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Foreword

I am pleased to present *Australian hospital statistics 2007–08*, an authoritative report that provides a comprehensive range of statistics and information about public and private hospitals.

The publication is produced with the cooperation and advice of state and territory health authorities, the Australian Government, and other stakeholders. While based on jurisdictional data, it reflects the AIHW's expertise in applying impartial analysis to the raw data from jurisdictions, to produce information and analysis that informs the community and policy makers.

This year, new features of the report include the incorporation of the revised National Health Performance Framework to present hospital performance indicators. The revised framework was agreed by AHMAC's National Health Information Standards and Statistics Committee in 2008 and simplifies the consideration of the performance of health services.

As previously, the report includes a range of hospital performance indicators, many of them endorsed by AHMAC. The report indicates which of the indicators are in the new National Healthcare Agreement, such as selected potentially preventable hospitalisations, rates of services provided by public and private hospitals, waiting times for elective surgery and emergency department care, and the cost per casemix-adjusted separation.

Another innovation this year has been to report a wider range of information than previously on access to elective surgery. Statistics are presented on access to both publicly and privately funded elective surgery, and on access by various population groups. These new measures show that, in 2007–08, public elective surgical admissions increased with increasing socioeconomic disadvantage, and that Aboriginal and Torres Strait Islander persons had higher median waiting times for elective surgery than other Australians.

Finally, the report previews data on the timing of onset of conditions treated in hospital. Conditions reported as having onset after admission can be regarded as a measure of the safety and quality of health care. We will aim to present comprehensive statistics using these data next year, when they are available for all states and territories.

The AIHW strives to deliver useful information as soon as it possibly can. The complex pathway of data flows through recording, coding, collating, validating and analysing on its way from hospital bed to an AIHW report. This whole process is under review within all areas of the health system as a result of the push from the Council of Australian Governments for speedier information. It is my determined desire that next year's information will be reported earlier and in a variety of formats to reflect the various needs at all levels of government and the community.

Penny Allbon

Director

June 2009

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The AIHW's Australian Hospital Statistics Advisory Committee has also been of great assistance to this project. Members of the Committee are:

- Jenny Hargreaves (AIHW) (Chair)
- John Agland (New South Wales Health Department)
- Paul Basso (South Australian Department of Health)
- Josephine Beer (Victorian Department of Human Services)
- Eui-Soo Choi (New South Wales Health Department)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
- Louise Edmonds (Australian Capital Territory Department of Health)
- Gary Inglis (Northern Territory Department of Health and Community Services)
- Jiten Mangal (Commonwealth Grants Commission)
- Peter Mansfield (Tasmanian Department of Health and Human Services)
- Peter Menzel (Australian Government Department of Health and Ageing)
- George Neale (Australian Private Hospitals Association Limited)
- Tara Pritchard (Australian Bureau of Statistics)
- Elisabeth Sallur (Western Australian Department of Health)
- Paul Tridgell (Australian Healthcare and Hospitals Association)
- Marla Tun (National Centre for Classification in Health)

Within the AIHW, the report was prepared by George Bodilsen, Katrina Burgess, Brett Henderson, Moira Hewitt, Tony Mole, Duane Riley and Katie Williams. Geoff Davis assisted in database management. Cecilia Burke and John Steggall coordinated the publication process.

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Abbreviations

ABS	Australian Bureau of Statistics	NHISSC	National Health Information Standards and Statistics Committee
ACHI	Australian Classification of Health Interventions	NHMBWG	National Health Ministers' Benchmarking Working Group
ACT	Australian Capital Territory	NHMD	National Hospital Morbidity Database
AHMAC	Australian Health Ministers' Advisory Council	NHPA	National Health Priority Area
AIHW	Australian Institute of Health and Welfare	NHPC	National Health Performance Committee
ALOS	Average length of stay	NMDS	National minimum data set
AR-DRG	Australian Refined Diagnosis Related Group	NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
Cat.	Catastrophic	NOCD	National Outpatient Care Database
CC	Complication and/or comorbidity	n.p.	Not published
DoHA	Department of Health and Ageing	NPHEd	National Public Hospital Establishments Database
DRG	Diagnosis Related Group	NSW	New South Wales
exp.	Expense	NT	Northern Territory
FTE	Full-time equivalent	OECD	Organisation for Economic Co-operation and Development
HASAC	Health and Allied Services Advisory Council	PICQ	Performance Indicators for Coding Quality
HDSC	Health Data Standards Committee	PPH	Potentially preventable hospitalisation
HIV	Human immunodeficiency virus	Qld	Queensland
ICD-9-CM	International classification of diseases, 9th Revision, Clinical modification	RRMA	Rural, Remote and Metropolitan Area
ICD-10-AM	International statistical classification of diseases and related health problems, 10th revision, Australian modification	RSI	Relative stay index
IFRAC	Admitted patient fraction	SA	South Australia
MDC	Major Diagnostic Category	SCRGSP	Steering Committee for the Review of Government Service Provision
n.a.	Not available	SEIFA	Socio-Economic Indexes for Areas
NAPEDC	Non-admitted patient emergency department care	SLA	Statistical local area
NCCH	National Centre for Classification in Health	SRG	Service related group
n.e.c.	Not elsewhere classified	SRR	Standardised separation rate ratio
NESWTDC	National Elective Surgery Waiting Times Data Collection	Tas	Tasmania
..	Not applicable	Vic	Victoria
NHCDC	National Hospital Cost Data Collection	VMO	Visiting medical officer
NHDC	National Health Data Committee	WA	Western Australia.

Summary

Hospitals are a vital and highly visible part of Australia's health system. What services do our hospitals provide? How do public and private hospitals compare? How quickly are hospitals providing emergency department services or elective surgery? How much do our hospitals cost?

Australian hospital statistics 2007–08 helps to answer questions such as these.

Services provided

Public hospital emergency department presentations are increasing at a faster rate than other hospital services.

- Public hospitals dealt with more than 7 million presentations to emergency departments in 2007–08, and there was an increase of about 4.9% each year since 2003–04.
- Our hospitals handled about 7.9 million admissions in 2007–08, and there was an increase of about 3.6% each year since 2003–04.
- Public hospitals provided about 41 million services through outpatients departments in 2007–08, and there was an increase of about 2.4% each year since 2003–04.

Public and private hospitals

Public and private hospitals have different service profiles.

- Medical care accounted for 74% of public hospital admissions in 2007–08, and increased in volume by 16% from 2003–04 to 2007–08, more than the increase in surgical care (9%). In private hospitals, surgical care accounted for 41% of admissions in 2007–08, and both surgical and medical care increased in volume by 18% from 2003–04 to 2007–08.
- An increasing proportion of admissions over the years have been for same-day care – 50% in public hospitals in 2007–08, and 66% in private hospitals.

Who waits, how long?

Waiting times and admission rates are used to judge the accessibility of hospital services.

- For people going to public hospital emergency departments, 100% of the most urgent cases were seen on time and 69% overall – about the same as in recent years.
- The median waiting time for elective surgery in public hospitals was 34 days, up from 28 days in 2003–04. The proportion of people waiting over a year (3%) was lower than the 4% for the few years before.
- People living outside major cities, those with lower socioeconomic status and especially Indigenous Australians had higher rates of public elective surgical admissions than their counterparts. People living in major cities and those with higher socioeconomic status had relatively high rates of private elective surgical admissions.

Costs

Expenditure on hospitals rose more quickly than inflation.

- Recurrent expenditure on Australia's public hospitals was \$29 billion in 2007–08. The 6% rise from 2006–07 expenditure (adjusted for inflation) was similar to previous years.

Hospitals at a glance

Admitted patient separations and patient days

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

Overall

In 2007–08, there were over 7.9 million separations from Australian hospitals.

- 60% of separations were in public hospitals (4.7 million separations) and half of these were same-day separations.
- 40% of separations were in private hospitals (3.1 million) and two-thirds of these were same-day separations (Figure 1).

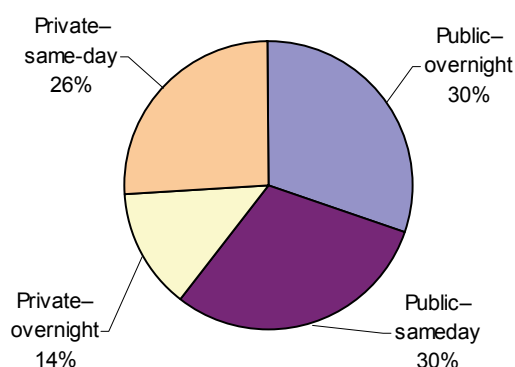


Figure 1: Proportion of separations by hospital sector and same-day/overnight status, Australia, 2007–08

Changes between 2006–07 and 2007–08

- There were 7.9 million separations and 25.6 million patient days in 2007–08, compared with 7.6 million separations and 24.9 patient days in 2006–07.
- Separations increased by 1.8% for public acute hospitals and by 6.4% for private hospitals (not adjusted for reporting changes).

- Same-day separations increased by 1.3% in public acute hospitals and by 8.2% in private hospitals. Overnight separations increased by 2.2% and 3.1% respectively.
- Patient days increased by 2.0% in public acute hospitals and by 4.3% in private hospitals.
- Overall, public patient separations increased by 1.9%, private patient separations increased by 5.4%, and separations for private patients funded by private health insurance increased by 6.7%.

Changes between 1998–99 and 2007–08

- Overall, between 1998–99 and 2007–08, separations increased by 37.3% (not adjusted for coverage and reporting changes).
- Separations increased by 23.1% in public acute hospitals and by 66.9% in private hospitals (including free-standing day hospital facilities).
- Separations per 1,000 persons increased by 5.2% for public acute hospitals and by 39.6% for private hospitals (Figure 2).

Separations per 1,000 population

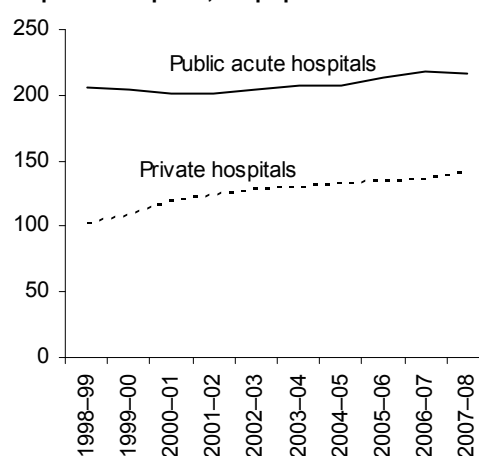


Figure 2: Separations per 1,000 population, public acute and private hospitals, Australia, 1998–99 to 2007–08

- The number of patient days in public acute hospitals increased by 13.5%. For private hospitals, patient days increased by 29.1%.
- Patient days per 1,000 persons decreased by 5.8% for public acute hospitals and increased by 5.4% for private hospitals, with most of this change occurring between 1998–99 and 2001–02 (Figure 3).

Patient days per 1,000 population

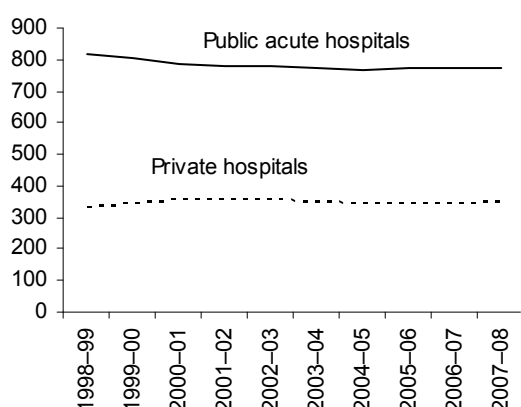


Figure 3: Patient days per 1,000 population, public acute and private hospitals, Australia, 1998–99 to 2007–08

- For stand-alone public psychiatric hospitals, separations per 1,000 persons fell by 15.2% and there was a 23.5% fall in patient days per 1,000 persons.
- In 1998–99, 69.1% of separations and 66.9% of patient days were in public acute hospitals. By 2007–08, the public acute hospital share of separations had fallen to 60.1% and the proportion of patient days was 66.8%.

Length of stay

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

- The proportion of same-day separations increased between 1998–99 (47.9%) and 2007–08 (56.3%).

- The number of same-day separations increased by 4.4% between 2006–07 and 2007–08 compared with a 2.5% increase in overnight separations.
- The average length of stay (including same-day separations) in hospitals was 3.3 days in 2006–07 and 2007–08.
- The average length of stay decreased by 16.3% between 1998–99 and 2007–08, from 3.9 days to 3.3 days.
- The average length of private hospital stays decreased by 22.6% from 3.2 days in 1998–99 to 2.5 days in 2007–08, and public acute hospital stays decreased 7.7% from 3.9 days to 3.6 days (Figure 4).

Average length of stay (days)

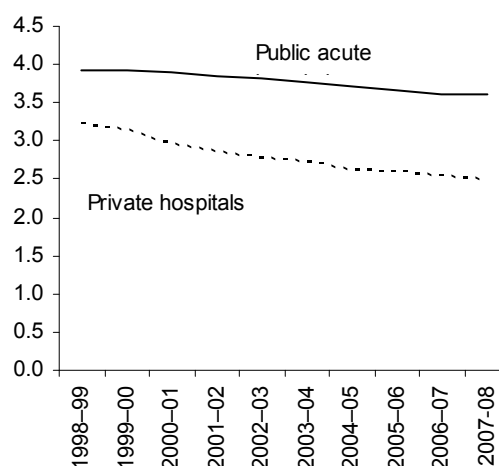


Figure 4: Average length of stay, public acute and private hospitals, Australia, 1998–99 to 2007–08

- Between 1998–99 and 2007–08, for patients staying at least one night:
 - average length of stay varied between 6.2 days and 6.5 days for public acute hospitals
 - average length of stay decreased from 5.9 days in 1998–99 to 5.4 days in 2007–08 for private hospitals (Figure 5).

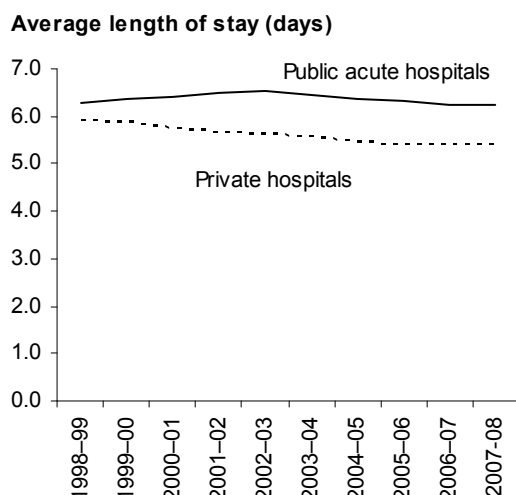
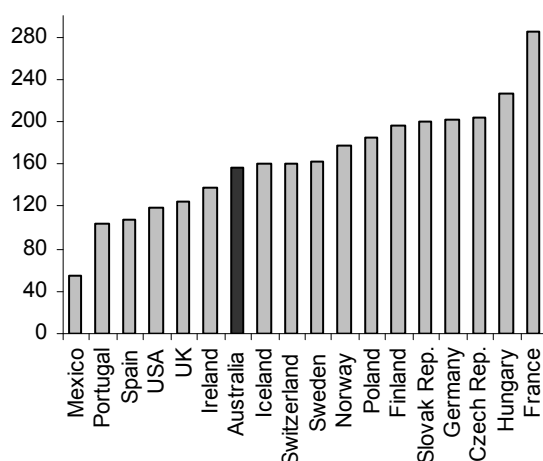


Figure 5: Average length of stay for overnight separations, public acute and private hospitals, Australia, 1998-99 to 2007-08

International comparisons

- The number of overnight separations per 1,000 persons in Australia for 2007-08 was in the middle of the range reported by other OECD countries for recent years (Figure 6, OECD 2008).

Separation per 1,000 population



Abbreviation: Rep.—Republic.

Note: Data for OECD countries vary in collection periods, from financial year, fiscal year and calendar year. Data are for 2006 except for Australia (2007-08) and the USA (2005).

Figure 6: Overnight separations per 1,000 population, Australia, 2007-08 and selected OECD countries (2006)

- Comparability of international separation rates is likely to be affected by differences in definitions of hospitals, collection periods and in admission practices.

Age group and sex

Females accounted for more separations than did males. See *Chapter 8*.

- In 2007-08, there were over 4.1 million separations for females (393 per 1,000 persons) compared with 3.7 million separations for males (348.8 per 1,000 persons), 52.7% and 47.3% of separations respectively (Figure 7).

Separations per 1,000 population

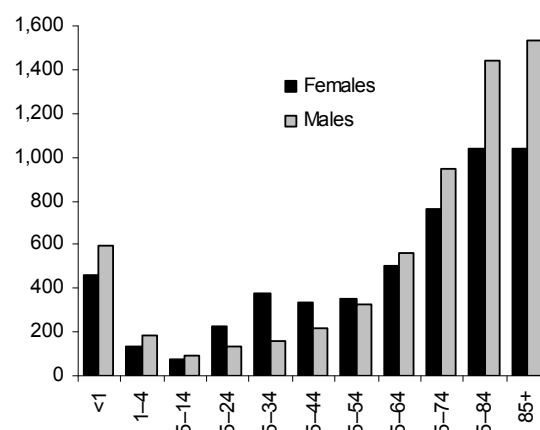


Figure 7: Separations per 1,000 population, by age group and sex, Australia, 2007-08

- Separation rates were higher for females than for males in all age groups between 15 and 54 years (which include child-bearing ages for women). Males had higher separation rates than females in all other age groups.
- Separations increased for both males and females between 2003-04 and 2007-08. These increases were very marked for both males and females aged 55 and over (Figure 8).

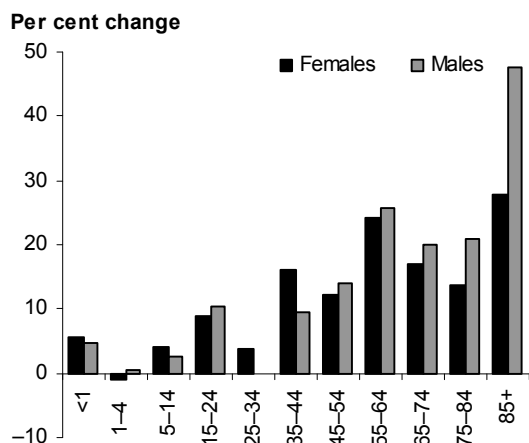


Figure 8: Change in the number of separations (per cent), by age group and sex, Australia, 2003-04 to 2007-08

- Most notably, separations increased by 47.6% for males aged 85 years and over and by 24.2% for females aged 55-64 years.
- Separations of persons aged 1-4 years decreased slightly over this period for females and were stable for males.
- Overall, the average length of stay did not vary greatly between males and females, being around 3.3 days for both. Females aged less than 15 years, and 65 years and over, had longer average lengths of stay than males in those age groups (Figure 9).

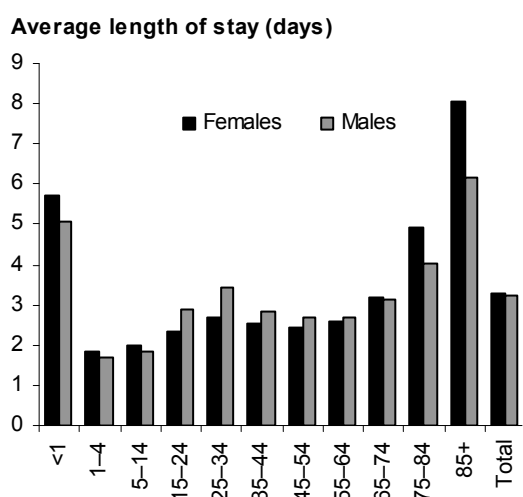
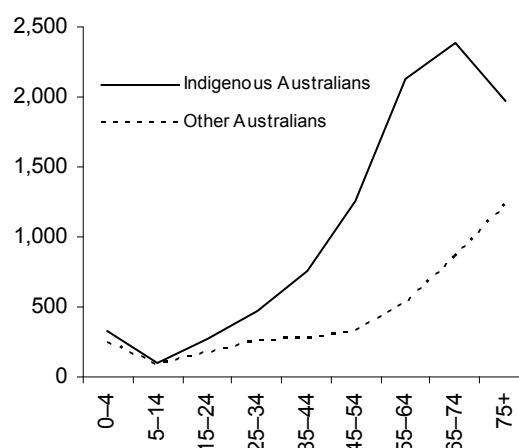


Figure 9: Average length of stay, by age group and sex, Australia, 2007-08

Persons identifying as Indigenous

Indigenous Australians, that is, those identifying as being of Aboriginal and/or Torres Strait Islander origin, had higher separation rates in 2007-08 than other persons. See *Chapter 8*.

Separations per 1,000 population



Notes

1. Other Australians includes both non-Indigenous and not stated/inadequately described separations.
2. This figure includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory.

Figure 10: Separations per 1,000 population, by Indigenous status and age group, Australia, 2007-08

- In 2007-08, the age-standardised separation rate for *Indigenous Australians* (915.8 per 1,000 persons) was about two and a half times the rate for *Other Australians* (356.8 per 1,000 persons). The rates for *Indigenous Australians* were higher for all age groups (Figure 10).

Remoteness areas

Remoteness area categories divide Australia into areas depending on distances from population centres. See *Chapter 8*.

- The number of separations per 1,000 persons varied by remoteness area. Overall, separation rates were highest in *Very remote* and lowest in *Inner regional* areas (Figure 11).

- For public hospitals, separation rates were highest for patients living in *Very remote* areas and lowest for patients living in *Major cities* (432.6 and 201.2 separations per 1,000 persons, respectively).
- For private hospitals, separation rates were highest for patients living in *Major cities* and lowest for patients living in *Very remote* areas (160.2 and 84.1 separations per 1,000 persons respectively).

Separations per 1,000 population

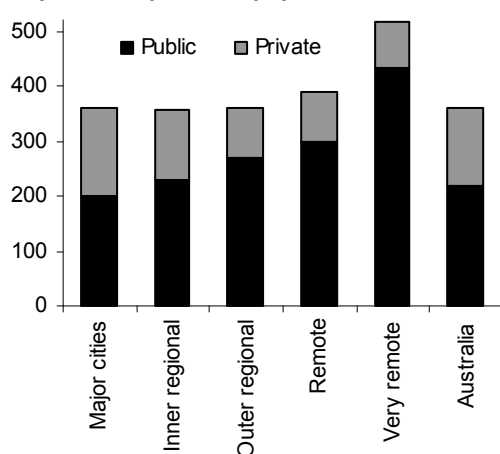


Figure 11: Separations per 1,000 population, by remoteness area of usual residence and hospital sector, Australia, 2007-08

Overall type of care

Separations were allocated to Australian Refined Diagnosis Related Groups (AR-DRGs) which can also be used to describe whether the overall care was medical, surgical or other. Other care includes endoscopies. See *Chapter 12*.

- In public hospitals, between 2003-04 and 2007-08, separations increased for:
 - *Medical AR-DRGs* (15.6%)
 - *Surgical AR-DRGs* (9.2%) and
 - *Other AR-DRGs* (3.9%) (Figure 12).

Separations ('000)

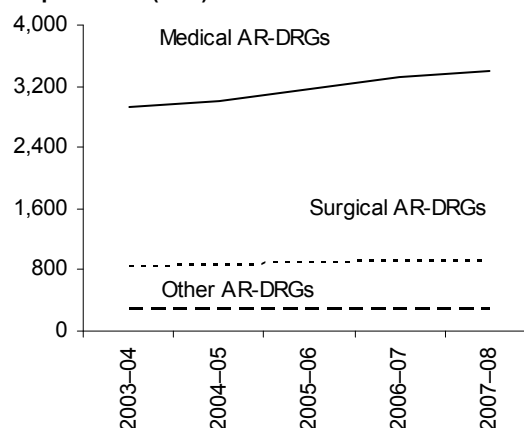


Figure 12: Separations for Medical, Surgical and Other AR-DRGs version 5.1, public hospitals, Australia, 2003-04 to 2007-08

- In private hospitals, over the same period, separations increased for:
 - *Medical AR-DRGs* and *Surgical AR-DRGs* (17.5%) and
 - *Other AR-DRGs* (17.7%) (Figure 13).

Separations ('000)

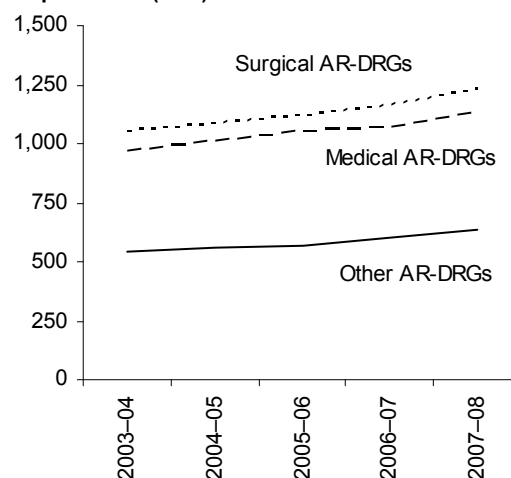


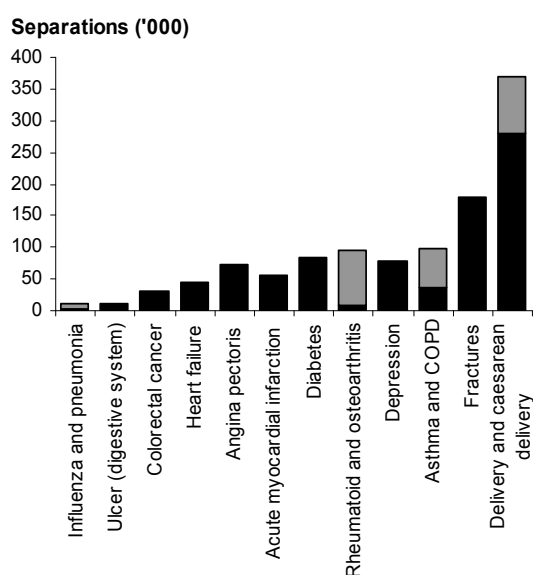
Figure 13: Separations for Medical, Surgical and Other AR-DRGs version 5.1, private hospitals, Australia, 2003-04 to 2007-08

Conditions treated

The conditions (diseases or injuries and poisonings) treated in hospitals are classified using *the International statistical classification of disease and related health problems, 10th revision, Australian modification* (ICD-10-AM). Each separation

is allocated a principal diagnosis which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care. See *Chapter 9*.

- Overall, 36.6% of separations in 2007–08 had a principal diagnosis from one of five ICD-10-AM chapters:
 - *Diseases of the digestive system*
 - *Neoplasms*
 - *Diseases of the circulatory system*
 - *Pregnancy, childbirth and the puerperium*
 - *Injury and poisoning*.
- The National Health Priority Area (NHPAs) initiatives focus on chronic diseases that have a significant health burden. They are asthma, cancer control, cardiovascular health, diabetes, injury prevention and control, mental health, and arthritis and musculoskeletal conditions.



Note: Bars with two categories of principal diagnosis are indicated using two shadings.

Figure 14: Separations, by selected principal diagnosis, Australia, 2007–08

- In 2007–08, the NHPAs were represented by some high-volume diagnoses, with principal diagnoses of:
 - fractures (179,000 separations)
 - asthma (38,000)

- chronic obstructive pulmonary disease (COPD) (59,000)
 - arthritis (86,000)
 - angina pectoris (72,000)
 - diabetes mellitus (83,000)
- (Figure 14).

Selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations presented in this report are thought to be avoidable if timely and adequate non-hospital care is provided. They are therefore potential indicators of the effectiveness of non-hospital care. Both acute and chronic conditions are represented. See *Chapter 4*.

- Selected potentially preventable hospitalisations represented 9.3% of all separations in 2007–08.
- Overall, the number of separations per 1,000 persons for the selected potentially preventable hospitalisations increased by an average of 2.0% per year between 2003–04 and 2007–08.
- For chronic conditions, excluding diabetes, potentially preventable hospitalisations per 1,000 persons rose with increasing remoteness ranging from 9.1 in *Major cities* to 19.1 in *Very remote* regions (Figure 15).
- This pattern was also evident for acute conditions, where potentially preventable hospitalisations per 1,000 persons rose with increasing remoteness from 12.5 in *Major cities* to 29.3 in regions classed as *Very remote*.
- For diabetes complications, potentially preventable hospitalisations per 1,000 persons were markedly higher in *Remote* areas than in other areas.

Separations per 1,000 population

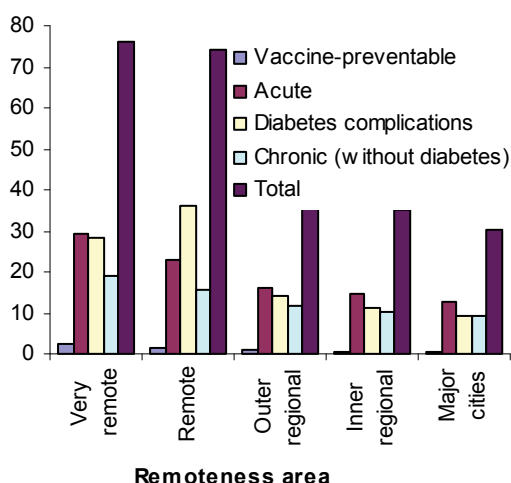


Figure 15: Selected potentially preventable hospitalisations per 1,000 population, by remoteness area of usual residence, Australia, 2007–08

Procedures undertaken

A procedure can be surgical or non-surgical, and can treat or diagnose a condition or be of a patient support nature such as anaesthesia. See *Chapter 10*.

- One or more procedures were reported for 83% of separations in Australian hospitals in 2007–08.
- Over 93% of separations from private hospitals recorded a procedure, compared with 76% from public hospitals.
- Overall, 55% of separations that reported a procedure occurred in the public sector.

Separations in 2007–08 for selected high-volume procedures and selected procedures that can be electively performed are shown in Figure 16.

- In 2007–08, high-volume procedures included
 - Haemodialysis (1.0 million)
 - Gastrointestinal endoscopy (631,000)
 - Chemotherapy administration (260,000)
 - Lens insertion (190,000) and
 - Arthroscopic procedures (137,000).

Separations ('000)

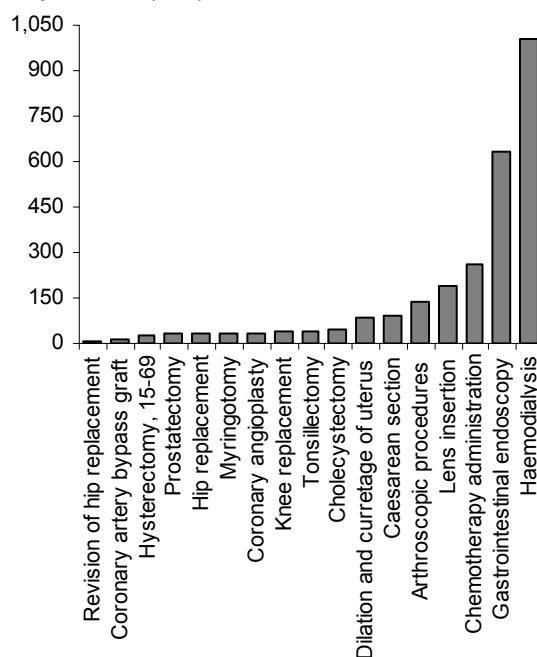


Figure 16: Separations, by selected procedure, Australia, 2007–08

- The number of separations for *Lens insertion* increased overall by 21.3% from 156,000 in 2003–04 to 190,000 in 2007–08 (Figure 17).
- Approximately 70% of *Lens insertions* were performed in private hospitals.
- Separations for *Lens insertion* increased by 21.7% in the private sector and by 20.4% in the public sector over this period.

Separations

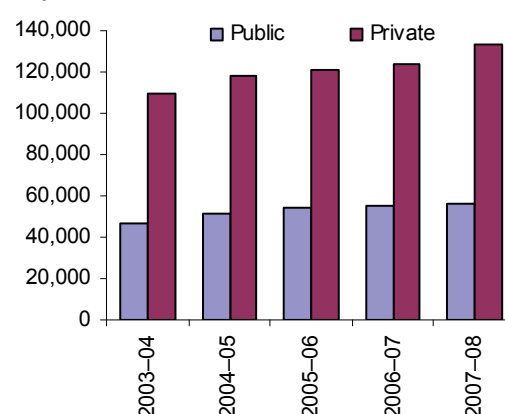


Figure 17: Separations for Lens insertion, by hospital sector, Australia, 2003–04 to 2007–08

Elective surgical separations

There were over 1.7 million elective surgical separations in 2007–08, 619,000 in the public sector and 1.1 million in the private sector. See *Chapter 6*.

There was some variation in the rates of access to both private and public elective surgical separations by socioeconomic status.

- The rate of private elective surgical separations was highest for those in the *Most advantaged* quintile (69 per 1,000 persons) and decreased with socioeconomic status to 38 per 1,000 persons for the *Most disadvantaged* quintile (Figure 18).

Separations per 1,000 persons

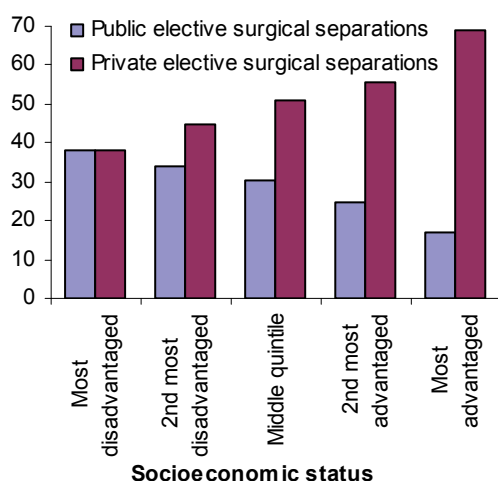


Figure 18: Separations per 1,000 for public and private elective surgical separations, by quintile of socioeconomic advantage/disadvantage, 2007–08

- In contrast, the rate of public elective surgical separations was lowest for those in the *Most advantaged* quintile (17 per 1,000) and highest for those *Most disadvantaged* quintile (38 per 1,000).

Waiting times for elective surgery in public hospitals

The median waiting time for elective surgery in public hospitals in 2007–08 was 34 days. This compared with a median

waiting time of 32 days in 2006–07. See *Chapter 6*.

Median waiting time (days)

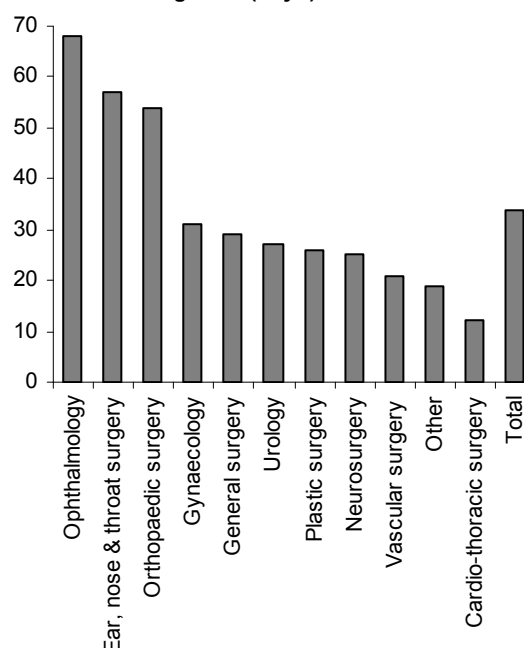


Figure 19: Public hospital median waiting time, by specialty of surgeon, Australia, 2007–08

- Ophthalmology*, *Ear, nose and throat surgery* and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times (68, 57, and 54 days respectively) in 2007–08 (Figure 19).
- Cardio-thoracic surgery* had the shortest median waiting time (12 days).

Emergency department care in public hospitals

There were about 7.1 million accident and emergency presentations to public hospitals in 2007–08. See *Chapter 5*.

- Data on triage category, waiting times, patient's age group and sex were available for about 78% of these, mainly those presentations to emergency departments in *Principal referral* and *Specialist women's and children's hospitals* and *Large hospitals*.

- In 2007–08, about 23% of patients arrived by ambulance, but this varied by triage category, ranging from 84% of *Resuscitation* patients to 4% of *Non-urgent* patients (Figure 20).

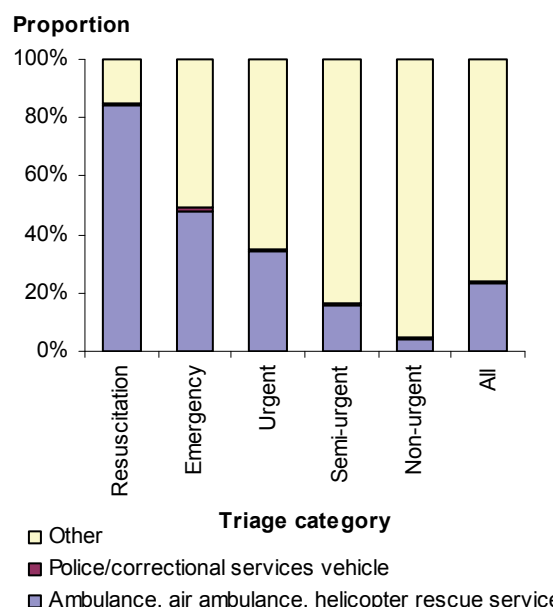


Figure 20: Public hospital emergency department presentations, by triage category and arrival mode, 2007–08

- A higher proportion of patients were seen on time (as defined in *Chapter 5*) in *Large hospitals* than in *Principal referral and Specialist women's and children's hospitals*.
- In *Large hospitals*, 73% of patients were seen on time, with 100% of *Resuscitation* patients seen on time.
- In *Principal referral and Specialist women's and children's hospitals*, 65% of patients were seen on time, with 100% of *Resuscitation* patients seen on time.

Non-admitted patient care in public hospitals

Excluding accident and emergency services, there were about 41.2 million non-admitted patient occasions of service provided by public hospitals in 2007–08. See *Chapter 2*.

- Of these, more than 16.4 million were delivered in specialist outpatient

clinics with the chief contributors being in *Allied health* and *Dental*. See *Chapter 5*.

- *Pharmacy, Pathology and Radiology & organ imaging* made up a further 16.2 million individual non-admitted patient occasions of service.
- There were 429,000 group session occasions of service, with *Mental Health, Alcohol & Drug* and *Community health* accounting for 27% of group sessions.
- Public psychiatric hospitals delivered over 149,000 occasions of service, including both individual and group sessions.

Australian hospitals

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

- In 2007–08, there were 1,314 hospitals in Australia, with:
 - 742 public acute hospitals
 - 20 public psychiatric hospitals
 - 272 private free-standing day hospital facilities and
 - 280 other private hospitals.
- The number of public acute hospitals has remained relatively stable since 2003–04.
- The number of private hospitals increased from 525 facilities in 2003–04 to 552 facilities in 2007–08.

Available beds

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

- The number of available beds in Australia increased by 5.0% between 1998–99 (80,200 beds) and 2007–08 (84,235 beds), an annual average increase of 0.5%.
- In 2007–08, the available beds were:
 - 54,137 in public acute hospitals
 - 2,330 in public psychiatric hospitals
 - 2,151 in private free-standing day hospital facilities and
 - 25,617 in other private hospitals.
- The number of available beds in public acute hospitals increased by an average of 0.6% annually, from 51,423 in 1998–99 to 54,137 in 2007–08 (Figure 21).
- The number of available beds/chairs in private free-standing day hospital facilities rose by an average of 4.4% annually between 1998–99 and 2007–08 (from 1,460 to 2,151).

Average change (per cent)

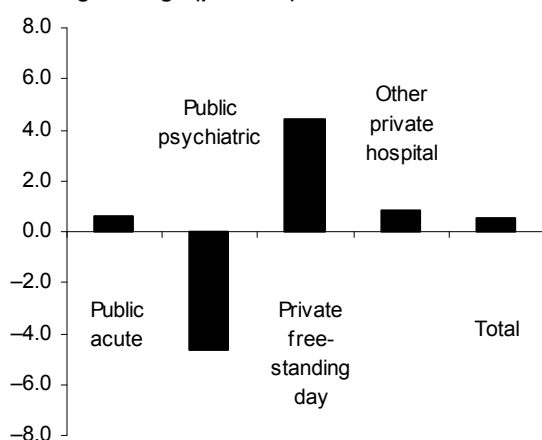


Figure 21: Average annual change in the number of available beds, by type of hospital, Australia, 1998–99 to 2007–08

Staff in Australian public hospitals

Staff numbers (See *Chapter 3*) in public acute and public psychiatric hospitals have grown over time (Figure 22).

- The number of full-time equivalent staff increased by an average of 3.6%

annually between 1998–99 (175,535) and 2007–08 (240,344).

Average FTE staff

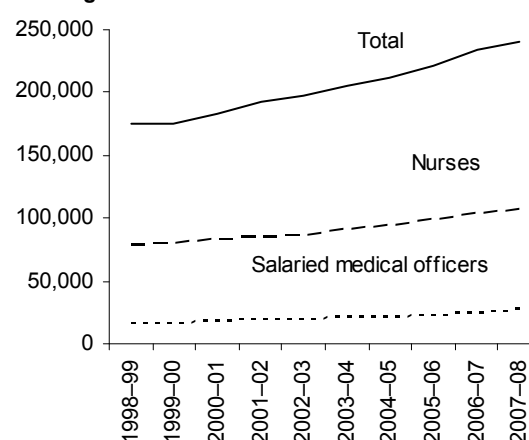


Figure 22: Average full-time equivalent staff, public hospitals, Australia, 1998–99 to 2007–08

- The number of salaried medical officers increased by an average of 5.7% annually over this period (from 16,458 to 26,996), and the number of nurses increased by an annual average of 3.5% (from 78,319 to 107,089).

Recurrent expenditure on public hospitals

Recurrent expenditure is expenditure on goods and services that are consumed during the year, for example, salaries. See *Chapter 3*.

- In 2007–08, recurrent expenditure on public acute and public psychiatric hospitals was \$28,908 million (excluding depreciation). After adjusting for inflation, this represented an increase of 6.1% compared with 2006–07.
- About 62% of this expenditure was for salary payments (\$17,935 million) (Figure 23).
- The major non-salary recurrent expenses in the public sector were for medical and surgical supplies, administrative expenses and drug supplies.

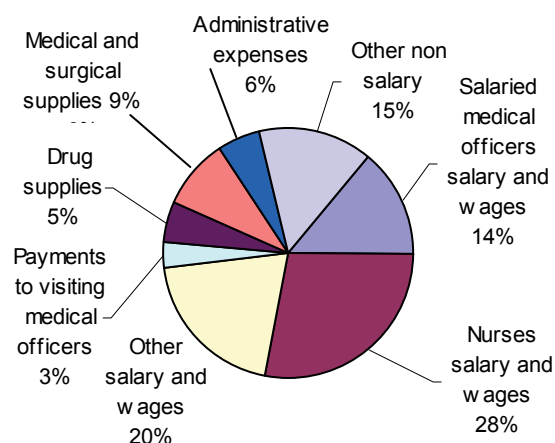


Figure 23: Recurrent expenditure, public hospitals, Australia, 2007-08

Recurrent expenditure (cost) for providing care in public hospitals

The average recurrent expenditure per casemix-adjusted separation is regarded as a measure of efficiency. See *Chapter 4*.

- The average recurrent cost of providing care per casemix-adjusted separation in public hospitals increased from \$3,293 in 2003-04 to \$4,232 in 2007-08 (not adjusted for inflation).
- This represents a total increase of 28.8% in this period, an average increase of 6.5% annually (Figure 24).

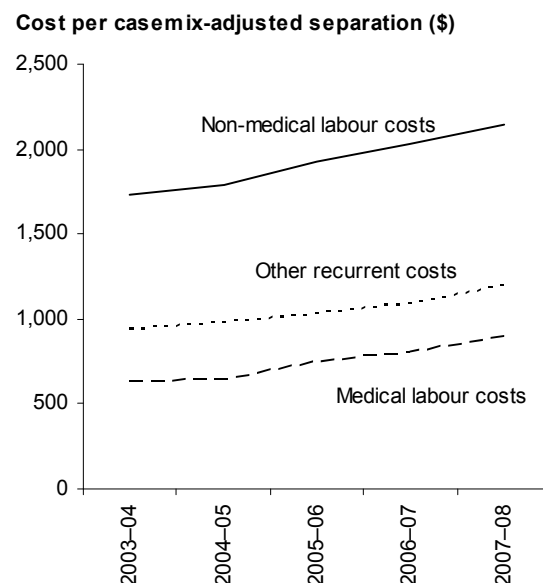


Figure 24: Cost per casemix-adjusted separation, Australia, 2003-04 to 2007-08

- In 2007-08 the average cost comprised:
 - \$2,140 for non-medical labour expenditure,
 - \$894 for medical labour expenditure and
 - \$1,197 for other recurrent expenditure.

Other recurrent expenditure costs include domestic services; repairs and maintenance; administration; and medical, drug and food supplies.

More information on how to interpret the data is provided in the relevant chapter quoted in each subsection. More information about the terms used is in the *Glossary*. Hospitals included in this report are public acute care and psychiatric hospitals, private free-standing day hospital facilities and other private hospitals (including psychiatric hospitals).

1 Introduction

Australian hospital statistics 2007–08 continues the Australian Institute of Health and Welfare's (AIHW) series of summary reports describing the characteristics and activity of Australia's hospitals. The AIHW has previously published reports for the financial years 1993–94 to 2006–07 (AIHW 1997a, 1997b, 1998, 1999, 2000, 2001, 2002, 2003, 2004a, 2005a, 2006a, 2007a, 2008a).

Data sources for this report

The AIHW has undertaken the collection and reporting of the data in these reports under the auspices of the Australian Health Ministers' Advisory Council through the National Health Information Agreement. Most of the data collected were as specified in the National Minimum Data Sets relating to hospitals (see *Appendix 2*).

The data supplied by state and territory health authorities are used by the AIHW to assemble five databases that are the foundation for the Institute's statistical reporting on hospitals:

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

Detailed information about the AIHW's hospitals databases is provided in *Appendix 2*.

Terms used

Some of the terms relating to the use of hospitals are detailed in *Box 1.1* and others are outlined in the *Glossary*. Throughout the report, unless otherwise specified:

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

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

Admitted patients

Statistics on admitted patients are compiled when an admitted patient (a patient who undergoes a hospital's formal admission process) completes an episode of admitted patient care and 'separates' from the hospital. This is because most of the data on the use of hospitals by admitted patients are based on information provided at the end of the patients' episodes of care, rather than at the beginning. The length of stay and the procedures carried out are then known and the diagnostic information is more accurate.

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

For each separation, patients are assigned a **principal diagnosis**, which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. If applicable, **procedures** are also reported. These can be surgical or non-surgical, and therapeutic, diagnostic or of a patient-support nature (for example, anaesthesia).

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

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

Non-admitted patients

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other specialised services.

An **occasion of service** for a non-admitted patient is defined as any examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment each time the service is provided. In emergency departments, occasions of service are referred to as **presentations**.

Definitions used for non-admitted patient hospital care are not completely uniform among the states and territories, and have varied over time.

Matters affecting the interpretation of the statistics

Although the *National health data dictionary* (HDSC 2006) definitions form the basis of the databases, the actual definitions used may have varied among the data providers and over time, for example in relation to reporting of *Newborn* episodes of care. In addition, the detail of the coverage of the data collections may vary, and there is some variation between jurisdictions in how hospitals that predominantly provide public hospital services and that are privately owned and/or operated are reported. Most of these are reported as public hospitals, but some (including the Mersey Community Hospital in Tasmania from November 2007) are reported as private hospitals.

Comparisons between the states and territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes in *appendixes 1 and 2* and relevant chapters.

For reasons of confidentiality, the patient-level data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed.

Structure of this report

The text in each chapter describes the information presented in the tables that are at the end of each chapter, and presents information on matters affecting the interpretation of the data.

Hospitals at a glance provides key statistics from throughout the report, in graphical form.

Chapter 2 presents an overview of hospitals and hospital activity in Australia. This includes a summary of the numbers of hospitals and beds and of non-admitted patient care. It also includes separation statistics for admitted patients based on the state or territory of the hospital, and whether the hospital was public or private.

Chapter 3 presents further data on the characteristics of public hospitals, including the number and type of hospitals, available beds, staff employed, specialised services, expenditure and revenue.

Chapter 4 presents hospital performance indicator data drawn from the AIHW's hospitals databases and other sources. The indicators are presented as they relate to the National Health Performance Framework revised as agreed by the National Health Information Standards and Statistics Committee (NHISSC) in 2008.

Chapter 5 presents information on non-admitted patient care provided in public hospital emergency departments and outpatient clinics.

Chapter 6 presents summary data on access to elective surgery in Australian hospitals. This includes analyses of elective surgery waiting times for patients admitted to public hospitals, and of elective surgery admissions for both public and private hospitals.

Chapter 7 presents administrative data for episodes of admitted patient care in public and private hospitals, including patient election status and funding source; overall type of care received; urgency of admission; and modes of admission and separation.

Chapter 8 presents demographic information for admitted patient care, including separations and patient days by age group, sex, Indigenous status, country of birth, area of usual residence and quintile of socioeconomic advantage/disadvantage (ABS 2008a).

Chapters 9 to 12 present a range of information on episodes of admitted patient care, including the principal diagnoses of the patients (*Chapter 9*), the procedures they underwent (*Chapter 10*), external causes of injury and poisoning (*Chapter 11*), and the Australian Refined Diagnosis Related Groups (AR-DRGs) for the hospital separations (*Chapter 12*).

Appendix 1 includes notes on the presentation of data, the population estimates used to calculate population rates, analysis methods and notes on major aspects of the quality and comparability of the data.

Appendix 2 provides information on the AIHW's hospitals databases, on the hospitals covered by each of the data sources, and on the categorisation of hospitals as public or private.

Appendix 3 provides summary information on the Department of Health and Ageing's 2006–07 National Hospital Cost Data Collection, which is the source of AR-DRG cost weight and average cost information used in *chapters 2, 4, 7* and *12*.

Appendix 4 presents information on episodes of admitted patient care using Service Related Groups and *Appendix 5* presents detailed information on potentially preventable hospitalisations.

Appendix 6 relates to the Department of Health and Ageing's *State of our public hospitals report June 2009 report*. It notes the major differences between the analysis methods used for that report and for *Australian hospital statistics 2007–08*.

Additional data on the Internet

This report is available on the Internet at <www.aihw.gov.au>. The text of the report is presented in PDF format and the tables are presented as downloadable Excel spreadsheets. This site also includes additional data, in Excel spreadsheets, on diagnoses, procedures and AR-DRGs for admitted patients. Some of the report's tables are presented with more detail, such as using 5-year age groups rather than 10-year age groups (see *Chapter 8*). More information on the Internet tables is in *chapters 8, 9, 10* and *12* and in *appendixes 1, 2, 4* and *5*.

Updates

After this report is published, the Internet site will also include updates for the tables in *chapters 2, 4, 7* and *12* that use AR-DRG cost weight and/or average cost information. At the time of writing, 2007–08 cost weights and average costs were not available. Therefore, 2006–07 public and private sector cost weights based on AR-DRG version 5.1 were used for the public and private sectors in most analyses requiring the application of cost weights.

Interactive data cubes

Also included on the site are interactive cubes of data from the National Hospital Morbidity Database which allow users to specify tables and graphs as required:

- Principal diagnoses for:
 - 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)
 - 1998–99 to 2007–08 (using ICD-10-AM to classify diagnoses)
 - mental health-related separations for 2001–02 to 2005–06 (using ICD-10-AM to classify diagnoses)
- AR-DRGs for:
 - version 4.0/4.1/4.2 for 1997–98 to 2004–05
 - version 5.0/5.1 for 1998–99 to 2007–08
- Procedures for:
 - 2000–01 and 2001–02 (using ICD-10-AM 2nd edition to classify procedures)
 - 2002–03 and 2003–04 (using ICD-10-AM 3rd edition to classify procedures)
 - 2004–05 and 2005–06 (using ICD-10-AM 4th edition to classify procedures)
 - 2006–07 and 2007–08 (using ICD-10-AM 5th edition to classify procedures).

Each principal diagnosis and AR-DRG cube includes information on the number of separations (same-day and overnight), patient days and average length of stay, by age group and sex and year of separation for each principal diagnosis or AR-DRG. The cube on mental health-related care also includes data on the mental health legal status of the patient and hospital sector for each separation. The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether undertaken on a same-day basis.

Online interactive data are also available for:

- Public hospital establishments with beds, financial and staffing measures for 2003–04 to 2007–08
- Elective surgery waiting times summary statistics for:
 - Reason for removal from waiting lists (2002–03 to 2007–08)
 - Surgical specialty (2001–02 to 2007–08)
 - Indicator procedure (2001–02 to 2007–08).

2 Overview of Australian hospitals

Introduction

This chapter presents an overview of the public and private hospital sectors, covering the number and types of hospitals and availability of beds. Public and private hospital sector information on separations and length of stay is included. Summary information on non-admitted patient episodes is also presented.

Summary statistics for private and public hospitals are presented at a national level for the years 2003–04 to 2007–08, and for states and territories for 2007–08.

The summary information on public hospitals and non-admitted services is derived from the National Public Hospital Establishments Database (NPHEd). Similar information for private hospitals was sourced from the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection until 2006–07, and from the states and territories for 2007–08. The private hospital data for 2007–08 is not necessarily comparable with the earlier private hospital data. Summary separation, patient day, average length of stay and average cost weight information is derived from the National Hospital Morbidity Database (NHMD) for public and private hospitals.

The hospital sectors and types reported in this chapter are public acute hospitals, public psychiatric hospitals, private free-standing day hospital facilities and other private hospitals. Data are also presented for all public hospitals combined, all acute hospitals (that is, excluding public psychiatric hospitals), all private hospitals and all hospitals.

Hospitals and hospital beds

There were 762 public hospitals and 552 private hospitals in 2007–08, compared with 758 public hospitals and 557 private hospitals in 2006–07 (Table 2.1).

Changes in the numbers of hospitals can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings (see *Appendix 1*).

In 2007–08, the Mersey Community Hospital in Tasmania was taken over by the Australian Government from November 2007. This hospital was not considered to be a public hospital after the transition, and was reported as a private hospital for the period November 2007 to the end of June 2008. This same hospital was categorised as a private hospital until 2003–04, and a public hospital from 2004–05 to the end of October 2007. During the times this hospital was categorised as public, it was reported as part of another public hospital for the purposes of establishment-level data.

In 2006–07, there were two new public hospital reporting units created in Western Australia which covered the substantial amount of contracted public hospital services provided by two private hospitals. In 2005–06, two hospitals in Melbourne were amalgamated, resulting in one less hospital establishment for Victoria. In 2004–05, the Western Australian Department of Health purchased two private hospitals and amalgamated them with existing public hospitals.

Change in the number of available beds is a more reliable indicator of shifts in the availability of hospital services than change in the number of hospitals.

Public hospitals provided 56,467 beds (67% of the national total) in 2007–08, and 27,768 beds were provided in private hospitals (33% of the national total) (Table 2.1). Nationally, bed numbers in the public sector experienced an overall increase from 53,599 in 2003–04 to 56,467 in 2007–08. Over the same period, bed numbers in the private sector fluctuated, increasing overall from 26,589 beds in 2003–04 to 27,768 in 2007–08.

The number of available beds ranged from 3.3 per 1,000 population in the Northern Territory to 4.7 per 1,000 population in Tasmania in 2007–08 (Table 2.2).

The concept of an available bed is also becoming less important, particularly in the light of increasing same-day hospitalisations and the provision of hospital-in-the-home care. The comparability of bed numbers can also be affected by the casemix of hospitals with, for example, different proportions of beds available for special and more general purposes. The figures on bed numbers would have been affected by changes in hospital reporting arrangements detailed above.

Public sector bed numbers are the average number of beds available through the course of the year. Private sector data for 2003–04 to 2006–07 are from the ABS's *Private hospitals Australia 2006–07* (ABS 2008b) and from earlier editions of *Private hospitals Australia*, which report numbers of beds on an average available beds basis. Private sector hospital counts and bed numbers for most jurisdictions in 2007–08 are based on information provided by the states and territories. Bed numbers are provided on a licensed beds basis which may overstate the number of beds available. These differences in reporting arrangements may affect the comparability of results across years.

Expenditure and revenue

Recurrent expenditure for public hospitals in 2007–08 was \$28.9 billion in current price terms (not adjusted for inflation), an increase of 10.0% from 2006–07. In constant price terms (that is, adjusted for inflation) the increase in national expenditure for public hospitals was 6.1% between 2006–07 and 2007–08 (Table 2.1).

Total revenue for public hospitals increased in constant price terms by an average of 9.0% per year between 2003–04 and 2007–08.

Admitted patient services

Separations

There were 7.87 million separations reported from public and private acute and psychiatric hospitals in 2007–08, an increase of around 271,000 (3.6%) compared with 2006–07 (Table 2.3). Public hospital separations increased by 1.8% (83,000) compared with 2006–07, and there was a 6.4% (188,000) increase in separations reported for the private sector.

The private sector accounted for 39.7% of the 7.87 million separations in 2007–08 (3.13 million) (Table 2.4), slightly higher compared with 2006–07 (38.7%). Private free-standing day hospital facilities, excluding Tasmania, the Australian Capital Territory and the

Northern Territory, accounted for almost 660,000 or 21.9% of private sector separations in 2007–08, compared with about 564,000 or 19.2% in 2006–07.

The increases in separations over time should be interpreted in the light of coverage changes (see *Appendix 2*).

There was no change in the coverage of private hospitals for New South Wales, Queensland, the Australian Capital Territory and the Northern Territory. As discussed above in Tasmania, the Mersey Community Hospital was taken over by the Australian Government from November 2007, and was reported as a private hospital from November 2007 until the end of June 2008. However, this change in reporting for Tasmania had very little impact on the number of admitted patients by sector. The Mersey Community Hospital had been reported as a public hospital in Tasmania from 2004–05 to the end of October 2007, and a private hospital prior to 2004–05.

As discussed above in Western Australia in 2006–07, two private hospitals which provided a substantial amount of public hospital services through contract arrangements were split, resulting in the creation of two new public hospital reporting units. This does not represent coverage change but does represent a change in reporting arrangements that affects the comparison of the public and private sectors over time. A small number of private hospitals were missing data for short periods in 2004–05 in both Victoria and South Australia, but coverage was essentially complete for both states from 2004–05. In Tasmania, approximately 21% of Tasmanian private hospital separations were not reported in 2004–05, equivalent to 0.5% of private hospital separations nationally. Data for Tasmania were complete from 2005–06. Coverage for Western Australian private hospitals was complete from 2004–05.

Same-day separations

Same-day separations have been distinguished from other separations in this report to illustrate the proportions of total separations which they represent, and also to demonstrate the effect on average lengths of stay when patients receiving this type of hospital care are classified as admitted. In the Organisation for Economic Co-operation and Development (OECD) definition of admitted patients, same-day patients are not included, and therefore the reported average lengths of stay in OECD publications (OECD 2006) are greater than those presented in this publication.

The proportion of admitted patients being treated on a same-day basis, that is, admitted and separated on the same date, continued to increase in 2007–08 (Table 2.3). In 2007–08, 4.43 million separations were on a same-day basis, an increase of 4.4% compared with 2006–07. There was an increase of 1.3% in public hospitals and 8.2% in private hospitals over this period. Same-day separations made up 56.2% of separations overall, compared with 55.8% (4.24 million) in 2006–07. There was a decrease in the proportions of same-day patients in public hospitals (from 50.0% to 49.8%) while there was an increase in private hospitals (from 64.9% to 66.0%).

There was some variation among the states and territories in the proportion of same-day separations in 2007–08 (Table 2.4). For public hospitals, New South Wales (43.6%) and South Australia (44.5%) had a markedly lower proportion than the national average (49.8%), whereas the Northern Territory (62.0%), Victoria (56.8%) and the Australian Capital Territory (54.0%) had markedly higher proportions. In the private sector, South Australia (62.1%) reported a proportion much lower than the national average (66.0%).

Overnight separations

There was a 2.5% increase in overnight separations between 2006–07 and 2007–08, from 3.36 million to 3.45 million (Table 2.3). There was a rise of 2.3% in public hospitals (from 2.33 million to 2.38 million), and a 3.1% increase in the private sector (from 1.03 million to 1.07 million). Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (predominantly AR-DRG E63Z *Sleep apnoea*).

Separation rates

When comparing two or more populations that differ with respect to basic characteristics (for example, sex or age structure), the use of standardised rates eliminates the influence of different distributions of these characteristics across populations. Separation rates presented here are age-standardised as detailed in *Appendix 1*.

The age-standardised separation rate fell by 0.5% between 2006–07 and 2007–08 for public acute hospitals and rose by 3.9% for private hospitals (Table 2.3).

Among the states and territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2007–08 (486.4 per 1,000 population; Table 2.4). Private hospital separation rates ranged from 117.6 per 1,000 population in New South Wales to 181.5 per 1,000 population in Queensland. These rates relate to resident populations, and therefore do not take into account interstate and overseas patient flows.

These rates are likely to have been affected by whether or not statistical separations and statistical admissions were made to reflect changes in the type of care (see *Glossary*) and the way in which hospital stays for patients aged 9 days or less on admission (*Newborn episodes*) were reported (see *Chapter 7* and *Appendix 1* for details). Changes over time and differences between sectors and jurisdictions can also be affected by variation in admission practices. For example, in public hospitals in New South Wales, South Australia and the Australian Capital Territory, there has been a reclassification over recent years of chemotherapy patients from admitted patients to non-admitted patients (outpatients). There were also changes in admission practices for some same-day procedures in South Australian public hospitals in 2004–05.

The age-standardised separation rate for public psychiatric hospitals also varied, from 0.1 per 1,000 population in Victoria and Queensland to 1.4 per 1,000 population in New South Wales (Table 2.4). This variation reflects differences in the extent to which public psychiatric services were provided in public acute hospitals and non-hospital facilities (AIHW 2007). There are no public psychiatric hospitals in the Australian Capital Territory and the Northern Territory.

Average cost weight of separations

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations. Average cost weights are based on the latest available cost weights and the relevant AR-DRG versions applying to each year. AR-DRG version 5.1 public cost weights (2006–07) were used for the public sector, and version 5.1 (2006–07) private cost weights were used for the private sector. In one part of Table 2.3 and of Table 2.4, public sector cost weights were used for both public and private hospitals to enable comparison between the sectors, because the public

and private sector cost weights are not comparable. Further information about the AR-DRG classification and cost weights is included in *Appendix 1*.

For this analysis, separations were included only if the care type was reported as *Acute*, or was *Not reported*, or where the care type was *Newborn* and the separation had at least one qualified day. Thus separations with care types of *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

Within the public sector, most states and territories had average cost weights fairly close to the national average for public acute hospitals (see Table 2.4). The Northern Territory was a notable exception, with an average cost weight of 0.71. This reflects the high proportion of public hospital separations in the Northern Territory that were for *Admit for renal dialysis* (AR-DRG L61Z), an AR-DRG with a low cost weight.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed, and are therefore included in the public acute hospital data. Cost weights are of less use as a measure of resource requirements for these services because the relevant AR-DRGs are less homogeneous than for other acute services (see *Appendix 1* for more information).

The average public cost weight for private free-standing day hospital facilities in 2007–08 was markedly lower (0.47) than for other private hospitals (1.03), reflecting the lower complexity and day-only nature of most admissions to these hospitals (see Table 2.4). Nationally, the average cost weight for private hospitals using private sector cost weights was 0.81.

Patient days

Patient days represent the number of full or partial day stays for patients who separated from hospital during the reporting period, and the aggregated length of stay for all patients (see *Glossary*).

A total of 25.64 million patient days was reported for 2007–08, 69.6% in the public sector and 30.4% in the private sector (Table 2.4).

There was an increase of 2.0% (341,000) in patient days for public acute hospitals in 2007–08, compared with 2006–07 (Table 2.3). For private hospitals, patient days increased by 4.3% (321,000). Patient days for public acute and private hospitals combined increased by 2.7% (662,000), and for all hospitals combined they increased by 2.9% (718,000).

Patient days in public psychiatric hospitals increased from 658,000 in 2006–07 to 714,000 in 2007–08 (8.5%) (Table 2.3). As separations from public psychiatric hospitals can include some very long stay patients, and the pattern of these separations can vary over time, patient day counts can also fluctuate markedly for these hospitals.

The number of age-standardised patient days per 1,000 population for public acute and private hospitals combined increased by 0.2% between 2006–07 and 2007–08 (Table 2.3). Public acute hospital patient days per 1,000 population decreased by 0.5%, and private hospital patient days per 1,000 population increased by 1.7%.

The Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2007–08 (1,556.1 per 1,000 population)(Table 2.4). The highest age-

standardised rate for patient days in private hospitals was reported by Queensland (454.4 per 1,000 population).

Average length of stay

The average length of stay for public acute and private hospitals was 3.2 days in 2007–08, a decrease of 0.8% compared with 2006–07 (Table 2.3). For private hospitals, the average length of stay was 2.5 days in 2007–08. The average length of stay for public psychiatric hospitals increased from 43.3 days in 2006–07 to 48.4 days in 2007–08, reflecting a decrease in separations and increase in patient days in 2007–08 reported for these hospitals.

With same-day separations excluded (as is the practice for OECD reporting), average lengths of stay in all hospitals combined decreased by 0.8% between 2003–04 and 2007–08. The average lengths of stay were within the range of those reported from 2001 to 2003 for acute care for other OECD countries (OECD 2006).

Relative stay index

The relative stay index (RSI) is calculated as the actual number of patient days for separations in selected AR-DRGs (version 5.0/5.1) divided by the expected number of patient days (based on national figures for the 5 years combined) and standardised for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix of the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected. More details on the methods of calculating the RSIs are given in *Chapter 4* and *Appendix 1*.

In public hospitals, the directly standardised RSI in 2007–08 (0.98) was 0.7% lower than in 2006–07. Directly standardised RSIs were higher in private hospitals than in public hospitals for all years. For all hospitals, the directly standardised RSI fell between 2003–04 (1.08) and 2007–08 (1.02). This corresponds to an average annual decrease over the period of 1.3%.

Non-admitted patient services

The most common non-admitted patient occasions of service delivered to individuals through public acute hospitals in 2007–08 (Table 2.5) were *Outpatient care*, followed by *Pathology* and *Accident and emergency services*. *Pharmacy*, *Radiology and organ imaging* and *Community health* were also frequently provided. *Pharmacy* included a large number of occasions of service for Justice Health in New South Wales which may not be typical of *Pharmacy* in other hospitals.

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

In 2006–07, private hospitals reported about 1.74 million non-admitted patient occasions of service to the ABS's Private Health Establishments Collection. Nationally, there were about 453,600 non-admitted patient occasions of service reported for *Accident and emergency* in private hospitals (Table 2.6).

There is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service data are collected. Differing

admission practices between the states and territories also lead to variation among jurisdictions in the services reported in Table 2.5. States and territories may also differ in the extent to which these types of services are provided in non-hospital settings (such as community health centres), which are beyond the scope of this data collection.

There are differences in the scope and definition of the data reported in this chapter for *Accident and emergency* occasions of service and the emergency department data presented in Chapter 5. There are also differences in the scope and definition of the data reported in this chapter for outpatient-related occasions of service and the outpatient care data presented in Chapter 5. The differences are discussed in Chapter 5.

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

Accident and emergency services by remoteness

There was a total of 7.1 million public hospital accident and emergency occasions of service reported for 2007–08, including over 3.8 million (54.1%) in *Major cities* and almost 1.8 million (25.0%) in *Inner regional* areas (see Table 2.7).

Table 2.7 also presents the number of occasions of service provided in the area per 1,000 residents in the area. This represents an approximation of the use of accident and emergency services by the resident population, as services provided in one area may be provided to persons residing in other remoteness area categories. The analysis by remoteness area is of less relevance to geographically smaller jurisdictions and those jurisdictions with smaller populations residing in remote areas (such as Victoria and the Australian Capital Territory). For Victoria, it was not possible to separately identify accident and emergency occasions of service in hospital campuses located in remote areas.

The rate varied from 271 per 1,000 population in *Major cities* to 466 per 1,000 population in *Inner regional* and *Outer regional* areas combined, and 908 per 1,000 population in *Remote* and *Very remote* areas combined. The pattern of use may reflect a number of factors including the availability of other health-care services (such as primary care practitioners), patterns of occurrence of accidents causing injury, and the relatively poor health of Indigenous people who have higher population concentrations in remote areas.

Table 2.1: Summary of hospitals, Australia, 2003–04 to 2007–08

	2003–04	2004–05	2005–06	2006–07	2007–08	Change (per cent) ^(a)	
						Ave since 2003–04	Since 2006–07
Hospitals^(b)							
Public hospitals	761	759	755	758	762	0.0	0.5
Public acute hospitals	741	739	736	739	742	0.0	0.4
Public psychiatric hospitals	20	20	19	19	20	0.0	5.3
Private hospitals	525	532	547	557	552	1.3	–0.9
Private free-standing day hospital facilities	234	247	256	268	272	3.8	1.5
Other private hospitals	291	285	291	289	280	–1.0	–3.1
Public acute and private hospitals	1,266	1,271	1,283	1,296	1,294	0.5	–0.2
<i>Total</i>	<i>1,286</i>	<i>1,291</i>	<i>1,302</i>	<i>1,315</i>	<i>1,314</i>	<i>0.5</i>	<i>–0.1</i>
Available or licensed beds^(c)							
Public hospitals	53,599	55,293	54,601	55,904	56,467	1.3	1.0
Public acute hospitals	51,038	52,806	52,236	53,563	54,137	1.5	1.1
Public psychiatric hospitals	2,560	2,487	2,366	2,341	2,330	–2.3	–0.5
Private hospitals	26,589	26,424	26,227	26,678	27,768	1.1	4.1
Private free-standing day hospital facilities	1,947	2,078	2,114	2,251	2,151	2.5	–4.4
Other private hospitals	24,642	24,346	24,113	24,427	25,617	1.0	4.9
Public acute and private hospitals	77,627	79,230	78,463	80,241	81,905	1.4	2.1
<i>Total</i>	<i>80,188</i>	<i>81,717</i>	<i>80,828</i>	<i>82,582</i>	<i>84,235</i>	<i>1.2</i>	<i>2.0</i>
Beds per 1,000 population							
Public hospitals	2.68	2.73	2.66	2.68	2.66	–0.2	–0.7
Public acute hospitals	2.55	2.61	2.54	2.57	2.55	0.0	–0.7
Public psychiatric hospitals	0.13	0.12	0.12	0.11	0.11	–3.8	–2.2
Private hospitals	1.33	1.30	1.28	1.28	1.31	–0.4	2.3
Private free-standing day hospital facilities	0.10	0.10	0.10	0.11	0.10	1.0	–6.1
Other private hospitals	1.23	1.20	1.17	1.17	1.21	–0.5	3.1
Public acute and private hospitals	3.88	3.91	3.82	3.84	3.86	–0.1	0.3
<i>Total</i>	<i>4.01</i>	<i>4.03</i>	<i>3.93</i>	<i>3.96</i>	<i>3.97</i>	<i>–0.3</i>	<i>0.3</i>
Non-admitted occasions of service^(d) ('000)							
Public acute hospitals ^(e)	43,660	42,759	44,750	46,141	48,355	2.6	4.8
Other private hospitals	1,910	1,780	1,734	1,743	n.a.	–2.3	0.5
<i>Total</i>	<i>45,569</i>	<i>44,539</i>	<i>46,484</i>	<i>47,884</i>	<i>n.a.</i>	<i>1.2</i>	<i>3.0</i>
Total recurrent expenditure, constant prices^(f) (\$ million)							
Public hospitals	22,267	23,356	24,905	26,290	27,904	5.8	6.1
Public acute hospitals	21,741	22,808	24,239	25,661	27,224	5.8	6.1
Public psychiatric hospitals	526	548	666	629	680	6.6	8.1
Private hospitals	6,828	6,744	6,883	6,967	n.a.	0.5	1.2
Private free-standing day hospital facilities	329	335	358	385	n.a.	4.0	7.4
Other private hospitals	6,499	6,409	6,525	6,582	n.a.	0.3	0.9
<i>Total</i>	<i>29,095</i>	<i>30,100</i>	<i>31,789</i>	<i>33,256</i>	<i>n.a.</i>	<i>3.4</i>	<i>4.6</i>
Total recurrent expenditure, current prices^(g) (\$ million)							
Public hospitals	19,818	21,557	23,959	26,290	28,908	9.9	10.0
Public acute hospitals	19,349	21,052	23,318	25,661	28,204	9.9	9.9
Public psychiatric hospitals	468	505	641	629	704	10.7	11.9
Private hospitals	5,859	6,144	6,498	6,967	n.a.	4.4	7.2
Private free-standing day hospital facilities	282	305	338	385	n.a.	8.1	13.8
Other private hospitals	5,576	5,839	6,160	6,582	n.a.	4.2	6.9
<i>Total</i>	<i>25,676</i>	<i>27,701</i>	<i>30,457</i>	<i>33,256</i>	<i>n.a.</i>	<i>6.7</i>	<i>9.2</i>

(continued)

Table 2.1 (continued): Summary of hospitals, Australia, 2003–04 to 2007–08

	2003–04	2004–05	2005–06	2006–07	2007–08	Change (per cent) ^(a)	
						Ave since 2003–04	Since 2006–07
Total revenue, constant prices^(f) (\$ million)							
Public hospitals	1,843	2,071	2,243	2,415	2,598	9.0	7.6
Public acute hospitals	1,817	2,042	2,216	2,388	2,569	9.0	7.6
Public psychiatric hospitals	27	29	27	27	29	2.5	7.3
Private hospitals	7,312	7,271	7,416	7,539	n.a.	0.8	1.7
Private free-standing day hospital facilities	397	412	434	457	n.a.	3.6	5.2
Other private hospitals	6,915	6,859	6,982	7,082	n.a.	0.6	1.4
<i>Total</i>	<i>9,155</i>	<i>9,342</i>	<i>9,660</i>	<i>9,955</i>	<i>n.a.</i>	<i>2.1</i>	<i>3.1</i>
Total revenue, current prices^(g) (\$ million)							
Public hospitals	1,641	1,911	2,158	2,415	2,691	13.2	11.4
Public acute hospitals	1,617	1,884	2,132	2,388	2,661	13.3	11.4
Public psychiatric hospitals	24	27	26	27	30	6.4	11.2
Private hospitals	6,273	6,624	7,001	7,539	n.a.	4.7	7.7
Private free-standing day hospital facilities	341	376	410	457	n.a.	7.6	11.4
Other private hospitals	5,933	6,249	6,591	7,082	n.a.	4.5	7.5
<i>Total</i>	<i>7,914</i>	<i>8,535</i>	<i>9,159</i>	<i>9,955</i>	<i>n.a.</i>	<i>5.9</i>	<i>8.7</i>

- (a) The average since 2003–04 is the average annual change between 2003–04 and the latest available year of data. The change since 2006–07 is the percentage change between 2006–07 and 2007–08 or the change between the two latest available years of data if the 2007–08 data are unavailable.
- (b) 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.
- (c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same-day admitted patient services and other specialised services. Bed numbers may not be comparable with previous editions of Australian hospital statistics due to revision of historic bed counts.
- (d) Excludes public psychiatric hospitals and group occasions of service. Reporting arrangements have varied significantly across years.
- (e) Includes data for the Mersey Community Hospital.
- (f) Constant price values referenced to 2006–07. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year. ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator used for public hospitals. ABS Household Final Consumption Expenditure Hospital Services deflator used for private hospitals.
- (g) Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts.

Source: For 2007–08, private hospital data are based on licensed bed numbers provided by each jurisdiction. Other private hospital data are from the ABS's Private Health Establishments Collection.

Table 2.2: Number of hospitals^(a) and available or licensed beds, by hospital sector and type, states and territories, 2007–08

	NSW	Vic ^(b)	Qld	WA ^(c)	SA	Tas	ACT	NT	Total
Hospitals									
Public acute hospitals	219	147	173	93	78	24	3	5	742
Public psychiatric hospitals	9	1	4	1	2	3	0	0	20
<i>Total public hospitals</i>	<i>228</i>	<i>148</i>	<i>177</i>	<i>94</i>	<i>80</i>	<i>27</i>	<i>3</i>	<i>5</i>	<i>762</i>
Private free-standing day hospital facilities	88	73	51	28	24	2	6	0	272
Other private hospitals ^(d)	84	75	55	24	31	7	3	1	280
<i>Total private hospitals</i>	<i>172</i>	<i>148</i>	<i>106</i>	<i>52</i>	<i>55</i>	<i>9</i>	<i>9</i>	<i>1</i>	<i>552</i>
Total hospitals	400	296	283	146	135	36	12	6	1,314
Available or licensed beds^(e)									
Public acute hospitals	18,848	12,528	10,193	5,199	4,706	1,196	851	616	54,137
Public psychiatric hospitals	1,158	154	458	206	275	79	0	0	2,330
<i>Total beds available in public hospitals</i>	<i>20,006</i>	<i>12,682</i>	<i>10,651</i>	<i>5,405</i>	<i>4,981</i>	<i>1,275</i>	<i>851</i>	<i>616</i>	<i>56,467</i>
Private free-standing day hospital facilities	722	558	340	352	130	9	40	0	2,151
Other private hospitals ^(d)	6,070	6,900	5,938	3,337	1,878	1,049	352	93	25,617
<i>Total beds available in private hospitals</i>	<i>6,792</i>	<i>7,458</i>	<i>6,278</i>	<i>3,689</i>	<i>2,008</i>	<i>1,058</i>	<i>392</i>	<i>93</i>	<i>27,768</i>
Total available beds	26,798	20,140	16,929	9,094	6,989	2,333	1,243	709	84,235
Available or licensed beds per 1,000 population									
Public acute hospitals	2.7	2.4	2.4	2.4	3.0	2.4	2.5	2.8	2.5
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.2	0.2	0.0	0.0	0.1
<i>Total beds available in public hospitals</i>	<i>2.9</i>	<i>2.4</i>	<i>2.5</i>	<i>2.5</i>	<i>3.1</i>	<i>2.6</i>	<i>2.5</i>	<i>2.8</i>	<i>2.7</i>
Private free-standing day hospital facilities	0.1	0.1	0.1	0.2	0.1	0.0	0.1	0.0	0.1
Other private hospitals ^(d)	0.9	1.3	1.4	1.6	1.2	2.1	1.0	0.4	1.2
<i>Total beds in private hospitals</i>	<i>1.0</i>	<i>1.4</i>	<i>1.5</i>	<i>1.7</i>	<i>1.3</i>	<i>2.1</i>	<i>1.1</i>	<i>0.4</i>	<i>1.3</i>
Total beds per 1,000 population	3.9	3.8	4.0	4.3	4.4	4.7	3.6	3.3	4.0

(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. Hospitals are counted at the end of the financial year.

(b) The count of public hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database. Total Victorian private hospital beds increased by 783 beds compared to 2006–07 as the basis changed from average available beds to licensed (registered) beds.

(c) The count of private hospitals and licensed beds in Western Australia was based on data as of 01/01/2009.

(d) Includes private acute and private psychiatric hospitals.

(e) The comparability of bed numbers can be affected by the casemix of hospitals, including the extent to which hospitals provide same-day admitted patient services and other specialised services. Bed numbers may not be comparable with previous editions of *Australian hospital statistics* due to revision of historic bed counts.

Source: For 2007–08, private hospital data are based on licensed bed numbers provided by each jurisdiction. Other private hospital data are from the ABS's Private Health Establishments Collection.

Table 2.3: Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 2003–04 to 2007–08^(b)

	2003–04	2004–05	2005–06	2006–07	2007–08	Change (per cent) ^(c)	
						Ave since 2003–04	Since 2006–07
Separations ('000)							
Public hospitals	4,201	4,276	4,466	4,661	4,744	3.1	1.8
Public acute hospitals	4,183	4,261	4,451	4,646	4,729	3.1	1.8
Public psychiatric hospitals	17	16	16	15	15	–3.6	–3.0
Private hospitals ^{(d)(e)}	2,641	2,742	2,846	2,942	3,130	4.3	6.4
Private free-standing day hospital facilities ^(e)	486	520	547	570	668	8.3	17.1
Other private hospitals ^(e)	2,154	2,222	2,298	2,371	2,462	3.4	3.8
Public acute and private hospitals ^(f)	6,824	7,003	7,296	7,588	7,859	3.6	3.6
Total	6,841	7,019	7,312	7,603	7,874	3.6	3.6
Overnight separations ('000)							
Public hospitals	2,143	2,177	2,250	2,328	2,380	2.7	2.2
Public acute hospitals	2,129	2,164	2,237	2,315	2,368	2.7	2.2
Public psychiatric hospitals	14	13	14	13	13	–1.8	–0.8
Private hospitals ^{(d)(e)}	986	995	1,018	1,033	1,065	1.9	3.1
Private free-standing day hospital facilities ^(e)	3	3	2	2	2	–7.2	–3.4
Other private hospitals ^(e)	983	992	1,016	1,031	1,062	2.0	3.1
Public acute and private hospitals ^(f)	3,116	3,158	3,255	3,348	3,432	2.4	2.5
Total	3,130	3,172	3,269	3,361	3,445	2.4	2.5
Same-day separations ('000)							
Public hospitals	2,057	2,099	2,216	2,333	2,364	3.5	1.3
Public acute hospitals	2,054	2,097	2,214	2,331	2,362	3.6	1.3
Public psychiatric hospitals	3	2	2	2	2	–13.0	–16.3
Private hospitals ^{(d)(e)}	1,654	1,748	1,827	1,909	2,065	5.7	8.2
Private free-standing day hospital facilities ^(e)	483	517	545	568	666	8.3	17.2
Other private hospitals ^(e)	1,171	1,230	1,282	1,341	1,399	4.6	4.4
Public acute and private hospitals ^(f)	3,708	3,845	4,041	4,239	4,427	4.5	4.4
Total	3,711	3,847	4,043	4,242	4,429	4.5	4.4
Same-day separations as a % of total							
Public hospitals	49.0	49.1	49.6	50.0	49.8	0.4	–0.4
Public acute hospitals	49.1	49.2	49.7	50.2	49.9	0.4	–0.4
Public psychiatric hospitals	18.5	14.9	12.1	14.2	12.3	–9.8	–13.7
Private hospitals ^{(d)(e)}	62.6	63.7	64.2	64.9	66.0	1.3	1.7
Private free-standing day hospital facilities ^(e)	99.4	99.5	99.6	99.6	99.6	0.1	0.1
Other private hospitals ^(e)	54.4	55.4	55.8	56.5	56.8	1.1	0.5
Public acute and private hospitals ^(f)	54.3	54.9	55.4	55.9	56.3	0.9	0.8
Total	54.3	54.8	55.3	55.8	56.2	0.9	0.8
Separations per 1,000 population^(g)							
Public hospitals	207.8	208.1	213.6	218.8	217.6	1.2	–0.5
Public acute hospitals	206.9	207.3	212.8	218.0	216.9	1.2	–0.5
Public psychiatric hospitals	0.9	0.8	0.8	0.7	0.7	–5.0	0.5
Private hospitals ^{(d)(e)}	130.9	133.9	139.6	141.4	147.0	2.9	3.9
Private free-standing day hospital facilities ^(e)	25.1	26.1	27.3	27.9	31.8	6.1	14.1
Other private hospitals ^(e)	105.8	107.8	112.3	113.5	115.1	2.1	1.4
Public acute and private hospitals ^(f)	337.8	341.2	352.4	359.4	363.9	1.9	1.2
Total	337.3	340.2	348.2	355.1	359.3	1.6	1.2

(continued)

Table 2.3 (continued): Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 2003–04 to 2007–08^(b)

	2003–04	2004–05	2005–06	2006–07	2007–08	Change (per cent) ^(c)	
						Ave since 2003–04	Since 2006–07
Average public cost weight of separations^(h)							
Public hospitals	1.01	1.03	1.02	1.01	1.01	0.1	0.6
Public acute hospitals	1.01	1.03	1.01	1.01	1.01	0.1	0.6
Public psychiatric hospitals	1.90	2.09	2.10	2.07	2.17	3.3	4.9
Private hospitals ^{(d)(e)}	0.92	0.92	0.92	0.92	0.91	–0.4	–1.1
Private free-standing day hospital facilities ^(e)	0.48	0.48	0.48	0.48	0.47	–0.8	–2.5
Other private hospitals ^(e)	1.03	1.02	1.03	1.03	1.03	0.2	0.5
Public acute and private hospitals ^(f)	0.98	0.98	0.98	0.97	0.97	–0.1	–0.1
Total	0.98	0.99	0.98	0.97	0.97	–0.1	–0.1
Average private cost weight of separations⁽ⁱ⁾							
Private hospitals ^{(d)(e)}	0.82	0.82	0.82	0.82	0.81	–0.3	–1.1
Private free-standing day hospital facilities ^(e)	0.32	0.32	0.31	0.32	0.31	–0.3	–1.6
Other private hospitals ^(e)	0.94	0.94	0.94	0.95	0.95	0.4	0.8
Patient days ('000)							
Public hospitals	16,419	16,662	16,993	17,439	17,836	2.1	2.3
Public acute hospitals	15,742	15,880	16,332	16,781	17,122	2.1	2.0
Public psychiatric hospitals ^(j)	677	782	661	658	714	1.3	8.5
Private hospitals ^{(d)(e)}	7,165	7,166	7,338	7,485	7,807	2.2	4.3
Private free-standing day hospital facilities ^(e)	486	520	548	570	668	8.3	17.1
Other private hospitals ^(e)	6,678	6,646	6,790	6,915	7,139	1.7	3.2
Public acute and private hospitals ^(f)	22,907	23,046	23,670	24,267	24,929	2.1	2.7
Total	23,583	23,829	24,331	24,925	25,643	2.1	2.9
Patient days per 1,000 population^(g)							
Public hospitals	805.3	802.2	804.3	808.1	805.8	0.0	–0.3
Public acute hospitals	771.7	763.5	772.3	776.5	772.6	0.0	–0.5
Public psychiatric hospitals ^(j)	33.6	38.6	32.0	31.6	33.2	–0.3	5.2
Private hospitals ^{(d)(e)}	351.4	344.0	346.1	345.1	351.1	–0.0	1.7
Private free-standing day hospital facilities ^(e)	25.1	26.1	27.3	27.9	31.8	6.1	14.1
Other private hospitals ^(e)	325.3	319.3	328.3	326.6	328.7	0.3	0.7
Public acute and private hospitals ^(f)	1,123.1	1,107.5	1,118.4	1,121.7	1,123.6	0.0	0.2
Total	1,154.5	1,143.9	1,148.1	1,150.8	1,154.4	–0.0	0.3
Average length of stay (days)							
Public hospitals	3.9	3.9	3.8	3.7	3.8	–1.0	0.5
Public acute hospitals	3.8	3.7	3.7	3.6	3.6	–1.0	0.2
Public psychiatric hospitals	39.6	49.4	42.5	43.3	48.4	5.2	11.8
Private hospitals ^{(d)(e)}	2.7	2.6	2.6	2.5	2.5	–2.1	–2.0
Private free-standing day hospital facilities ^(e)	1.0	1.0	1.0	1.0	1.0	0.0	–0.0
Other private hospitals ^(e)	3.1	3.0	3.0	2.9	2.9	–1.7	–0.6
Public acute and private hospitals ^(f)	3.4	3.3	3.2	3.2	3.2	–1.4	–0.8
Total	3.4	3.4	3.3	3.3	3.3	–1.4	–0.7
Average length of stay, excluding same-day separations (days)							
Public hospitals	6.7	6.7	6.6	6.5	6.5	–0.8	0.2
Public acute hospitals	6.4	6.4	6.3	6.2	6.2	–0.8	–0.1
Public psychiatric hospitals	48.3	57.8	48.2	50.3	55.0	3.3	9.4
Private hospitals ^{(d)(e)}	5.6	5.4	5.4	5.4	5.4	–0.9	–0.1
Private free-standing day hospital facilities ^(e)	1.0	1.0	1.0	1.0	1.0	0.0	–0.4
Other private hospitals ^(e)	5.6	5.5	5.4	5.4	5.4	–0.9	–0.1
Public acute and private hospitals ^(f)	6.2	6.1	6.0	6.0	6.0	–0.8	–0.1
Total	6.3	6.3	6.2	6.2	6.2	–0.8	0.1

(continued)

Table 2.3 (continued): Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 2003–04 to 2007–08^(b)

	2003–04	2004–05	2005–06	2006–07	2007–08	Change (per cent) ^(c)	
						Ave since 2003–04	Since 2006–07
Indirectly standardised relative stay index^(k)							
Public hospitals	1.01	0.99	0.99	0.98	0.97	..	..
Public acute hospitals	1.01	0.98	0.98	0.97	0.97	..	..
Public psychiatric hospitals ^(j)	1.26	1.26	1.27	1.25	1.24	..	..
Private hospitals ^{(d)(e)}	1.08	1.05	1.03	1.01	1.01	..	..
Private free-standing day hospital facilities ^(e)	0.76	0.77	0.76	0.76	0.74	..	..
Other private hospitals ^(e)	1.10	1.06	1.04	1.03	1.03	..	..
Public acute and private hospitals ^(f)	1.03	1.00	1.00	0.99	0.98	..	..
Total	1.03	1.00	1.00	0.99	0.98	..	..
Directly standardised relative stay index^(l)							
Public hospitals	1.02	1.00	1.00	0.99	0.98	–1.0	–0.7
Public acute hospitals	1.02	0.99	0.99	0.98	0.98	–1.0	–0.7
Public psychiatric hospitals ^(j)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Private hospitals ^{(d)(e)}	1.13	1.09	1.07	1.07	1.06	–1.5	–0.6
Private free-standing day hospital facilities ^(e)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals ^(e)	1.14	1.10	1.08	1.08	1.08	–1.4	–0.4
Public acute and private hospitals ^(f)	1.03	1.00	1.00	0.99	0.98	–1.2	–0.5
Total	1.08	1.05	1.04	1.03	1.02	–1.3	–0.6

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

(b) For 2003–04 to 2007–08, data on separations and patient days for public patients, private patients and other categories of patients in the public and private sector are presented in Table 7.1.

(c) Annual average change, not adjusted for changes in coverage and recategorisation. Change for private free-standing day facilities and other private hospitals excludes Tasmania, the Northern Territory and the Australian Capital Territory.

(d) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See *Appendix 2* for details.

(e) The hospital type was not specified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database for 2003–04. Thus, data for that year for Tasmania, the Northern Territory and the Australian Capital Territory are included in the total for private hospitals but not the private hospital subcategories to protect the privacy of Tasmanian subcategorised data for private free-standing and other private hospitals.

(f) Excludes public psychiatric hospitals.

(g) Figures are directly age-standardised to the June 2007 Australian population as detailed in *Appendix 1*.

(h) AR-DRG version 5.1 national public sector estimated cost weights 2006–07 were applied to AR-DRG version 5.1 DRGs for all rows in this category.

(i) AR-DRGs version 5.1 and private national cost weights for 2006–07 were used for all rows in this category.

(j) In 2004–05, all long-stay patients in one public psychiatric hospital in New South Wales were statistically discharged and readmitted. This would have had the effect of increasing the number of patient days reported in 2004–05.

(k) Relative stay index based on all hospitals combined for the 5-year period using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group. See *Appendix 1* for details on the methodology.

(l) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells. See *Appendix 1* for details on the methodology.

Table 2.4: Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061
Public acute hospitals	1,457,131	1,350,768	831,548	456,639	366,224	95,616	81,127	90,258	4,729,311
Public psychiatric hospitals	9,606	404	417	1,563	2,106	654	..	..	14,750
Private hospitals	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885
Private free-standing day hospital facilities	195,177	168,826	183,569	65,611	46,732	n.p.	n.p.	n.p.	668,033
Other private hospitals ^(b)	662,743	633,465	596,730	259,807	196,865	n.p.	n.p.	n.p.	2,461,852
Public acute and private hospitals	2,315,051	2,153,059	1,611,847	782,057	609,821	n.p.	n.p.	n.p.	7,859,196
Total	2,324,657	2,153,463	1,612,264	783,620	611,927	n.p.	n.p.	n.p.	7,873,946
Overnight separations									
Public hospitals	827,520	584,094	424,194	222,762	204,515	45,758	37,341	34,276	2,380,460
Public acute hospitals	819,222	583,691	423,779	221,333	202,762	45,113	37,341	34,276	2,367,517
Public psychiatric hospitals	8,298	403	415	1,429	1,753	645	..	..	12,943
Private hospitals	269,309	281,538	257,415	115,077	92,318	n.p.	n.p.	n.p.	1,064,784
Private free-standing day hospital facilities	1,929	0	0	412	0	n.p.	n.p.	n.p.	2,341
Other private hospitals ^(b)	267,380	281,538	257,415	114,665	92,318	n.p.	n.p.	n.p.	1,062,443
Public acute and private hospitals	1,088,531	865,229	681,194	336,410	295,080	n.p.	n.p.	n.p.	3,432,301
Total	1,096,829	865,632	681,609	337,839	296,833	n.p.	n.p.	n.p.	3,445,244
Same-day separations									
Public hospitals	639,217	767,078	407,771	235,440	163,815	50,512	43,786	55,982	2,363,601
Public acute hospitals	637,909	767,077	407,769	235,306	163,462	50,503	43,786	55,982	2,361,794
Public psychiatric hospitals	1,308	1	2	134	353	9	..	..	1,807
Private hospitals ^(b)	588,611	520,753	522,884	210,341	151,279	n.p.	n.p.	n.p.	2,065,101
Private free-standing day hospital facilities	193,248	168,826	183,569	65,199	46,732	n.p.	n.p.	n.p.	665,692
Other private hospitals ^(b)	395,363	351,927	339,315	145,142	104,547	n.p.	n.p.	n.p.	1,399,409
Public acute and private hospitals	1,226,520	1,287,830	930,653	445,647	314,741	n.p.	n.p.	n.p.	4,426,895
Total	1,227,828	1,287,831	930,655	445,781	315,094	n.p.	n.p.	n.p.	4,428,702
Same-day separations as a % of total									
Public hospitals	43.6	56.8	49.0	51.4	44.5	52.5	54.0	62.0	49.8
Public acute hospitals	43.8	56.8	49.0	51.5	44.6	52.8	54.0	62.0	49.9
Public psychiatric hospitals	13.6	0.2	0.5	8.6	16.8	1.4	..	..	12.3
Private hospitals ^(b)	68.6	64.9	67.0	64.6	62.1	n.p.	n.p.	n.p.	66.0
Private free-standing day hospital facilities	99.0	100.0	100.0	99.4	100.0	n.p.	n.p.	n.p.	99.6
Other private hospitals ^(b)	59.7	55.6	56.9	55.9	53.1	n.p.	n.p.	n.p.	56.8
Public acute and private hospitals	53.0	59.8	57.7	57.0	51.6	n.p.	n.p.	n.p.	56.3
Total	52.8	59.8	57.7	56.9	51.5	n.p.	n.p.	n.p.	56.2

(continued)

Table 2.4 (continued): Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations per 1,000 population^(c)									
Public hospitals	202.8	247.8	195.7	215.1	216.4	184.0	256.1	486.4	217.6
Public acute hospitals	201.4	247.7	195.6	214.3	215.1	182.7	256.1	486.4	216.9
Public psychiatric hospitals	1.4	0.1	0.1	0.7	1.3	1.3	..	..	0.7
Private hospitals ^(b)	117.6	145.5	181.5	150.9	138.3	n.p.	n.p.	n.p.	147.0
Private free-standing day hospital facilities	26.8	30.7	42.7	30.4	26.3	n.p.	n.p.	n.p.	31.8
Other private hospitals ^(b)	90.8	114.9	138.8	120.5	112.0	n.p.	n.p.	n.p.	115.1
Public acute and private hospitals	318.9	393.2	377.1	365.2	353.4	n.p.	n.p.	n.p.	363.9
Total	320.3	393.3	377.2	366.0	354.6	n.p.	n.p.	n.p.	359.3
Average public cost weight of separations^(d)									
Public hospitals	1.08	0.96	1.01	0.98	1.09	1.03	1.03	0.71	1.01
Public acute hospitals	1.07	0.96	1.01	0.97	1.08	1.03	1.03	0.71	1.01
Public psychiatric hospitals	1.97	3.07	2.61	2.55	2.71	1.84	..	..	2.17
Private hospitals ^(b)	0.93	0.90	0.89	0.87	0.97	n.p.	n.p.	n.p.	0.91
Private free-standing day hospital facilities	0.54	0.39	0.50	0.36	0.47	n.p.	n.p.	n.p.	0.47
Other private hospitals ^(b)	1.05	1.04	1.01	1.01	1.10	n.p.	n.p.	n.p.	1.03
Public acute and private hospitals	1.02	0.93	0.95	0.93	1.04	n.p.	n.p.	n.p.	0.97
Total	1.02	0.94	0.95	0.93	1.04	n.p.	n.p.	n.p.	0.97
Average private cost weight of separations^(e)									
Private hospitals ^(b)	0.83	0.81	0.78	0.78	0.87	n.p.	n.p.	n.p.	0.81
Private free-standing day hospital facilities	0.39	0.24	0.32	0.24	0.32	n.p.	n.p.	n.p.	0.31
Other private hospitals ^(b)	0.98	0.96	0.93	0.92	1.00	n.p.	n.p.	n.p.	0.95
Patient days									
Public hospitals	6,226,798	4,447,963	2,992,821	1,630,285	1,615,367	384,723	277,429	260,559	17,835,945
Public acute hospitals	5,884,564	4,416,707	2,862,511	1,568,822	1,497,494	354,163	277,429	260,559	17,122,249
Public psychiatric hospitals	342,234	31,256	130,310	61,463	117,873	30,560	..	..	713,696
Private hospitals ^(b)	2,062,431	2,091,331	1,950,420	782,787	613,980	n.p.	n.p.	n.p.	7,806,573
Private free-standing day hospital facilities	195,177	168,826	183,569	65,611	46,732	n.p.	n.p.	n.p.	668,033
Other private hospitals ^(b)	1,867,254	1,922,505	1,766,851	717,176	567,248	n.p.	n.p.	n.p.	7,138,540
Public acute and private hospitals	7,946,995	6,508,038	4,812,931	2,351,609	2,111,474	n.p.	n.p.	n.p.	24,928,822
Total	8,289,229	6,539,294	4,943,241	2,413,072	2,229,347	n.p.	n.p.	n.p.	25,642,518

(continued)

Table 2.4 (continued): Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient days per 1,000 population^(c)									
Public hospitals	841.7	799.6	703.3	768.5	897.6	710.3	891.6	1,556.1	805.8
Public acute hospitals	792.8	793.6	673.0	739.8	829.2	654.0	891.6	1,556.1	772.6
Public psychiatric hospitals	48.9	6.0	30.3	28.7	68.4	56.3	..	..	33.2
Private hospitals ^(b)	277.3	372.2	454.4	366.9	334.6	n.p.	n.p.	n.p.	351.1
Private free-standing day hospital facilities	26.8	30.7	42.7	30.4	26.3	n.p.	n.p.	n.p.	31.8
Other private hospitals ^(b)	250.5	341.6	411.7	336.6	308.3	n.p.	n.p.	n.p.	328.7
Public acute and private hospitals	1,070.1	1,165.9	1,127.4	1,106.8	1,163.8	n.p.	n.p.	n.p.	1,123.6
Total	1,119.0	1,171.8	1,157.7	1,135.4	1,232.2	n.p.	n.p.	n.p.	1,154.4
Average length of stay (days)									
Public hospitals	4.2	3.3	3.6	3.6	4.4	4.0	3.4	2.9	3.8
Public acute hospitals	4.0	3.3	3.4	3.4	4.1	3.7	3.4	2.9	3.6
Public psychiatric hospitals ^(f)	35.6	77.4	312.5	39.3	56.0	46.7	..	..	48.4
Private hospitals ^(b)	2.4	2.6	2.5	2.4	2.5	n.p.	n.p.	n.p.	2.5
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals ^(b)	2.8	3.0	3.0	2.8	2.9	n.p.	n.p.	n.p.	2.9
Public acute and private hospitals	3.4	3.0	3.0	3.0	3.5	n.p.	n.p.	n.p.	3.2
Total	3.6	3.0	3.1	3.1	3.6	n.p.	n.p.	n.p.	3.3
Average length of stay, excluding same-day separations (days)									
Public hospitals	6.8	6.3	6.1	6.3	7.1	7.3	6.3	6.0	6.5
Public acute hospitals	6.4	6.3	5.8	6.0	6.6	6.7	6.3	6.0	6.2
Public psychiatric hospitals ^(f)	41.1	77.6	314.0	42.9	67.0	47.4	..	..	55.0
Private hospitals ^(b)	5.5	5.6	5.5	5.0	5.0	n.p.	n.p.	n.p.	5.4
Private free-standing day hospital facilities	1.0	..	..	1.0	..	n.p.	n.p.	n.p.	1.0
Other private hospitals ^(b)	5.5	5.6	5.5	5.0	5.0	n.p.	n.p.	n.p.	5.4
Public acute and private hospitals	6.2	6.0	5.7	5.7	6.1	n.p.	n.p.	n.p.	6.0
Total	6.4	6.1	5.9	5.8	6.4	n.p.	n.p.	n.p.	6.2

(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) Includes private psychiatric hospitals.

(c) Figures are directly age-standardised to the June 2007 Australian population as detailed in Appendix 1.

(d) Separations for which the care type was reported as *Acute*, or as *Newborn* with qualified patient days, or was *Not reported*. AR-DRG version 5.1 national public sector estimated cost weights 2006–07 were applied to AR-DRG version 5.1 DRGs for all rows in Average public cost weight of separations.

(e) Separations for which the care type was reported as *Acute*, or as *Newborn* with qualified patient days, or was *Not reported*. AR-DRG version 5.1 and national private sector estimated cost weights for 2006–07 were used for all rows in this category.

(f) Caution should be used with average length of stay data for public psychiatric hospitals. The figures include a small percentage of long-stay patients who can affect the average markedly.

Table 2.5: Non-admitted patient occasions of service^(a), by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2007–08

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT ^(c)	Total ^(d)
Public acute hospitals									
Individual occasions of service									
Accident and emergency	2,417,721	1,522,573	1,471,377	778,119	544,439	142,633	98,441	125,315	7,100,618
Outpatient care									
Allied health	785,943	1,061,337	589,345	972,320	183,105	88,035	25,578	10,135	3,715,798
Dental	523,423	224,682	266,462	11,160	9,095	..	..	..	1,034,822
Dialysis	25,319	..	..	..	..	..	..	..	25,319
Endoscopy and related procedures	12,946	..	12,775	..	17,425	1,653	2,196	..	46,995
Other medical/surgical/obstetric ^(e)	5,052,733	1,578,189	2,456,160	714,297	993,508	369,851	268,485	112,559	11,545,782
<i>Total outpatient occasions of service</i>	6,400,364	2,864,208	3,324,742	1,697,777	1,203,133	459,539	296,259	122,694	16,368,716
Mental health	751,447	692,177	95,000	51,109	26,493	..	1,643	..	1,617,869
Alcohol and drug	1,363,474	24,098	72,821	..	..	..	..	..	1,460,393
Pharmacy ^(f)	3,327,494	485,532	607,628	184,444	..	91,883	1,175	34,813	4,732,969
Community health	1,478,379	266,266	190,849	792,835	6,913	..	16,392	..	2,751,634
District nursing ^(g)	1,481,664	215,699	121,601	180,718	7,231	..	..	..	2,006,913
Pathology	2,794,762	774,503	3,662,317	504,323	..	220,728	35,784	91,779	8,084,196
Radiology and organ imaging	896,312	653,020	962,976	422,707	230,532	86,869	75,556	67,495	3,395,467
Other outreach	320,850	4,119	154,262	151,177	185,616	..	20,328	..	836,352
Total individual occasions of service	21,232,467	7,502,195	10,663,573	4,763,209	2,204,357	1,001,652	545,578	442,096	48,355,127
Group sessions									
Outpatient care									
Allied health	22,960	20,576	6,885	14,143	5,479	..	484	..	70,527
Dental	25	..	..	..	..	..	..	..	25
Other medical/surgical/obstetric ^(e)	121,130	2,420	5,520	..	6,963	..	1,175	300	137,508
<i>Total outpatient occasions of service</i>	144,115	22,996	12,405	14,143	12,442	..	1,659	300	208,060
Mental health	25,155	..	2	3,305	1,095	..	..	..	29,557
Alcohol and drug	1,502	..	27	..	..	..	..	..	1,529
Community health	44,061	..	5,014	37,671	..	..	5	..	86,751
District nursing	5,894	..	88	3,824	..	..	..	..	9,806
Other outreach	4,225	20	317	4,513	66,759	..	91	..	75,925
Other	17,222	n.a.	0	..	..	n.a.	..	n.a.	17,223
Total group sessions	242,174	23,016	17,853	63,456	80,296	..	1,756	300	428,851

(continued)

Table 2.5 (continued): Non-admitted patient occasions of service^(a), by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2007–08

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT ^(c)	Total ^(d)
Public psychiatric hospitals									
Emergency and outpatient individual sessions	122,246	2,477	150	15,358	n.a.	n.a.	n.a.	n.a.	140,231
Emergency and outpatient group sessions	5,402	0	0	3,046	n.a.	n.a.	n.a.	n.a.	8,448
Outreach/community individual sessions	0	0	0	0	n.a.	n.a.	n.a.	n.a.	0
Outreach/community group sessions	0	0	0	0	n.a.	n.a.	n.a.	n.a.	0
Total services	127,648	2,477	150	18,404	n.a.	n.a.	n.a.	n.a.	148,679

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

(b) Includes data for the Mersey Community Hospital.

(c) *Radiology* figures for the Northern Territory 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 medical/surgical/obstetric* 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 for *Pharmacy* which may not be typical for other hospitals.

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

Table 2.6: Non-admitted patient occasions of service ('000), by type of non-admitted patient care, private hospitals, states and territories, 2006–07

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency ^(a)	54.8	106.1	162.8	73.4	33.3	n.a.	n.a.	n.a.	453.6
Outpatient services ^(b)	170.7	694.2	204.8	14.2	9.4	n.a.	n.a.	n.a.	1,107.2
Other non-admitted services ^(c)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	130.5
Other	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	51.8
Total	225.6	800.3	367.6	87.6	42.8	n.a.	n.a.	n.a.	1,743.1

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

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

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

Source: ABS Private Health Establishments Collection, unpublished data.

Table 2.7: Accident and emergency non-admitted patient occasions of service, remoteness area of hospital^(a), public acute hospitals, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total
Accident and emergency services									
Major cities	1,393,100	1,015,180	562,885	393,383	375,611	..	98,441	..	3,838,600
Inner regional	736,860	394,550	415,304	101,641	52,591	77,181	..	..	1,778,127
Outer regional	244,701	112,843	358,619	129,399	77,911	59,819	..	56,342	1,039,634
<i>Total regional</i>	<i>981,561</i>	<i>507,393</i>	<i>773,923</i>	<i>231,040</i>	<i>130,502</i>	<i>137,000</i>	<i>..</i>	<i>56,342</i>	<i>2,817,761</i>
Remote	31,818	n.a.	82,075	91,717	26,146	4,031	..	48,909	284,696
Very remote	11,242	..	52,494	61,979	12,180	1,602	..	20,064	159,561
<i>Total remote</i>	<i>43,060</i>	<i>n.a.</i>	<i>134,569</i>	<i>153,696</i>	<i>38,326</i>	<i>5,633</i>	<i>..</i>	<i>68,973</i>	<i>444,257</i>
Total	2,417,721	1,522,573	1,471,377	778,119	544,439	142,633	98,441	125,315	7,100,618
Rate of accident and emergency services provided in area to 1,000 population resident in area^(c)									
Major cities	282	265	231	267	330	..	295	..	271
Inner regional	531	380	464	397	279	244	..	..	436
Outer regional	550	450	581	680	430	368	..	488	530
<i>Total regional</i>	<i>536</i>	<i>394</i>	<i>512</i>	<i>517</i>	<i>353</i>	<i>286</i>	<i>..</i>	<i>488</i>	<i>466</i>
Remote	957	n.a.	922	992	574	527	..	1,065	893
Very remote	2,359	..	1,020	1,273	904	620	..	406	937
<i>Total remote</i>	<i>1,133</i>	<i>n.a.</i>	<i>958</i>	<i>1,089</i>	<i>649</i>	<i>550</i>	<i>..</i>	<i>724</i>	<i>908</i>
Total	355	297	360	378	347	291	295	595	343

(a) Remoteness area of hospital was based on the ABS 2001 remoteness area classification.

(b) Includes data for the Mersey Community Hospital.

(c) The rate of services provided in the area to the number of residents in the area only approximates population use as services provided in the area may be provided to persons residing in other remoteness area categories or states. Rate per 1,000 population was based on the 30 June 2006 population.

3 Public hospital establishments

Introduction

This chapter describes the public hospital sector in terms of the number of hospitals, availability of hospital beds, staff employed and specialised services provided. It also provides information on public hospital expenditure and revenue. The main source of data is the National Public Hospital Establishments Database (NPHEd). Data on specialised services, expenditure, staffing and revenue for some small hospitals were incomplete.

Hospitals and bed numbers

Table 3.1 presents information on the numbers of hospitals and beds and the distribution of hospitals by their peer group, which classifies hospitals into broadly similar groups in terms of their range of admitted patient activity and their geographical location. There were 762 public hospitals and 56,500 beds reported for 2007–08.

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

Public hospital peer groups

Public hospital peer groups were developed to allow for more meaningful analysis of the data than comparison at the jurisdiction level would allow. The public hospital peer groups were designed to explain variability in hospital costs by grouping hospitals according to the type and level of their admitted patient activity, and their geographical location. Table 3.1 presents information on hospital and bed numbers. A range of other statistics about the public hospital peer groups for each state and territory is provided in *Chapter 4*. Detailed information on the public hospital peer group classification is included in *Appendix 1*.

For 2007–08, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's hospitals* group (Table 3.1). Although the 83 hospitals in this group accounted for only 10.9% of public acute and psychiatric hospitals, they covered 56.4% of beds.

The *Small acute hospitals* peer group accounted for the largest number of public hospitals in 2007–08. While the 151 *Small acute hospitals* represented 19.8% of hospitals in 2007–08, they accounted for only 5.8% of available beds.

Distribution of hospitals according to bed numbers

Grouping hospitals by number of available beds shows that there were more small hospitals, particularly in those jurisdictions that cover large geographical areas (Table 3.2). The majority of beds were in larger hospitals and in more densely populated areas. Although 71.7% of hospitals had fewer than 50 beds, these small hospitals accounted for only 16.9% of available beds. The largest hospital had 1,051 beds, and the median hospital size was 24 beds.

Further detail about the characteristics and numbers of public hospitals is included in *appendixes 1 and 2* and, by public hospital peer group, in Table 4.2.

Geographical distribution of beds

The remoteness area classification is used in Table 3.3 to present information on the geographical distribution of public hospitals and available beds, and on the number of available beds per 1,000 population. Information on the remoteness area classification is included in *Appendix 1*.

On a remoteness area basis, the highest number of hospitals was in *Outer regional* areas (224) and the largest number of beds was in *Major cities* (36,000).

Nationally, there were 2.7 public hospital beds per 1,000 population. The number of public hospital beds in a jurisdiction per 1,000 population resident in the jurisdiction ranged from 2.5 in Victoria and the Australian Capital Territory to 3.2 in South Australia.

The number of public hospital beds per 1,000 population ranged from 2.5 in *Major cities*, to 3.0 in *Regional* areas and 4.5 in *Remote* and *Very remote* areas. This distribution of beds reflects a similar distribution to separation rates for public hospitals by remoteness area (see Table 8.12).

This analysis by remoteness area is of less relevance to geographically smaller jurisdictions and those jurisdictions with small populations residing in *Remote* and *Very remote* areas (such as Victoria and the Australian Capital Territory). Thus, the ratio of services to the population does not necessarily indicate the accessibility of hospital services. Hospitals based in central locations can also serve patients who reside in other areas of a state or territory or in other jurisdictions. The patterns of bed availability across regions may also reflect a number of factors including patterns of availability of other health-care services and patterns of disease and injury (such as the relatively poor health of Indigenous people, who have higher population concentrations in remote areas).

Specialised services

Data relating to the availability of specialised services (such as *Intensive care units*, *Obstetric/maternity services* and *Transplantation units*) in public acute hospitals for all states and territories are presented in Table 3.4.

Data on specialised services were not available for a few hospitals so the services may be under-enumerated. By far, the most common specialised services offered by hospitals were *Domiciliary care services* and services provided by *Obstetric/maternity* and *Nursing home care units*. In contrast, *Acute spinal cord injury units*, *In-vitro fertilisation units* and *Pancreas, heart and*

liver transplantation services were provided by only a few hospitals, reflecting the highly specialised nature of those services.

Most specialised services were in hospitals located in *Major cities*; for example, 11 out of the 12 *Burns units* in Australia were located in *Major cities*. However, other services were more dispersed, with 23 of the 75 *Intensive care units* located in regional and remote areas, and 183 of the 248 *Obstetric/maternity services* in regional and remote areas.

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, there were some smaller hospitals with an *Obstetric/maternity service* unit that had less than one delivery a week on average. There were also a few hospitals that did not report having an obstetric unit but reported one or more deliveries a day.

For information on service-related definitions of specialised services, see *Appendix 4* on Service Related Groups.

Staffing

Information on the number of full-time equivalent staff employed in public hospitals and average salaries by state and territory is presented in Table 3.5. The collection of data by staffing category is not consistent among states and territories – for some jurisdictions, best estimates were reported for some staffing categories. New South Wales and Victoria were unable to provide information for each nurse category, although data on total nurse numbers were provided.

Nationally, over 240,000 full-time equivalent staff were employed in the public hospital sector in 2007–08. *Nurses* constituted 44.6% (over 107,000) of public hospital staff; *Registered nurses* were the largest group in those states and territories that reported a breakdown of the nursing categories.

There were around 27,000 *Salaried medical officers* employed in public hospitals throughout Australia, representing 11.2% of the public hospital labour force. Information on numbers of visiting medical officers (VMOs), who are contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals, is not available (see Table 3.6 for data on expenditure on VMOs).

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

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

The average salary for full-time equivalent *Nurses* in 2007–08 was around \$74,200 nationally, an increase of 5.3% on the average salary of \$71,000 in 2006–07 (AIHW 2008a). The average salary for full-time equivalent *Salaried medical officers* was \$151,200, a 3.2% increase over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for *Nurses* ranged from \$71,300 in Tasmania to \$89,700 in the Northern Territory. For *Salaried medical officers*, they ranged from \$138,000 in New South Wales to \$181,000 in the Northern Territory.

Some of the variation in average salaries reported for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff* is likely to be a result of different reporting practices and use of outsourced services. The degree of outsourcing of higher paid versus lower paid staffing functions will affect the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors tends to result in higher average salaries for the domestic service staff.

Recurrent expenditure by hospitals

Information on gross recurrent expenditure, categorised into *Salary and wages expenditure* and *Non-salary expenditure*, is presented in Table 3.6. Nationally, total recurrent expenditure excluding depreciation by public acute and psychiatric hospitals was over \$28.9 billion in 2007–08.

The largest share of expenditure for 2007–08 was for salary payments. Even when payments to VMOs and payments for outsourced services are excluded, salary payments accounted for 62% of the \$28.9 billion spent within the public hospital system. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data were available.

Medical and surgical supplies (which include consumable supplies only and not equipment purchases), *Administrative expenses*, *Superannuation payments* and *Drug supplies* were the major non-salary expenses for public hospitals nationally. Data for Queensland include payments for pathology provided by the state-wide pathology services.

Depreciation has also been reported in Table 3.6. The data show that there is variation between states and territories in reporting, ranging from 4.3% of total expenditure in Queensland to 0.9% in the Northern Territory.

Hospital revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from state or territory governments) is reported in Table 3.7. Revenue is reported against three categories: *Patient revenue*, *Recoveries* (that is, income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries), and *Other revenue* (such as from charities).

Australian public hospitals received \$2.70 billion in revenue in 2007–08. This was equivalent to 9.3% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories. Public hospital revenue in Tasmania represented 11.9% of expenditure (excluding depreciation), whereas revenue in the Northern Territory represented 4.1% of expenditure.

There is some variation among the states and territories in the treatment of revenue data. For example, Victoria's *Other revenue* includes Australian Government grants. In contrast, the Northern Territory does not include Australian Government grants in its revenue figures.

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

Other expenditure and revenue related to hospitals

Expenditure reported in Table 3.6 is largely expenditure by hospitals and not necessarily all expenditure on hospital services by each state or territory government. Revenue reported in Table 3.7 is largely revenue received by individual hospitals, and does not necessarily include all revenue received by each state or territory government for provision of public hospital services.

For example, expenditure on public hospital services purchased by the state or territory government (at the state or area health service level) from privately owned and/or operated hospitals is not included in Table 3.6 except if the privately owned and/or operated hospital has been reported as a public hospital (see *Appendix 2*). Expenditure on public patients hospitalised in other jurisdictions is also not identified in Table 3.6 for the purchasing jurisdiction, although it is largely reflected as expenditure in other jurisdictions' columns in Table 3.6. It is also not included in Table 3.7, which excludes general revenue payments from the state and territory governments. Expenditure by public hospitals through inter-hospital contracts is assumed to be included within the expenditure reported for hospitals in Table 3.6.

Data on the purchase (at the state or area health service level) of public hospital services provided by privately owned and/or operated hospitals has been reported by some states and territories. In 2007–08 New South Wales, Western Australia, South Australia and Victoria reported \$51.9 million, \$21.8 million, \$3.0 million and \$1.5 million expenditure, respectively. Data were not available for the other states and territories.

Notes on financial data

Changes in accounting practices can affect the comparability of financial data over time. For example in 2007–08, South Australia changed from cash accounting to accrual accounting and Tasmania changed accrual accounting policy. Tasmania also included corporate overheads in expenditure which may or may not be fully included by other states or territories.

A small number of establishments in 2007–08 did not report any financial data, or reported incomplete financial data. In the cost per casemix-adjusted separations analysis in *Chapter 4*,

entities for which there was incomplete expenditure information were omitted (see *Appendix 1*).

Financial data reported from the National Public Hospital Establishments Database are not comparable with data reported in the annual AIHW publication of *Health expenditure Australia 2006–07* (AIHW 2008c). In the latter, trust fund expenditure is included (whereas it is not generally included in the data here), and hospital expenditure may be defined to cover activity not covered by this data collection.

Capital formation expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary* (HDSC 2006) categories and the comparability of the data may not be adequate for reporting.

Depreciation represents a significant portion of expenditure, and expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions.

Table 3.1: Number of public acute and psychiatric hospitals^(a) and available beds, by hospital peer group^(b), states and territories, 2007–08

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Principal referral: Major cities and Regional	26	18	15	4	4	2	1	2	72
Specialist women's and children's	3	2	3	2	1	0	0	0	11
<i>Total Principal referral and Specialist women's and children's hospitals</i>	29	20	18	6	5	2	1	2	83
Large: Major cities	8	7	2	2	2	0	1	0	22
Large: Regional and Remote	7	8	3	4	0	1	0	0	23
<i>Total Large hospitals</i>	15	15	5	6	2	1	1	0	45
Medium: Major cities (<10,000 acute weighted separations) and Regional (<8,000 acute weighted separations)	12	5	3	5	4	0	0	0	29
Medium: Major cities and Regional (<5,000 acute weighted separations)	27	17	9	2	9	0	0	0	64
<i>Total Medium hospitals</i>	39	22	12	7	13	0	0	0	93
Small acute: Regional	38	29	21	4	14	5	0	0	111
Small acute: Remote	3	0	16	13	4	1	0	3	40
<i>Total Small acute hospitals</i>	41	29	37	17	18	6	0	3	151
Small non-acute	27	6	20	4	19	1	0	0	77
Multi-purpose services	18	9	9	38	3	2	0	0	79
Hospice	0	0	0	0	0	1	0	0	1
Rehabilitation	5	0	0	1	2	0	0	0	8
Mothercraft	3	3	1	0	0	0	1	0	8
Other non-acute	12	0	0	0	0	0	0	0	12
<i>Total Sub-acute and non-acute</i>	65	18	30	43	24	4	1	0	185
Psychiatric ^(d)	9	1	4	1	2	3	0	0	20
Unpeered and other acute (includes hospitals with <200 separations)	30	43	71	14	16	11	0	0	185
Total hospitals	228	148	177	94	80	27	3	5	762

(continued)

Table 3.1 (continued): Number of public acute and psychiatric hospitals^(a) and available beds, by hospital peer group^(b), states and territories, 2007–08

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Available or licensed beds^(e)									
Principal referral: Major cities and Regional	10,322	6,808	6,740	1,974	1,786	873	619	506	29,627
Specialist women's and children's	535	457	439	484	307	..	..	..	2,222
<i>Total Principal referral and Specialist women's and children's hospitals</i>	<i>10,857</i>	<i>7,265</i>	<i>7,179</i>	<i>2,458</i>	<i>2,092</i>	<i>873</i>	<i>619</i>	<i>506</i>	<i>31,850</i>
Large: Major cities	1,326	915	324	358	458	..	222	..	3,602
Large: Regional and Remote	896	897	380	496	..	134	..	..	2,803
<i>Total Large hospitals</i>	<i>2,222</i>	<i>1,812</i>	<i>704</i>	<i>854</i>	<i>458</i>	<i>134</i>	<i>222</i>	<i>..</i>	<i>6,405</i>
Medium: Major cities (<10,000 acute weighted separations) and Regional (<8,000 acute weighted separations)	1,107	334	205	534	320	..	..	..	2,499
Medium: Major cities and Regional (<5,000 acute weighted separations)	1,296	902	477	106	410	..	..	..	3,191
<i>Total Medium hospitals</i>	<i>2,402</i>	<i>1,236</i>	<i>682</i>	<i>640</i>	<i>730</i>	<i>..</i>	<i>..</i>	<i>..</i>	<i>5,690</i>
Small acute: Regional	943	538	450	112	312	73	..	..	2,428
Small acute: Remote	63	..	259	308	102	10	..	110	852
<i>Total Small acute hospitals</i>	<i>1,006</i>	<i>538</i>	<i>709</i>	<i>420</i>	<i>414</i>	<i>83</i>	<i>..</i>	<i>110</i>	<i>3,280</i>
Small non-acute	696	303	477	107	496	20	..	..	2,099
Multi-purpose services	411	91	114	319	84	10	..	..	1,028
Hospice	..	..	..	..	..	10	..	..	10
Rehabilitation	197	..	..	189	198	..	..	..	584
Mothercraft	86	79	40	..	..	..	10	..	215
Other non-acute	491	..	..	..	..	..	..	..	491
<i>Total Non-acute</i>	<i>1,881</i>	<i>473</i>	<i>631</i>	<i>615</i>	<i>778</i>	<i>40</i>	<i>10</i>	<i>0</i>	<i>4,428</i>
Psychiatric ^(d)	1,158	154	458	206	275	79	..	..	2,330
Unpeered and other acute (includes hospitals with <200 separations)	480	1,204	288	213	234	66	..	..	2,485
Total available beds	20,006	12,682	10,651	5,405	4,981	1,275	851	616	56,467

(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. Hospitals are counted at the end of the financial year.

(b) Definitions of peer groups are provided in *Appendix 1*.

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

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

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

Table 3.2: Number of public acute and psychiatric hospitals^(a) and available beds^(b), by hospital size, states and territories, 2007–08

Hospital size ^(c)	NSW	Vic ^(d)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or fewer beds	23	42	79	40	7	17	1	0	209
More than 10 to 50 beds	126	48	63	33	58	7	0	2	337
More than 50 to 100 beds	29	21	11	5	6	0	0	1	73
More than 100 to 200 beds	23	19	10	8	2	1	0	1	64
More than 200 to 500 beds	20	14	9	6	5	1	1	1	57
More than 500 beds	7	4	5	2	2	1	1	0	22
Total	228	148	177	94	80	27	3	5	762
Available beds									
10 or fewer beds	94	217	283	267	45	104	10	..	1,020
More than 10 to 50 beds	3,335	1,194	1,444	787	1,543	164	..	50	8,517
More than 50 to 100 beds	2,170	1,544	726	338	468	..	..	60	5,306
More than 100 to 200 beds	3,614	2,843	1,612	1,147	329	134	..	171	9,850
More than 200 to 500 beds	6,168	4,407	2,612	1,632	1,380	266	222	335	17,023
More than 500 beds	4,625	2,477	3,974	1,234	1,216	607	619	..	14,752
Total	20,006	12,682	10,651	5,405	4,981	1,275	851	616	56,467

(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) 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.

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

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

Table 3.3: Number of hospitals^(a), available beds and number of available beds per 1,000 population resident in area^(b), by remoteness area^(c), public acute and psychiatric hospitals, states and territories, 2007–08

Region	NSW	Vic ^(d)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities	69	52	19	22	14	..	3	..	179
Inner regional	76	58	26	9	16	9	0	..	194
Outer regional	63	36	55	28	28	13	..	1	224
<i>Total regional</i>	<i>139</i>	<i>94</i>	<i>81</i>	<i>37</i>	<i>44</i>	<i>22</i>	<i>0</i>	<i>1</i>	<i>418</i>
Remote	14	2	34	22	16	3	..	2	93
Very remote	6	..	43	13	6	2	..	2	72
<i>Total remote</i>	<i>20</i>	<i>2</i>	<i>77</i>	<i>35</i>	<i>22</i>	<i>5</i>	<i>..</i>	<i>4</i>	<i>165</i>
Total all regions	228	148	177	94	80	27	3	5	762
Available beds^(e)									
Major cities	13,440	9,155	5,577	3,823	3,169	..	851	..	36,015
Inner regional	4,554	2,775	2,262	469	450	996	0	..	11,507
Outer regional	1,721	737	2,124	659	909	248	..	335	6,733
<i>Total regional</i>	<i>6,275</i>	<i>3,513</i>	<i>4,386</i>	<i>1,128</i>	<i>1,360</i>	<i>1,244</i>	<i>0</i>	<i>335</i>	<i>18,240</i>
Remote	256	14	360	305	351	22	..	231	1,539
Very remote	36	..	328	149	101	9	..	50	673
<i>Total remote</i>	<i>292</i>	<i>14</i>	<i>688</i>	<i>454</i>	<i>452</i>	<i>31</i>	<i>..</i>	<i>281</i>	<i>2,212</i>
Total all regions	20,006	12,682	10,651	5,405	4,981	1,275	851	616	56,467
Number of available beds per 1,000 population resident in area									
Major cities	2.7	2.4	2.3	2.6	2.8	..	2.6	..	2.5
Inner regional	3.3	2.7	2.5	1.8	2.4	3.1	0	..	2.8
Outer regional	3.9	2.9	3.4	3.5	5.0	1.5	..	2.9	3.4
<i>Total regional</i>	<i>3.4</i>	<i>2.7</i>	<i>2.9</i>	<i>2.5</i>	<i>3.7</i>	<i>2.6</i>	<i>0</i>	<i>2.9</i>	<i>3.0</i>
Remote	7.7	2.9	4.0	3.3	7.7	2.9	..	5.0	4.8
Very remote	7.6	..	6.4	3.1	7.5	3.5	..	1.0	4.0
<i>Total remote</i>	<i>7.7</i>	<i>2.9</i>	<i>4.9</i>	<i>3.2</i>	<i>7.7</i>	<i>3.0</i>	<i>..</i>	<i>2.9</i>	<i>4.5</i>
Total all regions	2.9	2.5	2.6	2.6	3.2	2.6	2.5	2.9	2.7

(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) Rate per 1,000 population was directly age-standardised using 30 June 2006 population as detailed in *Appendix 1*.

(c) Remoteness area of hospital was based on the ABS 2001 remoteness area classification.

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

(e) The 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.

Table 3.4: Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2007–08

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total
Acute renal dialysis unit	22	12	13	4	4	2	1	2	60
Major cities	15	9	6	3	4	..	1	..	38
Regional	7	3	7	1	0	2	0	1	21
Remote	0	0	0	0	0	0	..	1	1
Acute spinal cord injury unit	4	2	2	1	1	0	0	0	10
Major cities	3	2	2	1	1	..	0	..	9
AIDS unit	9	2	3	1	1	0	1	1	18
Major cities	9	2	2	1	1	..	1	..	16
Regional	0	0	1	0	0	0	0	0	1
Remote	0	0	0	0	0	0	..	1	1
Alcohol and drug unit	75	14	11	2	3	1	1	1	108
Major cities	25	7	4	2	1	..	1	..	40
Regional	49	7	5	0	2	1	0	0	64
Remote	1	0	2	0	0	0	..	1	4
Burns unit (level III)	3	2	2	2	2	1	0	0	12
Major cities	3	2	2	2	2	..	0	..	11
Regional	0	0	0	0	0	1	0	0	1
Cardiac surgery unit	12	8	4	4	2	1	1	0	32
Major cities	10	8	3	4	2	..	1	..	28
Regional	2	0	1	0	0	1	0	0	4
Clinical genetics unit	10	6	4	3	2	1	1	0	27
Major cities	7	6	3	3	2	..	1	..	22
Regional	3	0	1	0	0	1	0	0	5
Coronary care unit	46	25	20	4	7	3	2	2	109
Major cities	31	15	10	4	6	..	2	..	68
Regional	15	10	10	0	1	3	0	1	40
Remote	0	0	0	0	0	0	..	1	1
Diabetes unit	23	18	10	5	5	3	1	1	66
Major cities	21	15	7	5	5	..	1	..	54
Regional	2	3	3	0	0	3	0	1	12
Domiciliary care service	158	96	39	58	47	0	0	1	399
Major cities	37	28	5	7	7	..	0	..	84
Regional	110	68	12	31	26	0	0	0	247
Remote	11	0	22	20	14	0	..	1	68
Geriatric assessment unit	71	35	10	22	12	3	2	0	155
Major cities	37	22	5	6	5	..	2	..	77
Regional	33	13	5	14	6	3	0	0	74
Remote	1	0	0	2	1	0	..	0	4
Hospice care unit	45	24	9	29	16	1	1	1	126
Major cities	13	11	5	0	5	..	1	..	35
Regional	28	13	3	20	7	1	0	1	73
Remote	4	0	1	9	4	0	..	0	18
Infectious diseases unit	12	12	9	4	3	1	1	1	43
Major cities	12	12	6	4	3	..	1	..	38
Regional	0	0	3	0	0	1	0	0	4
Remote	0	0	0	0	0	0	..	1	1
Intensive care unit (level III)	36	17	9	4	4	2	1	2	75
Major cities	23	13	7	4	4	..	1	..	52
Regional	13	4	2	0	0	2	0	1	22
Remote	0	0	0	0	0	0	..	1	1
In-vitro fertilisation unit	2	5	0	0	2	0	0	0	9
Major cities	2	3	0	0	2	..	0	..	7
Regional	0	2	0	0	0	0	0	0	2
Maintenance renal dialysis centre	56	59	23	12	14	2	1	4	171
Major cities	22	23	6	7	6	..	1	..	65
Regional	30	36	14	4	6	2	0	1	93
Remote	4	0	3	1	2	0	..	3	13

(continued)

Table 3.4 (continued): Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2007–08

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total
Major plastic/reconstructive surgery unit	10	10	9	5	4	1	1	0	40
Major cities	10	10	7	5	4	..	1	..	37
Regional	0	0	2	0	0	1	0	0	3
Neonatal intensive care unit (level III)	12	4	3	1	2	1	1	1	25
Major cities	11	4	2	1	2	..	1	..	21
Regional	1	0	1	0	0	1	0	1	4
Neurosurgical unit	13	8	6	3	3	1	1	0	35
Major cities	13	8	5	3	3	..	1	..	33
Regional	0	0	1	0	0	1	0	0	2
Nursing home care unit	73	77	13	39	43	0	0	0	245
Major cities	1	12	0	0	0	..	0	..	13
Regional	58	65	8	21	32	0	0	0	184
Remote	14	0	5	18	11	0	..	0	48
Obstetric/maternity service	78	58	40	32	31	2	2	5	248
Major cities	28	14	7	8	6	..	2	..	65
Regional	49	44	27	17	20	2	0	1	160
Remote	1	0	6	7	5	0	..	4	23
Oncology unit	43	36	11	10	8	3	2	0	113
Major cities	21	16	8	6	7	..	2	..	60
Regional	22	20	3	4	1	3	0	0	53
Psychiatric unit/ward	45	35	18	18	9	3	2	3	133
Major cities	27	27	9	15	8	..	2	..	88
Regional	18	8	9	3	1	3	0	1	43
Remote	0	0	0	0	0	0	..	2	2
Refractory epilepsy unit	5	5	1	3	2	0	0	0	16
Major cities	5	5	1	3	2	..	0	..	16
Rehabilitation unit	58	32	18	19	9	3	2	2	143
Major cities	33	19	8	12	6	..	2	..	80
Regional	25	13	10	7	3	3	0	1	62
Remote	0	0	0	0	0	0	..	1	1
Sleep centre	11	8	6	3	5	1	0	0	34
Major cities	11	7	4	3	4	..	0	..	29
Regional	0	1	2	0	1	1	0	0	5
Specialist paediatric service	46	30	18	9	8	3	2	2	118
Major cities	25	15	8	5	4	..	2	..	59
Regional	21	15	10	3	3	3	0	1	56
Remote	0	0	0	1	1	0	..	1	3
Transplantation unit—bone marrow	14	7	5	3	1	1	1	0	32
Major cities	14	7	4	3	1	..	1	..	30
Regional	0	0	1	0	0	1	0	0	2
Transplantation unit—heart (including heart/lung)	1	2	1	2	0	0	0	0	6
Major cities	1	2	1	2	0	..	0	..	6
Regional	0	0	0	0	0	0	0	0	0
Transplantation unit—liver	2	2	2	2	1	0	0	0	9
Major cities	2	2	2	2	1	..	0	..	9
Transplantation unit—pancreas	1	1	0	1	0	0	0	0	3
Major cities	1	1	0	1	0	..	0	..	3
Transplantation unit—renal	8	6	2	3	1	0	0	0	20
Major cities	8	6	2	3	1	..	0	..	20
Regional	0	0	0	0	0	0	0	0	0

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

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

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

Table 3.5: Average full-time equivalent staff^(a) and average salaries, public acute and psychiatric hospitals, states and territories, 2007–08

Staffing category	NSW^(b)	Vic^(c)	Qld^(d)	WA^(e)	SA^(f)	Tas^(g)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	8,353	6,783	5,622	2,667	2,190	512	526	342	26,996
Registered nurses	n.a.	n.a.	16,763	9,172	7,219	1,993	1,612	1,074	n.a.
Enrolled nurses	n.a.	n.a.	2,437	420	1,847	226	333	137	n.a.
Student nurses	..	..	19	..	65	..	..	..	84
Total nurses	36,723	27,024	19,219	9,593	9,152	2,222	1,945	1,212	107,089
Other personal care staff	n.a.	n.a.	923	n.a.	787	n.a.	181	15	n.a.
Diagnostic and allied health professionals	12,470	12,412	4,860	2,906	2,043	527	474	321	36,013
Administrative and clerical staff	11,099	10,802	6,177	4,053	3,071	660	614	432	36,909
Domestic and other staff	9,627	6,578	7,462	4,194	1,848	995	173	558	31,434
Total staff	78,271	63,600	44,264	23,412	19,091	4,914	3,913	2,880	240,344
Average salaries (\$)									
Salaried medical officers	137,766	152,284	159,069	178,762	141,196	158,685	142,171	181,065	151,211
Total nurses	73,702	75,503	72,044	77,422	72,152	71,293	76,261	89,656	74,237
Other personal care staff	n.a.	n.a.	50,635	n.a.	41,722	n.a.	49,758	67,279	47,020
Diagnostic and allied health professionals	64,367	53,505	67,317	71,333	72,019	64,432	74,449	76,490	62,259
Administrative and clerical staff	59,834	44,809	51,662	56,719	52,568	49,529	58,995	58,693	52,910
Domestic and other staff	51,188	62,953	46,252	53,021	35,312	41,612	45,284	53,233	51,491
Total staff	74,318	72,887	74,939	80,258	72,089	70,775	79,590	87,235	74,623

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2006 were used. Staff contracted to provide products (rather than labour) are not included.

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

(c) For Victoria, full-time equivalent staff numbers may be slightly understated as data were unavailable for one hospital. *Other personal care staff* are included in *Domestic and other staff*.

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

(e) Many hospitals in Western Australia were unable to provide a split between Nurse categories and these have been reported as *Registered nurses*.

(f) In South Australia, *Total nurses* included *Trainee nurses*.

(g) For Tasmania in 2007–08, *Total nurses* included *Trainee nurses*. *Other personal care staff* was not supplied and these amounts are included in other staffing categories. Data for two small hospitals in Tasmania were not supplied

Table 3.6: Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2007–08

Recurrent expenditure category	NSW^(b)	Vic^(c)	Qld^(d)	WA	SA^(e)	Tas^(f)	ACT	NT^(g)	Total
Salary and wages expenditure									
Salaried medical officers	1,150,788	1,032,894	894,249	476,836	309,288	81,293	74,731	61,979	4,082,057
Registered nurses	n.a.	n.a.	1,244,038	718,944	552,152	145,823	130,865	99,335	n.a.
Enrolled nurses	n.a.	n.a.	139,537	23,731	103,260	12,234	17,488	9,290	n.a.
Student nurses	..	..	1,063	..	4,887	..	..	..	5,950
<i>Total nurses</i>	<i>2,706,571</i>	<i>2,040,397</i>	<i>1,384,638</i>	<i>742,675</i>	<i>660,299</i>	<i>158,412</i>	<i>148,353</i>	<i>108,625</i>	<i>7,949,968</i>
Other personal care staff	n.a.	n.a.	46,754	n.a.	32,833	34	9,001	1,002	89,624
Diagnostic and allied health professionals	802,635	664,109	327,195	207,274	147,125	33,925	35,320	24,590	2,242,171
Administrative and clerical staff	664,099	484,039	319,129	229,860	161,434	32,705	36,233	25,373	1,952,870
Domestic and other staff	492,791	414,130	345,115	222,350	65,251	41,422	7,834	29,685	1,618,578
Total salary and wages expenditure	5,816,884	4,635,568	3,317,080	1,878,995	1,376,228	347,790	311,471	251,253	17,935,269

(continued)

Table 3.6 (continued): Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2007–08

Recurrent expenditure category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT ^(g)	Total
Non-salary expenditure									
Payments to visiting medical officers	496,296	118,495	95,635	95,310	111,842	15,889	30,445	3,695	967,607
Superannuation payments	468,496	408,610	303,943	153,242	122,781	38,900	39,501	17,652	1,553,127
Drug supplies	475,250	399,644	268,736	163,235	103,982	34,844	16,207	18,110	1,480,008
Medical and surgical supplies	958,188	642,561	541,089	197,782	157,557	77,222	47,690	26,590	2,648,678
Food supplies	93,671	84,833	36,202	23,840	18,351	6,673	1,813	3,704	269,086
Domestic services	248,180	175,922	150,776	76,018	58,658	50	19,548	10,578	739,729
Repairs and maintenance	223,163	137,522	104,475	75,458	61,195	9,566	6,386	9,219	626,984
Patient transport	84,609	39,732	31,388	22,421	20,799	4,350	956	15,714	219,971
Administrative expenses	620,630	448,767	291,504	124,861	46,047	61,587	27,933	17,829	1,639,158
Interest payments	86,645	0	0	10,974	0	0	73	0	97,692
Depreciation	302,658	294,645	232,927	77,935	80,069	17,988	15,650	3,391	1,025,263
Other recurrent expenditure	107,630	227,760	3,383	81,120	248,947	30,146	19,980	12,157	731,123
Total non-salary expenditure excluding depreciation	3,862,759	2,683,844	1,827,132	1,024,261	950,160	279,229	210,532	135,248	10,973,164
Total non-salary expenditure including depreciation	4,165,417	2,978,489	2,060,059	1,102,196	1,030,228	297,218	226,182	138,639	11,998,427
Total expenditure excluding depreciation	9,679,643	7,319,412	5,144,211	2,903,256	2,326,388	627,020	522,003	386,501	28,908,434
Public acute hospitals	9,315,680	7,275,525	5,033,344	2,830,516	2,213,634	627,020	522,003	386,501	28,204,223
Psychiatric hospitals	363,964	43,887	110,867	72,740	112,754	n.a.	..	..	704,210
Total expenditure including depreciation	9,982,301	7,614,056	5,377,139	2,981,191	2,406,456	645,008	537,653	389,891	n.a.
Public acute hospitals	9,610,578	7,568,750	5,260,338	2,907,129	2,290,622	n.a.	537,653	389,891	n.a.
Psychiatric hospitals	371,723	45,307	116,801	74,062	115,835	n.a.	..	..	n.a.

(a) Recurrent expenditure on purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals is not included, but is reported for some jurisdictions in the text of *Chapter 3*.

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

(c) Victorian *Other personal care staff* are included in *Domestic and other staff*.

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

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

(f) Tasmanian data for three public psychiatric hospitals, were not supplied. *Total nurses* included payments to *Trainee nurses*.

(g) *Interest payments* for the Northern Territory were not reported.

Table 3.7: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2007–08

Revenue source	NSW	Vic	Qld^(a)	WA	SA	Tas^(b)	ACT	NT	Total
Patient revenue	611,937	243,231	228,277	114,269	106,313	41,879	32,251	11,160	1,389,316
Recoveries	228,635	119,638	39,648	28,040	9,955	23,734	8,579	4,777	463,006
Other revenue ^(c)	248,132	410,942	98,970	30,726	37,952	8,785	3,605	4	839,117
Total revenue	1,088,705	773,812	366,895	173,034	154,220	74,399	44,435	15,941	2,691,439
Public acute hospitals	1,074,692	772,551	359,819	172,813	146,371	74,399	44,435	15,941	2,661,019
Psychiatric hospitals	14,013	1,261	7,076	221	7,849	n.a.	..	..	30,420

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

(b) Tasmanian data for three public psychiatric hospitals were not supplied but most of these are likely to have no revenue.

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

4 Hospital performance indicators

Introduction

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

In 2001, the National Health Performance Committee (NHPC) developed a framework to report on the performance of the Australian health system, which has been adopted by health ministers. In late 2006, the NHPC identified the need to review the framework and in 2008 AHMAC's National Health Information Standards and Statistics Committee (NHISSC) endorsed a revised framework. The revision incorporates a small number of relatively minor amendments that aimed to simplify the framework. The Health System Performance domain of the revised framework is presented in Table 4.A. It contains six dimensions, simplifying the original nine dimensions for that domain.

This chapter places the performance indicators presented in this report within the context of the revised framework. For most hospital performance indicators, the data are presented in this chapter, but some data are presented elsewhere for example, in *Chapter 5* for emergency department waiting times and in *Chapter 6* for elective surgery waiting times.

The National Health Performance Framework

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

The Health System Performance domain is most directly relevant to assessment of the provision of hospital and other health-care services. It is organised into six dimensions: Effectiveness, Safety, Responsiveness, Continuity of care, Accessible and Efficiency & sustainability.

The questions asked for this domain are:

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

Table 4.A: The National Health Performance Framework: Health System Performance Domain

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

Performance indicators in this report

Table 4.B presents performance indicator information in this report (both in this chapter and elsewhere) for the National Health Performance Framework Health System Performance domain. Information relevant to the interpretation of these performance indicator data is in the text and footnotes accompanying the tables. As noted above, some indicators can be related to more than one dimension, even though they are presented here against only one dimension. For example, hospital accreditation could be related to Safety and Responsiveness, as well as Effectiveness.

The column headed 'Presentation that relates to equity' summarises those aspects of the indicator presentation that bears on the question 'Is it the same for everyone?'

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

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity	Related NHA indicator
Effectiveness				
4.4	Accreditation of hospitals and beds	Acute care	Presented by state and territory of hospital, and for the public and private sectors	
4.5, 4.6, A5.1, A5.2, A5.3	Separation rates for selected potentially preventable hospitalisations	Primary care Population health	Presented in summary by state and territory of usual residence of the patient, remoteness area of usual residence and quintile of socioeconomic advantage/disadvantage (tables 4.5, A5.1, A5.2, A5.3) and as a time-series (Table 4.6)	✓

(continued)

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

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity	Related NHA indicator
Safety				
4.13	Separations with adverse events	Acute care	Presented for the public and private sectors	
Responsiveness				
No indicators available for acute care				
Continuity of care				
7.15, 7.16	Separations with non-acute care, by mode of separation, age group, sex and patient election status	Continuing care	Presented by patient election status (Table 7.15) and age group and sex (Table 7.16).	
Accessible				
2.4	Separation rates	Acute care	Presented by state and territory of hospitalisation, public and private sectors and for same-day and overnight separations	✓
4.7, 4.8, 4.9	Separation rates for selected procedures	Acute care	Presented by state and territory of usual residence of the patient (Table 4.7), remoteness area of usual residence (Table 4.8) and quintile of socioeconomic status (Table 4.9)	
5.2, 5.3	Emergency department waiting times (proportions waiting longer than clinically desirable, and times waited at the 50th and the 90th percentiles)	Acute care	Presented as a time series (Table 5.2) and by state and territory of hospital and by public hospital peer group (Table 5.3)	✓
6.1, 6.2, 6.4, 6.5	Waiting times for elective surgery (times waited at the 50th and 90th percentiles)	Acute care	Presented as a time series (Table 6.1), by state and territory of hospital, and by public hospital peer group (Table 6.2), by surgical specialty (Table 6.4) and by indicator procedure (Table 6.5) Tables based on information on the patient's area of usual residence included in other dimensions also relate to accessibility. These include the selected procedures and selected potentially preventable hospitalisations tables (tables 4.4, 4.5, 4.7 to 4.9, 8.11 to 8.13 and A5.1 to A5.3)	✓
7.3	Separation rates	Acute care	Presented by state and territory of hospitalisation, by admitted patient election status and funding source, and for the public and private sectors	
7.13, 7.14	Separation rates	Acute care	Presented by state and territory of hospitalisation, care type, and for the public and private sectors	✓

(continued)

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

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity	Related NHA indicator
Accessible (continued)				
8.11, 8.12, 8.13	Separation rates	Acute care	Presented by state and territory of usual residence of the patient (Table 8.11), remoteness area of usual residence (Table 8.12) and quintile of socioeconomic status (Table 8.13) for the public and private sectors	
8.7, 8.8	Separation rates	Acute care	Presented by state and territory of hospital, hospital sector and Indigenous status	
Efficiency & sustainability				
3.5	Average salary by staffing category	Acute care	Presented by state and territory of hospital	
4.1c, 4.1d, 4.2a–f	Cost per casemix-adjusted separation	Acute care	Presented by state and territory of hospital (Tables 4.1c, 4.1d), and by public hospital peer group (tables 4.2a–f)	✓
4.1c–d, 4.2a–e, 4.3, 4.11, 4.12, 12.1, 12.2	Relative stay index	Acute care	Presented by state and territory of hospital (Table 4.1c), by public hospital peer group (tables 4.2a–e and 4.3) and, for the public and private sectors, by admitted patient election status and funding source (tables 4.11, 4.12), and by Major Diagnostic Category (tables 12.1, 12.2)	
4.10	Average length of stay (ALOS) for a selection of AR-DRGs	Acute care	Presented by state and territory of hospital, and for the public and private sectors	

Some of the performance indicators are likely to reflect those included in the National Healthcare Agreement (COAG 2009). The National Healthcare Agreement (NHA) indicators are yet to be reported and they may differ in specification from the performance indicators in this report. However they include selected potentially preventable hospitalisations, rates of services provided by public and private hospitals (including overnight separations and non-acute separations), waiting times for services (including waiting times for elective surgery and emergency departments) and cost per casemix-adjusted separation. Other performance indicators for hospital and related care in the NHA include selected adverse events in acute and sub-acute care settings, unplanned/unexpected readmissions within 28 days of a surgical admission and survival of people with cancer.

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector; it is placed in the Efficiency and sustainability dimension in the revised National Health Performance Framework. It has been published in *Australian hospital statistics* since the 1996–97 reference year (AIHW 1998), and included within frameworks of indicators by the National Health Ministers' Benchmarking Working Group (NHMBWG 1999), the Steering Committee for the Review of Government Service Provision (SCRGSP 2009), the NHPC (NHPC 2004) and the National Healthcare Agreement (COAG 2009).

Calculation method and interpretation

This performance indicator is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided. Details of the methods used in this analysis are presented in *Appendix 1* of this report and in more detail in *Australian hospital statistics 1999–00* (AIHW 2001).

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

- The proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable.
- Capital costs are not included in numerators. In addition to the cost per casemix-adjusted separation (excluding depreciation), extra rows including depreciation in the calculation of costs are included for those jurisdictions that have supplied it (see also *Appendix 1* for SCRGSP estimates of cost per casemix-adjusted separation including capital costs).
- Only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 2% that were not acute. *Appendix 1* includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for New South Wales, Victoria and Western Australia.
- The proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.

The comparability of financial data is also affected by changes in accounting practices across jurisdictions. In 2007–08, South Australia changed from cash to accrual accounting and Tasmania changed accrual accounting policies. This in part, accounts for the higher average costs per casemix-adjusted separation (also see *Chapter 3*).

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* (see *Appendix 1*). 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 separation data were incomplete, although most of these hospitals were excluded for other reasons (for example, they are small non-acute hospitals). The scope restrictions improve the comparability of data among the jurisdictions and increase the accuracy of the analysis.

Hospitals included in this analysis accounted for 95% of separations in public acute and psychiatric hospitals in 2007–08, and 92% of recurrent expenditure (excluding depreciation).

Hospital activity in the 350 selected public acute hospitals is shown in Table 4.1a (see *Box 4.1*, which follows Table 4.1d, for an explanation of the hospitals included/excluded from the analysis). There were 4.6 million separations from these selected public acute hospitals in 2007–08; nearly 98% of these were acute separations. Public patients accounted for 83% of the 15.8 million patient days reported and 88% of patient days were for acute separations. Over 177,000 *Newborns* with no qualified days were reported for these selected public acute hospitals in 2007–08.

In 2007–08, for the selected public acute hospitals, total recurrent expenditure including depreciation was \$27.7 billion and \$26.7 billion excluding depreciation (Table 4.1b). Almost 33% of the total recurrent expenditure was in New South Wales (\$8.7 billion), 26% in Victoria (\$7.0 billion) and 18% in Queensland (\$4.8 billion). Expenditure in these three states accounted for 77% of the total recurrent expenditure (excluding depreciation) for the selected public acute hospitals in 2007–08.

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

A small number of hospitals may be classified to peer groups included in the analysis in some years, but to other peer groups excluded from the analysis in other years; this applies mainly to the *Small acute hospitals* and *Non-acute* peer groups. This is because the peer grouping is largely based on hospital activity, which can change from year to year.

As noted in *Chapter 3*, the average costs reported here are based on expenditure by public hospitals in a state or territory. These average costs do not necessarily include state and territory government contracted services with private hospitals or allow for the source of funds.

The average cost weight for the selected public acute hospitals was 1.02, and the relative stay index was the same as the national average (see below for more information on relative stay indexes).

What the data show

Table 4.1c shows the cost per casemix-adjusted separation for selected acute public hospitals by state and territory for 2007–08. Nationally, the average cost per casemix-adjusted separation was \$4,232 excluding depreciation and \$4,376 including depreciation.

A large portion of the costs was attributed to *Non-medical labour* and *Medical labour* costs. Nationally these costs were \$2,140 and \$894, respectively, per casemix-adjusted separation (Table 4.1d). *Depreciation* was supplied for all jurisdictions, though only for a subset of Tasmanian hospitals. *Depreciation* added an average of 3.4% (\$144) to the cost of each separation, with Queensland being the highest with \$181 (4.3%).

Public hospital peer groups

Public hospital peer groups have been developed for presenting data on costs per casemix-adjusted separation (see *Appendix 1*). The peer group classification allocates hospitals into broadly similar groups in terms of their level of admitted patient activity and their geographical location. The classification allows more meaningful comparison of cost data than comparison at the jurisdiction level would allow.

Table 4.2a provides totals for all public hospitals in the analysis including acute, non-acute, psychiatric and unpeered hospitals. These data are not considered directly comparable across states and territories. Tables 4.2a–g also present a range of other statistics about the peer groups for each state and territory, such as the number of hospitals in each, average length of stay and relative stay index (see below and in *Appendix 1*). The average number of AR-DRGs with five or more acute separations reported for each hospital is also presented; this provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

For 2007–08, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's hospitals* group. The 80 hospitals in this group had an average of 42,163 separations each at a cost (excluding depreciation) of \$4,223 per separation (Table 4.2b). The 69 *Principal referral hospitals* had an average of 45,620 separations each. New South Wales had 26 hospitals, and Victoria and Queensland both had 15 hospitals in this peer group, accounting for 81% of Australia's *Principal referral hospitals*. Separations ranged from an average of 35,278 separations per hospital in New South Wales to 67,865 separations per hospital in Victoria. The cost per casemix-adjusted separation (excluding depreciation) for this peer group was highest in the Northern Territory (\$4,561 per separation).

The 40 *Large hospitals* averaged 14,278 separations each at a cost (excluding depreciation) of \$4,160 per separation (Table 4.2c). The 86 *Medium hospitals* averaged 5,222 separations each at a cost (excluding depreciation) of \$4,199 per separation (Table 4.2d). The 144 *Small acute hospitals* (41.1% of acute hospitals) averaged 1,213 separations each at a cost per separation of \$4,803 (excluding depreciation) (Table 4.2e).

Table 4.2f shows expenditure and other statistics for non-acute hospitals. Table 4.2g shows expenditure and other statistics for selected psychiatric, un-peered and other acute hospitals.

Table 4.3 shows a range of statistics for *Teaching hospitals*. These hospitals can be in any peer group; however, 80% are in the *Principal referral and Specialist women's and children's hospitals* peer groups. Queensland had 22 and New South Wales had 20 of the 69 *Teaching hospitals* in Australia in 2007–08.

Hospital accreditation

Hospital accreditation has been placed in the Effectiveness dimension in the revised National Health Performance Framework.

Table 4.4 includes accreditation through any body including the Australian Council on Healthcare Standards EQuIP, Business Excellence Australia and the Quality Improvement Council, and hospitals certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family. For private hospitals, the data have been sourced from the ABS Private Health Establishments Collection for 2006–07 and relate to accreditation by any body. Accreditation at any point in time does not assume a fixed or continuing status as accredited.

For Australia as a whole, 652 public hospitals with 52,708 public hospital beds (93% of public hospital beds) were known to be accredited at 30 June 2008 (Table 4.4). These hospitals delivered 95% of public hospital separations and 94% of patient days. The proportion of public hospital patient days in accredited hospitals varied from 100% in Victoria, Western Australia, the Australian Capital Territory and the Northern Territory to 85% in New South Wales.

A total of 371 private hospitals and 23,917 private hospital beds (70% of hospitals but 90% of the beds) were accredited in 2006–07 (Table 4.4).

As accreditation status for public hospitals was counted as at the 30 June 2008, some New South Wales hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, were counted as *Non-accredited*.

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

Separation rates for selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) indicator is in the Effectiveness dimension of the revised National Health Performance Framework. PPHs are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPH may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive – there are other hospital admissions which may be preventable. The ICD-10-AM code specifications and the categories included for PPHs may therefore be subject to change in future reports.

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

- **Vaccine-preventable.** These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.
- **Acute.** These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include complicated appendicitis, dehydration/gastroenteritis, pyelonephritis, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections and dental conditions.
- **Chronic.** These conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in *Appendix 1* (Table A1.6 accompanying this report on the Internet).

Table 4.5 presents the age-standardised separation rate for the three broad categories of PPHs for the state or territory of usual residence, the remoteness area of usual residence of the patient and the quintile of socioeconomic advantage/disadvantage. The quintile of socioeconomic advantage/disadvantage is determined using the ABS's Socio-Economic Indexes For Areas 2006 (termed SEIFA 2006; ABS 2008a) (see *Appendix 1*).

There were 33 separations per 1,000 people in Australia for PPHs in 2007–08. The rate of PPH separations ranged from 50 per 1,000 in Western Australia to 22 per 1,000 in the Australian Capital Territory. The rate was highest for residents of *Very remote* areas (76 per 1,000 population) and lowest for residents of *Major cities* (30 per 1,000 population). Residents of *Most disadvantaged* regions are more likely to be separated from hospital for a PPH than residents of other regions. The rate decreases with increased levels of advantage from 42 per 1,000 for residents of *Most disadvantaged* regions to 25 per 1,000 for residents of the *Most advantaged* regions.

Over the last 5 years, the rate of PPH separations in most states and territories was relatively stable (Table 4.6). The increased rate of PPH separations in Western Australia over this period was mainly due to the recoding of diabetes as an additional diagnosis when a patient with diabetes was admitted for dialysis treatment. This was not done in all jurisdictions and because dialysis may be required several times per week, the number of separations which are included in *Complications of diabetes* was markedly higher than in other jurisdictions (Table A5.1). Practices vary both within and across the jurisdictions in terms of how these cases are coded.

Appendix 5 presents detailed statistics for each PPH condition. The appendix includes standardised separation rates and standardised separation rate ratios (SRR) for each PPH condition by:

- states and territories (Table A5.1)
- remoteness area of usual residence (Table A5.2)
- quintile of socioeconomic advantage/disadvantage (Table A5.3).

Separation rates for selected procedures

Separation rates for selected procedures appear within the Appropriateness dimension of the revised National Health Performance Framework. However, for several procedures, the indicator may also be relevant to accessibility or performance of non-hospital health services.

Most of the procedures were originally selected as indicators of appropriateness by the National Health Ministers Benchmarking Working Group (NHMBWG) because of the frequency with which they are undertaken, because they are often elective and discretionary, and because there are sometimes treatment alternatives available (NHMBWG 1998).

ICD-10-AM codes used to define the procedures are listed in Table A1.6 of *Appendix 1*.

Information on public patients in tables 4.7, 4.8 and 4.9 relate to separations for which the patient election status was reported as *Public* (see *Chapter 7*). For example, the proportion of separations for public patients who had a *Hip replacement* was 39% nationally, ranging from 33% for Tasmania to 55% for the Northern Territory.

Table 4.7 presents age-standardised separation rates for each procedure for the state or territory of usual residence of the patient, accompanied by the standardised separation rate ratio (SRR) against the national total. If the SRR is greater than 1, then the rate for the state

was higher than the national average and vice versa. The 95% confidence interval of the SRR is also included. If the confidence interval includes 1, then a difference between jurisdictions is considered less likely (see *Appendix 1*).

For example, the separation rate for *Tonsillectomy* for residents of New South Wales was 2.08 separations per 1,000 population. The SRR was 1.01 with a 95% confidence interval of 0.99–1.03, indicating that the difference was not statistically significant. The separation rate for the South Australia was 2.77 per 1,000 population, with an SRR of 1.34 and a 95% confidence interval of 1.30–1.38, indicating the difference was statistically significant.

Table 4.8 presents similar statistics by the remoteness area of usual residence of the patient. For example, the rate for *Knee Replacement* for residents of *Major cities* was 1.53 separations per 1,000 population. The SRR was 0.95 and the 95% confidence interval was 0.94–0.96, indicating a statistically significant difference.

Table 4.9 presents these data by the socioeconomic advantage/disadvantage categories (see *Appendix 1*). For all of the selected procedures, the *Most advantaged* quintiles had lower proportions of public patients than the *Most disadvantaged* quintiles.

The relationship between the quintile of socioeconomic advantage/disadvantage and the hospital separation rate varied among the procedures. For example, *Coronary artery bypass grafts* were more frequent in the *Most disadvantaged* and *Second most disadvantaged* quintiles, with an SRR of 1.10 and 1.02 respectively, and *Prostatectomy* were most common in the *Most advantaged* quintile, with an SRR of 1.14.

The number of *Caesarean sections* depends on the birth rate as well as the population size, so the population rate is less meaningful. The number of in-hospital births has therefore been included in the tables, and the number of *Caesarean sections* is reported for separations for which in-hospital birth was reported. Comparability is, however, still complicated by potential under-identification of in-hospital births in this analysis, variation in numbers of non-hospital births, and the age at which the mothers are giving birth. The *Most advantaged* quintile (37.8 *Caesarean sections* per 100 in-hospital births; Table 4.9), residents of *Major cities* (32.8 per 100; Table 4.8) and residents of Western Australia (33.4 per 100; Table 4.7) had the highest rates.

As for other separation rates, these data should be interpreted with caution. While the rates would reflect hospital system performance, they also reflect variation in underlying needs for hospitalisation, admission and data recording practices, and availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (as noted in *Appendix 2*). This may result in underestimation of separation rates for some of the procedures, particularly those more common for private hospitals. The separation rates are age-standardised to take into account the different age structures of the populations of the states and territories.

Average lengths of stay for 20 selected AR-DRGs

The average length of stay for 20 selected version 5.1 AR-DRGs has been included within the Efficiency dimension of the revised National Health Performance Framework. The selected AR-DRGs (Table 4.10) were chosen on the basis of:

- homogeneity, where variation is more likely to be attributable to the hospital's performance rather than variations in the patients themselves

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

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

These data are not equivalent to the data presented in the tables in *Chapter 12* because separations with lengths of stay over 120 days are excluded.

The average length of stay of the chosen AR-DRGs ranged from 1.3 days for G09Z *Inguinal and femoral hernia procedures age>0* to 15.7 days for U63B *Major affective disorders age <70 without catastrophic or severe complications and comorbidities* (Table 4.10).

The average length of stay for E65B *Chronic obstructive airway disease without catastrophic or severe complications and comorbidities* was 5.1 days for all hospitals in Australia, 4.7 days for public hospitals and 7.3 days for private hospitals. There was also some variation between states and territories, with Victorian hospitals reporting an average length of stay of 4.5 days and New South Wales hospitals 5.5 days.

Relative stay indexes

Relative stay indexes (RSIs) have been included within the Efficiency dimension of the revised National Health Performance Framework. They are calculated as the observed number of patient days for separations in selected AR-DRGs, divided by the expected number of patient days expected (based on national figures), standardised for casemix. The adjustment for casemix (based on the AR-DRG version 5.1 and age of the patient for each separation) allows variation in types of services provided to be taken into account, but does not take into account other influences on length of stay.

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

This report uses two methods of standardisation and three comparator sets. The method used in most tables (tables 4.1c, 4.2a to 4.2e, 4.3 and 4.11, and part of tables 2.3 and 4.12) is an indirect standardisation method. Indirectly standardised RSI compares each groups observed length of stay (LOS) with the expected LOS for all hospitals. The indirectly standardised rates of different groups are not strictly comparable as the different groups have different casemixes. The RSIs in tables 4.1c, 4.2a to 4.2e and 4.3 are based on comparisons with the averages for public hospitals only for 2007–08. The RSIs in Tables 4.11 and 4.12 are based on comparisons with the averages for all hospitals for 2007–08. The RSIs in Table 2.3 are based on comparisons with the combined average across all hospitals for all 5 years presented.

In addition to the indirect method, tables 2.3 and 4.12 present a directly standardised RSI. The direct method allows comparison of RSI values across groups of hospitals. More detail on these methods is included in *Appendix 1*.

Tables 4.1c, 4.2a to 4.2e and 4.3 present RSI information for public hospitals, using the indirect method and public hospital data to calculate expected lengths of stay. For the hospitals included in the cost per casemix-adjusted separation analysis, the RSI was 1.00 overall, and ranged from 1.17 in the Northern Territory to 0.90 in the Australian Capital Territory (Table 4.1c).

Tables 4.11 and 4.12 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals was 1.03 indirectly standardised and 1.06 directly standardised, and the RSI for public hospitals was 0.99 indirectly standardised and 0.96 directly standardised (Table 4.12). According to this measure, the lower directly standardised RSI in the public sector indicates relatively shorter lengths of stay compared with the private sector.

Table 4.12 also presents RSI information for the *Medical*, *Surgical* and *Other* categories of AR-DRGs (DoHA 2002). In the public sector, the RSI for *Medical* AR-DRGs was 0.96 indirectly standardised and 0.94 directly standardised, and the RSI for *Surgical* AR-DRGs was 1.04 indirectly standardised and 1.03 directly standardised. In the private sector, the RSI for *Medical* AR-DRGs was 1.14 indirectly standardised and 1.20 directly standardised, and the RSI for *Surgical* AR-DRGs was 0.95 indirectly standardised and 0.98 directly standardised.

Separations with adverse events

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and medication and medical device problems. Some of these adverse events may be preventable. Separations with adverse events are included within the Safety dimension of the revised National Health Performance Framework.

The separations data include ICD-10-AM diagnoses, places of occurrence, and external causes of injury and poisoning which indicate that an adverse event was treated and may have occurred during the hospitalisation. However, other ICD-10-AM codes may also indicate that an adverse event occurred or was treated, and some adverse events are not identifiable using these codes. The data presented in Table 4.13 can therefore be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals.

In 2007–08, there were 382,000 separations with an ICD-10-AM code for an adverse event (4.8 per 100 separations) (Table 4.13). There were 268,000 separations with adverse events in the public sector (5.6 per 100 separations) and 115,000 separations in the private sector (3.7 per 100 separations). However, the data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may be different.

Procedures causing abnormal reactions/complications (Y83–Y84) were reported for 238,000 separations. About 106,000 separations were reported with *Adverse effects of drugs, medicaments and biological substances* (Y40–Y59) and 75,000 separations were reported with *Complications of internal prosthetic devices, implants and grafts* (T82–T85).

Some of the adverse events included in Table 4.13 may represent events that occurred before admission. A condition onset flag will be available in the NHMD from the 2008–09 reference year. This information could be used in the future to exclude conditions that arose before the admission and to include conditions not identifiable with the codes currently used to indicate adverse events (see *Appendix 1*), to provide more accurate estimates of adverse events occurring and treated within single episodes of care.

Table 4.1a: Hospital activity, selected public acute hospitals^(a), states and territories, 2007–08

	Total separations (‘000)^(b)	Proportion of separations acute^(c)	Casemix- adjusted separations (‘000)^(d)	Total admitted patient days (‘000)^(b)	Public patient day proportion^(e)	Proportion of bed days acute	Newborn episodes with no qualified days (‘000)
NSW	1,407	98.3%	1,512	5,272	75.7%	92.6%	63
Vic	1,320	97.7%	1,273	4,261	84.0%	83.7%	42
Qld	801	96.7%	820	2,695	91.8%	86.4%	34
WA	428	97.6%	421	1,372	85.1%	88.7%	18
SA	347	97.5%	381	1,281	83.8%	90.0%	11
Tas	94	98.1%	96	335	79.5%	86.3%	3
ACT	81	94.2%	84	277	83.7%	78.0%	3
NT ^(f)	90	98.6%	64	261	94.0%	92.9%	3
Total	4,568	97.7%	4,651	15,753	82.7%	88.2%	177

See table notes in Box 4.1.

Table 4.1b: Expenditure, selected public acute hospitals^(a), states and territories, 2007–08

	Total recurrent expenditure excluding depreciation (\$m)	Total recurrent expenditure including depreciation (\$m)	Admitted patient recurrent expenditure excluding depreciation (\$m)	Admitted patient recurrent expenditure including depreciation (\$m)
NSW	8,745	9,020	6,144	6,338
Vic	6,985	7,266	5,150	5,357
Qld	4,820	5,034	3,361	3,510
WA	2,594	2,663	1,791	1,839
SA	2,066	2,137	1,431	1,480
Tas	599	616	426	438
ACT	519	535	364	375
NT ^(f)	387	390	297	300
Total	26,715	27,660	18,965	19,636

See table notes in Box 4.1.

Table 4.1c: Cost per casemix-adjusted separation^(b) and selected other statistics, selected public acute hospitals^(a), states and territories, 2007–08

	Average cost weight ^(g)	Total cost per casemix-adjusted separation (\$)				Admitted patient cost proportion ^(h)		Relative stay index ⁽ⁱ⁾
		Excluding depreciation		Including depreciation		All seps	Acute seps	
		All seps	Acute seps	All seps	Acute seps			
NSW	1.07	4,295	4,519	4,423	4,647	0.70	0.69	1.07
Vic	0.96	4,172	3,672	4,334	3,817	0.74	0.63	0.91
Qld	1.02	4,172	n.a.	4,353	n.a.	0.70	n.a.	0.97
WA	0.99	4,405	4,278	4,515	4,401	0.69	0.64	1.00
SA	1.10	3,900	n.a.	4,028	n.a.	0.69	n.a.	1.04
Tas	1.03	4,605	n.a.	4,731	n.a.	0.71	n.a.	1.01
ACT	1.03	4,513	n.a.	4,644	n.a.	0.70	n.a.	0.90
NT ^(f)	0.71	4,668	n.a.	4,709	n.a.	0.77	n.a.	1.17
Total	1.02	4,232	n.a.	4,376	n.a.	0.71	n.a.	1.00

See table notes in Box 4.1.

Table 4.1d: Average cost data for selected public acute hospitals^(a), states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(f)	Total
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	1,108	1,137	1,071	1,053	1,029	1,088	1,228	1,298	1,101
Diagnostic/allied health ⁽ⁱ⁾	328	366	263	305	234	248	295	294	313
Administrative	281	265	258	338	265	234	300	303	277
Other staff	202	227	292	309	136	273	139	367	231
Superannuation	193	228	241	221	196	273	329	211	218
<i>Total non-medical labour costs</i>	<i>2,112</i>	<i>2,222</i>	<i>2,124</i>	<i>2,226</i>	<i>1,859</i>	<i>2,116</i>	<i>2,292</i>	<i>2,472</i>	<i>2,140</i>
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	105	98	119	110	94	< 1	162	126	104
Repairs/maintenance	94	76	82	106	91	68	53	110	87
Medical supplies ⁽ⁱ⁾	432	367	453	305	279	567	399	318	395
Drug supplies	214	229	223	246	181	255	135	216	219
Food supplies	38	47	27	31	24	44	15	44	36
Administration	261	244	228	185	68	432	232	213	230
Other	87	108	25	165	439	237	175	333	126
<i>Total other recurrent costs excluding depreciation</i>	<i>1,230</i>	<i>1,169</i>	<i>1,157</i>	<i>1,148</i>	<i>1,176</i>	<i>1,605</i>	<i>1,171</i>	<i>1,361</i>	<i>1,197</i>
Depreciation ^(k)	128	163	181	113	128	126	131	41	144
<i>Total excluding medical labour costs and depreciation</i>	<i>3,342</i>	<i>3,391</i>	<i>3,281</i>	<i>3,373</i>	<i>3,035</i>	<i>3,721</i>	<i>3,463</i>	<i>3,833</i>	<i>3,338</i>
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	504	591	739	729	540	585	625	741	600
Visiting medical officer payments	218	65	79	147	185	117	254	44	140
Private patients (estimated) ⁽ⁱ⁾	231	125	73	153	140	181	172	50	155
<i>Total medical labour costs</i>	<i>953</i>	<i>781</i>	<i>891</i>	<i>1,029</i>	<i>865</i>	<i>884</i>	<i>1,050</i>	<i>835</i>	<i>894</i>
Total cost per casemix-adjusted separation excluding depreciation	4,295	4,172	4,172	4,405	3,900	4,605	4,513	4,668	4,232
Total cost per casemix-adjusted separation including depreciation	4,423	4,334	4,353	4,515	4,028	4,731	4,644	4,709	4,376

See table notes in Box 4.1.

Box 4.1: Table notes for tables 4.1a to 4.1d

- (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. See Appendix 1 for further information.*
- (b) *Separations for which the care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.*
- (c) *Separations for which the care type was reported as Acute, Newborn with at least one qualified day or was Not reported.*
- (d) *Casemix-adjusted separations is the product of Total separations and Average cost weight.*
- (e) *Eligible public patient days as a proportion of total patient days, excluding Newborns with no qualified days. Public patients defined by patient election status equal to public.*
- (f) *These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text).*
- (g) *Average cost weight from the National Hospital Morbidity Database, using the 2006–07 AR-DRG version 5.1 cost weights (DoHA 2008) for separations for which the care type was reported as Acute, Newborn with at least one qualified day or was Not reported.*
- (h) *Of the selected hospitals, three small hospitals have had their Admitted patient cost proportion estimated by the Health and Allied Services Advisory Council (HASAC) ratio (see Appendix 1).*
- (i) *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 (Appendix 1). Based on AR-DRG version 5.1.*
- (j) *Queensland pathology services are purchased from the state-wide pathology service rather than being provided by each hospital's employees, resulting in higher medical supply costs and lower diagnostic staff costs.*
- (k) *Depreciation reported for a subset of Tasmanian hospitals.*
- (l) *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.*

Table 4.2a: Cost per casemix-adjusted separation^(a) and other statistics, acute, non-acute and total selected public hospitals^(b), states and territories, 2007-08

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix- adjusted sep excl dep ^(f)	Cost/casemix- adjusted sep inc dep ^(g)
Total benchmarking hospitals in cost per casemix-adjusted separation analysis^(b)							
NSW	124	11,348	195	1.07	1.07	4,295	4,423
Vic	65	20,309	204	0.96	0.91	4,172	4,334
Qld	72	11,119	163	1.02	0.97	4,172	4,353
WA	36	11,881	172	0.99	1.00	4,405	4,515
SA	37	9,388	157	1.10	1.04	3,900	4,028
Tas	9	10,403	159	1.03	1.01	4,605	4,731
ACT	2	40,564	441	1.03	0.90	4,513	4,644
NT	5	18,052	220	0.71	1.17	4,668	4,709
<i>Total</i>	<i>350</i>	<i>13,051</i>	<i>184</i>	<i>1.02</i>	<i>1.00</i>	<i>4,232</i>	<i>4,376</i>
Non-acute hospitals in cost per casemix-adjusted separation analysis^(b)							
NSW	65	635	22	0.89	1.07	8,215	8,481
Vic	12	1,023	27	0.87	1.26	4,503	4,769
Qld	30	877	38	0.77	0.91	4,098	4,329
WA	43	612	14	0.71	1.04	6,477	6,688
SA	23	644	25	0.80	1.09	8,672	9,048
Tas	4	221	12	1.02	1.72	7,484	7,582
ACT	1	n.a.	n.a.	1.00	n.a.	n.a.	n.a.
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>178</i>	<i>685</i>	<i>23</i>	<i>0.81</i>	<i>1.06</i>	<i>6,761</i>	<i>7,023</i>
Public hospitals (including Psychiatric and unpeered) in cost per casemix-adjusted separation analysis^(b)							
NSW	228	6,433	130	1.08	1.07	4,517	4,651
Vic	91	14,836	160	0.96	0.91	4,219	4,384
Qld	174	4,781	99	1.01	0.97	4,319	4,511
WA	94	4,874	78	0.98	1.01	4,623	4,743
SA	74	4,977	93	1.09	1.05	4,214	4,354
Tas	24	3,994	84	1.03	1.03	4,675	4,804
ACT	3	27,042	441	1.03	0.90	4,512	4,642
NT	5	18,052	220	0.71	1.17	4,668	4,709
<i>Total</i>	<i>693</i>	<i>6,843</i>	<i>116</i>	<i>1.01</i>	<i>1.00</i>	<i>4,394</i>	<i>4,544</i>

See table notes in Box 4.2.

Table 4.2b: Cost per casemix-adjusted separation^(a) and selected other statistics, *Principal referral and Specialist women's and children's hospitals*, states and territories, 2007–08

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix- adjusted sep excl dep ^(f)	Cost/casemix- adjusted sep inc dep ^(g)
Principal referral hospitals: Major cities and Regional^(h)							
NSW	26	35,278	445	1.13	1.10	4,274	4,395
Vic	15	67,865	486	0.99	0.89	4,136	4,284
Qld	15	39,045	426	1.08	0.99	4,199	4,381
WA	4	52,571	481	1.10	1.02	4,373	4,472
SA	4	49,611	489	1.18	1.07	3,846	3,981
Tas	2	39,740	492	1.01	0.98	4,449	4,588
ACT	1	62,527	550	1.02	n.p.	n.p.	n.p.
NT	2	38,104	406	0.75	1.19	4,561	4,599
<i>Total</i>	<i>69</i>	<i>45,620</i>	<i>456</i>	<i>1.06</i>	<i>1.00</i>	<i>4,207</i>	<i>4,346</i>
Specialist women's & children's hospitals^(h)							
NSW	3	17,271	239	1.31	1.13	4,687	4,904
Vic	2	29,867	239	1.28	0.99	4,768	5,054
Qld	3	13,853	194	1.19	0.94	4,254	4,383
WA	2	21,064	198	1.21	1.05	4,050	4,161
SA	1	30,005	321	1.16	n.p.	n.p.	n.p.
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>11</i>	<i>20,476</i>	<i>227</i>	<i>1.24</i>	<i>1.05</i>	<i>4,436</i>	<i>4,610</i>
Total Principal referral and specialist women's & children's hospitals^(h)							
NSW	29	33,415	424	1.14	1.10	4,295	4,423
Vic	17	63,395	457	1.00	0.89	4,178	4,336
Qld	18	34,846	387	1.09	0.99	4,201	4,379
WA	6	42,068	387	1.12	1.03	4,315	4,416
SA	5	45,690	455	1.17	1.08	3,883	4,005
Tas	2	39,740	492	1.01	0.98	4,449	4,588
ACT	1	62,527	550	1.02	n.p.	n.p.	n.p.
NT	2	38,104	406	0.75	1.19	4,561	4,599
Total	80	42,163	425	1.07	1.00	4,223	4,365

See table notes in Box 4.2.

Table 4.2c: Cost per casemix-adjusted separation^(a) and selected other statistics, *Large hospitals, states and territories, 2007–08*

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix- adjusted sep excl dep ^(f)	Cost/casemix- adjusted sep inc dep ^(g)
Large hospitals: Major cities							
NSW	8	13,292	286	1.10	1.01	3,982	4,090
Vic	2	17,705	122	0.82	0.88	5,164	5,450
Qld	2	17,334	261	0.88	0.92	3,193	3,287
WA	2	18,119	278	0.75	0.97	4,122	4,211
SA	2	16,303	305	1.25	1.01	4,144	4,316
Tas	0	..	..	..	..	..	..
ACT	1	18,600	331	1.08	n.p.	n.p.	n.p.
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>17</i>	<i>15,521</i>	<i>268</i>	<i>1.00</i>	<i>0.98</i>	<i>4,093</i>	<i>4,231</i>
Large hospitals: Regional and Remote							
NSW	7	12,204	285	0.92	0.98	4,275	4,412
Vic	8	13,676	276	0.83	0.96	3,672	3,786
Qld	3	15,145	278	0.77	0.93	4,661	4,806
WA	4	14,043	268	0.77	0.94	4,459	4,579
SA	0	..	..	..	..	..	..
Tas	1	10,833	300	1.22	n.p.	n.p.	n.p.
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>23</i>	<i>13,360</i>	<i>279</i>	<i>0.85</i>	<i>0.96</i>	<i>4,216</i>	<i>4,338</i>
Total Large hospitals							
NSW	15	12,784	286	1.02	1.00	4,102	4,222
Vic	10	14,482	245	0.83	0.94	3,985	4,143
Qld	5	16,020	271	0.81	0.92	3,975	4,096
WA	6	15,401	271	0.76	0.95	4,329	4,436
SA	2	16,303	305	1.25	1.01	4,144	4,316
Tas	1	10,833	300	1.22	n.p.	n.p.	n.p.
ACT	1	18,600	331	1.08	n.p.	n.p.	n.p.
NT	0	..	..	..	..	..	..
Total	40	14,278	274	0.92	0.97	4,160	4,290

See table notes in Box 4.2.

Table 4.2d: Cost per casemix-adjusted separation^(a) and selected other statistics, *Medium hospitals*, states and territories, 2007–08

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix-adjusted sep excl dep ^(f)	Cost/casemix-adjusted sep inc dep ^(g)
Medium hospitals: Major cities (<10,000) and Regional (<8,000)^(h)							
NSW	12	8,767	204	0.85	0.98	4,202	4,318
Vic	3	7,888	206	0.76	0.96	3,964	4,165
Qld	3	7,664	195	0.74	0.65	3,506	3,658
WA	5	9,164	153	0.83	0.98	4,714	4,835
SA	4	9,022	214	0.80	0.94	3,717	3,818
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>27</i>	<i>8,658</i>	<i>195</i>	<i>0.82</i>	<i>0.94</i>	<i>4,148</i>	<i>4,275</i>
Medium hospitals: Major cities and Regional (<5,000 acute weighted separations)^(h)							
NSW	27	3,481	113	0.86	1.09	4,668	4,782
Vic	12	4,106	122	0.71	1.06	4,143	4,341
Qld	9	3,730	131	0.78	0.88	3,587	3,830
WA	2	3,456	129	0.80	0.89	4,465	4,623
SA	9	3,506	135	0.87	0.91	3,723	3,862
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>59</i>	<i>3,649</i>	<i>121</i>	<i>0.82</i>	<i>1.02</i>	<i>4,241</i>	<i>4,393</i>
Total Medium hospitals^(h)							
NSW	39	5,107	141	0.85	1.04	4,430	4,545
Vic	15	4,862	139	0.72	1.03	4,080	4,279
Qld	12	4,714	147	0.77	0.79	3,561	3,769
WA	7	7,533	146	0.83	0.96	4,683	4,809
SA	13	5,203	160	0.84	0.92	3,723	3,841
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
Total	86	5,222	145	0.82	0.98	4,199	4,338

See table notes in Box 4.2.

Table 4.2e: Cost per casemix-adjusted separation^(a) and selected other statistics, *Small hospitals, states and territories, 2007–08*

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix-adjusted sep excl dep ^(f)	Cost/casemix-adjusted sep inc dep ^(g)
Small regional acute hospitals^(h)							
NSW	38	1,154	52	0.81	1.02	4,544	4,792
Vic	23	1,071	42	0.79	1.25	4,941	5,278
Qld	21	1,210	54	0.75	0.89	3,829	4,085
WA	4	1,357	68	0.78	1.08	5,438	5,740
SA	13	960	47	0.85	1.00	3,743	3,905
Tas	5	559	25	0.90	1.40	4,587	4,729
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>104</i>	<i>1,102</i>	<i>49</i>	<i>0.80</i>	<i>1.05</i>	<i>4,436</i>	<i>4,695</i>
Remote acute hospitals^(h)							
NSW	3	1,094	38	0.59	1.06	7,757	8,025
Vic	0	..	..	..	..	..	..
Qld	16	705	33	0.75	1.08	7,047	7,650
WA	13	1,904	72	0.82	0.88	5,061	5,289
SA	4	1,543	61	0.84	0.89	4,065	4,274
Tas	1	525	24	0.74	n.p.	n.p.	n.p.
ACT	0	..	..	..	..	..	..
NT	3	4,683	96	0.51	1.07	5,520	5,582
<i>Total</i>	<i>40</i>	<i>1,502</i>	<i>53</i>	<i>0.72</i>	<i>0.96</i>	<i>5,511</i>	<i>5,789</i>
Total Small acute hospitals^(h)							
NSW	41	1,149	51	0.79	1.02	4,716	4,966
Vic	23	1,071	42	0.79	1.25	4,941	5,278
Qld	37	992	45	0.75	0.95	4,822	5,184
WA	17	1,775	71	0.81	0.92	5,133	5,372
SA	17	1,098	50	0.85	0.96	3,847	4,026
Tas	6	553	25	0.87	1.32	4,436	4,620
ACT	0	..	..	..	..	..	..
NT	3	4,683	96	0.51	1.07	5,520	5,582
Total	144	1,213	50	0.77	1.02	4,803	5,067

See table notes in Box 4.2.

Table 4.2f: Expenditure and other statistics, *Non-acute hospitals*, states and territories, 2007–08

	Number of hospitals ^(b)	Separations per hospital ^(a)	Total exp. excl dep (\$'000) ⁽ⁱ⁾	Total exp. incl dep (\$'000) ^(j)	Cost/casemix- adjusted sep excl dep ^(f)	Cost/casemix- adjusted sep incl dep ^(g)
Small non-acute hospitals^(h)						
NSW	27	654	123,020	129,345	6,168	6,471
Vic	3	927	22,730	24,050	6,442	6,803
Qld	20	922	82,263	86,862	4,190	4,418
WA	4	965	26,933	27,838	6,963	7,195
SA	17	565	59,292	61,940	5,930	6,184
Tas	1	489	n.p.	n.p.	n.p.	n.p.
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>72</i>	<i>734</i>	<i>316,480</i>	<i>332,319</i>	<i>5,579</i>	<i>5,848</i>
Multi-purpose service^(h)						
NSW	18	273	58,510	61,246	10,334	10,808
Vic	7	712	44,021	46,758	7,483	7,941
Qld	9	686	36,426	38,860	4,705	5,015
WA	38	240	62,808	65,726	4,821	5,036
SA	4	813	20,586	21,728	6,458	6,799
Tas	2	79	5,636	5,744	10,702	10,907
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>78</i>	<i>367</i>	<i>227,987</i>	<i>240,062</i>	<i>6,424</i>	<i>6,754</i>
Hospice						
NSW	0	..	..	..	..	..
Vic	0	..	..	..	..	..
Qld	0	..	..	..	..	..
WA	0	..	..	..	..	..
SA	0	..	..	..	..	..
Tas	1	238	n.p.	n.p.	n.p.	n.p.
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>1</i>	<i>238</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>

See table notes in Box 4.2.

(continued)

Table 4.2f (continued): Expenditure and other statistics, Non-acute hospitals, states and territories, 2007–08

	Number of hospitals ^(b)	Separations per hospital ^(a)	Total exp. excl dep (\$'000) ⁽ⁱ⁾	Total exp. incl dep (\$'000) ^(j)	Cost/casemix- adjusted sep excl dep ^(f)	Cost/casemix- adjusted sep incl dep ^(g)
Rehabilitation^(h)						
NSW	5	471	69,388	71,341	23,336	23,981
Vic	0	..	..	..	..	..
Qld	0	..	..	..	..	..
WA	1	13,315	n.p.	n.p.	n.p.	n.p.
SA	2	980	42,835	44,522	15,519	16,124
Tas	0	..	..	..	..	..
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	8	2,204	n.p.	n.p.	n.p.	n.p.
Mothercraft^(h)						
NSW	3	1,993	17,425	17,689	2,769	2,810
Vic	2	2,256	10,149	10,698	1,620	1,708
Qld	1	1,703	n.p.	n.p.	n.p.	n.p.
WA	0	..	..	..	..	..
SA	0	..	..	..	..	..
Tas	0	..	..	..	..	..
ACT	1	n.a.	n.p.	n.p.	n.p.	n.p.
NT	0	..	..	..	..	..
<i>Total</i>	7	1,742	34,279	35,139	2,190	2,244
Other non-acute hospitals^(h)						
NSW	12	861	148,725	151,322	8,046	8,183
Vic	0	..	..	..	..	..
Qld	0	..	..	..	..	..
WA	0	..	..	..	..	..
SA	0	..	..	..	..	..
Tas	0	..	..	..	..	..
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	12	861	148,725	151,322	8,046	8,183

See table notes in Box 4.2.

Table 4.2g: Expenditure and other statistics for selected psychiatric, unpeered, and other acute hospitals, states and territories, 2007–08

	Number of hospitals ^(b)	Separations per hospital ^(a)	Total exp. excl dep (\$'000) ⁽ⁱ⁾	Total exp. incl dep (\$'000) ^(j)	Cost/casemix- adjusted sep excl dep ^(f)	Cost/casemix- adjusted sep incl dep ^(g)
Psychiatric hospitals^{(h)(k)}						
NSW	9	1,067	363,964	371,723	13,894	14,188
Vic	1	404	n.p.	n.p.	n.p.	n.p.
Qld	4	104	110,867	116,801	n.p.	n.p.
WA	1	1,563	n.p.	n.p.	n.p.	n.p.
SA	2	1,053	112,754	115,835	14,770	15,173
Tas	0	..	..	..	..	..
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>17</i>	<i>829</i>	<i>693,357</i>	<i>712,873</i>	<i>17,369</i>	<i>17,854</i>
Unpeered and other acute^(h) (includes hospitals with < 200 separations)						
NSW	30	293	153,696	159,345	9,942	10,300
Vic	13	1,329	199,709	207,625	7,227	7,512
Qld	68	68	90,149	96,714	9,503	10,191
WA	14	185	64,391	66,113	19,224	19,731
SA	12	337	24,472	25,508	5,657	5,886
Tas	11	122	17,000	17,735	8,460	8,820
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>148</i>	<i>261</i>	<i>549,417</i>	<i>573,039</i>	<i>10,154</i>	<i>10,582</i>

See table notes in Box 4.2.

Table 4.3: Teaching hospitals (excluding psychiatric)–cost per casemix-adjusted separation^(a) and selected other statistics, states and territories, 2007–08

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix - adjusted sep excl dep ^(f)	Cost/casemix - adjusted sep incl dep ^(g)
NSW	20	37,898	422	1.17	1.12	4,382	4,509
Vic	5	29,321	243	1.11	0.98	4,694	4,914
Qld	22	29,630	357	1.09	0.99	4,267	4,446
WA	6	39,343	337	1.13	1.04	4,449	4,554
SA	9	30,576	384	1.16	1.06	4,013	4,142
Tas	3	30,104	428	1.03	0.99	4,613	4,737
ACT	2	40,564	441	1.03	0.90	4,513	4,644
NT	2	38,104	406	0.75	1.19	4,561	4,599
Total	69	33,555	376	1.11	1.05	4,343	4,486

See table notes in Box 4.2

Box 4.2: Table notes for tables 4.2a to 4.2g and Table 4.3

- (a) Separations for which the care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.
- (b) The data are based on public hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 1 for further information.
- (c) The number of different version 5.1 AR-DRGs provided by a hospital for which there were at least five acute separations.
- (d) Average cost weight from the National Hospital Morbidity Database, using the 2006–07 AR-DRG version 5.1 cost weights (DoHA 2008) for separations for which the care type was reported as Acute, Newborn with at least one qualified day or was Not reported., using the 2006–07 AR-DRG version 5.1 cost weights (DoHA 2008).
- (e) Relative stay index based on observed versus expected length of stay based on age and AR-DRG version 5.1, public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 1 for details on the methodology.
- (f) Average cost per casemix-adjusted separation excluding depreciation.
- (g) Average cost per casemix-adjusted separation including depreciation. Depreciation reported for a subset of Tasmanian hospitals.
- (h) Definitions of the peer groups used in this publication can be found in Appendix 1.
- (i) Total expenditure excluding depreciation.
- (j) Total expenditure including depreciation. Depreciation reported for a subset of South Australian and Tasmanian hospitals.
- (k) Psychiatric hospitals consist of a mix of short-term acute, long-term, psychogeriatric and forensic psychiatric hospitals.

Table 4.4: Selected statistics^{(a)(b)}, by accreditation status, states and territories, public hospitals 2007–08, private hospitals 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals (2007–08)									
Accredited hospitals	193	146	134	92	74	5	3	5	652
Non-accredited hospitals	35	2	43	2	6	0	0	0	110
Hospitals accredited (%)	85	99	76	98	93	19	100	100	86
<i>Total public hospitals</i>	228	148	177	94	80	27	3	5	762
Accredited beds	16,915	12,668	10,364	5,392	4,858	1,044	851	616	52,708
Non-accredited beds	3,092	14	287	13	123	231	0	0	3,759
Beds accredited (%)	85	100	97	100	98	82	100	100	93
<i>Total available beds for admitted patients</i>	20,006	12,682	10,651	5,405	4,981	1,275	851	616	56,467
Separations from accredited hospitals	1,269,300	1,350,804	818,809	457,823	366,254	90,397	81,127	90,258	4,524,772
Separations from non-accredited hospitals	197,437	368	13,156	379	2,062	5,780	..	..	219,182
Separations with unknown accreditation status	..	..	..	..	14	93	..	..	107
Proportion of separations in accredited hospitals	87	100	98	100	99	94	100	100	95
<i>Total separations</i>	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061
Patient days from accredited hospitals	5,293,566	4,447,083	2,957,281	1,627,555	1,593,510	329,065	277,429	260,559	16,786,048
Patient days from non-accredited hospitals	933,232	880	35,540	2,730	20,179	55,089	0	0	1,047,650
Patient days with unknown accreditation status	..	..	..	..	1,678	569	..	..	2,247
Proportion of patient days in accredited hospitals	85	100	99	100	99	86	100	100	94
<i>Total patient days</i>	6,226,798	4,447,963	2,992,821	1,630,285	1,615,367	384,723	277,429	260,559	17,835,945
Private hospitals (2006–07)									
Accredited hospitals	107	95	83	28	41	n.p.	n.p.	n.p.	371
Non-accredited hospitals	68	60	26	12	13	n.p.	n.p.	n.p.	186
Hospitals accredited (%)	61	61	76	70	76	n.p.	n.p.	n.p.	70
<i>Total private hospitals</i>	175	155	109	40	54	n.p.	n.p.	n.p.	533
Accredited beds	5,778	6,350	5,973	2,850	1,865	n.p.	n.p.	n.p.	23,917
Non-accredited beds	1,340	834	267	138	143	n.p.	n.p.	n.p.	2,760
Beds accredited (%)	81	88	96	95	93	n.p.	n.p.	n.p.	90
<i>Total available beds for admitted patients</i>	7,118	7,184	6,240	2,988	2,008	n.p.	n.p.	n.p.	26,677
Total (estimated)									
Accredited hospitals	300	241	217	120	115	n.p.	n.p.	n.p.	1,023
Non-accredited hospitals	103	62	69	14	19	n.p.	n.p.	n.p.	296
Hospitals accredited (%)	74	80	76	90	86	n.p.	n.p.	n.p.	79
<i>Total hospitals</i>	403	303	286	134	134	n.p.	n.p.	n.p.	1,295
Accredited beds	22,693	19,018	16,337	8,242	6,723	n.p.	n.p.	n.p.	76,625
Non-accredited beds	4,432	848	554	151	266	n.p.	n.p.	n.p.	6,519
Beds accredited (%)	84	96	97	98	96	n.p.	n.p.	n.p.	92
<i>Total available beds for admitted patients</i>	27,124	19,866	16,891	8,393	6,989	n.p.	n.p.	n.p.	83,144

(a) Where average available beds for the year were not available, bed numbers at 30 June 2008 were used.

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

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

Table 4.5: Separation rates^{(a)(b)} for potentially preventable hospitalisations^(c), by state or territory of usual residence, remoteness area and quintile of socioeconomic advantage/disadvantage, 2007–08

	Vaccine preventable conditions	Acute conditions	Chronic conditions	Potentially preventable hospitalisations ^(c)
Australia	0.71	13.34	19.24	33.13
95% CI ^(d)	0.0 – 1.8	8.5 – 18.3	13.5 – 25.0	25.5 – 40.8
State or territory of usual residence^(e)				
NSW	0.67	12.30	15.16	28.00
Vic	0.68	14.26	18.35	33.16
Qld	0.76	13.61	19.69	33.90
WA	0.64	13.06	36.61	50.12
SA	0.76	15.24	16.93	32.75
Tas	0.42	11.00	20.93	32.18
ACT	0.77	10.51	11.09	22.28
NT	2.31	17.92	25.53	44.98
Remoteness				
Major cities	0.67	12.46	17.47	30.46
Inner regional	0.69	14.44	20.32	35.31
Outer regional	0.83	16.23	24.62	41.45
Remote	1.43	22.99	50.02	73.98
Very remote	2.36	29.28	45.43	76.15
Quintile of socioeconomic advantage/disadvantage				
Most disadvantaged	0.89	16.02	25.37	42.07
Second most disadvantaged	0.72	14.32	21.47	36.34
Middle quintile	0.67	13.58	21.01	35.10
Second most advantaged	0.70	13.20	18.50	32.25
Most advantaged	0.66	11.64	12.86	25.06

(a) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

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

(c) The conditions included in the groups *Vaccine preventable conditions*, *Acute conditions* and *Chronic conditions* are listed in *Appendix 5*.

(d) 95% confidence intervals calculated based on weighted sums of poisson parameters (Dobson et al. 1991).

(e) Includes records with unknown remoteness area but with known state of residence, and excludes overseas residents and unknown state of residence.

Table 4.6: Separations^{(a)(b)} per 1,000 population (age-standardised^(c)) for potentially preventable hospitalisations, by state or territory of usual residence, 2003–04 to 2007–08

	2003–04	2004–05	2005–06	2006–07	2007–08
State or territory of usual residence					
NSW	27.59	27.43	28.13	28.40	28.00
Vic	31.73	32.94	31.73	32.17	33.16
Qld	31.76	32.10	31.87	32.47	33.90
WA	35.99	44.90	46.78	47.62	50.12
SA	31.42	30.93	32.58	32.29	32.75
Tas	29.57	27.40	31.22	31.87	32.18
ACT	20.17	19.40	21.86	22.13	22.28
NT	48.60	46.29	48.19	48.00	44.98
Australia^(b)	30.63	31.70	32.06	32.47	33.13

(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. Excludes multiple diagnoses for the same separation within the same group of potentially preventable hospitalisations.

(b) Includes unknown state of residence and excludes overseas residents.

(c) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

Table 4.7: Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Caesarean section									
Separations ^(a)	27,874	21,108	19,813	9,931	6,111	1,804	1,308	799	88,760
Separations not within state of residence (%)	3	0	1	0	0	1	2	4	
Proportion of separations public patients (%)	56	58	54	51	59	52	45	92	56
Separation rate ^(e)	4.20	4.13	4.88	4.82	4.31	4.40	3.63	3.22	4.37
Standardised separation rate ratio (SRR)	0.96	0.94	1.12	1.10	0.99	1.01	0.83	0.74	
95% confidence interval of SRR	0.95–0.97	0.93–0.95	1.10–1.14	1.08–1.12	0.97–1.01	0.96–1.06	0.79–0.87	0.69–0.79	
In-hospital birth separations	87,798	69,005	59,625	29,760	19,330	6,310	4,634	2,923	279,415
Proportion of births to public patients (%)	71	66	68	63	68	61	60	94	68
In-hospital birth separation rate ^(e)	13.2	13.4	14.6	14.3	13.5	15.3	12.6	11.7	13.7
Separations per 100 in-hospital birth separations ^(f)	31.7	30.6	33.2	33.4	31.6	28.6	28.2	27.3	31.8
Public hospitals	26.4	27.3	27.1	27.1	28.0	26.4	21.5	27.1	26.9
Private patients	25.0	26.9	26.6	26.8	27.4	24.8	20.9	26.8	26.1
Private hospitals	36.0	35.2	39.5	31.3	36.0	39.2	30.9	32.3	35.9
	55.3	38.2	47.7	46.0	41.4	32.3	40.4	59.1	45.4
Cholecystectomy									
Separations ^(a)	15,301	11,814	9,702	4,558	3,735	1,124	621	266	47,182
Separations not within state of residence (%)	3	1	1	0	0	1	5	14	
Proportion of separations public patients (%)	53	54	46	49	54	47	46	70	51
Separation rate ^(e)	2.13	2.18	2.27	2.10	2.20	2.18	1.84	1.37	2.17
Standardised separation rate ratio (SRR)	0.99	1.01	1.05	0.97	1.02	1.00	0.85	0.63	
95% confidence interval of SRR	0.97–1.01	0.99–1.03	1.03–1.07	0.94–1.00	0.99–1.05	0.94–1.06	0.78–0.92	0.55–0.71	
Coronary angioplasty									
Separations ^(a)	12,149	9,139	5,784	3,086	2,540	811	495	147	34,164
Separations not within state of residence (%)	10	1	1	1	1	2	4	100	
Proportion of separations public patients (%)	46	45	49	41	50	58	48	69	47
Separation rate ^(e)	1.61	1.62	1.33	1.43	1.37	1.39	1.58	0.94	1.51
Standardised separation rate ratio (SRR)	1.07	1.07	0.88	0.95	0.91	0.92	1.04	0.62	
95% confidence interval of SRR	1.05–1.09	1.05–1.09	0.86–0.90	0.92–0.98	0.87–0.95	0.86–0.98	0.95–1.13	0.52–0.72	
Coronary artery bypass graft									
Separations ^(a)	4,661	3,382	2,834	848	1,219	308	125	92	13,480
Separations not within state of residence (%)	8	1	1	1	1	7	8	100	
Proportion of separations public patients (%)	53	50	48	50	48	51	46	50	50
Separation rate ^(e)	0.62	0.60	0.66	0.40	0.65	0.52	0.42	0.62	0.60
Standardised separation rate ratio (SRR)	1.03	1.00	1.10	0.66	1.08	0.87	0.70	1.04	
95% confidence interval of SRR	1.00–1.06	0.97–1.03	1.06–1.14	0.62–0.70	1.02–1.14	0.77–0.97	0.58–0.82	0.83–1.25	

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Hip replacement									
Separations ^(a)	10,003	8,212	4,977	3,255	2,804	960	447	83	30,775
Separations not within state of residence (%)	6	2	2	0	0	3	6	47	
Proportion of separations public patients (%)	40	39	39	41	37	33	43	55	39
Separation rate ^(e)	1.30	1.43	1.16	1.53	1.43	1.63	1.52	0.78	1.35
Standardised separation rate ratio (SRR)	0.96	1.06	0.86	1.14	1.06	1.21	1.13	0.58	
95% confidence interval of SRR	0.94–0.98	1.04–1.08	0.84–0.88	1.10–1.18	1.02–1.10	1.13–1.29	1.03–1.23	0.46–0.70	
Revision of hip replacement									
Separations ^(a)	1,110	989	628	377	287	85	64	11	3,555
Separations not within state of residence (%)	10	3	1	0	0	7	11	91	
Proportion of separations public patients (%)	34	31	35	39	32	39	45	27	34
Separation rate ^(e)	0.14	0.17	0.15	0.18	0.15	0.15	0.22	0.12	0.16
Proportion of hip replacements	0.11	0.12	0.13	0.12	0.10	0.09	0.14	0.13	0.12
Standardised separation rate ratio (SRR)	0.92	1.10	0.94	1.16	0.94	0.95	1.39	0.74	
95% confidence interval of SRR	0.87–0.97	1.03–1.17	0.87–1.01	1.04–1.28	0.83–1.05	0.75–1.15	1.05–1.73	0.30–1.18	
Hysterectomy, females aged 15–69									
Separations ^(a)	8,739	6,214	5,633	2,707	2,445	702	412	123	26,991
Separations not within state of residence (%)	5	1	1	0	0	2	9	14	
Proportion of separations public patients (%)	41	49	37	37	45	39	30	61	42
Separation rate ^(e)	1.24	1.16	1.31	1.23	1.49	1.39	1.19	0.57	1.25
Standardised separation rate ratio (SRR)	0.99	0.93	1.05	0.99	1.19	1.11	0.95	0.45	
95% confidence interval of SRR	0.97–1.01	0.91–0.95	1.02–1.08	0.95–1.03	1.14–1.24	1.03–1.19	0.86–1.04	0.37–0.53	
Age and sex restricted adjusted separation rate ^(g)	3.5	3.3	3.7	3.5	4.2	3.9	3.3	1.6	3.5
Knee replacement									
Separations ^(a)	13,213	7,509	6,827	3,657	3,274	880	532	97	36,076
Separations not within state of residence (%)	6	2	1	0	0	3	6	70	
Proportion of separations public patients (%)	34	31	29	35	27	25	28	26	31
Separation rate ^(e)	1.74	1.33	1.59	1.73	1.73	1.47	1.75	0.68	1.59
Standardised separation rate ratio (SRR)	1.09	0.83	1.00	1.08	1.08	0.92	1.10	0.43	
95% confidence interval of SRR	1.07–1.11	0.81–0.85	0.98–1.02	1.04–1.12	1.04–1.12	0.86–0.98	1.01–1.19	0.34–0.52	

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Lens insertion									
Separations ^(a)	63,536	44,924	40,163	18,277	14,296	4,478	1,564	699	188,255
Separations not within state of residence (%)	3	1	2	0	0	1	4	17	
Proportion of separations public patients (%)	30	27	16	38	29	10	52	80	27
Separation rate ^(c)	8.32	7.86	9.61	8.88	7.30	7.60	5.67	6.53	8.37
Standardised separation rate ratio (SRR)	0.99	0.94	1.15	1.06	0.87	0.91	0.68	0.78	
95% confidence interval of SRR	0.98–1.00	0.93–0.95	1.14–1.16	1.04–1.08	0.86–0.88	0.88–0.94	0.65–0.71	0.72–0.84	
Myringotomy (with insertion of tube)									
Separations ^(a)	9,202	8,154	5,744	3,951	3,892	608	558	99	32,224
Separations not within state of residence (%)	6	1	1	0	1	1	4	14	
Proportion of separations public patients (%)	31	40	27	33	35	31	32	87	33
Separation rate ^(c)	1.39	1.64	1.36	1.91	2.71	1.27	1.72	0.39	1.58
Standardised separation rate ratio (SRR)	0.88	1.04	0.86	1.21	1.71	0.80	1.09	0.24	
95% confidence interval of SRR	0.86–0.90	1.02–1.06	0.84–0.88	1.17–1.25	1.66–1.76	0.74–0.86	1.00–1.18	0.19–0.29	
Prostatectomy									
Separations ^(a)	10,208	8,533	5,219	2,654	2,597	888	373	87	30,614
Separations not within state of residence (%)	6	1	3	1	0	1	9	41	
Proportion of separations public patients (%)	32	34	26	35	33	25	20	51	32
Separation rate ^(c)	1.33	1.49	1.20	1.23	1.34	1.46	1.24	0.76	1.34
Standardised separation rate ratio (SRR)	0.99	1.11	0.90	0.92	1.00	1.09	0.92	0.56	
95% confidence interval of SRR	0.97–1.01	1.09–1.13	0.88–0.92	0.88–0.96	0.96–1.04	1.02–1.16	0.83–1.01	0.44–0.68	
Tonsillectomy									
Separations ^(a)	13,723	9,583	8,493	4,617	4,017	617	736	175	42,000
Separations not within state of residence (%)	5	2	1	0	1	1	3	10	
Proportion of separations public patients (%)	35	47	24	40	43	34	32	79	37
Separation rate ^(c)	2.08	1.92	2.02	2.22	2.77	1.32	2.20	0.70	2.06
Standardised separation rate ratio (SRR)	1.01	0.93	0.98	1.07	1.34	0.64	1.07	0.34	
95% confidence interval of SRR	0.99–1.03	0.91–0.95	0.96–1.00	1.04–1.10	1.30–1.38	0.59–0.69	0.99–1.15	0.29–0.39	

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

(b) The procedures and diagnoses are defined using ICD-10-AM codes in *Appendix 1*.

(c) Includes records with unknown remoteness area but with known state of residence, and excludes overseas residents and unknown state of residence.

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

(e) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

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

(g) Females aged 15–69 years only.

Table 4.8: Separation statistics^(a) for selected procedures^(b), by remoteness area of usual residence, all hospitals^(c), Australia, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(c)
Caesarean section						
Separations ^(a)	63,694	15,134	7,583	1,467	842	88,760
Proportion of separations public patients (%)	51	67	69	69	81	56
Separation rate ^(d)	4.35	4.60	4.55	4.76	4.57	4.39
Standardised separation rate ratio (SRR)	0.99	1.05	1.04	1.08	1.04	
95% confidence interval of SRR	0.98–1.00	1.03–1.07	1.02–1.06	1.02–1.14	0.97–1.11	
In-hospital birth separations	193,718	51,253	26,374	4,983	2,972	279,415
Proportion of separations public patients (%)	63.8	76.9	75.9	77.2	87.1	67.8
Separation rate ^(d)	13.11	15.54	15.89	16.30	16.05	13.76
Separations per 100 in-hospital birth separations ^(e)	32.9	29.5	28.8	29.4	28.3	31.8
Public hospitals	27.0	26.7	26.5	27.1	26.7	26.9
Public patients	26.2	25.9	26.0	26.2	26.5	26.1
Private patients	37.1	35.5	31.2	33.9	31.7	35.9
Private hospitals	45.9	44.0	40.0	45.6	44.3	45.4
Cholecystectomy						
Separations ^(a)	31,243	10,519	4,503	634	265	47,182
Proportion of separations public patients (%)	49	55	59	64	74	51
Separation rate ^(d)	2.13	2.43	2.19	2.05	1.70	2.19
Standardised separation rate ratio (SRR)	0.97	1.11	1.00	0.94	0.78	
95% confidence interval of SRR	0.96–0.98	1.09–1.13	0.97–1.03	0.87–1.01	0.69–0.87	
Coronary angioplasty						
Separations ^(a)	23,494	7,238	2,905	369	146	34,164
Proportion of separations public patients (%)	44	51	53	60	71	47
Separation rate ^(d)	1.59	1.46	1.28	1.24	1.10	1.53
Standardised separation rate ratio (SRR)	1.04	0.96	0.84	0.81	0.72	
95% confidence interval of SRR	1.03–1.05	0.94–0.98	0.81–0.87	0.73–0.89	0.60–0.84	

(continued)

Table 4.8 (continued): Separation statistics^(a) for selected procedures^(b), by remoteness area of usual residence, all hospitals^(c), Australia, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(c)
Coronary artery bypass graft						
Separations ^(a)	8,812	3,065	1,362	168	67	13,480
Proportion of separations public patients (%)	48	53	59	60	75	50
Separation rate ^(d)	0.60	0.61	0.60	0.58	0.57	0.61
Standardised separation rate ratio (SRR)	1.00	1.01	0.99	0.95	0.94	
95% confidence interval of SRR	0.98–1.02	0.97–1.05	0.94–1.04	0.81–1.09	0.71–1.17	
Hip replacement						
Separations ^(a)	19,493	7,578	3,258	325	99	30,775
Proportion of separations public patients (%)	37	41	46	43	62	39
Separation rate ^(d)	1.31	1.51	1.46	1.21	1.01	1.37
Standardised separation rate ratio (SRR)	0.96	1.10	1.07	0.88	0.74	
95% confidence interval of SRR	0.95–0.97	1.08–1.12	1.03–1.11	0.78–0.98	0.59–0.89	
Revision of hip replacement						
Separations ^(a)	2,219	881	402	36	12	3,555
Proportion of separations public patients (%)	31	39	41	33	58	34
Separation rate ^(d)	0.15	0.18	0.18	0.14	0.11	0.16
Standardised separation rate ratio (SRR)	0.94	1.11	1.14	0.86	0.72	
95% confidence interval of SRR	0.90–0.98	1.04–1.18	1.03–1.25	0.58–1.14	0.31–1.13	
Hysterectomy, females aged 15–69						
Separations ^(a)	17,235	6,331	2,906	354	156	26,991
Proportion of separations public patients (%)	37	48	53	53	65	42
Separation rate ^(d)	1.19	1.49	1.41	1.07	0.99	1.26
Standardised separation rate ratio (SRR)	0.94	1.18	1.12	0.85	0.79	
95% confidence interval of SRR	0.93–0.95	1.15–1.21	1.08–1.16	0.76–0.94	0.67–0.91	
Age and sex restricted adjusted separation rate ^(f)	3.33	4.19	3.95	3.00	2.78	3.54
Knee replacement						
Separations ^(a)	22,490	9,023	4,020	421	114	36,076
Proportion of separations public patients (%)	30	34	37	35	31	31
Separation rate ^(d)	1.53	1.79	1.77	1.51	1.03	1.61
Standardised separation rate ratio (SRR)	0.95	1.11	1.10	0.94	0.64	
95% confidence interval of SRR	0.94–0.96	1.09–1.13	1.07–1.13	0.85–1.03	0.52–0.76	

(continued)

Table 4.8 (continued): Separation statistics^(a) for selected procedures^(b), by remoteness area of usual residence, all hospitals^(c), Australia, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia ^(c)
Lens insertion						
Separations ^(a)	121,920	44,861	18,713	1,929	793	188,255
Proportion of separations public patients (%)	24	30	32	46	60	27
Separation rate ^(d)	8.29	8.94	8.57	7.63	8.13	8.46
Standardised separation rate ratio (SRR)	0.98	1.06	1.01	0.90	0.96	
95% confidence interval of SRR	0.97–0.99	1.05–1.07	1.00–1.02	0.86–0.94	0.89–1.03	
Myringotomy (with insertion of tube)						
Separations ^(a)	22,495	6,489	2,632	432	170	32,224
Proportion of separations public patients (%)	28	45	45	49	71	33
Separation rate ^(d)	1.65	1.61	1.31	1.21	0.80	1.60
Standardised separation rate ratio (SRR)	1.04	1.01	0.82	0.76	0.50	
95% confidence interval of SRR	1.03–1.05	0.99–1.03	0.79–0.85	0.69–0.83	0.42–0.58	
Prostatectomy						
Separations ^(a)	20,035	7,107	3,074	303	85	30,614
Proportion of separations public patients (%)	29	35	42	44	46	32
Separation rate ^(d)	1.35	1.39	1.36	1.11	0.78	1.36
Standardised separation rate ratio (SRR)	1.00	1.03	1.00	0.82	0.58	
95% confidence interval of SRR	0.99–1.01	1.01–1.05	0.96–1.04	0.73–0.91	0.46–0.70	
Tonsillectomy						
Separations ^(a)	27,632	9,699	3,846	600	214	42,000
Proportion of separations public patients (%)	32	44	47	50	51	37
Separation rate ^(d)	2.01	2.45	1.99	1.80	1.08	2.08
Standardised separation rate ratio (SRR)	0.97	1.18	0.96	0.87	0.52	
95% confidence interval of SRR	0.96–0.98	1.16–1.20	0.93–0.99	0.80–0.94	0.45–0.59	

(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. Excludes multiple procedures in the same separation within the same group.

(b) The procedures are defined using ICD-10-AM codes in *Appendix 1*.

(c) Includes records with unknown remoteness area but with known state of residence, and excludes overseas residents and unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

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

(f) Females aged 15–69 years only.

Table 4.9: Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Caesarean section						
Separations ^(a)	16,952	16,401	18,132	18,565	18,673	88,760
Proportion of separations public patients (%)	76	67	58	50	31	56
Separation rate ^(e)	4.50	4.50	4.32	4.41	4.54	4.46
Standardised separation rate ratio (SRR)	1.01	1.01	0.97	0.99	1.02	
95% confidence interval of SRR	0.99–1.03	0.99–1.03	0.96–0.98	0.98–1.00	1.01–1.03	
In-hospital birth separations						
Proportion of separations public patients (%)	61,844	54,527	58,015	55,499	49,423	279,415
Separation rate ^(e)	83.6	77.5	69.3	61.5	42.8	67.8
Separations per 100 in-hospital birth separations ^(f)	16.30	14.89	13.74	13.16	12.03	13.98
Public hospitals	27.4	30.1	31.3	33.5	37.8	31.8
Private patients	25.5	26.7	27.1	27.8	28.8	26.9
Private hospitals	24.8	26.2	26.3	27.0	27.2	26.1
	35.4	32.8	34.4	37.9	39.9	35.9
	42.5	47.6	44.5	44.6	46.4	45.4
Cholecystectomy						
Separations ^(a)	10,370	9,945	9,768	9,086	7,999	47,182
Proportion of separations public patients (%)	65	58	53	45	30	51
Separation rate ^(e)	2.46	2.35	2.29	2.20	1.88	2.23
Standardised separation rate ratio (SRR)	1.11	1.05	1.03	0.98	0.84	
95% confidence interval of SRR	1.09–1.13	1.03–1.07	1.01–1.05	0.96–1.00	0.82–0.86	
Coronary angioplasty						
Separations ^(a)	6,971	7,379	6,688	6,327	6,789	34,164
Proportion of separations public patients (%)	62	51	47	42	29	47
Separation rate ^(e)	1.54	1.59	1.56	1.57	1.59	1.57
Standardised separation rate ratio (SRR)	0.99	1.01	1.00	1.00	1.02	
95% confidence interval of SRR	0.97–1.01	0.99–1.03	0.98–1.02	0.98–1.02	1.00–1.04	

(continued)

Table 4.9 (continued): Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Coronary artery bypass graft						
Separations ^(a)	3,112	2,990	2,673	2,400	2,300	13,480
Proportion of separations public patients (%)	64	56	52	43	29	50
Separation rate ^(e)	0.68	0.64	0.63	0.61	0.55	0.62
Standardised separation rate ratio (SRR)	1.10	1.02	1.01	0.98	0.89	
95% confidence interval of SRR	1.06–1.14	0.98–1.06	0.97–1.05	0.94–1.02	0.85–0.93	
Hip replacement						
Separations ^(a)	5,991	6,744	6,059	5,544	6,417	30,775
Proportion of separations public patients (%)	51	45	42	35	23	39
Separation rate ^(e)	1.31	1.42	1.41	1.39	1.49	1.40
Standardised separation rate ratio (SRR)	0.93	1.01	1.01	0.99	1.06	
95% confidence interval of SRR	0.91–0.95	0.99–1.03	0.98–1.04	0.96–1.02	1.03–1.09	
Revision of hip replacement						
Separations ^(e)	678	767	736	611	758	3,555
Proportion of separations public patients (%)	43	41	40	28	19	34
Separation rate ^(f)	0.15	0.16	0.17	0.15	0.18	0.16
Standardised separation rate ratio (SRR)	0.91	1.00	1.06	0.94	1.10	
95% confidence interval of SRR	0.84–0.98	0.93–1.07	0.98–1.14	0.87–1.01	1.02–1.18	
Hysterectomy, females aged 15–69						
Separations ^(a)	5,494	6,027	5,493	5,093	4,875	26,991
Proportion of separations public patients (%)	58	49	44	34	20	42
Separation rate ^(e)	1.35	1.47	1.29	1.21	1.11	1.28
Standardised separation rate ratio (SRR)	1.05	1.15	1.00	0.94	0.87	
95% confidence interval of SRR	1.02–1.08	1.12–1.18	0.97–1.03	0.91–0.97	0.85–0.89	
Age and sex restricted standardised separation rate ^(g)	3.8	4.1	3.6	3.4	3.1	3.6
Knee replacement						
Separations ^(a)	7,651	8,393	7,109	6,461	6,455	36,076
Proportion of separations public patients (%)	42	37	33	26	16	31
Separation rate ^(e)	1.66	1.77	1.66	1.64	1.55	1.66
Standardised separation rate ratio (SRR)	1.00	1.07	1.00	0.99	0.94	
95% confidence interval of SRR	0.98–1.02	1.05–1.09	0.98–1.02	0.97–1.01	0.92–0.96	

(continued)

Table 4.9 (continued): Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Lens insertion						
Separations ^(a)	40,564	41,280	37,148	32,475	36,752	188,255
Proportion of separations public patients (%)	33	34	28	21	14	27
Separation rate ^(e)	8.81	8.64	8.74	8.34	8.77	8.67
Standardised separation rate ratio (SRR)	1.02	1.00	1.01	0.96	1.01	
95% confidence interval of SRR	1.01–1.03	0.99–1.01	1.00–1.02	0.95–0.97	1.00–1.02	
Myringotomy (with insertion of tube)						
Separations ^(a)	5,443	6,125	6,268	6,703	7,679	32,224
Proportion of separations public patients (%)	51	45	37	27	13	33
Separation rate ^(e)	1.30	1.56	1.55	1.69	2.05	1.62
Standardised separation rate ratio (SRR)	0.80	0.96	0.96	1.05	1.26	
95% confidence interval of SRR	0.78–0.82	0.94–0.98	0.94–0.98	1.02–1.08	1.23–1.29	
Prostatectomy						
Separations ^(a)	6,198	6,547	5,601	5,539	6,720	30,614
Proportion of separations public patients (%)	44	39	35	26	15	32
Separation rate ^(e)	1.34	1.37	1.31	1.39	1.59	1.40
Standardised separation rate ratio (SRR)	0.96	0.98	0.94	1.00	1.14	
95% confidence interval of SRR	0.94–0.98	0.96–1.00	0.92–0.96	0.97–1.03	1.11–1.17	
Tonsillectomy						
Separations ^(a)	8,127	8,689	8,707	8,145	8,323	42,000
Proportion of separations public patients (%)	51	47	41	28	16	37
Separation rate ^(e)	1.98	2.23	2.13	2.03	2.15	2.10
Standardised separation rate ratio (SRR)	0.94	1.06	1.01	0.96	1.02	
95% confidence interval of SRR	0.92–0.96	1.04–1.08	0.99–1.03	0.94–0.98	1.00–1.04	

(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. Excludes multiple procedures in the same separation within the same group.

(b) The procedures are defined using ICD-10-AM codes in *Appendix 1*.

(c) Based on the ABS SEIFA 2006 Index of Advantage/Disadvantage score for the statistical local area of the patient's usual residence.

(d) Includes records with unknown remoteness area but with known state of residence, and excludes overseas residents and unknown state of residence.

(e) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

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

(g) Females aged 15–69 years only.

Table 4.10: Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2007–08

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E62C Respiratory infections/inflamations W/O CC										
ALOS (days)	Public	3.7	2.9	3.1	3.4	3.4	3.5	3.0	3.9	3.3
	Private	5.8	5.2	4.8	5.0	4.7	n.p.	n.p.	n.p.	5.1
	Total	3.9	3.3	3.5	3.6	3.6	n.p.	n.p.	n.p.	3.6
Separations	Public	9,803	5,752	4,709	2,257	1,755	590	404	599	25,869
	Private	968	1,324	1,468	389	384	n.p.	n.p.	n.p.	4,706
	Total	10,771	7,076	6,177	2,646	2,139	n.p.	n.p.	n.p.	30,575
E65B Chronic obstructive airway disease W/O catastrophic or severe CC										
ALOS (days)	Public	5.2	3.9	4.5	4.7	4.6	5.6	4.5	4.1	4.7
	Private	8.9	7.0	7.3	7.0	5.9	n.p.	n.p.	n.p.	7.3
	Total	5.5	4.5	5.2	5.1	4.8	n.p.	n.p.	n.p.	5.1
Separations	Public	9,117	5,238	4,851	2,206	2,326	741	184	515	25,178
	Private	902	1,311	1,683	497	600	n.p.	n.p.	n.p.	5,201
	Total	10,019	6,549	6,534	2,703	2,926	n.p.	n.p.	n.p.	30,379
E69C Bronchitis and asthma age<50 W/O CC										
ALOS (days)	Public	1.7	1.4	1.5	1.7	1.8	1.6	1.6	1.7	1.6
	Private	2.1	2.6	2.3	2.0	2.5	n.p.	n.p.	n.p.	2.3
	Total	1.7	1.4	1.6	1.7	1.8	n.p.	n.p.	n.p.	1.6
Separations	Public	9,981	6,958	4,912	2,331	2,854	494	265	256	28,051
	Private	146	268	598	123	111	n.p.	n.p.	n.p.	1,302
	Total	10,127	7,226	5,510	2,454	2,965	n.p.	n.p.	n.p.	29,353
F62B Heart failure and shock W/O catastrophic CC										
ALOS (days)	Public	5.7	4.2	4.5	5.0	5.2	5.5	4.6	3.9	5.0
	Private	9.4	7.4	7.5	8.1	7.2	n.p.	n.p.	n.p.	7.8
	Total	6.1	5.0	5.5	5.6	5.6	n.p.	n.p.	n.p.	5.6
Separations	Public	8,995	6,242	3,957	1,950	2,027	603	281	226	24,281
	Private	1,039	2,063	1,884	486	636	n.p.	n.p.	n.p.	6,356
	Total	10,034	8,305	5,841	2,436	2,663	n.p.	n.p.	n.p.	30,637
F71B Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC										
ALOS (days)	Public	2.4	2.0	2.2	1.8	2.3	2.1	2.1	1.9	2.2
	Private	2.1	2.3	2.5	1.7	2.1	n.p.	n.p.	n.p.	2.2
	Total	2.4	2.1	2.3	1.8	2.3	n.p.	n.p.	n.p.	2.2
Separations	Public	10,842	7,848	5,410	2,411	2,485	841	543	210	30,590
	Private	1,941	3,041	3,232	1,342	1,410	n.p.	n.p.	n.p.	11,432
	Total	12,783	10,889	8,642	3,753	3,895	n.p.	n.p.	n.p.	42,022

(continued)

Table 4.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2007-08

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G07B Appendicectomy W/O Catastrophic or Severe CC ALOS (days)	Public	2.9	2.6	2.4	2.4	2.6	2.6	2.7	2.9	2.6
	Private	2.5	2.6	2.1	2.4	2.4	n.p.	n.p.	n.p.	2.4
	<i>Total</i>		2.6	2.3	2.4	2.6	n.p.	n.p.	n.p.	2.6
	Public	6,370	4,518	3,309	1,996	1,264	379	442	185	18,463
	Private	789	1,035	1,633	598	355	n.p.	n.p.	n.p.	4,679
	<i>Total</i>	7,159	5,553	4,942	2,594	1,619	n.p.	n.p.	n.p.	23,142
G08B Abdominal and other hernia procedures age 1 to 59 or W catastrophic or severe CC										
ALOS (days)	Public	1.5	1.5	1.4	1.6	1.8	1.6	1.6	1.9	1.5
	Private	1.4	1.4	1.3	1.6	1.5	n.p.	n.p.	n.p.	1.4
	<i>Total</i>	1.5	1.5	1.3	1.6	1.7	n.p.	n.p.	n.p.	1.5
Separations	Public	2,233	1,885	1,430	829	615	110	91	81	7,274
	Private	2,300	1,521	1,953	855	520	n.p.	n.p.	n.p.	7,527
	<i>Total</i>	4,533	3,406	3,383	1,684	1,135	n.p.	n.p.	n.p.	14,801
G09Z Inguinal and femoral hernia procedures age>0										
ALOS (days)	Public	1.4	1.4	1.3	1.3	1.5	1.2	1.4	1.4	1.4
	Private	1.3	1.3	1.2	1.4	1.4	n.p.	n.p.	n.p.	1.3
	<i>Total</i>	1.3	1.4	1.2	1.4	1.4	n.p.	n.p.	n.p.	1.3
Separations	Public	5,400	4,372	2,757	1,761	1,420	263	203	154	16,330
	Private	7,140	5,301	5,169	2,289	1,572	n.p.	n.p.	n.p.	22,712
	<i>Total</i>	12,540	9,673	7,926	4,050	2,992	n.p.	n.p.	n.p.	39,042
H08B Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC										
ALOS (days)	Public	1.9	1.9	1.7	1.9	1.9	1.7	1.9	2.6	1.9
	Private	1.6	1.9	1.7	1.9	1.9	n.p.	n.p.	n.p.	1.7
	<i>Total</i>	1.8	1.9	1.7	1.9	1.9	n.p.	n.p.	n.p.	1.8
Separations	Public	6,667	4,947	3,397	1,825	1,575	331	254	153	19,149
	Private	5,204	3,839	4,092	1,707	1,253	n.p.	n.p.	n.p.	17,052
	<i>Total</i>	11,871	8,786	7,489	3,532	2,828	n.p.	n.p.	n.p.	36,201
I03C Hip replacement W/O catastrophic or severe CC										
ALOS (days)	Public	6.9	7.3	7.0	5.9	6.6	7.0	6.2	n.p.	6.9
	Private	7.0	7.3	6.9	8.8	7.2	n.p.	n.p.	n.p.	7.2
	<i>Total</i>	7.0	7.3	6.9	7.7	7.0	n.p.	n.p.	n.p.	7.1
Separations	Public	2,700	1,785	1,173	855	664	224	167	16	7,584
	Private	3,830	3,447	2,183	1,283	1,224	n.p.	n.p.	n.p.	12,711
	<i>Total</i>	6,530	5,232	3,356	2,138	1,888	n.p.	n.p.	n.p.	20,295

(continued)

Table 4.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2007–08

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
I04Z Knee replacement and reattachment ALOS (days)	Public	7.0	7.8	7.2	7.3	6.3	7.3	6.6	n.p.	7.2
	Private	7.1	7.5	7.0	9.8	7.1	n.p.	n.p.	n.p.	7.4
	<i>Total</i>	7.1	7.6	7.1	8.9	6.9	n.p.	n.p.	n.p.	7.4
Separations	Public	4,507	2,535	2,031	1,310	978	216	222	28	11,827
	Private	7,138	4,834	4,655	2,189	2,323	n.p.	n.p.	n.p.	22,239
	<i>Total</i>	11,645	7,369	6,686	3,499	3,301	n.p.	n.p.	n.p.	34,066
I16Z Other shoulder procedures ALOS (days)	Public	1.7	1.6	1.4	1.5	1.8	1.9	1.7	2.4	1.6
	Private	1.4	1.4	1.4	1.5	1.5	n.p.	n.p.	n.p.	1.4
	<i>Total</i>	1.5	1.5	1.4	1.5	1.6	n.p.	n.p.	n.p.	1.5
Separations	Public	1,636	1,411	983	922	538	77	123	59	5,749
	Private	7,427	6,964	5,792	4,587	2,639	n.p.	n.p.	n.p.	28,715
	<i>Total</i>	9,063	8,375	6,775	5,509	3,177	n.p.	n.p.	n.p.	34,464
L63B Kidney and urinary tract infections age>69 W/O catastrophic CC ALOS (days)	Public	5.9	4.1	4.7	5.3	5.2	4.3	4.8	6.3	5.1
	Private	8.0	6.8	5.7	6.8	6.9	n.p.	n.p.	n.p.	6.6
	<i>Total</i>	6.0	4.7	5.0	5.5	5.5	n.p.	n.p.	n.p.	5.4
Separations	Public	6,707	4,400	2,920	1,485	1,335	300	245	137	17,529
	Private	600	1,235	1,419	295	359	n.p.	n.p.	n.p.	4,068
	<i>Total</i>	7,307	5,635	4,339	1,780	1,694	n.p.	n.p.	n.p.	21,597
M02B Transurethral prostatectomy W/O catastrophic or severe CC ALOS (days)	Public	3.1	2.7	2.6	2.9	2.7	3.6	3.6	n.p.	2.9
	Private	3.0	3.0	3.0	3.0	3.3	n.p.	n.p.	n.p.	3.0
	<i>Total</i>	3.0	2.9	2.9	3.0	3.0	n.p.	n.p.	n.p.	3.0
Separations	Public	2,038	1,921	926	618	774	133	66	16	6,492
	Private	3,670	3,285	2,327	974	1,018	n.p.	n.p.	n.p.	11,862
	<i>Total</i>	5,708	5,206	3,253	1,592	1,792	n.p.	n.p.	n.p.	18,354
N04Z Hysterectomy for non-malignancy ALOS (days)	Public	3.8	3.8	3.4	3.8	3.6	3.6	3.9	4.3	3.7
	Private	3.9	4.4	3.6	4.0	4.4	n.p.	n.p.	n.p.	4.0
	<i>Total</i>	3.9	4.0	3.5	3.9	4.0	n.p.	n.p.	n.p.	3.9
Separations	Public	3,774	3,306	2,099	1,011	1,193	246	152	99	11,880
	Private	4,463	2,764	3,330	1,553	1,207	n.p.	n.p.	n.p.	14,193
	<i>Total</i>	8,237	6,070	5,429	2,564	2,400	n.p.	n.p.	n.p.	26,073

(continued)

Table 4.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2007–08

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
N06Z Female reproductive system reconstructive procedures ALOS (days)	Public	2.8	2.6	2.1	2.8	2.4	2.7	3.0	n.p.	2.6
	Private	3.2	2.9	2.4	3.1	3.1	n.p.	n.p.	n.p.	2.9
	<i>Total</i>	3.0	2.8	2.3	3.0	2.8	n.p.	n.p.	n.p.	2.8
	Separations	2,154	1,556	1,270	582	729	138	79	31	6,539
O01C Caesarean delivery W moderate complicating diagnosis ALOS (days)	Public	3,455	1,996	2,612	1,006	1,082	n.p.	n.p.	n.p.	10,690
	Private	5,609	3,552	3,882	1,588	1,811	n.p.	n.p.	n.p.	17,229
	<i>Total</i>									
	Separations									
O60B Vaginal delivery W severe complicating diagnosis ALOS (days)	Public	4.3	4.2	3.7	4.2	4.5	3.9	4.0	5.5	4.1
	Private	5.3	5.2	4.7	5.9	5.5	n.p.	n.p.	n.p.	5.2
	<i>Total</i>	4.6	4.6	4.1	5.0	4.9	n.p.	n.p.	n.p.	4.6
	Separations	14,253	10,009	8,722	3,862	2,880	788	580	503	41,597
O60B Vaginal delivery W severe complicating diagnosis ALOS (days)	Public	7,619	6,442	7,156	3,868	1,752	n.p.	n.p.	n.p.	28,335
	Private	21,872	16,451	15,878	7,730	4,632	n.p.	n.p.	n.p.	69,932
	<i>Total</i>									
	Separations									
R61B Lymphoma and non-acute leukaemia W/O catastrophic CC ALOS (days)	Public	2.9	2.7	2.5	2.9	2.9	2.8	2.4	3.5	2.8
	Private	4.4	4.2	3.9	4.7	4.4	n.p.	n.p.	n.p.	4.3
	<i>Total</i>	3.2	3.1	2.9	3.4	3.3	n.p.	n.p.	n.p.	3.1
	Separations	35,956	27,401	19,124	9,889	6,934	1,895	1,860	1,345	104,404
R61B Lymphoma and non-acute leukaemia W/O catastrophic CC ALOS (days)	Public	8,124	10,320	7,188	4,110	2,443	n.p.	n.p.	n.p.	34,498
	Private	44,080	37,721	26,312	13,999	9,377	n.p.	n.p.	n.p.	138,902
	<i>Total</i>									
	Separations									
U63B Major affective disorders age<70 W/O catastrophic or severe CC ALOS (days)	Public	5.3	4.2	4.8	4.8	5.5	5.8	9.1	n.p.	5.0
	Private	4.5	4.1	4.6	2.9	3.8	n.p.	n.p.	n.p.	4.1
	<i>Total</i>	5.2	4.1	4.7	3.7	4.8	n.p.	n.p.	n.p.	4.6
	Separations	2,676	2,114	1,101	658	818	205	117	39	7,728
U63B Major affective disorders age<70 W/O catastrophic or severe CC ALOS (days)	Public	690	2,244	1,778	981	610	n.p.	n.p.	n.p.	6,430
	Private	3,366	4,358	2,879	1,639	1,428	n.p.	n.p.	n.p.	14,158
	<i>Total</i>									
	Separations									
U63B Major affective disorders age<70 W/O catastrophic or severe CC ALOS (days)	Public	14.2	13.3	13.7	15.1	11.7	13.1	16.2	13.5	13.7
	Private	21.2	17.9	19.4	14.1	18.6	n.p.	n.p.	n.p.	18.5
	<i>Total</i>	16.6	15.7	16.3	14.7	13.4	n.p.	n.p.	n.p.	15.7
	Separations	5,899	3,664	2,679	1,784	2,267	365	268	131	17,057
U63B Major affective disorders age<70 W/O catastrophic or severe CC ALOS (days)	Public	3,026	3,956	2,234	1,703	707	n.p.	n.p.	n.p.	12,167
	Private	8,925	7,620	4,913	3,487	2,974	n.p.	n.p.	n.p.	29,224
	<i>Total</i>									
	Separations									

(a) Separations for which the care type was reported as *Acute*, *Unknown* and *Newborn* with qualified days. Excludes separations where the length of stay was greater than 120 days.
Abbreviations: ALOS—average length of stay, CC—complications and comorbidities, CDE—common duct exploration, W/O—without, W—with.

Table 4.11: Relative stay index^{(a)(b)}, by hospital sector, patient election status and funding source, states and territories, 2007-08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(c)	1.04	0.91	0.95	0.99	1.00	0.98	0.91	1.15	0.98
Public ^(d)	1.04	0.91	0.95	0.99	1.00	0.98	0.91	1.15	0.98
Private patients	1.09	0.95	0.98	1.04	1.07	1.04	0.92	1.25	1.04
Private health insurance	1.09	0.96	0.99	1.06	1.09	1.04	1.00	0.96	1.05
Self-funded	1.05	0.91	0.85	0.89	0.88	..	1.08	1.49	0.98
Workers compensation	1.13	1.04	1.09	1.22	1.08	1.10	0.92	1.58	1.11
Motor vehicle third party personal claim	1.24	0.90	1.26	1.14	1.21	1.12	0.92	1.68	1.09
Department of Veterans' Affairs	1.01	0.90	0.93	0.91	1.03	1.03	0.76	1.05	0.97
Other ^(e)	1.99	1.66	1.08	1.04	1.00	0.74	0.82	0.99	1.42
Patient election status not reported	0.85	0.90	..	..	..	1.56	..	..	0.90
<i>Total</i>	<i>1.05</i>	<i>0.91</i>	<i>0.95</i>	<i>1.00</i>	<i>1.01</i>	<i>0.99</i>	<i>0.91</i>	<i>1.15</i>	<i>0.99</i>
Private hospitals									
Public patients ^(c)	0.58	1.05	0.91	1.30	1.11	n.p.	n.p.	n.p.	0.95
Public ^(d)	0.58	1.05	0.91	1.30	1.11	n.p.	n.p.	n.p.	0.95
Private patients	1.06	1.03	1.03	1.05	0.99	n.p.	n.p.	n.p.	1.03
Private health insurance	1.06	1.03	1.02	1.03	0.99	n.p.	n.p.	n.p.	1.03
Self-funded	0.90	0.88	0.82	0.83	0.76	n.p.	n.p.	n.p.	0.86
Workers compensation	0.99	1.02	0.88	0.90	0.96	n.p.	n.p.	n.p.	0.96
Motor vehicle third party personal claim	0.95	0.96	0.94	1.05	1.04	n.p.	n.p.	n.p.	0.99
Department of Veterans' Affairs	1.20	1.06	1.17	1.30	1.04	n.p.	n.p.	n.p.	1.15
Other ^(e)	1.03	0.76	0.94	1.08	1.57	n.p.	n.p.	n.p.	1.07
Patient election status not reported	..	1.03	..	..	..	n.p.	n.p.	n.p.	0.99
<i>Total</i>	<i>1.06</i>	<i>1.03</i>	<i>1.03</i>	<i>1.05</i>	<i>0.99</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.03</i>
All hospitals									
Public patients ^(c)	1.03	0.91	0.95	0.99	1.00	n.p.	n.p.	n.p.	0.98
Public ^(d)	1.03	0.91	0.95	0.99	1.00	n.p.	n.p.	n.p.	0.98
Private patients	1.07	1.01	1.02	1.05	1.01	n.p.	n.p.	n.p.	1.04
Private health insurance	1.07	1.02	1.02	1.04	1.01	n.p.	n.p.	n.p.	1.04
Self-funded	0.96	0.89	0.83	0.84	0.78	n.p.	n.p.	n.p.	0.89
Workers compensation	1.05	1.03	0.97	1.00	0.99	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.23	0.90	1.25	1.13	1.19	n.p.	n.p.	n.p.	1.08
Department of Veterans' Affairs	1.08	0.98	1.13	1.17	1.03	n.p.	n.p.	n.p.	1.07
Other ^(e)	1.93	1.60	1.03	1.05	1.33	n.p.	n.p.	n.p.	1.29
Patient election status not reported	0.85	0.91	..	..	..	n.p.	n.p.	n.p.	0.95
<i>Total</i>	<i>1.05</i>	<i>0.95</i>	<i>0.98</i>	<i>1.02</i>	<i>1.00</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.00</i>

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

(b) Indirectly standardised relative stay index based on all hospitals using AR-DRG version 5.1. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average.

(c) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal Health Care Agreements*, *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*, and most patients in Public psychiatric hospitals.

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

(e) Includes patients whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Unknown*.

Table 4.12: Relative stay index^(a), directly and indirectly standardised by hospital sector, and medical/surgical/other type of AR-DRG, states and territories, 2007–08

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index^(b)									
Public hospitals	1.05	0.91	0.95	1.00	1.01	0.99	0.91	1.15	0.99
Medical	1.03	0.88	0.92	0.99	0.99	0.98	0.92	1.09	0.96
Surgical	1.09	0.99	1.01	1.03	1.05	1.01	0.90	1.34	1.04
Other	1.16	0.95	1.07	0.99	1.04	1.05	0.92	1.19	1.05
Private hospitals	1.06	1.03	1.03	1.05	0.99	n.p.	n.p.	n.p.	1.03
Medical	1.28	1.10	1.13	1.09	1.06	n.p.	n.p.	n.p.	1.14
Surgical	0.93	0.97	0.94	1.03	0.95	n.p.	n.p.	n.p.	0.95
Other	0.90	0.94	0.96	0.96	0.92	n.p.	n.p.	n.p.	0.94
All hospitals	1.05	0.95	0.98	1.02	1.00	n.p.	n.p.	n.p.	1.00
Medical	1.06	0.93	0.98	1.01	1.01	n.p.	n.p.	n.p.	1.00
Surgical	1.02	0.98	0.98	0.97	1.03	n.p.	n.p.	n.p.	1.00
Other	1.06	0.95	1.01	0.97	0.99	n.p.	n.p.	n.p.	1.00
Directly standardised relative stay index^(c)									
Public hospitals	1.02	0.90	0.92	0.99	0.99	0.97	0.89	1.16	0.96
Medical	1.01	0.86	0.89	0.97	0.97	0.95	0.88	1.08	0.94
Surgical	1.05	1.01	0.98	1.04	1.04	1.02	0.94	1.44	1.03
Other	1.16	1.01	1.09	0.99	1.03	1.10	0.91	1.40	1.07
Private hospitals	1.07	1.06	1.05	1.10	1.04	n.p.	n.p.	n.p.	1.06
Medical	1.31	1.17	1.18	1.18	1.16	n.p.	n.p.	n.p.	1.20
Surgical	0.96	0.99	0.95	1.07	0.97	n.p.	n.p.	n.p.	0.98
Other	0.96	0.97	0.98	0.98	0.97	n.p.	n.p.	n.p.	0.97
All hospitals	1.04	0.96	0.97	1.03	1.01	n.p.	n.p.	n.p.	1.00
Medical	1.06	0.94	0.97	1.02	1.01	n.p.	n.p.	n.p.	1.00
Surgical	1.00	1.00	0.96	1.06	1.01	n.p.	n.p.	n.p.	1.00
Other	1.02	0.99	1.01	0.98	0.99	n.p.	n.p.	n.p.	1.00

(a) Separations for which the care type was reported as *Acute* or *Newborn* with qualified days, or was *Not reported*. Relative stay index based on all hospitals using AR-DRG version 5.1.

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

(c) The directly standardised relative stay index is re-scaled so each group represents the national casemix and is therefore directly comparable between cells.

Table 4.13: Separations^(a) with an adverse event^(b), by hospital sector^(c), Australia, 2007–08

Adverse event	Public			Private			Total	
	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations
External cause codes								
Y40–Y59 Adverse effects of drugs, medicaments and biological substances	86,345	1.8	19,667	0.6	106,012	1.3		
Y60–Y82 Misadventures to patients during surgical and medical care	10,080	0.2	3,953	0.1	14,033	0.2		
Y83–Y84 Procedures causing abnormal reactions/complications	153,300	3.2	84,772	2.7	238,072	3.0		
Y88 & Y95 Other external causes of adverse events	5,558	0.1	863	0.0	6,421	0.1		
Place of occurrence codes								
Y92.22 Health service area	250,285	5.2	110,774	3.5	361,059	4.5		
Diagnosis codes								
E89, G97, H59, H95, I97, J95, K91, M96, N99 Selected post-procedural disorders	40,861	0.9	21,098	0.7	61,959	0.8		
T81.0 Haemorrhage and haematoma complicating a procedure, n.e.c.	23,446	0.5	12,773	0.4	36,219	0.5		
T81.4 Infection following a procedure, n.e.c.	22,614	0.5	10,445	0.3	33,059	0.4		
T82–T85 Complications of internal prosthetic devices, implants and grafts	48,685	1.0	26,764	0.9	75,449	1.0		
Other diagnoses of complications of medical and surgical care (T80 to T88 and T98.3, not including above)	38,877	0.8	16,116	0.5	54,993	0.7		
Total ^(d)	267,686	5.6	114,566	3.7	382,252	4.8		

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

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

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

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

5 Non-admitted patient care

Introduction

This chapter presents information on non-admitted patient care services provided by selected public hospitals. It includes detailed patient-level information on public hospital emergency department care and summary data on public hospital outpatient clinic care.

Emergency department care

This section presents information on public hospital emergency department care for non-admitted patients. The types of data used were:

- Summary information on the total number of accident and emergency occasions of service for all public hospitals (7.1 million occasions of service) are presented in Table 2.7 and are used in this chapter to estimate the proportion of emergency department occasions of service for which the detailed episode-level data were available (Table 5.1). Occasions of service for which the detailed data were not available occurred mainly in hospitals not required to report to the Non-admitted patient emergency department care National Minimum Data Set (NAPEDC NMDS) (or in hospitals that did not have an emergency department).
- Detailed episode-level data for over 5.5 million non-admitted patient emergency department presentations. These records include information on waiting times, triage category and whether the patients were admitted to hospital (tables 5.2 and 5.3). The records also include information on the sex and age of the patient, the type of visit, the patient's mode of arrival, the patient's episode end status, the waiting time until treated, and the total duration of the non-admitted patient episode (tables 5.4 to 5.10).

Because of differences in the collection, scope and coverage of the sources of data (as detailed below), the statistics in this chapter should be interpreted with reference to the notes on the data collections in this chapter, in *Chapter 1* and in *Appendix 2*.

The detailed information presented for all episode-level records in tables 5.3 to 5.10 should be interpreted with caution as the data may not be representative of emergency department presentations for hospitals which were not required to provide data for non-admitted patient emergency department care. The proportion of accident and emergency occasions of service for which detailed episode-level data were available was almost 100% for *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* (peer group A and B hospitals), and about 78% for all hospitals (Table 5.1).

Data sources

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for emergency department presentations in public

hospitals. The database is based on the NAPEDC NMDS, as defined in the *National health data dictionary, version 13* (HDSC 2006).

The scope of this NMDS in 2007–08 was non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2006–07* (AIHW 2008a). The peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity (see *Appendix 1*). The use of this classification as an interim measure to define the scope of this collection is under review. Data were also provided by some states and territories for hospitals in peer groups other than A and B, as described below.

Limitations of the data

This is the fifth year that episode-level data on emergency department care have been collected on a national basis and, as certain issues of definition have not been resolved, comparability across jurisdictions may be limited. For example:

- There is variation in the point at which the emergency department presentation is recorded as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital. This variation is likely to have significantly affected the comparability of data on the duration of the presentation (tables 5.9 and 5.10). For more detail see *Australian hospital statistics 2003–04* (AIHW 2005a).
- There is also some variation over time in the categorisation of presentations reported as subsequently admitted.

The proportion of accident and emergency occasions of service for which detailed episode-level data were available was 78% in 2005–06, 2006–07 and 2007–08, 76% in 2004–05 and 73% in 2003–04.

Methods of analysis

The number of patients seen on time was determined as the number of patients in each triage category whose waiting time was less than or equal to the maximum waiting time stated in the National Triage Scale definition. This analysis was restricted to records with a Type of visit of *Emergency presentation* and those for which Type of visit was *Not reported* (for South Australia only). In addition, records were excluded if the waiting time was missing, or the patient either did not wait for treatment, or was dead on arrival (see 'Episode end status' below). *Resuscitation* patients whose waiting time for treatment was less than or equal to 2 minutes were considered to have been seen on time.

The estimated number of patients subsequently admitted included those presentations for which the Episode end status was reported as *Admitted to this hospital*.

National Public Hospital Establishments Database

Data on accident and emergency occasions of service presented in *Chapter 2* were sourced from the National Public Hospital Establishments Database (NPHEd), which has essentially full coverage of public hospitals (see *Appendix 2*). For the purposes of this report, accident and emergency occasions of service refer to those occasions of service reported with a type of non-admitted patient care of *Emergency services*. There were variations in the type of activity reported for accident and emergency occasions of service. South Australia's NPHEd

occasions of service data excluded patients who were dead on arrival and patients who did not wait for treatment. For all other states and territories, both emergency presentations and other types of occasions of service (see below) were included, at least for hospitals reporting episode-level data.

Triage category and other data elements reported for emergency department care

Figure 5.1 presents episode-level non-admitted patient emergency department care data on patients who were assigned a triage category of *Emergency* at the time of presentation at the emergency department.

In 2007–08:

- there were over 468,000 emergency department presentations assigned an *Emergency* triage category
- they were reported by 81 *Principal referral and Specialist women's and children's hospitals*, 43 *Large hospitals* and 41 *Other hospitals*
- over half (57%) of presentations were for males
- over 56% were aged 45 years and over
- almost half (48%) arrived by ambulance
- over a third arrived at the emergency department overnight (between 8 pm and 8 am)
- three out of every five patients were subsequently admitted to the same hospital (including admission within the emergency department)
- the median waiting time was 6 minutes, and 90% were seen within 23 minutes
- overall, 76% of these patients were seen within a clinically appropriate time.

The median length of the service episode was 3 hours and 39 minutes, ranging from 2 hours and 58 minutes for patients who presented to an emergency department in a hospital in a peer group other than A or B to 3 hours and 46 minutes for patients who presented to an emergency department in a *Principal referral and Specialist women's and children's hospital*.

Overview

Table 5.1 presents information on the number of emergency department presentations reported to the NNAPEDCD, by hospital peer group and state or territory. Episode-level data were provided for 81 *Principal referral and Specialist women's and children's hospitals*, 43 *Large hospitals*, and 41 *Other hospitals* (not classified in peer groups A or B). The table includes estimates of the coverage of the NNAPEDCD, calculated as the proportion of accident and emergency occasions of service reported to the NPHED that were also reported as episode-level data in the NNAPEDCD. This may underestimate the proportion because some accident and emergency occasions of service are for services other than emergency presentations.

For 2007–08, all states and territories were able to provide episode-level data to the NNAPEDCD for all public hospitals in peer groups A and B that have emergency departments (that is 100% of hospitals that were required to report episode-level data). For hospitals in peer groups A and B, the overall coverage was estimated as approximately 100% (Table 5.1). Some states and territories reported fewer accident and emergency occasions of

service to the NPHED than the number of emergency department presentations reported to the NNAPEDCD by peer group. For those states or territories, the coverage for the peer group has been reported as 100%.

Some states and territories also provided episode-level data for public hospitals that were classified peer groups other than A or B, and these data have been included in this chapter. Data were also provided for:

- 20 *Medium hospitals* and 8 *Small hospitals* in New South Wales
- 5 *Medium hospitals* in Victoria
- 2 *Medium hospitals* and 1 *Small regional hospital* and 1 *Small remote hospital* in Western Australia and
- 1 *Medium hospital* in South Australia
- 3 *Small remote hospitals* in the Northern Territory.

The NNAPEDCD provides detailed information on about 78% of all public hospital accident and emergency occasions of service. The proportion for all public hospitals ranged from 100% for the Australian Capital Territory and the Northern Territory to 64% for Queensland (Table 5.1).

Waiting times

The *National health data dictionary* definition for Emergency department waiting time to service delivery is 'The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse'. Waiting times statistics are presented in tables 5.2 and 5.3 by triage category and hospital peer group. Emergency department waiting times are regarded as indicators of access to the acute care sector (see *Chapter 4*).

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2003). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'.

The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- *Resuscitation*: immediate (within seconds)
- *Emergency*: within 10 minutes
- *Urgent*: within 30 minutes
- *Semi-urgent*: within 60 minutes
- *Non-urgent*: within 120 minutes.

Changes from 2003–04 to 2007–08

Table 5.2 presents national emergency department waiting times data by public hospital peer group and triage category for the years 2003–04 to 2007–08. All emergency department presentations are included in this table. However, for the proportions seen on time, and the median and 90th percentile waiting times, included are only those episodes where the Type of visit (see Table 5.4) was reported as *Emergency presentation*, or was *Not reported* (for South

Australia only). Because of differences over time in the scope, and method of analysis, these data should be interpreted with caution.

For 2007–08, the waiting time was missing or invalid for about 21,000 records, and there were over 302,000 records with an Episode end status of *Did not wait* or *Dead on arrival*. These records are included in the counts of emergency department presentations but were excluded from the calculations of the proportions seen on time and the median and 90th percentile waiting times presented in tables 5.2 and 5.3. Details of records excluded from waiting times calculations for 2003–04 to 2006–07 are included in previous reports (AIHW 2005a, 2006a, 2007a, 2008a).

The estimated proportions of emergency presentations for South Australia and Western Australia for 2003–04 were calculated using the assumption that all occasions of service reported were emergency presentations (for which waiting times are applicable), as the data for some hospitals were provided without information on the type of visit. Based on these estimates, the coverage for hospitals in peer groups A and B increased from 98% in 2003–04 to 100% in 2007–08. Over the same period, the NNAPEDCD data as a proportion of all public hospital accident and emergency occasions of service increased from 73% to 78%.

In 2007–08, there were 7.1 million accident and emergency occasions of service reported for public hospitals to the NPHED (see Table 2.7), and there were over 5.5 million emergency presentations reported to the NNAPEDCD. Between 2003–04 and 2007–08, the number of emergency presentations reported for hospitals in peer groups A and B rose by over 28% (6.4% per year). The total number of accident and emergency occasions of service reported to the NPHED increased by about 21% (4.9% per year) between 2003–04 (AIHW 2005a) and 2007–08.

The proportion of emergency presentations by triage category remained fairly stable between 2003–04 and 2007–08. In 2007–08, approximately 1% of patients who presented at an emergency department were assigned a triage category of *Resuscitation*, 8% were *Emergency*, 31% were *Urgent*, 46% were *Semi-urgent* and 13% were *Non-urgent*.

For the period 2003–04 to 2007–08, for all triage categories combined, the overall proportion of patients seen on time for all hospitals was fairly stable, fluctuating between 68% and 70%. The proportion of *Resuscitation* patients seen on time was also stable between 2003–04 and 2007–08 at around 99% to 100%. Between 2006–07 and 2007–08, the proportion seen on time decreased marginally for *Emergency*, *Urgent*, and *Non-Urgent* triage categories.

The median waiting time to service delivery was 24 minutes for 2004–05 to 2007–08, compared with 25 minutes for 2003–04. The median waiting time was fairly stable across all triage categories for both *Principal referral and Specialist women's and children's hospitals* and for *Large hospitals*. For 2007–08, 90% of all emergency department patients were attended by a health care professional within 124 minutes, compared with 120 minutes in 2006–07.

Nationally, the proportion of patients subsequently admitted rose from 25% in 2003–04 to 27% in 2007–08. Between 2006–07 and 2007–08, the proportion of patients subsequently admitted decreased for *Emergency*, *Urgent* and *Semi-urgent* triage categories. In 2007–08, the proportion of patients subsequently admitted was highest for *Principal referral and Specialist women's and children's hospitals* (31%). For hospitals other than *Principal referral and Specialist women's and children's hospitals*, a relatively high proportion of patients reported an Episode end status of *Referred to another hospital for admission*, and these were not included in the proportion admitted.

Emergency presentations, states and territories

Table 5.3 presents the number of emergency department presentations for 2007–08, by triage category, public hospital peer group and state or territory, where the Type of visit (see Table 5.4) was reported as *Emergency presentation* (or was *Not reported* for South Australia). This table also shows the proportions of these visits that were seen on time, subsequently admitted, and the median and 90th percentile waiting times to service delivery. Records with missing or invalid waiting times or with an Episode end status of *Did not wait* or *Dead on arrival* were excluded from the calculation of these measures.

There was some variation among the states and territories in the proportions of patients in each triage category. Overall, the Australian Capital Territory had the lowest proportion of *Resuscitation* presentations (0.5%) and South Australia reported the highest proportion (1.3%). For the *Non-urgent* triage category, New South Wales reported the highest proportion (15.4%) followed by Victoria (14.3%), and South Australia reported the lowest (6.5%).

For the purpose of this report, a patient with a triage category of *Resuscitation* was considered to be seen on time if the waiting time to service delivery was less than or equal to 2 minutes. There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time, therefore these data may differ from those reported by individual jurisdictions.

Overall, for all triage categories, the proportion of patients receiving emergency department care within the required time was 69%, ranging from 52% in the Northern Territory to 76% in New South Wales. Nationally, approximately 100% of *Resuscitation* patients and 76% of *Emergency* patients were seen on time. There was marked variation between states and territories in the median and 90th percentile waiting times to service delivery. For New South Wales, 50% of patients were treated by a medical officer or nurse within 20 minutes, whereas for the Northern Territory 50% of patients were treated within 43 minutes. The length of time by which 90% of patients were treated also varied; from 103 minutes in New South Wales to 183 minutes in the Northern Territory.

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

Nationally, 27% of all presentations were subsequently admitted to the hospital. Victoria had higher proportions of patients subsequently admitted than the national figures in all triage categories except *Non-urgent*, and Western Australia had the lowest proportion of *Resuscitation* patients subsequently admitted.

Type of emergency department visit

Table 5.4 presents emergency department presentation statistics, by type of visit, hospital peer group and state or territory, reported to the NNAPEDCD for 2007–08. All emergency department presentations are included.

The data element Type of visit to emergency department describes the reason the patient presented to the emergency department. The Type of visit can be reported as *Emergency presentation*, *Return visit*, *planned*, *Pre-arranged admission*, *Patient in transit* (to another facility) or *Dead on arrival*. Not all states and territories reported presentations for all categories of Type of visit. Western Australia and South Australia did not report any presentations for

Patient in transit or Dead on arrival and the Northern Territory did not report any presentations for *Pre-arranged admission*. Type of visit was *Not reported* for over 9% of records from South Australia.

Nationally, 97.1% of presentations were *Emergency presentations*, and 2.0% were reported as *Return visit, planned*. The proportion of presentations by Type of visit varied by hospital peer group and by state or territory. For hospitals in peer group A, about 98% of presentations were *Emergency presentations* compared with about 94% for hospitals in peer group B. Overall, the proportion reported as *Emergency presentations* ranged from 99% for the Australian Capital Territory to 89% for South Australia. For the Northern Territory, 5% of presentations were reported as *Return visit, planned*.

Sex and age group

Table 5.5 presents data reported to the NNAPEDCD on the sex and age group of patients who presented to an emergency department. All emergency department presentations are included.

All states and territories supplied the date of birth of the patient, from which the age of the patient at the date of presentation was calculated. The 247 records for which the sex of the patient was *Not reported* and the 219 records for which date of birth was not provided are included in the totals of Table 5.5.

Males accounted for 51.9% of emergency department presentations, and there were more presentations for males than females in most age groups from 0 to 74 years. Females accounted for more presentations than males for the 25–34 years and age groups 75 years and over. The most common age groups reported for emergency department presentations were 15–24 years (15.4%), followed by 25–34 years (13.8%) and 0–4 years (12.8%).

Aboriginal and Torres Strait Islander people

Table 5.6 presents Indigenous status data by state and territory of the hospital. All emergency department presentations are included. The data on Indigenous status were supplied by all states and territories according to the *National health data dictionary* definition.

Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2007–08 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients; the data should, therefore, be used with caution. See *Appendix 1* for more information on the quality of Indigenous data in the NNAPEDCD.

In addition, as the coverage of this data collection is largely public hospitals which were classified in peer groups A and B, most of the data relate to hospitals within *Major cities*. Consequently, the coverage may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Therefore, these data may not be indicative of the rate of use of emergency department services by Indigenous people nationally.

Nationally, 4.4% of all patients presenting to an emergency department had an Indigenous status of Aboriginal and/or Torres Strait Islander. The Northern Territory had the highest

proportion of emergency department presentations involving Indigenous persons (42.6%), and Victoria recorded the lowest proportion (1.2%). Indigenous status was *Not reported* for about 5% of presentations.

Arrival mode—transport

Table 5.7 presents data on the arrival mode of the patient by triage category and by state and territory. All emergency department presentations are included.

The data element Emergency department arrival mode – transport could be reported as *Ambulance, air ambulance or helicopter rescue service, Police/correctional services vehicle* or *Other*. The category *Other* includes patients who walked to the emergency department, or who came by private transport, public transport, community transport or taxi. For 2007–08, arrival mode was *Not stated/Unknown* for less than 1% of presentations (Table 5.7).

The majority of patients who presented at an emergency department reported an arrival mode of *Other* (75.8%) (Table 5.7). However, there was variation in arrival mode by triage category. For the arrival mode *Ambulance, air ambulance or helicopter rescue service*, the proportion varied from 84.0% for *Resuscitation* patients to 4.4% for *Non-urgent* patients.

Queensland reported the highest overall proportion of presentations with an arrival mode of *Ambulance, air ambulance or helicopter rescue service* (28.3%), and Western Australia had the highest overall proportion of presentations with an arrival mode of *Other* (82.2%) (Table 5.7).

There was also variation by triage category in the proportion arriving by ambulance among jurisdictions. For *Resuscitation* patients, Tasmania reported the highest proportion arriving by ambulance (88.8%) and the Northern Territory reported the lowest (75.6%). Queensland reported the highest proportion arriving by ambulance for *Emergency* patients (54.8%), while the Australian Capital Territory reported the lowest (38.1%).

Episode end status

Table 5.8 presents data on the Episode end status (previously called Departure status) of the patient, by triage category and state and territory. All emergency department presentations are included. There is some variation among states and territories in the use of the categories for Episode end status.

For 2007–08, the majority of patients reported an Episode end status of *Non-admitted patient emergency department service episode completed – departed without being admitted or referred to another hospital* (65.5%) (Table 5.8). However, this proportion varied markedly by triage category, ranging from 10.9% of *Resuscitation* patients to 83.5% of *Non-urgent* patients. Overall, 5.5% of emergency department presentations *Did not wait to be attended by a health care professional*. The proportion that did not wait also varied by triage category, ranging from 0% for *Resuscitation* patients to 10.3% for *Non-urgent* patients.

Western Australia had the highest proportion of presentations with an Episode end status of *Non-admitted patient emergency department service episode completed – departed without being admitted or referred to another hospital* (73.1%) and the lowest overall proportion of patients who did not wait (2.6%). For *Resuscitation* patients, Western Australia had the highest proportion of patients referred to another hospital for admission (14.3%). Victoria and South Australia had higher overall proportions of presentations for which the patient was either

admitted to the same hospital or referred to another hospital for admission (32.8% and 31.6%, respectively) compared with the national average of 27.7% (Table 5.8).

Length of non-admitted patient episode

Tables 5.9 and 5.10 present summary length of presentation statistics by triage category and state and territory, for the NNAPEDCD. Presentations are included in this table if the Type of visit was reported as *Emergency presentation*, or was *Not reported* (for South Australia only). Records were excluded where the waiting time was missing or invalid, or the Episode end status was reported as *Did not wait*, *Left at own risk* or *Dead on arrival*.

The three length of presentation measures presented are:

- the median duration of non-admitted patient episode – measured from the time of presentation to the conclusion of the non-admitted component of the presentation (includes waiting time)
- the median duration of the service event – measured as the time from the commencement of service by a treating medical officer or nurse to the conclusion of the non-admitted component of the presentation (episode end) and
- the median total time in the emergency department – measured from the time of presentation to the time of physical departure of the patient.

The duration of the service event represents a measure of the amount of time during which the patient receives service (is treated and/or observed). These data are presented separately for patients subsequently admitted to the same hospital (Table 5.9) and for other patients (not admitted and including those referred to another hospital) (Table 5.10).

Generally, the durations of non-admitted patient episode for patients subsequently admitted were greater than for patients not subsequently admitted (to the same hospital), indicating that these patients generally required more lengthy treatment (in the emergency department) than other patients. *Resuscitation* was the only triage category for which patients subsequently admitted had shorter durations of service event than for patients not admitted to the same hospital (tables 5.9 and 5.10).

Patients subsequently admitted to the same hospital

Table 5.9 presents summary length of presentation statistics for patients who were subsequently admitted to the same hospital. Extreme caution should be used in interpreting these data as there is some variation between jurisdictions in the recording of the time at which the non-admitted episode is completed and in the recording of the time of admission for patients who were subsequently admitted to hospital. For Victoria and Tasmania, the conclusion of the non-admitted patient episode is also reported as the time of physical departure for patients admitted to short stay wards within the emergency department.

Overall, the median duration of presentation for patients subsequently admitted was 4 hours and 35 minutes, and the median duration of service event was 3 hours and 57 minutes. The median duration times varied by state and territory and by triage category. For *Resuscitation* patients, the median duration of presentation was generally the same as the median duration of the service event, which reflects the short waiting times for these patients. *Non-urgent* patients who were subsequently admitted had the shortest median duration of the service event at 2 hours and 30 minutes.

The amount of time spent in the emergency department while waiting to be admitted can be indicated by the difference between the median time in emergency department and the median duration of presentation. For the states that reported separate times of physical departure and episode end for patients subsequently admitted, this difference ranged from 6 hours and 34 minutes in the Australian Capital Territory to 1 hour and 14 minutes in New South Wales.

Patients not subsequently admitted to the same hospital

Table 5.10 presents summary length of presentation statistics for patients who were not subsequently admitted to the same hospital. There is some variation between jurisdictions in the recording of the time at which the non-admitted episode is completed, and therefore these data should be used with caution. For patients not subsequently admitted to the same hospital, New South Wales, Queensland, South Australia and the Australian Capital Territory reported different times for the end of the episode and physical departure.

Overall, the median duration of presentation for patients not subsequently admitted was 2 hours and 14 minutes, and the median duration of the service event was 1 hour and 15 minutes. The median duration times varied by state and territory and by triage category. The median duration of presentation for *Resuscitation* patients was 3 hours and 16 minutes, ranging from 1 hour and 27 minutes in the Australian Capital Territory to 3 hours and 58 minutes in Tasmania.

For the states that reported a separate time of physical departure and episode end, the amount of time spent in the emergency department after the conclusion of service and until physically departing the emergency department increased with the urgency of the triage category.

Time of presentation

The time of presentation at the emergency department is defined as the earliest occasion of being registered clerically or triaged. Time of presentation was reported for all non-admitted patient emergency department presentations reported to the NNAPEDCD.

Figure 5.2 presents the number of presentations by triage category and hour of presentation. This figure highlights the uneven use of emergency department resources throughout the average day. Over two-thirds of emergency department presentations occur between the hours of 8 am and 8 pm. For the *Urgent* triage category, the pattern of use is consistently relatively high during this period. For the *Non-urgent* and *Semi-urgent* triage categories, the peak time of presentation is between 8 am and noon.

Figure 5.3 illustrates the relative distribution of use within each triage category across the 24 hour period. It shows that for the *Resuscitation* triage category, emergency presentations are more evenly distributed throughout the day than for other triage categories, ranging from 2.3% between 5 am and 6 am to 5.6% between 6 pm and 7 pm, with almost 41% of these patients arriving overnight between 8 pm and 8 am. In contrast, for the *Non-urgent* triage category, the pattern of use varies from 0.8% between 4 am and 5 am to 8.6% between 9 am and 10 am, with less than a quarter of these patients arriving between 8 pm and 8 am.

Outpatient clinic care

This section presents information on public hospital outpatient clinic care for non-admitted patients. The types of data used were:

- Clinic-level data for 11.8 million occasions of service for individuals and 178,000 group sessions for non-admitted patient outpatient clinic care. These data were reported for 24 outpatient clinic types for selected public hospitals for compilation in the National Outpatient Care Database (NOCD) (tables 5.11 to 5.13).
- Summary information on the total number of outpatient-related occasions of service for all public hospitals (16.4 million occasions of service). These data were presented in Table 2.5 and are used in this chapter to estimate the proportion of outpatient-related occasions of service which are covered by the Outpatient care NMDS (Table 5.11). Outpatient-related care includes *Allied health, Dental, Dialysis, Endoscopy and related procedures*, and *Other medical/surgical/obstetric* occasions of service.

Because of differences in the collection, scope and coverage of the sources of data (as detailed below), the statistics in this chapter should be interpreted with reference to the notes on the data collections in this chapter, in *Chapter 1* and in *Appendix 2*.

The information presented in tables 5.11 to 5.13 should be interpreted with caution as the data may not be representative of outpatient clinic activity for hospitals that were not required to provide data for the NOCD. The estimated proportion of outpatient-related occasions of service for all hospitals that were also reported to the NOCD was about 72% for individual occasions of service, and about 66% for group occasions of service (Table 5.11).

Data sources

The National Outpatient Care Database

The NOCD is a compilation of summary data for outpatient clinic occasions of service in public hospitals. The database is based on the Outpatient care NMDS as defined in the *National health data dictionary, version 13* (HDSC 2006). The scope for the Outpatient care NMDS for 2007–08 was for services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals that were classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2006–07* (AIHW 2008a). Data were also provided by some states and territories for hospitals in peer groups other than A and B, as described below.

These data were provided to the AIHW for 2007–08 as counts of individual occasions of service and group occasions of service by 24 outpatient clinic types as presented in tables 5.12 and 5.13.

Coverage estimates

Data for the Outpatient care NMDS are collected for 24 clinic types. For the purposes of aligning the two data sources, outpatient-related occasions of service sourced from the NPHED refer to those occasions of service reported with a Type of non-admitted patient care of *Allied health, Dental, Dialysis, Endoscopy and related procedures* and *Other medical/surgical/obstetric*. The NPHED data for the non-admitted patient care types *Accident and emergency, Alcohol and other drugs, Community health services, District nursing, Mental*

health, Other outreach services, Pathology, Pharmacy and Radiology and organ imaging are not comparable to the outpatient individual and group occasions of service reported for the NOCD. Therefore, these types of non-admitted patient care are excluded from the estimates of coverage presented in Table 5.11.

Overview

Table 5.11 presents information on the number of outpatient clinic occasions of service reported to the NOCD, by hospital peer group and state or territory. Summary data were provided for 82 *Principal referral and Specialist women's and children's hospitals*, 40 *Large hospitals* and 3 *Other hospitals* (not classified in peer groups A or B). The table includes estimates of the coverage of the NOCD, calculated as the proportion of outpatient-related occasions of service reported to the NPHED that were also reported in the NOCD.

For 2007–08, all states and territories were able to provide summary data to the NOCD for all public hospitals in peer groups A and B that managed outpatient clinic services. Some states and territories also provided outpatient care data for public hospitals which were classified to other peer groups (in addition to the required Outpatient care NMDS scope of peer group A and B hospitals), and these data have been included in this chapter. South Australia provided data for one *Medium hospital* and Western Australia provided data for one *Medium* and one *Small hospital*.

States and territories

Individual occasions of service

Table 5.12 presents the number of individual occasions of service by clinic type and state or territory for 2007–08. These data should be interpreted with caution as the comparability of the data may be influenced by variation in admission practices, the type of facility providing these services and in the allocation of outpatient services to the 24 clinic types among the states and territories.

There was some variation among the states and territories in the numbers of occasions of service reported for each clinic type:

- *Dental* was not reported by the Australian Capital Territory and the Northern Territory, and there was notable variation in reporting among the other states and territories
- *Gastroenterology* was not reported for the Northern Territory
- *General practice/primary care* was reported for New South Wales, Queensland and Western Australia only
- *Endoscopy* and *Ophthalmology* were not reported by Victoria
- *Chemotherapy* was not reported by Victoria and Western Australia
- *Dialysis* was not reported by Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory
- *Paediatric surgery* was not reported for Tasmania
- *Renal Medicine* was not reported for Victoria, Western Australia and the Northern Territory

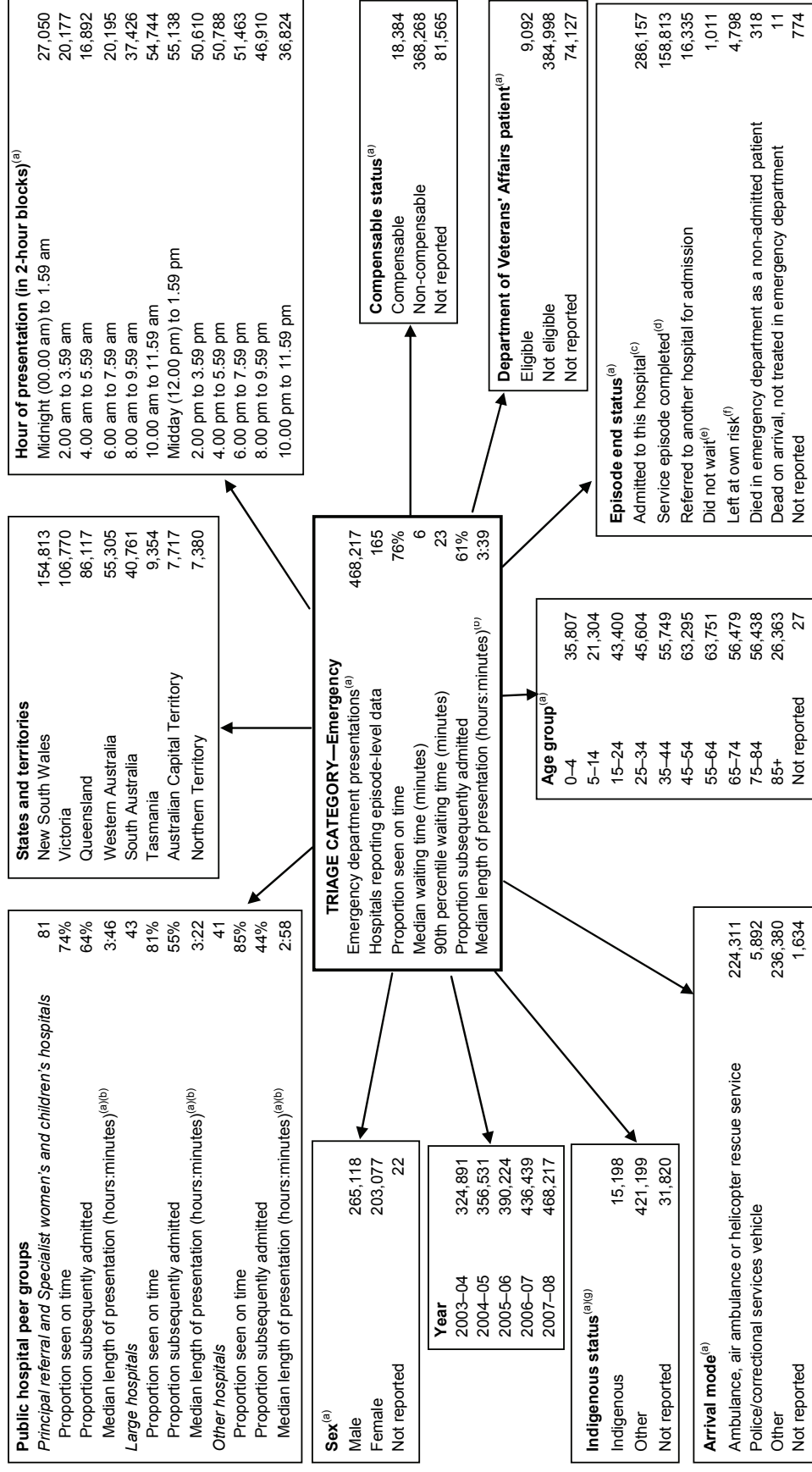
- There was also a marked variation among states and territories in the reporting of *Medical* occasions of service.

New South Wales reported the highest number of individual occasions of service for 15 of the 24 clinic types. Victoria reported the highest numbers for *Allied health*, *Plastic surgery* and *Paediatric surgery*, Queensland reported the highest numbers for *Gynaecology*, *Gastroenterology*, *Urology* and *Ear, nose and throat surgery* and South Australia reported the highest numbers for *Endoscopy*.

Group sessions

Table 5.13 presents the number of group sessions of outpatient care by clinic type and state or territory in 2007–08.

There were variations among the states and territories in the number of group sessions reported, and in the clinic types for which group sessions were reported. Victoria reported group sessions for the clinic type *Allied health* only. Western Australia reported that, due to changes in reporting systems, their figures represent a mixture of the number of individuals who attended a group session and the number of group sessions. Therefore, the data for Western Australian group sessions differ from group sessions presented for other states and territories. New South Wales reported group sessions for almost every outpatient clinic type with the exception of *Endoscopy*, *Plastic surgery* and *Paediatric surgery*. *Allied health* was the most commonly reported clinic type, with over 91,000 group sessions.



(a) For episodes with a Type of visit of *Emergency presentation*. The episode-level data provided to the NNAPEDCD covers approximately 78% of accident and emergency presentations for all public hospitals.
(b) The length of presentation is measured between the time of commencement of service and completion of service. This measure was calculated for presentations where the waiting time was not missing or invalid.
(c) Includes admitted to units or beds within the emergency department.
(d) Non-admitted patient emergency department service episode completed—departed without being admitted or referred to another hospital.
(e) Did not wait to be attended by a health care professional.
(f) Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed.
(g) There were variations in the quality of Indigenous status data by jurisdiction; therefore these data should be treated with caution. For more information, see *Appendix 1*.

Figure 5.1: Interrelationships of an *Emergency* triage category presentation with other data elements, public hospitals, Australia, 2007–08

Table 5.1: Emergency department presentations, by public hospital peer group^(a), states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Hospitals reporting emergency department episode-level data ^(c)	28	20	17	6	5	2	1	2	81
Presentations reported with episode-level data ^(d)	1,195,006	912,786	768,339	277,920	275,389	77,320	51,756	90,043	3,648,559
Estimated proportion of presentations with episode-level data (%) ^(e)	100	100	100	100	100	100	100	100	100
Large hospitals									
Hospitals reporting emergency department episode-level data ^(c)	15	13	5	6	2	1	1	0	43
Presentations reported with episode-level data ^(d)	390,847	358,827	180,582	182,995	39,418	47,533	46,685	0	1,246,887
Estimated proportion of presentations with episode-level data (%) ^(e)	100	100	100	99	100	100	100	..	100
Coverage of episode-level data for hospitals in peer groups A and B	100	100	100	99	100	100	100	100	100
Other hospitals									
Hospitals reporting emergency department episode-level data ^(c)	28	5	0	4	1	0	0	3	41
Presentations reported with episode-level data ^(d)	376,643	80,516	0	99,773	49,742	0	0	35,076	641,750
Estimated proportion of presentations with episode-level data (%) ^(e)	45	32	..	32	22	..	..	100	29
Total									
Hospitals reporting emergency department episode-level data ^(c)	71	38	22	16	8	3	2	5	165
Presentations reported with episode-level data ^(d)	1,962,496	1,352,129	948,921	560,688	364,549	124,853	98,441	125,119	5,537,196
Estimated proportion of presentations with episode-level data (%) ^(e)	81	89	64	72	67	88	100	100	78

(a) For more information on the public hospital peer group classification, see *Appendix 1*.

(b) Includes data for the Mersey Community Hospital.

(c) Episode-level data are required for public hospitals which are classified as *Principal referral and Specialist women's and children's hospitals* and *Large hospitals*.

(d) The number of presentations reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD).

(e) The number of presentations reported to NNAPEDCD divided by the number of accident and emergency (A+E) occasions of service reported to the National Public Hospital Establishments Database (NPHEd) as a percentage. This may underestimate the NNAPEDCD coverage because some A+E occasions of service are for other than emergency presentations. As A+E occasions of service may have been under-enumerated for some jurisdictions and peer groups, coverage may also be overestimated. The coverage has been adjusted to 100% for jurisdictions where the number of presentations reported to NNAPEDCD exceeded the number of A+E occasions of service reported to the NPHEd.

Table 5.2: Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2003–04 to 2007–08

Triage category and peer group	2003–04	2004–05	2005–06	2006–07	2007–08
Coverage of episode-level data for hospitals in peer groups A and B					
Hospitals reporting emergency department episode-level data					124
Presentations reported with waiting times data ^(b)	113	116	118	119	124
Estimated proportion of occasions with waiting times data (%) ^{(c)(d)}	3,813,519	4,026,666	4,312,108	4,607,684	4,895,446
Principal referral and Specialist women's and children's hospitals	98	100	100	100	100
Hospitals reporting emergency department episode-level data	66	73	77	81	81
Presentations reported with waiting times data ^(b)	2,590,556	2,911,508	3,202,097	3,526,341	3,648,559
Estimated proportion of occasions of service with waiting times data (%) ^{(c)(d)}	98	100	100	100	100
Proportion by triage category (%)					
Resuscitation	1	1	1	1	1
Emergency	9	9	9	10	10
Urgent	34	34	35	35	35
Semi-urgent	45	45	45	45	44
Non-urgent	11	10	10	10	10
<i>Total</i>	100	100	100	100	100
Proportion seen on time (%) ^(e)					
Resuscitation	99	100	100	99	100
Emergency	75	75	75	76	74
Urgent	60	61	60	63	60
Semi-urgent	60	61	61	63	62
Non-urgent	84	86	86	86	85
<i>Total</i>	64	65	65	66	65
Median waiting time to service delivery (minutes)					
Resuscitation	0	0	0	0	0
Emergency	5	6	6	5	6
Urgent	24	23	23	22	24
Semi-urgent	46	44	43	41	42
Non-urgent	34	33	33	33	34
<i>Total</i>	28	26	27	25	26
90th percentile waiting time to service delivery (minutes)					
Resuscitation	0	0	0	0	0
Emergency	24	23	24	22	24
Urgent	99	95	101	96	107
Semi-urgent	166	161	163	158	161
Non-urgent	156	144	144	142	146
<i>Total</i>	134	129	132	127	132

(continued)

Table 5.2 (continued): Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2003–04 to 2007–08

Triage category and peer group	2003–04	2004–05	2005–06	2006–07	2007–08
Principal referral and Specialist women's and children's hospitals (continued)					
Proportion ending in admission (%) ^(f)					
Resuscitation	76	83	83	82	82
Emergency	60	67	67	65	64
Urgent	42	47	46	45	44
Semi-urgent	17	20	20	19	18
Non-urgent	6	7	7	7	6
<i>Total</i>	29	33	33	32	31
Large hospitals					
Hospitals reporting emergency department episode-level data	47	43	41	38	43
Presentations reported with waiting times data ^(b)	1,222,963	1,115,158	1,110,011	1,081,343	1,246,887
Estimated proportion of occasions of service with waiting times data (%) ^{(c)(d)}	97	100	100	100	100
Proportion by triage category (%)					
Resuscitation	<1	<1	<1	<1	<1
Emergency	6	6	6	6	6
Urgent	27	27	27	27	27
Semi-urgent	48	49	48	48	49
Non-urgent	18	18	18	19	19
<i>Total</i>	100	100	100	100	100
Proportion seen on time (%) ^(e)					
Resuscitation	100	99	99	99	99
Emergency	78	78	80	82	81
Urgent	68	69	70	70	70
Semi-urgent	71	70	69	69	69
Non-urgent	89	87	87	87	86
<i>Total</i>	73	73	73	73	73
Median waiting time to service delivery (minutes)					
Resuscitation	0	0	0	0	0
Emergency	5	6	5	5	5
Urgent	19	19	18	18	18
Semi-urgent	31	33	34	34	33
Non-urgent	30	33	33	35	34
<i>Total</i>	23	24	24	25	24

(continued)

Table 5.2 (continued): Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2003–04 to 2007–08

Triage category and peer group	2003–04	2004–05	2005–06	2006–07	2007–08
Large hospitals (continued)					
90th percentile waiting time to service delivery (minutes)					
Resuscitation	0	0	0	0	0
Emergency	21	20	19	18	18
Urgent	75	70	72	74	73
Semi-urgent	127	129	134	132	133
Non-urgent	128	137	140	142	146
Total	109	111	115	116	117
Proportion ending in admission (%) ^(f)					
Resuscitation	67	64	67	66	65
Emergency	55	53	58	57	55
Urgent	36	35	38	37	36
Semi-urgent	13	14	14	13	13
Non-urgent	4	4	4	3	4
Total	21	21	22	21	20
All hospitals^(g)					
Hospitals reporting emergency department episode-level data	142	148	153	164	165
Presentations reported with waiting times data ^(b)	4,308,319	4,529,412	4,914,896	5,287,451	5,537,196
Estimated proportion of occasions of service with waiting times data (%) ^{(c)(d)}	73	76	78	78	78
Proportion by triage category (%)					
Resuscitation	1	1	1	1	1
Emergency	8	8	8	8	8
Urgent	31	31	31	31	31
Semi-urgent	46	46	46	46	46
Non-urgent	15	14	14	13	13
Total	100	100	100	100	100
Proportion seen on time (%) ^(e)					
Resuscitation	99	100	99	99	100
Emergency	76	76	77	78	76
Urgent	63	64	64	65	63
Semi-urgent	65	65	65	66	66
Non-urgent	87	88	87	88	87
Total	68	69	69	70	69

(continued)

Table 5.2 (continued): Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2003–04 to 2007–08

Triage category and peer group		2003–04	2004–05	2005–06	2006–07	2007–08
All hospitals^(g) (continued)						
Median waiting time to service delivery (minutes)						
Resuscitation		0	0	0	0	0
Emergency		5	5	5	5	6
Urgent		22	21	21	20	21
Semi-urgent		38	37	37	36	36
Non-urgent		28	28	29	28	28
Total		25	24	24	24	24
90th percentile waiting time to service delivery (minutes)						
Resuscitation		0	0	0	0	0
Emergency		23	22	23	21	23
Urgent		90	88	93	90	97
Semi-urgent		150	148	149	146	148
Non-urgent		139	134	136	133	137
Total		124	121	123	120	124
Proportion ending in admission (%) ^(f)						
Resuscitation		73	80	80	79	79
Emergency		57	63	64	62	61
Urgent		39	43	43	42	41
Semi-urgent		15	17	17	17	16
Non-urgent		5	6	6	5	5
Total		25	28	28	28	27

(a) For more information on the public hospital peer group classification, see *Appendix 1*. Not all hospitals include an emergency department.

(b) For 2003–04 to 2007–08, these are the number of emergency department presentations. For 2003–04, these include some additional aggregate data for South Australia.

(c) The number of emergency department presentations divided by the number of accident and emergency department occasions of service. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times data are applicable.

(d) For jurisdictions where the number of presentations reported to the NNAPEDCD exceeded the number of accident and emergency occasions of service reported to the NPED, the coverage has been estimated as 100%. The proportion of presentations 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*, the cut-off point for determining the proportion seen on time has varied both over time and among jurisdictions. See *Chapter 5* text for more information.

(e) This proportion is based on presentations for which the departure/episode end status was reported as *Admitted to this hospital*.

(f) The total includes hospitals in peer groups other than *Principal referral* and *Specialist women's and children's hospitals* and *Large hospitals*.

Table 5.3: Emergency presentation statistics^(a), by triage category and public hospital peer group^(b), states and territories, 2007–08

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Resuscitation	9,372	7,764	6,583	3,341	4,214	646	340	710	32,970
Emergency	112,040	87,229	76,073	35,739	33,914	7,301	6,029	6,787	365,112
Urgent	404,965	295,533	297,680	83,096	98,915	27,325	20,531	31,171	1,259,216
Semi-urgent	495,443	415,874	329,038	134,833	114,298	34,726	21,977	46,676	1,592,865
Non-urgent	156,225	86,970	46,706	15,817	20,796	4,404	2,879	2,815	336,612
<i>Total^(d)</i>	<i>1,179,132</i>	<i>893,370</i>	<i>756,080</i>	<i>272,826</i>	<i>272,137</i>	<i>74,402</i>	<i>51,756</i>	<i>88,159</i>	<i>3,587,862</i>
Proportion seen on time (%) ^(e)									
Resuscitation	100	100	98	99	100	99	n.p.	100	100
Emergency	80	77	67	65	73	72	n.p.	58	74
Urgent	66	68	54	49	54	42	n.p.	43	60
Semi-urgent	72	63	58	51	56	47	n.p.	35	62
Non-urgent	87	87	83	79	79	81	n.p.	69	85
<i>Total</i>	<i>72</i>	<i>69</i>	<i>59</i>	<i>55</i>	<i>60</i>	<i>50</i>	<i>n.p.</i>	<i>41</i>	<i>65</i>
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	n.p.	0	0
Emergency	5	5	7	8	5	7	n.p.	9	6
Urgent	21	19	27	31	27	40	n.p.	39	24
Semi-urgent	31	40	48	59	51	65	n.p.	92	42
Non-urgent	31	27	39	60	49	53	n.p.	68	34
<i>Total</i>	<i>22</i>	<i>22</i>	<i>30</i>	<i>38</i>	<i>30</i>	<i>44</i>	<i>n.p.</i>	<i>55</i>	<i>26</i>
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	0	0	0	0	0	n.p.	0	0
Emergency	21	22	31	24	23	24	n.p.	30	24
Urgent	92	97	116	108	106	163	n.p.	143	107
Semi-urgent	132	166	170	159	175	182	n.p.	240	161
Non-urgent	138	137	159	165	187	160	n.p.	215	146
<i>Total</i>	<i>112</i>	<i>133</i>	<i>138</i>	<i>135</i>	<i>138</i>	<i>165</i>	<i>n.p.</i>	<i>198</i>	<i>132</i>
Proportion ending in admission (%) ^(f)									
Resuscitation	84	93	71	75	75	88	n.p.	68	81
Emergency	63	77	56	50	63	62	n.p.	64	64
Urgent	43	57	33	39	43	43	n.p.	42	44
Semi-urgent	19	25	11	15	17	16	n.p.	13	18
Non-urgent	6	6	4	9	6	5	n.p.	3	6
<i>Total</i>	<i>30</i>	<i>39</i>	<i>24</i>	<i>27</i>	<i>33</i>	<i>31</i>	<i>n.p.</i>	<i>28</i>	<i>31</i>

(continued)

Table 5.3 (continued): Emergency presentation statistics^(a), by triage category and public hospital peer group^(b), states and territories, 2007–08

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT	Total
Large hospitals									
Resuscitation	1,892	642	445	812	228	164	155	..	4,338
Emergency	25,830	16,618	10,044	12,911	4,172	2,053	1,688	..	73,316
Urgent	110,762	78,345	50,588	48,322	16,997	13,033	11,220	..	329,267
Semi-urgent	184,154	167,493	80,899	102,971	16,109	23,499	22,478	..	597,603
Non-urgent	57,683	76,466	35,472	16,908	1,879	3,605	10,576	..	202,589
<i>Total^(d)</i>	380,907	339,564	177,448	181,924	39,385	42,355	46,117	..	1,207,700
Proportion seen on time (%) ^(e)									
Resuscitation	100	100	98	97	100	n.p.	n.p.	..	99
Emergency	84	87	85	75	51	n.p.	n.p.	..	81
Urgent	73	78	71	60	32	n.p.	n.p.	..	70
Semi-urgent	74	69	74	62	50	n.p.	n.p.	..	69
Non-urgent	89	82	91	85	87	n.p.	n.p.	..	86
<i>Total</i>	76	75	77	65	44	n.p.	n.p.	..	73
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	n.p.	n.p.	..	0
Emergency	5	4	5	6	10	n.p.	n.p.	..	5
Urgent	18	13	17	23	56	n.p.	n.p.	..	18
Semi-urgent	29	34	27	40	61	n.p.	n.p.	..	33
Non-urgent	26	41	29	32	43	n.p.	n.p.	..	34
<i>Total</i>	21	24	21	27	48	n.p.	n.p.	..	24
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	1	1	0	0	n.p.	n.p.	..	0
Emergency	18	13	13	20	44	n.p.	n.p.	..	18
Urgent	67	52	77	83	217	n.p.	n.p.	..	73
Semi-urgent	124	126	113	152	220	n.p.	n.p.	..	133
Non-urgent	133	165	117	147	134	n.p.	n.p.	..	146
<i>Total</i>	103	118	101	130	203	n.p.	n.p.	..	117
Proportion ending in admission (%) ^(f)									
Resuscitation	73	80	62	35	62	n.p.	n.p.	..	64
Emergency	60	62	49	39	65	n.p.	n.p.	..	55
Urgent	38	40	26	28	46	n.p.	n.p.	..	35
Semi-urgent	15	15	9	8	18	n.p.	n.p.	..	13
Non-urgent	5	2	3	2	4	n.p.	n.p.	..	3
<i>Total</i>	24	20	15	15	35	n.p.	n.p.	..	20

(continued)

Table 5.3 (continued): Emergency presentation statistics^(a), by triage category and public hospital peer group^(b), states and territories, 2007–08

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT	Total
All hospitals reporting waiting times data^(g)									
Resuscitation	12,288	8,496	7,028	4,486	4,496	810	495	766	38,865
Emergency	154,813	106,770	86,117	55,305	40,761	9,354	7,717	7,380	468,217
Urgent	599,869	387,333	348,268	159,405	125,147	40,358	31,751	35,562	1,727,693
Semi-urgent	854,424	621,011	409,937	290,217	165,291	58,225	44,455	62,563	2,506,123
Non-urgent	295,831	186,906	82,178	44,681	23,127	8,009	13,455	12,162	666,349
Total emergency visits^(d)	1,919,417	1,310,516	933,528	554,094	358,822	116,757	97,873	118,433	5,409,440
Proportion seen on time (%) ^(e)									
Resuscitation	100	100	98	99	100	99	100	100	100
Emergency	81	79	69	69	72	74	81	59	76
Urgent	69	71	56	56	54	54	52	47	63
Semi-urgent	75	65	61	59	60	58	51	47	66
Non-urgent	90	86	87	86	80	86	78	86	87
Total emergency visits seen on time	76	71	63	61	61	60	58	52	69
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	0	0	0
Emergency	5	5	7	7	5	7	5	8	6
Urgent	19	17	25	26	27	27	29	34	21
Semi-urgent	27	37	43	47	45	48	59	69	36
Non-urgent	22	31	34	32	47	38	59	29	28
Total	20	23	28	30	29	32	40	43	24
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	0	0	0	0	0	0	0	0
Emergency	20	20	29	22	25	23	21	30	23
Urgent	82	85	110	98	118	134	159	137	97
Semi-urgent	122	152	159	155	163	156	195	220	148
Non-urgent	121	144	139	143	180	142	174	151	137
Total	103	127	131	131	138	142	173	183	124
Proportion ending in admission (%) ^(f)									
Resuscitation	80	92	71	65	73	84	73	67	78
Emergency	61	75	55	45	60	58	60	61	61
Urgent	40	53	32	33	42	38	42	42	41
Semi-urgent	16	21	10	11	14	13	13	13	16
Non-urgent	5	4	3	4	6	5	3	5	4
Total proportion ending in admission (%)	26	33	22	20	29	25	25	24	27

(a) Includes records for which the Type of visit was reported as *Emergency presentation* or was *Not reported* (South Australia only). See Table 5.4.

(b) For more information on the public hospital peer group classification, see *Appendix 1*. Information on the coverage of the waiting times data is presented in Table 5.1.

(c) Includes data for the Mersey Community Hospital.

(d) The totals include records for which the triage category was not assigned or not reported.

(e) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(f) The proportion of presentations for which the emergency department departure status was reported as *Admitted to this hospital*.

(g) *All hospitals* also includes data that were provided by jurisdictions for hospitals in peer groups other than *Principal referral and Specialist women's and children's hospitals* and *Large hospitals*.

Table 5.4: Non-admitted patient emergency department presentation statistics^(a), by type of visit and public hospital peer group^(b), states and territories, 2007–08

Type of visit and peer group	NSW	Vic	Qld	WA ^(c)	SA	Tas ^(d)	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Emergency presentation	1,179,132	893,370	756,080	272,826	271,657	74,402	51,756	88,159	3,587,382
Return visit, planned	12,760	16,963	9,791	4,140	2,783	1,265	0	1,840	49,542
Pre-arranged admission	1,126	543	2,053	426	469	1,196	0	0	5,813
Patient in transit	65	194	149	0	0	65	0	13	486
Dead on arrival	1,880	1,541	266	0	0	392	0	31	4,110
Not reported	43	175	0	528	480	0	0	0	1,226
Total	1,195,006	912,786	768,339	277,920	275,389	77,320	51,756	90,043	3,648,559
Large hospitals									
Emergency presentation	380,907	339,564	177,448	181,924	5,847	42,355	46,117	..	1,174,162
Return visit, planned	9,334	17,884	2,964	1,035	29	3,078	538	..	34,862
Pre-arranged admission	236	859	130	27	4	2,028	1	..	3,285
Patient in transit	12	60	11	0	0	33	23	..	139
Dead on arrival	315	430	29	0	0	39	6	..	819
Not reported	43	30	0	9	33,538	0	0	..	33,620
Total	390,847	358,827	180,582	182,995	39,418	47,533	46,685	..	1,246,887
Other hospitals^(e)									
Emergency presentation	359,378	77,582	..	99,344	47,184	..	..	30,274	613,762
Return visit, planned	15,383	2,611	..	416	2,437	..	..	4,693	25,540
Pre-arranged admission	653	174	..	13	5	..	..	0	845
Patient in transit	39	34	..	0	0	..	..	3	76
Dead on arrival	183	112	..	0	0	..	..	3	298
Not reported	1,007	3	..	0	116	..	..	103	1,229
Total	376,643	80,516	..	99,773	49,742	..	..	35,076	641,750
Total									
Emergency presentation	1,919,417	1,310,516	933,528	554,094	324,688	116,757	97,873	118,433	5,375,306
Return visit, planned	37,477	37,458	12,755	5,591	5,249	4,343	538	6,533	109,944
Pre-arranged admission	2,015	1,576	2,183	466	478	3,224	1	0	9,943
Patient in transit	116	288	160	0	0	98	23	16	701
Dead on arrival	2,378	2,083	295	0	0	431	6	34	5,227
Not reported	1,093	208	0	537	34,134	0	0	103	36,075
Total presentations reported at episode-level	1,962,496	1,352,129	948,921	560,688	364,549	124,853	98,441	125,119	5,537,196

(a) For the 78% of presentations for which episode-level data were available. For more information, see the text of Chapter 5 and Appendix 2.

(b) For more information on the public hospital peer group classification, see Appendix 1.

(c) Western Australia does not collect non-admitted patient emergency department care data for patients who were *Dead on arrival at the emergency department*.

(d) Includes data for the Mersey Community Hospital.

(e) As the scope of the episode-level data is hospitals in peer groups A and B, data were not required for *Other hospitals*, but have been presented where they were provided.

Table 5.5: Non-admitted patient emergency department presentations^(a), by age group and sex, public hospitals, states and territories, 2007–08

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total ^(c)
Males										
	0–4	141,971	93,492	68,668	46,072	25,635	6,669	6,375	8,267	397,149
	5–14	117,014	77,749	56,759	35,641	19,632	6,860	5,642	6,506	325,803
	15–24	150,514	97,857	83,370	47,247	26,158	11,291	8,855	9,873	435,165
	25–34	129,612	87,218	71,304	38,201	21,964	8,735	7,190	10,858	375,082
	35–44	119,938	80,438	61,215	34,485	20,723	7,975	5,748	11,220	341,742
	45–54	101,164	67,754	49,376	28,156	17,587	7,030	4,899	8,496	284,462
	55–64	89,550	59,158	40,704	22,528	15,227	5,969	4,321	6,048	243,505
	65–74	75,595	52,545	32,337	18,310	12,686	5,065	3,325	3,270	203,133
	75–84	72,869	50,351	26,573	16,591	14,478	4,254	2,778	1,323	189,217
	85 and over	32,290	19,568	9,365	6,553	6,385	1,534	1,152	326	77,173
	Total^(d)	1,030,661	686,130	499,671	293,784	180,475	65,382	50,285	66,192	2,872,580
Females										
	0–4	109,053	72,914	54,645	37,074	20,788	5,263	4,889	6,334	310,960
	5–14	87,137	59,694	43,411	27,247	15,891	5,632	4,446	5,283	248,741
	15–24	137,944	97,992	81,580	43,863	28,963	10,406	8,761	10,398	419,907
	25–34	124,423	105,784	67,583	37,963	28,716	7,867	7,608	10,902	390,846
	35–44	104,306	81,529	54,015	31,792	21,616	7,303	5,720	10,383	316,664
	45–54	90,608	61,370	44,022	24,861	16,233	6,255	4,878	7,447	255,674
	55–64	76,611	53,135	34,182	19,423	13,310	5,035	4,048	4,521	210,265
	65–74	65,881	46,493	26,271	15,604	11,980	4,507	2,869	2,188	175,793
	75–84	80,771	53,383	26,927	17,223	15,805	4,443	2,945	1,061	202,558
	85 and over	54,948	33,705	16,551	11,787	10,757	2,758	1,989	402	132,897
	Total^(d)	931,746	665,999	449,187	266,837	184,059	59,469	48,153	58,919	2,664,369
Persons^(e)										
	0–4	251,030	166,406	123,318	83,161	46,423	11,933	11,264	14,602	708,137
	5–14	204,155	137,443	100,173	62,892	35,523	12,493	10,088	11,789	574,556
	15–24	288,470	195,849	164,959	91,118	55,121	21,697	17,616	20,272	855,102
	25–34	254,047	193,002	138,900	76,172	50,682	16,602	14,798	21,762	765,965
	35–44	224,253	161,967	115,236	66,284	42,339	15,278	11,468	21,603	658,428
	45–54	191,784	129,124	93,406	53,023	33,820	13,285	9,777	15,943	540,162
	55–64	166,174	112,293	74,891	41,964	28,549	11,004	8,370	10,569	453,814
	65–74	141,490	99,038	58,609	33,919	24,666	9,572	6,194	5,459	378,947
	75–84	153,642	103,734	53,505	33,814	30,284	8,697	5,723	2,384	391,783
	85 and over	87,240	53,273	25,924	18,341	17,142	4,292	3,143	728	210,083
	Total^(d)	1,962,496	1,352,129	948,921	560,688	364,549	124,853	98,441	125,119	5,537,196

(a) For the 78% of occasions of service for which episode-level data were available. Includes all presentations. For more information, see the text of Chapter 5 and Appendix 2.

(b) Includes data for the Mersey Community Hospital.

(c) Includes presentations for which the sex of the patient was not reported.

(d) Includes presentations for which the sex and/or age group of the patient was not reported.

Table 5.6: Non-admitted patient emergency department presentations^(a), by Indigenous status, public hospitals, states and territories, 2007–08

Indigenous status	NSW ^(b)	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	57,955	14,748	46,105	43,230	7,263	4,000	1,449	52,093	226,843
Torres Strait Islander but not Aboriginal origin	925	241	5,109	272	73	157	44	389	7,210
Aboriginal and Torres Strait Islander origin	1,595	1,301	3,656	489	96	185	213	842	8,377
<i>Indigenous Australians</i>	<i>60,475</i>	<i>16,290</i>	<i>54,870</i>	<i>43,991</i>	<i>7,432</i>	<i>4,342</i>	<i>1,706</i>	<i>53,324</i>	<i>242,430</i>
Not Aboriginal or Torres Strait Islander origin	1,706,087	1,330,058	876,324	496,862	317,891	116,681	95,031	71,435	5,010,369
Not reported	195,934	5,781	17,727	19,835	39,226	3,830	1,704	360	284,397
Total	1,962,496	1,352,129	948,921	560,688	364,549	124,853	98,441	125,119	5,537,196

(a) For the 78% of presentations for which episode-level data were available. Includes all presentations. For more information, see the text of *Chapter 5* and *Appendix 2*.

(b) For NSW, Indigenous status information had been recorded in the patient administration system for the majority of those records presented here as *Not reported*. However, due to systems issues, the information was not available at the time of reporting. See *Appendix 1 – Quality of Indigenous status*.

(c) Includes data for the Mersey Community Hospital.

Note: The identification of Indigenous patients is not considered to be complete and varies among jurisdictions. See the text for more information.

Table 5.7: Non-admitted patient emergency department presentations^(a), by triage category and emergency department arrival mode, public hospitals, states and territories, 2007–08

Triage category and emergency department arrival mode	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total
Resuscitation									
Ambulance, air ambulance or helicopter rescue service	10,142	7,138	6,256	3,761	3,832	719	404	581	32,833
Police/correctional services vehicle	76	97	62	36	14	1	1	9	296
Other ^(c)	2,059	1,333	754	688	652	73	92	179	5,830
Not stated/unknown	99	0	0	6	0	17	1	0	123
<i>Total</i>	<i>12,376</i>	<i>8,568</i>	<i>7,072</i>	<i>4,491</i>	<i>4,498</i>	<i>810</i>	<i>498</i>	<i>769</i>	<i>39,082</i>
Emergency									
Ambulance, air ambulance or helicopter rescue service	74,288	50,197	47,377	22,341	20,113	5,035	2,944	2,866	225,161
Police/correctional services vehicle	1,702	1,280	1,545	578	196	267	173	189	5,930
Other ^(c)	78,060	55,504	37,547	32,477	20,480	3,966	4,597	4,372	237,003
Not stated/unknown	1,477	0	0	58	11	86	3	0	1,635
<i>Total</i>	<i>155,527</i>	<i>106,981</i>	<i>86,469</i>	<i>55,454</i>	<i>40,800</i>	<i>9,354</i>	<i>7,717</i>	<i>7,427</i>	<i>469,729</i>
Urgent									
Ambulance, air ambulance or helicopter rescue service	204,232	132,094	136,431	40,203	44,928	14,696	8,798	8,526	589,908
Police/correctional services vehicle	6,126	3,231	3,936	1,927	954	542	324	1,106	18,146
Other ^(c)	388,022	253,666	209,674	117,694	79,493	26,173	22,629	26,446	1,123,797
Not stated/unknown	5,394	0	1	234	17	240	9	0	5,895
<i>Total</i>	<i>603,774</i>	<i>388,991</i>	<i>350,042</i>	<i>160,058</i>	<i>125,392</i>	<i>41,651</i>	<i>31,760</i>	<i>36,078</i>	<i>1,737,746</i>
Semi-urgent									
Ambulance, air ambulance or helicopter rescue service	165,219	89,802	73,976	27,471	24,314	8,773	4,634	6,960	401,149
Police/correctional services vehicle	3,578	1,445	2,006	1,627	685	509	207	1,713	11,770
Other ^(c)	687,797	541,569	339,785	263,586	144,114	52,839	39,735	56,564	2,125,989
Not stated/unknown	7,398	0	0	218	61	213	2	0	7,892
<i>Total</i>	<i>863,992</i>	<i>632,816</i>	<i>415,767</i>	<i>292,902</i>	<i>169,174</i>	<i>62,334</i>	<i>44,578</i>	<i>65,237</i>	<i>2,546,800</i>

(continued)

Table 5.7 (continued): Non-admitted patient emergency department presentations(a), by triage category and emergency department arrival mode, public hospitals, states and territories, 2007-08

Triage category and emergency department arrival mode	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total
Non-urgent									
Ambulance, air ambulance or helicopter rescue service	18,713	5,407	4,114	1,291	1,544	276	347	819	32,511
Police/correctional services vehicle	1,726	312	635	236	299	240	49	726	4,223
Other ^(c)	301,127	206,971	84,822	46,200	22,832	9,730	13,491	14,063	699,236
Not stated/unknown	3,022	0	0	55	10	26	1	0	3,114
<i>Total</i>	<i>324,588</i>	<i>212,690</i>	<i>89,571</i>	<i>47,782</i>	<i>24,685</i>	<i>10,272</i>	<i>13,888</i>	<i>15,608</i>	<i>739,084</i>
Total^(d)									
Ambulance, air ambulance or helicopter rescue service	472,940	284,700	268,154	95,067	94,731	29,524	17,127	19,752	1,281,995
Police/correctional services vehicle	13,224	6,379	8,184	4,404	2,148	1,560	754	3,743	40,396
Other ^(c)	1,458,751	1,061,050	672,582	460,646	267,571	93,178	80,544	101,624	4,195,946
Not stated/unknown	17,581	0	1	571	99	591	16	0	18,859
Total^(d)	1,962,496	1,352,129	948,921	560,688	364,549	124,853	98,441	125,119	5,537,196

(a) For the 78% of presentations for which patient-level data were available. Includes all presentations.

(b) Includes data for the Mersey Community Hospital.

(c) Includes patients who walked in, came by private transport, public transport, community transport or taxi.

(d) Includes presentations where the triage category was blank.

Table 5.8: Non-admitted patient emergency department presentations^(a), by triage category and episode end status, public hospitals, states and territories, 2007–08

Triage category and episode end status	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total
Resuscitation									
Admitted to this hospital ^(c)	9,843	7,882	5,010	2,940	3,289	682	362	515	30,523
Non-admitted patient emergency department service episode completed ^(d)	1,480	433	915	484	700	30	45	183	4,270
Referred to another hospital for admission	889	116	619	642	330	33	33	4	2,666
Did not wait to be attended by a health care professional	5	0	8	2	0	0	0	0	15
Left at own risk ^(e)	67	35	74	30	19	1	4	8	238
Died in emergency department as a non-admitted patient	0	102	433	391	150	63	51	54	1,244
Dead on arrival, not treated in emergency department	70	0	12	2	0	0	3	5	92
Not reported	22	0	1	0	10	1	0	0	34
Total	12,376	8,568	7,072	4,491	4,498	810	498	769	39,082
Emergency									
Admitted to this hospital ^(c)	95,440	79,827	47,680	25,145	24,379	5,452	4,660	4,744	287,327
Non-admitted patient emergency department service episode completed ^(d)	52,532	25,668	33,123	25,347	13,451	3,565	2,808	2,583	159,077
Referred to another hospital for admission	4,917	662	3,730	4,182	2,438	254	191	16	16,390
Did not wait to be attended by a health care professional	298	201	310	80	92	14	6	10	1,011
Left at own risk ^(e)	1,639	604	1,461	601	345	41	42	73	4,806
Died in emergency department as a non-admitted patient	0	19	122	95	48	26	10	0	320
Dead on arrival, not treated in emergency department	11	0	11	0	0	0	0	1	23
Not reported	690	0	32	4	47	2	0	0	775
Total	155,527	106,981	86,469	55,454	40,800	9,354	7,717	7,427	469,729
Urgent									
Admitted to this hospital ^(c)	243,431	206,377	112,563	52,201	52,143	15,602	13,306	15,047	710,670
Non-admitted patient emergency department service episode completed ^(d)	327,311	169,941	212,929	98,168	64,832	23,956	16,386	19,643	933,166
Referred to another hospital for admission	10,510	1,584	7,548	7,044	4,340	572	615	33	32,246
Did not wait to be attended by a health care professional	12,891	8,397	12,110	1,222	2,760	1,327	1,230	1,018	40,955
Left at own risk ^(e)	8,460	2,682	4,513	1,297	967	163	206	334	18,622
Died in emergency department as a non-admitted patient	0	10	86	45	46	18	17	2	224
Dead on arrival, not treated in emergency department	77	0	161	0	0	0	0	1	239
Not reported	1,094	0	132	81	304	13	0	0	1,624
Total	603,774	388,991	350,042	160,058	125,392	41,651	31,760	36,078	1,737,746

(continued)

Table 5.8 (continued): Non-admitted patient emergency department presentations^(a), by triage category and episode end status, public hospitals, states and territories, 2007–08

Triage category and episode end status									
	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total
Semi-urgent									
Admitted to this hospital ^(c)	141,805	135,731	43,251	31,907	24,342	7,957	5,815	8,547	399,355
Non-admitted patient emergency department service episode completed ^(d)	643,454	446,368	319,300	243,667	129,860	49,501	32,378	47,417	1,911,945
Referred to another hospital for admission	6,127	1,155	2,864	4,132	2,282	311	386	30	17,287
Did not wait to be attended by a health care professional	56,379	45,158	44,923	10,637	10,550	4,331	5,732	8,767	186,477
Left at own risk ^(e)	14,552	4,401	5,256	1,547	1,636	204	263	476	28,335
Died in emergency department as a non-admitted patient	0	3	9	20	5	5	4	0	46
Dead on arrival, not treated in emergency department	109	0	5	0	0	0	0	0	114
Not reported	1,566	0	159	992	499	25	0	0	3,241
Total/	863,992	632,816	415,767	292,902	169,174	62,334	44,578	65,237	2,546,800
Non-urgent									
Admitted to this hospital ^(c)	15,479	9,414	3,087	2,139	1,609	490	420	686	33,324
Non-admitted patient emergency department service episode completed ^(d)	266,912	184,059	72,242	42,150	19,757	8,677	10,955	12,561	617,313
Referred to another hospital for admission	671	141	221	209	165	25	46	10	1,488
Did not wait to be attended by a health care professional	34,285	17,553	13,198	2,625	2,792	1,065	2,407	2,233	76,158
Left at own risk ^(e)	4,045	1,523	655	266	237	10	55	69	6,860
Died in emergency department as a non-admitted patient	0	0	9	0	0	1	5	0	15
Dead on arrival, not treated in emergency department	2,359	0	106	0	0	0	0	49	2,514
Not reported	837	0	53	393	125	4	0	0	1,412
Total/	324,588	212,690	89,571	47,782	24,685	10,272	13,888	15,608	739,084
Total ^(f)									
Admitted to this hospital ^(c)	506,262	439,236	211,591	114,333	105,762	30,183	24,563	29,539	1,461,469
Non-admitted patient emergency department service episode completed ^(d)	1,292,988	826,469	638,509	409,816	228,600	85,729	62,572	82,387	3,627,070
Referred to another hospital for admission	23,121	3,658	14,982	16,209	9,555	1,195	1,271	93	70,084
Did not wait to be attended by a health care professional	104,412	71,309	70,549	14,566	16,194	6,737	9,375	12,028	305,170
Left at own risk ^(e)	28,785	9,245	11,959	3,741	3,204	419	570	960	58,883
Died in emergency department as a non-admitted patient	0	134	659	551	249	114	87	56	1,850
Dead on arrival, not treated in emergency department	2,631	2,078	295	2	0	431	3	56	5,496
Not reported	4,297	0	377	1,470	985	45	0	0	7,174
Total ^(f)	1,962,496	1,352,129	948,921	560,688	364,549	124,853	98,441	125,119	5,537,196

(a) For the 78% of presentations for which episode-level data were available. Includes all presentations. For more information, see the text of Chapter 5 and Appendix 2.

(b) Includes data for the Mersey Community Hospital.

(c) Including to units or beds within the emergency department.

(d) Patient departed without being admitted or referred to another hospital.

(e) Patient left at own risk after being attended by a health care professional but before the non-admitted patient emergency department presentation was completed.

(f) Includes presentations where the triage category was blank.

Table 5.9: Non-admitted patient emergency department presentation^{(a)(b)} duration (in hours and minutes) for patients subsequently admitted to hospital, by triage category, public hospitals, states and territories, 2007–08

Triage category	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT	Total
Resuscitation									
Median duration of presentation ^(d)	2:54	5:03	2:15	1:47	1:40	3:57	1:56	1:25	2:54
Median duration of service event ^(e)	2:54	5:03	2:15	1:46	1:40	3:56	1:56	1:25	2:54
Median time in emergency department ^(f)	4:05	5:03	4:10	4:17	3:31	3:57	4:43	3:58	4:19
Emergency									
Median duration of presentation ^(d)	4:10	5:51	3:12	2:30	2:23	5:33	2:48	2:11	4:02
Median duration of service event ^(e)	4:01	5:43	3:01	2:20	2:14	5:21	2:41	1:57	3:53
Median time in emergency department ^(f)	5:33	5:51	5:56	6:17	5:36	5:33	7:57	7:26	5:48
Urgent									
Median duration of presentation ^(d)	4:51	6:05	3:52	2:56	2:53	6:34	3:48	2:46	4:43
Median duration of service event ^(e)	4:18	5:31	3:10	2:17	2:01	5:34	2:48	1:54	4:06
Median time in emergency department ^(f)	6:05	6:05	6:23	5:57	5:41	6:34	10:41	6:47	6:10
Semi-urgent									
Median duration of presentation ^(d)	5:04	6:01	3:50	3:21	3:37	6:36	3:31	3:02	4:58
Median duration of service event ^(e)	4:09	4:56	2:41	2:08	2:15	5:11	2:01	1:24	3:55
Median time in emergency department ^(f)	6:11	6:01	6:23	6:14	6:19	6:36	11:09	6:28	6:12
Non-urgent									
Median duration of presentation ^(d)	3:44	4:25	2:23	2:28	2:49	4:49	2:32	1:21	3:32
Median duration of service event ^(e)	2:48	3:25	1:25	1:27	0:59	3:47	1:00	0:21	2:30
Median time in emergency department ^(f)	4:32	4:25	4:04	3:33	5:43	4:49	8:32	1:32	4:24
Total									
Median duration of presentation ^(d)	4:42	5:59	3:38	2:54	2:56	6:19	3:27	2:41	4:35
Median duration of service event ^(e)	4:09	5:19	3:00	2:14	2:06	5:21	2:31	1:44	3:57
Median time in emergency department ^(f)	5:56	5:59	6:11	6:02	5:44	6:19	10:01	6:37	6:02

(a) Includes records for which the Type of visit was reported as *Emergency presentation* or was *Not reported* (South Australia only), and where the reported episode end status was *Admitted to this hospital*.

(b) For the 78% of presentations for which episode-level data were available. For more information, see the text of *Chapter 5* and *Appendix 2*.

(c) Includes data for the Mersey Community Hospital.

(d) The duration of presentation is the length of time between the time of presentation to the emergency department and the end of the non-admitted patient episode.

(e) The duration of the service event is the length of time between when a health-care professional first takes responsibility for the patient's care and the end of the non-admitted patient episode.

(f) The time in emergency department is the length of time between presentation and physical departure from the emergency department.

Note: There is variation in the time recorded as the time of departure from the emergency department for patients admitted subsequent to a non-admitted emergency department presentation.

Table 5.10: Non-admitted patient emergency department presentation^{(a)(b)} duration (in hours and minutes) for patients not subsequently admitted to hospital, by triage category, public hospitals, states and territories, 2007–08

Triage category	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT	Total
Resuscitation									
Median duration of presentation ^(d)	3:12	2:42	3:21	3:40	3:17	3:58	1:27	3:16	3:16
Median duration of service event ^(e)	3:12	2:42	3:21	3:40	3:17	3:58	1:27	3:16	3:16
Median time in emergency department ^(f)	3:49	2:42	4:16	3:40	3:55	3:58	2:58	3:16	3:45
Emergency									
Median duration of presentation ^(d)	3:30	2:45	2:59	3:15	2:55	3:35	3:02	3:17	3:08
Median duration of service event ^(e)	3:20	2:35	2:46	3:04	2:45	3:24	2:50	3:02	2:57
Median time in emergency department ^(f)	3:42	2:45	3:28	3:15	3:10	3:35	3:48	3:17	3:19
Urgent									
Median duration of presentation ^(d)	2:55	2:40	2:52	2:41	3:06	3:00	2:48	3:02	2:50
Median duration of service event ^(e)	2:21	2:05	2:04	1:58	2:19	2:09	1:54	2:00	2:10
Median time in emergency department ^(f)	3:00	2:40	3:05	2:41	3:14	3:00	3:31	3:02	2:56
Semi-urgent									
Median duration of presentation ^(d)	2:02	2:07	2:09	1:59	2:19	2:09	2:20	2:24	2:06
Median duration of service event ^(e)	1:09	1:04	0:59	0:54	1:11	1:00	0:55	0:50	1:03
Median time in emergency department ^(f)	2:05	2:07	2:14	1:59	2:20	2:09	2:39	2:24	2:08
Non-urgent									
Median duration of presentation ^(d)	1:23	1:25	1:21	1:30	1:52	1:25	1:55	1:04	1:25
Median duration of service event ^(e)	0:37	0:30	0:29	0:37	0:43	0:29	0:34	0:20	0:33
Median time in emergency department ^(f)	1:24	1:25	1:23	1:30	1:53	1:25	2:08	1:05	1:26
Total									
Median duration of presentation ^(d)	2:11	2:07	2:20	2:10	2:32	2:23	2:23	2:24	2:14
Median duration of service event ^(e)	1:21	1:09	1:18	1:10	1:31	1:17	1:05	1:00	1:15
Median time in emergency department ^(f)	2:14	2:07	2:28	2:10	2:36	2:23	2:48	2:24	2:16

(a) Includes records for which the Type of visit was reported as *Emergency presentation* or was *Not reported*. Excludes presentations for patients whose episode end status was *Admitted to this hospital*.

(b) *Did not wait to be attended by a health care professional*, *Left at own risk* or *Dead on arrival*, and records with invalid or missing waiting times data.

(c) For the 78% of presentations for which episode-level data were available. For more information, see the text of *Chapter 5* and *Appendix 2*.

(d) Includes data for the Mersey Community Hospital.

(e) The duration of presentation is the length of time between the time of presentation to the emergency department and the end of the non-admitted patient episode.

(f) The duration of the service event is the length of time between when a health care professional first takes responsibility for the patient's care and the end of the non-admitted patient episode.

(g) The time in emergency department is the length of time between presentation and physical departure from the emergency department.

Number of presentations

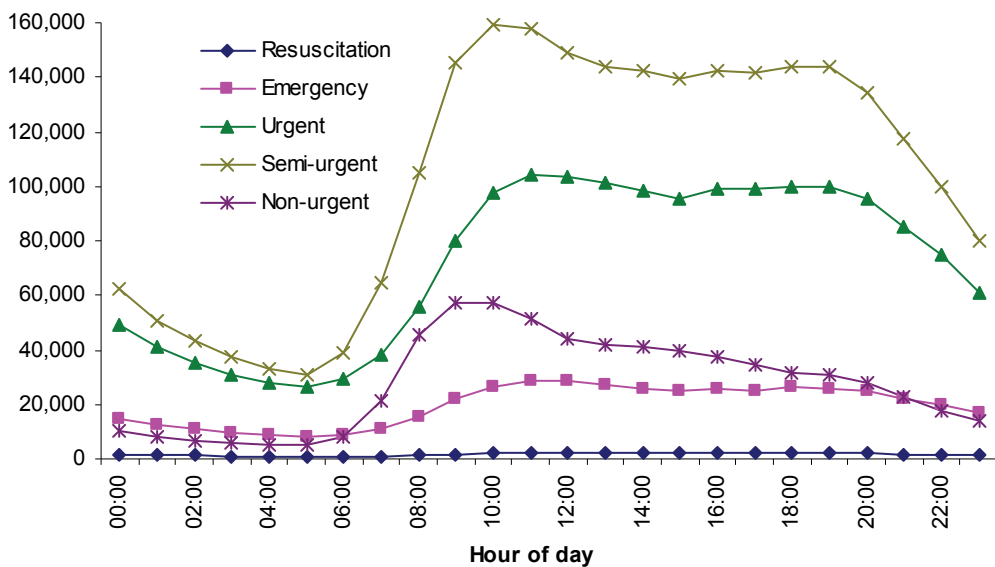


Figure 5.2: Number of emergency department presentations, by hour of presentation and triage category, selected public hospitals, Australia, 2007-08

Presentations (per cent)

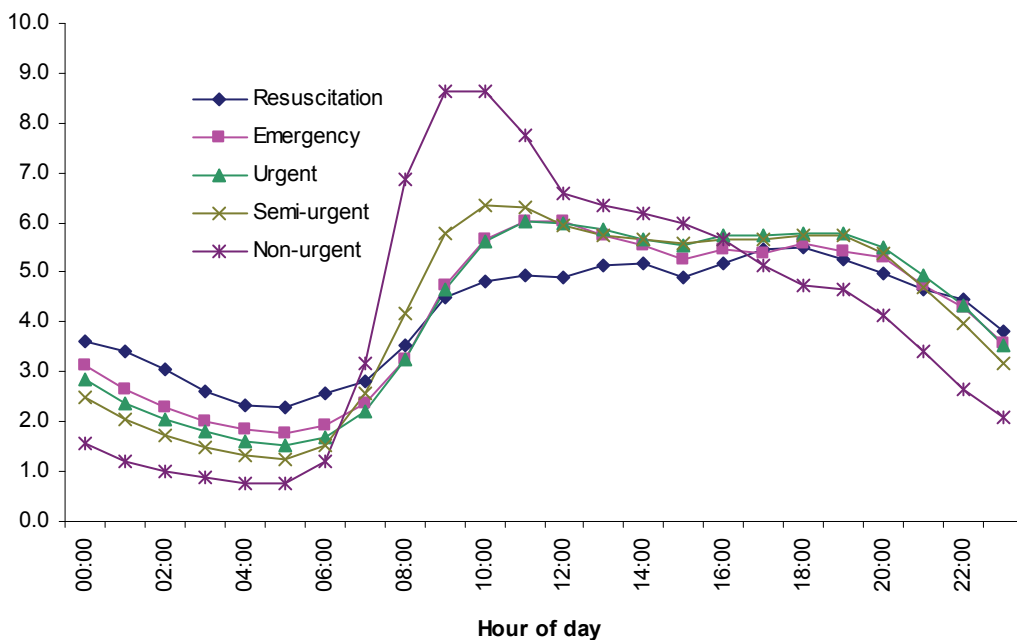


Figure 5.3: Proportion of emergency department presentations, by hour of presentation and triage category, selected public hospitals, Australia, 2007-08

Table 5.11: Outpatient occasions of service, by public hospital peer group^(a), states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas ^(b)	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	29	20	18	5	5	2	1	2	82
Group occasions of service	26	11	13	5	5	2	1	1	64
Occasions of service reported									
Individual occasions of service	4,200,932	1,879,370	2,303,235	508,396	755,821	364,429	154,178	114,609	10,280,970
Group occasions of service	87,330	4,789	8,306	47,529	10,105	526	171	300	159,056
Large hospitals									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	12	14	5	5	2	1	1	0	40
Group occasions of service	12	9	4	4	2	1	1	0	33
Occasions of service reported									
Individual occasions of service	575,945	372,169	231,261	83,684	129,551	87,207	33,787	..	1,513,604
Group occasions of service	6,326	3,126	1,115	5,833	1,718	847	147	..	19,112
Total^(c)									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	41	34	23	12	8	3	2	2	125
Group occasions of service	38	20	17	9	8	3	2	1	98
Occasions of service reported									
Individual occasions of service	4,776,877	2,251,539	2,534,496	606,878	896,660	451,636	187,965	114,609	11,820,660
Group occasions of service	93,656	7,915	9,421	53,362	12,017	1,373	318	300	178,362
Estimated proportion of occasions of service in NOCD ^(d)									
Individual occasions of service	75	79	76	36	75	98	63	93	72
Group occasions of service	65	34	76	100	97	100	19	100	66

(a) For more information on the public hospital peer group classification, see Appendix 1.

(b) Includes data for the Mersey Community Hospital.

(c) The total includes data for hospitals that were not classified as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2006–07* (AIHW 2008a).

(d) The number of outpatient occasions of service reported to the National Outpatient Care Database (NOCD) divided by the number of outpatient-related occasions of service from the National Public Hospital Establishments Database (NPHED), as a percentage. Where the number of occasions of service reported to the NOCD is greater than the outpatient-related occasions of service reported to the NPHED, the proportion is presented as 100%.

Table 5.12: Outpatient care individual occasions of service^{(a)(b)}, by outpatient clinic type, selected public hospitals, states and territories, 2007–08

Clinic type	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT	Total
Allied health	634,691	791,509	466,872	286,245	161,163	88,035	18,286	8,929	2,455,730
Dental	238,302	95,210	129,438	1,643	9,095	1,636	0	0	475,324
Gynaecology	56,061	46,420	66,179	7,316	35,082	10,252	4,527	5,045	230,882
Obstetrics	741,350	309,826	353,292	36,676	96,176	47,862	43,036	16,607	1,644,825
Cardiology	86,282	22,332	82,467	12,021	25,361	18,815	11,363	1,619	260,260
Endocrinology	170,601	51,744	73,307	15,743	30,791	25,305	7,269	991	375,751
Oncology	291,677	110,900	91,400	22,814	26,277	45,990	13,369	2,135	604,562
Respiratory	140,083	16,735	59,937	7,054	30,736	4,729	4,235	1,016	264,525
Gastroenterology	25,898	21,171	27,120	6,034	17,645	1,296	5,192	0	104,356
Medical	1,085,825	194,820	313,096	103,415	107,986	72,698	26,599	18,704	1,923,143
General practice/primary care	253,134	0	19,941	349	0	0	0	0	273,424
Paediatric	99,215	13,730	45,494	3,807	16,212	18,658	6,539	5,195	208,850
Endoscopy	12,331	0	12,400	6	12,994	1,705	2,196	642	42,274
Plastic surgery	33,743	81,674	26,900	15,125	23,990	3,696	4,602	1,731	191,461
Urology	28,184	40,857	44,220	5,499	16,645	1,759	1,002	335	138,501
Orthopaedic	260,498	168,625	254,517	29,653	57,012	17,770	10,747	11,319	810,141
Ophthalmology	141,636	0	70,235	22,775	58,082	7,378	1,655	12,126	313,887
Ear, nose and throat surgery	31,656	43,839	47,530	8,627	19,244	922	1,469	3,540	156,827
Pre-admission and pre-anaesthesia	167,922	93,297	145,733	5,200	38,843	17,300	7,333	7,076	482,704
Chemotherapy	69,742	0	9,077	0	19,135	18,578	5,101	419	122,052
Dialysis	24,339	0	0	616	0	0	0	3,399	28,354
Surgery	84,887	138,830	138,590	16,101	72,263	44,054	6,898	13,367	514,990
Paediatric surgery	7,412	10,020	8,565	159	3,405	0	1,472	414	31,447
Renal medicine	91,408	0	48,186	0	18,523	3,198	5,075	0	166,390
Total	4,776,877	2,251,539	2,534,496	606,878	896,660	451,636	187,965	114,609	11,820,660

(a) Outpatient care individual occasions of service were required to be reported for public hospitals that were classified as either as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2006–07* (AIHW 2008a).

(b) There were variations among jurisdictions in the reporting of occasions of service because of differences in admission practices and in the types of facilities offering these services.

(c) Includes data for the Mersey Community Hospital.

Table 5.13: Outpatient care group occasions of service^{(a)(b)}, by clinic type, selected public hospitals, states and territories, 2007-08

Clinic type	NSW	Vic	Qld	WA ^(c)	SA	Tas ^(d)	ACT	NT	Total
Allied health	18,508	7,915	5,383	53,245	5,434	709	139	0	91,333
Dental	8	0	0	0	0	0	0	0	8
Gynaecology	15,837	0	0	0	0	0	0	0	15,837
Obstetrics	33,711	0	1,870	0	1,485	228	2	0	37,296
Cardiology	2,441	0	68	0	610	54	101	0	3,274
Endocrinology	1,552	0	367	0	123	209	65	0	2,316
Oncology	700	0	46	4	0	0	1	0	751
Respiratory	1,951	0	4	0	83	0	0	0	2,038
Gastroenterology	126	0	8	0	97	0	0	0	231
Medical	14,293	0	1,666	111	2,789	169	9	300	19,337
General practice/primary care	252	0	0	1	0	0	0	0	253
Paediatric	700	0	0	0	651	0	0	0	1,351
Endoscopy	0	0	0	0	0	0	0	0	0
Plastic surgery	0	0	0	0	467	0	0	0	467
Urology	17	0	0	0	0	0	0	0	17
Orthopaedic	96	0	0	0	147	0	0	0	243
Ophthalmology	4	0	0	1	0	0	0	0	5
Ear, nose and throat surgery	56	0	0	0	0	0	0	0	56
Pre-admission and pre-anaesthesia	132	0	0	0	1	0	0	0	133
Chemotherapy	188	0	0	0	0	0	0	0	188
Dialysis	228	0	0	0	0	0	0	0	228
Surgery	2,401	0	9	0	88	4	1	0	2,503
Paediatric surgery	0	0	0	0	0	0	0	0	0
Renal medicine	455	0	0	0	42	0	0	0	497
Total	93,656	7,915	9,421	53,362	12,017	1,373	318	300	178,362

(a) Outpatient care group sessions were required to be reported for public hospitals that were classified as either as *Principal referral* and *Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2006-07* (AIHW 2008a).

(b) There were variations among jurisdictions in the reporting of group occasions of service because of differences in the admission practices and the types of facilities offering these services.

(c) Western Australia data represent a mixture of the number of individuals who attended a group session and the number of group sessions.

(d) Includes data for the Mersey Community Hospital.

6 Access to elective surgery

Introduction

This chapter presents information related to access to elective surgery using different sources of data. The first two sources listed below relate to 'elective surgery' as defined in the *National health data dictionary* (HDSC 2006). The third data source relates to elective surgical separations for both public and private hospitals. They include all separations that were reported as elective and with a surgical procedure, as defined for the AR-DRG classification (see *Chapter 12*). In summary the three data sources are:

- Data for almost 565,000 patients admitted from public acute hospital elective surgery waiting lists (tables 6.1 to 6.6 and Figure 6.1). These data are sourced from the National Elective Surgery Waiting Times Data Collection (NESWTDC). The records include information on waiting times, surgical specialty of the scheduled doctor and Indicator procedures.
- Linked public hospital elective surgery waiting times and admitted patient data for over 550,000 records (Table 6.6 and figures 6.2 to 6.10). The linkage allowed demographic and diagnosis information to be analysed in conjunction with information on waiting times, surgical specialty and Indicator procedure. These data are presented as separation rates and median waiting times by remoteness areas, quintile of socioeconomic advantage/disadvantage and Indigenous status.
- Information on approximately 1.7 million elective surgical separations, sourced from the National Hospital Morbidity Database (NHMD) (Table 6.7 and figures 6.11 to 6.14).

Similar analyses of linked data and the data sourced from the NHMD for 2004–05 were presented in *Elective surgery in Australia: new measures of access* (AIHW 2008c).

Variation in scope and analysis methods

The three data sources vary in scope and incorporate different data analysis methods.

Scope

The scope of the NESWTDC is patients on waiting lists for elective surgery which are managed by public acute hospitals, and may include private patients treated in public hospitals, and public patients treated in private hospitals.

The scope of the NHMD 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.

For the linked public hospital admitted patient and elective surgery waiting times data, the scope is patients admitted from public acute hospital waiting lists for elective surgery. For 2007–08, all states and territories provided elective surgery waiting times data linkable to the NHMD. Overall, 97% of elective surgery records were linked to the NHMD. For most states and territories, the linked data includes patients treated at a hospital other than the hospital at which they were listed.

The 3% of records not linked included records for patients awaiting more than one procedure where:

- the second (and subsequent) elective surgery waiting list records may not have been identified where multiple awaited procedures were performed during the same admitted patient episode or
- the second (and subsequent) admitted patient episodes may not have been identified.

Analysis methods

The definition of elective surgery care for the purposes of the NESWTDC and the linked data analyses, and the definition of elective surgical separations in the NHMD differ. In particular, the procedures defined as surgical differ between those used to define the scope of the NESWTDC and those used to define elective surgical separations in the NHMD.

For the NESWTDC, elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians (HDSC 2006).

For the NHMD, separations have been classified as elective surgical separations if they had an elective urgency of admission (see *Chapter 7*). The definition of 'surgical procedure' is based on the procedures used to define 'surgical' DRGs in *Australian Refined Diagnosis Related Groups, version 5.1* (DoHA 2004b). For more information see *Elective surgical separations*.

Elective surgery

National Elective Surgery Waiting Times Data Collection

This section presents national statistics for elective surgery waiting times for the years 2003–04 to 2007–08, and a state and territory overview of elective surgery waiting times for 2007–08. Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by the specialty of the surgeon who was to perform the elective surgery and by Indicator procedure.

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

The data cover public hospitals only, except as noted below in the description of the coverage of the data collection.

The waiting times data presented here for patients who complete their wait and are admitted for their surgery on an elective basis are generally used as the main summary measure of elective surgery waiting times. Most patients are admitted after waiting; however, some patients are removed from waiting lists for other reasons. Other reasons for removal are that

the patient was admitted as an emergency patient for the awaited procedure; was transferred to another hospital's waiting list; had been treated elsewhere; was not contactable; had died, or had declined surgery. Information on time spent on waiting lists is therefore also presented for those reasons for removal.

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

National health data dictionary definitions (HDSC 2006) are the basis of the NESWTDC (see Chapter 1) and are summarised in the glossary. However, some of the definitions used varied slightly among the states and territories in 2007–08 and in comparison with previous reporting periods. Comparisons between jurisdictions and between 2007–08 and previous reporting periods should therefore be made with reference to the notes on the definitions used and to previous reports (AIHW 2004a, 2005a, 2006a, 2007a, 2008a).

Variation in methods to calculate waiting times

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

For reporting periods before the 2004–05 collection period, South Australia used a different method from other states and territories to calculate waiting times for patients who changed clinical urgency category. However, from the 2004–05 reporting period, South Australia has been able to report waiting times as per the agreed national standard for calculating waiting times, that is:

Counting the time waited in the most recent urgency category plus any time waited in more urgent categories, e.g. time waiting in category 2, plus time spent previously in category 1.

This would have the effect of decreasing the apparent waiting time for South Australian admissions in 2004–05 and later years compared with previous reporting periods. In previous periods South Australia counted the waiting time in all urgency categories.

Transfers between waiting lists

In some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC. Therefore, the number of days waited in those jurisdictions reflects the waiting time on the list managed by the reporting hospital only. This has the effect of shortening the reported waiting time compared with the time actually waited by these patients.

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

Waiting times and other data elements reported for elective surgery

Figure 6.1 presents data on patients admitted to hospital from elective surgery waiting lists for surgery performed by a doctor whose surgical specialty was *Plastic surgery*. The information presented by Indicator procedure and public hospital peer groups is sourced from the NESWTDC. The other information provided in Figure 6.1 was available for records where the data for elective surgery waiting times could be linked to the NHMD (98% of records with a surgical specialty of *Plastic surgery*), thus allowing waiting times information for patients to be related to other information about their admission for elective surgery.

Australia-wide there were:

- 40,000 admissions for surgery performed by a doctor whose surgical specialty was *Plastic surgery*
- the median waiting time for these patients was 26 days
- 3.2% of these patients waited more than 365 days for admission
- more than 99% of admissions for *Plastic surgery* were not for one of the Indicator procedures.

For NESWTDC data linked to the NHMD data, there were:

- over 39,000 admissions for *Plastic surgery* and these accounted for over 79,000 patient days
- the average length of stay was 2.0 days
- the most common procedure (other than *Cerebral anaesthesia*) was *Excision of lesion of skin and subcutaneous tissue* (Block 1620)
- the most common principal diagnosis reported was *Other malignant neoplasms of skin* (C44), followed by *Fracture at wrist and hand level* (S62)
- the most common AR-DRG reported was *Other skin, subcutaneous tissue and breast procedures* (J11Z)
- the age group with the highest proportion of separations was 65–74 years and there were more separations for males than females
- 98.5% of these episodes had a separation mode of *Other*, suggesting that these patients went home after separation from hospital.

State and territory overview

Coverage

The NESWTDC covers public acute hospitals only. However, some public patients treated under contract in private hospitals in Victoria and Tasmania were included. Data for the Mersey Community Hospital are included with the Tasmanian data. See *Appendix 2* for more information on the data for that hospital.

The data collection covered most public hospitals that undertake elective surgery. Tables 6.1 and 6.2 show that coverage of the collection was highest for the *Principal referral and Specialist women's and children's hospitals* peer group with 83 hospitals reported in this peer group. The collection covered 35 *Large hospitals*, and 51 *Medium hospitals*. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller

remote hospitals may have different patterns of service delivery compared with other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

Tables 6.1 and 6.2 also present estimates of the proportions of elective surgical separations that were covered by the NESWTDC. The AIHW derived these estimates from data provided by the states and territories for the NHMD as:

The number of separations with Urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the NESWTDC as a proportion of the number of separations with Urgency of admission reported as *Elective* and a surgical procedure for all public hospitals.

Separations for cosmetic surgery were excluded from the estimated coverage calculations. The definition of 'surgical procedure' used for these estimates is detailed in the *Glossary* and based on the procedures used to define 'surgical' in *Australian Refined Diagnosis Related Groups, version 5.1* (DoHA 2004b). Information about 'urgency of admission' is detailed in *Chapter 7*.

Based on this measure, coverage was 100% for the *Principal referral and Specialist women's and children's hospitals* peer group and was progressively lower for the *Large hospitals* and *Medium hospitals* groups (Table 6.1). Overall coverage of the NESWTDC was about 91% in 2007–08, and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory to 70% in South Australia (Table 6.2).

Admissions from waiting lists for elective surgery

Overall, there were 565,501 admissions from waiting lists (26.6 per 1,000 population) in 2007–08, compared with 556,770 (26.7 per 1,000 population) in 2006–07 (Table 6.1).

Hospitals in the *Principal referral and Specialist women's and children's hospitals* peer group accounted for 71.0% of admissions from elective surgery waiting lists in 2007–08, compared with 70.9% in 2006–07. Another 17.2% were reported for hospitals in the *Large hospitals* peer group in 2007–08, compared with 15.9% in 2006–07. In 2007–08 10.3% of admissions arose from the *Medium hospitals* peer group compared with 11.4% in 2006–07.

Distribution of waiting times

Overall, the median waiting time for patients who were admitted from waiting lists was 34 days in 2007–08, 32 days in 2006–07, 32 days in 2005–06, 29 days in 2004–05 and 28 days in 2003–04 (Table 6.1). In 2007–08, the median waiting time for patients admitted from waiting lists for hospitals in the *Principal referral and Specialist women's and children's hospitals* peer group (31 days) was shorter than for the *Large hospitals* and *Medium hospitals* peer groups (39 days and 42 days respectively) (Table 6.1). In 2007–08, the median waiting time ranged from 27 days in Queensland to 72 days in the Australian Capital Territory (Table 6.2).

In 2007–08, 90% of patients were admitted within 235 days, compared with 226 days in 2006–07, 237 days in 2005–06, 217 days in 2004–05 and 193 days in 2003–04. In 2007–08, the 90th percentile for waiting time ranged from 137 days in Queensland to 372 days in the Australian Capital Territory (Table 6.2).

Proportion waiting more than 365 days

Overall, the proportion of patients admitted after waiting more than 365 days was 3.0% in 2007–08, compared with 3.1% in 2006–07 and 3.9% in 2003–04 (Table 6.1). In 2007–08, this

proportion ranged from 1.8% in New South Wales to 10.3% in the Australian Capital Territory (Table 6.2).

In the *Principal referral and Specialist women's and children's hospitals* peer group in 2007–08, 3.4% of patients were admitted after waiting more than 365 days, as were 2.4% of patients in the *Large hospitals* peer group, and 1.4% of patients in the *Medium hospitals* peer group.

Additions to and removals from waiting lists

Table 6.3 shows the movement of patients on and off waiting lists in 2007–08. This includes data on the total number of patients added to and removed from waiting lists, the distribution of days waited by patients removed from waiting lists and the proportion of patients waiting more than 365 days before being removed from waiting lists.

States and territories

In 2007–08 nearly 741,000 patients were added to elective surgery waiting lists and 661,000 patients were removed from elective surgery waiting lists, whether they were admitted for the procedure they were waiting for or were removed for other reasons. In 2007–08, New South Wales, Queensland, South Australia, Tasmania and the Northern Territory did not report removals from waiting lists for transfer to another hospital's waiting list. This could have an effect of increasing the waiting times reported for overall removals for those three jurisdictions relative to others.

Elective admissions accounted for the most removals from waiting lists in 2007–08 (85.5%), ranging from 82.5% in the Australian Capital Territory to 88.0% in South Australia. *Surgery not required or declined* accounted for 7.1% of removals. A further 3.4% of removals (23,000 patients) were *Treated elsewhere*, 1.4% (9,500) were *Not contactable/died*, and 0.9% (5,700) were *Emergency admissions*.

Distribution of waiting times

Overall, the reason for removal category with the shortest median waiting time in 2007–08 was *Emergency admission* (3 days), and the category with longest median waiting time was *Not contactable/died* (165 days) (Table 6.3).

As was the case with median waiting times, the reason for removal category with the shortest waiting time by which 90% of patients were removed was *Emergency admission* (84 days) and the category with the longest waiting time was *Not contactable/died* (456 days). The length of time by which 90% of patients were removed from waiting lists varied substantially between states and territories in most reason for removal categories. For example, waiting times at the 90th percentile in the *Emergency admission* category ranged from 15 days in Queensland to 277 days in Tasmania.

Proportion waiting more than 365 days

In 2007–08 the reason for removal category with the lowest proportion of patients waiting more than 365 days before removal was *Emergency admission* (0.9%) and the category with the highest proportion was *Not contactable/died* (16.8%) (Table 6.3).

The proportion of patients waiting more than 365 days differed substantially between states and territories in 2007–08. Overall, it ranged from 1.9% in New South Wales to 13.6% in

Tasmania. For the removal category *Not contactable or died* it ranged from 3.4% in New South Wales to 45.6% in the Northern Territory.

Specialty of surgeon

The specialty of the surgeon describes the area of clinical expertise held by the doctor who was to perform the elective surgery.

States and territories

Table 6.4 shows the number of admissions from waiting lists, the distribution of days waited and the proportion of admissions where people waited more than 365 days in 2007–08. These data are presented by the specialty of the surgeon who was to perform the surgery and by state and territory.

Distribution of waiting times

Ophthalmology, *Ear, nose and throat surgery* and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2007–08 (68 days, 57 days and 54 days respectively). Almost all of the other surgical specialties (excluding *Gynaecology*) had median waiting times of less than 30 days; *Cardio-thoracic surgery* had the shortest median waiting time (12 days) (Table 6.4).

There was a marked variation between states and territories in the median waiting time for *Ear, nose and throat surgery*, with 50% of patients being admitted within 28 days in Queensland and within 135 days in the Australian Capital Territory. *Cardio-thoracic surgery* had the least variation between states and territories in the median waiting times, ranging from 6 days in Victoria to 21 days in Tasmania.

The length of time by which 90% of patients had been admitted also varied by surgical specialty in 2007–08, from 78 days for *Cardio-thoracic surgery* to 335 days for *Ear, nose and throat surgery*.

Proportion waiting more than 365 days

Ear, nose and throat surgery and *Orthopaedic surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (6.2% and 5.8% respectively) (Table 6.5). *Cardio-thoracic surgery* had the lowest proportion of patients who waited more than 365 days (0.1%).

There was marked variation among the states and territories in the proportion of patients who waited more than 365 days to be admitted for some surgical specialties. For example, for *Ophthalmology*, 1.9% of patients waited more than 365 days in Victoria, compared with 30.7% of patients in Tasmania.

Admissions from waiting lists

Nationally, admissions from waiting lists were highest for the specialty of *General surgery* (138,100) and lowest for *Neurosurgery* (9,400) (Table 6.4). Admissions from waiting lists were also highest for *General surgery* across all jurisdictions. The surgical specialty with the lowest number of admissions (excluding *Other*) was *Neurosurgery* in New South Wales, Queensland, Western Australia, South Australia and Tasmania, *Cardio-thoracic surgery* in Victoria and the Australian Capital Territory and *Plastic surgery* in the Northern Territory.

Indicator procedures

Indicator procedures are procedures which are of high volume and are often associated with long waits.

States and territories

Table 6.5 presents data on the distribution of days waited, the proportion of patients who waited more than 365 days, and the total number of patients admitted from waiting lists, by Indicator procedure and state and territory for 2007–08.

Distribution of waiting times

Nationally, the indicator procedure with the lowest median waiting time in 2007–08 was *Coronary artery bypass graft* (14 days) and the one with the highest median waiting time was *Total knee replacement* (160 days) (Table 6.5).

There was marked variation among the states and territories in the median waiting time for *Total knee replacement*, ranging from 77 days in Queensland to 381 days in Tasmania.

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 97 days for *Coronary artery bypass graft* to 430 days for *Varicose veins stripping and ligation*.

Admissions from waiting lists

Overall, 33.7% of patients admitted for elective surgery had been waiting for one of the 15 Indicator procedures. There was some variation among the states and territories: the Australian Capital Territory had the highest proportion of admissions for the Indicator procedures (39.2%) and Tasmania had the lowest proportion (25.0%).

Cataract extraction was the highest volume indicator procedure across all jurisdictions, other than Tasmania where *Cystoscopy* was the highest. *Myringoplasty* was the lowest volume Indicator procedure for New South Wales, Victoria, South Australia and Tasmania (451, 409, 90 and 20 admissions, respectively). For Western Australia, *Varicose vein stripping and ligation* was the lowest volume Indicator procedure with 147 admissions. *Haemorrhoidectomy* was the lowest volume Indicator procedure in Queensland and the Australian Capital Territory (443 and 22 admissions, respectively) and *Prostatectomy* was lowest for the Northern Territory with 10 admissions.

Linked public hospital elective surgery waiting times and admitted patient data

While elective surgery waiting times data serve as a useful measure of access to elective surgery from public hospital waiting lists, these data do not provide information by population sub-groups.

As a guide to the coverage of the linked data by socioeconomic status and remoteness areas, a comparison was done with the NHMD data for public elective surgical separations. The linked data represented approximately 88% of the public elective surgical separations presented later in this chapter (including patients admitted from a public hospital waiting list as a private patient). However, the coverage varied by the remoteness of the patient's usual residence and by quintile of socioeconomic advantage/disadvantage.

Table 6.A: Estimated coverage of the linked elective surgery data and public elective surgical separations data, 2007–08

Remoteness areas	Estimated coverage	Quintile of socioeconomic advantage/disadvantage	Estimated coverage
Major cities	100%	Most disadvantaged	86%
Inner regional	76%	Second most disadvantaged	86%
Outer regional	64%	Middle quintile	85%
Remote	60%	Second most advantaged	95%
Very remote	68%	Most advantaged	100%

Note: Estimated coverage of the linked elective surgery and admitted patient data, compared with records for public elective surgical separations in the National Hospital Morbidity Database.

Coverage of the linked data by remoteness areas ranged from 60% in *Remote* areas to 100% in *Major cities*. Coverage by quintile of socioeconomic advantage/disadvantage ranged from 85% for the *Middle* quintile to 100% for the *Most advantaged* quintile (Table 6.A). These variations in coverage should be considered when interpreting the age-standardised rates presented in this section with the rates based on the elective surgical separations data presented later in this chapter.

For 2007–08, all states and territories provided the elective surgery waiting times either pre-linked or linkable to the admitted patient data, so that the information on waiting times are linked to the information on the surgery that occurred at the end of the wait. Where necessary, the AIHW linked the data with permission of the relevant state and territories and with permission of the AIHW Ethics Committee.

Using the linked elective surgery and admitted patient data for 2007–08, age-standardised rates of the provision of (or access to) public hospital elective surgery are presented below. Estimates of the separation rates are provided by remoteness area and quintile of socioeconomic advantage/disadvantage of area of usual residence, and Indigenous status of the patient. The data presented in this section include rate ratios by Indicator procedure (see *Appendix 1*). Rate ratios markedly different from 1.0 indicate that the rate of elective surgery for the group of interest is different from the overall rate (or from the Non-Indigenous rate for the analyses by Indigenous status).

Estimates of the median waiting times are also provided by remoteness area and quintile of socioeconomic advantage/disadvantage of area of usual residence, and Indigenous status of the patient.

Information is also presented on variation in waiting times by principal diagnosis within surgical specialties.

Coverage

The linkage resulted in approximately 550,000 linked records being available for analysis, representing over 97% of records of all records in the NESWTDC. The linkage resulted in 98.4% of New South Wales elective surgery records linked, 97.5% for Victoria, 100% for Queensland, 90.5% for Western Australia, 99.4% for South Australia, 83.5% for Tasmania, 99.5% for the Australian Capital Territory and 79.3% for the Northern Territory.

Overview

For 2007–08, the overall rate of admission from the linked data was 26.0 per 1,000 persons, and the median waiting time to admission from public hospital waiting lists was 34 days.

Remoteness area

Overall, approximately 69% of admissions from waiting lists for elective surgery were for patients residing in *Major cities*, 21% in *Inner regional* areas and 9% in *Outer regional* areas. The median waiting time varied by remoteness ranging from 33 days for people living in *Remote* areas to 42 days for people living in *Very remote* areas (Figure 6.2).

Separation rate ratios (SRR) and median waiting times varied for all Indicator procedures across remoteness areas.

Indicator procedure separation rate ratios

Figure 6.3 presents standardised separation rate ratios by Indicator procedure and remoteness area. SRRs for *Tonsillectomy* varied markedly with people living in *Major cities* and *Inner regional* areas admitted at more than twice the rate of people living in *Very remote* areas. The SRR for *Coronary artery bypass graft* for people living in *Very remote* areas was about 1.8 times the national rate (Figure 6.3).

Indicator procedure waiting times

There was some variation in the median waiting time for remoteness areas by Indicator procedure. For Indicator procedures with at least 50 admissions for *Remote* and *Very remote* areas, *Total knee replacement* had the greatest variation in waiting times by remoteness area with people from *Outer regional* areas having the highest median waiting time of 233 days, and the lowest in *Major cities* (135 days), followed by *Very remote* areas (146 days). *Coronary artery bypass graft* had the least variation by remoteness area (Figure 6.4).

Socioeconomic status

Median waiting times and SRRs are presented by socioeconomic quintiles using the Australian Bureau of Statistics' (ABS) Index of Relative Socio-Economic Advantage/Disadvantage (ABS 2008a) based on the statistical local area reported as the area of usual residence of the patient (see *Appendix 1*).

Overall, approximately 26% of admissions from waiting lists were for patients in the *Most disadvantaged* quintile, decreasing to about 13% in the *Most advantaged* quintile.

Median waiting times varied by quintile of socioeconomic advantage/disadvantage, ranging from 28 days for people in the *Most advantaged* quintile to 38 days for the *Second most disadvantaged* quintile (Figure 6.5).

Separation rate ratios (SRR) and median waiting times varied for all Indicator procedures by quintile of socioeconomic advantage/disadvantage.

Indicator procedure separation rate ratios

The greatest variation in SRRs by quintile of socioeconomic advantage/disadvantage was for *Coronary artery bypass graft*, with the SRRs ranging from 1.4 for the *Most disadvantaged* quintile (about 40% higher than the overall rate) to 0.5 for the *Most advantaged* quintile (about 50% lower than the overall rate). The SRRs for *Myringotomy* were more evenly distributed among

socioeconomic groups, with the *Middle* quintile about 5% higher than the overall rate, and the *Most advantaged* quintile about 25% lower than the overall rate (Figure 6.6).

Indicator procedure waiting times

Septoplasty was the Indicator procedure with the greatest variation in waiting times by quintile of socioeconomic advantage/disadvantage, ranging from 174 days for people in the *Second most disadvantaged* quintile to 114 days for people in the *Middle* quintile.

Cholecystectomy, *Coronary artery bypass graft* and *Cystoscopy* had the least variation by quintile of socioeconomic advantage/disadvantage (Figure 6.7).

Indigenous status

For 2007–08, there were over 11,400 admissions from waiting lists for patients identified as Aboriginal and/or Torres Strait Islander persons in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. The quality of Indigenous status in the NHMD is variable, so the data in this section should be used with caution. For more information on the quality of Indigenous status data see *Appendix 1*.

Overall, the median waiting time for Indigenous persons was greater than the median waiting time for Other Australians (37 days and 33 days respectively, Figure 6.8).

Indicator procedure separation rate ratios

The SRRs presented in Figure 6.9 compare the standardised separation rates for Indigenous persons to the rates for Non-Indigenous persons, and include confidence intervals. For 11 of the 15 Indicator procedures, the confidence intervals indicate that the rates for Indigenous Australians were significantly different from the rates for Other Australians. The rates were not significantly different for *Haemorrhoidectomy*, *Prostatectomy*, *Tonsillectomy* and *Total knee replacement*.

The highest SRRs were reported for *Myringoplasty* (4.6) and *Coronary artery bypass graft* (3.8), with the rates of admission for Indigenous Australians higher than the rates for Other Australians. Indigenous Australians had lower SRRs of 0.6 for *Septoplasty*, *Total hip replacement* and *Varicose veins stripping and ligation* and 0.8 for *Inguinal herniorrhaphy* (Figure 6.9).

Indicator procedure waiting times

The number of separations for Indigenous persons was very small (less than 100) for six of the 15 Indicator procedures (*Haemorrhoidectomy*, *Prostatectomy*, *Septoplasty*, *Total hip replacement*, *Total knee replacement* and *Varicose veins stripping and ligation*). Indigenous Australians had higher median waiting times for eight of the nine Indicator procedures with at least 100 separations for Indigenous Australians. The greatest difference in median waiting times was for *Myringoplasty*, for which Indigenous Australians waited longer than Other Australians (196 and 92 days, respectively). *Hysterectomy*, *Coronary artery bypass graft* and *Inguinal herniorrhaphy* had the least variation by Indigenous status (Figure 6.10).

Specialty of surgeon

Diagnosis information

There is interest in how long patients for whom elective surgery is more urgent are waiting compared with other patients. The linked data allow diagnosis information to be considered

alongside waiting times information. In this way, the waiting times for patients awaiting surgery with malignancies, for example, can be compared to the waiting times for patients awaiting the same surgery for other conditions.

Table 6.6 shows that there is some variation in the waiting times by surgical specialty and principal diagnosis. Neoplasm-related principal diagnoses were defined by ICD-10-AM diagnosis codes included in Chapter II Neoplasms (C00–D48).

Overall, the median waiting times for patients with neoplasm-related principal diagnoses were 14 days shorter than the median waiting times for patients with other conditions. The largest variation in median waiting time by surgical specialty was for *Ophthalmology*, for which patients with a neoplasm waited 27 days compared with 86 days for patients with cataracts and 56 days for patients with other conditions. The only specialty with longer median waiting times for neoplasms than for other diagnoses was *Plastic surgery*.

There is also some variation in the waiting times for elective surgery for other principal diagnoses. For example, for *Orthopaedic surgery* waiting times were higher for patients with a principal diagnosis of *Gonarthrosis of the knee*, with a median waiting time of 135 days, compared with a median of 53 days overall.

Elective surgical separations

While elective surgery waiting times data serve as a useful measure of access to elective surgery from public hospital waiting lists, these data do not provide information on access to elective surgery provided by the private sector.

This section presents information based on admitted patient data for both public and private hospitals. For this analysis:

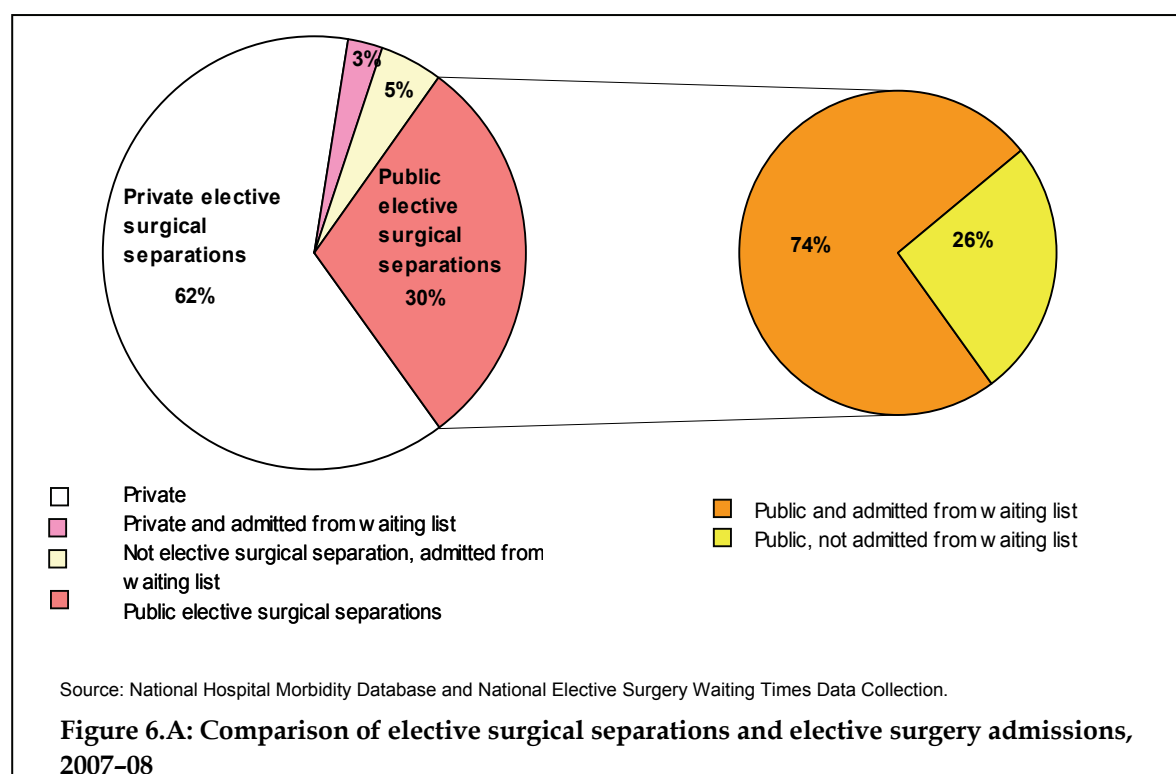
- elective surgical separations were defined as a separation with an *Elective* Urgency of admission (admission could be delayed by at least 24 hours) and a ‘surgical procedure’ was reported, based on the procedures used to define ‘surgical’ DRGs in *Australian Refined Diagnosis Related Groups, version 5.1* (DoHA 2004b). Separations for cosmetic surgery or with childbirth-related AR-DRGs, were excluded.
- Private elective surgical separations refers to elective surgical separations for private patients in private hospitals.
- Public elective surgical separations refers to elective surgical separations in public hospitals and includes elective surgical separations for public patients in private hospitals.
- These episodes are not necessarily the same as elective surgery as defined in the National Minimum Data Set for Elective surgery waiting times (see below).

These data are presented as separation rates by remoteness areas, socioeconomic status and Indigenous status.

Over 84% of the elective surgery admissions (from the linked NHMD and NESWTDC data) were also classified as elective surgical separations in the NHMD. For the remaining 16% of elective surgery admissions, these records may have had an Urgency of admission reported as other than *Elective*, or may not have been categorised to a surgical DRG. These accounted for approximately 5% of the combined number of elective surgery admissions and elective surgical separations (Figure 6.A). Approximately 10% of patients admitted from a public

hospital waiting list were admitted as a private patient, and these accounted for 3% of the combined number of elective surgery admissions and elective surgical separations.

Of the NHMD records classified as public elective surgical separations, 26% were not elective surgery records. This includes admissions for public patients who were not on a hospital waiting list.



Public and private elective surgical separations

In 2007-08, there were over 1.7 million elective surgical separations in public and private hospitals. Over 1.1 million of these were private elective surgical separations (64%), with the remaining 619,000 separations (36%) being public elective surgical separations.

Approximately 13% of public hospital separations and 36% of private hospital separations were classified as elective surgical separations.

The linked data presented earlier in this chapter represented approximately 88% of the public elective surgical separations presented in this section (including patients admitted from a public hospital waiting list as a private patient). However, as noted earlier the coverage varied by the remoteness of the patient's usual residence and by quintile of socioeconomic advantage/disadvantage (see Table 6.A).

Elective surgical separation rates

Separation rates for elective surgical separations are one measure of access to surgery on an elective basis and can provide indications of whether access is equitable for different population sub-groups. In this section, the rates are presented by the remoteness area of

usual residence, by quintile of socioeconomic advantage/disadvantage (based on area of usual residence) and by Indigenous status.

Overall there were 52 private elective surgical separations per 1,000 persons and 29 public elective surgical separations per 1,000 persons.

Remoteness area of usual residence

The overall rate for elective surgical separations was highest for those living in *Inner regional* areas (83 per 1,000 persons) and decreased with increased remoteness to 51 per 1,000 persons in *Very remote* areas (Figure 6.11).

The rate of private elective surgical separations was highest for those living in *Major cities* (54 per 1,000 persons) and also decreased with increasing remoteness to 21 per 1,000 persons for *Very remote* areas. This may reflect variations in the availability of private hospital services in the more remote areas of Australia. The rate of public elective surgical separations was lowest for those living in *Major cities* (26 per 1,000) and highest for those living in *Outer regional* areas (37 per 1,000).

Socioeconomic status

Figure 6.12 presents separation rates per 1,000 population for elective surgical separations by quintile of socioeconomic advantage/disadvantage (see *Appendix 1*). There was some variation in both private and public elective surgical separation rates.

Overall elective surgical separations were highest for the *Most advantaged* quintile (86 per 1,000 persons) and tended to decrease with increasing disadvantage to 76 per 1,000 persons for the *Most disadvantaged* quintile.

The rate of private elective surgical separations was highest for the *Most advantaged* quintile (69 per 1,000 persons), and decreased to 38 per 1,000 persons for the *Most disadvantaged* quintile.

The rate of public elective surgical separations was lowest for the *Most advantaged* quintile (17 per 1,000) and highest for the *Most disadvantaged* quintile (38 per 1,000).

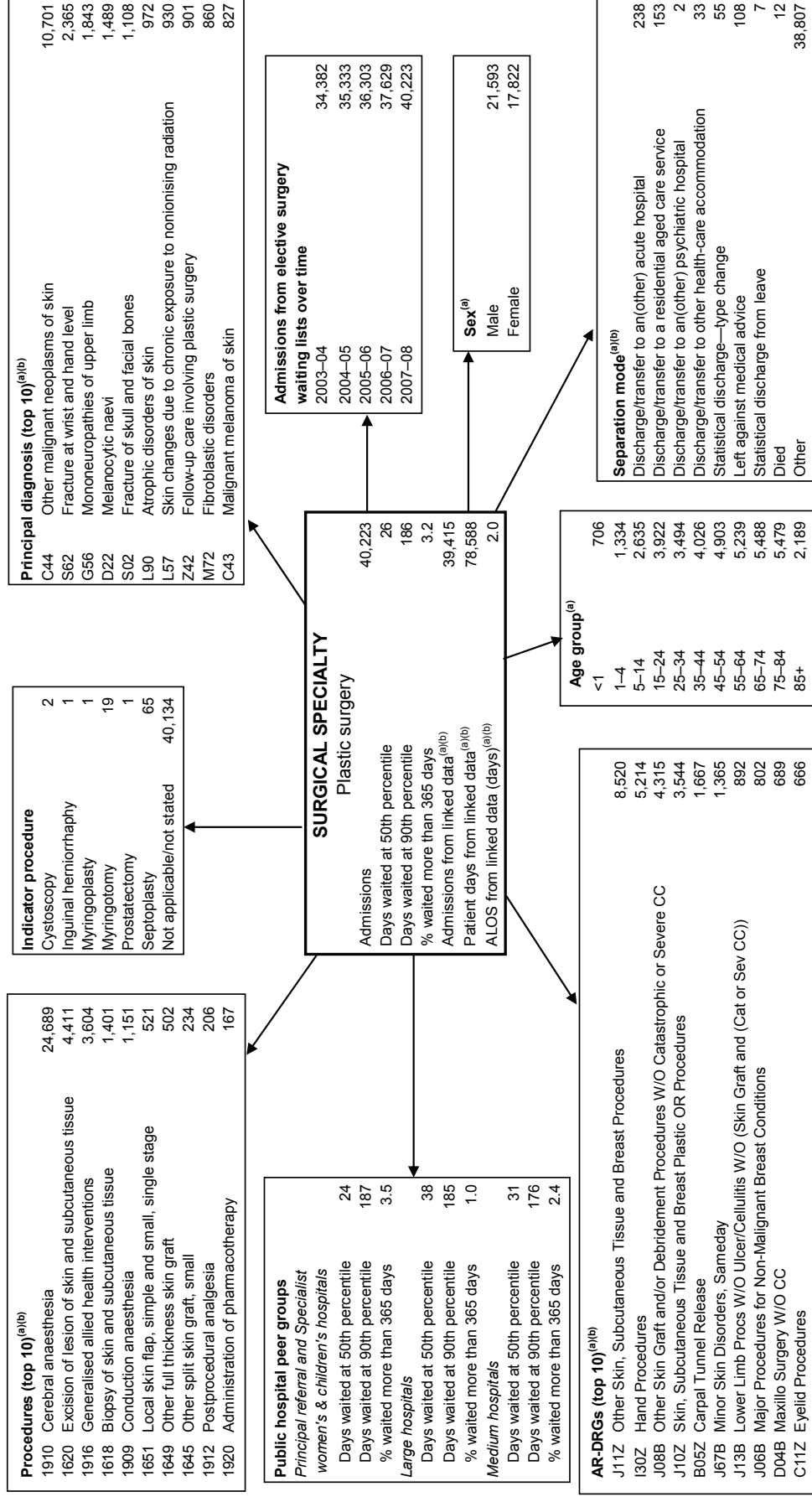
Indigenous status

Excluding data for Tasmania and the Australian Capital Territory, there were over 15,000 elective surgical separations in 2007–08 for patients reported as Aboriginal and/or Torres Strait Islanders. Over 85% of these (13,000) were for public elective surgical separations.

The overall rate of separations for elective surgical separations for Indigenous Australians was 48 per 1,000, about 61% of the rate for Other Australians (78 per 1,000).

The rate for public elective surgical separations for Indigenous Australians (38 per 1,000) was about 37% higher than for Other Australians (28 per 1,000). The rate for private elective surgical separations for Other Australians (50 per 1,000) was markedly higher than the rate for Indigenous Australians (10 per 1,000) (Figure 6.13).

Caution should be used in the interpretation of these data as there is considerable variation in the quality of Indigenous status reporting both among jurisdictions and by hospital sector (see *Appendix 1* for more information). In particular, the identification of Indigenous Australians for private hospitals is considered to be poor (AIHW 2005c, 2009).



(a) These data are supplied to the National Hospital Morbidity Database.

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

Abbreviations: CC—complications and comorbidities; Cat—Catastrophic; Sev—severe; OR—operating room; W/O—without; ALOS—average length of stay.

Figure 6.1: Interrelationships of a specialty of surgeon (Plastic surgery) with other data elements, elective surgery, all hospitals, 2007–08

Table 6.1: Waiting time statistics for patients admitted from waiting lists for elective surgery, by public hospital peer group, Australia, 2003–04 to 2007–08

	2003–04	2004–05	2005–06	2006–07	2007–08
Principal referral and Specialist women's & children's hospitals					
Number of reporting hospitals ^(b)	68	75	78	82	83
Estimated coverage of surgical separations (%) ^(c)	99	99	99	98	100
Number of admissions ^(d)	343,430	372,085	386,203	394,831	401,518
Days waited at 50th percentile	27	28	30	30	31
Days waited at 90th percentile	182	203	228	225	233
% waited more than 365 days	3.9	4.6	4.7	3.4	3.4
Large hospitals					
Number of reporting hospitals ^(b)	42	36	34	30	35
Estimated coverage of surgical separations (%) ^(c)	85	82	81	77	80
Number of admissions ^(d)	110,284	100,916	97,816	88,433	97,475
Days waited at 50th percentile	30	29	35	33	39
Days waited at 90th percentile	206	227	251	224	237
% waited more than 365 days	4.2	4.8	4.6	2.7	2.4
Medium hospitals					
Number of reporting hospitals ^(b)	58	59	51	52	51
Estimated coverage of surgical separations (%) ^(c)	59	62	62	63	64
Number of admissions ^(d)	68,790	69,830	63,641	63,658	58,076
Days waited at 50th percentile	34	37	38	39	42
Days waited at 90th percentile	215	272	257	231	238
% waited more than 365 days	3.3	6.1	3.8	1.7	1.4
Total^(e)					
Number of reporting hospitals ^(b)	196	195	191	192	192
Estimated coverage of surgical separations (%) ^(c)	87	87	87	88	91
Number of admissions ^(d)	528,949	549,746	556,951	556,770	565,501
Admissions per 1,000 population ^(f)	26.5	27.2	27.2	26.7	26.6
Days waited at 50th percentile	28	29	32	32	34
Days waited at 90th percentile	193	217	237	226	235
% waited more than 365 days	3.9	4.8	4.6	3.1	3.0

(a) For more information on the public hospital peer group classification, see *Appendix 1*.

(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See *Appendix 2* for further information.

(c) This is the number of separations with an 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 an Urgency of admission reported as Elective and a surgical procedure for all public hospitals.

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

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

(f) Crude rate based on the Australian estimated resident population as at 31 December of the period in question.

Table 6.2: Waiting time statistics for patients admitted from waiting lists for elective surgery, by public hospital peer group, states and territories, 2007–08

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's & children's hospitals									
Number of reporting hospitals ^(b)	29	20	18	6	5	2	1	2	83
Estimated coverage of elective surgical separations (%) ^(c)	100	100	100	100	100	100	100	100	100
Number of admissions ^(d)	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	n.p.	39	31
Days waited at 90th percentile	275	232	143	225	203	400	n.p.	329	233
% waited more than 365 days	2.2	4.3	2.6	4.1	3.5	11.1	n.p.	8.0	3.4
Large hospitals									
Number of reporting hospitals ^(b)	15	8	5	3	2	1	1	..	35
Estimated coverage of elective surgical separations (%) ^(c)	100	68	100	57	100	100	100	..	80
Number of admissions ^(d)	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	n.p.	n.p.	..	39
Days waited at 90th percentile	281	211	112	189	276	n.p.	n.p.	..	237
% waited more than 365 days	0.9	2.3	0.9	1.2	6.6	n.p.	n.p.	..	2.4
Medium hospitals									
Number of reporting hospitals ^(b)	36	3	7	4	1	..	..	..	51
Estimated coverage of elective surgical separations (%) ^(c)	100	32	85	81	22	..	..	..	64
Number of admissions ^(d)	32,030	7,886	3,993	12,809	1,358	..	..	..	58,076
Days waited at 50th percentile	60	29	34	31	n.p.	..	..	..	42
Days waited at 90th percentile	290	124	117	177	n.p.	..	..	..	238
% waited more than 365 days	1.3	0.6	0.4	2.2	n.p.	..	..	..	1.4
Total^(e)									
Number of reporting hospitals ^(b)	98	31	31	14	8	3	2	5	192
Estimated coverage of elective surgical separations (%) ^(c)	100	80	98	79	70	100	100	100	91
Number of admissions ^(d)	199,578	130,306	107,623	57,122	41,046	14,149	9,577	6,100	565,501
Admissions per 1,000 population ^(f)	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

- (a) The total number of admissions for Queensland includes 507 admissions that 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) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See *Appendix 2* for further information.
- (c) The number of separations with an 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 an Urgency of admission reported as of Elective and a surgical procedure for all public hospitals.
- (d) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.
- (e) Includes data for hospitals not included in the specified hospital peer groups. For more information on the public hospital peer group classification, see *Appendix 1*.
- (f) Crude rate based on the Australian estimated resident population as at 31 December 2007.

Table 6.3: Additions to waiting lists, and waiting time statistics for patients removed from waiting lists for elective surgery, by reason for removal, states and territories, 2007–08

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Additions	228,515	152,505	212,700	65,846	45,693	17,362	11,337	6,994	740,952
Removals^(b)									
Elective admission	199,578	130,306	107,623	57,122	41,046	14,149	9,577	6,100	565,501
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
Emergency admission	1,371	905	2,596	267	282	162	41	26	5,650
Days waited at 50th percentile	17	8	0	14	23	38	25	25	3
Days waited at 90th percentile	134	113	15	127	113	277	167	170	84
% waited more than 365 days	0.4	1.7	0.3	1.9	1.1	7.4	2.4	3.8	0.9
Not contactable/died	3,692	2,291	1,216	665	467	728	240	215	9,514
Days waited at 50th percentile	126	186	119	217	162	243	314	327	165
Days waited at 90th percentile	336	484	818	395	429	849	677	1,633	456
% waited more than 365 days	3.4	22.9	25.9	15.3	15.0	35.0	44.2	45.6	16.8
Treated elsewhere	10,581	3,624	4,853	1,427	828	623	454	130	22,520
Days waited at 50th percentile	91	90	106	131	83	207	190	109	99
Days waited at 90th percentile	299	349	575	398	344	757	451	465	355
% waited more than 365 days	2.1	8.8	18.6	15.2	8.2	31.9	19.6	15.4	9.0
Surgery not required or declined	15,892	14,134	7,238	4,427	2,612	1,134	1,020	718	47,175
Days waited at 50th percentile	122	105	66	177	99	219	201	204	113
Days waited at 90th percentile	332	422	567	427	407	840	645	1,454	393
% waited more than 365 days	3.2	14.1	16.2	18.5	12.7	33.2	29.3	34.4	12.2
Transferred to another hospital's waiting list	n.a.	2,297	n.a.	3,411	n.a.	n.a.	274	5	5,988
Days waited at 50th percentile	n.a.	75	n.a.	93	n.a.	n.a.	162	n.p.	89
Days waited at 90th percentile	n.a.	252	n.a.	360	n.a.	n.a.	646	n.p.	343
% waited more than 365 days	n.a.	4.1	n.a.	9.6	n.a.	n.a.	23.4	n.p.	8.1
Not reported	2	1,439	n.a.	1,853	1,403	229	0	1	4,927
Days waited at 50th percentile	n.p.	45	n.a.	84	90	98	..	n.p.	70
Days waited at 90th percentile	n.p.	318	n.a.	373	470	614	..	n.p.	387
% waited more than 365 days	n.p.	6.5	n.a.	10.9	17.2	22	..	n.p.	8.1
Total removals	231,116	154,996	123,526	69,172	46,638	17,026	11,606	7,195	661,275
Days waited at 50th percentile	43	38	28	37	45	49	85	52	38
Days waited at 90th percentile	291	263	177	271	242	461	431	430	273
% waited more than 365 days	1.9	5.0	4.0	4.9	4.9	13.6	13.3	12.4	4.2

(a) The total number of removals for Queensland includes 507 patients who were removed from the waiting list for elective or emergency 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.

Table 6.4: Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2007-08

	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(b)	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	3,924	2,489	2,877	697	867	409	229	0	11,494
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	0.0	0.0	0.5	0.4	..	0.1
Ear, nose & throat surgery									
Admissions	14,957	11,974	9,369	4,561	4,672	874	1,067	459	47,933
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									
Admissions	55,468	29,998	25,882	10,930	8,659	3,485	1,591	2,073	138,086
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									
Admissions	28,404	13,799	16,611	3,335	7,065	2,170	1,140	1,535	74,059
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
Neurosurgery									
Admissions	3,572	2,606	1,456	659	637	212	302	0	9,444
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									
Admissions	24,121	16,878	9,184	7,810	4,380	786	1,174	1,006	65,339
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									
Admissions	30,725	16,507	21,057	7,991	4,940	2,023	1,417	606	85,266
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

(continued)

Table 6.4 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2007-08

	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(b)	ACT	NT	Total
Plastic surgery									
Admissions	8,862	13,084	8,002	4,109	4,070	1,443	548	105	40,223
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									
Admissions	21,733	16,566	8,924	8,146	4,627	2,041	987	138	63,162
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									
Admissions	4,577	2,787	2,055	1,120	906	286	404	0	12,144
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^(c)									
Admissions	3,235	3,618	2,206	7,764	223	420	718	167	18,351
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	0.0	1.0	0.4	0.4	0.0	37.1	1.5	10.2	1.4
Total									
Admissions	199,578	130,306	107,623	57,122	41,046	14,149	9,577	6,100	565,501
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

(a) 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.

(c) Includes specialty of surgeon of *Not reported*.

Table 6.5: Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, states and territories, 2007-08

	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(b)	ACT	NT	Total
Cataract extraction									
Admissions	19,123	11,448	6,399	5,926	2,554	703	1,053	708	47,914
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									
Admissions	6,907	3,748	3,345	1,237	907	464	220	152	16,980
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									
Admissions	1,107	842	1,229	230	369	238	135	0	4,150
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	0.0	0.0	0.8	0.0	..	0.2
Cystoscopy									
Admissions	14,661	10,108	4,611	4,428	1,846	755	626	254	37,289
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									
Admissions	1,679	985	443	306	232	32	22	33	3,732
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	0.0	6.1	2.8
Hysterectomy									
Admissions	4,091	2,139	2,155	721	611	256	148	87	10,208
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									
Admissions	5,939	3,157	1,676	1,352	847	375	226	104	13,676
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

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, states and territories, 2007–08

	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(b)	ACT	NT	Total
Myringoplasty									
Admissions	451	409	454	190	90	20	25	90	1,729
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									
Admissions	572	1,962	1,592	721	760	80	196	28	5,911
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	0.0	13.8	3.6	2.4
Prostatotomy									
Admissions	2,538	1,958	1,295	803	515	56	100	10	7,275
Days waited at 50th percentile	47	22	36	28	58	39	45	50	36
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	0.0	3.0	0.0	3.0
Septoplasty									
Admissions	1,453	1,360	605	382	290	48	148	19	4,305
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									
Admissions	4,728	3,539	2,745	1,508	1,277	51	315	143	14,306
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									
Admissions	2,876	1,621	1,380	795	603	202	188	23	7,688
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									
Admissions	4,791	1,836	2,039	1,100	724	219	214	24	10,947
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

(continued)

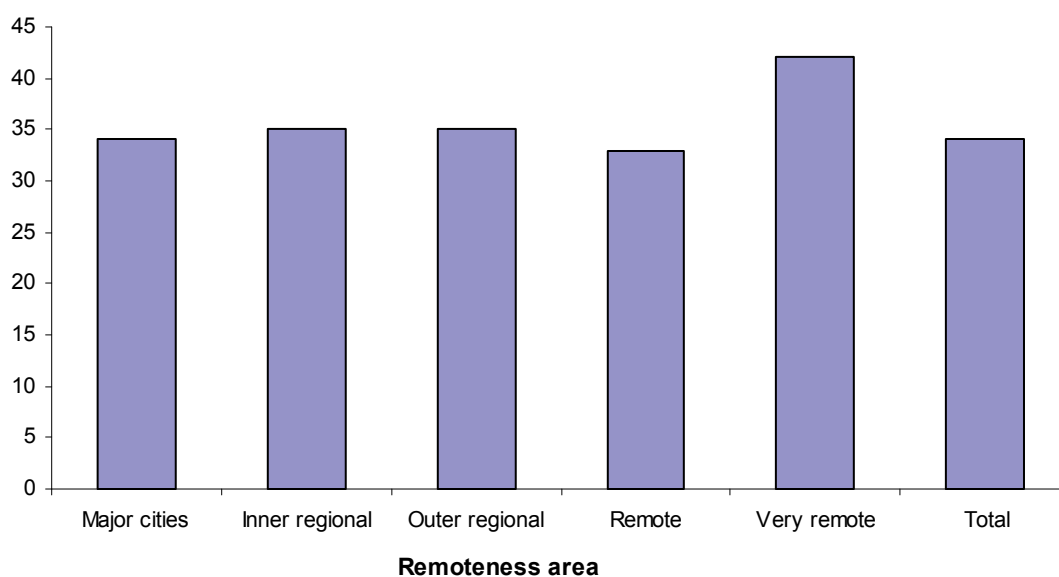
Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, states and territories, 2007–08

	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(b)	ACT	NT	Total
Varicose veins stripping & ligation									
Admissions	1,567	1,386	630	147	251	33	140	48	4,202
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 applicable/not stated									
Admissions	127,095	83,808	77,025	37,276	29,170	10,617	5,821	4,377	375,189
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									
Admissions	199,578	130,306	107,623	57,122	41,046	14,149	9,577	6,100	565,501
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

(a) 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.

Median waiting time (days)

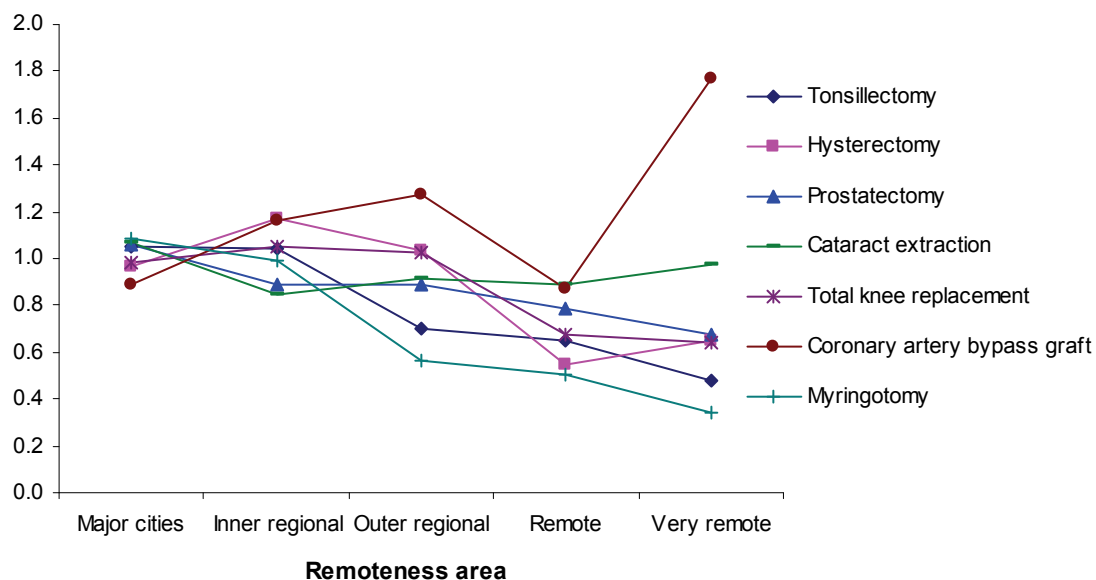


Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Note: Rates are age-standardised to the Estimated Resident Population 30 June 2001.

Figure 6.2: Median waiting time for elective surgery by remoteness area of usual residence, 2007-08

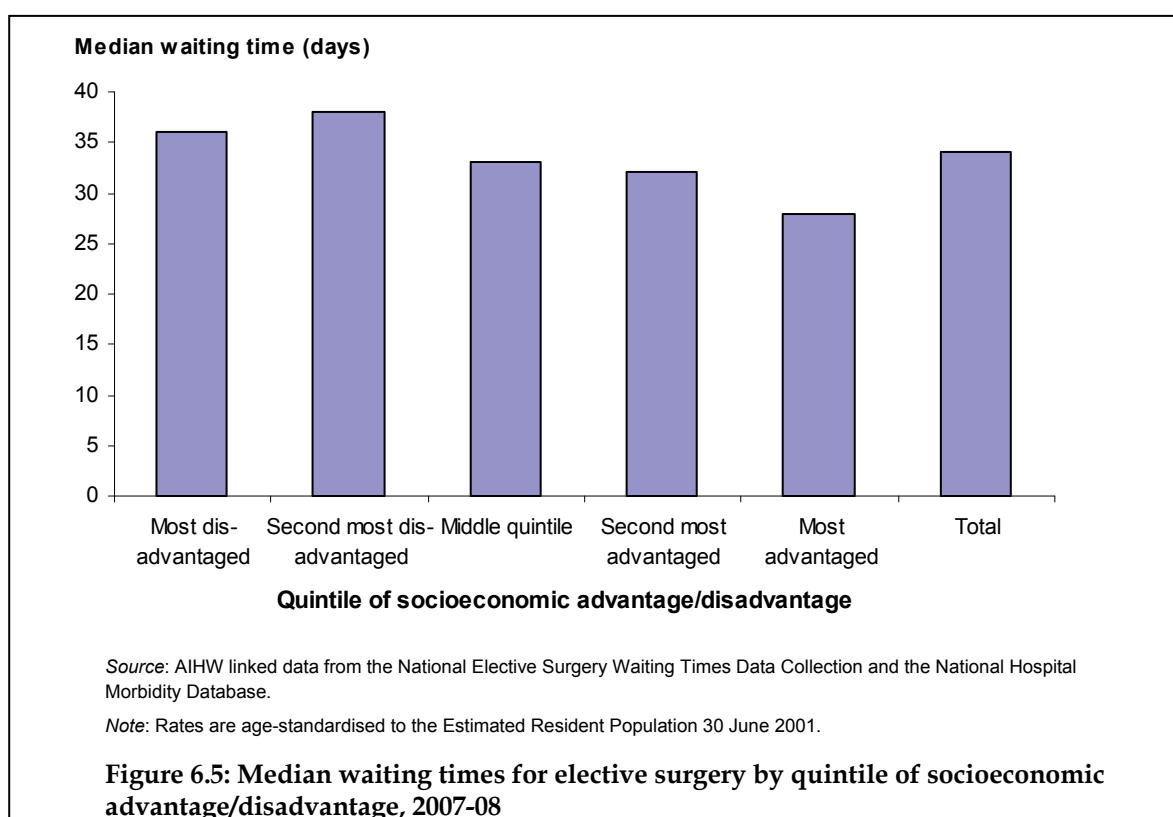
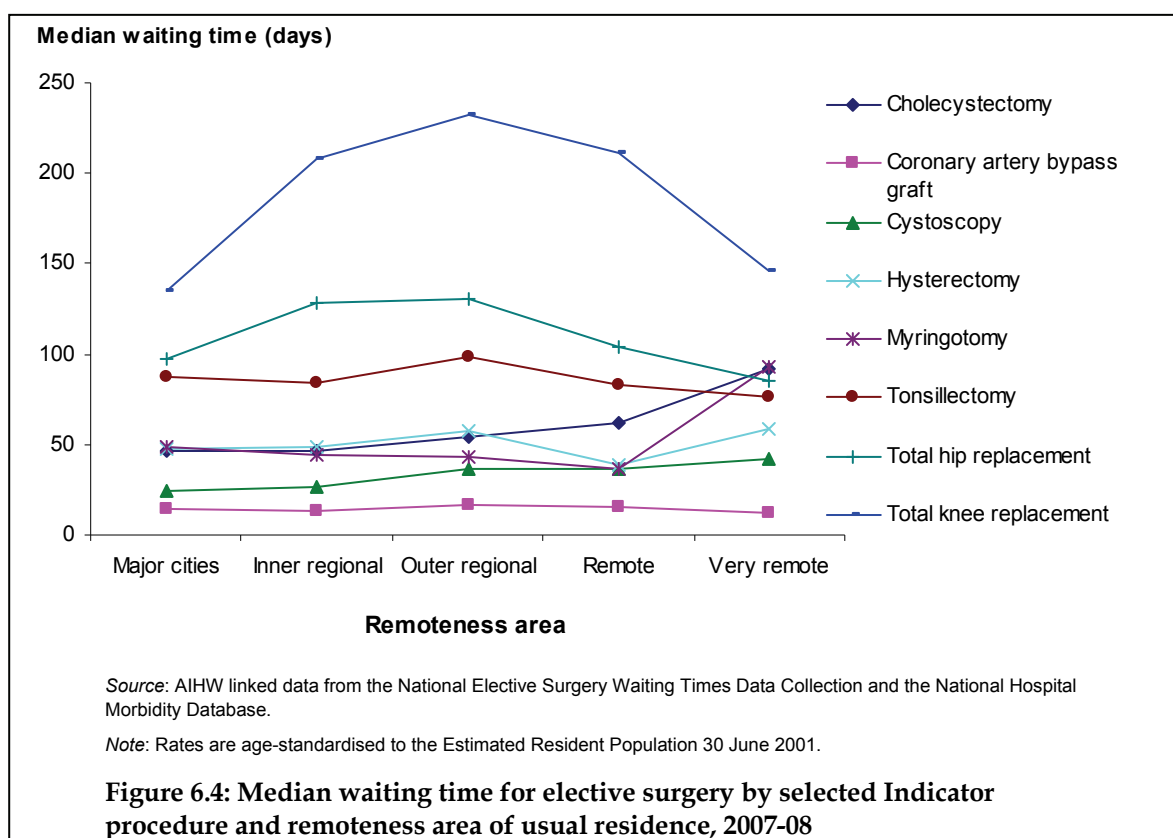
Standardised separation rate ratio

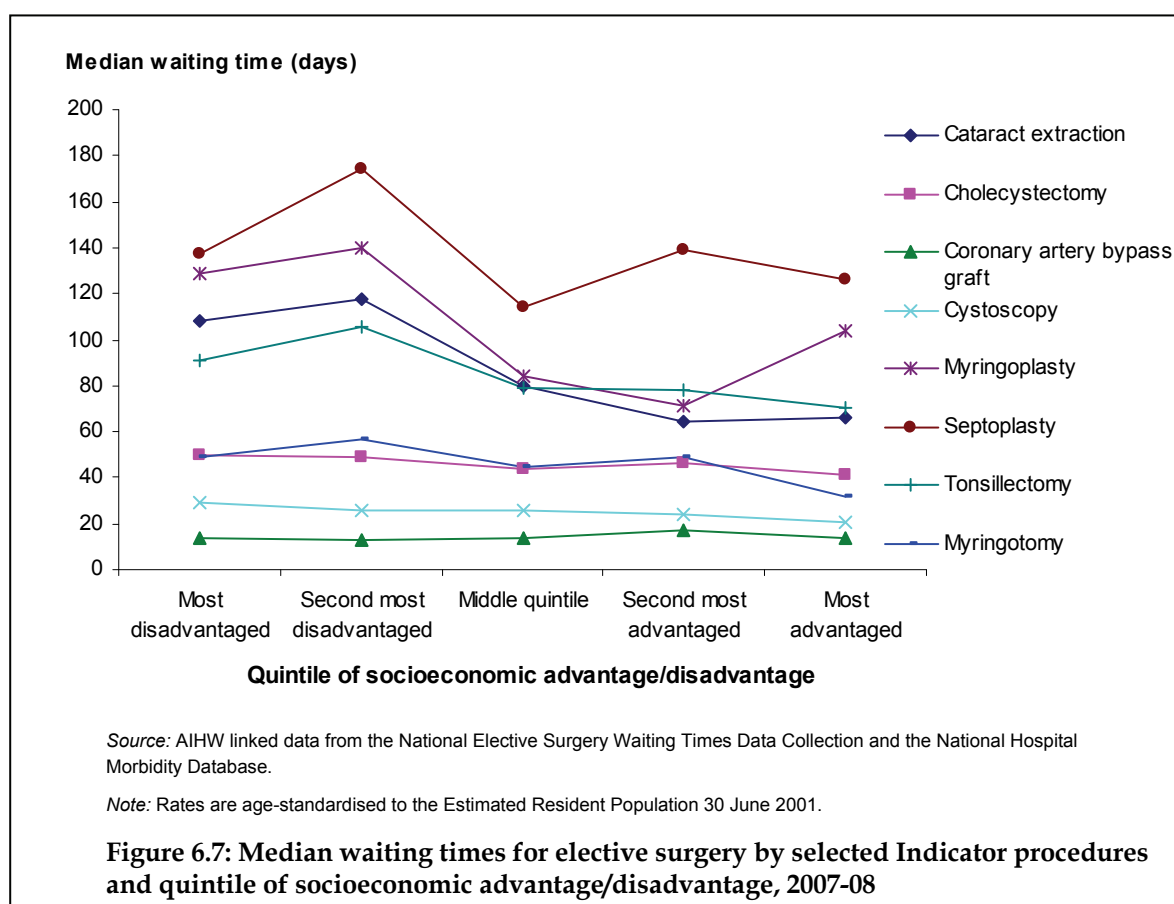
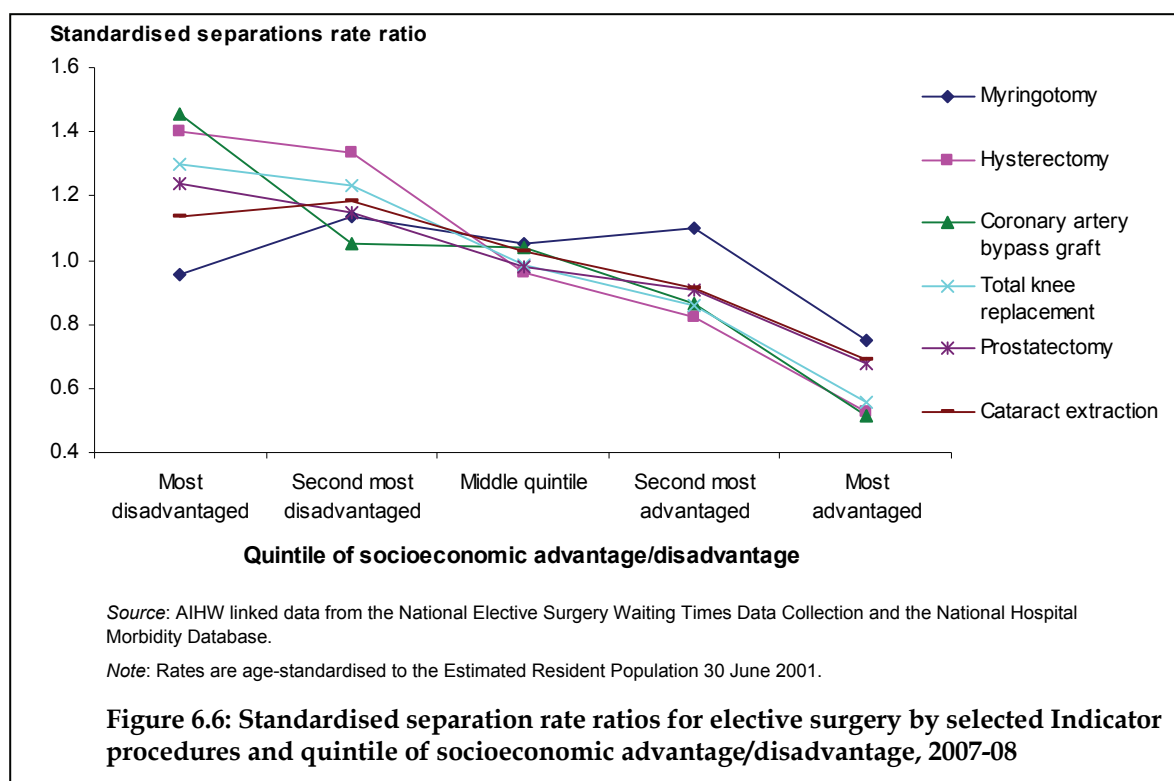


Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

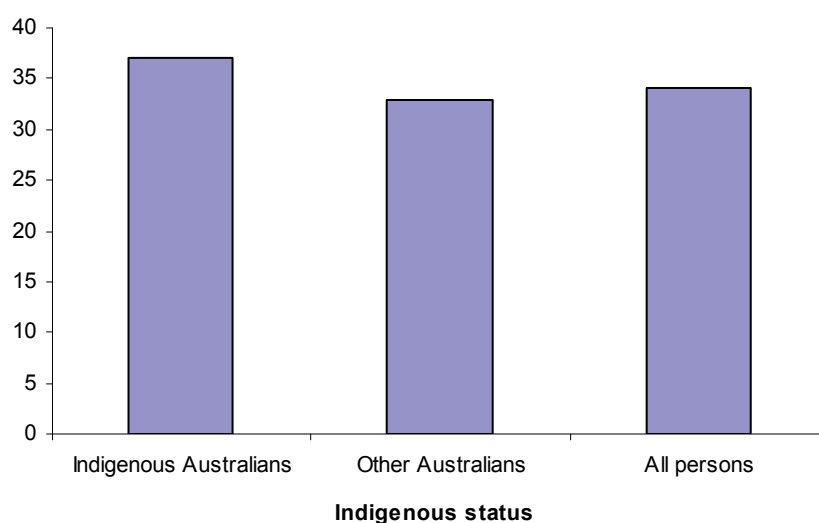
Note: Rates are age-standardised to the Estimated Resident Population 30 June 2001.

Figure 6.3: Standardised separation rate ratios for elective surgery by selected Indicator procedures and remoteness area of usual residence, 2007-08





Median waiting time (days)

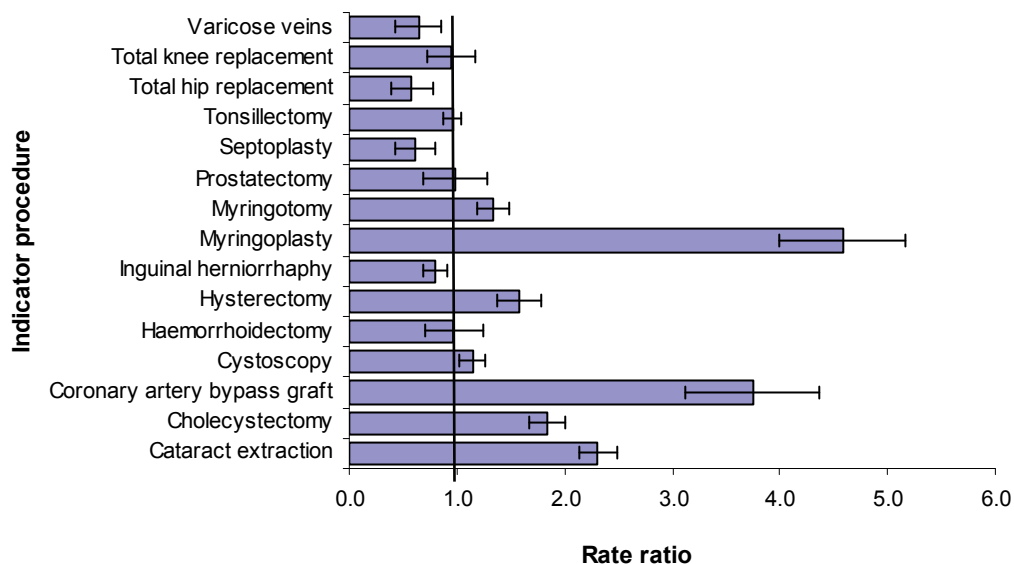


Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Notes:

1. Rates are age-standardised to the Estimated Resident Population 30 June 2001.
2. Excludes data for Tasmania and the Australian Capital Territory. See *Appendix 1* for more information.

Figure 6.8: Median waiting times for elective surgery by Indigenous status, selected states and territories, 2007-08



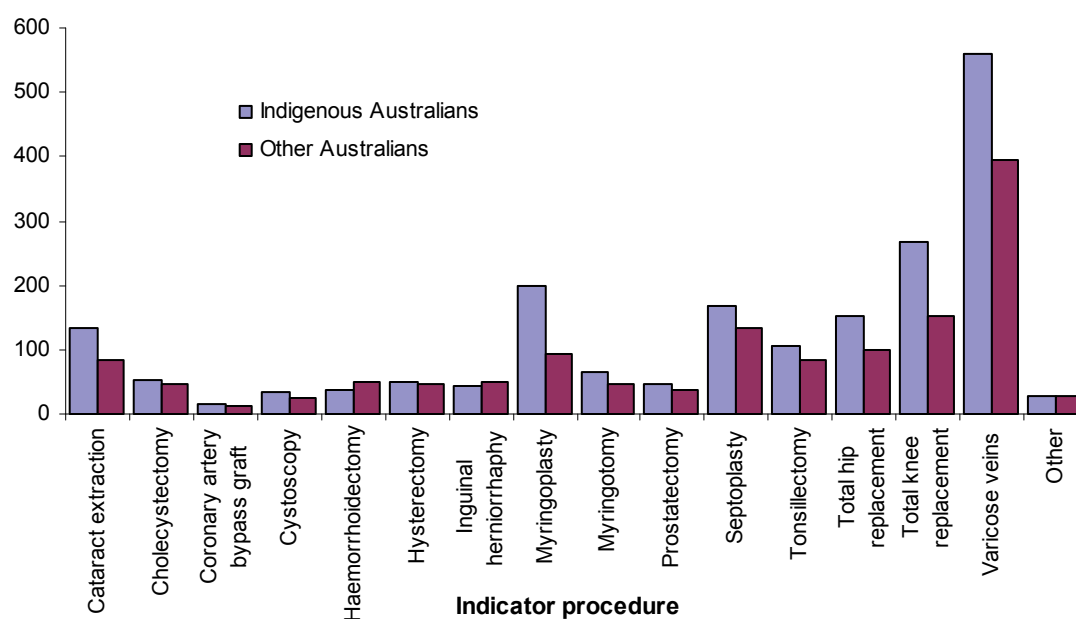
Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Notes:

1. Rates are age-standardised to the Estimated Resident Population 30 June 2001.
2. 95% confidence interval presented for the rate ratio.
3. Excludes data for Tasmania and the Australian Capital Territory. See *Appendix 1* for more information.

Figure 6.9: Standardised separation rate ratios for elective surgery by Indicator procedure and Indigenous status, selected states and territories, 2007-08

Median waiting time (days)



Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Notes:

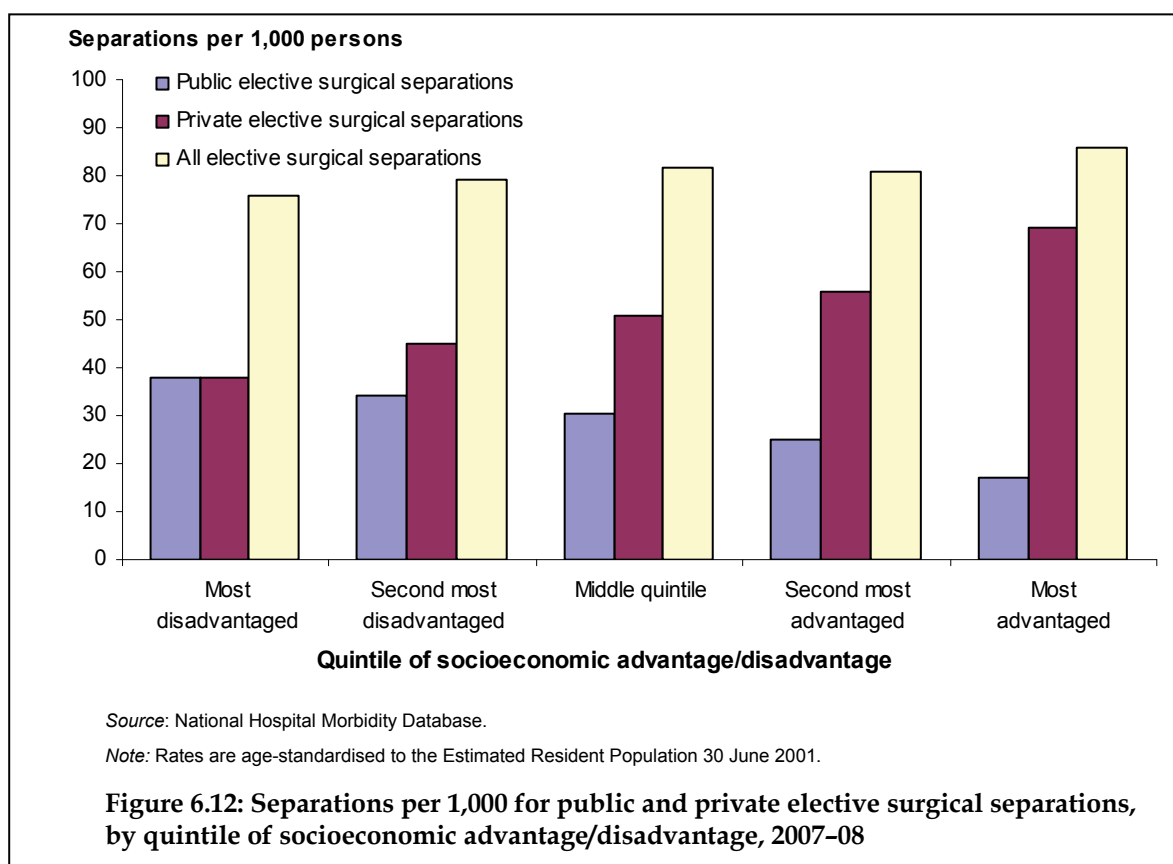
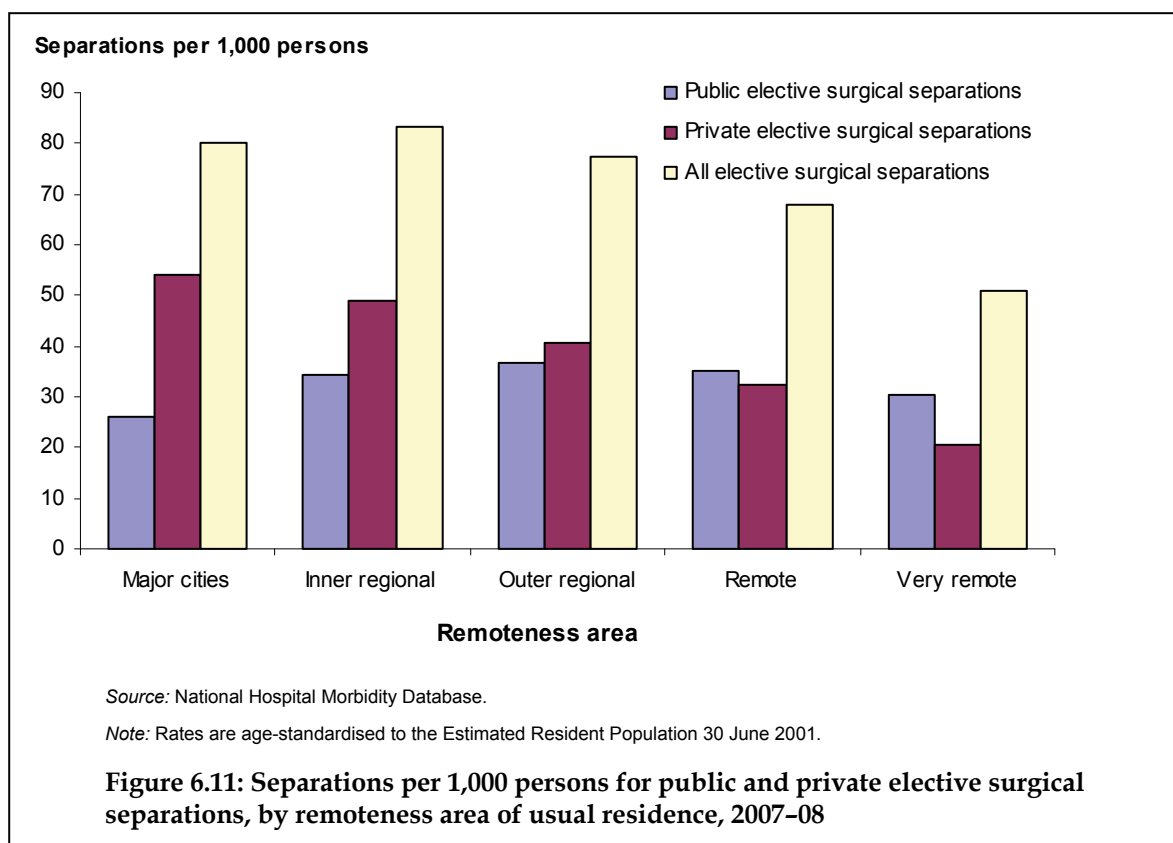
1. Rates are age-standardised to the Estimated Resident Population 30 June 2001.
2. Excludes data for Tasmania and the Australian Capital Territory. See *Appendix 1* for more information.

Figure 6.10: Median waiting time for elective surgery by Indicator procedure and Indigenous status, selected states and territories, 2007-08

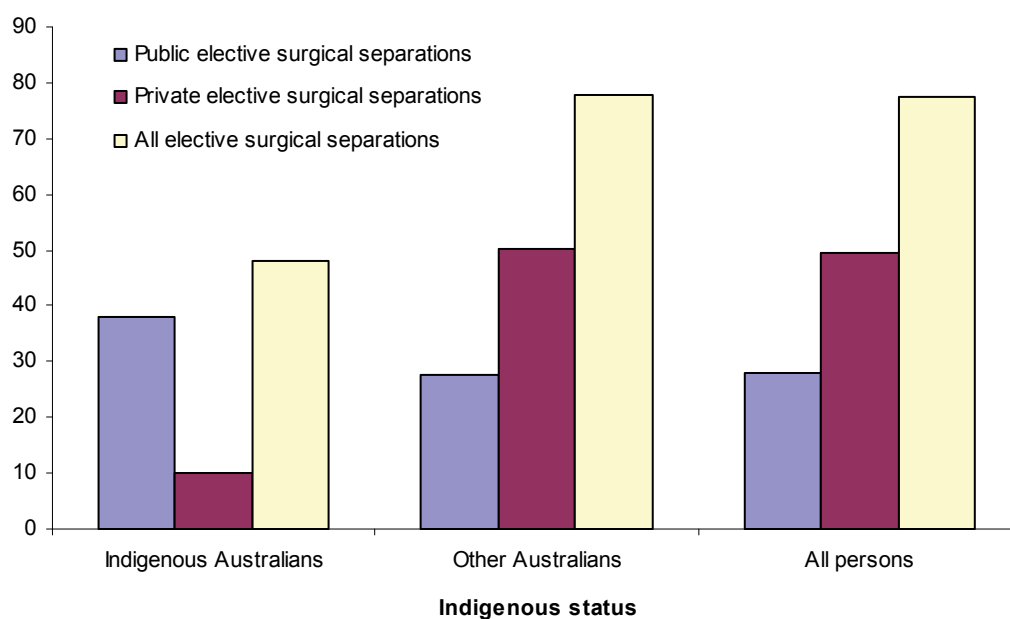
Table 6.6: Waiting times for patients admitted from waiting lists for elective surgery by selected principal diagnoses and specialty of surgeon, 2007–08

Surgical specialty and principal diagnosis	Separations	Days waited at 50th percentile	Days waited at 90th percentile
Cardiothoracic surgery			
Angina pectoris	1,705	15	92
Neoplasm	1,560	8	28
Other principal diagnosis	7,886	13	84
<i>Total</i>	<i>11,151</i>	<i>12</i>	<i>76</i>
Ear, nose and throat surgery			
Chronic diseases of tonsils and adenoids	11,186	91	353
Neoplasm	4,134	13	73
Other principal diagnosis	31,577	57	334
<i>Total</i>	<i>46,897</i>	<i>57</i>	<i>335</i>
General surgery			
Cholelithiasis	14,087	48	185
Neoplasm	36,494	16	70
Other principal diagnosis	83,528	39	200
<i>Total</i>	<i>134,109</i>	<i>29</i>	<i>168</i>
Gynaecology			
Excessive, frequent and irregular menstruation	9,284	40	144
Neoplasm	12,766	26	103
Other principal diagnosis	50,785	31	157
<i>Total</i>	<i>72,835</i>	<i>31</i>	<i>145</i>
Neurosurgery			
Other spondylopathies	1,439	63	256
Neoplasm	1,853	11	61
Other principal diagnosis	5,953	26	160
<i>Total</i>	<i>9,245</i>	<i>25</i>	<i>167</i>
Ophthalmology			
Cataract	32,898	86	322
Neoplasm	1,393	27	104
Other principal diagnosis	29,003	56	308
<i>Total</i>	<i>63,294</i>	<i>69</i>	<i>316</i>
Orthopaedic surgery			
Gonarthrosis [arthrosis of knee]	13,390	135	372
Neoplasm	1,371	21	155
Other principal diagnosis	68,173	42	292
<i>Total</i>	<i>82,934</i>	<i>53</i>	<i>321</i>
Plastic surgery			
Fracture at wrist and hand level	2,362	2	7
Neoplasm	16,646	27	132
Other principal diagnosis	20,382	34	245
<i>Total</i>	<i>39,390</i>	<i>26</i>	<i>183</i>
Urology			
Follow-up examination after treatment for malignant neoplasms	7,530	22	174
Neoplasm	13,606	22	89
Other principal diagnosis	39,970	29	190
<i>Total</i>	<i>61,106</i>	<i>27</i>	<i>164</i>
Vascular surgery			
Varicose veins of lower extremities	2,516	90	437
Neoplasm	165	10	61
Other principal diagnosis	9,111	15	74
<i>Total</i>	<i>11,792</i>	<i>21</i>	<i>154</i>
Other			
Angina pectoris	795	40	91
Neoplasm	3,697	16	64
Other principal diagnosis	12,847	18	91
<i>Total</i>	<i>17,339</i>	<i>18</i>	<i>84</i>
Total			
Neoplasm	93,685	20	90
All principal diagnoses	550,092	34	233

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.



Separations per 1,000 population



Source: National Hospital Morbidity Database.

Notes:

1. Rates are age-standardised to the Estimated Resident Population 30 June 2001.
2. Excludes data for Tasmania and the Australian Capital Territory, and private hospitals within the Northern Territory. See *Appendix 1* for more information.

Figure 6.13: Separations per 1,000 persons for public and private elective surgical separations, by Indigenous status, 2007-08

7 Administrative data for admitted patients

Introduction

This chapter presents a summary of patient-level administrative information, covering admitted patient election status, funding source, cross-border flows, care type, urgency of admission, mode of admission, mode of separation, inter-hospital contracted patient status and hospital-in-the-home care. The data are derived from the AIHW's National Hospital Morbidity Database, a compilation of patient-level data for separations from public and private hospitals in Australia (see *Chapter 1*). Separations were included for all care types except *Newborn* episodes that did not include qualified days and records for *Hospital boarders* and *Posthumous organ procurement*. However, tables 7.11, 7.12, 7.13 and 7.14 also include *Newborn* episodes without qualified days.

For the purpose of reporting these data, the patient election status for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements* was categorised as public. The patient election status for patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Workers compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans' Affairs*, *Department of Defence* or *Correctional facility* was categorised as private. For patients whose funding source was reported as *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*, the patient election status was categorised according to the reported admitted patient election status.

Caution should be taken when making comparisons with *Australian hospital statistics* reports published before 2002–03 as the categories presented in tables 7.1 to 7.5 are not directly comparable because of changes in the data elements used (see *Appendix 1* for more information).

Patient election status and funding source

Changes from 2003–04 to 2007–08

Table 7.1 presents the number of separations and patient days by patient election status, funding source and hospital sector for the years 2003–04 to 2007–08. Between 2003–04 and 2007–08, the number of separations for private patients for both sectors combined increased by an annual average of 4.6%, and separations for public patients increased by an annual average of 2.7%. Between 2006–07 and 2007–08, public patient separations increased by 1.9% and private patient separations increased by 5.4%. Between 2006–07 and 2007–08, the number of separations for private patients in public hospitals increased by 5.3%. Over the same period, the number of separations for public patients in private hospitals decreased by 6.3%. However, the re-categorisation of two Western Australia hospitals and one Tasmanian hospital affected the reporting of data by sector and patient election status. For Western

Australia, the two hospitals were reported as private hospitals from 2003–04 to 2005–06, and as two public and two private hospitals for 2006–07 and 2007–08. For Tasmania, one hospital was reported as a public hospital for 2003–04 to 2006–07, and as a public hospital for 4 months of 2007–08 and a private hospital for the remainder of 2007–08.

The proportion of total public hospital separations that were for *Department of Veterans' Affairs* patients decreased from 3.3% in 2003–04 to 2.6% in 2007–08. Over the same period, the proportion of separations in private hospitals that were for *Department of Veterans' Affairs* patients decreased from 7.8% to 6.4%.

State and territory overview

Tables 7.2 to 7.6 present data on patient election status and selected funding source categories. Accompanying tables published on the Internet present all funding source categories. The funding source categories (HDSC 2006) provide information about the principal source of funds for an admitted patient episode.

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

Public patients accounted for 52.7% (4.1 million) of all hospital separations, 98.2% in public hospitals (4.1 million) (Table 7.2). Patients whose funding source was reported as *Private health insurance* made up 62.6% of private patients in public hospitals, 82.1% of private patients in private hospitals and 37.0% of all separations. *Department of Veterans' Affairs* patients made up 4.1% of all hospital separations.

Overall, more than 0.9% of patients were funded by *Workers compensation* (73,500 separations), and 0.3% were funded by *Motor vehicle third party personal claims* (26,700 separations). About 55% of these compensable separations – 18% for *Motor vehicle third party personal claims* and 68% for *Workers compensation* – were in private hospitals.

In both sectors combined there were 190.9 separations per 1,000 population (age-standardised) for public patients, compared with 148.9 for private patients (Table 7.3). The latter figure is underestimated because data were not available for all private free-standing day hospital facilities in the Australian Capital Territory and Northern Territory (see *Appendix 2* for further details). The Northern Territory recorded the highest public patient separation rate for public hospitals (461.1 per 1,000). The separation rate for public patients in private hospitals in Western Australia (18.2 per 1,000) was markedly higher than the national rate (3.4 per 1,000).

Table 7.4 presents the average cost weight of separations in each state and territory by hospital sector, patient election status and funding source. The table has been restricted to separations with a care type of *Acute*, *Newborn* (with at least one qualified patient day) or for which the care type was *Not reported*. In the public sector, the average cost weights for private patients were higher than those for public patients for all states and territories. In the public sector, patients whose funding source was reported as *Motor vehicle third party personal claim* had average cost weight markedly higher than other funding source categories. In the private sector, private patients whose funding source was reported as *Self-funded* had the

lowest average cost weight. More detail about the Australian Refined Diagnosis Related Group (AR-DRG) classification and cost weights is included in *Chapter 12*.

Table 7.5 shows the number of patient days reported for each funding source category, by state or territory and hospital sector. Public patients accounted for 58.0% of total patient days, and *Private health insurance* funded patients accounted for 31.0% of patient days in all hospitals.

Age group

Table 7.6 presents the number of separations by patient election status, funding source, age group and hospital sector. For all hospitals, the most common age group for separations with an election status of *Public* was 65–74 years, accounting for 15.7% of *Public patients* in public hospitals and 21.3% of *Public patients* in private hospitals. Overall, patients aged 85 years or older accounted for 3.8% of separations with a funding source of *Private health insurance*, and 36.8% of all separations with a funding source of *Department of Veterans' Affairs*. Patients aged 25–34 years were in the most common age group for separations with a funding source of *Self-funded* (15.8% of separations in public hospitals and 16.1% of separations in private hospitals). About 23% of all separations with a funding source of *Motor vehicle third party personal claim* were for patients aged 15–24 years.

Funding source varied within age groups. For example, 28.1% of separations for patients aged 85 or older years reported a funding source of *Department of Veterans' Affairs*, and for those aged 15–24 years, 27.9% of separations reported a funding source of *Private health insurance*.

Cross-border flows

For cross-border flow information, the state or territory of usual residence is reported as:

- one of the six states
- the Australian Capital Territory
- the Northern Territory
- other Australian territories (including Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)
- not elsewhere classified (including resident overseas, at sea or no fixed address) (tables 7.7 to 7.10).

Table 7.7 presents the number of separations and age-standardised separation rates per 1,000 population in each jurisdiction by the state or territory of usual residence of the patient and hospital sector. Overall, 97.4% of separations (7.7 million) were for patients who were treated in their state or territory of residence. However, in the Australian Capital Territory, only 75.1% of public hospital separations were for Australian Capital Territory residents (61,000), with most of the remainder being residents of New South Wales. This is because the Australian Capital Territory is a referral centre for surrounding districts of New South Wales.

Table 7.8 presents the number of separations in each jurisdiction by state or territory of usual residence and patient election status. In Queensland hospitals, almost 76% of separations where the patients' state of usual residence was New South Wales were for private patients.

For most states of usual residence, the age-standardised separation rate was higher for public patients than for private patients. However, for separations for patients whose state of residence was Queensland, the separation rate for private patients was higher than that for public patients.

The average cost weight of separations for each state and territory is presented in Table 7.9 by hospital sector, and by state or territory of usual residence. This analysis is for separations with a care type of *Acute, Newborn* (with at least one qualified patient day) or for which the care type was *Not reported*. Generally, average cost weights in both the public and private sectors were higher in all jurisdictions for interstate patients than for patients resident in the state of hospitalisation. Caution should be used in the interpretation of these data as the average cost weight for a small number of interstate patients can be inflated by the occurrence of relatively small numbers of separations with high cost weights. Public sector separations for Northern Territory residents had higher average cost weights in almost all other states and territories compared with the Northern Territory. In part, this reflects a tendency for Northern Territory residents who require more complex treatment to attend hospitals in other states.

The notional cost of public patient separations for each state and territory of hospitalisation by state or territory of usual residence is presented in Table 7.10, based on the estimated average cost of the AR-DRG for each separation. This table has been restricted to separations for which the admitted patient election status was reported as *Public* and with a care type of *Acute, Newborn* (with at least one qualified patient day) or *Not reported*. These figures do not represent actual expenditure on these separations. These figures should also not be interpreted as an estimate of the total cost of public patients as they do not include estimates of costs for separations with non-acute care.

For the reporting jurisdictions, using these notional estimates, approximately 96% of the estimated cost of public patients is for patients treated within their state or territory of residence. For Western Australia, more than 99% of the notional cost of public patients was for Western Australian residents.

Care type

Care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care. Definitions of each care type are summarised in the *Glossary*.

Not all states and territories supplied detailed information for rehabilitation and palliative care. For rehabilitation, a category of *Rehabilitation – not further specified* was used by some states and territories and is included in tables 7.11, to 7.14. Because of the small number of separations reported in the palliative care subcategories, all palliative care separations have been reported as *Palliative care* in tables 7.11 to 7.14, without disaggregation into subcategories.

The *Newborn* care type is used for all patients aged 9 days or less at admission. *Newborn* episodes of care comprise separations with qualified days only, separations with a mixture of qualified and unqualified days, and separations with unqualified days only. Most states and territories have implemented this *Newborn* definition; however, Tasmania and the Northern Territory did not report *Newborn* separations according to the *National health data dictionary* definition (see the *Glossary* and *Appendix 1*). Additionally, some states and territories reported data for *Hospital boarders* and *Posthumous organ procurement*, for which categories are included in the care type data element. These activities are not considered to be admitted

patient care, so records relating to these activities have been excluded from this report. See *Appendix 1* for more detail.

Table 7.11 presents the number of separations for each care type. For public and private sectors combined, 93.2% of separations were classified as episodes of *Acute care*, 3.5% as *Newborn* and 2.4% as *Rehabilitation care*. There was some variation among the states and territories and between the public and private sectors. For example, the proportion of public hospital separations for *Rehabilitation care* ranged from 0.5% (470) in the Northern Territory to 2.7% in Australian Capital Territory (2,200).

Newborn separations without any qualified days have been included in tables 7.11 to 7.14 only in this report and, as such, will cause total separations in tables 7.11 and 7.13 to differ from those of other tables. They accounted for 224,000 separations, the majority (179,000 or 79.8%) in the public sector.

The average length of stay for episodes of *Acute care* in public hospitals (3.1 days) was longer than that for private hospitals (2.3 days) (derived from tables 7.11 and 7.12). The patient days for *Newborn* episodes with a mixture of qualified and unqualified days are presented separately as the number of qualified days and the number of unqualified days. In the public sector, the average length of stay for these 'mixed' *Newborn* separations was 3.1 qualified days and 2.2 unqualified days, compared with 10.6 days for *Newborn* separations with qualified days only and 2.6 days for *Newborn* separations with unqualified days only. In the private sector, the average length of stay for these 'mixed' *Newborn* separations was 3.9 qualified days and 3.7 unqualified days, compared with 6.3 days for *Newborn* separations with qualified days only and 4.3 days for *Newborn* separations with unqualified days only.

The rate per 1,000 for *Acute care* separations was 209.4 in public hospitals and 135.2 for private hospitals. In the public sector, the separation rate per 1,000 for *Newborn* episodes (11.0) was higher than in the private sector (3.0). The rate for separations for all other *Non-acute care* was 5.8 per 1,000 in both public and private hospitals (Table 7.13).

The rate per 1,000 for *Acute care* patient days was 647.9 in public hospitals and 305.4 for private hospitals. The rate for patient days for all other *Non-acute care* was 137.6 per 1,000 in public hospitals and 38.5 in private hospitals. In the public sector, patient days per 1,000 for *Newborn* episodes (20.3) were higher than in the private sector (4.7) (Table 7.14).

Non-acute care

Table 7.15 presents information by patient election status and mode of separation (see note on variations in the use of separation modes below) for separations with a non-acute care type – *Rehabilitation care*, *Palliative care* and *Other non-acute care* (which comprises *Psychogeriatric care*, *Geriatric evaluation and management* and *Maintenance care*). Data on patients receiving non-acute care may provide information relevant to continuity of care.

Overall, 51.0% of all separations with non-acute care were in public hospitals and 41.8% of non-acute patients elected to be treated as public patients. For separations with non-acute care, the most common mode of separation was *Other*, which includes discharge to usual residence/own accommodation/welfare institution (74.0%), 6.1% reported a separation mode of *Discharge/transfer to a residential aged care service*, 5.5% reported a separation mode of *Discharge/transfer to an(other) hospital (acute or psychiatric)* and 5.6% had a separation mode of *Statistical discharge – type change* (indicating that the patient remained in the same hospital to receive other care) (see Table 7.14). There was some variation between hospital sectors in the modes of separation reported for non-acute care. For example, 8.7% of separations for

non-acute care in public hospitals were transferred to another hospital (acute or psychiatric), compared with 2.3% in private hospitals. There was also variation in the mode of separation by type of non-acute care, as 86.3% of separations for *Rehabilitation care* reported a separation mode of *Other*, compared with 30.8% of separations for *Palliative care* and 49.3% for *Other non-acute care*.

Table 7.16 presents information by age, sex and mode of separation for separations for non-acute care. The majority of separations for patients whose care type was reported as *Rehabilitation care* were for females (56.1%), and almost half of the female patients were aged 75 years and over (47.9%, 51,400 separations). For *Palliative care*, the majority of separations were reported for males (55.5%), and 87.7% of all *Palliative care* patients were aged over 55 years. For *Other non-acute care*, the majority of separations were for females (58.3%), and 68.5% (32,300) of all *Other non-acute care* separations were for people aged 75 years and over.

Mode of admission

Mode of admission records the mechanism by which a patient begins an episode of care (Table 7.17).

In both public and private hospitals, most separations had a mode of admission of *Other* (94.5%, 7.4 million), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* (227,300 or 4.8% of public hospital separations and 93,000 or 3.0% of private hospital separations). Public hospitals also reported higher proportions of *Statistical admission: type change* (64,000 or 1.3%) than were reported for private hospitals (21,000 or 0.7%). Among the states and territories, New South Wales had the highest proportion of separations with an admission mode of *Admitted patient transferred from another hospital* (5.1%).

Mode of separation

The mode of separation records the status of the patient (discharged, transferred, care type change, died) at the time of separation and, for some categories, the place to which the person was discharged or transferred (Table 7.18). Due to changes in the definition for some of the categories over time and differences in the use of these definitions by jurisdictions, the use of some categories differs between jurisdictions. Consequently, the number of separations with a mode of separation of *Other* may be underestimated. As the reporting of the category *Discharge/transfer to residential aged care service* also differed over time for some jurisdictions, comparisons with mode of separation data from previous years should be treated with caution.

About 92% of separations (7.3 million) were included in the *Other* category, suggesting that most patients go home after their episode of care. This was particularly the case in the private sector, where 97.2% of separations (3.0 million) were categorised as *Other*, compared with 88.9% (4.2 million) in the public sector. More public hospital patients (6.1%) were transferred to other hospitals (acute and psychiatric) than was the case for private hospital patients (1.7%). There were also greater proportions of separations in the public sector for the categories *Died* and *Left against medical advice/discharge at own risk*.

There is a discrepancy between the number of patients reporting a mode of separation of *Discharge/transfer to an (other) hospital* (acute and psychiatric) (344,000; see Table 7.18) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (320,000; see Table 7.17). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission, or that some patients were admitted and separated in different reporting years.

Inter-hospital contracted patient status

An episode of care for an inter-hospital contracted patient (Table 7.19) is defined as an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service and for which the activity is recorded by both hospitals (HDSC 2006). These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and regional or area health services.

Contracted care was reported for 0.6% of separations (51,000). The total number of inter-hospital contracted patients was higher for private hospitals (36,100) than for public hospitals (14,700).

About 25.4% (3,700 separations) of contracted care provided by public hospitals was purchased by private hospitals. Almost 93% (33,500 separations) of contracted care provided by private hospitals was purchased by public hospitals.

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double-counting of hospital activity in the National Hospital Morbidity Database.

Urgency of admission

Tables 7.20 and 7.21 report on urgency of admission. This data element describes whether the admission was assigned an urgency status and, if so, whether the admission occurred on an emergency (admission should occur within 24 hours) or an elective basis. The table also includes information on whether the separations were considered to be *Surgical* or *Other*. These categories have been determined based on the *Surgical*, *Medical*, *Other* partitions of the AR-DRG classification. These partitions are generally assigned on the presence of operating room procedures for the *Surgical* partition and non-operating room procedures for the *Medical* and *Other* partitions (see Chapter 12). For this table, the category *Other* includes both the *Medical* and *Other* partitions of the AR-DRG classification.

For overnight separations, the majority of *Emergency* admissions were treated in the public sector (90.3%) and 60.6% of *Elective* admissions were treated in the private sector. For both the private and public sectors combined, 48.1% of overnight separations (1.7 million) were assigned an *Emergency* status, 38.8% of separations (1.3 million) were assigned an *Elective* status and the status was *Not assigned* for 12.9% of separations. In the public hospital sector, 62.8% of *Overnight* separations that were assigned an *Emergency* status and 13.5% of separations that were assigned an *Emergency* status were classified as *Surgical*. An *Emergency*

status was assigned for 15.1% of private hospital *Overnight* separations and 17.6% of these separations were classified as *Surgical* (Table 7.20).

For same-day separations, 96.3% of *Emergency* admissions were treated in the public sector and 55.4% of *Elective* admissions were treated in the private sector. For both the private and public sectors combined, 11.2% of same-day separations (496,000) were assigned an *Emergency* status, 72.6% of separations (3.2 million) were reported as *Elective* and the status was *Not assigned* for 16.0% of separations. In the private sector, 86.3% of separations were assigned an *Elective* status and 36.8% of these were classified as *Surgical* (Table 7.21).

Hospital-in-the-home care

Table 7.22 reports on hospital-in-the-home care, and the number of days of hospital-in-the-home care provided. Most states and territories have hospital-in-the-home programs under which admitted patients are provided with hospital care in the home. This care has been defined as occurring in the patient's (permanent or temporary) place of residence as a substitute for hospital accommodation, and within an episode of care for an admitted patient (HDSC 2006). For 2007–08, New South Wales and Tasmania did not report this data element.

For Victoria, Queensland, Western Australia and South Australia, there were 61,000 separations that reported hospital-in-the-home care. They accounted for 553,000 patient days, of which 384,000 days (69.5%) were reported as hospital-in-the-home days. Same-day separations accounted for 24.2% of separations (15,000) reporting hospital-in-the-home care for these states.

Table 7.1: Separations and patient days^(a), by patient election status, funding source and hospital sector, Australia, 2003–04 to 2007–08

	2003–04		2004–05		2005–06		2006–07		2007–08		Average change in number of separations (per cent)			
	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Since 2003–04	Since 2006–07		
Public hospitals														
Public patients ^(b)	3,646	13,821	3,706	13,956	3,868	14,122	4,024	14,490	4,073	14,700	2.8	1.2		
Public ^(c)	3,639	13,766	3,697	13,887	3,861	14,096	4,017	14,463	4,065	14,671	2.8	1.2		
Private patients	550	2,584	566	2,691	593	2,821	631	2,879	665	3,109	4.9	5.3		
Private health insurance	308	1,335	326	1,452	351	1,559	382	1,658	416	1,809	7.8	8.9		
Self-funded ^(d)	50	111	51	135	52	156	53	119	55	131	2.4	2.6		
Workers compensation	21	71	22	75	22	78	23	79	23	84	2.6	3.3		
Motor vehicle third party personal claim	21	128	20	128	21	135	22	130	22	130	1.5	1.0		
Department of Veterans' Affairs	138	860	136	826	135	817	131	787	125	789	–2.6	–4.8		
Other ^(e)	12	79	11	75	12	76	21	107	24	167	18.9	16.9		
Patient election status not reported	4	14	5	15	5	49	6	70	6	26	9.8	12.4		
Total	4,201	16,419	4,276	16,662	4,466	16,993	4,661	17,439	4,744	17,836	3.1	1.8		
Private hospitals														
Public patients ^(b)	87	219	92	211	100	226	49	109	76	169	–3.2	55.2		
Public ^(c)	87	219	92	211	100	226	49	109	76	169	–3.3	55.2		
Private patients	2,551	6,942	2,643	6,940	2,741	7,103	2,886	7,367	3,042	7,614	4.5	5.4		
Private health insurance	2,019	5,403	2,114	5,473	2,196	5,619	2,349	5,875	2,498	6,142	5.5	6.3		
Self-funded ^(d)	255	340	260	345	274	368	261	357	267	364	1.1	2.4		
Workers compensation	51	114	50	104	52	105	51	107	50	108	–0.3	–1.1		
Motor vehicle third party personal claim	5	51	5	34	5	36	5	34	5	29	–3.1	5.0		
Department of Veterans' Affairs	205	1,012	203	960	201	963	208	970	200	921	–0.7	–3.8		
Other ^(e)	15	24	12	24	13	22	13	25	22	51	9.7	65.1		
Patient election status not reported	3	4	7	15	5	8	7	9	12	23	45.9	82.9		
Total	2,641	7,165	2,742	7,166	2,846	7,338	2,942	7,485	3,130	7,807	4.3	6.4		
All hospitals														
Public patients ^(b)	3,733	14,039	3,798	14,167	3,968	14,349	4,073	14,599	4,149	14,869	2.7	1.9		
Public ^(c)	3,726	13,984	3,790	14,098	3,961	14,322	4,066	14,572	4,141	14,840	2.7	1.8		
Private patients	3,101	9,526	3,209	9,631	3,334	9,924	3,517	10,246	3,707	10,724	4.6	5.4		
Private health insurance	2,327	6,738	2,440	6,925	2,547	7,178	2,731	7,533	2,914	7,951	5.8	6.7		
Self-funded ^(d)	305	450	311	480	326	524	314	476	322	495	1.4	2.4		
Workers compensation	72	185	71	179	74	183	73	185	73	192	0.5	0.2		
Motor vehicle third party personal claim	26	179	25	162	26	171	26	163	27	158	0.6	1.7		
Department of Veterans' Affairs	343	1,872	339	1,786	336	1,770	338	1,756	324	1,710	–1.4	–4.2		
Other ^(e)	27	103	23	99	25	98	34	132	46	217	14.0	35.7		
Patient election status not reported	7	18	11	30	10	58	12	79	18	49	27.2	50.2		
Total	6,841	23,583	7,019	23,829	7,312	24,331	7,603	24,925	7,874	25,643	3.6	3.6		

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

(b) Includes separations with a patient election status of *Public* and a funding source of *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*.
(c) Includes patients whose funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.

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

(e) Includes separations with a patient election status of *Private* and a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Not reported*.

Table 7.2: Separations^(a), by patient election status, funding source and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1,171,140	1,179,301	763,045	403,017	320,321	78,776	71,192	86,168	4,072,960
Public ^(c)	1,168,288	1,178,023	761,528	402,604	318,831	78,567	71,119	86,009	4,064,969
Private patients	295,369	165,996	68,920	55,185	48,009	17,266	9,935	4,090	664,770
Private health insurance	205,728	102,886	29,900	30,309	29,698	12,185	4,572	641	415,919
Self-funded ^(d)	23,218	14,429	14,350	645	1,633	0	143	347	54,765
Workers compensation	7,444	5,949	4,878	1,980	1,751	505	438	351	23,296
Motor vehicle third party personal claim	4,516	9,014	2,739	2,435	1,708	707	252	509	21,880
Department of Veterans' Affairs	52,178	32,028	12,671	7,644	12,209	3,793	3,758	383	124,664
Other ^(e)	2,285	1,690	4,382	12,172	1,010	76	772	1,859	24,246
Patient election status not reported	228	5,875	0	0	0	228	0	0	6,331
Total	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061
Private hospitals									
Public patients ^(b)	4,951	1,719	22,224	39,587	3,307	n.p.	n.p.	n.p.	76,227
Public ^(c)	4,948	1,719	22,224	39,585	3,208	n.p.	n.p.	n.p.	76,095
Private patients	852,969	799,689	758,075	285,831	240,290	n.p.	n.p.	n.p.	3,041,733
Private health insurance	706,636	678,249	584,853	241,108	208,042	n.p.	n.p.	n.p.	2,497,892
Self-funded ^(d)	85,051	68,165	76,793	18,558	11,726	n.p.	n.p.	n.p.	267,179
Workers compensation	14,260	10,652	11,129	6,499	5,369	n.p.	n.p.	n.p.	50,163
Motor vehicle third party personal claim	447	2,719	52	653	612	n.p.	n.p.	n.p.	4,840
Department of Veterans' Affairs	45,990	39,577	76,317	16,917	13,198	n.p.	n.p.	n.p.	199,629
Other ^(e)	585	327	8,931	2,096	1,343	n.p.	n.p.	n.p.	22,030
Patient election status not reported	0	883	0	0	0	n.p.	n.p.	n.p.	11,925
Total	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885
All hospitals									
Public patients ^(b)	1,176,091	1,181,020	785,269	442,604	323,628	n.p.	n.p.	n.p.	4,149,187
Public ^(c)	1,173,236	1,179,742	783,752	442,189	322,039	n.p.	n.p.	n.p.	4,141,064
Private patients	1,148,338	965,685	826,995	341,016	288,299	n.p.	n.p.	n.p.	3,706,503
Private health insurance	912,364	781,135	614,753	271,417	237,740	n.p.	n.p.	n.p.	2,913,811
Self-funded ^(d)	108,269	82,594	91,143	19,203	13,359	n.p.	n.p.	n.p.	321,944
Workers compensation	21,704	16,601	16,007	8,479	7,120	n.p.	n.p.	n.p.	73,459
Motor vehicle third party personal claim	4,963	11,733	2,791	3,088	2,320	n.p.	n.p.	n.p.	26,720
Department of Veterans' Affairs	98,168	71,605	88,988	24,561	25,407	n.p.	n.p.	n.p.	324,293
Other ^(e)	2,870	2,017	13,313	14,268	2,353	n.p.	n.p.	n.p.	46,276
Patient election status not reported	228	6,758	0	0	0	n.p.	n.p.	n.p.	18,256
Total	2,324,657	2,153,463	1,612,264	783,620	611,927	n.p.	n.p.	n.p.	7,873,946

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

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*.

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

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

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Not reported*.

Table 7.3: Separations^(a) per 1,000 population, by patient election status, funding source and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	163.0	217.1	179.5	189.4	190.2	152.9	223.7	461.1	187.5
Public ^(c)	162.6	216.9	179.2	189.2	189.3	152.5	223.5	460.2	187.1
Private patients	39.8	29.6	16.2	25.7	26.1	30.7	32.3	25.3	29.8
Private health insurance	28.2	18.6	7.1	14.2	16.9	22.0	14.6	3.5	18.9
Self-funded ^(d)	3.3	2.7	3.4	0.3	1.1	0.0	0.4	1.6	2.6
Workers compensation	1.1	1.1	1.1	0.9	1.1	1.1	1.2	1.5	1.1
Motor vehicle third party personal claim	0.6	1.7	0.6	1.1	1.1	1.5	0.7	2.4	1.0
Department of Veterans' Affairs	6.2	5.1	2.9	3.6	5.4	6.0	13.3	5.8	5.1
Other ^(e)	0.3	0.3	1.0	5.6	0.6	0.2	2.1	10.5	1.1
Patient election status not reported	0.0	1.1	0.0	0.0	0.0	0.4	0.0	0.0	0.3
Total	202.8	247.8	195.7	215.1	216.4	184.0	256.1	486.4	217.6
Private hospitals									
Public patients ^(b)	0.7	0.3	5.2	18.2	1.9	n.p.	n.p.	n.p.	3.4
Public ^(c)	0.7	0.3	5.2	18.2	1.9	n.p.	n.p.	n.p.	3.4
Private patients	116.9	145.0	176.3	132.7	136.3	n.p.	n.p.	n.p.	137.7
Private health insurance	97.3	123.5	136.2	111.8	118.6	n.p.	n.p.	n.p.	113.5
Self-funded ^(d)	11.9	12.6	18.1	8.7	7.2	n.p.	n.p.	n.p.	12.4
Workers compensation	2.0	2.0	2.6	3.0	3.3	n.p.	n.p.	n.p.	2.3
Motor vehicle third party personal claim	0.1	0.5	0.0	0.3	0.4	n.p.	n.p.	n.p.	0.2
Department of Veterans' Affairs	5.6	6.3	17.3	7.9	5.9	n.p.	n.p.	n.p.	8.3
Other ^(e)	0.1	0.1	2.1	1.0	0.8	n.p.	n.p.	n.p.	1.4
Patient election status not reported	0.0	0.2	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.6
Total	117.6	145.5	181.5	150.9	138.3	n.p.	n.p.	n.p.	141.7
All hospitals									
Public patients ^(b)	163.7	217.4	184.7	207.6	192.2	n.p.	n.p.	n.p.	190.9
Public ^(c)	163.3	217.2	184.4	207.4	191.2	n.p.	n.p.	n.p.	190.6
Private patients	156.7	174.6	192.5	158.4	162.5	n.p.	n.p.	n.p.	167.5
Private health insurance	125.5	142.1	143.3	126.0	135.5	n.p.	n.p.	n.p.	132.4
Self-funded ^(d)	15.1	15.4	21.5	9.0	8.3	n.p.	n.p.	n.p.	14.9
Workers compensation	3.1	3.1	3.8	3.9	4.5	n.p.	n.p.	n.p.	3.4
Motor vehicle third party personal claim	0.7	2.2	0.7	1.4	1.5	n.p.	n.p.	n.p.	1.3
Department of Veterans' Affairs	11.8	11.4	20.2	11.5	11.3	n.p.	n.p.	n.p.	13.4
Other ^(e)	0.4	0.4	3.1	6.6	1.4	n.p.	n.p.	n.p.	2.5
Patient election status not reported	0.0	1.3	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.8
Total	320.3	393.3	377.2	366.0	354.6	n.p.	n.p.	n.p.	359.3

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

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*.

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

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

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Not reported*.

Note: These data should be interpreted with caution because of cross-border flows of patients. That is, patients may be treated in a state or territory other than their state or territory of residence, but separation rates are calculated using the Estimated Resident Populations for the state/territory of hospitalisation.

Table 7.4: Average cost weight of separations^(a), by patient election status, funding source and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1.05	0.93	1.01	0.94	1.07	1.03	1.00	0.69	0.99
Public ^(c)	1.05	0.93	1.01	0.94	1.07	1.03	1.00	0.69	0.99
Private patients	1.18	1.15	1.10	1.23	1.23	1.04	1.30	1.22	1.17
Private health insurance	1.14	1.12	0.97	1.38	1.18	0.99	1.65	1.37	1.14
Self-funded ^(d)	1.20	0.75	1.06	0.86	0.90	n.a.	1.15	1.15	1.03
Workers compensation	1.34	1.18	1.35	1.33	1.15	1.11	1.46	1.52	1.28
Motor vehicle third party personal claim	1.76	2.06	2.03	2.97	2.21	1.94	2.47	2.38	2.11
Department of Veterans' Affairs	1.22	1.12	1.14	1.25	1.30	1.01	0.90	1.42	1.18
Other ^(e)	1.50	1.56	1.10	0.57	1.28	0.90	0.79	0.77	0.87
Patient election status not reported	1.48	1.14	0.00	0.00	0.00	0.74	0.00	0.00	1.15
Total	1.08	0.96	1.01	0.98	1.09	1.03	1.03	0.71	1.01
Private hospitals									
Public patients ^(b)	1.32	0.77	0.51	0.15	0.31	n.p.	n.p.	n.p.	0.39
Public ^(c)	1.32	0.77	0.51	0.15	0.30	n.p.	n.p.	n.p.	0.39
Private patients	0.83	0.81	0.79	0.87	0.87	n.p.	n.p.	n.p.	0.82
Private health insurance	0.84	0.81	0.82	0.86	0.87	n.p.	n.p.	n.p.	0.83
Self-funded ^(d)	0.56	0.47	0.46	0.57	0.61	n.p.	n.p.	n.p.	0.51
Workers compensation	1.09	1.14	0.95	1.04	1.08	n.p.	n.p.	n.p.	1.06
Motor vehicle third party personal claim	1.20	1.27	1.01	1.03	1.00	n.p.	n.p.	n.p.	1.17
Department of Veterans' Affairs	1.14	1.14	0.92	1.18	1.14	n.p.	n.p.	n.p.	1.06
Other ^(e)	1.04	1.19	0.47	0.75	0.85	n.p.	n.p.	n.p.	0.76
Patient election status not reported	0.00	0.31	0.00	0.00	0.00	n.p.	n.p.	n.p.	0.68
Total	0.83	0.81	0.78	0.78	0.87	n.p.	n.p.	n.p.	0.81

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

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Not reported*.

(c) Includes separations for which the funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.

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

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Not reported*.

Note: Average cost weights have been calculated using AR-DRG version 5.1 public cost weights (2006–07) for the public sector and AR-DRG version 5.1 private cost weights (2006–07) for the private sector.

Table 7.5: Patient days^(a), by patient election status, funding source and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	4,758,280	3,695,586	2,745,668	1,379,236	1,336,050	308,602	232,112	244,833	14,700,367
Public ^(c)	4,748,663	3,691,232	2,739,904	1,377,456	1,335,344	307,800	231,785	244,288	14,676,472
Private patients	1,467,484	735,230	247,153	251,049	279,317	68,116	45,317	15,726	3,109,392
Private health insurance	899,118	434,964	103,937	150,873	151,473	40,690	25,815	1,945	1,808,815
Self-funded ^(d)	77,207	21,920	23,881	3,069	2,487	0	557	1,476	130,597
Workers compensation	30,009	18,029	17,812	7,479	6,163	1,476	1,478	1,765	84,211
Motor vehicle third party personal claim	26,484	43,368	17,902	20,640	12,092	3,674	1,477	4,223	129,860
Department of Veterans' Affairs	351,577	180,814	68,995	44,644	104,086	22,123	14,261	2,764	789,264
Other ^(e)	83,089	36,135	14,626	24,344	3,016	153	1,729	3,553	166,645
Patient election status not reported	1,034	17,147	0	0	0	8,005	0	0	26,186
<i>Total</i>	<i>6,226,798</i>	<i>4,447,963</i>	<i>2,992,821</i>	<i>1,630,285</i>	<i>1,615,367</i>	<i>384,723</i>	<i>277,429</i>	<i>260,559</i>	<i>17,835,945</i>
Private hospitals									
Public patients ^(b)									
Public ^(c)	6,692	4,361	75,487	64,181	5,519	n.p.	n.p.	n.p.	169,119
Private patients	6,688	4,361	75,487	64,179	5,241	n.p.	n.p.	n.p.	168,791
Private health insurance	2,055,739	2,085,922	1,874,933	718,606	608,461	n.p.	n.p.	n.p.	7,614,177
Self-funded ^(d)	1,677,498	1,740,128	1,431,639	580,142	517,750	n.p.	n.p.	n.p.	6,141,887
Workers compensation	120,244	110,991	88,846	22,034	13,667	n.p.	n.p.	n.p.	364,313
Motor vehicle third party personal claim	31,229	28,826	19,005	11,319	12,897	n.p.	n.p.	n.p.	108,089
Department of Veterans' Affairs	1,336	21,984	161	1,582	1,528	n.p.	n.p.	n.p.	28,564
Other ^(e)	223,658	183,391	321,576	99,143	57,888	n.p.	n.p.	n.p.	920,821
Patient election status not reported	1,774	602	13,706	4,386	4,731	n.p.	n.p.	n.p.	50,503
<i>Total</i>	<i>2,062,431</i>	<i>2,091,331</i>	<i>1,950,420</i>	<i>782,787</i>	<i>613,980</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>7,806,573</i>
All hospitals									
Public patients ^(b)	4,764,972	3,699,947	2,821,155	1,443,417	1,341,569	n.p.	n.p.	n.p.	14,869,486
Public ^(c)	4,755,351	3,695,593	2,815,391	1,441,635	1,340,585	n.p.	n.p.	n.p.	14,845,263
Private patients	3,523,223	2,821,152	2,122,086	969,655	887,778	n.p.	n.p.	n.p.	10,723,569
Private health insurance	2,576,616	2,175,092	1,535,576	731,015	669,223	n.p.	n.p.	n.p.	7,950,702
Self-funded ^(d)	197,451	132,911	112,727	25,103	16,154	n.p.	n.p.	n.p.	494,910
Workers compensation	61,238	46,855	36,817	18,798	19,060	n.p.	n.p.	n.p.	192,300
Motor vehicle third party personal claim	27,820	65,352	18,063	22,222	13,620	n.p.	n.p.	n.p.	158,424
Department of Veterans' Affairs	575,235	364,205	390,571	143,787	161,974	n.p.	n.p.	n.p.	1,710,085
Other ^(e)	84,863	36,737	28,332	28,730	7,747	n.p.	n.p.	n.p.	217,148
Patient election status not reported	1,034	18,195	0	0	0	n.p.	n.p.	n.p.	49,463
<i>Total</i>	<i>8,289,229</i>	<i>6,539,294</i>	<i>4,943,241</i>	<i>2,413,072</i>	<i>2,229,347</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>25,642,518</i>

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

(b) Includes separations with a patient election status of *Public* and a funding source of *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.

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

(e) Includes separations with a patient election status of *Private* and a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Not reported*.

Table 7.6: Separations^(a), by patient election status, funding source, age group and hospital sector, Australia, 2007–08

	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
Public hospitals												
Public patients ^(c)	109,846	120,766	158,969	321,625	461,983	454,243	485,345	572,605	641,025	566,614	179,931	4,072,960
Public ^(d)	109,725	120,590	158,784	319,773	459,886	453,475	484,824	571,852	640,175	566,092	179,785	4,064,969
Private patients	13,022	19,363	23,469	36,948	48,589	51,217	61,048	87,949	96,166	144,344	82,654	664,770
Private health insurance	11,703	15,918	18,690	17,881	26,732	31,981	43,748	66,466	75,413	79,419	27,968	415,919
Self-funded ^(e)	1,037	2,702	3,059	6,291	8,626	6,376	5,598	6,034	7,694	5,833	1,515	54,765
Workers compensation	0	0	12	4,971	4,969	5,471	4,812	2,900	531	99	5	23,296
Motor vehicle third party personal claim	46	255	1,085	5,641	4,111	3,499	2,761	1,833	1,252	1,053	343	21,880
Department of Veterans' Affairs	0	0	7	15	39	310	649	7,060	7,894	56,168	52,522	124,664
Other ^(f)	236	488	616	2,623	4,112	3,580	3,480	3,656	3,382	1,772	301	24,246
Patient election status not reported	244	146	146	1,831	1,759	446	331	594	386	309	139	6,331
Total	123,112	140,275	182,584	360,404	512,331	505,906	546,724	661,148	737,577	711,267	262,724	4,744,061
Private hospitals												
Public patients ^(c)	168	431	571	2,192	4,194	7,612	13,036	16,670	16,250	12,686	2,417	76,227
Public ^(d)	50	240	335	1,674	3,612	7,109	12,496	16,006	15,461	11,978	2,139	71,100
Private patients	26,647	32,631	51,827	173,189	289,761	355,581	428,915	586,221	504,792	452,883	159,286	3,041,733
Private health insurance	24,969	28,208	44,993	132,221	214,728	295,916	370,933	514,238	451,022	336,492	84,172	2,497,892
Self-funded ^(e)	1,552	4,224	6,547	34,380	43,072	41,411	35,048	35,022	31,400	26,937	7,586	267,179
Workers compensation	0	0	8	3,620	7,525	12,485	15,320	9,559	1,401	203	42	50,163
Motor vehicle third party personal claim	2	5	50	627	851	1,052	961	673	355	210	54	4,840
Department of Veterans' Affairs	1	0	11	153	385	1,539	3,407	22,878	17,628	86,826	66,801	199,629
Other ^(f)	123	194	218	2,188	3,200	3,178	3,246	3,851	2,986	2,215	631	22,030
Patient election status not reported	322	102	148	1,662	2,121	1,745	1,817	1,995	1,294	620	99	11,925
Total	27,137	33,164	52,546	177,043	276,076	364,938	443,768	604,886	522,336	466,189	161,802	3,129,885
All hospitals												
Public patients ^(c)	110,014	121,197	159,540	323,817	486,177	461,855	498,381	589,275	657,275	579,300	182,348	4,149,187
Public ^(d)	109,775	120,830	159,119	321,447	463,498	460,584	497,320	587,858	655,636	578,070	181,924	4,136,069
Private patients	39,669	51,994	75,296	210,137	318,350	406,798	489,963	674,170	600,958	597,227	241,940	3,706,503
Private health insurance	36,672	44,126	63,683	150,102	241,460	327,897	414,681	580,704	526,435	415,911	112,140	2,913,811
Self-funded ^(e)	2,589	6,926	9,606	40,671	51,698	47,787	40,646	41,056	39,094	32,770	9,101	321,944
Workers compensation	0	0	20	8,117	12,494	17,956	20,132	12,459	1,932	302	47	73,459
Motor vehicle third party personal claim	48	260	1,135	6,268	4,962	4,551	3,722	2,506	1,607	1,263	397	26,720
Department of Veterans' Affairs	1	0	18	168	424	1,849	4,056	29,938	25,522	142,994	119,323	324,293
Other ^(f)	359	682	834	4,811	7,312	6,758	6,726	7,507	6,368	3,987	932	46,276
Patient election status not reported	566	248	294	3,493	3,880	2,191	2,148	2,589	1,680	929	238	18,256
Total	150,249	173,439	235,130	537,447	788,407	870,844	990,492	1,266,034	1,259,913	1,177,456	424,526	7,873,946

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

(b) Includes separations for which the age group was not reported.

(c) Includes separations for which the patient election status was *Public* and the funding source was *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*.

(d) Includes patients whose funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.

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

(f) Includes separations for which the patient election status was *Private* and the funding source was *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other*, *No charge raised* and *Not reported*.

Table 7.7: Separations^(a), by state or territory of usual residence and hospital sector, states and territories, 2007–08

State or territory of usual residence	State or territory of hospitalisation							Separations per 1,000 population ^(b)		
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT	Total
Public hospitals										
New South Wales	1,436,965	19,058	9,344	565	1,632	251	19,532	342	1,487,689	205.7
Victoria	6,401	1,322,379	1,854	572	2,386	301	281	343	1,334,517	244.7
Queensland	11,480	1,403	814,734	541	373	163	193	442	829,329	195.1
Western Australia	485	490	418	454,744	287	81	35	2,124	458,664	215.3
South Australia	702	1,672	511	224	361,314	56	57	3,521	368,057	216.2
Tasmania	300	1,413	233	65	98	95,063	19	30	97,221	185.9
Australian Capital Territory	2,980	239	157	23	43	14	60,957	18	64,431	202.2
Northern Territory	207	295	372	205	1,654	10	13	83,024	85,780	461.5
Other Australian territories ^(c)	n.p.	725	7	132	1	0	0	0	n.p.	n.p.
Not elsewhere classified ^(d)	n.p.	3,489	3,522	1,131	146	331	40	414	n.p.	n.p.
Not reported	0	9	813	0	396	0	0	0	1,218	...
Total	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061	217.6
Private hospitals										
New South Wales	839,232	7,100	26,596	193	1,539	n.p.	n.p.	n.p.	882,159	120.8
Victoria	6,693	790,853	1,595	197	1,452	n.p.	n.p.	n.p.	800,956	145.3
Queensland	3,895	961	749,639	190	230	n.p.	n.p.	n.p.	755,015	175.6
Western Australia	302	304	279	324,385	109	n.p.	n.p.	n.p.	325,412	150.9
South Australia	233	509	291	79	238,545	n.p.	n.p.	n.p.	239,675	136.0
Tasmania	215	1,182	233	36	66	n.p.	n.p.	n.p.	70,308	132.2
Australian Capital Territory	2,123	259	144	17	56	n.p.	n.p.	n.p.	29,872	90.8
Northern Territory	220	355	607	121	1,187	n.p.	n.p.	n.p.	2,506	14.1
Other Australian territories ^(c)	n.p.	7	77	40	0	n.p.	n.p.	n.p.	n.p.	n.p.
Not elsewhere classified ^(d)	n.p.	761	797	160	39	n.p.	n.p.	n.p.	n.p.	n.p.
Not reported	0	0	41	0	374	n.p.	n.p.	n.p.	12,952	...
Total	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885	141.7
Total	2,324,657	2,153,463	1,612,264	783,620	611,927	n.p.	n.p.	n.p.	7,873,946	359.3

(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) Rates per 1,000 population were directly age-standardised as detailed in *Appendix 1*.

(c) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory. Records with a state of usual residence of *Other Australian territories* in New South Wales are currently under review.

(d) Includes resident overseas, at sea, no fixed address. Records with a state of usual residence of *Not elsewhere classified* in New South Wales are currently under review.

Table 7.8: Separations^(a), by state or territory of usual residence and patient election status, states and territories, 2007–08

State or territory of usual residence	State or territory of hospitalisation							Separations per 1,000 population ^(b)		
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT	Total
Public patients										
New South Wales	1,153,528	16,057	8,731	469	1,341	211	17,769	281	1,198,387	166.8
Victoria	5,056	1,158,421	1,818	519	2,020	262	258	310	1,168,664	215.1
Queensland	10,435	1,152	770,153	426	294	145	160	396	783,161	184.2
Western Australia	351	373	391	440,062	223	74	31	2,077	443,582	208.0
South Australia	529	1,168	446	183	317,713	46	45	3,473	323,603	192.1
Tasmania	213	1,143	221	49	83	82,098	17	27	83,851	162.9
Australian Capital Territory	2,233	184	149	16	39	10	52,922	18	55,571	173.4
Northern Territory	163	228	326	183	1,432	9	12	79,422	81,775	436.8
Other Australian territories ^(c)	n.p.	673	3	126	0	0	0	0	n.p.	n.p.
Not elsewhere classified ^(d)	n.p.	1,621	2,241	571	107	322	16	164	n.p.	n.p.
Not reported	0	0	790	0	376	0	0	0	1,166	...
Total	1,176,091	1,181,020	785,269	442,604	323,628	83,177	71,230	86,168	4,149,187	190.9
Private patients										
New South Wales	1,122,450	10,061	27,209	289	1,830	n.p.	n.p.	n.p.	1,171,202	159.7
Victoria	8,038	950,034	1,631	250	1,818	n.p.	n.p.	n.p.	962,031	173.9
Queensland	4,940	1,190	794,220	305	309	n.p.	n.p.	n.p.	801,160	186.5
Western Australia	436	380	306	339,067	173	n.p.	n.p.	n.p.	340,453	158.1
South Australia	405	1,008	356	120	282,146	n.p.	n.p.	n.p.	284,123	160.1
Tasmania	302	1,450	245	52	81	n.p.	n.p.	n.p.	81,331	150.3
Australian Capital Territory	2,869	313	152	24	60	n.p.	n.p.	n.p.	38,730	119.6
Northern Territory	263	416	653	143	1,409	n.p.	n.p.	n.p.	6,504	38.9
Other Australian territories ^(c)	n.p.	30	81	46	1	n.p.	n.p.	n.p.	n.p.	n.p.
Not elsewhere classified ^(d)	n.p.	794	2,078	720	78	n.p.	n.p.	n.p.	n.p.	n.p.
Not reported	0	9	64	0	394	n.p.	n.p.	n.p.	4,144	...
Total	1,148,338	965,685	826,995	341,016	288,299	n.p.	n.p.	n.p.	3,706,503	148.9
Total ^(e)	2,324,657	2,153,463	1,612,264	783,620	611,927	n.p.	n.p.	n.p.	7,873,946	359.3

(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) Rates per 1,000 population were directly age-standardised as detailed in Appendix 1.

(c) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory. Records with a State of usual residence of *Other Australian territories* in New South Wales are currently under review.

(d) Includes resident overseas, at sea, no fixed address. Records with a State of usual residence of *Not elsewhere classified* in New South Wales are currently under review.

(e) Includes patients whose patient election status was *Not reported*.

Table 7.9: Average cost weight of separations^(a), by state or territory of usual residence and hospital sector, states and territories, 2007–08

State or territory of usual residence	State or territory of hospitalisation								Total
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	
Public hospitals									
New South Wales	1.07	1.00	1.61	1.23	1.87	1.02	1.25	1.04	1.08
Victoria	1.16	0.95	1.11	1.16	1.52	1.29	1.53	1.10	0.96
Queensland	1.04	1.21	1.01	1.16	1.14	1.01	1.14	0.93	1.01
Western Australia	1.31	1.70	0.91	0.97	1.57	1.41	1.25	0.55	0.97
South Australia	1.29	2.02	1.31	1.25	1.07	1.87	0.89	0.52	1.07
Tasmania	1.59	2.64	1.35	1.27	1.61	1.03	2.59	0.88	1.06
Australian Capital Territory	1.43	0.94	0.85	1.04	0.83	1.35	0.96	1.31	0.98
Northern Territory	1.89	2.09	1.47	1.28	2.56	1.16	0.79	0.72	0.77
Other Australian territories ^(b)	1.36	1.73	2.21	1.01	0.74	0.00	0.00	0.00	1.60
Not elsewhere classified ^(c)	1.26	1.24	1.33	1.35	1.83	0.89	1.49	1.22	1.27
Not reported	0.00	2.68	1.19	0.00	1.62	0.00	0.00	0.00	1.34
Total	1.08	0.96	1.01	0.98	1.09	1.03	1.03	0.71	1.01
Private hospitals									
New South Wales	0.83	1.12	1.04	0.69	1.12	n.p.	n.p.	n.p.	0.84
Victoria	0.76	0.80	0.87	0.60	1.16	n.p.	n.p.	n.p.	0.80
Queensland	0.77	1.06	0.77	0.92	1.03	n.p.	n.p.	n.p.	0.77
Western Australia	1.67	1.13	0.77	0.78	1.11	n.p.	n.p.	n.p.	0.78
South Australia	1.47	1.21	0.93	0.97	0.86	n.p.	n.p.	n.p.	0.86
Tasmania	1.74	2.03	1.12	0.72	1.59	n.p.	n.p.	n.p.	0.91
Australian Capital Territory	1.28	1.02	0.79	1.07	0.89	n.p.	n.p.	n.p.	0.95
Northern Territory	1.29	0.96	1.13	1.11	1.78	n.p.	n.p.	n.p.	1.43
Other Australian territories ^(b)	0.96	2.51	0.48	1.18	0.00	n.p.	n.p.	n.p.	0.95
Not elsewhere classified ^(c)	2.37	1.11	1.04	0.97	0.57	n.p.	n.p.	n.p.	0.85
Not reported	0.00	0.00	1.37	0.00	1.08	n.p.	n.p.	n.p.	0.72
Total	0.83	0.81	0.78	0.78	0.87	n.p.	n.p.	n.p.	0.81

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

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

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

Note: Average cost weights have been calculated using AR-DRG version 5.1 public cost weights (2006–07) for the public sector and AR-DRG version 5.1 private cost weights (2006–07) for the private sector.

Table 7.10: Notional cost (\$'000) of separations^(a), by state or territory of usual residence, public patients, all hospitals, states and territories, 2007–08

State or territory of usual residence	State or territory of hospitalisation								Total
	NSW	Vic	Qld	WA	SA	Tas	ACT ^(b)	NT	
New South Wales	4,385,926	58,135	51,141	1,784	8,863	781	n.p.	1,037	n.p.
Victoria	20,155	3,915,747	7,251	1,826	11,333	895	n.p.	1,252	n.p.
Queensland	38,886	4,717	2,725,592	1,441	1,210	466	n.p.	1,330	n.p.
Western Australia	1,400	2,250	1,257	1,388,109	1,335	391	n.p.	3,996	n.p.
South Australia	2,581	9,011	1,975	703	1,202,585	326	n.p.	6,425	n.p.
Tasmania	1,064	10,907	1,097	212	533	307,677	n.p.	86	n.p.
Australian Capital Territory	10,797	580	479	43	120	19	n.p.	88	n.p.
Northern Territory	1,117	1,999	1,740	802	13,109	31	n.p.	203,203	n.p.
Other Australian territories ^(c)	n.p.	3,918	19	475	..	..	n.p.	..	n.p.
Not elsewhere classified ^(d)	n.p.	8,005	10,478	2,334	758	857	n.p.	696	n.p.
Not reported	..	..	3,294	..	2,009	..	n.p.	..	n.p.
Total	4,475,587	4,015,269	2,804,324	1,397,730	1,241,856	311,442	n.p.	218,113	n.p.

(a) Separations for which the patient election status was *Public* and for which the care type was reported as *Acute*, *Newborn* with at least one qualified day, or *Not reported* have been included. These data are based on the AR-DRG for each separation multiplied by the 2006–07 AR-DRG average public cost of \$3,722. These figures do not represent actual expenditure on these separations. These figures should also not be interpreted as an estimate of the total cost of public patients as they do not include estimates of costs for separations with non-acute care.

(b) ACT Health did not give permission for the release of these data because they do not reflect actual expenditure.

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

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

Table 7.11: Separations^(a), by care type and hospital sector, states and territories, 2007–08

Care type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,409,636	1,305,676	794,041	441,410	353,543	93,197	75,465	88,197	4,561,165
Rehabilitation care—not further specified	25,954	13,400	11,884	8,496	6,884	1,141	566	469	56,344
Rehabilitation care—delivered in a designated unit	..	..	..	..	..	..	197	..	12,450
Rehabilitation care—according to a designated program	..	..	2,231	..	..	..	1,486	..	2,428
Rehabilitation care—principal clinical intent	..	..	2,738	..	..	..	2,249	..	4,224
<i>Rehabilitation total</i>	25,954	13,400	16,853	8,496	6,884	1,141	2,249	469	75,446
Palliative care	8,273	5,128	4,266	1,392	1,388	268	572	311	21,598
Geriatric evaluation and management	1,806	11,017	537	617	201	24	540	71	14,813
Psychogeriatric care	1,007	2,016	500	656	259	29	21	6	4,494
Maintenance care	6,065	870	5,448	2,211	2,341	589	1,283	404	19,211
Newborn—qualified days only	9,894	10,989	7,033	3,004	2,792	1,022	885	786	36,405
Newborn—qualified and unqualified days ^(c)	4,092	2,076	2,804	416	922	..	110	..	10,420
Newborn—unqualified days only	63,340	42,411	34,763	18,603	11,300	2,911	2,960	2,555	178,843
<i>Newborn total</i>	77,326	55,476	44,600	22,023	15,014	3,933	3,955	3,341	225,668
Other admitted patient care	0	0	483	0	0	0	2	13	498
Not reported	10	0	0	0	0	0	0	1	11
Total	1,530,077	1,393,583	866,728	476,805	379,630	99,181	84,087	92,813	4,922,904
Private hospitals									
Acute care	783,374	777,176	748,685	319,665	235,971	n.p.	n.p.	n.p.	2,983,335
Rehabilitation care—not further specified	68,039	13,717	0	1,159	6,511	n.p.	n.p.	n.p.	90,378
Rehabilitation care—delivered in a designated unit	..	..	15,029	..	..	n.p.	n.p.	n.p.	15,029
Rehabilitation care—according to a designated program	..	..	7,305	..	..	n.p.	n.p.	n.p.	7,465
Rehabilitation care—principal clinical intent	..	..	2,702	..	..	n.p.	n.p.	n.p.	2,787
<i>Rehabilitation total</i>	68,039	13,717	25,036	1,159	6,511	n.p.	n.p.	n.p.	115,659
Palliative care	441	511	2,433	2,098	199	n.p.	n.p.	n.p.	5,766
Geriatric evaluation and management	0	0	51	0	35	n.p.	n.p.	n.p.	87
Psychogeriatric care	0	6,778	15	64	0	n.p.	n.p.	n.p.	6,857
Maintenance care	105	63	1,208	258	10	n.p.	n.p.	n.p.	1,699
Newborn—qualified days only	5,581	4,046	1,866	742	871	n.p.	n.p.	n.p.	13,597
Newborn—qualified and unqualified days ^(c)	380	0	817	1,432	0	n.p.	n.p.	n.p.	2,697
Newborn—unqualified days only	16,956	11	16,033	8,003	49	n.p.	n.p.	n.p.	45,133
<i>Newborn total</i>	22,917	4,057	18,716	10,177	920	n.p.	n.p.	n.p.	61,427
Other admitted patient care	0	0	188	0	0	n.p.	n.p.	n.p.	188
Not reported	..	..	..	..	..	n.p.	n.p.	n.p.	..
Total	874,876	802,302	796,332	333,421	243,646	n.p.	n.p.	n.p.	3,175,018

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

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

(c) Tasmania and the Northern Territory did not supply Newborn care according to the National health data dictionary definition and did not report any separations with both qualified and unqualified days.

Table 7.12: Patient days^(a), by care type and hospital sector, states and territories, 2007–08

Care type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	5,102,570	3,559,679	2,327,900	1,313,584	1,203,339	322,730	206,780	232,924	14,269,506
Rehabilitation care—not further specified	525,879	299,293	0	160,923	125,503	28,855	0	4,644	1,145,097
Rehabilitation care—delivered in a designated unit	..	..	134,742	..	..	..	9,526	..	144,268
Rehabilitation care—according to a designated program	..	..	75,995	..	..	..	5,830	..	81,825
Rehabilitation care—principal clinical intent	..	..	44,095	..	..	..	14,246	..	58,341
<i>Rehabilitation total</i>	525,879	299,293	254,832	160,923	125,503	28,855	29,602	4,644	1,429,531
Palliative care	103,239	76,206	39,312	13,058	18,676	3,523	7,095	3,281	264,390
Geriatric evaluation and management	16,591	297,287	8,113	5,713	2,031	231	6,801	1,581	338,348
Psychogeriatric care	64,763	62,651	11,698	31,725	40,771	50	467	149	212,274
Maintenance care	299,840	35,914	266,655	66,900	187,443	19,045	17,120	8,617	901,534
Newborn—qualified days only	101,648	109,225	76,277	36,244	34,113	10,289	8,852	9,334	385,982
Newborn—qualified and unqualified days (qualified days)	12,229	7,708	6,276	2,138	3,491	..	707	..	32,549
Newborn—qualified and unqualified days (unqualified days)	9,408	4,859	5,688	863	2,104	..	312	..	23,234
Newborn—unqualified days only	175,130	111,590	76,630	51,605	30,840	7,369	6,894	8,317	468,375
<i>Newborn total</i>	298,415	233,382	164,871	90,850	70,548	17,658	16,765	17,651	910,140
Other admitted patient care	0	0	1,758	0	0	0	5	28	1,791
Not reported	39	0	0	0	0	0	0	1	40
Total^(c)	6,226,798	4,447,963	2,992,821	1,630,285	1,615,367	384,723	277,429	260,559	17,835,945
Private hospitals									
Acute care	1,714,800	1,819,814	1,733,975	713,091	554,262	n.p.	n.p.	n.p.	6,815,995
Rehabilitation care—not further specified	308,566	200,183	0	26,261	51,219	n.p.	n.p.	n.p.	601,960
Rehabilitation care—delivered in a designated unit	..	..	104,769	..	..	n.p.	n.p.	n.p.	104,769
Rehabilitation care—according to a designated program	..	..	9,357	..	..	n.p.	n.p.	n.p.	12,017
Rehabilitation care—principal clinical intent	..	..	5,742	..	..	n.p.	n.p.	n.p.	6,564
<i>Rehabilitation total</i>	308,566	200,183	119,868	26,261	51,219	n.p.	n.p.	n.p.	725,310
Palliative care	4,843	6,116	31,393	22,015	2,906	n.p.	n.p.	n.p.	68,388
Geriatric evaluation and management	0	0	654	0	287	n.p.	n.p.	n.p.	942
Psychogeriatric care	0	34,374	55	2,651	0	n.p.	n.p.	n.p.	37,080
Maintenance care	1,569	8,133	40,223	9,362	184	n.p.	n.p.	n.p.	61,013
Newborn—qualified days only	28,449	22,711	21,129	5,685	5,122	n.p.	n.p.	n.p.	86,319
Newborn—qualified and unqualified days (qualified days)	4,204	0	2,059	3,722	0	n.p.	n.p.	n.p.	10,462
Newborn—qualified and unqualified days (unqualified days)	1,988	0	2,322	5,003	0	n.p.	n.p.	n.p.	9,993
Newborn—unqualified days only	73,487	19	63,553	38,061	188	n.p.	n.p.	n.p.	192,635
<i>Newborn total</i>	108,128	22,730	89,063	52,471	5,310	n.p.	n.p.	n.p.	299,409
Other admitted patient care	0	0	1,064	0	0	n.p.	n.p.	n.p.	1,064
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	..
Total^(c)	2,062,431	2,091,331	1,950,420	782,787	613,980	n.p.	n.p.	n.p.	7,806,573

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

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

(c) Excludes unqualified days for *Newborns*.

Table 7.13: Separations^(a) per 1,000 population^(b), by care type and hospital sector, states and territories, 2007–08

Care type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	195.2	239.6	186.8	207.1	208.0	178.4	237.4	472.4	209.4
Rehabilitation total	3.3	2.3	4.0	4.0	3.7	2.0	7.5	3.1	3.3
Palliative care	1.1	0.9	1.0	0.7	0.7	0.5	2.0	2.9	0.9
Geriatric evaluation and management	0.2	1.8	0.1	0.3	0.1	0.0	2.0	1.1	0.6
Psychogeriatric care	0.1	0.4	0.1	0.3	0.1	0.1	0.1	0.1	0.2
Maintenance care	0.8	0.1	1.3	1.1	1.1	1.0	4.1	3.9	0.8
Newborn—qualified days only	1.5	2.2	1.6	1.4	2.0	2.1	2.7	2.9	1.8
Newborn—qualified and unqualified days	0.6	0.4	0.7	0.2	0.7	0.0	0.3	0.0	0.5
Newborn—unqualified days only ^(c)	9.5	8.4	8.1	8.9	8.0	6.1	8.9	9.4	8.7
<i>Newborn total</i>	<i>11.6</i>	<i>11.0</i>	<i>10.4</i>	<i>10.5</i>	<i>10.7</i>	<i>8.3</i>	<i>11.9</i>	<i>12.3</i>	<i>11.0</i>
Other admitted patient care	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Total^(d)	202.8	247.8	195.7	215.1	216.4	184.0	256.1	486.4	217.6
Private hospitals									
Acute care	107.7	141.1	174.2	148.2	134.2	n.p.	n.p.	n.p.	135.2
Rehabilitation total	8.9	2.3	5.8	0.6	3.3	n.p.	n.p.	n.p.	5.1
Palliative care	0.1	0.1	0.6	1.0	0.1	n.p.	n.p.	n.p.	0.3
Geriatric evaluation and management	0.0	0.0	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.0
Psychogeriatric care	0.0	1.2	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.3
Maintenance care	0.0	0.0	0.3	0.1	0.0	n.p.	n.p.	n.p.	0.1
Newborn—qualified days only	0.8	0.8	0.4	0.4	0.6	n.p.	n.p.	n.p.	0.7
Newborn—qualified and unqualified days	0.1	0.0	0.2	0.7	0.0	n.p.	n.p.	n.p.	0.1
Newborn—unqualified days only ^(c)	2.5	0.0	3.7	3.8	0.0	n.p.	n.p.	n.p.	2.2
<i>Newborn total</i>	<i>3.4</i>	<i>0.8</i>	<i>4.4</i>	<i>4.9</i>	<i>0.7</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3.0</i>
Other admitted patient care	0.0	0.0	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.0
Total^(d)	117.6	145.5	181.5	150.9	138.3	n.p.	n.p.	n.p.	141.7

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

(b) Rates per 1,000 population were directly age-standardised as detailed in *Appendix 1*.

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

(d) Excludes unqualified days for *Newborns*, and includes *Not reported*.

Table 7.14: Patient days^(a) per 1,000 population^(b), by care type and hospital sector, states and territories, 2007–08

Care type	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	693.4	644.8	547.7	617.6	680.5	602.0	655.0	1344.7	647.9
Rehabilitation total	69.2	52.0	59.9	76.3	70.8	48.7	100.5	33.6	63.3
Palliative care	13.4	13.2	9.2	6.2	9.7	6.1	23.6	30.3	11.6
Geriatric evaluation and management	2.0	49.3	1.9	2.7	1.0	0.4	24.8	23.1	14.3
Psychogeriatric care	8.6	11.1	2.8	15.6	20.7	0.1	1.7	2.4	9.5
Maintenance care	38.0	5.9	62.1	31.8	88.3	31.4	57.2	87.6	38.8
Newborn—qualified days only	15.2	21.7	17.8	17.3	24.3	21.6	26.6	34.3	18.8
Newborn—qualified and unqualified days	1.8	1.5	1.5	1.0	2.5	0.0	2.1	0.0	1.6
Newborn—unqualified days only ^(c)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Newborn total</i>	17.1	23.2	19.3	18.3	26.8	21.6	28.7	34.3	20.3
Other admitted patient care	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.1	0.1
Total^(d)	841.7	799.6	703.3	768.5	897.6	710.3	891.6	1556.1	805.8
Private hospitals									
Acute care	232.5	325.1	404.0	333.8	304.3	n.p.	n.p.	n.p.	305.4
Rehabilitation total	39.1	34.3	28.0	12.6	25.0	n.p.	n.p.	n.p.	31.3
Palliative care	0.6	1.0	7.3	10.4	1.5	n.p.	n.p.	n.p.	3.0
Geriatric evaluation and management	0.0	0.0	0.2	0.0	0.1	n.p.	n.p.	n.p.	0.0
Psychogeriatric care	0.0	5.9	0.0	1.3	0.0	n.p.	n.p.	n.p.	1.6
Maintenance care	0.2	1.3	9.3	4.4	0.1	n.p.	n.p.	n.p.	2.5
Newborn—qualified days only	4.3	4.5	4.9	2.7	3.6	n.p.	n.p.	n.p.	4.2
Newborn—qualified and unqualified days	0.6	0.0	0.5	1.8	0.0	n.p.	n.p.	n.p.	0.5
Newborn—unqualified days only ^(c)	0.0	0.0	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.0
<i>Newborn total</i>	4.9	4.5	5.4	4.5	3.6	n.p.	n.p.	n.p.	4.7
Other admitted patient care	0.0	0.0	0.3	0.0	0.0	n.p.	n.p.	n.p.	0.0
Total^(d)	277.3	372.2	454.4	366.9	334.6	n.p.	n.p.	n.p.	348.6

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

(b) Rates per 1,000 population were directly age-standardised as detailed in *Appendix 1*.

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

(d) Excludes unqualified days for *Newborns*, and includes *Not reported*.

Table 7.15: Separations for non-acute care^(a), by patient election status, mode of separation and hospital sector, Australia, 2007–08

		Discharge/ transfer to acute hospital an(othr)	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(othr) psychiatric hospital	Discharge/ transfer to other health-care ^(c) accommodation	Statistical discharge— type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Public hospitals											
Rehabilitation	Public patients ^(f)	4,807	2,586	72	666	6,250	593	486	341	44,473	60,284
	Private patients	1,756	1,018	3	260	1,525	65	116	124	10,051	14,920
	<i>Total</i> ^(g)	6,597	3,634	75	957	7,811	658	602	469	54,631	75,446
Palliative	Public patients ^(f)	762	511	5	169	378	34	164	9,781	5,027	16,831
	Private patients	229	137	1	36	66	7	69	3,035	1,184	4,764
	<i>Total</i> ^(g)	991	648	6	205	444	41	233	12,818	6,212	21,598
Other non-acute ^(h)	Public patients ^(f)	3,010	7,889	168	1,077	3,878	167	178	1,181	12,614	30,162
	Private patients	886	2,431	20	443	987	32	23	453	3,057	8,332
	<i>Total</i> ^(g)	3,898	10,326	189	1,520	4,865	199	201	1,637	15,683	38,518
Total		11,486	14,608	270	2,682	13,120	898	1,036	14,924	76,526	135,562
Private hospitals											
Rehabilitation	Public patients ^(f)	56	48	0	2	109	0	2	11	344	572
	Private patients	2,216	832	3	165	1,534	104	63	135	110,035	115,087
	<i>Total</i> ^(g)	2,272	880	3	167	1,643	104	65	146	110,379	115,659
Palliative	Public patients ^(f)	418	45	0	6	28	3	4	1,202	727	2,433
	Private patients	87	51	0	13	20	3	0	1,675	1,484	3,333
	<i>Total</i> ^(g)	505	96	0	19	48	6	4	2,877	2,211	5,766
Other non-acute ^(h)	Public patients ^(f)	27	421	0	3	71	0	1	33	81	637
	Private patients	161	258	0	13	44	4	0	56	7,470	8,006
	<i>Total</i> ^(g)	188	679	0	16	115	4	1	89	7,551	8,643
Total		2,965	1,655	3	202	1,806	114	70	3,112	120,141	130,068

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

(b) Unless this is the usual place of residence (see text for exceptions).

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

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

(e) Includes separations for which the mode of separation was *Not reported*.

(f) Includes separations for which the patient election status was *Public* and funding source was as *Australian Health Care Agreements*, *Reciprocal Health Care Agreements*, *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*.

(g) Includes separations for which the patient election status was not reported.

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

Table 7.16: Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2007–08

Rehabilitation care	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health-care ^(c) accommodation	Statistical discharge- type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Males										
Under 14	4	0	0	0	12	0	3	0	131	150
15–24	113	12	3	16	101	27	37	0	1,693	2,003
25–34	126	11	39	10	122	91	32	3	2,638	3,073
35–44	211	8	5	15	118	72	22	1	4,045	4,497
45–54	341	24	3	28	326	56	36	7	6,466	7,289
55–64	589	90	3	41	476	64	35	9	13,111	14,418
65–74	777	222	2	61	851	63	56	39	17,609	19,682
75–84	1,376	658	1	148	1,523	63	76	141	18,989	22,975
85 and over	745	547	1	85	874	21	37	126	7,402	9,839
Total	4,282	1,572	57	404	4,403	457	334	326	72,084	83,926
Females										
Under 14	4	0	0	0	1	0	1	0	100	106
15–24	66	0	1	2	37	15	21	0	1,932	2,074
25–34	76	6	2	5	54	35	19	0	2,931	3,129
35–44	146	9	5	10	100	41	17	0	3,674	4,002
45–54	236	27	2	46	170	38	28	2	7,283	7,832
55–64	434	58	5	32	468	36	26	14	15,579	16,653
65–74	759	211	3	71	824	48	45	29	20,040	22,030
75–84	1,616	1,096	1	250	1,703	62	85	84	28,042	32,942
85 and over	1,250	1,535	2	304	1,694	29	91	160	13,345	18,410
Total	4,587	2,942	21	720	5,051	304	333	289	92,926	107,178
Persons ^(f)										
Under 14	8	0	0	0	13	0	4	0	231	256
15–24	179	12	4	18	138	42	58	0	3,625	4,077
25–34	202	17	41	15	176	126	51	3	5,569	6,202
35–44	357	17	10	25	218	113	39	1	7,719	8,499
45–54	577	51	5	74	496	94	64	9	13,749	15,121
55–64	1,023	148	8	73	944	100	61	23	28,690	31,071
65–74	1,536	433	5	132	1,675	111	101	68	37,649	41,712
75–84	2,992	1,754	2	398	3,226	125	161	225	47,031	55,917
85 and over	1,995	2,082	3	389	2,568	50	128	286	20,747	28,249
Total	8,869	4,514	78	1,124	9,454	762	667	615	165,010	191,105

(continued)

(continued)

Table 7.16 (continued): Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2007–08

Palliative care	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health-care ^(c) accommodation	Statistical discharge– type change	Left against			Died	Other ^(d)	Total ^(e)
						medical advice/ discharge at own risk	Statistical discharge from leave	discharge			
Males											
Under 14	0	0	0	0	1	0	0	0	2	36	39
15–24	3	0	0	0	2	0	0	0	23	25	53
25–34	5	0	0	0	0	0	0	2	40	29	76
35–44	24	1	0	1	12	1	2	10	157	136	343
45–54	49	4	0	11	30	3	3	19	543	436	1,095
55–64	214	29	0	16	49	11	11	29	1,396	992	2,736
65–74	180	67	1	48	66	3	3	39	2,280	1,282	3,966
75–84	265	164	1	38	81	8	2	29	2,961	1,356	4,903
85 and over	99	116	1	11	44	2	2	10	1,315	385	1,983
Total	839	381	3	125	285	29	138	237	8,717	4,677	15,194
Females											
Under 14	0	0	0	0	0	0	0	0	2	12	14
15–24	1	0	0	0	0	0	0	0	19	30	50
25–34	4	0	0	1	4	2	2	1	53	44	109
35–44	37	0	0	3	3	2	2	3	196	189	433
45–54	51	5	0	10	19	2	2	11	557	509	1,164
55–64	97	18	2	16	21	2	2	29	978	771	1,934
65–74	155	64	0	18	44	6	6	25	1,494	877	2,683
75–84	191	160	0	33	59	2	2	20	2,119	932	3,516
85 and over	121	116	1	18	57	2	2	10	1,560	382	2,267
Total	657	363	3	99	207	18	99	237	6,978	3,746	12,170
Persons ^(f)											
Under 14	0	0	0	0	1	0	0	0	4	48	53
15–24	4	0	0	0	2	0	0	0	42	55	103
25–34	9	0	0	1	4	2	2	3	93	73	185
35–44	61	1	0	4	15	4	4	13	353	325	776
45–54	100	9	0	21	49	5	5	30	1,100	945	2,259
55–64	311	47	2	32	70	13	13	58	2,374	1,763	4,670
65–74	335	131	1	66	110	9	9	64	3,774	2,159	6,649
75–84	456	324	1	71	140	10	10	49	5,080	2,288	8,419
85 and over	220	232	2	29	101	4	4	20	2,875	767	4,250
Total	1,496	744	6	224	492	47	237	15,695	8,423	27,364	27,364

(continued)

(continued)

Table 7.16 (continued): Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2007–08

Other non-acute care ^(g)	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health-care ^(c) accommodation	Statistical discharge- type change	Left against		Died	Other ^(d)	Total ^(e)
						medical advice/ discharge at own risk	Statistical discharge from leave			
Males										
Under 14	7	0	0	0	39	0	1	0	130	177
15–24	9	1	3	0	26	3	3	2	138	185
25–34	21	2	0	14	38	4	2	2	132	215
35–44	27	11	7	9	43	3	3	4	198	305
45–54	46	67	3	11	82	6	4	5	323	547
55–64	148	207	5	43	219	18	9	45	533	1,227
65–74	397	715	34	113	471	28	28	133	2,539	4,458
75–84	743	1,892	38	250	942	39	31	369	3,584	7,888
85 and over	460	1,523	16	208	530	18	10	345	1,543	4,653
Total	1,858	4,418	106	648	2,390	119	91	905	9,120	19,655
Females										
Under 14	8	0	0	0	13	0	1	0	85	107
15–24	4	0	0	3	20	0	0	0	142	169
25–34	10	2	2	1	45	3	1	2	186	252
35–44	13	5	2	3	48	7	5	2	263	348
45–54	52	51	0	5	70	7	4	7	265	461
55–64	96	145	4	29	128	4	8	17	474	905
65–74	400	635	35	81	423	15	36	83	3,788	5,496
75–84	902	2,464	30	339	937	36	35	272	5,501	10,516
85 and over	743	3,285	10	427	906	12	21	438	3,410	9,252
Total	2,228	6,587	83	888	2,590	84	111	821	14,114	27,506
Persons ^(f)										
Under 14	15	0	0	0	52	0	2	0	215	284
15–24	13	1	3	3	46	3	3	2	280	354
25–34	31	4	2	15	83	7	3	4	318	467
35–44	40	16	9	12	91	10	8	6	461	653
45–54	98	118	3	16	152	13	8	12	588	1,008
55–64	244	352	9	72	347	22	17	62	1,007	2,132
65–74	797	1,350	69	194	894	43	64	216	6,327	9,954
75–84	1,645	4,356	68	589	1,879	75	66	641	9,085	18,404
85 and over	1,203	4,808	26	635	1,436	30	31	783	4,953	13,905
Total	4,086	11,005	189	1,536	4,980	203	202	1,726	23,234	47,161

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

(b) Unless this is the usual place of residence (see text for exceptions).

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

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

(e) Includes separations for which the mode of separation was *Not reported*.

(f) The total includes separations for which the sex/age of the person was not reported.

(g) Includes separations where the care type was reported as *Psychogeriatric care*, *Geriatric evaluation and management* or *Maintenance care*.

Table 7.17: Separations^(a), by mode of admission and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Admitted patient transferred from another hospital	85,629	59,736	27,911	31,103	16,853	3,100	2,681	278	227,291
Statistical admission: type change	19,491	9,137	14,834	9,137	3,907	1,634	4,250	1,125	63,515
Other ^(b)	1,345,239	1,281,895	789,220	417,962	345,634	82,096	74,196	88,855	4,425,097
Not reported	16,378	404	0	0	1,936	9,440	0	0	28,158
Total	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061
Private hospitals									
Admitted patient transferred from another hospital	32,150	27,080	17,486	6,176	5,689	n.p.	n.p.	n.p.	92,675
Statistical admission: type change	2,646	1,852	4,169	778	212	n.p.	n.p.	n.p.	20,715
Other ^(b)	822,934	773,359	758,644	318,464	237,501	n.p.	n.p.	n.p.	3,015,341
Not reported	190	0	0	0	195	n.p.	n.p.	n.p.	1,154
Total	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885
All hospitals									
Admitted patient transferred from another hospital	117,779	86,816	45,397	37,279	22,542	n.p.	n.p.	n.p.	319,966
Statistical admission: type change	22,137	10,989	19,003	9,915	4,119	n.p.	n.p.	n.p.	84,230
Other ^(b)	2,168,173	2,055,254	1,547,864	736,426	583,135	n.p.	n.p.	n.p.	7,440,438
Not reported	16,568	404	0	0	2,131	n.p.	n.p.	n.p.	29,312
Total	2,324,657	2,153,463	1,612,264	783,620	611,927	n.p.	n.p.	n.p.	7,873,946

(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) Other refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Table 7.18: Separations^(a), by mode of separation and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an(other) acute hospital	100,073	87,113	45,869	20,367	21,515	3,645	3,104	2,543	284,229
Discharge/transfer to residential aged care service ^(b)	17,481	18,074	4,351	5,330	7,611	1,060	1,367	259	55,533
Discharge/transfer to an(other) psychiatric hospital	2,965	1,064	195	923	1,240	0	32	7	6,426
Discharge/transfer to other health-care accommodation ^(c)	4,289	1,954	2,079	979	597	1,258	290	1,801	13,247
Statistical discharge: type change	19,259	9,437	14,757	9,643	3,936	1,708	4,346	1,001	64,087
Left against medical advice/discharge at own risk	16,522	5,189	7,181	3,597	2,726	357	283	2,577	38,432
Statistical discharge from leave	4,161	3	699	1,339	193	6	0	0	6,401
Died	23,473	15,808	9,083	4,083	5,024	1,395	907	498	60,271
Other ^(d)	1,278,476	1,212,530	747,751	411,941	325,460	86,841	70,798	81,572	4,215,369
Not reported	38	0	0	0	28	0	0	0	66
Total	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061
Private hospitals									
Discharge/transfer to an(other) acute hospital	16,936	15,962	10,913	2,710	5,190	n.p.	n.p.	n.p.	52,823
Discharge/transfer to residential aged care service ^(b)	1,276	2,630	1,357	947	1,224	n.p.	n.p.	n.p.	7,758
Discharge/transfer to an(other) psychiatric hospital	39	28	37	42	20	n.p.	n.p.	n.p.	170
Discharge/transfer to other health-care accommodation ^(c)	573	0	722	4	99	n.p.	n.p.	n.p.	2,017
Statistical discharge: type change	2,585	2,155	4,074	815	234	n.p.	n.p.	n.p.	10,295
Left against medical advice/discharge at own risk	735	518	338	130	44	n.p.	n.p.	n.p.	1,779
Statistical discharge from leave	7	0	129	28	0	n.p.	n.p.	n.p.	165
Died	2,182	3,181	5,067	1,900	1,198	n.p.	n.p.	n.p.	14,094
Other ^(d)	833,587	777,817	757,662	318,842	235,547	n.p.	n.p.	n.p.	3,040,743
Not reported	0	0	0	0	41	n.p.	n.p.	n.p.	41
Total	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885

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

(b) Unless this is the usual place of residence (see text for exceptions).

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

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

Table 7.19: Separations^(a), by inter-hospital contracted patient status and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Inter-hospital contracted patient from public sector	752	7	0	7,063	2,112	0	0	1,060	10,994
Inter-hospital contracted patient from private sector	3,626	50	0	0	0	0	0	58	3,734
Not inter-hospital contracted patient	1,458,778	1,350,711	831,965	451,139	366,218	96,270	18,600	89,140	4,662,821
Not reported	3,581	404	0	0	0	0	62,527	0	66,512
<i>Total</i>	<i>1,466,737</i>	<i>1,351,172</i>	<i>831,965</i>	<i>458,202</i>	<i>368,330</i>	<i>96,270</i>	<i>81,127</i>	<i>90,258</i>	<i>4,744,061</i>
Private hospitals									
Inter-hospital contracted patient from public sector	3,921	1,057	6,076	17,222	2,767	n.p.	n.p.	n.p.	33,489
Inter-hospital contracted patient from private sector	0	1	2,652	1	0	n.p.	n.p.	n.p.	2,654
Not inter-hospital contracted patient	853,999	801,231	771,542	308,195	240,830	n.p.	n.p.	n.p.	3,081,177
Not reported	0	2	29	0	0	n.p.	n.p.	n.p.	12,565
<i>Total</i>	<i>857,920</i>	<i>802,291</i>	<i>780,299</i>	<i>325,418</i>	<i>243,597</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,129,885</i>
All hospitals									
Inter-hospital contracted patient from public sector	4,673	1,064	6,076	24,285	4,879	n.p.	n.p.	n.p.	44,483
Inter-hospital contracted patient from private sector	3,626	51	2,652	1	0	n.p.	n.p.	n.p.	6,388
Not inter-hospital contracted patient	2,312,777	2,151,942	1,603,507	759,334	607,048	n.p.	n.p.	n.p.	7,743,998
Not reported	3,581	406	29	0	0	n.p.	n.p.	n.p.	79,077
Total separations	2,324,657	2,153,463	1,612,264	783,620	611,927	n.p.	n.p.	n.p.	7,873,946

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

Table 7.20: Overnight separations^(a), by urgency of admission and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Emergency	530,000	338,912	268,534	144,429	137,940	29,380	22,934	23,740	1,495,869
Surgical ^(b)	66,401	48,578	33,488	23,112	17,674	4,993	4,844	3,509	202,599
Other ^(b)	463,599	290,334	235,046	121,317	120,266	24,387	18,090	20,231	1,293,270
Elective	145,086	171,038	89,502	54,275	47,354	9,101	7,847	2,546	526,749
Surgical ^(b)	93,388	84,641	59,157	31,908	29,278	5,281	5,400	1,973	311,026
Other ^(b)	51,698	86,397	30,345	22,367	18,076	3,820	2,447	573	215,723
Not assigned	152,399	73,741	66,158	24,058	19,221	7,270	6,560	7,990	357,397
Not reported	35	403	0	0	0	7	0	0	445
Total	827,520	584,094	424,194	222,762	204,515	45,758	37,341	34,276	2,380,460
Private hospitals									
Emergency	19,440	36,496	61,534	14,730	23,829	n.p.	n.p.	n.p.	160,942
Surgical ^(b)	3,796	6,293	9,182	3,194	5,078	n.p.	n.p.	n.p.	28,313
Other ^(b)	15,644	30,203	52,352	11,536	18,751	n.p.	n.p.	n.p.	132,629
Elective	218,751	223,308	175,102	91,787	66,327	n.p.	n.p.	n.p.	810,594
Surgical ^(b)	141,491	122,591	107,270	63,580	43,736	n.p.	n.p.	n.p.	501,036
Other ^(b)	77,260	100,717	67,832	28,207	22,591	n.p.	n.p.	n.p.	309,558
Not assigned	31,118	21,734	20,779	8,560	2,162	n.p.	n.p.	n.p.	87,969
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	5,279
Total	269,309	281,538	257,415	115,077	92,318	n.p.	n.p.	n.p.	1,064,784
All hospitals									
Emergency	549,440	375,408	330,068	159,159	161,769	n.p.	n.p.	n.p.	1,656,811
Surgical ^(b)	70,197	54,871	42,670	26,306	22,752	n.p.	n.p.	n.p.	230,912
Other ^(b)	479,243	320,537	287,398	132,853	139,017	n.p.	n.p.	n.p.	1,425,899
Elective	363,837	394,346	264,604	146,062	113,681	n.p.	n.p.	n.p.	1,337,343
Surgical ^(b)	234,879	207,232	166,427	95,488	73,014	n.p.	n.p.	n.p.	812,062
Other ^(b)	128,958	187,114	98,177	50,574	40,667	n.p.	n.p.	n.p.	525,281
Not assigned	183,517	95,475	86,937	32,618	21,383	n.p.	n.p.	n.p.	445,366
Not reported	35	403	0	0	0	n.p.	n.p.	n.p.	5,724
Total separations	1,096,829	865,632	681,609	337,839	296,833	n.p.	n.p.	n.p.	3,445,244

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

(b) Separations have been categorised as *Surgical* or *Other* based on the AR-DRG classification recorded for the separation. *Other* includes AR-DRGs in the *Medical* and *Other* partitions.

Table 7.21: Same-day separations^(a), by urgency of admission and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Emergency	132,887	156,126	100,403	32,504	29,789	11,427	8,453	5,893	477,482
Surgical ^(b)	7,526	5,827	2,549	1,886	1,220	475	374	120	19,977
Other ^(b)	125,361	150,299	97,854	30,618	28,569	10,952	8,079	5,773	457,505
Elective	481,631	596,907	122,609	101,830	74,223	21,816	12,756	23,134	1,434,906
Surgical ^(b)	94,959	102,343	49,958	31,942	33,506	5,736	4,503	3,416	326,363
Other ^(b)	386,672	494,564	72,651	69,888	40,717	16,080	8,253	19,718	1,108,543
Not assigned	24,687	14,044	184,759	101,105	59,803	17,268	22,577	26,955	451,198
Not reported	12	1	0	1	0	1	0	0	15
Total	639,217	767,078	407,771	235,440	163,815	50,512	43,786	55,982	2,363,601
Private hospitals									
Emergency	1,128	2,507	3,268	1,175	5,387	n.p.	n.p.	n.p.	18,091
Surgical ^(b)	270	273	553	121	1,768	n.p.	n.p.	n.p.	5,861
Other ^(b)	858	2,234	2,715	1,054	3,619	n.p.	n.p.	n.p.	12,230
Elective	564,519	517,013	381,948	150,980	112,063	n.p.	n.p.	n.p.	1,781,524
Surgical ^(b)	210,579	157,359	154,727	58,069	51,851	n.p.	n.p.	n.p.	656,466
Other ^(b)	353,940	359,654	227,221	92,911	60,212	n.p.	n.p.	n.p.	1,125,058
Not assigned	22,964	1,233	137,668	58,186	33,829	n.p.	n.p.	n.p.	256,571
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	8,915
Total	588,611	520,753	522,884	210,341	151,279	n.p.	n.p.	n.p.	2,065,101
All hospitals									
Emergency	134,015	158,633	103,671	33,679	35,176	n.p.	n.p.	n.p.	495,573
Surgical ^(b)	7,796	6,100	3,102	2,007	2,988	n.p.	n.p.	n.p.	25,838
Other ^(b)	126,219	152,533	100,569	31,672	32,188	n.p.	n.p.	n.p.	469,735
Elective	1,046,150	1,113,920	504,557	252,810	186,286	n.p.	n.p.	n.p.	3,216,430
Surgical ^(b)	305,538	259,702	204,685	90,011	85,357	n.p.	n.p.	n.p.	982,829
Other ^(b)	740,612	854,218	299,872	162,799	100,929	n.p.	n.p.	n.p.	2,233,601
Not assigned	47,651	15,277	322,427	159,291	93,632	n.p.	n.p.	n.p.	707,769
Not reported	12	1	0	1	0	n.p.	n.p.	n.p.	8,930
Total separations	1,227,828	1,287,831	930,655	445,781	315,094	n.p.	n.p.	n.p.	4,428,702

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

(b) Separations have been categorised as *Surgical* or *Other* based on the AR-DRG classification recorded for the separation. *Other* includes AR-DRGs in the *Medical* and *Other* partitions.

Table 7.22: Separations^(a) with hospital-in-the-home care, by hospital sector, states and territories, 2007-08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Separations									
Same-day	n.a.	9,177	181	43	191	n.a.	0	2	9,594
Overnight	n.a.	29,271	1,862	6,041	6,228	n.a.	974	559	44,935
Hospital-in-the-home days	n.a.	191,436	18,086	70,395	53,855	n.a.	9,721	5,239	348,732
<i>Total patient days</i>	<i>n.a.</i>	<i>295,148</i>	<i>23,056</i>	<i>97,152</i>	<i>80,121</i>	<i>n.a.</i>	<i>14,151</i>	<i>7,739</i>	<i>517,367</i>
Private hospitals									
Separations									
Same-day	n.a.	1,032	1,738	2	2,396	n.a.	n.p.	n.p.	n.p.
Overnight	n.a.	2,528	152	78	32	n.a.	n.p.	n.p.	n.p.
Hospital-in-the-home days	n.a.	44,221	3,060	757	2,618	n.a.	n.p.	n.p.	n.p.
<i>Total patient days</i>	<i>n.a.</i>	<i>50,948</i>	<i>3,060</i>	<i>1,291</i>	<i>2,618</i>	<i>n.a.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
All hospitals									
Separations									
Same-day	n.a.	10,209	1,919	45	2,587	n.a.	n.p.	n.p.	n.p.
Overnight	n.a.	31,799	2,014	6,119	6,260	n.a.	n.p.	n.p.	n.p.
Hospital-in-the-home days	n.a.	235,657	21,146	71,152	56,473	n.a.	n.p.	n.p.	n.p.
Total patient days	n.a.	346,096	26,116	98,443	82,739	n.a.	n.p.	n.p.	n.p.

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

8 Demographic profile for admitted patients

Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 2007–08. Included is information on patients' sex, age, Indigenous status and country of birth, together with information on the state, remoteness and socioeconomic advantage/disadvantage of their area of usual residence.

The age-standardised rates in this chapter were derived using 30 June 2007 population estimates for Indigenous peoples and other Australians (tables 8.7 and 8.8), remoteness areas (Table 8.12) and quintiles of socioeconomic advantage/disadvantage (Table 8.13) because 31 December (mid-year) population estimates were not available for these population groups. There will thus be small discrepancies between the age-standardised separation rates reported in these tables and the rates reported for state or territory of usual residence (Table 8.11) and those reported in *chapters 2, 4 and 7* which were based on 31 December 2007 estimates (see *Appendix 1*).

Age group and sex

Data on the sex of each patient were reported to the National Hospital Morbidity Database as male, female, indeterminate or not stated/inadequately described. The AIHW calculated the age of the patient by subtracting the date of birth from the date of admission. The 142 separations for patients who were not reported as male or female and the 9 separations for which age was not reported are included in the totals of tables in this chapter.

Changes from 2003–04 to 2007–08

The increase in public hospital separations (12.9%) from 2003–04 to 2007–08 was more attributable to males (14.9%) than to females (11.1%) and to older patients, particularly those aged 55 years and over (Table 8.1).

In public hospitals:

- Separations increased by 20.6% for patients aged 75–84 years and by 28.8% for those aged 85 years and over, but decreased by 2.1% for children aged 1–4 years.
- Patient days increased by 11.3% for males and by 6.2% for females (Table 8.4).
- Patient days decreased for patients aged 1–4 years.

The larger increase in separations (18.5%) in private hospitals from 2003–04 to 2007–08 were attributable more to males (19.5%) than to females (17.8%) and were most heavily influenced by separation counts recorded for age groups 55 years and above (Table 8.1). Patient days increased by a similar proportion (9.0%) for both males and females (Table 8.4).

Private hospital separations and patient days increased for all age groups:

- The increases in separations were most pronounced for patients aged 55 years and over, particularly for those aged 55–64 years (an increase of 31.5%) and the 85 and over group (48.1%).
- The increase for the 85 and over group was strongly driven by a 64.1% increase in male hospital separations for this age group.
- Private hospital patient days were down for patients aged 5–14 (4.0%) and 75–84 (2.6%).
- The increases in private hospital patient days were also most pronounced for patients aged 55–64 years (21.0%) and 85 and over (25.6%)(Table 8.4).

Sex and age profiles in 2007–08

Nationally, separations per 1,000 population were higher for females than for males in all age groups from 15–54 years in 2007–08 (Figure 6 in *Hospitals at a glance*) (tables 8.2 and 8.3):

- Females outnumbered males in separations from public hospitals (2.4 million separations, 51.3% of total) and from private hospitals (1.7 million separations, 54.9% of total) in 2007–08.
- There were more public hospital separations for females than males in all age groups in the 15–44 years range, and in all age groups from 15–54 years in private hospitals. These age groups include the child-bearing ages for women.
- In the 85 years and over age group, there were more separations for females than males for both public and private hospitals.

Females also accounted for more patient days than did males (tables 8.5 and 8.6):

- In public hospitals, they accounted for 51.2% (9.1 million) of patient days, and for more patient days than males in the age range from 15–44 years and 75 years and over.
- In private hospitals, females accounted for 57.9% (4.5 million) of patient days, and for more patient days than males in age groups in the 15–64 years range and 75 years and over.

Persons aged 55 years and over accounted for a large proportion of admitted patient activity across the combined sectors in 2007–08 (tables 8.2, 8.3, 8.5 and 8.6):

- They accounted for 24.3% of the estimated resident population at 31 December 2007 and contributed 52.4% of separations (over 4.1 million) and 60.9% of patient days (over 15.6 million).
- Persons over 64 years of age also had more separations per 1,000 population than any other age. Persons aged 65 years and over had higher average lengths of stay than any age group other than children under 1 year old (figures 6 and 8 in *Hospitals at a glance*).

Indigenous status

Tables 8.7, 8.8 and 8.9 contain summary statistics on separations by Indigenous status as supplied by states and territories as defined in the *National health data dictionary* definition (HDSC 2006). Information by Indigenous status is also provided in *chapters 5, 9 and 10*.

Quality of Indigenous status data

Overall, the quality of the data provided for Indigenous status in 2007–08 is considered to be in need of some improvement, being considered acceptable for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. Data on Indigenous status in this chapter should therefore be interpreted with some caution. For more information and state and territory comments on the quality of Indigenous data see *Appendix 1*.

The AIHW report *Improving the quality of Indigenous identification in hospital separations data* (AIHW 2005c) recommended that when using Indigenous status information for analytical purposes, the data for only Queensland, Western Australia, South Australia, and for public hospitals in the Northern Territory, should be used. In 2007 and 2008, audits were performed to assess the level of identification of Indigenous patients in all states and territories. The results of the audit confirmed the inclusion of data for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory, and also concluded that the level of identification of Indigenous patients in New South Wales and Victoria had improved to the point where data from these two states could now be included in these analyses. The AIHW will publish details of the audits in 2009, including the methodology and results for all states and territories.

Tables 8.7 and 8.8 include an additional column which provides subtotals and separation rates for the six jurisdictions with data of sufficient quality (as above). Table 8.9 and Figure 8.1 include data from these six jurisdictions only. Data for the Northern Territory in these analyses are for public hospitals only. Note that data for the six jurisdictions are not necessarily representative of all states and territories.

The 2005 report also recommended that data for all jurisdictions be shown to provide information on the number of overnight and total separations for Indigenous patients and for monitoring data quality. Hence, data for public hospitals in Tasmania and the Australian Capital Territory are included in tables 8.7 and 8.8, although separation rates are not published for those jurisdictions.

For the six jurisdictions, age-standardised separation rates per 1,000 population are presented for the three Indigenous categories in aggregate and for *Other Australians* (including those whose status was *Not reported*).

Also presented are rate ratios for the age-standardised separation rates for persons identified as *Indigenous* compared with those for *Other Australians*. A rate ratio greater than 1.0 indicates a higher separation rate for *Indigenous* persons than for *Other Australians*.

States and territories

For 2007–08, there were 276,000 separations for patients reported as *Indigenous* (Table 8.7). About 98% of these separations were reported for the six jurisdictions with data of sufficient quality:

- The six-jurisdictions-only data show that 92.2% of separations for *Indigenous* persons were reported as *Aboriginal but not Torres Strait Islander origin*, 4.7% were reported as *Torres Strait Islander but not Aboriginal origin* and 3.1% were reported as *Aboriginal and Torres Strait Islander origin*.
- Nearly 93% of separations of *Indigenous* persons in 2007–08 were from the public sector (252,000), whereas 59.1% of separations for *Other Australians* were from the public sector.

For the six jurisdictions combined, there were 915.8 separations per 1,000 population for *Indigenous* persons reported in 2007–08 (Table 8.7):

- This was 2.6 times the separation rate for *Other Australians* (356.8).
- About four-fifths of the difference between these rates was attributable to higher separation rates for *Indigenous* persons with a principal diagnosis of *Care involving dialysis* (Z49) or with a procedure of *Haemodialysis* (Block 1060) (see tables 9.22 and 10.20).
- The Northern Territory reported the largest number of separations of *Indigenous* persons per 1,000 Indigenous population (1,670.7), followed by Western Australia (1,184.7).
- The Northern Territory also reported the largest rate ratio for separations (7.3), indicating that the separation rate for *Indigenous* persons was 7.3 times the rate for *Other Australians*.

For the six jurisdictions, 40.9% of separations for patients reported as *Indigenous* in 2007–08 were for overnight stays (111,000) (Table 8.8), and 1.9% of overnight separations of *Indigenous* persons were from the private sector (2,100):

- There were 312.5 overnight separations of *Indigenous* persons reported per 1,000 Indigenous population. This was twice the rate for *Other Australians* (157.2).
- The Northern Territory reported the highest rate of overnight separations for *Indigenous* persons per 1,000 Indigenous population (368.0) along with the highest separation rate ratio for overnight separations (2.9).

Age group and sex

Table 8.9 contains separation data for the six jurisdictions by Indigenous status, age group and sex in 2007–08:

- The proportion of separations for *Indigenous* females (56.0%) was higher than that for *Other Australian* females (52.6%).
- A higher proportion of separations reported for *Indigenous* persons in 2007–08 were for those aged 64 years and under, compared with separations for *Other Australians*.
- Only 11.5% of separations for *Indigenous* persons were reported among those aged 65 years and over, compared with 37.4% of separations for *Other Australians*.

Age-specific separation rates per 1,000 population for *Indigenous* males and females are compared in Figure 8.1 with those for other males and females:

- The rates for *Indigenous* males and females were higher than those for other males and females across all age groups.
- Separation rates for *Indigenous* persons in older age groups are subject to variability because of the relatively small populations in these age groups.

Country of birth

In 2007–08, all states and territories supplied country of birth details coded to the Australian Bureau of Statistics' Standard Australian Classification of Countries (SACC) as specified in the *National health data dictionary, version 12 supplement* (AIHW 2004b).

Australian-born patients accounted for 72.9% (5.7 million) of total separations, 71.3% in the public sector and 75.5% in the private sector (Table 8.10).

Country of birth groups differed markedly in the proportion of their total separations within the public sector:

- Some 58.9% of separations of Australian-born patients were in the public sector, as were over 75% of separations for patients born in Fiji, Samoa, Croatia, Greece, Lebanon, Philippines and Vietnam.
- Fewer than 50% of separations for patients born in Hong Kong and Macau, the United States of America and South Africa were in the public sector.

Area of usual residence

The *National health data dictionary* specifies that data on the usual residence of patients should be provided as the state or territory and the statistical local area (SLA) of usual residence. Patients' SLAs have been assigned to remoteness areas to enable reporting of hospital separations by remoteness area of usual residence. Changes in the underlying calculations affecting the determination of remoteness areas mean that comparisons involving remoteness over time need to be made with caution. Details of the data provided by states and territories and the mapping process conducted by the AIHW to assign 2007 SLA codes and remoteness area categories to separation records can be found in *Appendix 1*.

Patients' SLAs have also been assigned to categories of the Index of Advantage/Disadvantage, one of a set of Socio-Economic Indexes for Areas 2006 (termed 'SEIFA 2006') constructed by the ABS based on data from the 2006 population census (ABS 2008a). SEIFA 2006 is discussed in more detail in *Appendix 1*.

Tables 8.11, 8.12 and 8.13 present selected separation statistics by hospital sector and same-day status for each state or territory of usual residence, remoteness area of usual residence and quintile of socioeconomic advantage/disadvantage, respectively. The age-standardised separation rates presented in these tables take into account the different age structures of the populations of the states and territories, remoteness areas and quintiles of socioeconomic advantage/disadvantage.

State or territory of usual residence

Table 8.11 presents the number of separations, the separation rate per 1,000 population, the standardised separation rate ratio (SRR) and the 95% confidence interval of the SRR for each state and territory of usual residence. The SRR is the separation rate for the population of interest divided by the separation rate for Australia as a whole. *Appendix 1* provides more information on the SRR:

- Residents of the Northern Territory had the highest separation rate for public hospitals, 461.3 per 1,000 population.
- The SRR for residents of the Northern Territory in public hospitals was 2.13, that is, persons usually resident in the Northern Territory had a total separation rate in public hospitals that was 113% higher than the national rate.
- Among those jurisdictions for which information was published, residents of Queensland had the highest separation rate for private hospitals, 175.6 per 1,000 population.
- Residents of the Northern Territory had the highest overnight separation rate, 185.9 per 1,000 population.

Remoteness areas

Table 8.12 presents the number of separations, the separation rate, the SRR and the 95% confidence interval of the SRR for each remoteness area:

- Persons usually resident in *Very remote* areas had 540.2 separations per 1,000 population, compared with 361.1 separations per 1,000 population nationwide.
- The SRR of 1.50 for persons usually resident in *Very remote* areas indicates that their separation rate was 50% higher than the national separation rate. The 95% confidence interval applying to this SRR indicates that the difference in the separation rates was statistically significant.
- The separation rate for public hospitals was also highest for usual residents of *Very remote* areas (483.6 separations per 1,000 population), and the separation rate for private hospitals was highest for usual residents of *Major cities* (158.3 separations per 1,000 population) and lowest for *Very remote* areas (56.6 separations per 1,000 population).

Socioeconomic advantage/disadvantage

The Index of Advantage/Disadvantage (from SEIFA 2006) used in this report is categorised into quintiles containing approximately 20% of the total Australian population. Table 8.13 presents for each quintile the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR.

Each quintile accounted for between 18.8% and 21.4% of total hospital separations. However, SRRs were statistically different among the quintiles, ranging from 1.06 for the *Most disadvantaged* to 0.98 for the *Most advantaged*.

Use of the public and private hospital sectors was also not evenly spread across the quintiles. The *Most disadvantaged* quintile accounted for 26.4% of separations from public hospitals and 13.8% of separations from private hospitals. In contrast, the *Most advantaged* quintile accounted for 13.0% of separations from public hospitals and 29.3% of separations from private hospitals. Reflecting this, the SRRs for separations from public hospitals decreased progressively from 1.31 for the *Most disadvantaged* quintile to 0.65 for the *Most advantaged* quintile. For private hospitals, the SRRs increased progressively from 0.68 for the *Most disadvantaged* quintile to 1.47 for the *Most advantaged* quintile.

The 95% confidence intervals applying to these SRRs indicate that the differences in separation rates from the national rate were statistically significant in all cases.

These relationships are evident in the proportion of public hospital patients within the separations of each quintile. Public hospital patients accounted for 74.5% of separations in the *Most disadvantaged* quintile and 40.3% of separations in the *Most advantaged* quintile.

The SRRs for same-day separations and overnight separations were also unevenly spread across the quintiles. In particular, the SRRs for overnight separations ranged between 1.13 for the *Most disadvantaged* quintile and 0.87 for the *Most advantaged* quintile.

Additional data

Accompanying tables on the Internet at <www.aihw.gov.au> provide information on separations and patient days by 5-year age group, sex, hospital sector and state/territory.

Table 8.1: Separations^(a), by age group, sex and hospital sector, Australia, 2003–04 to 2007–08

Sex	Age group	Public hospitals										Private hospitals				Change 2003–04 to 2007–08 (per cent)
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	Change 2003–04 to 2007–08 (per cent)	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	Change 2003–04 to 2007–08 (per cent)			
Males	Under 1	68,181	63,576	66,427	68,782	70,337	3.2	14,546	14,147	13,732	14,254	16,402	12.8			
	1–4	83,513	79,184	79,490	79,530	81,985	–1.8	18,469	18,777	18,239	18,003	20,354	10.2			
	5–14	103,365	102,632	104,201	105,436	106,129	2.7	27,490	27,249	27,423	26,502	28,315	3.0			
	15–24	123,883	125,517	132,231	135,928	137,072	10.6	61,253	62,871	65,118	65,410	67,539	10.3			
	25–34	160,570	161,690	161,561	160,425	157,729	–1.8	70,142	70,551	70,775	70,639	72,916	4.0			
	35–44	197,798	202,215	210,167	218,048	219,746	11.1	114,299	116,798	118,227	118,177	121,626	6.4			
	45–54	243,517	247,860	264,058	276,744	283,803	16.5	172,517	175,977	177,177	181,562	190,298	10.3			
	55–64	300,081	314,858	334,406	356,235	365,445	21.8	231,790	249,529	266,680	281,310	303,529	30.9			
	65–74	358,241	365,658	380,032	401,573	406,374	13.4	212,264	222,816	236,289	248,024	277,534	30.7			
	75–84	298,531	318,299	339,456	362,105	380,903	27.6	212,448	222,460	225,822	229,131	236,588	11.4			
	85 and over	74,792	78,855	86,881	94,596	102,655	37.3	47,001	51,208	59,849	69,096	77,144	64.1			
	Total ^(b)	2,012,473	2,060,353	2,158,917	2,259,407	2,312,178	14.9	1,182,219	1,232,383	1,279,331	1,322,108	1,412,245	19.5			
Females	Under 1	50,915	47,708	50,547	51,473	52,770	3.6	9,258	8,549	8,617	9,208	10,720	15.8			
	1–4	59,733	56,511	57,760	57,430	58,290	–2.4	12,058	11,902	11,767	11,513	12,808	6.2			
	5–14	73,408	74,422	75,277	76,854	76,455	4.2	23,379	23,384	23,498	22,709	24,226	3.6			
	15–24	208,857	212,048	218,744	224,352	223,329	6.9	97,019	98,920	103,046	105,216	109,474	12.8			
	25–34	342,996	345,143	357,690	360,874	354,595	3.4	194,978	195,885	196,946	196,449	203,141	4.2			
	35–44	248,933	255,842	266,199	280,725	286,155	15.0	207,170	218,718	225,395	232,398	243,302	17.4			
	45–54	235,139	239,259	247,949	257,045	262,920	11.8	225,615	230,407	234,971	243,382	253,464	12.3			
	55–64	252,550	254,879	269,403	290,579	295,700	17.1	228,225	240,426	259,411	276,141	301,348	32.0			
	65–74	294,868	298,652	306,785	323,299	331,203	12.3	197,423	206,536	214,537	225,418	244,796	24.0			
	75–84	291,386	299,848	314,400	327,023	330,363	13.4	201,097	210,725	217,958	221,080	229,594	14.2			
	85 and over	129,222	131,679	142,336	151,781	160,069	23.9	62,226	64,582	70,406	75,975	84,658	36.0			
	Total ^(b)	2,188,007	2,215,998	2,307,093	2,401,439	2,431,850	11.1	1,458,449	1,510,034	1,566,552	1,619,489	1,717,531	17.8			
Persons ^(b)	Under 1	119,100	111,287	116,978	120,260	123,112	3.4	23,831	22,700	22,360	23,468	27,137	13.9			
	1–4	143,246	135,696	137,252	136,960	140,275	–2.1	30,530	30,679	30,006	29,516	33,164	8.6			
	5–14	176,775	177,056	179,478	182,292	182,584	3.3	50,873	50,633	50,922	49,212	52,546	3.3			
	15–24	332,741	337,566	350,976	360,281	360,404	8.3	158,273	161,791	168,170	170,635	177,043	11.9			
	25–34	503,568	506,836	519,258	521,305	512,331	1.7	265,121	266,436	267,721	267,098	276,076	4.1			
	35–44	446,743	458,062	476,366	499,137	505,906	13.2	321,469	335,517	343,624	350,579	364,938	13.5			
	45–54	478,657	487,124	512,012	533,792	546,724	14.2	398,133	406,384	412,149	424,948	443,768	11.5			
	55–64	552,635	569,746	603,812	646,814	661,148	19.6	460,015	489,956	526,092	557,452	604,886	31.5			
	65–74	653,112	664,323	686,819	724,873	737,577	12.9	409,689	429,352	450,828	473,443	522,336	27.5			
	75–84	589,925	618,162	653,856	689,166	711,267	20.6	413,546	433,187	443,780	450,212	466,189	12.7			
	85 and over	204,014	210,547	229,217	246,377	262,724	28.8	109,227	115,790	130,255	145,074	161,802	48.1			
	Total ^(b)	4,200,517	4,276,425	4,466,076	4,661,280	4,744,061	12.9	2,640,708	2,742,425	2,845,907	2,941,637	3,129,885	18.5			

(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) Includes separations for which sex and/or age group were not reported.

Table 8.2: Separations^(a), by age group and sex, public hospitals, states and territories, 2007-08

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	22,448	20,256	12,900	5,776	5,364	1,169	1,002	1,422	70,337
	1-4	26,944	19,825	16,038	7,977	7,345	1,148	1,120	1,588	81,985
	5-14	35,259	25,648	21,456	10,439	7,900	2,000	1,757	1,670	106,129
	15-24	41,062	35,726	28,574	14,043	10,248	2,803	2,515	2,101	137,072
	25-34	47,475	42,756	30,611	14,939	11,785	3,401	3,220	3,542	157,729
	35-44	61,694	61,522	40,568	22,780	17,023	4,713	4,176	7,270	219,746
	45-54	81,772	78,708	53,102	29,408	21,329	6,043	4,792	8,649	283,803
	55-64	103,990	107,897	66,550	37,588	26,335	7,876	7,573	7,636	365,445
	65-74	124,543	125,623	66,975	38,030	29,988	8,672	7,715	4,828	406,374
	75-84	126,795	117,451	56,026	33,882	31,827	6,508	6,895	1,519	380,903
	85 and over	37,652	28,571	13,621	8,933	9,978	2,222	1,444	234	102,655
	Total^(b)	709,634	663,983	406,421	223,795	179,122	46,555	42,209	40,459	2,312,178
Females	Under 1	16,907	15,234	9,714	4,177	3,931	923	794	1,090	52,770
	1-4	19,744	13,770	11,411	5,524	5,177	797	719	1,148	58,290
	5-14	24,251	18,878	15,856	7,554	6,127	1,387	1,115	1,287	76,455
	15-24	63,488	55,221	49,367	22,601	18,912	5,208	3,365	5,167	223,329
	25-34	108,997	99,326	68,391	33,388	25,663	6,567	5,919	6,344	354,595
	35-44	82,479	84,007	50,206	28,372	22,195	5,586	5,240	8,070	286,155
	45-54	71,043	76,115	47,698	28,402	19,967	6,216	3,734	9,745	262,920
	55-64	82,291	87,904	52,715	29,100	20,763	7,397	4,659	10,871	295,700
	65-74	106,691	98,049	53,345	31,152	25,034	6,830	5,757	4,345	331,203
	75-84	119,880	95,297	45,318	29,950	27,471	5,804	5,204	1,439	330,363
	85 and over	61,304	43,387	21,520	14,187	13,968	2,999	2,412	292	160,069
	Total^(b)	757,076	687,188	425,541	234,407	189,208	49,714	38,918	49,798	2,431,850
Persons^(b)	Under 1	39,357	35,490	22,616	9,953	9,295	2,092	1,796	2,513	123,112
	1-4	46,688	33,595	27,449	13,501	12,522	1,945	1,839	2,736	140,275
	5-14	59,510	44,526	37,312	17,993	14,027	3,387	2,872	2,957	182,584
	15-24	104,553	90,947	77,941	36,644	29,160	8,011	5,880	7,268	360,404
	25-34	156,478	142,082	99,003	48,327	37,448	9,968	9,139	9,886	512,331
	35-44	144,178	145,529	90,774	51,152	39,218	10,299	9,416	15,340	505,906
	45-54	152,815	154,823	100,800	57,810	41,296	12,260	8,526	18,394	546,724
	55-64	186,284	195,801	119,265	66,688	47,098	15,273	12,232	18,507	661,148
	65-74	231,234	223,672	120,320	69,182	55,022	15,502	13,472	9,173	737,577
	75-84	246,675	212,749	101,344	63,832	59,298	12,312	12,099	2,958	711,267
	85 and over	98,956	71,958	35,141	23,120	23,946	5,221	3,856	526	262,724
	Total^(b)	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061

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

(b) Includes separations for which sex and/or age group were not reported.

Table 8.3: Separations^(a), by age group and sex, private hospitals, states and territories, 2007-08

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	4,898	4,077	3,200	2,600	1,129	n.p.	n.p.	n.p.	16,402
	1-4	6,345	3,668	5,142	2,609	1,653	n.p.	n.p.	n.p.	20,354
	5-14	8,836	5,906	6,721	3,396	2,133	n.p.	n.p.	n.p.	28,315
	15-24	19,072	16,741	14,338	8,825	5,676	n.p.	n.p.	n.p.	67,539
	25-34	20,690	18,755	16,058	8,847	5,351	n.p.	n.p.	n.p.	72,916
	35-44	35,090	31,173	27,746	14,178	8,583	n.p.	n.p.	n.p.	121,626
	45-54	50,731	47,787	46,323	22,677	15,335	n.p.	n.p.	n.p.	190,298
	55-64	81,892	71,067	82,930	32,902	23,041	n.p.	n.p.	n.p.	303,529
	65-74	75,189	67,490	73,597	28,047	23,414	n.p.	n.p.	n.p.	277,534
	75-84	63,724	61,709	61,042	21,398	20,722	n.p.	n.p.	n.p.	236,588
	85 and over	19,122	20,729	23,033	5,985	5,824	n.p.	n.p.	n.p.	77,144
	<i>Total^(b)</i>	385,589	349,102	360,130	151,464	112,861	n.p.	n.p.	n.p.	1,412,245
Females	Under 1	3,395	2,682	2,041	1,713	478	n.p.	n.p.	n.p.	10,720
	1-4	3,971	2,203	3,322	1,647	1,141	n.p.	n.p.	n.p.	12,808
	5-14	7,407	5,269	5,706	2,898	1,859	n.p.	n.p.	n.p.	24,226
	15-24	27,629	30,778	26,285	13,458	6,567	n.p.	n.p.	n.p.	109,474
	25-34	55,983	53,641	49,059	22,807	12,516	n.p.	n.p.	n.p.	203,141
	35-44	65,772	69,844	55,303	26,633	15,659	n.p.	n.p.	n.p.	243,302
	45-54	67,183	66,791	60,102	28,594	20,186	n.p.	n.p.	n.p.	253,464
	55-64	82,220	76,933	75,038	31,094	24,795	n.p.	n.p.	n.p.	301,348
	65-74	70,092	62,285	62,786	21,488	19,766	n.p.	n.p.	n.p.	244,796
	75-84	66,698	59,375	58,147	17,598	19,723	n.p.	n.p.	n.p.	229,594
	85 and over	21,981	23,380	22,380	6,024	8,037	n.p.	n.p.	n.p.	84,658
	<i>Total^(b)</i>	472,331	453,181	420,169	173,954	130,727	n.p.	n.p.	n.p.	1,717,531
Persons^(b)	Under 1	8,293	6,767	5,241	4,313	1,614	n.p.	n.p.	n.p.	27,137
	1-4	10,316	5,871	8,464	4,256	2,794	n.p.	n.p.	n.p.	33,164
	5-14	16,243	11,175	12,427	6,294	3,992	n.p.	n.p.	n.p.	52,546
	15-24	46,701	47,519	40,623	22,283	12,243	n.p.	n.p.	n.p.	177,043
	25-34	76,673	72,396	65,117	31,654	17,867	n.p.	n.p.	n.p.	276,076
	35-44	100,862	101,017	83,049	40,811	24,243	n.p.	n.p.	n.p.	364,938
	45-54	117,914	114,578	106,425	51,271	35,521	n.p.	n.p.	n.p.	443,768
	55-64	164,112	148,000	157,968	63,996	47,836	n.p.	n.p.	n.p.	604,886
	65-74	145,281	129,775	136,383	49,535	43,180	n.p.	n.p.	n.p.	522,336
	75-84	130,422	121,084	119,189	38,996	40,446	n.p.	n.p.	n.p.	466,189
	85 and over	41,103	44,109	45,413	12,009	13,861	n.p.	n.p.	n.p.	161,802
	<i>Total^(b)</i>	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885

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

(b) Includes separations for which sex and/or age group were not reported.

Table 8.4: Patient days^(a), by age group, sex and hospital sector, Australia, 2003–04 to 2007–08

Sex	Age group	Public hospitals										Private hospitals				Change 2003–04 to 2007–08 (per cent)
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	Change 2003–04 to 2007–08 (per cent)		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008			
Males	Under 1	343,032	340,994	352,775	364,900	369,674	7.8	61,258	60,582	59,652	61,154	69,085	12.8			
	1–4	152,965	144,126	145,785	149,051	150,974	–1.3	21,735	22,202	20,887	20,861	22,850	5.1			
	5–14	206,389	204,490	207,996	207,215	210,075	1.8	36,315	34,596	34,495	33,769	34,241	–5.7			
	15–24	437,876	464,355	464,774	458,370	478,476	9.3	103,628	103,728	107,438	107,213	109,163	5.3			
	25–34	619,246	688,529	637,289	671,960	661,366	6.8	121,139	119,576	120,983	122,673	126,435	4.4			
	35–44	665,111	690,705	700,486	744,345	751,996	13.1	198,561	198,407	203,694	203,896	207,681	4.6			
	45–54	791,617	815,616	866,065	898,072	938,801	18.6	327,112	319,784	321,309	322,336	332,572	1.7			
	55–64	1,016,713	1,053,267	1,091,723	1,157,819	1,188,702	16.9	497,966	521,415	552,290	572,373	603,984	21.3			
	65–74	1,408,282	1,402,415	1,428,595	1,456,721	1,497,677	6.3	550,144	557,523	573,366	587,252	633,638	15.2			
	75–84	1,557,536	1,604,242	1,655,534	1,678,851	1,730,978	11.1	809,116	791,399	777,833	762,937	757,768	–6.3			
85 and over	614,192	631,750	644,004	688,389	719,234	17.1	282,775	291,930	324,283	352,874	385,380	36.3				
	Total ^(b)	7,812,960	8,040,503	8,195,033	8,475,698	8,697,953	11.3	3,009,749	3,021,142	3,096,230	3,147,338	3,282,797	9.1			
Females	Under 1	280,205	270,901	291,960	294,930	304,458	8.7	49,177	47,763	47,673	51,310	58,742	19.5			
	1–4	114,982	107,880	110,996	109,558	113,800	–1.0	16,040	14,645	14,148	14,479	15,391	–4.0			
	5–14	162,721	166,293	173,794	170,396	167,847	3.2	31,400	31,608	31,436	28,972	30,742	–2.1			
	15–24	573,838	568,779	572,545	591,585	582,105	1.4	177,254	177,585	179,809	182,295	192,580	8.6			
	25–34	967,886	987,771	1,006,466	995,924	979,988	1.3	510,133	499,691	496,960	495,407	504,184	–1.2			
	35–44	714,611	762,779	761,862	801,480	817,140	14.3	458,873	470,918	482,241	503,727	521,894	13.7			
	45–54	666,458	700,059	730,096	767,239	772,231	15.9	468,396	466,712	469,698	479,444	493,821	5.4			
	55–64	805,906	823,883	868,799	890,718	927,602	15.1	512,783	524,649	553,419	578,683	619,031	20.7			
	65–74	1,183,186	1,188,437	1,165,281	1,197,270	1,225,641	3.6	562,764	556,337	563,172	583,062	619,160	10.0			
	75–84	1,859,712	1,806,945	1,839,409	1,819,933	1,854,565	–0.3	887,512	889,197	893,400	886,431	894,885	0.8			
85 and over	1,275,783	1,236,896	1,276,478	1,322,023	1,392,448	9.1	480,428	466,175	509,331	534,225	573,174	19.3				
	Total ^(b)	8,605,288	8,620,631	8,797,689	8,961,104	9,137,826	6.2	4,154,761	4,145,280	4,241,287	4,338,035	4,523,604	8.9			
Persons ^(b)	Under 1	623,241	611,913	644,803	659,839	674,144	8.2	110,674	108,375	107,421	112,529	127,899	15.6			
	1–4	267,947	252,007	256,784	258,609	264,774	–1.2	37,778	36,847	35,035	35,340	38,243	1.2			
	5–14	369,112	370,785	381,790	377,619	377,922	2.4	67,719	66,204	65,932	62,742	64,988	–4.0			
	15–24	1,011,723	1,033,135	1,037,320	1,049,956	1,060,592	4.8	280,883	281,313	287,253	289,517	301,773	7.4			
	25–34	1,587,140	1,676,303	1,643,775	1,667,911	1,641,432	3.4	631,273	619,267	617,943	618,090	630,638	–0.1			
	35–44	1,379,931	1,453,518	1,462,348	1,547,425	1,569,170	13.7	657,434	669,326	685,937	707,629	729,585	11.0			
	45–54	1,458,076	1,515,682	1,596,173	1,665,331	1,711,036	17.3	795,509	786,496	791,009	801,785	826,399	3.9			
	55–64	1,822,629	1,877,176	1,960,532	2,048,537	2,116,309	16.1	1,010,749	1,046,065	1,105,710	1,151,057	1,223,030	21.0			
	65–74	2,591,474	2,590,974	2,593,908	2,654,001	2,723,318	5.1	1,112,910	1,113,860	1,136,540	1,170,315	1,252,804	12.6			
	75–84	3,417,292	3,411,835	3,494,943	3,499,354	3,585,548	4.9	1,696,629	1,680,998	1,671,233	1,649,371	1,652,660	–2.6			
85 and over	1,889,975	1,868,802	1,920,482	2,010,412	2,111,682	11.7	763,203	758,105	833,614	887,102	958,554	25.6				
	Total ^(b)	16,418,541	16,662,156	16,993,026	17,439,088	17,835,945	8.6	7,164,762	7,166,456	7,337,627	7,485,477	7,806,573	9.0			

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

(b) Includes separations for which sex and/or age group were not reported.

Table 8.5: Patient days^(a), by age group and sex, public hospitals, states and territories, 2007-08

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	111,412	102,085	68,343	32,839	30,711	8,109	6,831	9,344	369,674
	1-4	50,590	33,020	28,017	15,318	12,991	2,632	1,984	6,422	150,974
	5-14	69,974	47,539	41,556	22,377	15,000	3,787	3,725	6,117	210,075
	15-24	151,194	101,262	107,057	56,902	37,985	8,656	6,746	8,674	478,476
	25-34	241,914	136,285	134,243	66,959	46,448	13,862	9,955	11,700	661,366
	35-44	248,479	173,893	141,454	74,623	70,651	13,269	10,984	18,643	751,996
	45-54	324,851	209,898	180,796	85,434	79,352	21,596	16,503	20,371	938,801
	55-64	388,632	296,583	222,822	111,303	96,755	29,720	21,693	21,194	1,188,702
	65-74	516,285	389,957	256,497	125,190	132,705	36,332	23,832	16,879	1,497,677
	75-84	622,561	463,757	248,329	144,111	178,076	36,880	27,074	10,190	1,730,978
	85 and over	272,131	183,194	94,741	58,511	84,337	15,013	9,041	2,266	719,234
	Total^(b)	2,998,023	2,137,473	1,523,855	793,567	785,011	189,856	138,368	131,800	8,697,953
Females	Under 1	92,247	79,586	59,727	27,730	25,111	6,353	5,825	7,879	304,458
	1-4	39,890	24,965	21,351	11,084	8,833	1,578	1,452	4,647	113,800
	5-14	55,355	39,278	33,834	17,577	11,740	2,952	2,627	4,484	167,847
	15-24	179,014	131,530	122,066	64,717	48,624	12,169	8,275	15,710	582,105
	25-34	337,606	247,494	170,352	97,698	74,607	17,466	16,736	18,029	979,988
	35-44	278,296	202,645	137,909	81,260	66,854	16,899	14,215	19,062	817,140
	45-54	246,153	193,204	139,374	78,981	66,651	16,090	12,074	19,704	772,231
	55-64	307,441	240,027	161,393	85,415	73,367	25,595	14,790	19,574	927,602
	65-74	435,815	327,572	187,645	103,839	109,333	29,234	21,182	11,021	1,225,641
	75-84	697,129	484,922	256,420	145,753	199,306	39,966	25,057	6,012	1,854,565
	85 and over	559,682	339,262	178,885	122,664	145,930	26,561	16,828	2,636	1,392,448
	Total^(b)	3,228,629	2,310,485	1,468,956	836,718	830,356	194,863	139,061	128,758	9,137,826
Persons^(b)	Under 1	203,662	181,671	128,078	60,569	55,822	14,462	12,656	17,224	674,144
	1-4	90,480	57,985	49,368	26,402	21,824	4,210	3,436	11,069	264,774
	5-14	125,329	86,817	75,390	39,954	26,740	6,739	6,352	10,601	377,922
	15-24	330,219	232,792	229,123	121,619	86,609	20,825	15,021	24,384	1,060,592
	25-34	579,596	383,779	304,597	164,657	121,055	31,328	26,691	29,729	1,641,432
	35-44	526,809	376,538	279,363	155,883	137,505	30,168	25,199	37,705	1,569,170
	45-54	571,004	403,102	320,170	164,415	146,003	37,690	28,577	40,075	1,711,036
	55-64	696,078	536,610	384,215	196,718	170,122	55,315	36,483	40,768	2,116,309
	65-74	952,100	717,529	444,142	229,029	242,038	65,566	45,014	27,900	2,723,318
	75-84	1,319,690	948,684	504,749	289,864	377,382	76,846	52,131	16,202	3,585,548
	85 and over	831,813	522,456	273,626	181,175	230,267	41,574	25,869	4,902	2,111,682
	Total^(b)	6,226,798	4,447,963	2,992,821	1,630,285	1,615,367	384,723	277,429	260,559	17,835,945

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

(b) Includes patient days for which sex and/or age group were not reported.

Table 8.6: Patient days^(a), by age group and sex, private hospitals, states and territories, 2007–08

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	20,370	18,075	16,813	7,358	3,497	n.p.	n.p.	n.p.	69,085
	1–4	6,750	3,975	6,469	2,975	1,683	n.p.	n.p.	n.p.	22,850
	5–14	11,446	6,855	8,480	3,725	2,279	n.p.	n.p.	n.p.	34,241
	15–24	30,842	30,826	21,899	13,017	8,191	n.p.	n.p.	n.p.	109,163
	25–34	36,027	36,428	25,505	14,716	8,537	n.p.	n.p.	n.p.	126,435
	35–44	60,020	54,720	47,313	22,767	14,301	n.p.	n.p.	n.p.	207,681
	45–54	87,517	89,511	78,873	36,257	27,303	n.p.	n.p.	n.p.	332,572
	55–64	163,491	142,675	165,204	59,819	48,150	n.p.	n.p.	n.p.	603,984
	65–74	163,781	161,222	170,450	60,403	54,941	n.p.	n.p.	n.p.	633,638
	75–84	187,951	201,816	207,135	73,284	60,285	n.p.	n.p.	n.p.	757,768
	85 and over	89,590	101,133	117,408	38,232	27,025	n.p.	n.p.	n.p.	385,380
	Total ^(b)	857,785	847,236	865,549	332,553	256,192	n.p.	n.p.	n.p.	3,282,797
Females	Under 1	17,979	15,354	14,172	5,983	2,559	n.p.	n.p.	n.p.	58,742
	1–4	5,031	2,360	4,357	1,894	1,169	n.p.	n.p.	n.p.	15,391
	5–14	10,623	6,226	7,334	3,367	1,975	n.p.	n.p.	n.p.	30,742
	15–24	51,977	54,745	41,342	24,029	10,359	n.p.	n.p.	n.p.	192,580
	25–34	139,450	132,957	112,384	60,613	33,112	n.p.	n.p.	n.p.	504,184
	35–44	137,149	160,426	108,979	58,489	33,077	n.p.	n.p.	n.p.	521,894
	45–54	127,783	137,381	113,102	53,771	40,186	n.p.	n.p.	n.p.	493,821
	55–64	164,869	166,397	147,470	61,874	53,103	n.p.	n.p.	n.p.	619,031
	65–74	169,242	164,201	153,840	57,046	52,161	n.p.	n.p.	n.p.	619,160
	75–84	240,900	242,440	227,984	73,904	79,165	n.p.	n.p.	n.p.	894,885
	85 and over	139,643	161,564	153,907	49,264	50,892	n.p.	n.p.	n.p.	573,174
	Total ^(b)	1,204,646	1,244,051	1,084,871	450,234	357,758	n.p.	n.p.	n.p.	4,523,604
Persons ^(b)	Under 1	38,349	33,473	30,985	13,341	6,084	n.p.	n.p.	n.p.	127,899
	1–4	11,781	6,335	10,826	4,869	2,852	n.p.	n.p.	n.p.	38,243
	5–14	22,069	13,081	15,814	7,092	4,254	n.p.	n.p.	n.p.	64,988
	15–24	82,819	85,571	63,241	37,046	18,550	n.p.	n.p.	n.p.	301,773
	25–34	175,477	169,385	137,889	75,329	41,649	n.p.	n.p.	n.p.	630,638
	35–44	197,169	215,146	156,292	81,256	47,379	n.p.	n.p.	n.p.	729,585
	45–54	215,300	226,892	191,975	90,028	67,489	n.p.	n.p.	n.p.	826,399
	55–64	328,360	309,072	312,674	121,693	101,253	n.p.	n.p.	n.p.	1,223,030
	65–74	333,023	325,423	324,290	117,449	107,102	n.p.	n.p.	n.p.	1,252,804
	75–84	428,851	444,256	435,119	147,188	139,451	n.p.	n.p.	n.p.	1,652,660
	85 and over	229,233	262,697	271,315	87,496	77,917	n.p.	n.p.	n.p.	958,554
	Total ^(b)	2,062,431	2,091,331	1,950,420	782,787	613,980	n.p.	n.p.	n.p.	7,806,573

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

(b) Includes patient days for which sex and/or age group were not reported.

Table 8.7: Separations^(a) by Indigenous status^(b) and hospital sector, states and territories, 2007–08

Sub-total—										
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	NSW, Vic, Qld, WA, SA, NT ^(c)	Total
Public hospitals										
Aboriginal but not Torres Strait Islander origin	50,936	11,142	52,425	41,970	16,920	2,412	1,732	60,111	233,504	237,648
Torres Strait Islander but not Aboriginal origin	1,069	303	9,299	173	327	89	18	347	11,518	11,625
Aboriginal and Torres Strait Islander origin	1,131	906	3,161	543	85	110	111	1,105	6,931	7,152
<i>Indigenous Australians</i>	53,136	12,351	64,885	42,686	17,332	2,611	1,861	61,563	251,953	256,425
Neither Aboriginal nor Torres Strait Islander origin	1,399,247	1,327,050	749,576	415,516	339,248	91,216	77,705	28,687	4,259,324	4,428,245
Not reported	14,354	11,771	17,504	0	11,750	2,443	1,561	8	55,387	59,391
<i>Total</i>	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,566,664	4,744,061
Private hospitals										
Aboriginal but not Torres Strait Islander origin	625	315	2,950	11,866	887	n.p.	n.p.	n.p.	16,643	17,157
Torres Strait Islander but not Aboriginal origin	58	73	838	202	187	n.p.	n.p.	n.p.	1,358	1,389
Aboriginal and Torres Strait Islander origin	370	231	632	63	40	n.p.	n.p.	n.p.	1,336	1,469
<i>Indigenous Australians</i>	1,053	619	4,420	12,131	1,114	n.p.	n.p.	n.p.	19,337	20,015
Neither Aboriginal nor Torres Strait Islander origin	843,085	791,528	701,790	313,287	228,226	n.p.	n.p.	n.p.	2,877,916	2,969,724
Not reported	13,782	10,144	74,089	0	14,257	n.p.	n.p.	n.p.	112,272	140,146
<i>Total</i>	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,009,525	3,129,885
All hospitals										
Aboriginal but not Torres Strait Islander origin	51,561	11,457	55,375	53,836	17,807	n.p.	n.p.	n.p.	250,147	254,805
Torres Strait Islander but not Aboriginal origin	1,127	376	10,137	375	514	n.p.	n.p.	n.p.	12,876	13,014
Aboriginal and Torres Strait Islander origin	1,501	1,137	3,793	606	125	n.p.	n.p.	n.p.	8,267	8,621
<i>Indigenous Australians</i>	54,189	12,970	69,305	54,817	18,446	n.p.	n.p.	n.p.	271,290	276,440
Neither Aboriginal nor Torres Strait Islander origin	2,242,332	2,118,578	1,451,366	728,803	567,474	n.p.	n.p.	n.p.	7,137,240	7,397,969
Not reported	28,136	21,915	91,593	0	26,007	n.p.	n.p.	n.p.	167,659	199,537
<i>Total</i>	2,324,657	2,153,463	1,612,264	783,620	611,927	n.p.	n.p.	n.p.	7,576,189	7,873,946
Separation rate ^(d) for Indigenous Australians per 1,000	565.5	683.5	867.7	1,184.7	1,000.1	n.p.	n.p.	1,670.7	915.8	n.p.
Separation rate ^(d) for Other Australians per 1,000	320.0	396.3	374.2	354.2	350.2	n.p.	n.p.	227.9	356.8	n.p.
Separation rate ^(d) for all persons per 1,000	323.2	397.2	382.3	371.3	357.2	n.p.	n.p.	497.2	364.3	n.p.
Rate ratio ^(e)	1.8	1.7	2.3	3.3	2.9	n.p.	n.p.	7.3	2.6	n.p.

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

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of this chapter for further detail.

(c) The subtotal includes data only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (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.

(d) Rates per 1,000 population were directly age-standardised as detailed in Appendix 1, and separation rate for *Other Australians* includes Indigenous status *Not reported*.

(e) The rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians*.

Table 8.8: Overnight separations^(a), by Indigenous status^(b) and hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Sub-total— NSW, Vic, Qld, WA, SA, NT ^(c)	Total
Public hospitals										
Aboriginal but not Torres Strait Islander origin	26,784	4,604	23,226	20,883	7,476	1,202	603	18,356	101,329	103,134
Torres Strait Islander but not Aboriginal origin	482	124	3,434	62	138	59	12	114	4,354	4,425
Aboriginal and Torres Strait Islander origin	694	458	1,544	226	64	55	60	272	3,258	3,373
<i>Indigenous Australians</i>	27,960	5,186	28,204	21,171	7,678	1,316	675	18,742	108,941	110,932
Neither Aboriginal nor Torres Strait Islander origin	790,762	572,711	387,070	201,591	191,043	42,974	35,718	15,529	2,158,706	2,237,398
Not reported	8,798	6,197	8,920	0	5,794	1,468	948	5	29,714	32,130
<i>Total</i>	827,520	584,094	424,194	222,762	204,515	45,758	37,341	34,276	2,297,361	2,380,460
Private hospitals										
Aboriginal but not Torres Strait Islander origin	172	123	671	151	357	n.p.	n.p.	n.p.	1,474	1,733
Torres Strait Islander but not Aboriginal origin	21	58	262	6	15	n.p.	n.p.	n.p.	362	381
Aboriginal and Torres Strait Islander origin	110	74	79	21	29	n.p.	n.p.	n.p.	313	377
<i>Indigenous Australians</i>	303	255	1,012	178	401	n.p.	n.p.	n.p.	2,149	2,491
Neither Aboriginal nor Torres Strait Islander origin	265,750	278,443	239,134	114,899	88,213	n.p.	n.p.	n.p.	986,439	1,026,465
Not reported	3,256	2,840	17,269	0	3,704	n.p.	n.p.	n.p.	27,069	35,828
<i>Total</i>	269,309	281,538	257,415	115,077	92,318	n.p.	n.p.	n.p.	1,015,657	1,064,784
All hospitals										
Aboriginal but not Torres Strait Islander origin	26,956	4,727	23,897	21,034	7,833	n.p.	n.p.	n.p.	102,803	104,867
Torres Strait Islander but not Aboriginal origin	503	182	3,696	68	153	n.p.	n.p.	n.p.	4,716	4,806
Aboriginal and Torres Strait Islander origin	804	532	1,623	247	93	n.p.	n.p.	n.p.	3,571	3,750
<i>Indigenous Australians</i>	28,263	5,441	29,216	21,349	8,079	n.p.	n.p.	n.p.	111,090	113,423
Neither Aboriginal nor Torres Strait Islander origin	1,056,512	851,154	626,204	316,490	279,256	n.p.	n.p.	n.p.	3,145,145	3,263,863
Not reported	12,054	9,037	26,189	0	9,498	n.p.	n.p.	n.p.	56,783	67,958
<i>Total</i>	1,096,829	865,632	681,609	337,839	296,833	n.p.	n.p.	n.p.	3,313,018	3,445,244
Separation rate ^(d) for Indigenous Australians per 1,000	265.1	244.1	309.0	377.3	387.9	n.p.	n.p.	368.0	312.5	n.p.
Separation rate ^(d) for Other Australians per 1,000	151.4	159.5	159.6	155.5	170.9	n.p.	n.p.	127.5	157.2	n.p.
Separation rate ^(d) for all persons per 1,000	153.2	159.9	162.8	161.7	173.8	n.p.	n.p.	185.5	160.1	n.p.
Rate ratio ^(e)	1.8	1.5	1.9	2.4	2.3	n.p.	n.p.	2.9	2.0	n.p.

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

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of *Chapter 8* and *Appendix 1* for further detail.

(c) The subtotal includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (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.

(d) Rates per 1,000 population were directly age-standardised as detailed in *Appendix 1*, and separation rate for *Other Australians* includes Indigenous status *Not reported*.

(e) The rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians*.

Table 8.9: Separations^(a), by Indigenous status^(b), age group and sex, all hospitals, selected states and territories^(c), 2007-08

Age group	Indigenous Australians			Other Australians ^(d)			Total		
	Males	Females	Persons ^(e)	Males	Females	Persons ^(e)	Males	Females	Persons ^(e)
Under 1	5,307	3,954	9,261	78,763	57,408	136,191	84,070	61,362	145,452
1-4	5,683	4,440	10,123	93,451	64,618	158,069	99,134	69,058	168,192
5-14	6,981	5,388	12,369	122,383	91,704	214,087	129,364	97,092	226,456
15-24	8,188	19,525	27,713	188,218	299,948	488,169	196,406	319,473	515,882
25-34	11,664	21,376	33,040	209,145	514,739	723,891	220,809	536,115	756,931
35-44	21,859	24,610	46,469	305,768	483,930	789,704	327,627	508,540	836,173
45-54	24,478	28,052	52,530	431,343	467,774	899,117	455,821	495,826	951,647
55-64	20,919	27,646	48,565	620,909	546,078	1,166,990	641,828	573,724	1,215,555
65-74	10,396	12,942	23,338	647,328	542,091	1,189,419	657,724	555,033	1,212,757
75 and over	3,799	4,083	7,882	765,978	773,273	1,539,253	769,777	777,356	1,547,135
Total^{(c)(e)}	119,274	152,016	271,290	3,463,286	3,841,564	7,304,899	3,582,560	3,993,580	7,576,189

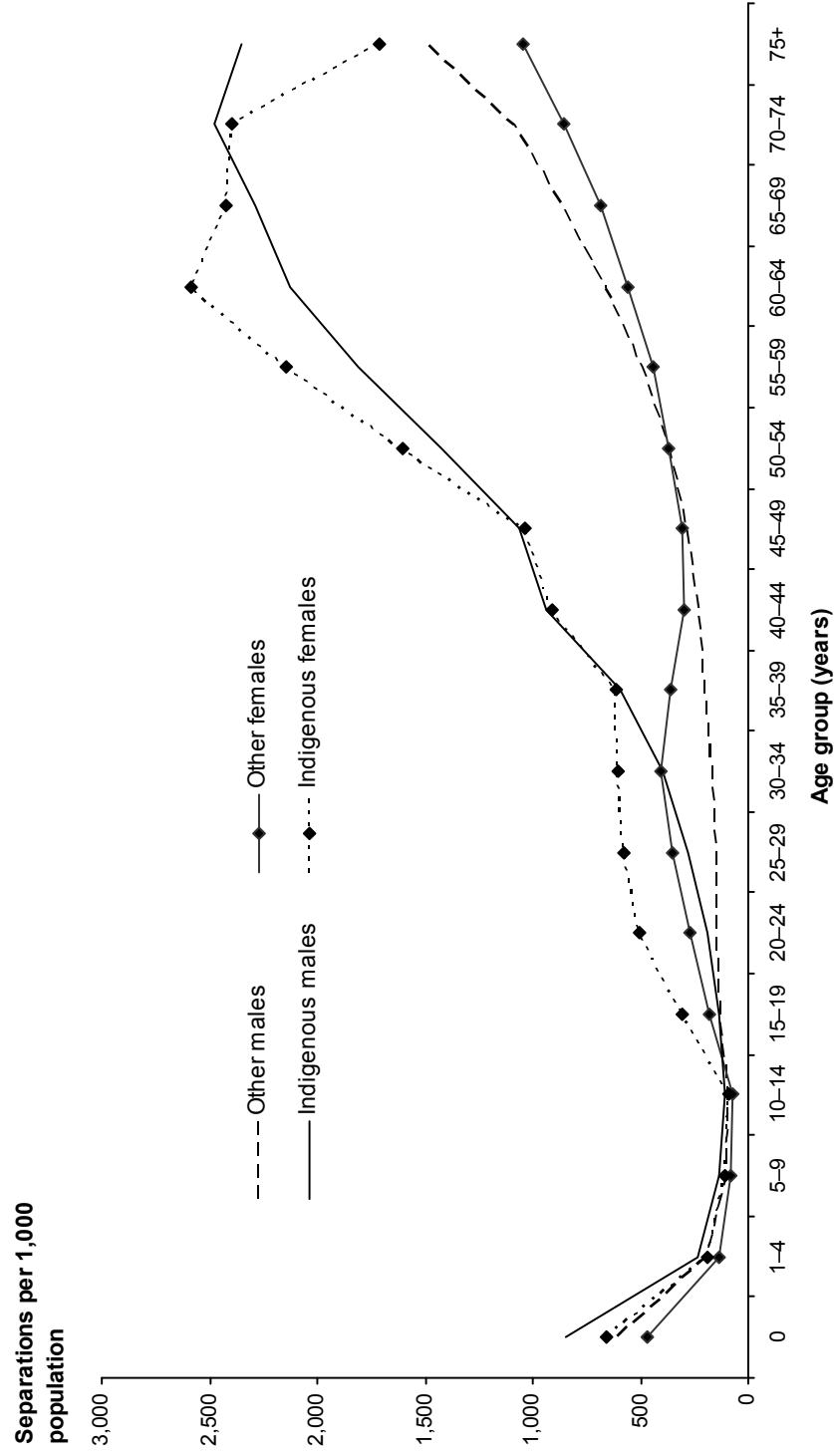
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of this chapter for further detail.

(c) The table includes data only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (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 due to jurisdictional differences in data quality.

(d) The *Other Australians* category includes separations for which Indigenous status was not reported.

(e) Includes separations for which sex and/or age group were not reported.



Notes

1. 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.
2. Separations per 1,000 population for *Other males* and *Other females* include separations for which Indigenous status was *Not reported*.
3. The figure includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (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 due to jurisdictional differences in data quality.
4. The figure contains crude rates based on 30 June 2007 estimated resident populations.

Figure 8.1: Separations per 1,000 population, by age group, sex and reported Indigenous status, all hospitals, selected states and territories, 2007-08

Table 8.10: Separations^(a), by selected country/region of birth and hospital sector, Australia, 2007-08

Country/region	Separations			Public hospital separations (percent)
	Public hospitals	Private hospitals	All hospitals	
<i>Oceania (total)</i>	3,516,654	2,418,623	5,935,277	59.3
Australia	3,380,807	2,362,368	5,743,175	58.9
New Zealand	88,617	44,502	133,119	66.6
Fiji	17,044	4,675	21,719	78.5
Samoa	9,068	364	9,432	96.1
<i>North-west Europe (total)</i>	406,176	261,498	667,674	60.8
United Kingdom & Ireland	318,471	206,676	525,147	60.6
Germany	35,969	22,366	58,335	61.7
Netherlands	29,364	17,045	46,409	63.3
<i>Southern and Eastern Europe (total)</i>	355,896	139,967	495,863	71.8
Italy	108,270	59,481	167,751	64.5
Greece	71,486	19,783	91,269	78.3
Poland	21,092	10,671	31,763	66.4
Malta	23,110	7,749	30,859	74.9
Croatia	22,225	7,324	29,549	75.2
<i>Middle East and North Africa (total)</i>	95,182	28,254	123,436	77.1
Lebanon	35,260	7,499	42,759	82.5
Egypt	16,157	7,591	23,748	68.0
<i>South-east Asia (total)</i>	109,417	46,773	156,190	70.1
Vietnam	35,444	10,399	45,843	77.3
Philippines	27,458	8,259	35,717	76.9
Malaysia	12,308	12,172	24,480	50.3
<i>North-east Asia (total)</i>	52,456	36,464	88,920	59.0
China ^(b)	27,181	13,990	41,171	66.0
Hong Kong and Macau	6,774	9,385	16,159	41.9
<i>Southern and Central Asia (total)</i>	58,720	28,276	86,996	67.5
India	30,502	16,937	47,439	64.3
Sri Lanka	14,549	7,939	22,488	64.7
<i>The Americas (total)</i>	37,952	27,122	65,074	58.3
United States of America	10,544	10,898	21,442	49.2
Canada	5,534	5,374	10,908	50.7
Chile	7,108	2,946	10,054	70.7
<i>Sub-Saharan Africa (total)</i>	39,457	28,960	68,417	57.7
South Africa	15,598	17,450	33,048	47.2
Overseas (total)	1,155,256	597,314	1,752,570	65.9
Not stated or inadequately described	72,151	113,948	186,099	38.8
Total	4,744,061	3,129,885	7,873,946	60.3

(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.

(a) Excludes Special Administrative Regions (SARs) and Taiwan Province.

Table 8.11: Selected separation statistics^(a), by same-day status, hospital sector, and state and territory of usual residence, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
All separations									
Separations	2,369,848	2,135,473	1,584,344	784,076	607,732	n.p.	n.p.	n.p.	7,836,752
Separations not within state of residence (%)	4	1	1	1	1	n.p.	n.p.	n.p.	2
Proportion of separations public patients (%)	51	55	49	57	53	n.p.	n.p.	n.p.	53
Separation rate ^(c)	326.5	390.0	370.8	366.1	352.1	n.p.	n.p.	n.p.	357.6
Standardised separation rate ratio (SRR)	0.91	1.09	1.04	1.02	0.98	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.91–0.91	1.09–1.09	1.04–1.04	1.02–1.03	0.98–0.99	n.p.	n.p.	n.p.	
Same-day separations									
Separations	1,254,402	1,277,536	915,372	447,053	314,608	n.p.	n.p.	n.p.	4,408,962
Separations not within state of residence (%)	4	1	1	1	1	n.p.	n.p.	n.p.	2
Proportion of separations public patients (%)	44	52	43	56	48	n.p.	n.p.	n.p.	48
Separation rate ^(c)	172.7	233.7	213.6	207.6	182.5	n.p.	n.p.	n.p.	201.0
Standardised separation rate ratio (SRR)	0.86	1.16	1.06	1.03	0.91	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.86–0.86	1.16–1.16	1.06–1.06	1.03–1.04	0.90–0.91	n.p.	n.p.	n.p.	
Overnight separations									
Separations	1,115,446	857,937	668,972	337,023	293,124	75,875	42,479	34,925	3,427,790
Separations not within state of residence (%)	4	1	2	1	1	3	7	9	2
Proportion of separations public patients (%)	58	58	59	58	59	55	59	90	59
Separation rate ^(c)	153.8	156.2	157.2	158.5	169.6	145.5	131.2	185.9	156.6
Standardised separation rate ratio (SRR)	0.98	1.00	1.00	1.01	1.08	0.93	0.84	1.19	
95% confidence interval of SRR	0.98–0.98	1.00–1.00	1.00–1.01	1.01–1.02	1.08–1.09	0.92–0.94	0.83–0.85	1.17–1.20	
Public hospitals									
Separations	1,487,689	1,334,517	829,329	458,664	368,057	97,221	64,431	85,780	4,726,647
Separations not within state of residence (%)	3	1	2	1	2	2	5	3	2
Proportion of separations public patients (%)	80	87	92	88	87	82	86	95	86
Separation rate ^(c)	205.7	244.7	195.1	215.3	216.2	185.9	202.1	461.3	216.8
Standardised separation rate ratio (SRR)	0.95	1.13	0.90	0.99	1.00	0.86	0.93	2.13	
95% confidence interval of SRR	0.95–0.95	1.13–1.13	0.90–0.90	0.99–1.00	0.99–1.00	0.85–0.86	0.92–0.94	2.11–2.14	
Private hospitals									
Separations	882,159	800,956	755,015	325,412	239,675	n.p.	n.p.	n.p.	3,110,105
Separations not within state of residence (%)	5	1	1	0	0	n.p.	n.p.	n.p.	2
Proportion of separations public patients (%)	1	0	3	12	1	n.p.	n.p.	n.p.	2
Separation rate ^(c)	120.8	145.3	175.6	150.9	136.0	n.p.	n.p.	n.p.	140.8
Standardised separation rate ratio (SRR)	0.86	1.03	1.25	1.07	0.97	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.86–0.86	1.03–1.03	1.24–1.25	1.07–1.08	0.96–0.97	n.p.	n.p.	n.p.	

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

(b) Includes other territories and excludes overseas residents and unknown state of residence.

(c) Rates per 1,000 population were directly age-standardised as detailed in *Appendix 1*.

Table 8.12: Selected separation statistics^(a), by same-day status, hospital sector, and remoteness area of usual residence, all hospitals, Australia, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(b)
All separations						
Separations	5,285,100	1,580,325	752,411	130,299	80,872	7,836,752
Proportion of separations public patients (%)	49	57	65	77	89	53
Separation rate ^(c)	359.7	355.7	364.5	426.7	540.2	361.1
Standardised separation rate ratio (SRR)	1.00	0.99	1.01	1.18	1.50	
95% confidence interval of SRR	1.00–1.00	0.98–0.99	1.01–1.01	1.18–1.19	1.49–1.51	
Same-day separations						
Separations	3,079,830	836,882	384,656	64,060	41,297	4,408,962
Proportion of separations public patients (%)	44	53	62	77	89	48
Separation rate ^(c)	210.3	186.1	183.7	204.8	278.4	202.9
Standardised separation rate ratio (SRR)	1.04	0.92	0.91	1.01	1.37	
95% confidence interval of SRR	1.04–1.04	0.92–0.92	0.90–0.91	1.00–1.02	1.36–1.39	
Overnight separations						
Separations	2,205,270	743,443	367,755	66,239	39,575	3,427,790
Proportion of separations public patients (%)	55	61	68	76	88	59
Separation rate ^(c)	149.4	169.6	180.8	221.9	261.8	158.2
Standardised separation rate ratio (SRR)	0.94	1.07	1.14	1.40	1.65	
95% confidence interval of SRR	0.94–0.95	1.07–1.07	1.14–1.15	1.39–1.41	1.64–1.67	
Public hospitals						
Separations	2,948,545	1,034,275	559,447	104,237	72,891	4,726,647
Proportion of separations public patients (%)	86	85	85	90	96	86
Separation rate ^(c)	201.4	236.2	272.8	341.5	483.6	218.9
Standardised separation rate ratio (SRR)	0.92	1.08	1.25	1.56	2.21	
95% confidence interval of SRR	0.92–0.92	1.08–1.08	1.24–1.25	1.55–1.57	2.19–2.23	
Private hospitals						
Separations	2,336,555	546,050	192,964	26,062	7,981	3,110,105
Proportion of separations public patients (%)	2	3	5	24	25	2
Separation rate ^(c)	158.3	119.5	91.7	85.2	56.6	142.2
Standardised separation rate ratio (SRR)	1.11	0.84	0.64	0.60	0.40	
95% confidence interval of SRR	1.11–1.12	0.84–0.84	0.64–0.65	0.59–0.61	0.39–0.41	

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

(b) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

(c) Rates per 1 000 population were directly age-standardised as detailed in *Appendix 1*.

Table 8.13: Selected separation statistics^(a), by same-day status, hospital sector and quintile of socioeconomic advantage/disadvantage^(b), Australia, 2007–08

	Most disadvantaged quintile	Second most disadvantaged quintile	Middle quintile	Second most advantaged quintile	Most advantaged quintile	Total ^(c)
All separations						
Separations	1,678,063	1,592,528	1,566,217	1,469,940	1,525,555	7,836,752
Proportion of separations public patients (%)	68	59	55	47	33	53
Separation rate ^(d)	391.1	367.9	368.0	360.2	360.0	369.1
Standardised separation rate ratio (SRR)	1.06	1.00	1.00	0.98	0.98	
95% confidence interval of SRR	1.06–1.06	1.00–1.00	1.00–1.00	0.97–0.98	0.97–0.98	
Same-day separations						
Separations	898,837	852,593	883,053	848,129	924,894	4,408,962
Proportion of separations public patients (%)	64	55	52	42	29	48
Separation rate ^(d)	208.6	195.8	207.5	208.1	218.6	207.3
Standardised separation rate ratio (SRR)	1.01	0.94	1.00	1.00	1.05	
95% confidence interval of SRR	1.00–1.01	0.94–0.95	1.00–1.00	1.00–1.01	1.05–1.06	
Overnight separations						
Separations	779,226	739,935	683,164	621,811	600,661	3,427,790
Proportion of separations public patients (%)	72	64	60	54	39	59
Separation rate ^(d)	182.5	172.1	160.5	152.1	141.4	161.8
Standardised separation rate ratio (SRR)	1.13	1.06	0.99	0.94	0.87	
95% confidence interval of SRR	1.13–1.13	1.06–1.07	0.99–0.99	0.94–0.94	0.87–0.88	
Public hospitals						
Separations	1,249,980	1,077,897	981,682	797,765	615,348	4,726,647
Proportion of separations public patients (%)	89	86	86	85	80	86
Separation rate ^(d)	292.4	250.8	231.3	196.2	146.4	223.7
Standardised separation rate ratio (SRR)	1.31	1.12	1.03	0.88	0.65	
95% confidence interval of SRR	1.31–1.31	1.12–1.12	1.03–1.04	0.88–0.88	0.65–0.66	
Private hospitals						
Separations	428,083	514,631	584,535	672,175	910,207	3,110,105
Proportion of separations public patients (%)	5	3	3	2	1	2
Separation rate ^(d)	98.7	117.1	136.7	164.0	213.6	145.4
Standardised separation rate ratio (SRR)	0.68	0.81	0.94	1.13	1.47	
95% confidence interval of SRR	0.68–0.68	0.80–0.81	0.94–0.94	1.13–1.13	1.47–1.47	

(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) Based on the Australian Bureau of Statistics' SEIFA 2006 Index of Relative Advantage/Disadvantage score for the Statistical Local Area of the patient's area of usual residence.

(c) Includes unknown residence area and excludes overseas residents and unknown state of residence.

(d) Rates per 1,000 population were directly age-standardised as detailed in *Appendix 1*.

9 Principal diagnoses for admitted patients

Introduction

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for the patient's hospitalisation. Data on principal diagnoses provide information on the diseases and conditions for which hospitalisations occur and can provide an indirect measure of community morbidity.

The principal diagnosis is usually a disease, injury or poisoning, but can also be the specific care or service provided for a current condition (for example, dialysis for renal disease), or other reasons for hospitalisation.

Principal diagnoses for 2007–08 were classified, coded and reported to the National Hospital Morbidity Database (NHMD) by all states and territories using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2006). Information about the quality of the ICD-10-AM coded data is presented in *Appendix 1*.

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes). Most of the 3-character disease groupings can be divided into an even larger number of very specific disease categories represented by 4- and 5-character codes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM disease classification. Full descriptions of the categories are available in the ICD-10-AM publication (NCCH 2006).

Most of the information is presented using two methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (tables 9.1 to 9.4 and 9.22)
- 3-character ICD-10-AM groupings – 2,067 categories describe the diseases at a specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (tables 9.5 to 9.11 and 9.13 to 9.18). Summary information is provided for all the groups (for which separations were reported) on the Internet at <www.aihw.gov.au> (tables S9.1 to S9.4).

In addition:

- Table 9.12 uses a mixture of ICD-10-AM chapters, 3- and 4-character categories and other groupings to present information on diagnoses reported for public psychiatric hospitals
- tables 9.19 to 9.21 present information on renal failure.

Tables are presented with summary separation, patient day and length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented, as well as separation statistics by Indigenous status. Information on *Public* patients in tables 9.1 and 9.2 and tables 9.7 to 9.12

relates to separations for which the patient election status was reported as *Public* (see *Chapter 7*).

Principal diagnosis and other data elements reported for separations

The information on principal diagnosis reported in this chapter is compiled in the NHMD with a range of other data. Figure 9.1 demonstrates this using the example of the principal diagnoses *C43–C44 Melanoma and other malignant neoplasms of the skin*.

In 2007–08:

- there were 93,000 separations with these principal diagnoses, with an average length of stay of 1.6 days
- 59.3% of these separations were for males
- just over 33% of these separations were treated in the public sector
- 99.4% had a care type of *Acute care*
- the majority of patients (98.3%) with these diagnoses had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital
- a small proportion (0.5%) were discharged/transferred to an(other) acute hospital and 0.6% died
- 23.7% of patients were from the *Most advantaged* quintile of socioeconomic advantage/disadvantage
- 66.5% of patients treated came from *Major cities*
- the most common procedure performed was *Excision of lesion of skin and subcutaneous tissue* (Block 1620) and the most commonly reported AR-DRG was *Other skin, subcutaneous tissue and breast procedures* (J11Z)
- the most common additional diagnosis was *Other malignant neoplasms of the skin* (C44).

ICD-10-AM chapters

Sector

Tables 9.1 and 9.2 provide a summary of the separations and patient days reported for each of the ICD-10-AM disease chapters.

In the public sector (Table 9.1), *Factors influencing health status and contact with health services* (Z00–Z99) stands out as a high-volume chapter (1.2 million separations, 584.2 separations per 10,000 population) and for its high use of beds (1,700 patient days per 10,000 population), although the average length of stay was low (2.9 days). This is attributable to the large number of same-day separations for *Care involving dialysis* (Z49) and *Other medical care* (Z51) which includes chemotherapy (Table 9.9). Although having relatively small numbers of separations, *Mental and behavioural disorders* (F00–F99) (175,000 separations, 82.2 separations

per 10,000 population) had a high rate of bed days (947.9 patient days per 10,000 population) and a relatively long average length of stay (11.5 days).

In the private sector (Table 9.2), *Factors influencing health status and contact with health services* (Z00–Z99) recorded the highest number of separations (738,000), followed by *Diseases of the digestive system* (K00–K93) (463,000) and *Neoplasms* (C00–D48) (286,000). The highest numbers of patient days were recorded for *Factors influencing health status and contact with health services* (Z00–Z99) (1.5 million), *Neoplasms* (C00–D48) (813,000), and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (756,000).

The chapters with the highest proportions of separations in the public sector were *Certain infectious and parasitic diseases* (A00–B99) (87.4%, 79,800) and *Injury, poisoning and certain other consequences of external causes* (S00–T98) (81.5%, 423,000). The groups with the highest proportions of separations in the private sector were *Diseases of the eye and adnexa* (H00–H59) (71.0%, 164,000) and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (60.9%, 257,000) (derived from tables 9.1 and 9.2).

The highest proportion of *Public* patients in public hospitals was for *Certain conditions originating in the perinatal period* (P00–P96) (92.7%), and the lowest was for *Injury, poisoning and certain other consequences of external causes* (S00–T98) (80.1%). The highest proportion of *Public* patients in private hospitals was for *Factors influencing health status and contact with health services* (Z00–Z99) (7.2%).

States and territories

Tables 9.3 and 9.4 contain detail on the pattern of hospital use in the states and territories for the diagnosis chapters, in both the public and private sectors. These tables enable comparisons of overall hospital use by state for the different diagnosis groups. The tables also show the share of separations between the private and public sectors. For example, the proportions of separations for *Diseases of the respiratory system* (J00–J99) in public hospitals (rather than private hospitals) was higher in New South Wales (81.4%, 96,600) than in Queensland (68.3%, 48,600).

High-volume diagnoses

Changes from 2003–04 to 2007–08

Table 9.5 presents the 30 principal diagnoses at the 3-character level of the ICD-10-AM classification with the largest changes in the numbers of separations for public or private hospitals (or both) between 2003–04 and 2007–08. The principal diagnoses in this table recorded either increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors.

The numbers of separations for 24 of the 30 principal diagnoses rose in both the public and in the private sectors over the 5-year period. The principal diagnosis with the greatest increase in separations between 2003–04 and 2007–08 was *Care involving dialysis* (Z49), which rose by 197,000 in public hospitals and 31,400 in private hospitals. In private hospitals, the principal diagnosis of *Care involving use of rehabilitation procedures* (Z50) had the greatest increase in separations over that period (61,800).

There was a rise in the number of separations in the private sector and a decrease in the number of separations in the public sector for the principal diagnosis *Procreative management* (Z31). For this diagnosis, there were 28,700 separations in private hospitals in 2003–04 compared with 46,200 in 2007–08, an overall rise of 61.1%. Public hospital separations for this diagnosis fluctuated over the period.

The number of separations for the principal diagnosis *Angina pectoris* (I20) fell in both public (13.5%) and private hospitals (9.4%) between 2003–04 and 2007–08.

Table 9.6 presents the 30 principal diagnoses at the 3-character level of the ICD-10-AM classification with the largest changes in the total number of separations for either Public or Private patients (or both), for all hospitals between 2003–04 and 2007–08. Owing to a small proportion of separations whose patient election status was not reported (less than 5% in each year), the overall changes by principal diagnosis in Table 9.6 are slightly different from those presented in Table 9.5.

The number of separations rose over the 5-year period, for 29 of the principal diagnoses for Private patients and 25 diagnoses for Public patients.

There was a rise in the number of separations for *Private* patients and a fall in the number of separations for *Public* patients for four of the principal diagnoses presented in Table 9.6. For example, there were 67,500 separations for *Care involving use of rehabilitation procedures* (Z50) for *Private* patients in 2003–04 compared with 132,800 separations in 2007–08, a rise of 96.9%. For *Public* patients the number of separations for this principal diagnosis fell by 0.4% from 62,700 in 2003–04 to 62,500 in 2007–08.

The number of separations fell for both *Private* and *Public* patients between 2003–04 and 2007–08 for the principal diagnosis *Angina pectoris* (I20) (by 10.7% and 13.4%, respectively).

Sector

Tables 9.7 to 9.11 contain summary separation, patient day and average length of stay statistics for the 30 principal diagnoses with the most separations in public, private and private free-standing day hospitals at the 3-character level of the ICD-10-AM classification. Tables 9.7 to 9.10 also provide information on the top 30 diagnoses for overnight and same-day separations in the public and private sectors.

In the public sector, the principal diagnoses with the highest number of overnight separations was *Care involving use of rehabilitation procedures* (Z50) (59,400), followed by *Pain in throat and chest* (R07) (55,500) (Table 9.7). The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures* (Z50) (1.5 million), for which the average length of stay was 25.0 days.

In the private sector (Table 9.8), the most frequently reported principal diagnosis for overnight separations was *Care involving use of rehabilitation procedures* (Z50) (40,300). *Sleep disorders* (G47) (39,100) was the next most frequently reported principal diagnosis. The highest number of patient days and the longest average length of stay were reported for *Care involving use of rehabilitation procedures* (Z50) (651,000 patient days and 16.2 days).

Table 9.9 reports the principal diagnoses with the highest number of same-day separations in the public sector. It shows that the top principal diagnosis was *Care involving dialysis* (Z49) (822,400), followed by *Other medical care* (Z51) (130,800). Comparing this table with Table 9.7, it can be seen that the top 30 principal diagnoses for overnight separations and same-day separations are different, suggesting that there are differences in the types of principal

diagnoses that are most commonly treated on a same-day basis compared with those that are not. In the private sector (Table 9.10), *Other medical care* (Z51) (179,000) had the highest number of same-day separations, followed by *Care involving dialysis* (Z49) (165,000).

Of the top 30 principal diagnoses in public hospitals, the highest proportion of same-day separations that were for *Public* patients was for *Pain in throat and chest* (R07) (91.1%), and the lowest was for *Depressive episode* (F32) (80.5%). In private hospitals, the highest proportion of same-day separations that were for *Public* patients was for *Care involving dialysis* (Z49) (28.2%).

The most common principal diagnoses groups in private free-standing day hospitals were *Care involving dialysis* (Z49) (90,800) and *Medical abortion* (O04) (40,500) (Table 9.11). Of the top 30 principal diagnoses in private free-standing day hospital facilities, the proportion for *Public* patients was highest for *Care involving dialysis* (Z49) (38.8%).

In public psychiatric hospitals, 95.4% of separations in public psychiatric hospitals were for *Public* patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00–F99) (89.4%) (Table 9.12). *Schizophrenia* (F20) was the most common principal diagnosis reported (2,900) and accounted for more patient days than any other group (237,000). The average length of stay was high for most of the disease groups and only 12.3% of separations (1,800) were same-day separations, compared with 49.8% in public hospitals overall (Table 9.1).

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence, the average length of stay data should be interpreted with caution, taking into consideration the inclusion of some very long stay and non-acute separations.

States and territories

There was some variation between the states and territories in the relative number of separations for the most common diagnoses (tables 9.13 and 9.14). For example, *Care involving dialysis* (Z49) accounted for 17.4% of public sector separations nationally, but 43.9% of separations in the Northern Territory. In the private sector, *Care involving use of rehabilitation procedures* (Z50) accounted for 3.8% of separations nationally, but 7.9% of separations in New South Wales. Average length of stay for separations for the most common diagnoses also varied across states and territories (tables 9.15 and 9.16). For example, in the public sector, the average length of stay for *Care involving use of rehabilitation procedures* (Z50) ranged from 9.6 days in the Northern Territory to 25.3 days in Tasmania. The average length of stay in the private sector for *Care involving use of rehabilitation procedures* (Z50) ranged from 4.5 days in New South Wales to 22.7 days in Western Australia.

Age group and sex

In tables 9.17 and 9.18, information is presented on the number of separations for the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification by age group and sex. These tables show a number of different patterns in the age distributions of separations for the various groups. For example, patients admitted for *Angina pectoris* (I20) were mostly in the older age groups. Other disorders were more common in different age groups. For example *Single spontaneous delivery* (O80) was highest in the 25–34 years age group for females, *Internal derangement of knee* (M23) in the 45–54 years age group for males,

and *Embedded and impacted teeth* (K01) in the 15–24 years age group for both females and males.

These tables also indicate the relative importance of the disease groups as causes of hospitalisation for each sex and age group. For example, *Care involving dialysis* (Z49) and *Other medical care* (Z51) were common in most age groups. In males aged over 75 years, other common diagnoses were *Other cataract* (H26) and *Care involving use of rehabilitation procedures* (Z50). The majority of the 30 most common principal diagnoses were relatively uncommon for persons aged 0–4 years.

Renal failure

Data for separations relating to renal failure are presented in tables 9.19 to 9.21, illustrating the impact of this condition on hospitals in Australia. These tables present data on *Acute renal failure*, *Chronic and unspecified renal failure* and *Care involving dialysis* separations for the states and territories (Table 9.19), remoteness area of usual residence of the patient (Table 9.20), and quintile of socioeconomic advantage/disadvantage of the area of usual residence (see Appendix 1) (Table 9.21). These tables also include the standardised separation rate ratio (SRR) against the national total as well as the 95% confidence interval of the SRR. The dialysis separations do not include dialysis occasions of service reported as non-admitted patient occasions of service (tables 2.5 and 5.11) or dialysis performed at non-hospital facilities.

Table 9.19 shows that there were 6,800 separations for *Acute renal failure*, 8,200 for *Chronic and unspecified renal failure* and 989,000 for *Care involving dialysis* (12.6% of separations overall, 17.4% for public hospitals and 5.3% for private hospitals (Table 9.5)). The highest rates for these in public hospitals were in the Northern Territory.

Table 9.20 highlights that separation rates were higher for the more remote areas for each category. In the public sector, the remoteness area with the highest separation rate for *Acute renal failure*, *Chronic and unspecified renal failure*, and *Care involving dialysis* was *Very remote* (0.4, 1.6 and 153.4 separations per 1,000 population respectively).

In the private sector, *Major cities* and *Inner regional* areas had the highest separation rates for *Acute renal failure* (0.05 and 0.04 respectively); *Major cities* and *Inner regional* areas also had the highest rates for *Chronic and unspecified renal failure* (0.06); and *Very remote* areas had the highest rate for *Care involving dialysis* (31.8).

Table 9.21 presents these data by quintile of socioeconomic advantage/disadvantage. The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage. The *Most advantaged* quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage. The *Most disadvantaged* quintile had the highest separation rates for *Acute renal failure* and *Chronic renal failure* for both sectors combined. With different patterns in the public and private sector, *Care involving dialysis* had the highest separation rates in the *Middle* and *Most disadvantaged* quintiles.

Aboriginal and Torres Strait Islander people

Table 9.22 reports separation statistics by Indigenous status. These statistics are presented for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see *Appendix 1* for more information).

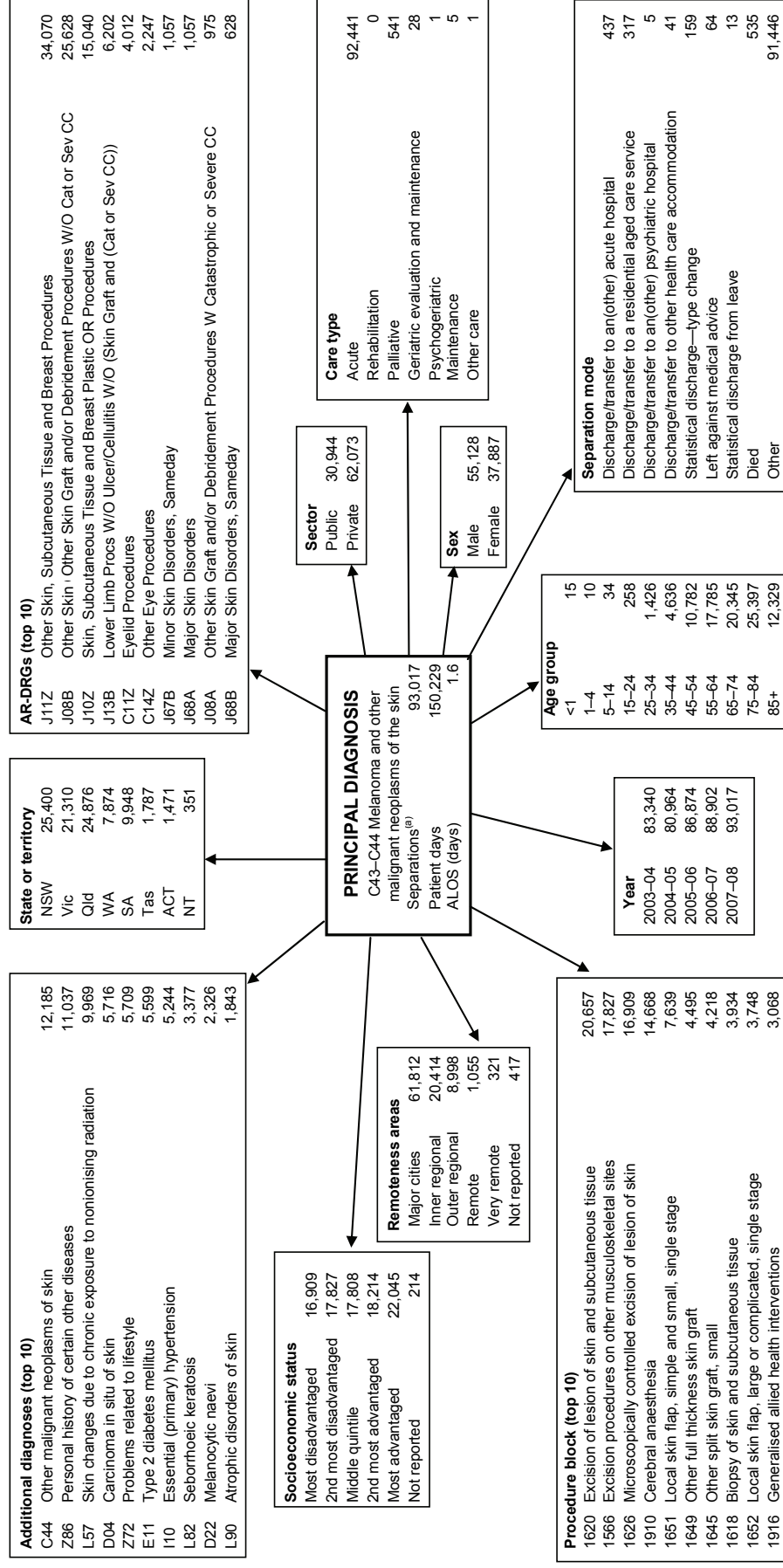
The most common principal diagnosis chapter for patients identified as *Indigenous* was *Factors influencing health status and contact with health services*, of which *Care involving dialysis* (Z49) accounted for 115,300 separations. This was consistent with previous years and represented approximately 42.5% of all separations for patients identified as *Indigenous*, compared with 11.5% for *Other Australians* separations. The next most common diagnosis chapter was *Injury, poisoning and certain other consequences of external causes* (S00–T98) (19,900), followed by *Pregnancy, childbirth and the puerperium* (O00–O99) (19,300). These two chapters of principal diagnoses represent 7.3% and 7.1% respectively of all separations for patients identified as *Indigenous*.

The age-standardised separation rates for persons identified as *Indigenous* were relatively high for the majority of the principal diagnosis chapters. As indicated in the rate ratios, *Indigenous Australians* were hospitalised with a principal diagnosis of *Care involving dialysis* at 12 times the rate for *Other Australians*.

Additional data

The accompanying tables on the Internet at <www.aihw.gov.au> provide national summary statistics for public and private hospitals for each 3-character ICD-10-AM disease code.

For access to more diagnosis data, the website also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information on the principal diagnoses of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average length of stay are available on all principal diagnoses of patients by age group, sex and same-day status. Principal diagnosis information is available at the broader ICD-10-AM chapter level through to the more specific 5-character level (where applicable). The source of these data is the National Hospital Morbidity Database.



(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
Abbreviations: AR-DRG—Australian Refined Diagnosis Related Group; ALOS—average length of stay; CC—complication or comorbidity; Cat—Catastrophic; Sev—Severe; W/O—without.

Figure 9.1: Interrelationships of a principal diagnosis (C43-C44 Melanoma and other malignant neoplasms of the skin) with other data elements, all hospitals, Australia, 2007-08

Table 9.1: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, public hospitals, Australia, 2007–08

Principal diagnosis	Separations		Same-day separations		Public patient separations		Separations per 10,000 population ^(b)		Patient days		Patient days per 10,000 population ^(b)		ALOS (days)		ALOS (days) excluding same day	
	Separations	Separations	separations	separations	separations	separations	per 10,000 population ^(b)	per 10,000 population ^(b)	days	days	per 10,000 population ^(b)	per 10,000 population ^(b)	(days)	(days)	same day	same day
A00–B99 Certain infectious and parasitic diseases	79,788		18,930		68,462		37.6		333,770		157.2		4.2		5.2	
C00–D48 Neoplasms	261,450		120,940		218,166		123.1		1,282,651		603.9		4.9		8.3	
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism																
E00–E90 Endocrine, nutritional and metabolic diseases	67,390		43,963		56,540		31.7		163,354		76.9		2.4		5.1	
F00–F99 Mental and behavioural disorders	94,610		38,021		81,056		44.5		456,783		215.1		4.8		7.4	
G00–G99 Diseases of the nervous system	174,599		40,611		161,581		82.2		2,013,054		947.9		11.5		14.7	
H00–H59 Diseases of the eye and adnexa	107,133		45,474		91,677		50.4		447,889		210.9		4.2		6.5	
H60–H95 Diseases of the ear and mastoid process	66,954		56,368		53,997		31.5		85,987		40.5		1.3		2.8	
I00–I99 Diseases of the circulatory system	28,483		16,361		24,861		13.4		46,992		22.1		1.6		2.5	
J00–J99 Diseases of the respiratory system	315,481		70,506		256,797		148.5		1,607,047		756.7		5.1		6.3	
K00–K93 Diseases of the digestive system	276,928		45,524		236,499		130.4		1,171,823		551.8		4.2		4.9	
L00–L99 Diseases of the skin and subcutaneous tissue	396,094		171,934		335,012		186.5		1,168,068		550.0		2.9		4.4	
M00–M99 Diseases of the musculoskeletal system and connective tissue	88,168		31,176		77,419		41.5		367,361		173.0		4.2		5.9	
N00–N99 Diseases of the genitourinary system	164,602		68,085		141,485		77.5		650,863		306.5		4.0		6.0	
O00–O99 Pregnancy, childbirth and the puerperium	206,452		94,135		180,886		97.2		559,962		263.7		2.7		4.1	
P00–P96 Certain conditions originating in the perinatal period	334,548		77,437		308,314		157.5		892,822		420.4		2.7		3.2	
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	45,466		6,257		42,149		21.4		420,718		198.1		9.3		10.6	
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	23,860		11,687		19,477		11.2		97,008		45.7		4.1		7.0	
S00–T98 Injury, poisoning and certain other consequences of external causes	348,293		156,052		300,488		164.0		750,478		353.4		2.2		3.1	
Z00–Z99 Factors influencing health status and contact with health services	422,661		139,654		338,480		199.0		1,680,677		791.4		4.0		5.4	
Not reported	1,240,700		1,110,245		1,079,269		584.2		3,623,545		1,706.2		2.9		19.3	
	401		241		345		0.2		15,093		7.1		37.6		92.8	
Total	4,744,061		2,363,601		4,072,960		2,233.8		17,835,945		8,398.2		3.8		6.5	

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

(b) Crude rate based on Australian population as at 31 December 2007.

Abbreviation: ALOS—average length of stay.

Table 9.2: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, private hospitals, Australia, 2007–08

Principal diagnosis	Separations	Same-day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00–B99 Certain infectious and parasitic diseases	11,503	3,009	182	5.4	61,370	28.9	6.9
C00–D48 Neoplasms	285,781	179,770	3,537	134.6	813,220	382.9	6.0
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism							
E00–E90 Endocrine, nutritional and metabolic diseases	31,417	23,896	263	14.8	56,892	26.8	4.4
F00–F99 Mental and behavioural disorders	58,830	28,947	997	27.7	158,372	74.6	4.3
G00–G99 Diseases of the nervous system	132,462	98,560	339	62.4	713,481	335.9	18.1
H00–H59 Diseases of the eye and adnexa	78,619	26,798	556	37.0	146,686	69.1	2.3
H60–H95 Diseases of the ear and mastoid process	163,851	153,541	2,602	77.2	166,513	78.4	1.0
I00–I99 Diseases of the circulatory system	24,695	18,601	98	11.6	30,251	14.2	1.9
J00–J99 Diseases of the respiratory system	159,641	54,366	3,476	75.2	617,838	290.9	5.4
K00–K93 Diseases of the digestive system	84,982	15,572	878	40.0	321,415	151.3	4.4
L00–L99 Diseases of the skin and subcutaneous tissue	463,292	361,330	3,682	218.1	700,429	329.8	3.3
M00–M99 Diseases of the musculoskeletal system and connective tissue	40,417	26,998	409	19.0	119,294	56.2	6.9
N00–N99 Diseases of the genitourinary system	256,785	111,954	995	120.9	755,511	355.7	4.4
O00–O99 Pregnancy, childbirth and the puerperium	164,048	93,762	1,618	77.2	327,808	154.4	3.3
P00–P96 Certain conditions originating in the perinatal period	149,316	56,363	624	70.3	475,571	223.9	4.5
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	12,126	462	42	5.7	87,657	41.3	7.5
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	10,378	6,031	56	4.9	21,224	10.0	3.5
S00–T98 Injury, poisoning and certain other consequences of external causes	164,711	113,060	1,898	77.6	296,982	139.8	3.6
Z00–Z99 Factors influencing health status and contact with health services	95,825	28,325	1,169	45.1	427,795	201.4	5.9
Not reported	738,016	661,845	52,797	347.5	1,498,215	705.4	11.0
	3,190	1,911	9	1.5	10,049	4.7	6.4
Total	3,129,885	2,065,101	76,227	1,473.7	7,806,573	3,675.8	5.4

(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) Crude rate based on Australian population as at 31 December 2007.

Abbreviation: ALOS—average length of stay.

Table 9.3: Separations^(a), by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2007-08

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-B99 Certain infectious and parasitic diseases	28,550	19,951	14,648	6,901	5,357	1,204	1,133	2,044	79,788
C00-D48 Neoplasms	78,125	75,994	47,769	25,064	23,251	6,039	3,595	1,613	261,450
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	19,082	22,183	9,918	7,214	6,143	1,330	1,125	395	67,390
E00-E90 Endocrine, nutritional and metabolic diseases	26,402	28,296	15,708	9,938	8,522	2,411	1,323	2,010	94,610
F00-F99 Mental and behavioural disorders	64,691	40,947	27,671	16,317	16,647	4,590	2,091	1,645	174,599
G00-G99 Diseases of the nervous system	29,975	35,907	17,708	9,324	9,273	2,406	1,759	781	107,133
H00-H59 Diseases of the eye and adnexa	22,694	19,100	8,649	8,075	6,134	571	1,036	695	66,954
H60-H95 Diseases of the ear and mastoid process	7,402	7,861	6,258	2,806	2,861	411	406	478	28,483
I00-I99 Diseases of the circulatory system	108,870	82,958	56,745	25,299	26,547	6,847	5,630	2,585	315,481
J00-J99 Diseases of the respiratory system	96,609	68,899	48,580	24,324	24,850	5,085	3,729	4,852	276,928
K00-K93 Diseases of the digestive system	129,562	110,392	68,387	41,000	28,294	7,898	6,159	4,402	396,094
L00-L99 Diseases of the skin and subcutaneous tissue	26,532	21,412	17,440	9,147	8,607	1,625	998	2,407	88,168
M00-M99 Diseases of the musculoskeletal system and connective tissue	50,543	44,886	26,758	18,314	15,292	4,194	3,103	1,512	164,602
N00-N99 Diseases of the genitourinary system	66,369	57,693	36,852	18,279	17,377	4,381	3,257	2,244	206,452
O00-O99 Pregnancy, childbirth and the puerperium	108,213	83,038	67,138	32,213	26,666	6,095	4,909	6,276	334,548
P00-P96 Certain conditions originating in the perinatal period	12,251	15,330	8,552	3,503	3,351	788	975	716	45,466
Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities	8,030	6,726	4,154	2,099	1,758	507	413	173	23,860
R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	109,807	107,608	59,367	28,819	27,250	7,004	4,604	3,834	348,293
S00-T98 Injury, poisoning and certain other consequences of external causes	137,088	107,848	84,433	38,970	31,087	8,556	7,402	7,277	422,661
Z00-Z99 Factors influencing health status and contact with health services	335,700	393,994	205,230	130,596	79,063	24,318	27,480	44,319	1,240,700
Not reported	242	149	0	0	0	10	0	0	401
Total	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061

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

Table 9.4: Separations^(a), by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2007-08

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-B99 Certain infectious and parasitic diseases	2,275	2,815	4,121	941	900	n.p.	n.p.	n.p.	11,503
C00-D48 Neoplasms	77,013	64,465	79,269	28,118	25,867	n.p.	n.p.	n.p.	285,781
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	6,094	9,175	10,161	2,657	2,259	n.p.	n.p.	n.p.	31,417
E00-E90 Endocrine, nutritional and metabolic diseases	14,625	13,962	15,376	7,013	4,856	n.p.	n.p.	n.p.	58,830
F00-F99 Mental and behavioural disorders	37,003	45,229	29,588	12,578	2,138	n.p.	n.p.	n.p.	132,462
G00-G99 Diseases of the nervous system	20,712	21,119	19,673	7,836	6,524	n.p.	n.p.	n.p.	78,619
H00-H59 Diseases of the eye and adnexa	57,050	33,859	39,817	12,883	11,404	n.p.	n.p.	n.p.	163,851
H60-H95 Diseases of the ear and mastoid process	7,287	5,387	4,975	2,857	3,047	n.p.	n.p.	n.p.	24,695
I00-I99 Diseases of the circulatory system	43,173	44,201	39,702	14,406	12,346	n.p.	n.p.	n.p.	159,641
J00-J99 Diseases of the respiratory system	22,067	20,420	22,512	8,132	8,049	n.p.	n.p.	n.p.	84,982
K00-K93 Diseases of the digestive system	133,050	127,107	110,167	43,421	33,316	n.p.	n.p.	n.p.	463,292
L00-L99 Diseases of the skin and subcutaneous tissue	10,476	10,919	9,442	3,863	3,982	n.p.	n.p.	n.p.	40,417
M00-M99 Diseases of the musculoskeletal system and connective tissue	67,614	66,572	49,775	33,615	25,749	n.p.	n.p.	n.p.	256,785
N00-N99 Diseases of the genitourinary system	51,752	39,169	36,776	15,400	12,884	n.p.	n.p.	n.p.	164,048
O00-O99 Pregnancy, childbirth and the puerperium	36,680	42,747	38,617	17,439	6,781	n.p.	n.p.	n.p.	149,316
P00-P96 Certain conditions originating in the perinatal period	2,718	3,709	2,526	1,928	817	n.p.	n.p.	n.p.	12,126
Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities	3,491	2,462	2,284	1,014	770	n.p.	n.p.	n.p.	10,378
R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	38,168	51,674	40,624	15,509	12,130	n.p.	n.p.	n.p.	164,711
S00-T98 Injury, poisoning and certain other consequences of external causes	23,639	22,834	24,940	10,408	9,988	n.p.	n.p.	n.p.	95,825
Z00-Z99 Factors influencing health status and contact with health services	203,033	171,286	199,954	85,400	59,790	n.p.	n.p.	n.p.	738,016
Not reported	0	3,180	0	0	0	n.p.	n.p.	n.p.	3,190
Total	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885

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

Table 9.5: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations for sectors combined, by hospital sector, Australia, 2003–04 to 2007–08

Principal diagnosis	Private hospitals										Public hospitals										Change 2003–04 to 2007–08	
	2003–04	2004–05	2005–06	2006–07	2007–08	2007–08	2007–08	2007–08	2007–08	2007–08	2003–04	2004–05	2005–06	2006–07	2007–08	2007–08	2007–08	2007–08	2007–08	2007–08	2003–04 to 2007–08	2007–08
	2003–04	2004–05	2005–06	2006–07	2007–08	2007–08	2007–08	2007–08	2007–08	2007–08	2003–04	2004–05	2005–06	2006–07	2007–08	2007–08	2007–08	2007–08	2007–08	2007–08	2003–04 to 2007–08	2007–08
Z49 Care involving dialysis	134,025	144,505	154,066	145,533	165,456	165,456	165,456	165,456	165,456	165,456	628,331	670,323	734,184	792,270	825,331	825,331	825,331	825,331	825,331	825,331	197,000	197,000
Z50 Care involving use of rehabilitation procedures	55,820	69,996	85,061	98,100	117,610	117,610	117,610	117,610	117,610	117,610	74,389	68,459	70,027	73,103	77,970	77,970	77,970	77,970	77,970	77,970	3,581	3,581
Z51 Other medical care	148,923	158,814	164,744	171,854	179,394	179,394	179,394	179,394	179,394	179,394	137,182	137,271	138,474	144,657	132,143	132,143	132,143	132,143	132,143	132,143	–5,039	–5,039
Z45 Adjustment and management of implanted device	21,719	25,626	32,195	37,165	42,597	42,597	42,597	42,597	42,597	42,597	20,374	21,286	22,709	25,660	28,058	28,058	28,058	28,058	28,058	28,058	7,684	7,684
R07 Pain in throat and chest	19,597	20,932	20,608	21,231	20,817	20,817	20,817	20,817	20,817	20,817	1,220	68,760	80,956	91,709	94,867	94,867	94,867	94,867	94,867	94,867	26,107	26,107
H26 Other cataract	67,996	72,193	73,859	77,169	85,839	85,839	85,839	85,839	85,839	85,839	17,843	35,548	39,477	39,241	39,960	39,960	39,960	39,960	39,960	39,960	4,412	4,412
E11 Type 2 diabetes mellitus	14,096	17,898	19,752	21,789	24,699	24,699	24,699	24,699	24,699	24,699	10,603	30,182	32,976	35,507	38,926	38,926	38,926	38,926	38,926	38,926	10,938	10,938
Z12 Special screening examination for neoplasms	18,224	21,390	23,851	29,714	34,645	34,645	34,645	34,645	34,645	34,645	7,095	7,839	8,109	9,224	9,655	9,655	9,655	9,655	9,655	9,655	2,560	2,560
R19 Other symptoms and signs involving the digestive system and abdomen	12,426	12,610	14,266	19,033	25,703	25,703	25,703	25,703	25,703	25,703	4,936	4,778	5,170	6,974	9,413	9,413	9,413	9,413	9,413	9,413	4,477	4,477
Z31 Procreative management	28,686	34,885	36,929	41,206	46,224	46,224	46,224	46,224	46,224	46,224	17,538	4,613	4,701	4,060	4,537	4,537	4,537	4,537	4,537	4,537	–76	–76
H35 Other retinal disorders	1,771	2,265	3,355	8,591	16,003	16,003	16,003	16,003	16,003	16,003	1,030	882	993	1,025	1,287	1,287	1,287	1,287	1,287	1,287	257	257
D12 Benign neoplasm of colon, rectum, anus and anal canal	28,392	30,842	31,501	35,706	39,292	39,292	39,292	39,292	39,292	39,292	10,900	10,029	10,589	10,859	12,041	12,041	12,041	12,041	12,041	12,041	2,777	2,777
R10 Abdominal and pelvic pain	40,919	42,358	43,872	45,224	46,519	46,519	46,519	46,519	46,519	46,519	56,961	59,962	62,686	66,362	64,517	64,517	64,517	64,517	64,517	64,517	7,556	7,556
G47 Sleep disorders	30,801	33,309	33,911	36,342	40,066	40,066	40,066	40,066	40,066	40,066	12,611	13,665	14,358	14,286	15,591	15,591	15,591	15,591	15,591	15,591	2,980	2,980
I48 Atrial fibrillation and flutter	10,987	12,033	12,868	14,246	15,295	15,295	15,295	15,295	15,295	15,295	25,204	26,263	28,642	31,373	31,869	31,869	31,869	31,869	31,869	31,869	6,665	6,665
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	23,979	25,726	26,943	30,038	33,586	33,586	33,586	33,586	33,586	33,586	15,543	15,010	15,087	15,459	14,611	14,611	14,611	14,611	14,611	14,611	–932	–932
O61 Malignant neoplasm of prostate	13,705	15,604	17,393	19,741	21,443	21,443	21,443	21,443	21,443	21,443	6,842	7,739	8,036	8,781	9,604	9,604	9,604	9,604	9,604	9,604	2,762	2,762
K92 Other diseases of digestive system	23,888	24,771	25,980	27,986	29,939	29,939	29,939	29,939	29,939	29,939	24,038	24,443	25,797	27,854	28,378	28,378	28,378	28,378	28,378	28,378	4,340	4,340
I20 Angina pectoris	23,305	22,963	22,451	21,579	21,116	21,116	21,116	21,116	21,116	21,116	–2,189	58,604	57,266	54,791	53,530	53,530	53,530	53,530	53,530	53,530	–7,919	–7,919
M17 Gonarthrosis [arthrosis of knee]	29,379	31,123	31,547	33,831	36,415	36,415	36,415	36,415	36,415	36,415	14,857	15,740	17,707	17,794	17,734	17,734	17,734	17,734	17,734	17,734	2,877	2,877
F10 Mental and behavioural disorders due to use of alcohol	14,435	15,150	15,756	16,159	18,135	18,135	18,135	18,135	18,135	18,135	18,992	20,002	22,366	24,557	25,070	25,070	25,070	25,070	25,070	25,070	6,078	6,078
N39 Other disorders of urinary system	12,429	13,258	13,083	13,295	13,931	13,931	13,931	13,931	13,931	13,931	29,034	31,505	34,080	35,578	37,101	37,101	37,101	37,101	37,101	37,101	8,067	8,067
O34 Maternal care for known or suspected abnormality of pelvic organs	10,151	11,117	12,247	13,150	13,533	13,533	13,533	13,533	13,533	13,533	13,462	14,537	16,479	18,495	18,998	18,998	18,998	18,998	18,998	18,998	5,536	5,536
K52 Other noninfective gastroenteritis and colitis	13,947	13,603	15,019	15,737	16,079	16,079	16,079	16,079	16,079	16,079	2,132	25,996	24,945	28,143	31,540	32,778	32,778	32,778	32,778	32,778	6,782	6,782
E66 Obesity	3,550	4,990	6,333	7,937	11,943	11,943	11,943	11,943	11,943	11,943	694	716	892	1,079	1,171	1,171	1,171	1,171	1,171	1,171	477	477
C44 Other malignant neoplasms of skin	48,447	47,538	51,815	53,588	56,425	56,425	56,425	56,425	56,425	56,425	26,213	25,096	25,906	26,205	27,040	27,040	27,040	27,040	27,040	27,040	827	827
I21 Acute myocardial infarction	8,591	8,602	9,229	9,142	9,839	9,839	9,839	9,839	9,839	9,839	38,294	39,031	40,305	42,525	45,837	45,837	45,837	45,837	45,837	45,837	7,543	7,543
Z41 Procedures for purposes other than remedying health state	11,880	14,679	15,076	15,135	17,636	17,636	17,636	17,636	17,636	17,636	4,824	4,720	4,174	3,660	2,409	2,409	2,409	2,409	2,409	2,409	–2,415	–2,415
D50 Iron deficiency anaemia	9,067	10,304	10,574	11,196	11,728	11,728	11,728	11,728	11,728	11,728	2,661	12,957	14,242	15,564	18,142	18,142	18,142	18,142	18,142	18,142	5,205	5,205
K01 Embedded and impacted teeth	55,548	56,584	57,422	59,963	63,224	63,224	63,224	63,224	63,224	63,224	8,268	8,319	8,177	7,758	8,246	8,246	8,246	8,246	8,246	8,246	–22	–22

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
Note: Principal diagnoses have been ordered by the sum of the absolute values of the changes in the number of separations in the public and private sectors combined between 2003–04 and 2007–08.

Table 9.6: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations, by patient election status, Australia, 2003–04 to 2007–08

Principal diagnosis	Private patients						Public patients					
	Change 2003–04 to						Change 2003–04 to					
	2003–04	2004–05	2005–06	2006–07	2007–08	2008	2003–04	2004–05	2005–06	2006–07	2007–08	2008
Z49 Care involving dialysis	166,009	176,229	193,547	208,868	218,028	52,019	595,995	638,546	694,669	728,745	772,434	176,439
Z50 Care involving use of rehabilitation procedures	67,466	82,144	98,334	112,115	132,822	65,356	62,723	56,260	56,706	58,917	62,481	–242
Z51 Other medical care	158,650	170,306	175,536	185,543	191,877	33,227	126,654	124,811	126,653	129,749	118,067	–8,587
Z45 Adjustment and management of implanted device	24,107	28,024	34,778	39,627	44,961	20,854	17,964	18,763	19,982	23,083	25,427	7,463
R07 Pain in throat and chest	26,855	28,197	28,274	31,027	31,306	4,451	61,381	67,659	73,149	81,750	84,183	22,802
H26 Other cataract	74,715	78,477	80,575	83,313	90,792	16,077	28,813	31,824	32,580	32,277	34,544	5,731
E11 Type 2 diabetes mellitus	17,609	21,507	24,076	26,876	29,392	11,783	26,636	29,213	31,083	33,643	36,257	9,621
Z12 Special screening examination for neoplasms	18,808	22,120	24,776	31,473	36,624	17,816	6,510	7,099	7,182	7,464	7,642	1,132
R19 Other symptoms and signs involving the digestive system and abdomen	12,928	13,090	14,866	20,421	27,341	14,413	4,429	4,294	4,568	5,581	7,710	3,281
Z31 Procreative management	31,229	37,073	39,217	43,429	48,301	17,072	2,020	2,430	1,763	2,008	2,314	294
H35 Other retinal disorders	2,151	2,542	3,684	8,914	16,347	14,196	647	581	644	659	915	268
D12 Benign neoplasm of colon, rectum, anus and anal canal	29,279	31,795	32,629	37,455	41,087	11,810	9,141	9,627	9,730	10,291	10,880	1,739
R10 Abdominal and pelvic pain	45,454	48,866	48,715	51,588	52,841	7,387	52,280	55,280	57,689	59,816	57,896	5,616
G47 Sleep disorders	31,963	35,010	35,949	38,597	42,172	10,209	11,437	11,897	12,261	11,995	13,267	1,830
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	25,438	27,194	28,484	31,971	35,558	10,120	14,077	13,529	13,539	13,513	12,586	–1,491
I48 Atrial fibrillation and flutter	15,485	16,651	17,999	20,354	21,463	5,978	20,686	21,598	23,490	25,239	25,662	4,976
C61 Malignant neoplasm of prostate	14,973	17,045	18,873	21,323	23,298	8,325	5,568	6,280	6,535	7,169	7,734	2,166
K92 Other diseases of digestive system	26,687	27,608	29,231	32,198	34,226	7,539	21,223	21,568	22,526	23,622	24,012	2,789
I20 Angina pectoris	32,168	31,907	30,345	29,540	28,714	–3,454	49,640	48,181	46,771	45,480	43,013	–6,627
F10 Mental and behavioural disorders due to use of alcohol	15,143	15,908	16,425	17,031	19,003	3,860	18,265	19,220	21,648	23,643	24,162	5,897
M17 Gonarthrosis [arthrosis of knee]	30,397	32,168	32,407	35,160	37,675	7,278	13,835	14,689	16,844	16,447	16,304	2,469
N39 Other disorders of urinary system	16,018	17,317	17,631	18,738	19,753	3,735	25,401	27,388	29,481	30,076	31,156	5,755
K52 Other noninfective gastroenteritis and colitis	16,696	16,099	18,027	19,699	20,260	3,564	23,182	22,371	25,065	27,485	28,482	5,300
E66 Obesity	3,632	5,046	6,377	8,072	12,133	8,501	610	659	848	944	931	321
O34 Maternal care for known or suspected abnormality of pelvic organs	11,357	12,355	13,632	14,996	15,268	3,911	12,232	13,229	15,017	16,566	17,086	4,854
I21 Acute myocardial infarction	14,828	15,141	16,036	16,561	17,786	2,958	31,912	32,344	33,358	35,004	37,709	5,797
C44 Other malignant neoplasms of skin	51,485	50,232	54,716	56,499	59,162	7,677	23,174	22,369	22,992	23,271	24,203	1,029
K21 Gastro-oesophageal reflux disease	39,295	40,447	40,863	43,921	45,332	6,037	17,758	17,448	17,359	17,120	15,829	–1,929
D50 Iron deficiency anaemia	10,482	11,813	12,343	13,558	14,174	3,692	11,533	12,721	13,789	15,767	15,684	4,151
K01 Embedded and impacted teeth	59,051	60,436	61,265	63,335	66,219	7,168	4,758	4,424	4,329	4,341	5,113	355

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

Note: Principal diagnoses have been ordered by the sum of the absolute values of the changes in the number of separations for public and private patients combined between 2003–04 and 2007–08.

Table 9.7: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, public hospitals, Australia, 2007–08

Principal diagnosis	Separations		Public patient separations		Separations per 10,000 population ^(b)		Patient days per 10,000 population ^(b)		ALOS (days)
	Separations		separations		population		population		
Z50 Care involving use of rehabilitation procedures	59,362		45,315		28.0		1,484,297	698.9	25.0
R07 Pain in throat and chest	55,462		47,757		26.1		102,012	48.0	1.8
J18 Pneumonia, organism unspecified	45,089		36,252		21.2		283,319	133.4	6.3
J44 Other chronic obstructive pulmonary disease	43,912		37,060		20.7		313,149	147.4	7.1
I21 Acute myocardial infarction	39,697		31,924		18.7		236,389	111.3	6.0
I20 Angina pectoris	38,140		31,671		18.0		131,711	62.0	3.5
O70 Perineal laceration during delivery	37,242		34,065		17.5		102,482	48.3	2.8
I50 Heart failure	32,543		25,754		15.3		251,157	118.3	7.7
K80 Cholelithiasis	31,517		27,927		14.8		105,839	49.8	3.4
R10 Abdominal and pelvic pain	30,908		26,946		14.6		72,801	34.3	2.4
L03 Cellulitis	29,780		25,181		14.0		170,752	80.4	5.7
N39 Other disorders of urinary system	28,663		23,363		13.5		161,239	75.9	5.6
E11 Type 2 diabetes mellitus	24,964		21,518		11.8		231,135	108.8	9.3
J45 Asthma	24,619		21,927		11.6		56,589	26.6	2.3
O80 Single spontaneous delivery	24,222		23,027		11.4		51,361	24.2	2.1
I48 Atrial fibrillation and flutter	22,861		17,761		10.8		92,298	43.5	4.0
F20 Schizophrenia	22,169		21,280		10.4		701,766	330.4	31.7
S52 Fracture of forearm	21,931		17,362		10.3		55,941	26.3	2.6
S72 Fracture of femur	21,353		15,486		10.1		249,563	117.5	11.7
T81 Complications of procedures, not elsewhere classified	19,671		16,166		9.3		134,454	63.3	6.8
S82 Fracture of lower leg, including ankle	19,109		14,045		9.0		120,859	56.9	6.3
K35 Acute appendicitis	18,517		15,401		8.7		59,628	28.1	3.2
K52 Other noninfective gastroenteritis and colitis	18,498		15,457		8.7		65,564	30.9	3.5
O34 Maternal care for known or suspected abnormality of pelvic organs	18,467		16,592		8.7		70,038	33.0	3.8
F10 Mental and behavioural disorders due to use of alcohol	17,730		16,941		8.3		85,824	40.4	4.8
R55 Syncope and collapse	17,429		13,599		8.2		58,409	27.5	3.4
Z75 Problems related to medical facilities and other health care	16,953		13,599		8.0		698,143	328.7	41.2
F32 Depressive episode	16,269		15,139		7.7		186,133	87.6	11.4
P07 Disorders related to short gestation and low birth weight, not elsewhere classified	15,913		14,238		7.5		296,384	139.6	18.6
J22 Unspecified acute lower respiratory infection	14,992		12,325		7.1		71,307	33.6	4.8
Other	1,552,326		1,312,090		730.9		8,757,075	4,123.3	5.6
Not reported	152		119		0.1		14,726	6.9	96.9
Total	2,380,460		2,007,287		1,120.9		15,472,344	7,285.2	6.5

(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) Crude rate based on Australian population as at 31 December 2007.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <www.aihw.gov.au>.

Table 9.8: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, private hospitals, Australia, 2007-08

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)
Z50 Care involving use of rehabilitation procedures	40,337	539	19.0	651,456	306.7	16.2
G47 Sleep disorders	39,095	117	18.4	42,554	20.0	1.1
M17 Gonarthrosis [arthrosis of knee]	24,845	156	11.7	164,927	77.7	6.6
K40 Inguinal hernia	20,254	168	9.5	29,009	13.7	1.4
M75 Shoulder lesions	19,994	56	9.4	32,382	15.2	1.6
K80 Cholelithiasis	17,994	241	8.5	44,582	21.0	2.5
J35 Chronic diseases of tonsils and adenoids	17,758	50	8.4	18,697	8.8	1.1
I20 Angina pectoris	16,711	135	7.9	67,899	32.0	4.1
O70 Perineal laceration during delivery	14,336	41	6.8	59,348	27.9	4.1
M16 Coxarthrosis [arthrosis of hip]	13,524	82	6.4	100,160	47.2	7.4
O34 Maternal care for known or suspected abnormality of pelvic organs	13,390	26	6.3	66,557	31.3	5.0
R07 Pain in throat and chest	12,823	170	6.0	28,223	13.3	2.2
I25 Chronic ischaemic heart disease	12,446	12	5.9	43,786	20.6	3.5
E66 Obesity	11,109	n.p.	5.2	18,756	8.8	1.7
M23 Internal derangement of knee	10,933	23	5.1	14,852	7.0	1.4
C61 Malignant neoplasm of prostate	10,481	110	4.9	51,966	24.5	5.0
C50 Malignant neoplasm of breast	10,321	88	4.9	36,683	17.3	3.6
N40 Hyperplasia of prostate	10,275	32	4.8	34,324	16.2	3.3
I48 Atrial fibrillation and flutter	10,070	111	4.7	38,669	18.2	3.8
M51 Other intervertebral disc disorders	9,752	20	4.6	49,668	23.4	5.1
J34 Other disorders of nose and nasal sinuses	9,704	n.p.	4.6	10,933	5.1	1.1
T81 Complications of procedures, not elsewhere classified	9,312	66	4.4	60,793	28.6	6.5
N81 Female genital prolapse	9,291	38	4.4	35,444	16.7	3.8
J18 Pneumonia, organism unspecified	9,192	150	4.3	74,521	35.1	8.1
I50 Heart failure	9,075	160	4.3	87,216	41.1	9.6
I21 Acute myocardial infarction	8,801	142	4.1	57,122	26.9	6.5
C44 Other malignant neoplasms of skin	8,400	70	4.0	29,289	13.8	3.5
N39 Other disorders of urinary system	8,371	100	3.9	44,220	20.8	5.3
E11 Type 2 diabetes mellitus	8,014	90	3.8	60,124	28.3	7.5
I83 Varicose veins of lower extremities	7,979	78	3.8	15,404	7.3	1.9
Other	638,918	7,149	300.8	3,663,770	1,725.1	5.7
Not reported	1,279	0	0.6	8,138	3.8	6.4
Total	1,064,784	10,224	501.4	5,741,472	2,703.4	5.4

(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) Crude rate based on Australian population as at 31 December 2007.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <www.aihw.gov.au>.

Table 9.9: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same-day separations, public hospitals, Australia, 2007–08

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)
Z49 Care involving dialysis	822,380	723,202	387.2
Z51 Other medical care	130,841	114,074	61.6
R07 Pain in throat and chest	39,405	35,880	18.6
H26 Other cataract	37,993	30,919	17.9
R10 Abdominal and pelvic pain	33,609	30,561	15.8
Z45 Adjustment and management of implanted device	26,269	23,630	12.4
C44 Other malignant neoplasms of skin	21,334	19,053	10.0
Z50 Care involving use of rehabilitation procedures	18,608	16,593	8.8
Z08 Follow-up examination after treatment for malignant neoplasms	17,506	15,672	8.2
K92 Other diseases of digestive system	16,801	14,377	7.9
E11 Type 2 diabetes mellitus	16,156	13,970	7.6
K52 Other noninfective gastroenteritis and colitis	14,280	12,909	6.7
K21 Gastro-oesophageal reflux disease	13,620	11,276	6.4
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	13,609	11,538	6.4
K02 Dental caries	12,867	11,398	6.1
K29 Gastritis and duodenitis	12,822	11,152	6.0
I20 Angina pectoris	12,545	10,635	5.9
D50 Iron deficiency anaemia	11,758	10,240	5.5
G56 Mononeuropathies of upper limb	11,634	10,565	5.5
O04 Medical abortion	11,251	9,327	5.3
Z30 Contraceptive management	11,240	10,107	5.3
Z47 Other orthopaedic follow-up care	11,111	9,518	5.2
S01 Open wound of head	10,899	9,591	5.1
D12 Benign neoplasm of colon, rectum, anus and anal canal	10,473	8,597	4.9
N92 Excessive, frequent and irregular menstruation	10,316	9,502	4.9
Z46 Fitting and adjustment of other devices	10,212	9,246	4.8
M54 Dorsalgia	9,951	8,449	4.7
M23 Internal derangement of knee	9,685	8,547	4.6
S62 Fracture at wrist and hand level	9,577	7,976	4.5
F32 Depressive episode	9,576	7,705	4.5
Other	965,032	839,245	454.4
Not reported	241	219	0.1
Total	2,363,601	2,065,673	1,112.9

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

(b) Crude rate based on Australian population as at 31 December 2007.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <www.aihw.gov.au>.

Table 9.10: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same-day separations, private hospitals, Australia, 2007-08

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)
Z51 Other medical care	178,997	2,859	84.3
Z49 Care involving dialysis	164,976	46,569	77.7
H26 Other cataract	80,323	1,978	37.8
Z50 Care involving use of rehabilitation procedures	77,273	34	36.4
K01 Embedded and impacted teeth	62,005	68	29.2
C44 Other malignant neoplasms of skin	48,025	261	22.6
Z31 Precreative management	45,839	579	21.6
O04 Medical abortion	41,511	68	19.5
K21 Gastro-oesophageal reflux disease	40,485	91	19.1
Z45 Adjustment and management of implanted device	39,688	289	18.7
R10 Abdominal and pelvic pain	38,940	280	18.3
D12 Benign neoplasm of colon, rectum, anus and anal canal	36,640	209	17.3
M23 Internal derangement of knee	35,286	86	16.6
Z12 Special screening examination for neoplasms	34,388	177	16.2
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	32,732	129	15.4
H25 Senile cataract	27,594	349	13.0
K92 Other diseases of digestive system	26,719	263	12.6
K29 Gastritis and duodenitis	25,976	101	12.2
R19 Other symptoms and signs involving the digestive system and abdomen	24,826	181	11.7
I84 Haemorrhoids	24,742	106	11.6
Z08 Follow-up examination after treatment for malignant neoplasms	24,667	287	11.6
K63 Other diseases of intestine	23,631	113	11.1
K57 Diverticular disease of intestine	21,443	123	10.1
F32 Depressive episode	20,066	6	9.4
K02 Dental caries	19,260	327	9.1
G56 Mononeuropathies of upper limb	17,046	128	8.0
E11 Type 2 diabetes mellitus	16,685	679	7.9
M54 Dorsalgia	15,731	66	7.4
H35 Other retinal disorders	15,396	21	7.2
K22 Other diseases of oesophagus	14,753	53	6.9
Other	787,547	9,514	370.8
Not reported	1,911	9	0.9
Total	2,065,101	66,003	972.4

(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) Crude rate based on Australian population as at 31 December 2007.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <www.aihw.gov.au>.

Table 9.11: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia, 2007–08

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)
Z49 Care involving dialysis	90,781	35,267	42.7
O04 Medical abortion	40,493	68	19.1
Z51 Other medical care	39,801	910	18.7
H26 Other cataract	36,527	846	17.2
H25 Senile cataract	22,831	256	10.8
Z31 Preoperative management	22,190	579	10.4
C44 Other malignant neoplasms of skin	19,702	131	9.3
K21 Gastro-oesophageal reflux disease	17,839	1	8.4
R10 Abdominal and pelvic pain	16,506	0	7.8
K01 Embedded and impacted teeth	15,870	0	7.5
D12 Benign neoplasm of colon, rectum, anus and anal canal	15,283	0	7.2
H35 Other retinal disorders	14,032	20	6.6
Z12 Special screening examination for neoplasms	13,505	2	6.4
K29 Gastritis and duodenitis	13,481	0	6.3
K63 Other diseases of intestine	12,565	0	5.9
I84 Haemorrhoids	11,906	0	5.6
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	11,276	1	5.3
K57 Diverticular disease of intestine	10,901	6	5.1
E11 Type 2 diabetes mellitus	8,048	334	3.8
R19 Other symptoms and signs involving the digestive system and abdomen	7,431	2	3.5
K92 Other diseases of digestive system	7,265	1	3.4
K02 Dental caries	6,873	163	3.2
K30 Dyspepsia	6,405	1	3.0
K62 Other diseases of anus and rectum	6,164	2	2.9
Z41 Procedures for purposes other than remedying health state	5,806	13	2.7
K22 Other diseases of oesophagus	5,600	0	2.6
H02 Other disorders of eyelid	5,317	32	2.5
N97 Female infertility	5,054	4	2.4
M54 Dorsalgia	4,553	0	2.1
K59 Other functional intestinal disorders	4,409	1	2.1
Other	168,553	3,432	79.4
Not reported	1,066	0	0.5
Total	668,033	42,072	314.5

(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) Crude rate based on Australian population as at 31 December 2007.

Table 9.12: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2007–08

Principal diagnosis	Separations	Same-day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same day
F00–F03 Dementia	221	1	202	0.1	22,914	11	103.7	104.2
F04–F09 Other organic mental disorders	173	2	168	0.1	8,825	4	51.0	51.6
F10 Mental, behavioural disorders due to use of alcohol	904	60	903	0.4	12,895	6	14.3	15.2
F11–F19 Mental, behavioural disorders due to other psychoactive substance use	1,041	26	1,025	0.5	9,109	4	8.8	8.9
F20 Schizophrenia	2,853	32	2,588	1.3	236,792	111	83.0	83.9
F21–F29 Other schizotypal, delusional disorders	1,520	51	1,443	0.7	58,392	27	38.4	39.7
F30 Manic episode	62	2	60	<0.01	1,017	0	16.4	16.9
F31 Bipolar affective disorder	1,160	111	1,127	0.5	29,896	14	25.8	28.4
F32–F33 Depressive episode or disorder	1,694	332	1,626	0.8	25,780	12	15.2	18.7
F34–F39 Other mood (affective) disorders	144	4	139	0.1	2,069	1	14.4	14.8
F40–F48 Neurotic, stress-related and somatoform disorders	1,337	106	1,293	0.6	10,651	5	8.0	8.6
F50 Eating disorders	6	1	6	<0.01	47	0	7.8	9.2
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	10	1	10	<0.01	83	0	8.3	9.1
F60–F69 Disorders of adult personality and behaviour	717	37	700	0.3	7,700	4	10.7	11.3
F70–F79 Mental retardation	57	2	55	<0.01	17,723	8	310.9	322.2
F80–F89 Disorders of psychological development	368	324	365	0.2	1,980	1	5.4	37.6
F90–F98 Disorders with onset usually occurring in childhood, adolescence	815	700	815	0.4	1,388	1	1.7	6.0
F99 Unspecified mental disorder	101	0	20	<0.01	2,388	1	23.6	23.6
G00–G99 Diseases of the nervous system	211	1	187	0.1	23,196	11	109.9	110.5
R00–R99 Signs, symptoms and abnormal findings not elsewhere classified	9	0	9	<0.01	85	0	9.4	9.4
Z50 Care involving use of rehabilitation procedures	857	5	857	0.4	183,058	86	213.6	214.9
Z59, Z60, Z63–Z65 Social Codes ^(c)	333	0	332	0.2	1,250	1	3.8	3.8
Other ^(d)	143	5	134	0.1	50,754	24	354.9	367.7
Not reported	14	4	14	<0.01	5,704	3	407.4	570.0
Total	14,750	1,807	14,078	6.9	713,696	336.0	48.4	55.0

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Social codes include: Problems related to housing, economic circumstances, social environment, psychosocial circumstances and other problems related to primary support group, including family circumstances.

(d) Other includes principal diagnoses in any other ICD-10-AM grouping not included elsewhere.

Table 9.13: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2007–08

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	252,772	240,548	124,305	77,695	55,135	13,834	21,434	39,608	825,331
Z51 Other medical care	4,339	73,205	24,119	23,370	1,090	4,046	601	1,373	132,143
R07 Pain in throat and chest	30,238	25,477	18,855	7,370	8,666	1,735	1,485	1,041	94,867
Z50 Care involving use of rehabilitation procedures	25,223	16,933	16,853	8,496	6,619	1,139	2,248	459	77,970
R10 Abdominal and pelvic pain	19,002	21,611	11,128	5,994	3,937	1,299	814	732	64,517
I20 Angina pectoris	15,266	12,652	11,184	4,536	4,561	1,250	835	401	50,685
J18 Pneumonia, organism unspecified	18,260	13,019	7,845	4,180	3,595	920	809	1,298	49,926
J44 Other chronic obstructive pulmonary disease	17,465	11,373	8,567	3,691	4,561	1,153	367	679	47,856
I21 Acute myocardial infarction	16,440	11,801	9,001	3,258	3,363	929	629	416	45,837
E11 Type 2 diabetes mellitus	11,350	11,994	7,040	4,481	3,838	798	583	1,036	41,120
H26 Other cataract	13,577	11,869	5,003	4,549	3,423	325	807	407	39,960
O70 Perineal laceration during delivery	16,300	6,701	7,438	3,361	2,812	477	931	471	38,491
K80 Cholelithiasis	12,909	10,000	6,803	3,161	2,870	881	605	373	37,602
N39 Other disorders of urinary system	13,201	9,760	6,595	3,137	2,844	630	564	370	37,101
I50 Heart failure	13,020	9,912	5,620	2,784	3,019	776	437	315	35,883
L03 Cellulitis	11,582	7,975	6,863	3,156	2,087	531	430	789	33,413
K52 Other noninfective gastroenteritis and colitis	9,363	10,486	5,220	2,530	3,988	549	369	273	32,778
I48 Atrial fibrillation and flutter	11,383	8,095	5,302	2,692	2,816	759	582	240	31,869
J45 Asthma	10,139	8,715	5,584	2,757	3,317	587	344	358	31,801
S52 Fracture of forearm	11,295	7,452	6,202	2,738	1,870	626	702	541	31,426
K92 Other diseases of digestive system	10,828	8,196	4,309	2,674	1,270	585	234	282	28,378
Z45 Adjustment and management of implanted device	2,167	15,913	6,097	1,395	634	1,267	477	108	28,058
C44 Other malignant neoplasms of skin	6,703	7,144	6,697	2,601	2,847	632	257	159	27,040
O80 Single spontaneous delivery	9,961	3,533	7,602	2,308	1,647	581	505	475	26,612
F32 Depressive episode	9,077	6,880	3,595	2,110	2,770	1,045	245	123	25,845
R55 Syncope and collapse	8,652	7,103	4,475	1,654	2,685	443	289	196	25,497
F10 Mental and behavioural disorders due to use of alcohol	9,945	4,769	4,319	2,523	1,982	570	545	417	25,070
F20 Schizophrenia	7,952	6,511	4,959	2,171	2,133	520	253	321	24,820
T81 Complications of procedures, not elsewhere classified	7,992	6,172	4,167	2,382	1,888	466	412	395	23,874
S72 Fracture of femur	8,832	5,959	3,890	1,987	1,905	524	439	136	23,672
Other	851,262	749,265	482,328	262,461	224,158	56,391	41,895	36,466	2,704,226
Not reported	242	149	0	0	0	2	0	0	393
Total	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061

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

Table 9.14: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2007–08

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	31,919	46,373	57,047	21,182	15,648	n.p.	n.p.	n.p.	179,394
Z49 Care involving dialysis	22,323	33,355	53,026	37,004	19,698	n.p.	n.p.	n.p.	165,456
Z50 Care involving use of rehabilitation procedures	68,039	15,646	25,036	1,159	6,496	n.p.	n.p.	n.p.	117,610
H26 Other cataract	30,728	20,928	15,225	7,259	6,155	n.p.	n.p.	n.p.	85,839
K01 Embedded and impacted teeth	16,881	17,141	12,507	9,529	5,057	n.p.	n.p.	n.p.	63,224
C44 Other malignant neoplasms of skin	15,733	11,941	15,609	4,572	6,383	n.p.	n.p.	n.p.	56,425
R10 Abdominal and pelvic pain	10,394	16,811	11,598	4,202	2,132	n.p.	n.p.	n.p.	46,519
Z31 Procreative management	14,180	11,669	10,653	3,855	4,012	n.p.	n.p.	n.p.	46,224
M23 Internal derangement of knee	13,154	10,560	8,873	5,338	5,737	n.p.	n.p.	n.p.	46,219
Z45 Adjustment and management of implanted device	6,990	16,161	12,031	3,814	2,635	n.p.	n.p.	n.p.	42,597
K21 Gastro-oesophageal reflux disease	11,555	11,924	11,061	3,825	2,819	n.p.	n.p.	n.p.	42,334
O04 Medical abortion	7,244	15,339	14,255	4,676	125	n.p.	n.p.	n.p.	41,725
G47 Sleep disorders	11,348	10,626	9,996	3,500	3,315	n.p.	n.p.	n.p.	40,066
D12 Benign neoplasm of colon, rectum, anus and anal canal	13,757	6,427	11,135	3,923	3,060	n.p.	n.p.	n.p.	39,292
M17 Gonarthrosis [arthrosis of knee]	10,766	8,866	7,493	3,697	3,659	n.p.	n.p.	n.p.	36,415
Z12 Special screening examination for neoplasms	9,983	9,935	8,661	3,731	989	n.p.	n.p.	n.p.	34,645
Z09 Follow-up examination after treatment for conditions other than malignant	10,678	9,652	7,811	2,800	1,935	n.p.	n.p.	n.p.	33,586
K92 Other diseases of digestive system	9,578	7,955	7,340	2,129	1,623	n.p.	n.p.	n.p.	29,939
I84 Haemorrhoids	8,813	8,609	6,010	2,813	2,031	n.p.	n.p.	n.p.	29,363
H25 Senile cataract	6,532	3,914	13,412	1,706	1,929	n.p.	n.p.	n.p.	27,975
F32 Depressive episode	9,011	7,496	6,272	3,088	181	n.p.	n.p.	n.p.	27,306
K29 Gastritis and duodenitis	9,590	8,151	5,592	1,660	1,558	n.p.	n.p.	n.p.	26,925
K57 Diverticular disease of intestine	7,416	7,131	7,552	1,809	1,624	n.p.	n.p.	n.p.	26,207
Z08 Follow-up examination after treatment for malignant neoplasms	8,436	6,601	5,901	2,185	1,646	n.p.	n.p.	n.p.	25,979
R19 Other symptoms and signs involving the digestive system and abdomen	7,893	7,185	5,692	2,196	1,494	n.p.	n.p.	n.p.	25,703
K40 Inguinal hernia	7,812	5,665	5,841	2,447	1,713	n.p.	n.p.	n.p.	24,800
E11 Type 2 diabetes mellitus	6,590	5,744	6,909	2,471	1,863	n.p.	n.p.	n.p.	24,699
K63 Other diseases of intestine	9,718	6,717	5,006	1,400	1,229	n.p.	n.p.	n.p.	24,540
M54 Dorsalgia	4,615	6,477	3,945	3,938	2,546	n.p.	n.p.	n.p.	22,737
M75 Shoulder lesions	5,238	5,646	4,307	3,798	2,254	n.p.	n.p.	n.p.	22,306
Other	451,006	438,466	404,503	169,712	132,051	n.p.	n.p.	n.p.	1,670,646
Not reported	0	3,180	0	0	0	n.p.	n.p.	n.p.	3,190
Total	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885

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

Table 9.15: Average length of stay^(a) (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2007–08

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z51 Other medical care	1.9	1.0	1.1	1.0	1.4	1.0	1.1	1.0	1.1
R07 Pain in throat and chest	1.7	1.3	1.5	1.4	1.6	1.3	1.2	1.5	1.5
Z50 Care involving use of rehabilitation procedures	20.5	22.9	15.1	18.9	17.9	25.3	13.2	9.6	19.3
R10 Abdominal and pelvic pain	1.8	1.5	1.6	1.6	2.0	1.6	1.6	1.7	1.6
I20 Angina pectoris	3.2	2.6	2.7	2.5	3.1	2.9	2.7	2.4	2.8
J18 Pneumonia, organism unspecified	6.1	5.7	5.1	5.5	6.5	5.9	5.9	4.5	5.8
J44 Other chronic obstructive pulmonary disease	7.1	6.1	6.6	6.3	6.4	7.4	6.1	5.8	6.6
I21 Acute myocardial infarction	5.5	5.3	5.0	5.0	5.8	4.0	4.2	5.8	5.3
E11 Type 2 diabetes mellitus	6.7	5.3	6.4	5.5	5.8	5.8	4.4	7.8	6.0
H26 Other cataract	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.2	1.0
O70 Perineal laceration during delivery	2.8	2.6	2.4	2.9	2.9	2.5	2.2	3.6	2.7
K80 Cholelithiasis	3.2	2.9	2.7	3.0	3.1	2.6	2.6	3.7	3.0
N39 Other disorders of urinary system	5.2	4.3	4.0	4.2	4.8	3.5	4.0	3.9	4.6
I50 Heart failure	7.9	6.7	6.4	6.5	7.0	7.1	6.4	5.5	7.1
L03 Cellulitis	5.6	5.6	4.5	4.7	5.6	5.0	5.0	4.2	5.2
K52 Other noninfective gastroenteritis and colitis	2.8	2.1	2.4	2.3	2.4	3.2	2.6	3.5	2.4
I48 Atrial fibrillation and flutter	3.5	3.1	3.0	2.6	3.3	2.6	2.8	2.6	3.2
J45 Asthma	2.2	1.8	1.8	2.1	2.2	1.9	2.2	2.0	2.0
S52 Fracture of forearm	2.0	2.2	1.8	2.2	2.3	2.1	2.0	3.5	2.1
K92 Other diseases of digestive system	2.3	2.1	2.2	1.8	3.6	2.1	3.0	2.0	2.3
Z45 Adjustment and management of implanted device	1.3	1.0	1.0	1.1	1.4	1.0	1.1	1.4	1.1
C44 Other malignant neoplasms of skin	2.3	1.9	1.6	2.0	1.7	1.5	1.8	2.4	1.9
O80 Single spontaneous delivery	2.1	2.1	1.8	2.1	2.0	2.1	1.7	2.6	2.0
F32 Depressive episode	7.7	7.2	6.8	9.0	8.1	5.3	14.7	7.1	7.6
R55 Syncope and collapse	2.8	2.3	2.6	2.4	3.1	2.2	1.7	2.0	2.6
F10 Mental and behavioural disorders due to use of alcohol	4.2	3.4	3.1	4.0	3.0	4.1	4.4	2.5	3.7
F20 Schizophrenia	34.7	23.2	29.0	32.3	16.6	35.7	19.7	14.6	28.4
T81 Complications of procedures, not elsewhere classified	5.9	6.0	5.2	6.5	5.6	5.8	4.9	5.1	5.8
S72 Fracture of femur	11.0	12.0	10.4	7.2	9.5	10.0	7.5	17.1	10.6
Other	4.5	3.6	3.8	3.8	4.9	4.4	4.1	4.5	4.1
Total	4.2	3.3	3.6	3.6	4.4	4.0	3.4	2.9	3.8

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

Table 9.16: Average length of stay^(a) (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2007–08

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z50 Care involving use of rehabilitation procedures	4.5	13.0	4.8	22.7	7.9	n.p.	n.p.	n.p.	6.2
H26 Other cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K01 Embedded and impacted teeth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C44 Other malignant neoplasms of skin	1.4	1.5	1.3	1.5	1.1	n.p.	n.p.	n.p.	1.4
R10 Abdominal and pelvic pain	1.2	1.3	1.4	1.5	1.6	n.p.	n.p.	n.p.	1.3
Z31 Procreative management	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
M23 Internal derangement of knee	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
Z45 Adjustment and management of implanted device	1.1	1.0	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.0
K21 Gastro-oesophageal reflux disease	1.1	1.1	1.1	1.1	1.2	n.p.	n.p.	n.p.	1.1
O04 Medical abortion	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G47 Sleep disorders	1.0	1.1	1.0	1.3	1.1	n.p.	n.p.	n.p.	1.1
D12 Benign neoplasm of colon, rectum, anus and anal canal	1.1	1.3	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.2
M17 Gonarthrosis [arthrosis of knee]	5.1	4.4	4.7	6.2	4.6	n.p.	n.p.	n.p.	4.8
Z12 Special screening examination for neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K92 Other diseases of digestive system	1.2	1.4	1.4	1.3	1.4	n.p.	n.p.	n.p.	1.3
I84 Haemorrhoids	1.1	1.2	1.2	1.3	1.2	n.p.	n.p.	n.p.	1.2
H25 Senile cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
F32 Depressive episode	6.2	5.4	6.6	5.6	16.8	n.p.	n.p.	n.p.	6.0
K29 Gastritis and duodenitis	1.0	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
K57 Diverticular disease of intestine	1.6	1.8	1.9	2.5	2.0	n.p.	n.p.	n.p.	1.8
Z08 Follow-up examination after treatment for malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
R19 Other symptoms and signs involving the digestive system and abdomen	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K40 Inguinal hernia	1.3	1.4	1.3	1.5	1.5	n.p.	n.p.	n.p.	1.4
E11 Type 2 diabetes mellitus	2.3	3.9	3.2	3.2	3.3	n.p.	n.p.	n.p.	3.1
K63 Other diseases of intestine	1.1	1.2	1.2	1.2	1.1	n.p.	n.p.	n.p.	1.1
M54 Dorsalgia	2.6	2.2	2.9	2.0	1.9	n.p.	n.p.	n.p.	2.4
M75 Shoulder lesions	1.5	1.6	1.5	1.5	1.7	n.p.	n.p.	n.p.	1.6
Other	2.8	3.2	3.4	3.2	3.2	n.p.	n.p.	n.p.	3.1
Total	2.4	2.6	2.5	2.4	2.5	n.p.	n.p.	n.p.	2.5

(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.

Table 9.17: Separations^(a) for males for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2007–08

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
Z49 Care involving dialysis	1	44	195	6,879	18,527	48,640	86,234	122,613	139,539	145,431	21,687	589,790
Z50 Other medical care	224	1,290	2,329	2,436	2,927	6,441	17,323	39,314	43,593	24,003	3,351	143,231
Z50 Care involving use of rehabilitation procedures	6	18	108	1,957	2,969	4,407	7,289	14,595	20,057	23,784	10,177	85,367
R07 Pain in throat and chest	0	12	155	1,074	3,305	9,134	13,290	13,674	9,958	6,964	1,884	59,450
H26 Other cataract	6	37	69	91	108	479	2,255	6,944	15,189	21,481	4,976	51,635
C44 Other malignant neoplasms of skin	11	6	13	66	482	1,842	4,866	9,721	11,949	14,399	6,218	49,573
I20 Angina pectoris	0	0	2	28	203	1,796	6,133	11,939	12,844	9,972	2,527	45,444
K40 Inguinal hernia	1,387	978	858	1,544	2,581	4,450	6,713	8,713	7,347	5,037	1,206	40,814
R10 Abdominal and pelvic pain	100	282	2,315	3,104	4,107	5,524	6,187	6,621	4,953	3,248	870	37,311
G47 Sleep disorders	2,310	3,210	2,349	767	2,010	4,921	7,012	8,049	4,409	3,248	214	37,087
I21 Acute myocardial infarction	0	0	0	61	332	2,235	5,935	8,719	8,303	7,895	3,186	36,666
M23 Internal derangement of knee	0	2	298	4,838	5,600	7,243	7,929	6,786	2,991	888	69	36,644
E11 Type 2 diabetes mellitus	0	1	9	74	256	1,109	3,099	7,058	10,915	11,065	2,473	36,059
Z45 Adjustment and management of implanted device	41	271	453	490	707	1,744	4,466	9,813	10,184	5,197	887	34,253
J18 Pneumonia, organism unspecified	557	2,203	1,195	760	1,196	1,938	2,313	3,342	5,096	7,943	5,000	31,543
C61 Malignant neoplasm of prostate	5	4	0	1	0	105	2,206	9,749	10,773	6,357	1,847	31,047
D12 Benign neoplasm of colon, rectum, anus and anal canal	1	0	8	91	261	1,286	4,251	9,571	9,905	4,812	605	30,791
J44 Other chronic obstructive pulmonary disease	11	17	10	10	39	351	1,295	4,526	8,980	11,544	4,002	30,785
K92 Other diseases of digestive system	83	129	167	871	2,192	4,156	5,613	6,632	5,384	4,121	1,419	30,767
Z08 Follow-up examination after treatment for malignant neoplasms	2	82	75	54	153	600	2,131	5,872	9,377	9,011	1,913	29,270
K01 Embedded and impacted teeth	0	15	1,636	16,666	6,222	2,621	1,124	526	182	83	22	29,097
K21 Gastro-oesophageal reflux disease	809	247	371	1,125	2,726	4,699	6,106	6,478	4,182	1,949	334	29,026
I48 Atrial fibrillation and flutter	9	0	15	187	552	1,511	3,321	6,649	6,640	5,457	1,608	25,949
F10 Mental and behavioural disorders due to use of alcohol	0	2	159	2,560	3,783	5,973	6,111	4,545	1,827	519	71	25,550
N40 Hyperplasia of prostate	0	0	0	5	24	164	1,451	6,631	9,038	6,602	1,337	25,252
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	68	155	169	332	698	1,709	4,242	7,313	6,631	3,450	455	25,222
M17 Gonarthrosis [arthrosis of knee]	0	0	12	209	584	1,713	3,763	6,881	6,962	4,198	575	24,897
I25 Chronic ischaemic heart disease	0	0	3	7	55	596	2,820	7,011	7,877	5,117	651	24,137
I50 Heart failure	36	6	4	35	118	338	871	2,400	5,003	9,174	5,368	23,353
I84 Haemorrhoids	1	13	17	517	2,217	4,659	6,039	5,438	2,987	1,158	206	23,252
Other	81,001	93,283	121,377	157,648	165,571	208,834	241,538	300,558	280,570	254,564	94,569	1,999,513
Not reported	70	32	73	124	140	154	175	293	263	232	92	1,648
Total	86,739	102,339	134,444	204,611	230,645	341,372	474,101	668,974	683,908	617,491	179,799	3,724,423

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

(b) Includes separations for which age was *Not reported*.

Table 9.18: Separations^(a) for females for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2007–08

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
Z49 Care involving dialysis	0	43	360	3,601	15,225	33,369	56,368	85,576	108,581	86,921	10,953	400,997
Z51 Other medical care	217	885	1,275	1,804	4,098	16,705	37,368	49,451	35,958	17,831	2,714	168,306
Z50 Care involving use of rehabilitation procedures	3	11	83	2,023	3,088	4,025	7,936	17,084	22,593	34,088	19,279	110,213
H26 Other cataract	3	24	31	58	105	452	2,274	8,566	22,055	32,141	8,447	74,156
R10 Abdominal and pelvic pain	77	193	2,974	10,879	11,115	12,067	11,988	10,484	7,248	4,928	1,772	73,725
R07 Pain in throat and chest	1	10	140	1,095	2,397	6,417	11,432	12,829	10,063	8,542	3,306	56,232
O04 Medical abortion	0	0	201	23,577	20,155	9,788	330	2	0	0	0	54,053
O70 Perineal laceration during delivery	0	0	26	10,688	31,972	10,139	29	0	0	0	0	52,854
Z31 Procreative management	0	0	0	690	18,047	29,433	943	10	0	0	0	49,126
K01 Embedded and impacted teeth	0	8	2,388	26,369	8,691	2,832	1,139	579	203	95	19	42,323
K80 Cholelithiasis	4	3	103	3,127	6,301	7,241	6,756	6,090	4,322	3,338	1,319	38,604
Z45 Adjustment and management of implanted device	29	183	337	824	1,150	3,562	7,509	10,628	7,974	3,332	874	36,402
N39 Other disorders of urinary system	986	987	823	1,877	1,701	2,779	3,799	4,312	4,642	7,401	6,370	35,677
F32 Depressive episode	0	0	189	3,693	5,121	7,424	6,472	4,984	2,936	2,611	860	34,290
C44 Other malignant neoplasms of skin	2	4	8	70	543	1,910	4,445	5,981	6,507	9,013	5,407	33,890
O34 Maternal care for known or suspected abnormality of pelvic organs	0	0	0	2,553	18,228	11,670	80	0	0	0	0	32,531
K21 Gastro-oesophageal reflux disease	678	151	275	1,185	2,064	4,204	6,998	8,084	5,230	2,710	646	32,225
O80 Single spontaneous delivery	0	0	15	8,324	18,249	5,308	22	0	0	0	0	31,918
K52 Other noninfective gastroenteritis and colitis	179	342	235	2,978	4,058	3,665	3,677	4,170	4,085	4,448	2,273	30,110
E11 Type 2 diabetes mellitus	0	0	23	78	300	821	2,145	4,476	8,298	10,455	3,163	29,759
M17 Gonarthrosis [arthrosis of knee]	0	0	4	109	335	1,173	3,700	7,908	8,559	6,359	1,105	29,252
J18 Pneumonia, organism unspecified	371	1,923	1,049	719	1,219	1,768	2,137	2,918	3,553	6,053	6,136	27,846
K92 Other diseases of digestive system	84	79	141	991	1,822	3,202	4,867	5,773	4,396	3,985	2,210	27,550
N92 Excessive, frequent and irregular menstruation	0	0	65	687	2,887	11,459	11,827	337	3	0	0	27,265
I20 Angina pectoris	0	0	0	13	93	770	2,753	5,036	6,609	7,715	3,368	26,357
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	19	7,694	13,880	4,502	36	0	0	0	0	26,131
K29 Gastritis and duodenitis	25	123	334	1,719	2,388	3,797	5,198	5,410	3,940	2,510	619	26,063
M54 Dorsalgia	0	16	117	687	1,688	3,179	4,378	4,857	3,970	4,149	1,928	24,969
J44 Other chronic obstructive pulmonary disease	1	8	8	15	66	370	1,641	4,192	7,037	8,328	3,262	24,928
Z12 Special screening examination for neoplasms	5	11	3	152	722	3,547	7,602	7,560	3,603	1,061	64	24,330
Other	60,800	66,064	89,383	214,355	359,784	321,619	300,316	319,456	283,393	291,689	158,510	2,465,370
Not reported	23	30	72	169	244	260	219	295	241	253	123	1,929
Total^(b)	63,490	71,098	100,681	332,803	557,736	529,457	516,384	597,048	575,999	559,957	244,727	4,149,381

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

(b) Includes separations for which age was *Not reported*.

Table 9.19: Separation statistics^(a) relating to renal failure^(b), by state or territory of usual residence, all hospitals, Australia, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Acute renal failure									
Separations	2,441	1,940	1,237	385	613	n.p.	n.p.	n.p.	6,831
Separations not within state of residence (%)	4	1	2	1	1	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	0.29	0.27	0.22	0.16	0.27	0.15	0.21	0.23	0.26
Private hospitals	0.02	0.06	0.07	0.02	0.04	n.p.	n.p.	n.p.	0.04
Total	0.31	0.33	0.29	0.18	0.31	n.p.	n.p.	n.p.	0.30
Standardised separation rate ratio (SRR)	1.06	1.11	0.98	0.61	1.04	n.p.	n.p.	n.p.	
95% confidence interval of SRR	1.02–1.10	1.06–1.16	0.92–1.03	0.55–0.67	0.95–1.12	n.p.	n.p.	n.p.	
Chronic and unspecified renal failure									
Separations	3,010	1,785	1,817	704	465	n.p.	n.p.	n.p.	8,216
Separations not within state of residence (%)	4	1	2	2	3	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	0.36	0.25	0.32	0.28	0.23	0.31	0.33	0.71	0.31
Private hospitals	0.04	0.06	0.11	0.05	0.02	n.p.	n.p.	n.p.	0.06
Total	0.40	0.32	0.43	0.33	0.25	n.p.	n.p.	n.p.	0.37
Standardised separation rate ratio (SRR)	1.09	0.86	1.16	0.89	0.69	n.p.	n.p.	n.p.	
95% confidence interval of SRR	1.05–1.13	0.82–0.90	1.11–1.22	0.83–0.96	0.63–0.76	n.p.	n.p.	n.p.	
Care involving dialysis^(e)									
Separations	285,634	270,236	174,150	116,101	76,771	n.p.	n.p.	n.p.	988,564
Separations not within state of residence (%)	5	0	1	1	3	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	35.28	42.65	29.31	36.95	32.11	24.64	52.24	198.12	37.23
Private hospitals	3.29	5.92	11.54	16.99	10.60	n.p.	n.p.	n.p.	7.32
Total	38.58	48.57	40.86	53.94	42.71	n.p.	n.p.	n.p.	44.55
Standardised separation rate ratio (SRR)	0.87	1.09	0.92	1.21	0.96	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.86–0.87	1.09–1.09	0.91–0.92	1.20–1.22	0.95–0.97	n.p.	n.p.	n.p.	

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

(b) These conditions are defined using ICD-10-AM codes in *Appendix 1*.

(c) Includes other territories and excludes overseas residents and unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or in patient homes.

Table 9.20: Separation statistics^(a) relating to renal failure^(b), by remoteness area of usual residence, all hospitals, Australia, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Acute renal failure						
Separations	4,592	1,447	655	80	47	6,831
Separation rate ^(d)						
Public hospitals	0.25	0.26	0.29	0.27	0.38	1.00
Private hospitals	0.05	0.04	0.02	0.02	0.00	0.04
Total	0.30	0.29	0.31	0.29	0.38	0.30
Standardised separation rate ratio (SRR)	1.00	0.98	1.02	0.97	1.26	
95% confidence interval of SRR	0.97–1.02	0.93–1.03	0.94–1.10	0.76–1.18	0.90–1.62	
Chronic and unspecified renal failure						
Separations	4,505	2,235	1,065	189	216	8,216
Separation rate ^(d)						
Public hospitals	0.25	0.39	0.45	0.63	1.56	0.31
Private hospitals	0.06	0.07	0.04	0.02	0.03	0.31
Total	0.30	0.46	0.49	0.65	1.59	0.37
Standardised separation rate ratio (SRR)	0.82	1.24	1.33	1.75	4.29	
95% confidence interval of SRR	0.80–0.84	1.19–1.29	1.25–1.41	1.50–2.00	3.72–4.86	
Care involving dialysis^(e)						
Separations	686,481	159,575	92,894	25,152	24,293	988,564
Separation rate ^(d)						
Public hospitals	37.85	30.68	39.65	59.06	153.35	37.59
Private hospitals	9.18	2.85	3.04	18.85	12.97	7.40
Total	47.03	33.52	42.69	77.91	166.32	44.98
Standardised separation rate ratio (SRR)	1.05	0.75	0.95	1.73	3.70	
95% confidence interval of SRR	1.04–1.05	0.74–0.75	0.94–0.96	1.71–1.75	3.65–3.74	

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

(b) These conditions are defined using ICD-10-AM codes in *Appendix 1*.

(c) Includes separations for which the area of usual residence was unknown and excludes overseas residents and unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.21: Separation statistics^(a) relating to renal failure^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Acute renal failure						
Separations	1,689	1,387	1,305	1,281	1,162	6,831
Separation rate ^(e)						
Public hospitals	0.34	0.26	0.27	0.25	0.20	0.27
Private hospitals	0.03	0.03	0.03	0.07	0.06	0.04
Total	0.37	0.30	0.30	0.32	0.26	0.31
Standardised separation rate ratio (SRR)	1.20	0.96	0.97	1.02	0.84	
95% confidence interval of SRR	1.15–1.26	0.90–1.01	0.92–1.03	0.97–1.08	0.79–0.89	
Chronic and unspecified renal failure						
Separations ^(d)	2,288	2,049	1,541	1,237	1,097	8,216
Separation rate ^(e)						
Public hospitals	0.46	0.38	0.31	0.24	0.19	0.32
Private hospitals	0.05	0.06	0.05	0.06	0.07	0.06
Total	0.51	0.44	0.36	0.30	0.26	0.38
Standardised separation rate ratio (SRR)	1.36	1.17	0.95	0.80	0.67	
95% confidence interval of SRR	1.30–1.41	1.12–1.22	0.90–0.99	0.76–0.85	0.63–0.71	
Care involving dialysis^(f)						
Separations ^(d)	224,481	197,700	211,860	187,890	166,475	988,564
Separation rate ^(e)						
Public hospitals	47.46	37.41	42.16	36.83	28.60	38.43
Private hospitals	3.49	6.18	7.57	10.35	11.04	7.57
Total	50.95	43.59	49.73	47.18	39.63	46.01
Standardised separation rate ratio (SRR)	1.11	0.95	1.08	1.03	0.86	
95% confidence interval of SRR	1.10–1.11	0.94–0.95	1.08–1.09	1.02–1.03	0.86–0.87	

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

(b) These conditions are defined using ICD-10-AM codes in *Appendix 1*.

(c) Based on the Australian Bureau of Statistics SEIFA 2006 Index of Advantage/Disadvantage score for the statistical local area of the patient's area of usual residence.

(d) Includes separations for which the area of usual residence was unknown and excludes overseas residents and unknown state of residence.

(e) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

(f) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.22: Separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, by Indigenous status^(b), selected states and territories^(c), 2007-08

Principal diagnosis	Separations				Separations for patients identified as Indigenous (%)	Separations per 1,000 population ^(d)		
	Indigenous Australians		Other Australians			Indigenous Australians	Other Australians	Rate ratio ^(e)
	Indigenous Australians	Other Australians						
A00–B99	5,418	83,085	2.0	10.9	4.2	2.6		
C00–D48	4,022	522,526	1.5	18.1	24.8	0.7		
D50–D89								
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism								
E00–E90	1,192	94,089	0.4	4.8	4.6	1.0		
F00–F99	5,443	141,265	2.0	22.0	6.8	3.2		
G00–G99	11,283	283,171	4.2	27.0	14.1	1.9		
H00–H59	3,640	175,192	1.3	10.5	8.6	1.2		
H60–H95	1,437	218,923	0.5	7.8	10.4	0.8		
I00–I99	1,917	49,302	0.7	3.3	2.6	1.3		
J00–J99	8,552	448,280	3.2	39.0	21.2	1.8		
K00–K93	16,601	332,693	6.1	47.8	16.6	2.9		
L00–L99	14,325	814,773	5.3	41.6	39.9	1.0		
M00–M99	6,372	117,855	2.3	14.8	5.8	2.6		
N00–N99	4,474	396,156	1.6	14.9	19.1	0.8		
O00–O99	6,533	348,262	2.4	20.3	17.1	1.2		
P00–P96	19,333	446,475	7.1	33.7	23.4	1.4		
Q00–Q99	2,715	52,686	1.0	3.0	2.8	1.1		
R00–R99	899	32,062	0.3	1.1	1.7	0.7		
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified								
S00–T98	11,875	482,915	4.4	37.0	23.5	1.6		
Z00–Z99	19,919	478,593	7.3	46.4	23.8	2.0		
Factors influencing health status and contact with health services								
Care involving dialysis	125,329	1,783,036	46.2	512.1	85.4	6.0		
Other	115,279	840,190	42.5	479.0	40.0	12.0		
Not reported	10,050	942,846	3.7	33.2	45.4	0.7		
	11	3,560	<0.1	0.1	0.2	0.4		
Total (excluding care involving dialysis)								
	156,011	6,464,709	57.5	437.3	316.6	1.4		
Total (including care involving dialysis)								
	271,290	7,304,899	100.0	916.3	356.5	2.6		

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

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Appendix 1 for further detail.

(c) This table includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in Northern Territory. Caution should be used in the interpretation of these data due to jurisdictional differences in data quality.

(d) The rates were directly age-standardised as detailed in Appendix 1. The separation rate for *Other Australians* includes Indigenous status *Not reported*.

(e) The rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians* (which includes *Not reported*).

10 Procedures for admitted patients

Introduction

The *National health data dictionary, version 13* (HDSC 2006) defines a procedure as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Procedures for 2007–08 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories, using the fifth edition of the *Australian classification of health interventions* (ACHI) (NCCH 2006). Information about the quality of the ACHI coded data is presented in *Appendix 1*.

One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions, so only some of the separation records include procedure data.

There are two types of data on procedures presented in this chapter:

- Data on the separations for which one or more procedures were reported within the group of procedures (an ACHI procedure block or chapter) being considered. A separation is counted only once for each group of procedures, regardless of the number of procedures reported within the group. Because more than one procedure can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows. These counts are of separations, rather than of procedures.
- Data on the total number of procedures reported. For these data, all procedures within a group of procedures being considered are counted, even if there is more than one reported for a separation.

The procedure classification is divided into chapters by anatomical site and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These subchapters are further divided into more specific procedure blocks, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes. The tables and figures in this chapter use blocks and abbreviated descriptions. Full descriptions of the categories are available in the ACHI publication (NCCH 2006).

Most of the information is presented using two methods of grouping procedures based on the ACHI procedure classification:

- ACHI procedure chapters – these 20 groups provide information aggregated at the ACHI chapter level (tables 10.1 to 10.4, 10.7, 10.8 and 10.20)
- ACHI procedure blocks – these 1,598 categories describe procedures at a specific level. Detailed information is presented for the 30 groups with the highest number of separations (tables 10.9 to 10.19) and summary information is provided for all the groups

(for which separations were reported) on the Internet at <www.aihw.gov.au> (tables S10.1 and S10.2).

In addition, tables 10.5 and 10.6 present time series information on separations for selected procedures.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals and for public patients, nationally and by state and territory. National information on age group and sex distributions is presented in tables 10.18 and 10.19. The 30 ACHI procedure blocks with the highest number of separations are also presented. Information on 'public' patients in tables 10.1 to 10.2 and tables 10.9 to 10.13 relates to separations for which the patient election status was reported as public (see *Chapter 7*).

Information on procedure statistics by Indigenous status is presented in Table 10.20 and Figure 10.2, and is restricted to include data from New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory only. See *Chapter 8* and *Appendix 1* for more information on the quality of Indigenous status data.

Overall in 2007–08, there were approximately 6.5 million separations for which a procedure was reported; 82.6% of total separations. Almost 21.6 million patient days were reported for separations with a procedure, accounting for 84.1% of total patient days (see tables 10.1 and 10.2).

Procedures and other data elements reported for separations

The information on procedures reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 10.1 demonstrates this using the example of procedure block 1620 *Excision of lesion of skin and subcutaneous tissue* and other data elements in the National Hospital Morbidity Database.

For 2007–08:

- there were almost 158,000 separations for which this procedure was reported, with an average length of stay of 1.6 days
- about 35.1% of these separations were admitted to public hospitals
- most (99.1%) separations with this procedure had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital
- the principal diagnosis mostly associated with this procedure was *Other malignant neoplasms of skin* (C44) with almost 73,500 separations, and the most common additional diagnosis was *Personal history of certain other diseases* (Z86)
- the most common remoteness area associated with these separations was *Major cities* with almost 106,000 separations
- the most commonly reported AR-DRG was *Other skin, subcutaneous tissue and breast procedures* (J11Z) with about 78,500 separations
- there were more separations for males than females, with males accounting for 53.2% of separations
- separations for patients aged 55 years and over accounted for 66.1% of the total.

ACHI chapters

Tables 10.1 to 10.4 provide separation and procedure statistics reported for each of the ACHI procedure chapters. Tables 10.1 and 10.2 present statistics by hospital sector, and tables 10.3 and 10.4 present separations reported for each ACHI procedure chapter by sector, states and territories. If a separation had two procedures reported from within the same chapter, it was counted only once.

Sector

Public hospitals accounted for 55.1% of the separations for which a procedure was reported, although they accounted for 60.3% of the separations overall (tables 10.1 and 10.2). Although 69.6% of overall patient days were in public hospitals, 67.0% of patient days associated with procedures were in public hospitals. In public hospitals, 75.5% of total separations involved a procedure (3.6 million) and these separations were associated with 81.1% of total patient days (Table 10.1). In contrast, 93.4% of total separations in private hospitals involved a procedure (2.9 million) and these separations were associated with 91.1% of total patient days (Table 10.2). About 85.0% of separations with a procedure in public hospitals were for public patients, in contrast to 2.4% in private hospitals.

The private sector reported a higher proportion of separations for same-day procedures than the public sector. About 53.9% (1.9 million) of separations for which a procedure was reported were same-day in public hospitals, compared with 68.0% (2.0 million) in private hospitals (tables 10.1 and 10.2).

The highest numbers of separations in both the public and private sectors were for *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (tables 10.1 and 10.2). This chapter also accounted for the highest numbers of patient days in the public sector and the private sector.

In public hospitals, after *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (2.3 million), the chapter that accounted for the largest number of separations was *Procedures on urinary system* (Blocks 1040–1129), which includes *Haemodialysis*. There were about 952,000 separations for which procedures in this chapter were reported, accounting for about 1.5 million patient days. This group of procedures also accounted for a large number of same-day separations (879,000) and public patient separations (836,000). Other chapters that accounted for a large number of separations in public hospitals were *Imaging services* (Blocks 1940–2016) with almost 491,500 separations and *Procedures on digestive system* (Blocks 850–1011) with almost 400,000 separations.

Within the private sector, *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) were reported for about 2.4 million separations. *Procedures on digestive system* (Blocks 850–1011), which includes colonoscopy, accounted for the next highest number of separations (673,000) with about 1.1 million patient days. This group of procedures also accounted for a large number of same-day separations (531,000). Other chapters that accounted for a large number of separations in private hospitals were *Procedures on musculoskeletal system* (Blocks 1360–1579) with nearly 286,000 separations and *Procedures on urinary system* (Blocks 1040–1129) with about 280,000 separations.

States and territories

Tables 10.3 and 10.4 show hospital separations in the states and territories by procedure chapter, in both the public and private sectors. These tables enable state-by-state comparisons of separations for the different procedure chapters and the share of separations between the private and public sectors. For example, the proportion of total separations for *Procedures on cardiovascular system* (Blocks 600–767) was higher in public hospitals in New South Wales and South Australia (60.1% and 60.0% of combined public and private separations for this procedure chapter, respectively) than in Queensland (46.6%). The proportion of total separations for *Procedures on nose, mouth and pharynx* (Blocks 370–422) was higher in private hospitals in New South Wales and Western Australia (62.9% and 60.5% of combined public and private separations for this procedure chapter, respectively) than in Victoria (46.7%).

Selected procedures, 2003–04 to 2007–08

Tables 10.5 and 10.6 present the number of separations for selected procedures from 2003–04 to 2007–08 and the change in separations over this period, by hospital sector and patient election status. The selected procedures have been identified as performance indicators relating to appropriateness and may also be indicators of accessibility. TheACHI codes used to define the procedures are listed in *Appendix 1*. More information and statistics on the selected procedures and other hospital performance indicators can be found in *Chapter 4*.

Changes in separations reported for each of the selected procedures between 2003–04 and 2007–08 varied between the hospital sectors. For example, the number of public sector separations for *Myringotomy* decreased by 10.8% (1,500 separations) between 2003–04 and 2007–08, compared with an increase of 10.8% (1,900 separations) in the private sector over the same period (Table 10.5). Overall, the reported number of separations increased for 7 of the 12 selected procedures in the private sector and 8 of the 12 selected procedures in the public sector between 2003–04 and 2007–08. For one procedure, *Revision of hip replacement*, there was virtually no change in the reported number of separations between 2003–04 and 2007–08. Decreases in the number of separations over the 5-year period were reported for both sectors for *Coronary artery bypass graft* and *Hysterectomy, aged 15–69*.

Table 10.6 presents the number of separations and change in separations for selected procedures from 2003–04 to 2007–08, by patient election status, for all hospitals. The overall changes by selected procedure in Table 10.6 are slightly different from those presented in Table 10.5, partly owing to a small proportion of separations whose patient election status was not reported (less than 5% of all separations in each year).

Over the period 2003–04 to 2007–08, changes in separations for the selected procedures varied between public and private patients. These variations were similar to those identified between hospital sectors. Overall, the reported number of separations increased for 8 of the 12 selected procedures for both public and private patients between 2003–04 and 2007–08. For *Revision of hip replacement*, most of the very small increase noted in public sector separations (47 or 3.3%) was due to a small increase in private patients (39 separations). For one procedure, *Coronary angioplasty*, there was a notable difference between private and public patients, with private patient separations increasing by less than 0.2% between 2003–04 and 2007–08 and public patient separations increasing by 24.5% (3,100 separations) over the same period.

Total procedures

Tables 10.7 and 10.8 provide counts of all the procedures reported for 2007–08, by state and territory for the public and private sectors. The totals are the total number of procedures, rather than the total number of separations for which a procedure was reported, as presented elsewhere in this chapter. In all, around 15.9 million procedures were reported, about 8.5 million in the public sector and nearly 7.4 million in the private sector. The most commonly reported procedure chapter in both public and private hospitals was *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (7.4 million procedures in total) (tables 10.7 and 10.8). A block which accounted for many of these procedures was *Cerebral anaesthesia* (Block 1910) with about 3.0 million procedures, 41.1% of the chapter overall (tables 10.9 to 10.12). The next most common procedure chapters for both sectors combined were *Procedures on digestive system* (Blocks 850–1011) (1.5 million) and *Procedures on urinary system* (Blocks 1040–1129) (1.3 million).

After *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922), the most commonly reported procedure chapter in public hospitals was *Procedures on urinary system* (Blocks 1040–1129) with about 993,000 procedures. In private hospitals, it was *Procedures on digestive system* (Blocks 850–1011) with about 906,000 procedures.

High-volume procedures

Tables 10.9 to 10.19 present information on the most common procedures (at the block level of the ACHI classification).

Sector

Tables 10.9 and 10.10 contain summary separation, patient day and average length of stay statistics for the 30 blocks with the highest number of overnight separations in public and private hospitals, respectively. Tables 10.11 and 10.12 contain summary separation statistics for same-day separations. Table 10.13 contains summary separation, patient day and average length of stay statistics for the procedure blocks with the most separations in private free-standing day hospitals only.

In the public sector, the most common procedure blocks for overnight separations were *Generalised allied health interventions* (Block 1916, 906,000 separations) and *Cerebral anaesthesia* (Block 1910, 605,000 separations) (Table 10.9). The average length of stay for separations reporting each of these procedure blocks was 11.1 and 6.3 days, respectively. Both these procedure blocks also accounted for the highest number of patient days for separations with procedures, with around 10.0 million patient days for *Generalised allied health interventions* (Block 1916) and 3.8 million patient days for *Cerebral anaesthesia* (Block 1910). *Haemodialysis* (Block 1060) was the most frequently reported procedure for same-day separations in the public sector (818,000 separations), followed by *Cerebral anaesthesia* (Block 1910, 569,000 separations) (Table 10.11).

Cerebral anaesthesia (Block 1910) was the most frequently reported procedure for overnight separations in private hospitals (567,000 separations) (Table 10.10), and also the most frequently reported procedure for same-day separations in private hospitals (1.2 million separations) (Table 10.12).

Cerebral anaesthesia (Block 1910) was also the most frequently reported procedure group in private free-standing day hospitals (366,000 separations), followed by *Haemodialysis* (Block 1060, 90,400 separations) and *Fibreoptic colonoscopy* (Block 905, 81,300 separations) (Table 10.13). Compared to 2006–07 (AIHW 2008a), the number of separations in 2007–08 reported in private free-standing day hospitals for *Haemodialysis* (Block 1060) almost doubled: about 52,400 separations in 2006–07 compared with around 90,400 separations in 2007–08 (Table 10.13). Public patient separations accounted for 38.6% (34,900) of the separations for *Haemodialysis* (Block 1060) in private free-standing day hospitals in 2007–08 (Table 10.13) compared with 31.9% (16,800) in 2006–07 (AIHW 2008a).

States and territories

Tables 10.14 and 10.15 show hospital separations by state and territory for the 30 most common procedure blocks, in both the public and private sectors. These tables enable sector and state and territory comparisons of separations for the most common procedure blocks. For example, the proportion of total separations for *Coronary angiography* (Block 668) was higher in public hospitals in South Australia (58.2% of combined public and private separations for this procedure block) than in Queensland (38.5%). The proportion of total separations for *Administration of pharmacotherapy* (Block 1920) was higher in private hospitals in South Australia (65.0% of combined public and private separations for this procedure block) than in Victoria (35.6%).

There was some variation between the states and territories in the average length of stay for separations reporting the most common procedure blocks (tables 10.16 and 10.17). For example, in the public sector, the average length of stay for separations with *Coronary angiography* (Block 668) ranged from 2.4 days in the Australian Capital Territory to 5.5 days in New South Wales and 7.8 days in the Northern Territory (Table 10.16). There was less variation in the average length of stay within the private sector for the most common procedure blocks, but there were still some differences across the states and territories. For example, the average length of stay for separations with *Psychological/psychosocial therapies* (Block 1873) ranged from 3.5 days in Queensland to 15.3 days in Victoria (Table 10.17).

Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with 83.4% for males (3.1 million) and 81.9% for females (3.4 million) (tables 10.18 and 10.19). Apart from the sex-specific procedures such as *Caesarean section* (Block 1340), *Postpartum suture* (Block 1344), *Curettage of uterus* (Block 1265) and *Medical or surgical induction of labour* (Block 1334) many of the top 30 procedures were common to both sexes. For both males and females, the group of procedures with the most separations was *Cerebral anaesthesia* (Block 1910). The highest numbers of separations for this group of procedures were in the 55–64 years age group for both males and females.

For males, the highest number of separations with procedures was reported for the 65–74 years age group which accounted for 19.6% (610,000) of separations with a procedure. For females, the highest number of separations with procedures was reported for the 55–64 years age group which accounted for 15.6% (531,000) of separations with a procedure (tables 10.18 and 10.19).

Aboriginal and Torres Strait Islander peoples

Table 10.20 contains a comparison between patients identified as Aboriginal and Torres Strait Islander and patients not so identified for each of the ACHI procedure chapters, including information on procedures per 1,000 population. These data are presented for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see *Chapter 8* and *Appendix 1* for more information) and may not be representative of data for Tasmania and the Australian Capital Territory.

Procedures on urinary system (Blocks 1040–1129) was the most frequently reported procedure chapter for Indigenous patients (121,910). For *Haemodialysis* (Block 1060), the number of procedures per 1,000 population for Indigenous persons was 12.1 times that for other persons. For *Procedures on respiratory system* (Blocks 520–569), the rate for Indigenous persons was 1.9 times that for other persons, and for *Procedures on cardiovascular system* (Blocks 600–767) the rate was 1.4 times as high. For some chapters, the rate for Indigenous persons was less than that for other persons, including *Procedures on nervous system* (Blocks 1–86), *Procedures on nose, mouth and pharynx* (Blocks 370–422), *Procedures on digestive system* (Blocks 850–1011), *Procedures on male genital organs* (Blocks 1160–1203), *Gynaecological procedures* (Blocks 1240–1299) and *Procedures on breast* (Blocks 1740–1759).

Although total procedures per 1,000 population were higher for Indigenous persons, Figure 10.2 shows that the proportion of separations with a procedure by ICD-10-AM diagnosis chapter was lower for Indigenous persons than for other persons for all but two of the diagnosis chapters. For example, for *Diseases of the nervous system* (G00–G99), 47.1% of separations for Indigenous persons had a procedure reported, compared with 82.9% of separations for other persons. *Certain conditions originating in the perinatal period* (P00–P96) and *Factors influencing health status and contact with health services* (Z00–Z99) were the two chapters for which the proportion of separations with procedures was higher for Indigenous persons. These differences may reflect differences in the pattern of principal diagnoses reported within chapters.

Additional data

Information on the number of procedures reported per separation can be found in *Appendix 1* of this report. The accompanying tables on the Internet at <www.aihw.gov.au> provide information on the number of separations by 5-year age group and ACHI procedure block for males and females. There are also national summary statistics for public and private hospitals for each procedure block, and for overnight and same-day separations (as presented for the top 30 procedure blocks in tables 10.9 to 10.12).

For access to more procedure data, the AIHW's website also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information on the procedures performed on patients admitted to Australian hospitals. Data in the form of counts of procedures are available on all procedures performed by age group, sex and same-day status. Procedure information is available at the broader ACHI chapter level through to the more specific seven-digit procedure code level.

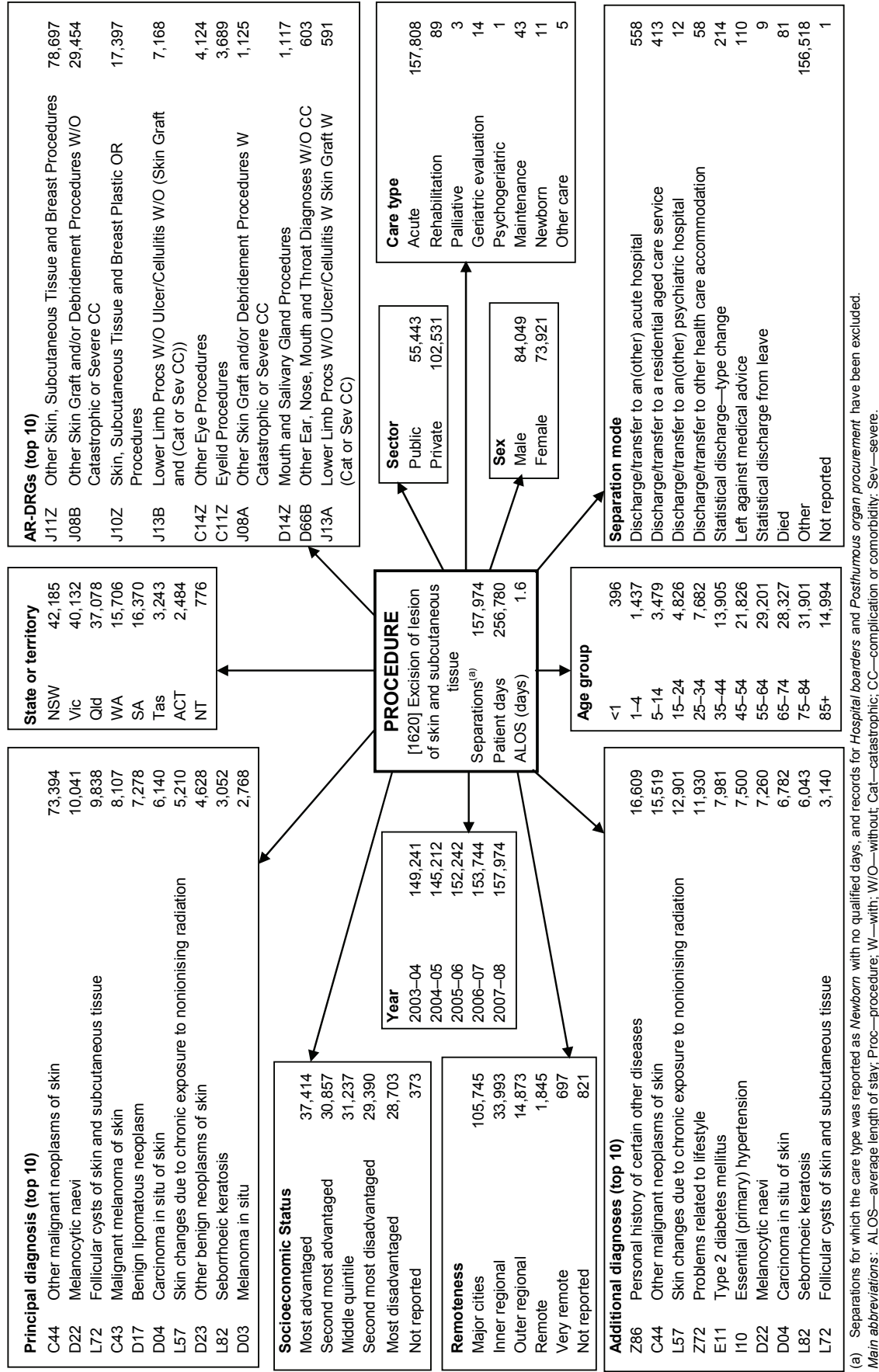


Figure 10.1: Interrelationships of a procedure (Block 1620 Excision of lesion of skin and subcutaneous tissue) with other data elements, all hospitals, Australia, 2007-08

Table 10.1: Separation^(a) and procedure statistics, by procedure in ACHI chapters, public hospitals, Australia, 2007–08

Procedure chapters	Separations			Patient days			ALOS (days)
	Separations	Same-day separations	Public patient separations	per 10,000 population ^(b)	Patient days	per 10,000 population ^(b)	
1–86	71,285	27,327	57,777	33.6	481,033	226.5	6.7
110–129	6,532	277	5,740	3.1	29,124	13.7	4.5
160–256	79,474	67,356	64,229	37.4	120,477	56.7	1.5
300–333	24,354	15,677	21,204	11.5	46,709	22.0	1.9
370–422	54,855	16,857	46,938	25.8	120,597	56.8	2.2
450–490	30,635	24,808	24,375	14.4	91,578	43.1	3.0
520–569	85,385	17,157	69,770	40.2	1,127,154	530.7	13.2
600–767	197,899	55,384	163,191	93.2	1,813,811	854.0	9.2
800–817	31,618	11,749	26,062	14.9	240,764	113.4	7.6
850–1011	399,697	202,840	335,971	188.2	1,640,495	772.4	4.1
1040–1129	952,240	878,732	836,372	448.4	1,523,192	717.2	1.6
1160–1203	38,197	20,498	32,526	18.0	92,439	43.5	2.4
1240–1299	132,585	84,968	116,570	62.4	249,962	117.7	1.9
1330–1347	187,567	8,726	171,330	88.3	643,594	303.0	3.4
1360–1579	240,319	71,167	196,485	113.2	1,306,475	615.2	5.4
1600–1718	181,154	85,157	152,697	85.3	1,014,616	477.7	5.6
1740–1759	18,670	8,148	16,770	8.8	49,380	23.3	2.6
1786–1799	9,569	1,827	7,220	4.5	95,637	45.0	10.0
1820–1922	2,284,525	895,716	1,909,194	1,075.7	12,568,627	5,918.0	5.5
1940–2016	491,340	79,292	392,289	231.4	4,351,393	2,048.9	8.9
Procedures reported ^(c)	3,581,842	1,930,020	3,045,079	1,686.5	14,459,349	6,808.3	4.0
No procedure or not reported	1,162,219	433,581	1,027,881	547.2	3,376,596	1,589.9	2.9
Total^(c)	4,744,061	2,363,601	4,072,960	2,233.8	17,835,945	8,398.2	3.8

(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) Crude rate based on Australian population as at 31 December 2007.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Main abbreviations: ACHI—Australian Classification of Health Interventions; ALOS—average length of stay; n.e.c.—not elsewhere classified

Table 10.2: Separation^(a) and procedure statistics, by procedure in ACHI chapters, private hospitals, Australia, 2007–08

Procedure chapters	Separations		Separations per 10,000		Patient days		ALOS (days)
	Separations	Same-day separations	Public patient separations	per 10,000 population ^(b)	Patient days	per 10,000 population ^(b)	
1–86	82,566	43,300	337	38.9	277,507	130.7	3.4
110–129	6,539	92	44	3.1	17,894	8.4	2.7
160–256	179,789	168,199	3,076	84.7	186,422	87.8	1.0
300–333	28,023	20,168	119	13.2	33,563	15.8	1.2
370–422	72,077	26,306	251	33.9	88,161	41.5	1.2
450–490	102,784	98,954	262	48.4	107,327	50.5	1.0
520–569	26,633	6,907	195	12.5	222,686	104.9	8.4
600–767	155,179	59,559	3,105	73.1	709,098	333.9	4.6
800–817	20,803	6,109	58	9.8	95,045	44.8	4.6
850–1011	672,949	531,460	3,695	316.9	1,150,103	541.5	1.7
1040–1129	280,385	232,674	47,930	132.0	469,594	221.1	1.7
1160–1203	64,514	38,930	487	30.4	137,186	64.6	2.1
1240–1299	201,092	159,800	1,179	94.7	305,582	143.9	1.5
1330–1347	80,691	1,695	232	38.0	381,614	179.7	4.7
1360–1579	285,797	120,184	963	134.6	905,134	426.2	3.2
1600–1718	176,659	127,124	947	83.2	364,914	171.8	2.1
1740–1759	35,154	14,624	101	16.6	67,556	31.8	1.9
1786–1799	3,415	574	85	1.6	27,620	13.0	8.1
1820–1922	2,431,919	1,584,813	24,090	1,145.1	6,366,086	2,997.5	2.6
1940–2016	147,100	38,790	1,526	69.3	1,092,724	514.5	7.4
<i>Procedures reported^(c)</i>	<i>2,923,516</i>	<i>1,987,794</i>	<i>71,574</i>	<i>1,376.6</i>	<i>7,110,508</i>	<i>3,348.0</i>	<i>2.4</i>
No procedure or not reported	206,369	77,307	4,653	97.2	696,065	327.7	3.4
Total^(c)	3,129,885	2,065,101	76,227	1,473.7	7,806,573	3,675.8	2.5

(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) Crude rate based on Australian population as at 31 December 2007.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Main abbreviations: ACHI—Australian Classification of Health Interventions; ALOS—average length of stay; n.e.c.—not elsewhere classified

Table 10.3: Separations^(a), by procedure in ACHI chapters, public hospitals, states and territories, 2007–08

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	21,484	20,365	11,122	8,444	6,452	1,509	1,121	788	71,285
Procedures on nervous system									
110–129	2,323	1,863	1,191	519	395	138	65	38	6,532
Procedures on endocrine system									
160–256	25,777	23,310	10,423	9,973	7,339	593	1,223	836	79,474
Procedures on eye and adnexa									
300–333	5,312	6,623	6,303	2,514	2,438	302	426	436	24,354
Procedures on ear and mastoid process									
370–422	14,087	16,697	10,781	5,550	5,511	730	983	516	54,855
Procedures on nose, mouth and pharynx									
450–490	7,263	10,129	5,986	3,159	2,822	402	330	544	30,635
Dental services									
520–569	27,137	22,836	15,993	7,974	6,872	1,918	1,600	1,055	85,385
Procedures on respiratory system									
600–767	59,123	57,283	35,450	17,996	16,363	5,016	4,535	2,133	197,899
Procedures on cardiovascular system									
800–817	8,542	9,611	5,658	3,133	3,025	664	760	225	31,618
Procedures on blood and blood-forming organs									
850–1011	132,966	116,138	61,361	50,736	21,434	7,650	5,610	3,802	399,697
Procedures on digestive system									
1040–1129	290,744	275,654	143,712	93,505	67,314	16,366	23,340	41,605	952,240
Procedures on urinary system									
1160–1203	10,372	12,075	5,447	4,902	3,735	850	435	381	38,197
Procedures on male genital organs									
1240–1299	38,446	39,819	22,819	10,131	15,279	2,385	1,575	2,131	132,585
Gynaecological procedures									
1330–1347	61,927	45,103	38,150	20,704	13,056	3,260	3,094	2,273	187,567
Obstetric procedures									
1360–1579	77,068	63,286	41,656	26,170	18,598	5,329	5,036	3,176	240,319
Procedures on musculoskeletal system									
1600–1718	48,447	50,203	36,830	19,334	16,913	3,137	2,399	3,891	181,154
Dermatological and plastic procedures									
1740–1759	5,567	5,042	3,056	2,746	1,490	416	216	137	18,670
Procedures on breast									
1786–1799	3,105	2,545	2,132	821	641	218	107	0	9,569
Radiation oncology procedures									
1820–1922	707,923	678,705	368,343	243,221	176,934	47,670	37,194	24,535	2,284,525
Non-invasive, cognitive and other interventions, n.e.c.									
1940–2016	185,285	134,677	73,948	39,187	33,915	10,242	8,755	5,331	491,340
Imaging services									
Procedures reported ^(b)	1,090,429	1,054,497	586,880	371,282	270,717	71,356	66,543	70,138	3,581,842
No procedure or not reported	376,308	296,675	245,085	86,920	97,613	24,914	14,584	20,120	1,162,219
Total^(b)	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.4: Separations^(a), by procedure in ACHI chapters, private hospitals, states and territories, 2007–08

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	20,930	21,236	15,728	12,446	8,708	n.p.	n.p.	n.p.	82,566
110–129 Procedures on endocrine system	2,288	1,330	1,556	653	467	n.p.	n.p.	n.p.	6,539
160–256 Procedures on eye and adnexa	62,452	36,877	44,230	14,152	12,398	n.p.	n.p.	n.p.	179,789
300–333 Procedures on ear and mastoid process	8,718	5,612	5,634	3,643	3,149	n.p.	n.p.	n.p.	28,023
370–422 Procedures on nose, mouth and pharynx	23,892	14,606	14,823	8,514	7,079	n.p.	n.p.	n.p.	72,077
450–490 Dental services	28,392	27,317	20,251	14,327	8,660	n.p.	n.p.	n.p.	102,784
520–569 Procedures on respiratory system	6,684	5,777	7,515	2,304	3,568	n.p.	n.p.	n.p.	26,633
600–767 Procedures on cardiovascular system	39,270	44,932	40,639	13,657	10,925	n.p.	n.p.	n.p.	155,179
800–817 Procedures on blood and blood-forming organs	4,886	4,893	6,484	1,860	1,737	n.p.	n.p.	n.p.	20,803
850–1011 Procedures on digestive system	200,228	187,046	161,475	57,971	43,612	n.p.	n.p.	n.p.	672,949
1040–1129 Procedures on urinary system	56,956	59,057	79,647	48,951	29,394	n.p.	n.p.	n.p.	280,385
1160–1203 Procedures on male genital organs	20,972	16,265	12,146	6,656	5,106	n.p.	n.p.	n.p.	64,514
1240–1299 Gynaecological procedures	58,871	54,203	49,608	18,683	12,415	n.p.	n.p.	n.p.	201,092
1330–1347 Obstetric procedures	22,166	20,492	18,063	10,085	5,173	n.p.	n.p.	n.p.	80,691
1360–1579 Procedures on musculoskeletal system	80,745	70,900	57,331	34,013	28,342	n.p.	n.p.	n.p.	285,797
1600–1718 Dermatological and plastic procedures	49,075	41,496	40,093	18,956	19,747	n.p.	n.p.	n.p.	176,659
1740–1759 Procedures on breast	9,295	8,059	8,792	4,585	2,842	n.p.	n.p.	n.p.	35,154
1786–1799 Radiation oncology procedures	916	955	967	97	444	n.p.	n.p.	n.p.	3,415
1820–1922 Non-invasive, cognitive and other interventions, n.e.c.	730,076	592,429	601,646	230,944	184,136	n.p.	n.p.	n.p.	2,431,919
1940–2016 Imaging services	31,290	44,043	38,545	15,428	12,324	n.p.	n.p.	n.p.	147,100
<i>Procedures reported^(b)</i>	<i>828,296</i>	<i>726,004</i>	<i>723,271</i>	<i>308,823</i>	<i>230,144</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,923,516</i>
No procedure or not reported	29,624	76,287	57,028	16,595	13,453	n.p.	n.p.	n.p.	206,369
Total^(b)	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.5: Separations^{(a)(b)} for selected procedures^(c), by hospital sector, Australia, 2003–04 to 2007–08

Procedure	Private hospitals										Public hospitals					Change 2003–04 to 2007–08
	2003–04 to 2007–08					2003–04 to 2007–08					2003–04 to 2007–08					
	2003–04	2004–05	2005–06	2006–07	2007–08	2003–04	2004–05	2005–06	2006–07	2007–08	2003–04	2004–05	2005–06	2006–07	2007–08	
Caesarean section	28,486	30,202	31,920	33,439	33,811	5,325	44,807	47,469	50,790	55,327	55,378	10,571				
Cholecystectomy	20,996	20,936	20,593	20,147	20,714	–282	25,322	25,753	26,153	27,260	26,661	1,339				
Coronary artery bypass graft	6,588	6,058	5,811	6,000	5,849	–739	8,885	8,470	8,411	8,185	7,763	–1,122				
Coronary angioplasty	15,674	15,961	16,371	16,041	15,402	–272	15,530	17,479	18,334	19,001	18,979	3,449				
Hip replacement	15,660	15,385	15,117	15,685	16,621	961	12,818	13,145	13,477	13,753	14,232	1,414				
Revision of hip replacement	2,111	2,114	2,092	2,063	2,111	0	1,404	1,375	1,382	1,446	1,451	47				
Hysterectomy, aged 15–69	15,587	15,280	14,722	14,489	14,496	–1,091	13,624	13,206	12,907	12,730	12,615	–1,009				
Knee replacement	18,812	19,944	20,510	21,727	23,878	5,066	9,476	10,457	11,865	12,036	12,270	2,794				
Lens insertion	109,324	118,379	121,372	123,632	133,050	23,726	47,001	51,642	54,241	55,234	56,602	9,601				
Myringotomy	17,855	18,129	17,548	17,745	19,777	1,922	14,122	13,807	12,920	12,381	12,593	–1,529				
Prostatectomy	16,225	17,547	18,519	19,151	19,823	3,598	9,359	9,862	10,163	10,408	10,884	1,525				
Tonsillectomy	17,430	18,129	19,138	20,348	24,041	6,611	15,163	15,537	16,162	16,313	18,085	2,922				

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

(b) Excludes multiple procedures for the same separation within the same group.

(c) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes. See *Appendix 1*.

Table 10.6: Separations^{(a)(b)} for selected procedures^(c), by patient election status, Australia, 2003-04 to 2007-08

Procedure	Private patients						Public patients						Change 2003-04 to 2007-08
						Change 2003-04 to 2007-08						Change 2003-04 to 2007-08	
	2003-04	2004-05	2005-06	2006-07	2007-08		2003-04	2004-05	2005-06	2006-07	2007-08		
Caesarean section	32,676	34,422	36,503	38,971	39,193	6,517	40,519	42,996	45,966	49,542	49,496	8,977	
Cholecystectomy	22,762	22,741	22,627	22,668	23,008	246	23,545	23,924	24,107	24,716	24,269	724	
Coronary artery bypass graft	7,696	7,169	6,853	6,981	6,798	-898	7,759	7,347	7,355	7,199	6,807	-952	
Coronary angioplasty	18,356	18,810	19,062	18,834	18,384	28	12,833	14,601	15,629	16,175	15,972	3,139	
Hip replacement	17,546	17,270	17,054	17,863	18,785	1,239	10,927	11,249	11,535	11,569	12,053	1,126	
Revision of hip replacement	2,308	2,311	2,267	2,291	2,347	39	1,207	1,178	1,207	1,218	1,215	8	
Hysterectomy, aged 15-69	17,140	16,615	16,049	15,883	15,743	-1,397	12,066	11,860	11,574	11,334	11,298	-768	
Knee replacement	19,465	20,545	20,987	22,542	24,765	5,300	8,822	9,852	11,387	11,218	11,361	2,539	
Lens insertion	116,916	125,353	129,679	131,885	139,349	22,433	39,377	43,999	45,626	45,904	49,688	10,311	
Myringotomy	19,966	20,316	19,431	19,695	21,610	1,644	12,002	11,613	11,023	10,425	10,714	-1,288	
Prostatectomy	17,179	18,526	19,563	20,314	21,014	3,835	8,399	8,881	9,111	9,242	9,668	1,269	
Tonsillectomy	19,650	20,528	21,567	22,845	26,575	6,925	12,942	13,126	13,730	13,814	15,468	2,526	

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

(b) Excludes multiple procedures for the same separation within the same group.

(c) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes. See *Appendix 1*.

Table 10.7: Number of procedures^{(a)(b)}, by ACHI chapter, public hospitals, states and territories, 2007–08

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	27,016	25,876	15,107	11,337	7,338	1,910	1,500	856	90,940
110–129 Procedures on endocrine system	2,488	1,965	1,279	586	418	147	70	41	6,994
160–256 Procedures on eye and adnexa	29,583	27,113	12,798	12,412	8,370	694	1,315	965	93,250
300–333 Procedures on ear and mastoid process	6,323	7,689	7,099	3,022	2,997	379	598	481	28,588
370–422 Procedures on nose, mouth and pharynx	21,313	24,806	13,835	8,126	8,632	1,135	1,651	625	80,123
450–490 Dental services	44,273	40,243	36,641	15,667	14,435	1,920	1,510	2,843	157,532
520–569 Procedures on respiratory system	47,584	41,254	27,952	14,231	9,360	3,308	2,791	1,953	148,433
600–767 Procedures on cardiovascular system	102,446	96,379	59,098	30,719	27,546	9,116	7,838	3,140	336,282
800–817 Procedures on blood and blood-forming organs	9,183	10,021	6,150	3,313	3,163	695	791	234	33,550
850–1011 Procedures on digestive system	189,989	156,111	83,043	67,961	30,737	10,858	7,914	4,984	551,597
1040–1129 Procedures on urinary system	306,973	283,873	151,000	97,465	70,732	17,068	24,147	41,902	993,160
1160–1203 Procedures on male genital organs	11,245	13,028	5,923	5,265	4,000	923	483	411	41,278
1240–1299 Gynaecological procedures	61,392	65,327	35,660	15,433	22,418	3,447	2,617	2,746	209,040
1330–1347 Obstetric procedures	113,924	84,025	77,039	46,999	26,628	6,234	5,856	3,657	364,362
1360–1579 Procedures on musculoskeletal system	101,454	92,643	58,227	38,842	24,905	7,420	6,807	4,670	334,968
1600–1718 Dermatological and plastic procedures	72,569	76,990	59,017	30,672	27,070	4,839	3,593	6,250	281,000
1740–1759 Procedures on breast	7,393	6,598	4,092	4,203	1,839	497	246	165	25,033
1786–1799 Radiation oncology procedures	3,401	3,446	2,210	1,046	1,427	259	109	0	11,898
1820–1922 Non-invasive, cognitive and other interventions, n.e.c.	1,317,811	1,208,980	643,928	415,533	302,783	86,182	67,165	39,230	4,081,612
1940–2016 Imaging services	260,638	186,326	100,703	51,504	44,346	14,126	11,918	6,936	676,497
Total procedures	2,736,998	2,452,693	1,400,801	874,336	639,144	171,157	148,919	122,089	8,546,137

(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) This is a count of Australian Classification of Health Interventions (ACHI) procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Table 10.8: Number of procedures^{(a)(b)}, by ACHI chapter, private hospitals, states and territories, 2007–08

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	31,252	33,913	26,576	23,010	11,743	n.p.	n.p.	n.p.	132,113
110–129 Procedures on endocrine system	2,549	1,405	1,662	712	487	n.p.	n.p.	n.p.	7,077
160–256 Procedures on eye and adnexa	74,119	40,833	53,331	20,949	14,319	n.p.	n.p.	n.p.	214,394
300–333 Procedures on ear and mastoid process	10,045	6,268	6,307	4,119	3,717	n.p.	n.p.	n.p.	31,860
370–422 Procedures on nose, mouth and pharynx	47,207	25,881	28,646	16,055	15,774	n.p.	n.p.	n.p.	140,055
450–490 Dental services	100,580	92,669	90,506	67,623	38,057	n.p.	n.p.	n.p.	406,470
520–569 Procedures on respiratory system	9,748	9,128	11,548	3,406	4,454	n.p.	n.p.	n.p.	39,431
600–767 Procedures on cardiovascular system	71,681	80,965	70,530	23,404	19,503	n.p.	n.p.	n.p.	274,430
800–817 Procedures on blood and blood-forming organs	5,322	5,085	6,890	2,004	1,840	n.p.	n.p.	n.p.	22,126
850–1011 Procedures on digestive system	281,877	243,462	214,493	78,625	58,171	n.p.	n.p.	n.p.	906,273
1040–1129 Procedures on urinary system	73,844	66,223	87,861	53,001	33,151	n.p.	n.p.	n.p.	322,620
1160–1203 Procedures on male genital organs	22,194	17,463	12,852	6,946	5,403	n.p.	n.p.	n.p.	68,429
1240–1299 Gynaecological procedures	88,740	80,802	70,982	26,958	19,498	n.p.	n.p.	n.p.	298,399
1330–1347 Obstetric procedures	45,617	40,335	33,765	23,577	10,753	n.p.	n.p.	n.p.	162,464
1360–1579 Procedures on musculoskeletal system	116,498	111,827	80,417	51,955	43,096	n.p.	n.p.	n.p.	424,389
1600–1718 Dermatological and plastic procedures	92,772	82,189	87,625	36,977	38,642	n.p.	n.p.	n.p.	352,011
1740–1759 Procedures on breast	12,035	10,490	11,736	6,365	3,591	n.p.	n.p.	n.p.	46,154
1786–1799 Radiation oncology procedures	1,091	1,021	1,205	98	649	n.p.	n.p.	n.p.	4,102
1820–1922 Non-invasive, cognitive and other interventions, n.e.c.	1,034,418	811,251	787,622	313,242	260,694	n.p.	n.p.	n.p.	3,329,822
1940–2016 Imaging services	39,203	57,194	49,843	19,792	15,387	n.p.	n.p.	n.p.	187,987
Total procedures	2,160,792	1,818,404	1,734,397	778,818	598,929	n.p.	n.p.	n.p.	7,370,606

(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) This is a count of Australian Classification of Health Interventions (ACHI) procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Table 10.9: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of overnight separations, public hospitals, Australia, 2007–08

Procedure block		Public patient separations		Patient days	ALOS ^(b) (days)	Total procedures reported
1916	Generalised allied health interventions	906,214	737,851	10,020,003	11.1	1,813,616
1910	Cerebral anaesthesia	604,534	507,600	3,837,998	6.3	687,536
1952	Computerised tomography of brain	156,730	120,905	1,754,447	11.2	160,023
1893	Transfusion of blood and gamma globulin	122,761	98,077	1,699,633	13.8	153,327
1909	Conduction anaesthesia	111,716	95,327	746,663	6.7	113,986
1920	Administration of pharmacotherapy	74,972	61,992	993,065	13.2	100,122
1963	Computerised tomography of abdomen and pelvis	72,225	57,396	747,204	10.3	73,807
1344	Postpartum suture	61,408	56,041	187,040	3.0	62,370
1912	Postprocedural analgesia	59,609	49,562	492,884	8.3	60,899
1340	Caesarean section	55,221	49,300	266,144	4.8	55,243
738	Venous catheterisation	53,065	42,901	1,166,678	22.0	59,012
1966	Other computerised tomography	47,892	37,971	580,200	12.1	50,351
1334	Medical or surgical induction of labour	47,411	43,168	181,839	3.8	48,271
1335	Medical or surgical augmentation of labour	47,298	43,677	147,752	3.1	47,355
2015	Magnetic resonance imaging	44,293	34,099	653,491	14.8	48,690
1333	Analgesia and anaesthesia during labour and delivery procedure	43,554	39,256	173,114	4.0	43,638
668	Coronary angiography	38,130	31,280	234,001	6.1	38,831
569	Continuous ventilatory support	31,010	24,973	655,984	21.2	56,258
1959	Computerised tomography of spine	28,119	17,887	276,740	9.8	31,327
1962	Computerised tomography of abdomen	27,720	22,401	284,578	10.3	28,139
965	Cholecystectomy	25,995	23,402	104,791	4.0	26,040
1960	Computerised tomography of chest	25,323	19,899	370,298	14.6	25,768
926	Appendectomy	23,626	19,811	86,954	3.7	23,744
607	Examination procedures on ventricle	22,917	18,631	133,820	5.8	22,974
1566	Excision procedures on other musculoskeletal sites	22,055	16,307	266,152	12.1	29,362
1343	Other procedures associated with delivery	21,628	19,333	76,155	3.5	21,906
986	Division of abdominal adhesions	21,062	18,072	196,799	9.3	21,357
1341	Fetal monitoring	21,017	19,769	77,308	3.7	21,897
1336	Spontaneous vertex delivery	20,580	19,699	56,094	2.7	20,646
1008	Panendoscopy with excision	19,590	16,502	181,812	9.3	19,910
	Other	1,438,254	1,183,858	14,821,009	10.3	1,544,747
	No procedure or not reported	727,579	630,672	2,940,384	4.0	..
Total^(c)		2,380,460	2,007,287	15,472,344	6.5	5,511,152

(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) ALOS — average length of stay.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in Australian Classification of Health Interventions (ACHI) blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.10: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of overnight separations, private hospitals, Australia, 2007–08

Procedure block		Separations	Public patient separations	Patient days	ALOS ^(b) (days)	Total procedures reported
1910	Cerebral anaesthesia	566,962	2,498	2,233,170	3.9	601,116
1916	Generalised allied health interventions	355,969	3,655	3,361,462	9.4	529,722
1909	Conduction anaesthesia	114,417	390	629,338	5.5	116,739
1893	Transfusion of blood and gamma globulin	56,855	413	649,258	11.4	68,616
1912	Postprocedural analgesia	53,901	119	346,735	6.4	55,653
668	Coronary angiography	36,435	68	149,528	4.1	37,559
1828	Sleep study	35,960	26	41,090	1.1	36,267
1340	Caesarean section	33,776	70	186,684	5.5	33,787
607	Examination procedures on ventricle	28,668	60	114,677	4.0	28,806
1333	Analgesia and anaesthesia during labour and delivery procedure	27,053	36	131,055	4.8	27,073
1920	Administration of pharmacotherapy	25,988	142	251,139	9.7	28,687
1344	Postpartum suture	23,230	63	100,208	4.3	23,370
1334	Medical or surgical induction of labour	22,791	50	106,626	4.7	23,146
412	Tonsillectomy or adenoidectomy	22,778	131	24,205	1.1	22,811
1518	Arthroplasty of knee	20,459	142	151,641	7.4	20,721
965	Cholecystectomy	20,452	237	58,503	2.9	20,482
990	Repair of inguinal hernia	20,223	171	30,599	1.5	20,301
1952	Computerised tomography of brain	19,831	411	254,885	12.9	20,260
986	Division of abdominal adhesions	18,523	62	121,941	6.6	18,731
1915	Other client support interventions	17,636	794	192,059	10.9	18,110
1335	Medical or surgical augmentation of labour	16,659	70	74,580	4.5	16,697
957	Examination of gallbladder or biliary tract	16,191	144	43,940	2.7	16,377
1620	Excision of lesion of skin and subcutaneous tissue	15,904	86	56,673	3.6	29,720
1489	Arthroplasty of hip	15,751	80	131,920	8.4	15,803
1963	Computerised tomography of abdomen and pelvis	15,495	210	167,077	10.8	15,803
738	Venous catheterisation	15,194	67	293,913	19.3	16,518
1566	Excision procedures on other musculoskeletal sites	14,572	42	107,491	7.4	17,621
1089	Examination procedures on bladder	14,251	40	56,880	4.0	14,324
671	Transluminal coronary angioplasty with stenting	13,667	50	42,221	3.1	13,946
2015	Magnetic resonance imaging	13,638	54	156,915	11.5	15,041
	Other	1,066,037	5,082	6,586,129	6.2	1,151,973
	No procedure or not reported	128,056	3,110	615,926	4.8	..
Total^(b)		1,064,784	10,224	5,741,472	5.4	3,075,780

(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) ALOS — average length of stay.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in Australian Classification of Health Interventions (ACHI) blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.11: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of same-day separations, public hospitals, Australia, 2007–08

Procedure block	Separations	Public patient separations	Separations per 10,000 population ^(b)	Total procedures reported
1060 Haemodialysis	818,069	719,343	385.2	818,534
1910 Cerebral anaesthesia	569,217	477,434	268.0	569,995
1920 Administration of pharmacotherapy	156,423	135,822	73.7	159,166
1893 Transfusion of blood and gamma globulin	65,263	54,203	30.7	67,996
905 Fiberoptic colonoscopy	60,282	49,481	28.4	60,332
1008 Panendoscopy with excision	59,284	48,641	27.9	59,673
1909 Conduction anaesthesia	55,050	44,911	25.9	55,155
911 Fiberoptic colonoscopy with excision	52,153	42,856	24.6	54,894
197 Extracapsular crystalline lens extraction by phacoemulsification	50,835	42,280	23.9	50,863
1620 Excision of lesion of skin and subcutaneous tissue	44,842	39,904	21.1	65,735
1916 Generalised allied health interventions	38,386	33,520	18.1	46,790
1265 Curettage of uterus	36,694	33,557	17.3	36,711
1089 Examination procedures on bladder	29,732	26,399	14.0	29,737
1952 Computerised tomography of brain	27,716	24,307	13.1	27,786
1259 Examination procedures on uterus	23,676	21,401	11.1	23,687
1921 Loading of drug delivery device	21,537	18,906	10.1	22,745
1005 Panendoscopy	18,842	15,370	8.9	18,858
1267 Evacuation of gravid uterus	17,665	14,697	8.3	17,801
766 Vascular infusion device and pump	15,628	14,208	7.4	15,716
668 Coronary angiography	14,352	11,014	6.8	14,385
1890 Therapeutic interventions on cardiovascular system	13,354	12,151	6.3	13,478
1635 Repair of wound of skin and subcutaneous tissue	12,381	10,792	5.8	13,514
458 Surgical removal of tooth	12,014	8,059	5.7	39,544
457 Nonsurgical removal of tooth	11,919	10,391	5.6	46,503
607 Examination procedures on ventricle	11,412	8,707	5.4	11,418
76 Release of carpal and tarsal tunnel	11,118	10,081	5.2	11,643
1907 Electroconvulsive therapy	10,990	10,544	5.2	10,991
1888 Hyperbaric oxygen therapy	10,714	7,097	5.0	10,714
1554 Other application, insertion or removal procedures on other musculoskeletal sites	10,702	9,011	5.0	11,394
1260 Insertion or removal of intrauterine device	10,376	9,523	4.9	10,404
Other	571,230	488,075	269.0	638,823
No procedure or not reported	432,432	397,209	207.4	..
Total^(c)	2,363,601	2,065,673	1,133.5	3,034,985

(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) Crude rate based on the Australian estimated resident population as at 31 December 2007.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in Australian Classification of Health Interventions (ACHI) blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.12: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of same-day separations, private hospitals, Australia, 2007–08

Procedure block	Separations	Public patient separations	Separations per 10,000 population ^(b)	Total procedures reported
1910 Cerebral anaesthesia	1,189,441	9,510	560.1	1,190,481
905 Fibreoptic colonoscopy	193,609	982	91.2	193,896
1008 Panendoscopy with excision	186,374	713	87.8	188,989
911 Fibreoptic colonoscopy with excision	178,039	901	83.8	186,937
1060 Haemodialysis	164,476	46,170	77.4	164,510
1920 Administration of pharmacotherapy	157,449	4,465	74.1	158,719
197 Extracapsular crystalline lens extraction by phacoemulsification	119,633	2,762	56.3	119,684
1909 Conduction anaesthesia	90,795	2,777	42.8	91,192
1916 Generalised allied health interventions	90,711	102	42.7	113,502
1620 Excision of lesion of skin and subcutaneous tissue	86,627	503	40.8	139,966
458 Surgical removal of tooth	80,428	79	37.9	253,010
1921 Loading of drug delivery device	55,777	263	26.3	60,129
1005 Panendoscopy	49,256	117	23.2	49,313
1267 Evacuation of gravid uterus	49,212	90	23.2	49,246
1297 Procedures for reproductive medicine	48,410	565	22.8	48,989
1089 Examination procedures on bladder	40,063	449	18.9	40,068
1265 Curettage of uterus	36,931	164	17.4	36,967
1873 Psychological/psychosocial therapies	33,994	0	16.0	40,296
1517 Arthroscopic meniscectomy of knee with repair	31,552	75	14.9	32,329
1893 Transfusion of blood and gamma globulin	30,979	251	14.6	32,185
1259 Examination procedures on uterus	29,406	108	13.8	29,420
766 Vascular infusion device and pump	25,970	277	12.2	26,431
1880 Therapies using agents, not elsewhere classified	24,831	8	11.7	24,832
668 Coronary angiography	20,507	2,017	9.7	20,525
1651 Local skin flap, simple and small, single stage	20,100	101	9.5	22,632
941 Procedures for haemorrhoids	17,838	112	8.4	18,745
309 Myringotomy	16,962	58	8.0	17,079
1163 Closed biopsy of prostate or seminal vesicle	16,515	121	7.8	17,257
76 Release of carpal and tarsal tunnel	16,498	117	7.8	17,991
607 Examination procedures on ventricle	16,390	1,241	7.7	16,393
Other	743,631	8,115	350.1	893,139
No procedure or not reported	76,750	1,543	36.8	..
Total^(c)	2,065,101	66,003	990.4	4,294,852

(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) Crude rate based on the Australian estimated resident population as at 31 December 2007.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

.. Not applicable.

Note: A similar listing of all procedures in Australian Classification of Health Interventions (ACHI) blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.13: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of separations, private free-standing day hospitals, Australia, 2007–08

Procedure block	Separations	Same-day separations	Public patient separations	Separations per 10,000 population ^(b)	
				10,000 population ^(b)	Total procedures reported
1910 Cerebral anaesthesia	365,983	365,919	2,580	172.3	366,373
1060 Haemodialysis	90,396	90,396	34,878	42.6	90,397
905 Fibreoptic colonoscopy	81,253	81,253	11	38.3	81,501
1008 Panendoscopy with excision	78,398	78,398	3	36.9	79,849
911 Fibreoptic colonoscopy with excision	68,710	68,710	8	32.4	71,681
197 Extracapsular crystalline lens extraction by phacoemulsification	65,360	65,360	1,220	30.8	65,378
1909 Conduction anaesthesia	42,845	42,822	1,488	20.2	43,143
1267 Evacuation of gravid uterus	40,528	40,528	68	19.1	40,555
1620 Excision of lesion of skin and subcutaneous tissue	32,450	32,449	223	15.3	51,488
1005 Panendoscopy	26,744	26,744	1	12.6	26,783
1920 Administration of pharmacotherapy	25,963	25,963	1,000	12.2	26,313
1297 Procedures for reproductive medicine	25,511	25,511	565	12.0	25,979
458 Surgical removal of tooth	20,355	20,355	0	9.6	62,156
1921 Loading of drug delivery device	17,428	17,428	0	8.2	17,585
209 Application, insertion or removal procedures on retina, choroid or posterior chamber	14,232	14,232	22	6.7	14,297
1893 Transfusion of blood and gamma globulin	10,737	10,737	10	5.1	11,570
1651 Local skin flap, simple and small, single stage	6,830	6,830	79	3.2	7,702
1888 Hyperbaric oxygen therapy	5,742	5,742	1,660	2.7	5,742
457 Nonsurgical removal of tooth	5,221	5,220	0	2.5	13,537
1884 Immunisation	4,839	4,839	3	2.3	4,839
1089 Examination procedures on bladder	4,325	4,325	1	2.0	4,326
1649 Other full thickness skin graft	3,890	3,890	69	1.8	4,077
1265 Curettage of uterus	3,840	3,840	19	1.8	3,859
941 Procedures for haemorrhoids	3,722	3,722	0	1.8	3,829
207 Vitrectomy	3,409	3,409	31	1.6	3,518
466 Tooth-coloured restoration	3,264	3,264	0	1.5	12,993
668 Coronary angiography	3,237	3,237	1,315	1.5	3,239
1862 Other genitourinary diagnostic tests, measures or investigations	3,171	3,171	1	1.5	3,171
766 Vascular infusion device and pump	3,159	3,159	29	1.5	3,159
172 Other excision procedures on cornea	3,032	3,032	27	1.4	3,081
Other	169,738	167,111	2,568	79.9	210,304
No procedure or not reported	2,437	2,437	3	1.1	..
Total^(c)	668,033	665,692	42,072	314.5	1,362,424

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

(b) Crude rate based on the Australian estimated resident population as at 31 December 2007.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.14: Separations^(a) for the 30 ACHI procedure blocks with the highest number of separations, public hospitals, states and territories, 2007–08

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	378,319	338,042	185,891	123,918	91,873	23,371	19,361	12,976	1,173,751
1916 Generalised allied health interventions	331,885	242,328	156,770	92,940	75,039	18,862	17,124	9,652	944,600
1060 Haemodialysis	256,052	243,629	125,105	79,441	55,852	14,016	21,494	40,782	836,371
1920 Administration of pharmacotherapy	39,686	100,525	39,376	30,936	9,081	5,556	4,017	2,218	231,395
1893 Transfusion of blood and gamma globulin	56,920	57,857	29,381	18,548	17,294	3,619	2,994	1,411	188,024
1952 Computerised tomography of brain	71,695	52,541	27,065	13,172	11,381	3,601	3,164	1,827	184,446
1909 Conduction anaesthesia	52,080	52,886	24,743	15,367	14,075	2,676	2,497	2,442	166,766
1963 Computerised tomography of abdomen and pelvis	34,302	23,860	11,104	4,282	4,843	1,700	705	1,088	81,884
1008 Panendoscopy with excision	27,478	23,411	10,649	11,940	2,361	1,198	1,068	769	78,874
905 Fibreoptic colonoscopy	27,070	22,829	9,792	10,485	2,156	1,282	666	623	74,903
911 Fibreoptic colonoscopy with excision	22,945	18,175	8,783	11,229	1,456	1,207	782	596	65,173
1344 Postpartum suture	23,759	14,868	10,955	5,750	4,341	1,016	1,518	773	62,980
1912 Postprocedural analgesia	25,407	9,269	8,405	9,534	5,035	1,643	375	191	59,859
738 Venous catheterisation	18,902	13,507	12,214	5,651	4,210	1,329	1,279	994	58,086
1620 Excision of lesion of skin and subcutaneous tissue	14,164	16,659	11,330	5,523	5,685	1,204	510	368	55,443
1340 Caesarean section	18,615	13,485	11,270	5,369	4,004	1,033	816	786	55,378
1966 Other computerised tomography	19,191	13,755	9,358	4,906	3,994	1,174	1,070	612	54,060
197 Extracapsular crystalline lens extraction by phacoemulsification	17,663	15,690	6,540	6,848	5,062	390	1,036	571	53,800
668 Coronary angiography	17,196	12,799	8,550	5,237	5,474	1,319	1,543	364	52,482
2015 Magnetic resonance imaging	18,445	13,212	7,028	3,977	3,771	1,085	1,047	374	48,939
1335 Medical or surgical augmentation of labour	16,900	10,839	10,254	4,706	3,421	904	933	589	48,546
1334 Medical or surgical augmentation of labour	16,005	11,384	8,866	5,338	4,234	958	713	529	48,027
1333 Analgesia and anaesthesia during labour and delivery procedure	13,916	9,743	8,148	6,112	4,044	851	714	287	43,815
1265 Curettage of uterus	11,596	12,120	5,413	2,293	8,780	493	497	266	41,458
1089 Examination procedures on bladder	9,387	12,202	5,969	5,400	4,391	909	469	200	38,927
1959 Computerised tomography of spine	12,341	11,203	5,098	2,440	1,663	866	599	457	34,667
607 Examination procedures on ventricle	9,531	9,933	5,119	4,106	3,388	884	1,167	201	34,329
1005 Panendoscopy	10,292	11,019	5,510	4,548	1,549	764	220	343	34,245
569 Continuous ventilatory support	10,946	9,140	6,217	2,907	2,747	700	665	539	33,861
1962 Computerised tomography of abdomen	10,697	5,675	6,116	3,779	2,697	325	1,360	327	30,976
Other	694,844	628,010	394,764	231,450	183,898	47,736	35,832	25,186	2,241,720
No procedure or not reported	376,308	296,675	245,085	86,920	97,613	24,914	14,584	20,120	1,162,219
Total^(b)	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.15: Separations^(a) for the 30 ACHI procedure blocks with the highest number of separations, private hospitals, states and territories, 2007–08

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	532,417	440,005	410,454	166,057	133,888	n.p.	n.p.	n.p.	1,756,403
1916 Generalised allied health interventions	152,977	105,513	98,994	33,322	42,587	n.p.	n.p.	n.p.	446,680
905 Fibreoptic colonoscopy	66,589	59,524	46,655	13,007	12,950	n.p.	n.p.	n.p.	205,420
1909 Conduction anaesthesia	71,972	52,658	39,713	18,087	14,252	n.p.	n.p.	n.p.	205,212
1008 Panendoscopy with excision	64,664	51,891	49,906	16,485	10,453	n.p.	n.p.	n.p.	198,185
911 Fibreoptic colonoscopy with excision	59,860	47,709	45,353	20,295	10,214	n.p.	n.p.	n.p.	188,480
1920 Administration of pharmacotherapy	36,748	55,679	43,343	23,159	16,849	n.p.	n.p.	n.p.	183,437
1060 Haemodialysis	22,505	33,599	53,694	36,619	19,743	n.p.	n.p.	n.p.	166,204
197 Extracapsular crystalline lens extraction by phacoemulsification	42,564	25,332	31,878	10,472	9,247	n.p.	n.p.	n.p.	126,287
1620 Excision of lesion of skin and subcutaneous tissue	28,021	23,473	25,748	10,183	10,685	n.p.	n.p.	n.p.	102,531
1893 Transfusion of blood and gamma globulin	16,404	22,739	29,510	8,792	7,521	n.p.	n.p.	n.p.	87,834
458 Surgical removal of tooth	23,917	22,181	17,089	11,154	6,698	n.p.	n.p.	n.p.	83,719
1921 Loading of drug delivery device	5,312	12,225	29,067	7,478	4,693	n.p.	n.p.	n.p.	59,680
668 Coronary angiography	16,966	15,933	13,669	4,338	3,932	n.p.	n.p.	n.p.	56,942
1005 Panendoscopy	12,352	23,521	11,130	2,821	5,186	n.p.	n.p.	n.p.	56,277
1089 Examination procedures on bladder	14,313	12,397	13,319	6,499	4,660	n.p.	n.p.	n.p.	54,314
1912 Postprocedural analgesia	22,279	5,643	10,361	9,001	6,305	n.p.	n.p.	n.p.	54,241
1267 Evacuation of gravid uterus	9,985	17,598	16,397	5,600	n.p.	n.p.	n.p.	n.p.	50,130
1297 Procedures for reproductive medicine	17,703	11,346	10,186	3,542	3,881	n.p.	n.p.	n.p.	48,464
607 Examination procedures on ventricle	11,292	13,498	11,878	3,937	3,156	n.p.	n.p.	n.p.	45,058
1873 Psychological/psychosocial therapies	21,525	3,617	13,374	5,459	248	n.p.	n.p.	n.p.	44,343
1265 Curettage of uterus	12,773	12,331	8,551	3,370	3,152	n.p.	n.p.	n.p.	42,175
1517 Arthroscopic meniscectomy of knee with repair	9,560	8,467	7,743	4,139	5,587	n.p.	n.p.	n.p.	37,634
1828 Sleep study	10,447	9,644	9,096	2,247	3,259	n.p.	n.p.	n.p.	36,020
1340 Caesarean section	8,708	7,947	8,590	4,556	2,155	n.p.	n.p.	n.p.	33,811
1259 Examination procedures on uterus	9,761	9,642	7,332	2,910	2,656	n.p.	n.p.	n.p.	33,810
412 Tonsillectomy or adenoidectomy	10,821	5,285	7,034	3,519	2,347	n.p.	n.p.	n.p.	30,402
1880 Therapies using agents, not elsewhere classified	27,830	572	280	749	925	n.p.	n.p.	n.p.	30,357
766 Vascular infusion device and pump	3,882	9,279	10,294	2,623	1,600	n.p.	n.p.	n.p.	28,565
1333 Analgesia and anaesthesia during labour and delivery procedure	8,806	6,254	4,652	4,127	2,244	n.p.	n.p.	n.p.	27,081
Other	601,550	498,264	473,660	233,728	182,959	n.p.	n.p.	n.p.	2,081,974
No procedure or not reported	29,624	76,287	57,028	16,595	13,453	n.p.	n.p.	n.p.	206,369
Total^(b)	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.16: Average length of stay^(a) (days) for the 30 ACHI procedure blocks with the highest number of separations, public hospitals, states and territories, 2007–08

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	4.1	3.3	3.9	3.4	4.0	4.0	3.7	4.8	3.8
1916 Generalised allied health interventions	11.0	10.3	10.5	10.4	10.8	10.3	9.5	10.8	10.6
1060 Haemodialysis	1.3	1.2	1.3	1.3	1.2	1.2	1.2	1.2	1.2
1920 Administration of pharmacotherapy	8.3	3.7	5.3	3.5	7.3	4.4	5.7	5.6	5.0
1893 Transfusion of blood and gamma globulin	11.1	8.0	9.5	8.9	8.3	9.8	9.9	14.0	9.4
1952 Computerised tomography of brain	10.2	8.1	10.0	11.2	11.5	9.3	8.0	10.3	9.7
1909 Conduction anaesthesia	5.0	4.4	4.9	5.7	4.2	6.0	4.0	6.7	4.8
1963 Computerised tomography of abdomen and pelvis	9.7	8.5	8.7	9.6	10.7	8.6	8.2	9.6	9.2
1008 Panendoscopy with excision	3.4	2.4	3.4	2.1	7.1	4.0	3.9	4.1	3.1
905 Fiberoptic colonoscopy	2.4	2.1	2.8	1.9	5.7	3.0	3.0	3.7	2.4
911 Fiberoptic colonoscopy with excision	2.9	2.2	3.2	1.8	6.9	3.1	3.1	2.7	2.6
1344 Postpartum suture	3.1	2.9	2.7	3.2	3.2	3.0	2.7	4.0	3.0
1912 Postprocedural analgesia	8.5	8.9	7.7	6.7	9.2	8.7	7.9	10.3	8.2
738 Venous catheterisation	20.8	20.1	18.8	21.0	21.5	18.1	18.1	21.6	20.2
1620 Excision of lesion of skin and subcutaneous tissue	2.5	1.8	2.1	1.9	1.8	1.6	1.6	3.7	2.0
1340 Caesarean section	4.9	4.9	4.2	5.0	5.3	4.6	4.7	6.6	4.8
1966 Other computerised tomography	11.9	9.6	10.5	11.0	11.2	9.7	9.7	11.7	10.8
197 Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.0	1.0	1.1	1.0	1.0	1.0	2.1	1.1
668 Coronary angiography	5.5	4.7	4.7	4.0	3.9	3.7	2.4	7.8	4.7
2015 Magnetic resonance imaging	13.8	12.6	14.0	13.5	14.1	12.3	10.3	18.5	13.4
1335 Medical or surgical augmentation of labour	3.2	3.1	2.7	3.2	3.2	3.1	2.8	4.1	3.1
1334 Medical or surgical induction of labour	4.0	3.7	3.4	3.8	4.1	3.8	3.7	5.3	3.8
1333 Analgesia and anaesthesia during labour and delivery procedure	4.1	3.9	3.6	3.9	4.1	3.8	3.7	5.0	4.0
1265 Curettage of uterus	1.3	1.1	1.2	1.2	1.1	1.1	1.2	1.8	1.2
1089 Examination procedures on bladder	2.5	1.9	2.1	2.4	1.9	2.1	2.2	4.1	2.2
1959 Computerised tomography of spine	9.0	6.3	8.8	10.0	10.3	7.2	7.2	10.3	8.2
607 Examination procedures on ventricle	4.9	4.4	4.2	3.5	3.4	3.5	2.3	7.5	4.2
1005 Panendoscopy	7.2	5.2	5.8	4.9	11.2	7.4	10.5	6.7	6.2
569 Continuous ventilatory support	20.2	18.4	18.6	21.2	21.2	19.5	16.5	18.0	19.5
1962 Computerised tomography of abdomen	10.1	7.5	9.4	9.7	9.4	6.9	9.6	8.8	9.3
Total	4.2	3.3	3.6	3.6	4.4	4.0	3.4	2.9	3.7

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

Table 10.17: Average length of stay^(a) (days) for the 30 ACHI procedure blocks with the highest number of separations, private hospitals, states and territories, 2007–08

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	1.8	2.0	2.0	2.1	2.1	n.p.	n.p.	n.p.	1.9
1916 Generalised allied health interventions	6.3	8.7	8.4	9.5	6.9	n.p.	n.p.	n.p.	7.7
905 Fiberoptic colonoscopy	1.1	1.3	1.4	1.4	1.3	n.p.	n.p.	n.p.	1.2
1909 Conduction anaesthesia	2.8	3.8	3.8	4.9	3.7	n.p.	n.p.	n.p.	3.5
1008 Panendoscopy with excision	1.1	1.4	1.5	1.5	1.4	n.p.	n.p.	n.p.	1.3
911 Fiberoptic colonoscopy with excision	1.1	1.3	1.3	1.3	1.3	n.p.	n.p.	n.p.	1.2
1920 Administration of pharmacotherapy	2.0	2.2	2.6	2.1	2.1	n.p.	n.p.	n.p.	2.2
1060 Haemodialysis	1.2	1.2	1.2	1.0	1.1	n.p.	n.p.	n.p.	1.1
197 Extracapsular crystalline lens extraction by phacoemulsification	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1620 Excision of lesion of skin and subcutaneous tissue	1.4	1.4	1.4	1.4	1.2	n.p.	n.p.	n.p.	1.4
1893 Transfusion of blood and gamma globulin	8.4	8.2	6.6	8.5	8.3	n.p.	n.p.	n.p.	7.7
458 Surgical removal of tooth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1921 Loading of drug delivery device	1.1	1.5	1.5	1.3	1.3	n.p.	n.p.	n.p.	1.4
668 Coronary angiography	2.4	3.2	3.4	2.8	3.7	n.p.	n.p.	n.p.	3.0
1005 Panendoscopy	1.7	1.7	3.0	3.0	1.9	n.p.	n.p.	n.p.	2.1
1089 Examination procedures on bladder	1.7	1.7	1.7	2.1	1.8	n.p.	n.p.	n.p.	1.8
1912 Postprocedural analgesia	5.8	7.5	6.9	6.6	6.3	n.p.	n.p.	n.p.	6.4
1267 Evacuation of gravid uterus	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1297 Procedures for reproductive medicine	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
607 Examination procedures on ventricle	2.5	3.0	3.2	2.8	3.4	n.p.	n.p.	n.p.	2.9
1873 Psychological/psychosocial therapies	4.8	15.3	3.5	5.2	13.1	n.p.	n.p.	n.p.	5.4
1265 Curettage of uterus	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
1517 Arthroscopic meniscectomy of knee with repair	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
1828 Sleep study	1.1	1.0	1.4	1.2	1.1	n.p.	n.p.	n.p.	1.1
1340 Caesarean section	5.5	5.6	5.0	6.2	5.9	n.p.	n.p.	n.p.	5.5
1259 Examination procedures on uterus	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
412 Tonsillectomy or adenoidectomy	1.0	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.0
1880 Therapies using agents, not elsewhere classified	2.6	14.6	19.5	7.9	8.6	n.p.	n.p.	n.p.	3.3
766 Vascular infusion device and pump	1.6	1.6	2.0	1.9	1.9	n.p.	n.p.	n.p.	1.8
1333 Analgesia and anaesthesia during labour and delivery procedure	4.8	4.7	4.5	5.3	5.0	n.p.	n.p.	n.p.	4.8
Total	2.4	2.6	2.5	2.4	2.5	n.p.	n.p.	n.p.	2.4

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

Table 10.18: Separations^(a) for males for the 30 ACHI procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2007–08

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
1910 Cerebral anaesthesia	10,843	45,375	74,330	105,527	100,723	140,335	188,296	258,091	235,652	171,439	40,147	1,370,758
1916 Generalised allied health interventions	10,663	6,878	13,445	31,865	35,205	46,127	63,255	97,211	117,651	140,160	65,213	652,673
1060 Haemodialysis	8	45	194	6,970	18,778	49,247	87,329	123,962	141,367	147,312	21,974	597,186
1920 Administration of pharmacotherapy	19,991	3,987	5,513	5,644	6,332	10,789	21,755	41,599	46,507	30,332	5,647	198,096
1909 Conduction anaesthesia	1,855	2,678	3,117	6,224	5,985	7,751	13,378	27,329	38,600	38,664	9,550	155,131
1893 Transfusion of blood and gamma globulin	2,063	1,754	3,712	4,082	4,355	6,783	13,158	24,411	32,567	34,334	12,745	139,964
911 Fibreoptic colonoscopy with excision	39	161	539	2,546	5,462	11,399	22,746	36,526	31,960	16,365	2,441	130,184
905 Fibreoptic colonoscopy	6	35	120	1,775	5,934	14,968	25,780	33,456	25,839	14,984	2,687	125,584
1008 Panendoscopy with excision	132	708	1,688	4,468	8,545	14,744	21,743	28,488	22,958	14,555	2,958	120,987
1952 Computerised tomography of brain	547	1,106	2,274	8,061	7,788	8,617	10,366	13,409	17,133	24,466	12,623	106,390
1620 Excision of lesion of skin and subcutaneous tissue	217	743	1,636	2,119	3,288	6,193	10,389	16,223	17,043	18,605	7,593	84,049
197 Extracapsular crystalline lens extraction by phacoemulsification	0	5	27	90	144	635	3,124	10,759	23,522	31,130	6,704	76,140
668 Coronary angiography	21	42	48	143	611	3,605	11,095	20,744	20,469	13,539	1,842	72,159
1089 Examination procedures on bladder	120	179	272	736	1,195	2,492	5,313	11,676	15,525	14,854	4,173	56,535
607 Examination procedures on ventricle	30	39	33	93	458	2,626	8,135	15,278	14,597	8,930	1,089	51,308
1963 Computerised tomography of abdomen and pelvis	15	85	481	2,783	3,920	5,792	7,637	8,881	8,971	8,866	3,235	50,666
1912 Postprocedural analgesia	254	304	1,165	2,901	2,715	3,479	5,637	9,982	10,563	6,012	947	43,959
738 Venous catheterisation	3,595	538	861	1,684	1,989	3,047	4,966	7,944	8,938	7,397	1,758	42,717
458 Surgical removal of tooth	3	450	3,276	18,960	7,973	4,313	2,867	2,209	1,216	771	241	42,279
1005 Panendoscopy	33	105	175	1,053	2,162	4,017	6,818	9,277	9,041	7,448	2,077	42,206
990 Repair of inguinal hernia	1,393	1,551	1,104	1,443	2,468	4,322	6,502	8,425	7,040	4,608	931	39,787
1921 Loading of drug delivery device	28	326	594	569	747	1,874	5,235	12,468	12,129	4,631	394	38,995
1566 Excision procedures on other musculoskeletal sites	58	597	1,435	5,055	4,667	5,026	5,330	5,463	3,721	2,748	965	35,065
1966 Other computerised tomography	66	63	113	1,150	1,710	2,770	4,295	6,618	7,689	7,176	1,961	33,611
2015 Magnetic resonance imaging	1,096	1,466	1,645	1,729	1,866	2,971	3,976	5,472	5,727	5,131	1,385	32,464
1828 Sleep study	174	724	839	686	1,884	4,618	6,624	7,655	4,245	1,745	219	29,413
412 Tonsillectomy or adenoidectomy	78	9,654	10,744	3,303	1,243	719	292	160	51	22	1	26,267
1517 Arthroscopic meniscectomy of knee with repair	0	0	55	1,198	2,117	4,515	6,956	6,925	3,109	948	93	25,916
671 Transluminal coronary angioplasty with stenting	0	0	1	7	109	1,238	4,318	7,382	6,608	4,141	666	24,470
1959 Computerised tomography of spine	12	116	623	3,786	3,360	3,460	3,098	2,938	2,555	2,777	1,300	24,025
Other	50,798	57,608	102,044	138,870	144,875	193,975	247,756	352,381	339,453	269,448	78,576	1,975,784
Procedures reported	45,171	57,329	95,702	155,774	176,108	276,246	406,028	592,184	610,011	543,025	149,037	3,106,615
No procedure or not reported	41,568	45,010	38,742	48,837	54,537	65,126	68,073	76,790	73,897	74,466	30,762	617,808
Total^(c)	86,739	102,339	134,444	204,611	230,645	341,372	474,101	668,974	683,908	617,491	179,799	3,724,423

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

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.19: Separations^(a) for females for the 30 ACHI procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2007–08

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
1910 Cerebral anaesthesia	5,129	28,868	54,598	133,220	171,130	223,785	240,457	256,118	217,018	176,142	52,839	1,559,305
1916 Generalised allied health interventions	8,699	5,411	10,665	40,505	83,412	67,099	64,251	90,406	112,076	165,608	115,469	763,601
1060 Haemodialysis	7	40	333	3,664	15,366	33,578	56,877	86,327	110,080	88,011	11,106	405,389
1909 Conduction anaesthesia	216	405	1,055	10,973	43,508	27,662	12,364	23,978	37,465	44,598	14,618	216,842
1920 Administration of pharmacotherapy	15,671	3,112	4,427	5,553	9,561	21,172	39,112	49,249	38,980	24,424	5,471	216,732
1008 Panendoscopy with excision	98	495	1,703	8,251	11,287	20,182	31,343	34,867	26,302	17,242	4,301	156,071
905 Fiberoptic colonoscopy	6	22	86	3,007	7,169	18,402	34,022	40,444	29,759	18,043	3,778	154,738
1893 Transfusion of blood and gamma globulin	1,561	1,189	2,609	4,606	8,600	9,881	13,924	19,616	25,491	30,800	17,616	135,893
911 Fiberoptic colonoscopy with excision	26	85	472	4,327	7,160	12,747	22,524	31,283	26,424	15,515	2,905	123,468
197 Extracapsular crystalline lens extraction by phacoemulsification	0	5	15	66	146	593	3,231	12,463	32,087	44,365	10,968	103,939
1952 Computerised tomography of brain	375	728	1,241	4,230	5,091	6,730	8,499	9,788	13,360	26,250	21,997	98,290
1340 Caesarean section	0	0	16	11,049	51,650	26,219	253	2	0	0	0	89,189
1344 Postpartum suture	0	0	35	17,167	52,113	16,893	59	0	0	0	0	86,267
1265 Curettage of uterus	0	0	46	6,746	15,960	24,033	22,374	8,932	3,641	1,622	279	83,633
1620 Excision of lesion of skin and subcutaneous tissue	179	694	1,843	2,706	4,394	7,712	11,437	12,976	11,284	13,295	7,401	73,921
1267 Evacuation of gravid uterus	0	0	175	23,934	29,975	18,244	558	2	3	3	0	72,894
1334 Medical or surgical induction of labour	0	0	16	13,049	42,302	15,521	104	0	0	0	0	70,992
1333 Analgesia and anaesthesia during labour and delivery procedure	0	0	13	13,106	43,406	14,291	73	1	2	3	1	70,896
1912 Postprocedural analgesia	149	272	856	4,486	14,028	11,919	8,721	10,184	10,346	7,527	1,652	70,140
1335 Medical or surgical augmentation of labour	0	0	25	15,299	38,494	11,366	53	0	0	0	0	65,237
1259 Examination procedures on uterus	0	0	31	3,126	11,451	18,473	17,474	6,254	2,535	1,156	216	60,716
458 Surgical removal of tooth	2	372	3,943	28,979	10,339	4,566	3,215	2,372	1,175	868	320	56,151
1297 Procedures for reproductive medicine	2	0	1	736	19,251	31,654	1,031	7	0	0	0	52,682
1005 Panendoscopy	16	93	173	1,522	2,545	5,074	8,102	10,422	9,309	8,159	2,900	48,315
1963 Computerised tomography of abdomen and pelvis	14	61	318	2,597	3,666	5,358	6,394	7,046	7,296	9,210	5,208	47,168
1921 Loading of drug delivery device	24	291	579	549	1,169	4,417	10,731	14,869	9,486	3,073	397	45,585
668 Coronary angiography	30	45	32	43	180	1,259	4,467	9,048	10,946	9,662	1,550	37,262
1089 Examination procedures on bladder	57	139	243	686	1,425	4,243	6,934	8,206	7,443	5,774	1,556	36,706
1343 Other procedures associated with delivery	0	0	7	6,347	21,809	6,461	30	2	0	0	0	34,656
1966 Other computerised tomography	37	51	101	1,040	1,925	3,093	4,333	5,660	6,613	7,454	3,103	33,410
Other	36,569	47,818	84,598	159,759	278,023	310,820	331,092	349,685	298,012	267,016	105,936	2,269,328
Procedures reported ^(c)	30,163	37,694	71,269	233,468	422,352	434,983	446,654	530,719	513,575	482,642	195,110	3,398,629
No procedure or not reported	33,327	33,404	29,412	99,335	135,384	94,474	69,730	66,329	62,424	77,315	49,617	750,751
Total^(c)	63,490	71,098	100,681	332,803	557,736	529,457	516,384	597,048	575,999	559,957	244,727	4,149,380

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

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.20: Procedure^(a) statistics in ACHI chapters, by Indigenous status^(b), all hospitals, selected states and territories^(c), 2007–08

Procedure chapter	Count of procedures			Proportion of total procedures for patients identified as Indigenous (%)	Procedures per 1,000 population ^(d)		
	Indigenous Australians	Other Australians	Other		Indigenous Australians	Other Australians	Rate ratio ^(e)
1–86	2,427	211,597		0.7	6.2	10.3	0.6
110–129	140	13,452		0.0	0.5	0.7	0.7
160–256	2,404	292,388		0.7	12.8	13.9	0.9
300–333	2,147	55,920		0.6	3.2	2.9	1.1
370–422	2,426	208,474		0.7	5.0	10.6	0.5
450–490	15,543	527,994		4.4	22.3	27.5	0.8
520–569	6,021	174,597		1.7	16.3	8.5	1.9
600–767	10,460	574,951		3.0	38.3	27.3	1.4
800–817	555	52,650		0.2	1.9	2.5	0.8
850–1011	12,514	1,396,939		3.5	43.7	67.3	0.6
1040–1129	121,910	1,144,115		34.5	505.4	54.4	9.3
	117,682	850,534		33.3	488.4	40.5	12.1
	4,228	293,581		1.2	17.0	14.0	1.2
1160–1203	880	103,850		0.2	2.4	5.1	0.5
1240–1299	6,559	483,397		1.9	15.5	24.6	0.6
1330–1347	15,029	491,290		4.3	25.6	25.9	1.0
1360–1579	11,855	712,679		3.4	29.9	34.9	0.9
1600–1718	12,722	598,051		3.6	31.6	29.1	1.1
1740–1759	578	67,929		0.2	1.8	3.3	0.5
1786–1799	178	15,416		0.1	0.8	0.7	1.1
1820–1922	112,407	7,023,085		31.8	359.3	340.2	1.1
1940–2016	16,499	815,373		4.7	57.1	39.2	1.5
Total (excluding haemodialysis)	235,572	14,113,613		66.7	691.2	688.5	1.0
Total (including haemodialysis)	353,254	14,964,147		100.0	1,179.5	729.0	1.6

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

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among jurisdictions. See the text of *Chapter 8* for further detail.

(c) This table includes data only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only). Caution should be used in the interpretation of these data due to differences in data quality. It should also be noted that the data presented here are not necessarily representative of the jurisdictions excluded.

(d) The rates were directly age-standardised as detailed in *Appendix 1*. The rate for *Other Australians* includes *Indigenous status not reported*.

(e) The rate ratio is equal to the rate for *Indigenous Australians* divided by the rate for *Other Australians*.

Note: Indigenous population data are available at <www.aihw.gov.au>

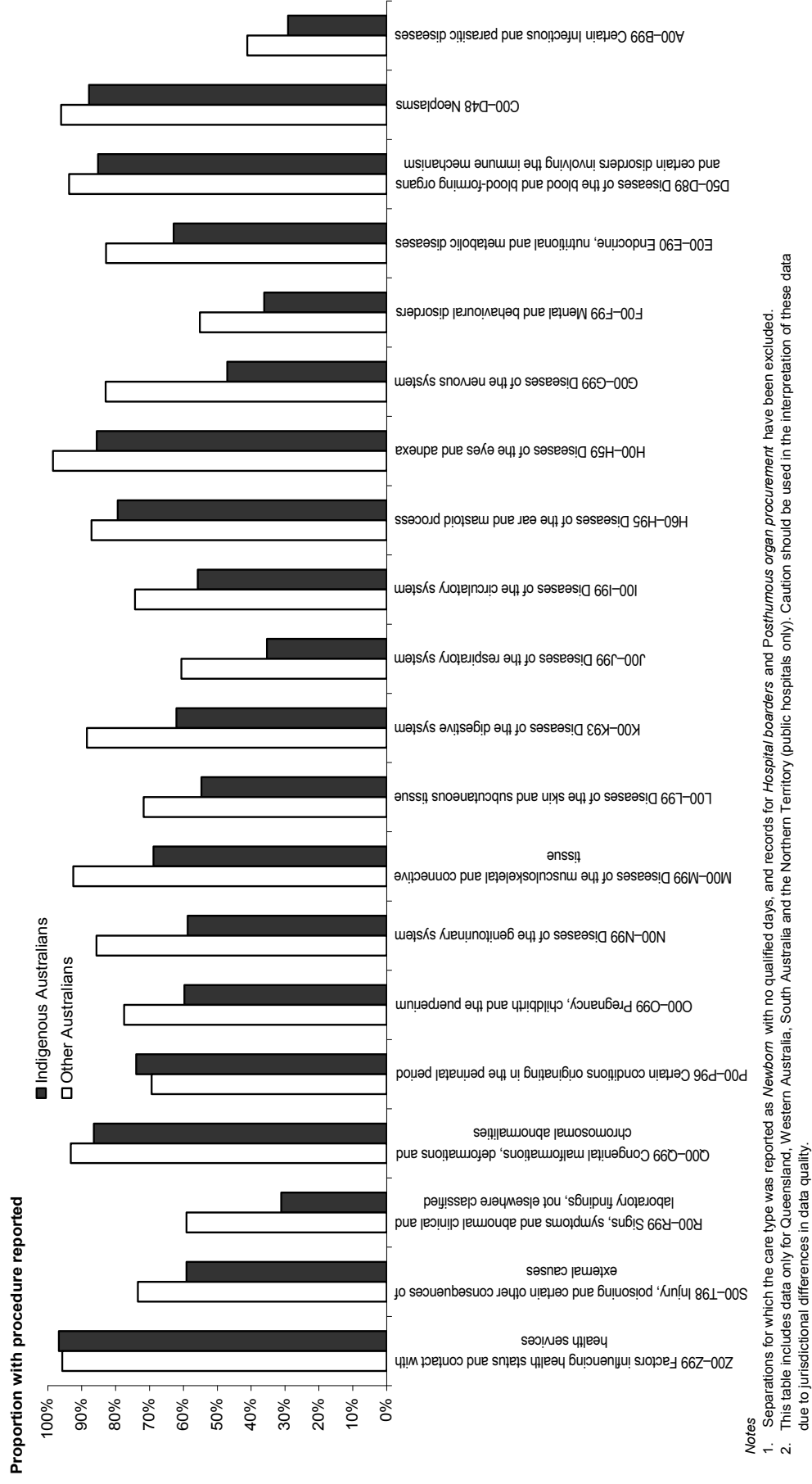


Figure 10.2: Proportion of separations with a procedure reported, by principal diagnosis and Indigenous status, all hospitals, selected states and territories, 2007-08

11 External causes for admitted patients

Introduction

An external cause is defined in the *National health data dictionary, version 13* (HDSC 2006) as the environmental event, circumstance or condition as the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded and, for most records, the activity of the person at the time of the event should be recorded.

External causes for 2007–08 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2006). Information about the quality of the ICD-10-AM coded data is presented in *Appendix 1*.

External causes can be reported for diagnoses other than those in the ICD-10-AM injury and poisoning chapter. Hence, data on external causes for this report are presented as the separations for which there was at least one external cause reported within the group of external causes being considered. One or more external causes of injury or poisoning may be reported for each separation and therefore the counts for these data are not additive, that is, the totals in the tables will not necessarily equal the sum of counts in the rows.

The external cause classification (Chapter 20 of ICD-10-AM) is hierarchical, consisting of 373 three-character categories. The information in this chapter is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM external cause classification. Full descriptions of the categories are available in the ICD-10-AM publication.

The tables in this chapter present national summaries of separation, patient day and average length of stay statistics for public and private hospitals and for public patients, as well as summary separation data by state and territory. Also provided are national summaries on the age group and sex of the patient, place of occurrence, and the activity of the patient when injured. Information on public patients in Table 11.1 relates to separations for which the patient election status was reported as *Public* (see *Chapter 7*).

External cause data and other data elements reported for separations

The information on external causes reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 11.1 demonstrates this using the external cause code of W20–W64 *Exposure to mechanical forces*. These data should be interpreted with caution as more than one external cause, place of occurrence and activity when injured can be reported for a separation. Consequently, the external cause is not

necessarily related to the place of occurrence, activity when injured or principal diagnosis in Figure 11.1.

In 2007–08:

- there were 88,600 separations which reported *Exposure to mechanical forces* as an external cause (compared to 77,100 in 2003–04) with an average length of stay of 3.1 days
- the majority of these separations (73.1%) were for male patients
- 35.8% (31,700) of these separations were for patients aged 15–34 years
- the majority of separations (88.6%) were from public hospitals
- 88.6% had a separation mode of *Other*, suggesting that these patients went home at the end of their episode of care and 8.5% were transferred to another acute hospital, suggesting continued care
- injury-related codes constituted nine of the top ten principal diagnoses. The most common principal diagnosis was for *Open wound of wrist and hand* (S61, 10,600)
- the most common AR-DRG was *Injuries, age <65* (X60C, 13,000)
- most commonly the place of occurrence was *Unspecified place of occurrence* (Y92.9, 47,700)
- the activity while injured was either *Other activity* for 88.4% of separations, with the most common specified activity being *Team ball sports* (U50, 5,800).

Sector

In 2007–08, there were 902,000 separations which reported an external cause and these separations accounted for 6.3 million patient days (Table 11.1). This represented 11.5% of all separations and 24.5% of all patient days (see *Chapter 2*). The majority of separations (698,000, 77.4%) and patient days (4.8 million, 77.0%) were reported for the public sector. Overall, the average length of stay was similar in the public sector (6.9 days) and the private sector (7.1 days).

The most frequently reported external cause group in both the public sector and the private sector was *Complications of medical and surgical care* (Y40–Y84), with a total of 345,500 separations (38.3%), followed by *Falls* (W00–W19, 231,000). However, there were differences in the external cause groups reported by the public and private sectors. *Transport accidents* (V00–V99) accounted for 8.8% of external cause separations for public hospitals (61,500), but only 3.5% for private hospitals (7,100). *Intentional self-harm* (X60–X84) and *Assault* (X85–Y09) combined accounted for 8.3% of external cause separations from public hospitals (30,700 and 27,500, respectively), but less than 0.7% (combined) of external cause separations from private hospitals (800 and 560, respectively).

Average length of stay was highest for *Other accidental threats to breathing* (W75–W84) in the public sector (14.8 days) and for *Intentional self-harm* in the private sector (20.5 days).

States and territories

External causes were reported for between 10.5% and 12.1% of all separations for the states and territories where both public and private sector separations are shown (Table 11.2). Differences in coding and data recording practices and in the capacity to report external

causes among the jurisdictions and between the public and private sectors may have slightly affected the comparability of these external cause data.

The distributions of separations among the external cause groups were generally similar among the states and territories for combined sectors (Table 11.2), with *Complications of medical and surgical care* (Y40–Y84), *Falls* (W00–W19), *Transport accidents* (V00–V99) and *Exposure to mechanical forces* (W20–W64) among the most common in nearly every state. For Northern Territory public hospitals, *Assault* (X85–Y09) accounted for 18.9% of all separations with an external cause reported, compared with the national figure of 3.9%.

Age group and sex

The number of separations with an external cause varied by age group and sex (tables 11.3 and 11.4). For females, 10.0% (416,000) of all separations had an external cause of injury or poisoning compared with 13.0% (486,000) of all separations for males.

For these separations, the most common external cause group for both sexes was *Complications of medical and surgical care* (Y40–Y84), which accounted for 35.8% of separations for males and 41.2% of separations for females. *Falls* (W00–W19) was the next most common external cause group, accounting for 20.3% of male and 31.9% of female separations with an external cause reported. *Exposure to mechanical forces* (W20–W64) was reported for 13.3% of male separations and 5.7% of female separations that reported an external cause.

For females, the highest number of separations with an external cause of injury or poisoning was in the 75–84 years age group (18.9%), whereas for males the highest numbers were reported in the 15–24 years age group (13.5%).

For children between 1 and 14 years, *Falls* (W01–W19) were the most commonly reported external causes for both males and females, followed by *Exposure to mechanical forces* (W20–W64). *Exposure to mechanical forces* was also the most commonly reported external cause for males aged 15–34 years. *Assault* (X85–Y09) was reported for 20,900 males and 7,200 females, with the most common age group for males being 15–34 years (62.4%). *Assault* external causes were commonly reported for females for the age groups 15–44 years (77.3%).

Place of occurrence

In ICD-10-AM, the place of occurrence of the external cause is required to be reported for the external causes *Transport accidents*, *Intentional self-harm*, *Assault*, *Events of undetermined intent*, *Legal intervention and operations of war*, *Complications of medical and surgical care* and for some external causes within the group *Sequelae and supplementary factors* (Table 11.5). Of the records with an external cause code reported in the range V00–Y98 (0.90 million separations), 99.9% also had a place of occurrence code reported. Place of occurrence was, however, reported for some separations for which it was not required. In addition to the records for which the place of occurrence was *Not reported* (0.3%), the place of occurrence was *Unspecified place* for approximately 26.5% of separations that required a place of occurrence to be reported. This indicates that these data are in need of improvement.

Health service area was the most commonly reported specified place of occurrence (361,000), with 90.4% of separations with this place of occurrence having an external cause of *Complications of medical and surgical care* (Y40–Y84). The next most commonly reported specified place of occurrence was *Home* (159,000), and this was the most frequently reported

place of occurrence for *Falls* (W00–W19, 88,000, 38.1% of total separations for *Falls*), *Intentional self-harm* (X60–X84, 17,400), and *Exposure to smoke, fire, flames, hot substances* (X00–X19, 4,700). *Falls* (W00–W19) was the most common external cause group for separations which reported *Residential institution* as the place of occurrence (24,600, 82.9% of these separations).

Activity when injured

The activity of the injured person at the time of occurrence of the external cause is required to be reported for external cause codes for *Transport accidents*, *Intentional self-harm*, *Assault* and *Events of undetermined intent*. Of the records with external cause codes V00–Y34 (567,000 separations), 99.8% also had an activity when injured code reported (Table 11.6). Activity when injured was, however, reported for some separations for which it was not required.

ICD-10-AM includes 24 three-character categories of activity when injured codes, including 19 for sports. Table 11.6 presents the sports-related activities as *Football* (U50.00–U50.09) and *Other sporting activity* (U50.10–U71), and the non-sports-related activities as *Leisure activity*, *Working for income*, *Other types of work*, *Resting, sleeping, eating and other vital activities*, *Other specified activities* and *Unspecified activity*. The two most commonly reported categories were *Other specified* and *Unspecified/Not reported* (13.3% and 75.7% of the separations which required an activity when injured to be reported, respectively) which indicates that there is a need for improvement in both the specificity of the classification and in the reporting of these data.

Principal diagnosis

Table 11.7 presents data showing the external causes reported for separations with an injury or poisoning as the principal diagnosis, and for other principal diagnoses. Although data reported on external causes and data reported on diagnoses cannot generally be unequivocally linked, it is likely that the reported external cause is related to the principal diagnosis when the latter is an injury or poisoning. In contrast, if the principal diagnosis is not an injury or poisoning, the external cause is more likely to relate to an additional diagnosis. External causes were reported for 384,000 separations for which the principal diagnosis was not an injury or poisoning.

Injuries to upper and lower limbs (S40–S99) (237,000, 26.2%) and *Injuries to head and neck* (S00–S19) (85,500, 9.5%) were the most common types of injuries associated with external causes. The most common causes of these injuries combined were *Falls* (W00–W19) and *Exposure to mechanical forces* (W20–W64). The most common injuries (S00–T98) resulting from *Falls* (W00–W19) were *Injuries to upper and lower limbs* (S40–S99) (105,000, 45.5%) and *Injuries to head and neck* (S00–S19) (34,100, 14.7%). These were also the most common injuries associated with *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V00–V99).

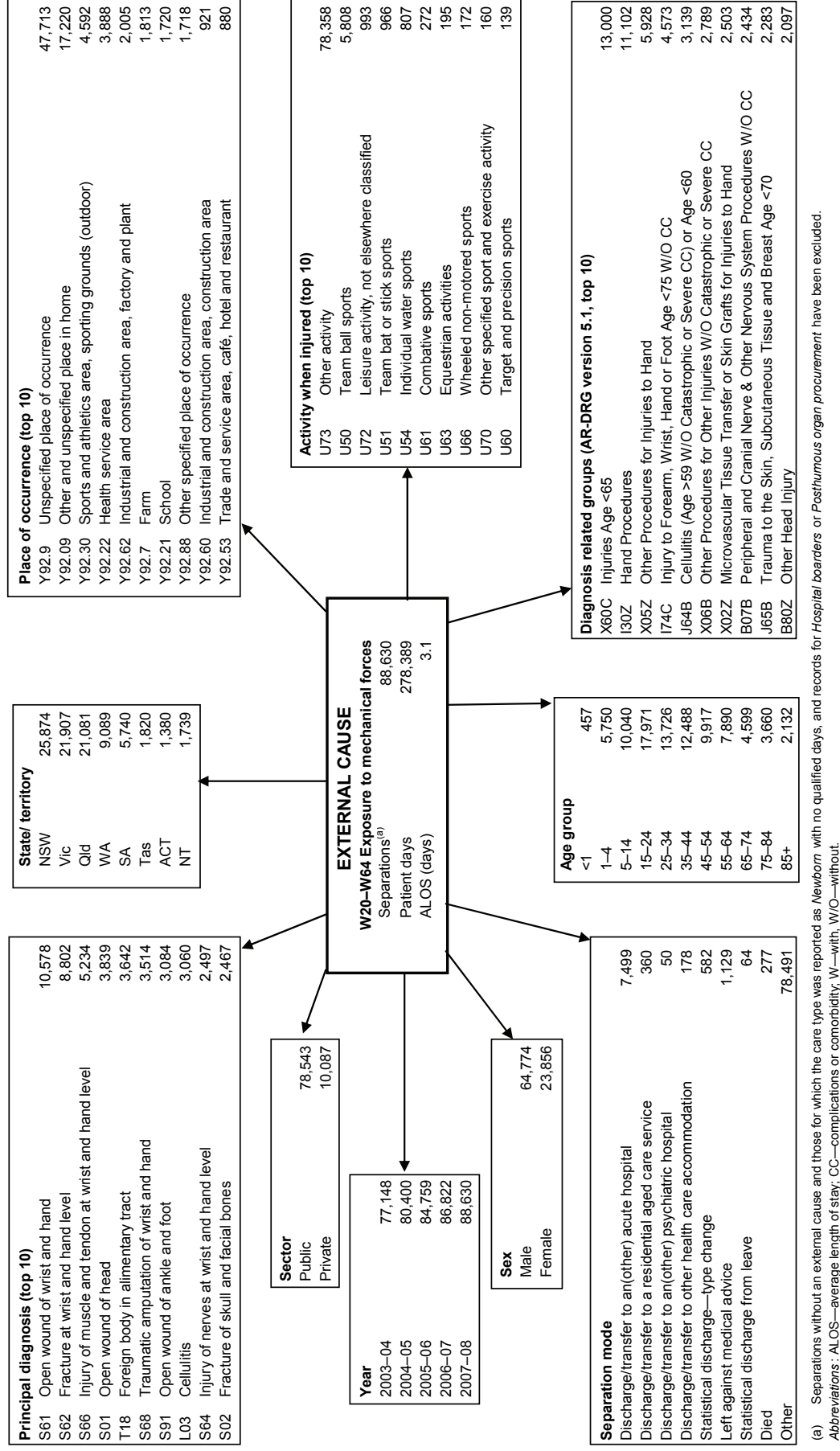


Figure 11.1: Interrelationships of an external cause (W20-W64 Exposure to mechanical forces) with other data elements, all hospitals, Australia, 2007-08

Table 11.1: Selected separation statistics^(a), by external cause in ICD-10-AM groupings and hospital sector, Australia, 2007-08

External cause	Separations	Same-day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same-day
Public hospitals						
V00-V99 Transport accidents	61,514	18,672	35,632	296,130	4.8	6.5
W00-W19 Falls	190,356	42,454	151,366	1,576,959	8.3	10.4
W20-W64 Exposure to mechanical forces	78,543	32,277	62,626	241,596	3.1	4.5
W65-W74 Accidental drowning and submersion	589	146	514	1,660	2.8	3.4
W75-W84 Other accidental threats to breathing	10,133	573	8,272	149,747	14.8	15.6
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	1,341	786	944	3,738	2.8	5.3
X00-X19 Exposure to smoke, fire, flames, hot substances	8,711	3,558	7,706	54,046	6.2	9.8
X20-X39 Exposure to venomous plants, animals, forces of nature	5,269	2,030	4,573	19,479	3.7	5.4
X40-X49 Accidental poisoning	12,809	4,349	11,479	47,106	3.7	5.1
X50-X59 Other external causes of accidental injury	36,173	13,313	30,285	208,553	5.8	8.5
X60-X84 Intentional self-harm	30,709	7,723	29,229	136,997	4.5	5.6
X85-Y09 Assault	27,545	11,754	26,114	96,576	3.5	5.4
Y10-Y34 Events of undetermined intent	6,621	2,543	6,230	25,528	3.9	5.6
Y35-Y36 Legal intervention and operations of war	150	42	135	1,126	7.5	10.0
Y40-Y84 Complications of medical and surgical care	239,767	43,334	196,696	2,381,603	9.9	11.9
Y85-Y98 Sequelae and supplementary factors	23,004	5,465	18,683	261,715	11.4	14.6
Total^(b)	698,413	186,058	563,391	4,844,114	6.9	9.1
Private hospitals						
V00-V99 Transport accidents	7,069	2,276	70	61,850	8.7	12.4
W00-W19 Falls	40,768	7,370	628	441,021	10.8	13.0
W20-W64 Exposure to mechanical forces	10,087	4,272	164	36,793	3.6	5.6
W65-W74 Accidental drowning and submersion	16	3	3	74	4.6	5.5
W75-W84 Other accidental threats to breathing	1,457	52	38	25,237	17.3	17.9
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	214	139	8	662	3.1	7.0
X00-X19 Exposure to smoke, fire, flames, hot substances	422	66	13	4,791	11.4	13.3
X20-X39 Exposure to venomous plants, animals, forces of nature	283	54	20	2,196	7.8	9.4
X40-X49 Accidental poisoning	650	81	28	4,720	7.3	8.2
X50-X59 Other external causes of accidental injury	33,884	13,825	186	101,389	3.0	4.4
X60-X84 Intentional self-harm	800	77	86	16,429	20.5	22.6
X85-Y09 Assault	560	198	36	2,665	4.8	6.8
Y10-Y34 Events of undetermined intent	267	63	10	2,059	7.7	9.8
Y35-Y36 Legal intervention and operations of war	22	12	0	176	8.0	16.4
Y40-Y84 Complications of medical and surgical care	105,732	24,540	2,345	819,261	7.7	9.8
Y85-Y98 Sequelae and supplementary factors	7,084	2,637	93	39,160	5.5	8.2
Total^(b)	203,561	55,144	3,626	1,443,503	7.1	9.4

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

Table 11.2: Separations^(a), by external cause in ICD-10-AM groupings and hospital sector, states and territories, 2007-08

External cause	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
V00-V99 Transport accidents	18,486	14,555	13,635	6,435	4,465	1,387	1,487	1,064	61,514
W00-W19 Falls	70,964	49,413	32,478	16,525	12,104	3,561	3,564	1,747	190,356
W20-W64 Exposure to mechanical forces	23,668	19,483	18,142	7,777	4,934	1,532	1,328	1,689	78,543
W65-W74 Accidental drowning and submersion	201	78	174	68	29	32	3	4	589
W75-W84 Other accidental threats to breathing	3,042	2,655	2,264	1,047	764	160	36	165	10,133
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	361	263	300	245	88	52	8	24	1,341
X00-X19 Exposure to smoke, fire, flames, hot substances	2,622	1,609	2,231	760	972	145	55	317	8,711
X20-X39 Exposure to venomous plants, animals, forces of nature	1,505	1,018	1,264	606	626	130	43	77	5,269
X40-X49 Accidental poisoning	4,007	3,051	2,637	1,202	1,355	244	171	142	12,809
X50-X59 Other external causes of accidental injury	11,064	10,394	7,071	3,396	2,375	695	728	450	36,173
X60-X84 Intentional self-harm	9,769	6,686	6,314	3,571	2,611	794	494	470	30,709
X85-Y09 Assault	7,258	5,463	6,027	3,722	2,131	509	398	2,037	27,545
Y10-Y34 Events of undetermined intent	1,860	2,415	1,273	444	270	185	116	58	6,621
Y35-Y36 Legal intervention and operations of war	25	29	41	28	6	1	8	12	150
Y40-Y84 Complications of medical and surgical care	70,922	67,696	41,362	24,218	21,307	6,798	4,624	2,840	239,767
Y85-Y98 Sequelae and supplementary factors	7,169	4,276	5,105	2,581	2,101	713	303	756	23,004
Total^(b)	221,720	180,482	133,496	69,161	53,788	16,116	12,845	10,805	698,413
Private hospitals									
V00-V99 Transport accidents	2,313	1,897	1,432	543	572	n.p.	n.p.	n.p.	7,069
W00-W19 Falls	12,968	9,401	10,468	2,929	3,684	n.p.	n.p.	n.p.	40,768
W20-W64 Exposure to mechanical forces	2,216	2,424	2,939	1,312	806	n.p.	n.p.	n.p.	10,087
W65-W74 Accidental drowning and submersion	2	1	9	3	0	n.p.	n.p.	n.p.	16
W75-W84 Other accidental threats to breathing	172	342	695	124	99	n.p.	n.p.	n.p.	1,457
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	35	9	68	38	59	n.p.	n.p.	n.p.	214
X00-X19 Exposure to smoke, fire, flames, hot substances	85	127	131	21	39	n.p.	n.p.	n.p.	422
X20-X39 Exposure to venomous plants, animals, forces of nature	47	55	97	30	41	n.p.	n.p.	n.p.	283
X40-X49 Accidental poisoning	104	161	214	65	68	n.p.	n.p.	n.p.	650
X50-X59 Other external causes of accidental injury	10,580	7,464	7,526	3,802	3,327	n.p.	n.p.	n.p.	33,884
X60-X84 Intentional self-harm	147	186	198	154	56	n.p.	n.p.	n.p.	800
X85-Y09 Assault	186	108	118	62	44	n.p.	n.p.	n.p.	560
Y10-Y34 Events of undetermined intent	54	74	93	27	7	n.p.	n.p.	n.p.	267
Y35-Y36 Legal intervention and operations of war	18	0	2	2	0	n.p.	n.p.	n.p.	22
Y40-Y84 Complications of medical and surgical care	26,999	22,994	29,373	10,377	11,260	n.p.	n.p.	n.p.	105,732
Y85-Y98 Sequelae and supplementary factors	2,160	1,275	1,991	581	720	n.p.	n.p.	n.p.	7,084
Total^(b)	56,583	45,215	53,513	19,572	20,372	n.p.	n.p.	n.p.	293,561

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the column totals are not the sums of the rows of the table.

Table 11.3: Separations^(a) for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2007-08

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
V00-V99 Transport accidents	52	624	5,887	12,255	8,121	7,303	5,368	3,390	1,918	1,361	569	46,848
W00-W19 Falls	637	4,235	12,261	8,078	5,880	6,135	7,204	8,929	10,691	19,646	14,738	98,434
W20-W64 Exposure to mechanical forces	256	3,350	6,874	14,816	10,997	9,593	7,364	5,781	3,054	1,967	722	64,774
W65-W74 Accidental drowning and submersion	23	132	44	48	51	41	27	20	12	11	2	411
W75-W84 Other accidental threats to breathing	125	165	120	201	308	345	479	749	1,123	2,079	1,424	7,118
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	0	15	38	222	229	202	150	105	106	74	10	1,151
X00-X19 Exposure to smoke, fire, flames, hot substances	304	1,281	727	895	590	587	448	369	235	221	76	5,733
X20-X39 Exposure to venomous plants, animals, forces of nature	15	121	367	450	472	523	487	368	242	216	122	3,383
X40-X49 Accidental poisoning	132	1,100	316	930	1,000	801	692	563	460	461	208	6,663
X50-X59 Other external causes of accidental injury	187	848	2,854	9,905	7,418	6,488	5,364	3,943	2,520	2,522	1,149	43,198
X60-X84 Intentional self-harm	0	5	113	2,783	3,056	2,880	1,866	812	347	246	89	12,197
X85-Y09 Assault	96	115	473	7,477	5,557	3,985	2,072	699	258	115	41	20,888
Y10-Y34 Events of undetermined intent	13	45	89	811	942	670	368	191	104	107	34	3,374
Y35-Y36 Legal intervention and operations of war	0	0	0	32	43	33	9	10	2	14	1	144
Y40-Y84 Complications of medical and surgical care	1,579	2,627	4,081	6,695	7,666	11,505	18,308	32,183	38,927	38,620	11,913	174,104
Y85-Y98 Sequelae and supplementary factors	27	210	563	2,459	2,856	3,455	3,307	2,626	1,819	1,450	475	19,247
Total^(c)	3,378	14,634	34,331	65,643	52,893	52,209	51,211	58,333	59,043	64,948	29,153	485,776

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Postinimum organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the column totals are not the sums of the rows of the table.

Table 11.4: Separations^(a) for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2007-08

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total^(b)
V00-V99 Transport accidents	34	378	2,280	4,550	3,379	2,823	2,532	1,978	1,418	1,660	702	21,735
W00-W19 Falls	547	3,221	6,942	3,130	3,523	4,322	6,647	11,149	15,700	37,694	39,814	132,689
W20-W64 Exposure to mechanical forces	201	2,400	3,166	3,155	2,729	2,895	2,553	2,109	1,545	1,693	1,410	23,856
W65-W74 Accidental drowning and submersion	8	78	23	20	32	8	11	6	0	5	3	194
W75-W84 Other accidental threats to breathing	103	124	68	112	128	174	303	373	522	1,183	1,382	4,472
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	2	8	18	45	99	62	47	24	61	26	12	404
X00-X19 Exposure to smoke, fire, flames, hot substances	195	855	443	330	305	310	237	199	133	213	179	3,399
X20-X39 Exposure to venomous plants, animals, forces of nature	17	80	200	253	221	228	287	208	192	214	269	2,169
X40-X49 Accidental poisoning	133	945	276	1,042	840	818	678	515	494	685	370	6,796
X50-X59 Other external causes of accidental injury	139	576	1,541	2,711	2,637	3,056	3,191	3,273	2,675	3,868	3,191	26,858
X60-X84 Intentional self-harm	0	3	505	5,794	4,073	4,315	2,803	1,090	374	265	87	19,309
X85-Y09 Assault	98	103	192	1,802	2,023	1,752	770	187	137	90	62	7,216
Y10-Y34 Events of undetermined intent	8	39	95	891	710	720	416	226	176	139	94	3,514
Y35-Y36 Legal intervention and operations of war	1	0	0	7	7	4	5	2	0	2	0	28
Y40-Y84 Complications of medical and surgical care	986	1,558	3,080	6,911	11,468	16,553	21,940	27,350	30,248	34,653	16,645	171,392
Y85-Y98 Sequelae and supplementary factors	18	99	420	871	1,086	1,684	1,805	1,320	1,132	1,436	970	10,841
Total^(c)	2,437	10,300	18,956	30,670	32,257	38,483	42,933	48,377	52,496	78,775	60,504	416,188

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the column totals are not the sums of the rows of the table.

Table 11.5: Separations^(a), by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2007–08

External cause	School, other public area						Street and highway
	Home	Residential institution	School	Health service area	Other	Sports and athletics area	
V00–V99	1,803	71	76	93	25	2,654	39,790
W00–W19	88,008	24,562	5,142	18,529	1,092	7,461	7,678
W20–W64	16,901	615	1,708	2,384	160	5,785	672
W65–W74	219	2	4	1	1	34	2
W75–W84	1,623	1,617	15	4,800	4	3	22
W85–W99	240	4	13	290	1	4	17
X00–X19	4,711	57	36	347	17	17	106
X20–X39	1,500	69	61	176	6	51	98
X40–X49	5,918	258	47	2,149	26	14	56
X50–X59	5,622	790	495	3,023	100	6,235	407
X60–X84	17,405	434	77	2,442	58	15	469
X85–Y09	4,332	292	244	287	112	132	1,952
Y10–Y34	2,225	115	41	575	7	16	79
Y35–Y36	24	4	0	15	5	0	17
Y40–Y84	7,846	714	54	326,268	31	33	68
Y85–Y98	1,538	105	91	2,952	31	662	4,332
T total ^(b)	159,032	29,615	8,096	360,813	1,670	23,098	55,656

External cause	Industrial and construction		Other		Unspecified place/Not reported	Total ^(b)
	Trade and service area	area	Farm	specified places		
V00–V99	385	227	1,944	3,927	17,310	68,583
W00–W19	7,432	1,225	497	6,759	62,523	231,124
W20–W64	2,635	4,560	1,797	3,466	47,242	88,630
W65–W74	9	2	3	275	39	605
W75–W84	41	5	0	50	3,130	11,590
W85–W99	50	138	11	364	408	1,555
X00–X19	249	157	73	359	2,895	9,133
X20–X39	40	61	109	641	2,658	5,552
X40–X49	424	183	39	147	4,070	13,459
X50–X59	718	555	196	1,722	49,764	70,057
X60–X84	361	27	15	651	9,910	31,509
X85–Y09	3,152	29	10	1,001	16,320	28,105
Y10–Y34	196	16	6	138	3,393	6,888
Y35–Y36	10	0	0	12	76	172
Y40–Y84	181	14	18	88	9,375	345,499
Y85–Y98	339	574	128	717	13,675	30,088
T total ^(b)	16,169	7,771	4,831	20,235	241,803	901,974

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause and place of occurrence can be reported for each separation, the totals are not the sums of the rows/columns of the table.

Table 11.6: Separations^(a), by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2007–08

External cause	Football	Other sporting activity	Leisure activity	Working income	Other types of work	Resting, sleeping, eating, other vital activities		Other specified activities	Unspecified activity/Not reported ^(b)	Total ^(c)
						activities	activities			
V00–V99 Transport accidents	1	10,132	835	3,279	323	252	43,309	10,066	43,309	68,583
W00–W19 Falls	5,572	8,316	3,918	5,494	8,715	24,974	142,991	28,883	142,991	231,124
W20–W64 Exposure to mechanical forces	5,271	3,578	981	14,251	6,410	4,557	41,646	10,794	41,646	88,630
W65–W74 Accidental drowning and submersion	0	220	42	3	7	38	180	99	180	605
W75–W84 Other accidental threats to breathing	0	28	7	14	7	2,373	7,772	1,021	7,772	11,590
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	0	269	8	452	87	21	439	265	439	1,555
X00–X19 Exposure to smoke, fire, flames, hot substances	0	43	85	571	753	1,062	4,896	1,599	4,896	9,133
X20–X39 Exposure to venomous plants, animals, forces of nature	5	307	90	304	336	214	3,696	493	3,696	5,552
X40–X49 Accidental poisoning	0	14	100	471	175	1,746	6,865	3,879	6,865	13,459
X50–X59 Other external causes of accidental injury	4,927	5,107	404	5,178	1,108	1,674	46,601	3,730	46,601	70,057
X60–X84 Intentional self-harm	0	5	27	30	29	117	8,603	22,587	8,603	31,509
X85–Y09 Assault	38	51	729	462	63	256	22,631	3,567	22,631	28,105
Y10–Y34 Events of undetermined intent	2	14	91	56	21	82	4,168	2,319	4,168	6,888
Y35–Y36 Legal intervention and operations of war	0	0	0	4	0	0	108	38	108	172
Y40–Y84 Complications of medical and surgical	2	7	3	51	13	555	325,792	30,894	325,792	345,499
Y85–Y98 Sequelae and supplementary factors	36	125	22	311	28	43	24,159	1,207	24,159	30,088
Total^(c)	15,860	29,680	7,336	30,940	18,058	38,118	682,573	119,905	682,573	901,974

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital* *boarder* or *Posthumous organ procurement* have been excluded.

(b) An activity when injured is required to be reported for records where the external cause of injury was in the range V01–Y34. Therefore for external cause groups Y35–Y36, Y40–Y84 and Y85–Y98, an activity when injured was not required.

(c) As more than one external cause can be reported for each separation and more than one activity can be reported, the totals are not the sums of the rows/columns of the table.

Table 11.7: Separations^(a), by external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2007–08

External cause	Injuries to										Total ^(b)
	Injuries to head & neck (S00–S19)	Injuries to thorax, abdomen, back, spine & pelvis (S20–S39)	Injuries to upper & lower limbs (S40–S99)	Injuries to unspecified region; foreign body effects (T00–T19)	Burns & frostbite (T20–T35)	Poisoning & toxic effects (T36–T65)	Other & unspecified effects of external causes (T66–T79)	Complications of medical & surgical care (T80–T88)	Other trauma complications; external cause sequelae (T89–T98)	All other diagnoses (A00–R99, Z00–Z99)	
V00–V99 Transport accidents	16,693	12,358	28,962	586	333	42	228	75	13	9,293	68,583
W00–W19 Falls	34,061	20,813	105,134	868	79	330	477	621	12	68,729	231,124
W20–W64 Exposure to mechanical forces	11,608	3,262	53,752	6,962	548	442	560	144	103	11,249	88,630
W65–W74 Accidental drowning and submersion	49	13	33	3	0	0	419	0	0	88	605
W75–W84 Other accidental threats to breathing	246	101	309	805	8	327	83	95	0	9,616	11,590
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	10	4	29	6	190	2	800	4	0	510	1,555
X00–X19 Exposure to smoke, fire, flames, hot substances	40	27	98	4	6,338	244	46	26	0	2,310	9,133
X20–X39 Exposure to venomous plants, animals, forces of nature	74	40	588	36	64	2,557	740	10	1	1,442	5,552
X40–X49 Accidental poisoning	81	44	93	31	470	8,755	944	60	0	2,981	13,459
X50–X59 Other external causes of accidental injury	6,162	3,808	41,265	569	75	198	2,821	369	18	14,772	70,057
X60–X84 Intentional self-harm	573	535	2,806	212	137	20,606	425	17	3	6,195	31,509
X85–Y09 Assault	16,845	2,453	4,997	190	81	168	321	24	7	3,019	28,105
Y10–Y34 Events of undetermined intent	152	69	429	20	111	4,574	62	15	3	1,453	6,888
Y35–Y36 Legal intervention and operations of war	32	8	42	1	0	4	3	0	0	82	172
Y40–Y84 Complications of medical and surgical care	1,469	2,258	6,610	197	341	686	2,922	86,131	7	244,878	345,499
Y85–Y98 Sequelae and supplementary factors	1,422	475	1,796	50	107	214	115	683	5	25,221	30,088
Total^(c)	85,465	43,173	236,706	10,228	8,295	37,170	10,551	86,403	167	383,816	901,974

(a) Separations without an external cause and an injury or poisoning principal diagnosis, and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital* / *boarder* or *Posthumous organ procurement* have been excluded.

(b) The total includes records for which the principal diagnosis was not reported.

(c) As more than one external cause can be reported for each separation, the column totals are not the sums of the rows of the table.

12 Australian Refined Diagnosis Related Groups for admitted patients

Introduction

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources expected to be used by the hospital. This classification system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected use of hospital resources, based on information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 5.1 (DoHA 2004b) to classify separations, and the most recent cost weights based on this version (Round 11, 2006–07).

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into *Surgical DRG*, *Medical DRG* and *Other DRG* partitions, and then into 665 individual AR-DRGs.

The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource-intensive may be assigned to the *Pre-MDC* category (AR-DRGs A01Z–A41B), irrespective of the principal diagnosis (including most organ and bone marrow transplants). Episodes that contain clinically atypical or invalid information are assigned *Error DRGs* (AR-DRGs 901Z–903Z and 960Z–963Z), even if they were assigned to an MDC. (Note that *Error DRGs* are included within *Other DRG* in the *Surgical/Medical/Other DRG* partition.)

Episodes are assigned to AR-DRGs within MDCs, mainly on the basis of the procedure codes (in the *Surgical DRG* partition) or the diagnosis codes (in the *Medical DRG* partition). Additional variables including the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, the length of stay, and the mode of separation are also used for AR-DRG assignment.

Following receipt of the data from states and territories, the AIHW regrouped the data to ensure that the same grouping method was used for all data. The AR-DRGs that resulted from this regrouping are reported here, and may differ slightly from the AR-DRGs derived by the states and territories.

The information in this chapter is presented using the three levels of the AR-DRG classification:

- MDCs – these 23 groups are used to provide information at a high level of aggregation (tables 12.1 to 12.4)
- the *Surgical/Medical/Other DRG* partitions are included in tables 12.1 to 12.6
- AR-DRGs – detailed information is presented for the 30 of the 665 AR-DRGs having the largest number of separations (tables 12.5 to 12.18).

All tables in this chapter include separations for which the care type was reported as *Acute*, *Newborn* (with at least one qualified day) or was *Not reported*. Separations for other care types were excluded (see Table 7.11). Of all admitted patient separations, 95.8% were reported as *Acute* (4.6 million of the 4.7 million in the public sector and 3.0 million of the 3.1 million in the private sector).

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented. Information on 'public patient separations' in tables 12.1 and 12.2, and tables 12.6 to 12.12, relates to separations for which the patient election status was *Public* (see Chapter 7).

The average length of stay figures were calculated using all acute separations. That is, the data were not trimmed of separations with unusually long or short lengths of stay. A relative stay index (RSI) is also included in tables 12.1 and 12.2 to provide a more accurate measure of the relative length of stay for each MDC in the public and private sectors. The RSI is defined as the observed number of acute patient days divided by the expected number of acute patient days adjusted for casemix (as more complex patients will have relatively longer lengths of stay). An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix distribution. An RSI of less than 1 indicates that the number of patient days reported was less than would have been expected (see Appendix 1 for more details).

Cost weights and costs by volume

The cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs, such that the average cost weight for all separations is 1.00.

This chapter presents information using version 5.1 AR-DRGs. For each AR-DRG, 2006–07 cost weights and cost estimates based on AR-DRG version 5.1 were used for both the public and private sectors. The 2006–07 cost weights were estimated by the Department of Health and Ageing through the National Hospital Cost Data Collection (NHCDC) (DoHA 2008). Separate cost weights are estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals. Cost weights for 2007–08 were not available at the time of writing of this report. The tables for both public and private hospitals will be updated on the Internet once more up-to-date cost weights are available.

The NHCDC also provided estimates of average costs for each separation for an AR-DRG with a cost weight of 1.00 – \$3,722 in the public sector (including depreciation) and 1.00 – \$2,754 in the private sector (DoHA 2008).

The cost by volume figures in this chapter using version 5.1 AR-DRGs were derived for each AR-DRG by multiplying the estimated average cost in version 5.1 for that AR-DRG by the number of separations for the AR-DRG. The cost estimates for all of the AR-DRGs within a given MDC were then summed to produce an estimated cost for the MDC.

The cost by volume figures are only approximations of the relative costs of hospital services during 2007–08. They should be used with caution in any comparisons between the states and territories. They are not derived from, or comparable to, the expenditure and cost per casemix-adjusted separation information presented in chapters 3 and 4.

Information based on the average cost weights of separations is also included in *chapters 2, 4 and 7*. *Appendix 3* includes further information on the NHCDC.

AR-DRGs and other data elements reported for separations

The information on AR-DRGs reported in this chapter is compiled in the NHMD with a range of other data. Figure 12.1 demonstrates this using the example of AR-DRG J11Z *Other skin, subcutaneous tissue and breast procedures*.

In 2007–08:

- there were 90,885 separations with an AR-DRG of J11Z
- the average length of stay was 1.1 days
- the number of separations reporting this AR-DRG fluctuated between about 86,000 in 2004–05 and nearly 91,000 in 2007–08
- about 59% of separations were from the private sector
- males accounted for over 51% of these separations
- almost 82% of separations were for people aged 35 years and over
- over 67% of these separations were for patients living in *Major cities*
- about 23% of these separations were for patients in the *Most advantaged* quintile of the population (socioeconomic group), and about 18% were for patients in the *Most disadvantaged* quintile.

The most common principal diagnosis was *Other malignant neoplasm of skin* (C44) and five other top ten principal diagnoses were also neoplasm-related. The most common additional diagnosis was *Problems related to lifestyle* (Z72), followed by *Personal history of certain other diseases* (Z86). The top ten additional diagnoses also included three neoplasm-related diagnoses.

The most common procedure was *Excision of lesion of skin and subcutaneous tissue* (Block 1620, 79,000 procedures) followed by *Cerebral anaesthesia* (Block 1910, 47,000 procedures).

Major Diagnostic Categories

Sector

Tables 12.1 and 12.2 present summary separation, patient day and average length of stay statistics for each of the MDCs for public and private hospitals. *Diseases and disorders of the kidney and urinary tract* accounted for the most separations over the combined public and private sectors (16.1%, 1.2 million).

The MDCs accounting for the largest numbers of separations in the public sector were:

- *Diseases and disorders of the kidney and urinary tract* (21.2%, 0.98 million)
- *Diseases and disorders of the digestive system* (10.1%, 0.47 million).

Those accounting for the largest numbers of separations in the private sector were:

- *Diseases and disorders of the digestive system* (17.1%, 0.51 million)
- *Diseases and disorders of the musculoskeletal system and connective tissue* (10.8%, 0.32 million).

Diseases and disorders of the musculoskeletal system and connective tissue accounted for the most patient days over the combined public and private sectors (11.6%, 2.5 million). The MDCs accounting for the largest numbers of patient days in the public sector were:

- *Mental diseases and disorders* and *Diseases and disorders of the musculoskeletal system and connective tissue* (9.9%, 1.46 million each).

In the private sector the MDCs accounting for the largest numbers of patient days were:

- *Diseases and disorders of the musculoskeletal system and connective tissue* (15.1%, 1.05 million)
- *Diseases and disorders of the digestive system* (12.2%, 0.84 million).

The average lengths of stay varied by MDC and hospital sector. The shortest average length of stay in both public and private sectors was reported for *Diseases and disorders of the eye* (1.3 days and 1.0 days respectively). The longest average length of stay in both public and private sectors was reported for the *Pre-MDC* group (28.0 days and 31.3 days respectively).

Differences in average length of stay between hospital sectors were notable for:

- *Mental diseases and disorders*, where the average length of stay was higher for public hospitals (11.3 days) than for private hospitals (5.3 days)
- *Newborns and other neonates*, where the average length of stay was higher for public hospitals (8.3 days) than for private hospitals (5.9 days).

A variety of factors could be responsible for such differences, including differences in the underlying patient populations, AR-DRG profiles of the MDCs, patterns of service provision, available facilities, treatment regimes and reporting practices.

The RSI data provide length of stay comparisons adjusted for differences in patient age profiles and differences in the AR-DRG profiles of MDCs. The RSI data presented in tables 12.1 and 12.2 is indirectly standardised and allows comparison of the hospital group with the national average (1.00) based on the casemix of that group (see *Chapter 4* and *Appendix 1* for more information on interpreting RSI data). In the public sector, the RSI ranged from 0.83 for *Alcohol/drug use and alcohol/drug induced organic mental disorders* to 1.14 for *Diseases and disorders of the eye*. In the private sector, the RSI ranged from 0.82 for *Burns* to 1.46 for *Alcohol/drug use and alcohol/drug induced organic mental disorders*.

Public patients accounted for 86.1% of separations from public hospitals and 2.4% of separations from private hospitals. The highest proportion of public patients in public hospitals was for *Alcohol/drug use and alcohol/drug induced organic mental disorders* (95.5%), and the smallest was for the *Pre-MDC* group (80.4%). The largest proportions of public patients in private hospitals were for *Diseases and disorders of the kidney and urinary tract* (19.1%).

Medical DRGs accounted for 73.7% of separations (3.4 million) from public hospitals and 37.8% of separations (1.1 million) from private hospitals. *Surgical* DRGs accounted for 19.9% of separations (0.9 million) from public hospitals and 41.1% of separations (1.2 million) from private hospitals.

Tables 12.1 and 12.2 show that the highest cost by volume MDC in both the public and private sector was *Diseases and disorders of the musculoskeletal system and connective tissue* (over \$2,095 million and \$1,610 million, respectively), followed by *Diseases and disorders of the*

circulatory system (over \$1,966 million and \$993 million, respectively). *Medical DRGs* accounted for over 53% of the estimated costs in public hospitals and almost 26% in private hospitals. *Surgical DRGs* accounted for over 42% of the estimated costs in public hospitals and almost 67% in private hospitals.

States and territories

Tables 12.3 and 12.4 present state and territory counts of separations in MDC categories by sector, and enable jurisdictional comparisons to be made about overall hospital use among MDC categories.

The distributions of separations by MDC within the states and territories were broadly consistent with those at the national level. Notable exceptions in the public sector were:

- *Diseases and disorders of the kidney and urinary tract* in the Northern Territory and in the Australian Capital Territory (46.5% and 31.2% of separations, respectively, compared with 21.2% nationally)
- *Neoplastic disorders (haematological and solid neoplasms)* varied from 1.0% in New South Wales to 6.6% in Victoria, compared with 3.7% nationally
- the Northern Territory featured relatively large proportions of *Medical DRGs* (85.2% of total separations, compared with 73.7% nationally) (Table 12.3).

In the private sector, variations in the distribution of separations by MDC also occurred:

- *Mental diseases and disorders* accounted for 0.8% of total separations in South Australia, compared with 3.5% nationally
- *Neoplastic disorders (haematological and solid neoplasms)* varied from 4.5% in New South Wales to 9.1% in Queensland, compared with 6.9% nationally
- New South Wales featured a relatively small proportion of *Medical DRGs* (29.0% of total separations, compared with 37.7% nationally) (Table 12.4).

In Queensland, a larger proportion of total separations were contributed by private hospitals than in the other jurisdictions for which private hospital data were published. In particular, 78.2% of the Queensland's total separations for *Diseases and disorders of the eye* were in private hospitals, compared with 67.6% nationally.

Australian Refined Diagnosis Related Groups

Changes from 2003–04 to 2007–08

Table 12.5 presents the 30 AR-DRGs version 5.1 with the largest changes in the numbers of separations in either public or private hospitals (or both) between 2003–04 and 2007–08. For this analysis, data for 2003–04 to 2007–08 were grouped to version 5.1 AR-DRGs. As the diagnosis and procedure data were provided in various editions of ICD-10-AM codes over this period, the data may not be completely comparable between years (see *Appendix 1* for more information).

Some of the changes in the private sector may reflect changes in the scope of the NHMD, as described in *Chapter 2* and *Appendix 2* and should therefore be treated with caution. In particular, the re-categorisation of two Western Australian hospitals and one Tasmanian

hospital has affected the reporting of data by sector. For Western Australia, the two hospitals were reported as private hospitals from 2003–04 to 2005–06, and as two public and two private hospitals for 2006–07 and 2007–08. For Tasmania, one hospital was reported as public for 2003–04 to 2006–07 and for the first four months of 2007–08, and as a private hospital for the remainder of 2007–08.

Between 2003–04 and 2007–08, the number of separations increased in both the public and private sectors for 23 of the listed AR-DRGs. Separations for *Admit for renal dialysis* (L61Z) increased by 23.1% (nearly 31,000) in private hospitals and by 31.7% (about 197,000) in public hospitals. The increases for private hospitals were proportionally larger in most of the 23 AR-DRGs. For example:

- Separations for *Retinal procedures* (C03Z) increased by 345.8% in private hospitals (from 4,800 in 2003–04 to 21,300 in 2007–08) and remained fairly stable in public hospitals, increasing by 19.5% between 2003–04 and 2007–08.
- The majority of separations for *Major procedures for obesity* (K04Z) were reported for private hospitals, and increased by 278.1% from 3,100 in 2003–04 to 11,900 in 2007–08.

There was an increase in the private sector and a decrease in the public sector between 2003–04 and 2007–08 for five of the AR-DRGs listed in Table 12.5. For example, separations for *Chemotherapy* (R63Z) increased by over 32,200 in private hospitals and decreased by about 5,300 in public hospitals.

Other gastroscopy for non-major digestive disease, sameday (G45B) decreased in both sectors by 10.5% overall.

In private hospitals, the number of separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions increased by 17.5%, 17.5% and 17.7%, respectively, between 2003–04 and 2007–08. In public hospitals, separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions increased by 9.2%, 15.6% and 3.9%, respectively, over the same period.

Table 12.6 presents the 30 AR-DRGs with the largest changes in the numbers of separations for public patients and private patients for all hospitals between 2003–04 and 2007–08.

Owing to a small proportion of separations whose patient election status was not reported (less than 5% in each year), the overall changes by AR-DRG in Table 12.6 are slightly different from those presented in Table 12.5.

Between 2003–04 and 2007–08, the number of separations increased for both public and private patients for 23 of the listed AR-DRGs. The increases for private patients were larger in most cases. For example:

- separations for *Dental extractions and restorations* (D40Z) increased by 16.7% for private patients and by 5.0% for public patients
- separations for *Complex gastroscopy, sameday* (G46C) increased by 48.6% for private patients and by 20.3% for public patients.

There was an increase in the number of separations for private patients and a decrease for public patients for five of the AR-DRGs listed in Table 12.6. For example, separations for *Mental health treatment, sameday, without electroconvulsive therapy* (U60Z) increased by almost 9,900 for private patients and decreased by 4,900 for public patients between 2003–04 and 2007–08.

For private patients, the number of separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions of AR-DRGs increased by 16.6%, 20.8% and 18.4%, respectively between 2003–04 and 2007–08. Over the same period, the number of separations for public

patients in the *Surgical DRG* and *Medical DRG* partitions of AR-DRGs increased by 8.8% and 13.6%, respectively, and *Other DRG* decreased by 0.2%.

Sector

Overnight separations

Tables 12.7 and 12.8 present summary statistics for the 30 AR-DRGs with the most overnight separations in public and private hospitals respectively.

In the public sector in 2007–08, the most frequent AR-DRG was *Vaginal delivery without catastrophic or severe complications or comorbidities* (O60B) with 4.5% (101,200) of overnight separations (Table 12.7). This was also the most frequent AR-DRG in the private sector, accounting for 3.4% (34,400) of overnight separations (Table 12.8). Of the top 30 AR-DRGs for overnight separations for the public sector, 8 were also included in the top 30 for the private sector.

The average length of stay for the top 30 AR-DRGs in the public sector ranged from 1.7 days for *Poisoning/toxic effects of drugs & other substances, age <60 without complications or comorbidities* (X62B) to 34.0 days for *Schizophrenia disorders with mental health legal status* (U61A). The latter also accounted for the most overnight patient days in public hospitals (4.4%).

In the private sector, the length of stay for the top 30 AR-DRGs ranged from 1.0 day for *Sleep apnoea* (E63Z) to 19.2 days for *Major affective disorders age <70 without catastrophic or severe complications or comorbidities* (U63B). The latter also accounted for the most overnight patient days in private hospitals (4.8%).

For the top 30 AR-DRGs, the highest proportion of public patient separations from public hospitals occurred for *Schizophrenia disorders with mental health legal status* (U61A, 97.5%) and the lowest was for *Non-surgical spinal disorders without complications or comorbidities* (I68B, 76.0%). The highest proportion of public patients in separations from private hospitals for the top 30 AR-DRGs occurred for *Chest pain* (F74Z, 2.0%).

Same-day separations

Tables 12.9 and 12.10 contain summary statistics for the 30 AR-DRGs with the most same-day separations in public and private hospitals, respectively. Of the 30 AR-DRGs with the most same-day separations for the public sector, 22 were also included in the top 30 AR-DRGs for the private sector.

In the public sector in 2007–08, *Admit for renal dialysis* (L61Z) was the most frequent AR-DRG with 34.8% of total same-day separations (0.82 million) (Table 12.9). The highest proportion of same-day separations for public patients from public hospitals occurred for *Abdominal pain or mesenteric adenitis without complications or comorbidities* (G66B, 94.7%), and the lowest occurred for *Other uterine & adnexa procedures for non-malignancy* (N07Z, 74.1%).

The most frequent AR-DRG in the private sector was *Chemotherapy* (R63Z) with 8.9% of total same-day separations (0.18 million) (Table 12.10). The highest proportion of same-day separations for public patients from private hospitals occurred for *Admit for renal dialysis* (L61Z, 28.1%).

Private free-standing day hospitals

Table 12.11 presents summary statistics for the 30 AR-DRGs with the most separations from private free-standing day hospital facilities. *Admit for renal dialysis* (L61Z) was the most frequent AR-DRG, accounting for about 90,400 separations and also had the highest proportion of separations for public patients (38.6%).

Public psychiatric hospitals

Most of the separations from public psychiatric hospitals involved AR-DRGs within the MDCs covering *Mental diseases and disorders*, and *Alcohol/drug use and alcohol/drug induced organic mental disorders* (AR-DRGs beginning with U or V, respectively) (Table 12.12). *Schizophrenia disorders with mental health legal status* (U61A) accounted for the most separations (about 2,800, 21.3%) and the most patient days (181,400, 52.5%).

The average length of stay was fairly long for most of these AR-DRGs and only 13.6% of separations were same-day separations, compared with 49.8% in public hospitals overall (see *Chapter 2*).

When interpreting average lengths of stay, note that separation records from public psychiatric hospitals include some with very long individual lengths of stay, some as long as several years. The median lengths of stay were markedly shorter than the average lengths of stay for *Schizophrenia disorders with mental health legal status* (U61A) (median—22 days, average—64.5 days), *Dementia and other chronic disturbances of cerebral function* (B63Z) (median—27 days, average—65.1 days) and *Schizophrenia disorders without mental health legal status* (U61B) (median—10 days, average—35.9 days) (AIHW unpublished data).

States and territories

Tables 12.13 and 12.14 present information for the 30 AR-DRGs with the highest number of separations nationally. These tables therefore do not represent the top 30 AR-DRGs in each individual state and/or territory.

The most frequent AR-DRGs varied between the states and territories in both the public and private sectors. Some of this variation may be due to differences in admission practices between jurisdictions—for example, in New South Wales, South Australia and the Australian Capital Territory, most chemotherapy patients are not treated as admitted patients.

For public hospitals:

- Victoria reported the highest number of separations for *Chemotherapy* (R63Z, 69,200) for public hospitals accounting for 56.8% of the total
- in the Northern Territory and the Australian Capital Territory, *Admit for renal dialysis* (L61Z) accounted for a markedly greater proportion of separations from the public sector than occurred nationally (44.3% and 27.6%, respectively, compared with 17.7% nationally) (Table 12.13).

For the private sector:

- *Lens procedures, sameday* (C16B) accounted for 5.1% of separations in New South Wales and only 2.2% of separations in Western Australia
- *Admit for renal dialysis* (L61Z) accounted for 11.4% of separations in Western Australia compared to 5.5% nationally (Table 12.14).

For the 30 AR-DRGs with the highest number of separations nationally, average lengths of stay were similar among the states and territories (tables 12.15 and 12.16), with some exceptions. For example:

- in the public sector, the average length of stay for *Other skin, subcutaneous tissue and breast procedures* (J11Z) was 3.2 days in the Northern Territory compared to 1.3 days nationally
- in the private sector, the average length of stay for *Knee replacement and reattachment* (I04Z) ranged from 7.0 days in Queensland to 9.8 days in Western Australia.

Caution should be used in interpreting these data as the reporting of hospital-in-the-home days included in the length of stay varies by state and territory, and by hospital sector.

Age group and sex

Tables 12.17 and 12.18 present the age profiles of males and females for the 30 most common AR-DRGs. Fifteen of these AR-DRGs were common to both sexes, but some were sex-specific (13 of the top 30 AR-DRGs for females were female-specific, such as *Vaginal delivery without catastrophic or severe complications or comorbidities* (O60B)).

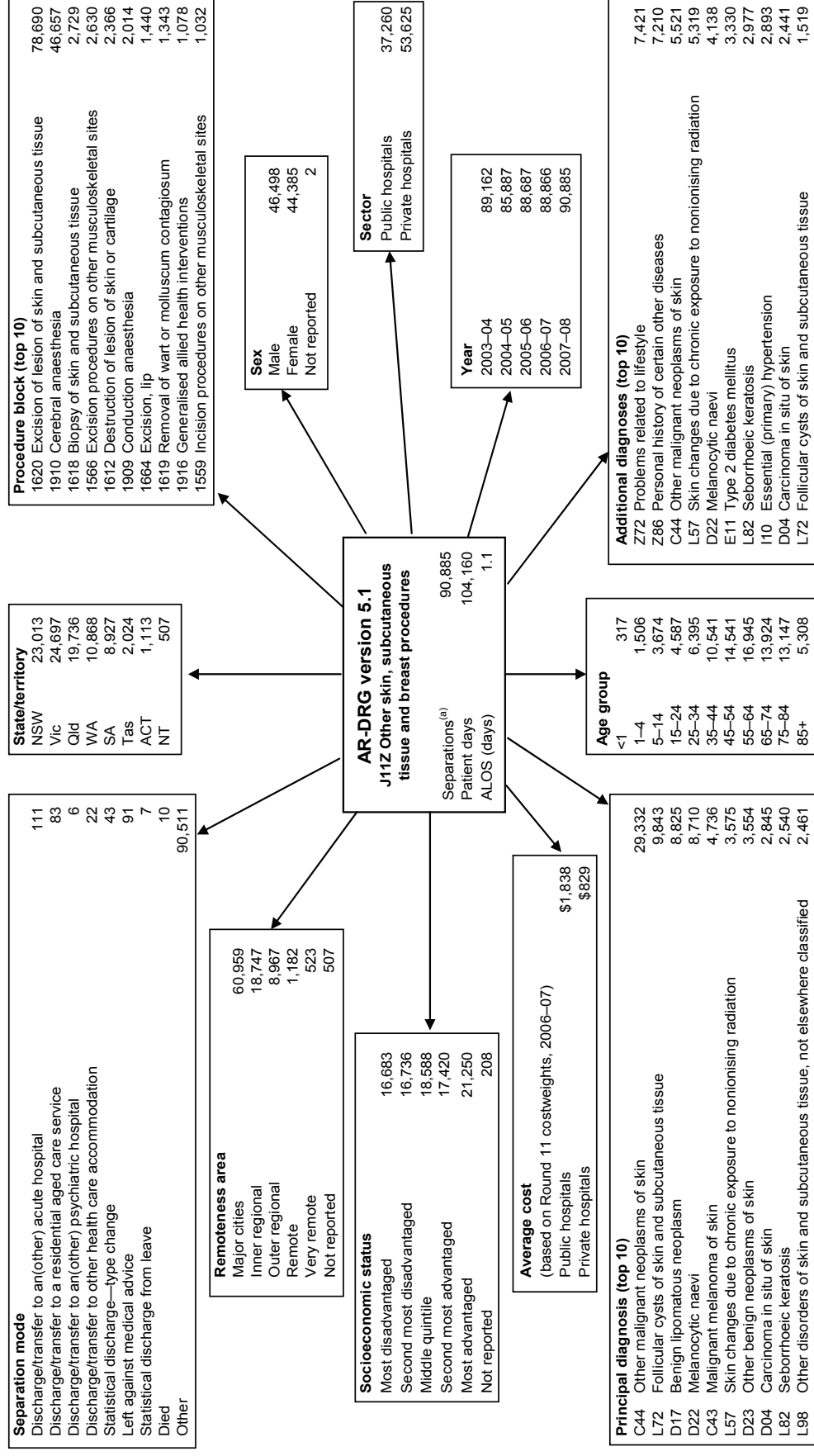
For both males and females, *Admit for renal dialysis* (L61Z) was the most frequent AR-DRG, followed by *Chemotherapy* (R63Z). *Vaginal delivery without catastrophic or severe complications or comorbidities* (O60B) was the third most common AR-DRG for females, and *Other colonoscopy, same-day* (G44C) was the third most common AR-DRG for males.

Age distributions differed markedly among the 30 most common AR-DRGs. About 95% of separations for *Lens procedures, same-day* (C16B) and over 76% of separations for *Follow up with endoscopy* (Z40Z) were for persons aged 55 years and over. For *Dental extractions and restorations* (D40Z), over 70% of males and over 75% of females were aged between 5 and 34 years.

Additional data

Accompanying tables are included on the Internet at <www.aihw.gov.au>. These tables provide national and state and territory summary statistics for public and private hospitals for each AR-DRG (based on version 5.1 AR-DRGs), as presented for the top 30 AR-DRGs in tables 12.7 to 12.10. The Internet tables include quartile information on length of stay. For reasons of confidentiality, data for some AR-DRGs in the private sector have been suppressed.

For access to more data on AR-DRGs, the AIHW website also includes an interactive National Hospital Morbidity Data page with a link to data cubes that provide information on the MDCs and AR-DRGs of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average lengths of stay are available on all MDCs and AR-DRGs of patients by age group, sex and same-day status. The source of these data is the NHMD.



(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.
Abbreviations: ALOS—average length of stay; AR-DRG—Australian Refined Diagnosis Related Group.

Figure 12.1: Interrelationships of an AR-DRG (J11Z Other skin, subcutaneous and breast procedures) with other data elements, all hospitals, Australia, 2007–08

Table 12.1: Selected separation(a) and cost statistics, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, public hospitals, 2007-08

Major Diagnostic Category	Separations	Same-day separations	Public patient separations	Separations per 10,000 ^(b)	Patient days	Patient days per 10,000 ^(b)	ALOS (days) excluding same-day	Cost by volume (\$'000) ^(c)	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	12,607	454	10,130	5.9	353,213	166.3	28.0	984,131	0.99
01 Diseases and disorders of the nervous system	226,645	83,267	188,834	106.7	1,097,650	516.8	4.8	1,175,414	0.98
02 Diseases and disorders of the eye	91,104	74,752	74,424	42.9	120,629	56.8	1.3	236,401	1.14
03 Diseases and disorders of the ear, nose, mouth and throat	177,902	83,097	153,238	83.8	287,500	135.4	1.6	452,324	1.01
04 Diseases and disorders of the respiratory system	263,299	42,556	220,095	124.0	1,258,924	592.8	4.8	1,278,379	0.97
05 Diseases and disorders of the circulatory system	397,565	110,646	330,966	187.2	1,424,621	670.8	3.6	1,966,478	0.99
06 Diseases and disorders of the digestive system	465,575	217,607	396,603	219.2	1,242,415	585.0	2.7	1,570,711	1.01
07 Diseases and disorders of the hepatobiliary system and pancreas	85,079	16,766	73,515	40.1	356,234	167.7	4.2	481,050	1.01
08 Diseases and disorders of the musculoskeletal system and connective tissue	351,262	127,971	287,472	165.4	1,455,191	685.2	4.1	2,095,236	1.02
09 Diseases and disorders of the skin, subcutaneous tissue and breast	171,778	83,947	149,384	80.9	515,806	242.9	3.0	569,590	1.01
10 Endocrine, nutritional and metabolic diseases and disorders	68,446	19,624	57,830	32.2	327,760	154.3	4.8	380,734	0.99
11 Diseases and disorders of the kidney and urinary tract	977,508	885,187	857,565	460.3	1,330,254	626.4	1.4	1,002,179	0.99
12 Diseases and disorders of the male reproductive system	44,764	24,369	38,044	21.1	101,243	47.7	2.3	152,721	1.04
13 Diseases and disorders of the female reproductive system	110,994	68,069	97,905	52.3	201,747	95.0	1.8	371,656	1.02
14 Pregnancy, childbirth and puerperium	354,201	89,088	327,048	166.8	925,142	435.6	2.6	1,315,673	0.93
15 Newborns and other neonates	58,442	7,141	53,954	27.5	486,463	229.1	8.3	561,129	0.98
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	77,061	51,337	64,924	36.3	176,153	82.9	2.3	189,625	1.04
17 Neoplastic disorders (haematological and solid neoplasms)	172,122	152,525	145,876	81.0	324,939	153.0	1.9	413,357	1.05
18 Infectious and parasitic diseases	58,165	11,226	48,945	27.4	298,940	140.8	5.1	339,045	1.00
19 Mental diseases and disorders	128,843	32,570	119,950	60.7	1,458,208	686.6	11.3	867,604	0.92
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	34,271	8,869	32,737	16.1	132,459	62.4	3.9	94,093	0.83
21 Injuries, poisoning and toxic effects of drugs	138,234	52,787	113,509	65.1	407,119	191.7	2.9	508,913	1.00
22 Burns	7,632	2,615	6,516	3.6	37,724	17.8	4.9	64,790	1.01
23 Factors influencing health status and other contacts with health services	128,945	94,474	111,170	60.7	303,423	142.9	2.4	253,924	1.02
ED Error DRGs ^(d)	5,557	1,512	4,577	2.6	64,320	30.3	11.6	70,941	1.33
Surgical DRG	919,106	349,758	779,802	432.8	3,738,750	1,760.4	4.1	7,335,838	1.04
Medical DRG	3,397,598	1,770,419	2,944,010	1,599.8	10,356,781	4,876.6	3.0	9,261,436	0.96
Other DRG	291,297	222,279	241,399	137.2	592,546	279.0	2.0	798,827	1.05
Total	4,608,001	2,342,456	3,965,211	2,169.7	14,688,077	6,916.0	3.2	17,396,100	0.99

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

(b) Crude rate based on the Australian population as at 31 December 2007.

(c) Based on the 2006-07 AR-DRG version 5.1 cost estimates.

(d) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: ALOS—average length of stay; MDC—Major Diagnostic Category; DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation.

Table 12.2: Selected separation^(a) and cost statistics, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, private hospitals, 2007–08

Major Diagnostic Category	Separations	Same-day separations	Public patient separations	Separations per 10,000 ^(b)	Patient days 10,000 ^(b)	ALOS (days) excluding same-day	Cost by volume (\$'000) ^(c)	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,572	19	7	0.7	49,281	31.3	108,661	1.04
01 Diseases and disorders of the nervous system	61,689	29,846	662	29.0	267,400	4.3	215,763	1.08
02 Diseases and disorders of the eye	189,720	177,044	3,175	89.3	194,228	1.0	252,250	0.90
03 Diseases and disorders of the ear, nose, mouth and throat	204,026	144,529	1,624	96.1	236,868	1.2	283,579	0.98
04 Diseases and disorders of the respiratory system	86,376	7,060	966	40.7	374,566	4.3	215,293	1.13
05 Diseases and disorders of the circulatory system	157,436	40,409	4,053	74.1	583,176	3.7	993,396	1.02
06 Diseases and disorders of the digestive system	513,184	406,075	3,261	241.6	842,817	4.1	615,095	0.98
07 Diseases and disorders of the hepatobiliary system and pancreas	33,704	3,998	434	15.9	113,632	3.4	125,098	0.96
08 Diseases and disorders of the musculoskeletal system and connective tissue	322,804	134,141	1,492	152.0	1,045,194	3.2	1,610,773	0.97
09 Diseases and disorders of the skin, subcutaneous tissue and breast	170,555	118,215	1,044	80.3	324,848	1.9	309,148	0.98
10 Endocrine, nutritional and metabolic diseases and disorders	39,780	11,204	341	18.7	125,740	3.2	177,857	1.02
11 Diseases and disorders of the kidney and urinary tract	249,549	212,398	47,778	117.5	363,817	1.5	214,364	1.02
12 Diseases and disorders of the male reproductive system	64,297	39,624	493	30.3	131,213	2.0	138,488	0.97
13 Diseases and disorders of the female reproductive system	152,620	111,701	1,194	71.9	246,230	1.6	261,708	0.99
14 Pregnancy, childbirth and puerperium	152,509	57,925	673	71.8	484,427	3.2	416,301	1.16
15 Newborns and other neonates	18,356	1,803	61	8.6	108,708	5.9	59,859	1.09
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	34,765	26,756	253	16.4	61,112	1.8	43,726	0.90
17 Neoplastic disorders (haematological and solid neoplasms)	206,226	194,303	2,973	97.1	271,197	1.3	133,815	0.91
18 Infectious and parasitic diseases	12,470	1,753	142	5.9	83,857	6.7	53,805	1.00
19 Mental diseases and disorders	105,840	78,965	224	49.8	563,842	5.3	227,246	1.27
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	21,837	16,144	41	10.3	98,574	4.5	35,809	1.46
21 Injuries, poisoning and toxic effects of drugs	21,360	7,663	550	10.1	73,519	3.4	58,875	1.02
22 Burns	266	67	10	0.1	1,315	4.9	1,424	0.82
23 Factors influencing health status and other contacts with health services	169,395	155,997	1,111	79.8	229,513	1.4	108,824	0.97
ED Error DRGs ^(d)	9,293	5,542	23	4.4	37,702	4.1	51,064	0.69
Surgical DRG	1,232,428	676,980	9,065	580.3	2,850,109	2.3	4,494,953	0.95
Medical DRG	1,132,851	718,983	58,615	533.4	3,330,481	2.9	1,725,217	1.14
Other DRG	634,350	587,218	4,905	298.7	732,186	1.2	492,053	0.94
Total	2,999,629	1,983,181	72,585	1,412.4	6,912,776	2.3	6,712,222	1.03

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Based on the 2006–07 AP-DRG version 5.1 cost estimates.

(d) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 12.3: Separations^(a), by Major Diagnostic Category version 5.1 and medical/surgical/other partition, public hospitals, states and territories, 2007–08

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	4,119	3,438	2,261	1,119	1,036	258	216	160	12,607
01	Diseases and disorders of the nervous system	72,247	64,176	39,043	20,783	18,916	5,389	3,771	2,320	226,645
02	Diseases and disorders of the eye	29,618	25,951	13,086	10,966	8,228	824	1,412	1,019	91,104
03	Diseases and disorders of the ear, nose, mouth and throat	50,119	51,376	34,461	16,994	16,520	3,023	2,691	2,718	177,902
04	Diseases and disorders of the respiratory system	91,720	67,315	45,630	22,250	23,423	5,267	3,147	4,548	263,300
05	Diseases and disorders of the circulatory system	133,457	105,508	74,849	30,116	35,235	8,182	6,685	3,533	397,565
06	Diseases and disorders of the digestive system	154,573	132,001	78,708	49,233	30,211	9,205	6,660	4,984	465,575
07	Diseases and disorders of the hepatobiliary system and pancreas	28,937	22,887	14,770	7,706	6,368	1,908	1,442	1,061	85,079
08	Diseases and disorders of the musculoskeletal system and connective tissue	114,559	90,390	63,721	35,228	28,188	8,255	6,937	3,987	351,265
09	Diseases and disorders of the skin, subcutaneous tissue and breast	50,655	43,922	34,449	17,886	16,171	3,525	1,876	3,294	171,778
10	Endocrine, nutritional and metabolic diseases and disorders	20,141	19,865	12,013	6,313	6,064	1,854	936	1,261	68,447
11	Diseases and disorders of the kidney and urinary tract	300,397	284,125	149,613	92,184	68,710	17,218	23,848	41,413	977,508
12	Diseases and disorders of the male reproductive system	12,559	13,470	6,647	5,755	4,203	1,040	615	475	44,764
13	Diseases and disorders of the female reproductive system	33,630	33,532	20,993	7,939	9,891	2,382	1,426	1,201	110,994
14	Pregnancy, childbirth and puerperium	113,763	87,993	72,088	34,294	27,486	6,474	5,039	7,064	354,201
15	Newborns and other neonates	16,983	17,834	11,567	4,361	4,412	1,164	1,103	1,018	58,442
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	21,161	25,916	11,020	8,512	6,900	1,678	1,285	590	77,062
17	Neoplastic disorders (haematological and solid neoplasms)	14,911	86,594	31,248	26,878	5,758	3,911	1,286	1,536	172,122
18	Infectious and parasitic diseases	20,884	14,974	10,272	4,964	4,242	894	856	1,079	58,165
19	Mental diseases and disorders	44,281	33,388	21,095	11,350	12,942	3,456	1,275	1,056	128,843
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	14,502	5,962	5,596	3,618	2,591	843	640	519	34,271
21	Injuries, poisoning and toxic effects of drugs	43,010	36,872	28,059	12,378	10,560	2,887	1,917	2,551	138,234
22	Burns	2,337	1,437	1,802	747	796	144	55	314	7,632
23	Factors influencing health status and other contacts with health services	33,391	48,091	20,316	12,362	7,942	4,345	1,314	1,184	128,945
ED	Error DRGs ^(b)	1,678	1,724	571	894	464	93	28	99	5,551
	<i>Surgical DRG</i>	289,297	256,259	153,536	91,962	84,231	17,568	15,690	10,566	919,109
	<i>Medical DRG</i>	1,045,666	973,261	605,155	313,694	256,628	70,700	56,651	75,840	3,397,595
	<i>Other DRG</i>	88,669	89,221	45,187	39,174	16,398	5,951	4,119	2,578	291,297
Total		1,423,632	1,318,741	803,878	444,830	357,257	94,219	76,460	88,984	4,608,001

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

(b) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: MDC—Major Diagnostic Category; DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation.

Table 12.4: Separations^(a), by Major Diagnostic Category version 5.1 and medical/surgical/other partition, private hospitals, states and territories, 2007–08

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	297	402	571	140	119	n.p.	n.p.	n.p.	1,572
01	Diseases and disorders of the nervous system	14,575	15,820	17,319	6,400	5,247	n.p.	n.p.	n.p.	61,689
02	Diseases and disorders of the eye	65,190	38,851	47,041	15,285	13,227	n.p.	n.p.	n.p.	189,720
03	Diseases and disorders of the ear, nose, mouth and throat	59,213	49,477	42,452	25,570	18,855	n.p.	n.p.	n.p.	204,026
04	Diseases and disorders of the respiratory system	18,661	24,265	25,336	7,127	7,850	n.p.	n.p.	n.p.	86,376
05	Diseases and disorders of the circulatory system	39,349	43,954	40,750	13,952	13,829	n.p.	n.p.	n.p.	157,436
06	Diseases and disorders of the digestive system	149,211	143,552	126,920	42,347	34,104	n.p.	n.p.	n.p.	513,184
07	Diseases and disorders of the hepatobiliary system and pancreas	8,228	8,713	8,975	3,274	2,773	n.p.	n.p.	n.p.	33,704
08	Diseases and disorders of the musculoskeletal system and connective tissue	86,253	81,738	65,909	40,775	32,034	n.p.	n.p.	n.p.	322,804
09	Diseases and disorders of the skin, subcutaneous tissue and breast	45,405	40,839	42,596	17,108	17,454	n.p.	n.p.	n.p.	170,555
10	Endocrine, nutritional and metabolic diseases and disorders	9,410	9,647	9,946	5,259	3,553	n.p.	n.p.	n.p.	39,780
11	Diseases and disorders of the kidney and urinary tract	45,521	53,570	73,297	45,437	26,989	n.p.	n.p.	n.p.	249,549
12	Diseases and disorders of the male reproductive system	19,933	16,167	12,934	7,137	4,863	n.p.	n.p.	n.p.	64,297
13	Diseases and disorders of the female reproductive system	48,925	36,910	34,665	13,286	12,006	n.p.	n.p.	n.p.	152,620
14	Pregnancy, childbirth and puerperium	37,671	43,905	39,015	17,603	6,836	n.p.	n.p.	n.p.	152,509
15	Newborns and other neonates	6,620	4,305	3,181	2,359	1,225	n.p.	n.p.	n.p.	18,356
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	6,526	10,166	11,548	2,838	2,390	n.p.	n.p.	n.p.	34,765
17	Neoplastic disorders (haematological and solid neoplasms)	35,663	53,070	68,447	23,445	17,597	n.p.	n.p.	n.p.	206,226
18	Infectious and parasitic diseases	2,445	3,212	3,827	1,101	1,340	n.p.	n.p.	n.p.	12,470
19	Mental diseases and disorders	28,370	34,122	24,157	11,752	1,918	n.p.	n.p.	n.p.	105,840
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	8,766	5,973	5,303	1,205	226	n.p.	n.p.	n.p.	21,837
21	Injuries, poisoning and toxic effects of drugs	4,365	5,263	6,172	2,502	2,039	n.p.	n.p.	n.p.	21,360
22	Burns	56	74	77	18	22	n.p.	n.p.	n.p.	266
23	Factors influencing health status and other contacts with health services	45,795	52,902	40,085	15,405	9,726	n.p.	n.p.	n.p.	169,395
ED	Error DRGs ^(b)	2,887	4,325	845	514	620	n.p.	n.p.	n.p.	9,293
	Surgical DRG	373,292	292,557	280,038	126,503	103,031	n.p.	n.p.	n.p.	1,232,428
	Medical DRG	229,100	309,302	324,496	137,523	91,174	n.p.	n.p.	n.p.	1,132,851
	Other DRG	186,943	179,363	146,834	57,813	42,637	n.p.	n.p.	n.p.	634,350
Total		789,335	781,222	751,368	321,839	236,842	n.p.	n.p.	n.p.	2,999,629

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

(b) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: MDC—Major Diagnostic Category; DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation.

Table 12.5: Separations^(a) for the 30 AR-DRGs version 5.1 with the largest changes^(b) in the total numbers of separations, by hospital sector, Australia, 2003–04 to 2007–08

AR-DRG	Private hospitals							Public hospitals							Change 2003-04 to 2007-08
	Change 2003-04 to 2007-08							Change 2003-04 to 2007-08							
	2003-04	2004-05	2005-06	2006-07	2007-08	2007-08	2007-08	2003-04	2004-05	2005-06	2006-07	2007-08	2007-08		
L61Z Admit for Renal Dialysis	133,618	144,042	153,456	144,995	164,480	164,480	30,862	620,652	663,403	725,926	784,106	817,350	196,698		
Z64B Other Factors Influencing Health Status, Sameday	42,275	49,121	57,607	67,464	77,046	77,046	34,771	36,488	37,676	38,892	43,204	45,378	8,890		
R63Z Chemotherapy	144,145	155,369	160,381	167,713	176,372	176,372	32,227	127,133	128,708	130,973	134,572	121,786	-5,347		
G46C Complex Gastroscopy, Sameday	60,844	67,956	72,761	82,142	89,533	89,533	28,689	18,250	20,024	21,614	24,357	23,513	5,263		
G44C Other Colonoscopy, Sameday	139,705	143,149	146,031	158,689	169,234	169,234	29,529	50,098	49,118	48,959	54,708	53,385	3,287		
C16B Lens Procedures, Sameday	97,247	107,230	111,124	113,398	121,181	121,181	23,934	43,237	47,826	50,373	51,211	51,907	8,670		
F74Z Chest Pain	11,678	12,733	12,436	12,534	12,241	12,241	563	63,753	69,470	75,375	85,621	88,441	24,688		
C03Z Retinal Procedures	4,789	5,977	7,677	13,513	21,351	21,351	16,562	4,826	4,608	4,885	5,428	5,766	940		
G45B Other Gastroscopy for Non-Major Digestive Disease,	102,820	102,243	100,276	95,300	97,758	97,758	-5,062	44,499	42,143	40,818	38,970	34,160	-10,339		
D40Z Dental Extractions and Restorations	78,749	81,504	84,058	88,053	93,575	93,575	14,826	24,568	24,914	24,903	23,859	24,943	375		
O60B Vaginal Delivery W/O Cat/Sev CC	35,173	34,848	35,742	36,428	34,498	34,498	-675	90,081	91,892	96,540	101,634	104,404	14,323		
U60Z Mental Health Treatment, Sameday, W/O ECT	65,394	73,110	73,915	74,990	75,018	75,018	9,624	26,366	25,134	23,126	21,636	21,734	-4,632		
O01C Caesarean Delivery W/O Cat/Sev CC	23,565	24,768	26,314	27,653	28,335	28,335	4,770	33,239	34,843	37,697	41,501	41,597	8,358		
G67B Oesophagitis, Gastroent & Misc Digestive System															
Disorders Age>9 W/O Cat/Sev CC	10,870	10,408	11,587	11,379	11,464	11,464	594	58,589	57,639	65,124	69,444	70,710	12,121		
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	37,684	40,841	42,455	45,416	49,167	49,167	11,483	18,942	19,216	18,663	18,913	18,585	-357		
N11B Other Female Reproductive System OR Procs Age <65															
W/O Malignancy W/O CC	13,209	18,135	18,768	20,592	22,936	22,936	9,727	1,667	1,499	1,396	1,222	1,215	-452		
I18Z Other Knee Procedures	55,549	57,975	58,640	61,331	64,026	64,026	8,477	16,452	16,966	17,826	18,352	18,046	1,594		
E63Z Sleep Apnoea	26,256	29,096	30,038	31,969	34,287	34,287	8,031	4,891	5,323	6,044	6,693	6,893	2,002		
O66B Antenatal & Other Obstetric Admission, Sameday	3,113	3,459	3,221	3,526	4,072	4,072	959	37,050	43,397	48,132	46,650	45,835	8,785		
Z40Z Follow Up W Endoscopy	55,157	57,551	58,461	60,825	64,058	64,058	8,901	28,872	28,375	28,957	30,086	28,189	-683		
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	16,380	18,043	18,978	20,063	20,892	20,892	4,512	33,187	32,229	34,996	38,539	38,182	4,995		
K04Z Major Procedures for Obesity	3,142	4,682	6,095	7,869	11,879	11,879	8,737	330	474	616	823	859	529		
J64B Cellulitis (Age >59 W/O Cat/Sev CC) or Age <60	6,063	5,962	6,178	6,087	6,431	6,431	368	32,565	33,614	36,343	38,505	40,845	8,280		
Z61Z Signs and Symptoms	3,386	3,986	4,933	6,114	6,858	6,858	3,472	10,395	10,240	11,885	13,538	15,315	4,920		
L41Z Cystourethroscopy, Sameday	21,059	22,779	23,741	24,776	26,074	26,074	5,015	17,830	18,500	18,729	20,060	20,801	2,971		
D11Z Tonsillectomy and/or Adenoidectomy	18,365	19,192	19,685	20,522	23,686	23,686	5,321	14,965	15,377	16,084	16,211	17,279	2,314		
I16Z Other Shoulder Procedures	22,454	22,962	24,824	26,804	28,715	28,715	6,261	4,482	4,545	5,058	5,792	5,749	1,267		
I66B Inflammatory Musculoskeletal Disorders W/O Cat/Sev CC	1,830	2,947	3,624	4,206	4,778	4,778	2,948	6,592	7,444	8,881	9,517	11,075	4,483		
F71B Non-Major Arrhythmia and Conduction Disorders W/O	8,882	9,396	9,941	10,507	11,432	11,432	2,550	25,791	25,799	28,380	29,517	30,590	4,799		
L67C CC	6,256	6,515	7,244	7,805	8,821	8,821	2,565	17,551	17,926	20,348	20,914	22,296	4,745		
Surgical DRG	1,048,831	1,087,859	1,120,102	1,161,895	1,232,428	1,232,428	183,597	841,924	860,677	881,996	907,193	919,106	77,182		
Medical DRG	964,321	1,012,600	1,051,963	1,067,191	1,132,851	1,132,851	168,530	2,940,304	3,004,665	3,172,731	3,323,310	3,397,598	457,294		
Other DRG	539,162	558,513	569,936	600,635	634,350	634,350	95,188	280,392	280,525	284,773	299,396	291,297	10,905		

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

(b) AR-DRGs have been ordered by the sum of the absolute values of the changes in number of separations in the public and private sectors between 2003–04 and 2007–08.

Abbreviations: AMI—acute myocardial infarction; CC—complications and comorbidities; Cat/Sev—catastrophic or severe; DX—diagnosis; ECT—electroconvulsive therapy; Gastroent—gastroenterological; Inves—investigation; Misc—miscellaneous; O.R.—operating room; Proc/Pt—procedure; Sys—system; W—with; W/O—without.

Table 12.6: Separations^(a) for the 30 AR-DRGs version 5.1 with the largest changes^(b) in the total numbers of separations, by patient election status^(c), Australia, 2003–04 to 2007–08

AR-DRG	Private patients						Public patients					
	2003–04	2004–05	2005–06	2006–07	2007–08	Change 2003–04 to 2007–08	2003–04	2004–05	2005–06	2006–07	2007–08	Change 2003–04 to 2007–08
L61Z Admit for Renal Dialysis	164,776	174,924	192,118	207,350	216,479	51,703	589,148	632,468	687,237	721,562	765,037	175,889
Z64B Other Factors Influencing Health Status, Same day	45,834	52,884	61,778	72,832	82,542	36,708	32,891	33,744	34,538	37,707	39,577	6,886
R63Z Chemotherapy	152,647	165,295	170,161	179,728	187,197	34,550	117,844	117,838	120,177	121,360	109,387	–8,457
G44C Other Colonoscopy, Same day	143,782	147,289	150,772	167,510	177,591	33,809	45,999	44,917	44,200	45,864	44,675	–1,324
G46C Complex Gastrosocopy, Same day	62,752	70,037	75,213	86,099	93,222	30,470	16,331	17,929	19,147	20,390	19,645	3,314
C16B Lens Procedures, Same day	104,081	113,494	118,842	121,049	126,917	22,836	36,373	40,922	42,378	42,570	45,634	9,261
F74Z Chest Pain	18,155	19,243	19,403	21,421	21,671	3,516	57,212	62,877	68,338	76,618	78,883	21,671
C03Z Retinal Procedures	6,387	7,372	8,999	14,908	22,821	16,434	3,216	3,081	3,393	3,840	4,156	940
G45B Other Gastrosocopy for Non-Major Digestive Disease, Same day	107,461	106,748	104,911	101,619	103,638	–3,823	39,797	37,546	36,138	32,603	28,070	–11,727
D40Z Dental Extractions and Restorations	84,430	87,677	90,321	93,613	98,559	14,129	18,869	18,680	18,593	18,215	19,814	945
U60Z Mental Health Treatment, Same day, W/O ECT	68,217	75,909	76,698	77,852	78,078	9,861	23,526	22,312	20,318	18,756	18,655	–4,871
O60B Vaginal Delivery W/O Cat/Sev CC	40,545	40,051	41,351	43,340	41,277	732	84,522	86,126	90,385	94,088	96,681	12,159
O01C Caesarean Delivery W/O Cat/Sev CC	26,462	27,716	29,508	31,658	32,170	5,708	30,271	31,692	34,313	37,298	37,355	7,084
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age≥9 W/O Cat/Sev CC	16,853	16,098	17,983	18,953	19,580	2,727	52,483	51,787	58,585	61,676	62,333	9,850
Z40Z Follow Up W Endoscopy	57,526	59,650	60,801	64,108	67,147	9,621	26,496	26,246	26,609	26,780	24,992	–1,504
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	41,560	44,284	46,045	48,957	52,514	10,954	15,018	15,720	15,048	15,330	15,050	32
E63Z Sleep Apnoea	26,773	29,821	31,155	33,410	35,523	8,750	4,362	4,563	4,872	5,218	5,442	1,080
I18Z Other Knee Procedures	57,295	59,727	60,483	63,486	65,678	8,383	14,689	15,205	15,966	16,093	15,970	1,281
N11B Other Female Reproductive System OR Procs Age <65 W/O	13,889	18,537	19,169	20,952	23,280	9,391	967	1,051	995	828	871	–96
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	20,221	21,498	22,530	24,845	25,652	5,431	29,322	28,730	31,403	33,694	33,369	4,047
O66B Antenatal & Other Obstetric Admission, Same day	4,393	4,693	4,715	5,116	6,097	1,704	35,703	41,797	46,186	44,637	43,375	7,672
K04Z Major Procedures for Obesity	3,208	4,728	6,125	7,999	12,059	8,851	262	427	586	693	626	364
J64B Cellulitis (Age ≥59 W/O Cat/Sev CC) or Age <60	9,126	9,162	9,503	10,154	10,972	1,846	29,466	30,358	32,961	34,353	36,185	6,719
Z61Z Signs and Symptoms	5,217	5,795	6,935	8,254	9,286	4,069	8,556	8,424	8,972	11,387	12,872	4,316
L41Z Cystourethroscopy, Same day	22,169	23,661	24,699	26,802	28,164	5,995	16,712	17,589	17,757	17,972	18,636	1,924
D11Z Tonsillectomy and/or Adenoidectomy	20,503	21,549	22,112	22,873	26,002	5,499	12,820	13,002	13,641	13,850	14,876	2,056
I16Z Other Shoulder Procedures	22,809	23,273	25,222	27,316	29,123	6,314	4,122	4,227	4,657	5,188	5,220	1,098
I66B Inflammatory Musculoskeletal Disorders W/O Cat/Sev CC	13,304	13,607	14,695	15,807	16,956	3,652	5,707	6,392	7,675	8,221	9,508	3,801
F71B Non-Major Arrhythmia and Conduction Disorders W/O Cat/Sev CC	2,712	3,973	4,813	5,498	6,317	3,605	21,353	21,537	23,604	24,192	25,030	3,677
L67C Other Kidney and Urinary Tract Diagnoses W/O Cat/Sev CC	8,194	8,348	9,502	10,475	11,067	2,873	15,587	16,069	18,055	18,205	19,993	4,406
Surgical DRG	1,163,398	1,202,290	1,238,058	1,289,638	1,356,421	193,023	725,374	742,790	761,452	775,551	788,667	63,493
Medical DRG	1,256,792	1,311,854	1,371,341	1,447,087	1,517,982	261,190	2,643,539	2,698,429	2,846,821	2,936,235	3,002,625	359,086
Other DRG	572,191	590,697	603,142	645,298	677,444	105,253	246,691	247,452	250,734	253,871	246,304	–387

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

(b) AR-DRGs have been ordered by the sum of the absolute values of the changes in number of separations in the public and private patients between 2003–04 and 2007–08.

(c) The table excludes separations for which patient election status was not reported. There were 17,987 such separations in 2007–08.

Abbreviations: CC—complications and comorbidities; Cat/Sev—catastrophic or severe; ECT—electroconvulsive therapy; Misc—miscellaneous; OR—operating room; Proc/Pr—procedure; W—with; W/O—without.

Table 12.7: Selected separation^(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of overnight separations, public hospitals, Australia, 2007-08

AR-DRG	Separations	Public patient separations	Separations per 10,000 ^(b)	Patient days per 10,000 ^(b)	ALOS (days)	Cost by volume (\$'000) ^(c)
O60B Vaginal Delivery W/O Cat/Sev CC	101,245	93,587	47.7	284,053	133.7	425,735
F74Z Chest Pain	52,326	45,223	24.6	91,700	43.2	77,129
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	42,082	35,498	19.8	106,060	49.9	65,269
O01C Caesarean Delivery W/O Cat/Sev CC	41,510	37,229	19.5	171,864	80.9	294,098
J64B Cellulitis (Age >59 W/O Cat/Sev CC) or Age <60	35,070	30,816	16.5	149,783	70.5	113,802
O66A Antenatal & Other Obstetric Admission	33,277	30,939	15.7	77,216	36.4	73,875
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	24,183	22,996	11.4	51,231	24.1	83,722
E65A Chronic Obstructive Airways Disease W Cat/Sev CC	22,370	18,594	10.5	175,763	82.8	148,537
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	22,032	19,253	10.4	39,607	18.6	30,338
E65B Chronic Obstructive Airways Disease W/O Cat/Sev CC	21,571	18,417	10.2	114,671	54.0	83,307
E62C Respiratory Infections/Inflamations W/O CC	21,547	17,740	10.1	82,376	38.8	66,451
E69C Bronchitis and Asthma Age <50 W/O CC	21,328	18,998	10.0	37,769	17.8	40,011
F62B Heart Failure and Shock W/O Catastrophic CC	21,228	16,734	10.0	118,951	56.0	89,285
E62B Respiratory Infections/Inflamations W Severe or Moderate CC	20,407	16,469	9.6	127,847	60.2	112,136
U67Z Personality Disorders and Acute Reactions	20,369	19,458	9.6	112,427	52.9	94,105
F71B Non-Major Arrhythmia and Conduction Disorders W/O Cat/Sev CC	20,295	15,840	9.6	56,951	26.8	40,103
D63B Otitis Media and URI W/O CC	19,677	17,453	9.3	36,737	17.3	32,959
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	18,558	16,958	8.7	35,163	16.6	94,980
G07B Appendectomy W/O Cat/Sev CC	18,388	15,421	8.7	48,720	22.9	93,319
U63B Major Affective Disorders Age <70 W/O Cat/Sev CC	17,111	16,362	8.1	245,663	115.7	166,302
I68B Non-surgical Spinal Disorders W/O CC	16,198	12,309	7.6	63,394	29.8	55,737
U61A Schizophrenia Disorders W Mental Health Legal Status	16,002	15,597	7.5	544,470	256.4	251,599
X60C Injuries Age <65	15,743	12,480	7.4	31,376	14.8	22,843
B76B Seizure W/O Cat/Sev CC	15,450	13,652	7.3	38,859	18.3	34,083
K60B Diabetes W/O Cat/Sev CC	14,981	12,945	7.1	65,399	30.8	52,733
L63B Kidney and Urinary Tract Infections Age >69 or W Severe CC	14,831	11,589	7.0	86,247	40.6	61,638
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	14,672	13,865	6.9	25,433	12.0	21,216
L63C Kidney and Urinary Tract Infections Age <70 W/O Cat/Sev CC	14,364	12,591	6.8	40,516	19.1	34,402
O60A Vaginal Delivery W Cat/Sev CC	14,282	13,122	6.7	63,193	29.8	44,852
F73B Syncope and Collapse W/O Cat/Sev CC	14,040	10,983	6.6	34,865	16.4	24,402
Other	1,520,408	1,265,147	715.8	9,187,317	4,325.9	10,954,642
Total	2,265,545	1,918,265	1,066.7	12,345,621	5,813.0	13,824,378

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Based on the 2006-07 AR-DRG version 5.1 estimated public cost weights.

Abbreviations: ALOS—average length of stay; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; CDE—common bile duct exploration; Gastroent—gastroenteritis; Misc—miscellaneous; URI—upper respiratory tract infection; W—with; W/O—without.

Note: Similar tables for all AR-DRGs are provided on the Internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.8: Selected separation^(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of overnight separations, private hospitals, Australia, 2007–08

AR-DRG	Public patient separations	Separations	Separations per 10,000 ^(b)	Patient days per 10,000 ^(b)	ALOS (days)	Cost by volume (\$'000) ^(c)
O60B Vaginal Delivery W/O Cat/Sev CC	145	34,421	16.2	146,816	69.1	140,782
E63Z Sleep Apnoea	41	34,109	16.1	34,781	16.4	19,169
O01C Caesarean Delivery W/O Cat/Sev CC	62	28,324	13.3	147,252	69.3	144,367
I16Z Other Shoulder Procedures	69	26,536	12.5	39,282	18.5	91,523
I04Z Knee Replacement and Reattachment	152	22,184	10.4	165,354	77.9	341,234
G09Z Inguinal and Femoral Hernia Procedures Age>0	161	18,605	8.8	25,600	12.1	43,833
D11Z Tonsillectomy and/or Adenoidectomy	53	17,619	8.3	18,556	8.7	26,111
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	206	16,815	7.9	29,267	13.8	53,758
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	10	15,506	7.3	30,360	14.3	37,478
N04Z Hysterectomy for Non-Malignancy	80	14,168	6.7	56,505	26.6	69,834
I03C Hip Replacement W/O Cat/Sev CC	70	12,697	6.0	91,540	43.1	224,978
U63B Major Affective Disorders Age <70 W/O Cat/Sev CC	116	12,217	5.8	234,497	110.4	96,698
M02B Transurethral Prostatectomy W/O Cat/Sev CC	39	11,721	5.5	35,968	16.9	36,112
K04Z Major Procedures for Obesity	1	11,718	5.5	19,240	9.1	80,749
I18Z Other Knee Procedures	29	11,396	5.4	17,923	8.4	13,573
F15Z Percutaneous Coronary Intervention W/O AMI W Stent Implantation	7	10,183	4.8	23,192	10.9	97,339
I20Z Other Foot Procedures	20	10,104	4.8	20,260	9.5	31,231
I10B Other Back and Neck Procedures W/O Cat/Sev CC	13	9,974	4.7	44,077	20.8	53,770
D10Z Nasal Procedures	5	9,929	4.7	10,996	5.2	20,593
N06Z Female Reproductive System Reconstructive Procedures	37	9,771	4.6	30,282	14.3	42,279
D06Z Sinus, Mastoid and Complex Middle Ear Procedures	9	9,574	4.5	11,462	5.4	23,667
J06B Major Procedures for Non-Malignant Breast Conditions	11	9,284	4.4	16,274	7.7	31,343
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	106	9,212	4.3	32,948	15.5	12,049
I29Z Knee Reconstruction or Revision	8	8,723	4.1	11,803	5.6	33,008
O66A Antenatal & Other Obstetric Admission	84	8,504	4.0	25,117	11.8	12,212
F74Z Chest Pain	169	8,427	4.0	18,811	8.9	9,034
I68B Non-surgical Spinal Disorders W/O CC	37	8,088	3.8	42,145	19.8	21,975
G11B Anal and Stomal Procedures W/O Cat/Sev CC	74	7,897	3.7	14,791	7.0	9,903
J06A Major Procedures for Malignant Breast Conditions	26	7,610	3.6	23,911	11.3	26,901
I30Z Hand Procedures	17	7,527	3.5	10,444	4.9	13,443
Other	5,184	593,605	279.4	3,500,141	1,647.9	3,085,494
Total	7,041	1,016,448	478.6	4,929,595	2,321.1	4,944,441

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Based on the 2006–07 AR-DRG version 5.1 estimated private cost weights.

Abbreviations: ALOS—average length of stay; AMI—acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; CDE—common bile duct exploration; DX/Pr—diagnosis/procedure; Gastroent—gastroenteritis; Inves—investigative; Misc—miscellaneous; Sys—system; Proc—procedure; W—with; W/O—without.

Note: Similar tables for all AR-DRGs are provided on the Internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.9: Selected separation(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of same-day separations, public hospitals, Australia, 2007–08

AR-DRG	Separations	Public patient separations	Separations per 10,000 ^(b)	Cost by volume (\$'000) ^(c)
L61Z Admit for Renal Dialysis	815,622	717,306	384.0	421,677
R63Z Chemotherapy	121,703	106,457	57.3	132,291
G44C Other Colonoscopy, Sameday	53,385	43,670	25.1	62,834
C16B Lens Procedures, Sameday	51,907	42,866	24.4	122,397
O66B Antenatal & Other Obstetric Admission, Sameday	45,835	43,324	21.6	26,584
Z64B Other Factors Influencing Health Status, Sameday	45,378	39,134	21.4	36,620
F74Z Chest Pain	36,115	33,365	17.0	53,234
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	34,160	27,727	16.1	35,766
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	33,188	29,656	15.6	61,000
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	30,008	26,444	14.1	40,721
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	28,628	26,669	13.5	44,402
Z40Z Follow Up W Endoscopy	26,873	23,348	12.7	28,109
G46C Complex Gastrosocopy, Sameday	23,513	19,344	11.1	32,683
O05Z Abortion W OR Procedure	23,431	20,368	11.0	43,019
D40Z Dental Extractions and Restorations	22,983	17,768	10.8	43,714
U60Z Mental Health Treatment, Sameday, W/O ECT	21,734	18,640	10.2	18,017
R61C Lymphoma and Non-Acute Leukaemia, Sameday	21,578	17,200	10.2	21,707
L41Z Cystourethroscopy, Sameday	20,801	18,440	9.8	24,587
X60C Injuries Age <65	20,723	16,982	9.8	30,069
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	18,412	17,435	8.7	25,353
I68C Non-surgical Spinal Disorders, Sameday	17,057	14,253	8.0	16,886
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	16,288	14,752	7.7	28,993
N09Z Conisation, Vagina, Cervix and Vulva Procedures	16,174	14,798	7.6	32,898
L67C Other Kidney and Urinary Tract Diagnoses W/O Cat/Sev CC	15,231	13,530	7.2	27,903
I30Z Hand Procedures	14,286	12,157	6.7	50,330
I18Z Other Knee Procedures	14,115	12,471	6.6	44,589
Q60C Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	13,921	11,432	6.6	18,250
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	13,787	10,214	6.5	43,346
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	13,517	11,767	6.4	22,546
G11B Anal and Stomal Procedures W/O Cat/Sev CC	11,873	10,425	5.6	28,365
Other	700,230	615,004	329.7	1,952,884
Total	2,342,456	2,046,946	1,103.0	3,571,774

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Based on the 2006–07 AR-DRG version 5.1 estimated public cost weights.

Abbreviations: Cat—catastrophic; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; Misc—miscellaneous; OR—operating room; Sev—severe; Sys—system; W—with; W/O—without.

Note: Similar tables for all AR-DRGs are provided on the Internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.10: Selected separation(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of same-day separations, private hospitals, Australia, 2007–08

AR-DRG	Separations	Public patient separations	Separations per 10,000 ^(b)	Cost by volume (\$'000) ^(c)
R63Z Chemotherapy	176,290	2,858	83.0	59,233
G44C Other Colonoscopy, Sameday	169,234	1,005	79.7	82,925
L61Z Admit for Renal Dialysis	164,469	46,180	77.4	61,018
C16B Lens Procedures, Sameday	121,181	2,768	57.1	141,903
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	97,758	343	46.0	34,509
D40Z Dental Extractions and Restorations	91,399	247	43.0	79,791
G46C Complex Gastrosocopy, Sameday	89,533	301	42.2	50,497
Z64B Other Factors Influencing Health Status, Sameday	77,046	443	36.3	28,199
U60Z Mental Health Treatment, Sameday, W/O ECT	75,018	15	35.3	15,529
Z40Z Follow Up W Endoscopy	62,510	421	29.4	27,754
I18Z Other Knee Procedures	52,630	117	24.8	62,682
O05Z Abortion W OR Procedure	50,165	105	23.6	30,952
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	50,106	240	23.6	41,538
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	43,463	641	20.5	51,982
L41Z Cystourethroscopy, Sameday	26,074	196	12.3	13,715
N11B Other Female Reproductive System OR Procs Age <65 W/O Malignancy W/O CC	22,819	6	10.7	13,258
J08B Other Skin Graft and/or Debridement Procedures W/O Cat/Sev CC	22,770	144	10.7	34,519
I68C Non-surgical Spinal Disorders, Sameday	19,575	79	9.2	10,355
C03Z Retinal Procedures	19,401	55	9.1	36,066
G11B Anal and Stomal Procedures W/O Cat/Sev CC	18,525	106	8.7	23,230
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	18,323	98	8.6	30,691
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	17,291	98	8.1	10,115
I30Z Hand Procedures	17,288	84	8.1	30,876
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	16,961	110	8.0	13,314
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	16,862	1,136	7.9	40,755
B05Z Carpal Tunnel Release	15,269	105	7.2	11,024
R61C Lymphoma and Non-Acute Leukaemia, Sameday	14,061	56	6.6	4,978
V62B Alcohol Use Disorder and Dependence, Sameday	12,972	1	6.1	1,362
N09Z Conisation, Vagina, Cervix and Vulva Procedures	12,754	84	6.0	9,094
D13Z Myringotomy W Tube Insertion	12,043	36	5.7	8,310
Other	379,391	7,466	178.9	1,767,781
Total	1,983,181	65,544	933.8	1,767,781

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Based on the 2006–07 AR-DRG version 5.1 estimated private cost weights.

Abbreviations: AMI—Acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Inves—investigation; OR—operating room; Procs—procedure; W—with; W/O—without.

Table 12.11: Selected separation^(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of separations, private free-standing day hospitals, Australia, 2007–08

AR-DRG	Separations	Public patient separations	Separations per 10,000 ^(b)	Cost by volume ^(c) (\$'000)
L61Z Admit for Renal Dialysis	90,395	34,881	42.6	33,537
G44C Other Colonoscopy, Sameday	72,540	13	34.2	35,545
C16B Lens Procedures, Sameday	66,499	1,207	31.3	77,870
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	48,420	1	22.8	17,092
O05Z Abortion W OR Procedure	40,713	84	19.2	25,120
R63Z Chemotherapy	38,605	910	18.2	12,971
G46C Complex Gastrosocopy, Sameday	38,454	2	18.1	21,688
D40Z Dental Extractions and Restorations	24,625	0	11.6	21,498
Z64B Other Factors Influencing Health Status, Sameday	20,115	2	9.5	7,362
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	19,653	37	9.3	16,292
Z40Z Follow Up W Endoscopy	18,289	1	8.6	8,120
C03Z Retinal Procedures	16,980	52	8.0	31,566
N11B Other Female Reproductive System OR Procs Age <65 W/O Malignancy W/O CC	13,695	6	6.4	7,957
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	13,343	566	6.3	15,958
J08B Other Skin Graft and/or Debridement Procedures W/O Cat/Sev CC	8,818	110	4.2	13,368
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	7,067	61	3.3	11,837
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	5,934	11	2.8	4,658
C11Z Eyelid Procedures	5,899	41	2.8	7,828
R61C Lymphoma and Non-Acute Leukaemia, Sameday	5,266	0	2.5	1,864
I68C Non-surgical Spinal Disorders, Sameday	5,116	0	2.4	2,706
G42B Other Gastrosocopy for Major Digestive Disease, Sameday	4,608	0	2.2	1,737
I18Z Other Knee Procedures	4,212	0	2.0	5,016
C14Z Other Eye Procedures	3,954	8	1.9	3,317
C12Z Other Corneal, Scleral and Conjunctival Procedures	3,643	30	1.7	4,335
J06B Major Procedures for Non-Malignant Breast Conditions	3,575	24	1.7	12,069
L41Z Cystourethroscopy, Sameday	2,811	7	1.3	1,479
G11B Anal and Stomal Procedures W/O Cat/Sev CC	2,659	0	1.3	3,334
C04Z Major Corneal, Scleral and Conjunctival Procedures	2,658	5	1.3	7,493
M63Z Sterilisation, Male	2,408	0	1.1	1,512
I30Z Hand Procedures	2,269	12	1.1	4,052
Other	73,269	4,000	34.1	575,012
Total	666,492	42,071	313.8	575,012

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Based on the 2006–07 AR-DRG version 5.1 estimated private cost weights.

Abbreviations: Cat/Sev—catastrophic or severe; CC—complications and comorbidities; OR—operating room; Proc—procedure; W—with; W/O—without.

Table 12.12: Selected separation^(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of separations, public psychiatric hospitals, Australia, 2007–08

AR-DRG	Separations	Same-day separations	Public patient separations	Separations per 10,000 ^(b)	Patient days	Patient days per 10,000 ^(b)	ALOS (days)	Cost by volume (\$'000) ^(c)
U61A Schizophrenia Disorders W Mental Health Legal Status	2,813	0	2,529	1.3	181,369	85.4	64.5	44,229
U67Z Personality Disorders and Acute Reactions	1,795	0	1,750	0.8	14,462	6.8	8.1	8,293
U63B Major Affective Disorders Age <70 W/O Cat/Sev CC	1,581	0	1,526	0.7	31,676	14.9	20.0	15,366
U60Z Mental Health Treatment, Sameday, W/O ECT	1,263	1,263	1,253	0.6	1,263	0.6	1.0	1,047
U61B Schizophrenia Disorders W/O Mental Health Legal Status	767	0	764	0.4	27,527	13.0	35.9	6,593
U63A Major Affective Disorders Age >69 or W (Cat/Sev CC)	551	0	504	0.3	10,346	4.9	18.8	8,729
V61Z Drug Intoxication and Withdrawal	488	9	474	0.2	5,408	2.5	11.1	2,370
U64Z Other Affective and Somatoform Disorders	447	0	350	0.2	6,265	2.9	14.0	2,246
U40Z Mental Health Treatment, Sameday, W ECT	436	436	435	0.2	436	0.2	1.0	329
V62A Alcohol Use Disorder and Dependence	429	0	428	0.2	4,696	2.2	10.9	1,825
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	426	0	387	0.2	8,499	4.0	20.0	4,780
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	391	2	352	0.2	25,462	12.0	65.1	3,874
Z64A Other Factors Influencing Health Status	350	0	342	0.2	1,670	0.8	4.8	1,737
V60B Major Affective Disorders Age >69 or W Catastrophic or Severe CC	349	42	349	0.2	1,579	0.7	4.5	475
V64Z Other Drug Use Disorder and Dependence	267	12	266	0.1	1,865	0.9	7.0	724
V63A Opioid Use Disorder and Dependence	244	3	244	0.1	1,655	0.8	6.8	728
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	86	0	86	<0.1	1,412	0.7	16.4	484
V60A Alcohol Intoxication and Withdrawal W CC	82	6	82	<0.1	583	0.3	7.1	252
U68Z Childhood Mental Disorders	74	0	71	<0.1	1,730	0.8	23.4	894
U65Z Anxiety Disorders	73	0	71	<0.1	1,740	0.8	23.8	314
B64B Delirium W/O Catastrophic CC	63	1	60	<0.1	1,375	0.6	21.8	295
B81B Other Disorders of the Nervous System W/O Cat/Sev CC	40	1	38	<0.1	2,072	1.0	51.8	125
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	36	2	36	<0.1	124	0.1	3.4	72
U66Z Eating and Obsessive-Compulsive Disorders	25	0	24	<0.1	545	0.3	21.8	451
B67A Degenerative Nervous System Disorders W Cat or Sev CC	16	0	16	<0.1	1,320	0.6	82.5	207
B67B Degenerative Nervous System Disorders Age >59 W/O Cat or Sev CC	16	0	15	<0.1	733	0.3	45.8	69
B67C Degenerative Nervous System Disorders Age <60 W/O Cat or Sev CC	13	0	13	<0.1	887	0.4	68.2	30
V62B Alcohol Use Disorder and Dependence, Sameday	12	12	12	<0.1	12	<0.1	1.0	12
B64A Delirium W Catastrophic CC	8	1	8	<0.1	1,839	0.9	229.9	85
O61Z Postpartum and Post Abortion W/O OR Procedure	7	0	7	<0.1	67	<0.1	9.6	14
Other	55	8	54	0.3	6,557	3.1	119.2	199
Total	13,203	1,798	12,546	6.2	345,174	162.5	26.1	106,846

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

(b) Crude rate based on Australian population as at 31 December 2007.

(c) Based on the 2006–07 AR–DRG version 5.1 estimated public cost estimates.

Abbreviations: ALOS—average length of stay; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; ECT—electroconvulsive therapy; Psych—psychological; OR—operating room; W—with; W/O—without.

Table 12.13: Separations^(a) for the 30 AR-DRGs version 5.1 with the largest number of separations, public hospitals, states and territories, 2007–08

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	249,595	239,329	122,114	77,338	54,653	13,786	21,075	39,460	817,350
R63Z Chemotherapy	2,889	69,201	22,652	22,368	67	2,694	575	1,340	121,786
O60B Vaginal Delivery W/O Cat/Sev CC	35,956	27,401	19,124	9,889	6,934	1,895	1,860	1,345	104,404
F74Z Chest Pain	28,369	24,120	17,655	6,566	7,810	1,612	1,297	1,012	88,441
G67B Oesophagitis, Gastroent and Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	22,239	20,449	13,946	4,950	6,112	1,467	943	604	70,710
G44C Other Colonoscopy, Sameday	17,732	15,541	7,789	9,973	334	999	504	513	53,385
C16B Lens Procedures, Sameday	17,795	15,308	6,138	6,021	4,755	377	1,011	502	51,907
O66B Antenatal and Other Obstetric Admission, Sameday	12,165	12,786	12,407	4,256	2,092	855	171	1,103	45,835
Z64B Other Factors Influencing Health Status, Sameday	7,593	20,894	7,896	4,383	1,854	1,753	653	352	45,378
O01C Caesarean Delivery W/O Cat/Sev CC	14,253	10,009	8,722	3,862	2,880	788	580	503	41,597
J64B Cellulitis (Age >59 W/O Cat/Sev CC) or Age <60	13,123	8,867	9,050	4,401	2,578	617	478	1,731	40,845
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	12,281	12,918	7,733	2,791	2,779	952	584	406	40,444
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	10,259	14,412	4,392	4,248	3,216	984	394	278	38,183
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	8,585	12,011	7,793	4,149	3,387	803	285	247	37,260
X60C Injuries Age <65	10,727	9,158	9,694	2,675	2,117	535	393	1,167	36,466
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	9,693	11,642	5,300	5,802	462	602	329	330	34,160
O66A Antenatal & Other Obstetric Admission	11,556	6,265	7,205	3,905	2,348	700	483	815	33,277
F71B Non-Major Arrhythmia and Conduction Disorders W/O Cat/Sev CC	10,842	7,848	5,410	2,411	2,485	841	543	210	30,590
O05Z Abortion W OR Procedure	7,095	8,469	3,217	2,254	5,982	405	268	1,094	28,784
Z40Z Follow Up W Endoscopy	8,046	8,890	5,066	3,860	1,479	460	257	131	28,189
E69C Bronchitis and Asthma Age <50 W/O CC	9,981	6,958	4,912	2,331	2,854	494	265	256	28,051
D63B Otitis Media and URI W/O CC	9,556	6,462	5,867	2,484	2,295	518	373	385	27,940
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	9,941	3,528	7,593	2,308	1,642	581	505	474	26,572
E62C Respiratory Infections/Inflammations W/O CC	9,804	5,752	4,710	2,257	1,755	590	404	599	25,871
I30Z Hand Procedures	7,962	7,275	3,954	2,539	2,232	639	544	292	25,437
E65B Chronic Obstructive Airways Disease W/O Cat/Sev CC	9,117	5,239	4,851	2,206	2,326	742	184	515	25,180
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	8,604	5,890	6,182	1,767	1,212	502	479	439	25,075
D40Z Dental Extractions and Restorations	5,896	8,669	4,671	2,455	2,257	310	282	403	24,943
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	7,144	6,424	5,254	2,392	2,251	671	360	231	24,727
F62B Heart Failure and Shock W/O Catastrophic CC	8,996	6,242	3,957	1,950	2,027	603	281	226	24,282
Other	825,838	700,784	448,624	236,039	222,082	55,444	40,100	32,021	2,560,932
Total	1,423,632	1,318,741	803,878	444,830	357,257	94,219	76,460	88,984	4,608,001

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

Abbreviations: Cat/Sev—catastrophic or severe; CC—complications and comorbidities; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; misc—miscellaneous; OR—operating room; URI—upper respiratory tract infection; W—with; W/O—without.

Table 12.14: Separations^(a) for the 30 AR-DRGs version 5.1 with the largest number of separations, private hospitals, states and territories, 2007–08

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z Chemotherapy	31,563	45,882	55,074	21,092	15,566	n.p.	n.p.	n.p.	176,372
G44C Other Colonoscopy, Sameday	48,384	48,217	41,705	14,880	10,420	n.p.	n.p.	n.p.	169,234
L61Z Admit for Renal Dialysis	22,182	33,184	52,897	36,544	19,673	n.p.	n.p.	n.p.	164,480
C16B Lens Procedures, Sameday	40,331	26,925	32,098	7,043	8,492	n.p.	n.p.	n.p.	121,181
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	24,510	35,146	23,507	6,208	5,789	n.p.	n.p.	n.p.	97,758
D40Z Dental Extractions and Restorations	25,401	25,538	18,364	13,210	7,532	n.p.	n.p.	n.p.	93,575
G46C Complex Gastrosocopy, Sameday	35,041	21,173	19,733	7,126	4,920	n.p.	n.p.	n.p.	89,533
Z64B Other Factors Influencing Health Status, Sameday	14,873	27,648	21,060	7,584	3,632	n.p.	n.p.	n.p.	77,046
U60Z Mental Health Treatment, Sameday, W/O ECT	20,514	25,000	17,240	8,112	40	n.p.	n.p.	n.p.	75,018
Z40Z Follow Up W Endoscopy	20,428	17,806	14,581	5,060	4,351	n.p.	n.p.	n.p.	64,058
I18Z Other Knee Procedures	17,165	15,850	12,211	7,055	8,252	n.p.	n.p.	n.p.	64,026
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	14,428	12,686	11,943	6,719	5,540	n.p.	n.p.	n.p.	53,625
O05Z Abortion W OR Procedure	10,077	17,609	16,456	5,620	795	n.p.	n.p.	n.p.	51,114
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	15,915	12,907	10,442	4,061	3,912	n.p.	n.p.	n.p.	49,167
O60B Vaginal Delivery W/O Cat/Sev CC	8,124	10,320	7,188	4,110	2,443	n.p.	n.p.	n.p.	34,498
E63Z Sleep Apnoea	10,160	9,552	8,532	2,099	2,782	n.p.	n.p.	n.p.	34,287
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	10,078	8,811	7,167	2,682	2,221	n.p.	n.p.	n.p.	32,368
I16Z Other Shoulder Procedures	7,427	6,964	5,792	4,587	2,639	n.p.	n.p.	n.p.	28,715
J08B Other Skin Graft and/or Debridement Procedures W/O Cat/Sev CC	8,664	6,089	7,304	1,241	4,001	n.p.	n.p.	n.p.	28,360
O01C Caesarean Delivery W/O Cat/Sev CC	7,619	6,442	7,156	3,868	1,752	n.p.	n.p.	n.p.	28,335
G11B Anal and Stomal Procedures W/O Cat/Sev CC	10,848	5,441	5,392	1,826	1,633	n.p.	n.p.	n.p.	26,422
L41Z Cystourethroscopy, Sameday	7,830	5,910	5,094	3,255	2,235	n.p.	n.p.	n.p.	26,074
I30Z Hand Procedures	6,827	5,732	5,519	2,987	2,573	n.p.	n.p.	n.p.	24,815
D11Z Tonsillectomy and/or Adenoidectomy	8,699	4,320	5,381	2,312	1,955	n.p.	n.p.	n.p.	23,686
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	5,459	5,566	6,483	2,672	2,368	n.p.	n.p.	n.p.	23,600
N11B Other Female Reproductive System OR Procs Age <65 W/O Malignancy W/O CC	9,324	4,748	4,929	1,317	1,569	n.p.	n.p.	n.p.	22,936
G09Z Inguinal and Femoral Hernia Procedures Age>0	7,140	5,301	5,169	2,289	1,572	n.p.	n.p.	n.p.	22,712
I04Z Knee Replacement and Reattachment	7,139	4,834	4,655	2,189	2,324	n.p.	n.p.	n.p.	22,241
C03Z Retinal Procedures	9,943	2,767	5,423	844	686	n.p.	n.p.	n.p.	21,351
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	4,654	7,189	5,207	1,621	1,364	n.p.	n.p.	n.p.	20,892
Other	318,588	315,665	307,666	131,626	103,811	n.p.	n.p.	n.p.	1,232,150
Total	789,335	781,222	751,368	321,839	236,842	n.p.	n.p.	n.p.	2,999,629

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

Abbreviations: AMI—acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Inves—investigation; Proc—procedure; OR—operating room; W—with; W/O—without.

Table 12.15: Average length of stay (days) for the 30 AR-DRGs version 5.1 with the largest number of separations^(a), public hospitals, states and territories, 2007–08

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.1	1.0	1.0	1.0	1.0
O60B Vaginal Delivery W/O Cat/Sev CC	2.9	2.7	2.5	2.9	2.9	2.8	2.4	3.5	2.8
F74Z Chest Pain	1.6	1.2	1.5	1.3	1.6	1.3	1.2	1.4	1.4
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	2.2	1.6	1.8	2.1	2.0	2.0	1.7	2.0	1.9
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
C16B Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O66B Antenatal & Other Obstetric Admission, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z64B Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O01C Caesarean Delivery W/O Cat/Sev CC	4.3	4.2	3.7	4.2	4.5	3.9	4.0	5.5	4.1
J64B Cellulitis (Age >59 W/O Cat/Sev CC) or Age <60	3.8	4.1	3.3	3.9	4.6	3.7	3.9	3.6	3.8
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	1.6	1.3	1.4	1.6	1.6	1.3	1.3	1.5	1.4
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	1.6	1.2	1.4	1.3	1.4	1.5	1.2	1.4	1.4
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.3	1.2	1.2	1.3	1.3	1.2	1.2	3.2	1.3
X60C Injuries Age <65	1.5	1.3	1.3	1.6	1.6	1.4	1.3	1.6	1.4
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O66A Antenatal & Other Obstetric Admission	2.4	2.5	2.1	2.1	2.4	2.0	3.0	2.8	2.3
F71B Non-Major Arrhythmia and Conduction Disorders W/O Cat/Sev CC	2.4	2.0	2.2	1.8	2.3	2.1	2.1	1.9	2.2
O05Z Abortion W OR Procedure	1.1	1.0	1.1	1.1	1.0	1.1	1.0	1.1	1.1
Z40Z Follow Up W Endoscopy	1.0	1.0	1.0	1.0	1.1	1.0	1.1	1.2	1.0
E69C Bronchitis and Asthma Age <50 W/O CC	1.7	1.4	1.5	1.7	1.8	1.6	1.6	1.7	1.6
D63B Otitis Media and URI W/O CC	1.8	1.5	1.5	1.7	1.7	2.0	1.4	1.7	1.6
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	2.1	2.1	1.8	2.1	2.0	2.1	1.7	2.6	2.0
E62C Respiratory Infections/Inflammations W/O CC	3.7	2.9	3.2	3.4	3.4	3.5	3.0	3.9	3.4
I30Z Hand Procedures	1.3	1.3	1.5	1.4	1.4	1.4	1.2	3.2	1.4
E65B Chronic Obstructive Airways Disease W/O Cat/Sev CC	5.2	4.0	4.5	4.7	4.6	5.9	4.5	4.1	4.7
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	1.1	1.2	1.1	1.2	1.2	1.1	1.1	1.7	1.2
D40Z Dental Extractions and Restorations	1.1	1.0	1.1	1.1	1.1	1.2	1.1	1.3	1.1
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age <60 W/O CC	1.6	1.2	1.5	1.2	1.6	1.3	1.5	1.3	1.4
F62B Heart Failure and Shock W/O Catastrophic CC	5.8	4.2	4.5	5.0	5.2	5.5	4.6	3.9	5.0
Total	3.7	2.8	3.0	3.0	3.5	3.5	2.8	2.7	3.2

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

Abbreviations: Cat—catastrophic; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; Gastroent—gastroenteritis; Misc—miscellaneous; OR—operating room; Sev—severe; URI—Upper respiratory tract infection; W—with; W/O—without.

Table 12.16: Average length of stay (days) for the 30 AR-DRGs version 5.1 with the largest number of separations^(a), private hospitals, states and territories, 2007–08

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C16B Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
D40Z Dental Extractions and Restorations	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G46C Complex Gastrosocopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z64B Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z40Z Follow Up W Endoscopy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
I18Z Other Knee Procedures	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.1	1.1	1.1	1.0	1.1	n.p.	n.p.	n.p.	1.1
O05Z Abortion W OR Procedure	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
O60B Vaginal Delivery W/O Cat/Sev CC	4.4	4.2	3.9	4.7	4.4	n.p.	n.p.	n.p.	4.3
E63Z Sleep Apnoea	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1.3	1.6	1.6	1.4	1.6	n.p.	n.p.	n.p.	1.5
I16Z Other Shoulder Procedures	1.4	1.4	1.4	1.5	1.5	n.p.	n.p.	n.p.	1.4
J08B Other Skin Graft and/or Debridement Procedures W/O Cat/Sev CC	1.3	1.4	1.2	1.6	1.1	n.p.	n.p.	n.p.	1.3
O01C Caesarean Delivery W/O Cat/Sev CC	5.3	5.2	4.7	5.9	5.5	n.p.	n.p.	n.p.	5.2
G11B Anal and Stomal Procedures W/O Cat/Sev CC	1.1	1.4	1.3	1.6	1.4	n.p.	n.p.	n.p.	1.3
L41Z Cystourethroscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
I30Z Hand Procedures	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
D11Z Tonsillectomy and/or Adenoidectomy	1.0	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.0
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	1.2	1.2	1.1	1.3	1.1	n.p.	n.p.	n.p.	1.2
N11B Other Female Reproductive System OR Procs Age <65 W/O Malignancy W/O CC	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G09Z Inguinal and Femoral Hernia Procedures Age>0	1.3	1.3	1.2	1.4	1.4	n.p.	n.p.	n.p.	1.3
I04Z Knee Replacement and Reattachment	7.1	7.5	7.0	9.8	7.2	n.p.	n.p.	n.p.	7.4
C03Z Retinal Procedures	1.0	1.0	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.0
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	1.3	1.3	1.3	1.3	1.3	n.p.	n.p.	n.p.	1.3
Total	2.2	2.4	2.3	2.2	2.4	n.p.	n.p.	n.p.	2.3

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

Abbreviations: AMI—acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Inves—Investigation;

OR—operating room; Proc—procedure; W—with; W/O—without.

Table 12.17: Separations^(a) for males for the 30 AR-DRGs version 5.1 with the largest number of separations, by age group, all hospitals, Australia, 2007-08

AR-DRG	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	1	36	145	6,706	18,302	48,142	85,446	121,448	138,373	144,618	21,604	584,821
R63Z Chemotherapy	41	1,108	1,377	2,089	2,625	5,723	16,163	37,835	42,262	23,381	3,230	135,834
G44C Other Colonoscopy, Sameday	5	34	141	2,005	5,374	11,578	20,449	31,877	26,594	12,114	1,381	111,552
C16B Lens Procedures, Sameday	6	36	54	101	166	649	3,244	10,610	22,812	29,753	6,128	73,559
Z64B Other Factors Influencing Health Status, Sameday	294	938	1,070	1,034	1,700	5,219	11,815	17,175	13,205	5,102	414	57,966
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	104	581	1,092	2,859	5,501	8,582	10,372	11,459	8,874	5,348	1,086	55,858
Z40Z Follow Up W Endoscopy	8	22	58	276	775	2,564	6,941	13,250	15,065	11,293	2,045	52,297
F74Z Chest Pain	2	4	147	1,033	3,129	8,335	11,535	11,421	8,491	6,296	1,811	52,204
D40Z Dental Extractions and Restorations	5	4,248	9,863	18,673	7,845	4,232	2,712	1,948	1,074	675	228	51,503
G46C Complex Gastrosocopy, Sameday	17	112	312	1,299	2,865	5,494	9,425	13,461	10,239	5,064	612	48,900
I18Z Other Knee Procedures	0	5	501	4,471	5,421	9,042	11,286	10,248	4,669	1,492	145	47,280
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	164	720	1,678	2,018	2,911	4,706	6,756	9,115	8,189	7,607	2,634	46,498
U60Z Mental Health Treatment, Sameday, W/O ECT	1,038	245	2,747	2,872	4,395	5,999	5,735	8,920	2,103	1,624	1,443	37,121
G09Z Inguinal and Femoral Hernia Procedures Age>0	0	839	789	1,412	2,379	4,076	6,013	7,647	6,424	4,308	877	34,764
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	0	0	1,511	3,589	4,129	4,586	4,343	4,555	4,327	4,391	1,971	33,402
I30Z Hand Procedures	87	402	1,222	7,523	5,565	4,290	4,031	4,339	2,953	1,410	208	32,030
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	2	3	11	213	405	1,576	4,672	9,271	9,231	5,662	600	31,646
L41Z Cystourethroscopy, Sameday	156	180	236	634	1,134	2,444	4,211	6,123	6,695	5,764	1,510	29,087
E63Z Sleep Apnoea	121	635	621	557	1,728	4,488	6,634	7,744	4,260	1,767	206	28,761
G11B Anal and Stomal Procedures W/O Cat/Sev CC	193	83	176	1,056	3,123	5,634	6,653	5,951	3,201	1,223	188	27,481
J64B Cellulitis (Age >59 W/O Cat/Sev CC) or Age <60	274	1,230	1,883	3,865	3,876	4,081	3,747	3,146	2,120	1,896	862	26,980
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	100	299	775	824	1,435	2,113	3,021	4,205	5,212	5,814	2,155	25,953
X60C Injuries Age <65	77	1,169	2,649	6,129	4,708	4,272	3,192	2,357	0	0	0	24,553
J08B Other Skin Graft and/or Debridement Procedures W/O Cat/Sev CC	10	58	172	856	721	1,119	2,113	4,084	4,845	6,032	2,789	22,799
F71B Non-Major Arrhythmia and Conduction Disorders W/O Cat/Sev CC	40	32	75	304	660	1,489	2,995	5,715	5,625	4,382	1,282	22,599
I16Z Other Shoulder Procedures	0	0	56	2,544	2,047	2,965	4,570	5,760	2,981	840	50	21,813
R61C Lymphoma and Non-Acute Leukaemia, Sameday	4	27	86	224	305	761	2,095	4,783	5,958	5,727	1,800	21,770
L67C Other Kidney and Urinary Tract Diagnoses W/O Cat/Sev CC	198	417	509	481	664	1,072	1,761	4,100	5,165	4,889	2,101	21,357
L64Z Urinary Stones and Obstruction	14	21	63	632	1,869	3,776	4,998	5,121	2,997	1,324	258	21,073
D11Z Tonsillectomy and/or Adenoidectomy	38	7,134	7,291	2,900	1,105	644	240	141	62	19	1	19,575
Other	83,688	81,640	96,886	123,186	130,409	166,556	197,976	266,740	281,758	271,870	103,683	1,804,392
Total	86,687	102,258	134,196	202,365	227,271	336,207	465,144	650,549	655,764	581,685	163,302	3,605,428

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

(b) Includes separations for which age was not reported.

Abbreviations: AMI—acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; Inves—investigation; Misc—miscellaneous; Proc—procedure; System—system; W—with; W/O—without.

Table 12.18: Separations^(a) for females for the 30 AR-DRGs version 5.1 with the largest number of separations, by age group, all hospitals, Australia, 2007–08

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	0	33	317	3,515	14,947	32,861	55,635	84,719	107,663	86,398	10,921	397,009
R63Z Chemotherapy	52	842	901	1,455	3,838	15,865	36,371	48,125	35,029	17,299	2,547	162,324
O60B Vaginal Delivery W/O Cat/Sev CC	0	0	46	29,120	82,567	27,049	120	0	0	0	0	138,902
G44C Other Colonoscopy, Sameday	6	19	130	3,003	6,213	12,037	21,179	30,286	24,412	12,167	1,615	111,067
C16B Lens Procedures, Sameday	1	24	28	87	183	664	3,488	12,516	31,175	41,583	9,772	99,521
O05Z Abortion W OR Procedure	0	0	202	26,648	32,749	19,688	609	2	0	0	0	79,898
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	69	378	1,146	4,853	6,318	10,780	15,002	16,560	11,880	7,361	1,713	76,060
O01C Caesarean Delivery W/O Cat/Sev CC	0	0	13	8,399	40,901	20,462	157	0	0	0	0	69,932
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	7	1	165	3,557	18,602	29,846	9,845	3,589	1,479	565	96	67,752
D40Z Dental Extractions and Restorations	6	3,667	10,045	29,570	10,657	4,918	3,451	2,362	1,108	848	319	66,951
Z64B Other Factors Influencing Health Status, Sameday	285	654	882	1,508	2,476	7,564	15,858	19,055	11,935	3,868	372	64,457
G46C Complex Gastroscopy, Sameday	16	65	298	2,778	4,458	7,772	13,449	16,720	12,012	5,860	716	64,144
U60Z Mental Health Treatment, Sameday, W/O ECT	872	164	478	8,924	10,792	13,359	12,739	8,791	2,092	1,090	330	59,631
O66B Antenatal & Other Obstetric Admission, Sameday	0	0	28	13,971	26,792	9,037	76	2	0	0	0	49,907
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders												
Age>9 W/O Cat/Sev CC	0	0	1,404	5,617	6,273	5,472	5,829	6,417	6,317	7,296	4,147	48,772
F74Z Chest Pain	1	7	127	1,047	2,315	5,972	9,878	10,328	8,077	7,527	3,198	48,477
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	153	786	1,996	2,569	3,484	5,835	7,785	7,829	5,735	5,539	2,674	44,385
O66A Antenatal & Other Obstetric Admission	0	0	33	11,339	22,244	8,068	96	0	0	0	0	41,781
Z40Z Follow Up W Endoscopy	2	30	40	441	1,034	2,817	6,736	10,476	10,064	7,084	1,226	39,990
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	0	14	705	3,525	9,701	12,985	4,875	2,036	940	178	34,959
I18Z Other Knee Procedures	1	8	434	2,117	2,271	4,433	8,080	9,434	5,453	2,327	233	34,791
Q61C Red Blood Cell Disorders W/O Cat/Sev CC	69	240	538	1,376	2,494	4,081	5,468	3,909	5,478	6,351	3,117	33,121
N09Z Conisation, Vagina, Cervix and Vulva Procedures	12	84	200	6,082	9,507	6,981	5,083	2,689	1,185	583	162	32,568
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	0	0	15	8,314	18,228	5,295	22	0	0	0	0	31,874
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	55	183	2,748	6,331	5,517	4,590	3,471	2,497	1,794	1,574	810	29,570
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1	2	68	2,083	4,470	5,505	5,381	4,663	2,738	1,353	219	26,483
N04Z Hysterectomy for Non-Malignancy	0	0	2	20	1,148	7,927	10,316	3,582	2,069	908	101	26,073
N11B Other Female Reproductive System OR Procs Age <65 W/O Malignancy W/O CC	2	1	6	325	9,038	14,152	593	34	0	0	0	24,151
N08Z Endoscopic and Laparoscopic Procedures for Female Reproductive System	4	1	85	3,443	8,440	8,703	1,857	386	142	49	10	23,120
O61Z Postpartum and Post Abortion W/O OR Procedure	0	0	17	4,229	12,824	5,213	47	0	0	0	0	22,331
Other	61,836	63,875	78,110	136,997	179,766	207,946	235,293	267,681	255,906	294,391	170,301	1,952,100
Total	63,450	71,064	100,516	330,423	554,071	524,593	506,899	577,527	545,779	512,961	214,777	4,002,061

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

(b) Includes separations for which age was not reported.

Abbreviations: Cat/Sev—catastrophic or severe; CC—complications and comorbidities; CDE—common bile duct exploration; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; Inves—investigation; Misc—miscellaneous; Procs—procedure; systm—system; W—with; W/O—without.

Appendix 1: Technical appendix

This appendix covers:

- definitions
- data presentation
- analysis methods
- data quality and comparability
- cost per casemix-adjusted separation analysis
- relative stay index analysis
- condition onset flag data.

Definitions

If not otherwise indicated, data elements were defined according to the 2007–08 definitions in the *National health data dictionary, version 13* (HDSC 2006) (summarised in the *Glossary*).

Data presentation

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables. For example, for some tables and figures dealing with Indigenous status, data have been presented only for selected states and territories, and the totals in these tables do not include the data for the other states and territories (tables 8.9, 9.22 and 10.20, and figures 9 and 8.1).

Other exceptions relate to tables in which data were not published for confidentiality reasons (for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory), or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful.

Private hospital data are suppressed for a particular diagnosis, procedure or AR-DRG where:

- there are fewer than three reporting units,
- there are three or more reporting units and one contributed more than 85% of the total separations, or
- there are three or more reporting units and two contributed more than 90% of the total separations.

Data on the length of stay have been suppressed if there were fewer than 10 separations in the category being presented (50 separations in Table 4.11). Data on elective surgery waiting times were suppressed if there were fewer than 10 elective surgery admissions in the category being presented. The abbreviation 'n.p.' has been used in these tables to denote these suppressions. For these tables, the totals include the suppressed information.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

For the majority of tables in this report, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exceptions are tables 4.5, 4.6, 4.7, 8.11, 9.19 and A5.1, which are based on data on the state or territory of usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in tables 7.7 to 7.10.

Analysis methods

State or territory of usual residence

For tables presented by the state or territory of usual residence of the patient, the totals include unknown residence area (within a known state) but exclude overseas residents and unknown state of residence. Therefore the totals in those tables do not necessarily match other tables in the publication.

Counts of separations by groups of diagnoses, procedures and external causes

For tables with counts of separations by groups of diagnoses, procedures or external causes, a separation is counted once for the group if it has at least one diagnosis/procedure/external cause reported within the group. As more than one diagnosis, procedure or external cause can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Counts of procedures

For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation.

Standard admitted patient care data analyses

For *chapters 7, 8, 9, 10 and 11* and relevant tables in *Chapter 2*, the counts of separations do not include separations for *Newborns* without qualified days and records for *Hospital boarders* or *Posthumous organ procurement*, and the patient days are also not included for those records. In addition, patient days for *Newborns* that were not 'qualified days' are excluded from the counts of patient days. For more information on these exclusions, see below.

Records for 2007–08 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2007 to 30 June 2008. Data on patients who were admitted on any date before 1 July 2007 are included, provided that they also separated between 1 July 2007 and 30 June 2008. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the database.

Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. As the database contains records for patients separating from hospital during the reporting period (1 July 2007 to 30 June 2008), this means that not all patient days reported will have occurred in that year. It is expected, however, that patient days for patients who separated in 2007–08, but who were admitted before 1 July 2007, will be counterbalanced overall by the patient days for patients

in hospital on 30 June 2008 who will separate in future reporting periods. The numbers of separations and patient days can be a less accurate measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported. Information on some aspects of the quality and comparability of the data are presented below. The notes above and those in *Box 1.1* should be used to guide interpretation of the data, as should the additional notes presented in *Chapter 1* of *Australian hospital statistics 2002–03* (AIHW 2004a).

AR-DRG-based admitted patient care data analyses

For *Chapter 12*, and for tables elsewhere in the report that include cost weight information, separations are included only for *Acute care*, *Newborns* with at least one qualified day and where care type was *Not reported*. Patient days for *Newborns* that were not ‘qualified days’ are excluded from the counts of patient days. Thus separations for *Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* without qualified days were excluded.

Medical/Surgical/Other split

Separations have been categorised as *Medical*, *Surgical* or *Other* based on the AR-DRG classification recorded for the separation. *Surgical* DRGs are those with a second character of 0, 1, 2, or 3, *Medical* DRGs are those with a second character of 6, 7, 8, or 9 and *Other* is assigned for DRGs with a second character of 4 or 5. For tables 7.20 and 7.21, ‘Other’ includes AR-DRGs in the *Medical* and *Other* partitions.

Public/private patient analyses

Throughout the report, the category *Public patients* includes separations for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements*. *Private patients* includes separations for patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Workers compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans’ Affairs*, *Department of Defence* or *Correctional facility*. For patients whose funding source was reported as *Other hospital or public authority*, *Other*, *No charge raised* or *Not reported*, the category to which they belonged was determined by the reported Admitted patient election status. For 2007–08, the Admitted patient election status was not reported for 18,256 separations that could also not be classified as *Public* or *Private patients* using the reported funding source.

For *Australian hospital statistics* from 2002–03 to this report, *Public patients* and *Private patients* have been categorised as detailed above. However, due to changes in the data elements used to define *Public* and *Private patients* over time, caution should be used when making comparisons to reports before *Australian hospital statistics 2002–03* as the categories presented are not directly comparable. In particular, before 2002–03, there was some variation between jurisdictions in the use of the data element Admitted patient election status, with some states and territories using this element to reflect the patient’s choice of room or doctor and others to reflect the funding source.

From 2003–04 to 2005–06, the data presented in Table 7.1 was based on Admitted patient election status, Medicare eligibility status and Funding source for hospital patient. For 2006–07 and 2007–08, the data for Table 7.1 was based on Admitted patient election status and Funding source for hospital patient. Therefore the data presented in Table 7.1 in this

report is not directly comparable to the data presented in *Australian hospitals statistics 2005–06* and earlier reports.

Indigenous status

For statistical analyses by Indigenous status (for example, age-standardised separation rates and rate ratios), data are included only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purpose of analysis. Further information on the quality of Indigenous identification in hospital data is included later in this appendix.

Population rates

Unless noted otherwise (see below), population rates (separation rates) presented in this report are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the standard population against which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 30 June 2007 and for 31 December 2007 were used for the observed rates as detailed below (see tables A1.1, A1.2 and A1.3 accompanying this report on the Internet).

Standard separation rates (by hospital state and by residence state) were directly age-standardised, using the estimated resident populations as at 31 December 2007.

Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2007 and the estimated resident populations as at 30 June 2007 (tables 8.7, 8.8, 9.22 and 10.20 and figures 9 and 8.1).

Separation rates by remoteness areas and by quintiles of socioeconomic advantage/disadvantage (see SEIFA below) were directly age-standardised, using the estimated resident populations as at 30 June 2007 (tables 4.5, 4.8, 4.9, 8.11 to 8.13, 9.20, 9.21, A5.2, A5.3 and Figure 10).

The crude population rates presented in some tables in *chapters 2, 3, 6, 9, 10 and 12* were calculated using the population estimates for 31 December 2007.

Standardised separation rate ratios

For some tables reporting comparative separation rates (tables 4.7 to 4.9, 8.7, 8.8, 8.11 to 8.13, 9.19 to 9.22 and A5.1 to A5.3), standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison population (the expected rate). In these tables, a 95% confidence interval for the SRR has also been presented.

The calculations are as follows:

Standardised separation rate ratio (SRR) = observed rate/expected rate

Standard error (SRR) = $\sqrt{\text{observed rate/expected rate}}$

95% confidence interval (SRR) = $\text{SRR} \pm 1.96 \times \text{standard error (SRR)}$

A confidence interval for the separation rate can be obtained by multiplying the upper and lower 95% confidence levels for the SRR by the crude rate for the population.

Thus a standardised separation ratio of 1 indicates that the population of interest (for example, *Indigenous Australians*) had a separation rate similar to that of the comparison group (for example, *Other Australians*). An SRR of 1.2 indicates that the population of interest had a rate that was 20% greater than that of the comparison population and an SRR of 0.8 indicates a rate 20% smaller. If the 95% confidence interval of the SRR contains 1, the rate for the population of interest is not significantly different (at the 95% confidence level) from that of the comparison population. Similarly, if the 95% confidence interval does not contain 1, then there is a significant difference (at the 95% confidence level).

The populations used for the observed and expected rates vary in this report, for example:

- For Indigenous status, the rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians* (*Other Australians* includes Indigenous status not reported).
- For residence state or territory, remoteness areas and socioeconomic status, the rate ratio is equal to the separation rate for the residence state or territory/remoteness area/socioeconomic quintile divided by the separation rate for Australia.

Counting public hospitals

Different counts of hospitals are used this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database (NHMD) and the National Public Hospital Establishments Database (NPHED). In summary, two counts of hospitals are used (Table A1.4):

- In *Chapters 2 and 3*, hospitals are generally counted as they were reported to the NPHED. These entities are usually 'physical hospitals' (buildings or campuses) but may encompass some outpost locations such as dialysis units. Conversely hospitals on the one 'campus' can be reported as separate entities to this database if, for example, they are managed separately and have separate purposes, such as specialist women's services and specialist children's services. Although most of the hospitals counted in this way report separations to the NHMD, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Table 4.2a), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the NPHED with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were available only for these networks, so the networks are the entities counted as hospitals for these tables.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements rather than changes in the number of hospital campuses or buildings.

Table A1.4: Numbers of public hospitals reported in this report, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Chapters 2 and 3	228	148	177	94	80	27	3	5	762
Table 4.2a (Expenditure data)	228	91	174	94	74	24	3	5	693

Counts of private hospitals can also vary, depending on the source of the information. Thus, there may be discrepancies between counts of private hospitals from the ABS Private Health Establishments Collection presented in Table 2.1 and the lists of private hospitals contributing to the NHMD. The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

Public hospital peer groups

The AIHW worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A1.5. Details of the derivation of the peer groups are in Appendix 11 of *Australian hospital statistics 1998–99* (AIHW 2000). From 2001–02, the method was adjusted slightly, by replacing the rural, remote and metropolitan area (RRMA) classification with the 2001 remoteness area classification for the geographical component of the peer grouping.

A flow chart can be found in *Australian hospital statistics 2002–03* (Figure A4.1 in that report) (AIHW 2004a) to illustrate the assignment of peer groups for almost all hospitals. However, on the advice of jurisdictions, hospitals may be assigned without using this logic, usually in special circumstances such as the opening or closing of a hospital during the year.

Selected characteristics of the hospitals assigned to each peer group for 2007–08 are presented in tables 4.2a–f (for each state and territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see *Appendix 3*), emergency department occasions of service data in *Chapter 5* and elective surgery waiting times data in *Chapter 6*. They have also been used to specify the scopes for national minimum data sets (NMDSs), for example, as noted above for the Non-admitted patient emergency department care NMDS and the Outpatient care NMDS.

The peer group to which each public hospital was assigned for 2007–08 is included in Table A2.2 (accompanying this report on the Internet). In some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data or those defined for counts of hospitals presented in *chapters 2 and 3*. In these cases, their peer groups may also differ, and these differences are indicated in Table A2.3 (accompanying this report on the Internet).

Table A1.5: Public hospital peer group classification^(a)

Peer group	Subgroup	Definition
Principal referral and Specialist women's and children's hospitals	Principal referral	Major city hospitals with >20,000 acute casemix-adjusted separations, and Regional hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Major city	Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Regional and Remote	Regional acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and Remote hospitals with >5,000 casemix-adjusted separations.
Medium hospitals	Group 1	Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.
	Group 2	Medium acute hospitals in Regional and Major city areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Regional	Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	Small Remote hospitals (<5,000 acute casemix-adjusted separations but not 'multi-purpose services' and not 'small non-acute'). Most are <2,000 separations.
Sub-acute and non-acute hospitals	Small non-acute	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	
	Hospices	
	Rehabilitation	
	Mothercraft	
Unpeered and other hospitals	Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care, with a small number of acute patients.
		Prison medical services, dental hospitals, special circumstance hospitals, Major city hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations etc.
Psychiatric hospitals		

(a) Only the peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in *Chapter 4*.

ICD-10-AM codes used for selected analyses

A number of tables in this report use ICD-10-AM codes to define diagnoses and procedures. The codes are presented in Table A1.6 (accompanying this report on the Internet) and relate to:

- figures 13 to 16 in the 'Hospitals at a glance' section
- tables 4.7 to 4.9, which present statistics on selected procedures
- tables 4.5, 4.6, A5.1, A5.2 and A5.3, which present statistics on selected potentially preventable hospitalisations
- tables 9.19 to 9.21, which present statistics on renal failure hospitalisations.

Data on geographical location

Data on geographical location are collected on hospitals in the NPHEd and on the area of usual residence of patients in the NHMD. These data have been provided as state or territory and Statistical Local Area (SLA, a small area unit within the Australian Bureau of Statistics (ABS) Australian Standard Geographical Classification (ASGC)) and/or postcode, and have been aggregated to remoteness areas.

The ASGC's remoteness structure categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website <www.abs.gov.au>.

The classification is as follows:

- *Major cities*
- *Inner regional*
- *Outer regional*
- *Remote*
- *Very remote.*

Geographical location of hospital

The remoteness area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of its SLA, postcode or other location information as detailed in *Australian hospital statistics 2002–03* (AIHW 2004a).

Data on the remoteness area of hospitals are presented in *Chapter 2* (Table 2.7) and *Chapter 3* (Table 3.3).

Geographical location of usual residence of the patient

Information on the area of usual residence of the patient is supplied by the states and territories for the NHMD. The *National health data dictionary* specifies that these data should be provided as the state or territory and the SLA of usual residence. Although most separations included data on the state or territory of usual residence, not all states and territories were able to provide information on the area of usual residence in the form of an SLA code. New South Wales, Victoria, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory were able to provide SLA codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction.

Where necessary, the AIHW mapped the supplied area of residence data for each separation to 2007 SLA codes and to remoteness area categories based on the ABS's ASGC Remoteness Structure 2006. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by postcode, remoteness areas and SLAs (for 2007 and previous years). The mapping process identified some missing or invalid codes, but about 99.5% of records were assigned 2007 SLA codes. For the remaining 0.5% of records, about 42% were for overseas residents, 9% were of no fixed abode, and the remainder not reported. Because of the probabilistic nature of this mapping, the SLA and remoteness area data for individual separations may not be accurate; however, the overall distribution of separations by geographical areas is considered useful.

Remoteness area of usual residence

Data based on the area usual residence for admitted patients are presented by remoteness area in Figure 10 of the *Hospitals at a glance* section, in figures 6.2, 6.3, 6.4 and 6.12, and in tables 4.7, 4.8, 8.12, 9.20 and A5.2.

For 2007–08, the patients' area of residence data were mapped to the ABS's ASGC Remoteness Structure 2006. For 2001–02 to 2006–07, the AIHW mapped the patients' area of residence data to the ABS's ASGC Remoteness Structure 2001.

The data presented by remoteness areas using the ABS's ASGC Remoteness Structure 2006 in this report are not comparable to the data presented by remoteness areas using the ABS's ASGC Remoteness Structure 2001 in *Australian hospital statistics* reports for 2001–02 to 2006–07 because of differences in the underlying calculation of the Accessibility/Remoteness Index of Australia (ARIA) scores used to determine remoteness areas. Therefore, caution should be used when making comparisons over time as the remoteness areas categories presented are not directly comparable.

Socioeconomic status

The Socio-Economic Indexes For Areas 2006 (termed SEIFA 2006 (ABS 2008a)) are generated by the ABS using a combination of 2006 Census data such as income, education, health problems/disability, access to Internet, occupation/unemployment, wealth and living conditions, dwellings without motor vehicles, rent paid, mortgage repayments, and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based on the Census collection districts. However, they are also compiled for higher levels of aggregation including SLA. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

The SEIFA Index of Relative Advantage and Disadvantage is one of the ABS's SEIFA indexes. The relative advantage and disadvantage scores indicate the collective socioeconomic status of the people living in an area, with reference to the situation and standards applying in the wider community at a given point in time. A relatively disadvantaged area is likely to have a high proportion of relatively disadvantaged people. However, such an area is also likely to contain people who are not disadvantaged, as well as people who are relatively advantaged.

Separation rates by socioeconomic status were generated by the AIHW by using the SEIFA Index of Relative Advantage and Disadvantage scores for this index for the SLA of usual residence of the patient reported for each separation. The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage, and the *Most advantaged* quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage.

AR-DRG versions, cost weights and cost estimates

Information based on AR-DRGs is presented in *chapters 2, 4, 7, 12* and in this appendix.

AR-DRG versions

For 2007–08, each separation in the NHMD was classified to AR-DRG version 5.1 (DoHA 2004b) on the basis of demographic and clinical characteristics of the patient.

Each AR-DRG version is based on a specific edition of the ICD-10-AM/ACHI. The ICD coded data for 2002–03 and 2003–04 were reported using the third edition of the ICD-10-AM

to which AR-DRG version 5.0 applies, and AR-DRG version 5.1 was relevant for the 2004–05 and 2005–06 data which were reported using the fourth edition of the ICD-10-AM. For 2006–07 and 2007–08, the data were reported using the fifth edition of the ICD-10-AM/ACHI for which AR-DRG version 5.2 was developed. However, the data provided for 2006–07 and 2007–08 were reported in AR-DRG version 5.1 because cost weights are only available for AR-DRG version 5.1.

For time series comparisons, the AR-DRG-based data in tables 12.5 and 12.6 use AR-DRG version 5.1 for the years 2003–04 to 2007–08. For the purpose of this analysis, the ICD coded data for 2003–04 were mapped forward to the fourth edition of the ICD-10-AM and then grouped to AR-DRG version 5.1 and the ICD coded data for 2006–07 and 2007–08 were mapped backward to the fourth edition of the ICD-10-AM and then grouped to AR-DRG version 5.1. Due to the mapping necessary to generate the AR-DRG versions, the data presented in these tables may not be comparable for a small number of AR-DRGs.

Similarly, the AIHW's AR-DRG online data cubes (<www.aihw.gov.au>) present AR-DRG versions 4.0, 4.1 and 4.2 based on the relevant AR-DRG versions for 1997–98 to 2001–02, and for the years 2002–03 to 2004–05 the supplied third and fourth edition ICD-10-AM codes were mapped backwards to second edition codes to group the data for those years to AR-DRG version 4.2. Similarly, for the AR-DRG version 5.0/5.1 cube, which covers the years 1998–99 to 2007–08, the data for 1998–99 to 2001–02 based on earlier editions of the ICD-10-AM were mapped forwards to the third edition codes and then grouped to AR-DRG version 5.0.

AR-DRG cost weights and cost estimates

Cost weights and cost estimates are prepared by the Australian Government Department of Health and Ageing through the National Hospital Cost Data Collection (NHCDC) (DoHA 2008). The average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the average cost for all separations. The NHCDC estimates the average cost of each AR-DRG and the cost weight is the average cost for that AR-DRG divided by the average cost across all AR-DRGs (\$3,722 for the public sector, and \$2,754 for the private sector in 2006–07). Separate cost weights are usually estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The latest available cost weights (at the time of publication of this report) were for version 5.1 AR-DRGs for 2006–07 (DoHA 2008). When the NHCDC 2007–08 results become available, updated information using those data will be provided in the tables accompanying this report on the Internet at <www.aihw.gov.au>.

In tables 2.3, 2.4, 4.1a–d, 4.2a–g, 4.3, 7.10, *Chapter 12* and in this appendix, average cost weights using public cost weights are based on the AR-DRG version 5.1 2006–07 national public sector estimated cost weights. These were applied to AR-DRG version 5.1 DRGs for 2003–04 to 2007–08. In tables 2.3 and 2.4, average cost weights for the private sector are presented based on AR-DRG version 5.1 2006–07 national private sector estimated cost weights.

The cost by volume estimates presented in Table 7.10, *Chapter 12* and the supplementary *Chapter 12* tables (accompanying this report on the Internet) are calculated by applying the AR-DRG version 5.1 2006–07 national public and private sector estimated average costs to the AR-DRG version 5.1 data for 2007–08.

Data quality and comparability

Quality of diagnosis and procedure data

Diagnosis, procedure and external cause data for 2007–08 were reported to the NHMD by all states and territories using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM/ACHI) (NCCH 2006), incorporating the *Australian classification of health interventions* (ACHI).

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis.

The quality and comparability of the coded data can, however, be gauged by information provided by the states and territories on the quality of the data, by the numbers of diagnosis and procedure codes reported and by assessment of apparent variation in the reporting of additional diagnoses. The comparability of the data can also be influenced by state-specific coding standards.

State and territory comments on the quality of the data

The following information has been provided by the states and territories to provide some insight into the quality of the coded data in the NHMD.

For New South Wales, hospitals perform formal audits on ICD-10-AM coded data at a local level. Data edits are monitored regularly and consistent errors are identified and rectified by individual hospitals.

Victoria conducted a state-wide external audit in 2006–07. This audit reviewed the ICD-10-AM/ACHI coding and the application of Australian Coding Standards along with some key demographic data. A total of 10,000 cases were audited. The overall result showed a change in DRGs of 9.0% indicating a high quality of coding, and representing an improvement on the 9.8% change reported following completion of the previous 3-year audit in 2000–01.

Hospitals in Queensland conduct their own coding quality audits, and ICD-10-AM validations are automatically conducted as part of the general processing of morbidity data in the corporate data collection. In addition, the Statistical Standards Unit (SSU) carried out a program of clinical coding audits to allow for a corporate level understanding of coding quality. Six hospital audits were conducted in 2007–08. The Unit also provided hospitals with quarterly Performance Indicators for Coding Quality (PICQ) reports and supported a state-wide coding website which allows access to standardised advice, information and support for all Queensland Health coders.

The Western Australian Department of Health conducts regular audits of hospital medical records and inpatient data-reporting processes. This Clinical Information Audit Program aims to provide assurances of data quality and integrity, promoting confidence in the use of health information by hospitals and throughout the system. The results of these audits for 2007–08 admitted patient cases from teaching and non-teaching hospitals indicate that the quality of the coded data is very good. The National Centre for Classification in Health's

PICQ software and in-house quality activities were also applied to all cases received by the department.

The Department of Health, South Australia, performed a major audit of coding practices in major metropolitan hospitals on random samples of 2004–05 data. The purpose of the audit was to ascertain the level of coding accuracy and the impact on AR-DRG assignment. The audit found that coding practices in major metropolitan hospitals had improved significantly since the last major audit (conducted in 2002), with almost all hospitals reporting a reduction in their DRG error rate. In addition, the department conducts regular targeted desktop audits of coded data. Results are reported to all South Australian Coders in a quarterly newsletter, and individual hospitals are notified if a problem exists, and where coding needs to be corrected.

In Tasmania, hospitals continue to conduct coding quality improvement activities using the Australian Coding Benchmark Audit tool and PICQ. Validation of ICD-10-AM data also occurs routinely as the data are processed from the hospitals. A State-wide Recoding Study Working Group was formed to implement recommendations from a previous state-wide recoding study and a coding audit was conducted in 2006.

For 2007–08, the Australian Capital Territory Health Department (ACT Health) reported that the ICD-10-AM/ACHI coded data quality is excellent. ACT Health also reported that ongoing validation checks performed on extracts from data sources have confirmed that the collection of coded data conformed to standards. The number of episodes grouping to the 901Z, 902Z and 903Z DRGs remained constant with 41 records in 2006–07 and 47 records in 2007–08.

The Northern Territory maintained coding quality activities through the Coders' Forum, internal coding auditing and the use of DRG error reporting.

Number of diagnosis codes

The NHMD contains data on principal diagnoses and additional diagnoses. Additional diagnoses include comorbidities (coexisting conditions) and/or complications which may contribute to longer lengths of stay, more intensive treatment or the use of greater resources. Ideally, the number of additional diagnoses recorded for a patient should be related to the person's clinical condition and not be restricted by administrative or technical limitations. The AIHW requested that the states and territories report a maximum of 50 diagnosis codes, but some report more.

Table A1.7 presents information on the number of diagnosis codes (principal and additional) reported to the NHMD. There are differences between the states and territories in the maximum number of diagnoses reported. For example, in the public sector, South Australia reported a maximum of 25 diagnoses and Queensland a maximum of 73. For both public and private sectors, the average number of diagnosis codes per separation varied little among the jurisdictions, but there was some variation in the reporting of additional diagnoses as discussed below.

Overall, the average number of codes reported for the public sector was slightly higher than for the private sector. In the public sector, 20% of records had five or more diagnosis codes, but in the private sector less than 10% of records fell into this category. It may be that more complicated cases were treated in public hospitals, or there may have been differences in coding practices.

Number of procedure codes

Table A1.8 presents information on the number of procedure codes reported to the NHMD. Ideally, the number of procedures recorded for a patient should reflect the procedures undertaken and not be restricted by administrative or technical limitations. There were marked differences between the states and territories in the maximum number of procedures reported, ranging from 25 for South Australia to 99 for Western Australia. However, with the exception of the Northern Territory, the average number of procedure codes per separation in the public sector varied little among the jurisdictions, as was the case in the private sector. The AIHW requested a maximum of 50 codes, so this may have restricted the number of codes reported by New South Wales, Queensland, Tasmania and the Australian Capital Territory. The proportion of separations for which no procedures were reported was higher in the public sector (24.5%) than in the private sector (6.6%).

In recent years, the reporting of five or more procedure codes for a separation has increased in both sectors. In the public sector, 8.1% of records had five or more procedure codes in 2007–08, compared with 7.2% in 2003–04 (AIHW 2005a). In the private sector, 9.0% of records had five or more procedure codes in 2007–08, compared with 8.2% in 2003–04. The higher rate of recording five or more procedures in the private sector than in the public sector may be due to differences in coding practices between the sectors.

Apparent variation in reporting of additional diagnoses

A measure of apparent variation among Australian states and territories in the reporting and coding of additional diagnoses is the proportion of separations in the lowest resource split for adjacent AR-DRGs, standardised to the national distribution of adjacent AR-DRGs to take into account differing casemixes (Coory & Cornes 2005).

An adjacent AR-DRG is a set of AR-DRGs that is split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping. For many adjacent AR-DRGs, this split is based on the inclusion of significant additional diagnoses, also known as complications or comorbidities (CCs). Adjacent AR-DRGs are signified in the AR-DRG classification by having the first three characters in common. For example, A08A *Autologous bone marrow transplant with catastrophic CC* and A08B *Autologous bone marrow transplant without catastrophic CC* are considered adjacent and the adjacent AR-DRG can be referred to as A08 *Autologous bone marrow transplant*. The allocation of a fourth character code is hierarchical, with the highest resource use level being assigned an A and the lowest resource use level being assigned the lowest letter in the sequence.

The underlying assumption is that variation in the proportions of separations assigned to individual AR-DRGs within an adjacent AR-DRG is caused by variation in the reporting and coding of additional diagnoses that are relevant to the split of the adjacent AR-DRG. A corollary of this assumption is that any variation seen was not caused by age, diagnosis, socioeconomic status or other factors. This assumption is less likely to be valid when comparing hospital sectors which have differing casemixes, or the smaller jurisdictions because of differing population profiles and the limitations of the standardisation method.

The data were directly standardised by scaling the distribution of adjacent AR-DRGs in each jurisdiction/sector to the same distribution as the national total. The resulting proportions of separations in the lowest resource AR-DRG within the adjacent AR-DRG are comparable.

This analysis concentrates on differences in the reporting of additional diagnoses that are significant in AR-DRG assignment within the adjacent AR-DRG groupings. Therefore, this analysis excludes adjacent AR-DRGs where the partitioning involved other factors such as

age, malignancy, mental health legal status, birth weight, mode of separation (including transfers, left against medical advice and death) or types of procedures.

The analysis covers five groups of adjacent AR-DRGs:

1. all applicable adjacent AR-DRGs (that is, excluding adjacent AR-DRGs with other factors affecting partitioning)
2. adjacent DRGs where the lowest split was without CCs
3. adjacent DRGs where the lowest split was without severe or catastrophic CCs
4. major medical conditions: adjacent AR-DRGs E61 *Pulmonary embolism*, F62 *Heart failure and shock*, T60 *Septicaemia* – these adjacent AR-DRGs are selected because admission for these conditions is seen to be relatively non-discretionary and less likely than for other AR-DRGs to be influenced by variation in admission practices
5. vaginal and caesarean deliveries.

The above categories overlap; in particular, *Vaginal and caesarean deliveries* is a subset of the second category, and *Major medical conditions* is a subset of the third category.

Table A1.9 shows that there is variation among jurisdictions in the proportion of separations that are grouped to the lowest resource split for adjacent AR-DRGs. In the private sector, there was slightly less variation between the highest and the lowest proportions than in the public sector.

For the Northern Territory, data for some measures were suppressed because of limitations with direct standardisation for groups that report a limited range of AR-DRGs (see the discussion of relative stay indexes below).

See Table A1.10 (accompanying this report on the Internet) for the list of AR-DRGs included.

State-specific coding standards

The Australian Coding Standards were developed for use in both public and private hospitals with the aim of satisfying sound coding convention according to the ICD-10-AM/ACHI. Although all states and territories instruct their coders to follow the Australian Coding Standards, some jurisdictions also apply state-specific coding standards to deal with state-specific reporting requirements. These standards may be in addition to or instead of the relevant Australian Coding Standard, and may affect the comparability of ICD-10-AM coded data.

For example, there are variations in coding standards between jurisdictions with regard to the reporting of external cause codes and place of occurrence codes. The Australian Coding Standard requires a place of occurrence code to be reported if an external cause code in the range V00–Y89 has been reported, and requires an activity when injured code to be recorded if the external cause code is in the range V00–Y34. The Western Australian coding standard requires the mandatory recording of a place of occurrence and activity when injured code for all records with a diagnosis code in the range S00–T98, regardless of the external cause code reported. The Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured if the care type is rehabilitation.

Quality of Indigenous status data

Overall, the quality of the admitted patient data provided for Indigenous status in 2007–08 is considered to be in need of some improvement, being considered acceptable only for New

South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory.

The quality of the Indigenous status data provided for 2007–08 for emergency department presentations also varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients.

The data presented on Indigenous status in *chapters 5, 6, 8, 9 and 10* should therefore be used with caution.

The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in both the NHMD and the National Non-admitted Patient Emergency Department Care Database.

New South Wales

The New South Wales Health Department (NSW Health) conducted an audit of the admitted patient data collection in March/April 2007. The audit covered 20 hospitals drawn from metropolitan, inner regional, outer regional and remote locations, and involved face-to-face interviews with almost 3,000 patients. The audit resulted in a completeness rating of Indigenous identification of 82% in metropolitan hospitals to 100% in remote hospitals, with a state average of 89%.

Indigenous status is a mandatory data item collected at all facilities that provide data for the NSW Health Emergency Department Data Collection. NSW Health noted that for 2007–08, approximately 10% of emergency department records were missing Indigenous status data, despite the information being recorded on the patient administration system. The high level of non-reporting resulted from difficulties in the implementation of new systems. NSW Health is working to correct the information. NSW Health considers that Indigenous status identification in its emergency department data is acceptable.

Victoria

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Indigenous status admitted patient data for 2007–08 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients.

For Victoria, the quality of Indigenous status data in emergency department data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health noted that for 2007–08 Indigenous status was not reported for 5.7% of admitted patient separations (2.1% of public hospital separations and 9.5% of private hospital separations). The level of non-reporting of Indigenous status for private hospitals had decreased since the 2006–07 collection, but for public hospitals the level of non-reporting had increased slightly. Available evidence suggests that the number of Indigenous separations is significantly understated in the Queensland hospital morbidity data due to non-reporting as well as misreporting of Indigenous status. Efforts continue to be made to address these data quality issues. Improving the completeness and coverage of Indigenous status reporting is now a key performance indicator for Queensland Health Service Districts.

Queensland Health noted that for 2007–08 emergency department data, Indigenous status was not reported in 1.9% of cases. This is a similar level of non-reporting as for the 2006–07

data. Efforts will continue to be made to ensure that reporting of Indigenous status is as complete and accurate as possible.

Western Australia

The Western Australian Department of Health regards its Indigenous status admitted patient data as being of good quality. Quality improvement activities, including cross-referencing between metropolitan and country hospitals, continue to enhance the accuracy of this data element.

The Western Australian emergency department Indigenous status data is considered to be acceptable, and to be more reliable in rural and remote areas.

South Australia

The South Australian Department of Health considers its admitted patient data on Indigenous status for 2007–08 to be suitable for inclusion in national statistical reports. It is known that standards for identification are better in country hospitals than metropolitan hospitals. The department conducts annual training programs on the collection of admitted patient data, and the programs always cover the importance, and the correct way, of asking the Indigenous status question. A 30% loading has been applied to casemix payments for Indigenous separations in public hospitals for a number of years, which acts as an incentive for improved identification.

South Australia reported that the quality of Indigenous status data is higher for admitted patients than non-admitted emergency department patients, as evidenced by the high proportion of emergency department episodes for which Indigenous status was *Not reported* (Table 5.6). However there has been an improvement in data quality. In 2007–08 Indigenous status was not reported in 6.3% of emergency department presentations, compared with 17.7% in 2005–06.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality of Indigenous status admitted patient data improved in 2007–08 and the number of separations where Indigenous status was not stated decreased in both sectors. The department is continuing to monitor and implement actions to improve the coverage and quality of Indigenous data in both the public and private sectors.

Australian Capital Territory

The Australian Capital Territory Health Department (ACT Health) noted that the level of reporting of Indigenous status for 2007–08 appeared to be on a par with reporting for 2006–07.

Northern Territory

The Northern Territory Department of Health and Community Services reported that the quality of its 2007–08 Indigenous status data for both admitted patients and emergency department patients, is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report (for follow up) of individuals who have reported their Indigenous status as *Aboriginal* on one occasion and as *Torres Strait Islander* on another. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Newborn episodes of care

The *Newborn* care type was introduced in 1998–99 for the hospital morbidity data to report a single episode of care for all patients aged 9 days or less at admission, regardless of their qualification status and whether they changed qualification status during their hospital stay. Thus, these episodes can include qualified days only, a mixture of qualified days and unqualified days, or only unqualified days. Qualified days are considered to be the equivalent of acute care days and *Newborn* episodes with qualified days only are considered to be equivalent to *Acute* care episodes. In this report, *Newborn* episodes with at least one qualified day have been included in all tables reporting separations. Records for *Newborn* episodes with no qualified days do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in *Chapter 7*. The number of patient days reported in this publication for *Newborn* episodes is equal to the number of qualified days, so for newborns with a mixture of qualified and unqualified days the number of patient days reported is less than the actual length of stay for the episode.

For 2007–08, hospitals in Tasmania and the Northern Territory and private hospitals in South Australia did not report any *Newborn* episodes with a mixture of qualified and unqualified days (Table 7.11), and private hospitals in Victoria did not report most *Newborn* episodes with no qualified days. In South Australia, qualified and unqualified newborn care are defined as separate episodes of care, but for the purpose of supplying data to the NHMD separate episodes occurring within a single stay in hospital are bundled together. The practice of generating a new episode on a care change within a single stay in hospital is followed by public but not private hospitals in South Australia. For Tasmania, where a newborn's qualification status was considered qualified at any point during the episode of care, the entire episode was reported as qualified days. As a consequence of the reporting method used, the number of *Newborn* episodes with qualified days only includes those who may have had an unqualified component in their stay. For this reason, the average length of stay for *Newborn* episodes with qualified days only in Tasmanian public hospitals is not directly comparable with that in other states.

Information on reporting practices for *Newborn* episodes before 2007–08 is available in previous *Australian hospital statistics* publications (AIHW 2002, 2003, 2004a, 2005a, 2006a, 2007a, 2008a).

Hospital boarders and posthumous organ procurement

For some states and territories, the data provided to the NHMD included records for *Hospital boarders* and for *Posthumous organ procurement* activity. These records were provided on an optional basis as they do not represent admitted patient care.

The records for *Hospital boarders* were excluded from this report. There were 40,107 such records reported to the NHMD in 2007–08, mainly from Western Australia, Queensland and the Northern Territory.

Records for *Posthumous organ procurement* activity were also excluded from this report. There were 74 such records reported to the NHMD in 2007–08. Most of these records were from Queensland and Western Australia, with small numbers from New South Wales, Tasmania and the Northern Territory.

Cost per casemix-adjusted separation analysis

The cost per casemix-adjusted separation (tables 4.1a–d, 4.2a–g and 4.3) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. A synopsis of the methods used in this analysis is presented below, and more detail is available in *Australian hospital statistics 2000–01* (AIHW 2002).

Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where:

- recurrent expenditure is as defined by the recurrent expenditure data elements in the *National health data dictionary* (HDSC 2006)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates to admitted patients
- total separations excludes *Newborns* without qualified days and records that do not relate to admitted patients (*Hospital boarders* and *Posthumous organ procurement*)
- average cost weight is a single number representing the relative expected resource use for the separations.

Recurrent expenditure

For the medical labour cost category, data are available only for public patients, as private patients are charged directly by their doctor for medical services, and these charges are not included in the recurrent expenditure figures. The proportion of patients other than public patients can vary; therefore, medical costs for these patients are estimated, and the expenditure is increased to resemble what it would be if all patients had been public patients. The estimate is based on the salary/sessional and visiting medical officer expenditure per patient day for public patients, applied to all patients.

Costs per casemix-adjusted separation for states and territories were calculated excluding depreciation, and also including depreciation (for those jurisdictions for which depreciation was available).

Admitted patient cost proportion

To determine the costs associated with admitted patients, an admitted patient cost proportion (or inpatient fraction, IFRAC) is used. The IFRAC was provided to the AIHW for most hospitals by the states and territories and is the proportion of total hospital expenditure that related to the provision of care for admitted patients. For a few small hospitals where the IFRAC was not available, the admitted patient costs were estimated using the Health and Allied Services Advisory Council (HASAC) ratio. The HASAC ratio can be calculated using information about the total number of admitted patient days and the total number of non-admitted patient services provided by the hospital.

Total separations

The formula used to calculate the cost per casemix-adjusted separation includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise almost 98% of the total for the hospitals included in the analysis (Table A1.11), as cost weights are available for them. However, the 2% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This method may affect the estimates of cost-weighted separations (see below) for each state and territory, depending on the proportion of non-acute separations for the state or territory. The non-acute admitted patients (including rehabilitation patients) generally have higher costs per separation than acute care patients because, although their daily costs are lower, these patients typically have longer lengths of stay.

Comparisons between the states and territories should therefore take into consideration the uncertainty introduced by these episodes for which the cost weights were unavailable. There is variation in the number and length of stay for the non-acute care separations between jurisdictions (Table A1.11).

To refine the method to remove this anomaly would require estimates of expenditure for acute care for admitted patients (acute care IFRACs). For 2007–08, such estimates were available for some jurisdictions, as presented below.

There is also some variation between states and territories in the ways in which periods of hospitalisation are split into episodes of care (for example, newborn care). In states or territories where there is a clear delineation in funding arrangements between acute and non-acute services, splitting episodes into acute and other components may be different from where there is no such funding delineation.

Average cost weights

The average cost weight for a hospital or group of hospitals (tables 4.2a–g, for example) is calculated as the number of casemix-adjusted separations divided by the number of separations. It represents in a single number the overall relative expected use of resources by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (equal to 1.00).

The average cost weight for a group of hospitals is multiplied by the total number of separations for that group to produce the number of casemix-adjusted separations (the denominator). The term ‘cost per casemix-adjusted separation’ derives from this use of the number of separations adjusted by relative costliness.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction’s psychiatric care services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed into acute hospital services, and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric care because the relevant AR-DRGs are less homogeneous than for other acute care.

Cost per acute care and non-psychiatric acute care casemix-adjusted separation

Because cost weights are available only for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. The methodology would be refined if cost weights became available for other care types, or if the analysis were to be restricted to acute care activity and expenditure. As AR-DRG cost weights are likely to be less useful as measures of resource requirements for psychiatric acute care than for other acute care, a further refinement would be to restrict the analysis to non-psychiatric acute care activity and expenditure.

Restriction to acute care activity requires the states and territories to make estimates of expenditure on acute care admitted patients (supplied as acute care IFRACs), and for separations relating to non-acute care patients to be excluded from the analysis. Restriction to non-psychiatric acute care activity requires the states and territories to make estimates of expenditure on non-psychiatric acute care admitted patients (supplied as non-psychiatric acute care IFRACs), and for separations relating to non-acute care patients and to psychiatric acute care patients to be excluded from the analysis. Psychiatric acute care activity is excluded from the admitted patient data by excluding separations if one or more psychiatric care days were reported for the separation (indicating that care was provided in a specialised psychiatric unit).

New South Wales, Victoria and Western Australia provided estimates of expenditure on acute care admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A1.12). Separations were included only if their care type was *Acute, Newborn* with at least one qualified day or for which the care type was *Not reported*.

The reported acute care and non-psychiatric acute care IFRACs were the same as the IFRACs for all care types for some hospitals that had reported non-acute admitted patient care activity. Those hospitals were excluded from the analysis if they reported more than 1,000 patient days for non-acute separations. Several hospitals reported acute care IFRACs that gave an estimated cost per day of over \$1,000, which was considered an unreasonably high estimate for non-acute care types.

Using these criteria, this analysis excludes 55 hospitals for New South Wales, 4 hospitals for Victoria and 7 hospitals for Western Australia for 2007–08.

The estimated cost per acute care casemix-adjusted separation for the hospitals included was \$4,519 in New South Wales, \$3,672 in Victoria and \$4,278 in Western Australia. The cost per casemix-adjusted separation for all separations in these hospitals was \$4,506, \$4,182 and \$4,478, respectively (Table A1.12), so the effect of restricting the analysis to acute care admitted patients was to increase the estimated cost by 0.3% in New South Wales and to decrease the estimated cost by 12.2% in Victoria and 4.5% in Western Australia.

The estimated cost per non-psychiatric acute casemix-adjusted separation for the selected hospitals was \$4,661 in New South Wales, \$3,618 in Victoria and \$4,256 in Western Australia. The effect of restricting the analysis to non-psychiatric acute admitted patients was to increase the estimated cost by 3.4% in New South Wales and to decrease the estimated cost by 13.5% in Victoria and 5.0% in Western Australia.

The estimated cost per acute care casemix-adjusted separation, including depreciation for the selected hospitals, was \$4,647 in New South Wales, \$3,817 in Victoria and \$4,401 in Western Australia (Table A1.12). The estimated cost per non-psychiatric acute casemix-adjusted

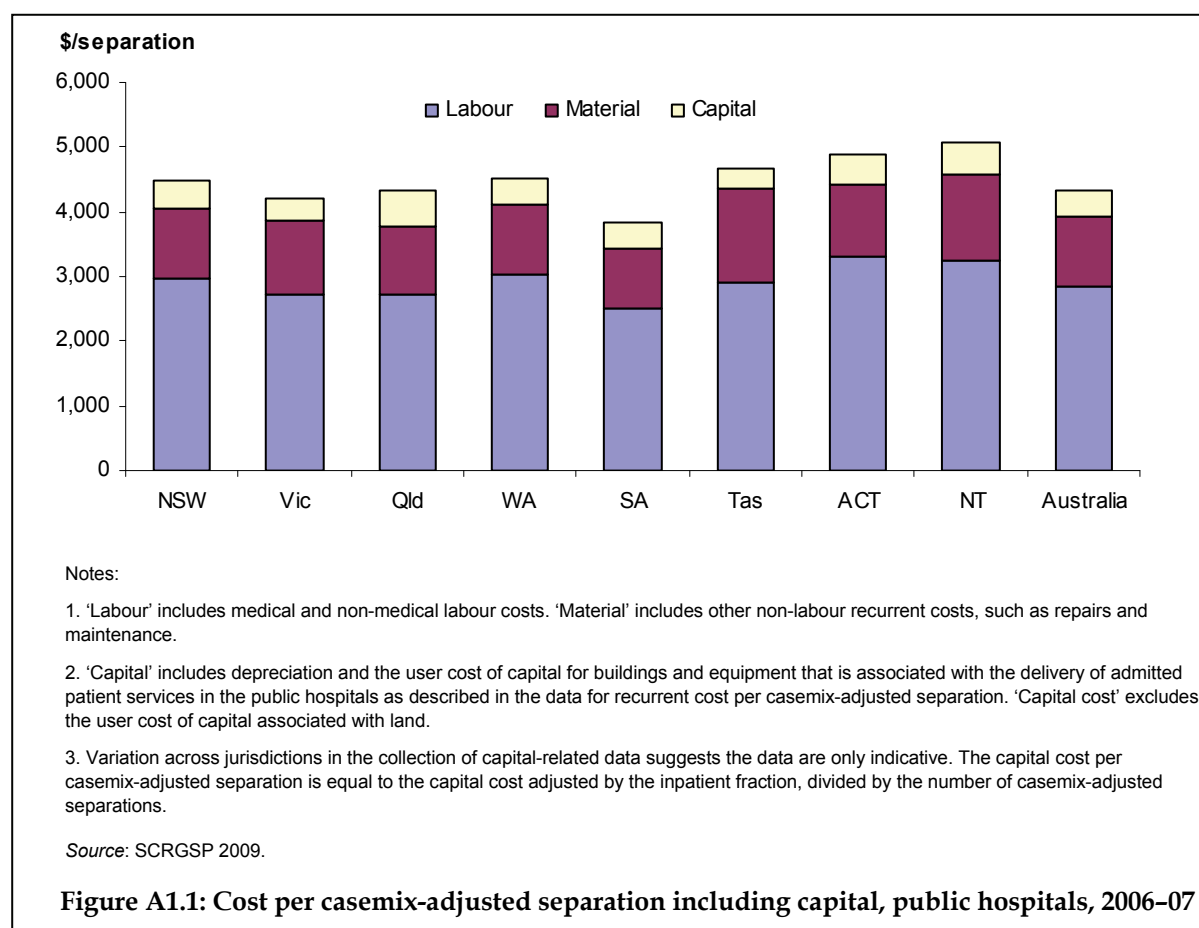
separation, including depreciation for the selected hospitals was \$4,793 in New South Wales, \$3,760 in Victoria and \$4,379 in Western Australia.

These analyses would be further improved if all jurisdictions increased their capacity to separate costs for psychiatric services, other acute services, sub-acute services (for example, rehabilitation) and non-acute services.

Cost per casemix-adjusted separation, including capital

The cost per casemix-adjusted separation analysis includes recurrent expenditure and depreciation for those states that reported it (see above, and *Chapter 4*). The total cost per casemix-adjusted separation by jurisdiction (including capital costs), as published by SCRGSP for 2006–07, is presented in Figure A1.1.

The Steering Committee for the Review of Government Service Provision (SCRGSP) reported 'total costs per casemix-adjusted separation' by state and territory for 2006–07 (SCRGSP 2009). It was defined as the recurrent cost per casemix-adjusted separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix-adjusted separation.



'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' (SCRGSP 2009).

Excluding the user cost of capital for land, the total cost per casemix-adjusted separation ranged from \$4,880 in the Northern Territory to \$3,825 in South Australia (SCRGSP 2009) (Figure A1.1).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the Report on government services 2009 (SCRGSP 2009).

Relative stay index analysis

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in tables 2.3, 2.4, 4.2a–e, 4.3, 4.12, 4.13, 12.1 and 12.2. They are calculated as the observed (actual) number of patient days for separations in selected AR-DRGs, divided by the number of expected patient days (based on national figures), standardised for casemix. An RSI greater than 1 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 indicates that the length of stay was less than expected.

The standardisation for casemix (based on AR-DRG version 5.1 and the age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status.

The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or with length of stay greater than 120 days. Excluded from the analysis were:

- AR-DRGs for rehabilitation (such as Z60A *Rehabilitation with catastrophic/severe complications or comorbidities*)
- predominantly same-day AR-DRGs (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*)
- AR-DRGs with a length of stay component in the definition (see Table A1.13 accompanying this report on the Internet)
- *Error* AR-DRGs.

Comparisons with RSIs presented in *Australian hospital statistics 2003–04* (AIHW 2005a) and earlier reports should be made with caution, because the indexes for earlier years were calculated using AR-DRG version 4 and, for reports after 2003–04, the RSIs were calculated using AR-DRG version 5.0/5.1.

The analysis using AR-DRG version 5.1 results in the exclusion of a greater number of AR-DRGs with a length of stay component in the definition than in AR-DRG version 4. In addition, some version 4 AR-DRGs no longer exist, and for some AR-DRGs common to both versions there are notable differences in the number of separations that are assigned to the AR-DRG when the data are grouped to both versions. This results, for example, in slight increases in private hospital RSIs (0.5% overall) and slight decreases in public hospital RSIs (–0.1% overall).

RSI standardisation methods

Two methods are used for standardisation of the length of stay data, and are analogous to direct and indirect age-standardisation methods. The method used generally in this report is analogous to indirect standardisation where the national rates (average length of stay (ALOS)) for each AR-DRG (version 5.0/5.1) are applied to the relevant population of interest (number of separations for each AR-DRG in the hospital group) to derive the expected number of patient days. Indirect standardisation methods are generally used when rate information (ALOS for each AR-DRG in this analysis) for the population of interest is unknown or subject to fluctuation because of small population sizes. This method provides a measure of efficiency for a hospital, or group of hospitals, based on their actual activity. However, an indirectly standardised rate compares a group with a 'standard population rate' so, using this method, rates for different groups are not strictly comparable because each group has a different casemix to which the national ALOS data have been applied. Therefore, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

The second method is analogous to direct standardisation where the rate (ALOS) of each AR-DRG for the group of interest is multiplied by the national population (total number of separations in each AR-DRG) to derive the expected number of patient days. This method provides a measure of efficiency for a hospital, or group of hospitals, and is suitable if all or most AR-DRGs are represented in a hospital group. Direct standardisation methods are generally used where the populations and their characteristics are stable and reasonably similar, for example for total separations for New South Wales and Victoria.

Groups can be compared using directly standardised rates as the activity of each group is weighted using the same set of weights, namely the national casemix. However, the ALOS data for AR-DRGs which are not represented in a group need to be estimated. The method in this report uses an assumption that the missing AR-DRGs for the hospital group had a relative length of stay that was the same as that for the reported AR-DRGs for the hospital group, weighted by the national distribution of the reported AR-DRGs in the group. Another weakness of direct standardisation is that this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group. This weakness can be particularly problematic if the low-volume AR-DRGs are atypical.

Because of the weaknesses of the direct standardised method, this report mainly presents RSI information using the indirect standardised method. However, the direct standardised method has also been presented in Table 2.3 as a time series and in Table 4.12 by state and territory. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented. Data for the direct standardised method in the public sector in the Northern Territory are suppressed in Table 4.12, because of problems with using the direct standardisation for hospital groups that reported a limited range of AR-DRGs. For public hospitals in the Northern Territory, about 500 of the 635 DRGs used in the national RSI analysis are represented, so results are likely to have been affected by estimation of the missing ALOS data.

Table A1.13 shows the number of AR-DRGs represented in each cell in Table 4.12, so that the number of AR-DRGs for which ALOS was estimated can be derived. For those jurisdictions and sectors for which RSI statistics are presented in Table 4.12, there were between 562 and 632 AR-DRGs represented, meaning that ALOS data was estimated for up to 103 AR-DRGs.

Condition onset flag data

The data element 'Episode of admitted patient care – condition onset flag' is mandated for national collection in the Admitted patient care National Minimum Data Set for the first time for the 2008–09 reporting period.

The condition onset flag is a means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. It is reported for each diagnosis, external cause, place of occurrence, and activity when injured ICD-10-AM code.

Condition onset flag information can provide an insight into the kinds of conditions patients already have when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies, particularly in relation to complications of medical care.

With advice from the Australian Hospital Statistics Advisory Committee, the AIHW will report Condition onset flag data comprehensively in *Australian hospital statistics 2008–09*. In this report, the data are previewed with data provided for 2007–08 by Victoria and Queensland.

Provision of condition onset flag, 2007–08

The data specifications for the 2007–08 APC NMDS included the optional provision of condition onset flag for those jurisdictions that were able to provide these data.

For the 2007–08 collection period, Victoria and Queensland provided condition onset flags as a prefix for diagnosis, external cause, place of occurrence, and activity when injured ICD-10-AM codes.

Table A1.14 presents information on the number and proportion of separations that reported at least one condition arising during the episode of care, by urgency of admission and same-day/overnight status.

Overall, about 7.6% of all separations reported at least one condition that arose during the episode of care. For same-day separations, less than 1% recorded a diagnosis with onset during the episode of care, and for overnight separations, almost 17% recorded a diagnosis with onset during the episode of care.

The proportion of separations that recorded a condition arising during the episode of care varied with the urgency of admission. For same-day separations with an *Emergency* urgency of admission status, the proportion of separations that recorded a condition with onset during the episode was 1.2%, twice the rate for same-day separations with either *Elective* or *Not assigned* urgency of admission (both 0.6%). For overnight separations, the proportion that recorded a condition with onset during the episode was very similar for both *Emergency* and *Elective* urgency of admission (14.7% and 15.9%, respectively), and was highest (25.0%) for overnight separations with a *Not assigned* urgency of admission (which includes admissions for normal delivery, statistical admissions and pre-planned readmissions).

Table A1.15 presents information on the number and proportion of additional diagnoses that were reported as arising during the episode of care, by ICD-10-AM disease chapter and same-day/overnight status. It should be noted that some diseases or conditions are coded using more than one code, so the count of additional diagnosis codes is not a count of conditions.

For the same-day separations, the disease chapters with the highest proportion of additional diagnoses that arose during the episode of care were *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (R00–R99, 5.5%), *Injury, poisoning and certain other consequences of external causes* (S00–T98, 4.3%) and *Certain conditions originating in the perinatal period* (P00–P96, 3.2%). For overnight separations, the disease chapters with the highest proportions of additional diagnoses that arose during the episode of care were *Pregnancy, childbirth and the puerperium* (O00–O99, 34.9%), *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (R00–R99, 30.1%) and *Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism* (D50–D89, 25.5%).

Table A1.14: Separations, by urgency of admission and presence of a condition with onset during the episode of care, by same-day/overnight status, Victoria and Queensland, 2007–08

	Conditions with onset during episode of care	Total number of separations	Total number of diagnoses	% of separations with condition onset during episode of care
Same-day separations				
Emergency	3,030	262,336	265,366	1.2
Elective	8,997	1,618,497	1,627,494	0.6
Not assigned	2,196	343,019	345,215	0.6
Not reported	0	1	1	0.0
Total	14,223	2,223,853	2,238,076	0.6
Overnight separations				
Emergency	103,659	705,709	809,368	14.7
Elective	104,726	660,111	764,837	15.9
Not assigned	69,759	278,697	348,456	25.0
Not reported	0	403	403	0.0
Total	278,144	1,644,920	1,923,064	16.9
Total	292,367	3,868,773	4,161,140	7.6

Note: 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.

Some diseases or disorders are not expected to arise during the episode of care, such as diseases or disorders in the chapters *Neoplasms* (C00–D48) and *Congenital malformations, deformations and chromosomal abnormalities* (Q00–Q99). Therefore it is not expected that additional diagnoses would be reported with onset during the episode of care for these chapters. However, there were some diagnoses in these chapters that were reported as having onset during the episode of care. These may indicate data quality issues that the AIHW will consider with states and territories before publication of future condition onset data.

Table A1.8: Separations^(a), by number of procedure codes reported and hospital sector, states and territories, 2007–08

Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number									
Public hospitals									
Separations ^(b)	1,466,737	1,351,172	831,965	458,202	368,330	96,270	81,127	90,258	4,744,061
No procedure reported	376,308	296,675	245,085	86,920	97,613	24,914	14,584	20,120	1,162,219
One procedure code only	451,496	504,700	269,382	166,448	120,658	33,926	33,826	49,114	1,629,550
Two procedure codes only	264,417	241,368	139,998	90,786	63,640	16,038	13,728	10,223	840,198
Three procedure codes only	163,854	131,697	76,101	51,017	39,185	8,830	8,303	4,802	483,789
Four procedure codes only	83,342	66,481	39,133	25,636	19,351	4,612	4,137	2,211	244,903
Five or more procedure codes	127,320	110,251	62,266	37,395	27,883	7,950	6,549	3,788	383,402
Mean procedure codes per separation ^(c)	2.5	2.3	2.4	2.4	2.4	2.4	2.2	1.7	2.4
Maximum number of procedure codes	50	40	50	99	25	50	50	33	..
Private hospitals									
Separations ^(b)	857,920	802,291	780,299	325,418	243,597	n.p.	n.p.	n.p.	3,129,885
No procedure reported	29,624	76,287	57,028	16,595	13,453	n.p.	n.p.	n.p.	206,369
One procedure code only	173,678	190,596	223,136	102,521	61,136	n.p.	n.p.	n.p.	771,877
Two procedure codes only	306,198	269,022	263,416	91,987	78,285	n.p.	n.p.	n.p.	1,052,668
Three procedure codes only	202,938	143,485	127,246	55,124	45,840	n.p.	n.p.	n.p.	597,759
Four procedure codes only	67,578	52,817	46,592	24,937	19,191	n.p.	n.p.	n.p.	220,211
Five or more procedure codes	77,904	70,084	62,881	34,254	25,692	n.p.	n.p.	n.p.	281,001
Mean procedure codes per separation ^(c)	2.6	2.5	2.4	2.5	2.6	n.p.	n.p.	n.p.	2.5
Maximum number of procedure codes	20	40	50	62	25	n.p.	n.p.	n.p.	..
Per cent									
Public hospitals									
No procedure reported	25.7	22.0	29.5	19.0	26.5	25.9	18.0	22.3	24.5
One procedure code only	30.8	37.4	32.4	36.3	32.8	35.2	41.7	54.4	34.3
Two procedure codes only	18.0	17.9	16.8	19.8	17.3	16.7	16.9	11.3	17.7
Three procedure codes only	11.2	9.7	9.1	11.1	10.6	9.2	10.2	5.3	10.2
Four procedure codes only	5.7	4.9	4.7	5.6	5.3	4.8	5.1	2.4	5.2
Five or more procedure codes	8.7	8.2	7.5	8.2	7.6	8.3	8.1	4.2	8.1
Private hospitals									
No procedure reported	3.5	9.5	7.3	5.1	5.5	n.p.	n.p.	n.p.	6.6
One procedure code only	20.2	23.8	28.6	31.5	25.1	n.p.	n.p.	n.p.	24.7
Two procedure codes only	35.7	33.5	33.8	28.3	32.1	n.p.	n.p.	n.p.	33.6
Three procedure codes only	23.7	17.9	16.3	16.9	18.8	n.p.	n.p.	n.p.	19.1
Four procedure codes only	7.9	6.6	6.0	7.7	7.9	n.p.	n.p.	n.p.	7.0
Five or more procedure codes	9.1	8.7	8.1	10.5	10.5	n.p.	n.p.	n.p.	9.0

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

(b) Includes separations for which no procedure codes were reported.

(c) Means are for separations with one or more procedures.

Note: The AIHW requested up to 50 procedure codes to be reported.

Table A1.9: Separation^(a) statistics for selected adjacent AR-DRGs^(b), by hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All adjacent AR-DRGs split by complications only									
Public hospitals									
Separations	467,640	371,511	256,809	125,043	114,129	31,446	22,716	19,042	1,408,336
Raw proportion in lowest resource level AR-DRG	0.64	0.64	0.67	0.65	0.65	0.71	0.66	0.59	0.65
Standardised proportion in lowest resource level AR-DRG	0.66	0.64	0.67	0.66	0.65	0.71	0.66	0.60	0.66
95% confidence interval of proportion	0.66–0.66	0.64–0.64	0.67–0.68	0.66–0.67	0.64–0.65	0.70–0.71	0.65–0.67	0.59–0.61	0.66–0.66
Private hospitals									
Separations	146,052	149,069	147,585	58,621	49,658	n.p.	n.p.	n.p.	577,550
Raw proportion in lowest resource level AR-DRG	0.82	0.73	0.75	0.76	0.74	n.p.	n.p.	n.p.	0.76
Standardised proportion in lowest resource level AR-DRG	0.76	0.70	0.70	0.70	0.68	n.p.	n.p.	n.p.	0.71
95% confidence interval of proportion	0.76–0.77	0.70–0.70	0.69–0.70	0.70–0.71	0.68–0.69	n.p.	n.p.	n.p.	0.71–0.71
Adjacent AR-DRGs with a moderate complication as the lowest resource level AR-DRG									
Public hospitals									
Separations	175,211	134,872	101,102	46,938	40,469	11,426	9,036	7,965	527,019
Standardised proportion in lowest resource level AR-DRG	0.55	0.52	0.58	0.54	0.52	0.59	0.55	0.49	0.54
95% confidence interval of proportion	0.54–0.55	0.52–0.52	0.57–0.58	0.54–0.55	0.52–0.53	0.58–0.60	0.54–0.56	0.48–0.50	0.54–0.55
Private hospitals									
Separations	32,090	38,891	37,661	16,256	12,152	n.p.	n.p.	n.p.	144,576
Standardised proportion in lowest resource level AR-DRG	0.61	0.53	0.54	0.55	0.52	n.p.	n.p.	n.p.	0.55
95% confidence interval of proportion	0.60–0.62	0.53–0.54	0.54–0.55	0.54–0.55	0.51–0.52	n.p.	n.p.	n.p.	0.55–0.55
Adjacent DRGs with a severe or catastrophic complication as the lowest resource level AR-DRG									
Public hospitals									
Separations	292,429	236,639	155,707	78,105	73,660	20,020	13,680	11,077	881,317
Standardised proportion in lowest resource level AR-DRG	0.72	0.70	0.72	0.73	0.71	0.76	0.72	0.66	0.72
95% confidence interval of proportion	0.71–0.72	0.70–0.71	0.72–0.73	0.72–0.73	0.71–0.72	0.75–0.78	0.71–0.73	0.64–0.67	0.72–0.72
Private hospitals									
Separations	113,962	110,178	109,924	42,365	37,506	n.p.	n.p.	n.p.	432,974
Standardised proportion in lowest resource level AR-DRG	0.84	0.79	0.78	0.78	0.77	n.p.	n.p.	n.p.	0.80
95% confidence interval of proportion	0.84–0.85	0.78–0.79	0.77–0.78	0.78–0.79	0.76–0.78	n.p.	n.p.	n.p.	0.79–0.80

(continued)

Table A1.9 (continued): Separation^(a) statistics for selected adjacent AR-DRGs^(b), by hospital sector, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Adjacent AR-DRGs classified as major medical conditions									
Public hospitals									
Separations	20,008	14,488	8,239	3,993	4,140	1,089	721	614	53,292
Standardised proportion in lowest resource level AR-DRG	0.62	0.58	0.63	0.64	0.59	0.70	0.61	0.64	0.61
95% confidence interval of proportion	0.61–0.63	0.57–0.59	0.62–0.65	0.62–0.66	0.57–0.61	0.66–0.75	0.57–0.66	0.59–0.69	0.61–0.62
Private hospitals									
Separations	1,871	3,870	3,595	930	1,264	n.p.	n.p.	n.p.	12,013
Standardised proportion in lowest resource level AR-DRG	0.74	0.68	0.65	0.63	0.62	n.p.	n.p.	n.p.	0.67
95% confidence interval of proportion	0.71–0.77	0.65–0.70	0.63–0.67	0.59–0.67	0.58–0.65	n.p.	n.p.	n.p.	0.66–0.68
Adjacent AR-DRGs for vaginal and caesarean delivery									
Public hospitals									
Separations	70,921	49,433	41,354	19,831	14,209	3,927	3,526	2,928	206,129
Standardised proportion in lowest resource level AR-DRG	0.39	0.31	0.43	0.35	0.35	0.39	0.36	0.36	0.37
95% confidence interval of proportion	0.38–0.39	0.31–0.32	0.43–0.43	0.34–0.35	0.34–0.35	0.38–0.40	0.35–0.38	0.35–0.38	0.37–0.37
Private hospitals									
Separations	19,124	20,843	18,004	9,900	5,206	n.p.	n.p.	n.p.	78,153
Standardised proportion in lowest resource level AR-DRG	0.38	0.33	0.37	0.36	0.32	n.p.	n.p.	n.p.	0.36
95% confidence interval of proportion	0.37–0.38	0.32–0.33	0.37–0.38	0.35–0.36	0.31–0.33	n.p.	n.p.	n.p.	0.36–0.36

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

(b) AR-DRG version 5.1, using AR-DRGs as detailed in the text of Appendix 1.

Table A1.11: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis^(a) and data for excluded hospitals, states and territories, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total separations ('000)	1,407	1,320	801	428	347	94	81	90	4,568
Total patient days ('000)	5,272	4,261	2,695	1,372	1,281	335	277	261	15,753
Acute separations^(b)									
Separations ('000)	1,383	1,290	774	418	339	92	76	89	4,462
Patient days ('000)	4,882	3,567	2,330	1,217	1,152	289	216	242	13,896
Acute care psychiatric separations^(c)									
Separations ('000)	26	16	19	6	6	3	1	1	78
Average cost weight ^(d)	1.95	2.52	2.01	2.08	2.12	1.42	2.16	2.12	2.09
Patient days ('000)	407	268	232	95	84	28	18	10	1,142
Acute care non-psychiatric separations									
Separations ('000)	1,358	1,274	756	412	333	89	75	88	4,384
Patient days ('000)	4,475	3,299	2,097	1,123	1,068	261	198	232	12,753
Separations other than acute									
Rehabilitation separations ('000)	13.5	16.3	16.4	6.9	4.9	1.1	2.3	0.5	61.9
Patient days ('000)	258.9	373.8	207.5	115.2	35.8	28.8	29.6	4.7	1,054.4
Palliative care separations ('000)	3.9	3.8	3.9	1.1	1.3	0.0	0.6	0.3	14.7
Patient days ('000)	39.1	50.5	32.0	8.8	15.5	0.4	7.1	3.3	156.6
Geriatric evaluation and management separations ('000)	1.6	7.1	0.5	0.6	0.2	0.0	0.5	0.1	10.6
Patient days ('000)	13.4	188.2	7.9	5.6	2.0	0.2	6.8	1.6	225.7
Psychogeriatric separations ('000)	0.3	1.9	0.5	0.1	0.2	0.0	0.0	0.0	3.0
Patient days ('000)	5.5	56.4	11.0	0.5	8.9	0.1	0.5	0.1	83.0
Maintenance separations ('000)	4.4	0.7	4.3	1.5	2.0	0.5	1.3	0.4	15.1
Patient days ('000)	72.6	25.6	105.3	24.2	66.6	16.3	17.1	8.6	336.2
Other separations ('000)	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.5
Patient days ('000)	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	1.5
Total separations other than acute									
Separations ('000)	23.6	29.7	26.1	10.1	8.6	1.7	4.7	1.3	105.9
Patient days ('000)	389.5	694.4	365.2	154.3	128.7	45.8	61.1	18.4	1,857.5
Psychiatric separations^(c)									
Separations ('000)	26	18	20	6	6	3	1	1	82
Patient days ('000)	427	325	279	95	94	28	19	10	1,277
Data for excluded hospitals^(e)									
Separations ('000) ^(b)	60	30	31	30	21	2	0	0	175
Per cent of all separations	4.1	2.2	3.8	6.6	5.7	2.3	0.0	0.0	3.7
Expenditure (\$m)	935	310	324	310	260	28	3	0	2,169
Inpatient fraction	0.67	0.45	0.68	0.66	0.76	0.55	..	..	0.65
Unadjusted cost per separation	10,542	4,700	7,066	6,735	9,382	6,931	n.a.	..	8,066

(a) See footnote (e) for hospitals excluded from cost per casemix adjusted separation analysis. Some small hospitals with incomplete expenditure are also excluded. Expenditure data exclude depreciation.

(b) Separations for which the care type was reported as *Acute*, *Newborn* with at least one qualified day, or *Not reported*. Includes same-day separations.

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the NHMD, based on separations with a care type of *Acute*, *Newborn* with at least one qualified day, or *Not reported*, using the 2006–07 AR-DRG version 5.1 cost weights (DoHA 2008).

(e) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multipurpose services. See *Appendix 1* for further information.

Table A1.12: Cost per acute, and non-psychiatric acute, casemix-adjusted separation, subset of selected public acute hospitals^(a), New South Wales, Victoria and Western Australia, 2007–08

	NSW	Vic	WA
Subset of public acute hospitals			
Total separations ('000) ^(b)	664	1,257	265
Total patient days ('000) ^(b)	2,482	4,066	817
Cost per casemix-adjusted separation (excl depreciation)	4,506	4,182	4,478
Cost per casemix-adjusted separation (incl depreciation)	4,633	4,347	4,607
Proportion of total benchmarking hospitals separations	47%	95%	62%
Total recurrent expenditure (excl depreciation) (\$m)	4,492	6,716	1,654
Total recurrent expenditure (incl depreciation) (\$m)	4,627	6,989	1,703
Proportion of benchmarking hospitals recurrent expenditure	51%	96%	64%
Total admitted patient expenditure (excl depreciation) (\$m)	3,132	4,926	1,126
Total admitted patient expenditure (incl depreciation) (\$m)	3,226	5,126	1,160
Proportion of benchmarking hospitals admitted patient expenditure	51%	96%	63%
Cost per casemix-adjusted acute separation			
Acute separations ('000) ^(c)	657	1,228	261
Acute patient days ('000) ^(c)	2,395	3,385	752
Average cost weight ^(d)	1.07	0.96	0.99
Casemix-adjusted acute separations ('000)	706	1,184	257
Acute IFRAC ^(e)	0.692	0.632	0.640
Total acute patient recurrent expenditure (excl depreciation) (\$m)	3,109	4,245	1,058
Total acute patient recurrent expenditure (incl depreciation) (\$m)	3,202	4,417	1,090
Cost per casemix-adjusted acute separation (excl depreciation)^(f)	4,519	3,672	4,278
Change from cost per casemix-adjusted separation for subset hospitals (%)	0.3%	–12.2%	–4.5%
Cost per casemix-adjusted acute separation (incl depreciation)^(f)	4,647	3,817	4,401
Change from cost per casemix-adjusted separation for subset hospitals (%)	0.3%	–12.2%	–4.5%
Cost of non-acute separations in subset (excl depreciation)			
Per separation (\$)	3,384	23,511	14,010
Per patient day (\$)	265	1,001	1,036
Cost of non-acute separations in subset (incl depreciation)			
Per separation (\$)	3,485	24,465	14,429
Per patient day (\$)	273	1,041	1,067
Cost per casemix-adjusted non-psychiatric acute separation			
Non-psychiatric acute separations ('000) ^(c)	643	1,212	258
Non-psychiatric acute patient days ('000) ^(d)	2,181	3,129	709
Average cost weight ^(d)	1.11	0.97	0.99
Casemix-adjusted non-psychiatric acute separations ('000)	715	1,172	254
Non-psychiatric acute IFRAC ^(g)	0.692	0.601	0.620
Total non-psychiatric acute patient recurrent expenditure (excl depreciation) (\$m)	3,109	4,033	1,025
Total non-psychiatric acute patient recurrent expenditure (incl depreciation) (\$m)	3,202	4,197	1,056
Cost per casemix-adjusted non-psychiatric acute separation (excl depreciation)^(h)	4,661	3,618	4,256
Change from cost per casemix-adjusted separation for subset hospitals (%)	3.4%	–13.5%	–5.0%
Cost per casemix-adjusted non-psychiatric acute separation (incl depreciation)^(h)	4,793	3,760	4,379
Change from cost per casemix-adjusted separation for subset hospitals (%)	3.4%	–13.5%	–5.0%
Cost of non-acute non-psychiatric separations in subset (excl depreciation)			
Per separation (\$)	1,144	19,948	12,760
Per patient day (\$)	77	952	937
Cost of non-acute non-psychiatric separations in subset (incl depreciation)			
Per separation (\$)	1,179	20,758	13,141
Per patient day (\$)	79	991	965

(a) Excludes psychiatric hospitals, sub-acute, non-acute and unpeered hospitals or services. The subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded \$1,000 per day and more than \$1,000,000 of expenditure on non-acute patients days was reported.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital borders* and *Posthumous organ procurement* have been excluded. Details of acute and non-acute separations and patient days are presented in Table A1.11.

(c) Separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*. Psychiatric separations are those with psychiatric care days.

(d) Average cost weight based on separations as per footnote (c), using the 2006–07 AR-DRG version 5.1 cost weights (DoHA 2008).

(e) The acute IFRAC is that portion of recurrent costs which is for acute admitted patients.

(f) Includes adjustment for private patient medical costs: \$258 for New South Wales, \$127 for Victoria and \$173 for Western Australia.

(g) The non-psychiatric acute IFRAC is that portion of recurrent costs which is for non-psychiatric acute admitted patients.

(h) Includes adjustment for private patient medical costs: \$256 for New South Wales, \$102 for Victoria and \$164 for Western Australia.

Table A1.13: Count of AR-DRGs^(a) version 5.1 contributing to the relative stay index, by sector, and medical/surgical/other type of AR-DRG, states and territories, 2007–08

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	632	632	630	629	625	576	564	501	632
Medical	323	323	323	323	320	310	304	292	323
Surgical	278	278	277	276	275	238	232	185	278
Other	31	31	30	30	30	28	28	24	31
Private hospitals	587	597	611	567	562	n.p.	n.p.	n.p.	623
Medical	307	309	316	296	288	n.p.	n.p.	n.p.	322
Surgical	255	260	267	248	250	n.p.	n.p.	n.p.	270
Other	25	28	28	23	24	n.p.	n.p.	n.p.	31
All hospitals	632	632	631	631	625	n.p.	n.p.	n.p.	632
Medical	323	323	323	323	320	n.p.	n.p.	n.p.	323
Surgical	278	278	278	278	275	n.p.	n.p.	n.p.	278
Other	31	31	30	30	30	n.p.	n.p.	n.p.	31

Note: There were 33 AR-DRGs excluded from the analysis including: AR-DRGs for rehabilitation, predominantly same-day AR-DRGs, AR-DRGs with a length of stay component in the definition and *Error AR-DRGs*.

Table A1.15: Conditions (additional diagnoses) with onset during the episode of care, by ICD-10-AM disease chapter and same-day/overnight status, all hospitals, Victoria and Queensland, 2007–08

Diagnosis chapter	Same-day separations			Overnight separations		
	Condition with onset during episode of care	Total additional diagnoses reported	% with condition onset during episode	Condition with onset during episode of care	Total additional diagnoses reported	% with condition onset during episode
A00–B99	Certain infectious and parasitic diseases	69	28,464	0.2	30,590	137,750
C00–D48	Neoplasms	257	514,447	0.0	453	162,930
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	194	23,130	0.8	24,021	94,224
E00–E90	Endocrine, nutritional and metabolic diseases	280	170,979	0.2	51,099	503,077
F00–F99	Mental and behavioural disorders	92	59,305	0.2	9,387	167,400
G00–G99	Diseases of the nervous system	136	22,569	0.6	6,643	103,959
H00–H59	Diseases of the eye and adnexa	224	30,340	0.7	3,306	35,593
H60–H95	Diseases of the ear and mastoid process	13	4,749	0.3	1,067	11,762
I00–I99	Diseases of the circulatory system	1,608	154,440	1.0	63,936	534,048
J00–J99	Diseases of the respiratory system	384	18,682	2.1	33,429	149,967
K00–K93	Diseases of the digestive system	355	244,374	0.1	39,582	202,350
L00–L99	Diseases of the skin and subcutaneous tissue	423	21,608	2.0	17,717	74,702
M00–M99	Diseases of the musculoskeletal system and connective tissue	207	51,340	0.4	12,626	129,138
N00–N99	Diseases of the genitourinary system	207	376,457	0.1	27,426	207,790
O00–O99	Pregnancy, childbirth and the puerperium	361	56,509	0.6	65,589	187,667
P00–P96	Certain conditions originating in the perinatal period	82	2,524	3.2	8,299	61,554
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	8	10,869	0.1	148	19,703
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, n.e.c.	4,652	84,320	5.5	119,769	398,139
S00–T98	Injury, poisoning and certain other consequences of external causes	2,458	57,415	4.3	49,801	231,826
Z00–Z99	Factors influencing health status and contact with health services	5,436	617,635	0.9	64,892	1,029,572
Total		17,446	2,550,156	0.7	629,780	4,443,151

(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.
Abbreviations: n.e.c.—Not elsewhere classified.

Appendix 2: Hospitals databases: characteristics and coverage

This appendix includes information on the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection, the Non-admitted Patient Emergency Department Care Database and the National Outpatient Care Database. Also included is information on the hospitals contributing to each of the databases.

The appendix first presents information on whether privately-managed hospitals that predominantly provide public patient services are reported as public or private hospitals.

Public and private hospitals

There is some variation between jurisdictions in whether hospitals that predominantly provide public hospital services, and that are privately owned and/or operated, are reported as public or private hospitals. A selection of these hospitals is listed in Table A2.1 with information on whether they are reported as public or private hospitals. These categorisations are the practices for this report, and reports produced by other agencies may categorise these hospitals differently.

For example, Peel and Joondalup hospitals are private hospitals that treat predominantly public patients under contract to the Department of Health (Western Australia). From 2006–07, two new reporting units (public hospitals) were created to cover the public health services of these two hospitals, whereas in previous years all activity was reported for the private hospitals. Hawkesbury District Health Service and Port Macquarie Base hospital were categorised as private hospitals in *The state of our public hospitals, June 2005* report (DoHA 2005) and *Australian hospital statistics 2002–03* (AIHW 2004a) however they were

Table A2.1: Selected hospitals included in this report that predominantly provide public hospital services, that were privately owned and/or operated, 2007–08

State	Hospital	How reported
NSW	Hawkesbury District Health Service	Public hospital
Vic	Mildura Base	Public hospital
Qld	Noosa	Private hospital
WA	Joondalup	Public hospital for services provided under the contract and a private hospital for services provided to private patients
WA	Peel	Public hospital for services provided under the contract and a private hospital for services provided to private patients
SA	Southern Districts War Memorial Private Hospital	Public hospital for services provided under the contract and a private hospital for services provided to private patients
Tas	May Shaw District Nursing Centre	Public hospital (did not provide financial information)
Tas	Toosey	Public hospital
Tas	Mersey Community Hospital (from November 2007)	Private hospital for admitted patient data; included with public hospitals for elective surgery waiting times, emergency department, outpatient care and other non-admitted patient services.

categorised as public hospitals in AIHW reports since 2003–04 and in *The state of our public hospitals*, since the June 2006 report (DoHA 2006). Southern Districts War Memorial Hospital is a private hospital that treats public patients under contract to the Department of Health (South Australia). Since 2003–04, the AIHW has categorised Southern Districts War Memorial as a public hospital for services provided under the contract and as a private hospital for services provided to private patients.

Other changes in hospital ownership or management arrangements can also affect whether hospital activity is reported as public or private. For example, between 2003–04 and 2004–05, two private hospitals in Western Australia were purchased by the Western Australian Department of Health and were amalgamated with two existing public hospitals. Hence, the activity associated with the former private hospitals is now included in the activity reporting of the two public hospitals.

Mersey Community Hospital

Mersey Community Hospital in Tasmania, was a public hospital from 2004–05 until the end of October 2007. It was taken over by the Australian Government in November 2007, predominantly providing public hospital services between November 2007 and June 2008. Mersey Community Hospital was reported as a private hospital in this report for that period, however, data for elective surgery waiting times, emergency department, outpatient care and other non-admitted patient services are included with data for Tasmanian public hospitals. This reflects the fact that the Mersey Community Hospital maintained elective surgery waiting lists for its patients and provided emergency department, outpatient care and other non-admitted patient services, as public hospitals do.

The National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The database contains data relating to admitted patients in almost all hospitals, including public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories).

The data supplied are based on the National Minimum Data Set for Admitted patient care and include demographic, administrative and length of stay data, and data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning.

Information on the quality of the diagnosis, procedure and external cause data, classified using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCCH 2006) is presented in Appendix 1.

NHMD data for this report

All public hospitals were included for 2007–08. The exception was a mothercraft hospital in the Australian Capital Territory.

The great majority of private hospitals were also included, although there were a few not included, mainly free-standing day hospital facilities. Data were not provided for 2007–08 for private day hospital facilities in the Australian Capital Territory, for the single private free-standing day hospital facility in the Northern Territory and for a small private hospital in Victoria. Victoria estimated that its data were essentially complete. Counts of private hospital separations presented in this report are therefore likely to be underestimates of the actual counts.

Table A2.2 summarises this coverage information by state and territory and by hospital sector, and Tables A2.3 and A2.4 (accompanying this report on the Internet at <www.aihw.gov.au>) list the public and private hospitals that contributed to the NHMD for 2007–08. For public hospitals, also included in the Internet tables is information on their average available bed numbers, their peer group (see *Appendix 1*) and the statistical local area and remoteness area of their location. The list of private hospitals includes information on whether each was a private free-standing day hospital facility.

Table A2.2: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2007–08

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Complete	Complete	Complete	Complete
Qld	Complete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Complete	Complete
Tas	Complete	Complete	Complete	Complete
ACT	Incomplete	Not applicable	Incomplete	Complete
NT	Complete	Not applicable	Incomplete	Complete

Note: Complete—all facilities reported data to the National Hospital Morbidity Database. Incomplete—some facilities did not provide data to the National Hospital Morbidity Database; see text for more details. Not applicable—there are no facilities in this sector for this state or territory.

For Tasmania, some private hospital data were not available for some periods in 2004–05, resulting in an under-enumeration of approximately 21% for Tasmanian private hospitals.

There is some variation between states in what is regarded as a hospital and how facilities are licensed and how this affects the collection. For example, in recent years the coverage of the Queensland and Victorian collections expanded to include facilities providing same-day services not previously included. The apparent increase for some types of separations in the private sector was affected by the registration of relevant facilities as hospitals for the first time in Queensland in 2001 and in Victoria in 2002–03. These facilities had previously been categorised as non-hospital facilities and were therefore out of scope for the NHMD.

Coverage estimates for private hospital separations

As noted above, not all private hospital separations are included in the NHMD, so the counts of private hospital separations presented in this report may be slight underestimates.

Over recent years, at the national level there have been slightly fewer separations reported to the NHMD (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics (ABS) Private Health Establishments Collection (ABS 2008b) (Table A2.5). The latter collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private free-standing day hospital facilities approved by the Department of Health and Ageing. In 2006–07, the difference was 109,168 separations (3.7%).

Table A2.5: Differences between private hospital separations on the National Hospital Morbidity Database and reported to the ABS Private Health Establishments Collection, 2000–01 to 2006–07

Year	Private free-standing day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
2000–01 ^(a)	56,816	14.6	21,649	1.1	80,655	3.4
2001–02 ^(b)	41,002	9.8	52,727	2.6	118,064	4.6
2002–03 ^(b)	2,094	0.5	32,942	1.6	47,755	1.8
2003–04 ^(b)	4,348	0.9	28,268	1.4	47,279	1.8
2004–05	1,214	0.2	40,286	1.8	39,072	1.4
2005–06	32,437	5.9	46,457	2.0	78,894	2.8
2006–07	60,852	10.7	48,316	2.0	109,168	3.7

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database. The differences for private free-standing day hospital facilities and other private hospitals exclude Tasmania but the total for all private hospitals includes Tasmania.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database and the ABS suppressed data for Tasmania, the Australian Capital Territory and the Northern Territory. The difference for private free-standing day hospital facilities and other private hospitals exclude Tasmania, the Australian Capital Territory and the Northern Territory but the total for all private hospitals includes Tasmania, the Australian Capital Territory and the Northern Territory.

Source: ABS, unpublished Private Health Establishments Collection data.

For individual states (tables A2.6a to A2.6n accompanying this report on the Internet at <www.aihw.gov.au>), the patterns of differences between number of separations reported to the NHMD compared with the ABS Private Health Establishments Collection varied. This reflects the omission of some private hospitals from the NHMD. However, there are differences even when both collections are reported to be complete. For example, for 2006–07, more separations were reported to the NHMD than to the ABS for private free-standing day hospital facilities in Western Australia. The discrepancies may have been due to the use of differing definitions (for example, differing counting rules for *Newborn* episodes of care) or different interpretations of definitions, differing definitions of what is a hospital, or differences in the quality of the data provided for different purposes.

Private Health Establishments Collection data were not collected for 2007–08.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database (NPHEd) holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals, and dental hospitals in all states and territories. The collection covers hospitals within the jurisdiction of the state and territory health authorities only. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by the Department of Health and Ageing, Department of Defence or correctional authorities, for example, and hospitals located in offshore territories) are not included. Public hospitals are categorised by the AIHW into peer groups, as described in *Appendix 1*.

The collection is based on the National Minimum Data Set for Public hospital establishments. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients. Summary information on data quality and comparability is presented in *Chapter 3*.

NPHEd data for this report

Essentially all public hospitals were included for 2007–08. Table A2.3 (accompanying this report on the Internet) lists the public hospitals that contributed to the NPHEd for 2007–08. Also included is information on their average available bed numbers, their peer group and the statistical local area and remoteness area of their location.

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) includes episode-level data on non-admitted patients treated in the emergency departments of selected public hospitals. It covers public hospitals that were classified as peer groups A (*Principal referral and Specialist Women's and children's hospitals*) and B (*Large hospitals*) in *Australian hospital statistics 2006–07* (AIHW 2008a).

The data supplied are based on the National Minimum Data Set for Non-admitted patient emergency department care. They include data on the type and length of emergency department visit, triage category, waiting times, patient demographics, arrival mode and episode end status.

NNAPEDCD data for this report

For 2007–08, all states and territories were able to provide data for all public hospitals in peer groups A and B that have emergency departments. The Northern Territory supplied episode-level data for all public hospitals; New South Wales provided data for 20 *Medium hospitals* and 8 *Small hospitals*; Victoria provided data for 5 *Medium hospitals*; South Australia provided data for 1 *Medium hospital*; and Western Australia provided data for 2 *Medium*

hospitals, 1 Small regional hospital and 1 Small remote hospitals. The data reported for Tasmania included data for the Mersey Community Hospital from November 2007, when it was reported as a private hospital. The estimated overall coverage was 78% of all public hospitals accident and emergency occasions of service, including the Mersey Community Hospital.

Table 5.1 provides further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the NPHED (Table A2.2 accompanying this report on the Internet) includes information on which hospitals were also included in the NNAPEDCD for 2007–08.

The data presented in this report are for patients treated between 1 July 2007 and 30 June 2008. Summary information on the quality and comparability of the data is included in *Chapter 5*.

All states and territories provided hospital-level data on accident and emergency occasions of service for the NPHED. These data have wider coverage than data provided for the NNAPEDCD, as detailed in *Chapter 5*.

The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection (NESWTDC) provides episode-level data on patients waiting for elective surgery on waiting lists managed by public acute hospitals.

The data supplied are based on the National Minimum Data Set for Elective surgery waiting times (removals and census). Included is information on the length of time waited, the surgical specialty and indicator procedures. For some states and territories, the data are provided linked to the NHMD data on the admitted patient episode of care for which the patient was waiting. Census data are not reported in *Australian hospital statistics*.

NESWTDC data for this report

As noted above, the data collection covers public acute hospitals. However, some public patients treated under contract in private hospitals in Victoria and Tasmania were also included. In addition, data for the Mersey Community Hospital are included with the Tasmanian data.

All public hospitals that undertake elective surgery are generally included, but some are not. Based on the proportions of elective surgery admissions that were covered by the NESWTDC, national coverage was about 91%, and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to about 70% in South Australia (Table 6.2). Coverage was highest for *Principal referral and Specialist women's and children's hospitals* at 100%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

Tables 6.1 and 6.2 provide further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the NPHED (Table A2.3 accompanying this report on the Internet) includes information on which hospitals were also included in the NESWTDC for 2007–08.

The data presented in this report are for patients admitted for elective surgery between 1 July 2007 and 30 June 2008.

The National Outpatient Care Database

The National Outpatient Care Database (NOCD) includes counts of individual occasions of service and group sessions by outpatient clinic type for selected public hospitals. It covers public hospitals that were classified in the public hospital peer groups of *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in the previous year's *Australian hospital statistics*.

The data supplied are based on the National Minimum Data Set for Outpatient care. They include data on the number of individual occasions of service and group sessions, by clinic type and establishment.

NOCD data for this report

Public hospitals classified as *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian hospital statistics 2006–07* (AIHW 2008a) provided 2007–08 data for the NOCD. Some states and territories were also able to provide data for hospitals in other peer groups, and the data reported for Tasmania included data for the Mersey Community Hospital from November 2007, when it was reported as a private hospital. Coverage was about 72% of individual public hospital outpatient clinic occasions of service overall and about 66% for group occasions of service (including Mersey Community Hospital).

More information about the coverage of this data collection (which is more complete for larger hospitals) is presented in *Chapter 5*. The list of public hospitals that contributed to the NPHEd (Table A2.3 accompanying this report on the Internet) includes information on which hospitals were also included in the NOCD for 2007–08.

The data presented in this report are for patients treated between 1 July 2007 and 30 June 2008. Summary information on the quality and comparability of the data is included in *Chapter 5*.

All states and territories also provided hospital-level data on outpatient clinic occasions of service for the NPHEd. These data have wider coverage than data provided for the NOCD, as detailed in *Chapter 5*.

Appendix 3: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Group (AR-DRG) cost weights and estimated average costs, as incorporated into tables in *Chapters 2, 4, 7 and 12*. This report uses the cost data for acute admitted patients only. Unless otherwise specified, the cost weight data in this report for public hospitals use AR-DRG version 5.1 and cost weight data for AR-DRG version 5.1 (DoHA 2008).

The NHCDC is a voluntary collection of hospital cost and activity data covering the financial year before the collection period, and is coordinated by the Australian Government Department of Health and Ageing. Both public and private hospital data are included, with the results separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2006–07 financial year (Round 11) for public hospitals and private hospitals (DoHA 2008).

The NHCDC involves arrangements whereby the hospital data are collected by the individual hospitals, and checked and validated by state/territory/private sector coordinators before being passed on to the Department of Health and Ageing. The production and publication of the final cost weights and associated tables follow extensive quality assurance procedures undertaken by the department, and endorsement of the results by the states, territories and private sector.

The participating hospitals include both patient costing and cost modelling sites. Cost modelling refers to a process where estimates of costs are produced at the level of each AR-DRG. Cost modelling is a ‘top down’ approach where costs from the hospitals’ general ledgers are allocated to acute admitted patients using a series of allocation statistics. Patient costing is a ‘bottom up’ approach where the costs of each service provided to an individual patient are measured or estimated to obtain the total cost of treating individual patients.

In 2006–07, 238 public hospitals and 82 private hospitals were included in the collection. Although the coverage of public hospitals was approximately 47% of all public hospitals, the total number of separations was approximately 89% of total acute separations within the year. The coverage of private hospitals was approximately 36% of all private hospitals and the total number of separations was approximately 59% (DoHA 2008). The average cost per separation was estimated at \$3,722 for public hospitals and \$2,749 for private hospitals for 2006–07. The NHCDC’s estimate includes an estimate for depreciation.

Further information is provided in the NHCDC report for 2006–07 (DoHA 2008). Cost weights and associated tables for each round of the NHCDC can be obtained from the Department of Health and Ageing on the Casemix website at <www.health.gov.au>.

Appendix 4: Service related groups

Introduction

The Service related group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in the planning of services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. For this purpose, the AR-DRG system was not considered appropriate as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD-10-AM chapters, MDCs and SRGs.

Procedure	ICD-10-AM chapter	MDC	SRG
Extraction of wisdom teeth	Diseases of the digestive system	MDC 3	Dentistry
		Ear nose and throat	
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of the digestive system	MDC 6	Gastroenterology
		Digestive system	
Excision of haemorrhoids	Diseases of the digestive system	MDC 6	Colorectal surgery
		Digestive system	

For the *Australian hospital statistics* 2001–02 to 2004–05 reports, this analysis used a method based on AR-DRG version 4.2, originally developed by the New South Wales Department of Health and the Australian Government Department of Health and Ageing.

The methodology used in *Australian hospital statistics* 2005–06 and 2006–07 (AIHW 2007a, 2008a) and this report for assigning SRGs based on AR-DRG versions 5.0 and 5.1 was developed by the New South Wales Department of Health (unpublished). For more information on the methodology used to assign SRGs, see Table A4.6 in the Internet version of this report.

SRGs were allocated using the data in the National Hospital Morbidity Database. The method largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SRG categories according to the type of care because the main service type of these separations cannot be ascertained from their diagnoses or procedures. For public hospitals, separations may also have been assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the National Public Hospital Establishments Database (see Chapter 3). An ‘unallocated’ SRG is assigned for separations with an *Error DRG* (see Chapter 12). The classification also incorporates non-specialist SRGs, which are used for

smaller hospitals that do not have the specialist services or specialist equipment. There are 49 SRGs as presented in Table A4.1.

State and territory overview

Table A4.1 contains the number of establishments with more than 50 separations and the number of establishments with more than 360 patient days in each SRG by state and territory and by remoteness area for public hospitals only. This has been included as an indicative measure of the number of specialty units. The best indicative measure of the number of units varies between SRGs and between uses of the measure. For example, for *Maintenance* (SRG 87), 82 hospitals provided more than 50 separations a year and 288 hospitals provided more than 360 patient days, and for *Gastroenterology* (SRG 15) these measures were 348 and 210 hospitals, respectively. *Cardiothoracic surgery* (SRG 42) showed no difference between the two different measures, with 28 units under both measures.

Cardiology (SRG 11) and *Respiratory medicine* (SRG 24) had the greatest number of establishments, with more than 50 separations at 388 and 387 hospitals, respectively. *Respiratory medicine* (SRG 24) and *Maintenance* (SRG 87) had the greatest number of establishments with more than 360 patient days a year, with 321 and 288 hospitals, respectively.

Tables A4.2 and A4.3 (accompanying this report on the Internet at <www.aihw.gov.au>) contain the number of separations in each SRG category by state and territory for all public and private hospitals, respectively. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with over 817,000, followed by *Obstetrics* (SRG 72) with 315,000. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations with almost 330,000, followed by *Orthopaedics* (SRG 49) with 273,000.

Tables A4.4 and A4.5 in the Internet version of this publication summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Acute psychiatry* (SRG 82) recorded the highest number of patient days with 1,493,000, and *Orthopaedics* (SRG 49) recorded the highest in the private sector with 784,000 days.

Table A4.1: Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each SRG, by SRG and remoteness area, public hospitals, 2007–08

Service related group	NSW						Vic						Qld						WA						SA						Tas						ACT						NT						Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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(continued)

Table A4.1 (continued): Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each SRG, by SRG and remoteness area, public hospitals, 2007–08

Service related group	NSW			Vic			Qld			WA			SA			Tas			ACT			NT			Total		
	50 seps	360 days		50 seps	360 days		50 seps	360 days		50 seps	360 days		50 seps	360 days		50 seps	360 days		50 seps	360 days		50 seps	360 days		50 seps	360 days	
20 Chemotherapy	13	2	38	31	12	21	10	8	0	0	1	1	2	1	2	1	2	1	2	1	2	1	87	56			
Major cities	11	2	19	17	4	7	5	5	0	0	..	..	2	1	..	..	..	..	..	..	..	..	44	29
Regional	2	0	19	14	8	13	5	3	0	0	1	1	1	1	1	1	1	1	1	1	1	41	27				
Remote	0	0	0	0	0	1	0	0	0	0	0	0	0	0	..	..	..	..	..	..	..	2	0	
21 Neurology	103	90	60	49	35	56	26	21	37	17	6	5	2	2	3	3	293	222									
Major cities	37	43	23	23	12	13	8	9	9	9	..	..	2	2	..	..	92	98						
Regional	63	47	37	26	22	39	12	11	25	7	6	5	..	..	1	1	183	119							
Remote	3	0	0	0	1	4	6	1	3	1	0	0	..	..	2	2	18	5							
22 Renal Medicine	68	50	46	34	23	28	15	10	12	8	3	3	2	2	3	3	177	133									
Major cities	36	31	30	25	13	13	6	6	8	7	..	..	2	2	..	..	95	84						
Regional	32	19	16	9	9	14	7	4	4	1	3	3	..	..	1	1	77	46							
Remote	0	0	0	0	1	1	2	0	0	0	0	0	..	..	2	2	5	3							
23 Renal Dialysis	49	39	54	46	15	16	11	11	14	11	2	2	1	1	4	4	151	129									
Major cities	14	14	20	19	7	7	6	6	7	6	..	..	1	1	..	..	55	52						
Regional	31	24	34	27	9	9	4	4	5	3	2	2	..	..	3	3	86	70							
Remote	4	1	0	0	0	0	1	1	2	2	0	0	..	..	3	3	10	7							
24 Respiratory Medicine	136	122	72	71	56	83	40	28	41	31	8	6	2	2	5	5	387	321									
Major cities	38	39	23	23	12	13	7	8	9	9	..	..	2	2	..	..	92	93						
Regional	88	78	49	48	39	57	20	14	26	19	8	6	..	..	1	1	249	205							
Remote	10	5	0	0	5	13	5	6	6	3	0	0	..	..	4	4	46	23							
25 Rheumatology	16	12	14	6	5	13	6	3	6	3	2	2	2	1	1	0	60	32									
Major cities	15	12	11	6	3	6	4	3	6	3	..	..	2	1	..	..	44	28						
Regional	1	0	3	0	2	7	2	0	0	0	2	2	..	..	1	1	16	4							
Remote	0	0	0	0	0	0	0	0	0	0	0	0	..	..	0	0	0	0							
26 Pain Management	40	8	34	12	19	4	11	3	9	3	3	1	2	1	2	0	120	32									
Major cities	27	8	20	11	10	3	8	3	6	3	..	..	2	1	..	..	73	29						
Regional	13	0	14	1	9	1	3	0	2	0	3	1	..	..	1	1	45	3							
Remote	0	0	0	0	0	0	0	0	1	0	0	0	..	..	1	1	2	0							
27 Subspecialty	109	96	76	59	37	58	35	21	27	24	4	7	2	2	5	4	316	250									
Major cities	43	46	30	27	14	13	10	11	9	9	..	..	2	2	..	..	108	108						
Regional	63	49	46	32	38	22	15	9	16	12	4	7	..	..	4	4	183	132							
Remote	3	1	0	0	6	6	10	1	2	3	0	0	..	..	3	3	25	10							
41 Breast Surgery	31	5	22	10	15	4	5	2	5	4	3	0	1	0	1	0	83	25									
Major cities	19	5	15	10	6	6	4	2	5	4	..	..	1	0	..	..	50	25						
Regional	12	0	7	0	9	9	1	0	0	0	3	0	..	..	1	1	33	0							
Remote	0	0	0	0	0	0	0	0	0	0	0	0	..	..	0	0	0	0							
42 Cardiothoracic Surgery	10	10	7	7	3	3	4	4	2	2	1	1	1	1	0	0	28	28									
Major cities	10	10	7	7	2	2	4	4	2	2	1	1	26	26									
Regional	0	0	0	0	1	1	0	0	0	0	1	1	0	0	2	2									

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Table A4.1 (continued): Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each SRG, by SRG and remoteness area, public hospitals, 2007–08

Service related group	NSW			Vic			WA			SA			Tas			ACT			NT			Total		
	50	360	days	50	360	days	50	360	days	50	360	days	50	360	days	50	360	days	50	360	days	50	360	days
	seps	seps		seps	seps		seps	seps		seps	seps		seps	seps		seps	seps		seps	seps		seps	seps	
43 Colorectal Surgery	75	54		48	36		21	12		18	11		3	3		2	2		2	2		201	141	
Major cities	34	33		25	20		12	8		9	8		..	..		2	2		..	..		91	83	
Regional	41	21		23	16		19	9		8	2		3	3		..	..		1	1		103	56	
Remote	0	0		0	0		0	0		1	1		0	0		..	..		1	1		7	2	
44 Upper GI/T Surgery	66	50		44	35		22	11		16	8		3	3		2	2		3	2		189	133	
Major cities	33	32		22	20		12	6		9	7		..	..		2	2		..	..		87	79	
Regional	33	18		22	15		19	5		6	1		3	3		..	..		1	1		93	53	
Remote	0	0		0	0		1	0		1	0		0	0		..	..		2	1		9	1	
45 Head & Neck Surgery	14	9		12	5		9	2		3	2		2	2		1	0		0	0		44	20	
Major cities	13	9		11	5		6	2		3	2		..	..		1	0		..	..		37	20	
Regional	1	0		1	0		3	0		0	0		2	0		..	..		0	0		7	0	
Remote	0	0		0	0		0	0		0	0		0	0		..	..		0	0		0	0	
46 Neurosurgery	13	13		7	7		6	3		3	3		1	1		1	1		0	0		34	34	
Major cities	13	13		7	7		5	3		3	3		..	..		1	1		..	..		32	32	
Regional	0	0		0	0		1	0		0	0		1	1		..	..		0	0		2	2	
47 Dentistry	32	2		28	6		22	3		10	2		3	0		2	0		3	0		110	14	
Major cities	14	2		8	3		10	3		3	2		..	..		2	0		..	..		40	11	
Regional	18	0		20	3		11	0		6	0		3	0		..	..		1	0		64	3	
Remote	0	0		0	0		1	0		2	0		0	0		..	..		2	0		6	0	
48 Ear, Nose & Throat	61	33		56	28		26	13		23	7		3	2		2	2		3	2		193	95	
Major cities	34	23		23	19		10	8		8	7		..	..		2	2		..	..		86	65	
Regional	27	10		33	9		15	5		13	0		3	2		..	..		1	1		99	29	
Remote	0	0		0	0		1	0		2	0		0	0		..	..		2	1		8	1	
49 Orthopaedics	111	94		64	55		62	41		34	26		4	5		2	2		5	4		319	254	
Major cities	40	41		23	22		13	13		11	10		..	..		2	2		..	..		99	99	
Regional	69	53		41	33		41	26		15	11		4	5		..	..		1	1		194	144	
Remote	2	0		0	0		8	2		8	1		0	0		..	..		4	3		26	11	
50 Ophthalmology	54	25		43	15		25	11		19	8		3	1		2	2		3	2		169	77	
Major cities	26	14		18	10		9	6		8	6		..	..		2	2		..	..		71	46	
Regional	27	11		25	5		12	5		10	2		3	1		..	..		1	1		87	30	
Remote	1	0		0	0		4	0		3	0		0	0		..	..		2	1		11	1	
51 Plastic & Reconstructive Surgery	81	41		57	37		35	19		24	9		3	3		2	2		4	2		232	128	
Major cities	36	28		26	20		12	11		10	8		..	..		2	2		..	..		95	76	
Regional	45	13		31	17		22	8		13	1		3	3		..	..		1	1		125	50	
Remote	0	0		0	0		1	0		1	0		0	0		..	..		3	1		12	2	
52 Urology	74	45		57	37		33	18		26	9		3	2		2	2		3	2		223	129	
Major cities	35	29		25	21		12	9		8	8			2	2			94	77	
Regional	39	16		32	16		20	9		16	1		3	2			1	1		121	51	
Remote	0	0		0	0		1	0		1	0		0	0			2	1		8	1	

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Table A4.1 (continued): Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each SRG, by SRG and remoteness area, public hospitals, 2007–08

Service related group	NSW			Vic			Qld			WA			SA			Tas			ACT			NT			Total				
	50		360	50		360	50		360	50		360	50		360	50		360	50		360	50		360	50		360		
	seps	days		seps	days		seps	days		seps	days		seps	days		seps	days		seps	days		seps	days		seps	days			
53 Vascular Surgery	45	39		32	29		19	21		10	8		6	6		3	3		2	2		1	1		2	2		119	109
Major cities	29	26		20	18		9	10		5	4		6	6		..	..		2	2		1	1		..	..		71	65
Regional	16	13		12	11		10	10		4	3		0	0		3	3		..	..		..	..		1	1		46	41
Remote	0	0		0	0		0	1		1	1		0	0		0	0		..	..		..	..		1	1		2	3
54 Surgery, No Definitive Subspecialty	127	86		67	52		89	40		42	27		43	17		3	3		2	2		2	2		5	4		378	231
Major cities	38	39		27	26		14	12		11	11		9	9		..	..		2	2		2	2		..	..		101	99
Regional	81	46		40	26		58	27		18	11		27	7		3	3		..	..		..	..		1	1		228	121
Remote	8	1		0	0		17	1		13	5		7	1		0	0		..	..		..	..		4	3		49	11
61 Transplantation	3	5		4	6		1	2		0	2		1	2		0	0		0	0		0	0		0	0		9	17
Major cities	3	5		4	6		1	2		0	2		1	2		..	..		0	0		0	0		..	..		9	17
62 Extensive Burns	3	3		2	2		2	2		2	2		2	2		1	1		0	0		0	0		1	2		13	14
Major cities	3	3		2	2		2	2		2	2		2	2		..	..		0	0		0	0		..	..		11	11
Regional	0	0		0	0		0	0		0	0		0	0		1	1		..	..		..	..		1	1		2	2
Remote	0	0		0	0		0	0		0	0		0	0		0	0		..	..		..	..		0	1		0	1
63 Tracheostomy & ECMO	20	33		14	18		11	16		3	5		4	6		2	3		2	2		2	2		1	2		57	85
Major cities	19	23		13	14		8	10		3	5		4	6		..	..		2	2		2	2		..	..		49	60
Regional	1	10		1	4		3	6		0	0		0	0		2	3		..	..		..	..		1	1		8	24
Remote	0	0		0	0		0	0		0	0		0	0		0	0		..	..		..	..		0	1		0	1
66 Social admissions	0	3		2	1		0	1		0	0		2	3		0	1		0	0		0	0		0	0		4	9
Major cities	0	2		0	0		0	1		0	0		1	1		..	..		0	0		0	0		..	..		1	4
Regional	0	1		2	1		0	0		0	0		1	1		0	1		..	..		..	..		0	0		3	4
Remote	0	0		0	0		0	0		0	0		0	0		0	0		..	..		..	..		0	0		0	1
71 Gynaecology	76	49		62	35		35	19		28	14		24	15		3	3		2	2		2	2		4	2		234	139
Major cities	35	29		26	18		10	9		10	6		10	9		..	..		2	2		2	2		..	..		93	73
Regional	41	20		36	17		22	9		11	7		13	6		3	3		..	..		..	..		1	1		127	63
Remote	0	0		0	0		3	1		7	1		1	0		0	0		..	..		..	..		3	1		14	3
72 Obstetrics	81	71		57	43		48	35		30	26		25	18		4	4		2	2		2	2		5	4		252	202
Major cities	29	25		18	15		9	8		8	7		6	5		..	..		2	2		2	2		..	..		72	62
Regional	50	46		39	28		33	24		15	12		17	12		4	4		..	..		..	..		1	1		159	126
Remote	2	0		0	0		6	3		7	7		2	1		0	0		..	..		..	..		4	3		21	14
73 Qualified Neonate	41	38		28	25		22	20		13	9		7	6		3	2		2	2		2	2		3	2		119	104
Major cities	24	23		15	14		9	10		6	5		4	4		..	..		2	2		2	2		..	..		60	58
Regional	17	15		13	11		12	9		5	2		3	2		3	2		..	..		..	..		1	1		54	42
Remote	0	0		0	0		1	1		2	2		0	0		0	0		..	..		..	..		2	1		5	4
74 Unqualified Neonate	75	0		49	0		38	0		28	0		22	0		2	0		2	0		2	0		4	0		220	0
Major cities	25	0		14	0		7	0		6	0		5	0			2	0		2	0			59	0
Regional	49	0		35	0		27	0		15	0		16	0		2	0			1	0		145	0
Remote	1	0		0	0		4	0		7	0		1	0		0	0			3	0		16	0

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Table A4.1 (continued): Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each SRG, by SRG and remoteness area, public hospitals, 2007–08

Service related group	NSW			Vic			Qld			WA			SA			Tas			ACT			NT			Total		
	50	360	seps days	50	360	seps days	50	360	seps days	50	360	seps days	50	360	seps days	50	360	seps days	50	360	seps days	50	360	seps days	50	360	seps days
	seps	days		seps	days		seps	days		seps	days		seps	days		seps	days		seps	days		seps	days		seps	days	
75 Perinatology	12	12	4	4	3	3	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	25	
Major cities	10	10	4	4	2	2	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	20	
Regional	2	2	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5		
76 Definitive Paediatric Medicine	55	33	28	16	32	14	18	7	10	5	3	2	2	1	5	3	153	81									
Major cities	26	23	15	12	7	6	4	4	4	4	3	2	2	2	1	58	50										
Regional	28	10	13	4	23	8	7	2	5	1	3	2	2	1	1	80	28										
Remote	1	0	0	0	2	0	7	1	1	0	0	0	0	0	0	15	3										
81 Drug & Alcohol	74	48	36	22	37	16	22	7	17	9	4	4	2	2	3	195	110										
Major cities	38	32	19	17	12	8	8	7	8	8	0	0	2	2	0	87	74										
Regional	36	16	17	5	24	8	10	0	8	1	4	4	0	1	1	100	35										
Remote	0	0	0	0	1	0	4	0	1	0	0	0	0	0	2	8	1										
82 Acute Psychiatry	85	59	48	42	32	20	27	21	26	17	5	7	2	2	2	227	170										
Major cities	41	38	32	31	12	10	9	10	11	10	0	0	2	2	0	107	101										
Regional	44	21	16	11	19	9	12	8	13	6	5	7	0	1	1	110	63										
Remote	0	0	0	0	1	1	6	3	2	1	0	0	0	0	1	10	6										
84 Rehabilitation	69	79	30	37	20	40	14	19	8	9	3	3	2	2	1	147	191										
Major cities	38	40	18	19	10	12	10	12	6	7	7	0	2	2	0	84	92										
Regional	31	39	12	18	10	27	4	7	2	2	3	3	0	0	1	63	97										
Remote	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	2										
85 Non Acute Geriatric	15	21	37	42	4	8	6	8	2	3	0	0	2	2	1	67	85										
Major cities	12	14	26	26	3	5	6	7	2	3	0	0	2	2	1	51	57										
Regional	3	7	11	16	1	3	0	1	0	0	0	0	0	0	1	16	28										
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
86 Palliative Care	27	34	18	26	20	24	8	9	3	7	1	1	2	2	1	80	104										
Major cities	18	18	12	12	9	10	5	5	3	3	0	0	2	2	0	49	50										
Regional	9	15	6	14	11	14	3	4	0	4	1	1	1	1	1	31	53										
Remote	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1										
87 Maintenance	30	87	2	30	28	71	9	39	6	48	3	8	2	2	2	82	288										
Major cities	16	24	2	3	12	12	6	10	6	8	0	0	2	2	0	44	59										
Regional	14	58	0	26	15	48	3	20	0	27	3	8	0	0	1	36	188										
Remote	0	5	0	1	1	1	0	9	0	13	0	0	0	0	2	2	41										
88 Acute Definitive Geriatrics	56	63	34	36	23	23	10	12	9	12	4	4	2	2	1	139	153										
Major cities	33	36	21	20	10	10	5	6	9	10	0	0	2	2	0	80	84										
Regional	23	27	13	16	13	13	5	5	0	2	4	4	0	0	1	59	68										
Remote	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1										
99 Unallocated	8	16	12	14	3	5	4	4	3	4	1	1	0	0	2	32	46										
Major cities	7	13	12	13	3	4	4	4	3	4	0	0	0	0	1	29	38										
Regional	1	3	0	1	0	1	0	0	0	0	1	1	1	1	3	7	7										
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1										

(a) Records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
 Note: Rows for regions with no apparent units are not shown. SRG definitions based on AR-DRGs version 5.0 have been applied to version 5.1 AR-DRGs.
 Abbreviations: ECMO—extracorporeal membrane oxygenation; GI/GIT—gastrointestinal.

Appendix 5: Potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisation may indicate an increased prevalence of the conditions in the community or poorer functioning of the non-hospital care system. On the other hand, it may indicate an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive – there are other hospital admissions that may be preventable. The ICD-10-AM code specifications and the categories included for PPHs may therefore be subject to change in future reports.

The three broad categories of PPHs that have been used in this report include *Vaccine-preventable*, *Acute* and *Chronic* (see *Chapter 4* for descriptions of these categories). PPH categories have been sourced from *The Victorian ambulatory care sensitive conditions study* (DHS Victoria 2002).

A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Table A1.9 accompanying this report on the Internet.

Tables A5.1 to A5.3 present the number of separations, the proportion of residents treated in hospitals outside their state of residence and the age-standardised separation rates for each PPH condition for the state or territory (Table A5.1), or remoteness area of usual residence of the patient (Table A5.2) or the quintile of socioeconomic advantage/ disadvantage (Table A5.3; see *Appendix 1* for information on geographical data). These tables also include the standardised separation rate ratio (SRR) against the national total as well as the 95% confidence interval of the SRR. Statistics are presented for the total PPH rate, the rates for each of the three broad PPH categories as well as rates for individual conditions.

There were almost 731,000 selected PPHs in Australia in 2007–08 (Table A5.1), 9.3% of all separations, which translates to a rate of 33.1 per 1,000 population. The rates ranged from 22.3 per 1,000 population in the Australian Capital Territory to 50.1 per 1,000 population in Western Australia. The separation rate for *Vaccine-preventable* PPHs in the Northern Territory was 3.3 times the national rate, and the separation rate for Tasmania was 0.6 times the national rate.

Table A5.2 highlights that separation rates were higher for the more remote areas for most PPHs. For example, the rate for *Congestive cardiac failure* in *Major cities* and *Inner regional* was 1.9 per 1,000 separations, 2.5 for *Outer regional*, 3.0 for *Remote* and 3.8 for *Very remote* areas.

Table A5.3 presents these data by quintile of socioeconomic advantage/ disadvantage using the SEIFA 2006 Index of Socio-Economic Advantage/Disadvantage (ABS 2008a) of the statistical local area of the patient's usual residence (see *Appendix 1*). The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/ most disadvantage and the *Most advantaged* quintile represents the areas containing the 20% of the population with the most advantage /least disadvantage.

Overall, total PPHs had higher SRRs in the *Most disadvantaged* quintile with a rate of 1.2 compared to 0.7 in the *Most advantaged* quintile.

The PPH categories with highest variation between the *Most disadvantaged* and *Most Advantaged quintiles* were *Angina*, *Chronic obstructive pulmonary disease*, *Diabetes complications* and *Hypertension*. In the *Most disadvantaged* quintile, these categories had SRRs of 1.5, 1.4, 1.3 and 1.5, respectively. In comparison, the *Most advantaged* quintile had lower SRRs of 0.5, 0.6, 0.6 and 0.7, respectively.

There was little difference in separation rates for *Other vaccine-preventable conditions*, *Iron deficiency anaemia*, *Dental conditions* and *Appendicitis with generalised peritonitis* between the *Most advantaged* and *Most disadvantaged* quintiles.

Table A5.1: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Vaccine-preventable conditions									
Influenza and pneumonia									
Separations ^(d)	3,941	2,444	2,802	1,080	1,082	201	214	329	12,094
Separations not within state of residence (%)	3	3	3	2	2	2	4	5	
Separation rate ^(e)	0.54	0.45	0.66	0.51	0.65	0.38	0.69	1.74	0.56
Standardised separation rate ratio (SRR)	0.98	0.80	1.18	0.92	1.18	0.68	1.24	3.13	
95% confidence interval of SRR	0.95–1.01	0.77–0.83	1.14–1.22	0.86–0.97	1.11–1.25	0.58–0.77	1.08–1.41	2.80–3.47	
Other vaccine-preventable conditions									
Separations ^(d)	884	1,284	447	286	174	19	25	125	3,245
Separations not within state of residence (%)	2	1	1	0	2	27	14	2	
Separation rate ^(e)	0.13	0.24	0.10	0.13	0.10	0.04	0.08	0.58	0.15
Standardised separation rate ratio (SRR)	0.84	1.58	0.69	0.89	0.68	0.26	0.51	3.84	
95% confidence interval of SRR	0.79–0.90	1.49–1.66	0.63–0.76	0.79–0.99	0.58–0.78	0.14–0.38	0.31–0.70	3.16–4.51	
Total vaccine-preventable conditions									
Separations ^(d)	4,822	3,722	3,247	1,366	1,255	220	239	452	15,325
Proportion of total separations ^(d) (%)	0.2	0.2	0.2	0.2	0.2	n.p.	n.p.	n.p.	0.2
Separations not within state of residence (%)	2	1	1	0	2	27	14	2	
Separation rate ^(e)	0.67	0.68	0.76	0.64	0.76	0.42	0.77	2.31	0.71
Standardised separation rate ratio (SRR)	0.95	0.97	1.08	0.91	1.07	0.59	1.09	3.27	
95% confidence interval of SRR	0.92–0.98	0.94–1.00	1.04–1.11	0.86–0.96	1.01–1.13	0.51–0.67	0.95–1.22	2.97–3.58	
Acute conditions									
Appendicitis with generalised peritonitis									
Separations ^(d)	1,105	1,052	680	483	289	65	65	41	3,780
Separations not within state of residence (%)	4	1	2	0	0	2	5	8	
Separation rate ^(e)	0.16	0.20	0.16	0.23	0.18	0.13	0.19	0.20	0.18
Standardised separation rate ratio (SRR)	0.90	1.13	0.90	1.27	1.02	0.73	1.06	1.13	
95% confidence interval of SRR	0.84–0.95	1.06–1.20	0.83–0.96	1.15–1.38	0.90–1.13	0.56–0.91	0.81–1.32	0.79–1.48	
Cellulitis									
Separations ^(d)	12,149	9,199	8,109	3,275	2,634	723	431	707	37,232
Separations not within state of residence (%)	3	2	2	1	2	4	6	3	
Separation rate ^(e)	1.66	1.66	1.90	1.54	1.50	1.37	1.34	3.65	1.69
Standardised separation rate ratio (SRR)	0.98	0.98	1.12	0.91	0.89	0.81	0.79	2.16	
95% confidence interval of SRR	0.96–1.00	0.96–1.00	1.10–1.15	0.88–0.94	0.86–0.92	0.75–0.87	0.72–0.87	2.00–2.32	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Convulsions and epilepsy									
Separations ^(d)	11,293	7,771	6,638	2,802	2,505	845	452	659	32,974
Separations not within state of residence (%)	3	2	3	3	2	6	14	3	
Separation rate ^(e)	1.64	1.48	1.57	1.32	1.58	1.72	1.38	3.08	1.56
Standardised separation rate ratio (SRR)	1.05	0.95	1.01	0.85	1.01	1.10	0.88	1.97	
95% confidence interval of SRR	1.03–1.07	0.93–0.97	0.98–1.03	0.82–0.88	0.98–1.05	1.03–1.18	0.80–0.96	1.82–2.12	
Dehydration and gastroenteritis									
Separations ^(d)	15,350	17,280	10,473	4,409	5,901	1,191	538	301	55,469
Separations not within state of residence (%)	3	1	2	1	1	2	8	11	
Separation rate ^(e)	2.09	3.14	2.46	2.06	3.50	2.21	1.66	1.98	2.52
Standardised separation rate ratio (SRR)	0.83	1.25	0.97	0.82	1.39	0.88	0.66	0.79	
95% confidence interval of SRR	0.82–0.84	1.23–1.27	0.96–0.99	0.79–0.84	1.35–1.42	0.83–0.93	0.60–0.71	0.70–0.88	
Dental conditions									
Separations ^(d)	16,274	15,868	11,488	7,160	5,047	929	635	531	57,955
Separations not within state of residence (%)	3	1	1	0	1	3	2	5	
Separation rate ^(e)	2.39	3.06	2.72	3.38	3.23	1.91	1.96	2.21	2.77
Standardised separation rate ratio (SRR)	0.86	1.10	0.98	1.22	1.17	0.69	0.71	0.80	
95% confidence interval of SRR	0.85–0.88	1.09–1.12	0.97–1.00	1.19–1.25	1.13–1.20	0.65–0.74	0.65–0.76	0.73–0.87	
Ear, nose and throat infections									
Separations ^(d)	11,350	8,333	7,634	3,509	3,732	664	407	518	36,153
Separations not within state of residence (%)	3	2	2	1	1	2	8	4	
Separation rate ^(e)	1.67	1.62	1.80	1.67	2.54	1.39	1.18	2.10	1.74
Standardised separation rate ratio (SRR)	0.96	0.93	1.04	0.96	1.46	0.80	0.68	1.21	
95% confidence interval of SRR	0.94–0.98	0.91–0.95	1.01–1.06	0.93–0.99	1.41–1.51	0.74–0.86	0.61–0.74	1.10–1.31	
Gangrene									
Separations ^(d)	1,081	1,432	926	531	317	116	33	129	4,566
Separations not within state of residence (%)	7	1	2	0	2	3	3	3	
Separation rate ^(e)	0.14	0.25	0.22	0.25	0.17	0.21	0.11	0.73	0.20
Standardised separation rate ratio (SRR)	0.71	1.24	1.06	1.20	0.84	1.01	0.53	3.59	
95% confidence interval of SRR	0.67–0.75	1.17–1.30	0.99–1.13	1.10–1.30	0.75–0.93	0.83–1.19	0.35–0.71	2.97–4.21	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Pelvic inflammatory disease									
Separations ^(d)	1,443	1,222	1,093	473	374	87	90	111	4,897
Separations not within state of residence (%)	5	0	2	1	2	4	10	5	
Separation rate ^(e)	0.21	0.23	0.26	0.22	0.24	0.19	0.26	0.47	0.23
Standardised separation rate ratio (SRR)	0.91	1.00	1.12	0.95	1.02	0.81	1.09	1.99	
95% confidence interval of SRR	0.86–0.95	0.94–1.05	1.05–1.18	0.87–1.04	0.92–1.12	0.64–0.98	0.86–1.31	1.62–2.36	
Perforated/bleeding ulcer									
Separations ^(d)	1,679	1,368	962	566	474	105	70	24	5,248
Separations not within state of residence (%)	4	1	2	1	1	0	6	4	
Separation rate ^(e)	0.22	0.24	0.22	0.27	0.25	0.18	0.23	0.20	0.23
Standardised separation rate ratio (SRR)	0.95	1.04	0.97	1.15	1.08	0.78	1.00	0.87	
95% confidence interval of SRR	0.91–1.00	0.98–1.09	0.91–1.03	1.05–1.24	0.98–1.18	0.63–0.93	0.77–1.24	0.52–1.21	
Pyelonephritis									
Separations ^(d)	16,018	13,454	9,873	4,533	3,750	912	685	546	49,782
Separations not within state of residence (%)	2	1	2	1	1	2	4	4	
Separation rate ^(e)	2.13	2.38	2.32	2.14	2.05	1.69	2.22	3.34	2.22
Standardised separation rate ratio (SRR)	0.96	1.07	1.04	0.96	0.92	0.76	1.00	1.50	
95% confidence interval of SRR	0.94–0.97	1.05–1.09	1.02–1.06	0.93–0.99	0.89–0.95	0.71–0.81	0.92–1.07	1.38–1.63	
Total acute conditions									
Separations ^(d)	87,701	76,937	57,811	27,724	25,006	5,635	3,405	3,561	287,865
Proportion of total separations ^(d) (%)	3.7	3.6	3.6	3.5	4.1	n.p.	n.p.	n.p.	3.7
Separations not within state of residence (%)	3	1	2	1	1	3	6	4	
Separation rate ^(e)	12.30	14.26	13.61	13.06	15.24	11.00	10.51	17.92	13.34
Standardised separation rate ratio (SRR)	0.92	1.07	1.02	0.98	1.14	0.82	0.79	1.34	
95% confidence interval of SRR	0.92–0.93	1.06–1.08	1.01–1.03	0.97–0.99	1.13–1.16	0.80–0.85	0.76–0.81	1.30–1.39	
Chronic conditions									
Angina									
Separations ^(d)	10,743	9,800	10,416	2,925	3,025	842	338	329	38,422
Separations not within state of residence (%)	3	2	2	1	2	2	8	4	
Separation rate ^(e)	1.40	1.71	2.41	1.37	1.56	1.42	1.13	2.36	1.69
Standardised separation rate ratio (SRR)	0.83	1.01	1.43	0.81	0.92	0.84	0.67	1.40	
95% confidence interval of SRR	0.82–0.85	0.99–1.03	1.40–1.46	0.78–0.84	0.89–0.96	0.79–0.90	0.60–0.74	1.25–1.55	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Asthma									
Separations ^(d)	12,552	9,561	7,015	3,149	3,841	718	320	326	37,492
Separations not within state of residence (%)	2	2	3	1	2	2	7	5	
Separation rate ^(e)	1.85	1.87	1.66	1.50	2.57	1.50	0.97	1.44	1.80
Standardised separation rate ratio (SRR)	1.03	1.03	0.92	0.83	1.42	0.83	0.54	0.80	
95% confidence interval of SRR	1.01–1.05	1.01–1.06	0.90–0.94	0.80–0.86	1.38–1.47	0.77–0.89	0.48–0.60	0.71–0.89	
Chronic obstructive pulmonary disease									
Separations ^(d)	20,082	14,682	12,544	4,958	5,949	1,577	438	902	61,140
Separations not within state of residence (%)	2	1	2	1	1	2	3	2	
Separation rate ^(e)	2.61	2.55	2.94	2.36	3.06	2.67	1.54	6.32	2.69
Standardised separation rate ratio (SRR)	0.97	0.95	1.09	0.88	1.14	0.99	0.57	2.35	
95% confidence interval of SRR	0.96–0.98	0.93–0.96	1.07–1.11	0.85–0.90	1.11–1.17	0.94–1.04	0.52–0.62	2.20–2.50	
Congestive cardiac failure									
Separations ^(d)	14,956	12,823	8,407	3,564	3,965	1,039	491	317	45,572
Separations not within state of residence (%)	2	2	2	2	2	2	2	2	
Separation rate ^(e)	1.87	2.15	1.97	1.70	1.90	1.70	1.76	2.30	1.95
Standardised separation rate ratio (SRR)	0.96	1.10	1.01	0.87	0.97	0.87	0.90	1.18	
95% confidence interval of SRR	0.94–0.97	1.08–1.12	0.99–1.03	0.84–0.90	0.94–1.00	0.82–0.93	0.82–0.98	1.05–1.31	
Diabetes complications									
Separations ^(d)	52,713	52,738	43,708	62,689	14,306	7,218	1,649	2,007	237,119
Separations not within state of residence (%)	7	9	10	29	8	13	5	13	
Separation rate ^(e)	6.99	9.32	10.29	29.03	7.59	12.63	5.48	13.23	10.58
Standardised separation rate ratio (SRR)	0.66	0.88	0.97	2.74	0.72	1.19	0.52	1.25	
95% confidence interval of SRR	0.66–0.67	0.87–0.89	0.96–0.98	2.72–2.76	0.70–0.73	1.17–1.22	0.49–0.54	1.20–1.30	
Hypertension									
Separations ^(d)	2,241	1,393	1,482	319	538	150	41	17	6,181
Separations not within state of residence (%)	4	2	2	2	1	2	3	31	
Separation rate ^(e)	0.30	0.24	0.34	0.15	0.28	0.27	0.13	0.10	0.27
Standardised separation rate ratio (SRR)	1.08	0.89	1.26	0.55	1.04	0.98	0.48	0.35	
95% confidence interval of SRR	1.04–1.13	0.85–0.94	1.20–1.32	0.49–0.61	0.95–1.13	0.82–1.14	0.33–0.62	0.18–0.51	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2007–08

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Iron deficiency anaemia									
Separations ^(d)	7,413	8,874	4,494	2,893	1,860	769	222	116	26,662
Separations not within state of residence (%)	2	0	1	0	0	0	2	0	
Separation rate ^(e)	0.99	1.59	1.06	1.37	1.01	1.38	0.71	0.71	1.20
Standardised separation rate ratio (SRR)	0.83	1.33	0.88	1.14	0.84	1.15	0.59	0.59	
95% confidence interval of SRR	0.81–0.85	1.30–1.36	0.86–0.91	1.10–1.18	0.80–0.88	1.07–1.23	0.52–0.67	0.49–0.70	
Nutritional deficiencies									
Separations ^(d)	32	23	30	35	5	4	0	14	143
Separations not within state of residence (%)	0	0	0	0	0	0	0	0	
Separation rate ^(e)	0.00	0.00	0.01	0.02	0.00	0.01	0.00	0.05	0.01
Standardised separation rate ratio (SRR)	0.64	0.64	1.07	2.49	0.47	1.12	0.00	7.85	
95% confidence interval of SRR	0.42–0.87	0.38–0.90	0.69–1.46	1.67–3.32	0.06–0.88	n.a.	n.a.	3.74–11.97	
Rheumatic heart disease^(f)									
Separations ^(d)	710	526	734	229	189	35	43	179	2,648
Separations not within state of residence (%)	10	0	0	0	9	30	0	28	
Separation rate ^(e)	0.10	0.09	0.17	0.11	0.10	0.06	0.15	0.79	0.12
Standardised separation rate ratio (SRR)	0.80	0.79	1.44	0.90	0.87	0.50	1.27	6.62	
95% confidence interval of SRR	0.74–0.86	0.72–0.85	1.33–1.54	0.78–1.02	0.75–1.00	0.34–0.67	0.89–1.64	5.65–7.59	
Total chronic conditions									
Separations ^(d)	114,068	103,576	83,904	78,664	31,439	11,935	3,319	3,973	431,023
Proportion of total separations ^(d) (%)	4.8	4.9	5.3	10.0	5.2	n.p.	n.p.	n.p.	5.5
Separations not within state of residence (%)	4	1	1	0	1	1	10	9	
Separation rate ^(e)	15.16	18.35	19.69	36.61	16.93	20.93	11.09	25.53	19.24
Standardised separation rate ratio (SRR)	0.79	0.95	1.02	1.90	0.88	1.09	0.58	1.33	
95% confidence interval of SRR	0.78–0.79	0.95–0.96	1.02–1.03	1.89–1.92	0.87–0.89	1.07–1.11	0.56–0.60	1.29–1.37	
Total selected potentially preventable hospitalisations									
Separations ^(d)	205,651	183,496	144,254	107,346	57,377	17,697	6,938	7,851	730,842
Proportion of total separations ^(d) (%)	8.7	8.6	9.1	13.7	9.4	n.p.	n.p.	n.p.	9.3
Separations not within state of residence (%)	3	1	2	0	1	2	8	7	
Separation rate ^(e)	28.00	33.16	33.90	50.12	32.75	32.18	22.28	44.98	33.13
Standardised separation rate ratio (SRR)	0.85	1.00	1.02	1.51	0.99	0.97	0.67	1.36	
95% confidence interval of SRR	0.84–0.85	1.00–1.01	1.02–1.03	1.50–1.52	0.98–1.00	0.96–0.99	0.66–0.69	1.33–1.39	

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

(b) These conditions are defined using ICD-10-AM codes in *Appendix 1*.

(c) Includes other territories and excludes overseas residents and unknown state of residence.

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

(e) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

(f) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

Table A5.2: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by remoteness area of usual residence, all hospitals, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Vaccine-preventable conditions						
Influenza and pneumonia						
Separations ^(d)	7,135	2,765	1,497	387	295	12,094
Separation rate ^(e)	0.49	0.62	0.73	1.25	1.86	0.56
Standardised separation rate ratio (SRR)	0.87	1.11	1.29	2.22	3.31	
95% confidence interval of SRR	0.85–0.89	1.07–1.15	1.23–1.36	2.00–2.45	2.93–3.69	
Other vaccine-preventable conditions						
Separations ^(d)	2,596	301	193	59	90	3,245
Separation rate ^(e)	0.18	0.07	0.10	0.18	0.52	0.15
Standardised separation rate ratio (SRR)	1.17	0.48	0.65	1.18	3.41	
95% confidence interval of SRR	1.13–1.22	0.42–0.53	0.56–0.75	0.88–1.48	2.71–4.12	
Total vaccine-preventable						
Separations ^(d)	9,721	3,065	1,689	446	383	15,325
Proportion of total separations(%)	0.2	0.2	0.2	0.3	0.5	0.2
Separation rate ^(e)	0.67	0.69	0.83	1.43	2.36	0.71
Standardised separation rate ratio (SRR)	0.94	0.98	1.16	2.01	3.32	
95% confidence interval of SRR	0.92–0.95	0.94–1.01	1.10–1.21	1.82–2.19	2.99–3.65	
Acute conditions						
Appendicitis with generalised peritonitis						
Separations ^(d)	2,512	736	404	69	56	3,780
Separation rate ^(e)	0.18	0.18	0.20	0.22	0.33	0.18
Standardised separation rate ratio (SRR)	0.98	0.98	1.13	1.24	1.85	
95% confidence interval of SRR	0.94–1.01	0.91–1.05	1.02–1.24	0.95–1.54	1.36–2.33	
Cellulitis						
Separations ^(d)	22,224	8,237	4,672	1,152	884	37,232
Separation rate ^(e)	1.50	1.85	2.27	3.79	5.80	1.71
Standardised separation rate ratio (SRR)	0.88	1.09	1.33	2.22	3.39	
95% confidence interval of SRR	0.87–0.89	1.06–1.11	1.29–1.37	2.09–2.34	3.17–3.62	
Convulsions and epilepsy						
Separations ^(d)	20,283	7,087	3,702	1,145	658	32,974
Separation rate ^(e)	1.41	1.75	1.88	3.58	4.01	1.57
Standardised separation rate ratio (SRR)	0.90	1.11	1.19	2.27	2.55	
95% confidence interval of SRR	0.89–0.91	1.09–1.14	1.16–1.23	2.14–2.40	2.35–2.74	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by remoteness area of usual residence, all hospitals, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Dehydration and gastroenteritis						
Separations ^(d)	34,682	12,224	6,783	1,093	630	55,469
Separation rate ^(e)	2.33	2.78	3.35	3.77	4.72	2.55
Standardised separation rate ratio (SRR)	0.92	1.09	1.31	1.48	1.85	
95% confidence interval of SRR	0.91–0.93	1.07–1.11	1.28–1.35	1.39–1.57	1.71–2.00	
Dental conditions						
Separations ^(d)	37,121	12,803	6,134	1,163	711	57,955
Separation rate ^(e)	2.63	3.13	3.09	3.49	3.67	2.79
Standardised separation rate ratio (SRR)	0.94	1.12	1.11	1.25	1.32	
95% confidence interval of SRR	0.93–0.95	1.10–1.14	1.08–1.14	1.18–1.32	1.22–1.41	
Ear, nose and throat infections						
Separations ^(d)	21,695	7,881	4,665	1,191	673	36,153
Separation rate ^(e)	1.54	1.98	2.40	3.55	3.36	1.76
Standardised separation rate ratio (SRR)	0.88	1.13	1.37	2.02	1.91	
95% confidence interval of SRR	0.86–0.89	1.10–1.15	1.33–1.41	1.91–2.14	1.77–2.06	
Gangrene						
Separations ^(d)	2,751	950	492	197	170	4,566
Separation rate ^(e)	0.18	0.20	0.23	0.65	1.22	0.21
Standardised separation rate ratio (SRR)	0.89	0.99	1.12	3.15	5.91	
95% confidence interval of SRR	0.86–0.92	0.93–1.05	1.02–1.22	2.71–3.59	5.02–6.80	
Pelvic inflammatory disease						
Separations ^(d)	3,134	964	515	158	122	4,897
Separation rate ^(e)	0.21	0.26	0.28	0.51	0.71	0.24
Standardised separation rate ratio (SRR)	0.91	1.09	1.19	2.18	3.00	
95% confidence interval of SRR	0.88–0.94	1.02–1.16	1.09–1.29	1.84–2.52	2.47–3.53	
Perforated/bleeding ulcer						
Separations ^(d)	3,509	1,083	552	66	34	5,248
Separation rate ^(e)	0.23	0.22	0.26	0.24	0.31	0.23
Standardised separation rate ratio (SRR)	1.00	0.96	1.09	1.01	1.30	
95% confidence interval of SRR	0.96–1.03	0.90–1.01	1.00–1.19	0.77–1.25	0.86–1.74	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by remoteness area of usual residence, all hospitals, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Pyelonephritis						
Separations ^(d)	33,822	9,611	4,681	925	689	49,782
Separation rate ^(e)	2.25	2.09	2.27	3.21	5.24	2.25
Standardised separation rate ratio (SRR)	1.00	0.93	1.01	1.43	2.33	
95% confidence interval of SRR	0.99–1.01	0.91–0.95	0.98–1.04	1.34–1.52	2.15–2.50	
Total acute conditions						
Separations ^(d)	181,609	61,545	32,577	7,154	4,619	287,865
Proportion of total separations(%)	3.4	3.9	4.3	5.5	5.7	3.7
Separation rate ^(e)	12.46	14.44	16.23	22.99	29.28	13.47
Standardised separation rate ratio (SRR)	0.92	1.07	1.20	1.71	2.17	
95% confidence interval of SRR	0.92–0.93	1.06–1.08	1.19–1.22	1.67–1.75	2.11–2.24	
Chronic conditions						
Angina						
Separations ^(d)	21,976	10,599	4,658	844	309	38,422
Separation rate ^(e)	1.47	2.13	2.11	2.92	2.48	1.71
Standardised separation rate ratio (SRR)	0.86	1.25	1.24	1.71	1.46	
95% confidence interval of SRR	0.85–0.87	1.23–1.27	1.20–1.27	1.60–1.83	1.29–1.62	
Asthma						
Separations ^(d)	24,665	7,499	4,093	742	454	37,492
Separation rate ^(e)	1.77	1.85	2.06	2.25	2.60	1.82
Standardised separation rate ratio (SRR)	0.97	1.02	1.13	1.24	1.43	
95% confidence interval of SRR	0.96–0.98	0.99–1.04	1.10–1.16	1.15–1.33	1.30–1.56	
Chronic obstructive pulmonary disease						
Separations ^(d)	36,565	14,289	7,862	1,541	815	61,139
Separation rate ^(e)	2.45	2.84	3.56	5.55	7.22	2.72
Standardised separation rate ratio (SRR)	0.90	1.04	1.31	2.04	2.65	
95% confidence interval of SRR	0.89–0.91	1.03–1.06	1.28–1.34	1.94–2.14	2.47–2.83	
Congestive cardiac failure						
Separations ^(d)	29,121	9,923	5,312	775	416	45,572
Separation rate ^(e)	1.88	1.94	2.46	3.02	3.75	1.98
Standardised separation rate ratio (SRR)	0.95	0.98	1.24	1.53	1.90	
95% confidence interval of SRR	0.94–0.96	0.96–1.00	1.21–1.28	1.42–1.63	1.72–2.08	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by remoteness area of usual residence, all hospitals, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Diabetes complications						
Separations ^(d)	137,650	53,583	30,604	11,321	3,872	237,118
Separation rate ^(e)	9.37	11.00	13.96	36.29	28.49	10.70
Standardised separation rate ratio (SRR)	0.88	1.03	1.31	3.39	2.66	
95% confidence interval of SRR	0.87–0.88	1.02–1.04	1.29–1.32	3.33–3.46	2.58–2.75	
Hypertension						
Separations ^(d)	3,215	1,531	1,141	176	112	6,181
Separation rate ^(e)	0.22	0.32	0.53	0.66	1.03	0.28
Standardised separation rate ratio (SRR)	0.78	1.15	1.91	2.39	3.72	
95% confidence interval of SRR	0.75–0.81	1.09–1.21	1.80–2.02	2.03–2.74	3.03–4.41	
Iron deficiency anaemia						
Separations ^(d)	18,258	5,697	2,375	198	126	26,662
Separation rate ^(e)	1.24	1.20	1.11	0.72	0.90	1.21
Standardised separation rate ratio (SRR)	1.02	1.00	0.91	0.59	0.75	
95% confidence interval of SRR	1.01–1.04	0.97–1.02	0.88–0.95	0.51–0.67	0.62–0.88	
Nutritional deficiencies						
Separations ^(d)	83	21	20	9	10	143
Separation rate ^(e)	0.01	0.00	0.01	0.03	0.04	0.01
Standardised separation rate ratio (SRR)	0.86	0.71	1.43	4.07	6.48	
95% confidence interval of SRR	0.67–1.04	0.40–1.01	0.80–2.05	1.41–6.73	2.47–10.50	
Rheumatic heart disease^(f)						
Separations ^(d)	1,484	597	265	116	182	2,648
Separation rate ^(e)	0.10	0.12	0.12	0.37	1.02	0.12
Standardised separation rate ratio (SRR)	0.84	1.01	0.99	3.09	8.47	
95% confidence interval of SRR	0.80–0.88	0.93–1.09	0.87–1.11	2.52–3.65	7.24–9.70	
Total chronic conditions						
Separations ^(d)	257,808	98,207	53,491	15,218	6,036	431,021
Proportion of total separations(%)	4.9	6.2	7.1	11.7	7.5	5.5
Separation rate ^(e)	17.47	20.32	24.62	50.02	45.43	19.46
Standardised separation rate ratio (SRR)	0.90	1.04	1.27	2.57	2.34	
95% confidence interval of SRR	0.89–0.90	1.04–1.05	1.25–1.28	2.53–2.61	2.28–2.39	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by remoteness area of usual residence, all hospitals, 2007–08

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(c)
Total potentially preventable hospitalisations						
Separations ^(d)	447,168	162,145	87,298	22,677	10,910	730,840
Proportion of total separations(%)	8.5	10.3	11.6	17.4	13.5	9.3
Separation rate ^(e)	30.46	35.31	41.45	73.98	76.15	33.48
Standardised separation rate ratio (SRR)	0.91	1.05	1.24	2.21	2.27	
95% confidence interval of SRR	0.91–0.91	1.05–1.06	1.23–1.25	2.18–2.24	2.23–2.32	

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

(b) These conditions are defined using ICD-10-AM codes in *Appendix 1*.

(c) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

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

(e) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

(f) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

n.p. Not published.

Table A5.3: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Vaccine-preventable conditions						
Influenza and pneumonia						
Separations ^(e)	3,116	2,543	2,297	2,084	2,043	12,094
Separation rate ^(f)	0.72	0.59	0.54	0.52	0.49	0.57
Standardised separation rate ratio (SRR)	1.26	1.03	0.95	0.90	0.85	
95% confidence interval of SRR	1.22–1.30	0.99–1.07	0.91–0.99	0.86–0.94	0.82–0.89	
Other vaccine-preventable conditions						
Separations ^(e)	713	532	535	748	714	3,245
Separation rate ^(f)	0.17	0.13	0.13	0.18	0.17	0.15
Standardised separation rate ratio (SRR)	1.12	0.83	0.81	1.19	1.08	
95% confidence interval of SRR	1.03–1.20	0.76–0.90	0.75–0.88	1.10–1.27	1.00–1.16	
Total vaccine-preventable						
Separations ^(e)	3,825	3,075	2,831	2,826	2,754	15,325
Proportion of total separations (%)	0.2	0.2	0.2	0.2	0.2	0.2
Separation rate ^(f)	0.89	0.72	0.67	0.70	0.66	0.73
Standardised separation rate ratio (SRR)	1.23	0.99	0.92	0.96	0.90	
95% confidence interval of SRR	1.19–1.27	0.96–1.03	0.89–0.95	0.92–0.99	0.87–0.93	
Acute conditions						
Appendicitis with generalised peritonitis						
Separations ^(e)	761	713	801	799	703	3,780
Separation rate ^(f)	0.18	0.18	0.19	0.20	0.17	0.18
Standardised separation rate ratio (SRR)	1.00	0.96	1.04	1.07	0.93	
95% confidence interval of SRR	0.93–1.07	0.89–1.03	0.97–1.11	0.99–1.14	0.86–1.00	
Cellulitis						
Separations ^(e)	9,484	7,817	7,201	6,713	5,978	37,232
Separation rate ^(f)	2.21	1.82	1.69	1.64	1.39	1.75
Standardised separation rate ratio (SRR)	1.27	1.04	0.97	0.94	0.79	
95% confidence interval of SRR	1.24–1.29	1.02–1.06	0.94–0.99	0.91–0.96	0.77–0.81	
Convulsions and epilepsy						
Separations ^(e)	8,330	6,981	6,710	5,731	5,183	32,974
Separation rate ^(f)	2.01	1.73	1.61	1.40	1.27	1.60
Standardised separation rate ratio (SRR)	1.26	1.08	1.00	0.88	0.79	
95% confidence interval of SRR	1.23–1.28	1.06–1.11	0.98–1.03	0.85–0.90	0.77–0.81	

(continued)

Table A5.3 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/
disadvantage^(c), all hospitals, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Dehydration and gastroenteritis						
Separations ^(e)	14,009	11,180	10,169	10,864	9,199	55,469
Separation rate ^(f)	3.26	2.61	2.38	2.64	2.14	2.60
Standardised separation rate ratio (SRR)	1.25	1.00	0.91	1.02	0.82	
95% confidence interval of SRR	1.23–1.27	0.98–1.02	0.89–0.93	1.00–1.03	0.81–0.84	
Dental conditions						
Separations ^(e)	11,738	11,993	12,004	11,120	11,081	57,955
Separation rate ^(f)	2.83	3.00	2.89	2.73	2.71	2.83
Standardised separation rate ratio (SRR)	1.00	1.06	1.02	0.96	0.96	
95% confidence interval of SRR	0.98–1.02	1.04–1.08	1.00–1.04	0.95–0.98	0.94–0.98	
Ear, nose and throat infections						
Separations ^(e)	8,934	8,009	7,455	6,476	5,244	36,153
Separation rate ^(f)	2.15	2.03	1.81	1.60	1.33	1.79
Standardised separation rate ratio (SRR)	1.20	1.14	1.01	0.89	0.74	
95% confidence interval of SRR	1.18–1.23	1.11–1.16	0.99–1.03	0.87–0.92	0.72–0.76	
Gangrene						
Separations ^(e)	1,154	919	883	827	778	4,566
Separation rate ^(f)	0.26	0.21	0.21	0.20	0.18	0.21
Standardised separation rate ratio (SRR)	1.24	0.98	0.97	0.95	0.84	
95% confidence interval of SRR	1.17–1.32	0.92–1.05	0.91–1.04	0.89–1.02	0.79–0.90	
Pelvic inflammatory disease						
Separations ^(e)	1,035	1,046	1,062	957	793	4,897
Separation rate ^(f)	0.26	0.27	0.25	0.23	0.19	0.24
Standardised separation rate ratio (SRR)	1.10	1.13	1.05	0.95	0.78	
95% confidence interval of SRR	1.03–1.17	1.06–1.20	0.98–1.11	0.89–1.01	0.73–0.84	
Perforated/bleeding ulcer						
Separations ^(e)	1,272	1,051	1,027	1,015	879	5,248
Separation rate ^(f)	0.29	0.23	0.24	0.25	0.20	0.24
Standardised separation rate ratio (SRR)	1.18	0.95	0.99	1.05	0.83	
95% confidence interval of SRR	1.12–1.25	0.89–1.01	0.93–1.05	0.98–1.11	0.78–0.89	

(continued)

Table A5.3 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/
disadvantage^(c), all hospitals, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Pyelonephritis						
Separations ^(e)	11,216	10,011	9,993	9,424	9,091	49,782
Separation rate ^(f)	2.56	2.25	2.33	2.32	2.08	2.31
Standardised separation rate ratio (SRR)	1.11	0.98	1.01	1.00	0.90	
95% confidence interval of SRR	1.09–1.13	0.96–0.99	0.99–1.03	0.98–1.02	0.88–0.92	
Total acute conditions						
Separations ^(e)	67,889	59,684	57,276	53,898	48,875	287,865
Proportion of total separations (%)	4.0	3.7	3.7	3.7	3.2	3.7
Separation rate ^(f)	16.02	14.32	13.58	13.20	11.64	13.75
Standardised separation rate ratio (SRR)	1.17	1.04	0.99	0.96	0.85	
95% confidence interval of SRR	1.16–1.17	1.03–1.05	0.98–1.00	0.95–0.97	0.84–0.85	
Chronic conditions						
Angina						
Separations ^(e)	11,739	9,187	7,033	6,507	3,934	38,422
Separation rate ^(f)	2.59	1.97	1.63	1.61	0.90	1.75
Standardised separation rate ratio (SRR)	1.48	1.12	0.93	0.92	0.51	
95% confidence interval of SRR	1.45–1.50	1.10–1.15	0.91–0.95	0.90–0.94	0.50–0.53	
Asthma						
Separations ^(e)	9,388	7,874	7,902	6,880	5,423	37,492
Separation rate ^(f)	2.25	1.98	1.92	1.71	1.39	1.85
Standardised separation rate ratio (SRR)	1.21	1.07	1.04	0.92	0.75	
95% confidence interval of SRR	1.19–1.24	1.04–1.09	1.01–1.06	0.90–0.95	0.73–0.77	
Chronic obstructive pulmonary disease						
Separations ^(e)	17,850	13,866	11,830	10,047	7,485	61,140
Separation rate ^(f)	3.89	2.91	2.76	2.54	1.74	2.80
Standardised separation rate ratio (SRR)	1.39	1.04	0.99	0.91	0.62	
95% confidence interval of SRR	1.37–1.41	1.03–1.06	0.97–1.01	0.89–0.93	0.61–0.64	
Congestive cardiac failure						
Separations ^(e)	11,728	9,507	8,515	8,208	7,592	45,572
Separation rate ^(f)	2.54	1.97	1.96	2.03	1.67	2.04
Standardised separation rate ratio (SRR)	1.24	0.96	0.96	1.00	0.82	
95% confidence interval of SRR	1.22–1.27	0.95–0.98	0.94–0.98	0.98–1.02	0.80–0.84	

(continued)

Table A5.3 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Diabetes complications						
Separations ^(e)	61,574	56,162	52,710	39,700	26,906	237,119
Separation rate ^(f)	13.69	12.17	12.32	9.94	6.40	10.96
Standardised separation rate ratio (SRR)	1.25	1.11	1.12	0.91	0.58	
95% confidence interval of SRR	1.24–1.26	1.10–1.12	1.11–1.13	0.90–0.92	0.58–0.59	
Hypertension						
Separations ^(e)	1,951	1,435	931	974	887	6,181
Separation rate ^(f)	0.44	0.31	0.22	0.24	0.20	0.28
Standardised separation rate ratio (SRR)	1.54	1.11	0.77	0.85	0.72	
95% confidence interval of SRR	1.47–1.60	1.05–1.17	0.72–0.82	0.80–0.90	0.67–0.77	
Iron deficiency anaemia						
Separations ^(e)	5,860	5,417	5,061	5,418	4,898	26,662
Separation rate ^(f)	1.32	1.20	1.19	1.34	1.14	1.24
Standardised separation rate ratio (SRR)	1.07	0.97	0.96	1.08	0.92	
95% confidence interval of SRR	1.04–1.10	0.94–1.00	0.93–0.98	1.05–1.11	0.89–0.94	
Nutritional deficiencies						
Separations ^(e)	39	34	33	13	24	143
Separation rate ^(f)	0.01	0.01	0.01	0.00	0.01	0.01
Standardised separation rate ratio (SRR)	1.32	1.15	1.15	0.48	0.84	
95% confidence interval of SRR	0.90–1.73	0.76–1.53	0.76–1.55	0.22–0.73	0.51–1.18	
Rheumatic heart disease^(g)						
Separations ^(e)	762	521	495	440	428	2,648
Separation rate ^(f)	0.17	0.11	0.12	0.11	0.10	0.12
Standardised separation rate ratio (SRR)	1.41	0.91	0.94	0.89	0.83	
95% confidence interval of SRR	1.31–1.51	0.84–0.99	0.86–1.03	0.81–0.97	0.75–0.91	
Total chronic conditions						
Separations ^(e)	113,934	98,460	89,699	74,129	54,600	431,023
Proportion of total separations (%)	6.8	6.2	5.7	5.0	3.6	5.5
Separation rate ^(f)	25.37	21.47	21.01	18.50	12.86	19.94
Standardised separation rate ratio (SRR)	1.27	1.08	1.05	0.93	0.64	
95% confidence interval of SRR	1.27–1.28	1.07–1.08	1.05–1.06	0.92–0.93	0.64–0.65	

(continued)

Table A5.3 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2007–08

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Total potentially preventable hospitalisations						
Separations ^(e)	184,690	160,473	149,148	130,248	105,826	730,842
Proportion of total separations (%)	11.0	10.1	9.5	8.9	6.9	9.3
Separation rate ^(f)	42.07	36.34	35.10	32.25	25.06	34.26
Standardised separation rate ratio (SRR)	1.23	1.06	1.02	0.94	0.73	
95% confidence interval of SRR	1.22–1.23	1.06–1.07	1.02–1.03	0.94–0.95	0.73–0.74	

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

(b) These conditions are defined using ICD-10-AM codes in *Appendix 1*.

(c) Based on the Australian Bureau of Statistics' SEIFA 2006 Index of Relative Advantage/Disadvantage score for the Statistical Local Area of the patient's usual residence.

(d) Includes unknown residence area and excludes overseas residents and unknown state of residence.

(e) Excludes multiple diagnoses for the same separation within the same group.

(f) Rate per 1,000 population was directly age-standardised as detailed in *Appendix 1*.

(g) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

Appendix 6: The state of our public hospitals, June 2009 report

The state of our public hospitals, June 2009 report is to be published by the Australian Government Department of Health and Ageing. It is the responsibility of the Commonwealth under Part 3 of the 2003–2008 Australian Health Care Agreements to publish this report.

The state of our public hospitals, June 2009 report is expected to present a range of data on public and private hospitals relating to the 2007–08 financial year, using data supplied to the Department by the states and territories, and some previously published data, including data in *Australian hospital statistics*.

There may be some statistics on public hospitals in *The state of our public hospitals, June 2009 report* that differ from statistics presented in *Australian hospital statistics 2007–08*. While these statistics are both based on the same national minimum datasets specified in the *National health data dictionary*, differences result from minor variations in the analysis methods used to derive particular statistics.

Notes on any differences between the two reports will be published on the *Australian hospital statistics 2007–08* Internet site after *The state of our public hospitals, June 2009* is published.

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Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National health data dictionary version 12, version 12 supplement and version 13* (NHDC 2003, AIHW 2004b, HDSC 2006). Each definition contains an identification number from the Metadata Online Registry (METeOR). METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics, and specifications for related national minimum data sets (NMDs), such as the NMDs which form the basis of this report. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

<i>Accident and emergency occasion of service</i>	A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a <i>Type of non-admitted patient occasion of service</i> type of <i>Emergency services</i> .
<i>Activity when injured</i>	The type of activity being undertaken by a person at the time of injury. METeOR identifier: 333849
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospital</i>	See <i>Establishment type</i> .
<i>Additional diagnosis</i>	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care. METeOR identifier: 333832
<i>Adjustment</i>	A summarising procedure for a statistical measure in which the effects of differences in composition of the populations being compared have been minimised by statistical methods.
<i>Administrative and clerical staff</i>	See <i>Full-time equivalent staff</i> .
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation). METeOR identifier: 270107
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR identifier: 268957
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction or <i>IFRAC</i> .
<i>Adverse event</i>	An incident in which harm resulted to a person receiving health care.
<i>Age-standardisation</i>	A set of techniques used to remove as far as possible the effects of differences in age when comparing two or more populations.
<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .
<i>Arrival mode—transport</i>	The mode of transport by which the person arrives at the emergency department. METeOR identifier: 270000
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of diagnosis related groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services. METeOR identifier: 270195

<i>Available beds</i>	<p>Beds immediately available for use by admitted patients as required.</p> <p>METeOR identifier: 270133</p>
<i>Average length of stay</i>	<p>The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of 1 day.</p>
<i>Capital expenditure</i>	<p>Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years).</p> <p>METeOR identifier: 270516</p>
<i>Care type</i>	<p>The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).</p> <p>Admitted patient care consists of the following categories:</p> <ul style="list-style-type: none"> Acute care Rehabilitation care Palliative care Geriatric evaluation and management Psychogeriatric care Maintenance care Newborn care Other care <p>Other care is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following:</p> <ul style="list-style-type: none"> Posthumous organ procurement Hospital boarder <p>METeOR identifier: 270174</p>
<i>Casemix</i>	<p>The range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.</p>
<i>Chronic</i>	<p>Persistent and long-lasting.</p>
<i>Clinical urgency</i>	<p>A clinical assessment of the urgency with which a patient requires elective hospital care.</p> <p>METeOR identifier: 270008</p>
<i>Compensable patient</i>	<p>An individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.</p> <p>METeOR identifier: 270100</p>
<i>Condition onset flag</i>	<p>The condition onset flag is a means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. Having this information can provide an insight into the kinds of conditions patients already have when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies particularly in relation to complications of medical care.</p> <p>METeOR identifier: 354816</p>
<i>Cost weight</i>	<p>The costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0, therefore, on average, costs 10 times as much as a separation with a cost weight of 0.5. There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. In this report, average cost weights using public cost weights are based on AR-DRG version 5.1 2006–07 public sector estimated cost weights (DoHA 2008). These were applied to AR-DRG version 5.1 DRGs for 2003–04 to 2007–08 reference years. Average private cost weights for the private sector (presented in tables 2.3 and 2.4 in this report) use the most recent private sector estimated cost weights are based on the AR-DRG version 5.1 2006–07 (DoHA 2008) applied to AR-DRG version 5.1 DRGs.</p>

<i>Department of Veterans' Affairs patient</i>	<p>A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the DVA.</p> <p>METeOR identifier: 270092</p>
<i>Diagnosis related group (DRG)</i>	<p>A widely used casemix classification system used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals, <i>Australian Refined DRGs</i> are used.</p> <p>METeOR identifier: 270195</p>
<i>Diagnostic and allied health professionals</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic and other staff</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic services expenditure</i>	<p>The cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs.</p> <p>METeOR identifier: 270283</p>
<i>Drug supplies expenditure</i>	<p>The cost of all drugs, including the cost of containers.</p> <p>METeOR identifier: 270282</p>
<i>Elective care</i>	<p>Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours.</p> <p>METeOR identifier: 335023</p>
<i>Elective surgery</i>	<p>Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services.</p> <p>METeOR identifier: 270589</p>
<i>Elective surgical separation</i>	<p>Separation for which the urgency of admission was reported as Elective (admission could be delayed by at least 24 hours) and where the assigned Diagnosis Related Group was Surgical (excluding childbirth-related DRGs), and the principal diagnosis was not Z41 (cosmetic surgery).</p>
<i>Emergency department waiting time to service delivery</i>	<p>The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event.</p> <p>METeOR identifier: 270007</p>
<i>Enrolled nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Episode end status</i>	<p>The status of the patient at the end of the non-admitted patient emergency department occasion of service.</p> <p>METeOR identifier: 322641</p>
<i>Episode of care</i>	<p>The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>).</p> <p>METeOR identifier: 270174 (Care type)</p> <p>METeOR identifier: 268956 (Episode of admitted patient care)</p>
<i>Error DRGs</i>	<p>AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.</p>

<i>Establishment type</i>	<p>Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. Establishment types include:</p> <ul style="list-style-type: none"> Acute care hospitals Psychiatric hospitals Alcohol and drug treatment centres Hospices <p>METeOR identifier: 269971</p>
<i>External cause</i>	<p>The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.</p> <p>METeOR identifier: 333853</p>
<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee, where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee, where applicable) under the relevant award or agreement for the staff member (or contract employee occupation, where applicable). Staffing categories include:</p> <ul style="list-style-type: none"> Salaried medical officers Registered nurses Enrolled nurses Student nurses Other personal care staff Diagnostic and allied health professionals Administrative and clerical staff Domestic and other staff <p>METeOR identifier: 270543</p>
<i>Funding source for hospital patient</i>	<p>Expected principal source of funds for an admitted patient episode or non-admitted patient service event.</p> <p>METeOR identifier: 270103</p>
<i>Geriatric evaluation and management</i>	See <i>Care type</i> .
<i>Group session</i>	<p>A service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual.</p> <p>METeOR identifier: 269119</p>
<i>HASAC (Health and Allied Services Advisory Council) ratio</i>	For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by the HASAC ratio (see <i>Appendix 1</i>).
<i>Hospice</i>	See <i>Establishment type</i> .
<i>Hospital</i>	<p>A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients.</p> <p>METeOR identifier: 268971</p>
<i>Hospital boarder</i>	See <i>Care type</i> .
<i>Hospital-in-the-home care</i>	<p>Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary.</p> <p>METeOR identifier: 270305</p>
<i>IFRAC (inpatient fraction)</i>	A measure used to calculate the cost per casemix-adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion ratio (see <i>Appendix 1</i>).
<i>Indicator procedure</i>	<p>A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision.</p> <p>METeOR identifier: 334984</p>

<i>Indigenous status</i>	<p>A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:</p> <p>An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.</p> <p>METeOR identifier: 291036</p>
<i>Inpatient</i>	<p>See <i>Admitted patient</i>.</p> <p>METeOR identifier: 268957</p>
<i>Interactive data cubes</i>	<p>A multidimensional representation of data which provides fast retrieval from multiple layers of information.</p>
<i>International Classification of Diseases (ICD)</i>	<p>The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th revision, Australian modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.</p>
<i>Inter-hospital contracted care</i>	<p>An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals.</p> <p>METeOR identifier: 270409</p>
<i>Length of stay</i>	<p>The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day.</p> <p>METeOR identifier: 269982</p>
<i>Licensed bed</i>	<p>A bed in a private hospital, licensed by the relevant state or territory health authority.</p>
<i>Maintenance care</i>	<p>See <i>Care type</i>.</p>
<i>Major diagnostic categories (MDCs)</i>	<p>A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body.</p> <p>METeOR identifier: 270400</p>
<i>Medical and surgical supplies expenditure</i>	<p>The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.</p> <p>METeOR identifier: 270358</p>
<i>Mode of admission</i>	<p>The mechanism by which a person begins an episode of admitted patient care.</p> <p>METeOR identifier: 269976</p>
<i>Mode of separation</i>	<p>Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable).</p> <p>METeOR identifier: 270094</p>
<i>National health data dictionary (NHDD)</i>	<p>A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.</p>
<i>Newborn care</i>	<p>See <i>Care type</i>.</p>
<i>Non-admitted patient</i>	<p>A patient who receives care from a recognised non-admitted patient service/clinic of a hospital.</p> <p>METeOR identifier: 268973</p>
<i>Non-admitted patient occasion of service</i>	<p>Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service.</p> <p>METeOR identifier: 270506</p>
<i>Number of days of hospital-in-the-home care</i>	<p>The number of hospital-in-the-home days occurring within an episode of care for an admitted patient.</p> <p>METeOR identifier: 270305</p>
<i>Occasion of service</i>	<p>Non-admitted patient occasion of service.</p>

<i>Other care</i>	See <i>Care type</i> .
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. METeOR identifier: 270126
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 270128
<i>Outpatient</i>	See <i>Non-admitted patient</i> . METeOR identifier: 268973
<i>Outpatient clinic service</i>	An examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital. METeOR identifier: 327310
<i>Outpatient clinic type</i>	The nature of services which are provided by <i>Outpatient clinic services</i> . METeOR identifier: 291073
<i>Overnight-stay patient</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night (that is, who is admitted to and separated from the hospital on different dates).
<i>Palliative care</i>	See <i>Care type</i> .
<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated 1 patient day. METeOR identifier: 270045
<i>Patient election status</i>	Accommodation chargeable status elected by patient on admission. The categories are: Public (receives public hospital services free of charge) Private (does not receive hospital services free of charge) METeOR identifier: 270044
<i>Patient presentation at emergency department</i>	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged. METeOR identifier: 270393
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 270047
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. METeOR identifier: 270048
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis. METeOR identifier: 270049
<i>Peer group</i>	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
<i>Percentile</i>	Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.
<i>Performance indicator</i>	A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 333874

<i>Posthumous organ procurement</i>	See <i>Care type</i> .
<i>Potentially preventable hospitalisation (selected)</i>	Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.
<i>Pre-MDC (Pre-major diagnostic category)</i>	Twelve AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. METeOR identifier: 333838
<i>Private hospital</i>	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See also <i>Establishment type</i> .
<i>Private patient</i>	A patient admitted to a hospital who decides to choose the doctor(s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in the acute care setting. METeOR identifier: 333828
<i>Psychiatric hospital</i>	See <i>Establishment type</i> .
<i>Psychogeriatric care</i>	See <i>Care type</i> .
<i>Public hospital</i>	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients. See also <i>Establishment type</i> .
<i>Public patient</i>	A patient admitted to a hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared accommodation. This means the patient is not charged.
<i>Qualified days</i>	The number of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are 9 days old or less. A newborn day is qualified (acute) when a newborn meets at least one of the following criteria: <ul style="list-style-type: none"> is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care remains in hospital without its mother is admitted to the hospital without its mother. METeOR identifier: 268957 (Admitted patient) and METeOR identifier: 270033 (Newborn qualification status)
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This includes income from provision of meals and accommodation to hospital staff, income from the use of hospital facilities for private practice and some recoveries relating to inter-hospital services. METeOR identifier: 269974
<i>Recurrent expenditure</i>	Expenditure on goods and services which are used up during the year; for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. METeOR identifier: 269132
<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .

<i>Relative stay index (RSI)</i>	The actual number of patient days for acute care separations in selected AR–DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See <i>Appendix 1</i> for further information.
<i>Remoteness area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility /Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The categories are:</p> <ul style="list-style-type: none"> Major cities Inner regional Outer regional Remote Very remote Migratory.
<i>Removal from waiting list</i>	<p>The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are:</p> <ol style="list-style-type: none"> 1 Admitted as an elective patient for awaited procedure in this hospital or another hospital 2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital 3 Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) 4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list 5 Surgery not required or declined 6 Transferred to another hospital's waiting list 9 Not known. <p>METeOR identifier: 269959</p>
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings and minor additional works.</p> <p>METeOR identifier: 269970</p>
<i>Salaried medical officers</i>	See <i>Full-time equivalent staff</i> .
<i>Same-day patient</i>	An admitted patient who is admitted and separates on the same date.
<i>Separation</i>	An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.
<i>Separation rate</i>	<p>The total number of episodes of care for admitted patients divided by the total number of persons in the population under study.</p> <p>Often presented as a rate per 1,000 or 10,000 members of a population. Rates may be crude or standardised (see <i>Appendix 1</i>).</p>
<i>Separation rate ratio</i>	The separation rate for one population divided by the separation rate of another.
<i>Separations</i>	<p>The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period.</p> <p>METeOR identifier: 270407</p>
<i>Service related group (SRG)</i>	A classification based on Australian Refined Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.

<i>Specialised service</i>	<p>A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as an intensive care unit.</p> <p>METeOR identifier: 269612</p>
<i>Student nurses</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Superannuation employer contributions</i>	<p>Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority.</p> <p>METeOR identifier: 270371</p>
<i>Surgical procedure</i>	<p>A procedure used to define surgical Australian Refined Diagnosis Related Groups' version 5.1 (DoHA 2004).</p>
<i>Surgical specialty</i>	<p>The area of clinical expertise held by the doctor who will perform the surgery of interest.</p> <p>METeOR identifier: 270146</p>
<i>Triage category</i>	<p>Used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner.</p> <p>METeOR identifier: 270078</p>
<i>Type of non-admitted patient occasion of service</i>	<p>A broad classification of services provided to non-admitted patients, including emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing and other outreach.</p> <p>METeOR identifier: 270395, 270502–270514 (Type of non-admitted patient occasion of service)</p>
<i>Visiting medical officer</i>	<p>A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee-for-service basis.</p> <p>METeOR identifier: 270049</p>
<i>Waiting time at admission</i>	<p>The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure.</p> <p>METeOR identifier: 269477</p>

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