the anal sphincter, rectovaginal septum and sphincter NOS. A 'fourth degree' laceration, rupture or tear also involves the anal mucosa and rectal mucosa. For multiple births, the perineal status after birth of the first child was used.
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data

Collection (NPDC).

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.

Relevance

The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s).

The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.

Timeliness

The reference period for the data is 2012. Collection of data for the NPDC is annual.

Accuracy

Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

Coherence

Data for this indicator are published in the annual report Australia's mothers and babies.

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- Australia's mothers and babies annual report
- Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004
- METeOR – online metadata repository
- National health data dictionary.

Ad-hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2006 to 2009. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Aboriginal and Torres Strait Islander data that might affect interpretation of the indicator was published in Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: • Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths. • Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data. • A formal assessment of the extent of under-identification of Indigenous status in the NPDC is required. This will identify whether the data require adjustment, and contribute to improved time series reporting. • Disaggregation of this indicator for SES and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Mother's average length of stay

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency
Indicator	Mother's average length of stay
Measure (computation	'Mother's average length of stay' is defined as the total number of patient days for the selected maternity AR-DRG, divided by the number of separations for that AR-DRG. The AR-DRGs are: • caesarean delivery without catastrophic or severe complications and comorbidities • vaginal delivery single uncomplicated.
Data source/s	This indicator is calculated using data from the National Hospital Morbidity Database (NHMD), based on the national minimum data set (NMDS) for Admitted patient care.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

http://www.aihw.gov.au/nhissc/

http://meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

Timeliness

The reference period for this data set is 2012–13.

Accuracy

For 2012–13, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free-standing day hospital in the NT, and a private free-standing day hospital in Victoria.

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

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2012–13*.

The data can be meaningfully compared across all jurisdictions.

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.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- Australian hospital statistics with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/

Interpretability

Supporting information on the quality and use of the NHMD are published annually in Australian hospital statistics (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Aboriginal and Torres Strait Islander data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the National Minimum Data Set (NMDS) for Admitted patient care is published in the AIHW's online metadata repository, METeOR, and the National health data dictionary.

The National health data dictionary can be accessed online at:

http://www.aihw.gov.au/publication-detail/?id=10737422826

The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at:

http://meteor.aihw.gov.au/content/index.phtml/itemId/529483

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: Shorter stays for mothers reduce hospital costs but whether they represent genuine efficiency improvements depends on a number of factors. Shorter stays can, for example, have an adverse effect on the health of some mothers and result in additional costs for in-home care and potential readmissions. The indicator is not adjusted for multiple births born vaginally and without complications but requiring a longer stay to manage breastfeeding.

Apgar score at five minutes

Data quality information for this indicator has been sourced from states and territories with additional Steering Committee comments.

Indicator definition and description

Element	Outcome
Indicator	Apgar score at five minutes
Measure (computation	This indicator is defined as the number of live births with an Apgar score of 3 or less, at five minutes post-delivery, as a proportion of the total number of live births by specified birthweight categories. The Apgar score is a numerical score that indicates a baby's condition shortly after birth. Apgar scores are based on an assessment of the baby's heart rate, breathing, colour, muscle tone and reflex irritability. Between 0 and 2 points are given for each of these five characteristics and the total score is between 0 and 10. The Apgar score is routinely assessed at one and five minutes after birth, and subsequently at five minute intervals if it is still low at five minutes.
Data source/s	This indicator is calculated using data from states and territories.

Data Quality Framework Dimensions

Institutional environment	Data were supplied by State and Territory health authorities. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s). The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.
Timeliness	The reference period for the data is 2012. Collection of data is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory

databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.2 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Coherence

Data for this indicator are published in the annual report Australia's mothers and babies; and biennially in reports such as the Aboriginal and Torres Strait Islander Health Performance Framework report, the Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, and the Overcoming Indigenous Disadvantage report. The numbers presented in these publications will differ slightly from those presented here as this measure excludes multiple births and stillbirths.

Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- Australia's mothers and babies annual report
- Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004
- METeOR – online metadata repository
- National health data dictionary.

Ad-hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2001 to 2005. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Aboriginal and Torres Strait Islander data that might affect interpretation of the indicator was published in Aboriginal and Torres Strait Islander mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

- Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data.
- Disaggregation of this indicator for Indigenous status and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Fetal, neonatal and perinatal deaths

Data quality information for this indicator has been sourced from the ABS with additional Steering Committee comments.

Indicator definition and description

Element Outcome

Indicator Fetal, neonatal and perinatal deaths

Measure Fetal deaths

(computation *Numerator:* Fetal deaths (stillbirth). The birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths

by definition include only infants weighing at least 400 grams or of a gestational age of at least 20 weeks.

Denominator: Total number of births (live births and fetal deaths combined).

Computation: The 'fetal death rate' is calculated as the number of fetal deaths divided by the total number of births expressed per 1000 total births, by State or Territory of usual residence of the mother.

Neonatal deaths

Numerator: Neonatal deaths. The death of a live born infant within 28 days of birth.

Denominator: The number of live births registered.

Computation: The 'neonatal death rate' is calculated as the number of neonatal deaths divided by the number of live births expressed per 1000 live births, by state or territory of usual residence of the mother

Perinatal death

Numerator: A perinatal death is a fetal or neonatal death.

Denominator: The total number of births (live births and fetal deaths combined).

Computation: The 'perinatal death rate' is calculated as the number of perinatal deaths divided by the total number of births expressed per 1000 total births, by State or Territory of usual residence of the mother.

Data source/s ABS perinatal deaths are sourced from death registrations administered by the various state and territory Registrars of Births, Deaths and Marriages.

Data Quality Framework Dimensions

Institutional environment ABS perinatal deaths are sourced from death registrations administered by the various state and territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each state and territory that all neonatal deaths and those fetal deaths of at least 20 weeks gestation or 400 grams birth weight are registered. As part of the registration process, information on the cause of death is either supplied by the medical practitioner certifying the death on a Certificate of Cause of Perinatal Death, or supplied as a result of a coronial investigation.

Death records are provided electronically and/or in paper form to the ABS by individual Registrars on a monthly basis. Each death record contains both demographic data and medical information from the Certificate of Cause of Perinatal Death where available. Information from coronial investigations are provided to the ABS through the National Coroners Information System (NCIS).

For further information on the institutional environment of the Australian Bureau of Statistics (ABS), including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.

Relevance Perinatal statistics provide valuable information for the analysis of fetal, neonatal and perinatal deaths in Australia. This electronic product presents data at the national and state level on registered perinatal deaths by sex, state of usual residence, main condition in fetus/infant, main condition in mother and Indigenous status. Fetal, neonatal and perinatal death rates are also provided.

The ABS Perinatal Deaths collection includes all perinatal deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or perinatal deaths statistics.

From the 2006 reference year, the scope of the perinatal death statistics includes all fetal deaths of at least 20 weeks gestation or at least 400 grams birth weight, and all neonatal deaths (all live born babies who die within 28 days of birth, regardless of gestation or weight) which are:

- registered in Australia for the reference year and are received by the ABS by the end of the March quarter of the subsequent year; and
- registered prior to the reference year but not previously received from the Registrar nor included in any statistics reported for an earlier period.

Data for the 1999 to 2006 reference years based on the revised scope definition of at least 20 weeks gestation or at least 400 grams birth weight was republished in Perinatal Deaths, Australia, 2007(cat. no. 3304.0).

Data in the Perinatal Deaths collection include demographic items, as well as causes

of death information, which is coded according to the International Classification of Diseases (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of cause of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) is used for the 2009 data.

Timeliness

Perinatal deaths data are published annually and released approximately 15 months after the end of the reference period. Prior to the 2007 reference year, and from the 2010 reference year, ABS perinatal causes of death statistics are published in the annual Causes of Death, Australia (cat. no. 3303.0) collection.

Causes of death statistics are released with a view to ensuring that they are fit for purpose when released. To meet user requirements for timely data it is often necessary to obtain information from the administrative source before all information for the reference period is available (e.g. finalisation of coronial proceedings). A balance needs to be maintained between accuracy (completeness) of data and timeliness, taking account of the different needs of users. To address the issues which arise through the publication of causes of death data for open coroners cases, these data are now subject to a revisions process. This process enables the use of additional information relating to coroner certified deaths either 12 or 24 months after initial processing. See Explanatory Notes 28-32 for further information on the revisions process.

Accuracy

Non-sample errors are the main influence on accuracy in datasets such as this which are a complete census of the population rather than a sample. Non-sample error arises from inaccuracies in collecting, recording and processing the data. The most significant of these errors are: mis-reporting of data items; deficiencies in coverage; non-response to particular questions; and processing errors. Every effort is made to minimise non-sample error by working closely with data providers, running quality checks throughout the data processing cycle, training of processing staff, and efficient data processing.

The main sources of non-sample error for perinatal deaths data are:

- completeness of an individual record at a given point in time (e.g. incomplete causes of death information due to non-finalisation of coronial proceedings)
- completeness of the dataset e.g. impact of registration lags, processing lags and duplicate records
- extent of coverage of the population (whilst all deaths are legally required to be registered some cases may not be registered for an extended time, if at all)
- particular data items which would be useful for statistical purposes may not be collected by jurisdictions where that item is not essential for administration purposes
- question and 'interviewer' biases given that information for death registrations are supplied about the person by someone else. For example, Indigenous origin as reported by a third party can be different from self reported responses on a form
- level of specificity and completeness in coronial reports or doctor's findings on the Certificate of Cause of Perinatal Death will impact on the accuracy of coding

The ABS has implemented a new revisions process that applies to all coroner certified perinatal deaths registered after 1 January 2007. The revisions process enables the use of additional information relating to coroner certified perinatal deaths as it becomes available over time, resulting in increased specificity of the assigned ICD-10 codes. See Explanatory Notes 28-32 for further information on the revision process.

Coherence

Use of the supporting documentation released with the statistics is important for assessing coherence within the dataset and when comparing the statistics with data from other sources. Changing business rules over time and/or across data sources can affect consistency and hence interpretability of statistical output. The Explanatory Notes in each issue contains information pertinent to the particular release which may impact on comparison over time.

Accessibility

Prior to the 2007 reference year, and from the 2010 reference year, ABS perinatal causes of death statistics are published in Causes of Death, Australia (cat. no. 3303.0).

In addition to the information provided in the commentary, a series of data cubes are also available providing detailed breakdowns by cause of death. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905).

This may restrict access to data at a very detailed level which is sought by some users.

If the information you require is not available from the commentary or the data cubes, then the ABS may also have other relevant data available on request. Inquiries should be made to the National Information and Referral Service on 1300 135 070 or by sending an email to client.services@abs.gov.au.

Interpretability Information on some aspects of statistical quality may be hard to obtain as information on the source data has not been kept over time. This is related to the issue of the administrative rather than statistical purpose of the collection of the source data.

Perinatal Deaths, Australia contains detailed Explanatory Notes, an Appendix and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Data Gaps/Issues Analysis

Key data gaps/issues The Steering Committee notes the following issues:

'Fetal death rate' is reported as an indicator because maternity services for admitted patients have some potential to reduce the likelihood of fetal deaths. However, this potential is limited and other factors (such as the health of mothers and the progress of pregnancy before hospital admission) are also important.

Hence, differences in the 'fetal death rate' between jurisdictions are likely to be due to factors outside the control of maternity services for admitted patients. To the extent that the health system influences fetal death rates, the health services that can have an influence include outpatient services, general practice services and maternity services.

As for fetal deaths, a range of factors contribute to neonatal deaths. However, the influence of maternity services for admitted patients is greater for neonatal deaths than for fetal deaths, through the management of labour and the care of sick and premature babies.