

# **Australian hospital statistics 2004–05**

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Number 26

# **Australian hospital statistics 2004–05**

Australian Institute of Health and Welfare  
Canberra

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# Foreword

*Australian hospital statistics 2004–05* continues the Australian Institute of Health and Welfare's comprehensive annual reporting on Australia's hospitals. Detailed information is presented on hospital care and hospitals in 2004–05, as are summaries of changes over time, and comparisons between public and private hospitals.

This year, improvements have been made to the presentation of data on care provided in emergency departments in public hospitals. Information on median waiting times and lengths of time waited at the 90th percentile are presented, in addition to information on the proportion of patients seen on time. Graphs on emergency department episodes by time of day show for the first time that, nationally, highest numbers of patients present at emergency departments between 8am and 12 noon.

Another innovation this year reflects our drive to improve the quality of Indigenous status in the data—thus providing a stronger evidence base for policy makers to use. Information on hospitalisation rates for Indigenous patients is presented only for those states and territories for which the quality of the Indigenous status data was considered to be adequate. This follows an AIHW study in 2005 in which a detailed assessment of the quality of the data was made, and analysis guidelines were developed that take it into account.

An enhancement has also been made to the statistics presented on the cost per casemix-adjusted separation, a statistic that has been used for a number of years as an indicator of efficiency in public hospitals. For the first time, estimates of the cost per casemix-adjusted separation have been made both with and without depreciation included for most states and territories.

Timeliness is an important quality for statistical reports and, once again this year, publication is within 11 months of the end of the reference period. We thank the contributions of state and territory health authority data providers that allow this report to become available in such a timely manner.

The Institute will continue to work with the data providers and the Australian Hospital Statistics Advisory Committee to maintain timeliness, and to improve the quality and usefulness of this report. Comments from readers are always welcome.

Penny Allbon

Director

May 2006



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- Ken Tallis (AIHW) (Chair)
- John Agland (New South Wales Health Department)
- Paul Basso (South Australian Department of Health)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
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# Abbreviations

ABS	Australian Bureau of Statistics	NHCDC	National Hospital Cost Data Collection
ACT	Australian Capital Territory	NHDC	National Health Data Committee
AIHW	Australian Institute of Health and Welfare	NHMBWG	National Health Ministers' Benchmarking Working Group
ALOS	Average length of stay	NHPA	National Health Priority Area
AMI	Acute myocardial infarction	NHPC	National Health Performance Committee
AR-DRG	Australian Refined Diagnosis Related Group	n.p.	Not published
ave	Average	NSSRG	Non-specialist service related group
behav.	Behavioural	NSW	New South Wales
CABG	Coronary artery bypass graft	NT	Northern Territory
Cat.	Catastrophic	OECD	Organisation for Economic Co-operation and Development
CC	Complication and/or comorbidity	op.	Operation
CDE	Common duct exploration	O.R.	Operating room
COPD	Chronic obstructive pulmonary disease	PICQ	Performance Indicators for Coding Quality
dis.	Diseases	PPH	Potentially preventable hospitalisation
DHAC	Department of Health and Aged Care	proc(s)	Procedure(s)
DoHA	Department of Health and Ageing	Qld	Queensland
DRG	Diagnosis Related Group	RRMA	Rural, Remote and Metropolitan Area
ECMO	Extracorporeal membrane oxygenation	RSI	Relative stay index
ECT	Electroconvulsive therapy	SA	South Australia
exp.	Exposure to	SCRGSP	Steering Committee for the Review of Government Service Provision
FTE	Full-time equivalent	SEIFA	Socio-Economic Indexes for Areas
HASAC	Health and Allied Services Advisory Council	sep.	Separation
HIV	Human immunodeficiency virus	sev	Severe
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification	SLA	Statistical Local Area
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification	SRG	Service Related Group
IFRAC	Admitted patient fraction	SRR	Standardised separation rate ratio
inv.	Involving	SSRG	Specialised service related group
mal.	Malignant	Tas	Tasmania
MDC	Major Diagnostic Category	URI	Upper respiratory tract infection
mis	Misadventure	Vic	Victoria
n.a.	Not available	VMO	Visiting medical officer
NCCH	National Centre for Classification in Health	W	With
n.e.c.	Not elsewhere classified	W/O	Without
		WA	Western Australia
		..	Not applicable

# Hospitals at a glance

*Australian hospital statistics 2004–05* provides a twelfth year of comprehensive annual statistical reporting by the Australian Institute of Health and Welfare on the characteristics and activity of Australian hospitals. This section provides a summary of the report's information on Australian hospitals. It illustrates changes in hospital activity over time and some differences between hospitals in the public and private sectors.

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

## 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*.

### Changes between 2003–04 and 2004–05

- There were 7,018,850 separations and 23,828,612 patient days in 2004–05, compared with 6,841,225 separations and 23,583,303 patient days in 2003–04.
- Between 2003–04 and 2004–05, separations increased by 1.8% for public acute hospitals and by 4.4% for private hospitals after adjusting for coverage change and a Tasmanian hospital being recategorised from the private sector to the public sector.
- With the same adjustments, separations increased by 1.7% for public patients and by 3.9% for private patients, and separations for which private health insurance was reported as the funding source increased by 5.3%.
- With the same adjustments, the number of patient days increased by 1.4% in public acute hospitals and by 0.9% in private hospitals.
- Between 2003–04 and 2004–05 (with the same adjustments) the number of same

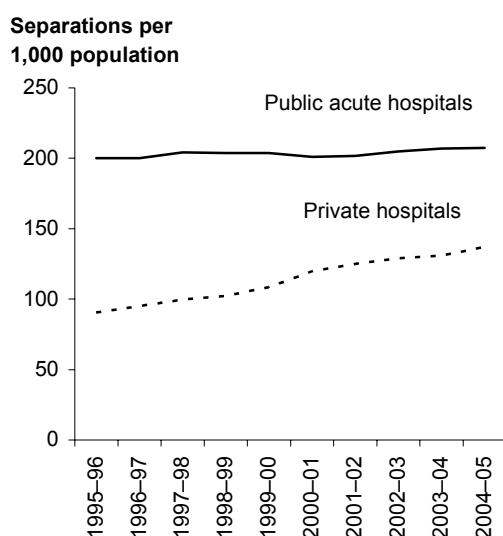
same day separations increased by 2.0% in public acute hospitals and by 6.1% in private hospitals and overnight separations increased by 1.5% and 1.6% respectively.

### Changes between 1995–96 and 2004–05

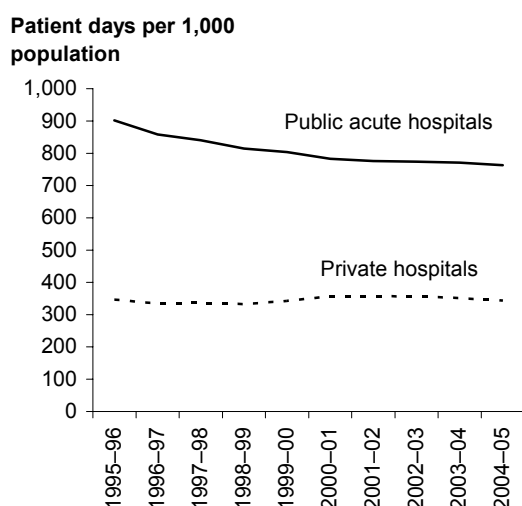
- Between 1995–96 and 2004–05, separations from all hospitals increased by 35.7% (not adjusted for coverage change). Separations increased by 19.5% in public acute hospitals and by 73.8% in private hospitals (including free-standing day hospital facilities).
- Over the same period, the number of patient days in public acute hospitals increased by 2.0%, and for private hospitals they increased markedly (up by 21.6%).
- Separations per 1,000 population increased by 3.5% for public acute hospitals and by 51.3% for private hospitals between 1995–96 and 2004–05 (Figure 1).
- Over the same period, patient days per 1,000 population decreased by 15.3% for public acute hospitals and by 0.6% for private hospitals (Figure 2).
- For stand alone public psychiatric hospitals, separations per 1,000 population fell by 28.8% between 1996–97 and 2004–05 and there was a

47.6% fall in patient days per 1,000 population. This accompanied a fall in the number of public psychiatric hospitals (see below).

- In 1995–96, 69.0% of separations and 69.4% of patient days in acute care hospitals were in public acute hospitals. By 2004–05, these percentages had fallen to 60.7% and 66.6%, respectively, showing a shift in hospital use from public acute to private hospitals during this period.



**Figure 1: Separations per 1,000 population, public acute and private hospitals, Australia, 1995–96 to 2004–05**

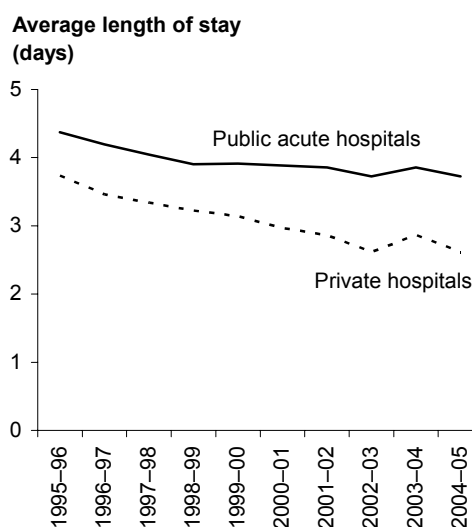


**Figure 2: Patient days per 1,000 population, public acute and private hospitals, Australia, 1995–96 to 2004–05**

## 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*.

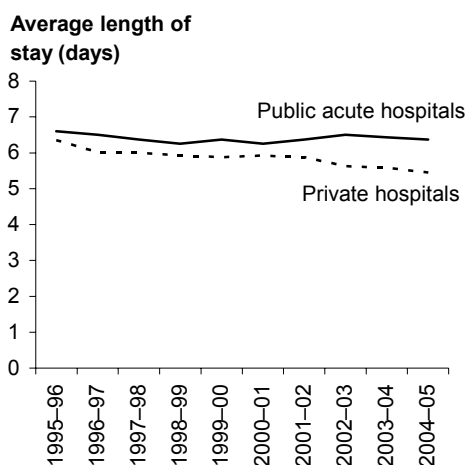
- The proportion of same day separations increased between 1995–96 (42.4%) and 2004–05 (54.8%).
- The number of same day separations increased by 3.7% between 2003–04 and 2004–05 compared with a 1.3% increase in overnight separations. Same day separations increased by 2.1% in public hospitals and by 5.7% in private hospitals.
- The average length of stay in hospitals was 3.4 days in both 2003–04 and 2004–05.
- The average length of stay decreased 20.9% between 1995–96 and 2004–05, from 4.3 days to 3.4 days. The average length of private hospital stays decreased to 2.6 days, and that for public acute hospital stays decreased to 3.7 days (Figure 3).



**Figure 3: Average length of stay, public acute and private hospitals, Australia, 1995–96 to 2004–05**

- Average lengths of stay have remained relatively constant over this period for patients staying at least one night. They were 6.4 days in public acute

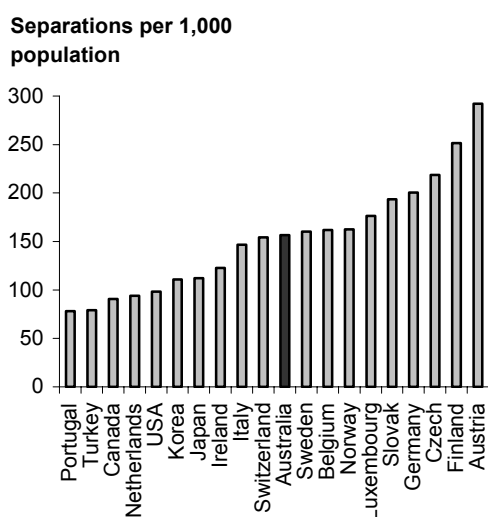
hospitals and 5.4 days in private hospitals in 2004–05 (Figure 4).



**Figure 4: Average length of stay for overnight separations, public acute and private hospitals, Australia, 1995–96 to 2004–05**

### International comparisons

- The number of overnight separations per 1,000 population in Australia for 2002–03 was in the middle of the range reported by other OECD countries for recent years (Figure 5, OECD 2004).



Note: Data for Canada, the USA, Belgium, Germany and Austria are for 2001–02.

**Figure 5: Overnight separations per 1,000 population, Australia and selected OECD countries, 2002–03**

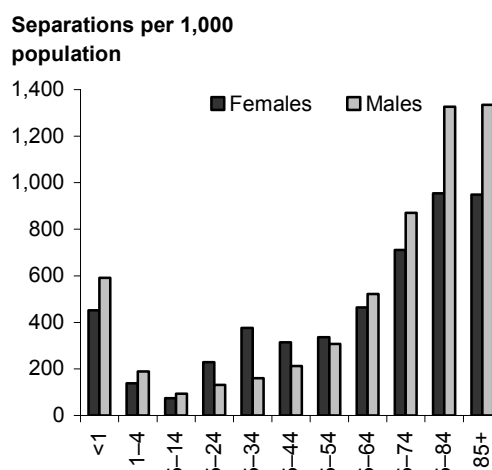
- Comparability of international separation rates is likely to be affected

by differences in definitions of hospitals and in admission practices.

### Age group and sex

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

- In 2004–05, there were 3,726,032 separations for females compared with 3,292,736 separations for males, 53.1% and 46.9% of separations respectively.
- Overall, in 2004–05 there were 366.7 separations per 1,000 population for females, compared with 327.6 separations per 1,000 population for males (Figure 6).

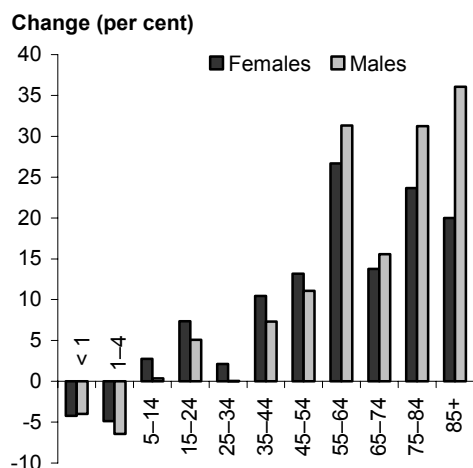


**Figure 6: Separations per 1,000 population, by age group and sex, Australia, 2004–05**

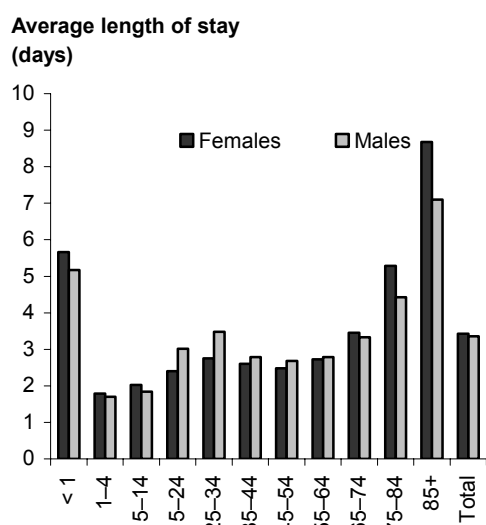
- The differences in the separation rates for males and females varied between age groups. There were more separations per 1,000 population for females than for males in all age groups between 15 and 54 years (which include child-bearing ages for women). Males had higher separation rates than females in all age groups less than 15 years old and 55 years and over.
- Separations for both males and females increased between 2000–01 and 2004–05. These increases were very marked for both females and males aged 55 and over. Most notably, separations increased by 26.7% for females aged 55–64 years and by 36.1%

for males aged 85 years and over (Figure 7).

- Separations of persons aged 0–4 years decreased over this period for both males and females.



**Figure 7: Change in the number of separations (per cent), by age group and sex, Australia, 2000–01 to 2004–05**



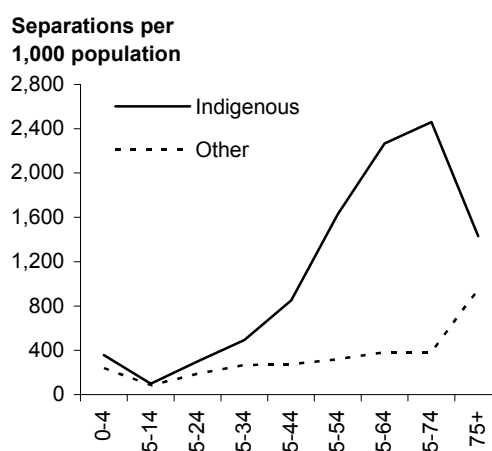
**Figure 8: Average length of stay, by age group and sex, Australia, 2004–05**

- The average length of stay did not vary greatly between males and females, being around 3.4 days for both. Females aged either less than 15 years or 65 years and over had longer average lengths of stay than males in those age groups (Figure 8).

## Persons identifying as Indigenous

Indigenous people, that is, those identifying as being of Aboriginal and/or Torres Strait Islander origin, had higher separation rates in 2004–05 than other persons. See *Chapter 8*.

- In 2004–05, the age-specific separation rate for Indigenous persons (593.8 per 1,000 population) was about double the rate for other persons (316.4 per 1,000 population). It was higher for all age groups, particularly for age groups 35–44 years and over (Figure 9).



### Notes

1. Other includes both non-Indigenous and not stated/inadequately described separations.
2. This figure includes data only for Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only).

**Figure 9: Separations per 1,000 population, by Indigenous status and age group, Australia, 2004–05**

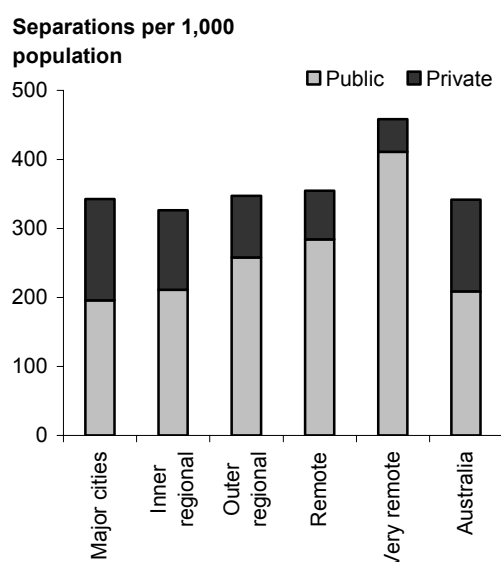
## Remoteness Areas

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

- The number of separations per 1,000 population varied by Remoteness Area. Overall, separation rates were highest in very remote and lowest in inner regional areas.
- Separation rates for public hospitals were highest for patients living in very remote areas (411.3 separations per 1,000 population) and lowest for

patients living in major cities (195.7 separations per 1,000 population).

- Separation rates for private hospitals were highest for patients living in major cities (146.9 separations per 1,000 population) and lowest for patients living in very remote areas (46.9 separations per 1,000 population).



**Figure 10: Separations per 1,000 population, by Remoteness Area of usual residence and hospital sector, Australia, 2004-05**

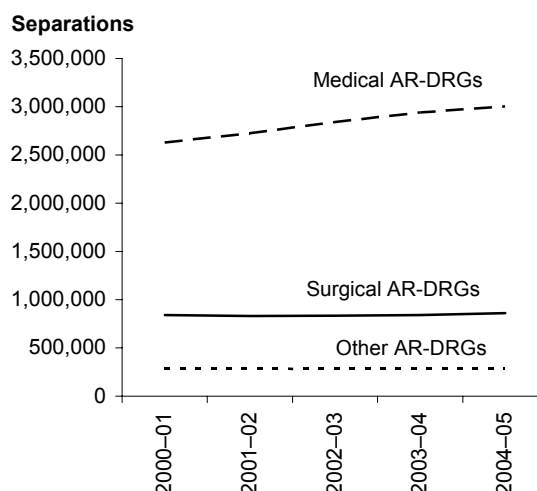
- Overall, remote areas had higher separation rates for public hospitals than major cities and regional areas. In contrast, major cities had higher separation rates for private hospitals than regional and remote areas.

## Overall type of care

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

- In public hospitals, separations with medical AR-DRGs increased by 14.3% between 2000-01 and 2004-05. Separations with surgical AR-DRGs increased by 2.2% and other AR-DRGs

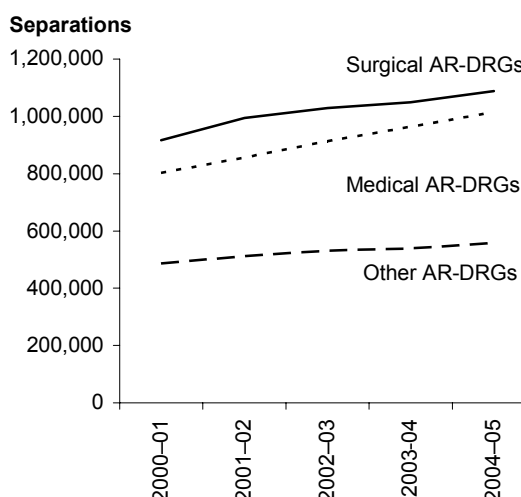
decreased by 2.6% in the same period (Figure 11).



Note: AR-DRG version 5.1 was used for data in 2004-05.

**Figure 11: Separations for medical, surgical and other AR-DRGs version 5.0/5.1, public hospitals, Australia, 2000-01 to 2004-05**

- In private hospitals, separations with medical AR-DRGs increased by 26.2%, those with surgical AR-DRGs increased by 18.6% and those with other AR-DRGs increased by 14.8% (Figure 12).



Note: AR-DRG version 5.1 was used for data from 2004-05.

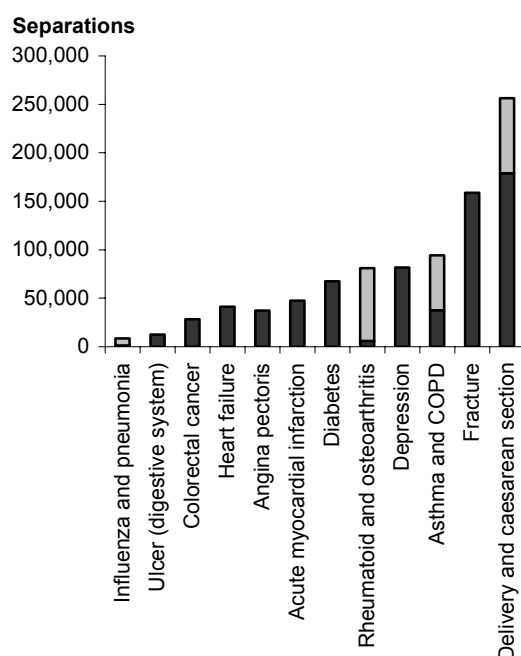
**Figure 12: Separations for medical, surgical and other AR-DRGs version 5.0/5.1, private hospitals, Australia, 2000-01 to 2004-05**

## 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). Using this classification, 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, 37.8% of separations in 2004–05 had a principal diagnosis that derived from one of five ICD-10-AM chapters: Diseases of the digestive system; Neoplasms; Diseases of the circulatory system; Pregnancy, childbirth and the puerperium; and Injury and poisoning.



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

**Figure 13: Separations, by selected principal diagnosis, Australia, 2004–05**

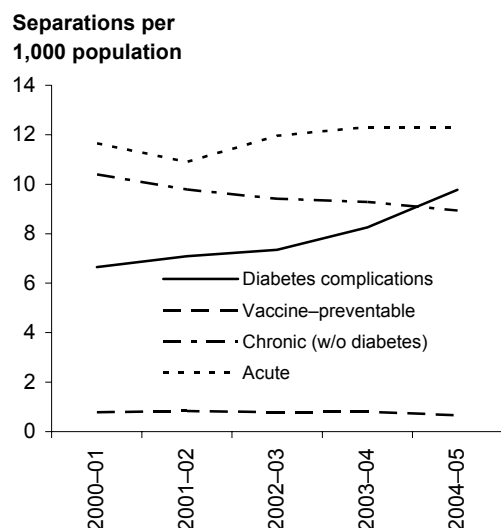
- The National Health Priority Areas (NHPAs) initiatives focus on chronic diseases that have a significant health burden. They are: asthma, cancer control, cardiovascular health, diabetes, injury prevention and control, mental health, and arthritis and musculoskeletal conditions.

- In 2004–05 the NHPAs were represented by some high-volume diagnoses. There were 158,854 separations with a principal diagnosis of fracture; 37,461 separations with a principal diagnosis of asthma and 56,788 with chronic obstructive pulmonary disease (COPD); 81,011 separations with a principal diagnosis of arthritis; 37,250 separations with a principal diagnosis of angina pectoris; and 67,656 separations with a principal diagnosis of diabetes (Figure 13).

### Selected potentially preventable hospitalisations

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

- Overall, the selected potentially preventable hospitalisations represented 9.4% of all separations in 2004–05.
- Overall, the number of separations per 1,000 population for the selected potentially preventable hospitalisations increased by an average of 1.8% per year between 2000–01 and 2004–05.
- Some diseases can be prevented by vaccination. The number of separations per 1,000 population for these diseases decreased by an average of 3.9% per year between 2000–01 and 2004–05 (Figure 14).



**Figure 14: Selected potentially preventable hospitalisations per 1,000 population, Australia, 2000-01 to 2004-05**

- For chronic conditions, excluding diabetes, potentially preventable hospitalisations per 1,000 population decreased by an average of 3.7% per year between 2000-01 and 2004-05.
- For diabetes complications, potentially preventable hospitalisations per 1,000 population increased by an average of 10.1% per year between 2000-01 and 2004-05.
- For acute conditions, potentially preventable hospitalisations fluctuated around 12 separations per 1,000 population between 2000-01 and 2004-05.

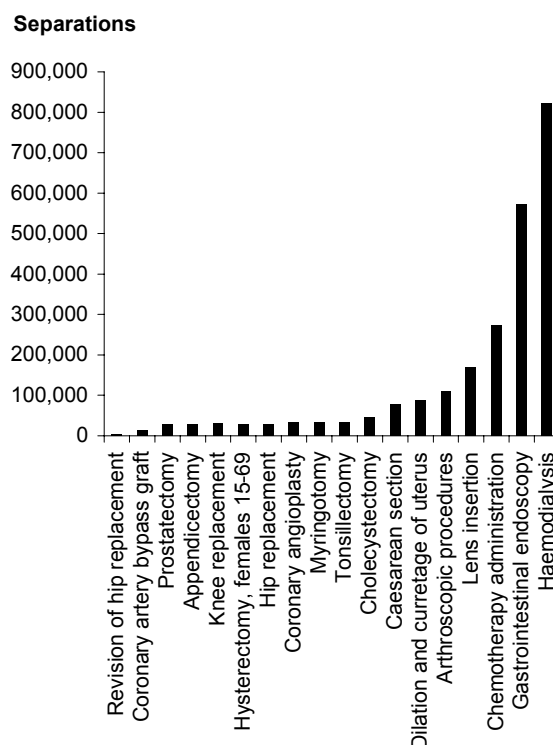
### Procedures undertaken

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 81.2% of the separations in Australian hospitals in 2004-05.
- Overall, 55.6% of separations that reported a procedure occurred in the public sector, and 44.4% occurred in the private sector. Overall, 74.2% of separations from the public sector

recorded a procedure compared with 92.2% in the private sector.

- Separations in 2004-05 for selected high-volume procedures and selected procedures that can be electively performed are shown in Figure 15.



**Figure 15: Separations with selected procedures, Australia, 2004-05**

- In 2004-05, high volume procedures included *Haemodialysis* (822,133 separations), *Gastrointestinal endoscopy* (573,057 separations), *Chemotherapy administration* (273,500 separations), *Lens insertion* (170,021 separations) and *Arthroscopic procedures* (119,347 separations).
- Some procedures are being increasingly undertaken in the private sector, such as coronary artery bypass graft and coronary angioplasty.
- The number of separations for coronary artery bypass graft and coronary angioplasty increased by 23.6% between 2000-01 and 2004-05. They increased by 28.3% in the private sector and by 19.8% in the public sector.



- In 2004–05, 54.1% of the separations with a coronary artery bypass graft or coronary angioplasty were in the public sector and 45.9% were in the private sector (25,948 and 22,016 respectively), compared with 55.8% and 44.2% in 2000–01 (21,656 and 17,162 respectively) (Figure 16).

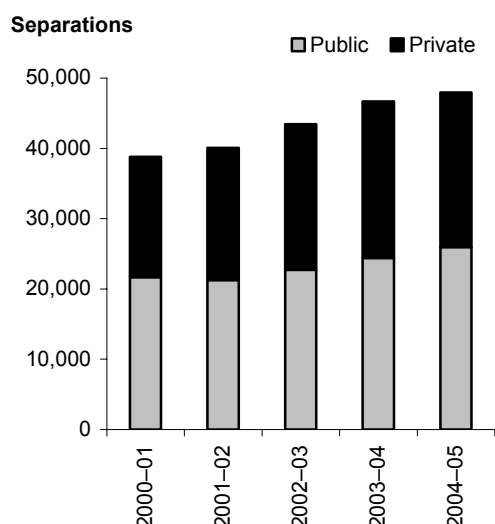


Figure 16: Separations for coronary artery bypass graft and coronary angioplasty by hospital sector, Australia, 2000–01 to 2004–05

### Waiting times for elective surgery in public hospitals

The median waiting time for elective surgery in public hospitals in 2004–05 was 29 days. See *Chapter 6*.

- Ophthalmology, orthopaedic surgery, and ear, nose and throat surgery were the surgical specialties with the longest median waiting times (66, 48 and 37 days respectively) in 2004–05 (Figure 17).
- All other surgical specialties had a median waiting time of less than 30 days. Cardio-thoracic surgery had the shortest median waiting time (11 days).

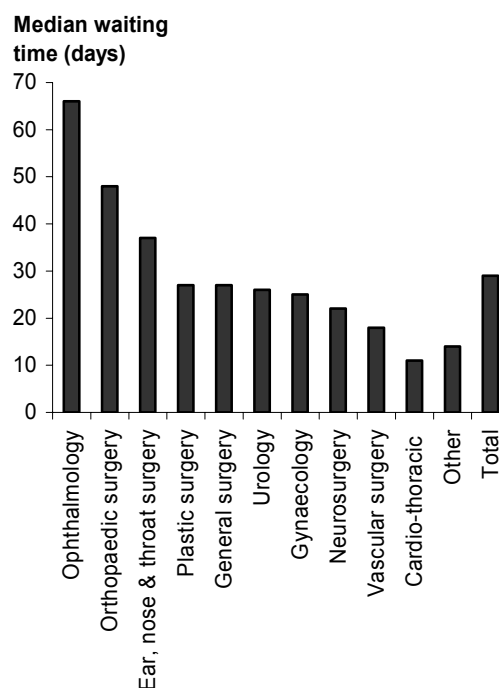


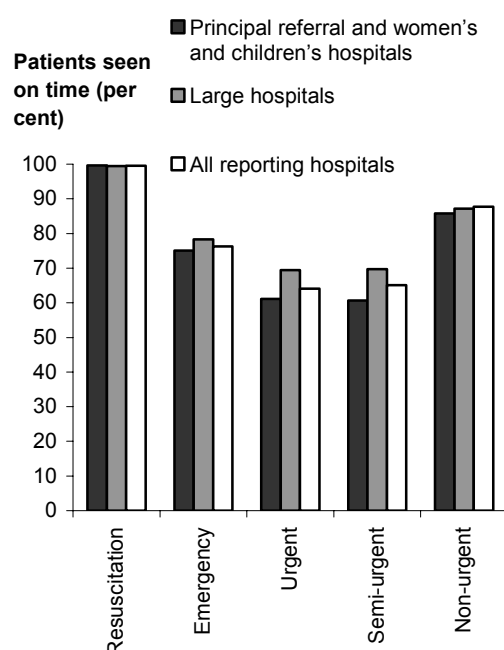
Figure 17: Public hospital median waiting time, by specialty of surgeon, Australia, 2004–05

### Emergency department care in public hospitals

About 5.9 million accident and emergency occasions of service were provided in public hospitals in 2004–05 (see *Chapter 5*).

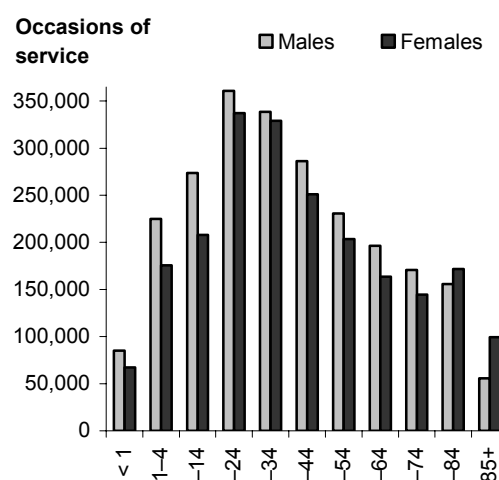
- Data on triage category, waiting times, patient age group and sex were available for about 76% of accident and emergency occasions of service, mainly those delivered in emergency departments in *Principal referral and specialist women's and children's hospitals* and *Large hospitals*.
- A higher proportion 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 emergency department occasions of service were seen on time, with 99% of patients who were assigned a triage category of *Resuscitation* seen on time.

- In *Principal referral and specialist women's and children's hospitals*, 65% of emergency department occasions of service were seen on time, with 100% of patients who were assigned a triage category of *Resuscitation* seen on time.
- In *Large hospitals*, 69% of *Urgent* patients were seen on time compared with 61% in *Principal referral and specialist women's and children's hospitals* (Figure 18).



**Figure 18: Public hospital emergency department occasions of service seen on time (per cent), by triage category and public hospital peer group, Australia, 2004–05**

- Males accounted for more emergency department occasions of service than females. There were more occasions of service for males than females in all age groups except for patients aged 75 years and over.
- Persons aged 15–24 years accounted for the largest number of emergency department occasions of service (698,266, 15.4%) (Figure 19).



**Figure 19: Emergency department occasions of service, by age group and sex, Australia, 2004–05**

## Australian hospitals

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

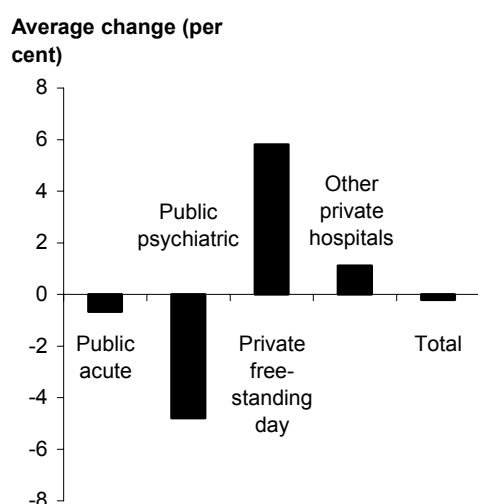
- There were 1,293 hospitals in Australia in 2004–05.
- There were 759 public acute hospitals and 20 public psychiatric hospitals.
- There were 244 private free-standing day hospital facilities and 290 other private hospitals.
- There has been a marked increase in the number of private free-standing day hospital facilities, from 140 in 1995–96 to 244 in 2004–05.
- The number of public psychiatric hospitals decreased from 26 facilities in 1995–96 to 20 facilities in 2004–05.

## Available beds

The number of available beds is a better indicator of the availability of hospital services than is the number of hospitals because hospital sizes vary considerably. 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*.

- In 2004–05, there were 82,100 available beds in Australia.
- There were 52,626 available beds in public acute hospitals and 2,487 in public psychiatric hospitals.
- There were an estimated 1,833 available beds in private free-standing day hospital facilities and 25,155 in other private hospitals.
- There was a 1.7% reduction in available beds from 83,538 in 1995–96 to 82,100 in 2004–05, an average decrease of 0.2% annually.
- The number of available beds in public acute hospitals decreased by an average of 0.7% annually, from 55,891 in 1995–96 to 52,626 in 2004–05 (Figure 20).



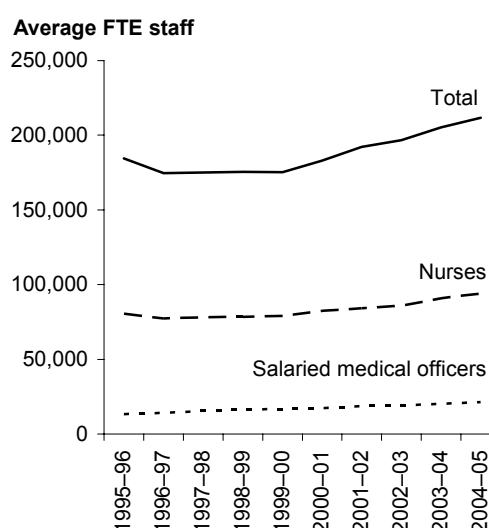
**Figure 20: Average annual change in the number of available beds, by type of hospital, Australia, 1995–96 to 2004–05**

- The number of available beds/chairs in private free-standing day hospital facilities increased by an average of 6.7% annually between 1995–96 and 2004–05 (from 1,023 to 1,833).

## Staff in Australian public hospitals

Staff numbers in public acute and public psychiatric hospitals have grown over time (Figure 21). See *Chapter 3*.

- The number of full-time equivalent staff increased by an average of 1.4% annually between 1995–96 (184,494) and 2004–05 (211,645). The number of salaried medical officers increased by an average of 4.8% annually over this period (from 13,361 to 21,394) and the number of nurses increased by an annual average of 1.6% (from 80,570 to 93,992).



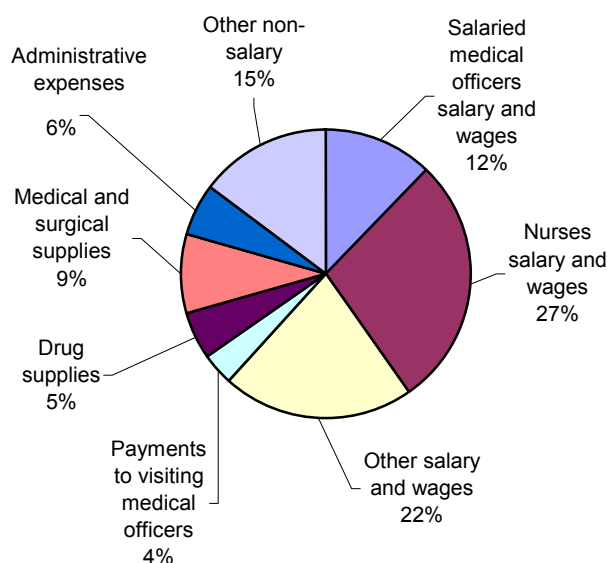
**Figure 21: Average full-time equivalent staff, public hospitals, Australia, 1995–96 to 2004–05**

## 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*.

- Recurrent expenditure on public acute and public psychiatric hospitals was \$21,758 million in 2004–05. After adjusting for inflation, this represented an increase of 4.9% compared with 2003–04.

- The largest share of this expenditure was for salary payments, which accounted for 61.7% (\$13,428 million) of recurrent expenditure (Figure 22).
- The major non-salary recurrent expenses in the public sector were for medical and surgical supplies, administrative expenses and drug supplies.

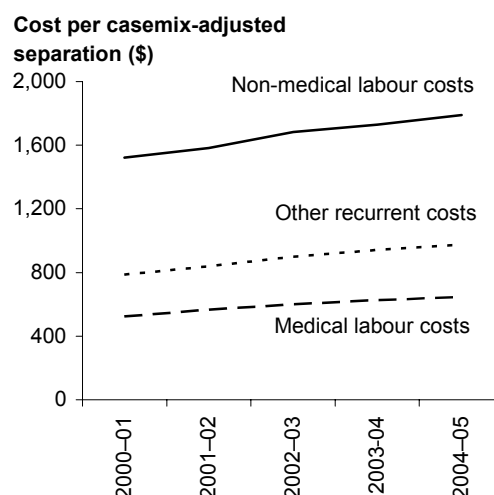


**Figure 22: Recurrent expenditure, public hospitals, Australia, 2004-05**

### 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 \$2,987 in 2000-01 to \$3,410 in 2004-05 (not adjusted for inflation).
- This represents a total increase of 20.3% in this period, an average increase of 4.7% annually (Figure 23).
- In 2004-05 the average cost comprised \$1,789 for non-medical labour expenditure, \$646 for medical labour expenditure and \$975 for other recurrent expenditure. Other recurrent expenditure costs include domestic services; repairs and maintenance; administration and medical, drug and food supplies.



**Figure 23: Cost per casemix adjusted separation, Australia, 2000-01 to 2004-05**

# 1 Introduction

*Australian hospital statistics 2004–05* continues the Australian Institute of Health and Welfare's (AIHW) series of summary reports describing the characteristics and activity of Australia's hospitals. Reports have been published previously for the financial years 1993–94 to 2003–04 (AIHW 1997a, 1997b, 1998, 1999, 2000, 2001a, 2002, 2003, 2004a, 2005a).

This series of reports has been based on data supplied to the AIHW by the state and territory health authorities. Data are provided for the AIHW's:

- National Public Hospital Establishments Database, covering resources, expenditure and revenue for public hospitals
- National Non-admitted Emergency Department Care Database, covering public hospital emergency department care and waiting times
- National Elective Surgery Waiting Times Data Collection, covering waiting times and other characteristics of elective surgery in 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.

The collection and reporting of the data in this report were undertaken by the AIHW 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 for Public Hospital Establishments, Non-admitted Patient Emergency Department Care, Elective Surgery Waiting Times and Admitted Patient Care. The data element definitions are as specified in the *National health data dictionary* version 12 and version 12 supplement (NHDC 2003, AIHW 2004b) for 2004–05. Some of the terms relating to the use of hospitals are detailed in Box 1.1 and others are outlined in the glossary.

## This report

This chapter briefly describes the major data sources.

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 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 have been presented as they relate to the National Health Performance Framework (NHPC 2001).

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

Chapter 6 presents summary data on elective surgery waiting times for patients admitted to public hospitals.

### **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 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 (see Chapter 9). If applicable, **procedures** are also reported (see Chapter 10). 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.*

*The state and territory health authorities compile information on episodes of admitted patient care in public and private hospitals and supply it to the AIHW for collation into the National Hospital Morbidity Database. Data on waiting times for elective surgery in public hospitals are also provided.*

*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 (see Chapters 2 and 5). Summary information on these services is collated nationally for public hospitals by the AIHW and for private hospitals by the ABS.*

*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. National data are based on counts of occasions of service, categorised into broad clinic- or service-based groupings.*

*Definitions used for non-admitted patient hospital care are not completely uniform among the states and territories, and have varied over time. Existing national systems for counting and classifying this care are being revised with the aim of improving consistency and comparability. For example, categorisation of occasions of service data using an expanded range of clinic types began on 1 July 2005 in selected public hospitals.*

*More detailed information is collected on occasions of service provided in emergency departments in selected public hospitals and provided for the National Non-admitted Patient Emergency Department Care Database.*

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

Chapter 8 presents demographic information on episodes of 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.

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).

Appendixes 3 and 4 provide technical notes on the data and analyses additional to those in the chapters. In particular, Appendix 3 includes notes on the presentation of data in the tables and the population estimates used for population rate calculations, and notes on major aspects of the quality and comparability of the hospital morbidity data. Appendix 4 provides information on the hospitals covered by each of the data sources and on the hospitals categorised as public and private.

Information on episodes of admitted patient care is presented using Service Related Groups in Appendix 5. Summary information from the Department of Health and Ageing's 2003–04 National Hospital Cost Data Collection is provided in Appendix 6. This collection is the source of AR-DRG cost weight and average cost information used in Chapters 2, 4, 7 and 12. Appendix 7 relates to the Department of Health and Ageing's *State of our public hospitals* report. It notes the major differences between the source databases and the analysis methods used for that report and for *Australian hospital statistics 2004–05*.

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.

In addition, unless otherwise specified, statistics from the National Hospital Morbidity Database exclude separations for which the care type was reported as *Newborn* and for which no qualified days were reported (see Chapter 7) and records for *Hospital boarders* and *Posthumous organ procurement* (see Appendix 3).

Although the *National health data dictionary* definitions form the basis of the databases, the actual definitions used may have varied among the data providers and over time. In addition, the detail of the scope of the data collections may vary. Comparisons between the states and territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

## **The National Public Hospital Establishments Database**

The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories.

Essentially all public hospitals were included for 2004–05. However, the collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (for example, some hospitals run by correctional authorities in some jurisdictions and those in offshore territories) are not included. Further information about the hospitals included in the database for 2004–05 (including a list of the hospitals) is in Appendix 4.

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 (Box 1.1). Some data on emergency department waiting times are also included (see below). Summary information on data quality and comparability is presented in Chapter 3.

## The National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals (Box 1.1). Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

All public hospitals were included for 2004–05, with minor exceptions. The great majority of private hospitals were also included, although there were a few not included, mainly free-standing day hospital facilities. Counts of private hospital separations presented in this report are therefore likely to be underestimates of the actual counts. In 2003–04, the National Hospital Morbidity Database reported 47,279 (1.8%) fewer separations than the ABS's Private Health Establishments Collection (ABS 2005), which may have wider coverage. Further information about the public and private hospitals included for 2004–05 and previous years is in Appendix 4, including lists of all the hospitals contributing to the database for 2004–05.

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 fourth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2004) is included in Appendix 3.

Records for 2004–05 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2004 to 30 June 2005. Data on patients who were admitted on any date before 1 July 2005 are included, provided that they also separated between 1 July 2004 and 30 June 2005. 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 2004 to 30 June 2005), 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 2004–05, but who were



admitted before 1 July 2004, would be counterbalanced overall by the patient days for patients in hospital on 30 June 2005 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 is presented in Appendix 3. The notes above and those in Box 1.1 should also be used to guide interpretation of the data, as should the additional notes presented in Chapter 1 of *Australian hospital statistics 2003–04* (AIHW 2005a).

## **The National Non-admitted Patient Emergency Department Care Database**

The National Non-admitted Patient Emergency Department Care Database includes episode-level data on non-admitted patients treated in the emergency departments of 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 *Australian hospital statistics 2003–04* (AIHW 2005a). Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 76% of accident and emergency occasions of service overall. More information about the coverage of this data collection (which is more complete for larger hospitals), including a list of hospitals included for 2004–05, is presented in Chapter 5 and Appendix 4.

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 departure status. The data presented in this report are for patients treated between 1 July 2004 and 30 June 2005. Summary information on the quality and comparability of the data is included in Chapter 5.

Hospital-level data on accident and emergency occasions of service and emergency department waiting times are also provided by some states for the National Public Hospital Establishments Database. These data have wider coverage than data provided for the National Non-admitted Patient Emergency Department Care Database, as detailed in Chapter 5 and Appendix 4.

## **The National Elective Surgery Waiting Times Data Collection**

The state and territory health authorities have provided episode-level data on elective surgery waiting times to the AIHW's National Elective Surgery Waiting Times Data Collection. The data presented in this report are for patients admitted for elective surgery between 1 July 2004 and 30 June 2005.

The National Elective Surgery Waiting Times Data Collection relates to public acute care hospitals. All public hospitals that undertake elective surgery were generally included. More detail on the coverage of this collection, including a list of hospitals in the data collection for 2004–05, is included in Appendix 4. Summary information on the quality and comparability of the data is included in Chapter 6.

## This report and additional data on the Internet

This report is available on the Internet at [www.aihw.gov.au](http://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, and the data used to generate graphs in this report. 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, 3 and 4.

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 publication, 2004–05 cost weights and average costs were not available. For the public sector 2003–04 cost weights based on AR-DRG version 5.0 were used, while for the private sector, 2002–03 cost weights for AR-DRG version 4.2, the most recent version available, were used. Updates will also be provided for the tables in Chapters 2 and 4 and in Appendix 4, which use data on private hospitals, collated in the ABS's Private Health Establishments Collection. These data were also not available at the time of publication of this report. Updates will also be published if additional data for Tasmanian private hospitals become available (see *Chapter 2* and *Appendix 4*).

## 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)
- Principal diagnoses for 1998–99 to 2004–05 (using ICD-10-AM to classify diagnoses)
- Principal diagnoses for separations that include specialised psychiatric care for 1998–99 to 2002–03 (using ICD-10-AM to classify diagnoses), updated to include 2004–05 in 2006
- AR-DRGs version 4.0/4.1/4.2 for 1997–98 to 2004–05
- AR-DRGs version 5.0/5.1 for 1998–99 to 2004–05
- Procedures for 2000–01 and 2001–02 (using ICD-10-AM 2nd edition to classify procedures)
- Procedures for 2002–03 and 2003–04 (using ICD-10-AM 3rd edition to classify procedures)
- Procedures for 2004–05 (using ICD-10-AM 4th 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 diagnosis or AR-DRG. The cube on specialised psychiatric care also includes data on the mental health legal status of the patient 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.

## 2 Overview of Australian hospitals

### Introduction

This chapter describes the public and private hospital sectors in terms of the number of hospitals and the availability of hospital beds. Summary statistics for admitted and non-admitted patients are also presented for each sector. Information is included on the number of separations for patients and their aggregated and average length of stay, presented on the basis of the sector of the hospital and the type of hospital within the sector.

The summary information on public hospitals is derived from the National Public Hospital Establishments Database. Information on private hospitals has been provided by the states and territories for 2004–05 and is preliminary. The final data will be included on the AIHW's website when they become available from the Australian Bureau of Statistics' (ABS's) Private Health Establishments Collection. Summary statistics for private and public hospitals are presented at a national level for the years 2000–01 to 2004–05 and for states and territories for 2004–05.

Summary separation, patient day, average length of stay and average cost weight information is derived from the National Hospital Morbidity Database for public and private hospitals. National statistics for the years 2000–01 to 2004–05 and state and territory statistics for 2004–05 are presented.

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. For reasons of confidentiality, the patient-level data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed. The distinction between private free-standing day hospital facilities and other private hospitals has also been suppressed for these jurisdictions by excluding them from the totals for private free-standing day hospital facilities and other private hospitals and only including them in the total for all private hospitals. Further information on the hospitals included is provided in Appendix 4.

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 are reported as private hospitals, as detailed in Appendix 4.

Also as detailed in Appendix 4, there is some variation in the scope of the National Hospital Morbidity Database among the states and territories. There is also some variation in the way in which separations with *Newborn* care were reported and in the inclusion of periods of hospital in the home care, as described in Chapter 7 and Appendix 3. These variations should be considered when comparing states and territories, the public and private sectors, and reporting years.

Data on occasions of service for non-admitted patients in public hospitals, derived from the National Public Hospital Establishments Database, are also presented, as are similar data for private hospitals, provided from the ABS's Private Health Establishments Collection.

## Hospitals and hospital beds

A range of data on hospitals, available beds, expenditure and revenue is presented in Table 2.1 for the period 2000–01 to 2004–05. Over the 4-year period, a number of jurisdictions changed from accounting on a cash basis to accrual accounting, and a number of other changes to reporting arrangements occurred so comparisons across years must be made with caution.

There were 759 public hospitals and 534 private hospitals in 2004–05, compared with 761 public hospitals and 525 private hospitals in 2003–04 (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 4). For example, New South Wales made a number of changes to reporting arrangements between 2002–03 and 2003–04 such that there was an increase in reporting units although there was no change in the number of actual facilities.

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. However, the concept of an available bed (the definition of which is under review) 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. Public hospitals provided 55,122 beds (67.1% of the national total) in 2004–05, and 26,988 beds were provided in private hospitals (32.9% of the national total).

In 2004–05 the Western Australian Department of Health purchased two private hospitals and amalgamated them with existing public hospitals. In Tasmania, one hospital that mainly provided public patient services was categorised as a private hospital until 2003–04 and was reported as a public hospital in 2004–05, and as part of another public hospital for the purposes of reporting establishment-level data. These changes resulted in increases in the numbers of available beds reported for public hospitals in those states, but not increases in the numbers of hospital establishments reported.

Public sector bed numbers are the average number of beds available through the course of the year. Private sector data for 2004–05 were collated on a different basis from earlier years. Data for 2000–01 to 2003–04 are from the ABS's *Private hospitals Australia 2003–04* (ABS 2005a) publication and from earlier editions of *Private hospitals Australia*, which report numbers of beds on an average available beds basis. Victorian private hospital beds were reported on an available bed basis. All other private hospital beds were reported on a licensed bed basis, which may overstate the number of beds available. These differences in reporting arrangements may make cross-year comparisons less valid.

Nationally, bed numbers in the public sector experienced a decrease from 52,410 in 2000–01 to 51,461 in 2001–02, and then increased to 55,112 in 2004–05. Over the same period, the private sector grew from 26,153 beds in 2000–01 to 27,407 in 2001–02, fell to 26,364 in 2002–03 and has increased slightly to 26,988 in 2004–05.

Information on the number of hospitals and hospital beds available by state and territory is provided in Table 2.2 for both public and private hospitals. The number of available beds in hospitals ranged from 3.3 per 1,000 population in Australian Capital Territory to 4.9 per 1,000 population in Tasmania in 2004–05.

## Expenditure and revenue

Recurrent expenditure in 2004–05 was \$21.8 billion in current price terms (not adjusted for inflation), an increase of 8.8% from 2003–04 to 2004–05 for public hospitals. In constant price terms (that is, adjusted for inflation) (referenced to 2003–04), national expenditure for public hospitals was \$21.0 billion in 2004–05, and represented a real increase in expenditure of 5.1% over 2004–05 (Table 2.1).

Total revenue for public hospitals increased by an average of 4.9% per year in constant price term between 2000–01 and 2004–05. For 2004–05 Queensland reported 60% higher revenue than in 2003–04. This is primarily due to changes in Queensland's revenue recognition practices in 2004–05 that result in the inclusion of revenue from other government agencies.

## Admitted patients by sector and hospital type

### Separations

There were 7,018,850 separations reported from public and private acute and psychiatric hospitals in 2004–05 (Table 2.4), an increase of 177,625 (2.6%) compared with 2003–04 (Table 2.3). Public hospital separations increased by 1.8% (75,908) compared with 2003–04 and there was a 3.9% (101,717) increase in separations reported for the private sector.

The increases in separations should be interpreted in the light of coverage changes (see Appendix 4).

There was no change in the coverage of private hospitals for New South Wales, Queensland, the Australian Capital Territory and the Northern Territory. A small number of hospitals were missing data for short periods in 2003–04 and 2004–05 in both Victoria and South Australia. Private hospitals in Victoria were estimated to be under-enumerated by 0.3% in 2003–04 and data were essentially complete for 2004–05. Coverage was essentially complete for both years for South Australia. In Tasmania, one hospital that mainly provided public patient services (and is separately reported in the National Hospital Morbidity Database) changed from being reported as a private hospital to being reported as a public hospital. In addition, 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 for 2003–04. Coverage for Western Australian private hospitals was complete for both 2003–04 and 2004–05. In 2004–05, two private hospitals were purchased by the Western Australian Department of Health and amalgamated with existing public hospitals.

After adjusting for the change in classification of the Tasmanian hospital (by adding the 2004–05 separations for the hospital to the private sector 2004–05 separations and subtracting it from the public sector) and adjusting for the coverage change in Victorian private hospitals (by adjusting the 2003–04 Victorian data using the estimated under-enumeration proportion above) the growth between 2003–04 and 2004–05 was estimated as 4.4% for private hospitals overall. The growth for all public hospitals was estimated as 1.7% and for public acute hospitals it was estimated as 1.8%. The growth for all hospitals combined was estimated as 2.8%.

The private sector accounted for 39.1% of the 7.02 million separations in 2004–05 (2,742,425), compared with 38.6% (2,640,708) in 2003–04. Private free-standing day hospital facilities,

excluding Tasmania, the Australian Capital Territory and the Northern Territory, accounted for 515,124 or 18.8% of private sector separations in 2004–05, compared with 486,386 or 18.4% in 2003–04.

## Same day and overnight separations

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 the year 2004–05 (Table 2.3). 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 2005) are greater than those presented in this publication.

In 2004–05, 3,847,178 separations were on a same day basis, an increase of 3.7%, compared with 2003–04 (Table 2.3). There was an increase of 2.1% in public hospitals (and public acute hospitals) and 5.7% in private hospitals. After adjusting for coverage change (which may not have been the same for same day and overnight separations) and the recategorisation of the Tasmanian hospital, increases were estimated as 2.0% in public hospitals and 6.1% in private hospitals. Same day separations comprised 54.8% of separations overall, compared with 54.3% (3,711,408) in 2003–04, and there were increases in the proportions of same day patients in both public hospitals (from 49.0% to 49.1%) and private hospitals (from 62.6% to 63.7%).

There was some variation among the states and territories in the proportion of same day separations in 2004–05 (Table 2.4). For public hospitals, New South Wales (43.1%), South Australia (47.2%), Tasmania (48.2%) and Queensland (48.5%) each had a lower proportion than the national average (49.1%), whereas the Northern Territory (59.2%), the Australian Capital Territory (53.1%) and Victoria (55.4%) had markedly higher proportions. In the private sector, New South Wales (66.1%), Queensland (64.8%) and Victoria (64.1%) reported higher proportions than average (63.7%).

South Australia has recently tightened practices around the admission of patients for Type C procedures in public hospitals. Under some funding arrangements, such procedures are normally meant to be performed on a non-admitted basis. However a medical officer can certify that an admission is necessary on medical and other grounds. This change in practice in South Australia would have had the effect of reducing the number of same day separations in 2004–05, compared with 2003–04, and also of reducing total separations, patient days and the proportion of admitted patients treated on a same day basis.

There was a 1.3% increase in overnight separations between 2003–04 and 2004–05, from 3,129,817 to 3,171,672. There was an increase of 1.6% in public hospitals (from 2,143,360 to 2,177,036), and a 0.8% increase in the private sector (from 986,457 to 994,636). After adjusting for coverage change (which may not have been the same for same day and overnight separations), and the recategorisation of the Tasmanian hospital, increases were estimated at 1.5% in public hospitals (and public acute hospitals) and 1.6% in private hospitals. Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z *Sleep apnoea*).

## Separation rates

Unadjusted for coverage change, the age-standardised separation rate per 1,000 population increased by 0.2% between 2003–04 and 2004–05 for public acute hospitals (Table 2.3) and by 4.6% for private hospitals.

Among the states and territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2004–05 (456.2 per 1,000 population; Table 2.4). Private hospital separation rates ranged from 106.6 per 1,000 population in New South Wales to 172.4 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 separate episodes of care (see glossary) within a hospital stay were counted as individual separations, the way in which hospital stays for patients aged 9 days or less on admission (*Newborn* episodes) were reported, and the reporting of hospital in the home care (see Chapter 7 and Appendix 3 for details). Changes over time and differences between sectors and jurisdictions can also be affected by variation in admission practices. For example, in New South Wales public hospitals, there has been a reclassification over recent years of chemotherapy patients from admitted patients to non-admitted patients (outpatients), and there were changes in admission practices for same day procedures in South Australian public hospitals in 2004–05 (see above).

The age-standardised separation rate for public psychiatric hospitals varied widely, from 0.1 per 1,000 population in Victoria and Queensland, to 1.6 per 1,000 population in New South Wales. This variation reflects differences in the extent to which public psychiatric services have been provided in public acute hospitals and non-hospital facilities (AIHW 2005b). There are no public psychiatric hospitals in the Australian Capital Territory and the Northern Territory.

## Average cost weight of separations

The 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.

In Tables 2.3 and 2.4, average cost weights are presented based on the latest available cost weights and the relevant AR-DRG versions applying to each year. The latest available cost weights were used: version 5.0 cost weights for 2003–04 for the public sector, and version 4.2 for 2002–03 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 on the same basis, as the public and private sector cost weights are not comparable. Further information about the AR-DRG classification and cost weights is included in Appendix 3.

Separations were only included 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 for *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

Table 2.4 indicates that, within the public sector, most states and territories had average cost weights fairly close to the national average (1.00) for public acute hospitals. The Northern

Territory was a notable exception, with an average cost weight of 0.75. 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 relatively 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.

In Table 2.4, the average public cost weight for private free-standing day hospital facilities in 2004–05 was markedly lower (0.48) than for other private hospitals (1.02) (both figures exclude Tasmania, the Australian Capital Territory and the Northern Territory), reflecting the lower complexity and day-only nature of most admissions in these hospitals in 2004–05. The average cost weights for other private hospitals ranged from 0.94 in Western Australia to 1.11 in South Australia. Nationally, the average cost weight for private hospitals using private sector cost weights was 0.85.

## 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 23,828,612 patient days was reported for 2004–05, 69.9% in the public sector and 30.1% in the private sector (Table 2.4).

There was an increase of 0.9% (138,074) in patient days for public acute hospitals in 2004–05, compared with 2003–04 (Table 2.3). For private hospitals, patient days stayed about same, increasing by 1,724, unadjusted for coverage change. Patient days for public acute and private hospitals combined (unadjusted for coverage change) increased by 0.6% (139,798), and for all hospitals combined they increased by 1.0% (245,399). After adjusting for coverage change and the recategorisation of the Tasmanian hospital, increases were estimated at 1.4% in public hospitals, 0.9% in private hospitals, 0.8% for public acute and private hospitals combined, and 1.3% for all hospitals combined.

Patient days in public psychiatric hospitals increased from 676,712 in 2003–04 to 782,313 in 2004–05 (15.6%) (Table 2.4). 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. 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.

Unadjusted for coverage change, the number of age-standardised patient days per 1,000 population for public acute and private hospitals combined decreased by 1.4% between 2003–04 and 2004–05 (Table 2.3). Public acute hospital patient days per 1,000 population decreased by 1.1%, unadjusted for coverage change, and private hospital patient days per 1,000 population decreased by 2.1%.

The Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2004–05 (1413.4 per 1,000 population; Table 2.4). The highest age-standardised population rate for patient days in private hospitals was reported by Queensland (465.7 per 1,000 population).



## Average length of stay

The average length of stay for public acute and private hospitals combined decreased by 2.0% between 2003–04 and 2004–05 (Table 2.3). For private hospitals, the average length of stay was 2.6 days in 2004–05. The average length of stay for public psychiatric hospitals increased from 39.6 days in 2003–04 to 49.4 days in 2004–05, reflecting the increased patient days reported for these hospitals, as described above.

With same day separations excluded (as is the practice for OECD reporting), average lengths of stay in all hospitals combined decreased by 0.8% in 2004–05. For public psychiatric hospitals, the average length of stay increased from 48.3 days in 2003–04 to 57.8 days in 2004–05 (Table 2.3). The average lengths of stay are within the range of those reported from 2000 to 2003 for acute care for other OECD countries (OECD 2005).

## Relative stay index

Relative stay index (RSI) information is presented for the period 2000–01 to 2004–05 in Table 2.3. The 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 in Chapter 4 and Appendix 3.

In public hospitals, the directly standardised RSI in 2004–05 (0.96) was 2.2% lower than in 2003–04. Directly standardised RSIs were higher in private hospitals than in public hospitals for all years. For all hospitals, the directly standardised RSI decreased from 1.03 in 2000–01 to 0.96 in 2004–05. This corresponds to an average annual decrease over the period of 1.7%.

## Non-admitted patients

Information on non-admitted patient occasions of service and group sessions provided by public acute and psychiatric hospitals for 2004–05 is provided in Table 2.5 by state and territory. Similar information from the ABS's Private Health Establishments Collection is presented for private hospitals for 2003–04 in Table 2.6. Data for private hospitals for 2004–05 were not available at the time of publication of this report.

The most common non-admitted patient occasions of service delivered to individuals through public acute hospitals in 2004–05 (Table 2.5) were *Other medical/surgical/obstetric*, followed by *Pathology* and *Accident and emergency services*. *Allied health* and *Community health occasions of service* were also frequently provided. These categories include services such as physiotherapy, speech therapy, dietary advice, baby clinics, aged care assessment teams and immunisation clinics.

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.

Users of these data should note that 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 will 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 were 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. The differences are discussed in Chapter 5.

Data on the number of non-admitted patient occasions of service provided through public psychiatric hospitals are also presented for New South Wales, Victoria, Queensland and Western Australia, the states or territories 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.

In 2003–04, private hospitals reported about 1,909,500 non-admitted patient occasions of service to the ABS's Private Health Establishments Collection. Nationally, there were about 472,100 non-admitted patient occasions of service reported for *Accident and emergency* in private hospitals (Table 2.6).

**Table 2.1: Summary of hospitals, Australia, 2000–01 to 2004–05**

	2000–01	2001–02	2002–03	2003–04	2004–05	per cent change <sup>(a)</sup>	
						Ave since 2000–01	Latest 2 years
<b>Hospitals<sup>(b)</sup></b>							
Public hospitals	749	746	748	761	759	0.3	–0.3
Public acute hospitals	726	724	729	741	739	0.4	–0.3
Public psychiatric hospitals	23	22	19	20	20	–3.4	0.0
Private hospitals	516	560	549	525	534	0.9	1.7
Private free-standing day hospital facilities	217	246	248	234	244	3.0	4.3
Other private hospitals	299	314	301	291	290	–0.8	–0.3
Public acute and private hospitals	1,242	1,284	1,278	1,266	1,273	0.6	0.6
<i>Total</i>	<i>1,265</i>	<i>1,306</i>	<i>1,297</i>	<i>1,286</i>	<i>1,293</i>	<i>0.5</i>	<i>0.5</i>
<b>Available or licensed beds<sup>(c)</sup></b>							
Public hospitals	52,410	51,461	52,314	53,475	55,112	1.3	3.1
Public acute hospitals	49,932	49,004	49,791	50,915	52,626	1.3	3.4
Public psychiatric hospitals	2,478	2,457	2,523	2,561	2,487	0.1	–2.9
Private hospitals	26,153	27,407	26,364	26,589	26,988	0.8	1.5
Private free-standing day hospital facilities	1,688	1,851	1,910	1,947	1,833	2.1	–5.8
Other private hospitals	24,465	25,556	24,454	24,642	25,155	0.7	2.1
Public acute and private hospitals	76,085	76,411	76,155	77,504	79,614	1.1	2.7
<i>Total</i>	<i>78,563</i>	<i>78,868</i>	<i>78,678</i>	<i>80,064</i>	<i>82,100</i>	<i>1.1</i>	<i>2.5</i>
<b>Beds per 1,000 population</b>							
Public hospitals	2.72	2.64	2.65	2.68	2.76	0.4	3.1
Public acute hospitals	2.59	2.51	2.52	2.55	2.63	0.4	3.4
Public psychiatric hospitals	0.13	0.13	0.13	0.13	0.12	–0.8	–2.9
Private hospitals	1.36	1.40	1.33	1.33	1.35	–0.1	1.5
Private free-standing day hospital facilities	0.09	0.09	0.10	0.10	0.09	1.2	–5.8
Other private hospitals	1.27	1.31	1.24	1.23	1.26	–0.2	2.1
Public acute and private hospitals	3.95	3.91	3.86	3.88	3.98	0.2	2.7
<i>Total</i>	<i>4.08</i>	<i>4.04</i>	<i>3.98</i>	<i>4.01</i>	<i>4.11</i>	<i>0.2</i>	<i>2.5</i>
<b>Non-admitted occasions of service<sup>(d)</sup> ('000)</b>							
Public acute hospitals	40,099	39,523	40,706	43,622	42,643	1.5	–2.2
Other private hospitals	1,814	1,748	1,919	1,910	n.a.	1.3	–0.5
<i>Total</i>	<i>41,787</i>	<i>41,271</i>	<i>42,625</i>	<i>45,531</i>	<i>n.a.</i>	<i>2.2</i>	<i>6.8</i>
<b>Total recurrent expenditure, constant prices<sup>(e)</sup> (\$ million)</b>							
Public hospitals	17,185	18,049	18,919	20,004	20,986	5.1	4.9
Public acute hospitals	16,725	17,595	18,478	19,535	20,501	5.2	4.9
Public psychiatric hospitals	461	453	441	468	485	1.3	3.5
Private hospitals	5,735	5,870	5,814	5,859	n.a.	0.5	0.8
Private free-standing day hospital facilities	235	257	273	282	n.a.	4.7	3.3
Other private hospitals	5,500	5,613	5,541	5,576	n.a.	0.3	0.6
<i>Total</i>	<i>22,920</i>	<i>23,919</i>	<i>24,733</i>	<i>25,863</i>	<i>n.a.</i>	<i>3.1</i>	<i>4.6</i>
<b>Total recurrent expenditure, current prices<sup>(f)</sup> (\$ million)</b>							
Public hospitals	15,545	16,848	18,256	20,004	21,758	8.8	8.8
Public acute hospitals	15,128	16,424	17,831	19,535	21,255	8.9	8.8
Public psychiatric hospitals	417	423	425	468	503	4.8	7.3
Private hospitals	4,467	4,996	5,401	5,859	n.a.	7.0	8.5
Private free-standing day hospital facilities	183	219	254	282	n.a.	11.4	11.2
Other private hospitals	4,284	4,777	5,147	5,576	n.a.	6.8	8.3
<i>Total</i>	<i>20,012</i>	<i>21,843</i>	<i>23,641</i>	<i>25,863</i>	<i>n.a.</i>	<i>6.6</i>	<i>9.4</i>
<b>Total revenue, constant prices<sup>(e)</sup> (\$ million)</b>							
Public hospitals	1,522	1,641	1,558	1,641	1,843	4.9	12.4
Public acute hospitals	1,498	1,620	1,538	1,617	1,818	5.0	12.4
Public psychiatric hospitals	24	21	20	24	26	1.5	9.0
Private hospitals	6,087	6,261	6,198	6,273	n.a.	0.8	1.2
Private free-standing day hospital facilities	288	308	324	341	n.a.	4.3	5.1
Other private hospitals	5,799	5,953	5,873	5,933	n.a.	0.6	1.0
<i>Total</i>	<i>7,609</i>	<i>7,902</i>	<i>7,756</i>	<i>7,914</i>	<i>n.a.</i>	<i>1.0</i>	<i>2.0</i>
<b>Total revenue, current prices<sup>(f)</sup> (\$ million)</b>							
Public hospitals	1,377	1,532	1,503	1,641	1,911	8.5	16.5
Public acute hospitals	1,355	1,512	1,484	1,617	1,884	8.6	16.5
Public psychiatric hospitals	22	19	19	24	27	5.1	13.0
Private hospitals	4,742	5,328	5,758	6,273	n.a.	7.2	9.0
Private free-standing day hospital facilities	224	262	301	341	n.a.	11.0	13.2
Other private hospitals	4,518	5,066	5,456	5,933	n.a.	7.1	8.7
<i>Total</i>	<i>6,118</i>	<i>6,860</i>	<i>7,261</i>	<i>7,914</i>	<i>n.a.</i>	<i>6.6</i>	<i>9.0</i>

(a) The average since 2000–01 is the average annual change between 2000–01 and the latest available year of data. The latest 2-year change is the change between the two latest available years of data.

(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.

(d) Excludes public psychiatric hospitals. Reporting arrangements have varied significantly across years.

(e) Constant price values referenced to 2003–04. 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

(f) Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts.

n.a. Not available.

Source: For 2004–05, most private hospital data are preliminary, sourced from the states and territories except Northern Territory's private hospital bed numbers are sourced from Hospital & Health Services (2005) and private free-standing day hospital bed numbers in New South Wales and South Australia are sourced from ABS 2003–2004.

**Table 2.2: Number of hospitals<sup>(a)</sup> and available or licensed beds, by hospital sector and type, states and territories, 2004–05**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hospitals</b>									
Public acute hospitals	222	143	173	91	78	24	3	5	739
Public psychiatric hospitals	10	1	4	1	1	3	0	0	20
<i>Total public hospitals</i>	<i>232</i>	<i>144</i>	<i>177</i>	<i>92</i>	<i>79</i>	<i>27</i>	<i>3</i>	<i>5</i>	<i>759</i>
Private free-standing day hospital facilities	93	58	49	14	21	2	6	1	244
Other private hospitals <sup>(c)</sup>	84	83	55	24	32	8	3	1	290
<i>Total private hospitals</i>	<i>177</i>	<i>141</i>	<i>104</i>	<i>38</i>	<i>53</i>	<i>10</i>	<i>9</i>	<i>2</i>	<i>534</i>
<b>Total hospitals</b>	<b>409</b>	<b>285</b>	<b>281</b>	<b>130</b>	<b>132</b>	<b>37</b>	<b>12</b>	<b>7</b>	<b>1,293</b>
<b>Available or licensed beds<sup>(d)</sup></b>									
Public acute hospitals	19,570	11,831	9,282	4,939	4,524	1,231	679	570	52,626
Public psychiatric hospitals	1,161	115	476	205	461	69	0	0	2,487
<i>Total beds available in public hospitals</i>	<i>20,731</i>	<i>11,946</i>	<i>9,758</i>	<i>5,144</i>	<i>4,985</i>	<i>1,300</i>	<i>679</i>	<i>570</i>	<i>55,112</i>
Private free-standing day hospital facilities	777	477	287	125	133	9	25	n.a.	1,833
Other private hospitals <sup>(c)</sup>	6,281	6,110	5,977	3,030	2,222	1,063	364	108	25,155
<i>Total beds available in private hospitals</i>	<i>7,058</i>	<i>6,587</i>	<i>6,264</i>	<i>3,155</i>	<i>2,355</i>	<i>1,072</i>	<i>389</i>	<i>108</i>	<i>26,988</i>
<b>Total available beds</b>	<b>27,789</b>	<b>18,533</b>	<b>16,022</b>	<b>8,299</b>	<b>7,340</b>	<b>2,372</b>	<b>1,068</b>	<b>678</b>	<b>82,100</b>
<b>Available or licensed beds per 1,000 population</b>									
Public acute hospitals	2.9	2.4	2.4	2.5	2.9	2.5	2.1	2.8	2.6
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.3	0.1	0.0	0.0	0.1
<i>Total beds available in public hospitals</i>	<i>3.1</i>	<i>2.4</i>	<i>2.5</i>	<i>2.6</i>	<i>3.2</i>	<i>2.7</i>	<i>2.1</i>	<i>2.8</i>	<i>2.7</i>
Private free-standing day hospital facilities	0.1	0.1	0.1	0.1	0.1	0.0	0.1	n.a.	0.1
Other private hospitals <sup>(c)</sup>	0.9	1.2	1.5	1.5	1.4	2.2	1.1	0.5	1.2
<i>Total beds in private hospitals</i>	<i>1.0</i>	<i>1.3</i>	<i>1.6</i>	<i>1.6</i>	<i>1.5</i>	<i>2.2</i>	<i>1.2</i>	<i>0.5</i>	<i>1.3</i>
<b>Total beds per 1,000 population</b>	<b>4.1</b>	<b>3.7</b>	<b>4.1</b>	<b>4.2</b>	<b>4.8</b>	<b>4.9</b>	<b>3.3</b>	<b>3.4</b>	<b>4.1</b>

(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 which report data separately to the National Hospital Morbidity Database.

(c) Includes private acute and private psychiatric hospitals.

(d) 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.

n.a. Not available.

Source: For 2004–05, most private hospital data are preliminary, sourced from the states and territories except Northern Territory's private hospital bed numbers which are sourced from Hospital & Health Services (2005) and private free-standing day hospital bed numbers in New South Wales and South Australia which are sourced from ABS 2003–2004.

**Table 2.3: Summary of separation<sup>(a)</sup>, patient day and average length of stay statistics, by hospital type, Australia, 2000–01 to 2004–05<sup>(b)</sup>**

	2000–01	2001–02	2002–03	2003–04	2004–05	% change <sup>(c)</sup>	
						Ave since 2000–01	Since 2003–04
<b>Separations ('000)</b>							
Public hospitals	3,882	3,966	4,091	4,201	4,276	2.4	1.8
Public acute hospitals	3,864	3,949	4,074	4,183	4,261	2.5	1.8
Public psychiatric hospitals	18	17	17	17	16	–2.7	–7.4
Private hospitals <sup>(d)(e)</sup>	2,272	2,433	2,554	2,641	2,742	4.8	3.9
Private free-standing day hospital facilities <sup>(e)</sup>	332	377	455	486	515	11.6	5.9
Other private hospitals <sup>(e)</sup>	1,849	1,958	1,991	2,043	2,134	3.6	4.4
Public acute & private hospitals <sup>(f)</sup>	6,136	6,382	6,629	6,824	7,003	3.4	2.6
<b>Total</b>	<b>6,154</b>	<b>6,398</b>	<b>6,645</b>	<b>6,841</b>	<b>7,019</b>	<b>3.3</b>	<b>2.6</b>
<b>Overnight separations ('000)</b>							
Public hospitals	2,086	2,076	2,091	2,143	2,177	1.1	1.6
Public acute hospitals	2,071	2,062	2,077	2,129	2,164	1.1	1.6
Public psychiatric hospitals	15	14	14	14	13	–2.1	–3.3
Private hospitals <sup>(d)(e)</sup>	943	973	986	986	995	1.4	0.8
Private free-standing day hospital facilities <sup>(e)</sup>	3	4	4	3	3	–0.7	–15.8
Other private hospitals <sup>(e)</sup>	940	937	951	934	952	0.3	2.0
Public acute & private hospitals <sup>(f)</sup>	3,014	3,035	3,063	3,116	3,158	1.2	1.4
<b>Total</b>	<b>3,029</b>	<b>3,049</b>	<b>3,076</b>	<b>3,130</b>	<b>3,172</b>	<b>1.2</b>	<b>1.3</b>
<b>Same day separations ('000)</b>							
Public hospitals	1,796	1,889	2,000	2,057	2,099	4.0	2.1
Public acute hospitals	1,793	1,887	1,997	2,054	2,097	4.0	2.1
Public psychiatric hospitals	3	3	3	3	2	–7.1	–25.3
Private hospitals <sup>(d)(e)</sup>	1,329	1,460	1,569	1,654	1,748	7.1	5.7
Private free-standing day hospital facilities <sup>(e)</sup>	330	373	451	483	512	11.7	6.1
Other private hospitals <sup>(e)</sup>	1,000	1,049	1,081	1,109	1,181	4.3	6.5
Public acute & private hospitals <sup>(f)</sup>	3,122	3,346	3,566	3,708	3,845	5.3	3.7
<b>Total</b>	<b>3,125</b>	<b>3,349</b>	<b>3,569</b>	<b>3,711</b>	<b>3,847</b>	<b>5.3</b>	<b>3.7</b>
<b>Same day separations as a % of total</b>							
Public hospitals	46.3	47.6	48.9	49.0	49.1	1.5	0.2
Public acute hospitals	46.4	47.8	49.0	49.1	49.2	1.5	0.2
Public psychiatric hospitals	17.7	15.7	17.0	18.5	14.9	–4.3	–19.4
Private hospitals <sup>(d)(e)</sup>	58.5	60.0	61.4	62.6	63.7	2.2	1.7
Private free-standing day hospital facilities <sup>(e)</sup>	99.2	99.0	99.1	99.4	99.5	0.1	0.1
Other private hospitals <sup>(e)</sup>	51.5	52.8	53.2	54.3	55.4	1.8	2.0
Public acute & private hospitals <sup>(f)</sup>	50.9	52.4	53.8	54.3	54.9	1.9	1.0
<b>Total</b>	<b>50.8</b>	<b>52.3</b>	<b>53.7</b>	<b>54.3</b>	<b>54.8</b>	<b>1.9</b>	<b>1.0</b>
<b>Separations per 1,000 population</b>							
Public hospitals	201.8	202.6	205.7	207.8	208.1	0.8	0.2
Public acute hospitals	200.9	201.8	204.8	206.9	207.3	0.8	0.2
Public psychiatric hospitals	0.9	0.9	0.8	0.9	0.8	–3.8	–8.2
Private hospitals <sup>(d)(e)</sup>	119.8	125.1	129.0	130.9	133.9	2.8	2.3
Private free-standing day hospital facilities <sup>(e)</sup>	18.2	20.2	23.9	25.1	26.1	9.5	4.1
Other private hospitals <sup>(e)</sup>	101.2	104.7	105.1	105.8	107.8	1.6	1.9
Public acute & private hospitals <sup>(f)</sup>	335.4	326.9	333.9	337.8	341.2	0.4	1.0
<b>Total</b>	<b>320.2</b>	<b>327.7</b>	<b>333.5</b>	<b>337.3</b>	<b>340.2</b>	<b>1.5</b>	<b>0.8</b>

(continued)

**Table 2.3 (continued): Summary of separation<sup>(a)</sup>, patient day and average length of stay statistics, by hospital type, Australia, 2000–01 to 2004–05 <sup>(b)</sup>**

						% change <sup>(c)</sup>	
	2000–01	2001–02	2002–03	2003–04	2004–05	Ave since 2000–01	Since 2003–04
<b>Average public cost weight of separations<sup>(g)</sup></b>							
Public hospitals	1.02	1.01	1.00	1.01	1.02	–0.0	1.8
Public acute hospitals	1.02	1.01	1.00	1.00	1.02	–0.0	1.7
Public psychiatric hospitals	1.71	1.82	1.83	1.75	1.92	3.0	9.6
Private hospitals <sup>(d)(e)</sup>	0.94	0.94	0.92	0.92	0.91	–0.8	–0.4
Private free-standing day hospital facilities <sup>(e)</sup>	0.49	0.49	0.48	0.48	0.48	–0.5	–0.6
Other private hospitals <sup>(e)</sup>	1.02	1.02	1.02	1.02	1.02	–0.1	–0.1
Public acute & private hospitals <sup>(f)</sup>	0.99	0.98	0.97	0.97	0.98	–0.3	0.9
<b>Total</b>	<b>0.99</b>	<b>0.98</b>	<b>0.97</b>	<b>0.97</b>	<b>0.98</b>	<b>–0.3</b>	<b>0.9</b>
<b>Average private cost weight of separations<sup>(h)</sup></b>							
Private hospitals <sup>(d)(e)</sup>	0.86	0.86	0.86	0.85	0.85	–0.3	–0.2
Private free-standing day hospital facilities <sup>(e)</sup>	0.37	0.38	0.37	0.37	0.37	–0.1	–1.0
Other private hospitals <sup>(e)</sup>	0.95	0.96	0.97	0.97	0.97	0.6	0.2
<b>Patient days ('000)</b>							
Public hospitals	15,726	16,237	16,425	16,419	16,662	1.5	1.5
Public acute hospitals	15,010	15,223	15,506	15,742	15,880	1.4	0.9
Public psychiatric hospitals	716	1,015	919	677	782	2.2	15.6
Private hospitals <sup>(d)(e)</sup>	6,743	6,964	7,115	7,165	7,166	1.5	0.0
Private free-standing day hospital facilities <sup>(e)</sup>	333	377	455	486	515	11.6	5.9
Other private hospitals <sup>(e)</sup>	6,410	6,366	6,450	6,356	6,400	–0.0	0.7
Public acute & private hospitals <sup>(f)</sup>	21,753	22,186	22,622	22,907	23,046	1.5	0.6
<b>Total</b>	<b>22,469</b>	<b>23,201</b>	<b>23,541</b>	<b>23,583</b>	<b>23,829</b>	<b>1.5</b>	<b>1.0</b>
<b>Patient days per 1,000 population<sup>(h)</sup></b>							
Public hospitals	820.0	827.8	821.1	805.3	802.2	–0.5	–0.4
Public acute hospitals	782.8	775.9	774.7	771.7	763.5	–0.6	–1.1
Public psychiatric hospitals	37.1	51.9	46.4	33.6	38.6	1.0	15.0
Private hospitals <sup>(d)(e)</sup>	356.8	357.0	356.9	351.4	344.0	–0.9	–2.1
Private free-standing day hospital facilities <sup>(e)</sup>	18.1	20.2	23.9	25.1	26.1	9.6	4.1
Other private hospitals <sup>(e)</sup>	336.7	334.9	331.8	325.3	319.3	–1.3	–1.8
Public acute & private hospitals <sup>(f)</sup>	1,134.9	1,133.0	1,131.6	1,123.1	1,107.5	–0.6	–1.4
<b>Total</b>	<b>1,172.0</b>	<b>1,182.5</b>	<b>1,175.6</b>	<b>1,154.5</b>	<b>1,143.9</b>	<b>–0.6</b>	<b>–0.9</b>
<b>Average length of stay (days)</b>							
Public hospitals	4.1	4.1	4.0	3.9	3.9	–1.0	–0.3
Public acute hospitals	3.9	3.9	3.8	3.8	3.7	–1.0	–1.0
Public psychiatric hospitals <sup>(d)</sup>	40.1	60.9	55.1	39.6	49.4	5.3	24.8
Private hospitals <sup>(d)(e)</sup>	3.0	2.9	2.8	2.7	2.6	–3.1	–3.7
Private free-standing day hospital facilities <sup>(e)</sup>	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Other private hospitals <sup>(e)</sup>	3.3	3.2	3.2	3.1	3.0	–2.4	–3.6
Public acute & private hospitals <sup>(f)</sup>	3.5	3.5	3.4	3.4	3.3	–1.8	–2.0
<b>Total</b>	<b>3.7</b>	<b>3.6</b>	<b>3.5</b>	<b>3.4</b>	<b>3.4</b>	<b>–1.8</b>	<b>–1.5</b>
<b>Average length of stay, excluding same day separations (days)</b>							
Public hospitals	6.7	6.9	6.9	6.7	6.7	0.0	–0.2
Public acute hospitals	6.4	6.5	6.5	6.4	6.4	–0.0	–0.9
Public psychiatric hospitals <sup>(d)</sup>	48.6	71.9	66.2	48.3	57.8	4.5	19.8
Private hospitals <sup>(d)(e)</sup>	5.7	5.7	5.6	5.6	5.4	–1.3	–2.5
Private free-standing day hospital facilities <sup>(e)</sup>	1.0	1.0	1.0	1.0	1.0	0.1	0.3
Other private hospitals <sup>(e)</sup>	5.8	5.8	5.6	5.6	5.5	–1.2	–2.4
Public acute & private hospitals <sup>(f)</sup>	6.2	6.2	6.2	6.2	6.1	–0.4	–1.3
<b>Total</b>	<b>6.4</b>	<b>6.5</b>	<b>6.5</b>	<b>6.3</b>	<b>6.3</b>	<b>–0.3</b>	<b>–0.8</b>

(continued)

**Table 2.3 (continued): Summary of separation<sup>(a)</sup>, patient day and average length of stay statistics, by hospital type, Australia, 2000–01 to 2004–05 <sup>(b)</sup>**

	2000–01	2001–02	2002–03	2003–04	2004–05	% change <sup>(c)</sup>	
						Ave since 2000–01	Since 2003–04
<b>Indirectly standardised relative stay index<sup>(f)</sup></b>							
Public hospitals	1.01	1.00	0.98	0.97	0.95	..	..
Public acute hospitals	1.00	0.99	0.98	0.97	0.94	..	..
Public psychiatric hospitals <sup>(d)</sup>	1.25	1.29	1.31	1.31	1.30	..	..
Private hospitals <sup>(d)(e)</sup>	1.09	1.06	1.05	1.03	1.00	..	..
Private free-standing day hospital facilities <sup>(e)</sup>	0.74	0.75	0.75	0.74	0.74	..	..
Other private hospitals <sup>(e)</sup>	1.10	1.07	1.06	1.04	1.01	..	..
Public acute & private hospitals <sup>(f)</sup>	1.03	1.02	1.00	0.99	0.96	..	..
<b>Total</b>	<b>1.03</b>	<b>1.02</b>	<b>1.00</b>	<b>0.99</b>	<b>0.96</b>	..	..
<b>Directly standardised relative stay index<sup>(f)</sup></b>							
Public hospitals	1.02	1.01	0.99	0.98	0.96	–1.5	–2.2
Public acute hospitals	1.01	1.00	0.99	0.97	0.95	–1.5	–2.1
Public psychiatric hospitals <sup>(d)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Private hospitals <sup>(d)(e)</sup>	1.12	1.10	1.10	1.08	1.05	–1.6	–3.2
Private free-standing day hospital facilities <sup>(e)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals <sup>(e)</sup>	1.12	1.11	1.11	1.09	1.05	–1.6	–3.3
Public acute & private hospitals <sup>(f)</sup>	1.03	1.02	1.00	0.99	0.96	–1.7	–2.4
<b>Total</b>	<b>1.03</b>	<b>1.02</b>	<b>1.00</b>	<b>0.99</b>	<b>0.96</b>	<b>–1.7</b>	<b>–2.5</b>

(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 2000–01 to 2004–05, 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 freestanding 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 4 for details.

(e) The hospital type was not specified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database for 2000–01, 2001–02, 2002–03 and 2003–04. Thus, data 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. However, they were included in the total for private hospitals.

(f) Excludes public psychiatric hospitals.

(g) AR-DRG version 5.0 national public sector estimated cost weights 2003–04 were applied to AR-DRG version 5.0 DRGs for 2000–01 to 2003–04 and AR-DRG version 5.1 DRGs for 2004–05 for all rows in Average public cost weight of separations.

(h) AR-DRGs version 4.2 and private national cost weights for 2002–03 were used for all rows in Average private cost weight of separations.

(i) 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 3 for details on the methodology.

(j) 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 3 for details on the methodology.

.. Not applicable.

n.p. Not published, because there were too few AR-DRGs in the group.

**Table 2.4: Summary of separation<sup>(a)</sup>, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Separations</b>									
Public hospitals	1,344,246	1,223,429	733,761	383,260	365,596	86,604	63,638	75,891	4,276,425
Public acute hospitals	1,333,299	1,223,039	733,236	381,658	363,461	86,359	63,638	75,891	4,260,581
Public psychiatric hospitals	10,947	390	525	1,602	2,135	245	..	..	15,844
Private hospitals <sup>(b)</sup>	747,198	704,267	676,846	308,715	211,829	n.p.	n.p.	n.p.	2,742,425
Private free-standing day hospital facilities <sup>(b)</sup>	167,004	115,776	157,141	37,272	37,931	n.p.	n.p.	n.p.	515,124
Other private hospitals <sup>(b)(c)</sup>	580,194	588,491	519,705	271,443	173,898	n.p.	n.p.	n.p.	2,133,731
Public acute & private hospitals	2,080,497	1,927,306	1,410,082	690,373	575,290	n.p.	n.p.	n.p.	7,003,006
<b>Total</b>	<b>2,091,444</b>	<b>1,927,696</b>	<b>1,410,607</b>	<b>691,975</b>	<b>577,425</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,018,850</b>
<b>Overnight separations</b>									
Public hospitals	765,390	545,379	377,526	190,043	192,970	44,891	29,857	30,980	2,177,036
Public acute hospitals	756,451	544,989	377,004	188,472	191,149	44,649	29,857	30,980	2,163,551
Public psychiatric hospitals	8,939	390	522	1,571	1,821	242	..	..	13,485
Private hospitals <sup>(b)</sup>	253,357	252,911	238,486	122,421	87,760	n.p.	n.p.	n.p.	994,636
Private free-standing day hospital facilities <sup>(b)</sup>	2,262	5	0	385	0	n.p.	n.p.	n.p.	2,652
Other private hospitals <sup>(b)(c)</sup>	251,095	252,906	238,486	122,036	87,760	n.p.	n.p.	n.p.	952,283
Public acute & private hospitals	1,009,808	797,900	615,490	310,893	278,909	n.p.	n.p.	n.p.	3,158,187
<b>Total</b>	<b>1,018,747</b>	<b>798,290</b>	<b>616,012</b>	<b>312,464</b>	<b>280,730</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>3,171,672</b>
<b>Same day separations</b>									
Public hospitals	578,856	678,050	356,235	193,217	172,626	41,713	33,781	44,911	2,099,389
Public acute hospitals	576,848	678,050	356,232	193,186	172,312	41,710	33,781	44,911	2,097,030
Public psychiatric hospitals	2,008	0	3	31	314	3	..	..	2,359
Private hospitals <sup>(b)</sup>	493,841	451,356	438,360	186,294	124,069	n.p.	n.p.	n.p.	1,747,789
Private free-standing day hospital facilities <sup>(b)</sup>	164,742	115,771	157,141	36,887	37,931	n.p.	n.p.	n.p.	512,472
Other private hospitals <sup>(b)(c)</sup>	329,099	335,585	281,219	149,407	86,138	n.p.	n.p.	n.p.	1,181,448
Public acute & private hospitals	1,070,689	1,129,406	794,592	379,480	296,381	n.p.	n.p.	n.p.	3,844,819
<b>Total</b>	<b>1,072,697</b>	<b>1,129,406</b>	<b>794,595</b>	<b>379,511</b>	<b>296,695</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>3,847,178</b>
<b>Same day separations as a % of total</b>									
Public hospitals	43.1	55.4	48.5	50.4	47.2	48.2	53.1	59.2	49.1
Public acute hospitals	43.3	55.4	48.6	50.6	47.4	48.3	53.1	59.2	49.2
Public psychiatric hospitals	18.3	0.0	0.6	1.9	14.7	1.2	..	..	14.9
Private hospitals <sup>(b)</sup>	66.1	64.1	64.8	60.3	58.6	n.p.	n.p.	n.p.	63.7
Private free-standing day hospital facilities <sup>(b)</sup>	98.6	100.0	100.0	99.0	100.0	n.p.	n.p.	n.p.	99.5
Other private hospitals <sup>(b)(c)</sup>	56.7	57.0	54.1	55.0	49.5	n.p.	n.p.	n.p.	55.4
Public acute & private hospitals	51.5	58.6	56.4	55.0	51.5	n.p.	n.p.	n.p.	54.9
<b>Total</b>	<b>51.3</b>	<b>58.6</b>	<b>56.3</b>	<b>54.8</b>	<b>51.4</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>54.8</b>

(continued)



Table 2.4 (continued): Summary of separation<sup>(a)</sup>, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Separations per 1,000 population<sup>(e)</sup></b>									
Public hospitals	193.3	238.3	188.1	195.2	225.3	172.6	214.4	456.2	208.1
Public acute hospitals	191.6	238.2	187.9	194.4	224.0	172.2	214.4	456.2	207.3
Public psychiatric hospitals	1.6	0.1	0.1	0.8	1.4	0.5	..	..	0.8
Private hospitals <sup>(b)</sup>	106.6	136.1	172.4	155.7	126.5	n.p.	n.p.	n.p.	133.9
Private free-standing day hospital facilities <sup>(b)</sup>	23.9	22.5	39.9	18.7	22.4	n.p.	n.p.	n.p.	26.1
Other private hospitals <sup>(b)(c)</sup>	82.7	113.6	132.5	136.9	104.2	n.p.	n.p.	n.p.	107.8
Public acute & private hospitals	298.2	374.3	360.4	350.0	350.5	n.p.	n.p.	n.p.	341.2
<b>Total</b>	<b>299.9</b>	<b>374.4</b>	<b>360.5</b>	<b>350.9</b>	<b>351.9</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>340.2</b>
<b>Average public cost weight of separations<sup>(e)</sup></b>									
Public hospitals	1.11	0.96	1.01	0.98	1.03	1.07	1.09	0.75	1.02
Public acute hospitals	1.11	0.95	1.01	0.98	1.02	1.07	1.09	0.75	1.02
Public psychiatric hospitals	1.68	2.91	2.50	2.43	2.57	2.73	..	..	1.92
Private hospitals <sup>(b)</sup>	0.95	0.88	0.89	0.87	1.00	n.p.	n.p.	n.p.	0.91
Private free-standing day hospital facilities <sup>(b)</sup>	0.54	0.40	0.48	0.41	0.47	n.p.	n.p.	n.p.	0.48
Other private hospitals <sup>(b)(c)</sup>	1.07	0.98	1.02	0.94	1.11	n.p.	n.p.	n.p.	1.02
Public acute & private hospitals	1.05	0.93	0.95	0.93	1.01	n.p.	n.p.	n.p.	0.98
<b>Total</b>	<b>1.05</b>	<b>0.93</b>	<b>0.95</b>	<b>0.93</b>	<b>1.02</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.98</b>
<b>Average private cost weight of separations<sup>(f)</sup></b>									
Private hospitals <sup>(c)</sup>	0.88	0.83	0.83	0.81	0.93	n.p.	n.p.	n.p.	0.85
Private free-standing day hospital facilities	0.45	0.29	0.37	0.31	0.36	n.p.	n.p.	n.p.	0.37
Other private hospitals <sup>(b)(c)</sup>	1.01	0.94	0.98	0.88	1.06	n.p.	n.p.	n.p.	0.97
<b>Patient days</b>									
Public hospitals	5,823,565	4,299,033	2,745,143	1,456,574	1,503,551	381,120	229,110	224,060	16,662,156
Public acute hospitals	5,443,997	4,257,812	2,550,178	1,406,242	1,414,108	354,336	229,110	224,060	15,879,843
Public psychiatric hospitals	379,568	41,221	194,965	50,332	89,443	26,784	..	..	782,313
Private hospitals <sup>(c)</sup>	1,881,263	1,848,067	1,814,652	810,511	560,615	n.p.	n.p.	n.p.	7,166,456
Private free-standing day hospital facilities <sup>(b)</sup>	167,012	115,776	157,141	37,272	37,931	n.p.	n.p.	n.p.	515,132
Other private hospitals <sup>(b)(c)</sup>	1,714,251	1,732,291	1,657,511	773,239	522,684	n.p.	n.p.	n.p.	6,399,976
Public acute & private hospitals	7,325,260	6,105,879	4,364,830	2,216,753	1,974,723	n.p.	n.p.	n.p.	23,046,299
<b>Total</b>	<b>7,704,828</b>	<b>6,147,100</b>	<b>4,559,795</b>	<b>2,267,085</b>	<b>2,064,166</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>23,828,612</b>

(continued)

**Table 2.4 (continued): Summary of separation<sup>(a)</sup>, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Patient days per 1,000 population<sup>(a)</sup></b>									
Public hospitals	822.5	823.0	706.6	750.1	882.9	741.6	793.6	1,413.4	802.2
Public acute hospitals	766.9	814.7	656.3	725.0	826.2	687.4	793.6	1,413.4	763.5
Public psychiatric hospitals	55.6	8.2	50.2	25.1	56.7	54.2	..	..	38.6
Private hospitals <sup>(d)</sup>	264.0	351.3	465.7	414.8	322.7	n.p.	n.p.	n.p.	344.0
Private free-standing day hospital facilities <sup>(b)</sup>	23.9	22.5	39.9	18.7	22.4	n.p.	n.p.	n.p.	26.1
Other private hospitals <sup>(b)(c)</sup>	240.1	328.8	425.8	396.1	300.4	n.p.	n.p.	n.p.	319.3
Public acute & private hospitals	1,031.0	1,166.0	1,122.1	1,139.8	1,149.0	n.p.	n.p.	n.p.	1,107.5
<b>Total</b>	<b>1,086.6</b>	<b>1,174.3</b>	<b>1,172.3</b>	<b>1,165.0</b>	<b>1,205.7</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>1,143.9</b>
<b>Average length of stay (days)</b>									
Public hospitals	4.3	3.5	3.7	3.8	4.1	4.4	3.6	3.0	3.9
Public acute hospitals	4.1	3.5	3.5	3.7	3.9	4.1	3.6	3.0	3.7
Public psychiatric hospitals <sup>(g)</sup>	34.7	105.7	371.4	31.4	41.9	109.3	..	..	49.4
Private hospitals <sup>(d)</sup>	2.5	2.6	2.7	2.6	2.6	n.p.	n.p.	n.p.	2.6
Private free-standing day hospital facilities <sup>(b)</sup>	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals <sup>(b)(c)</sup>	3.0	2.9	3.2	2.8	3.0	n.p.	n.p.	n.p.	3.0
Public acute & private hospitals	3.5	3.2	3.1	3.2	3.4	n.p.	n.p.	n.p.	3.3
<b>Total</b>	<b>3.7</b>	<b>3.2</b>	<b>3.2</b>	<b>3.3</b>	<b>3.6</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>3.4</b>
<b>Average length of stay, excluding same day separations (days)</b>									
Public hospitals	6.9	6.6	6.3	6.6	6.9	7.6	6.5	5.8	6.7
Public acute hospitals	6.4	6.6	5.8	6.4	6.5	7.0	6.5	5.8	6.4
Public psychiatric hospitals <sup>(g)</sup>	42.2	105.7	373.5	32.0	48.9	110.7	..	..	57.8
Private hospitals <sup>(d)</sup>	5.5	5.5	5.8	5.1	5.0	n.p.	n.p.	n.p.	5.4
Private free-standing day hospital facilities <sup>(b)</sup>	1.0	1.0	..	1.0	..	n.p.	n.p.	n.p.	1.0
Other private hospitals <sup>(b)(c)</sup>	5.5	5.5	5.8	5.1	5.0	n.p.	n.p.	n.p.	5.5
Public acute & private hospitals	6.2	6.2	5.8	5.9	6.0	n.p.	n.p.	n.p.	6.1
<b>Total</b>	<b>6.5</b>	<b>6.3</b>	<b>6.1</b>	<b>6.0</b>	<b>6.3</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6.3</b>

(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) Coverage of private hospitals is incomplete for some states and territories. In particular, about 21% Tasmania private hospital separations were not reported. See Appendix 4 for details.

(c) Includes private psychiatric hospitals.

(d) Figures are directly age-standardised to the Australian population as detailed in Appendix 3.

(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 5.0 national public sector estimated cost weights 2003–04 were applied to AR-DRG version 5.1 DRGs for all rows in Average public cost weight of separations.

(f) Separations for which the care type was reported as *Acute*, or as *Newborn with qualified patient days*, or was *Not reported*. AR-DRGs version 4.2 and national private sector estimated cost weights for 2002–03 were used for all rows in Average private cost weight of separations.

(g) 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.

n.p. Not published.

.. Not applicable.

**Table 2.5: Non-admitted patient occasions of service<sup>(a)</sup>, by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2004–05**

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(b)</sup>	Total <sup>(c)</sup>
<b>Public acute hospitals</b>									
<b>Individual occasions of service</b>									
Accident & emergency	2,007,356	1,318,053	1,282,037	593,068	473,681	121,713	93,716	103,624	5,993,248
Dialysis	14,958	0	0	..	0	0	0	0	14,958
Pathology	2,270,403	685,408	2,621,208	670,314	..	208,875	35,737	77,423	6,569,368
Radiology & organ imaging	700,852	545,297	787,813	368,241	271,510	75,040	65,914	64,108	2,878,775
Endoscopy & related procedures	11,362	0	4,313	..	0	0	0	0	15,675
Other medical/surgical/obstetric	4,032,043	1,541,073	2,208,732	591,688	824,740	260,749	215,066	85,873	9,759,964
Mental health	908,482	698,186	85,842	36,798	23,057	1,829	4,555	0	1,758,749
Alcohol & drug	899,915	25,392	76,689	0	0	0	0	0	1,001,996
Dental	742,728	173,511	344,644	11,630	7,163	1,683	0	0	1,281,359
Pharmacy	874,415	401,798	599,283	177,310	0	67,139	717	27,872	2,148,534
Allied health	1,524,432	1,034,157	518,513	903,320	224,703	96,703	43,416	12,323	4,357,567
Community health	1,984,862	268,563	170,170	816,157	0	492	10,070	0	3,250,314
District nursing <sup>(d)</sup>	2,065,744	166,875	67,120	178,296	0	0	0	0	2,478,035
Other outreach	487,789	4,291	118,393	148,988	315,922	41,272	18,234	0	1,134,889
<b>Total individual occasions of service</b>	<b>18,525,341</b>	<b>6,862,604</b>	<b>8,884,757</b>	<b>4,495,810</b>	<b>2,140,776</b>	<b>875,495</b>	<b>487,425</b>	<b>371,223</b>	<b>42,643,431</b>
<b>Group sessions</b>									
Other medical/surgical/obstetric	35,985	n.a.	4,791	1	7,549	204	1,836	n.a.	50,366
Mental health	24,099	n.a.	1,250	2,006	1,424	0	453	n.a.	29,232
Alcohol & drug	2,399	n.a.	0	0	..	0	..	n.a.	2,399
Allied health	45,028	n.a.	8,912	13,545	6,229	1,278	3,120	n.a.	78,112
Community health	48,233	n.a.	3,150	37,293	..	0	..	n.a.	88,676
District nursing	6,187	n.a.	635	3,402	..	0	..	n.a.	10,224
Other outreach	8,004	n.a.	823	3,951	97,443	0	107	n.a.	110,328
Other	543	n.a.	0	..	..	..	..	n.a.	543
<b>Total group sessions</b>	<b>170,569</b>	<b>26,527</b>	<b>19,561</b>	<b>60,198</b>	<b>112,645</b>	<b>1,482</b>	<b>5,516</b>	<b>n.a.</b>	<b>396,498</b>
<b>Public psychiatric hospitals</b>									
Emergency & outpatient individual sessions	132,110	3,709	134	11,672	n.a.	n.a.	..	..	147,625
Emergency & outpatient group sessions	4,915	0	0	909	n.a.	n.a.	..	..	5,824
Outreach/community individual sessions	3,092	0	0	0	n.a.	n.a.	..	..	3,092
Outreach/community group sessions	0	0	0	0	n.a.	n.a.	..	..	0
<b>Total services</b>	<b>140,117</b>	<b>3,709</b>	<b>134</b>	<b>12,581</b>	<b>n.a.</b>	<b>n.a.</b>	<b>..</b>	<b>..</b>	<b>156,541</b>

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

(b) Radiology figures for the Northern Territory are underestimated and pathology figures relate only to three of the five hospitals.

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

(d) Justice Health (formerly known as Corrections Health) in New South Wales reported 996,917 district nursing occasions of services. Their services may not be typical of district nursing.

n.a. Not available.

.. Not applicable.

**Table 2.6: Non-admitted patient occasions of service ('000), by type of non-admitted patient care, private hospitals, states and territories, 2003-04**

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency <sup>(a)</sup>	75.2	103.6	119.1	n.a.	38.6	n.a.	n.a.	n.a.	472.1
Outpatient services <sup>(b)</sup>	251.1	691.3	180.6	29.9	17.0	n.a.	n.a.	n.a.	1,173.1
Other non-admitted services <sup>(c)</sup>	152.9	24.3	n.a.	n.a.	1.5	n.a.	n.a.	n.a.	182.4
Other	29.8	18.9	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	81.9
<b>Total</b>	<b>509.2</b>	<b>838.0</b>	<b>308.3</b>	<b>133.7</b>	<b>59.4</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,909.5</b>

(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.*

n.a. Not available for publication but included in totals where applicable.

Source: Australian Bureau of Statistics' Private Health Establishments Collection, unpublished data.

# 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. 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 size, which has been determined by the number of available beds. There were 759 public hospitals and 55,112 beds reported for 2004–05.

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.

Based on numbers of available beds, there were more small hospitals, particularly in those jurisdictions that cover large geographic areas. The majority of beds were in larger hospitals and in more densely populated areas. Although 70.1% of hospitals had fewer than 50 beds, these small hospitals accounted for only 17.9% of available beds. The largest hospital had 881 beds, and the median hospital size was 25 beds.

Further detail about the characteristics and numbers of public hospitals is included in Appendix 4 and, by public hospital peer group, in Table 4.2.

## Geographical distribution of beds

The Remoteness Area classification is used in Table 3.2 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 3.

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* (34,125).

Nationally, there were 2.8 public hospital beds per 1,000 population. The ratio of public hospital beds in a jurisdiction to the population resident in the jurisdiction ranged from

2.1 beds per 1,000 population in the Australian Capital Territory to 3.3 beds per 1,000 population in South Australia.

On a Remoteness Area basis, the ratio of public hospital beds in an area to the population resident in the area ranged from 2.6 beds per 1,000 population nationally in *Major cities*, to 3.0 beds per 1,000 population in regional areas and 5.3 beds per 1,000 population in *Remote* and *Very remote* areas. This distribution of beds is reflected in separation rates for public hospitals by geographical 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* areas (such as the Victoria and 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 may also reflect a number of factors including patterns of availability of other health care services, patterns of disease and injury and 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 unit*, *Obstetric/maternity service* and *Transplantation units*) in public acute hospitals for all states and territories are presented in Table 3.3. 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 unit* and *Pancreas, heart and liver transplant 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, all 7 *Acute spinal cord injury units* were located in *Major cities*. However, other services were more spread with 2 of the 13 *Burns units (level III)* located in *Regional* areas, and 66 *Obstetric/maternity services* in *Major cities*, 167 in *Regional* areas and 25 in *Remote* and *Very remote* areas.

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

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 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 5 on Service Related Groups.

## Staffing

Information on the number of full-time equivalent staff employed in public hospitals by state and territory is presented in Table 3.4, as the average available staff for the year. 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, 211,645 full-time equivalent staff were employed in the public hospital sector in 2004–05. *Nurses* constituted 44.4% (93,992) 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 21,394 *Salaried medical officers* employed in public hospitals throughout Australia, representing 10.1% 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 3.5 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 within 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, Western Australia and South Australia did not provide data on *Other personal care staff* as these staff are included in the *Diagnostic and allied health* and *Domestic and other staffing* categories.

The outsourcing of services with a large labour-related component (for example, food services and domestic services) can have a large impact on the 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.

## Recurrent expenditure by hospitals

Information on gross recurrent expenditure, categorised into *Salary and wages expenditure* and *Non-salary expenditure*, is presented in Table 3.5. Nationally, total recurrent expenditure excluding depreciation by public acute and psychiatric hospitals was \$21.8 billion in 2004–05.

The largest share of expenditure for 2004–05 was for salary payments. Even when payments to VMOs and payments for outsourced services, which include large labour components, are excluded, salary payments accounted for 61.7% of the \$21.8 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* 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 3.5. The data show that there is variation between states and territories in reporting, ranging from 6.4% of total expenditure in Queensland to 1.0% in the Northern Territory. No data were available on depreciation for Tasmania and the data were incomplete for South Australia.

## Hospital revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from state or territory governments) is reported in Table 3.6. In this table, states and territories have reported revenue 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). In data reported for Queensland, *Patient revenue* includes revenue for items such as pharmacy and ambulance, which could be considered as *Recoveries*.

Australian public hospitals received \$1.91 billion in revenue in 2004–05. This was equivalent to 8.8% 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 12.0% of expenditure, whereas revenue in South Australia represented 4.4% of expenditure.

There is some variation among the states and territories in the treatment of revenue data. For example, Victoria's *Other revenue* includes Commonwealth grants. In contrast, the Northern Territory does not include Commonwealth grants in its revenue figures. In 2004–05 Queensland has reported 60% higher revenue than in 2003–04. This is primarily due to changes in Queensland's revenue recognition practices in 2004–05 that result in the inclusion of revenue from other government agencies.

There is also some inconsistency in the treatment of income from asset sales. Western Australia netted out asset sales in its capital expenditure accounts, and 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 3.5 is largely expenditure by hospitals and not necessarily all expenditure on hospital services by each state or territory government. Revenue reported in Table 3.6 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 3.5 except if the privately owned and/or operated hospital has been reported as a public hospital (see Appendix 4). Expenditure on public patients hospitalised in other jurisdictions is also not identified in Table 3.5 for the purchasing jurisdiction, although it is largely reflected as expenditure in other jurisdictions' columns in Table 3.5. It is also not included in Table 3.6, 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 3.5.

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 2004–05, Western Australia spent \$160.8 million on the purchase of public hospital services from private hospitals, which is equivalent to 8% of total recurrent expenditure by public hospitals (Table 3.5). New South Wales, Victoria and South Australia reported \$38.1 million, \$0.2 and \$2.1 million expenditure, respectively. The Australian Capital Territory and the Northern Territory reported nil recurrent expenditure on purchasing public patient services from private hospitals. Data were provided for Tasmania, but not published, due to commercial-in-confidence considerations. Data were not available for Queensland.

The reporting of expenditure is affected by how public and private hospitals are defined (see Appendix 4). For example, the expenditure reported in this section for Western Australia excludes the expenditure for two hospitals largely contracted to provide public services (Peel and Joondalup hospitals) because they are reported as private hospitals. Expenditure for similar hospitals in other states (for example, the Mildura Base Hospital in Victoria) is included in Table 3.5 because they are reported as public hospitals.

## Notes on financial data

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 2003–04* (AIHW 2005c). 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* (NHDC 2003) categories and the comparability of the data may not be adequate for reporting.

It should also be noted that, because some states and territories have not fully implemented accrual accounting procedures and systems, expenditure and revenue presented in the current report are mixtures of expenditure/payments and revenue/receipts, respectively. 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<sup>(a)</sup> and available beds<sup>(b)</sup>, by hospital size, states and territories, 2004-05**

Hospital size <sup>(c)</sup>	NSW	Vic <sup>(d)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hospitals</b>									
10 or less beds	19	35	70	22	7	17	1	0	171
More than 10 to 50 beds	125	52	69	49	57	7	0	2	361
More than 50 to 100 beds	32	20	15	9	6	0	0	1	83
More than 100 to 200 beds	31	18	11	6	3	0	1	1	71
More than 200 to 500 beds	18	18	9	4	5	2	1	1	58
More than 500 beds	7	1	3	2	1	1	0	0	15
<b>Total</b>	<b>232</b>	<b>144</b>	<b>177</b>	<b>92</b>	<b>79</b>	<b>27</b>	<b>3</b>	<b>5</b>	<b>759</b>
<b>Available beds</b>									
10 or less beds	75	212	256	168	45	101	10	..	867
More than 10 to 50 beds	3,372	1,258	1,674	1,002	1,506	148	..	50	9,010
More than 50 to 100 beds	2,202	1,476	996	575	452	..	..	60	5,761
More than 100 to 200 beds	4,822	2,659	1,715	851	507	..	174	165	10,894
More than 200 to 500 beds	5,732	5,764	2,786	1,338	1,849	550	495	295	18,809
More than 500 beds	4,527	578	2,331	1,209	626	501	..	..	9,772
<b>Total</b>	<b>20,731</b>	<b>11,946</b>	<b>9,758</b>	<b>5,144</b>	<b>4,985</b>	<b>1,300</b>	<b>679</b>	<b>570</b>	<b>55,112</b>

(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 which report data separately to the National Hospital Morbidity Database.

.. Not applicable.

**Table 3.2: Number of hospitals<sup>(a)</sup>, available beds and ratio of available beds in area to 1,000 population resident in area, by Remoteness Area, public acute and psychiatric hospitals, states and territories, 2004–05**

Region	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hospitals</b>									
Major cities	73	48	19	19	13	..	3	..	175
Inner regional	76	58	26	9	16	9	0	..	194
Outer regional	63	36	55	28	28	13	..	1	224
<i>Total regional</i>	139	94	81	37	44	22	0	1	418
Remote	14	2	34	23	16	3	..	2	94
Very remote	6	..	43	13	6	2	..	2	72
<i>Total remote</i>	20	2	77	36	22	5	..	4	166
<b>Total all regions</b>	<b>232</b>	<b>144</b>	<b>177</b>	<b>92</b>	<b>79</b>	<b>27</b>	<b>3</b>	<b>5</b>	<b>759</b>
<b>Available beds<sup>(c)</sup></b>									
Major cities	13,658	8,463	4,725	3,430	3,170	..	679	..	34,125
Inner regional	4,815	2,781	2,040	338	462	915	0	..	11,351
Outer regional	1,917	688	2,073	740	894	357	..	295	6,964
<i>Total regional</i>	6,732	3,469	4,113	1,078	1,356	1,272	0	295	18,315
Remote	282	14	416	451	364	19	..	225	1,771
Very remote	58	..	504	185	96	9	..	50	901
<i>Total remote</i>	340	14	920	636	460	28	..	275	2,672
<b>Total all regions</b>	<b>20,731</b>	<b>11,946</b>	<b>9,758</b>	<b>5,144</b>	<b>4,985</b>	<b>1,300</b>	<b>679</b>	<b>570</b>	<b>55,112</b>
<b>Ratio of available beds in area to 1,000 population resident in area</b>									
Major cities	2.9	2.3	2.4	2.5	2.9	..	2.1	..	2.6
Inner regional	3.5	2.7	2.1	1.4	2.4	3.0	0.0	..	2.7
Outer regional	4.0	2.7	3.1	4.0	5.0	2.2	..	2.7	3.4
<i>Total regional</i>	3.6	2.7	2.5	2.5	3.7	2.7	0.0	2.7	3.0
Remote	7.3	2.4	4.5	5.0	7.9	2.3	..	5.4	5.5
Very remote	7.3	..	9.4	3.7	7.0	3.5	..	1.0	5.0
<i>Total remote</i>	7.3	2.4	6.3	4.5	7.7	2.6	..	3.0	5.3
<b>Total all regions</b>	<b>3.1</b>	<b>2.4</b>	<b>2.6</b>	<b>2.6</b>	<b>3.3</b>	<b>2.7</b>	<b>2.1</b>	<b>2.9</b>	<b>2.8</b>

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

(c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services.  
.. Not applicable.

**Table 3.3: Number of public acute hospitals<sup>(a)</sup> with specialised services, by Remoteness Area, states and territories, 2004–05**

Specialised services	NSW <sup>(b)</sup>	Vic <sup>(c)</sup>	Qld	WA	SA <sup>(c)</sup>	Tas	ACT	NT	Total
<b>Acute renal dialysis unit</b>	<b>18</b>	<b>9</b>	<b>10</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>50</b>
Major city	14	8	3	4	4	..	1	..	34
Regional	4	1	7	0	0	2	0	1	15
Remote	0	0	0	0	0	0	..	1	1
<b>Acute spinal cord injury unit</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
Major city	3	1	1	1	1	..	0	..	7
<b>AIDS unit</b>	<b>8</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>19</b>
Major city	8	2	3	1	1	..	1	..	16
Regional	0	0	2	0	0	0	0	0	2
Remote	0	0	0	0	0	0	..	1	1
<b>Alcohol and drug unit</b>	<b>33</b>	<b>15</b>	<b>10</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>64</b>
Major city	23	7	5	1	1	..	0	..	37
Regional	10	8	4	0	2	1	0	0	25
Remote	0	0	1	0	0	0	..	1	2
<b>Burns unit (level III)</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>13</b>
Major city	3	2	2	2	2	..	0	..	11
Regional	1	0	0	0	0	1	0	0	2
<b>Cardiac surgery unit</b>	<b>10</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>28</b>
Major city	10	7	2	4	2	..	1	..	26
Regional	0	0	1	0	0	1	0	0	2
<b>Clinical genetics unit</b>	<b>10</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>28</b>
Major city	8	6	4	2	2	..	1	..	23
Regional	2	0	2	0	0	1	0	0	5
<b>Coronary care unit</b>	<b>48</b>	<b>28</b>	<b>23</b>	<b>3</b>	<b>11</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>120</b>
Major city	30	14	9	3	6	..	2	..	64
Regional	18	14	13	0	5	3	0	1	54
Remote	0	0	1	0	0	0	..	1	2
<b>Diabetes unit</b>	<b>25</b>	<b>18</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>68</b>
Major city	23	15	8	5	5	..	1	..	57
Regional	2	3	2	0	0	3	0	1	11
<b>Domiciliary care service</b>	<b>150</b>	<b>96</b>	<b>40</b>	<b>54</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>387</b>
Major city	36	27	7	8	8	..	0	..	86
Regional	109	69	16	30	25	0	0	0	249
Remote	5	0	17	16	13	0	..	1	52
<b>Geriatric assessment unit</b>	<b>45</b>	<b>34</b>	<b>8</b>	<b>24</b>	<b>14</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>127</b>
Major city	32	22	3	6	5	..	1	..	69
Regional	13	12	4	16	8	1	0	0	54
Remote	0	0	1	2	1	0	..	0	4
<b>Hospice care unit</b>	<b>34</b>	<b>22</b>	<b>8</b>	<b>16</b>	<b>16</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>98</b>
Major city	15	7	5	0	5	..	1	..	33
Regional	19	15	3	13	8	1	0	0	59
Remote	0	0	0	3	3	0	..	0	6
<b>Infectious diseases unit</b>	<b>10</b>	<b>12</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>39</b>
Major city	10	12	5	3	4	..	1	..	35
Regional	0	0	2	0	0	1	0	0	3
Remote	0	0	0	0	0	0	..	1	1
<b>Intensive care unit (level III)</b>	<b>38</b>	<b>17</b>	<b>11</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>80</b>
Major city	24	13	8	4	4	..	1	..	54
Regional	14	4	3	0	1	2	0	1	25
Remote	0	0	0	0	0	0	..	1	1
<b>In-vitro fertilisation unit</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>
Major city	2	2	0	1	2	..	0	..	7
Regional	0	3	0	0	0	0	0	0	3
<b>Maintenance renal dialysis centre</b>	<b>41</b>	<b>57</b>	<b>21</b>	<b>10</b>	<b>12</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>147</b>
Major city	21	20	5	6	6	..	1	..	59
Regional	19	37	12	3	4	2	0	1	78
Remote	1	0	4	1	2	0	..	2	10

(continued)

**Table 3.3 (continued): Number of public acute hospitals<sup>(a)</sup> with specialised services, by Remoteness Area, states and territories, 2004–05**

<b>Specialised services</b>	<b>NSW<sup>(b)</sup></b>	<b>Vic<sup>(c)</sup></b>	<b>Qld</b>	<b>WA</b>	<b>SA<sup>(c)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Major plastic/reconstructive surgery unit</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>39</b>
Major city	11	10	7	3	4	..	1	..	36
Regional	0	0	2	0	0	1	0	0	3
<b>Neonatal intensive care unit (level III)</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>25</b>
Major city	10	4	3	1	2	..	1	..	21
Regional	1	0	1	0	0	1	0	1	4
<b>Neurosurgical unit</b>	<b>13</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>36</b>
Major city	12	8	5	3	4	..	1	..	33
Regional	1	0	1	0	0	1	0	0	3
<b>Nursing home care unit</b>	<b>56</b>	<b>78</b>	<b>11</b>	<b>33</b>	<b>42</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>220</b>
Major city	1	11	0	1	1	..	0	..	14
Regional	48	67	7	17	29	0	0	0	168
Remote	7	0	4	15	12	0	..	0	38
<b>Obstetric/maternity service</b>	<b>80</b>	<b>61</b>	<b>46</b>	<b>31</b>	<b>30</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>258</b>
Major city	28	14	7	8	7	..	2	..	66
Regional	51	47	31	16	18	3	0	1	167
Remote	1	0	8	7	5	0	..	4	25
<b>Oncology unit</b>	<b>29</b>	<b>34</b>	<b>10</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>91</b>
Major city	20	16	7	4	7	..	2	..	56
Regional	9	18	3	2	0	3	0	0	35
<b>Psychiatric unit/ward</b>	<b>42</b>	<b>31</b>	<b>18</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>122</b>
Major city	29	22	9	13	8	..	2	..	83
Regional	13	9	9	3	0	3	0	1	38
Remote	0	0	0	0	0	0	..	1	1
<b>Refractory epilepsy unit</b>	<b>5</b>	<b>6</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
Major city	5	6	0	3	2	..	0	..	16
<b>Rehabilitation unit</b>	<b>55</b>	<b>28</b>	<b>15</b>	<b>8</b>	<b>12</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>124</b>
Major city	34	16	7	7	5	..	1	..	70
Regional	21	12	8	1	7	3	0	1	53
Remote	0	0	0	0	0	0	..	1	1
<b>Sleep centre</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>31</b>
Major city	12	6	4	2	4	..	0	..	28
Regional	1	0	1	0	0	1	0	0	3
<b>Specialist paediatric service</b>	<b>46</b>	<b>30</b>	<b>16</b>	<b>9</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>118</b>
Major city	26	15	7	5	4	..	2	..	59
Regional	20	15	9	2	4	3	0	1	54
Remote	0	0	0	2	1	0	..	2	5
<b>Transplantation unit—bone marrow</b>	<b>12</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>32</b>
Major city	12	7	5	3	2	..	1	..	30
Regional	0	0	1	0	0	1	0	0	2
<b>Transplantation unit—heart (including heart/lung)</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
Major city	1	2	1	1	0	..	0	..	5
Regional	1	0	0	0	0	0	0	0	1
<b>Transplantation unit—liver</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>
Major city	2	2	2	1	1	..	0	..	8
<b>Transplantation unit—pancreas</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Major city	1	1	1	1	0	..	0	..	4
<b>Transplantation unit—renal</b>	<b>10</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>
Major city	9	6	1	3	1	..	0	..	20
Regional	1	0	0	0	0	0	0	0	1

(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) May be a slight underestimate 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.

.. Not applicable.

**Table 3.4: Average full-time equivalent staff<sup>(a)</sup>, public acute and psychiatric hospitals, states and territories, 2004–05**

Staffing category	NSW <sup>(b)</sup>	Vic <sup>(c)</sup>	Qld <sup>(d)</sup>	WA <sup>(e)</sup>	SA <sup>(b)</sup>	Tas <sup>(f)</sup>	ACT	NT	Total
<b>Full-time equivalent staff numbers</b>									
Salaried medical officers	7,276	5,557	3,787	1,996	1,700	442	373	263	21,394
Registered nurses	n.a.	n.a.	12,838	7,489	6,168	1,906	1,280	998	n.a.
Enrolled nurses	n.a.	n.a.	2,158	923	1,714	237	234	33	n.a.
Student nurses	..	..	..	..	26	43	..	..	69
<b>Total nurses</b>	<b>33,573</b>	<b>24,372</b>	<b>14,996</b>	<b>8,412</b>	<b>7,908</b>	<b>2,186</b>	<b>1,514</b>	<b>1,031</b>	<b>93,992</b>
Other personal care staff	n.a.	n.a.	732	n.a.	n.a.	187	163	15	n.a.
Diagnostic & allied health professionals	10,239	11,378	3,456	2,325	1,993	422	409	280	30,502
Administrative & clerical staff	11,878	9,104	4,162	3,307	2,810	601	639	394	32,895
Domestic & other staff	11,313	6,861	6,184	3,774	2,047	869	191	530	31,769
<b>Total staff</b>	<b>74,279</b>	<b>57,272</b>	<b>33,317</b>	<b>19,813</b>	<b>16,457</b>	<b>4,707</b>	<b>3,288</b>	<b>2,512</b>	<b>211,645</b>

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2005 were used. Staff contracted to provide products (rather than labour) are not included.

(b) *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(c) For Victoria, full time equivalent staff numbers may be slightly understated. *Other personal care staff* are included in *Domestic & other staff*.

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

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

(f) Data for five small hospitals in Tasmania were not supplied.

n.a. Not available.

.. Not applicable.

**Table 3.5: Recurrent expenditure (\$'000)<sup>(a)</sup>, public acute and psychiatric hospitals, states and territories, 2004–05**

Recurrent expenditure category	NSW <sup>(b)</sup>	Vic <sup>(c)</sup>	Qld <sup>(d)</sup>	WA	SA <sup>(e)</sup>	Tas <sup>(f)</sup>	ACT	NT <sup>(g)</sup>	Total
<b>Salary and wages expenditure</b>									
Salaried medical officers	842,864	747,073	415,818	298,599	198,391	54,342	51,280	39,858	2,648,225
Registered nurses	n.a.	n.a.	806,188	502,743	426,544	115,024	90,489	72,514	n.a.
Enrolled nurses	n.a.	n.a.	97,291	42,984	84,857	10,924	12,369	1,828	n.a.
Student nurses	..	..	..	..	2,207	2,059	..	..	4,266
<i>Total nurses</i>	<i>2,238,040</i>	<i>1,583,729</i>	<i>903,479</i>	<i>545,727</i>	<i>513,608</i>	<i>128,007</i>	<i>102,858</i>	<i>74,342</i>	<i>6,089,790</i>
Other personal care staff	n.a.	n.a.	30,828	n.a.	n.a.	6,846	7,327	862	45,863
Diagnostic & allied health professionals	589,058	526,401	206,748	138,589	107,326	26,534	26,757	18,768	1,640,181
Administrative & clerical staff	657,315	439,876	182,886	159,314	124,868	22,921	33,556	22,981	1,643,717
Domestic & other staff	449,866	335,570	254,658	156,418	76,238	32,612	6,382	24,275	1,336,019
Salary expenditure category, not further categorised	..	24,617	..	..	..	..	..	..	24,617
<b>Total salary &amp; wages expenditure</b>	<b>4,777,143</b>	<b>3,657,265</b>	<b>1,994,417</b>	<b>1,298,647</b>	<b>1,020,432</b>	<b>271,262</b>	<b>228,160</b>	<b>181,086</b>	<b>13,428,412</b>
<b>Non-salary expenditure</b>									
Payments to visiting medical officers	393,516	119,934	65,498	69,820	78,871	11,514	25,160	3,220	767,533
Superannuation payments	441,152	327,135	195,401	112,500	91,365	28,308	26,566	13,058	1,235,485
Drug supplies	389,448	299,743	188,304	119,470	82,851	18,632	12,708	14,634	1,125,790
Medical & surgical supplies	782,613	491,133	359,035	151,685	105,618	45,578	34,272	19,217	1,989,151
Food supplies	106,500	58,325	27,125	17,960	11,800	5,284	4,111	2,355	233,460
Domestic services	173,062	121,279	95,484	63,633	44,954	6,736	13,708	9,812	528,668
Repairs & maintenance	193,712	114,159	70,505	54,983	69,976	18,312	6,905	5,203	533,755
Patient transport	50,055	29,681	20,440	16,821	14,842	2,979	938	11,279	147,035
Administrative expenses	423,835	397,394	243,724	89,587	46,760	33,546	23,113	14,468	1,272,427
Interest payments	3,234	0	0	12,285	1,343	n.a.	13	n.a.	16,875
Depreciation	327,801	205,140	210,901	69,185	27,644	n.a.	13,134	2,705	856,510
Other recurrent expenditure	115,913	149,853	13,674	21,428	131,726	16,000	13,523	8,063	470,180
Expenditure, not further categorised	..	7,924	..	..	..	1,089	..	..	9,013
<b>Total non-salary expenditure excluding depreciation</b>	<b>3,073,040</b>	<b>2,116,560</b>	<b>1,279,190</b>	<b>730,172</b>	<b>680,106</b>	<b>187,978</b>	<b>161,017</b>	<b>101,309</b>	<b>8,329,372</b>
<b>Total non-salary expenditure including depreciation</b>	<b>3,400,841</b>	<b>2,321,700</b>	<b>1,490,091</b>	<b>799,357</b>	<b>n.a.</b>	<b>n.a.</b>	<b>174,151</b>	<b>104,014</b>	<b>9,185,882</b>
<b>Total expenditure excluding depreciation</b>	<b>7,850,183</b>	<b>5,773,825</b>	<b>3,273,607</b>	<b>2,028,819</b>	<b>1,700,538</b>	<b>459,240</b>	<b>389,177</b>	<b>282,395</b>	<b>21,757,784</b>
<b>Public acute hospitals</b>	<b>7,609,157</b>	<b>5,742,514</b>	<b>3,188,451</b>	<b>1,981,514</b>	<b>1,610,021</b>	<b>452,034</b>	<b>389,177</b>	<b>282,395</b>	<b>21,255,263</b>
<b>Psychiatric hospitals</b>	<b>241,026</b>	<b>31,311</b>	<b>85,156</b>	<b>47,305</b>	<b>90,517</b>	<b>7,206</b>	<b>..</b>	<b>..</b>	<b>502,521</b>
<b>Total expenditure including depreciation</b>	<b>8,177,984</b>	<b>5,978,965</b>	<b>3,484,508</b>	<b>2,098,004</b>	<b>n.a.</b>	<b>n.a.</b>	<b>402,311</b>	<b>285,100</b>	<b>n.a.</b>
<b>Public acute hospitals</b>	<b>7,925,819</b>	<b>5,946,424</b>	<b>3,392,376</b>	<b>2,049,367</b>	<b>n.a.</b>	<b>n.a.</b>	<b>402,311</b>	<b>244,990</b>	<b>n.a.</b>
<b>Psychiatric hospitals</b>	<b>252,165</b>	<b>32,541</b>	<b>92,132</b>	<b>48,637</b>	<b>n.a.</b>	<b>n.a.</b>	<b>..</b>	<b>..</b>	<b>n.a.</b>

(a) Recurrent expenditure on purchase of public hospitals 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 & allied health professionals* and *Domestic & other staff*.

(c) Victorian data for one hospital were supplied at *Total salary*, *Depreciation* and *Total non-salary* level only. These data were reported as *Salary expenditure category, not further categorised* and *Expenditure, not further categorised*. *Other personal care staff* are included in *Domestic & other staff*.

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

(e) South Australian *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*. *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*. Depreciation data are only reported for a subset of hospitals.

(f) Tasmanian data for one hospital was not supplied. Three small hospitals reported total expenditure only, here reported as *Expenditure, not further categorised*.

(g) *Interest payments* were not reported.

.. Not applicable.

n.a. Not available.

**Table 3.6: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2004–05**

Revenue source	NSW	Vic	Qld <sup>(a)</sup>	WA	SA	Tas <sup>(b)</sup>	ACT	NT	Total
Patient revenue	501,471	197,837	107,935	68,567	56,061	32,016	21,723	9,490	995,100
Recoveries	169,725	62,966	30,137	21,528	0	12,227	6,172	3,478	306,233
Other revenue <sup>(c)</sup>	166,945	260,954	121,800	26,755	18,420	10,775	3,845	375	609,869
<b>Total revenue</b>	<b>838,141</b>	<b>521,757</b>	<b>259,872</b>	<b>116,850</b>	<b>74,481</b>	<b>55,018</b>	<b>31,740</b>	<b>13,343</b>	<b>1,911,202</b>
<b>Public acute hospitals</b>	<b>822,638</b>	<b>519,831</b>	<b>253,738</b>	<b>115,462</b>	<b>72,651</b>	<b>55,018</b>	<b>31,740</b>	<b>13,343</b>	<b>1,884,421</b>
<b>Psychiatric hospitals</b>	<b>15,503</b>	<b>1,926</b>	<b>6,134</b>	<b>1,388</b>	<b>1,830</b>	<b>0</b>	<b>..</b>	<b>..</b>	<b>26,781</b>

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

(b) Tasmanian data for seven small 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.

.. Not applicable.



# 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 which 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. *Australian hospital statistics* uses this National Health Performance Framework to present performance indicator information.

This chapter describes the performance indicators presented in this chapter and elsewhere in this report, within the context of the framework. A substantial proportion of the performance indicator information in this report is included in this chapter, but, some is included elsewhere, for example for emergency department waiting times (Chapter 5) and elective surgery waiting times (Chapter 6).

The performance indicators presented in this chapter include cost per casemix-adjusted separation, average salary expenditure, hospital accreditation, separation rates for selected procedures, separation rates for selected potentially preventable hospitalisations, average lengths of stay for a selection of AR-DRGs, relative stay indexes and separations with adverse events.

## 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. It has three tiers: 'Health status and outcomes', 'Determinants of health' and 'Health system performance'. Questions are posed for each tier and a number of dimensions have been identified within each. The dimensions can guide the development and selection of performance indicators such that the indicators can be used together to answer each tier's questions. Sometimes, single indicators can provide information in several dimensions of the framework.

The third tier is the most directly relevant to assessment of the provision of hospital and other health care services. It has been organised into nine dimensions: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable. The questions asked for this tier are: 'How well is the health system performing in delivering quality health actions to improve the health of all Australians?' and 'Is it the same for everyone?' The latter question underlines the focus throughout the framework on equity.

Table 4.A presents the third tier from the National Health Performance Framework (NHPC 2001). Further information on the framework is included in Chapter 4 of *Australian hospital statistics 2000-01* (AIHW 2002).

**Table 4.A: The National Health Performance Framework, Tier 3**

<b>Health system performance</b> <i>How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?</i>		
<i>Effective</i>	<i>Appropriate</i>	<i>Efficient</i>
Care, intervention or action achieves desired outcome.	Care/intervention/action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost-effective use of resources.
<i>Responsive</i>	<i>Accessible</i>	<i>Safe</i>
Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	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.
<i>Continuous</i>	<i>Capable</i>	<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPC 2001.

## Performance indicators in this report

Table 4.B presents performance indicator information that is in this report (both in this chapter and elsewhere) for the National Health Performance Framework Tier 3 dimensions. Further information relevant to the interpretation of these performance indicator data is in the text and footnotes accompanying the tables. Further discussion of how these performance indicators fit into the National Health Performance Framework is presented in *Australian hospital statistics 2002–03* (AIHW 2004a).

**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
<b>Effective</b>			
4.8, 4.9, 4.10	Separation rates for selected potentially preventable hospitalisations	Primary care, Population health	Presented by state and territory of usual residence of the patient (Table 4.8), Remoteness Area of usual residence (Table 4.9) and quintile of socioeconomic advantage/disadvantage (Table 4.10)
No indicators available for acute care			

(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
<b>Appropriate</b>			
2.4	Separation rates	Acute care	Presented by state and territory of hospitalisation, and for the public and private sectors
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
8.7, 8.8	Separation rates	Acute care	Presented by state and territory of hospital, hospital sector and Indigenous status
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 advantage/disadvantage (Table 8.13) for the public and private sectors
4.5, 4.6, 4.7	Separation rates for selected procedures	Acute care	Presented by state and territory of usual residence of the patient (Table 4.5), Remoteness Area of usual residence (Table 4.6) and quintile of socioeconomic advantage/disadvantage (Table 4.7)
<b>Efficient</b>			
4.1, 4.2	Cost per casemix-adjusted separation	Acute care	Presented by state and territory of hospital (Table 4.1), and by public hospital peer group (Table 4.2)
4.1, 4.2, 4.12, 4.13, 12.1, 12.2	Relative stay index	Acute care	Presented by state and territory of hospital (Table 4.1), by public hospital peer group (Tables 4.2) and, for the public and private sectors, by admitted patient election status and funding source (Tables 4.15, 4.16), and by MDC (Tables 12.1, 12.2)
4.3	Average salary by staffing category	Acute care	Presented by state and territory of hospital
4.11	Average length of stay for a selection of AR-DRGs	Acute care	Presented by state and territory of hospital, and for the public and private sectors
<b>Responsive</b>			
5.3, 5.4	Emergency department waiting times (proportions waiting longer than clinically desirable times waited at the 50th and the 90th percentiles)	Acute care	Presented as a time series (Table 5.3) and by state and territory of hospital and by public hospital peer group (Table 5.4)

(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
<b>Accessible</b>			
6.1, 6.2, 6.4, 6.5	Waiting times for elective surgery (times waited at the 50th and 90th percentiles)  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 4.5 to 4.10 and 8.11 to 8.13)	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)
<b>Safe</b>			
4.14	Separations with adverse events	Acute care	Presented for the public and private sectors
<b>Continuous</b>			
7.13, 7.14	Separations with non-acute care, by mode of separation, age group, sex and patient election status.	Continuing care	Presented by patient election status (Table 7.13) and age group and sex (Table 7.14).
No indicators available for acute care			
<b>Capable</b>			
4.4	Accreditation of hospitals and beds	Acute care	Presented by state and territory of hospital, and for the public and private sectors
<b>Sustainable</b>			
No indicators available for acute care			

## Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. 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 2006) and the NHPC (NHPC 2004). It 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 3 of this report and in more detail in *Australian hospital statistics 1999–00* (AIHW 2001a).

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 although for the first time this year, 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 3 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 3% that were not acute (Appendix 3 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, Western Australia and Tasmania)
- 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 cost weights are based on AR-DRG version 5.0 2003-04 public sector estimated cost weights (DoHA 2005a) applied to AR-DRG version 5.1 DRGs, as 2004-05 AR-DRG cost weights (which will be based on AR-DRG version 5.0) were not available at the time of publication.

The scope of the analysis is hospitals that mainly provide 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 4). 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 would have been excluded for other reasons (for example, they are small non-acute hospitals). Hospitals subject to atypical events such as being opened or closed mid-year would also usually be excluded but there were no such hospitals this year. This scope restriction improves the comparability of data among the jurisdictions and increases the accuracy of the analysis. Hospitals included accounted for 97.4% of separations in public acute and psychiatric hospitals in 2004-05, and 91.4% of recurrent expenditure.

A small number of hospitals can 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 mainly applies to the *Small 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 and do not necessarily include state government contracted services with private hospitals or allow for the source of funds.

Table 4.1 shows the cost per casemix-adjusted separation for the states and territories for 2004-05. At the national level, the average cost per casemix-adjusted separation was \$3,410. A large portion of the costs was attributed to non-medical salaries and medical labour costs; nationally these costs were \$1,789 and \$646 respectively, per casemix-adjusted separation.

For the first time this year depreciation has been added to the calculation for those jurisdictions that supplied it. Depreciation was only supplied for a subset of South Australian hospitals and was not supplied by Tasmania. The results are to increase the national total by about 4% to \$3,539. Queensland increased by 6 percent and the Northern Territory by 1 percent. The other jurisdictions increased by 3 or 4 percent.

The cost per casemix-adjusted separation data should be interpreted taking 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. Because of factors such as these, cost disabilities associated with providing the same level and standard of hospital services available elsewhere in Australia have been recognised by the Commonwealth Grants Commission.

## Public hospital peer groups

Public hospital peer groups have been developed for 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 level of admitted patient activity, and their geographical location.

For 2004–05, the dominant hospital peer group category was the *Principal referral and specialist women's and children's hospitals* group. They accounted for 69.9% of public acute and psychiatric hospital expenditure and 68.7% of separations (Table 4.2). The cost per casemix-adjusted separation for this group was \$3,440, which is 0.9% higher than the overall average cost (\$3,410) for the hospitals in scope for this analysis.

Table 4.2 also presents 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, relative stay index (see below and in Appendix 3). The average number of AR-DRGs with 5 or more acute separations reported for each hospital is also presented; it provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

For *Principal referral and specialist women's and children's hospitals*, the cost per casemix-adjusted separation excluding depreciation varied among the jurisdictions, for example, from \$3,152 in Queensland to \$3,739 in the Northern Territory. Including depreciation it varied from \$3,355 in Queensland to \$3,772 in the Northern Territory

## Average salary expenditure

Average salaries paid to public hospital full-time equivalent staff by states and territories are presented in Table 4.3 as indicators of efficiency. New South Wales and Victoria do not report staffing numbers and salaries separately for registered nurses and enrolled nurses, so average salaries are presented for nurses as a single group. Their comparability may be affected by the relative proportions of registered and enrolled nurses among the jurisdictions.

The average salary for full-time equivalent *Nurses* in 2004–05 was \$64,792 nationally, an increase of 5.2% on the average salary of \$61,575 in 2003–04 (AIHW 2005a). The average

salary for full-time equivalent *Salaried medical officers* was \$123,789, a 2.8% increase over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for *Nurses* ranged from \$58,570 in Tasmania to \$72,155 in the Northern Territory. For *Salaried medical officers*, they ranged from \$109,804 in Queensland to \$151,668 in the Northern Territory. The relatively high average salaries for Victoria may partly be the result of under-reporting of full-time equivalent staff (see Chapter 3).

Some states and territories were not able to provide data separately for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. Thus, some of the variation in average salaries reported for these categories is likely to be a result of different reporting practices. The variations in the averages are also affected by different practices in 'outsourcing' services, for example for domestic and catering functions. The degree of outsourcing of higher-paid versus lower-paid staffing functions will be a factor that affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors tends to result in higher average salaries for the domestic service staff.

## Hospital accreditation

Hospital accreditation has been identified as an indicator of capability within the 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 2003–04 and also relate to accreditation by any body. Accreditation at any point in time does not assume a fixed or continuing status as 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.

For Australia as a whole, 635 public hospitals with 53,144 public hospital beds (96% of the total) were known to be accredited at 30 June 2005 (Table 4.4). These hospitals delivered 98% of both separations and patient days. The proportion of public hospital patient days in accredited hospitals varied from 100% in Victoria, the Australian Capital Territory and the Northern Territory to 84% in Tasmania.

A total of 406 private hospitals and 25,321 private hospital beds (81% of hospitals but 96% of the beds) were accredited in 2003–04.

## Separation rates for selected procedures

Separation rates for 'selected' procedures have been identified as indicators of appropriateness. However, several may also be indicators of accessibility, as noted above, or of the performance of non-hospital health services.

Most of the procedures were originally selected as indicators of appropriateness by the 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 Appendix 3.

As for other separation rates, these data should be interpreted with caution, as they would reflect not only hospital system performance, but also variation in underlying needs for hospitalisation, variation in admission and data recording practices, and variation in the availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (as noted in Appendix 4). This may result in underestimation of separation rates for some of the diagnoses and procedures, particularly those more common for private hospitals. The separation rates are age-standardised, however, to take into account the different age structures of the populations of the states and territories.

Information on public patients in Tables 4.5, 4.6 and 4.7 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 an *Appendicectomy* was 66% nationally, ranging from 61% for Queensland to 79% for the ACT.

Table 4.5 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. Also included is the 95% confidence interval of the SRR which shows the range of values which the SRR could be expected to fall within due to chance. If the confidence interval includes 1, then a difference between jurisdictions is considered less likely (see Appendix 3).

For example, the separation rate for *Knee replacement* for residents of Western Australia was 1.45 separations per 1,000 population. The SRR was 1.01 with a 95% confidence interval of 0.97–1.05, indicating that the difference was not statistically significant. The separation rate for the Australian Capital Territory was 1.98 per 1,000 population, with an SRR of 1.38 and a 95% confidence interval of 1.26–1.50, indicating the difference was statistically significant.

Table 4.6 presents similar statistics by the Remoteness Area of usual residence of the patient. For example, the rate for *Hip replacement* for residents of major cities was 1.31 separations per 1,000 population. The SRR was 0.97 and the 95% confidence interval was 0.96–0.98 indicating a statistically significant difference.

Table 4.7 presents these data by quintile of socioeconomic advantage/disadvantage using the ABS's Socio-Economic Indexes For Areas 2001 (termed SEIFA 2001 (ABS 2004b)) Index of Socio-Economic Advantage/Disadvantage of the statistical local area of the patient's usual residence (see Appendix 3). 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. 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 so, for example *Hysterectomies* were more frequent in the *Most disadvantaged* and *Second most disadvantaged* quintiles, with an SRR of 1.1, and *Myringotomies* were most common in the *Most advantaged* quintile, with an SRR of 1.1. Although those in the *Most disadvantaged* quintile had more *Coronary artery bypass grafts* than those in the *Most advantaged* quintile, they had fewer *Coronary angioplasties*.



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 in the age at which the mothers are giving birth. The *Most advantaged* quintile (34.5 caesarean sections per 100 births in Table 4.7), residents of major cities (31.3 caesarean sections per 100 births in Table 4.6) and residents of Western Australia (33.2 per 100 births in Table 4.5) had the highest rates on this basis.

The national rate of caesarean sections per 100 in-hospital births increased from 24.4 to 30.3 between 2000–01 and 2004–05.

## Separation rates for selected 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, 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 for PPHs have been used in this chapter. These have been sourced from *The Victorian Ambulatory Care Sensitive Conditions Study* (Department of Human Services Victoria 2002).

- **Vaccine-preventable.** Diseases that can be prevented with 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) had been received. These include complicated appendicitis, dehydration/ gastroenteritis, pyelonephritis, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections and dental conditions.
- **Chronic.** The conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital care) 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 3.

Tables 4.8, 4.9 and 4.10 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 4.8) or Remoteness Area of usual

residence of the patient (Table 4.9) or the quintile of socioeconomic advantage/disadvantage (Table 4.10; see also Appendix 3). These tables also include the 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 653,954 selected potentially preventable hospitalisations in Australia in 2004–05, 9.4% of all separations, which translates to a rate of 31.5 per 1,000 population. The rates ranged from 19.3 per 1,000 population in the Australian Capital Territory to 45.0 per 1,000 population in the Northern Territory. The separation rate for *Vaccine-preventable* PPHs in the Northern Territory was 2.7 times the national rate, and the separation rate for Tasmania was 0.6 times the national rate.

Table 4.9 highlights that rates were higher for the more remote areas for most PPHs. For example, the rate for *Diabetes complications* in *Major cities* was 9.0 per 1,000 population, 9.6 for *Inner regional*, 12.3 for *Outer regional*, 24.5 for *Remote* and 22.0 for *Very remote* areas.

Table 4.10 presents these data by quintile of socioeconomic advantage/disadvantage using the SEIFA 2001 Index of Socio-Economic Advantage/Disadvantage (ABS 2004b) of the statistical local area of the patient's usual residence (see Appendix 3). 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.

For most PPHs the *Most disadvantaged* quintile has around one and a half times the hospital separation rate of the *Most advantaged* quintile, with the ratio of *Most disadvantaged* to *Most advantaged* being 1.7 for the total of all PPHs. The PPH categories for which this did not hold were *Other vaccine-preventable diseases*, *Appendicitis with generalised peritonitis* and *Iron deficiency anaemia*. The *Other vaccine-preventable diseases* are predominantly diseases most usually associated with childhood vaccination. For that group the *Most advantaged* quintile had higher rates of hospitalisation than the *Most disadvantaged* quintiles.

## Average lengths of stay for 20 selected AR-DRGs

The average length of stay for 20 selected version 5.1 AR-DRGs has been identified as an indicator of efficiency. The selected AR-DRGs (Table 4.11) were chosen on the basis of:

- homogeneity, where variation is more likely to be attributable to the hospital's performance rather than variations in the patients themselves
- representativeness across clinical groups (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 because AR-DRGs with CCs may be relatively less homogeneous, as they potentially include a range of complications and/or comorbidities.

While the DRGs were selected using AR-DRG Version 5.0, these are seen as equivalent to AR-DRG Version 5.1 for most purposes (see appendix 3).

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

The average length of stay of the chosen AR-DRGs ranged from 14.8 days for U63B *Major affective disorders age<70 W/O catastrophic or severe CC* to 1.5 days for G09Z *Inguinal and femoral hernia procedures age>0*.

The average length of stay for E62C *Respiratory infections or inflammations without complications*, was 3.7 days for all hospitals in Australia, 3.4 days for public hospitals and 5.1 days for private hospitals. There was some variation between states and territories with Western Australian hospitals reporting an average length of stay of 3.5 days and South Australian hospitals 3.8 days (including both sectors).

## Relative stay indexes

Relative stay indexes (RSIs) have been identified as indicators of efficiency. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the 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, such as Indigenous status.

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.

The RSIs presented in this report differ from those presented in earlier years in that they are based on AR-DRG version 5.1 rather than AR-DRG version 4.2. See Appendix 3 for details of the current methodology.

This report uses two methods of standardisation and three comparator sets. The method used in most tables (Tables 4.1, 4.2 and 4.12, and part of Tables 2.3 and 4.13) is an indirect standardisation method, where the total observed length of stay is divided by the total expected length of stay. Technically, an indirectly standardised rate compares a group with a standard population. The indirectly standardised rates of different groups are not strictly comparable as the different groups have different casemixes. The RSIs in Tables 4.1 and 4.2 are based on comparisons with the averages for public hospitals only for the current year. The RSIs in Tables 4.12 and 4.13 are based on comparisons with the averages for all hospitals for the current year. The RSIs in Table 2.3 are based on comparisons with the average across all hospitals for all 5 years presented combined.

In addition to the indirect method, Tables 2.3 and 4.13 present a directly standardised RSI. The direct method weights the separations of the group of hospitals to reflect the total casemix of Australia before calculating the ratio, thereby weighting the casemix of the groups of hospitals to a comparable basis. However, the direct standardisation method is not very suitable for groups of hospitals for which a limited range of AR-DRGs is reported, as the weighting of separations for AR-DRGs that are not reported (or are reported in small numbers) is subject to error. Therefore, presentation of the directly standardised method in the public sector in the Northern Territory and the private sector in South Australia has been suppressed (in addition to the usual suppression of private sector data). In the Northern

Territory public sector and the private sector in South Australia, fewer than 600 of the 632 AR-DRGs used in the national RSI analysis are represented, so the RSIs may be affected by estimation of the data for missing AR-DRGs (Table A3.13). More detail on these methods is included in Appendix 3, with a description of the number of AR-DRGs represented in each cell in Table 4.13.

Tables 4.1 and 4.2 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 0.99 overall, and ranged from 1.18 in the Northern Territory to 0.94 in Victoria (Table 4.1).

Tables 4.12 and 4.13 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals was 1.04 indirectly standardised and 1.09 directly standardised, and the RSI for public hospitals was 0.98 indirectly standardised and 0.99 directly standardised (Table 4.13). 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 4.13 also presents RSI information for the medical, surgical and other categories of AR-DRGs (DoHA 2004b). In the public sector, the RSI for medical AR-DRGs was 0.96 directly and indirectly standardised, and the RSI for surgical AR-DRGs was 1.03 indirectly standardised and 1.04 directly standardised. In the private sector, the RSI for medical AR-DRGs was 1.14 indirectly standardised and 1.16 directly standardised, and the RSI for surgical AR-DRGs was 0.96 indirectly and 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 and other injuries, and medication and medical device problems, some of which may be preventable. Hospital separations can be used to indicate the occurrence of adverse events because they include information on ICD-10-AM diagnoses, places of occurrence and external causes of injury and poisoning which indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other ICD-10-AM codes may also indicate that an adverse event has occurred, and some adverse events are not identifiable using these codes. The data presented in Table 4.14 can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals.

In 2004–05, there were 339,551 separations with an ICD-10-AM code for an adverse event, 4.8 per 100 separations. There were 238,388 separations in the public sector (5.6 per 100 separations) and 101,162 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 casemix and recording practices may be different.

*Procedures causing abnormal reactions/complications* (Y83–Y84) were reported for 218,232 separations, 90,371 separations were reported with *Adverse effects of drugs, medicaments and biological substances* (Y40–Y59) and 66,503 separations were reported with *Complications of internal prosthetic devices, implants and graft* (T82–T85).

**Table 4.1: Cost per casemix-adjusted separation <sup>(a)</sup> and selected other statistics, selected public acute hospitals<sup>(b)</sup>, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(c)</sup>	Total
Total separations ('000) <sup>(a)</sup>	1,279	1,200	705	345	345	83	64	76	4,095
Acute separations ('000) <sup>(d)</sup>	1,256	1,167	679	340	334	82	62	75	3,994
Proportion of separations not acute (%)	1.8	2.7	3.6	1.5	3.1	1.8	3.0	1.2	2.5
Average cost weight <sup>(e)</sup>	1.11	0.96	1.02	1.01	1.04	1.07	1.09	0.75	1.03
Casemix-adjusted separations ('000) <sup>(f)</sup>	1,423	1,147	719	348	357	89	69	57	4,209
Total admitted patient days ('000) <sup>(a)</sup>	4,788	4,089	2,380	1,163	1,195	322	229	224	14,391
Admitted patient days for acute patients ('000) <sup>(d)</sup>	4,399	3,311	2,060	1,060	1,062	278	198	215	12,584
Proportion of bed days not acute (%)	8.1	19.0	13.4	8.8	11.1	13.9	13.4	4.0	12.6
Total recurrent expenditure excluding depreciation(\$m)	6,991	5,493	3,034	1,737	1,497	426	387	282	19,847
Total recurrent expenditure including depreciation (\$m)	7,289	5,688	3,224	1,794	n.a.	n.a.	400	285	20,627
Admitted patient cost proportion <sup>(g)</sup>	0.69	0.70	0.71	0.70	0.72	0.74	0.73	0.77	0.70
Admitted patient recurrent expenditure excluding depreciation (\$m)	4,834	3,826	2,166	1,208	1,070	315	284	219	13,923
Admitted patient recurrent expenditure including depreciation (\$m)	5,039	3,962	2,301	1,249	n.a.	n.a.	293	221	14,470
Public patient day proportion <sup>(h)</sup>	0.79	0.85	0.91	0.89	0.84	0.84	0.85	0.95	0.84
Newborn episodes with no qualified days ('000)	57	37	29	13	10	3	3	2	154
Relative stay index <sup>(i)</sup>	1.02	0.94	0.96	1.03	0.99	1.00	1.02	1.18	0.99
<b>Average cost data for selected hospitals</b>									
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	938	927	808	899	860	966	1,077	1,007	906
Diagnostic/allied health <sup>(j)</sup>	243	301	189	249	189	218	283	254	246
Administrative	281	256	171	273	225	182	352	311	250
Other staff	185	192	246	250	112	272	143	340	199
Superannuation	189	191	178	189	159	217	280	177	187
<i>Total non-medical labour costs</i>	<i>1,835</i>	<i>1,867</i>	<i>1,591</i>	<i>1,859</i>	<i>1,545</i>	<i>1,856</i>	<i>2,136</i>	<i>2,089</i>	<i>1,789</i>
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	74	70	86	106	79	45	144	133	79
Repairs/maintenance	84	67	64	91	115	64	73	70	78
Medical supplies <sup>(l)</sup>	368	295	350	278	206	374	363	260	322
Drug supplies	179	181	181	214	159	150	135	198	180
Food supplies	44	34	24	26	18	35	43	32	34
Administration	174	227	223	150	83	333	243	196	192
Other	74	76	29	81	269	146	153	262	89
<i>Total other recurrent costs excluding depreciation</i>	<i>998</i>	<i>949</i>	<i>957</i>	<i>947</i>	<i>929</i>	<i>1,148</i>	<i>1,154</i>	<i>1,151</i>	<i>975</i>
Depreciation <sup>(k)</sup>	144	118	188	116	n.a.	n.a.	139	37	130
<b>Total excluding medical labour costs and depreciation</b>	<b>2,833</b>	<b>2,816</b>	<b>2,548</b>	<b>2,806</b>	<b>2,474</b>	<b>3,004</b>	<b>3,289</b>	<b>3,241</b>	<b>2,763</b>

(continued)

**Table 4.1 (continued): Cost per casemix-adjusted separation<sup>(a)</sup> and selected other statistics, selected public acute hospitals<sup>(b)</sup>, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(c)</sup>	Total
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	386	451	401	545	382	440	543	540	424
Visiting medical officer payments	179	71	63	123	144	95	266	44	120
Private patients (estimated) <sup>(l)</sup>	153	93	44	83	101	103	139	32	102
<i>Total medical labour costs</i>	<i>718</i>	<i>614</i>	<i>509</i>	<i>751</i>	<i>626</i>	<i>638</i>	<i>948</i>	<i>616</i>	<i>646</i>
<b>Total cost per casemix-adjusted separation excluding depreciation</b>	<b>3,551</b>	<b>3,430</b>	<b>3,057</b>	<b>3,557</b>	<b>3,100</b>	<b>3,642</b>	<b>4,237</b>	<b>3,856</b>	<b>3,410</b>
<b>Total cost per casemix-adjusted separation including depreciation</b>	<b>3,696</b>	<b>3,548</b>	<b>3,245</b>	<b>3,673</b>	<b>n.a.</b>	<b>n.a.</b>	<b>4,376</b>	<b>3,893</b>	<b>3,539</b>

(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) 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 3 for further information.

(c) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text).

(d) Separations for which the care type was reported as *Acute* and unspecified and *newborn* episodes of care with qualified days.

(e) Average cost weight from the National Hospital Morbidity Database, using the 2003–04 AR-DRG v 5.0 cost weights (DoHA 2005) for separations for which the care type was reported as *Acute*, *Unspecified* and *Newborn* episodes of care with qualified days.

(f) *Casemix-adjusted separations* is the product of *Total separations* and *Average cost weight*.

(g) Of the selected hospitals, three small hospitals have had their *Admitted patient cost proportion* estimated by the HASAC ratio.

(h) 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*.

(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. See Appendix 3 for details on the methodology. Based on AR-DRG version 5.1.

(j) Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees, resulting in higher medical supplies costs and lower diagnostic staff costs.

(k) Depreciation reported for a subset of South Australian hospitals and not reported for Tasmania.

(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 4.2: Cost per casemix-adjusted separation<sup>(a)</sup> and selected other statistics, by public hospital peer group<sup>(b)</sup>, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral: major cities (&gt;20,000 acute weighted separations) &amp; regional (&gt;16,000 acute weighted separations)</b>									
Number of hospitals	23	15	14	3	4	2	1	2	64
Average beds per hospital	411	563	390	552	404	405	495	230	444
Separations per hospital	33,298	60,158	35,917	58,857	48,206	34,602	47,496	32,258	42,526
AR-DRGs (5+) per hospital <sup>(c)</sup>	471	484	428	529	495	500	548	397	469
Total exp. excl dep(\$'000) <sup>(d)</sup>	4,593,272	4,248,310	2,263,099	n.p.	n.p.	333,174	n.p.	237,656	13,834,703
Total exp. incl dep(\$'000) <sup>(e)</sup>	4,784,360	4,386,759	2,397,434	n.p.	n.a.	n.a.	n.p.	239,791	14,353,617
Average cost weight <sup>(f)</sup>	1.18	0.98	1.06	1.09	1.12	1.07	1.09	0.78	1.07
Relative stay index <sup>(g)</sup>	1.04	0.94	0.97	n.p.	n.p.	0.96	n.p.	1.17	0.99
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,622	3,368	3,102	n.p.	n.p.	3,490	n.p.	3,739	3,401
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,767	3,475	3,284	n.p.	n.a.	n.a.	n.p.	3,772	3,525
<b>Specialist women's &amp; children's (&gt;10,000 acute weighted separations)</b>									
Number of hospitals	3	2	3	1	1	0	0	0	10
Average beds per hospital	188	240	132	480	337	..	..	..	226
Separations per hospital	17,068	30,925	12,909	35,917	29,930	..	..	..	21,763
AR-DRGs (5+) per hospital <sup>(c)</sup>	242	245	196	368	314	..	..	..	248
Total exp. excl dep(\$'000) <sup>(d)</sup>	363,238	352,663	224,600	n.p.	n.p.	..	..	..	1,367,361
Total exp. incl dep(\$'000) <sup>(e)</sup>	385,178	367,599	236,238	n.p.	n.a.	..	..	..	1,425,409
Average cost weight <sup>(f)</sup>	1.19	1.13	1.14	1.20	1.06	..	..	..	1.15
Relative stay index <sup>(g)</sup>	1.08	0.94	0.91	n.p.	n.p.	..	..	..	1.02
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	4,171	3,882	4,025	n.p.	n.p.	..	..	..	3,901
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	4,402	4,039	4,230	n.p.	n.a.	..	..	..	4,060
<b>Total Principal referral and specialist women's &amp; children's hospitals</b>									
Number of hospitals	26	17	17	4	5	2	1	2	74
Average beds per hospital	385	525	345	534	390	405	495	230	414
Separations per hospital	31,425	56,719	31,857	53,122	44,550	34,602	47,496	32,258	39,720
AR-DRGs (5+) per hospital <sup>(c)</sup>	445	456	387	489	459	500	548	397	439
Total exp. excl dep(\$'000) <sup>(d)</sup>	4,956,511	4,600,973	2,487,699	1,208,299	1,081,927	333,174	n.p.	237,656	15,202,064
Total exp. incl dep(\$'000) <sup>(e)</sup>	5,169,539	4,754,358	2,633,671	1,246,443	n.a.	n.a.	n.p.	239,791	15,779,026
Average cost weight <sup>(f)</sup>	1.18	0.99	1.07	1.11	1.11	1.07	n.p.	0.78	1.08
Relative stay index <sup>(g)</sup>	1.05	0.94	0.97	1.04	1.01	0.96	n.p.	1.17	1.00
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,654	3,403	3,171	3,512	3,124	3,490	n.p.	3,739	3,440
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,804	3,513	3,355	3,620	n.a.	n.a.	n.p.	3,772	3,566
<b>Large major cities (&gt;10,000 acute weighted separations)</b>									
Number of hospitals	11	2	2	2	2	0	1	0	20
Average beds per hospital	202	86	140	154	210	..	174	..	179
Separations per hospital	14,270	16,895	13,998	15,830	16,448	..	16,142	..	14,972
AR-DRGs (5+) per hospital <sup>(c)</sup>	323	126	277	276	325	..	334	..	294
Total exp. excl dep(\$'000) <sup>(d)</sup>	766,334	166,234	100,932	111,089	153,291	..	n.p.	..	1,389,129
Total exp. incl dep(\$'000) <sup>(e)</sup>	800,315	176,818	106,307	114,127	n.a.	..	n.p.	..	1,448,516
Average cost weight <sup>(f)</sup>	1.09	0.84	1.02	0.78	1.15	..	n.p.	..	1.02
Relative stay index <sup>(g)</sup>	0.97	0.80	0.91	1.02	0.93	..	n.p.	..	0.96
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,322	4,495	2,204	3,468	3,259	..	n.p.	..	3,372
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,463	4,759	2,321	3,562	n.a.	..	n.p.	..	3,510
<b>Large regional (&gt;8,000 acute weighted separations) &amp; remote (&gt;5,000 acute weighted separations)</b>									
Number of hospitals	5	6	4	3	0	1	0	0	19
Average beds per hospital	154	122	119	108	..	242	..	..	134
Separations per hospital	12,459	13,962	12,589	11,074	..	11,255	..	..	12,679
AR-DRGs (5+) per hospital <sup>(c)</sup>	336	304	271	286	..	328	..	..	304
Total exp. excl dep(\$'000) <sup>(d)</sup>	280,225	308,111	167,459	120,782	..	n.p.	..	..	955,915
Total exp. incl dep(\$'000) <sup>(e)</sup>	290,488	318,386	178,075	125,868	..	n.a.	..	..	992,155
Average cost weight <sup>(f)</sup>	1.06	0.86	0.88	0.89	..	n.p.	..	..	0.94
Relative stay index <sup>(g)</sup>	0.95	0.95	0.88	0.99	..	n.p.	..	..	0.95
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,476	3,189	2,749	3,513	..	n.p.	..	..	3,300
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,598	3,293	2,921	3,657	..	n.a.	..	..	3,422
<b>Total Large hospitals</b>									
Number of hospitals	16	8	6	5	2	1	1	0	39
Average beds per hospital	187	113	126	127	210	242	174	..	157
Separations per hospital	13,704	14,695	13,059	12,976	16,448	11,255	16,142	..	13,855
AR-DRGs (5+) per hospital <sup>(c)</sup>	327	260	273	282	325	328	334	..	299
Total exp. excl dep(\$'000) <sup>(d)</sup>	1,046,559	474,345	268,391	231,870	153,291	n.p.	n.p.	..	2,345,044
Total exp. incl dep(\$'000) <sup>(e)</sup>	1,090,803	495,204	284,382	239,995	n.a.	n.a.	n.p.	..	2,440,672
Average cost weight <sup>(f)</sup>	1.08	0.86	0.92	0.83	1.15	n.p.	n.p.	..	0.98
Relative stay index <sup>(g)</sup>	0.97	0.91	0.89	1.00	0.93	n.p.	n.p.	..	0.95
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,367	3,522	2,542	3,488	3,259	n.p.	n.p.	..	3,343
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,502	3,672	2,692	3,607	n.a.	n.a.	n.p.	..	3,475

(continued)

**Table 4.2 (continued): Cost per casemix-adjusted separation<sup>(a)</sup> and selected other statistics, by public hospital peer group<sup>(b)</sup>, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Medium (major cities 5,000 to 10,000 and regional 5,000 to 8,000 acute weighted separations)</b>									
Number of hospitals	15	5	1	4	4	0	0	0	29
Average beds per hospital	99	68	94	111	76	..	..	..	92
Separations per hospital	7,406	7,870	7,078	7,905	9,184	..	..	..	7,789
AR-DRGs (5+) per hospital <sup>(c)</sup>	216	224	239	170	226	..	..	..	213
Total exp. excl dep(\$'000) <sup>(d)</sup>	480,999	141,594	n.p.	129,358	119,309	..	..	..	892,580
Total exp. incl dep(\$'000) <sup>(e)</sup>	497,265	147,910	n.p.	132,546	n.a.	..	..	..	925,518
Average cost weight <sup>(f)</sup>	1.01	0.81	0.86	0.90	0.75	..	..	..	0.91
Relative stay index <sup>(g)</sup>	0.97	0.93	n.p.	1.01	0.99	..	..	..	0.97
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,176	3,262	n.p.	3,599	2,941	..	..	..	3,197
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,279	3,403	n.p.	3,686	n.a.	..	..	..	3,311
<b>Medium (major cities and regional 2,000 acute or acute weighted to 5,000 acute weighted separations)</b>									
Number of hospitals	26	14	13	4	9	0	0	0	66
Average beds per hospital	50	44	51	47	48	..	..	..	48
Separations per hospital	3,569	3,900	3,603	3,105	3,547	..	..	..	3,615
AR-DRGs (5+) per hospital <sup>(c)</sup>	141	132	138	116	146	..	..	..	138
Total exp. excl dep(\$'000) <sup>(d)</sup>	350,048	175,686	130,637	44,816	86,687	..	..	..	787,873
Total exp. incl dep(\$'000) <sup>(e)</sup>	365,993	184,089	143,902	46,513	n.a.	..	..	..	829,061
Average cost weight <sup>(f)</sup>	0.81	0.73	0.79	0.82	0.85	..	..	..	0.79
Relative stay index <sup>(g)</sup>	1	1	1	1	1	..	..	..	1
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,380	3,511	2,397	3,668	2,809	..	..	..	3,149
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,528	3,675	2,634	3,803	n.a.	..	..	..	3,307
<b>Total Medium hospitals</b>									
Number of hospitals	41	19	14	8	13	0	0	0	95
Average beds per hospital	68	50	54	79	56	..	..	..	62
Separations per hospital	4,973	4,945	3,851	5,505	5,281	..	..	..	4,889
AR-DRGs (5+) per hospital <sup>(c)</sup>	169	156	146	143	171	..	..	..	161
Total exp. excl dep(\$'000) <sup>(d)</sup>	831,047	317,280	151,957	174,174	205,996	..	..	..	1,680,453
Total exp. incl dep(\$'000) <sup>(e)</sup>	863,259	331,998	167,582	179,058	n.a.	..	..	..	1,754,579
Average cost weight <sup>(f)</sup>	0.92	0.77	0.80	0.87	0.80	..	..	..	0.85
Relative stay index <sup>(g)</sup>	1.00	0.98	0.94	1.01	0.95	..	..	..	0.99
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,256	3,400	2,415	3,617	2,878	..	..	..	3,174
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,378	3,553	2,657	3,717	n.a.	..	..	..	3,310
<b>Small regional acute (&lt;2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)</b>									
Number of hospitals	32	21	19	1	14	3	0	0	90
Average beds per hospital	28	22	21	24	22	12	..	..	23
Separations per hospital	1,107	1,135	919	1,302	1,025	561	..	..	1,045
AR-DRGs (5+) per hospital <sup>(c)</sup>	60	52	48	77	58	27	..	..	54
Total exp. excl dep(\$'000) <sup>(d)</sup>	143,904	100,411	53,231	n.p.	38,554	6,915	..	..	348,037
Total exp. incl dep(\$'000) <sup>(e)</sup>	150,796	106,081	58,152	n.p.	n.a.	n.a.	..	..	366,123
Average cost weight <sup>(f)</sup>	0.86	0.80	0.76	0.81	0.81	0.78	..	..	0.81
Relative stay index <sup>(g)</sup>	1.02	1.12	0.96	n.p.	1.01	1.44	..	..	1.05
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,572	4,245	2,695	n.p.	2,983	3,730	..	..	3,503
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,736	4,478	2,939	n.p.	n.a.	n.a.	..	..	3,679
<b>Remote acute (&lt;5,000 acute weighted separations)</b>									
Number of hospitals	3	0	21	13	4	3	0	3	47
Average beds per hospital	29	..	22	24	29	8	..	37	24
Separations per hospital	1,064	..	640	1,716	1,464	289	..	3,792	1,214
AR-DRGs (5+) per hospital <sup>(c)</sup>	49	..	35	78	68	14	..	114	54
Total exp. excl dep(\$'000) <sup>(d)</sup>	13,403	..	72,776	117,171	17,164	6,453	..	44,741	271,708
Total exp. incl dep(\$'000) <sup>(e)</sup>	14,316	..	79,733	123,465	n.a.	n.a.	..	45,311	286,442
Average cost weight <sup>(f)</sup>	0.64	..	0.76	0.81	0.87	0.69	..	0.62	0.75
Relative stay index <sup>(g)</sup>	1.04	..	1.08	0.94	0.94	1.16	..	1.20	1.02
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	4,340	..	3,305	4,289	2,776	3,923	..	4,691	3,945
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	4,630	..	3,617	4,517	n.a.	n.a.	..	4,751	4,155
<b>Total Small acute hospitals</b>									
Number of hospitals	35	21	40	14	18	6	0	3	137
Average beds per hospital	28	22	22	24	23	10	..	37	24
Separations per hospital	1,103	1,135	773	1,687	1,123	425	..	3,792	1,103
AR-DRGs (5+) per hospital <sup>(c)</sup>	59	52	41	78	60	21	..	114	54
Total exp. excl dep(\$'000) <sup>(d)</sup>	157,307	100,411	126,007	122,193	55,718	13,368	..	44,741	619,745
Total exp. incl dep(\$'000) <sup>(e)</sup>	165,112	106,081	137,884	128,874	n.a.	n.a.	..	45,311	652,565
Average cost weight <sup>(f)</sup>	0.84	0.80	0.76	0.81	0.82	0.75	..	0.62	0.79
Relative stay index <sup>(g)</sup>	1.03	1.12	1.01	0.96	0.99	1.35	..	1.20	1.04
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,622	4,245	2,963	4,266	2,920	3,788	..	4,691	3,672
Cost/casemix-adjusted sep inc dep <sup>(j)</sup>	3,795	4,478	3,238	4,496	n.a.	n.a.	..	4,751	3,861

(continued)



**Table 4.2 (continued): Cost per casemix-adjusted separation<sup>(a)</sup> and selected other statistics, by public hospital peer group<sup>(b)</sup>, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Total hospitals in cost per casemix-adjusted separation analysis (Table 4.1)</b>									
Number of hospitals	118	65	77	31	38	9	2	5	345
Average beds per hospital	142	173	107	121	93	123	335	114	133
Separations per hospital	10,837	18,455	9,152	11,130	9,066	9,223	31,819	15,178	11,870
AR-DRGs (5+) per hospital <sup>(c)</sup>	219	214	154	180	164	161	441	227	194
Total exp. excl dep(\$'000) <sup>(d)</sup>	6,991,424	5,493,009	3,034,054	1,736,535	1,496,932	425,881	387,076	282,396	19,847,307
Total exp. incl dep(\$'000) <sup>(e)</sup>	7,288,712	5,687,641	3,223,520	1,794,370	n.a.	n.a.	400,209	285,102	20,626,842
Average cost weight <sup>(f)</sup>	1.11	0.96	1.02	1.01	1.04	1.07	1.09	0.75	1.03
Relative stay index <sup>(g)</sup>	1.02	0.94	0.96	1.03	0.99	1.00	1.02	1.18	0.99
Cost/casemix-adjusted sep excl dep <sup>(h)</sup>	3,551	3,430	3,057	3,557	3,100	3,642	4,237	3,856	3,410
Cost/casemix-adjusted sep incl dep <sup>(i)</sup>	3,696	3,548	3,245	3,673	n.a.	n.a.	4,376	3,893	3,539
<b>Small non-acute (&lt;2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)</b>									
Number of hospitals	33	9	26	11	18	4	0	0	101
Average beds per hospital	28	25	24	29	30	18	..	..	27
Separations per hospital	660	553	687	792	584	478	..	..	651
Total exp. excl dep(\$'000) <sup>(d)</sup>	105,444	58,869	74,220	72,771	52,156	10,227	..	..	373,687
Total exp. incl dep(\$'000) <sup>(e)</sup>	109,756	61,067	81,275	75,782	n.a.	n.a.	..	..	391,364
<b>Multi-purpose service</b>									
Number of hospitals	18	7	9	37	4	2	0	0	77
Average beds per hospital	24	13	14	14	38	5	..	..	18
Separations per hospital	286	786	644	278	776	109	..	..	390
Total exp. excl dep(\$'000) <sup>(d)</sup>	47,476	35,214	25,547	74,343	17,252	5,284	..	..	205,116
Total exp. incl dep(\$'000) <sup>(e)</sup>	49,958	37,189	28,058	78,312	n.a.	n.a.	..	..	216,240
<b>Hospice</b>									
Number of hospitals	3	0	0	0	0	1	0	0	4
Average beds per hospital	60	..	..	..	..	10	..	..	47
Separations per hospital	875	..	..	..	..	251	..	..	719
Total exp. excl dep(\$'000) <sup>(d)</sup>	49,268	..	..	..	..	n.p.	..	..	51,496
Total exp. incl dep(\$'000) <sup>(e)</sup>	50,263	..	..	..	..	n.a.	..	..	52,492
<b>Rehabilitation</b>									
Number of hospitals	5	0	0	..	1	0	0	0	6
Average beds per hospital	44	..	..	..	150	..	..	..	61
Separations per hospital	491	..	..	..	1,202	..	..	..	610
Total exp. excl dep(\$'000) <sup>(d)</sup>	75,607	..	..	..	n.p.	..	..	..	103,046
Total exp. incl dep(\$'000) <sup>(e)</sup>	78,440	..	..	..	n.a.	..	..	..	105,879
<b>Mothercraft</b>									
Number of hospitals	3	3	1	0	0	0	1	0	8
Average beds per hospital	28	21	40	..	..	..	10	..	25
Separations per hospital	1,815	2,295	1,932	..	..	..	n.a.	..	1,783
Total exp. excl dep(\$'000) <sup>(d)</sup>	14,388	10,339	n.p.	..	..	..	n.p.	..	30,360
Total exp. incl dep(\$'000) <sup>(e)</sup>	14,650	10,831	n.p.	..	..	..	n.p.	..	31,114
<b>Other non-acute</b>									
Number of hospitals	12	2	0	1	0	0	0	0	15
Average beds per hospital	41	74	..	207	..	..	..	..	56
Separations per hospital	849	1,102	..	16,214	..	..	..	..	1,907
Total exp. excl dep(\$'000) <sup>(d)</sup>	113,237	33,607	..	n.p.	..	..	..	..	210,803
Total exp. incl dep(\$'000) <sup>(e)</sup>	115,449	34,126	..	n.p.	..	..	..	..	215,809
<b>Total Non-acute</b>									
Number of hospitals	74	21	36	49	23	7	1	0	211
Average beds per hospital	31	25	22	22	36	13	10	..	27
Separations per hospital	644	932	711	718	644	340	n.a.	..	688
Total exp. excl dep(\$'000) <sup>(d)</sup>	405,419	138,030	103,298	211,073	96,847	17,739	n.p.	..	974,508
Total exp. incl dep(\$'000) <sup>(e)</sup>	418,516	143,212	112,866	220,328	n.a.	n.a.	n.p.	..	1,012,898

(continued)

**Table 4.2 (continued): Cost per casemix-adjusted separation<sup>(a)</sup> and selected other statistics, by public hospital peer group<sup>(b)</sup>, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Psychiatric<sup>(h)</sup></b>									
Number of hospitals	10	1	4	1	1	3	0	0	20
Average beds per hospital	116	115	119	205	461	23	..	..	124
Separations per hospital	1,095	390	131	1,602	2,135	82	..	..	792
Total exp. excl dep(\$'000) <sup>(d)</sup>	241,024	n.p.	85,157	n.p.	n.p.	7,206	..	..	506,624
Total exp. incl dep(\$'000) <sup>(e)</sup>	252,163	n.p.	92,133	n.p.	n.a.	n.a.	..	..	528,921
<b>Unpeered and other acute (includes hospitals with fewer than 200 separations)</b>									
Number of hospitals	29	7	60	11	11	7	0	0	125
Average beds per hospital	15	9	4	13	15	4	..	..	9
Separations per hospital	222	558	49	130	337	105	..	..	153
Total exp. excl dep(\$'000) <sup>(d)</sup>	212,315	110,246	51,098	33,304	17,864	8,413	..	..	433,240
Total exp. incl dep(\$'000) <sup>(e)</sup>	218,592	114,341	55,991	34,067	n.a.	n.a.	..	..	449,526
<b>Total</b>									
Number of hospitals	231	94	177	92	73	26	3	5	701
Average beds per hospital	90	127	55	56	68	50	226	114	79
Hospital numbers reported in Table 2.2	232	144	177	92	79	27	3	5	759
Separations per hospital	5,817	13,015	4,146	4,166	5,002	3,322	21,213	15,178	6,099
Total exp. excl dep(\$'000) <sup>(d)</sup>	7,850,182	5,773,826	3,273,608	2,032,712	1,700,537	459,240	389,177	282,396	21,761,679
Total exp. incl dep(\$'000) <sup>(e)</sup>	8,177,983	5,978,966	3,484,509	2,101,897	n.a.	n.a.	402,310	285,102	22,618,188
Average Cost weight	1.11	0.95	1.01	0.98	1.03	1.07	1.09	0.75	1.02
Relative stay index <sup>(g)</sup>	1.03	0.95	0.96	1.05	1.01	1.04	1.02	1.18	1.00
<b>Teaching hospitals (excluding psychiatric)</b>									
Number of hospitals	20	15	21	4	6	3	2	2	73
Average beds per hospital	385	536	299	534	365	350	335	230	391
Separations per hospital	32,204	59,786	27,469	53,122	39,675	26,819	31,819	32,258	38,039
AR-DRGs (5+) per hospital <sup>(c)</sup>	437	426	353	489	430	443	441	397	411
Total exp. excl dep(\$'000) <sup>(d)</sup>	4,155,552	4,303,525	2,638,715	1,208,299	1,182,722	412,513	387,076	237,656	14,526,057
Total exp. incl dep(\$'000) <sup>(e)</sup>	4,339,410	4,451,469	2,793,489	1,246,443	n.a.	n.a.	400,209	239,791	15,083,214
Average cost weight <sup>(f)</sup>	1.20	0.99	1.07	1.11	1.12	1.08	1.09	0.78	1.08
Relative stay index <sup>(g)</sup>	1.06	0.93	0.97	1.04	1.01	0.98	1.02	1.17	1.00
Cost/casemix-adjusted sep excl dep <sup>(i)</sup>	3,690	3,476	3,152	3,512	3,238	3,641	4,237	3,739	3,466
Cost/casemix-adjusted sep incl dep <sup>(j)</sup>	3,846	3,592	3,334	3,620	n.a.	n.a.	4,376	3,772	3,596

(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 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 3 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) Total expenditure excluding depreciation.

(e) Total expenditure including depreciation. Depreciation reported for a subset of South Australian hospitals and not reported for Tasmania.

(f) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and *Newborn* episodes of care with qualified days, using the 2003–04 AR-DRG version 5.0 cost weights (DoHA 2005).

(g) Relative stay index based on observed vs 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 3 for details on the methodology.

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

(i) Average cost per casemix adjusted separation excluding depreciation.

(j) Average cost per casemix adjusted separation including depreciation. Depreciation reported for a subset of South Australian hospitals and not reported for Tasmania.

n.p. Not published.

n.a. Not available.

.. Not applicable.

**Table 4.3: Average salary (\$) of full time equivalent staff<sup>(a)</sup>, public acute and psychiatric hospitals, states and territories, 2004–05**

Staffing category	NSW <sup>(b)</sup>	Vic <sup>(b)(c)(d)</sup>	Qld	WA	SA <sup>(b)</sup>	Tas <sup>(c)(e)</sup>	ACT	NT	Total <sup>(f)</sup>
Salaried medical officers	115,839	135,001	109,804	149,631	116,700	122,889	137,629	151,668	123,789
Nurses	66,663	65,427	60,247	64,876	64,950	58,570	67,966	72,155	64,792
Other personal care staff	n.a.	n.a.	42,089	n.a.	n.a.	36,689	44,882	56,874	41,790
Diagnostic & allied health professionals	57,529	46,311	59,831	59,597	53,864	62,844	65,446	67,131	53,773
Administrative & clerical staff	55,340	48,459	43,946	48,179	44,435	38,122	52,509	58,306	49,969
Domestic & other staff	39,765	49,068	41,182	41,448	37,249	37,516	33,395	45,804	42,055
<b>Total staff</b>	<b>64,322</b>	<b>63,858</b>	<b>59,863</b>	<b>65,740</b>	<b>62,006</b>	<b>57,629</b>	<b>69,387</b>	<b>72,090</b>	<b>63,469</b>

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2005 were used.

(b) *Other personal care* staff were included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(c) Data for one hospital in Victoria are not included at staffing category level but included in total. Salary data for this hospital were only supplied at total level.

(d) Full time equivalent staff numbers may be slightly under-enumerated with a corresponding overstatement of average salaries.

(e) Data for five hospitals in Tasmania are not included, four did not supply FTE staff or salary data, one supplied salary but no FTE staff data.

(f) The totals for *Other personal care staff*, *Diagnostic & allied health professionals* and *Domestic & other staff* are affected by reporting arrangements noted above.  
n.a. Not available.

**Table 4.4: Selected statistics<sup>(a)(b)</sup> by accreditation status, states and territories, public hospitals 2004–05, private hospitals 2003–04**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Accredited hospitals	184	143	153	68	74	5	3	5	635
Non-accredited hospitals	48	1	24	24	5	22	0	0	124
Hospitals accredited (%)	79	99	86	74	94	19	100	100	84
<i>Total public hospitals</i>	232	144	177	92	79	27	3	5	759
Accredited beds	19,743	11,925	9,499	4,762	4,888	1,078	679	570	53,144
Non-accredited beds	989	20	259	382	96	222	0	0	1,968
Beds accredited (%)	95	100	97	93	98	83	100	100	96
<i>Total available beds for admitted patients</i>	20,731	11,946	9,758	5,144	4,985	1,300	679	570	55,113
Separations from accredited hospitals	1,315,096	1,221,572	721,696	367,414	363,140	80,561	63,638	75,891	4,209,008
Separations from non-accredited hospitals	29,150	1,857	12,065	15,846	2,031	5,826	0	0	66,775
Proportion of separations in accredited hospitals	98	100	98	96	99	93	100	100	98
<i>Total separations</i>	1,344,246	1,223,429	733,761	383,260	365,171	86,387	63,638	75,891	4,275,783
Patient days from accredited hospitals	5,636,955	4,294,150	2,704,466	1,401,428	1,473,626	319,569	229,110	224,060	16,283,364
Patient days from non-accredited hospitals	186,610	4,883	40,677	55,146	26,165	59,301	0	0	372,782
Proportion of patient days in accredited hospitals	97	100	99	96	98	84	100	100	98
<i>Total patient days</i>	5,823,565	4,299,033	2,745,143	1,456,574	1,499,791	378,870	229,110	224,060	16,656,146
<b>Private hospitals</b>									
Accredited hospitals	133	101	n.a.	29	41	n.a.	n.a.	n.a.	406
Non-accredited hospitals	45	34	n.a.	7	13	n.a.	n.a.	n.a.	119
Hospitals accredited (%)	75	75	n.a.	81	76	n.a.	n.a.	n.a.	77
<i>Total private hospitals</i>	178	135	100	36	54	n.a.	n.a.	n.a.	525
Accredited beds	6,809	6,382	n.a.	2,954	1,898	n.a.	n.a.	n.a.	25,321
Non-accredited beds	508	292	n.a.	67	176	n.a.	n.a.	n.a.	1,268
Beds accredited (%)	93	96	n.a.	98	92	n.a.	n.a.	n.a.	95
<i>Total available beds for admitted patients</i>	7,317	6,674	6,165	3,021	2,074	n.a.	n.a.	n.a.	26,589
<b>Total</b>									
Accredited hospitals	317	244	n.a.	97	115	n.a.	n.a.	n.a.	1,041
Non-accredited hospitals	93	35	n.a.	31	18	n.a.	n.a.	n.a.	243
Hospitals accredited (%)	154	174	n.a.	154	170	n.a.	n.a.	n.a.	81
<i>Total hospitals</i>	410	279	277	128	133	n.a.	n.a.	n.a.	1,284
Accredited beds	6,809	6,382	n.a.	2,954	1,898	n.a.	n.a.	n.a.	78,465
Non-accredited beds	20,251	12,217	n.a.	4,829	5,064	n.a.	n.a.	n.a.	3,236
Beds accredited (%)	1,082	116	n.a.	480	188	n.a.	n.a.	n.a.	96
<i>Total available beds for admitted patients</i>	7,412	6,774	6,262	3,114	2,172	n.a.	n.a.	n.a.	81,701

(a) Where average available beds for the year were not available, bed numbers at 30 June 2005 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.

n.a. Not available but included in the *Total*.

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

**Table 4.5: Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Appendicectomy</b>									
Separations <sup>(e)</sup>	8,534	6,428	5,887	3,306	2,098	602	456	329	27,664
Separations not within state of residence (%)	3	2	2	1	1	2	4	5	
Proportion of separations public patients (%)	67	68	61	70	64	68	79	77	66
Separation rate <sup>(f)</sup>	1.28	1.30	1.50	1.65	1.40	1.29	1.36	1.56	1.38
Standardised separation rate ratio (SRR)	0.93	0.94	1.08	1.19	1.02	0.93	0.99	1.13	
95% confidence interval of SRR	0.91–0.95	0.92–0.96	1.05–1.11	1.15–1.23	0.98–1.06	0.86–1.00	0.90–1.08	1.01–1.25	
<b>Arthroscopic procedures (includes arthroscopies)</b>									
Separations <sup>(e)</sup>	34,618	30,657	18,987	14,748	13,737	1,954	2,074	1,574	118,777
Separations not within state of residence (%)	5	2	1	0	0	5	7	24	
Proportion of separations public patients (%)	19	20	17	21	18	24	12	14	19
Separation rate <sup>(f)</sup>	5.04	6.02	4.78	7.28	8.63	3.98	6.23	8.10	5.77
Standardised separation rate ratio (SRR)	0.87	1.04	0.83	1.26	1.49	0.69	1.08	1.40	
95% confidence interval of SRR	0.86–0.88	1.03–1.05	0.82–0.84	1.24–1.28	1.47–1.51	0.66–0.72	1.03–1.13	1.33–1.47	
<b>Caesarean section</b>									
Separations <sup>(e)</sup>	24,374	18,867	16,756	8,386	5,623	1,337	1,128	967	77,591
Separations not within state of residence (%)	3	0	1	0	0	1	1	3	
Proportion of separations public patients (%)	58	56	53	50	57	57	51	69	55
Separation rate <sup>(f)</sup>	3.72	3.82	4.40	4.32	4.04	3.25	3.33	4.18	3.96
Standardised separation rate ratio (SRR)	0.94	0.97	1.11	1.09	1.02	0.82	0.84	1.06	
95% confidence interval of SRR	0.93–0.95	0.96–0.98	1.09–1.13	1.07–1.11	0.99–1.05	0.78–0.86	0.79–0.89	0.99–1.13	
In-hospital birth separations	86,735	61,807	51,802	25,237	17,378	5,171	4,055	3,278	255,953
Proportion of births to public patients (%)	67	64	67	64	67	63	60	77	66
In-hospital birth separation rate <sup>(f)</sup>	13.2	12.5	13.5	12.9	12.5	12.5	11.8	14.2	13.0
Separations per 100 in-hospital birth separations <sup>(g)</sup>	28.1	30.5	32.3	33.2	32.4	25.9	27.8	29.5	30.3
Public hospitals	25.3	27.5	26.1	26.1	28.2	24.5	24.5	26.8	26.3
Public patients	24.1	26.9	25.6	25.9	27.3	23.3	23.6	26.6	25.5
Private patients	35.1	35.6	39.2	31.3	37.8	35.1	43.6	30.6	35.6
Private hospitals	36.8	37.1	46.3	43.7	43.5	29.0	33.4	40.8	40.0
<b>Cholecystectomy</b>									
Separations <sup>(e)</sup>	15,298	11,754	9,182	4,420	3,942	1,029	609	292	46,618
Separations not within state of residence (%)	3	1	1	0	0	1	6	8	
Proportion of separations public patients (%)	51	55	46	53	53	54	42	70	51
Separation rate <sup>(f)</sup>	2.20	2.29	2.34	2.21	2.42	2.05	1.91	1.64	2.26
Standardised separation rate ratio (SRR)	0.98	1.01	1.03	0.98	1.07	0.91	0.85	0.73	
95% confidence interval of SRR	0.96–1.00	0.99–1.03	1.01–1.05	0.95–1.01	1.04–1.10	0.85–0.97	0.78–0.92	0.65–0.81	

(continued)

**Table 4.5 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Coronary angioplasty</b>									
Separations <sup>(e)</sup>	12,051	8,953	4,989	2,918	2,656	687	528	161	32,993
Separations not within state of residence (%)	9	1	1	0	1	4	5	100	
Proportion of separations public patients (%)	42	46	37	46	52	55	49	68	44
Separation rate <sup>(f)</sup>	1.67	1.70	1.26	1.47	1.51	1.25	1.84	1.15	1.56
Standardised separation rate ratio (SRR)	1.07	1.09	0.81	0.94	0.97	0.80	1.18	0.74	
95% confidence interval of SRR	1.05–1.09	1.07–1.11	0.79–0.83	0.91–0.97	0.93–1.01	0.74–0.86	1.08–1.28	0.63–0.85	
<b>Coronary artery bypass graft</b>									
Separations <sup>(e)</sup>	5,059	3,655	3,153	828	1,159	293	124	119	14,408
Separations not within state of residence (%)	9	1	1	1	1	6	10	100	
Proportion of separations public patients (%)	53	50	49	51	46	48	48	76	51
Separation rate <sup>(f)</sup>	0.70	0.69	0.80	0.42	0.65	0.53	0.45	0.87	0.68
Standardised separation rate ratio (SRR)	1.03	1.01	1.18	0.62	0.95	0.78	0.66	1.28	
95% confidence interval of SRR	1.00–1.06	0.98–1.04	1.14–1.22	0.58–0.66	0.90–1.00	0.69–0.87	0.54–0.78	1.05–1.51	
<b>Diagnostic gastrointestinal endoscopy</b>									
Separations <sup>(e)</sup>	178,585	169,300	113,301	53,553	41,477	8,282	3,362	2,973	572,562
Separations not within state of residence (%)	3	1	1	0	0	1	6	7	
Proportion of separations public patients (%)	30	27	18	42	39	32	53	48	29
Separation rate <sup>(f)</sup>	25.36	32.70	28.63	26.79	24.52	15.74	11.08	18.99	27.46
Standardised separation rate ratio (SRR)	0.92	1.19	1.04	0.98	0.89	0.57	0.40	0.69	
95% confidence interval of SRR	0.92–0.92	1.18–1.20	1.03–1.05	0.97–0.99	0.88–0.90	0.56–0.58	0.39–0.41	0.67–0.71	
<b>Hip replacement</b>									
Separations <sup>(e)</sup>	9,472	7,596	4,516	2,893	2,625	787	411	87	28,480
Separations not within state of residence (%)	6	1	2	0	1	3	6	37	
Proportion of separations public patients (%)	40	39	39	43	38	43	40	46	39
Separation rate <sup>(f)</sup>	1.30	1.41	1.17	1.50	1.42	1.42	1.56	0.79	1.34
Standardised separation rate ratio (SRR)	0.97	1.06	0.87	1.12	1.06	1.06	1.16	0.59	
95% confidence interval of SRR	0.95–0.99	1.04–1.08	0.84–0.90	1.08–1.16	1.02–1.10	0.99–1.13	1.05–1.27	0.47–0.71	
<b>Revision of hip replacement</b>									
Separations <sup>(e)</sup>	1,146	951	622	341	264	75	52	12	3,480
Separations not within state of residence (%)	8	2	2	0	1	0	12	83	
Proportion of separations public patients (%)	33	31	35	39	34	43	42	33	34
Separation rate <sup>(f)</sup>	0.16	0.18	0.16	0.18	0.14	0.14	0.20	0.09	0.16
Proportion of hip replacements	0.12	0.13	0.14	0.12	0.10	0.10	0.13	0.14	0.12
Standardised separation rate ratio (SRR)	0.96	1.08	0.98	1.09	0.87	0.83	1.20	0.54	
95% confidence interval of SRR	0.90–1.02	1.01–1.15	0.90–1.06	0.97–1.21	0.77–0.97	0.64–1.02	0.87–1.53	0.23–0.85	

(continued)

**Table 4.5 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Hysterectomy, females aged 15–69</b>									
Separations <sup>(e)</sup>	8,969	6,451	5,625	3,322	2,712	622	436	239	28,478
Separations not within state of residence (%)	4	1	1	0	0	1	9	10	
Proportion of separations public patients (%)	40	48	37	43	43	48	27	41	42
Separation rate <sup>(f)</sup>	1.32	1.27	1.42	1.62	1.72	1.27	1.31	1.20	1.39
Standardised separation rate ratio (SRR)	0.95	0.92	1.02	1.17	1.24	0.91	0.95	0.87	
95% confidence interval of SRR	0.93–0.97	0.90–0.94	0.99–1.05	1.13–1.21	1.19–1.29	0.84–0.98	0.86–1.04	0.76–0.98	
Age and sex restricted adjusted separation rate <sup>(h)</sup>	3.7	3.6	4.0	4.6	4.9	3.6	3.7	3.4	3.9
<b>Knee replacement</b>									
Separations <sup>(e)</sup>	11,477	6,358	5,558	2,815	2,767	602	539	112	30,382
Separations not within state of residence (%)	6	2	1	0	0	2	5	55	
Proportion of separations public patients (%)	35	31	30	35	30	34	33	22	32
Separation rate <sup>(f)</sup>	1.58	1.20	1.43	1.45	1.54	1.08	1.98	0.94	1.44
Standardised separation rate ratio (SRR)	1.10	0.83	1.00	1.01	1.07	0.75	1.38	0.65	
95% confidence interval of SRR	1.08–1.12	0.81–0.85	0.97–1.03	0.97–1.05	1.03–1.11	0.69–0.81	1.26–1.50	0.53–0.77	
<b>Lens insertion</b>									
Separations <sup>(e)</sup>	60,309	40,160	34,432	15,701	13,272	1,671	1,619	649	168,320
Separations not within state of residence (%)	3	1	2	0	0	2	4	14	
Proportion of separations public patients (%)	30	27	11	43	29	7	46	57	26
Separation rate <sup>(f)</sup>	8.22	7.46	9.02	8.34	7.08	2.99	6.38	7.02	7.95
Standardised separation rate ratio (SRR)	1.03	0.94	1.14	1.05	0.89	0.38	0.80	0.88	
95% confidence interval of SRR	1.02–1.04	0.93–0.95	1.13–1.15	1.03–1.07	0.87–0.91	0.36–0.40	0.76–0.84	0.81–0.95	
<b>Myringotomy (with insertion of tube)</b>									
Separations <sup>(e)</sup>	8,613	8,612	5,459	3,729	4,319	497	329	156	31,819
Separations not within state of residence (%)	5	1	1	0	0	2	5	10	
Proportion of separations public patients (%)	35	45	29	37	34	24	30	59	36
Separation rate <sup>(f)</sup>	1.33	1.83	1.42	1.95	3.12	1.06	1.08	0.65	1.64
Standardised separation rate ratio (SRR)	0.81	1.11	0.86	1.19	1.90	0.65	0.66	0.40	
95% confidence interval of SRR	0.79–0.83	1.09–1.13	0.84–0.88	1.15–1.23	1.84–1.96	0.59–0.71	0.59–0.73	0.34–0.46	
<b>Tonsillectomy</b>									
Separations <sup>(e)</sup>	11,038	8,611	6,321	3,345	3,279	366	382	194	33,651
Separations not within state of residence (%)	4	1	1	0	1	1	5	12	
Proportion of separations public patients (%)	36	51	24	47	40	21	34	43	39
Separation rate <sup>(f)</sup>	1.71	1.81	1.63	1.71	2.33	0.79	1.17	0.83	1.73
Standardised separation rate ratio (SRR)	0.99	1.05	0.94	0.99	1.35	0.46	0.68	0.48	
95% confidence interval of SRR	0.97–1.01	1.03–1.07	0.92–0.96	0.96–1.02	1.30–1.40	0.41–0.51	0.61–0.75	0.41–0.55	

(continued)

**Table 4.5 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by state or territory of usual residence, all hospitals<sup>(c)</sup>, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(d)</sup>
<b>Prostatectomy</b>									
Separations <sup>(e)</sup>	9,174	8,085	4,532	2,452	2,040	697	317	147	27,541
Separations not within state of residence (%)	5	2	2	0	1	1	11	7	
Proportion of separations public patients (%)	31	37	22	37	36	34	27	43	32
Separation rate <sup>(f)</sup>	1.26	1.51	1.15	1.26	1.11	1.24	1.14	1.56	1.29
Standardised separation rate ratio (SRR)	0.97	1.17	0.89	0.97	0.86	0.96	0.88	1.20	
95% confidence interval of SRR	0.95–0.99	1.14–1.20	0.86–0.92	0.93–1.01	0.82–0.90	0.89–1.03	0.78–0.98	1.01–1.39	

(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 3.

(c) Some hospitals are not included, and in particular about 20% of private hospital separations in Tasmania were not included in the National Hospital Mobility Database. See Appendix 4 for details.

(d) Includes other territories and excludes overseas residents and unknown state of residence.

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

(f) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(g) 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.

(h) Females aged 15–69 years only.



**Table 4.6: Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals<sup>(c)</sup>, Australia, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia <sup>(d)</sup>
<b>Appendicectomy</b>						
Separations <sup>(e)</sup>	17,753	5,994	3,163	456	242	27,664
Proportion of separations public patients (%)	63	71	73	80	89	66
Separation rate <sup>(f)</sup>	1.33	1.46	1.59	1.43	1.29	1.39
Standardised separation rate ratio (SRR)	0.96	1.05	1.15	1.03	0.93	
95% confidence interval of SRR	0.95–0.97	1.02–1.08	1.11–1.19	0.94–1.12	0.81–1.05	
<b>Arthroscopic procedures (includes arthroscopies)</b>						
Separations <sup>(e)</sup>	75,907	26,233	13,543	1,909	654	118,777
Proportion of separations public patients (%)	15	24	27	23	35	19
Separation rate <sup>(f)</sup>	5.61	6.10	6.56	6.01	4.00	5.81
Standardised separation rate ratio (SRR)	0.96	1.05	1.13	1.03	0.69	
95% confidence interval of SRR	0.95–0.97	1.04–1.06	1.11–1.15	0.98–1.08	0.64–0.74	
<b>Caesarean section</b>						
Separations <sup>(e)</sup>	54,326	13,534	7,409	1,249	801	77,591
Proportion of separations public patients (%)	51	67	65	69	82	55
Separation rate <sup>(f)</sup>	3.97	3.85	4.18	3.92	3.99	3.96
Standardised separation rate ratio (SRR)	1.00	0.97	1.06	0.99	1.01	
95% confidence interval of SRR	0.99–1.01	0.95–0.99	1.04–1.08	0.94–1.04	0.94–1.08	
In-hospital birth separations	173,389	48,341	25,994	4,392	2,942	255,953
Proportion of separations public patients (%)	61.4	75.4	73.4	76.7	88.0	65.8
Separation rate <sup>(f)</sup>	12.62	13.81	14.77	14.04	14.75	13.05
Separations per 100 in-hospital birth separations <sup>(g)</sup>	31.3	28.0	28.5	28.4	27.2	30.3
Public hospitals	26.6	25.4	25.8	26.4	25.6	26.3
Public patients	25.8	24.6	25.3	25.7	25.5	25.5
Private patients	38.0	33.7	30.3	31.2	29.3	35.6
Private hospitals	40.2	39.2	39.8	42.2	43.3	40.0
<b>Cholecystectomy</b>						
Separations <sup>(e)</sup>	30,338	10,447	4,842	579	280	46,618
Proportion of separations public patients (%)	48	55	60	65	80	51
Separation rate <sup>(f)</sup>	2.24	2.40	2.32	1.86	1.72	2.28
Standardised separation rate ratio (SRR)	0.99	1.05	1.02	0.82	0.76	
95% confidence interval of SRR	0.98–1.00	1.03–1.07	0.99–1.05	0.75–0.89	0.67–0.85	

(continued)

**Table 4.6 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals<sup>(c)</sup>, Australia, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia <sup>(d)</sup>
<b>Coronary angioplasty</b>						
Separations <sup>(e)</sup>	22,844	6,676	2,905	344	133	32,993
Proportion of separations public patients (%)	42	45	54	58	73	44
Separation rate <sup>(f)</sup>	1.70	1.39	1.30	1.15	0.97	1.58
Standardised separation rate ratio (SRR)	1.08	0.88	0.82	0.73	0.61	
95% confidence interval of SRR	1.07–1.09	0.86–0.90	0.79–0.85	0.65–0.81	0.51–0.71	
<b>Coronary artery bypass graft</b>						
Separations <sup>(e)</sup>	9,171	3,373	1,564	182	76	14,408
Proportion of separations public patients (%)	48	53	59	63	84	51
Separation rate <sup>(f)</sup>	0.68	0.69	0.70	0.64	0.58	0.69
Standardised separation rate ratio (SRR)	0.99	1.01	1.01	0.93	0.84	
95% confidence interval of SRR	0.97–1.01	0.98–1.04	0.96–1.06	0.79–1.07	0.65–1.03	
<b>Diagnostic gastrointestinal endoscopy</b>						
Separations <sup>(e)</sup>	398,243	116,045	49,252	4,733	1,887	572,562
Proportion of separations public patients (%)	24	37	45	51	62	29
Separation rate <sup>(f)</sup>	29.50	25.38	22.74	15.71	13.02	27.71
Standardised separation rate ratio (SRR)	1.06	0.92	0.82	0.57	0.47	
95% confidence interval of SRR	1.06–1.06	0.91–0.93	0.81–0.83	0.55–0.59	0.45–0.49	
<b>Hip replacement</b>						
Separations <sup>(e)</sup>	17,876	7,082	3,034	286	69	28,480
Proportion of separations public patients (%)	38	40	46	36	51	39
Separation rate <sup>(f)</sup>	1.31	1.46	1.37	1.07	0.66	1.36
Standardised separation rate ratio (SRR)	0.97	1.08	1.01	0.79	0.49	
95% confidence interval of SRR	0.96–0.98	1.05–1.11	0.97–1.05	0.70–0.88	0.37–0.61	
<b>Revision of hip replacement</b>						
Separations <sup>(e)</sup>	2,164	867	393	29	7	3,480
Proportion of separations public patients (%)	33	34	38	41	29	34
Separation rate <sup>(f)</sup>	0.16	0.18	0.18	0.11	0.08	0.17
Standardised separation rate ratio (SRR)	0.96	1.07	1.08	0.66	0.46	
95% confidence interval of SRR	0.92–1.00	1.00–1.14	0.97–1.19	0.42–0.90	0.12–0.80	
<b>Hysterectomy, females aged 15–69</b>						
Separations <sup>(e)</sup>	17,932	6,507	3,350	382	153	28,478
Proportion of separations public patients (%)	37	49	53	48	69	42
Separation rate <sup>(f)</sup>	1.34	1.53	1.60	1.15	0.92	1.40
Standardised separation rate ratio (SRR)	0.96	1.09	1.14	0.82	0.66	
95% confidence interval of SRR	0.95–0.97	1.06–1.12	1.10–1.18	0.74–0.90	0.56–0.76	
Age and sex restricted adjusted separation rate <sup>(h)</sup>	3.80	4.34	4.54	3.26	2.61	3.97

(continued)

**Table 4.6 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals<sup>(c)</sup>, Australia, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia <sup>(d)</sup>
<b>Knee replacement</b>						
Separations <sup>(e)</sup>	18,467	7,726	3,614	341	98	30,382
Proportion of separations public patients (%)	30	34	38	35	37	32
Separation rate <sup>(f)</sup>	1.38	1.58	1.61	1.23	0.90	1.45
Standardised separation rate ratio (SRR)	0.95	1.09	1.11	0.85	0.62	
95% confidence interval of SRR	0.94–0.96	1.07–1.11	1.07–1.15	0.76–0.94	0.50–0.74	
<b>Lens insertion</b>						
Separations <sup>(e)</sup>	108,686	38,936	18,027	1,539	650	168,320
Proportion of separations public patients (%)	24	29	32	50	64	26
Separation rate <sup>(f)</sup>	8.03	7.98	8.24	6.07	6.25	8.04
Standardised separation rate ratio (SRR)	1.00	0.99	1.03	0.76	0.78	
95% confidence interval of SRR	0.99–1.01	0.98–1.00	1.01–1.05	0.72–0.80	0.72–0.84	
<b>Myringotomy (with insertion of tube)</b>						
Separations <sup>(e)</sup>	21,614	6,515	2,994	396	195	31,819
Proportion of separations public patients (%)	31	48	50	54	69	36
Separation rate <sup>(f)</sup>	1.73	1.57	1.43	1.08	0.89	1.65
Standardised separation rate ratio (SRR)	1.05	0.95	0.87	0.65	0.54	
95% confidence interval of SRR	1.04–1.06	0.93–0.97	0.84–0.90	0.59–0.71	0.46–0.62	
<b>Prostatectomy</b>						
Separations <sup>(e)</sup>	17,928	6,382	2,778	273	94	27,541
Proportion of separations public patients (%)	30	36	39	42	60	32
Separation rate <sup>(f)</sup>	1.33	1.30	1.23	1.02	0.86	1.31
Standardised separation rate ratio (SRR)	1.01	0.99	0.94	0.78	0.66	
95% confidence interval of SRR	1.00–1.02	0.97–1.01	0.91–0.97	0.69–0.87	0.53–0.79	
<b>Tonsillectomy</b>						
Separations <sup>(e)</sup>	21,267	8,204	3,358	517	188	33,651
Proportion of separations public patients (%)	34	46	50	46	60	39
Separation rate <sup>(f)</sup>	1.67	2.00	1.65	1.49	0.86	1.73
Standardised separation rate ratio (SRR)	0.96	1.15	0.96	0.86	0.50	
95% confidence interval of SRR	0.95–0.97	1.13–1.17	0.93–0.99	0.79–0.93	0.43–0.57	

(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) The procedures are defined using ICD-10-AM codes in Appendix 3.

(c) Some private hospitals are not included. See Appendix 4 for details.

(d) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

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

(f) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(g) 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.

(h) Females aged 15–69 years only.

**Table 4.7: Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, Australia, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Appendicectomy</b>						
Separations <sup>(e)</sup>	5,485	5,677	5,536	5,598	5,332	27,664
Proportion of separations public patients (%)	79	74	72	61	46	66
Separation rate <sup>(f)</sup>	1.43	1.47	1.33	1.40	1.30	1.39
Standardised separation rate ratio (SRR)	1.03	1.06	0.96	1.01	0.94	
95% confidence interval of SRR	1.00–1.06	1.03–1.09	0.93–0.99	0.98–1.04	0.91–0.97	
<b>Arthroscopic procedures (includes arthroscopies)</b>						
Separations <sup>(e)</sup>	22,067	24,418	23,752	23,983	24,241	118,777
Proportion of separations public patients (%)	30	25	19	14	8	19
Separation rate <sup>(f)</sup>	5.47	6.21	5.72	5.93	5.73	5.82
Standardised separation rate ratio (SRR)	0.94	1.07	0.98	1.02	0.98	
95% confidence interval of SRR	0.93–0.95	1.06–1.08	0.97–0.99	1.01–1.03	0.97–0.99	
<b>Caesarean section</b>						
Separations <sup>(e)</sup>	13,636	14,834	16,174	16,460	16,284	77,591
Proportion of separations public patients (%)	76	67	60	48	30	55
Separation rate <sup>(f)</sup>	4.04	4.13	3.99	4.01	3.79	3.97
Standardised separation rate ratio (SRR)	1.02	1.04	1.01	1.01	0.96	
95% confidence interval of SRR	1.00–1.04	1.02–1.06	0.99–1.03	0.99–1.03	0.95–0.97	
In-hospital birth separations	50,133	50,716	55,512	51,643	47,266	255,953
Proportion of separations public patients (%)	82.5	75.5	70.4	58.5	40.5	65.8
Separation rate <sup>(f)</sup>	14.85	14.14	13.69	12.60	10.90	13.07
Separations per 100 in-hospital birth separations <sup>(g)</sup>	27.2	29.2	29.1	31.9	34.5	30.3
Public hospitals	25.5	26.3	25.7	26.9	27.8	26.3
Public patients	25.0	25.8	25.0	26.0	25.8	25.5
Private patients	34.2	32.5	34.7	36.8	39.5	35.6
Private hospitals	37.5	41.3	39.7	40.2	40.4	40.0
<b>Cholecystectomy</b>						
Separations <sup>(e)</sup>	10,317	9,920	9,772	8,911	7,605	46,618
Proportion of separations public patients (%)	65	58	54	43	30	51
Separation rate <sup>(f)</sup>	2.54	2.50	2.37	2.22	1.81	2.28
Standardised separation rate ratio (SRR)	1.11	1.10	1.04	0.97	0.79	
95% confidence interval of SRR	1.09–1.13	1.08–1.12	1.02–1.06	0.95–0.99	0.77–0.81	

(continued)

**Table 4.7 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, Australia, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Coronary angioplasty</b>						
Separations <sup>(e)</sup>	6,388	6,556	6,806	6,251	6,926	32,993
Proportion of separations public patients (%)	57	49	45	39	30	44
Separation rate <sup>(f)</sup>	1.42	1.58	1.65	1.59	1.66	1.58
Standardised separation rate ratio (SRR)	0.90	1.00	1.05	1.01	1.05	
95% confidence interval of SRR	0.88–0.92	0.98–1.02	1.03–1.07	0.98–1.04	1.03–1.07	
<b>Coronary artery bypass graft</b>						
Separations <sup>(e)</sup>	3,351	3,058	2,834	2,677	2,461	14,408
Proportion of separations public patients (%)	62	56	53	45	33	51
Separation rate <sup>(f)</sup>	0.73	0.73	0.69	0.69	0.59	0.69
Standardised separation rate ratio (SRR)	1.06	1.06	1.00	1.00	0.86	
95% confidence interval of SRR	1.02–1.10	1.02–1.10	0.96–1.04	0.96–1.04	0.83–0.89	
<b>Diagnostic gastrointestinal endoscopy</b>						
Separations <sup>(e)</sup>	106,937	110,051	108,241	119,424	126,276	572,562
Proportion of separations public patients (%)	40	38	32	22	15	29
Separation rate <sup>(f)</sup>	25.04	27.19	26.23	29.90	30.07	27.74
Standardised separation rate ratio (SRR)	0.90	0.98	0.95	1.08	1.08	
95% confidence interval of SRR	0.89–0.91	0.97–0.99	0.94–0.96	1.07–1.09	1.07–1.09	
<b>Hip replacement</b>						
Separations <sup>(e)</sup>	6,180	5,758	5,416	5,215	5,849	28,480
Proportion of separations public patients (%)	49	44	43	35	26	39
Separation rate <sup>(f)</sup>	1.35	1.38	1.33	1.33	1.36	1.36
Standardised separation rate ratio (SRR)	1.00	1.02	0.98	0.98	1.00	
95% confidence interval of SRR	0.98–1.02	0.99–1.05	0.95–1.01	0.95–1.01	0.97–1.03	
<b>Revision of hip replacement</b>						
Separations <sup>(e)</sup>	779	699	620	674	699	3,480
Proportion of separations public patients (%)	41	36	42	28	22	34
Separation rate <sup>(f)</sup>	0.17	0.17	0.15	0.17	0.17	0.17
Standardised separation rate ratio (SRR)	1.03	1.01	0.92	1.03	1.00	
95% confidence interval of SRR	0.96–1.10	0.94–1.08	0.85–0.99	0.95–1.11	0.93–1.07	

(continued)

Table 4.7 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, Australia, 2004–05

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Hysterectomy, females aged 15–69</b>						
Separations <sup>(e)</sup>	6,091	6,072	6,104	5,415	4,678	28,478
Proportion of separations public patients (%)	57	50	43	33	19	42
Separation rate <sup>(f)</sup>	1.55	1.55	1.46	1.32	1.12	1.40
Standardised separation rate ratio (SRR)	1.11	1.11	1.04	0.95	0.80	
95% confidence interval of SRR	1.08–1.14	1.08–1.14	1.01–1.07	0.92–0.98	0.78–0.82	
Age and sex restricted standardised separation rate <sup>(h)</sup>	4.4	4.4	4.1	3.8	3.2	4.0
<b>Knee replacement</b>						
Separations <sup>(e)</sup>	7,203	6,541	5,909	5,154	5,483	30,382
Proportion of separations public patients (%)	42	37	35	26	19	32
Separation rate <sup>(f)</sup>	1.56	1.56	1.45	1.34	1.33	1.46
Standardised separation rate ratio (SRR)	1.07	1.07	1.00	0.92	0.91	
95% confidence interval of SRR	1.05–1.09	1.04–1.10	0.97–1.03	0.89–0.95	0.89–0.93	
<b>Lens insertion</b>						
Separations <sup>(e)</sup>	38,173	34,465	31,096	30,569	33,751	168,320
Proportion of separations public patients (%)	33	32	29	20	15	26
Separation rate <sup>(f)</sup>	8.31	8.23	7.69	7.89	7.98	8.05
Standardised separation rate ratio (SRR)	1.03	1.02	0.96	0.98	0.99	
95% confidence interval of SRR	1.02–1.04	1.01–1.03	0.95–0.97	0.97–0.99	0.98–1.00	
<b>Myringotomy (with insertion of tube)</b>						
Separations <sup>(e)</sup>	5,832	6,535	6,532	6,645	6,186	31,819
Proportion of separations public patients (%)	53	48	40	28	13	36
Separation rate <sup>(f)</sup>	1.46	1.65	1.56	1.75	1.82	1.65
Standardised separation rate ratio (SRR)	0.89	1.00	0.95	1.06	1.11	
95% confidence interval of SRR	0.87–0.91	0.98–1.02	0.93–0.97	1.03–1.09	1.08–1.14	
<b>Prostatectomy</b>						
Separations <sup>(e)</sup>	5,765	5,522	5,028	5,309	5,873	27,541
Proportion of separations public patients (%)	43	38	37	27	17	32
Separation rate <sup>(f)</sup>	1.24	1.31	1.23	1.37	1.41	1.31
Standardised separation rate ratio (SRR)	0.95	1.00	0.94	1.04	1.08	
95% confidence interval of SRR	0.93–0.97	0.97–1.03	0.91–0.97	1.01–1.07	1.05–1.11	

(continued)

**Table 4.7 (continued): Separation statistics<sup>(a)</sup> for selected procedures<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, Australia, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Tonsillectomy</b>						
Separations <sup>(e)</sup>	6,857	7,313	7,416	6,122	5,862	33,651
Proportion of separations public patients (%)	53	48	42	30	16	39
Separation rate <sup>(f)</sup>	1.76	1.87	1.77	1.58	1.60	1.73
Standardised separation rate ratio (SRR)	1.02	1.08	1.03	0.92	0.93	
95% confidence interval of SRR	1.00–1.04	1.06–1.10	1.01–1.05	0.90–0.94	0.91–0.95	

(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 procedures are defined using ICD-10-AM codes in Appendix 3.

(c) Based on the ABS SEIFA 2001 Index of Advantage/Disadvantage score for the Statistical Local Area of the patient's usual residence.

(d) Includes unknown area of usual residence and excludes overseas residents and unknown state of residence.

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

(f) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(g) 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.

(h) Females aged 15–69 years only.

**Table 4.8: Separation statistics(a) for selected potentially preventable hospitalisations(b), by state or territory of usual residence, all hospitals, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Vaccine-preventable conditions</b>									
<b>Influenza and pneumonia</b>									
Separations <sup>(d)</sup>	3,895	2,222	2,071	1,232	752	181	115	258	10,735
Separations not within state of residence (%)	3	2	2	1	4	2	6	4	
Separation rate <sup>(e)</sup>	0.55	0.43	0.53	0.63	0.46	0.35	0.41	1.42	0.52
Standardised separation rate ratio (SRR)	1.07	0.82	1.02	1.21	0.88	0.68	0.78	2.74	
95% confidence interval of SRR	1.03–1.10	0.79–0.85	0.98–1.07	1.15–1.28	0.82–0.95	0.58–0.77	0.64–0.92	2.40–3.07	
<b>Other vaccine-preventable conditions</b>									
Separations <sup>(d)</sup>	1,141	951	405	317	195	36	15	85	3,153
Separations not within state of residence (%)	1	0	1	0	1	44	15	8	
Separation rate <sup>(e)</sup>	0.17	0.19	0.10	0.16	0.13	0.08	0.05	0.40	0.15
Standardised separation rate ratio (SRR)	1.08	1.21	0.66	1.04	0.81	0.49	0.30	2.60	
95% confidence interval of SRR	1.02–1.15	1.13–1.29	0.60–0.72	0.92–1.15	0.70–0.92	0.33–0.65	0.15–0.45	2.05–3.16	
<b>Total vaccine-preventable conditions</b>									
Separations <sup>(d)</sup>	5,029	3,170	2,474	1,546	944	217	130	342	13,869
Proportion of total separations <sup>(d)</sup> (%)	0.2	0.2	0.2	0.2	0.2	n.p.	n.p.	n.p.	0.2
Separations not within state of residence (%)	1	0	1	0	1	44	15	8	
Separation rate <sup>(e)</sup>	0.72	0.61	0.63	0.79	0.58	0.43	0.45	1.82	0.67
Standardised separation rate ratio (SRR)	1.07	0.91	0.94	1.17	0.87	0.63	0.67	2.70	
95% confidence interval of SRR	1.04–1.10	0.88–0.94	0.90–0.98	1.11–1.23	0.81–0.92	0.55–0.72	0.56–0.79	2.42–2.99	
<b>Acute conditions</b>									
<b>Appendicitis with generalised peritonitis</b>									
Separations <sup>(d)</sup>	1,041	865	578	427	190	74	81	53	3,310
Separations not within state of residence (%)	4	2	3	0	2	4	5	4	
Separation rate <sup>(e)</sup>	0.15	0.17	0.15	0.21	0.12	0.16	0.25	0.27	0.16
Standardised separation rate ratio (SRR)	0.94	1.06	0.90	1.30	0.76	0.96	1.51	1.68	
95% confidence interval of SRR	0.89–1.00	0.99–1.14	0.82–0.97	1.17–1.42	0.65–0.86	0.74–1.18	1.18–1.84	1.22–2.13	
<b>Cellulitis</b>									
Separations <sup>(d)</sup>	9,895	8,061	5,925	2,641	2,239	594	382	622	30,387
Separations not within state of residence (%)	3	2	2	1	2	5	3	2	
Separation rate <sup>(e)</sup>	1.41	1.56	1.51	1.35	1.33	1.15	1.27	3.40	1.47
Standardised separation rate ratio (SRR)	0.96	1.06	1.03	0.92	0.91	0.79	0.86	2.32	
95% confidence interval of SRR	0.94–0.98	1.04–1.08	1.01–1.06	0.88–0.95	0.87–0.94	0.72–0.85	0.78–0.95	2.14–2.50	
<b>Convulsions and epilepsy</b>									
Separations <sup>(d)</sup>	10,956	7,478	6,030	2,821	2,480	683	423	579	31,497
Separations not within state of residence (%)	3	2	3	1	3	7	13	5	
Separation rate <sup>(e)</sup>	1.63	1.50	1.55	1.43	1.64	1.44	1.32	2.79	1.57
Standardised separation rate ratio (SRR)	1.04	0.96	0.98	0.91	1.05	0.92	0.84	1.78	
95% confidence interval of SRR	1.02–1.06	0.94–0.98	0.96–1.01	0.88–0.95	1.01–1.09	0.85–0.98	0.76–0.92	1.63–1.92	

(continued)



Table 4.8 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2004-05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Dehydration and gastroenteritis</b>									
Separations <sup>(c)</sup>	13,435	12,935	8,569	3,893	4,094	742	341	300	44,395
Separations not within state of residence (%)	3	1	2	1	1	2	8	5	
Separation rate <sup>(e)</sup>	1.92	2.50	2.19	1.97	2.46	1.46	1.12	1.92	2.14
Standardised separation rate ratio (SRR)	0.89	1.17	1.02	0.92	1.15	0.68	0.52	0.90	
95% confidence interval of SRR	0.88-0.91	1.15-1.19	1.00-1.04	0.89-0.95	1.11-1.18	0.63-0.73	0.47-0.58	0.79-1.00	
<b>Dental conditions</b>									
Separations <sup>(c)</sup>	13,577	14,474	10,413	6,605	4,308	793	482	394	51,135
Separations not within state of residence (%)	3	1	1	0	0	2	3	8	
Separation rate <sup>(e)</sup>	2.04	2.96	2.67	3.35	2.87	1.67	1.54	1.89	2.57
Standardised separation rate ratio (SRR)	0.80	1.15	1.04	1.30	1.12	0.65	0.60	0.74	
95% confidence interval of SRR	0.78-0.81	1.13-1.17	1.02-1.06	1.27-1.34	1.08-1.15	0.61-0.70	0.55-0.65	0.67-0.81	
<b>Ear, nose and throat infections</b>									
Separations <sup>(c)</sup>	10,474	7,132	6,907	3,424	3,330	563	401	459	32,719
Separations not within state of residence (%)	3	2	2	1	1	1	5	3	
Separation rate <sup>(e)</sup>	1.59	1.48	1.78	1.77	2.35	1.20	1.27	1.98	1.67
Standardised separation rate ratio (SRR)	0.96	0.89	1.07	1.06	1.41	0.72	0.76	1.19	
95% confidence interval of SRR	0.94-0.97	0.87-0.91	1.05-1.10	1.03-1.10	1.36-1.46	0.66-0.78	0.69-0.84	1.08-1.30	
<b>Gangrene</b>									
Separations <sup>(c)</sup>	1,036	1,138	890	387	335	94	15	95	3,994
Separations not within state of residence (%)	5	0	1	1	2	1	0	3	
Separation rate <sup>(e)</sup>	0.14	0.21	0.23	0.20	0.19	0.18	0.05	0.67	0.19
Standardised separation rate ratio (SRR)	0.76	1.12	1.20	1.03	1.00	0.93	0.28	3.53	
95% confidence interval of SRR	0.71-0.80	1.06-1.19	1.12-1.28	0.93-1.13	0.89-1.11	0.74-1.12	0.14-0.42	2.82-4.25	
<b>Pelvic inflammatory disease</b>									
Separations <sup>(c)</sup>	1,600	1,324	1,055	544	368	92	69	123	5,191
Separations not within state of residence (%)	4	1	2	1	1	0	10	3	
Separation rate <sup>(e)</sup>	0.24	0.27	0.27	0.27	0.25	0.20	0.20	0.57	0.26
Standardised separation rate ratio (SRR)	0.93	1.03	1.04	1.05	0.96	0.78	0.78	2.19	
95% confidence interval of SRR	0.88-0.97	0.97-1.08	0.98-1.11	0.96-1.14	0.86-1.06	0.62-0.93	0.60-0.97	1.80-2.57	

(continued)

**Table 4.8 (continued): Separation statistics(a) for selected potentially preventable hospitalisations(b), by state or territory of usual residence, all hospitals, 2004-05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Perforated/bleeding ulcer</b>									
Separations <sup>(d)</sup>	1,710	1,392	822	551	435	113	73	19	5,123
Separations not within state of residence (%)	4	1	2	1	0	2	3	6	
Separation rate <sup>(e)</sup>	0.24	0.26	0.21	0.29	0.24	0.21	0.27	0.15	0.24
Standardised separation rate ratio (SRR)	0.98	1.08	0.87	1.19	0.99	0.86	1.11	0.61	
95% confidence interval of SRR	0.93-1.02	1.02-1.13	0.82-0.93	1.09-1.28	0.90-1.08	0.70-1.02	0.85-1.36	0.34-0.89	
<b>Pyelonephritis</b>									
Separations <sup>(d)</sup>	13,884	11,556	8,173	4,152	3,299	706	421	464	42,699
Separations not within state of residence (%)	2	1	2	1	2	2	4	4	
Separation rate <sup>(e)</sup>	1.95	2.21	2.11	2.14	1.91	1.36	1.46	3.01	2.05
Standardised separation rate ratio (SRR)	0.95	1.08	1.03	1.04	0.93	0.66	0.71	1.47	
95% confidence interval of SRR	0.94-0.97	1.06-1.10	1.01-1.05	1.01-1.08	0.90-0.97	0.61-0.71	0.65-0.78	1.34-1.60	
<b>Total acute conditions</b>									
Separations <sup>(d)</sup>	77,571	66,312	49,341	25,438	21,064	4,453	2,688	3,107	250,326
Proportion of total separations <sup>(d)</sup> (%)	3.6	3.5	3.6	3.7	3.7	n.p.	n.p.	n.p.	3.6
Separations not within state of residence (%)	3	1	2	1	1	3	6	4	
Separation rate <sup>(e)</sup>	11.31	13.11	12.67	12.97	13.36	9.03	8.76	16.66	12.31
Standardised separation rate ratio (SRR)	0.92	1.07	1.03	1.05	1.09	0.73	0.71	1.35	
95% confidence interval of SRR	0.91-0.93	1.06-1.07	1.02-1.04	1.04-1.07	1.07-1.10	0.71-0.75	0.68-0.74	1.31-1.40	
<b>Chronic conditions</b>									
<b>Angina</b>									
Separations <sup>(d)</sup>	13,244	10,671	10,721	3,353	3,427	990	377	350	43,186
Separations not within state of residence (%)	2	2	2	1	2	3	6	4	
Separation rate <sup>(e)</sup>	1.82	1.99	2.73	1.73	1.86	1.78	1.41	2.67	2.03
Standardised separation rate ratio (SRR)	0.90	0.98	1.35	0.85	0.92	0.88	0.69	1.31	
95% confidence interval of SRR	0.88-0.91	0.96-1.00	1.32-1.37	0.82-0.88	0.89-0.95	0.82-0.93	0.62-0.76	1.18-1.45	
<b>Asthma</b>									
Separations <sup>(d)</sup>	12,973	9,200	6,850	3,557	3,626	472	310	297	37,334
Separations not within state of residence (%)	2	2	3	1	1	3	10	6	
Separation rate <sup>(e)</sup>	1.97	1.89	1.76	1.82	2.50	1.00	1.01	1.43	1.89
Standardised separation rate ratio (SRR)	1.04	1.00	0.93	0.96	1.32	0.53	0.53	0.76	
95% confidence interval of SRR	1.02-1.06	0.98-1.02	0.91-0.96	0.93-1.00	1.28-1.37	0.48-0.58	0.47-0.59	0.67-0.84	
<b>Chronic obstructive pulmonary disease</b>									
Separations <sup>(d)</sup>	19,448	13,535	11,144	4,891	4,944	1,400	392	834	56,651
Separations not within state of residence (%)	2	1	1	1	2	1	2	3	
Separation rate <sup>(e)</sup>	2.65	2.52	2.88	2.56	2.71	2.52	1.51	6.93	2.67
Standardised separation rate ratio (SRR)	0.99	0.94	1.08	0.96	1.01	0.94	0.57	2.60	
95% confidence interval of SRR	0.98-1.01	0.93-0.96	1.06-1.10	0.93-0.99	0.99-1.04	0.89-0.99	0.51-0.62	2.42-2.77	

(continued)

**Table 4.8 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2004-05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Congestive cardiac failure</b>									
Separations <sup>(i)</sup>	13,394	11,577	7,961	3,608	3,757	904	365	322	41,918
Separations not within state of residence (%)	2	1	1	0	1	1	2	6	
Separation rate <sup>(e)</sup>	1.79	2.10	2.07	1.90	1.95	1.60	1.45	2.84	1.94
Standardised separation rate ratio (SRR)	0.92	1.08	1.06	0.98	1.00	0.82	0.75	1.46	
95% confidence interval of SRR	0.90-0.93	1.06-1.10	1.04-1.09	0.94-1.01	0.97-1.03	0.77-0.88	0.67-0.82	1.30-1.62	
<b>Diabetes complications</b>									
Separations <sup>(i)</sup>	48,468	53,262	36,240	44,444	14,131	5,742	1,300	1,860	205,642
Separations not within state of residence (%)	6	1	1	0	2	1	6	12	
Separation rate <sup>(e)</sup>	6.71	10.08	9.29	22.50	8.04	10.72	4.74	13.30	9.77
Standardised separation rate ratio (SRR)	0.69	1.03	0.95	2.30	0.82	1.10	0.49	1.36	
95% confidence interval of SRR	0.68-0.69	1.02-1.04	0.94-0.96	2.28-2.32	0.81-0.84	1.07-1.13	0.46-0.51	1.30-1.42	
<b>Hypertension</b>									
Separations <sup>(i)</sup>	2,186	1,379	1,439	488	535	121	32	34	6,220
Separations not within state of residence (%)	3	1	1	1	1	7	14	10	
Separation rate <sup>(e)</sup>	0.30	0.26	0.37	0.25	0.30	0.22	0.12	0.19	0.29
Standardised separation rate ratio (SRR)	1.03	0.88	1.25	0.85	1.02	0.76	0.39	0.66	
95% confidence interval of SRR	0.98-1.07	0.83-0.93	1.19-1.32	0.78-0.93	0.93-1.10	0.63-0.90	0.26-0.53	0.44-0.88	
<b>Iron deficiency anaemia</b>									
Separations <sup>(i)</sup>	5,921	7,362	3,464	2,569	1,538	439	170	141	21,653
Separations not within state of residence (%)	3	0	1	0	0	0	2	1	
Separation rate <sup>(e)</sup>	0.82	1.40	0.89	1.32	0.88	0.82	0.63	1.00	1.03
Standardised separation rate ratio (SRR)	0.80	1.36	0.86	1.28	0.85	0.80	0.61	0.97	
95% confidence interval of SRR	0.78-0.82	1.32-1.39	0.83-0.89	1.23-1.32	0.81-0.90	0.72-0.87	0.52-0.70	0.81-1.13	
<b>Nutritional deficiencies</b>									
Separations <sup>(i)</sup>	42	27	19	31	3	3	1	5	132
Separations not within state of residence (%)	2	0	0	0	0	0	0	0	
Separation rate <sup>(e)</sup>	0.01	0.01	0.00	0.02	0.00	0.01	0.00	0.02	0.01
Standardised separation rate ratio (SRR)	0.95	0.80	0.74	2.44	0.31	0.98	0.49	2.93	
95% confidence interval of SRR	0.66-1.23	0.50-1.10	0.41-1.07	1.58-3.30	n.p.	n.p.	n.p.	0.36-5.50	
<b>Rheumatic heart disease<sup>(f)</sup></b>									
Separations <sup>(i)</sup>	631	500	658	200	156	33	28	178	2,389
Separations not within state of residence (%)	7	1	0	1	6	3	17	63	
Separation rate <sup>(e)</sup>	0.09	0.09	0.17	0.10	0.09	0.06	0.10	0.81	0.11
Standardised separation rate ratio (SRR)	0.77	0.83	1.48	0.89	0.77	0.54	0.89	7.09	
95% confidence interval of SRR	0.71-0.83	0.76-0.90	1.37-1.60	0.77-1.02	0.65-0.90	0.35-0.72	0.56-1.21	6.05-8.13	

(continued)

**Table 4.8 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Total chronic conditions</b>									
Separations <sup>(d)</sup>	109,382	101,685	73,815	61,269	29,958	9,685	2,779	3,779	392,791
Proportion of total separations <sup>(d)</sup> (%)	5.1	5.3	5.3	8.9	5.2	n.p.	n.p.	n.p.	5.6
Separations not within state of residence (%)	4	1	1	0	2	1	5	10	
Separation rate <sup>(e)</sup>	15.21	19.27	18.97	31.22	17.16	17.99	10.21	27.21	18.71
Standardised separation rate ratio (SRR)	0.81	1.03	1.01	1.67	0.92	0.96	0.55	1.45	
95% confidence interval of SRR	0.81–0.82	1.02–1.04	1.01–1.02	1.66–1.68	0.91–0.93	0.94–0.98	0.53–0.57	1.41–1.50	
<b>Total selected potentially preventable hospitalisations</b>									
Separations <sup>(d)</sup>	191,070	170,442	125,045	87,858	51,734	14,298	5,580	7,119	653,954
Proportion of total separations <sup>(d)</sup> (%)	9.0	8.9	9.0	12.7	9.0	n.p.	n.p.	n.p.	9.4
Separations not within state of residence (%)	4	1	2	0	2	2	5	7	
Separation rate <sup>(e)</sup>	27.11	32.85	32.12	44.77	30.97	27.34	19.36	45.00	31.54
Standardised separation rate ratio (SRR)	0.86	1.04	1.02	1.42	0.98	0.87	0.61	1.43	
95% confidence interval of SRR	0.86–0.86	1.04–1.05	1.01–1.02	1.41–1.43	0.97–0.99	0.85–0.88	0.60–0.63	1.39–1.46	

(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 3.

(c) Includes other territories and excludes overseas residents and unknown state of residence. About 20% of private hospital separations in Tasmania were not included in the National Hospital Morbidity Database.

(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 3.

(f) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

n.p. Not published

**Table 4.9: Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Vaccine-preventable conditions</b>						
<b>Influenza and Pneumonia</b>						
Separations <sup>(d)</sup>	6,199	2,447	1,376	315	297	10,735
Separation rate <sup>(e)</sup>	0.46	0.55	0.65	1.03	1.81	0.52
Standardised separation rate ratio (SRR)	0.88	1.04	1.24	1.97	3.46	
95% confidence interval of SRR	0.86–0.90	1.00–1.08	1.17–1.31	1.75–2.19	3.07–3.85	
<b>Other vaccine-preventable conditions</b>						
Separations <sup>(d)</sup>	2,415	356	222	63	70	3,153
Separation rate <sup>(e)</sup>	0.18	0.08	0.11	0.18	0.37	0.16
Standardised separation rate ratio (SRR)	1.15	0.54	0.70	1.18	2.35	
95% confidence interval of SRR	1.10–1.20	0.48–0.60	0.61–0.79	0.89–1.47	1.80–2.90	
<b>Total vaccine-preventable</b>						
Separations <sup>(d)</sup>	8,604	2,798	1,597	378	364	13,869
Proportion of total separations(%)	0.2	0.2	0.2	0.3	0.5	0.2
Separation rate <sup>(e)</sup>	0.64	0.63	0.76	1.22	2.17	0.68
Standardised separation rate ratio (SRR)	0.94	0.93	1.12	1.79	3.19	
95% confidence interval of SRR	0.92–0.96	0.89–0.96	1.06–1.17	1.61–1.97	2.86–3.52	
<b>Acute conditions</b>						
<b>Appendicitis with generalised peritonitis</b>						
Separations <sup>(d)</sup>	2,110	687	395	62	51	3,310
Separation rate <sup>(e)</sup>	0.16	0.16	0.19	0.19	0.29	0.16
Standardised separation rate ratio (SRR)	1.00	1.00	1.19	1.19	1.81	
95% confidence interval of SRR	0.96–1.04	0.93–1.07	1.07–1.30	0.89–1.48	1.32–2.31	
<b>Cellulitis</b>						
Separations <sup>(d)</sup>	17,729	6,803	4,000	900	805	30,387
Separation rate <sup>(e)</sup>	1.31	1.52	1.91	2.95	4.86	1.48
Standardised separation rate ratio (SRR)	0.89	1.03	1.29	1.99	3.28	
95% confidence interval of SRR	0.87–0.90	1.00–1.05	1.25–1.33	1.86–2.12	3.06–3.51	
<b>Convulsions and epilepsy</b>						
Separations <sup>(d)</sup>	19,047	6,539	3,957	983	806	31,497
Separation rate <sup>(e)</sup>	1.44	1.57	1.96	2.98	4.59	1.58
Standardised separation rate ratio (SRR)	0.91	0.99	1.24	1.89	2.91	
95% confidence interval of SRR	0.90–0.92	0.97–1.02	1.20–1.28	1.77–2.00	2.70–3.11	
<b>Dehydration and gastroenteritis</b>						
Separations <sup>(d)</sup>	27,390	9,935	5,586	788	503	44,395
Separation rate <sup>(e)</sup>	2.01	2.27	2.71	2.64	3.31	2.16
Standardised separation rate ratio (SRR)	0.93	1.05	1.25	1.22	1.53	
95% confidence interval of SRR	0.92–0.94	1.03–1.07	1.22–1.29	1.14–1.31	1.40–1.67	

(continued)

**Table 4.9 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Dental conditions</b>						
Separations <sup>(d)</sup>	30,868	12,231	6,259	1,018	594	51,135
Separation rate <sup>(e)</sup>	2.37	2.94	3.06	2.94	2.91	2.58
Standardised separation rate ratio (SRR)	0.92	1.14	1.19	1.14	1.13	
95% confidence interval of SRR	0.91–0.93	1.12–1.16	1.16–1.22	1.07–1.21	1.04–1.22	
<b>Ear, nose and throat infections</b>						
Separations <sup>(d)</sup>	19,359	6,939	4,659	981	678	32,719
Separation rate <sup>(e)</sup>	1.50	1.71	2.31	2.89	3.36	1.67
Standardised separation rate ratio (SRR)	0.90	1.02	1.38	1.73	2.01	
95% confidence interval of SRR	0.89–0.91	1.00–1.05	1.34–1.42	1.62–1.84	1.86–2.16	
<b>Gangrene</b>						
Separations <sup>(d)</sup>	2,340	857	547	103	136	3,994
Separation rate <sup>(e)</sup>	0.17	0.19	0.26	0.34	0.88	0.19
Standardised separation rate ratio (SRR)	0.89	1.00	1.37	1.79	4.63	
95% confidence interval of SRR	0.86–0.93	0.93–1.07	1.25–1.48	1.44–2.14	3.85–5.41	
<b>Pelvic inflammatory disease</b>						
Separations <sup>(d)</sup>	3,267	1,062	589	116	130	5,191
Separation rate <sup>(e)</sup>	0.24	0.27	0.31	0.37	0.69	0.26
Standardised separation rate ratio (SRR)	0.92	1.04	1.19	1.42	2.65	
95% confidence interval of SRR	0.89–0.95	0.98–1.10	1.10–1.29	1.16–1.68	2.20–3.11	
<b>Perforated/bleeding ulcer</b>						
Separations <sup>(d)</sup>	3,501	1,034	497	50	23	5,123
Separation rate <sup>(e)</sup>	0.26	0.22	0.23	0.18	0.18	0.25
Standardised separation rate ratio (SRR)	1.04	0.88	0.92	0.72	0.72	
95% confidence interval of SRR	1.01–1.07	0.83–0.93	0.84–1.00	0.52–0.92	0.43–1.01	
<b>Pyelonephritis</b>						
Separations <sup>(d)</sup>	28,128	8,519	4,467	788	665	42,699
Separation rate <sup>(e)</sup>	2.07	1.88	2.14	2.74	4.45	2.07
Standardised separation rate ratio (SRR)	1.00	0.91	1.03	1.32	2.15	
95% confidence interval of SRR	0.99–1.01	0.89–0.93	1.00–1.06	1.23–1.42	1.99–2.31	
<b>Total acute conditions</b>						
Separations <sup>(d)</sup>	153,649	54,592	30,939	5,789	4,389	250,326
Proportion of total separations(%)	3.3	3.8	4.3	5.3	5.9	3.6
Separation rate <sup>(e)</sup>	11.53	12.73	15.07	18.23	25.48	12.39
Standardised separation rate ratio (SRR)	0.93	1.03	1.22	1.47	2.06	
95% confidence interval of SRR	0.93–0.94	1.02–1.04	1.20–1.23	1.43–1.51	2.00–2.12	

(continued)

**Table 4.9 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Chronic conditions</b>						
<b>Angina</b>						
Separations <sup>(d)</sup>	24,327	12,009	5,526	747	416	43,186
Separation rate <sup>(e)</sup>	1.78	2.49	2.50	2.63	3.15	2.05
Standardised separation rate ratio (SRR)	0.87	1.21	1.22	1.28	1.54	
95% confidence interval of SRR	0.86–0.88	1.19–1.24	1.19–1.25	1.19–1.37	1.39–1.68	
<b>Asthma</b>						
Separations <sup>(d)</sup>	24,106	7,470	4,348	799	474	37,334
Separation rate <sup>(e)</sup>	1.88	1.78	2.10	2.40	2.68	1.90
Standardised separation rate ratio (SRR)	0.99	0.94	1.11	1.26	1.41	
95% confidence interval of SRR	0.98–1.00	0.92–0.96	1.07–1.14	1.18–1.35	1.28–1.54	
<b>Chronic obstructive pulmonary disease</b>						
Separations <sup>(d)</sup>	32,929	13,707	7,753	1,253	777	56,651
Separation rate <sup>(e)</sup>	2.43	2.81	3.51	4.62	6.20	2.70
Standardised separation rate ratio (SRR)	0.90	1.04	1.30	1.71	2.30	
95% confidence interval of SRR	0.89–0.91	1.02–1.06	1.27–1.33	1.62–1.81	2.13–2.46	
<b>Congestive cardiac failure</b>						
Separations <sup>(d)</sup>	25,566	9,798	5,238	682	459	41,918
Separation rate <sup>(e)</sup>	1.84	2.00	2.41	2.61	3.81	1.97
Standardised separation rate ratio (SRR)	0.93	1.02	1.22	1.32	1.93	
95% confidence interval of SRR	0.92–0.95	1.00–1.04	1.19–1.26	1.23–1.42	1.76–2.11	
<b>Diabetes complications</b>						
Separations <sup>(d)</sup>	121,691	45,585	27,182	7,588	3,120	205,642
Separation rate <sup>(e)</sup>	9.04	9.56	12.30	24.47	21.96	9.87
Standardised separation rate ratio (SRR)	0.92	0.97	1.25	2.48	2.22	
95% confidence interval of SRR	0.91–0.92	0.96–0.98	1.23–1.26	2.42–2.54	2.15–2.30	
<b>Hypertension</b>						
Separations <sup>(d)</sup>	2,845	1,562	1,395	243	132	6,220
Separation rate <sup>(e)</sup>	0.21	0.33	0.64	0.88	0.95	0.30
Standardised separation rate ratio (SRR)	0.70	1.10	2.13	2.93	3.17	
95% confidence interval of SRR	0.67–0.73	1.05–1.15	2.02–2.25	2.56–3.30	2.63–3.71	
<b>Iron deficiency anaemia</b>						
Separations <sup>(d)</sup>	15,251	4,332	1,688	160	129	21,653
Separation rate <sup>(e)</sup>	1.13	0.93	0.79	0.56	0.87	1.04
Standardised separation rate ratio (SRR)	1.09	0.89	0.76	0.54	0.84	
95% confidence interval of SRR	1.07–1.10	0.87–0.92	0.72–0.80	0.46–0.62	0.69–0.98	

(continued)

**Table 4.9 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Nutritional deficiencies</b>						
Separations <sup>(d)</sup>	73	33	11	2	9	132
Separation rate <sup>(e)</sup>	0.01	0.01	0.00	0.01	0.04	0.01
Standardised separation rate ratio (SRR)	1.00	1.00	0.00	1.00	4.00	
95% confidence interval of SRR	0.77–1.23	n.p.	n.p.	n.p.	n.p.	
<b>Rheumatic heart disease<sup>(f)</sup></b>						
Separations <sup>(d)</sup>	1,269	529	289	104	178	2,389
Separation rate <sup>(e)</sup>	0.09	0.11	0.13	0.34	0.93	0.12
Standardised separation rate ratio (SRR)	0.75	0.92	1.08	2.83	7.75	
95% confidence interval of SRR	0.71–0.79	0.84–0.99	0.96–1.21	2.29–3.38	6.61–8.89	
<b>Total chronic conditions</b>						
Separations <sup>(d)</sup>	234,314	90,000	50,581	11,224	5,395	392,791
Proportion of total separations(%)	5.1	6.2	7.0	10.3	7.3	5.6
Separation rate <sup>(e)</sup>	17.40	19.00	23.10	37.23	38.32	1.58
Standardised separation rate ratio (SRR)	11.01	12.03	14.62	23.56	24.25	
95% confidence interval of SRR	10.97–11.06	11.95–12.10	14.49–14.75	23.13–24.00	23.61–24.90	
<b>Total potentially preventable hospitalisations</b>						
Separations <sup>(d)</sup>	394,820	146,834	82,669	17,257	10,008	653,954
Proportion of total separations(%)	8.6	10.2	11.4	15.8	13.5	9.4
Separation rate <sup>(e)</sup>	29.44	32.24	38.73	56.25	65.08	31.83
Standardised separation rate ratio (SRR)	0.92	1.01	1.22	1.77	2.04	
95% confidence interval of SRR	0.92–0.93	1.01–1.02	1.21–1.23	1.74–1.79	2.00–2.08	

(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 3.

(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 3.

(f) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

n.p. Not published.



**Table 4.10: Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, 2004-05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Vaccine preventable</b>						
<b>Influenza and pneumonia</b>						
Separations <sup>(e)</sup>	2,637	2,298	2,183	1,734	1,794	10,735
Separation rate <sup>(f)</sup>	0.63	0.57	0.53	0.44	0.44	0.53
Standardised separation rate ratio (SRR)	1.20	1.08	1.01	0.84	0.84	
95% confidence interval of SRR	1.16-1.25	1.04-1.13	0.97-1.05	0.80-0.88	0.80-0.88	
<b>Other vaccine-preventable conditions</b>						
Separations <sup>(e)</sup>	645	517	607	612	746	3,153
Separation rate <sup>(f)</sup>	0.16	0.13	0.15	0.15	0.18	0.16
Standardised separation rate ratio (SRR)	1.05	0.84	0.94	0.98	1.15	
95% confidence interval of SRR	0.97-1.13	0.77-0.92	0.87-1.02	0.90-1.05	1.07-1.24	
<b>Total vaccine-preventable conditions</b>						
Separations <sup>(e)</sup>	3,276	2,815	2,786	2,341	2,536	13,869
Proportion of total separations(%)	0.2	0.2	0.2	0.2	0.2	0.2
Separation rate <sup>(f)</sup>	0.79	0.70	0.68	0.59	0.62	0.68
Standardised separation rate ratio (SRR)	1.17	1.03	1.00	0.87	0.91	
95% confidence interval of SRR	1.13-1.21	0.99-1.07	0.96-1.03	0.83-0.90	0.88-0.95	
<b>Acute conditions</b>						
<b>Appendicitis with generalised peritonitis</b>						
Separations <sup>(e)</sup>	692	657	614	694	651	3,310
Separation rate <sup>(f)</sup>	0.17	0.17	0.15	0.17	0.16	0.16
Standardised separation rate ratio (SRR)	1.05	1.02	0.89	1.06	0.97	
95% confidence interval of SRR	0.97-1.13	0.94-1.10	0.82-0.97	0.98-1.14	0.90-1.05	
<b>Cellulitis</b>						
Separations <sup>(e)</sup>	7,562	6,416	5,907	5,388	5,029	30,387
Separation rate <sup>(f)</sup>	1.83	1.60	1.44	1.35	1.19	1.48
Standardised separation rate ratio (SRR)	1.23	1.08	0.97	0.91	0.80	
95% confidence interval of SRR	1.20-1.26	1.06-1.11	0.94-0.99	0.89-0.94	0.78-0.83	
<b>Convulsions and epilepsy</b>						
Separations <sup>(e)</sup>	7,683	6,629	6,475	5,670	4,914	31,497
Separation rate <sup>(f)</sup>	1.97	1.70	1.56	1.44	1.24	1.58
Standardised separation rate ratio (SRR)	1.25	1.07	0.99	0.91	0.78	
95% confidence interval of SRR	1.22-1.27	1.05-1.10	0.96-1.01	0.89-0.93	0.76-0.81	
<b>Dehydration and gastroenteritis</b>						
Separations <sup>(e)</sup>	10,507	8,955	8,270	8,617	7,927	44,395
Separation rate <sup>(f)</sup>	2.57	2.26	2.02	2.14	1.84	2.16
Standardised separation rate ratio (SRR)	1.19	1.04	0.93	0.99	0.85	
95% confidence interval of SRR	1.16-1.21	1.02-1.07	0.91-0.95	0.97-1.01	0.83-0.87	

(continued)

**Table 4.10 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Dental conditions</b>						
Separations <sup>(e)</sup>	10,913	11,192	10,299	9,367	9,285	51,135
Separation rate <sup>(f)</sup>	2.78	2.86	2.47	2.39	2.40	2.58
Standardised separation rate ratio (SRR)	1.08	1.11	0.96	0.93	0.93	
95% confidence interval of SRR	1.06–1.10	1.09–1.13	0.94–0.98	0.91–0.95	0.91–0.95	
<b>Ear, nose and throat infections</b>						
Separations <sup>(e)</sup>	8,000	7,616	6,674	5,686	4,679	32,719
Separation rate <sup>(f)</sup>	2.06	1.96	1.60	1.46	1.27	1.67
Standardised separation rate ratio (SRR)	1.23	1.17	0.96	0.87	0.76	
95% confidence interval of SRR	1.20–1.26	1.14–1.20	0.93–0.98	0.85–0.90	0.73–0.78	
<b>Gangrene</b>						
Separations <sup>(e)</sup>	972	831	846	772	566	3,994
Separation rate <sup>(f)</sup>	0.23	0.20	0.21	0.19	0.13	0.19
Standardised separation rate ratio (SRR)	1.17	1.06	1.07	1.00	0.68	
95% confidence interval of SRR	1.10–1.25	0.99–1.14	1.00–1.14	0.93–1.07	0.62–0.74	
<b>Pelvic inflammatory disease</b>						
Separations <sup>(e)</sup>	1,083	1,092	1,025	1,074	899	5,191
Separation rate <sup>(f)</sup>	0.30	0.29	0.25	0.26	0.21	0.26
Standardised separation rate ratio (SRR)	1.15	1.11	0.95	1.01	0.81	
95% confidence interval of SRR	1.08–1.21	1.05–1.18	0.90–1.01	0.95–1.07	0.76–0.86	
<b>Perforated/bleeding ulcer</b>						
Separations <sup>(e)</sup>	1,066	1,069	1,058	916	1,007	5,123
Separation rate <sup>(f)</sup>	0.24	0.26	0.26	0.23	0.23	0.25
Standardised separation rate ratio (SRR)	0.99	1.06	1.06	0.94	0.94	
95% confidence interval of SRR	0.94–1.05	1.00–1.12	0.99–1.12	0.88–1.00	0.88–1.00	
<b>Pyelonephritis</b>						
Separations <sup>(e)</sup>	9,641	8,993	8,513	8,040	7,441	42,699
Separation rate <sup>(f)</sup>	2.30	2.23	2.08	2.02	1.73	2.07
Standardised separation rate ratio (SRR)	1.11	1.08	1.01	0.97	0.83	
95% confidence interval of SRR	1.09–1.13	1.05–1.10	0.98–1.03	0.95–1.00	0.82–0.85	
<b>Total acute conditions</b>						
Separations <sup>(e)</sup>	58,093	53,425	49,664	46,191	42,376	250,326
Proportion of total separations(%)	3.9	3.8	3.6	3.4	3.1	3.6
Separation rate <sup>(f)</sup>	14.43	13.52	12.03	11.65	10.40	12.41
Standardised separation rate ratio (SRR)	1.16	1.09	0.97	0.94	0.84	
95% confidence interval of SRR	1.15–1.17	1.08–1.10	0.96–0.98	0.93–0.95	0.83–0.85	

(continued)

**Table 4.10 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Chronic conditions</b>						
<b>Angina</b>						
Separations <sup>(e)</sup>	12,784	10,715	8,235	6,760	4,601	43,186
Separation rate <sup>(f)</sup>	2.85	2.58	2.02	1.71	1.06	2.06
Standardised separation rate ratio (SRR)	1.38	1.25	0.98	0.83	0.51	
95% confidence interval of SRR	1.36–1.41	1.23–1.28	0.96–1.00	0.81–0.85	0.50–0.53	
<b>Asthma</b>						
Separations <sup>(e)</sup>	8,922	8,129	7,950	6,837	5,405	37,334
Separation rate <sup>(f)</sup>	2.25	2.07	1.91	1.76	1.49	1.90
Standardised separation rate ratio (SRR)	1.18	1.09	1.01	0.93	0.78	
95% confidence interval of SRR	1.16–1.21	1.07–1.11	0.98–1.03	0.91–0.95	0.76–0.80	
<b>Chronic obstructive pulmonary disease</b>						
Separations <sup>(e)</sup>	16,024	13,000	11,275	8,993	7,255	56,651
Separation rate <sup>(f)</sup>	3.50	3.11	2.78	2.30	1.70	2.70
Standardised separation rate ratio (SRR)	1.30	1.15	1.03	0.85	0.63	
95% confidence interval of SRR	1.28–1.32	1.13–1.17	1.01–1.05	0.83–0.87	0.61–0.64	
<b>Congestive cardiac failure</b>						
Separations <sup>(e)</sup>	10,660	9,258	8,035	7,127	6,749	41,918
Separation rate <sup>(f)</sup>	2.36	2.21	1.99	1.79	1.48	1.48
Standardised separation rate ratio (SRR)	1.60	1.50	1.35	1.21	1.00	
95% confidence interval of SRR	1.57–1.63	1.47–1.53	1.32–1.38	1.18–1.24	0.98–1.02	
<b>Complications of diabetes</b>						
Separations <sup>(e)</sup>	55,291	45,339	46,091	34,239	24,445	205,642
Separation rate <sup>(f)</sup>	12.40	10.99	11.26	8.74	5.80	9.89
Standardised separation rate ratio (SRR)	1.25	1.11	1.14	0.88	0.59	
95% confidence interval of SRR	1.24–1.26	1.10–1.12	1.13–1.15	0.87–0.89	0.58–0.59	
<b>Hypertension</b>						
Separations <sup>(e)</sup>	2,035	1,480	937	890	849	6,220
Separation rate <sup>(f)</sup>	0.47	0.36	0.23	0.22	0.20	0.30
Standardised separation rate ratio (SRR)	1.56	1.20	0.77	0.75	0.67	
95% confidence interval of SRR	1.49–1.63	1.14–1.26	0.72–0.82	0.70–0.80	0.62–0.71	
<b>Iron deficiency anaemia</b>						
Separations <sup>(e)</sup>	4,216	4,311	4,281	4,549	4,237	21,653
Separation rate <sup>(f)</sup>	0.97	1.05	1.05	1.14	0.99	1.04
Standardised separation rate ratio (SRR)	0.93	1.01	1.00	1.09	0.95	
95% confidence interval of SRR	0.90–0.96	0.98–1.04	0.97–1.03	1.06–1.13	0.92–0.97	

(continued)

**Table 4.10 (continued): Separation statistics<sup>(a)</sup> for selected potentially preventable hospitalisations<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Nutritional deficiencies</b>						
Separations <sup>(e)</sup>	29	33	30	23	14	132
Separation rate <sup>(f)</sup>	0.01	0.01	0.01	0.01	0.00	0.01
Standardised separation rate ratio (SRR)	1.06	1.25	1.11	0.92	0.55	
95% confidence interval of SRR	0.67–1.44	0.82–1.67	0.71–1.50	0.54–1.29	0.26–0.84	
<b>Rheumatic heart disease<sup>(g)</sup></b>						
Separations <sup>(e)</sup>	636	455	499	401	391	2,389
Separation rate <sup>(f)</sup>	0.15	0.11	0.12	0.10	0.09	0.12
Standardised separation rate ratio (SRR)	1.28	0.96	1.05	0.88	0.82	
95% confidence interval of SRR	1.18–1.38	0.87–1.05	0.96–1.14	0.80–0.97	0.74–0.90	
<b>Total chronic conditions</b>						
Separations <sup>(e)</sup>	104,328	87,412	82,757	66,332	51,291	392,791
Proportion of total separations(%)	7.1	6.2	6.0	4.9	3.8	5.6
Separation rate <sup>(f)</sup>	23.57	21.22	20.23	16.89	12.20	18.92
Standardised separation rate ratio (SRR)	1.25	1.12	1.07	0.89	0.64	
95% confidence interval of SRR	1.24–1.25	1.11–1.13	1.06–1.08	0.89–0.90	0.64–0.65	
<b>Total selected potentially preventable hospitalisations</b>						
Separations <sup>(e)</sup>	164,846	143,050	134,533	114,361	95,805	653,954
Proportion of total separations(%)	11.2	10.2	9.8	8.4	7.1	9.4
Separation rate <sup>(f)</sup>	38.60	35.30	32.78	29.01	23.12	31.86
Standardised separation rate ratio (SRR)	1.21	1.11	1.03	0.91	0.73	
95% confidence interval of SRR	1.21–1.22	1.10–1.11	1.02–1.03	0.91–0.92	0.72–0.73	

(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 3.

(c) Based on the Australian Bureau of Statistics' SEIFA 2001 Index of 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 3.

(g) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

**Table 4.11: Average length of stay(days)<sup>(a)</sup> for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2004-05**

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>E62C</b> Respiratory infections/inflammations W/O CC ALOS (days)	Public	3.56	3.11	3.19	3.30	3.36	3.98	3.22	3.93	3.35
	Private	5.30	5.45	4.89	4.17	5.44	n.p.	n.p.	n.p.	5.09
	Total	3.69	3.55	3.63	3.52	3.77	n.p.	n.p.	n.p.	3.65
Separations	Public	8,983	6,382	4,578	2,232	2,020	533	374	577	25,679
	Private	707	1,488	1,604	761	500	n.p.	n.p.	n.p.	5,221
	Total	9,690	7,870	6,182	2,993	2,520	n.p.	n.p.	n.p.	30,900
<b>E65B</b> Chronic obstructive airway disease W/O catastrophic or severe CC ALOS (days)	Public	5.22	4.19	4.88	5.07	4.56	5.66	4.61	4.75	4.85
	Private	8.38	7.34	7.42	6.97	6.94	n.p.	n.p.	n.p.	7.46
	Total	5.49	4.80	5.55	5.67	4.99	n.p.	n.p.	n.p.	5.32
Separations	Public	8,042	5,096	4,460	1,784	1,999	660	206	420	22,667
	Private	768	1,228	1,606	813	438	n.p.	n.p.	n.p.	5,030
	Total	8,810	6,324	6,066	2,597	2,437	n.p.	n.p.	n.p.	27,697
<b>E69C</b> Bronchitis and asthma age<50 W/O CC ALOS (days)	Public	1.67	1.53	1.61	1.84	1.75	1.76	1.65	2.00	1.65
	Private	2.09	2.59	2.32	2.02	3.45	n.p.	n.p.	n.p.	2.32
	Total	1.68	1.57	1.70	1.86	1.81	n.p.	n.p.	n.p.	1.69
Separations	Public	10,207	6,536	4,620	2,373	2,648	337	242	224	27,187
	Private	179	223	671	418	91	n.p.	n.p.	n.p.	1,611
	Total	10,386	6,759	5,291	2,791	2,739	n.p.	n.p.	n.p.	28,798
<b>F62B</b> Heart failure and shock W/O catastrophic CC ALOS (days)	Public	5.64	4.62	4.96	5.56	5.58	6.88	4.54	4.32	5.24
	Private	9.35	7.94	7.68	7.55	7.02	n.p.	n.p.	n.p.	7.99
	Total	6.06	5.45	5.80	6.13	5.92	n.p.	n.p.	n.p.	5.85
Separations	Public	7,554	5,872	4,027	1,759	1,960	550	253	210	22,185
	Private	978	1,939	1,784	704	621	n.p.	n.p.	n.p.	6,243
	Total	8,532	7,811	5,811	2,463	2,581	n.p.	n.p.	n.p.	28,428
<b>F71B</b> Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC ALOS (days)	Public	2.33	2.19	2.24	2.05	2.22	2.62	2.10	2.10	2.25
	Private	2.30	2.43	2.54	1.79	2.21	n.p.	n.p.	n.p.	2.32
	Total	2.33	2.25	2.35	1.94	2.22	n.p.	n.p.	n.p.	2.27
Separations	Public	8,947	6,948	4,774	1,951	1,964	605	399	208	25,796
	Private	1,690	2,432	2,664	1,296	998	n.p.	n.p.	n.p.	9,395
	Total	10,637	9,380	7,438	3,247	2,962	n.p.	n.p.	n.p.	35,191

(continued)

**Table 4.11 (continued): Average length of stay (days)<sup>(a)</sup> for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2004–05**

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>G07B Appendicectomy W/O Catastrophic or Severe CC</b>										
ALOS (days)	Public	3.00	2.79	2.52	2.67	2.72	2.61	2.99	2.97	2.80
	Private	2.73	2.81	2.32	2.53	2.84	n.p.	n.p.	n.p.	2.59
	Total	2.97	2.80	2.45	2.63	2.75	n.p.	n.p.	n.p.	2.76
Separations	Public	5,944	3,943	2,867	1,799	1,144	375	350	203	16,625
	Private	833	1,083	1,581	807	401	n.p.	n.p.	n.p.	4,910
	Total	6,777	5,026	4,448	2,606	1,545	n.p.	n.p.	n.p.	21,535
<b>G08B Abdominal and other hernia procedures age 1 to 59 or W catastrophic or severe CC</b>										
ALOS (days)	Public	1.70	1.60	1.44	1.64	1.58	1.49	1.48	1.88	1.60
	Private	1.56	1.55	1.40	1.73	1.67	n.p.	n.p.	n.p.	1.54
	Total	1.62	1.58	1.42	1.69	1.62	n.p.	n.p.	n.p.	1.57
Separations	Public	2,125	1,795	1,308	648	617	135	100	68	6,796
	Private	2,378	1,448	1,850	753	521	n.p.	n.p.	n.p.	7,251
	Total	4,503	3,243	3,158	1,401	1,138	n.p.	n.p.	n.p.	14,047
<b>G09Z Inguinal and femoral hernia procedures age&gt;0</b>										
ALOS (days)	Public	1.47	1.49	1.29	1.36	1.48	1.36	1.40	1.30	1.43
	Private	1.47	1.48	1.30	1.58	1.73	n.p.	n.p.	n.p.	1.46
	Total	1.47	1.48	1.30	1.49	1.61	n.p.	n.p.	n.p.	1.45
Separations	Public	5,471	4,760	2,942	1,587	1,468	352	249	152	16,981
	Private	7,482	5,318	4,998	2,485	1,733	n.p.	n.p.	n.p.	23,145
	Total	12,953	10,078	7,940	4,072	3,201	n.p.	n.p.	n.p.	40,126
<b>H08B Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC</b>										
ALOS (days)	Public	1.88	1.92	1.72	1.96	1.83	1.62	1.60	2.30	1.86
	Private	1.79	2.04	1.87	1.93	2.05	n.p.	n.p.	n.p.	1.89
	Total	1.84	1.97	1.80	1.94	1.92	n.p.	n.p.	n.p.	1.87
Separations	Public	5,974	4,957	3,243	1,420	1,621	407	223	124	17,969
	Private	5,334	3,756	3,709	1,950	1,284	n.p.	n.p.	n.p.	16,797
	Total	11,308	8,713	6,952	3,370	2,905	n.p.	n.p.	n.p.	34,766
<b>I03C Hip replacement W/O catastrophic or severe CC</b>										
ALOS (days)	Public	6.96	7.71	7.86	8.20	6.62	7.97	7.18	n.p.	7.45
	Private	7.48	8.05	7.75	8.77	7.50	n.p.	n.p.	n.p.	7.85
	Total	7.27	7.93	7.79	8.59	7.20	n.p.	n.p.	n.p.	7.70
Separations	Public	2,223	1,718	1,152	540	555	219	156	20	6,583
	Private	3,317	3,147	1,863	1,161	1,081	n.p.	n.p.	n.p.	11,117
	Total	5,540	4,865	3,015	1,701	1,636	n.p.	n.p.	n.p.	17,700

(continued)

**Table 4.11 (continued): Average length of stay (days)<sup>(a)</sup> for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2004–05**

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>I04Z Knee replacement and reattachment</b>	ALOS (days)									
	Public	7.15	8.16	7.52	9.44	6.59	7.44	7.78	n.p.	7.57
	Private	7.67	8.19	8.10	10.11	7.38	n.p.	n.p.	n.p.	8.11
	Total	7.47	8.18	7.91	9.93	7.10	n.p.	n.p.	n.p.	7.92
Separations	Public	4.024	2,101	1,834	704	965	216	262	21	10,127
	Private	6,306	4,103	3,631	1,992	1,820	n.p.	n.p.	n.p.	18,684
	Total	10,330	6,204	5,465	2,696	2,785	n.p.	n.p.	n.p.	28,811
<b>I16Z Other shoulder procedures</b>	ALOS (days)									
	Public	1.82	1.80	1.67	1.75	1.89	1.85	2.00	n.p.	1.80
	Private	1.55	1.65	1.59	1.63	1.76	n.p.	n.p.	n.p.	1.63
	Total	1.60	1.68	1.60	1.65	1.78	n.p.	n.p.	n.p.	1.66
Separations	Public	1,310	1,192	742	674	458	66	73	31	4,546
	Private	5,948	5,593	4,083	3,955	2,534	n.p.	n.p.	n.p.	22,965
	Total	7,258	6,785	4,825	4,629	2,992	n.p.	n.p.	n.p.	27,511
<b>L63B Kidney and urinary tract infections age&gt;69 W/O catastrophic CC</b>	ALOS (days)									
	Public	5.62	4.64	5.20	5.77	5.35	6.18	4.70	5.67	5.28
	Private	7.83	6.70	6.63	6.29	6.92	n.p.	n.p.	n.p.	6.79
	Total	5.80	5.10	5.67	5.90	5.69	n.p.	n.p.	n.p.	5.58
Separations	Public	5,136	3,696	2,436	1,197	1,184	236	144	132	14,161
	Private	456	1,061	1,204	398	332	n.p.	n.p.	n.p.	3,529
	Total	5,592	4,757	3,640	1,595	1,516	n.p.	n.p.	n.p.	17,690
<b>M02B Transurethral prostatectomy W/O catastrophic or severe CC</b>	ALOS (days)									
	Public	3.50	2.96	3.21	3.01	3.54	3.16	4.06	n.p.	3.23
	Private	3.37	3.32	3.15	3.37	3.76	n.p.	n.p.	n.p.	3.37
	Total	3.41	3.17	3.17	3.26	3.67	n.p.	n.p.	n.p.	3.32
Separations	Public	1,646	2,128	777	481	587	161	63	42	5,885
	Private	3,497	2,951	2,113	1,054	796	n.p.	n.p.	n.p.	10,858
	Total	5,143	5,079	2,890	1,535	1,383	n.p.	n.p.	n.p.	16,743
<b>N04Z Hysterectomy for non-malignancy</b>	ALOS (days)									
	Public	4.09	4.03	3.53	3.90	3.99	3.72	4.68	4.19	3.94
	Private	4.20	4.60	3.96	4.61	4.56	n.p.	n.p.	n.p.	4.33
	Total	4.15	4.29	3.79	4.33	4.29	n.p.	n.p.	n.p.	4.15
Separations	Public	3,954	3,453	2,260	1,310	1,273	293	133	91	12,767
	Private	4,706	2,985	3,257	1,956	1,419	n.p.	n.p.	n.p.	15,123
	Total	8,660	6,438	5,517	3,266	2,692	n.p.	n.p.	n.p.	27,890

(continued)

**Table 4.11 (continued): Average length of stay (days)<sup>(a)</sup> for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2004–05**

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>N06Z Female reproductive system reconstructive procedures</b>										
ALOS (days)	Public	3.02	2.91	2.40	2.93	2.82	2.98	3.22	n.p.	2.85
	Private	3.22	3.06	2.66	3.61	3.58	n.p.	n.p.	n.p.	3.15
	Total	3.14	2.99	2.57	3.33	3.26	n.p.	n.p.	n.p.	3.03
Separations	Public	2,189	1,784	1,272	801	689	137	55	24	6,951
	Private	3,400	2,086	2,462	1,166	962	n.p.	n.p.	n.p.	10,516
	Total	5,589	3,870	3,734	1,967	1,651	n.p.	n.p.	n.p.	17,467
<b>O01C Caesarean delivery W moderate complicating diagnosis</b>										
ALOS (days)	Public	4.51	4.46	3.87	4.65	4.65	4.32	4.57	5.22	4.39
	Private	5.53	5.38	4.94	6.24	5.78	n.p.	n.p.	n.p.	5.47
	Total	4.86	4.83	4.37	5.55	5.11	n.p.	n.p.	n.p.	4.84
Separations	Public	12,014	8,826	7,084	2,819	2,433	677	525	465	34,843
	Private	6,379	5,749	6,214	3,694	1,683	n.p.	n.p.	n.p.	24,768
	Total	18,393	14,575	13,298	6,513	4,116	n.p.	n.p.	n.p.	59,611
<b>O60B Vaginal delivery W severe complicating diagnosis</b>										
ALOS (days)	Public	3.07	2.94	2.61	3.26	2.99	3.00	2.79	3.41	2.96
	Private	4.40	4.32	4.15	4.65	4.55	n.p.	n.p.	n.p.	4.38
	Total	3.38	3.34	3.06	3.76	3.39	n.p.	n.p.	n.p.	3.35
Separations	Public	33,683	23,797	16,224	7,580	6,034	1,868	1,513	1,191	91,890
	Private	10,271	9,649	6,684	4,226	2,064	n.p.	n.p.	n.p.	34,837
	Total	43,954	33,446	22,908	11,806	8,098	n.p.	n.p.	n.p.	126,727
<b>R61B Lymphoma and non-acute leukaemia W/O catastrophic CC</b>										
ALOS (days)	Public	5.06	4.01	5.12	5.27	4.29	5.38	7.96	n.p.	4.78
	Private	5.19	3.91	5.26	2.78	4.11	n.p.	n.p.	n.p.	4.32
	Total	5.08	3.97	5.22	3.69	4.22	n.p.	n.p.	n.p.	4.58
Separations	Public	3,099	2,466	1,043	603	822	289	190	24	8,536
	Private	729	2,154	1,973	1,036	492	n.p.	n.p.	n.p.	6,488
	Total	3,828	4,620	3,016	1,639	1,314	n.p.	n.p.	n.p.	15,024
<b>U63B Major affective disorders age&lt;70 W/O catastrophic or severe CC</b>										
ALOS (days)	Public	13.75	12.79	12.16	15.40	10.66	13.42	17.83	11.71	13.05
	Private	21.40	17.03	17.31	15.49	16.91	n.p.	n.p.	n.p.	17.89
	Total	15.93	14.64	14.37	15.44	12.14	n.p.	n.p.	n.p.	14.82
Separations	Public	5,784	3,676	3,141	1,747	2,260	399	241	192	17,440
	Private	2,304	2,846	2,374	1,367	697	n.p.	n.p.	n.p.	10,064
	Total	8,088	6,522	5,515	3,114	2,957	n.p.	n.p.	n.p.	27,504

(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.

n.p. Not published.

Abbreviations: ALOS—average length of stay, CC—complications and comorbidities, CDE—common duct exploration, W/O—without, W—with.



**Table 4.12: Relative stay index<sup>(a)(b)</sup>, by hospital sector, patient election status and funding source states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(c)</sup>	1.00	0.93	0.94	1.03	0.98	1.02	1.01	1.17	0.98
Public <sup>(d)</sup>	1.00	0.93	0.94	1.03	0.98	1.02	1.01	1.17	0.98
Private patients	1.04	0.97	0.98	1.03	1.04	1.02	1.00	1.21	1.02
Private health insurance	1.06	0.98	1.01	1.03	1.05	0.96	1.05	0.93	1.03
Self-funded	0.97	0.86	0.76	0.76	0.85	..	0.79	1.31	0.89
Workers compensation	1.11	1.04	1.10	1.05	1.11	1.02	1.07	1.37	1.09
Motor vehicle third party personal claim	1.23	0.93	1.18	1.14	1.30	1.21	1.07	1.62	1.11
Department of Veterans' Affairs	0.97	0.95	0.95	1.00	1.00	1.07	0.89	1.00	0.97
Other <sup>(e)</sup>	1.58	1.17	1.07	1.11	0.97	1.63	0.98	1.08	1.23
Patient election status not reported	0.84	0.92	..	..	..	1.06	..	..	0.93
<i>Total</i>	<i>1.01</i>	<i>0.93</i>	<i>0.95</i>	<i>1.03</i>	<i>0.99</i>	<i>1.02</i>	<i>1.01</i>	<i>1.17</i>	<i>0.98</i>
<b>Private hospitals</b>									
Public patients <sup>(c)</sup>	0.84	0.74	0.92	0.93	1.02	n.p.	n.p.	n.p.	0.93
Public <sup>(d)</sup>	0.84	0.74	0.92	0.93	1.02	n.p.	n.p.	n.p.	0.93
Private patients	1.05	1.03	1.04	1.09	0.99	n.p.	n.p.	n.p.	1.04
Private health insurance	1.05	1.03	1.03	1.07	1.00	n.p.	n.p.	n.p.	1.04
Self-funded	0.90	0.85	0.80	0.80	0.78	n.p.	n.p.	n.p.	0.85
Workers compensation	0.96	1.07	0.84	0.94	0.97	n.p.	n.p.	n.p.	0.97
Motor vehicle third party personal claim	0.91	0.87	1.01	1.10	0.87	n.p.	n.p.	n.p.	0.94
Department of Veterans' Affairs	1.17	1.06	1.16	1.34	0.99	n.p.	n.p.	n.p.	1.15
Other <sup>(e)</sup>	1.14	0.81	0.89	1.05	0.92	n.p.	n.p.	n.p.	0.98
Patient election status not reported	..	0.94	..	..	..	n.p.	n.p.	n.p.	0.93
<i>Total</i>	<i>1.05</i>	<i>1.02</i>	<i>1.04</i>	<i>1.07</i>	<i>0.99</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.04</i>
<b>All hospitals</b>									
Public patients <sup>(c)</sup>	1.00	0.93	0.94	1.02	0.98	n.p.	n.p.	n.p.	0.98
Public <sup>(d)</sup>	1.00	0.93	0.94	1.02	0.98	n.p.	n.p.	n.p.	0.98
Private patients	1.05	1.01	1.03	1.08	1.00	n.p.	n.p.	n.p.	1.04
Private health insurance	1.06	1.02	1.03	1.06	1.01	n.p.	n.p.	n.p.	1.04
Self-funded	0.92	0.85	0.79	0.80	0.79	n.p.	n.p.	n.p.	0.86
Workers compensation	1.03	1.06	0.95	0.97	1.01	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.23	0.92	1.18	1.14	1.26	n.p.	n.p.	n.p.	1.09
Department of Veterans' Affairs	1.04	1.01	1.12	1.22	0.99	n.p.	n.p.	n.p.	1.06
Other <sup>(e)</sup>	1.48	1.13	1.01	1.09	0.94	n.p.	n.p.	n.p.	1.14
Patient election status not reported	0.84	0.92	..	..	..	n.p.	n.p.	n.p.	0.93
<i>Total</i>	<i>1.02</i>	<i>0.96</i>	<i>0.98</i>	<i>1.05</i>	<i>0.99</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) Relative stay index based on all hospitals using the indirect method 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 based on the casemix of that group.

(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* 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* and *Unknown*.

.. Not applicable.

n.p. Not published.

**Table 4.13: Relative stay index<sup>(a)</sup>, directly and indirectly standardised by hospital sector, and medical/surgical/other type of AR-DRG, states and territories, 2004-05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(c)</sup>	1.00	0.93	0.94	1.03	0.98	1.02	1.01	1.17	0.98
Public <sup>(d)</sup>	1.00	0.93	0.94	1.03	0.98	1.02	1.01	1.17	0.98
Private patients	1.04	0.97	0.98	1.03	1.04	1.02	1.00	1.21	1.02
Private health insurance	1.06	0.98	1.01	1.03	1.05	0.96	1.05	0.93	1.03
Self-funded	0.97	0.86	0.76	0.76	0.85	..	0.79	1.31	0.89
Workers compensation	1.11	1.04	1.10	1.05	1.11	1.02	1.07	1.37	1.09
Motor vehicle third party personal claim	1.23	0.93	1.18	1.14	1.30	1.21	1.07	1.62	1.11
Department of Veterans' Affairs	0.97	0.95	0.95	1.00	1.00	1.07	0.89	1.00	0.97
Other <sup>(e)</sup>	1.58	1.17	1.07	1.11	0.97	1.63	0.98	1.08	1.23
Patient election status not reported	0.84	0.92	..	..	..	1.06	..	..	0.93
<i>Total</i>	<i>1.01</i>	<i>0.93</i>	<i>0.95</i>	<i>1.03</i>	<i>0.99</i>	<i>1.02</i>	<i>1.01</i>	<i>1.17</i>	<i>0.98</i>
<b>Private hospitals</b>									
Public patients <sup>(c)</sup>	0.84	0.74	0.92	0.93	1.02	n.p.	n.p.	n.p.	0.93
Public <sup>(d)</sup>	0.84	0.74	0.92	0.93	1.02	n.p.	n.p.	n.p.	0.93
Private patients	1.05	1.03	1.04	1.09	0.99	n.p.	n.p.	n.p.	1.04
Private health insurance	1.05	1.03	1.03	1.07	1.00	n.p.	n.p.	n.p.	1.04
Self-funded	0.90	0.85	0.80	0.80	0.78	n.p.	n.p.	n.p.	0.85
Workers compensation	0.96	1.07	0.84	0.94	0.97	n.p.	n.p.	n.p.	0.97
Motor vehicle third party personal claim	0.91	0.87	1.01	1.10	0.87	n.p.	n.p.	n.p.	0.94
Department of Veterans' Affairs	1.17	1.06	1.16	1.34	0.99	n.p.	n.p.	n.p.	1.15
Other <sup>(e)</sup>	1.14	0.81	0.89	1.05	0.92	n.p.	n.p.	n.p.	0.98
Patient election status not reported	..	0.94	..	..	..	n.p.	n.p.	n.p.	0.93
<i>Total</i>	<i>1.05</i>	<i>1.02</i>	<i>1.04</i>	<i>1.07</i>	<i>0.99</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.04</i>
<b>All hospitals</b>									
Public patients <sup>(c)</sup>	1.00	0.93	0.94	1.02	0.98	n.p.	n.p.	n.p.	0.98
Public <sup>(d)</sup>	1.00	0.93	0.94	1.02	0.98	n.p.	n.p.	n.p.	0.98
Private patients	1.05	1.01	1.03	1.08	1.00	n.p.	n.p.	n.p.	1.04
Private health insurance	1.06	1.02	1.03	1.06	1.01	n.p.	n.p.	n.p.	1.04
Self-funded	0.92	0.85	0.79	0.80	0.79	n.p.	n.p.	n.p.	0.86
Workers compensation	1.03	1.06	0.95	0.97	1.01	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.23	0.92	1.18	1.14	1.26	n.p.	n.p.	n.p.	1.09
Department of Veterans' Affairs	1.04	1.01	1.12	1.22	0.99	n.p.	n.p.	n.p.	1.06
Other <sup>(e)</sup>	1.48	1.13	1.01	1.09	0.94	n.p.	n.p.	n.p.	1.14
Patient election status not reported	0.84	0.92	..	..	..	n.p.	n.p.	n.p.	0.93
<i>Total</i>	<i>1.02</i>	<i>0.96</i>	<i>0.98</i>	<i>1.05</i>	<i>0.99</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) Relative stay index based on all hospitals using the indirect method 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 based on the casemix of that group.

(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* 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* and *Unknown*.

.. Not applicable.

n.p. Not published.

**Table 4.14: Separations<sup>(a)</sup> with an adverse event<sup>(b)</sup> by hospital sector<sup>(c)</sup>, Australia, 2004–05**

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
<b>External cause codes</b>								
Y40–Y59 Adverse effects of drugs, medicaments and biological substances	72,352	1.7		18,019	0.7		90,371	1.3
Y60–Y82 Misadventures to patients during surgical and medical care	8,126	0.2		2,908	0.1		11,034	0.2
Y83–Y84 Procedures causing abnormal reactions/complications	143,886	3.4		74,346	2.7		218,232	3.1
Y88 & Y95 Other external causes of adverse events	5,016	0.1		728	0.0		5,744	0.1
<b>Place of occurrence codes</b>								
Y92.22 Health service area	215,030	5.0		94,089	3.4		309,119	4.4
<b>Diagnosis codes</b>								
E89, G97, H59, H95, I97, J95, K91, M96 Selected post-procedural disorders	34,274	0.8		17,463	0.6		51,737	0.7
T81.0 Haemorrhage and haematoma complicating a procedure, n.e.c.	20,524	0.5		12,280	0.4		32,804	0.5
T81.4 Infection following a procedure, n.e.c.	21,883	0.5		9,523	0.3		31,406	0.4
T82–T85 Complications of internal prosthetic devices, implants and grafts	43,425	1.0		23,078	0.8		66,503	0.9
Other diagnoses of complications of medical and surgical care (T80 to T88 and T98.3, not including above)	34,946	0.8		13,492	0.5		48,438	0.7
Total <sup>(d)</sup>	238,388	5.6		101,163	3.7		339,551	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.  
n.e.c. Not elsewhere classified.

# 5 Non-admitted patient emergency department care

## Introduction

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

- Detailed episode-level data for 4,529,412 non-admitted patient emergency department occasions of service. These records include information on waiting times, triage category and the proportions of patients admitted to hospital (Tables 5.3 and 5.4), as well as information on the sex and age of the patient, the type of visit, the triage category the patient was assigned at the time of presentation, their mode of arrival at the emergency department, their departure status, the waiting time until attended by a health care professional and the total duration of the non-admitted patient emergency department care (Tables 5.5 to 5.10).
- Summary information on the total number of accident and emergency occasions of service for all public hospitals (5,993,248 occasions of service) (Tables 5.2 and 5.3). These occasions of service include those for which the detailed episode-level data were available. Occasions of service for which the detailed data were not available mostly occurred in hospitals not required to report to the NMDS or in hospitals that did not have an emergency department.

Table 5.1 includes summary data from both these data sources. Due to 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 4.

The detailed information presented for all episode-level records in Tables 5.4 to 5.10 should be interpreted with caution as the data may not be representative of emergency department occasions of service 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 was available was about 99% for *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (peer group A and B hospitals), and about 76% for all hospitals (Table 5.1).

In *Australian hospital statistics* reports before 2003–04, data on accident and emergency occasions of service were presented in Chapter 2 and data on emergency department waiting times were presented in Chapter 4.

## Data sources

### Non-admitted Patient Emergency Department Care Database

The detailed episode-level data are sourced from the AIHW's National Non-admitted Patient Emergency Department Care Database (NAPEDCD), a compilation of episode-level data for emergency department occasions of service in public hospitals. The database is based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care, as defined in the *National health data dictionary* version 12.0 (NHDC 2003).

The scope of the NMDS for Non-admitted patient emergency department care is 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 2003–04* (AIHW 2005a). The peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity. The use of this classification as an interim measure to define the scope of this collection is under review. Data was 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 second year that these 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 occasion of service is recorded as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital. For more detail see *Australian hospital statistics 2003–04* (AIHW 2005a). This variation is likely to have significantly impacted on the comparability of data on the duration of the occasions of service (Table 5.10).
- There is also some variation in the occasions of service reported as subsequently admitted over time.

### National Public Hospital Establishments Database

Data on accident and emergency occasions of service were sourced from the National Public Hospital Establishments Database (NPHEd), which has essentially full coverage of public hospitals (see Appendix 4). 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 included emergency presentations only. 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. For Tasmania, the NPHEd accident and emergency occasions of service data did not include patients who were dead on arrival, however, they were included in the episode-level data. The waiting times data for 2001–02 and 2002–03 presented in Table 5.3 were sourced from the aggregate waiting times data provided by the states and territories as part of NPHEd.

## Variations in methods for collection and analysis

Due to differences over time in the coverage, method of collection and method of analysis for data on waiting times and proportion admitted data should be interpreted with caution.

For 2004–05 all states and territories reported waiting times data as part of the episode-level data.

For 2003–04, the waiting times data for South Australia presented in Tables 5.3 and 5.4 included aggregated unit-record level data for 5 hospitals that were not in peer group A or B.

For 2002–03, the Emergency Department Waiting Times Data did not include one peer group A hospital in New South Wales, one peer group A and 11 peer group B hospitals in Victoria. For 2002–03, Western Australia also provided aggregate data for 74 *Medium* and *Small* hospitals, and South Australia provided data for six *Medium* hospitals. Estimated coverage overall was 71% in 2002–03 and 63% in 2001–02 (Table 5.3).

For 2003–04 and 2004–05, 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. *Resuscitation* patients whose waiting time for treatment was less than or equal to 2 minutes were considered to have been seen on time. For 2003–04, *Resuscitation* patients for South Australia were considered to have been seen on time using a cut-off point of one minute.

For 2001–02 and 2002–03, the number of patients seen on time was supplied by the states and territories as part of the summary data provided to NPHED. For those years, the criteria for calculating the proportion of *Resuscitation* patients who were seen on time varied between jurisdictions, with a cut-off point of less than 1 minute for Tasmania and the Northern Territory, less than or equal to 1 minute for Victoria, Queensland and South Australia and less than or equal to 2 minutes for New South Wales and Western Australia.

Hence, data on the proportion of *Resuscitation* patients who were seen on time are not completely comparable between 2003–04 and 2004–05 and earlier years, and the data for 2003–04 and 2004–05 will differ from data calculated on state-based criteria for Victoria, Queensland, South Australia, Tasmania and the Northern Territory.

The median and 90th percentile waiting times to service delivery are presented for 2003–04 and 2004–05 data only as these data were not available in the aggregated data collections for 2001–02 and 2002–03.

For 2004–05, the estimated number of patients subsequently admitted included those occasions of service with episode-level data for which the departure status was reported as *Admitted to this hospital*. For 2003–04, the estimated number of patients subsequently admitted included those occasions of service with episode-level data for which the departure status was reported as *Admitted to this hospital*, except for South Australia, Western Australia and Victoria (for which aggregate data were used). For 2001–02 and 2002–03, the estimated proportion of patients subsequently admitted was supplied by the states and territories as part of the aggregate data provided for NPHED.

## Overview

Table 5.1 presents information on the number of accident and emergency occasions of service reported to NPHED as well as the number of emergency department occasions of service reported to the NAPEDCD, by hospital peer group and state or territory. Episode-level data were provided for 73 *Principal referral and specialist women's and children's hospitals*, 43 *Large*

*hospitals* and 32 *Other hospitals* (not classified in peer groups A or B). The table includes estimates of the coverage of the NAPEDCD, calculated as the proportion of accident and emergency occasions of service reported to NPHED that were also reported as episode-level data in the NAPEDCD.

For 2004–05, all states and territories were able to provide episode-level data to the National Non-admitted Patient Emergency Department Care Database 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). However, data were not available for all accident and emergency occasions of service and for hospitals in peer groups A and B, the overall coverage was estimated as approximately 99% (Table 5.1). For states or territories that reported a greater number of episode-level records than occasions of service by peer group of hospital, the coverage for that peer group has been reported as 100%.

Some states and territories also provided episode-level data for public hospitals which were classified to other peer groups (in addition to the required NAPED NMDS scope of peer group A and B hospitals), and these data have been included in this chapter. The Northern Territory supplied episode-level data for all public hospitals, New South Wales provided data for 14 *Medium hospitals* and two *Small acute hospitals*, Victoria provided data for eight *Medium hospitals*, South Australia provided data for one *Medium hospital* and Western Australia provided data for two *Medium hospitals* and two *Small remote hospitals*. The NAPEDCD provides detailed information on about 76% of all public hospitals accident and emergency occasions of service. This proportion was estimated as the number of episode-level occasions of service divided by the total number of accident and emergency occasions of service reported. This may underestimate the proportion because some accident and emergency occasions of service are for other than emergency presentations. 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).

## Remoteness Area of hospital

Table 5.2 presents data on accident and emergency non-admitted occasions of service in public hospitals by Remoteness Area of the hospital. These data are derived from the occasions of service data provided to the NPHED for 2004–05 (see Table 5.1).

There was a total of 5,993,248 accident and emergency occasions of service reported for 2004–05, including 3,220,282 (53.7%) in *Major cities* and 1,477,231 (24.7%) in *Inner regional* areas.

Table 5.2 also presents the ratio of the number of occasions of service provided in the area to the number of residents in the area. This represents an approximation of the utilisation 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 ratio varied from 242 per 1,000 population in *Major cities* to 376 per 1,000 population in *Regional* areas and 828 per 1,000 population in *Remote* areas. The pattern of utilisation 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.

## Triage category and other data elements reported for emergency department care

Figure 5.1 presents data on patients who were assigned a triage category of *Emergency* at the time of presentation at the emergency department. The information presented for the total occasions of service and for counts by state and territory and by hospital peer group were based on the episode-level non-admitted patient emergency department care data.

There were 356,543 emergency department occasions of service that were assigned a triage category of *Emergency* in 2004–05. They were reported by 73 hospitals that were classified as *Principal referral and specialist women's and children's hospitals*, 43 *Large hospitals* and 32 *Other hospitals*. The average length of the service episode (from triage to the end of the non-admitted patient emergency department occasion of service) for *Emergency* patients was 5 hours and 21 minutes, ranging from 3 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 5 hours and 40 minutes for patients who presented to an emergency department in a *Principal referral and specialist women's and children's hospital*. Overall, 76% of *Emergency* patients were seen within a clinically appropriate time. The median waiting time for an *Emergency* patient was 5 minutes, and 90% of *Emergency* patients were seen within 22 minutes. The proportion of *Emergency* patients who were subsequently admitted ranged between 44% in *Other hospitals* to 67% in *Principal referral and specialist women's and children's hospitals*.

Almost 57% of *Emergency* patients were male, and the most common age group was 45–64 years. Almost half of *Emergency* patients arrived at the emergency department by *Other* transport while just over 48% arrived by *Ambulance* and about 63% of *Emergency* patients had a departure status of *Admitted to this hospital* (which includes admission within the emergency department). Almost a quarter of all *Emergency* patients arrived at the emergency department between 10am and 2pm, and the number of arrivals for these patients was lowest between 4am and 6am.

## 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 5.3 and 5.4 by triage category and hospital peer group. Emergency department waiting times are regarded as indicators of responsiveness of 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 2001–02 to 2004–05

Table 5.3 presents national emergency department waiting times data by public hospital peer group and triage category for the years 2001–02 to 2004–05. Due to differences over time in the scope, method of collection and method of analysis these data should be interpreted with caution.

The data for 2004–05 include only those episodes where the type of visit was reported as *Emergency presentation* or was *Not reported*. For 2004–05, for episodes with an *Emergency presentation* type of visit, the waiting time was missing or invalid for 11,439 records, and there were 224,889 records with a departure status of *Did not wait* or *Dead on arrival*. These records are presented in the counts of occasions of service but were excluded from the calculations of the proportions seen on time and the median and 90th percentile waiting times presented in Tables 5.3 and 5.4.

For 2003–04, the data for South Australia and for some Western Australian data were provided without information on the type of visit. The data for 2001–02 and 2002–03 were sourced from the aggregate waiting times data provided by the states and territories as part of NPHED. The estimated proportion of emergency presentations for 2001–02 and 2002–03 was calculated using the assumption that all occasions of service reported were emergency presentations (for which waiting times are applicable). This assumption was also used for the South Australian and Western Australian waiting times data for 2003–04. Based on these estimates the coverage for hospitals in peer groups A and B increased from 88% in 2001–02 to 99% in 2004–05. Over the same period, the NAPEDCD data as a proportion of all public hospital accident and emergency occasions of service increased from 63% to 76%.

In 2004–05 there were 5,993,248 accident and emergency occasions of service reported for public hospitals to NPHED, and there were 4,529,412 emergency presentations reported to NAPEDCD. Between 2001–02 and 2004–05 the number of accident and emergency occasions of service increased by 4.1% from 5,754,666 (Table 5.3). However, this may reflect the inclusion of non-emergency presentation occasions of service for some jurisdictions for the 2003–04 and 2004–05 data that may not have been previously provided.

The proportion of emergency visits by triage category remained fairly stable between 2001–02 and 2004–05. For 2004–05 approximately 1% of patients who presented at an emergency department in 2004–05 were assigned a triage category of *Resuscitation*, while 8% were *Emergency*, 32% were *Urgent*, 47% were *Semi-urgent* and 12% were *Non-urgent*.

For the period 2001–02 to 2004–05, for all triage categories combined, the number of patients seen on time for all hospitals increased from 64% to 69%. The proportion of patients seen on time remained relatively stable for most triage categories and increased each year for the *Urgent* and *Semi-urgent* categories. The median waiting time to service delivery was 25 minutes for both 2003–04 and 2004–05, and was fairly stable across all triage categories and for all hospitals. For 2004–05, 90% of all emergency department patients were attended by a health care professional within 121 minutes, compared to 124 minutes in 2003–04.

The proportion of patients subsequently admitted decreased between 2000–01 and 2004–05 for all triage categories and for both *Principal referral* and *specialist women's and children's*

*hospitals* and *Large hospitals*. Nationally, the proportion of patients subsequently admitted decreased from 30% in 2001–02 to 28% in 2004–05.

## States and territories, 2004–05

Table 5.4 presents the number of occasions of service where the type of visit was reported as *Emergency presentation* or was *Not reported* by triage category, public hospital peer group and state or territory in 2004–05, the proportions of these visits that were seen on time and subsequently admitted, and the median and 90th percentile waiting time to service delivery.

There was some variation among the states and territories in the proportions of patients in each triage category. Overall, Queensland had the lowest proportion of *Resuscitation* emergency visits (0.6%) while the Australian Capital Territory reported the highest proportion (1.1%). For the triage category *Non-urgent*, the Australian Capital Territory reported the highest proportion (15.6%), and South Australia reported the lowest (5.1%).

For the purpose of this report, a patient with a triage category of *Resuscitation*, was considered to be seen on time if their waiting time to service delivery was less than or equal to two 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 58% in the Australian Capital Territory to 79% in Victoria. 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 Victoria, 50% of patients were treated by a medical officer or nurse within 16 minutes, while for the Australian Capital Territory 50% of patients were treated within 40 minutes. The length of time by which 90% of patients were treated also varied; from 103 minutes in Victoria to 152 minutes in the Australian Capital 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, 28% of all *Emergency presentations* were subsequently admitted to the hospital. New South Wales, Victoria and Tasmania had higher proportions of patients subsequently admitted than the national figures in the triage categories *Resuscitation* and *Emergency*, while Western Australia had the lowest proportion of *Urgent* patients subsequently admitted.

## Type of emergency department visit

Table 5.5 presents occasion of service statistics by type of visit, hospital peer group and state or territory for 2004–05 for the Non-admitted patient emergency department care data.

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 occasions of service for all categories of type of visit. Tasmania did not report any occasions of service with a type of visit of *Pre-*

*arranged admission* or *Patient in transit*, while the Northern Territory did not report any occasions of service with a type of visit of *Pre-arranged admission*.

Nationally, 95.7% of occasions of service were *Emergency presentations*, while 3.3% were reported as *Return visit-planned*. The proportion of occasions of service varied by state or territory and by hospital peer group. Over 97% of emergency department occasions of service were *Emergency presentations* for hospitals in peer group A, compared to about 91% for hospitals in peer groups other than A and B. New South Wales had the highest proportion of occasions of service that were reported as *Emergency presentations* (96.8%), and for Western Australia 4.6% of occasions of service were reported as *Pre-arranged admission*.

## Sex and age group

Table 5.6 presents data on the sex and age group of patients who presented to an emergency department for the non-admitted patient emergency department care data.

Data on the sex of each non-admitted patient were reported as male, female, indeterminate or not stated/inadequately described. All states and territories supplied the date of birth of the patient, from which the Institute calculated the age of the patient at the date of presentation. The 289 records for which the sex of the patient was not provided and the 122 records for which date of birth was not provided are included in the totals of Table 5.6.

Males accounted for 52.5% of emergency department occasions of service, and there were more occasions of service for males than females in all age groups from 0 to 75 years. The most common age groups reported for non-admitted patient emergency department care were 15–24 years (15.4%), followed by 25–34 years (14.7%) and 0–4 years (12.2%).

## Aboriginal and Torres Strait Islander status

Table 5.7 presents Indigenous status data by state and territory. This table is based on the Non-admitted patient emergency department care data.

The data on Indigenous status were supplied by all states and territories according to the *National health data dictionary* definition. As the coverage of this data collection is largely public hospitals which were classified in peer groups A and B in *Australian hospital statistics 2003–04* (AIHW 2005a), most of the data relates 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 usage of emergency department services by Indigenous people nationally.

Nationally, 4.3% 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 occasions of service involving Indigenous persons (40.6%), while Victoria recorded the lowest proportion (1.0%).

## Quality of Indigenous status data

Overall, the quality of the data provided for Indigenous status in 2004–05 is considered to be in need of improvement, being reported as acceptable by only Western Australia and the Northern Territory. Most states and territories cautioned that the Indigenous status data

collected in an emergency department setting could be less accurate than the data collected for admitted patients. The quality of data on Indigenous status varies by jurisdiction, and so the data should be used with caution.

For 2004-05, the New South Wales Health Department reported that its data were in need of improvement, and assumes that the data collected in the emergency department is less accurate than the admitted patient data due to difficulties sometimes experienced with data collection at the time of presentation at the emergency department.

For Victoria, the quality of Indigenous status data is considered to be similar to that of admitted patients in public hospitals.

Queensland Health noted that for 2004-05 Indigenous status was not reported in 1.5% of cases, and this was significantly less than the percentage not reported for 2003-04. The improvement was mainly attributed to the rollout of new software and its associated business practices.

Western Australia reported that the quality of the emergency department Indigenous status data is considered to be acceptable, and to be more reliable in rural and remote areas.

The South Australian Department of Health 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 episodes for which Indigenous status was *Not Reported* in Table 5.7. The department intends to investigate the reasons for the high levels of non responses, and plans to take appropriate follow-up action.

For Tasmania, the quality of Indigenous status data is considered to be similar to that of admitted patients in public hospitals. Tasmania is in the process of investigating the reasons for a high proportion of occasions of service for which the Indigenous status was not reported.

The Australian Capital Territory Health Department has been closely monitoring Indigenous status data in its public hospitals, and has noted a significant reduction in the number of records with an unknown Indigenous status. The Australian Capital Territory is preparing to conduct an investigation into why some Indigenous patients are not identified in both the admitted and non-admitted data collections, in order to introduce processes to improve the rate of Indigenous identification.

The Northern Territory Department of Health and Community Services reported that the quality of its 2004-05 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners follow up on these clients. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

## **Arrival mode—transport and departure status**

Tables 5.8 and 5.9 present data on the arrival mode and the departure status of the patient, by triage category, and by state and territory for the Non-admitted patient emergency department care data. 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 2004–05, arrival mode was not reported for about 11% of South Australian and almost 10% of Northern Territory records (Table 5.9).

The emergency department departure status could be reported as *Admitted to this hospital* (including to units or beds within the emergency department), *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital*, *Referred to another hospital for admission*, *Did not wait to be attended by a health care professional*, *Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed*, *Died in emergency department as a non-admitted patient* or *Dead on arrival, not treated in emergency department*. For 2004–05, departure status was not reported for almost 20% of Western Australian and about 18% of South Australian records (Table 5.9).

The majority of patients who presented at an emergency department reported an arrival mode of *Other* (76.2%), although for patients who were assigned a triage category of *Resuscitation*, 84.2% reported an emergency department arrival mode of *Ambulance, air ambulance or helicopter rescue service* (Table 5.8). The majority of patients reported a departure status of *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital* (61.9%). However, the proportion of patients who reported this departure status varied markedly by triage category, accounting for only 9.6% of *Resuscitation* patients. The category *Did not wait to be attended by a health care professional* was reported for about 5% of emergency department occasions of service.

Queensland reported the highest proportion of occasions of service with an arrival mode of *Ambulance, air ambulance or helicopter rescue service* (25.3%), while the Australian Capital Territory had the highest proportion of occasions of service with an arrival mode of *Other* (82.9%) (Table 5.9). The Australian Capital Territory had the highest proportion of occasions of service with a departure status of *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital* (71.1%) and the lowest proportion of occasions of service for which the patient was either admitted to the same hospital or referred to another hospital for admission (21.6%).

## Length of non-admitted patient emergency department occasion of service

Table 5.10 presents summary length of occasion of service statistics by triage category and state and territory, including the average and median duration of occasion of service and the average and median duration of the service event, for the Non-admitted patient emergency department care data. The duration of the occasion of service is from the time of presentation or triage to the end of the provision of service as a non-admitted patient. The duration of the service event is measured as the time from the commencement of service by a treating medical officer or nurse (when a health care professional first takes responsibility for the patient's care) to when the non-admitted component of the emergency department service episode has concluded.

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 occasion of service is completed and in the recording of the time of admission, which indicates the completion of the non-admitted emergency department occasion of service, for patients who were admitted subsequent to a non-admitted emergency department occasion of service (see limitations of the data, above).

The average duration of occasion of service for patients who were assigned a triage category of *Resuscitation* was 4 hours and 35 minutes, while the median duration of the service event was 3 hours and 16 minutes. Generally, the average durations for occasions of service and service events were greater for the triage categories *Resuscitation*, *Emergency* and *Urgent* than for all triage categories combined, indicating that these patients generally required more lengthy treatment than patients in the *Semi-urgent* and *Non-urgent* triage categories.

## 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 occasions of service reported to NAPEDCD.

Figure 5.2 presents the number of occasions of service by triage category and hour of presentation. This figure highlights the uneven use of emergency department resources throughout the average day. Over 70% of emergency department presentations occur between the hours of 8am and 8pm. For the triage categories *Semi-urgent* and *Urgent*, the pattern of usage is consistently relatively high during this period. For the triage category *Non-urgent*, the peak time of presentation is between 8am and noon.

Figure 5.3 presents the proportion of emergency department occasions of service by triage category and hour of presentation. This figure illustrates the pattern of usage within each triage category. Figure 5.3 indicates that for the most urgent triage category *Resuscitation*, the number of emergency presentations is more evenly distributed throughout the day than for other triage categories, ranging from 2.2% between 5am and 6am to 5.5% between 6pm and 7pm, with almost 45% of these patients arriving overnight between 8pm and 8am. In contrast, for the *Non-urgent* triage category, the pattern of usage varies from 0.7% between 4am and 5am to 9.1% between 9am and 10am, with 29% of these patients arriving overnight between 8pm and 8am.

**Table 5.1: Emergency department occasions of service, by public hospital peer group<sup>(a)</sup>, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral and specialist women's and children's hospitals</b>									
Hospitals reporting accident and emergency occasions of service <sup>(b)</sup>	25	19	16	4	5	2	1	2	74
Accident and emergency occasions of service	889,035	787,518	636,608	190,115	230,781	69,048	48,851	72,703	2,924,659
Hospitals reporting emergency department episode-level data <sup>(c)</sup>	25	19	15	4	5	2	1	2	73
Occasions of service reported with episode-level data <sup>(d)</sup>	890,169	787,518	621,799	179,285	236,319	68,861	48,854	78,703	2,911,508
Estimated proportion of occasions of service with episode-level data (%) <sup>(e)</sup>	100	100	98	94	100	100	100	100	99
<b>Large hospitals</b>									
Hospitals reporting accident and emergency occasions of service <sup>(b)</sup>	16	11	6	5	2	1	1	0	42
Accident and emergency occasions of service	396,531	266,097	196,133	135,371	41,499	34,492	44,865	..	1,114,988
Hospitals reporting emergency department episode-level data <sup>(c)(f)</sup>	16	11	6	5	2	2	1	0	43
Occasions of service reported with episode-level data <sup>(d)</sup>	396,601	266,097	197,327	135,370	41,499	33,420	44,844	..	1,115,158
Estimated proportion of occasions of service with episode-level data (%) <sup>(e)</sup>	100	100	100	100	100	97	100	..	100
<b>Coverage of episode-level data for hospitals in peer groups A and B</b>	<b>100</b>	<b>100</b>	<b>98</b>	<b>97</b>	<b>100</b>	<b>99</b>	<b>100</b>	<b>100</b>	<b>99</b>
<b>Other hospitals</b>									
Hospitals reporting accident and emergency occasions of service <sup>(b)</sup>	145	60	136	70	63	16	0	3	494
Accident and emergency occasions of service	721,790	264,438	449,296	267,582	201,401	18,173	..	30,921	1,953,601
Hospitals reporting emergency department episode-level data <sup>(c)</sup>	16	8	0	4	1	0	0	3	32
Occasions of service reported with episode-level data <sup>(d)</sup>	233,851	104,859	..	86,880	43,975	0	..	33,181	502,746
Estimated proportion occasions of service with episode-level data (%) <sup>(e)</sup>	32	40	0	32	22	0	..	100	26
<b>Total</b>									
Hospitals reporting accident and emergency occasions of service <sup>(b)</sup>	187	90	158	79	70	19	2	5	610
Accident and emergency occasions of service	2,007,356	1,318,053	1,282,037	593,068	473,681	121,713	93,716	103,624	5,993,248
Hospitals reporting emergency department episode-level data <sup>(c)</sup>	57	38	21	13	8	4	2	5	148
Occasions of service reported with episode-level data <sup>(d)</sup>	1,520,621	1,158,474	819,126	401,535	321,793	102,281	93,698	111,884	4,529,412
Estimated proportion of occasions of service with episode-level data (%) <sup>(e)</sup>	76	88	64	68	68	84	100	100	76

(a) For more information on the public hospital peer group classification see Appendix 4.

(b) Number of hospitals that reported Accident and emergency (A+E) occasions of service to the National Public Hospital Establishments Database (NPHED). Not all hospitals include an emergency department and the definition of an emergency department is currently under review.

(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 occasions of service reported to the National Non-admitted Patient Emergency Department Care Database.

(e) The number of emergency department occasions of service with episode-level data divided by the number of A+E occasions of service reported to the NPHED, as a percentage. This may underestimate the proportion because some A+E occasions of service are for other than emergency presentations. The proportion has been adjusted to 100% for jurisdictions where the occasions of service with episode-level data exceeded the A+E occasions of service.

(f) Episode-level emergency department data for Tasmanian *Large hospitals* were reported for two separate campuses, while accident and emergency occasions of service data were reported to NPHED for only one establishment. .. Not applicable.

**Table 5.2: Accident and emergency non-admitted patient occasions of service, by Remoteness Area of hospital, public acute hospitals, states and territories, 2004–05**

	NSW	Vic <sup>(a)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Accident and emergency occasions of service</b>									
Major cities	1,149,842	864,984	498,763	292,721	320,256	..	93,716	..	3,220,282
Inner regional	610,356	334,840	356,119	57,012	49,783	69,121	0	..	1,477,231
Outer regional	209,416	118,229	286,827	105,206	68,393	46,889	..	45,206	880,166
<i>Total regional</i>	<i>819,772</i>	<i>453,069</i>	<i>642,946</i>	<i>162,218</i>	<i>118,176</i>	<i>116,010</i>	<i>0</i>	<i>45,206</i>	<i>2,357,397</i>
Remote	27,636	n.a.	79,267	82,442	23,581	4,576	..	40,331	257,833
Very remote	10,106	..	61,061	55,687	11,668	1,127	..	18,087	157,736
<i>Total remote</i>	<i>37,742</i>	<i>n.a.</i>	<i>140,328</i>	<i>138,129</i>	<i>35,249</i>	<i>5,703</i>	<i>..</i>	<i>58,418</i>	<i>415,569</i>
<b>Total</b>	<b>2,007,356</b>	<b>1,318,053</b>	<b>1,282,037</b>	<b>593,068</b>	<b>473,681</b>	<b>121,713</b>	<b>93,716</b>	<b>103,624</b>	<b>5,993,248</b>
<b>Ratio of accident and emergency occasions of service provided in area to 1,000 population resident in area<sup>(b)</sup></b>									
Major cities	239	238	243	210	291	..	290	..	242
Inner regional	441	316	351	222	255	224	0	..	350
Outer regional	434	463	424	569	385	288	..	413	429
<i>Total regional</i>	<i>439</i>	<i>344</i>	<i>380</i>	<i>367</i>	<i>317</i>	<i>246</i>	<i>0</i>	<i>413</i>	<i>376</i>
Remote	721	n.a.	849	921	510	541	..	979	799
Very remote	1,283	..	1,148	1,104	859	449	..	367	881
<i>Total remote</i>	<i>817</i>	<i>n.a.</i>	<i>958</i>	<i>987</i>	<i>589</i>	<i>520</i>	<i>..</i>	<i>646</i>	<i>828</i>
<b>Total</b>	<b>299</b>	<b>266</b>	<b>330</b>	<b>300</b>	<b>309</b>	<b>252</b>	<b>289</b>	<b>519</b>	<b>298</b>

(a) In Victoria, it is not possible to separately identify emergency occasions of service in hospital campuses located in remote areas.

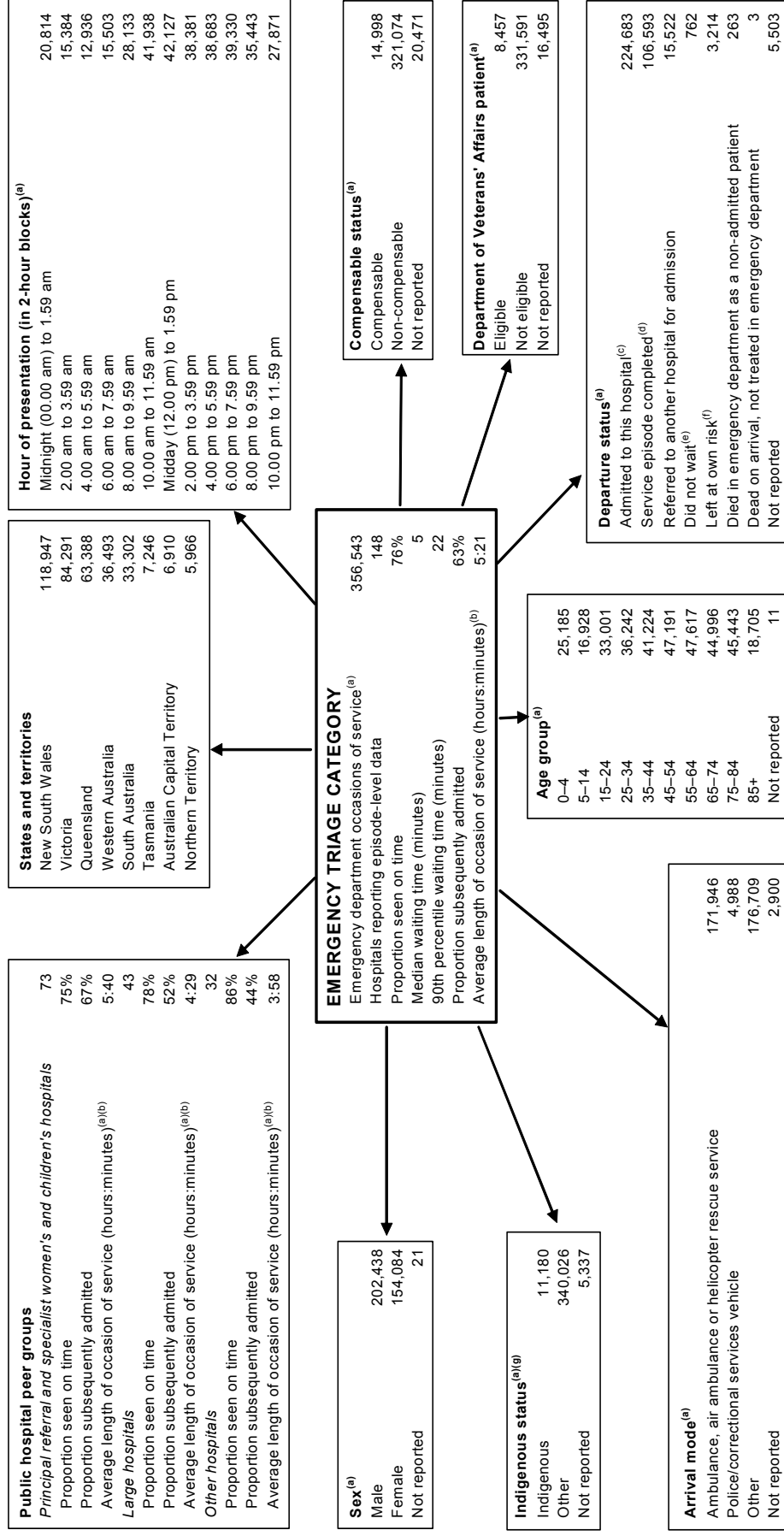
(b) The ratio of services provided in the area to the number of residents in the area only approximates population utilisation as services provided in the area may be provided to persons residing in other

Remoteness Area categories.

.. Not applicable.

n.a. Not available.





(a) For the episode-level data provided to the National Non-admitted Patient Emergency Department Care Database which covers approximately 76% of accident and emergency occasions of service for all public hospitals.  
(b) The length of service episode is measured between the time of commencement of service and the completion of service. This measure was calculated for occasions of service where the waiting time to service delivery 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.  
(g) The quality of Indigenous status data is not acceptable for most jurisdictions, therefore these data should be treated with caution. Please see Appendix 3 for more information.

Figure 5.1: Interrelationships of an Emergency triage category presentation with other data elements, public hospitals, Australia, 2004-05

**Table 5.3: Non-admitted patient emergency department emergency presentation statistics<sup>(a)</sup>, by triage category and public hospital peer group, Australia, 2001–02 to 2004–05**

<b>Triage category and peer group</b>	<b>2001–02</b>	<b>2002–03</b>	<b>2003–04</b>	<b>2004–05</b>
<b>Principal referral and specialist women's and children's hospitals</b>				
Hospitals reporting accident and emergency occasions of service <sup>(b)</sup>	66	70	67	74
Accident and emergency occasions of service	2,397,278	2,614,739	2,649,366	2,924,659
Hospitals reporting emergency department episode-level data	58	65	66	73
Occasions of service reported with waiting times data <sup>(c)</sup>	2,291,226	2,524,598	2,579,203	2,911,508
Estimated proportion of occasions of service with waiting times data (%) <sup>(d)(e)</sup>	96	97	97	99
Proportion by triage category (%)				
Resuscitation	1	1	1	1
Emergency	9	9	9	10
Urgent	34	34	34	35
Semi-urgent	45	44	45	45
Non-urgent	11	10	10	10
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Proportion seen on time (%) <sup>(f)</sup>				
Resuscitation	99	99	100	100
Emergency	75	75	79	75
Urgent	58	58	63	61
Semi-urgent	55	55	62	61
Non-urgent	78	76	85	86
<b>Total</b>	<b>60</b>	<b>59</b>	<b>67</b>	<b>65</b>
Median waiting time to service delivery (minutes)				
Resuscitation	n.a.	n.a.	0	0
Emergency	n.a.	n.a.	5	6
Urgent	n.a.	n.a.	24	23
Semi-urgent	n.a.	n.a.	46	44
Non-urgent	n.a.	n.a.	34	33
<b>Total</b>	<b>n.a.</b>	<b>n.a.</b>	<b>28</b>	<b>26</b>
90th percentile waiting time to service delivery (minutes)				
Resuscitation	n.a.	n.a.	0	0
Emergency	n.a.	n.a.	24	23
Urgent	n.a.	n.a.	99	95
Semi-urgent	n.a.	n.a.	166	161
Non-urgent	n.a.	n.a.	156	144
<b>Total</b>	<b>n.a.</b>	<b>n.a.</b>	<b>134</b>	<b>129</b>
Proportion ending in admission (%) <sup>(g)</sup>				
Resuscitation	84	87	82	83
Emergency	69	70	67	67
Urgent	49	49	46	46
Semi-urgent	23	23	20	20
Non-urgent	8	8	7	6
<b>Total</b>	<b>35</b>	<b>34</b>	<b>33</b>	<b>29</b>
<b>Large hospitals</b>				
Hospitals reporting accident and emergency occasions of service <sup>(b)</sup>	47	48	48	44
Accident and emergency occasions of service	1,250,165	1,215,550	1,260,622	1,114,988
Hospitals reporting emergency department episode-level data	35	37	44	43
Occasions of service reported with waiting times data <sup>(c)</sup>	928,836	1,007,316	1,177,573	1,115,158
Estimated proportion of occasions of service with waiting times data (%) <sup>(d)(e)</sup>	74	83	93	100
Proportion by triage category (%)				
Resuscitation	1	<1	<1	<1
Emergency	6	5	6	6
Urgent	29	28	29	28
Semi-urgent	50	48	50	50
Non-urgent	15	14	15	16
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Proportion seen on time (%) <sup>(f)</sup>				
Resuscitation	99	97	100	99
Emergency	77	73	80	78
Urgent	65	63	70	69
Semi-urgent	66	65	72	70
Non-urgent	88	87	89	87
<b>Total</b>	<b>70</b>	<b>68</b>	<b>74</b>	<b>73</b>
Median waiting time to service delivery (minutes)				
Resuscitation	n.a.	n.a.	0	0
Emergency	n.a.	n.a.	5	6
Urgent	n.a.	n.a.	19	19
Semi-urgent	n.a.	n.a.	31	33
Non-urgent	n.a.	n.a.	30	33
<b>Total</b>	<b>n.a.</b>	<b>n.a.</b>	<b>23</b>	<b>24</b>

(continued)

**Table 5.3 (continued): Non-admitted patient emergency department emergency presentation statistics<sup>(a)</sup>, by triage category and public hospital peer group, Australia, 2001–02 to 2004–05**

<b>Triage category and peer group</b>	<b>2001–02</b>	<b>2002–03</b>	<b>2003–04</b>	<b>2004–05</b>
90th percentile waiting time to service delivery (minutes)				
Resuscitation	n.a.	n.a.	0	0
Emergency	n.a.	n.a.	21	20
Urgent	n.a.	n.a.	75	70
Semi-urgent	n.a.	n.a.	127	129
Non-urgent	n.a.	n.a.	128	137
<b>Total</b>	<b>n.a.</b>	<b>n.a.</b>	<b>109</b>	<b>111</b>
Proportion ending in admission (%) <sup>(g)</sup>				
Resuscitation	86	87	69	66
Emergency	67	67	58	54
Urgent	42	40	38	36
Semi-urgent	17	15	14	14
Non-urgent	4	4	3	3
<b>Total</b>	<b>26</b>	<b>23</b>	<b>22</b>	<b>21</b>
<b>Coverage of episode-level data for hospitals in peer groups A and B</b>				
<b>Accident and emergency occasions of service</b>	<b>3,647,443</b>	<b>3,830,289</b>	<b>3,909,988</b>	<b>4,039,647</b>
<b>Occasions of service reported with waiting times data<sup>(c)</sup></b>	<b>3,220,062</b>	<b>3,531,914</b>	<b>3,756,776</b>	<b>4,026,666</b>
<b>Estimated proportion of occasions with waiting times data (%)<sup>(d)(e)</sup></b>	<b>88</b>	<b>92</b>	<b>96</b>	<b>99</b>
<b>All hospitals<sup>(h)</sup></b>				
Hospitals reporting accident and emergency occasions of service <sup>(b)</sup>	574	588	635	610
Accident and emergency occasions of service	5,754,666	5,837,549	5,864,232	5,993,248
Hospitals reporting emergency department episode-level data	120	195	213	148
Occasions of service reported with waiting times data <sup>(c)</sup>	3,627,912	4,156,790	4,390,591	4,529,412
Estimated proportion occasions of service with waiting times data (%) <sup>(d)(e)</sup>	63	71	75	76
Proportion by triage category (%)				
Resuscitation	1	1	1	1
Emergency	7	7	8	8
Urgent	31	30	30	32
Semi-urgent	47	45	46	47
Non-urgent	13	14	15	12
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Proportion seen on time (%) <sup>(f)</sup>				
Resuscitation	99	99	99	100
Emergency	76	75	76	76
Urgent	60	61	62	64
Semi-urgent	59	61	61	65
Non-urgent	84	85	82	88
<b>Total</b>	<b>64</b>	<b>66</b>	<b>72</b>	<b>69</b>
Median waiting time to service delivery (minutes)				
Resuscitation	n.a.	n.a.	0	0
Emergency	n.a.	n.a.	5	5
Urgent	n.a.	n.a.	22	21
Semi-urgent	n.a.	n.a.	38	38
Non-urgent	n.a.	n.a.	28	30
<b>Total</b>	<b>n.a.</b>	<b>n.a.</b>	<b>25</b>	<b>25</b>
90th percentile waiting time to service delivery (minutes)				
Resuscitation	n.a.	n.a.	0	0
Emergency	n.a.	n.a.	23	22
Urgent	n.a.	n.a.	90	88
Semi-urgent	n.a.	n.a.	150	148
Non-urgent	n.a.	n.a.	139	136
<b>Total</b>	<b>n.a.</b>	<b>n.a.</b>	<b>124</b>	<b>121</b>
Proportion ending in admission (%) <sup>(g)</sup>				
Resuscitation	82	86	78	79
Emergency	67	69	63	63
Urgent	45	46	43	43
Semi-urgent	19	19	16	17
Non-urgent	6	6	4	5
<b>Total</b>	<b>30</b>	<b>29</b>	<b>27</b>	<b>28</b>

(a) For more information on the public hospital peer group classification see Appendix 4.

(b) Not all hospitals include an emergency department and the definition of an emergency department is currently under review.

(c) For 2001–02 and 2002–03, these are the number of occasions of service reported with waiting times data. For 2003–04 and 2004–05, these are the number of occasions of service reported with episode-level data and some additional aggregate data for South Australia for 2003–04.

(d) The number of occasions of service with waiting times data divided by the number of 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.

(e) For 2003–04 and 2004–05, for some jurisdictions, the number of emergency department occasions of service reported to the Non-admitted Patient Emergency Department Care Database exceeded the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database. For these jurisdictions the coverage has been estimated as 100%.

(f) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category *Resuscitation*, the cut-off point for determining the proportion seen on time has varied both over time and among jurisdictions. See Chapter 5 for more information.

(g) For 2001–02, 2002–03 and for some 2003–04 data (for South Australia, Victoria and some Western Australian hospitals), these are estimates of emergency department patients 'subsequently admitted'. For other 2003–04 data and for 2004–05 data, this proportion is based on occasions of service reported with episode-level data, for which the departure status was reported as *Admitted to this hospital*.

(h) The total includes 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<sup>(a)</sup>, by triage category and public hospital peer group, states and territories, 2004-05**

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral and specialist women's and children's hospitals</b>									
Non-admitted patient emergency department occasions of service									
Resuscitation	8,611	7,170	4,317	2,456	3,091	n.p.	n.p.	974	28,219
Emergency	80,056	70,388	51,300	23,849	28,335	n.p.	n.p.	5,558	270,654
Urgent	311,203	244,303	222,091	58,233	85,195	n.p.	n.p.	24,530	985,402
Semi-urgent	360,373	360,687	279,448	85,786	97,047	n.p.	n.p.	42,032	1,279,941
Non-urgent	110,828	85,372	44,594	7,650	11,387	n.p.	n.p.	3,381	270,200
<i>Total<sup>(b)</sup></i>	<i>871,207</i>	<i>767,920</i>	<i>601,750</i>	<i>177,994</i>	<i>225,055</i>	<i>n.p.</i>	<i>n.p.</i>	<i>76,475</i>	<i>2,834,572</i>
Proportion seen on time (%) <sup>(c)</sup>									
Resuscitation	100	100	100	98	99	n.p.	n.p.	100	100
Emergency	73	86	69	70	72	n.p.	n.p.	61	75
Urgent	55	80	51	59	59	n.p.	n.p.	60	61
Semi-urgent	60	70	53	53	65	n.p.	n.p.	50	61
Non-urgent	85	90	83	70	89	n.p.	n.p.	80	86
<i>Total</i>	<i>63</i>	<i>77</i>	<i>56</i>	<i>58</i>	<i>65</i>	<i>n.p.</i>	<i>n.p.</i>	<i>56</i>	<i>65</i>
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	n.p.	n.p.	0	0
Emergency	6	4	8	7	4	n.p.	n.p.	8	6
Urgent	28	13	30	24	24	n.p.	n.p.	23	23
Semi-urgent	46	28	56	57	37	n.p.	n.p.	61	44
Non-urgent	40	20	38	73	32	n.p.	n.p.	51	33
<i>Total</i>	<i>30</i>	<i>15</i>	<i>35</i>	<i>32</i>	<i>24</i>	<i>n.p.</i>	<i>n.p.</i>	<i>35</i>	<i>26</i>
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	1	1	0	0	n.p.	n.p.	0	0
Emergency	26	14	28	21	26	n.p.	n.p.	27	23
Urgent	108	56	110	80	95	n.p.	n.p.	83	95
Semi-urgent	159	144	177	163	140	n.p.	n.p.	188	161
Non-urgent	145	124	165	203	124	n.p.	n.p.	172	144
<i>Total</i>	<i>131</i>	<i>107</i>	<i>144</i>	<i>129</i>	<i>113</i>	<i>n.p.</i>	<i>n.p.</i>	<i>148</i>	<i>129</i>
Proportion ending in admission (%) <sup>(d)</sup>									
Resuscitation	87	91	73	80	78	n.p.	n.p.	57	83
Emergency	71	76	60	58	61	n.p.	n.p.	62	67
Urgent	48	57	36	47	43	n.p.	n.p.	42	46
Semi-urgent	22	26	12	20	16	n.p.	n.p.	13	20
Non-urgent	7	7	3	8	6	n.p.	n.p.	3	6
<i>Total</i>	<i>34</i>	<i>39</i>	<i>25</i>	<i>34</i>	<i>32</i>	<i>n.p.</i>	<i>n.p.</i>	<i>26</i>	<i>33</i>

(continued)

**Table 5.4 (continued): Non-admitted patient emergency department presentation statistics<sup>(a)</sup>, by triage category and public hospital peer group<sup>(a)</sup>, states and territories, 2004-05**

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Large hospitals</b>									
Non-admitted patient emergency department occasions of service									
Resuscitation	2,504	436	579	551	210	n.p.	n.p.	..	4 521
Emergency	29,061	9,456	12,088	8,514	2,916	n.p.	n.p.	..	65,023
Urgent	120,951	51,883	48,922	34,027	12,249	n.p.	n.p.	..	286,960
Semi-urgent	183,364	124,153	94,249	61,038	23,427	n.p.	n.p.	..	523,509
Non-urgent	49,543	61,065	24,379	10,522	2,632	n.p.	n.p.	..	162,361
<i>Total<sup>(b)</sup></i>	385,517	246,993	180,217	114,828	41,434	n.p.	n.p.	..	1,042,646
Proportion seen on time (%) <sup>(c)</sup>									
Resuscitation	100	100	100	99	99	n.p.	n.p.	..	99
Emergency	77	83	79	88	54	n.p.	n.p.	..	78
Urgent	66	84	66	78	39	n.p.	n.p.	..	69
Semi-urgent	69	76	66	75	42	n.p.	n.p.	..	70
Non-urgent	90	85	88	91	82	n.p.	n.p.	..	87
<i>Total</i>	71	80	70	78	45	n.p.	n.p.	..	73
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	n.p.	n.p.	..	0
Emergency	6	5	6	4	10	n.p.	n.p.	..	6
Urgent	21	10	22	10	42	n.p.	n.p.	..	19
Semi-urgent	34	27	39	18	78	n.p.	n.p.	..	33
Non-urgent	25	43	31	14	47	n.p.	n.p.	..	33
<i>Total</i>	24	22	27	11	53	n.p.	n.p.	..	24
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	n.p.	n.p.	..	0
Emergency	23	16	19	12	35	n.p.	n.p.	..	20
Urgent	77	41	75	50	146	n.p.	n.p.	..	70
Semi-urgent	132	104	140	112	234	n.p.	n.p.	..	129
Non-urgent	122	151	132	116	156	n.p.	n.p.	..	137
<i>Total</i>	108	105	117	89	198	n.p.	n.p.	..	111
Proportion ending in admission (%) <sup>(d)(e)</sup>									
Resuscitation	72	82	62	30	n.p.	n.p.	n.p.	..	66
Emergency	62	62	49	30	n.p.	n.p.	n.p.	..	54
Urgent	43	40	24	20	n.p.	n.p.	n.p.	..	36
Semi-urgent	18	16	7	7	n.p.	n.p.	n.p.	..	14
Non-urgent	5	3	2	1	n.p.	n.p.	n.p.	..	3
<i>Total</i>	28	20	14	12	n.p.	n.p.	n.p.	..	21

(continued)

**Table 5.4 (continued): Non-admitted patient emergency department presentation statistics<sup>(a)</sup>, by triage category and public hospital peer group<sup>(b)</sup>, states and territories, 2004-05**

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>All hospitals<sup>(f)</sup></b>									
Non-admitted patient emergency department occasions of service									
Resuscitation	11,777	7,778	4,896	3,283	3,356	811	1,030	1,008	33,939
Emergency	118,947	84,291	63,388	36,493	33,302	7,246	6,910	5,966	356,543
Urgent	483,696	315,728	271,013	108,064	105,460	32,583	26,192	28,378	1,371,114
Semi-urgent	649,446	530,945	373,697	185,389	147,445	49,741	42,105	54,756	2,033,524
Non-urgent	207,342	171,203	68,973	42,514	15,503	7,120	14,088	14,607	541,350
<b>Total emergency visits<sup>(b)</sup></b>	<b>1,471,504</b>	<b>1,109,945</b>	<b>781,967</b>	<b>375,960</b>	<b>305,066</b>	<b>97,501</b>	<b>90,327</b>	<b>104,715</b>	<b>4,336,985</b>
Proportion seen on time (%) <sup>(c)</sup>									
Resuscitation	100	100	100	98	99	96	100	100	100
Emergency	75	86	71	75	72	76	70	61	76
Urgent	60	81	54	67	58	67	50	61	64
Semi-urgent	66	73	57	65	62	64	52	55	65
Non-urgent	87	89	85	91	89	91	83	86	88
<b>Total emergency visits seen on time</b>	<b>68</b>	<b>79</b>	<b>59</b>	<b>70</b>	<b>63</b>	<b>68</b>	<b>58</b>	<b>62</b>	<b>69</b>
<b>Median waiting time to service delivery (minutes)<sup>(g)</sup></b>									
Resuscitation	0	0	0	0	0	0	0	0	0
Emergency	6	4	7	6	4	6	8	8	5
Urgent	24	12	28	19	24	19	31	23	21
Semi-urgent	37	26	51	42	42	39	58	52	38
Non-urgent	31	25	35	34	32	24	51	35	30
<b>Total</b>	<b>26</b>	<b>16</b>	<b>33</b>	<b>24</b>	<b>27</b>	<b>24</b>	<b>40</b>	<b>33</b>	<b>25</b>
<b>90th percentile waiting time to service delivery (minutes)<sup>(g)</sup></b>									
Resuscitation	0	1	1	0	0	0	0	0	0
Emergency	25	15	26	19	26	20	32	29	22
Urgent	96	52	104	70	98	75	109	85	88
Semi-urgent	144	129	168	145	155	145	185	176	148
Non-urgent	135	129	153	160	128	110	159	147	136
<b>Total</b>	<b>121</b>	<b>103</b>	<b>139</b>	<b>115</b>	<b>124</b>	<b>116</b>	<b>152</b>	<b>143</b>	<b>121</b>
Proportion ending in admission (%) <sup>(d)(e)</sup>									
Resuscitation	82	90	72	66	77	85	70	57	79
Emergency	67	73	58	47	57	64	43	62	63
Urgent	46	53	34	33	39	41	37	42	43
Semi-urgent	19	22	11	12	13	14	12	14	17
Non-urgent	6	5	3	2	6	3	2	6	5
<b>Total proportion ending in admission (%)</b>	<b>30</b>	<b>33</b>	<b>22</b>	<b>21</b>	<b>28</b>	<b>26</b>	<b>21</b>	<b>24</b>	<b>28</b>

(a) For more information on the public hospital peer group classification see Appendix 4. Information on the coverage of the waiting times data is presented in Table 5.1.

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

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

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

(e) The proportion admitted for *Large hospitals* in South Australia has not been published as one of the reporting hospitals was not able to correctly identify emergency department patients who were subsequently admitted to the hospital. Consequently, the proportion admitted for all reporting hospitals in South Australia excludes the data for *Large hospitals*.

(f) *All hospitals* 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*.

(g) The median and 90th percentile waiting times for all hospitals exclude waiting times data for *Other hospitals* in Western Australia.

n.p. Not published.

**Table 5.5: Non-admitted patient emergency department occasion of service statistics<sup>(a)</sup>, by type of visit and public hospital peer group, states and territories, 2004–05**

Type of visit and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral and specialist women's and children's hospitals</b>									
Emergency presentation	871,125	767,920	601,055	177,994	224,396	n.p.	n.p.	76,469	2,833,130
Return visit, planned	15,122	17,306	17,369	1,248	8,102	n.p.	n.p.	2,182	64,466
Pre-arranged admission	2,287	356	2,000	42	2,139	n.p.	n.p.	0	6,824
Patient in transit	109	109	241	0	765	n.p.	n.p.	9	1,233
Dead on arrival	1,444	1,827	439	n.a.	258	n.p.	n.p.	37	4,413
Not reported	82	0	695	1	659	n.p.	n.p.	6	1,442
<i>Total</i>	<i>890,169</i>	<i>787,518</i>	<i>621,799</i>	<i>179,285</i>	<i>236,319</i>	<i>n.p.</i>	<i>n.p.</i>	<i>78,703</i>	<i>2,911,508</i>
<b>Large hospitals</b>									
Emergency presentation	385,509	246,993	180,217	114,828	39,545	n.p.	n.p.	..	1,040,700
Return visit, planned	10,222	18,076	16,736	5,190	0	n.p.	n.p.	..	54,786
Pre-arranged admission	466	649	212	15,159	50	n.p.	n.p.	..	16,545
Patient in transit	19	35	32	193	3	n.p.	n.p.	..	296
Dead on arrival	377	344	130	n.a.	12	n.p.	n.p.	..	885
Not reported	8	0	0	0	1,889	n.p.	n.p.	..	1,946
<i>Total</i>	<i>396,601</i>	<i>266,097</i>	<i>197,327</i>	<i>135,370</i>	<i>41,499</i>	<i>n.p.</i>	<i>n.p.</i>	<i>..</i>	<i>1,115,158</i>
<b>Other hospitals</b>									
Emergency presentation	214,663	95,032	..	83,138	38,350	..	..	28,152	459,335
Return visit, planned	18,154	8,575	..	513	4	..	..	4,939	32,185
Pre-arranged admission	745	1,121	..	3,222	4,610	..	..	0	9,698
Patient in transit	24	16	..	7	767	..	..	1	815
Dead on arrival	148	115	..	n.a.	17	..	..	1	281
Not reported	117	0	..	0	227	..	..	88	432
<i>Total</i>	<i>233,851</i>	<i>104,859</i>	<i>..</i>	<i>86,880</i>	<i>43,975</i>	<i>..</i>	<i>..</i>	<i>33,181</i>	<i>502,746</i>
<b>Total</b>									
Emergency presentation	1,471,297	1,109,945	781,272	375,960	302,291	97,452	90,327	104,621	4,333,165
Return visit, planned	43,498	43,957	34,105	6,951	8,106	4,361	3,338	7,121	151,437
Pre-arranged admission	3,498	2,126	2,212	18,423	6,799	0	9	0	33,067
Patient in transit	152	160	273	200	1,535	0	14	10	2,344
Dead on arrival	1,969	2,286	569	n.a.	287	419	10	38	5,579
Not reported	207	0	695	1	2,775	49	0	94	3,820
<b>Total occasions of service reported at episode-level</b>	<b>1,520,621</b>	<b>1,158,474</b>	<b>819,126</b>	<b>401,535</b>	<b>321,793</b>	<b>102,281</b>	<b>93,698</b>	<b>111,884</b>	<b>4,529,412</b>

(a) For the 76% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

n.a. Not available. Western Australia does not collect non-admitted patient emergency department care data for patients who were dead on arrival at the emergency department.

.. Not applicable. 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.

n.p. Not published.

**Table 5.6: Non-admitted patient emergency department occasions of service<sup>(a)</sup>, by age group and sex, public hospitals, states and territories, 2004–05**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Males</b>										
	0–4	105,229	77,243	56,001	30,933	22,383	5,074	5,546	7,541	309,950
	5–14	92,019	69,253	49,182	26,448	19,089	5,857	6,034	5,817	273,699
	15–24	118,921	83,849	73,455	33,716	23,763	9,618	8,773	8,874	360,969
	25–34	111,459	81,913	67,185	29,821	21,233	8,271	7,750	10,812	338,444
	35–44	94,788	69,951	54,477	25,278	19,345	6,607	5,540	10,200	286,186
	45–54	77,639	56,929	42,465	20,301	15,125	5,649	4,971	7,429	230,508
	55–64	68,151	49,042	36,433	16,151	13,040	4,772	3,947	4,862	196,398
	65–74	60,257	45,914	29,219	14,122	11,181	4,153	2,916	2,794	170,556
	75–84	58,746	42,066	22,867	11,864	13,111	3,397	2,600	1,069	155,720
	85 and over	21,236	14,441	8,230	4,555	5,036	1,152	843	190	55,683
	<i>Total<sup>(b)</sup></i>	<i>808,504</i>	<i>590,601</i>	<i>439,514</i>	<i>213,189</i>	<i>163,306</i>	<i>54,550</i>	<i>48,920</i>	<i>59,592</i>	<i>2,378,176</i>
<b>Females</b>										
	0–4	81,464	60,667	43,441	24,725	17,882	4,144	4,243	6,241	242,807
	5–14	67,549	53,224	37,472	20,280	14,942	4,746	4,686	4,925	207,824
	15–24	105,004	83,449	67,662	30,093	25,428	8,529	8,375	8,714	337,254
	25–34	100,414	94,089	59,472	25,738	24,978	6,770	7,058	10,574	329,093
	35–44	78,231	67,774	45,337	21,743	18,008	5,801	5,253	8,868	251,015
	45–54	67,213	52,413	36,452	18,135	13,666	4,785	4,613	6,347	203,624
	55–64	56,453	42,884	28,689	13,688	10,681	3,976	3,608	3,597	163,576
	65–74	52,337	40,037	22,793	11,551	10,315	3,256	2,618	1,711	144,618
	75–84	65,238	47,115	24,188	13,527	14,146	3,754	2,863	956	171,787
	85 and over	38,115	26,221	14,039	8,831	8,381	1,947	1,461	321	99,316
	<i>Total<sup>(b)</sup></i>	<i>712,048</i>	<i>567,873</i>	<i>379,545</i>	<i>188,311</i>	<i>158,427</i>	<i>47,708</i>	<i>44,778</i>	<i>52,257</i>	<i>2,150,947</i>
<b>Persons<sup>(c)</sup></b>										
	0–4	186,698	137,910	99,451	55,658	40,265	9,221	9,789	13,783	552,775
	5–14	159,569	122,477	86,658	46,728	34,031	10,603	10,720	10,747	481,533
	15–24	223,935	167,298	141,128	63,810	49,193	18,153	17,148	17,601	698,266
	25–34	211,878	176,002	126,667	55,568	46,211	15,046	14,808	21,394	667,574
	35–44	173,025	137,725	99,825	47,032	37,354	12,411	10,793	19,068	537,233
	45–54	144,858	109,342	78,921	38,444	28,793	10,435	9,584	13,780	434,157
	55–64	124,605	91,926	65,131	29,844	23,724	8,748	7,555	8,463	359,996
	65–74	112,597	85,951	52,015	25,673	21,496	7,412	5,534	4,505	315,183
	75–84	123,985	89,181	47,056	25,392	27,257	7,151	5,463	2,025	327,510
	85 and over	59,356	40,662	22,274	13,386	13,469	3,101	2,304	511	155,063
	<i>Total<sup>(d)</sup></i>	<i>1,520,621</i>	<i>1,158,474</i>	<i>819,126</i>	<i>401,535</i>	<i>321,793</i>	<i>102,281</i>	<i>93,698</i>	<i>111,884</i>	<i>4,529,412</i>

(a) For the 76% of occasions of service for which episode-level data were available. Includes occasions of service for which the type of visit was not reported as *Emergency presentation*. For more information see the text of Chapter 5 and Appendix 4.

(b) Includes occasions of service for which the age group of the patient was not reported.

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

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



**Table 5.7: Non-admitted patient emergency department occasions of service<sup>(a)</sup>, by Indigenous status, public hospitals, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	40,658	10,937	39,449	37,502	6,908	2,315	1,326	44,395	183,490
Torres Strait Islander but not Aboriginal origin	801	225	4,254	102	54	77	39	284	5,836
Aboriginal and Torres Strait Islander origin	1,320	995	2,748	218	92	85	195	692	6,345
<i>Indigenous</i>	42,779	12,157	46,451	37,822	7,054	2,477	1,560	45,371	195,671
Not Aboriginal or Torres Strait Islander origin	1,463,027	1,146,312	760,411	360,444	291,543	93,045	91,324	66,190	4,272,296
Not reported	14,815	5	12,264	3,269	23,196	6,759	814	323	61,445
<b>Total</b>	<b>1,520,621</b>	<b>1,158,474</b>	<b>819,126</b>	<b>401,535</b>	<b>321,793</b>	<b>102,281</b>	<b>93,698</b>	<b>111,884</b>	<b>4,529,412</b>

(a) For the 76% of occasions of service for which episode-level data were available. Includes occasions of service for which the type of visit was not reported as *Emergency presentation*. For more information see the text of Chapter 5 and Appendix 4.

*Note:* The identification of Indigenous patients is not considered to be complete and varies among jurisdictions. It is considered acceptable only for Western Australia and the Northern Territory. See the text for more information.

**Table 5.8: Non-admitted patient emergency department occasions of service<sup>(a)</sup>, by triage category and emergency department arrival mode – transport and departure status, public hospitals, Australia, 2004-05**

	Triage category					Total <sup>(b)</sup>
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
<b>Arrival mode—transport</b>						
Ambulance, air ambulance or helicopter rescue service	28,878	173,043	454,528	314,261	23,281	994,123
Police/correctional services vehicle	212	5,012	15,119	10,989	3,251	34,602
Other <sup>(c)</sup>	5,001	178,724	908,932	1,745,891	608,118	3,449,747
Not reported	217	2,909	13,557	28,273	5,979	50,940
<b>Total</b>	<b>34,308</b>	<b>359,688</b>	<b>1,392,136</b>	<b>2,099,414</b>	<b>640,629</b>	<b>4,529,412</b>
<b>Departure status</b>						
Admitted to this hospital <sup>(d)</sup>	27,019	226,307	595,981	352,089	30,212	1,231,661
Non-admitted patient emergency department service episode completed <sup>(e)</sup>	3,302	107,077	694,266	1,487,758	513,307	2,805,743
Referred to another hospital for admission	2,310	16,216	34,677	21,651	2,315	77,191
Did not wait to be attended by a health care professional	2	771	23,351	146,611	58,588	229,583
Left at own risk <sup>(f)</sup>	222	3,226	12,638	16,801	4,032	36,922
Died in emergency department as a non-admitted patient	1,067	264	184	64	23	1,602
Dead on arrival, not treated in emergency department	116	14	247	56	2,388	5,516
Not reported	270	5,813	30,792	74,384	29,764	141,194
<b>Total</b>	<b>34,308</b>	<b>359,688</b>	<b>1,392,136</b>	<b>2,099,414</b>	<b>640,629</b>	<b>4,529,412</b>

(a) For the 76% of occasions of service for which episode-level data were available. Includes occasions of service for which the type of visit was not reported as *Emergency presentation*. For more information see the text of Chapter 5 and Appendix 4.

(b) The total includes occasions of service for which the triage category was not assigned.

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

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

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

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

**Table 5.9: Non-admitted patient emergency department occasions of service<sup>(a)</sup>, by emergency department arrival mode—transport and departure status, public hospitals, states and territories, 2004–05**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Arrival mode—transport</b>									
Ambulance, air ambulance or helicopter rescue service	355,865	229,350	207,487	75,194	69,179	23,562	15,394	18,092	994,123
Police/correctional services vehicle	10,486	5,154	8,333	3,537	2,224	1,329	583	2,956	34,602
Other <sup>(c)</sup>	1,153,983	923,970	599,846	322,722	214,263	77,361	77,715	79,887	3,449,747
Not reported	287	0	3,460	82	36,127	29	6	10,949	50,940
<b>Total</b>	<b>1,520,621</b>	<b>1,158,474</b>	<b>819,126</b>	<b>401,535</b>	<b>321,793</b>	<b>102,281</b>	<b>93,698</b>	<b>111,884</b>	<b>4,529,412</b>
<b>Departure status</b>									
Admitted to this hospital <sup>(d)</sup>	455,940	369,575	176,827	79,929	78,709	26,033	19,093	25,555	1,231,661
Non-admitted patient emergency department service episode completed <sup>(e)</sup>	942,233	719,718	563,744	202,501	165,208	69,488	66,602	76,249	2,805,743
Referred to another hospital for admission	23,722	4,049	11,537	25,421	10,254	882	1,174	152	77,191
Did not wait to be attended by a health care professional	78,885	54,404	57,524	11,744	6,866	4,926	6,385	8,849	229,583
Left at own risk <sup>(f)</sup>	14,967	8,245	7,684	1,790	2,626	284	345	981	36,922
Died in emergency department as a non-admitted patient	0	200	626	356	192	97	89	42	1,602
Dead on arrival, not treated in emergency department	2,148	2,283	569	n.a.	31	419	10	56	5,516
Not reported	2,726	0	615	79,794	57,907	152	0	0	141,194
<b>Total</b>	<b>1,520,621</b>	<b>1,158,474</b>	<b>819,126</b>	<b>401,535</b>	<b>321,793</b>	<b>102,281</b>	<b>93,698</b>	<b>111,884</b>	<b>4,529,412</b>

- (a) For the 76% of occasions of service for which episode-level data were available. Includes occasions of service for which the type of visit was not reported as *Emergency presentation*. For more information see the text of Chapter 5 and Appendix 4.
- (b) Admissions within the emergency department were not able to be identified within the episode-level data for Victoria. Hence, the number of occasions of service with a departure status of *Admitted to this hospital* are underestimated for Victoria and for the total. See the text of Chapter 5 for more detail.
- (c) *Other* includes patients who walked in, came by private transport, public transport, community transport or taxi.
- (d) Including to units or beds within the emergency department.
- (e) Patient departed without being admitted or referred to another hospital.
- (f) Patient left at own risk after being attended by a health care professional but before the non-admitted patient emergency department occasion of service was completed.
- n.a. Not available. Western Australia does not collect data for patients who were dead on arrival at the emergency department.

**Table 5.10: Non-admitted patient emergency department occasions of service<sup>(a)(b)</sup> duration (hours:minutes)<sup>(c)</sup>, by triage category, public hospitals, states and territories, 2004-05**

Triage category	NSW	Vic <sup>(c)</sup>	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT	Total <sup>(e)(d)</sup>
<b>Resuscitation</b>									
Average duration of occasion of service <sup>(e)</sup>	3:46	6:06	4:25	5:45	4:20	4:00	3:07	2:55	4:35
Median duration of occasion of service <sup>(e)</sup>	2:36	4:34	3:33	3:41	3:02	3:25	2:39	2:09	3:16
Average duration of service event <sup>(f)</sup>	3:46	6:06	4:25	5:44	4:20	3:60	3:07	2:55	4:35
Median duration of service event <sup>(f)</sup>	2:36	4:34	3:33	3:41	3:02	3:24	2:39	2:09	3:16
<b>Emergency</b>									
Average duration of occasion of service <sup>(e)</sup>	4:51	6:17	5:07	5:47	5:37	4:53	4:24	3:20	5:22
Median duration of occasion of service <sup>(e)</sup>	3:39	4:40	3:57	3:52	3:58	4:12	3:38	2:38	3:58
Average duration of service event <sup>(f)</sup>	4:40	6:11	4:55	5:38	5:28	4:44	4:10	3:06	5:12
Median duration of service event <sup>(f)</sup>	3:28	4:33	3:45	3:43	3:48	4:03	3:23	2:23	3:48
<b>Urgent</b>									
Average duration of occasion of service <sup>(e)</sup>	4:31	5:15	4:26	4:55	5:21	4:22	4:22	3:12	4:44
Median duration of occasion of service <sup>(e)</sup>	3:30	3:51	3:22	3:12	3:31	3:39	3:28	2:36	3:31
Average duration of service event <sup>(f)</sup>	3:51	4:53	3:41	4:26	4:40	3:49	3:33	2:35	4:08
Median duration of service event <sup>(f)</sup>	2:49	3:28	2:36	2:42	2:50	3:05	2:40	1:59	2:54
<b>Semi-urgent</b>									
Average duration of occasion of service <sup>(e)</sup>	3:15	3:33	3:07	3:27	3:36	3:04	3:19	2:48	3:20
Median duration of occasion of service <sup>(e)</sup>	2:21	2:30	2:18	2:16	2:32	2:21	2:28	2:11	2:23
Average duration of service event <sup>(f)</sup>	2:16	2:44	1:54	2:27	2:31	2:02	1:55	1:31	2:20
Median duration of service event <sup>(f)</sup>	1:14	1:35	0:59	1:15	1:23	1:16	1:00	0:57	1:15
<b>Non-urgent</b>									
Average duration of occasion of service <sup>(e)</sup>	1:59	2:03	1:50	2:16	2:00	2:19	2:21	1:51	2:01
Median duration of occasion of service <sup>(e)</sup>	1:24	1:31	1:14	1:29	1:25	1:11	1:40	1:20	1:25
Average duration of service event <sup>(f)</sup>	1:06	1:15	0:48	1:16	1:08	0:52	1:09	0:50	1:07
Median duration of service event <sup>(f)</sup>	0:30	0:39	0:22	0:35	0:32	0:30	0:31	0:22	0:31
<b>Total</b>									
Average duration of occasion of service <sup>(e)</sup>	3:40	4:04	3:40	4:09	4:23	3:37	3:35	2:49	3:50
Median duration of occasion of service <sup>(e)</sup>	2:40	2:49	2:42	2:39	2:54	2:50	2:40	2:12	2:43
Average duration of service event <sup>(f)</sup>	2:52	3:27	2:44	3:25	3:34	2:48	2:30	1:51	3:03
Median duration of service event <sup>(f)</sup>	1:45	2:05	1:36	1:51	1:59	1:58	1:24	1:10	1:49

(a) Excludes occasions of service for patients whose departure status was *Did not wait to be attended by a health care professional* or *Dead on arrival*, and records with invalid or missing waiting times data.

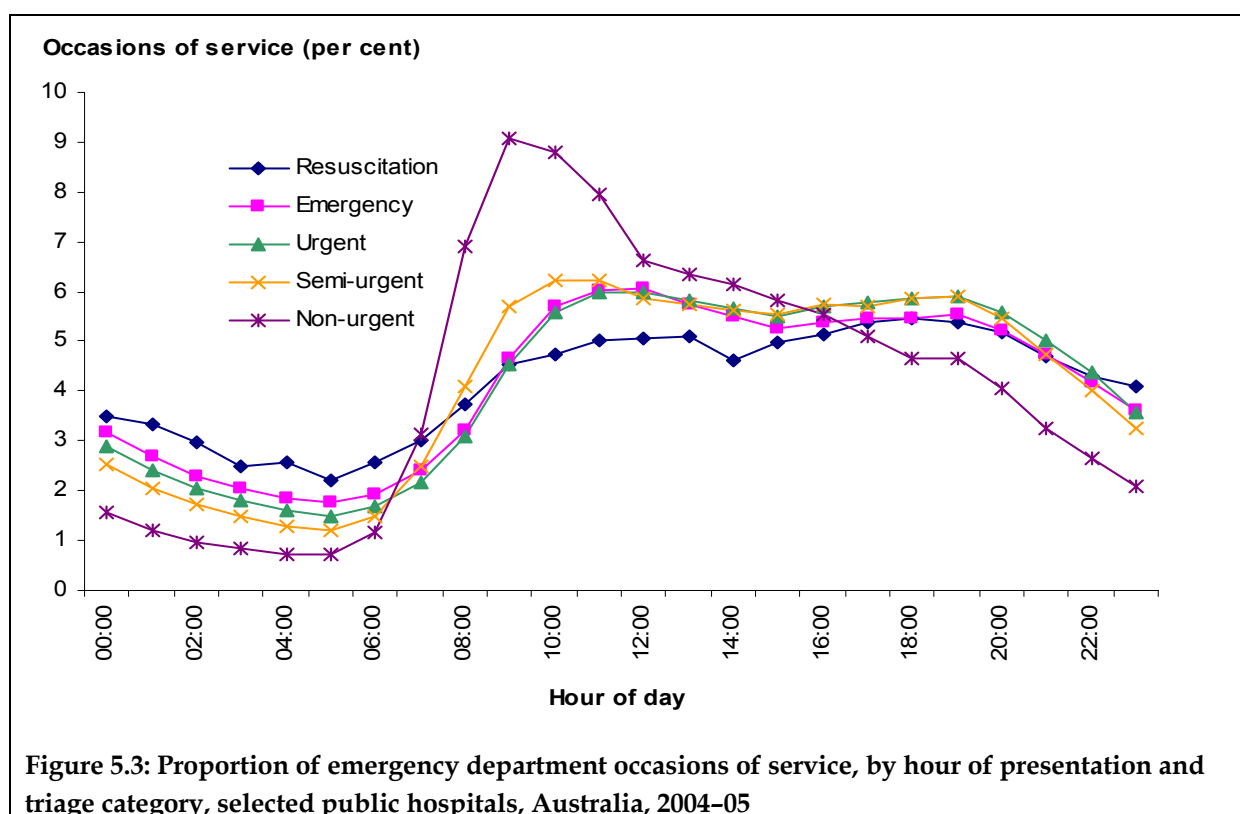
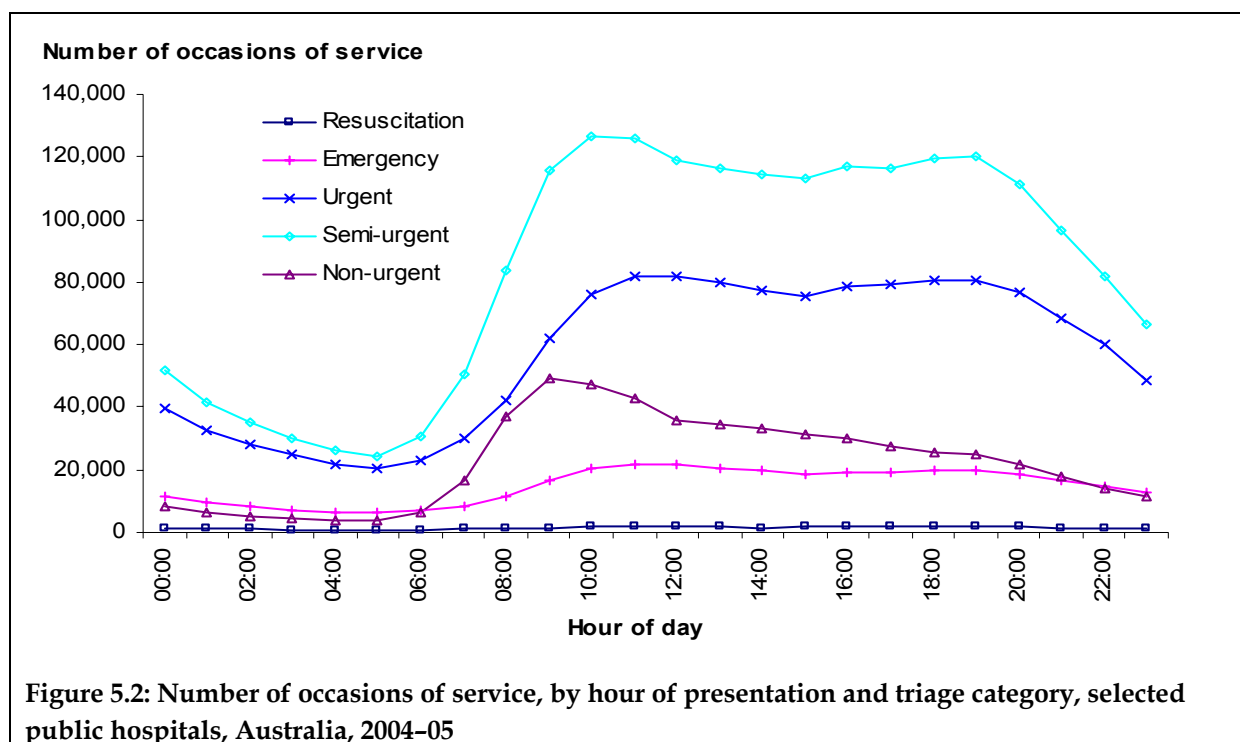
(b) For the 76% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(c) There is variation in the time recorded as the time of admission for patients admitted subsequent to a non-admitted emergency department occasion of service. For Victoria, periods of admission within the emergency department are included in the total duration of the emergency department occasions of service. Hence, the duration of occasions of service for Victoria and the total will be overestimated.

(d) Waiting times data provided for *Other hospitals* in Western Australia have been excluded from the calculation of the durations of the occasions of service and the service event.

(e) The duration of the occasion of service is the length of time between the time of triage/presentation to the emergency department and the completion of the occasion of service.

(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 time of completion of the occasion of service.



# 6 Waiting times for elective surgery

## Introduction

This chapter presents national statistics for elective surgery waiting times for the years 2000–01 to 2004–05, and a state and territory overview of elective surgery waiting times for 2004–05. 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) 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 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, such as, they were admitted as an emergency patient for the awaited procedure; or they could not be contacted, had died, had been treated elsewhere, had been transferred to another hospital's waiting list or had declined the surgery. Information on time spent on waiting lists is therefore also presented for those reasons for removals.

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 (NHDC 2003) are the basis of the National Elective Surgery Waiting Times Data Collection (see Chapter 1) and are summarised in the glossary. However, some of the definitions used varied slightly among the states and territories in 2004–05 and in comparison with previous reporting periods. Comparisons between jurisdictions and between 2004–05 and previous reporting periods should therefore be made with reference to the notes on the definitions used and to previous reports (AIHW 2002, 2003, 2004a, 2005a).

## 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 a patient was admitted. Days on which the patient was 'not ready for care' were excluded.

For previous reporting periods two methods were used to calculate waiting times for patients who changed clinical urgency category, one by South Australia and the other by all other states/territories. However, for the current reporting period, South Australia was 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 compared with previous reporting periods. In previous periods South Australia counted the waiting time in all urgency categories.

## **Transfers between waiting lists**

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 National Elective Surgery Waiting Times Data Collection for some states and territories. 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 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. South Australia and Queensland have indicated that it is uncommon for patients to be transferred from a waiting list managed by one public hospital to that managed by another in those jurisdictions.

## **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 orthopaedic surgery. The information presented by indicator procedure and public hospital peer groups is for all jurisdictions. The other information provided in Figure 6.1 was available only for those jurisdictions that also included data for elective surgery waiting times for the National Hospital Morbidity Database, thus allowing waiting times information for patients to be related to other information concerning their admission for elective surgery. For the 2004–05 collection year, Queensland, South Australia, the Australian Capital Territory and the Northern Territory provided elective surgery waiting times data to the National Hospital Morbidity Database. Queensland provided 100.0% of elective surgery records linked, with South Australia providing 98.7%, the Australian Capital Territory providing 83.0% and the Northern Territory providing 66.2%.

Australia-wide there were 79,064 admissions from elective surgery waiting lists for orthopaedic surgery. The median waiting time for these patients was 48 days and 9.6% of these patients waited more than 365 days for admission. *Total knee replacement* was the indicator procedure with the highest number of admissions from elective surgery waiting lists for orthopaedic surgery.

For Queensland, South Australia, the Australian Capital Territory and the Northern Territory combined, there were 26,898 admissions from elective surgery waiting lists for orthopaedic surgery and these accounted for 94,143 patient days. The average length of stay was 3.5 days.

For these states and territories the most common procedure reported to the National Hospital Morbidity Database was *Cerebral anaesthesia* (Block 1910), and the most common principal diagnosis reported was *Gonarthrosis* (M17), followed by *Other orthopaedic follow-up care* (Z47). The most common AR-DRG reported was *Other knee procedures* (I18Z).

The age group with the highest proportion of separations was 55–64 years and more of the separations involved males than females. A large proportion (93.7%) of these patients had a separation mode of *Other*, suggesting that these patients went home after separation from hospital.

## State and territory overview

### Coverage

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals only. However, some public patients treated under contract in private hospitals in Victoria and Tasmania are included.

The data collection covered most public hospitals that undertake elective surgery. Tables 6.1 and 6.2 show that coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and specialist women's and children's* hospitals peer group with 75 hospitals reported in this peer group. The collection covered 36 hospitals in the *Large* hospitals peer group, and 58 hospitals in the *Medium* hospitals peer group. Hospitals that were not included may not actually 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.

The methodology for assigning public hospital peer groups was adjusted slightly for 2001–02, 2002–03, 2003–04 and 2004–05 compared with 2000–01, so the data presented in Table 6.1 should be interpreted with reference to the information on public hospital peer groups provided in Appendix 4 and in previous *Australian hospital statistics* publications.

Tables 6.1 and 6.2 also present estimates of the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection. The AIHW derived these estimates from data provided by the states and territories for the National Hospital Morbidity Database as:

the number of separations with 'urgency of admission' reported as *elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with 'urgency of admission' 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 5.0 (DoHA 2002). Information about 'urgency of admission' is detailed in Chapter 7.

Based on this measure, overall coverage of the National Elective Surgery Waiting Times Data Collection was about 86% in 2004–05, and ranged from 100% in the Northern Territory and the Australian Capital Territory to 62% in South Australia (Table 6.2). Coverage was highest for the *Principal referral and specialist women's and children's hospitals* peer group at about 99%, and was progressively lower for the *Large hospitals* and *Medium hospitals* groups.

For 2000–01 (Table 6.1), estimates of the proportion of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection were based on all admissions, rather than solely on elective admissions. This is because 'urgency of admission' was reported for the first time for 2000–01, and was not used that year in the calculation of the estimate due to concerns about data quality.

## **Admissions from waiting lists for elective surgery**

Hospitals in the *Principal referral and specialist women's and children's hospitals* peer group accounted for 67.7% of admissions from elective surgery waiting lists in 2004–05 compared with 64.9% in 2003–04. Another 18.4% were reported for hospitals in the *Large hospitals* peer group in 2004–05, compared with 20.8% in 2003–04. In 2004–05, 12.7% of admissions were in the *Medium hospitals* peer group, compared with 13.0% in 2003–04 (Table 6.1). Overall, for 2004–05, 549,746 admissions from waiting lists were reported compared with 528,949 in 2003–04 (Table 6.1).

There were 27.2 admissions reported for elective surgery per 1,000 population (crude rate) for Australia overall in 2004–05, compared with 26.5 in 2003–04, 26.2 in 2001–02, 26.0 in 2001–02 and 26.4 in 2000–01 (Table 6.1).

## **Distribution of days waited**

Overall, the median waiting time for patients who were admitted from waiting lists was 29 days in 2004–05, 28 days in 2003–04 and 2002–03 and 27 days in 2001–02 and 2000–01 (Table 6.1). In 2004–05, this ranged from 22 days in Queensland to 45 days in the Australian Capital Territory (Table 6.2). Ninety per cent of patients were admitted within 217 days in 2004–05, compared with 193 days in 2003–04, 197 days in 2002–03, 203 days in 2001–02 and 202 days in 2000–01. In 2004–05, this ranged from 105 days in Queensland to 368 days in the Australian Capital Territory.

In 2004–05, 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 (28 days) was shorter than for *Large hospitals* and *Medium hospitals* peer groups (29 days and 37 days respectively).

## **Proportion waiting more than 365 days**

Overall, the proportion of patients admitted after waiting more than 365 days was 4.8% in 2004–05 compared with 3.9% in 2003–04, 4.0% in 2002–03, 4.5% in 2001–02 and 4.4% in 2000–01 (Table 6.1). In 2004–05, this proportion ranged from 1.8% in Queensland to 10.1% in the Australian Capital Territory (Table 6.2).

In the *Principal referral and specialist women's and children's hospitals* peer group in 2004–05, 4.6% of patients were admitted after waiting more than 365 days, as were 4.8% of patients in the *Large hospitals* peer group, and 6.1% 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 2004–05. 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.

In 2004–05 a total of 621,015 patients were added to elective surgery waiting lists and 645,340 patients were removed from elective surgery waiting lists. Patients are removed from waiting lists either when they are admitted on an elective basis for the procedure for which they were waiting or for a range of other reasons such as admission as an emergency patient for the procedure for which they were waiting; the patient not being able to be contacted by the hospital (includes patients who have died); the patient having the surgery elsewhere; the surgery not being required or the patient declining the surgery (see the glossary for a full description of the categories). In 2004–05, only Victoria, Western Australia and the Australian Capital Territory reported removals from waiting lists for transfers to another hospital's waiting list. This could have an effect of reducing 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 2004–05 (85.2%), ranging from 79.1% in the Australian Capital Territory to 86.8% in Western Australia.

*Surgery not required or declined* accounted for the next largest number of removals in 2004–05 (7.2%, 46,450 patients) following admissions as elective patients. A further 3.5% of patients (22,537 patients) were *Treated elsewhere*, 1.3% (8,488) were *Not contactable*, and 1.0% (6,757) were *Emergency admissions*.

## Distribution of waiting times

Overall, the reason for removal category with the shortest median waiting time in 2004–05 was *Emergency admission* (2 days), and the category with longest median waiting time was *Not contactable/died* (226 days).

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* (798 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 12 days in Queensland to 177 days in Western Australia and 1,447 days in the Australian Capital Territory.

## Proportion waiting more than 365 days

In 2004–05 the reason for removal category with the lowest proportion of patients waiting more than 365 days before removal was *Emergency admission* (1.6%) and the category with the highest proportion was *Not contactable/died* (33.6%). *Elective admissions* had 4.8% of patients waiting more than 365 days before removal.

The proportion of patients waiting more than 365 days differed substantially between individual states and territories in 2004–05. Overall, it ranged from 4.0% in Queensland to 14.1% in the Australian Capital Territory. For the removal category *Surgery not required or declined* it ranged from 13.1% in Queensland to 42.9% in Tasmania.

## Specialty of surgeon

Table 6.4 shows the distribution of days waited by patients admitted from waiting lists, the proportion who waited more than 365 days and the total number of patients admitted from waiting lists in 2004–05, by the specialty of the surgeon who was to perform the surgery and by state and territory.

### Distribution of waiting times

*Ophthalmology* and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2004–05 (66 and 48 days respectively). All other surgical specialties except *Ear, nose and throat surgery* had median waiting times of less than 30 days; *Cardio-thoracic surgery* had the shortest median waiting time (11 days).

There was a marked variation between states and territories in the median waiting time for *Ophthalmology*, with 50% of patients being admitted within 28 days in Queensland and within 209 days in the Australian Capital Territory. There was less variation between states and territories in the median waiting time for *Plastic surgery*, with waiting times ranging from 22 days in Tasmania to 39 days in the Northern Territory.

The length of time by which 90% of patients had been admitted also varied by surgical specialty in 2004–05, from 62 days for *Cardio-thoracic surgery* to 364 days for *Ophthalmology*.

### Proportion waiting more than 365 days

*Ophthalmology* and *Orthopaedic surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (9.8% and 9.6% respectively). *Cardio-thoracic surgery* had the lowest proportion of patients who waited more than 365 days (0.1%), followed by *Gynaecology* (1.5%) and *Neurosurgery* (1.7%).

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, 1.7% of patients admitted for *Ophthalmology* in 2004–05 waited more than 365 days in Victoria, compared with 35.0% of patients in Tasmania.

### Admissions from waiting lists

Nationally, admissions from waiting lists were highest for *General surgery* (141,830) and lowest for *Neurosurgery* (10,652). Admissions from waiting lists were also highest for *General surgery* across all jurisdictions. *Neurosurgery* had the lowest number of admissions for most states and territories where it is undertaken. For Victoria and Western Australia admissions were lowest for *Vascular surgery* (2,500 and 855 admissions, respectively).

## Indicator procedures

Indicator procedures are procedures which are of high volume and are often associated with long waits. Table 6.5 shows state and territory data on the distribution of days waited by patients admitted from waiting lists, the proportion of patients who waited more than 365 days to be admitted from waiting lists and the total number of patients admitted from waiting lists for elective surgery in 2004–05, by indicator procedure.

### Distribution of days waited

Nationally, the indicator procedure with the lowest median waiting time in 2004–05 was *Coronary artery bypass graft* (14 days) and the indicator procedure with the highest median waiting time was *Total knee replacement* (152 days).

There was marked variation among the states and territories in the median waiting time for *Varicose veins stripping and ligation*, ranging from 29 days in Western Australia to 243 days in the Northern Territory and 519 days in the Australian Capital Territory.

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 89 days for *Coronary artery bypass graft* to 775 days for *Varicose veins stripping and ligation*.

### Proportion waiting more than 365 days

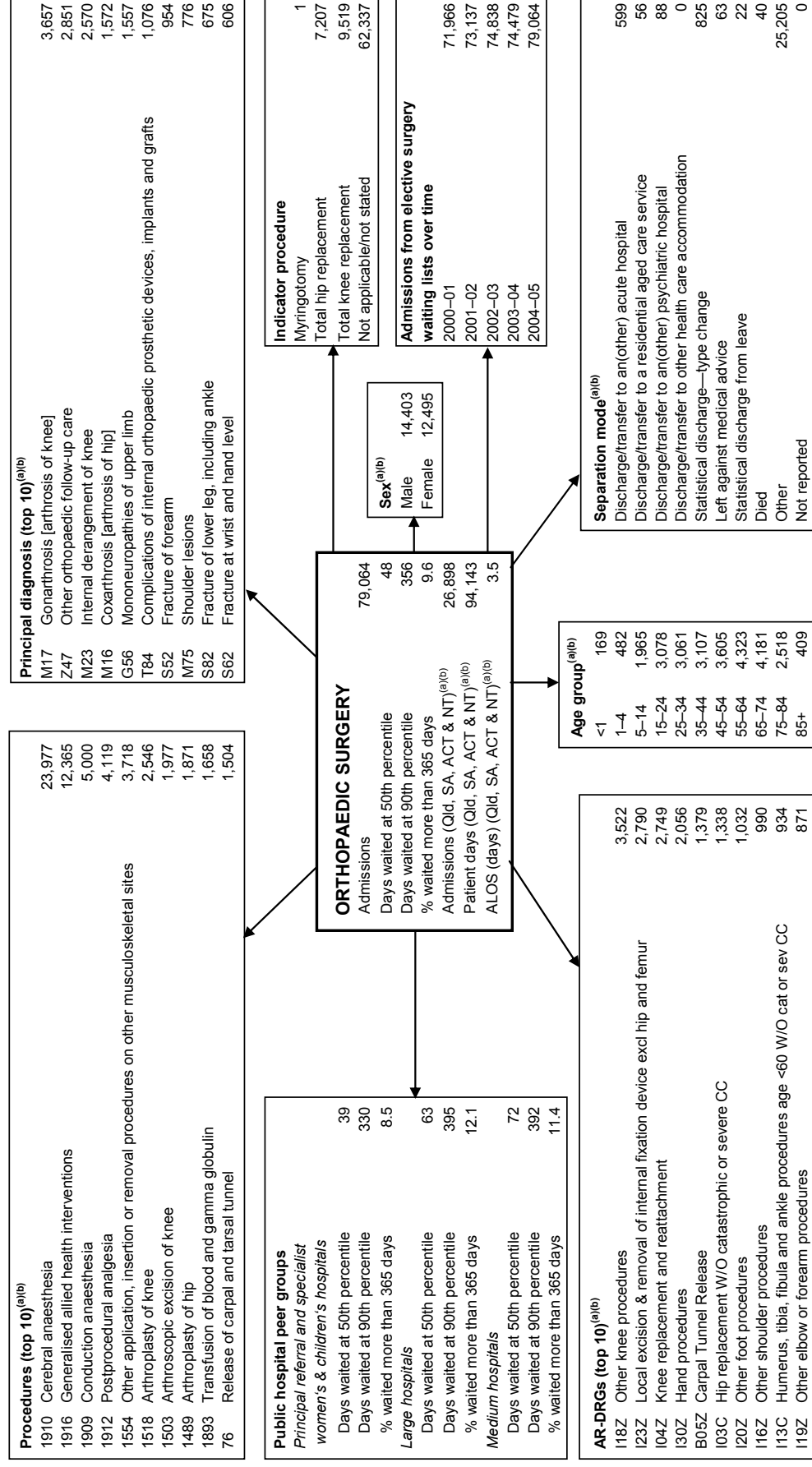
The indicator procedure with the highest proportion of patients waiting more than 365 days was *Septoplasty* (24.2%), followed by *Total knee replacement* (23.5%). The lowest proportion of patients waiting more than 365 days were waiting for a *Coronary artery bypass graft* (0.2%).

The proportion of patients admitted from waiting lists who waited more than 365 days varied substantially in some cases between the states and territories. For example, 4.0% of patients waited more than 365 days for admission for *Total hip replacement* in Queensland, compared with 48.5% in Tasmania. For *Septoplasty*, the proportion ranged from 13.0% in the Northern Territory to 50.0% in the Australian Capital Territory

### Admissions from waiting lists

Overall, 32.9% of patients admitted for elective surgery had been waiting for one of the 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 (37.8%) and the Northern Territory had the lowest proportion (19.4%).

*Cataract extraction* was the highest volume indicator procedure for the majority of jurisdictions, with the exception of *Cystoscopy* being the highest for South Australia and Tasmania. *Myringoplasty* was the lowest volume indicator procedure for all states and territories except Western Australia and Tasmania, where *Varicose veins stripping and ligation* and *Septoplasty* were the lowest, respectively.



(a) These data are supplied to the National Hospital Morbidity Database for Queensland, South Australia, the Australian Capital Territory and the Northern Territory only.  
 (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.  
 Abbreviations: CC—complications and comorbidities; W/O—without; cat—catastrophic; ALOS—average length of stay; sev—severe; Inves—investigation.

**Figure 6.1: Interrelationships of a specialty of surgeon (orthopaedic surgery) with other data elements, all hospitals, 2004-05**

**Table 6.1: Waiting time statistics for patients admitted from waiting lists for elective surgery, by public hospital peer group<sup>(a)</sup>, Australia, 2000–01 to 2004–05**

	2000–01	2001–02	2002–03	2003–04	2004–05
<b>Principal referral and specialist women's &amp; children's hospitals</b>					
Number of reporting hospitals <sup>(b)</sup>	67	66	69	68	75
Estimated coverage of surgical separations (%) <sup>(c)</sup>	99	100	99	99	99
Number of admissions <sup>(d)</sup>	333,013	317,275	339,370	343,430	372,085
Days waited at 50th percentile	26	24	26	27	28
Days waited at 90th percentile	194	184	182	182	203
% waited more than 365 days	4.2	4.2	3.9	3.9	4.6
<b>Large hospitals</b>					
Number of reporting hospitals <sup>(b)</sup>	37	40	41	42	36
Estimated coverage of surgical separations (%) <sup>(c)</sup>	79	84	82	85	82
Number of admissions <sup>(d)</sup>	98,315	116,882	108,742	110,284	100,916
Days waited at 50th percentile	30	33	31	30	29
Days waited at 90th percentile	207	229	213	206	227
% waited more than 365 days	4.6	5.0	4.2	4.2	4.8
<b>Medium hospitals</b>					
Number of reporting hospitals <sup>(b)</sup>	60	56	56	58	59
Estimated coverage of surgical separations (%) <sup>(c)</sup>	56	53	52	59	62
Number of admissions <sup>(d)</sup>	68,317	62,430	59,109	68,790	69,830
Days waited at 50th percentile	30	32	34	34	37
Days waited at 90th percentile	221	231	234	215	272
% waited more than 365 days	4.4	4.7	3.6	3.3	6.1
<b>Total<sup>(f)</sup></b>					
Number of reporting hospitals <sup>(b)</sup>	195	193	199	196	195
Estimated coverage of surgical separations (%) <sup>(c)</sup>	85	84	85	87	87
Number of admissions <sup>(d)</sup>	508,290	508,371	517,503	528,949	549,746
Admissions per 1,000 population <sup>(e)</sup>	26.4	26.0	26.2	26.5	27.2
Days waited at 50th percentile	27	27	28	28	29
Days waited at 90th percentile	202	203	197	193	217
% waited more than 365 days	4.4	4.5	4.0	3.9	4.8

(a) The methodology used to assign public hospital peer groups was adjusted for 2001–02 and later years compared to 2000–01.

(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See Appendix 4 for further information.

(c) For 2000–01 this is the number of separations with 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 a surgical procedure for all public hospitals. For 2001–02, 2002–03, 2003–04 and 2004–05 this is the number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission reported as 'elective' and a surgical procedure for all public hospitals. Urgency of admission was reported for the first time in 2000–01. It was not used to calculate the estimated coverage for that year because of concerns about data quality.

(d) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(e) Crude rate based on the Australian estimated resident population as at 31 December of the period in question.

(f) Includes data for hospitals not included in the specified hospital peer groups and some private hospitals contracted to do elective surgery.

**Table 6.2: Waiting time statistics for patients admitted from waiting lists for elective surgery, by hospital peer group, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral and specialist women's &amp; children's hospitals</b>									
Number of reporting hospitals <sup>(a)</sup>	26	19	16	4	5	2	1	2	75
Estimated coverage of elective surgical separations (%) <sup>(b)</sup>	100	100	97	100	100	100	100	100	99
Number of admissions <sup>(c)</sup>	117,762	84,230	90,171	29,258	30,193	10,451	4,994	5,026	372,085
Days waited at 50th percentile	29	28	22	26	36	41	n.p.	25	28
Days waited at 90th percentile	274	216	105	184	203	373	n.p.	252	203
% waited more than 365 days	6.7	4.3	1.9	3.4	3.9	10.3	n.p.	5.5	4.6
<b>Large hospitals</b>									
Number of reporting hospitals <sup>(a)</sup>	16	8	6	2	2	1	1	..	36
Estimated coverage of elective surgical separations (%) <sup>(b)</sup>	100	73	100	48	100	66	100	..	82
Number of admissions <sup>(c)</sup>	34,153	32,307	13,272	7,696	6,511	3,354	3,623	..	100,916
Days waited at 50th percentile	41	23	22	n.p.	30	n.p.	n.p.	..	29
Days waited at 90th percentile	330	159	95	n.p.	179	n.p.	n.p.	..	227
% waited more than 365 days	7.6	2.3	1.5	n.p.	4.5	n.p.	n.p.	..	4.8
<b>Medium hospitals</b>									
Number of reporting hospitals <sup>(a)</sup>	41	5	9	4	0	..	..	..	59
Estimated coverage of elective surgical separations (%) <sup>(b)</sup>	100	37	83	75	0	..	..	..	62
Number of admissions <sup>(c)</sup>	41,509	12,668	5,433	10,220	n.a.	..	..	..	69,830
Days waited at 50th percentile	47	34	28	23	n.a.	..	..	..	37
Days waited at 90th percentile	316	213	137	182	n.a.	..	..	..	272
% waited more than 365 days	7.3	6.0	1.5	4.0	n.a.	..	..	..	6.1
<b>Total<sup>(d)</sup></b>									
Number of reporting hospitals <sup>(a)</sup>	104	32	31	11	7	3	2	5	195
Estimated coverage of elective surgical separations (%) <sup>(b)</sup>	100	79	96	72	62	90	100	100	87
Number of admissions <sup>(c)</sup>	197,600	129,205	108,876	49,295	36,704	13,805	8,617	5,644	549,746
Admissions per 1,000 population <sup>(e)</sup>	29.3	25.9	27.7	24.7	23.9	28.5	26.6	28.1	27.2
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8

(a) Includes data for two private hospitals contracted to do elective surgery in New South Wales.

(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection.

(c) The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission reported as 'elective' and a surgical procedure for all public hospitals.

(d) Includes data for hospitals not included in the specified hospital peer groups.

(e) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(f) Crude rate based on the Australian estimated resident population as at 31 December 2004.

.. Not applicable.

n.a. Not available.

n.p. Not published because there was only one hospital in the peer group.

**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, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Additions</b>	216,213	147,821	127,796	52,441	42,188	16,883	10,637	7,036	621,015
<b>Removals<sup>(a)</sup></b>									
<b>Elective admission</b>	197,600	129,205	108,876	49,295	36,704	13,805	8,617	5,644	549,746
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8
<b>Emergency admission</b>	2,120	1,172	2,788	163	283	207	10	14	6,757
Days waited at 50th percentile	6	11	0	39	14	27	13	13	2
Days waited at 90th percentile	114	176	12	177	90	225	1,447	39	84
% waited more than 365 days	1.5	3.7	0.3	4.9	1.1	4.8	20.0	0.0	1.6
<b>Not contactable/died</b>	2,968	2,274	1,074	598	694	664	216	n.a.	8,488
Days waited at 50th percentile	235	249	152	235	138	237	272	n.a.	226
Days waited at 90th percentile	638	895	1,314	718	778	1,122	805	n.a.	798
% waited more than 365 days	30.2	37.6	33.1	35.6	29.1	38.1	38.0	n.a.	33.6
<b>Treated elsewhere</b>	11,871	4,166	3,426	1,177	1,041	389	467	n.a.	22,537
Days waited at 50th percentile	149	113	68	180	128	174	202	n.a.	128
Days waited at 90th percentile	478	543	517	527	845	562	651	n.a.	518
% waited more than 365 days	19.1	19.0	15.9	25.4	26.3	22.9	28.1	n.a.	19.5
<b>Surgery not required or declined</b>	17,210	12,443	8,309	3,243	2,592	1,311	1,342	n.a.	46,450
Days waited at 50th percentile	135	120	57	199	127	293	204	n.a.	115
Days waited at 90th percentile	509	627	463	613	677	1,252	682	n.a.	575
% waited more than 365 days	20.5	22.1	13.1	30.8	23.7	42.9	29.4	n.a.	21.4
<b>Transferred to another hospital's waiting list</b>	n.a.	1,302	n.a.	1,520	n.a.	n.a.	106	n.a.	2,928
Days waited at 50th percentile	n.a.	106	n.a.	245	n.a.	n.a.	231	n.a.	153
Days waited at 90th percentile	n.a.	488	n.a.	690	n.a.	n.a.	580	n.a.	631
% waited more than 365 days	n.a.	13.5	n.a.	35.9	n.a.	n.a.	32.1	n.a.	25.8
<b>Not reported</b>	n.a.	1,553	2,948	786	1,794	n.a.	129	1,224	8,434
Days waited at 50th percentile	n.a.	70	120	182	84	n.a.	107	220	119
Days waited at 90th percentile	n.a.	486	1,008	668	601	n.a.	652	744	771
% waited more than 365 days	n.a.	14.1	36.2	29.1	21.1	n.a.	15.5	30.7	27.1
<b>Total</b>	231,769	152,115	127,421	56,782	43,108	16,376	10,887	6,882	645,340
Days waited at 50th percentile	39	33	24	34	40	42	63	39	34
Days waited at 90th percentile	343	265	140	294	266	454	443	374	293
% waited more than 365 days	8.8	6.6	4.0	7.3	6.8	13.6	14.1	10.3	7.3

(a) See the glossary for a full description of these categories.  
n.a. Not available.



**Table 6.4: Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Cardio-thoracic surgery</b>									
Admissions	4,257	2,820	3,493	3,563	935	411	250	0	15,729
Days waited at 50th percentile	14	5	8	13	12	24	17	..	11
Days waited at 90th percentile	69	66	69	42	70	86	35	..	62
% waited more than 365 days	0.2	0.0	0.3	0.0	0.2	0.0	0.0	..	0.1
<b>Ear, nose &amp; throat surgery</b>									
Admissions	14,561	13,269	9,301	3,688	4,039	529	689	488	46,564
Days waited at 50th percentile	60	29	15	83	50	39	116	55	37
Days waited at 90th percentile	446	192	105	351	314	448	689	384	322
% waited more than 365 days	14.1	4.9	2.9	9.6	8.6	13.0	17.3	10.7	8.4
<b>General surgery</b>									
Admissions	56,862	31,392	27,499	10,800	8,306	3,731	1,410	1,830	141,830
Days waited at 50th percentile	27	26	25	20	31	28	28	51	27
Days waited at 90th percentile	163	194	99	120	142	199	201	315	155
% waited more than 365 days	3.1	3.7	1.6	1.5	1.9	3.3	2.8	8.1	2.8
<b>Gynaecology</b>									
Admissions	30,418	14,960	17,278	5,468	5,303	2,001	1,054	1,707	78,189
Days waited at 50th percentile	27	28	21	19	28	29	30	6	25
Days waited at 90th percentile	133	139	87	68	128	141	160	66	113
% waited more than 365 days	2.2	1.7	0.9	0.5	0.6	0.8	0.8	1.2	1.5
<b>Neurosurgery</b>									
Admissions	3,120	2,539	1,360	2,467	762	183	221	0	10,652
Days waited at 50th percentile	21	21	11	34	21	42	70	..	22
Days waited at 90th percentile	129	149	78	134	153	436	337	..	141
% waited more than 365 days	1.9	1.2	0.4	1.2	2.0	13.7	9.0	..	1.7
<b>Ophthalmology</b>									
Admissions	23,967	17,296	8,397	5,536	3,803	961	1,127	541	61,628
Days waited at 50th percentile	140	34	28	78	71	115	209	145	66
Days waited at 90th percentile	450	179	189	314	255	554	531	356	364
% waited more than 365 days	18.2	1.7	2.8	6.1	2.9	35.0	28.4	9.1	9.8
<b>Orthopaedic surgery</b>									
Admissions	29,308	15,945	20,273	5,436	4,195	1,928	1,396	583	79,064
Days waited at 50th percentile	61	64	22	81	69	160	112	36	48
Days waited at 90th percentile	410	358	123	396	363	648	404	289	356
% waited more than 365 days	12.7	9.6	2.3	11.2	9.8	30.8	13.0	7.9	9.6

(continued)

Table 6.4 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Plastic surgery</b>									
Admissions	8,204	11,174	8,248	3,324	3,665	1,233	407	48	36,303
Days waited at 50th percentile	28	24	25	25	31	22	35	39	27
Days waited at 90th percentile	140	187	97	245	213	192	463	294	162
% waited more than 365 days	2.0	3.8	1.7	5.4	7.2	5.6	13.3	8.3	3.6
<b>Urology</b>									
Admissions	19,607	14,280	8,155	6,700	4,480	1,839	1,024	122	56,207
Days waited at 50th percentile	28	23	26	21	28	37	33	50	26
Days waited at 90th percentile	163	182	109	126	119	174	191	188	155
% waited more than 365 days	3.4	4.0	1.4	2.2	2.7	3.1	2.6	5.7	3.0
<b>Vascular surgery</b>									
Admissions	4,698	2,500	2,256	855	1,002	420	393	0	12,124
Days waited at 50th percentile	18	23	16	16	8	40	23	..	18
Days waited at 90th percentile	101	298	92	66	39	203	534	..	121
% waited more than 365 days	2.4	8.4	2.3	1.2	0.6	5.2	14.2	..	3.9
<b>Other<sup>(a)</sup></b>									
Admissions	2,598	3,030	2,616	1,458	214	569	646	325	11,456
Days waited at 50th percentile	7	21	26	9	22	6	35	13	14
Days waited at 90th percentile	66	81	116	43	90	32	332	98	96
% waited more than 365 days	0.4	0.9	3.1	0.1	0.5	0.2	7.4	0.9	1.5
<b>Total</b>									
Admissions	197,600	129,205	108,876	49,295	36,704	13,805	8,617	5,644	549,746
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8

(a) Includes specialty of surgeon of Not reported.

.. Not applicable.

Table 6.5: Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Cataract extraction</b>									
Admissions	19,264	11,723	5,623	3,985	2,275	619	1,007	350	44,846
Days waited at 50th percentile	182	44	33	94	99	368	240	167	92
Days waited at 90th percentile	475	187	209	317	272	595	531	365	388
% waited more than 365 days	21.2	1.9	2.6	6.1	2.9	51.1	29.9	9.7	12.1
<b>Cholecystectomy</b>									
Admissions	6,793	3,943	3,367	954	909	515	227	132	16,840
Days waited at 50th percentile	50	49	40	28	40	64	57	92	46
Days waited at 90th percentile	274	236	104	165	132	217	334	367	217
% waited more than 365 days	6.1	4.4	1.2	2.2	0.8	3.5	6.6	10.6	4.2
<b>Coronary artery bypass graft</b>									
Admissions	1,466	1,023	1,636	303	387	224	171	0	5,210
Days waited at 50th percentile	17	7	11	20	20	28	12	..	14
Days waited at 90th percentile	94	129	84	53	78	86	33	..	89
% waited more than 365 days	0.1	0.1	0.4	0.0	0.0	0.0	0	..	0.2
<b>Cystoscopy</b>									
Admissions	13,498	8,843	4,269	3,482	2,311	661	566	178	33,808
Days waited at 50th percentile	27	23	29	23	22	37	44	47	27
Days waited at 90th percentile	146	174	160	187	100	179	197	182	158
% waited more than 365 days	2.2	3.6	1.4	3.5	1.6	3.0	2.5	3.4	2.6
<b>Haemorrhoidectomy</b>									
Admissions	1,240	833	524	278	262	54	33	7	3,231
Days waited at 50th percentile	49	58	40	33	35	104	105	n.p.	45
Days waited at 90th percentile	338	308	201	170	92	638	370	n.p.	294
% waited more than 365 days	8.7	7.6	6.3	4.3	0.8	27.8	12.1	n.p.	7.4
<b>Hysterectomy</b>									
Admissions	4,314	2,287	1,876	1,015	546	315	100	26	10,479
Days waited at 50th percentile	40	35	34	25	53	45	44	43	36
Days waited at 90th percentile	189	173	105	78	168	161	186	389	153
% waited more than 365 days	3.7	2.2	0.8	0.8	1.1	1.6	2.0	11.5	2.4
<b>Inguinal herniorrhaphy</b>									
Admissions	6,047	3,441	2,897	1,118	839	428	229	141	15,140
Days waited at 50th percentile	47	48	38	25	45	72	77	84	43
Days waited at 90th percentile	246	255	111	151	153	273	311	379	216
% waited more than 365 days	4.7	5.3	1.5	2.6	1.1	5.6	3.5	11.3	4.0

(continued)

**Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Myringoplasty</b>									
Admissions	452	419	294	199	92	20	10	42	1,528
Days waited at 50th percentile	210	64	46	123	115	38	96	49	88
Days waited at 90th percentile	629	434	489	419	544	489	1093	730	550
% waited more than 365 days	32.5	12.4	12.6	14.1	26.1	15.0	30.0	23.8	19.9
<b>Myringotomy</b>									
Admissions	541	2,660	1,744	743	848	53	76	21	6,686
Days waited at 50th percentile	34	23	21	77	43	46	127	65	29
Days waited at 90th percentile	200	80	103	168	111	157	241	263	119
% waited more than 365 days	3.3	0.6	1.0	0.9	0.0	0.0	3.9	4.8	0.9
<b>Prostatectomy</b>									
Admissions	2,391	1,667	971	470	383	22	81	31	6,016
Days waited at 50th percentile	40	25	28	28	39	36	30	53	32
Days waited at 90th percentile	265	267	98	123	155	52	162	188	216
% waited more than 365 days	6.9	6.5	1.9	1.1	3.1	0.0	3.7	3.2	5.2
<b>Septoplasty</b>									
Admissions	1,186	1,546	442	217	219	9	42	23	3,684
Days waited at 50th percentile	179	63	46	176	173	n.p.	354	149	96
Days waited at 90th percentile	662	565	1,031	649	614	n.p.	952	433	642
% waited more than 365 days	30.4	19.0	20.4	29.0	24.7	n.p.	50.0	13.0	24.2
<b>Tonsillectomy</b>									
Admissions	4,186	3,789	2,279	964	931	20	174	76	12,419
Days waited at 50th percentile	110	39	28	127	73	75	173	76	62
Days waited at 90th percentile	516	205	128	406	306	402	734	369	360
% waited more than 365 days	19.1	3.1	2.0	14.0	7.0	15.0	22.4	10.5	9.8
<b>Total hip replacement</b>									
Admissions	2,747	1,705	1,295	515	514	227	186	24	7,213
Days waited at 50th percentile	106	141	50	114	125	355	173	96	102
Days waited at 90th percentile	481	400	179	377	375	668	427	402	433
% waited more than 365 days	18.9	12.8	4.0	10.5	10.9	48.5	15.1	16.7	14.4
<b>Total knee replacement</b>									
Admissions	4,270	1,625	1,857	540	725	216	272	21	9,526
Days waited at 50th percentile	218	176	60	165	140	411	207	217	152
Days waited at 90th percentile	604	463	267	450	418	747	587	503	542
% waited more than 365 days	33.1	17.6	7.2	17.8	14.2	57.9	28.7	33.3	23.5

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Varicose veins stripping &amp; ligation</b>									
Admissions	1,695	1,244	634	83	280	27	82	21	4,066
Days waited at 50th percentile	68	90	68	29	169	96	519	243	78
Days waited at 90th percentile	483	1,145	808	147	688	510	1,087	876	775
% waited more than 365 days	13.8	27.9	20.0	4.8	26.1	22.2	67.1	47.6	21.1
<b>Not applicable/not stated</b>									
Admissions	127,510	82,457	79,168	34,429	25,183	10,395	5,361	4,551	369,054
Days waited at 50th percentile	25	23	19	21	29	27	29	21	23
Days waited at 90th percentile	173	174	93	150	163	245	262	212	154
% waited more than 365 days	3.6	3.3	1.4	3.0	3.8	6.4	5.6	4.7	3.1
<b>Total</b>									
Admissions	197,600	129,205	108,876	49,295	36,704	13,805	8,617	5,644	549,746
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8

.. Not applicable.

n.p. Not published

# 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 and inter-hospital contracted patient status. 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. However, Tables 7.11 and 7.12 also include *Newborn* episodes without qualified days. Records for *Hospital boarders* and *Posthumous organ procurement* were not included.

Data on Medicare eligibility status for admitted patients have, in previous reports, been presented in this chapter with data on patient election status and funding source. As for *Australian hospital statistics* for the years 2001–02 to 2004–05 (AIHW 2003, 2004a, 2005a), data on Medicare eligibility status have been included in Table 7.1 to allow comparison of data on Medicare eligibility status, patient election status and funding source over time, as far as is possible. Further information on Medicare eligibility status is included in Appendix 3.

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, and the 'Patient election status' for patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported* was categorised according to the reported 'Admitted patient election status'. Separations for *Other hospital or public authority* in Tasmanian private hospitals were reported as public patients on the basis that the contracting hospital was a public hospital.

Caution should be taken when making comparisons with *Australian hospital statistics* reports published before 2001–02 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 3 for more information).

## Patient election status and funding source

### Changes 2000–01 to 2004–05

Table 7.1 presents the number of separations and patient days by funding source and hospital sector for the years 2000–01 to 2004–05. Between 2000–01 and 2004–05 the number of

separations for private patients for both sectors combined increased by 19.7% (4.6% per year), and separations for public patients increased by 9.3% (2.2% per year). Between 2003–04 and 2004–05, public patient separations increased by 1.7% and private patient separations increased by 3.1%. After adjusting for coverage change and a Tasmanian hospital being recategorised from the private sector to the public sector (as detailed in Chapter 2), separations for public patients increased by 1.7% and separations for private patients increased by 3.9%. The number of separations for private patients in public hospitals increased by 2.8% between 2003–04 and 2004–05 and the number of separations for public patients in private hospitals increased between 2003–04 and 2004–05 by 5.2%. After the same adjustments the number of separations for private patients in public hospitals increased by 2.7% and the number of public patients in private hospitals increased by 10.1% between 2003–04 and 2004–05.

The proportion of separations for *Department of Veterans' Affairs* patients in public hospitals remained relatively stable between 2000–01 and 2004–05 at approximately 3.3% of total public hospital separations. Over the same period the proportion of separations in private hospitals that were for *Department of Veterans' Affairs* patients decreased each year from 8.1% in 2000–01 to 6.8% in 2004–05.

## State and territory overview

Tables 7.2 to 7.6 are presented hierarchically using the data elements 'Admitted patient election status' and selected funding source categories. Accompanying tables published on the Internet present all funding source categories. The data element 'Funding source for hospital patient' (*National health data dictionary* version 12.0 (NHDC 2003)) provides 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*. 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 54.1% of all hospital separations, 86.7% in public hospitals (3,705,791) and 3.4% in private hospitals (92,278) (Table 7.2). Patients whose funding source was reported as *Private health insurance* made up 57.6% of private patients in public hospitals, 80.0% of private patients in private hospitals and 34.8% of all separations. *Department of Veterans' Affairs* patients made up 4.8% of all hospital separations.

Overall, around 1.0% of patients were funded by *Workers compensation* (71,415 separations), and 0.4% were funded by *Motor vehicle third party personal claims* (25,327 separations). For these compensable separations, 56.5% were in private hospitals.

In both sectors combined there were 185.2 separations per 1,000 population (age-standardised) for public patients, compared with 154.4 for private patients (Table 7.3). The latter figure is underestimated because data were not available for about 21% of private hospitals separations in Tasmania and for all private free-standing day hospital facilities in the Australian Capital Territory and Northern Territory (see Appendix 4 for further details). The Northern Territory recorded the highest public patient separation rate for public hospitals (436.9 per 1,000). The separation rate for public patients in private hospitals in Western Australia (34.2 per 1,000) was markedly higher than the national rate.

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 most states and territories. In the public sector, patients whose funding source was reported as *Motor vehicle third party personal claim* had average cost weights markedly higher than other funding source categories. In the private sector, however, patients whose funding source was reported as *Department of Veterans' Affairs* generally had the highest average cost weight. More detail about the Australian Refined Diagnosis Related Group 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 59.5% of total patient days, and *Private health insurance* funded patients accounted for 29.1% 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 15.9% of *Public* patients in public hospitals and 19.2% of *Public* patients in private hospitals. Overall, 14.8% of separations with a funding source of *Private health insurance* were for patients aged 65–74 years, and 58.1% of all separations with a funding source of *Department of Veterans' Affairs* were for patients aged 75–84 years. Persons aged 35–44 years were in the most common age group for separations with a funding source of *Self-funded* (13.1% of separations in public hospitals and 27.4% of separations in private hospitals), and 25.3% of all separations with a funding source of *Motor vehicle third party personal claim* were for patients aged 15–24 years.

Within age groups, 10.6% of separations for persons aged 85+ years reported a funding source of *Department of Veterans' Affairs*, and for persons aged 15–24 years, 9.2% 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) or other (including resident overseas, at sea or no fixed address) (Tables 7.7 to 7.10). This information is derived from data on the area of usual residence of the patient stored in the National Hospital Morbidity Database as the state or territory and Statistical local area.

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% (6,834,737) of separations were for patients who were treated in their state or territory of residence. However, in the Australian Capital Territory, 72.0% of public hospital separations were for Australian Capital Territory residents (45,797), with most of the remainder being residents of New South Wales. This is a result of the Australian



Capital Territory being a referral centre for surrounding districts, which are part 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 and indicates the number of patients who were treated as public patients and as private patients in hospitals in a state other than their state of usual residence. In the Northern Territory, more than 90% of separations for patients whose state of usual residence was Western Australia and more than 95% of separations for patients whose state of usual residence was South Australia were for public patients. Almost 75% of separations in Queensland hospitals for patients whose state of usual residence was New South Wales and over 60% of separations in New South Wales hospitals for patients whose state of usual residence was Victoria 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, 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 all other states and territories compared with the Northern Territory. 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 with a care type of *Acute, Newborn* (with at least one qualified patient day) or for which a care type was *Not reported* and for which the admitted patient election status was reported as *Public*. 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.

Nationally, using these notional estimates, approximately 97% 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, and for the Australian Capital Territory, over 30% of this notional cost was for separations of patients whose state of usual residence was other than the Australian Capital Territory.

## Care type

The data element '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 and 7.12. 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 and 7.12, 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 3). In South Australia, qualified and unqualified newborn care are defined as separate episodes of care. For the purpose of supplying data to the National Hospital Morbidity Database separate episodes occurring within a single stay in hospital are joined together.

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. This activity is not considered to be admitted patient care, so records relating to it have been excluded from this report. See Appendix 3 for more detail on this activity.

Table 7.11 presents the number of separations for each care type. For public and private sectors combined, 93.5% of separations were classified as episodes of *Acute care*, 3.6% as *Newborn* and 1.9% 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 0.9% (722) in the Northern Territory to 2.3% in Queensland (17,233).

*Newborn* separations with unqualified days only have been included in Tables 7.11 and 7.12 only in this report and, as such, will cause total separations in Table 7.11 to differ from those of other tables. They accounted for 203,044 separations, the majority (155,992 or 76.8%) in the public sector.

The average length of stay for episodes of *Acute care* in private hospitals (2.4 days) was shorter than that for public hospitals (3.2 days) (derived from Tables 7.11 and 7.12). The average length of stay for *Newborn* episodes with a mixture of qualified and unqualified days has been presented separately as the average number of qualified days and the average number of unqualified days. In the public sector, the average length of stay for these ‘mixed’ separations was 3.1 qualified days and 2.4 unqualified days, compared with 10.8 days for newborn separations with qualified days only and 2.8 days for newborn separations with no qualified days. In the private sector, the average length of stay for these ‘mixed’ separations was 4.3 qualified days and 3.7 unqualified days, compared with 7.4 days for qualified newborns and 4.4 days for unqualified newborns.

## Non-acute care

Table 7.13 presents information by patient election status and mode of separation (see note on variations in the data domains used for this data element below) for separations with a non-acute care type – *Rehabilitation care*, *Palliative care*, *Psychogeriatric care*, *Geriatric evaluation and management* and *Maintenance care*, with the latter three combined as *Other non-acute care*.

Data on patients receiving non-acute care may provide information relevant to continuity of care.

Overall, 60.6% of all separations with non-acute care were in public hospitals and 50.4% 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 (70.1%), 7.4% reported a separation mode of *Discharge/transfer to a residential aged care service*, 6.2% had a separation mode of *Statistical discharge-type change* (indicating that the patient remained in the same hospital to receive other care) and 6.1% reported a separation mode of *Discharge/transfer to an(other) hospital* (acute or psychiatric) (see Table 7.13). There was some variation between hospital sectors in the modes of separation reported for non-acute care. For example, 8.3% of separations for non-acute care in public hospitals were transferred to another hospital (acute or psychiatric), compared with 2.7% in private hospitals. There was also variation in the mode of separation by type of non-acute care, as 84.3% of separations for *Rehabilitation care* reported a separation mode of *Other* compared with 33.8% of separations for *Palliative care* and 47.9% for *Other non-acute care*.

Table 7.14 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 (56.7%), and over half of the female patients were aged 75 years and over (53.4%, 40,754 separations). For *Palliative care*, the majority of separations were reported for males (55.1%) and 87.1% of all *Palliative care* patients were aged over 55 years. For *Other non-acute care*, the majority of separations were for females (58.2%), with 75 years and over the most common age group for both sexes (68.4%, 30,931).

## Mode of admission

The data element 'Mode of admission' records the mechanism by which a patient begins an episode of care, and is presented in Table 7.15.

In both public and private hospitals, most separations had a mode of admission of *Other* (94.4%, 6,623,749), 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 both *Admitted patient transferred from another hospital* (202,969 or 4.7% of public hospital separations) and *Statistical admission: type change* (65,269 or 1.5% of public hospital separations) than were reported for private hospitals (78,312 or 2.9% and 6,601 or 0.2% of private hospital separations, respectively). 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* (5.3%).

## 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, as shown in Table 7.16. Because of changes in the *National health data dictionary* definition for some of the categories for this data element between version 9.0 in 2000–01 and version 12.0 in 2003–04 (NHDC 2000, 2003), and differences in the use of these definitions by jurisdictions, the use of some categories differs

between jurisdictions. For 2004–05, the category *Discharge/transfer to residential aged care service* includes separations where the patient was discharged to a residential aged care service which was their usual place of residence in Victoria. Consequently, the number of separations with a mode of separation of *Other* may be underestimated for those jurisdictions. 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 interpreted with caution.

The majority of separations (6,462,819, 92.1%) 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 96.7% of separations (2,652,697) were categorised as *Other* compared with 89.1% (3,810,122) in the public sector. The main difference between the sectors was that more public sector patients were transferred to other hospitals (5.9%) than was the case for private sector patients (1.8%). There were also greater proportions of separations in the public sector for the categories *Died* and the *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) (303,162, see Table 7.16) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (281,281, see Table 7.15). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission.

## Inter-hospital contracted patient status

Table 7.17 reports on the data element 'Inter-hospital contracted patient'. An episode of care for an inter-hospital contracted patient is defined in the *National health data dictionary* version 12.0 supplement (AIHW 2004c) 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. Thus it 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 0.5% (33,788) of separations. The total number of inter-hospital contracted patients was higher for private hospitals (23,834) than for public hospitals (8,954).

Approximately half (49.3%, 4,412 separations) of contracted care provided by public hospitals was purchased by private hospitals and 85.8% (20,440 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

Table 7.18 reports on the data element '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 which are assigned generally 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.

The majority of *Emergency* admissions were treated in the public sector (90.2%) and 55.7% of *Elective* admissions were treated in the private sector. For both the private and public sectors combined, 28.0% (1,967,494) of separations were assigned an *Emergency* status, 58.1% of separations (4,078,900) were assigned an *Elective* status and the status was *Not assigned* for 13.6% of separations. In the public hospital sector, 34.2% of separations that were assigned an *Elective* status and 11.3% of separations that were assigned an *Emergency* status were classified as *Surgical*. In the private sector, approximately 82.9% of separations were assigned an *Elective* status and 44.7% of these were classified as *Surgical*. An *Emergency* status was assigned for 7.1% of private hospital separations and 19.0% of these separations were classified as *Surgical*.

## Hospital in the home care

Table 7.19 reports on the data element 'Hospital in the home', which is used to report 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 in the *National health data dictionary* version 12.0 (NHDC 2003) 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.

For 2004–05, New South Wales and Tasmania did not report this data element. For Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory, data on hospital in the home care were provided as defined in the *National Health Data Dictionary*, and separations including this care were included in the National Hospital Morbidity Database. In South Australia, hospital in the home care was defined as separate episodes of care, and therefore the total number of patient days is equal to the number of hospital in the home care days for these separations.

**Table 7.1: Separations and patient days<sup>(a)</sup>, by Medicare eligibility status, patient election status<sup>(b)</sup>, funding source and hospital sector, Australia, 2000–01 to 2004–05**

	2000–01			2001–02			2002–03			2003–04			2004–05			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)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Average since 2000–01	Average since 2003–04	
<b>Public hospitals</b>																	
Medicare eligible	3,867	15,636	3,948	16,166	4,073	16,357	4,182	16,324	4,257	16,596	4,257	16,596	4,257	16,596	2.4	1.8	
Public	3,371	13,271	3,437	13,693	3,555	13,901	3,644	13,784	3,704	13,949	3,704	13,949	3,704	13,949	2.4	1.6	
Private	496	2,365	511	2,473	518	2,456	538	2,541	553	2,647	553	2,647	553	2,647	2.8	2.8	
Compensable <sup>(c)</sup>	41	206	39	197	42	203	43	205	43	211	43	211	43	211	1.3	1.2	
Department of Veterans' Affairs	133	817	132	833	138	855	138	860	136	826	136	826	136	826	0.6	–1.4	
Other private	322	1,342	340	1,443	338	1,397	357	1,475	374	1,611	374	1,611	374	1,611	3.8	4.6	
Not Medicare eligible	14	54	15	55	14	52	14	50	16	53	16	53	16	53	3.4	15.5	
Not reported	2	36	2	16	4	16	5	44	4	13	4	13	4	13	26.9	–13.4	
Total	3,882	15,726	3,966	16,237	4,091	16,425	4,201	16,419	4,276	16,662	4,276	16,662	4,276	16,662	2.4	1.8	
<b>Private hospitals</b>																	
Medicare eligible	2,230	6,608	2,366	6,750	2,493	6,925	2,595	7,015	2,680	6,984	2,680	6,984	2,680	6,984	4.7	3.3	
Public	102	317	105	344	98	302	87	219	91	210	91	210	91	210	–2.5	5.2	
Private	2,129	6,291	2,261	6,406	2,395	6,623	2,508	6,796	2,589	6,773	2,589	6,773	2,589	6,773	5.0	3.2	
Compensable <sup>(c)</sup>	82	251	62	180	60	179	57	166	55	140	55	140	55	140	–9.3	–3.4	
Department of Veterans' Affairs	183	933	184	919	193	953	190	945	186	891	186	891	186	891	0.4	–1.8	
Other private	1,864	5,107	2,015	5,307	2,141	5,491	2,262	5,685	2,347	5,742	2,347	5,742	2,347	5,742	5.9	3.8	
Not Medicare eligible	8	19	9	22	6	14	5	16	5	18	5	18	5	18	–9.7	1.3	
Not reported	34	116	58	192	56	176	40	134	57	165	57	165	57	165	14.0	41.4	
Total	2,272	6,743	2,433	6,964	2,554	7,115	2,641	7,165	2,742	7,166	2,742	7,166	2,742	7,166	4.8	3.9	
<b>All hospitals</b>																	
Medicare eligible	6,097	22,244	6,314	22,916	6,566	23,282	6,778	23,339	6,937	23,579	6,937	23,579	6,937	23,579	3.3	2.4	
Public	3,472	13,588	3,542	14,037	3,653	14,203	3,731	14,002	3,795	14,159	3,795	14,159	3,795	14,159	2.2	1.7	
Private	2,625	8,656	2,772	8,879	2,912	9,079	3,046	9,336	3,142	9,421	3,142	9,421	3,142	9,421	4.6	3.1	
Compensable <sup>(c)</sup>	122	457	101	377	102	382	99	372	98	351	98	351	98	351	–5.4	–1.4	
Department of Veterans' Affairs	316	1,750	315	1,752	331	1,809	328	1,805	323	1,717	323	1,717	323	1,717	0.5	–1.6	
Other private	2,186	6,449	2,355	6,750	2,480	6,888	2,619	7,159	2,721	7,353	2,721	7,353	2,721	7,353	5.6	3.9	
Not Medicare eligible	21	73	24	77	20	67	19	66	21	71	21	71	21	71	–0.7	11.6	
Not reported	35	152	61	209	60	193	45	178	61	178	61	178	61	178	14.7	35.8	
Total separations/patient days	6,154	22,469	6,398	23,201	6,645	23,541	6,841	23,583	7,019	23,829	7,019	23,829	7,019	23,829	3.3	2.6	

(a) Separations and patient days 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) Changes in the data elements used to present data in this table may have resulted in discontinuities in some categories. See Appendix 3 for more detail.

(c) Includes separations for which the funding source was reported as *Workers compensation*, *Motor vehicle third party personal claim* and *Other compensation* for 2001–02 to 2004–05. This differs from Tables 7.2 to 7.6 because Other compensation is included in the Other private patients category in those tables.

**Table 7.2: Separations<sup>(a)</sup>, by patient election status, funding source and hospital sector, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	1,099,253	1,078,440	663,550	346,168	318,033	71,035	56,125	73,187	3,705,791
Public <sup>(c)</sup>	1,096,505	1,076,842	661,073	345,795	317,031	71,035	56,100	73,032	3,697,413
Private patients	244,824	140,910	70,211	37,092	47,563	15,197	7,513	2,704	566,014
Private health insurance	155,800	77,898	30,431	20,192	26,987	9,857	3,891	748	325,804
Self-funded <sup>(d)</sup>	18,696	14,279	14,330	968	2,082	0	124	262	50,741
Workers compensation	7,344	5,529	4,254	1,778	1,648	427	301	363	21,644
Motor vehicle third party personal claim	4,678	7,776	2,733	2,163	1,758	772	167	428	20,475
Department of Veterans' Affairs	56,153	34,367	14,712	9,684	14,042	4,134	2,623	575	136,290
Other <sup>(e)</sup>	2,153	1,061	3,751	2,307	1,046	7	407	328	11,060
Patient election status not reported	169	4,079	0	0	0	372	0	0	4,620
<i>Total</i>	<i>1,344,246</i>	<i>1,223,429</i>	<i>733,761</i>	<i>383,260</i>	<i>365,596</i>	<i>86,604</i>	<i>63,638</i>	<i>75,891</i>	<i>4,276,425</i>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	6,670	1,605	15,325	67,267	1,400	n.p.	n.p.	n.p.	92,278
Public <sup>(c)</sup>	6,669	1,604	15,324	67,267	1,386	n.p.	n.p.	n.p.	92,261
Private patients	740,528	701,533	661,521	241,448	210,429	n.p.	n.p.	n.p.	2,643,361
Private health insurance	594,822	560,067	496,504	203,617	181,615	n.p.	n.p.	n.p.	2,114,158
Self-funded <sup>(d)</sup>	82,192	82,459	70,708	12,720	9,607	n.p.	n.p.	n.p.	260,139
Workers compensation	13,446	12,669	10,109	5,893	5,657	n.p.	n.p.	n.p.	49,771
Motor vehicle third party personal claim	212	3,253	40	759	404	n.p.	n.p.	n.p.	4,852
Department of Veterans' Affairs	48,602	42,640	78,302	16,649	12,192	n.p.	n.p.	n.p.	202,587
Other <sup>(e)</sup>	1,254	445	5,858	1,810	954	n.p.	n.p.	n.p.	11,854
Patient election status not reported	0	1,129	0	0	0	n.p.	n.p.	n.p.	6,786
<i>Total</i>	<i>747,198</i>	<i>704,267</i>	<i>676,846</i>	<i>308,715</i>	<i>211,829</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,742,425</i>
<b>All hospitals</b>									
Public patients <sup>(b)</sup>	1,105,923	1,080,045	678,875	413,435	319,433	n.p.	n.p.	n.p.	3,798,069
Public <sup>(c)</sup>	1,103,174	1,078,446	676,397	413,062	318,417	n.p.	n.p.	n.p.	3,789,674
Private patients	985,352	842,443	731,732	278,540	257,992	n.p.	n.p.	n.p.	3,209,375
Private health insurance	750,622	637,965	526,935	223,809	208,602	n.p.	n.p.	n.p.	2,439,962
Self-funded <sup>(d)</sup>	100,888	96,738	85,038	13,688	11,689	n.p.	n.p.	n.p.	310,880
Workers compensation	20,790	18,198	14,363	7,671	7,305	n.p.	n.p.	n.p.	71,415
Motor vehicle third party personal claim	4,890	11,029	2,773	2,922	2,162	n.p.	n.p.	n.p.	25,327
Department of Veterans' Affairs	104,755	77,007	93,014	26,333	26,234	n.p.	n.p.	n.p.	338,877
Other <sup>(e)</sup>	3,407	1,506	9,609	4,117	2,000	n.p.	n.p.	n.p.	22,914
Patient election status not reported	169	5,208	0	0	0	n.p.	n.p.	n.p.	11,406
<i>Total</i>	<i>2,091,444</i>	<i>1,927,696</i>	<i>1,410,607</i>	<i>691,975</i>	<i>577,425</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>7,018,850</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 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* or *Not reported*.

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

(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* and *Not reported*.

n.p. Not published.  
Note: Separations are reported by state of hospitalisation and will include patients normally resident in another state/territory.

**Table 7.3: Separations<sup>(a)</sup> per 1,000 population, by patient election status, funding source and hospital sector, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	158.9	210.6	170.0	176.2	197.7	143.0	187.9	436.9	180.8
Private patients	34.4	26.9	18.1	19.0	27.6	28.8	26.6	19.3	180.4
Private health insurance	22.2	15.1	7.9	10.2	16.4	19.1	13.2	4.6	27.1
Self-funded <sup>(c)</sup>	2.7	2.8	3.7	0.5	1.4	0.0	0.4	1.3	15.8
Workers compensation	1.1	1.1	1.1	0.9	1.1	0.9	0.9	1.8	2.5
Motor vehicle third party personal claim	0.7	1.5	0.7	1.1	1.1	1.6	0.5	2.2	1.1
Department of Veterans' Affairs	7.3	6.1	3.8	5.1	6.9	7.2	10.4	7.8	1.0
Other <sup>(e)</sup>	0.3	0.2	1.0	1.2	0.7	0.0	1.2	1.5	6.2
Patient election status not reported	0.0	0.8	0.0	0.0	0.0	0.8	0.0	0.0	0.5
<b>Total</b>	<b>193.3</b>	<b>238.3</b>	<b>188.1</b>	<b>195.2</b>	<b>225.3</b>	<b>172.6</b>	<b>214.4</b>	<b>456.2</b>	<b>208.1</b>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	0.9	0.3	3.9	34.2	0.9	n.p.	n.p.	n.p.	4.5
Private patients	105.6	135.6	168.6	121.5	125.6	n.p.	n.p.	n.p.	4.5
Private health insurance	85.2	108.6	126.3	102.1	108.8	n.p.	n.p.	n.p.	127.3
Self-funded <sup>(c)</sup>	11.9	16.2	18.1	6.4	6.2	n.p.	n.p.	n.p.	102.1
Workers compensation	2.0	2.5	2.6	2.9	3.7	n.p.	n.p.	n.p.	12.7
Motor vehicle third party personal claim	0.0	0.6	0.0	0.4	0.3	n.p.	n.p.	n.p.	2.4
Department of Veterans' Affairs	6.3	7.6	20.1	8.8	6.1	n.p.	n.p.	n.p.	0.2
Other <sup>(e)</sup>	0.2	0.1	1.5	0.9	0.6	n.p.	n.p.	n.p.	9.2
Patient election status not reported	0.0	0.2	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.6
<b>Total</b>	<b>106.6</b>	<b>136.1</b>	<b>172.4</b>	<b>155.7</b>	<b>126.5</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.3</b>
<b>All hospitals</b>									
Public patients <sup>(b)</sup>	159.8	210.9	173.8	210.4	198.6	n.p.	n.p.	n.p.	185.2
Private patients	159.4	210.6	173.2	210.2	198.0	n.p.	n.p.	n.p.	184.8
Private health insurance	140.0	162.4	186.7	140.5	153.2	n.p.	n.p.	n.p.	154.4
Self-funded <sup>(c)</sup>	107.5	123.7	134.2	112.4	125.2	n.p.	n.p.	n.p.	117.8
Workers compensation	14.6	19.0	21.8	6.9	7.6	n.p.	n.p.	n.p.	15.2
Motor vehicle third party personal claim	3.1	3.6	3.6	3.8	4.8	n.p.	n.p.	n.p.	3.5
Department of Veterans' Affairs	0.7	2.2	0.7	1.5	1.4	n.p.	n.p.	n.p.	1.3
Other <sup>(e)</sup>	13.6	13.6	23.9	13.9	13.0	n.p.	n.p.	n.p.	15.4
Patient election status not reported	0.5	0.3	2.5	2.1	1.3	n.p.	n.p.	n.p.	1.1
<b>Total</b>	<b>299.9</b>	<b>374.4</b>	<b>360.5</b>	<b>350.9</b>	<b>351.9</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.6</b>

(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* or *Not reported*.

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

(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* and *Not reported*.

n.p. Not published.

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<sup>(a)</sup>, by patient election status, funding source and hospital sector, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	1.08	0.92	1.01	0.96	1.01	1.08	1.05	0.73	1.00
Public <sup>(c)</sup>	1.08	0.92	1.01	0.96	1.01	1.08	1.05	0.73	1.00
Private patients	1.25	1.24	1.06	1.23	1.18	1.06	1.39	1.40	1.21
Private health insurance	1.23	1.28	0.96	1.18	1.08	0.97	1.58	1.08	1.19
Self-funded <sup>(d)</sup>	1.26	0.77	1.01	0.88	0.79	..	1.11	1.26	1.02
Workers compensation	1.24	1.16	1.23	1.23	1.12	1.20	1.59	1.00	1.21
Motor vehicle third party personal claim	1.98	2.27	2.07	2.80	2.32	2.13	3.86	2.73	2.25
Department of Veterans' Affairs	1.26	1.14	1.05	1.07	1.32	1.07	1.04	1.15	1.19
Other <sup>(e)</sup>	1.14	1.05	1.13	1.06	1.09	1.99	0.85	1.45	1.10
Patient election status not reported	1.46	1.19	..	..	..	0.93	..	..	1.18
<b>Total</b>	<b>1.11</b>	<b>0.96</b>	<b>1.01</b>	<b>0.98</b>	<b>1.03</b>	<b>1.07</b>	<b>1.09</b>	<b>0.75</b>	<b>1.02</b>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	0.86	0.51	0.50	0.51	0.62	n.p.	n.p.	n.p.	0.54
Public <sup>(c)</sup>	0.86	0.51	0.50	0.51	0.62	n.p.	n.p.	n.p.	0.54
Private patients	0.88	0.83	0.84	0.89	0.94	n.p.	n.p.	n.p.	0.86
Private health insurance	0.89	0.86	0.86	0.89	0.93	n.p.	n.p.	n.p.	0.88
Self-funded <sup>(d)</sup>	0.66	0.44	0.50	0.60	0.70	n.p.	n.p.	n.p.	0.55
Workers compensation	1.03	0.96	0.91	0.96	1.08	n.p.	n.p.	n.p.	0.98
Motor vehicle third party personal claim	1.08	1.07	1.06	1.02	0.99	n.p.	n.p.	n.p.	1.06
Department of Veterans' Affairs	1.12	1.20	1.01	1.20	1.19	n.p.	n.p.	n.p.	1.10
Other <sup>(e)</sup>	1.03	0.47	0.56	0.79	0.99	n.p.	n.p.	n.p.	0.71
Patient election status not reported	..	0.32	..	..	..	n.p.	n.p.	n.p.	0.72
<b>Total</b>	<b>0.88</b>	<b>0.83</b>	<b>0.83</b>	<b>0.81</b>	<b>0.93</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.85</b>

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

(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* or *Not reported*.

(c) Includes separations for which the funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in public psychiatric hospitals.

(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* and *Not reported*.

n.p. Not published.

.. Not applicable.

Note: Average cost weights have been calculated using AR-DRG version 5.1 (AR-DRG version 5.0 cost weights) for the public sector and AR-DRG version 4.2 (2002–03 cost weights) in the private sector.

**Table 7.5: Patient days<sup>(a)</sup>, by patient election status, funding source and hospital sector, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Public patients <sup>(b)</sup>	4,567,633	3,637,815	2,494,467	1,288,806	1,238,989	320,256	195,586	212,335	13,955,887
Public <sup>(c)</sup>	4,558,160	3,593,252	2,489,015	1,287,310	1,238,449	320,256	195,451	211,842	13,893,735
Private patients	1,254,849	648,425	250,676	167,768	264,562	59,553	33,524	11,725	2,691,082
Private health insurance	718,898	356,542	110,454	81,462	134,150	29,760	19,166	1,839	1,452,271
Self-funded <sup>(d)</sup>	82,462	19,787	21,115	1,887	8,378	0	302	1,041	134,972
Workers compensation	30,257	17,077	13,111	5,521	5,547	1,176	1,152	1,263	75,104
Motor vehicle third party personal claim	29,947	41,680	16,395	16,716	13,289	4,686	1,257	3,829	127,799
Department of Veterans' Affairs	353,457	209,924	71,699	52,451	101,307	23,889	10,694	2,583	826,004
Other <sup>(e)</sup>	39,828	3,415	17,902	9,731	1,891	42	953	1,170	74,932
Patient election status not reported	1,083	12,793	0	0	0	1,311	0	0	15,187
<b>Total</b>	<b>5,823,565</b>	<b>4,299,033</b>	<b>2,745,143</b>	<b>1,456,574</b>	<b>1,503,551</b>	<b>381,120</b>	<b>229,110</b>	<b>224,060</b>	<b>16,662,156</b>
<b>Private hospitals</b>									
Public patients <sup>(b)</sup>	9,619	2,824	45,746	149,180	3,628	n.p.	n.p.	n.p.	211,410
Public <sup>(c)</sup>	9,618	2,823	45,745	149,180	3,602	n.p.	n.p.	n.p.	211,381
Private patients	1,871,644	1,844,083	1,768,906	661,331	556,987	n.p.	n.p.	n.p.	6,940,043
Private health insurance	1,487,305	1,468,802	1,300,802	530,772	476,132	n.p.	n.p.	n.p.	5,473,019
Self-funded <sup>(d)</sup>	126,881	105,513	82,229	15,206	11,643	n.p.	n.p.	n.p.	345,108
Workers compensation	28,344	31,458	15,027	10,480	14,076	n.p.	n.p.	n.p.	103,773
Motor vehicle third party personal claim	704	29,442	94	1,914	1,178	n.p.	n.p.	n.p.	34,243
Department of Veterans' Affairs	224,447	208,304	359,788	99,278	51,888	n.p.	n.p.	n.p.	960,001
Other <sup>(e)</sup>	3,963	564	10,966	3,681	2,070	n.p.	n.p.	n.p.	23,899
Patient election status not reported	0	1,160	0	0	0	n.p.	n.p.	n.p.	15,003
<b>Total</b>	<b>1,881,263</b>	<b>1,848,067</b>	<b>1,814,652</b>	<b>810,511</b>	<b>560,615</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,166,456</b>
<b>All hospitals</b>									
Public patients <sup>(b)</sup>	4,577,252	3,640,639	2,540,213	1,437,986	1,242,617	n.p.	n.p.	n.p.	14,167,297
Public <sup>(c)</sup>	4,567,778	3,596,075	2,534,760	1,436,490	1,242,051	n.p.	n.p.	n.p.	14,105,116
Private patients	3,126,493	2,492,508	2,019,582	829,099	821,549	n.p.	n.p.	n.p.	9,631,125
Private health insurance	2,206,203	1,825,344	1,411,256	612,234	610,282	n.p.	n.p.	n.p.	6,925,290
Self-funded <sup>(d)</sup>	209,343	125,300	103,344	17,093	20,021	n.p.	n.p.	n.p.	480,080
Workers compensation	58,601	48,535	28,138	16,001	19,623	n.p.	n.p.	n.p.	178,877
Motor vehicle third party personal claim	30,651	71,122	16,489	18,630	14,467	n.p.	n.p.	n.p.	162,042
Department of Veterans' Affairs	577,904	418,228	431,487	151,729	153,195	n.p.	n.p.	n.p.	1,786,005
Other <sup>(e)</sup>	43,791	3,979	28,868	13,412	3,961	n.p.	n.p.	n.p.	98,831
Patient election status not reported	1,083	13,953	0	0	0	n.p.	n.p.	n.p.	30,190
<b>Total</b>	<b>7,704,828</b>	<b>6,147,100</b>	<b>4,559,795</b>	<b>2,267,085</b>	<b>2,064,166</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>23,828,612</b>

(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 with a patient election status of *Public* and a funding source of *Public* and a funding source of *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

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

(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* and *Not reported*.

n.p. Not published.

**Table 7.6: Separations<sup>(a)</sup>, by patient election status, funding source and age group, 2004-05**

	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total <sup>(b)</sup>
<b>Public hospitals</b>												
Public patients <sup>(c)</sup>	100,069	119,150	155,610	305,210	461,710	412,326	434,259	502,764	588,421	471,885	154,377	3,705,791
Public <sup>(d)</sup>	99,936	118,913	155,358	303,387	459,609	411,560	433,555	501,877	587,611	471,347	154,250	3,697,413
Private patients	10,868	16,366	21,281	31,095	44,070	45,341	52,561	66,683	75,540	146,070	56,138	566,014
Private health insurance	9,789	13,058	16,519	13,950	24,101	28,411	37,775	50,210	55,591	56,396	20,004	325,804
Self-funded <sup>(e)</sup>	810	2,627	3,107	6,128	8,613	6,643	5,306	5,028	6,357	4,941	1,180	50,741
Workers compensation	0	0	15	4,840	4,104	5,207	4,610	2,403	359	101	5	21,644
Motor vehicle third party personal claim	47	355	1,204	5,405	3,915	2,970	2,413	1,579	1,173	1,135	279	20,475
Department of Veterans' Affairs	0	3	7	17	76	315	1,156	6,636	10,976	82,598	34,506	136,290
Other <sup>(f)</sup>	222	323	429	1,491	2,525	1,795	1,301	827	1,084	899	164	11,060
Patient election status not reported	350	180	165	1,261	1,056	395	304	299	362	207	41	4,620
<b>Total</b>	<b>111,287</b>	<b>135,696</b>	<b>177,056</b>	<b>337,566</b>	<b>506,836</b>	<b>458,062</b>	<b>487,124</b>	<b>569,746</b>	<b>664,323</b>	<b>618,162</b>	<b>210,556</b>	<b>4,276,425</b>
<b>Private hospitals</b>												
Public patients <sup>(c)</sup>	21,185	26,228	44,471	122,208	207,646	276,057	350,623	428,301	377,536	283,289	68,892	2,206,436
Public <sup>(d)</sup>	961	1,117	1,500	4,198	7,520	12,574	13,520	16,551	17,695	13,802	2,823	92,261
Private patients	1,321	4,450	6,161	38,915	58,444	59,382	55,746	61,638	51,794	149,885	46,897	534,633
Private health insurance	1,203	4,296	5,929	31,821	44,551	40,489	34,079	32,821	31,072	27,411	6,467	260,139
Self-funded <sup>(e)</sup>	1	2	8	3,535	8,627	13,615	14,349	8,335	1,116	172	11	49,771
Workers compensation	0	5	46	727	1,081	990	899	574	284	198	48	4,852
Motor vehicle third party personal claim	0	7	21	256	381	459	385	271	78	57	17	1,932
Department of Veterans' Affairs	7	21	19	1,629	2,149	1,346	576	193	40	21	6	6,007
Other <sup>(f)</sup>	110	119	138	947	1,655	2,483	5,458	19,444	19,204	122,026	40,348	211,932
Patient election status not reported	194	1	1	668	346	78	15	17	22	13	1	1,356
<b>Total</b>	<b>22,700</b>	<b>30,679</b>	<b>50,633</b>	<b>161,791</b>	<b>266,436</b>	<b>335,517</b>	<b>406,384</b>	<b>489,956</b>	<b>429,352</b>	<b>433,187</b>	<b>115,790</b>	<b>2,742,425</b>
<b>All hospitals</b>												
Public patients <sup>(c)</sup>	121,254	145,378	200,081	427,418	669,356	688,383	784,882	931,065	965,957	755,174	223,269	5,912,227
Public <sup>(d)</sup>	100,897	120,030	156,858	307,585	467,129	424,134	447,075	518,428	605,306	485,149	157,073	3,789,674
Private patients	12,189	20,816	27,442	70,010	102,514	104,723	108,307	128,321	127,334	295,955	103,035	1,100,647
Private health insurance	10,992	17,354	22,448	45,771	68,652	68,900	71,854	83,031	86,663	83,807	26,471	585,943
Self-funded <sup>(e)</sup>	811	2,629	3,115	9,663	17,240	20,258	19,655	13,363	7,473	5,113	1,191	100,512
Workers compensation	0	5	61	4,831	5,921	6,197	5,509	2,977	643	299	53	26,496
Motor vehicle third party personal claim	47	362	1,225	5,661	4,296	3,429	2,798	1,850	1,251	1,192	296	22,407
Department of Veterans' Affairs	7	24	26	1,646	2,225	1,661	1,732	6,829	11,016	82,619	34,512	142,297
Other <sup>(f)</sup>	332	442	567	2,438	4,180	4,278	6,759	20,271	20,288	122,925	40,512	222,992
Patient election status not reported	544	181	166	1,929	1,402	473	319	316	384	220	42	5,976
<b>Total</b>	<b>133,987</b>	<b>166,375</b>	<b>227,689</b>	<b>499,357</b>	<b>773,272</b>	<b>793,579</b>	<b>893,508</b>	<b>1,059,702</b>	<b>1,093,675</b>	<b>1,051,349</b>	<b>326,346</b>	<b>7,018,850</b>

(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 reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(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) 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 reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

**Table 7.7: Separations<sup>(a)</sup>, by state or territory of usual residence and hospital sector, states and territories, 2004-05**

State or territory of usual residence	State or territory of hospitalisation								Separations per 1,000 population
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
New South Wales	1,316,445	19,005	9,113	507	1,682	271	15,910	299	1,363,232
Victoria	5,410	1,195,726	1,674	428	2,000	314	227	274	1,206,053
Queensland	10,191	1,133	717,742	318	313	149	101	343	730,290
Western Australia	447	377	288	380,309	274	53	28	1,029	382,805
South Australia	629	1,586	430	259	358,638	58	46	2,736	364,382
Tasmania	300	1,353	195	50	117	85,637	21	0	87,673
Australian Capital Territory	2,149	231	154	15	42	8	45,797	0	48,396
Northern Territory	173	302	338	226	1,912	4	9	70,077	73,041
Other Australian territories <sup>(b)</sup>	n.p.	785	10	123	0	0	0	0	n.p.
Not elsewhere classified <sup>(c)</sup>	n.p.	2,903	3,143	1,025	70	110	1,499	291	n.p.
Not reported	0	28	674	0	548	0	0	842	2,092
<b>Total</b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>
<b>Private hospitals</b>									
New South Wales	724,750	6,390	23,324	195	1,330	n.p.	n.p.	n.p.	763,368
Victoria	6,218	694,822	1,536	154	1,430	n.p.	n.p.	n.p.	704,298
Queensland	2,881	747	649,606	129	198	n.p.	n.p.	n.p.	653,671
Western Australia	234	295	226	307,715	97	n.p.	n.p.	n.p.	308,635
South Australia	167	387	293	69	207,337	n.p.	n.p.	n.p.	208,304
Tasmania	170	825	237	27	63	n.p.	n.p.	n.p.	44,940
Australian Capital Territory	1,587	211	132	18	43	n.p.	n.p.	n.p.	27,487
Northern Territory	186	241	459	102	1,121	n.p.	n.p.	n.p.	13,139
Other Australian territories <sup>(b)</sup>	n.p.	44	102	34	0	n.p.	n.p.	n.p.	n.p.
Not elsewhere classified <sup>(c)</sup>	n.p.	305	831	272	59	n.p.	n.p.	n.p.	n.p.
Not reported	0	0	100	0	151	n.p.	n.p.	n.p.	260
<b>Total</b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>
<b>Total</b>									<b>132.1</b>

(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 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.

(c) 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.

n.p. Not published.

.. Not applicable.

**Table 7.8: Separations<sup>(a)</sup>, by state or territory of usual residence and patient election status, states and territories, 2004–05**

State or territory of usual residence	State or territory of hospitalisation							Separations per 1,000 population		
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT	Total
Public patients										
New South Wales	1,084,393	16,924	8,245	470	1,367	200	14,223	257	1,126,079	162.7
Victoria	4,567	1,056,813	1,619	420	1,673	237	202	234	1,065,765	208.1
Queensland	9,316	937	664,459	315	253	115	76	303	675,774	173.1
Western Australia	354	285	259	411,084	229	46	24	994	413,275	210.3
South Australia	519	1,101	401	243	313,569	54	41	2,640	318,568	198.1
Tasmania	231	1,083	182	45	96	70,316	18	0	71,971	144.9
Australian Capital Territory	1,593	178	144	10	29	7	40,212	0	42,173	141.1
Northern Territory	126	250	302	213	1,655	3	7	67,828	70,384	420.6
Other Australian territories <sup>(b)</sup>	n.p.	753	5	119	0	0	0	0	n.p.	n.p.
Not elsewhere classified <sup>(c)</sup>	n.p.	1,693	2,608	516	38	67	1,323	152	n.p.	n.p.
Not reported	0	28	651	0	524	0	0	779	1,982	...
Total	1,105,923	1,080,045	678,875	413,435	319,433	71,045	56,126	73,187	3,798,069	185.2
Private patients										
New South Wales	956,636	8,443	24,192	232	1,645	99	8,960	101	1,000,308	142.0
Victoria	7,061	829,783	1,591	162	1,757	128	71	70	840,623	162.1
Queensland	3,755	930	702,889	132	258	55	47	95	708,161	180.7
Western Australia	327	377	255	276,940	142	12	13	88	278,154	140.3
South Australia	277	863	322	85	252,406	11	12	121	254,097	150.9
Tasmania	239	1,094	250	32	84	55,283	4	0	56,986	110.8
Australian Capital Territory	2,143	263	142	23	56	4	31,078	0	33,709	111.4
Northern Territory	233	289	495	115	1,378	2	4	11,943	14,459	89.5
Other Australian territories <sup>(b)</sup>	n.p.	62	107	38	0	0	0	0	n.p.	n.p.
Not elsewhere classified <sup>(c)</sup>	n.p.	339	1,366	781	91	0	490	139	n.p.	n.p.
Not reported	0	0	123	0	175	4,416	0	70	4,784	...
Total	985,352	842,443	731,732	278,540	257,992	60,010	40,679	12,627	3,209,375	154.4
Total <sup>(d)</sup>	2,091,444	1,927,696	1,410,607	691,975	577,425	n.p.	n.p.	n.p.	7,018,850	340.2

(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 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.

(c) 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.

(d) Includes patients whose patient election status was *Not reported*.

n.p. Not published.

.. Not applicable.

**Table 7.9: Average cost weight of separations<sup>(a)</sup>, by state or territory of usual residence and hospital sector, states and territories, 2004–05**

State or territory of usual residence	State or territory of hospitalisation							
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
<b>Public hospitals</b>								
New South Wales	1.11	0.97	1.71	1.04	1.62	1.17	1.27	1.18
Victoria	1.21	0.95	1.11	1.03	1.41	1.09	1.39	0.82
Queensland	1.08	1.16	1.00	1.10	1.08	1.22	1.91	1.04
Western Australia	1.20	1.38	1.15	0.98	1.08	0.96	1.26	0.75
South Australia	1.50	1.59	0.98	0.76	1.02	1.85	1.41	0.59
Tasmania	1.41	2.68	1.02	1.29	1.06	1.07	0.81	1.10
Australian Capital Territory	1.64	1.28	1.57	0.60	1.39	1.41	1.01	1.04
Northern Territory	1.52	1.86	1.53	1.61	2.79	1.13	0.58	0.75
Other Australian territories <sup>(b)</sup>	1.14	1.28	1.75	1.38	..	..	..	..
Not elsewhere classified <sup>(c)</sup>	1.36	1.14	1.34	1.26	0.95	1.06	1.39	1.30
Not reported	..	3.29	1.30	..	1.95	..	..	0.81
<b>Total</b>	<b>1.11</b>	<b>0.96</b>	<b>1.01</b>	<b>0.98</b>	<b>1.03</b>	<b>1.07</b>	<b>1.09</b>	<b>0.75</b>
<b>Private hospitals</b>								
New South Wales	0.87	1.18	1.09	1.13	1.31	n.p.	n.p.	n.p.
Victoria	0.80	0.83	0.92	0.91	1.14	n.p.	n.p.	n.p.
Queensland	0.86	1.06	0.82	1.17	1.04	n.p.	n.p.	n.p.
Western Australia	1.34	1.02	0.94	0.81	0.87	n.p.	n.p.	n.p.
South Australia	1.42	1.12	1.07	0.96	0.93	n.p.	n.p.	n.p.
Tasmania	1.71	1.83	1.10	1.52	0.89	n.p.	n.p.	n.p.
Australian Capital Territory	1.45	0.89	0.91	1.15	1.08	n.p.	n.p.	n.p.
Northern Territory	1.61	1.14	0.96	1.12	1.70	n.p.	n.p.	n.p.
Other Australian territories <sup>(b)</sup>	0.93	0.43	0.69	1.16	..	n.p.	n.p.	n.p.
Not elsewhere classified <sup>(c)</sup>	2.46	0.92	1.11	0.83	0.37	n.p.	n.p.	n.p.
Not reported	..	..	1.29	..	1.22	n.p.	n.p.	n.p.
<b>Total</b>	<b>0.88</b>	<b>0.83</b>	<b>0.83</b>	<b>0.81</b>	<b>0.93</b>	<b>n.p.</b>	<b>n.p.</b>	<b>0.85</b>

(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.

n.p. Not published.

.. Not applicable.

Note: Average cost weights have been calculated using AR-DRG version 5.1 (AR-DRG version 5.0 cost weights) for the public sector and AR-DRG version 4.2 (2002–03 cost weights) in the private sector.

Table 7.10 Notional cost<sup>(a)</sup> (\$'000) of separations<sup>(b)</sup>, by state or territory of usual residence, public patients, states and territories, 2004–05

State or territory of usual residence	State or territory of hospitalisation								Total
	NSW	Vic	Qld	WA	SA	Tas	ACT <sup>(b)</sup>	NT	
New South Wales	3,553,251	48,028	42,960	1,361	6,683	648	n.p.	916	n.p.
Victoria	15,980	2,930,531	5,212	1,227	7,123	827	n.p.	591	n.p.
Queensland	30,246	3,199	1,959,557	1,040	750	387	n.p.	910	n.p.
Western Australia	1,330	1,131	861	1,111,772	784	132	n.p.	2,220	n.p.
South Australia	2,365	5,334	1,230	523	936,664	278	n.p.	4,830	n.p.
Tasmania	958	8,696	548	164	277	230,532	n.p.	..	n.p.
Australian Capital Territory	7,343	713	677	19	121	10	n.p.	..	n.p.
Northern Territory	627	1,535	1,418	1,064	14,018	9	n.p.	152,950	n.p.
Other Australian territories <sup>(c)</sup>	9,073	2,951	22	503	..	..	n.p.	..	n.p.
Not elsewhere classified <sup>(d)</sup>	6,541	5,494	9,780	1,954	130	220	n.p.	540	n.p.
Not reported	..	92	2,495	..	2,935	..	n.p.	1,842	n.p.
Total	3,627,713	3,007,705	2,024,759	1,119,626	969,487	233,043	n.p.	164,798	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 for which the care type was *Not reported* have been included. These data are based on the AR-DRG for each separation multiplied by the 2003–04 AR-DRG average public cost of \$3,119. 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. The AIHW will work with states and territories to compile and present actual cross-border expenditures in future editions of Australian Hospital Statistics.

(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.

n.p. Not published.

.. Not applicable.

Table 7.11: Separations<sup>(a)</sup>, by care type and hospital sector, states and territories, 2004–05

Care type	NSW	Vic <sup>(b)</sup>	Qld	WA	SA <sup>(c)</sup>	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Acute care	1,289,900	1,176,145	697,226	372,205	348,989	83,670	60,838	74,115	4,103,088
Rehabilitation care—not further specified	22,572	14,659	..	4,103	4,068	910	..	722	47,034
Rehabilitation care—delivered in a designated unit	..	..	9,883	..	..	..	512	..	10,395
Rehabilitation care—according to a designated program	..	..	3,863	..	..	..	176	..	4,039
Rehabilitation care—principal clinical intent	..	..	3,487	..	..	..	558	..	4,045
<i>Rehabilitation total</i>	22,572	14,659	17,233	4,103	4,068	910	1,246	722	65,513
Palliative care	8,956	4,781	3,971	628	1,460	420	396	12	20,624
Geriatric evaluation and management	878	10,598	443	949	5	19	9	49	12,950
Psychogeriatric care	1,047	2,067	375	721	..	8	3	6	4,227
Maintenance care	7,107	3,638	5,677	1,949	1,410	630	252	135	20,798
Newborn—qualified days only	9,255	9,241	6,271	2,360	2,549	930	851	835	32,292
Newborn—qualified and unqualified days <sup>(d)</sup>	4,506	2,188	2,327	345	926	0	43	0	10,335
Newborn—unqualified days only	57,361	36,882	29,853	13,909	10,317	2,901	2,504	2,265	155,992
<i>Newborn total</i>	71,122	48,311	38,451	16,614	13,792	3,831	3,398	3,700	198,619
Other admitted patient care	2	0	238	0	6,189	0	..	17	6,446
Not reported	23	112	0	0	0	17	0	0	152
<b>Total</b>	<b>1,401,607</b>	<b>1,260,311</b>	<b>763,614</b>	<b>397,169</b>	<b>375,913</b>	<b>89,505</b>	<b>66,142</b>	<b>78,156</b>	<b>4,432,417</b>
<b>Private hospitals</b>									
Acute care	705,591	684,037	654,864	302,198	207,535	n.p.	n.p.	n.p.	2,647,495
Rehabilitation care—not further specified	37,201	11,442	..	1,588	3,589	n.p.	n.p.	n.p.	53,820
Rehabilitation care—delivered in a designated unit	..	..	9,815	..	..	n.p.	n.p.	n.p.	9,815
Rehabilitation care—according to a designated program	..	..	2,573	..	..	n.p.	n.p.	n.p.	2,573
Rehabilitation care—principal clinical intent	..	..	2,824	..	..	n.p.	n.p.	n.p.	2,824
<i>Rehabilitation total</i>	37,201	11,442	15,212	1,588	3,589	n.p.	n.p.	n.p.	69,032
Palliative care	426	350	1,643	1,982	101	n.p.	n.p.	n.p.	4,502
Geriatric evaluation and management	1,011	0	12	1	6	n.p.	n.p.	n.p.	1,030
Psychogeriatric care	1	4,484	3	62	0	n.p.	n.p.	n.p.	4,550
Maintenance care	211	79	1,199	197	8	n.p.	n.p.	n.p.	1,694
Newborn—qualified days only	1,185	3,863	1,807	1,077	569	n.p.	n.p.	n.p.	8,799
Newborn—qualified and unqualified days <sup>(d)</sup>	458	12	597	1,610	..	n.p.	n.p.	n.p.	2,677
Newborn—unqualified days only	20,387	208	14,540	8,066	424	n.p.	n.p.	n.p.	47,052
<i>Newborn total</i>	22,030	4,083	16,944	10,753	993	n.p.	n.p.	n.p.	58,528
Other admitted patient care	1,114	0	1,509	0	21	n.p.	n.p.	n.p.	2,645
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	1
<b>Total</b>	<b>767,585</b>	<b>704,475</b>	<b>691,386</b>	<b>316,781</b>	<b>212,253</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,789,477</b>

(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) For South Australia the care type *Other admitted patient care* includes episodes of hospital in the home care.

(d) 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.

n.p. Not published.

.. Not applicable.



Table 7.12: Patient days<sup>(a)</sup>, by care type and hospital sector, states and territories, 2004–05

Care type	NSW	Vic <sup>(b)</sup>	Qld	WA	SA <sup>(c)</sup>	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Acute care	4,769,277	3,307,169	2,069,142	1,162,741	1,130,094	318,648	188,296	205,542	13,150,909
Rehabilitation care—not further specified	462,561	341,570	..	109,944	105,989	24,156	..	3,618	1,047,838
Rehabilitation care—delivered in a designated unit	..	..	95,553	..	..	..	5,568	..	101,121
Rehabilitation care—according to a designated program	..	..	42,695	..	..	..	3,692	..	46,387
Rehabilitation care—principal clinical intent	..	..	35,188	..	..	..	6,388	..	41,576
<i>Rehabilitation total</i>	<i>462,561</i>	<i>341,570</i>	<i>173,436</i>	<i>109,944</i>	<i>105,989</i>	<i>24,156</i>	<i>15,648</i>	<i>3,618</i>	<i>1,236,922</i>
Palliative care	106,647	76,814	35,487	6,811	16,422	4,663	6,041	319	253,204
Geriatric evaluation and management	10,719	278,764	7,992	11,098	n.p.	93	n.p.	1,028	309,882
Psychogeriatric care	98,273	63,262	9,359	34,347	n.p.	n.p.	n.p.	225	205,603
Maintenance care	266,464	131,697	374,803	96,655	170,572	24,351	8,802	3,647	1,076,991
Newborn—qualified days only	95,926	90,913	68,445	33,257	32,895	9,107	9,981	9,647	350,171
Newborn—qualified and unqualified days (qualified days)	13,589	7,587	5,409	1,721	3,059	..	162	..	31,527
Newborn—qualified and unqualified days (unqualified days)	12,073	5,307	4,920	677	2,063	..	149	..	25,189
Newborn—unqualified days only	162,511	105,900	69,668	43,930	28,768	8,244	6,629	6,955	432,605
<i>Newborn total</i>	<i>284,099</i>	<i>209,707</i>	<i>148,442</i>	<i>79,585</i>	<i>66,785</i>	<i>17,351</i>	<i>16,921</i>	<i>16,602</i>	<i>839,492</i>
Other admitted patient care	n.p.	..	1,070	..	44,393	..	..	34	45,499
Not reported	107	1,257	..	..	..	n.p.	..	n.p.	1,448
<b>Total<sup>(e)</sup></b>	<b>5,823,565</b>	<b>4,299,033</b>	<b>2,745,143</b>	<b>1,456,574</b>	<b>1,503,551</b>	<b>381,120</b>	<b>229,110</b>	<b>224,060</b>	<b>16,662,156</b>
<b>Private hospitals</b>									
Acute care	1,640,490	1,617,911	1,623,617	733,205	515,477	n.p.	n.p.	n.p.	6,379,833
Rehabilitation care—not further specified	214,135	173,669	..	33,088	38,252	n.p.	n.p.	n.p.	459,144
Rehabilitation care—delivered in a designated unit	..	..	49,171	..	..	n.p.	n.p.	n.p.	49,171
Rehabilitation care—according to a designated program	..	..	14,457	..	..	n.p.	n.p.	n.p.	14,457
Rehabilitation care—principal clinical intent	..	..	19,785	..	..	n.p.	n.p.	n.p.	19,785
<i>Rehabilitation total</i>	<i>214,135</i>	<i>173,669</i>	<i>83,413</i>	<i>33,088</i>	<i>38,252</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>542,557</i>
Palliative care	5,612	4,502	20,770	22,921	1,502	n.p.	n.p.	n.p.	55,307
Geriatric evaluation and management	2,667	..	532	46	1,118	n.p.	n.p.	n.p.	4,363
Psychogeriatric care	1	25,223	38	2,548	..	n.p.	n.p.	n.p.	27,810
Maintenance care	1,764	4,650	50,133	6,196	679	n.p.	n.p.	n.p.	63,422
Newborn—qualified days only	8,337	22,080	20,857	7,881	3,481	n.p.	n.p.	n.p.	64,844
Newborn—qualified and unqualified days (qualified days)	5,489	n.p.	1,465	4,626	..	n.p.	n.p.	n.p.	11,612
Newborn—qualified and unqualified days (unqualified days)	2,090	n.p.	1,866	6,022	..	n.p.	n.p.	n.p.	10,011
Newborn—unqualified days only	90,511	395	61,182	37,795	1,501	n.p.	n.p.	n.p.	207,493
<i>Newborn total</i>	<i>106,427</i>	<i>22,540</i>	<i>85,370</i>	<i>56,324</i>	<i>4,982</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>293,960</i>
Other admitted patient care	2,768	..	13,827	..	106	n.p.	n.p.	n.p.	16,704
Not reported	..	..	..	..	..	n.p.	n.p.	n.p.	4
<b>Total<sup>(e)</sup></b>	<b>1,881,263</b>	<b>1,848,067</b>	<b>1,814,652</b>	<b>810,511</b>	<b>560,615</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,166,456</b>

(a) Does not include records for *Hospital boarders* or *Postnursing 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) For South Australia the care type *Other admitted patient care* includes episodes of hospital in the home care.

(d) The reporting of *Newborns* with unqualified days only is not compulsory for the Victorian private sector, therefore the average length of stay for this care type may not be comparable with the average length of stay for other jurisdictions.

(e) Excludes separations for *Newborn* with unqualified days only.

n.p. Not published.

.. Not applicable.

Table 7.13: Separations for non-acute care<sup>(a)</sup>, by patient election status and mode of separation, all hospitals, Australia, 2004-05

Other non-acute care <sup>(g)</sup>	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service <sup>(b)</sup>	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health accommodation <sup>(c)</sup>	Statistical discharge- type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other <sup>(d)</sup>	Not reported	Total <sup>(e)</sup>
<b>Male</b>											
Under 14	6	0	0	2	3	0	0	0	112	0	123
15-24	23	2	8	3	49	3	2	1	212	0	303
25-34	36	7	7	4	95	13	1	0	358	1	522
35-44	43	23	6	10	96	11	6	2	270	0	467
45-54	69	70	5	9	75	11	4	11	383	3	640
55-64	115	200	8	25	177	12	13	46	591	2	1,189
65-74	478	673	52	46	371	18	33	137	2,021	5	3,834
75-84	882	1,897	92	102	909	20	46	463	2,954	3	7,368
85 and over	461	1,375	64	58	519	8	19	402	1,563	0	4,469
<b>Total</b>	<b>2,113</b>	<b>4,247</b>	<b>242</b>	<b>259</b>	<b>2,294</b>	<b>96</b>	<b>124</b>	<b>1,062</b>	<b>8,464</b>	<b>14</b>	<b>18,915</b>
<b>Female</b>											
Under 14	3	0	0	0	9	0	0	0	84	0	96
15-24	9	4	1	0	23	2	1	0	148	0	188
25-34	23	3	2	5	29	4	6	2	246	0	320
35-44	33	17	0	3	41	3	1	4	302	0	404
45-54	55	37	0	7	77	7	4	8	350	2	547
55-64	81	128	7	16	80	7	5	25	510	1	860
65-74	366	618	30	41	358	18	52	81	3,257	4	4,825
75-84	872	2,472	106	128	1,039	35	55	374	5,021	10	10,112
85 and over	673	3,101	145	118	1,030	9	22	562	3,308	11	8,979
<b>Total</b>	<b>2,115</b>	<b>6,380</b>	<b>291</b>	<b>318</b>	<b>2,686</b>	<b>85</b>	<b>146</b>	<b>1,056</b>	<b>13,226</b>	<b>28</b>	<b>26,331</b>
<b>Persons<sup>(f)</sup></b>											
Under 14	9	0	0	2	12	0	0	0	196	0	219
15-24	32	6	9	3	72	5	3	1	360	0	491
25-34	59	10	9	9	124	17	7	2	604	1	842
35-44	76	40	6	13	137	14	7	6	572	0	871
45-54	124	107	5	16	152	18	8	19	733	5	1,187
55-64	196	328	15	41	257	19	18	71	1,101	3	2,049
65-74	844	1,291	82	87	729	36	85	218	5,278	9	8,659
75-84	1,754	4,369	198	230	1,948	55	101	837	7,975	13	17,480
85 and over	1,134	4,476	209	176	1,551	17	41	965	4,871	11	13,451
<b>Total</b>	<b>4,228</b>	<b>10,627</b>	<b>533</b>	<b>577</b>	<b>4,982</b>	<b>181</b>	<b>270</b>	<b>2,119</b>	<b>21,690</b>	<b>42</b>	<b>45,249</b>

(a) Includes separations for which the care type was reported as *Rehabilitation*, *Palliative*, *Psychogeriatric*, *Geriatric evaluation and management* or *Maintenance*.

(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*, *Geriatric evaluation and management* or *Maintenance*.

Table 7.14: Separations for non-acute care<sup>(a)</sup>, by sex, age group and mode of separation, all hospitals, Australia, 2004-05

Rehabilitation care	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service <sup>(b)</sup>	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health accommodation	Statistical discharge- type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other <sup>(d)</sup>	Not reported	Total <sup>(e)</sup>
<b>Male</b>											
Under 14	7	0	0	0	3	2	6	0	129	0	147
15-24	79	5	1	8	71	22	20	0	1,259	7	1,472
25-34	111	11	4	11	75	56	31	0	1,948	3	2,250
35-44	171	9	1	15	112	56	34	0	2,987	4	3,389
45-54	249	53	3	15	198	36	29	7	4,280	11	4,881
55-64	439	88	3	22	372	42	19	17	8,004	14	9,020
65-74	698	193	4	37	683	38	39	37	10,866	30	12,625
75-84	1,178	570	6	79	1,215	61	55	106	14,559	70	17,899
85 and over	503	381	4	54	653	22	31	109	4,776	20	6,553
<b>Total</b>	<b>3,435</b>	<b>1,310</b>	<b>26</b>	<b>241</b>	<b>3,382</b>	<b>335</b>	<b>264</b>	<b>276</b>	<b>48,808</b>	<b>159</b>	<b>58,236</b>
<b>Female</b>											
Under 14	5	0	0	2	2	0	4	0	168	0	181
15-24	51	6	1	3	17	10	11	1	1,158	0	1,258
25-34	46	6	0	4	31	24	19	1	1,859	2	1,992
35-44	105	9	2	7	117	27	18	1	3,087	3	3,376
45-54	155	20	0	10	125	33	13	4	5,154	9	5,523
55-64	290	63	4	14	277	20	14	14	8,451	11	9,158
65-74	619	204	5	39	503	37	34	26	12,572	27	14,066
75-84	1,435	1,000	12	168	1,572	50	83	105	22,276	90	26,791
85 and over	966	1,328	7	199	1,275	36	67	128	9,896	61	13,963
<b>Total</b>	<b>3,672</b>	<b>2,636</b>	<b>31</b>	<b>446</b>	<b>3,919</b>	<b>237</b>	<b>263</b>	<b>280</b>	<b>64,621</b>	<b>203</b>	<b>76,308</b>
<b>Persons<sup>(f)</sup></b>											
Under 14	12	0	0	2	5	2	10	0	297	0	328
15-24	130	11	2	11	88	32	31	1	2,417	7	2,730
25-34	157	17	4	15	106	80	50	1	3,807	5	4,242
35-44	276	18	3	22	229	83	52	1	6,075	7	6,766
45-54	404	73	3	25	323	69	42	11	9,434	20	10,404
55-64	729	151	7	36	649	62	33	31	16,455	25	18,178
65-74	1,317	397	9	76	1,186	75	73	63	23,438	57	26,691
75-84	2,613	1,570	18	247	2,787	111	138	211	36,835	160	44,690
85 and over	1,469	1,709	11	253	1,928	58	98	237	14,672	81	20,516
<b>Total</b>	<b>7,107</b>	<b>3,946</b>	<b>57</b>	<b>687</b>	<b>7,301</b>	<b>572</b>	<b>527</b>	<b>556</b>	<b>113,430</b>	<b>362</b>	<b>134,545</b>

(continued)

Table 7.14 (continued): Separations for non-acute care<sup>(a)</sup>, by sex, age group and mode of separation, all hospitals, Australia, 2004–05

Palliative care	Discharge/ transfer to an(other) hospital	Discharge/ transfer to a residential aged care service <sup>(b)</sup>	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care <sup>(c)</sup> accommodation	Statistical discharge— type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other <sup>(d)</sup>	Not reported	Total <sup>(e)</sup>
<b>Male</b>											
Under 14	0	0	0	0	0	0	0	4	14	2	20
15–24	1	0	0	0	0	0	0	14	30	0	45
25–34	8	0	0	0	0	3	0	35	37	0	83
35–44	20	1	0	4	7	3	2	135	131	2	305
45–54	52	2	0	11	12	5	4	510	405	12	1,013
55–64	123	28	0	18	40	7	10	1,271	887	13	2,397
65–74	168	77	0	28	73	9	20	2,136	1,552	22	4,085
75–84	191	147	2	25	90	8	13	2,702	1,194	18	4,390
85 and over	59	77	0	7	35	3	3	956	369	2	1,511
<b>Total</b>	<b>622</b>	<b>332</b>	<b>2</b>	<b>93</b>	<b>257</b>	<b>38</b>	<b>52</b>	<b>7,763</b>	<b>4,619</b>	<b>71</b>	<b>13,849</b>
<b>Female</b>											
Under 14	0	0	0	0	0	0	0	4	69	0	73
15–24	3	0	0	0	0	0	0	11	5	0	19
25–34	2	0	0	2	0	1	0	33	68	2	108
35–44	22	2	0	3	4	0	1	182	222	4	440
45–54	62	9	0	6	11	5	11	528	484	17	1,133
55–64	106	17	0	16	33	4	14	926	691	12	1,819
65–74	141	69	0	20	44	4	15	1,399	979	9	2,680
75–84	120	113	1	26	74	0	14	1,956	1,021	7	3,332
85 and over	51	90	0	1	53	0	3	1,135	338	1	1,672
<b>Total</b>	<b>507</b>	<b>300</b>	<b>1</b>	<b>74</b>	<b>219</b>	<b>14</b>	<b>58</b>	<b>6,174</b>	<b>3,877</b>	<b>52</b>	<b>11,276</b>
<b>Persons<sup>(f)</sup></b>											
Under 14	0	0	0	0	0	0	0	8	83	2	93
15–24	4	0	0	0	0	0	0	25	35	0	64
25–34	10	0	0	2	0	4	0	68	105	2	191
35–44	42	3	0	7	11	3	3	317	353	6	745
45–54	114	11	0	17	23	10	15	1,038	889	29	2,146
55–64	229	45	0	34	73	11	24	2,197	1,578	25	4,216
65–74	309	146	0	48	117	13	35	3,535	2,531	31	6,765
75–84	311	260	3	51	164	8	27	4,658	2,215	25	7,722
85 and over	110	167	0	8	88	3	6	2,092	707	3	3,184
<b>Total</b>	<b>1,129</b>	<b>632</b>	<b>3</b>	<b>167</b>	<b>476</b>	<b>52</b>	<b>110</b>	<b>13,938</b>	<b>8,496</b>	<b>123</b>	<b>25,126</b>

(continued)

Table 7.14 (continued): Separations for non-acute care<sup>(a)</sup>, by sex, age group and mode of separation, all hospitals, Australia, 2004-05

Other non-acute care <sup>(g)</sup>	Discharge/ transfer to an(other) hospital	Discharge/ transfer to a residential aged care service <sup>(b)</sup>	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care <sup>(c)</sup>	Statistical discharge— type change	Left against medical advice/ discharge at own risk			Died	Other <sup>(d)</sup>	Not reported	Total <sup>(e)</sup>
						Discharge/ transfer to other health care <sup>(c)</sup>	Statistical discharge— type change	Statistical discharge at own risk				
Male												
Under 14	6	0	0	2	3	0	0	0	0	112	0	123
15–24	23	2	8	3	49	3	2	1	1	212	0	303
25–34	36	7	7	4	95	13	1	0	0	358	1	522
35–44	43	23	6	10	96	11	6	2	2	270	0	467
45–54	69	70	5	9	75	11	4	11	3	383	3	640
55–64	115	200	8	25	177	12	13	46	2	591	2	1,189
65–74	478	673	52	46	371	18	33	137	5	2,021	5	3,834
75–84	882	1,897	92	102	909	20	46	463	3	2,954	3	7,368
85 and over	461	1,375	64	58	519	8	19	402	0	1,563	0	4,469
Total	2,113	4,247	242	259	2,294	96	124	1,062	14	8,464	14	18,915
Female												
Under 14	3	0	0	0	9	0	0	0	0	84	0	96
15–24	9	4	1	0	23	2	1	0	0	148	0	188
25–34	23	3	2	5	29	4	6	2	0	246	0	320
35–44	33	17	0	3	41	3	1	4	0	302	0	404
45–54	55	37	0	7	77	7	4	8	2	350	2	547
55–64	81	128	7	16	80	7	5	25	1	510	1	860
65–74	366	618	30	41	358	18	52	81	4	3,257	4	4,825
75–84	872	2,472	106	128	1,039	35	55	374	10	5,021	10	10,112
85 and over	673	3,101	145	118	1,030	9	22	562	11	3,308	11	8,979
Total	2,115	6,380	291	318	2,686	85	146	1,056	28	13,226	28	26,331
Persons <sup>(f)</sup>												
Under 14	9	0	0	2	12	0	0	0	0	196	0	219
15–24	32	6	9	3	72	5	3	1	0	360	0	491
25–34	59	10	9	9	124	17	7	2	1	604	1	842
35–44	76	40	6	13	137	14	7	6	0	572	0	871
45–54	124	107	5	16	152	18	8	19	5	733	5	1,187
55–64	196	328	15	41	257	19	18	71	3	1,101	3	2,049
65–74	844	1,291	82	87	729	36	85	218	9	5,278	9	8,659
75–84	1,754	4,369	198	230	1,948	55	101	837	13	7,975	13	17,480
85 and over	1,134	4,476	209	176	1,551	17	41	965	11	4,871	11	13,451
Total	4,228	10,627	533	577	4,982	181	270	2,119	42	21,690	42	45,249

(a) Includes separations for which the care type was reported as *Rehabilitation*, *Palliative*, *Psychogeriatric*, *Geriatric evaluation and management* or *Maintenance*.

(b) Unless this is the usual place of residence (see text for exceptions to this general rule).

(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*, *Geriatric evaluation and management* or *Maintenance*.

**Table 7.15: Separations<sup>(a)</sup>, by mode of admission and hospital sector, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Admitted patient transferred from another hospital	80,923	50,923	23,024	25,908	16,299	3,411	2,114	367	202,969
Statistical admission: type change	26,000	13,933	11,808	3,553	6,708	1,344	1,256	667	65,269
Other <sup>(b)</sup>	1,227,968	1,158,183	698,929	353,799	340,312	71,593	60,268	74,857	3,985,909
Not reported	9,355	390	0	0	2,277	10,256	0	0	22,278
<b>Total</b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>
<b>Private hospitals</b>									
Admitted patient transferred from another hospital	30,550	24,050	13,175	4,363	4,966	n.p.	n.p.	n.p.	78,312
Statistical admission: type change	1,083	1,337	2,646	1,162	30	n.p.	n.p.	n.p.	6,601
Other <sup>(b)</sup>	715,374	678,880	661,025	303,190	206,795	n.p.	n.p.	n.p.	2,637,840
Not reported	191	0	0	0	38	n.p.	n.p.	n.p.	19,672
<b>Total</b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>
<b>All hospitals</b>									
Admitted patient transferred from another hospital	111,473	74,973	36,199	30,271	21,265	n.p.	n.p.	n.p.	281,281
Statistical admission: type change	27,083	15,270	14,454	4,715	6,738	n.p.	n.p.	n.p.	71,870
Other <sup>(b)</sup>	1,943,342	1,837,063	1,359,954	656,989	547,107	n.p.	n.p.	n.p.	6,623,749
Not reported	9,546	390	0	0	2,315	n.p.	n.p.	n.p.	41,950
<b>Total</b>	<b>2,091,444</b>	<b>1,927,696</b>	<b>1,410,607</b>	<b>691,975</b>	<b>577,425</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,018,850</b>

(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.

n.p. Not published.

**Table 7.16: Separations<sup>(a)</sup>, by mode of separation and hospital sector, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Discharge/transfer to an(other) acute hospital	92,388	72,632	37,663	16,429	19,237	3,738	2,678	2,406	247,171
Discharge/transfer to residential aged care service <sup>(b)</sup>	14,756	13,963	3,632	4,908	7,690	1,113	1,345	185	47,592
Discharge/transfer to an(other) psychiatric hospital	3,042	1,165	137	794	1,269	0	15	6	6,428
Discharge/transfer to other health care accommodation <sup>(c)</sup>	3,473	0	2,561	560	725	862	331	1,543	10,055
Statistical discharge: type change	18,523	13,970	11,867	3,803	6,541	1,549	1,277	611	58,141
Left against medical advice/discharge at own risk	13,688	4,153	5,666	3,319	2,181	405	141	2,248	31,801
Statistical discharge from leave	2,038	4	822	1,613	175	14	0	0	4,666
Died	22,826	14,894	8,819	3,569	4,583	1,369	790	414	57,264
Other <sup>(c)</sup>	1,170,355	1,102,648	662,594	348,265	323,167	77,554	57,061	68,478	3,810,122
Not reported	3,157	0	0	0	28	0	0	0	3,185
<b>Total</b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>
<b>Private hospitals</b>									
Discharge/transfer to an(other) acute hospital	15,902	14,229	11,346	3,289	4,273	n.p.	n.p.	n.p.	49,365
Discharge/transfer to residential aged care service <sup>(b)</sup>	1,346	2,081	1,526	1,381	1,502	n.p.	n.p.	n.p.	7,924
Discharge/transfer to an(other) psychiatric hospital	72	17	0	74	34	n.p.	n.p.	n.p.	198
Discharge/transfer to other health care accommodation <sup>(c)</sup>	375	0	561	12	48	n.p.	n.p.	n.p.	2,673
Statistical discharge: type change	1,447	1,991	2,665	1,225	34	n.p.	n.p.	n.p.	14,409
Left against medical advice/discharge at own risk	462	526	178	243	54	n.p.	n.p.	n.p.	1,533
Statistical discharge from leave	18	0	29	17	0	n.p.	n.p.	n.p.	64
Died	2,299	3,113	4,646	2,098	1,231	n.p.	n.p.	n.p.	13,535
Other <sup>(c)</sup>	725,277	682,310	655,895	300,376	204,626	n.p.	n.p.	n.p.	2,652,697
Not reported	0	0	0	0	27	n.p.	n.p.	n.p.	27
<b>Total</b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>

(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).

n.p. Not published.

Table 7.17: Separations<sup>(a)</sup>, by inter-hospital contracted patient status and hospital sector, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Inter-hospital contracted patient from public sector	1,232	1,362	0	336	1,588	0	0	24	4,542
Inter-hospital contracted patient from private sector	3,629	10	0	0	0	0	0	773	4,412
Not inter-hospital contracted patient	1,173,207	1,221,667	733,761	382,924	364,008	86,604	63,638	75,094	4,100,903
Not reported	166,178	390	0	0	0	0	0	0	166,568
<b>Total</b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>
<b>Private hospitals</b>									
Inter-hospital contracted patient from public sector	4,857	1,782	1,376	7,646	686	n.p.	n.p.	n.p.	20,440
Inter-hospital contracted patient from private sector	0	0	3,394	0	0	n.p.	n.p.	n.p.	3,394
Not inter-hospital contracted patient	742,341	702,485	672,017	301,069	211,143	n.p.	n.p.	n.p.	2,707,258
Not reported	0	0	59	0	0	n.p.	n.p.	n.p.	11,333
<b>Total</b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>
<b>All hospitals</b>									
Inter-hospital contracted patient from public sector	6,089	3,144	1,376	7,982	2,274	n.p.	n.p.	n.p.	24,982
Inter-hospital contracted patient from private sector	3,629	10	3,394	0	0	n.p.	n.p.	n.p.	7,806
Not inter-hospital contracted patient	1,915,548	1,924,152	1,405,778	683,993	575,151	n.p.	n.p.	n.p.	6,808,161
Not reported	166,178	390	59	0	0	n.p.	n.p.	n.p.	177,901
<b>Total separations</b>	<b>2,091,444</b>	<b>1,927,696</b>	<b>1,410,607</b>	<b>691,975</b>	<b>577,425</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,018,850</b>

(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.  
n.p. Not published.



Table 7.18: Separations<sup>(a)</sup>, by urgency of admission and hospital sector, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Emergency	635,235	424,043	320,332	152,427	152,787	40,410	22,829	25,815	1,773,878
Surgical <sup>(b)</sup>	70,337	47,621	30,333	21,592	17,858	4,970	4,616	3,188	200,515
Other <sup>(b)</sup>	564,898	376,422	289,999	130,835	134,929	35,440	18,213	22,627	1,573,363
Elective	562,899	711,148	204,439	130,805	127,718	25,829	19,580	23,156	1,805,574
Surgical <sup>(b)</sup>	183,981	187,234	105,335	55,725	60,771	10,481	9,027	5,036	617,590
Other <sup>(b)</sup>	378,918	523,914	99,104	75,080	66,947	15,348	10,553	18,120	1,187,984
Not assigned	145,899	87,848	208,990	100,028	85,091	20,363	21,229	26,920	696,368
Not reported	213	390	0	0	0	2	0	0	605
<i>Total</i>	1,344,246	1,223,429	733,761	383,260	365,596	86,604	63,638	75,891	4,276,425
<b>Private hospitals</b>									
Emergency	23,024	31,863	80,862	27,695	25,058	n.p.	n.p.	n.p.	193,616
Surgical <sup>(b)</sup>	4,835	5,315	15,059	3,898	4,893	n.p.	n.p.	n.p.	36,847
Other <sup>(b)</sup>	18,189	26,548	65,803	23,797	20,165	n.p.	n.p.	n.p.	156,769
Elective	682,570	652,470	486,455	219,896	166,702	n.p.	n.p.	n.p.	2,273,326
Surgical <sup>(b)</sup>	316,346	247,603	224,522	108,318	88,424	n.p.	n.p.	n.p.	1,016,985
Other <sup>(b)</sup>	366,224	404,867	261,933	111,578	78,278	n.p.	n.p.	n.p.	1,256,341
Not assigned	41,604	19,934	109,529	61,124	20,069	n.p.	n.p.	n.p.	257,151
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	18,332
<i>Total</i>	747,198	704,267	676,846	308,715	211,829	n.p.	n.p.	n.p.	2,742,425
<b>All hospitals</b>									
Emergency	658,259	455,906	401,194	180,122	177,845	n.p.	n.p.	n.p.	1,967,494
Surgical <sup>(b)</sup>	75,172	52,936	45,392	25,490	22,751	n.p.	n.p.	n.p.	237,362
Other <sup>(b)</sup>	583,087	402,970	355,802	154,632	155,094	n.p.	n.p.	n.p.	1,730,132
Elective	1,245,469	1,363,618	690,894	350,701	294,420	n.p.	n.p.	n.p.	4,078,900
Surgical <sup>(b)</sup>	500,327	434,837	329,857	164,043	149,195	n.p.	n.p.	n.p.	1,634,575
Other <sup>(b)</sup>	745,142	928,781	361,037	186,658	145,225	n.p.	n.p.	n.p.	2,444,325
Not assigned	187,503	107,782	318,519	161,152	105,160	n.p.	n.p.	n.p.	953,519
Not reported	213	390	0	0	0	n.p.	n.p.	n.p.	18,937
<b>Total separations</b>	<b>2,091,444</b>	<b>1,927,696</b>	<b>1,410,607</b>	<b>691,975</b>	<b>577,425</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>7,018,850</b>

(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.  
n.p. Not published.

Table 7.19: Separations<sup>(a)</sup> with hospital in the home care, by hospital sector, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA <sup>(b)</sup>	Tas	ACT	NT	Total
<b>Public hospitals</b>									
Separations									
Same day	n.a.	6,304	242	2	948	n.a.	0	1	n.a.
Overnight	n.a.	31,793	920	419	5,241	n.a.	789	250	n.a.
Hospital in the home days	n.a.	230,609	8,437	5,983	44,393	n.a.	7,929	3,152	n.a.
<i>Total patient days</i>	<i>n.a.</i>	<i>320,483</i>	<i>10,957</i>	<i>9,488</i>	<i>44,393</i>	<i>n.a.</i>	<i>11,849</i>	<i>4,795</i>	<i>n.a.</i>
<b>Private hospitals</b>									
Separations									
Same day	n.a.	1	133	0	7	n.a.	n.p.	n.p.	n.a.
Overnight	n.a.	511	56	213	14	n.a.	n.p.	n.p.	n.a.
Hospital in the home days	n.a.	3,851	3,371	1,573	106	n.a.	n.p.	n.p.	n.a.
<i>Total patient days</i>	<i>n.a.</i>	<i>5,061</i>	<i>3,371</i>	<i>3,489</i>	<i>106</i>	<i>n.a.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.a.</i>
<b>All hospitals</b>									
Separations									
Same day	n.a.	6,305	375	2	955	n.a.	n.p.	n.p.	n.a.
Overnight	n.a.	32,304	976	632	5,255	n.a.	n.p.	n.p.	n.a.
Hospital in the home days	n.a.	234,460	11,808	7,556	44,499	n.a.	n.p.	n.p.	n.a.
<b>Total patient days</b>	<b>n.a.</b>	<b>325,544</b>	<b>14,328</b>	<b>12,977</b>	<b>44,499</b>	<b>n.a.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.a.</b>

(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) In South Australia, hospital in the home care was defined as separate episodes of care and therefore the total number of patient days is equal to the number of hospital in the home care days.

n.p. Not published.

n.a. Not available.

# 8 Demographic profile for admitted patients

## Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 2004–05. 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 2004 population estimates for Indigenous peoples and other Australians (Table 8.7 and 8.8), country of birth groups (Table 8.10), 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 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 2004 estimates (see Appendix 3).

## 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 82 separations for patients who were not reported as male or female and the 11 separations for which age was not reported are included in the totals of tables in this chapter.

## Changes between 2000–01 and 2004–05

The increases in separations (20.7%) and patient days (6.3%) in private hospitals between 2000–01 and 2004–05 were spread fairly evenly between females and males but were spread unevenly among age groups (Tables 8.1 and 8.4).

Private hospital separations increased for all age groups except for those aged 1–4 years. The increases in separations were most pronounced for patients aged 55 years and over, particularly for those aged 55–64 years (an increase of 42.0%). The increases in private hospital patient days were also most pronounced for patients aged 55–64 years (26.5%).

The markedly smaller increase in public hospital separations (10.2%) over this period was more attributable to males (12.5%) than to females (8.0%) and to older patients, particularly those aged 55 years and over. Patient days increased by 3.2% for females and by 9.1% for males. Separations increased by 29.1% for patients aged 75–84 years and by 24.2% for those aged 85 years and over, but decreased for children aged up to four years old and those aged 25–34 years. Patient days decreased for patients aged up to four years old.

## Sex and age profiles in 2004–05

Nationally, separations per 1,000 population were higher for females than for males in all age groups from 15–54 years in 2004–05 (Figure 6 in 'Hospitals at a glance').

Females outnumbered males in separations from public hospitals (2,215,998 separations, 51.8% of total) and from private hospitals (1,510,034 separations, 55.1% of total) in 2004–05 (Tables 8.2 and 8.3). There were more females than males in all age groups from 15–44 years in separations from public hospitals and in all age groups from 15–54 years in separations from private hospitals. These age groups include the child-bearing ages for women. Females aged 85 years and over also outnumbered males of that age group in separations from 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 51.7% (8,620,631) of patient days, and for more patient days than males in the age groups 15–44 years and 75 years and over. In private hospitals, females accounted for 57.8% (4,145,280) of patient days, and for more patient days than males in age groups 15–64 years 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 2004–05. They accounted for 23.7% of the estimated resident population at 31 December 2004 and contributed 50.3% of separations (over 3.5 million) and 60.2% of patient days (over 14.3 million) (Tables 8.2, 8.3, 8.5 and 8.6). Persons of this age also had more separations per 1,000 population than any age group other than children under one year old. Persons aged 75 years and over had higher average lengths of stay than any age group other than children under one 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 (NHDC 2003). Information by Indigenous status is also provided in Chapters 9 (*Principal diagnoses for admitted patients*) and 10 (*Procedures for admitted patients*).

The quality of Indigenous status data in the National Hospital Morbidity Database is variable, so the data in this chapter should be used with caution.

The AIHW report *Improving the quality of Indigenous identification in hospital separations data* (AIHW 2005d) recommends that when using Indigenous status information for analytical purposes, the data for only Queensland, Western Australia, South Australia and the Northern Territory should be used. Therefore, an additional column has been added to Tables 8.7 and 8.8, which includes subtotal and separation rates only for the four jurisdictions. Also, Table 8.9 and Figure 8.1 are restricted to include data from the four jurisdictions only. Because data for private hospitals in the Northern Territory are not published in this report, data for the Northern Territory in these analyses are for the public hospitals only. It should be noted that data for the four states and territories are not necessarily representative of the other states and territories.

The report also recommends that data for all jurisdictions be shown to provide information on the total number of separations for Indigenous patients and for monitoring data quality. Hence, they are included for New South Wales, Victoria, Tasmania and the Australian

Capital Territory in Tables 8.7 and 8.8, although separation rates are not published for those jurisdictions.

In this publication, Indigenous status categories included as Indigenous were *Aboriginal but not Torres Strait Islander origin*, *Torres Strait Islander but not Aboriginal origin* and *Aboriginal and Torres Strait Islander origin*. The category reported as non-Indigenous was *Neither Aboriginal nor Torres Strait Islander origin*.

For the four jurisdictions, age-standardised separation rates per 1,000 population are presented for the three Indigenous categories in aggregate and for persons not identified as Indigenous (that is, persons reported as *Neither Aboriginal nor Torres Strait Islander origin* and persons for whom an Indigenous status was *Not reported*), termed *Other*. Also presented are rate ratios for the separation rates for persons identified as Indigenous and those not identified as Indigenous (that is, ratios of the age-standardised rate for persons identified as Indigenous to the age-standardised rate for persons not identified as Indigenous. A rate ratio greater than 1.0 indicates a higher separation rate for Indigenous persons than for other persons.) These rates are influenced by the quality of the data on Indigenous status, which varied among the states and territories, as described below.

Tables 8.7 and 8.8 contain counts of separations, overnight separations, separation rates per 1,000 population and rate ratios by Indigenous status, hospital sector and state and territory in 2004–05. There were 228,712 separations in 2004–05 for patients reported as Indigenous. About three-quarters of these separations were reported by Queensland, Western Australia, South Australia and public hospitals in the Northern Territory.

The four-jurisdiction only data shows that 92.6% of separations for Indigenous persons were reported as *Aboriginal but not Torres Strait Islander origin*, 4.9% were reported as *Torres Strait Islander but not Aboriginal origin* and 2.6% were reported as *Aboriginal and Torres Strait Islander origin*. Over 92% of separations of Indigenous persons in 2004–05 were from the public sector (159,351). In contrast, 45.8% of separations for other persons were from the private sector (1,184,390).

For the four jurisdictions combined, there were 971.0 separations per 1,000 population of Indigenous persons reported in 2004–05. This was almost three times the separation rate for other persons (348.1). About two-thirds 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 (1,403.8), followed by Western Australia (1,042.2). The Northern Territory also reported the largest rate ratio for separations (6.0), indicating that the separation rate for Indigenous persons was 6 times the rate for other persons.

For the four jurisdictions, 41.1% of separations for patients reported as Indigenous in 2004–05 were for overnight stays (70,905) (Table 8.8), and 1.2% of overnight separations of Indigenous persons were from the private sector (886). There were 327.7 overnight separations of Indigenous persons reported per 1,000 Indigenous population. This was almost twice the rate for other persons (158.4). Western Australia reported the highest rate of overnight separations for Indigenous persons per 1,000 Indigenous population (386.7) and the largest rate ratio for overnight separations was reported by the Northern Territory (3.0).

Table 8.9 contains separation data for the four jurisdictions by *Indigenous* status, age group and sex in 2004–05. The proportion of separations for Indigenous females (57.1%) was slightly higher than that for *Non-Indigenous* females (52.5%). A higher proportion of

separations reported for *Indigenous* persons in 2004–05 were for those aged 64 years and under compared with separations for *Non-Indigenous* persons. Only 9.9% of separations for *Indigenous* persons were reported among those aged 65 years and over compared with 35.4% of separations for *Non-Indigenous* persons.

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.

## Quality of Indigenous status data

Overall, the quality of the data provided for Indigenous status in 2004–05 is considered to be in need of improvement, being considered acceptable by only Queensland, Western Australia, South Australia and the Northern Territory. Data on Indigenous status in this chapter should therefore be interpreted with caution.

For 2004–05, the New South Wales Health Department reports that its data were in need of improvement. To resolve this issue, the department continues to be active in the implementation of initiatives aimed at improving the quality of Indigenous status information in hospital separations data. Departmental publications and circulars are used to encourage a uniform approach to the identification of Indigenous patients in addition to providing a framework for continuous improvement in this data collection. To complement these strategies the New South Wales Health Department developed and implemented its Collecting Patient Registration Information Training Program. This training program raises awareness of data items, including Indigenous status, that may relate to sensitive issues and reviews strategies that may assist in the collection of complete and accurate patient registration information. This training program has been implemented for public hospitals in all New South Wales Area Health Services.

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Indigenous status data for 2004–05 should be treated with some caution. Studies in Victoria have shown that data are more accurate if the hospital employs an Aboriginal Hospital Liaison Officer (AHLO), particularly in regional hospitals, where the AHLOs are located in the main Aboriginal communities. Indigenous status data are considered less reliable in tertiary hospitals drawing Indigenous patients from outside their local communities, and in private hospitals. From July 2004, the admitted patient funding supplement for Aboriginal and Torres Strait Islander admitted patients in public hospitals was increased from 10% to 30%. Hospitals in receipt of the supplement are obligated to provide appropriate services to Aboriginal and Torres Strait Islander patients and to improve the accuracy of identification of Aboriginal and Torres Strait Islander patients.

Queensland Health notes that for the 2004–05 financial year Indigenous status was not reported for 12% of admitted patient separations (1.8% for public hospital separations and 24% for private hospital separations). Overall, the 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. Queensland Health continues to work on improving overall Aboriginal and Torres Strait Islander identification in all mainstream data collections, and undertook audits of five public

hospitals during July–September 2005 to assess the accuracy of Indigenous status in hospital records.

The Western Australian Department of Health regards its Indigenous status data as being of an acceptable quality, although data from metropolitan hospitals are still considered to be less accurate than data from remote areas. Quality improvement activities, including cross-referencing between metropolitan and country hospitals, enhanced the accuracy of this data element.

The South Australian Department of Health regards its 2004–05 Indigenous status data as suitable for inclusion in national statistical reports. The department conducted training in 2003–04 on how to ask and record the Indigenous status question. This training was based on a training package produced by the Australian Bureau of Statistics. A 30% loading for casemix payments is applied to separations for Indigenous patients in public hospitals in South Australia, and this acts as an incentive for improved identification.

The Tasmanian Department of Health and Human Services reports that the quality of Indigenous status data has improved in 2004–05 but there still remain a relatively high number of separations where Indigenous status is not stated, particularly in the private sector. The department is continuing to implement actions to improve the coverage and quality of Indigenous data in both the public and private sectors. Data reported for Tasmania on Indigenous status should therefore be examined with some caution.

The Australian Capital Territory Health Department has been closely monitoring Indigenous status data in its public hospitals, and has noted a significant reduction in the number of records where Indigenous status was not reported. ACT Health is also preparing to conduct an investigation into why some Indigenous patients are not identified in both the admitted and non-admitted data collections, in order to introduce processes to improve the rate of Indigenous identification.

The Northern Territory Department of Health and Community Services reports that the quality of its 2004–05 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners follow up on these clients. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

## Country of birth

In 2004–05, 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 2004c).

Australian-born patients accounted for 73.3% (5,142,688) of total separations, 72.2% in the public sector and 74.9% in the private sector (Table 8.10). The age-standardised separation rate for Australian-born population was higher (352.6 per 1,000 population) than that for the overseas-born population (285.2 per 1,000). Persons born in North-East Asia had the lowest separation rate at 215.1 per 1,000 population.

Country of birth groups differed markedly in the proportion of their total separations within the public sector. Some 60% of separations of Australian-born patients were in the public sector, as were over 75% of separations for patients born in Fiji, Greece, Egypt, Philippines

and Vietnam. Fewer than 50% of separations for patients born in Hong Kong and Macau, 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. Details of the data provided by states and territories and the mapping process conducted by the AIHW to assign 2004 SLA codes and Remoteness Area categories to separation records can be found in Appendix 3.

Patients' SLAs have also been assigned to categories of the Index of Advantage/Disadvantage, one of a set of Socio-Economic Indexes for Areas 2001 (termed 'SEIFA 2001') constructed by the Australian Bureau of Statistics based on data from the 2001 population census (ABS 2004b). SEIFA 2001 is discussed in more detail in Appendix 3.

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. 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. A standardised separation rate ratio of 1.00 indicates that the population of interest (for example, a specific state or territory) had a separation rate similar to the national separation rate, and a standardised separation rate ratio greater than 1.00 indicates that it had a rate larger than the national rate. The statistical significance of a given SRR is described by its corresponding 95% confidence interval. Appendix 3 provides more information on the standardised separation rate ratio.

Usual residents of the Northern Territory had the largest separation rate for public hospitals, 439.0 per 1,000 population. The SRR for usual residents of the Northern Territory in public hospitals was 2.12, that is, persons usually resident in the Northern Territory had a total separation rate in public hospitals that was 112% higher than the national rate. Among those jurisdictions for which information was published, usual residents of Queensland had the largest separation rate for private hospitals, 166.5 per 1,000 population. Usual residents of the Northern Territory had the highest overnight separation rate, 209.1 per 1,000 population.

## Remoteness Areas

Table 8.12 presents the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR for each Remoteness Area. Persons usually resident in very remote areas had 458.2 separations per 1,000 population, compared with 341.7



separations per 1,000 population nationwide. The SRR of 1.34 for persons usually resident in very remote areas indicates that their separation rate was 34% 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 (411.3 separations per 1,000 population), and the separation rate for private hospitals was highest for usual residents of major cities (146.9 separations per 1,000 population) and lowest for very remote areas (46.9 separations per 1,000 population).

## **Socioeconomic advantage/disadvantage**

The Index of Advantage/Disadvantage (from SEIFA 2001) used in *Australian hospital statistics 2004–05* 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 19% and 22% of total hospital separations. However, SRRs were statistically different among the quintiles, ranging from 1.04 for the most disadvantaged to 0.95 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 25.1% of separations from public hospitals and 14.8% of separations from private hospitals. In contrast, the most advantaged quintile accounted for 14.2% of separations from public hospitals and 27.4% of separations from private hospitals. Reflecting this, the SRRs for separations from public hospitals decreased progressively from 1.24 for the most disadvantaged quintile to 0.70 for the most advantaged quintile and the SRRs for separations from private hospitals increased progressively from 0.72 for the most disadvantaged quintile to 1.34 for the most advantaged quintile. The 95% confidence intervals applying to these SRRs indicate that the differences in separation rates 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 72.5% of separations of the most disadvantaged quintile and 44.6% of separations of 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 1.14 for the most disadvantaged quintile and 0.86 for the most advantaged quintile.

## **Additional data**

Accompanying tables on the Internet at [www.aihw.gov.au](http://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<sup>(a)</sup>, by age group, sex and hospital sector, Australia, 2000–01 to 2004–05

Public hospitals													
Sex	Age group	Private hospitals					Change 2000–01 to 2004–05 (per cent)	Public hospitals					Change 2000–01 to 2004–05 (per cent)
		2000–01	2001–02	2002–03	2003–04	2004–05		2000–01	2001–02	2002–03	2003–04	2004–05	
Females	Under 1	8,850	9,214	9,595	9,258	8,549	–3.4	49,877	49,476	50,390	50,915	47,708	–4.3
	1–4	12,244	12,943	13,056	12,058	11,902	–2.8	59,676	60,539	59,432	59,733	56,511	–5.3
	5–14	22,701	24,801	24,472	23,379	23,384	3.0	72,478	72,857	72,802	73,408	74,422	2.7
	15–24	80,712	90,632	97,741	97,019	98,920	22.6	208,925	207,080	205,778	208,857	212,048	1.5
	25–34	177,454	191,321	198,337	194,978	195,885	10.4	352,414	338,004	341,100	342,996	345,143	–2.1
	35–44	179,190	198,574	206,013	207,170	218,718	22.1	250,489	243,342	245,907	248,933	255,842	2.1
	45–54	197,849	216,548	219,932	225,615	230,407	16.5	217,185	219,604	229,328	235,139	239,259	10.2
	55–64	171,850	192,525	210,092	228,225	240,426	39.9	219,128	227,056	242,066	252,550	254,879	16.3
	65–74	177,853	181,831	188,940	197,423	206,536	16.1	266,140	276,731	285,700	294,868	298,652	12.2
	75–84	166,769	174,991	188,626	201,097	210,725	26.4	246,153	261,707	276,623	291,386	299,848	21.8
	85 and over	54,995	55,930	59,301	62,226	64,582	17.4	108,564	117,646	125,113	129,222	131,684	21.3
Total <sup>(b)</sup>		1,250,468	1,349,310	1,416,105	1,458,449	1,510,034	20.8	2,051,066	2,074,080	2,134,266	2,188,007	2,215,998	8.0
Males	Under 1	13,463	13,845	14,559	14,546	14,147	5.1	67,474	66,718	66,301	68,181	63,576	–5.8
	1–4	19,099	19,346	19,052	18,469	18,777	–1.7	85,607	85,831	83,661	83,513	79,184	–7.5
	5–14	27,434	29,914	28,681	27,490	27,249	–0.7	101,998	104,545	102,322	103,365	102,632	0.6
	15–24	57,339	60,025	61,957	61,253	62,871	9.6	121,951	122,260	121,617	123,883	125,517	2.9
	25–34	69,298	71,797	73,155	70,142	70,551	1.8	162,844	164,709	160,930	160,570	161,690	–0.7
	35–44	105,524	113,515	115,043	114,299	116,798	10.7	191,786	192,823	195,062	197,798	202,215	5.4
	45–54	159,568	169,145	170,766	172,517	175,977	10.3	222,027	228,439	235,614	243,517	247,860	11.6
	55–64	173,228	196,748	214,421	231,790	249,529	44.0	256,603	268,294	288,892	300,081	314,858	22.7
	65–74	182,317	187,264	199,316	212,264	222,816	22.2	326,927	339,739	355,597	358,241	365,658	11.8
	75–84	179,505	184,988	198,897	212,448	222,460	23.9	232,514	251,427	274,884	298,531	318,299	36.9
	85 and over	34,624	36,720	42,356	47,001	51,208	47.9	60,977	66,469	71,580	74,792	78,859	29.3
Total <sup>(b)</sup>		1,021,400	1,083,307	1,138,204	1,182,219	1,232,383	20.7	1,830,763	1,891,294	1,956,492	2,012,473	2,060,353	12.5
Persons <sup>(b)</sup>	Under 1	22,322	23,078	24,170	23,831	22,700	1.7	117,363	116,211	116,699	119,100	111,287	–5.2
	1–4	31,343	32,289	32,109	30,531	30,679	–2.1	145,286	146,376	143,095	143,246	135,696	–6.6
	5–14	50,136	54,716	53,153	50,873	50,634	1.0	174,476	177,406	175,125	176,775	177,056	1.5
	15–24	138,054	150,661	159,699	158,273	161,791	17.2	330,880	329,353	327,402	332,741	337,566	2.0
	25–34	246,754	263,120	271,494	265,120	266,437	8.0	515,263	502,717	502,033	503,568	506,836	–1.6
	35–44	284,714	312,091	321,059	321,469	335,516	17.8	442,283	436,221	441,067	446,743	458,062	3.6
	45–54	357,420	385,699	390,701	398,133	406,386	13.7	439,214	448,046	464,945	478,657	487,124	10.9
	55–64	345,080	389,273	424,516	460,015	489,956	42.0	475,737	495,363	530,960	552,635	569,746	19.8
	65–74	360,170	369,095	388,258	409,689	429,352	19.2	593,067	616,474	641,307	653,112	664,323	12.0
	75–84	346,277	359,987	387,524	413,546	433,187	25.1	478,670	513,134	551,507	589,925	618,162	29.1
	85 and over	89,619	92,651	101,658	109,227	115,790	29.2	169,542	184,116	196,694	204,014	210,556	24.2
Total <sup>(b)</sup>		2,271,891	2,432,659	2,554,342	2,640,708	2,742,425	20.7	3,881,875	3,965,512	4,090,969	4,200,517	4,276,425	10.2

(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 separations for which sex and/or age group were not reported.

**Table 8.2: Separations<sup>(a)</sup>, by age group and sex, public hospitals, states and territories, 2004-05**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Females</b>	Under 1	15,267	14,002	8,391	3,628	3,873	796	713	1,038	47,708
	1-4	19,155	13,421	11,003	5,103	5,031	988	687	1,123	56,511
	5-14	24,702	18,311	14,584	7,109	6,053	1,412	1,114	1,137	74,422
	15-24	64,079	52,625	45,330	18,949	18,996	4,417	2,783	4,869	212,048
	25-34	109,859	98,600	62,304	28,721	28,526	6,534	4,824	5,775	345,143
	35-44	75,792	74,865	43,898	24,262	21,971	5,264	3,578	6,212	255,842
	45-54	65,758	69,544	41,991	24,524	19,766	5,307	3,179	9,190	239,259
	55-64	75,637	77,032	44,498	22,218	19,780	5,850	3,637	6,227	254,879
	65-74	95,718	88,208	47,014	26,154	26,937	5,599	4,974	4,048	298,652
	75-84	107,051	87,742	41,726	25,294	26,456	6,172	3,961	1,446	299,848
	85 and over	49,647	37,172	17,709	11,225	11,889	2,513	1,286	243	131,684
	<i>Total<sup>(b)</sup></i>	<i>702,667</i>	<i>631,522</i>	<i>378,448</i>	<i>197,187</i>	<i>189,278</i>	<i>44,852</i>	<i>30,736</i>	<i>41,308</i>	<i>2,215,998</i>
<b>Males</b>	Under 1	20,803	18,438	11,093	4,818	5,101	1,070	916	1,337	63,576
	1-4	27,052	18,660	15,608	7,236	6,922	1,211	1,018	1,477	79,184
	5-14	35,808	24,630	20,266	9,895	7,599	1,723	1,393	1,318	102,632
	15-24	39,845	31,856	25,226	12,252	9,980	2,497	1,834	2,027	125,517
	25-34	48,936	44,058	29,859	15,010	13,573	3,756	2,885	3,613	161,690
	35-44	59,586	55,928	35,649	19,796	17,978	4,006	3,228	6,044	202,215
	45-54	70,987	67,866	46,210	23,942	21,224	5,063	4,263	8,305	247,860
	55-64	91,374	92,958	55,720	28,393	27,558	6,454	6,401	6,000	314,858
	65-74	110,046	117,580	60,508	30,918	29,939	7,700	5,859	3,108	365,658
	75-84	107,646	97,769	44,621	27,020	28,920	6,785	4,327	1,211	318,299
	85 and over	29,420	22,162	10,553	6,793	7,524	1,487	778	142	78,859
	<i>Total<sup>(b)</sup></i>	<i>641,507</i>	<i>591,905</i>	<i>355,313</i>	<i>186,073</i>	<i>176,318</i>	<i>41,752</i>	<i>32,902</i>	<i>34,583</i>	<i>2,060,353</i>
<b>Persons<sup>(b)</sup></b>	Under 1	36,071	32,442	19,484	8,446	8,974	1,866	1,629	2,375	111,287
	1-4	46,208	32,081	26,611	12,339	11,953	2,199	1,705	2,600	135,696
	5-14	60,512	42,941	34,850	17,004	13,652	3,135	2,507	2,455	177,056
	15-24	103,925	84,481	70,556	31,201	28,976	6,914	4,617	6,896	337,566
	25-34	158,798	142,658	92,163	43,731	42,099	10,290	7,709	9,388	506,836
	35-44	135,383	130,793	79,547	44,058	39,949	9,270	6,806	12,256	458,062
	45-54	136,750	137,410	88,201	48,466	40,990	10,370	7,442	17,495	487,124
	55-64	167,020	169,990	100,218	50,611	47,338	12,304	10,038	12,227	569,746
	65-74	205,777	205,788	107,522	57,072	56,876	13,299	10,833	7,156	664,323
	75-84	214,712	185,511	86,347	52,314	55,376	12,957	8,288	2,657	618,162
	85 and over	79,080	59,334	28,262	18,018	19,413	4,000	2,064	385	210,556
	<i>Total<sup>(b)</sup></i>	<i>1,344,246</i>	<i>1,223,429</i>	<i>733,761</i>	<i>383,260</i>	<i>365,596</i>	<i>86,604</i>	<i>63,638</i>	<i>75,891</i>	<i>4,276,425</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 for which sex and/or age group were not reported.

**Table 8.3: Separations<sup>(a)</sup>, by age group and sex, private hospitals, states and territories, 2004–05**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Females</b>	Under 1	1,140	2,698	1,897	2,239	301	n.p.	n.p.	n.p.	8,549
	1–4	3,378	2,065	3,131	1,830	1,104	n.p.	n.p.	n.p.	11,902
	5–14	7,118	5,024	5,369	3,263	1,723	n.p.	n.p.	n.p.	23,384
	15–24	24,989	27,563	23,166	13,401	5,966	n.p.	n.p.	n.p.	98,920
	25–34	53,950	53,495	46,329	22,451	11,246	n.p.	n.p.	n.p.	195,885
	35–44	59,023	62,349	50,023	24,492	13,967	n.p.	n.p.	n.p.	218,718
	45–54	59,243	61,251	54,813	28,262	18,183	n.p.	n.p.	n.p.	230,407
	55–64	64,301	61,087	60,324	26,963	19,414	n.p.	n.p.	n.p.	240,426
	65–74	56,602	51,993	52,857	22,486	17,152	n.p.	n.p.	n.p.	206,536
	75–84	59,317	54,536	54,187	17,918	18,964	n.p.	n.p.	n.p.	210,725
	85 and over	16,030	17,719	16,662	5,688	6,799	n.p.	n.p.	n.p.	64,582
	<i>Total<sup>(b)</sup></i>	<i>405,091</i>	<i>399,780</i>	<i>368,758</i>	<i>168,993</i>	<i>114,819</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,510,034</i>
<b>Males</b>	Under 1	2,673	3,933	2,894	3,249	989	n.p.	n.p.	n.p.	14,147
	1–4	5,700	3,178	4,604	2,821	1,730	n.p.	n.p.	n.p.	18,777
	5–14	8,444	5,572	6,385	3,744	1,998	n.p.	n.p.	n.p.	27,249
	15–24	17,750	15,915	12,273	8,897	5,341	n.p.	n.p.	n.p.	62,871
	25–34	20,464	19,065	14,082	8,975	5,151	n.p.	n.p.	n.p.	70,551
	35–44	33,144	30,138	25,678	14,965	8,783	n.p.	n.p.	n.p.	116,798
	45–54	49,107	44,716	40,890	20,259	14,915	n.p.	n.p.	n.p.	175,977
	55–64	70,021	57,367	66,377	27,761	19,159	n.p.	n.p.	n.p.	249,529
	65–74	61,745	54,412	59,245	23,059	17,739	n.p.	n.p.	n.p.	222,816
	75–84	60,069	56,973	60,310	21,459	17,526	n.p.	n.p.	n.p.	222,460
	85 and over	12,990	13,215	15,350	4,532	3,676	n.p.	n.p.	n.p.	51,208
	<i>Total<sup>(b)</sup></i>	<i>342,107</i>	<i>304,484</i>	<i>308,088</i>	<i>139,721</i>	<i>97,007</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,232,383</i>
<b>Persons<sup>(b)</sup></b>	Under 1	3,813	6,634	4,791	5,489	1,290	n.p.	n.p.	n.p.	22,700
	1–4	9,078	5,243	7,735	4,651	2,834	n.p.	n.p.	n.p.	30,679
	5–14	15,562	10,596	11,754	7,007	3,721	n.p.	n.p.	n.p.	50,633
	15–24	42,739	43,478	35,439	22,298	11,307	n.p.	n.p.	n.p.	161,791
	25–34	74,414	72,560	60,411	31,426	16,397	n.p.	n.p.	n.p.	266,436
	35–44	92,167	92,487	75,701	39,457	22,750	n.p.	n.p.	n.p.	335,517
	45–54	108,350	105,967	95,703	48,521	33,098	n.p.	n.p.	n.p.	406,384
	55–64	134,322	118,454	126,701	54,724	38,574	n.p.	n.p.	n.p.	489,956
	65–74	118,347	106,405	112,102	45,545	34,891	n.p.	n.p.	n.p.	429,352
	75–84	119,386	111,509	114,497	39,377	36,492	n.p.	n.p.	n.p.	433,187
	85 and over	29,020	30,934	32,012	10,220	10,475	n.p.	n.p.	n.p.	115,790
	<i>Total<sup>(b)</sup></i>	<i>747,198</i>	<i>704,267</i>	<i>676,846</i>	<i>308,715</i>	<i>211,829</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,742,425</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 for which sex and/or age group were not reported.

n.p. Not published.

Table 8.4: Patient days<sup>(a)</sup>, by age group, sex and hospital sector, Australia, 2000–01 to 2004–05

Sex	Age group	Private hospitals						Public hospitals						Change 2000–01 to 2004–05 (per cent)
		Change 2000–01 to 2004–05 (per cent)												
		2000–01	2001–02	2002–03	2003–04	2004–05		2000–01	2001–02	2002–03	2003–04	2004–05		
Females	Under 1	46,202	47,551	49,147	49,177	47,763	10.5	278,373	274,566	271,864	280,205	270,901	–2.7	
	1–4	15,945	17,827	16,970	16,040	14,645	–8.2	120,203	117,847	116,731	114,982	107,880	–10.3	
	5–14	33,355	36,843	33,689	31,400	31,608	–5.2	162,023	161,989	160,672	162,721	166,293	2.6	
	15–24	160,204	172,762	180,504	177,254	177,585	10.8	570,017	597,066	573,454	573,838	568,779	–0.2	
	25–34	492,060	523,066	527,129	510,133	499,691	1.6	1,007,001	1,040,244	1,008,202	967,886	987,771	–1.9	
	35–44	428,734	463,784	465,140	458,873	470,918	9.8	734,122	731,057	735,519	714,611	762,779	3.9	
	45–54	442,671	476,638	467,528	468,396	466,712	5.4	654,608	654,918	666,269	666,458	700,059	6.9	
	55–64	420,647	458,327	485,652	512,783	524,649	24.7	749,406	774,506	792,099	805,906	823,883	9.9	
	65–74	572,874	561,334	554,007	562,764	556,337	–2.9	1,165,624	1,174,344	1,176,845	1,183,186	1,188,437	2.0	
	75–84	832,671	843,445	876,469	887,512	889,197	6.8	1,738,091	1,815,116	1,827,805	1,859,712	1,806,945	4.0	
85 and over	457,371	456,352	466,849	480,428	466,175	1.9	1,176,888	1,224,716	1,274,883	1,275,783	1,236,901	5.1		
Total <sup>(b)</sup>		3,902,741	4,057,929	4,123,084	4,154,761	4,145,280	6.3	8,356,549	8,566,505	8,604,419	8,605,288	8,620,631	3.2	
Males	Under 1	56,769	58,746	60,888	61,258	60,582	6.7	337,325	335,111	338,279	343,032	340,994	1.1	
	1–4	23,887	24,221	22,866	21,735	22,202	–7.1	159,934	159,708	154,853	152,965	144,126	–9.9	
	5–14	39,327	42,512	38,582	36,315	34,596	–12.0	205,170	207,282	220,909	206,389	204,490	–0.3	
	15–24	107,486	109,854	105,827	103,628	103,728	–3.5	425,119	482,898	480,006	437,876	464,355	9.2	
	25–34	129,271	136,219	131,682	121,139	119,576	–7.5	622,284	677,669	665,699	619,246	688,529	10.6	
	35–44	199,560	209,252	211,775	198,561	198,407	–0.6	647,664	687,050	663,593	665,111	690,705	6.6	
	45–54	330,438	342,693	339,416	327,112	319,784	–3.2	751,172	724,407	772,767	791,617	815,616	8.6	
	55–64	406,523	442,881	476,330	497,966	521,415	28.3	929,881	965,135	988,066	1,016,713	1,053,267	13.3	
	65–74	538,322	529,380	539,507	550,144	557,523	3.6	1,375,491	1,404,330	1,426,389	1,408,282	1,402,415	2.0	
	75–84	773,993	776,263	795,430	809,116	791,399	2.2	1,353,879	1,419,053	1,488,162	1,557,536	1,604,242	18.5	
85 and over	234,180	233,553	269,865	282,775	291,930	24.7	560,105	607,148	615,756	614,192	631,759	12.8		
Total <sup>(b)</sup>		2,839,757	2,905,574	2,992,169	3,009,749	3,021,142	6.5	7,368,445	7,669,989	7,814,558	7,812,960	8,040,503	9.1	
Persons <sup>(b)</sup>	Under 1	103,051	106,457	110,203	110,674	108,375	5.2	615,739	609,762	610,191	623,241	611,913	–0.6	
	1–4	39,832	42,048	39,837	37,778	36,847	–7.5	280,141	277,561	271,588	267,947	252,007	–10.0	
	5–14	72,683	79,356	72,271	67,719	66,204	–8.9	367,193	369,284	381,582	369,112	370,785	1.0	
	15–24	267,693	282,619	286,332	280,883	281,313	5.1	995,147	1,080,038	1,053,489	1,011,723	1,033,135	3.8	
	25–34	621,333	659,287	658,814	631,273	619,267	–0.3	1,629,295	1,717,918	1,673,963	1,587,140	1,676,303	2.9	
	35–44	628,294	673,037	676,918	657,434	669,326	6.5	1,381,802	1,418,225	1,399,270	1,379,931	1,453,518	5.2	
	45–54	773,114	819,337	806,947	795,509	786,496	1.7	1,405,785	1,379,355	1,439,039	1,458,076	1,515,682	7.8	
	55–64	827,172	901,208	961,985	1,010,749	1,046,065	26.5	1,679,956	1,739,678	1,780,172	1,822,629	1,877,176	11.7	
	65–74	1,111,196	1,090,715	1,093,516	1,112,910	1,113,860	0.2	2,541,115	2,578,680	2,603,273	2,591,474	2,590,974	2.0	
	75–84	1,606,667	1,619,716	1,671,900	1,696,629	1,680,598	4.6	3,092,020	3,234,169	3,315,967	3,417,292	3,411,835	10.3	
85 and over	691,551	689,906	736,724	763,203	758,105	9.6	1,737,008	1,831,865	1,890,640	1,889,975	1,868,816	7.6		
Total <sup>(b)</sup>		6,742,594	6,963,686	7,115,448	7,164,762	7,166,456	6.3	15,726,381	16,237,364	16,425,349	16,418,541	16,662,156	6.0	

(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<sup>(a)</sup>, by age group and sex, public hospitals, states and territories, 2004–05**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Females</b>	Under 1	81,897	69,833	51,149	25,283	24,017	4,813	5,696	8,213	270,901
	1–4	38,296	23,427	18,588	10,328	9,190	1,927	1,216	4,908	107,880
	5–14	56,864	38,572	32,486	16,206	12,531	3,302	2,545	3,787	166,293
	15–24	186,035	125,409	116,233	56,083	49,682	13,120	8,536	13,681	568,779
	25–34	357,799	247,004	167,076	85,610	78,680	19,476	15,266	16,860	987,771
	35–44	256,818	192,237	133,899	71,265	65,398	15,749	10,693	16,720	762,779
	45–54	231,693	177,929	120,329	68,871	58,375	15,201	9,384	18,277	700,059
	55–64	281,456	217,138	135,623	69,930	69,043	25,285	13,030	12,398	823,883
	65–74	432,508	321,818	180,463	94,605	104,409	28,447	16,855	9,332	1,188,437
	75–84	654,041	509,107	239,478	156,309	178,546	42,456	21,197	5,811	1,806,945
	85 and over	463,114	337,509	144,019	115,558	136,119	25,957	12,297	2,328	1,236,901
<b>Males</b>	<i>Total<sup>(b)</sup></i>	3,040,524	2,259,983	1,339,343	770,048	785,970	195,733	116,715	112,315	8,620,631
	Under 1	108,203	87,450	60,302	30,305	29,567	7,502	7,353	10,312	340,994
	1–4	51,223	30,417	25,984	14,203	12,400	2,400	1,915	5,584	144,126
	5–14	71,483	45,913	38,771	21,742	14,665	3,798	3,008	5,110	204,490
	15–24	147,629	97,357	111,804	46,531	39,223	8,565	5,964	7,282	464,355
	25–34	236,683	144,987	155,598	57,025	54,253	19,148	8,620	12,215	688,529
	35–44	231,574	155,614	143,016	63,812	57,541	12,839	9,369	16,940	690,705
	45–54	271,807	203,728	154,001	69,010	66,320	17,852	12,618	20,280	815,616
	55–64	349,824	271,191	193,126	88,744	92,920	23,447	18,740	15,275	1,053,267
	65–74	494,485	390,288	227,393	110,083	115,185	34,754	18,578	11,649	1,402,415
	75–84	586,038	443,880	212,924	130,706	164,169	41,232	19,577	5,716	1,604,242
<b>Persons<sup>(b)</sup></b>	85 and over	233,080	168,211	82,881	54,365	71,338	13,850	6,653	1,381	631,759
	<i>Total<sup>(b)</sup></i>	2,782,033	2,039,036	1,405,800	686,526	717,581	185,387	112,395	111,745	8,040,503
	Under 1	190,104	157,297	111,451	55,588	53,584	12,315	13,049	18,525	611,913
	1–4	89,520	53,844	44,572	24,531	21,590	4,327	3,131	10,492	252,007
	5–14	128,349	84,485	71,257	37,948	27,196	7,100	5,553	8,897	370,785
	15–24	333,665	222,766	228,037	102,614	88,905	21,685	14,500	20,963	1,033,135
	25–34	594,485	391,991	322,674	142,635	132,933	38,624	23,886	29,075	1,676,303
	35–44	488,426	347,851	276,915	135,077	122,939	28,588	20,062	33,660	1,453,518
	45–54	503,507	381,657	274,330	137,881	124,695	33,053	22,002	38,557	1,515,682
	55–64	631,306	488,329	328,749	158,674	161,943	48,732	31,770	27,673	1,877,176
	65–74	927,115	712,106	407,856	204,688	219,594	63,201	35,433	20,981	2,590,974
<b>Total<sup>(b)</sup></b>	75–84	1,240,727	952,987	452,402	287,015	342,715	83,688	40,774	11,527	3,411,835
	85 and over	696,350	505,720	226,900	169,923	207,457	39,807	18,950	3,709	1,868,816
		<b>5,823,565</b>	<b>4,299,033</b>	<b>2,745,143</b>	<b>1,456,574</b>	<b>1,503,551</b>	<b>381,120</b>	<b>229,110</b>	<b>224,060</b>	<b>16,662,156</b>

(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<sup>(a)</sup>, by age group and sex, private hospitals, states and territories, 2004–05

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	8,070	14,573	13,630	7,836	1,852	n.p.	n.p.	n.p.	47,763
	1–4	4,069	2,385	4,264	2,362	1,133	n.p.	n.p.	n.p.	14,645
	5–14	10,659	5,978	7,432	4,610	1,925	n.p.	n.p.	n.p.	31,608
	15–24	46,549	47,383	39,236	25,503	11,046	n.p.	n.p.	n.p.	177,585
	25–34	138,951	130,419	111,002	64,304	30,542	n.p.	n.p.	n.p.	499,691
	35–44	124,539	133,236	102,767	57,497	31,677	n.p.	n.p.	n.p.	470,918
	45–54	121,303	121,349	107,938	56,362	40,159	n.p.	n.p.	n.p.	466,712
	55–64	139,901	131,508	128,254	59,775	44,410	n.p.	n.p.	n.p.	524,649
	65–74	148,029	143,773	140,837	61,862	46,120	n.p.	n.p.	n.p.	556,337
	75–84	232,197	235,346	235,094	81,775	78,968	n.p.	n.p.	n.p.	889,197
	85 and over	109,225	128,752	126,216	47,935	42,655	n.p.	n.p.	n.p.	466,175
	Total <sup>(b)</sup>	1,083,492	1,094,702	1,016,670	469,821	330,487	n.p.	n.p.	n.p.	4,145,280
Males	Under 1	10,660	18,525	16,323	9,886	2,680	n.p.	n.p.	n.p.	60,582
	1–4	6,592	3,516	5,918	3,558	1,767	n.p.	n.p.	n.p.	22,202
	5–14	11,502	6,700	8,350	4,673	2,107	n.p.	n.p.	n.p.	34,596
	15–24	28,146	28,436	19,921	14,582	8,249	n.p.	n.p.	n.p.	103,728
	25–34	35,057	33,390	23,153	14,804	8,440	n.p.	n.p.	n.p.	119,576
	35–44	56,165	50,896	43,958	24,732	15,253	n.p.	n.p.	n.p.	198,407
	45–54	88,529	80,598	75,554	36,844	26,671	n.p.	n.p.	n.p.	319,784
	55–64	144,983	118,012	140,829	57,036	41,548	n.p.	n.p.	n.p.	521,415
	65–74	149,305	135,880	148,445	60,108	45,347	n.p.	n.p.	n.p.	557,523
	75–84	200,527	201,996	225,979	80,746	58,929	n.p.	n.p.	n.p.	791,399
	85 and over	66,305	75,387	89,552	33,720	19,134	n.p.	n.p.	n.p.	291,930
	Total <sup>(b)</sup>	797,771	753,336	797,982	340,689	230,125	n.p.	n.p.	n.p.	3,021,142
Persons <sup>(b)</sup>	Under 1	18,730	33,127	29,953	17,723	4,532	n.p.	n.p.	n.p.	108,375
	1–4	10,661	5,901	10,182	5,920	2,900	n.p.	n.p.	n.p.	36,847
	5–14	22,161	12,678	15,782	9,283	4,032	n.p.	n.p.	n.p.	66,204
	15–24	74,695	75,819	59,157	40,085	19,295	n.p.	n.p.	n.p.	281,313
	25–34	174,008	163,809	134,155	79,108	38,982	n.p.	n.p.	n.p.	619,267
	35–44	180,704	184,132	146,725	82,229	46,930	n.p.	n.p.	n.p.	669,326
	45–54	209,832	201,947	183,492	93,206	66,830	n.p.	n.p.	n.p.	786,496
	55–64	284,884	249,520	269,083	116,811	85,959	n.p.	n.p.	n.p.	1,046,065
	65–74	297,334	279,653	289,282	121,970	91,467	n.p.	n.p.	n.p.	1,113,860
	75–84	432,724	437,342	461,073	162,521	137,899	n.p.	n.p.	n.p.	1,680,598
	85 and over	175,530	204,139	215,768	81,655	61,789	n.p.	n.p.	n.p.	758,105
	Total <sup>(b)</sup>	1,881,263	1,848,067	1,814,652	810,511	560,615	n.p.	n.p.	n.p.	7,166,456

(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.

n.p. Not published.

Table 8.7: Separations<sup>(a)</sup>, by Indigenous status<sup>(b)</sup> and hospital sector, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Qld, WA, SA, NT <sup>(c)</sup>	Total
<b>Public hospitals</b>										
Aboriginal but not Torres Strait Islander origin	40,057	8,947	46,169	38,272	14,144	1,766	1,202	49,181	147,766	199,738
Torres Strait Islander but not Aboriginal origin	1,029	122	7,605	60	71	56	19	141	7,877	9,103
Aboriginal and Torres Strait Islander origin	855	494	2,385	244	63	50	80	1,016	3,708	5,187
<i>Indigenous</i>	41,941	9,563	56,159	38,576	14,278	1,872	1,301	50,338	159,351	214,028
Neither Aboriginal nor Torres Strait Islander origin	1,283,131	1,213,866	684,355	344,684	342,210	78,718	61,919	25,475	1,376,724	4,014,358
Not reported	19,174	0	13,247	0	9,108	6,014	418	78	22,433	48,039
<i>Total</i>	1,344,246	1,223,429	733,761	383,260	365,596	86,604	63,638	75,891	1,558,508	4,276,425
<b>Private hospitals</b>										
Aboriginal but not Torres Strait Islander origin	775	118	2,644	8,904	213	n.p.	n.p.	n.p.	11,761	12,914
Torres Strait Islander but not Aboriginal origin	96	17	436	35	14	n.p.	n.p.	n.p.	485	606
Aboriginal and Torres Strait Islander origin	204	93	663	68	23	n.p.	n.p.	n.p.	754	1,164
<i>Indigenous</i>	1,075	228	3,743	9,007	250	n.p.	n.p.	n.p.	13,000	14,684
Neither Aboriginal nor Torres Strait Islander origin	742,565	704,039	513,010	299,708	208,623	n.p.	n.p.	n.p.	1,021,341	2,526,003
Not reported	3,558	0	160,093	0	2,956	n.p.	n.p.	n.p.	163,049	201,738
<i>Total</i>	747,198	704,267	676,846	308,715	211,829	n.p.	n.p.	n.p.	1,197,390	2,742,425
<b>All hospitals</b>										
Aboriginal but not Torres Strait Islander origin	40,832	9,065	48,813	47,176	14,357	n.p.	n.p.	n.p.	159,527	212,652
Torres Strait Islander but not Aboriginal origin	1,125	139	8,041	95	85	n.p.	n.p.	n.p.	8,362	9,709
Aboriginal and Torres Strait Islander origin	1,059	587	3,048	312	86	n.p.	n.p.	n.p.	4,462	6,351
<i>Indigenous</i>	43,016	9,791	59,902	47,583	14,528	n.p.	n.p.	n.p.	172,351	228,712
Neither Aboriginal nor Torres Strait Islander origin	2,025,696	1,917,905	1,177,365	644,392	550,833	n.p.	n.p.	n.p.	2,398,065	6,540,361
Not reported	22,732	0	173,340	0	12,064	n.p.	n.p.	n.p.	185,482	249,777
<i>Total</i>	2,091,444	1,927,696	1,410,607	691,975	577,425	n.p.	n.p.	n.p.	2,755,898	7,018,850
Separation rate <sup>(d)</sup> for Indigenous persons per 1,000	n.p.	n.p.	775.1	1,042.2	819.0	n.p.	n.p.	1,403.8	971.0	n.p.
Separation rate <sup>(d)</sup> for other persons per 1,000	n.p.	n.p.	357.7	339.1	348.4	n.p.	n.p.	233.8	348.1	n.p.
Separation rate <sup>(d)</sup> for all persons per 1,000	n.p.	n.p.	365.0	354.8	353.5	n.p.	n.p.	464.1	361.6	n.p.
Rate ratio <sup>(e)</sup>	n.p.	n.p.	2.2	3.1	2.4	n.p.	n.p.	6.0	2.8	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) 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 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) The rates were directly age-standardised as detailed in Appendix 3, and the separation rate for other persons includes *Not reported*.

(e) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other persons (which includes *Not reported*).  
n.p. Not published.



**Table 8.8: Overnight separations<sup>(a)</sup>, by Indigenous status<sup>(b)</sup> and hospital sector, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Qld, WA, SA, NT <sup>(c)</sup>	Total
<b>Public hospitals</b>										
Aboriginal but not Torres Strait Islander origin	22,459	3,613	20,389	20,299	6,879	879	393	17,302	64,869	92,213
Torres Strait Islander but not Aboriginal origin	429	68	3,375	44	36	34	7	63	3,518	4,056
Aboriginal and Torres Strait Islander origin	508	305	1,208	162	34	34	58	228	1,632	2,537
<i>Indigenous</i>	23,396	3,986	24,972	20,505	6,949	947	458	17,593	70,019	98,806
Neither Aboriginal nor Torres Strait Islander origin	730,426	541,393	345,511	169,538	182,003	40,468	29,139	13,332	710,384	2,051,810
Not reported	11,568	0	7,043	0	4,018	3,476	260	55	11,116	26,420
<i>Total</i>	765,390	545,379	377,526	190,043	192,970	44,891	29,857	30,980	791,519	2,177,036
<b>Private hospitals</b>										
Aboriginal but not Torres Strait Islander origin	117	25	318	276	79	n.p.	n.p.	n.p.	673	944
Torres Strait Islander but not Aboriginal origin	24	5	74	9	5	n.p.	n.p.	n.p.	88	123
Aboriginal and Torres Strait Islander origin	70	22	76	39	10	n.p.	n.p.	n.p.	125	263
<i>Indigenous</i>	211	52	468	324	94	n.p.	n.p.	n.p.	886	1,330
Neither Aboriginal nor Torres Strait Islander origin	252,193	252,859	179,030	122,097	86,635	n.p.	n.p.	n.p.	387,762	918,422
Not reported	953	0	58,988	0	1,031	n.p.	n.p.	n.p.	60,019	74,884
<i>Total</i>	253,357	252,911	238,486	122,421	87,760	n.p.	n.p.	n.p.	448,667	994,636
<b>All hospitals</b>										
Aboriginal but not Torres Strait Islander origin	22,576	3,638	20,707	20,575	6,958	n.p.	n.p.	n.p.	65,542	93,157
Torres Strait Islander but not Aboriginal origin	453	73	3,449	53	41	n.p.	n.p.	n.p.	3,606	4,179
Aboriginal and Torres Strait Islander origin	578	327	1,284	201	44	n.p.	n.p.	n.p.	1,757	2,800
<i>Indigenous</i>	23,607	4,038	25,440	20,829	7,043	n.p.	n.p.	n.p.	70,905	100,136
Neither Aboriginal nor Torres Strait Islander origin	982,619	794,252	524,541	291,635	268,638	n.p.	n.p.	n.p.	1,098,146	2,970,232
Not reported	12,521	0	66,031	0	5,049	n.p.	n.p.	n.p.	71,135	101,304
<i>Total</i>	1,018,747	798,290	616,012	312,464	280,730	n.p.	n.p.	n.p.	1,240,186	3,171,672
Separation rate <sup>(d)</sup> for Indigenous persons per 1,000	n.p.	n.p.	280.4	386.7	350.0	n.p.	n.p.	354.9	327.7	n.p.
Separation rate <sup>(d)</sup> for other persons per 1,000	n.p.	n.p.	157.3	154.7	169.3	n.p.	n.p.	117.7	158.4	n.p.
Separation rate <sup>(d)</sup> for all persons per 1,000	n.p.	n.p.	160.2	161.3	171.7	n.p.	n.p.	176.9	163.5	n.p.
Rate ratio <sup>(e)</sup>	n.p.	n.p.	1.8	2.5	2.1	n.p.	n.p.	3.0	2.1	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) 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 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) The rates were directly age-standardised as detailed in Appendix 3, and separation rate for other persons includes *Not reported*.

(e) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other persons (which includes *Not reported*).  
n.p. Not published.

**Table 8.9: Separations<sup>(a)</sup>, by Indigenous status<sup>(b)</sup>, age group and sex, all hospitals, selected states and territories<sup>(c)</sup>, 2004–05**

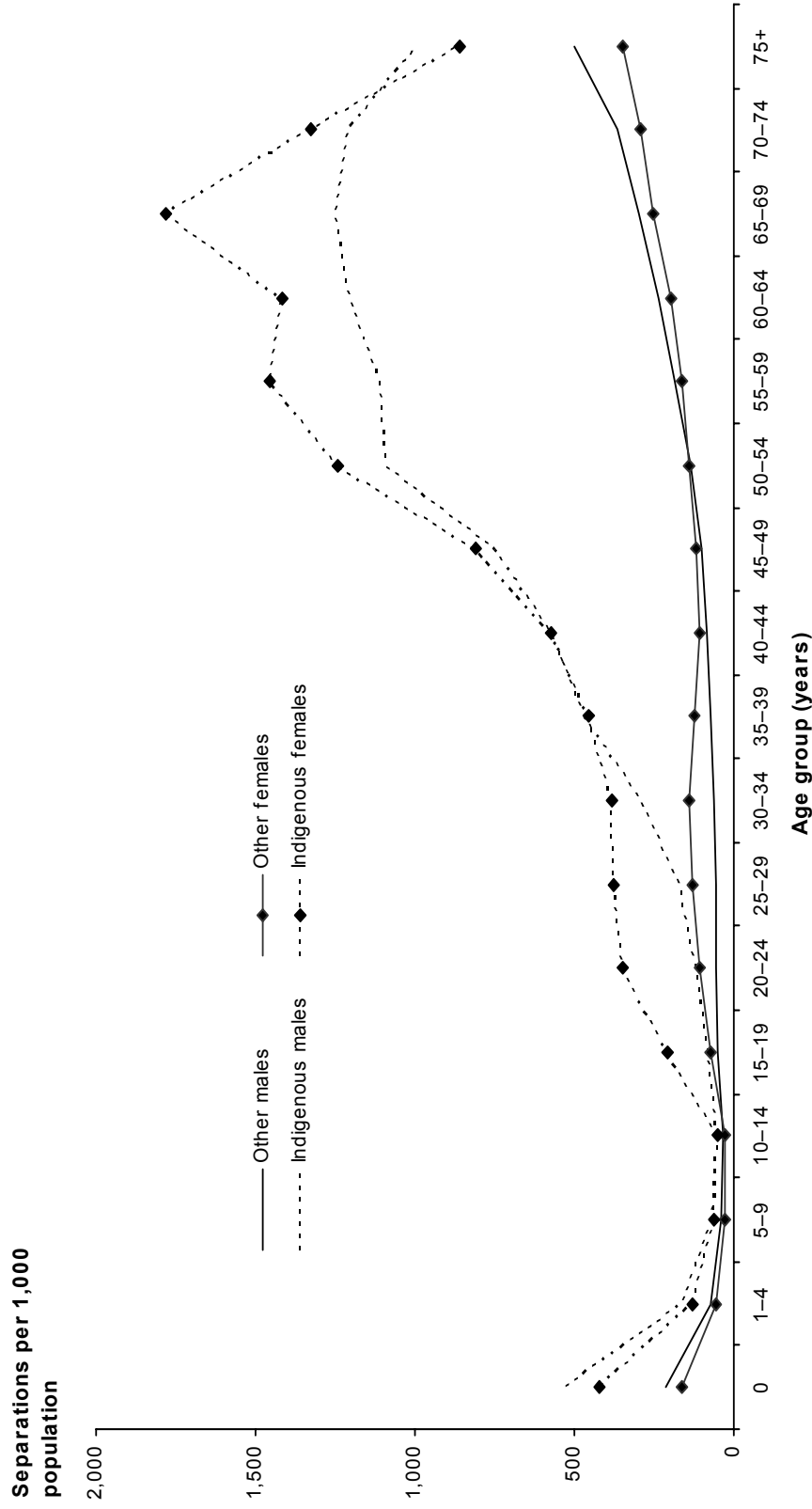
Age group	Indigenous			Non-Indigenous			Not reported			Total		
	Males	Females	Persons <sup>(d)</sup>	Males	Females	Persons <sup>(d)</sup>	Males	Females	Persons <sup>(d)</sup>	Males	Females	Persons <sup>(d)</sup>
Under 1	3,323	2,533	5,856	24,856	17,818	42,675	1,302	1,016	2,318	29,481	21,367	50,849
1–4	4,064	3,008	7,072	34,629	24,078	58,707	1,705	1,239	2,944	40,398	28,325	68,723
5–14	3,711	3,306	7,017	45,153	33,973	79,126	2,341	1,959	4,300	51,205	39,238	90,443
15–24	4,592	12,509	17,101	67,231	111,485	178,716	4,173	6,683	10,856	75,996	130,677	206,673
25–34	8,062	14,365	22,427	76,876	177,797	254,673	5,325	13,190	18,515	90,263	205,352	295,615
35–44	14,751	16,185	30,936	106,500	153,698	260,198	7,642	14,942	22,584	128,893	184,825	309,649
45–54	17,257	20,544	37,801	147,242	160,005	307,247	11,246	16,180	27,426	175,745	196,729	372,474
55–64	11,404	15,594	26,998	201,113	167,062	368,176	18,451	16,768	35,219	230,968	199,424	430,393
65–74	5,266	8,256	13,522	202,806	174,416	377,222	16,444	13,976	30,420	224,516	196,648	421,164
75 and over	1,556	2,065	3,621	232,885	238,437	471,324	15,196	15,704	30,900	249,637	256,206	505,845
<b>Total<sup>(e)</sup></b>	<b>73,986</b>	<b>98,365</b>	<b>172,351</b>	<b>1,139,292</b>	<b>1,258,769</b>	<b>2,398,065</b>	<b>83,825</b>	<b>101,657</b>	<b>185,482</b>	<b>1,297,103</b>	<b>1,458,791</b>	<b>2,755,898</b>

(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 table only includes data for 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) 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 only includes data for 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 31 December 2004 population.

**Figure 8.1: Separations per 1,000 population, by age group, sex and reported Indigenous status, all hospitals, selected states and territories, 2004-05**

**Table 8.10: Separations(a), by selected country/region of birth and hospital sector, Australia, 2004–05**

Country/region	Separations			Separations per 1,000 population <sup>(b)</sup>		
	Public hospitals	Private hospitals	All hospitals	Public hospitals	Private hospitals	All hospitals
Australia	3,088,056	2,054,632	5,142,688	209.4	143.3	352.6
New Zealand	73,733	37,811	111,544	186.1	87.9	274.0
Fiji	13,835	4,389	18,224	296.1	85.8	381.9
Other Oceania	22,778	6,857	29,635	449.5	120.8	570.4
<i>Oceania (total)</i>	<i>3,198,402</i>	<i>2,103,689</i>	<i>5,302,091</i>	<i>209.5</i>	<i>141.4</i>	<i>351.0</i>
United Kingdom & Ireland	284,264	188,061	472,325	169.8	106.5	276.2
Germany	32,470	20,115	52,585	185.5	103.5	289.0
Netherlands	26,913	15,387	42,300	171.0	110.6	281.6
Other North-West Europe	21,777	14,616	36,393	197.7	113.8	311.5
<i>North-West Europe (total)</i>	<i>365,424</i>	<i>238,179</i>	<i>603,603</i>	<i>173.2</i>	<i>106.4</i>	<i>279.5</i>
Italy	102,476	54,397	156,873	222.8	117.7	340.5
Croatia	18,187	6,139	24,326	202.8	75.4	278.1
Greece	60,279	17,764	78,043	235.2	87.9	323.1
Poland	21,551	11,001	32,552	186.9	93.9	280.7
Other Southern and Eastern Europe	95,062	38,293	133,355	212.0	81.7	293.6
<i>Southern and Eastern Europe (total)</i>	<i>297,555</i>	<i>127,594</i>	<i>425,149</i>	<i>217.3</i>	<i>92.0</i>	<i>309.3</i>
Lebanon	13,123	6,514	19,637	238.9	104.8	343.7
Egypt	29,124	6,878	36,002	327.3	66.9	394.2
Other Middle East and North Africa	37,512	9,525	47,037	275.6	65.3	340.9
<i>Middle East and North Africa (total)</i>	<i>79,759</i>	<i>22,917</i>	<i>102,676</i>	<i>282.9</i>	<i>75.3</i>	<i>358.1</i>
Vietnam	31,045	8,881	39,926	181.3	45.1	226.4
Philippines	21,397	6,807	28,204	193.8	51.5	245.4
Other South-East Asia	38,686	23,987	62,673	155.1	88.0	243.1
<i>South-East Asia (total)</i>	<i>91,128</i>	<i>39,675</i>	<i>130,803</i>	<i>170.9</i>	<i>67.8</i>	<i>238.7</i>
China	27,259	14,474	41,733	135.4	67.8	203.2
Hong Kong & Macau	6,958	8,016	14,974	142.2	129.6	271.7
Other North-East Asia	9,729	7,803	17,532	127.0	94.2	221.2
<i>North-East Asia (total)</i>	<i>43,946</i>	<i>30,293</i>	<i>74,239</i>	<i>132.7</i>	<i>82.4</i>	<i>215.1</i>
India	21,792	12,323	34,115	165.0	88.3	253.3
Sri Lanka	12,996	7,564	20,560	189.5	105.6	295.1
Other Southern and Central Asia	9,357	2,913	12,270	225.0	79.2	304.2
<i>Southern and Central Asia (total)</i>	<i>44,145</i>	<i>22,800</i>	<i>66,945</i>	<i>184.6</i>	<i>91.6</i>	<i>276.2</i>
USA	9,495	9,107	18,602	176.4	149.2	325.6
Chile	6,145	2,284	8,429	222.1	69.6	291.7
Other America	17,071	10,975	28,046	185.6	103.1	288.7
<i>The Americas (total)</i>	<i>32,711</i>	<i>22,366</i>	<i>55,077</i>	<i>190.1</i>	<i>114.1</i>	<i>304.3</i>
South Africa	12,489	13,364	25,853	136.3	128.4	264.7
Other Sub-Saharan Africa	17,075	9,493	26,568	228.6	109.7	338.3
<i>Sub-Saharan Africa (total)</i>	<i>29,564</i>	<i>22,857</i>	<i>52,421</i>	<i>175.4</i>	<i>119.9</i>	<i>295.4</i>
<b>Overseas (total)</b>	<b>1,094,578</b>	<b>575,738</b>	<b>1,670,316</b>	<b>192.1</b>	<b>93.1</b>	<b>285.2</b>
Not stated or inadequately described	93,791	112,055	205,846	..	..	..
<b>Total</b>	<b>4,276,425</b>	<b>2,742,425</b>	<b>7,018,850</b>	<b>209.6</b>	<b>133.2</b>	<b>342.8</b>

(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 rates were directly age-standardised as detailed in Appendix 3.

.. Not applicable.

**Table 8.11: Selected separation statistics<sup>(a)</sup>, by same day status, hospital sector<sup>(b)</sup> and state and territory of usual residence, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(b)</sup>
<b>All separations</b>									
Separations	2,126,600	1,910,351	1,383,961	691,440	572,686	n.p.	n.p.	n.p.	6,993,689
Separations not within state of residence (%)	4	1	1	0	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	53	56	49	60	56	n.p.	n.p.	n.p.	54
Separation rate <sup>(c)</sup>	304.8	371.0	353.7	350.6	349.0	n.p.	n.p.	n.p.	339.0
Standardised separation rate ratio (SRR)	0.90	1.09	1.04	1.03	1.03	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.90–0.90	1.09–1.09	1.04–1.04	1.03–1.03	1.03–1.03	n.p.	n.p.	n.p.	
<b>Same day separations</b>									
Separations	1,095,304	1,119,081	780,166	379,848	295,683	n.p.	n.p.	n.p.	3,834,109
Separations not within state of residence (%)	4	1	1	0	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	46	54	43	59	52	n.p.	n.p.	n.p.	50
Separation rate <sup>(c)</sup>	156.9	217.7	198.8	191.6	180.5	n.p.	n.p.	n.p.	185.6
Standardised separation rate ratio (SRR)	0.85	1.17	1.07	1.03	0.97	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.85–0.85	1.17–1.17	1.07–1.07	1.03–1.03	0.97–0.97	n.p.	n.p.	n.p.	
<b>Overnight separations<sup>(a)</sup></b>									
Separations	1,031,296	791,270	603,795	311,592	277,003	66,585	35,141	36,427	3,159,580
Separations not within state of residence (%)	4	1	2	1	1	3	7	9	
Proportion of separations public patients (%)	60	59	57	60	59	59	57	80	59
Separation rate <sup>(c)</sup>	147.9	153.3	154.9	158.9	168.4	133.1	116.4	209.1	153.3
Standardised separation rate ratio (SRR)	0.96	1.00	1.01	1.04	1.10	0.87	0.76	1.36	
95% confidence interval of SRR	0.96–0.96	1.00–1.00	1.01–1.01	1.04–1.04	1.10–1.10	0.86–0.88	0.75–0.77	1.35–1.37	
<b>Public hospitals</b>									
Separations	1,363,232	1,206,053	730,290	382,805	364,382	87,673	48,396	73,041	4,259,988
Separations not within state of residence (%)	3	1	2	1	2	2	5	4	
Proportion of separations public patients (%)	82	88	90	90	87	82	87	96	87
Separation rate <sup>(c)</sup>	196.0	234.9	187.2	194.9	224.6	174.8	163.1	439.0	207.3
Standardised separation rate ratio (SRR)	0.95	1.13	0.90	0.94	1.08	0.84	0.79	2.12	
95% confidence interval of SRR	0.95–0.95	1.13–1.13	0.90–0.90	0.94–0.94	1.08–1.08	0.83–0.85	0.78–0.80	2.10–2.14	
<b>Private hospitals</b>									
Separations	763,368	704,298	653,671	308,635	208,304	n.p.	n.p.	n.p.	2,733,701
Separations not within state of residence (%)	5	1	1	0	0	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	1	0	2	22	1	n.p.	n.p.	n.p.	3
Separation rate <sup>(c)</sup>	108.8	136.1	166.5	155.6	124.4	n.p.	n.p.	n.p.	131.7
Standardised separation rate ratio (SRR)	0.83	1.03	1.26	1.18	0.94	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.83–0.83	1.03–1.03	1.26–1.26	1.18–1.18	0.94–0.94	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 3.

(b) About 20% of private hospital separations in Tasmania were not included in the National Hospital Mobility Database.

n.p. Not published.

Table 8.12: Selected separation statistics<sup>(a)</sup>, by same day status, hospital sector and Remoteness Area of usual residence, Australia, 2004–05

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(b)</sup>
<b>All separations</b>						
Separations	4,616,154	1,441,751	725,912	108,926	73,982	6,993,689
Proportion of separations public patients (%)	51	57	64	76	89	54
Separation rate <sup>(c)</sup>	342.7	326.6	347.3	354.8	458.2	341.7
Standardised separation rate ratio (SRR)	1.00	0.96	1.02	1.04	1.34	
95% confidence interval of SRR	1.00–1.00	0.96–0.96	1.02–1.02	1.03–1.05	1.33–1.35	
<b>Same day separations</b>						
Separations	2,645,499	736,870	354,609	51,481	33,569	3,834,109
Proportion of separations public patients (%)	47	53	62	76	89	50
Separation rate <sup>(c)</sup>	196.8	165.6	168.0	164.3	210.9	187.1
Standardised separation rate ratio (SRR)	1.05	0.88	0.90	0.88	1.13	
95% confidence interval of SRR	1.05–1.05	0.88–0.88	0.90–0.90	0.87–0.89	1.12–1.14	
<b>Overnight separations</b>						
Separations	1,970,655	704,881	371,303	57,445	40,413	3,159,580
Proportion of separations public patients (%)	56	61	67	75	89	59
Separation rate <sup>(c)</sup>	145.9	161.0	179.3	190.5	247.3	154.6
Standardised separation rate ratio (SRR)	0.94	1.04	1.16	1.23	1.60	
95% confidence interval of SRR	0.94–0.94	1.04–1.04	1.16–1.16	1.22–1.24	1.58–1.62	
<b>Public hospitals</b>						
Separations	2,628,903	920,828	536,864	87,101	66,896	4,259,988
Proportion of separations public patients (%)	87	85	86	89	96	87
Separation rate <sup>(c)</sup>	195.7	211.1	258.0	284.3	411.3	208.9
Standardised separation rate ratio (SRR)	0.94	1.01	1.24	1.36	1.97	
95% confidence interval of SRR	0.94–0.94	1.01–1.01	1.24–1.24	1.35–1.37	1.96–1.98	
<b>Private hospitals</b>						
Separations	1,987,251	520,923	189,048	21,825	7,086	2,733,701
Proportion of separations public patients (%)	2	6	4	24	21	3
Separation rate <sup>(c)</sup>	146.9	115.4	89.3	70.5	46.9	132.8
Standardised separation rate ratio (SRR)	1.11	0.87	0.67	0.53	0.35	
95% confidence interval of SRR	1.11–1.11	0.87–0.87	0.67–0.67	0.52–0.54	0.34–0.36	

(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 3.

**Table 8.13: Selected separation statistics<sup>(a)</sup>, by same day status, hospital sector and quintile of socioeconomic advantage/disadvantage<sup>(b)</sup>, Australia<sup>(c)</sup>, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(c)</sup>
<b>All separations</b>						
Separations	1,472,183	1,407,739	1,379,780	1,363,420	1,353,032	6,993,689
Proportion of separations public patients (%)	66	61	58	49	36	54
Separation rate <sup>(d)</sup>	355.6	352.7	335.6	342.8	323.9	342.1
Standardised separation rate ratio (SRR)	1.04	1.03	0.98	1.00	0.95	
95% confidence interval of SRR	1.04–1.04	1.03–1.03	0.98–0.98	1.00–1.00	0.95–0.95	
<b>Same day separations</b>						
Separations	749,398	745,848	752,077	785,536	793,397	3,834,109
Proportion of separations public patients (%)	63	58	54	45	32	50
Separation rate <sup>(d)</sup>	179.4	186.2	182.8	197.8	191.0	187.3
Standardised separation rate ratio (SRR)	0.96	0.99	0.98	1.06	1.02	
95% confidence interval of SRR	0.96–0.96	0.99–0.99	0.98–0.98	1.06–1.06	1.02–1.02	
<b>Overnight separations</b>						
Separations	722,785	661,891	627,703	577,884	559,635	3,159,580
Proportion of separations public patients (%)	70	64	62	54	42	59
Separation rate <sup>(d)</sup>	176.2	166.5	152.9	145.0	132.9	154.8
Standardised separation rate ratio (SRR)	1.14	1.08	0.99	0.94	0.86	
95% confidence interval of SRR	1.14–1.14	1.08–1.08	0.99–0.99	0.94–0.94	0.86–0.86	
<b>Public hospitals</b>						
Separations	1,067,230	953,307	883,415	740,746	603,949	4,259,988
Proportion of separations public patients (%)	89	87	87	88	80	87
Separation rate <sup>(d)</sup>	259.9	239.8	215.2	186.9	145.4	209.1
Standardised separation rate ratio (SRR)	1.24	1.15	1.03	0.89	0.70	
95% confidence interval of SRR	1.24–1.24	1.15–1.15	1.03–1.03	0.89–0.89	0.70–0.70	
<b>Private hospitals</b>						
Separations	404,953	454,432	496,365	622,674	749,083	2,733,701
Proportion of separations public patients (%)	5	6	5	3	0	3
Separation rate <sup>(d)</sup>	95.6	113.0	120.4	155.9	178.5	132.9
Standardised separation rate ratio (SRR)	0.72	0.85	0.91	1.17	1.34	
95% confidence interval of SRR	0.72–0.72	0.85–0.85	0.91–0.91	1.17–1.17	1.34–1.34	

(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 2001 Index of 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 3.

# 9 Principal diagnoses for admitted patients

## Introduction

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for occasioning the admitted patient's episode of care in hospital. 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 2004–05 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories using the fourth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2004). Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

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) which, in turn, can mostly 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.

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 Table 9.22)
- 3-character ICD-10-AM groupings – 2,055 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 Tables 9.13 to 9.18) and summary information is provided for all of the groups (for which separations were reported) on the Internet at [www.aihw.gov.au](http://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 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 to 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 National Hospital Morbidity Database with a range of other data. Figure 9.1 demonstrates this using the example of the principal diagnosis *M17 Gonarthrosis*. There were 46,863 separations with this principal diagnosis, with an average length of stay of 5.3 days. A total of 54.5% of separations were for females, which is similar in comparison to the 53.1% in hospitals overall (Table 8.1). Just over 33% of separations with this principal diagnosis were in the public sector and nearly all patients (99.7%) had a care type of *Acute care*. A majority of patients (87.0%) with this diagnosis had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. A substantial proportion (9.0%) were discharged/transferred to an(other) acute hospital and 3.2% had a statistical discharge – type change. *Internal derangement of knee* (M23) and *Personal history of certain other diseases* (Z86) were the most common additional diagnoses. The most common procedure performed was *Cerebral anaesthesia* (Block 1910) and the most commonly reported AR-DRG was *Knee replacement and reattachment* (I04Z).

## 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 group (1,076,891 separations, 532.9 separations per 10,000 population) and for its high use of beds (1,669.5 patient days per 10,000 population), although the average length of stay was low (3.1 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) (169,119 separations, 83.7 separations per 10,000 population) had a high use of beds (968.4 patient days per 10,000 population) and had a relatively long average length of stay (11.6 days).

In the private sector (Table 9.2), *Factors influencing health status and contact with health services* (Z00–Z99) also recorded the highest number of separations (589,916). High numbers of separations were also reported for *Diseases of the digestive system* (K00–K93) (430,703) and *Neoplasms* (C00–D48) (247,138). The highest number of patient days were recorded for *Factors influencing health status and contact with health services* (Z00–Z99) (1,204,481), *Neoplasms* (C00–D48) (761,760), and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (717,890).

The chapters with the highest proportions of separations in the public sector were *Certain infectious and parasitic diseases* (A00–B99) (84.6%, 74,018) and *Injury, poisoning and certain other consequence of external causes* (S00–T98) (81.6%, 378,446) (derived from Tables 9.1 and 9.2). The groups with the highest proportions of separations in the private sector were *Diseases of the eye and adnexa* (H00–H59) (68.3%, 137,004) and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (60.0%, 228,518).

The highest proportion of public patients in public hospitals was for *Mental and behavioural disorders* (F00–F99) (93.9%), and the lowest was for *Diseases of the eye and adnexa* (H00–H59) (77.2%). The highest proportion of public patients in private hospitals was for *Factors influencing health status and contact with health services* (Z00–Z99) (8.6%).

## 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 state-by-state for the different diagnosis groups, and 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 (81.7%, 88,930) than in Queensland (66.2%, 40,864).

## High-volume diagnoses

### Changes from 2000–01 to 2004–05

Table 9.5 presents 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 2000–01 and 2004–05. The principal diagnoses in this table either recorded increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors.

The number of separations increased over the 5-year period, in both the public and private sectors, for 23 of the principal diagnoses, with increases generally greater in private hospitals.

There was an increase in the number of separations in the private sector and a decrease in the number of separations in the public sector for two of the principal diagnoses presented in Table 9.5. For example, there were 19,529 separations for *Medical abortion* (O04) in private hospitals in 2000–01 compared with 36,557 separations in 2004–05, an increase of 17,028. This apparent increase would have been 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 National Hospital Morbidity Database. The number of separations for this principal diagnosis in public hospitals decreased by 3,853, from 16,443 in 2000–01 to 12,590 in 2004–05.

The number of separations decreased in both public and private hospitals between 2000–01 and 2004–05 for the principal diagnosis of *Family history of malignant neoplasm* (Z80),

*Gastro-oesophageal reflux disease (K21), Female infertility (N97), Angina pectoris (I20) and Gastritis and duodenitis (K29).*

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 2000–01 and 2004–05.

The number of separations increased over the 5-year period, for 26 of the principal diagnoses for private patients and 23 for public patients, with increases generally greater for private patients.

There was an increase in the number of separations for private patients and a decrease in the number of separations for public patients for three of the principal diagnoses presented in Table 9.6. For example, there were 50,575 separations for *Care involving use of rehabilitation procedures (Z50)* for private patients in 2000–01 compared with 82,144 separations in 2004–05, an increase of 31,569. The number of separations for this principal diagnosis for public patients decreased by 3,723, from 59,983 in 2000–01 to 56,260 in 2004–05.

The number of separations decreased for both private and public patients between 2000–01 and 2004–05 for the principal diagnoses *Family history of malignant neoplasm (Z80), Gastro-oesophageal reflux disease (K21), Female infertility (N97), and Angina pectoris (I20).*

## Sector

Tables 9.7 to 9.11 contain summary separation, patient day and average length of stay statistics for the 30 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 9.8 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 diagnosis group with the highest number of overnight separations was *Care involving use of rehabilitation procedures (Z50)* (53,795), followed by *Pain in throat and chest (R07)* (45,762) (Table 9.7). The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures (Z50)* (1,303,439), for which the average length of stay was 24.2.

In the private sector (Table 9.8), the most frequently reported principal diagnosis for overnight separations was *Sleep disorders (G47)* (31,880). *Care involving use of rehabilitation procedures (Z50)* was the next most frequently reported principal diagnosis (30,494) and this also had the highest number of patient days and the longest average length of stay (502,946 and 16.5 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 group was *Care involving dialysis (Z49)* (668,759), followed by *Other medical care (Z51)* (135,854). 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)* (158,168) had the highest number of same day separations, followed by *Care involving dialysis (Z49)* (144,146). In public hospitals, the highest proportion of same day separations that were for public patients was for *Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium*

(O99) (96.9%), and the lowest was for *Other cataract* (H26) (77.3%). However, in private hospitals, the highest proportion of same day separations that were for public patients was for *Care involving dialysis* (Z49) (28.3%).

The most common principal diagnosis groups in private free-standing day hospitals were *Care involving dialysis* (Z49) (43,111) and *Other medical care* (Z51) (35,111) (Table 9.11). The proportion of separations in private free-standing day hospital facilities that was for public patients was highest for *Care involving dialysis* (Z49) (36.8%).

Table 9.12 presents information on public psychiatric hospitals. About 98.3% of separations in public psychiatric hospitals were for public patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00–F99) (89.0%). *Schizophrenia* (F20) was the most common diagnosis reported (3,326) and accounted for more patient days than any other group (281,694). The average length of stay was high for most of the disease groups and only 14.9% of separations (2,359) were same day separations, compared with 49.1% 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). There was also some variation between the states and territories in the average length of stay for separations for the most common diagnoses (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 4.9 days in the Northern Territory to 26.7 days in Western Australia. The average length of stay in the private sector for *Care involving use of rehabilitation procedures* (Z50) ranged from 5.5 days in Queensland to 20.9 days in Western Australia.

## Age group and sex

In Tables 9.17 and 9.18, information is presented on the number of separations by age group for the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification for males and females. 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 groups of diseases peaked in different age groups, for example *Single spontaneous delivery* (O80) peaked in the 25–34 years age group for females, *Internal derangement of knee* (M23) in the 35–44 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, in the group of males aged 75 years and over (excluding *Care involving dialysis* (Z49) and *Other medical care* (Z51) which were common in most age groups) common diagnoses were *Other cataract* (H26) and *Other malignant neoplasms of the skin* (C44). For females in the 1–4 age group, *Pneumonia, organism unspecified* (J18) and *Other disorders of the urinary system* (N39) were relatively common diagnoses.

## Renal failure

Data for separations related 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 state or territory (Table 9.19), Remoteness Area of usual residence of the patient (Table 9.20), and the quintile of socioeconomic advantage/disadvantage of the area of usual residence (see Appendix 3) (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 18,034 dialysis occasions of service reported as non-admitted patient occasions of service in New South Wales (Table 2.5) or dialysis performed at non-hospital facilities.

Table 9.19 shows that there were 6,097 separations for *Acute renal failure*, 8,025 for *Chronic and unspecified renal failure* and 812,766 for *Care involving dialysis* (11.6% of separations overall, 15.7% for public hospitals and 5.3% for private hospitals (Table 9.5)). The highest rates for all of 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 of usual residence with the highest separation rate for *Acute renal failure*, *Chronic and unspecified renal failure*, and *Care involving dialysis* was *Very remote* (0.58, 1.52 and 104.38 separations per 1,000 population respectively). In the private sector, the Remoteness Area of usual residence with the highest separation rate for *Acute renal failure* was *Major cities* (0.05), for *Chronic and unspecified renal failure* was *Inner regional* (0.07), and for *Care involving dialysis* was *Remote* (15.58).

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 and the *Most advantaged* quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage. While the *Most disadvantaged* quintile had the highest separation rates for *Acute renal failure* and *Chronic renal failure*, the *Middle quintile* had the highest separation rate for *Care involving dialysis*.

## Aboriginal and Torres Strait Islander status

Table 9.22 reports separation statistics by Indigenous status. These statistics are presented for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see Chapter 8 for more information). It should be noted that data presented here are not necessarily representative of the jurisdictions excluded.

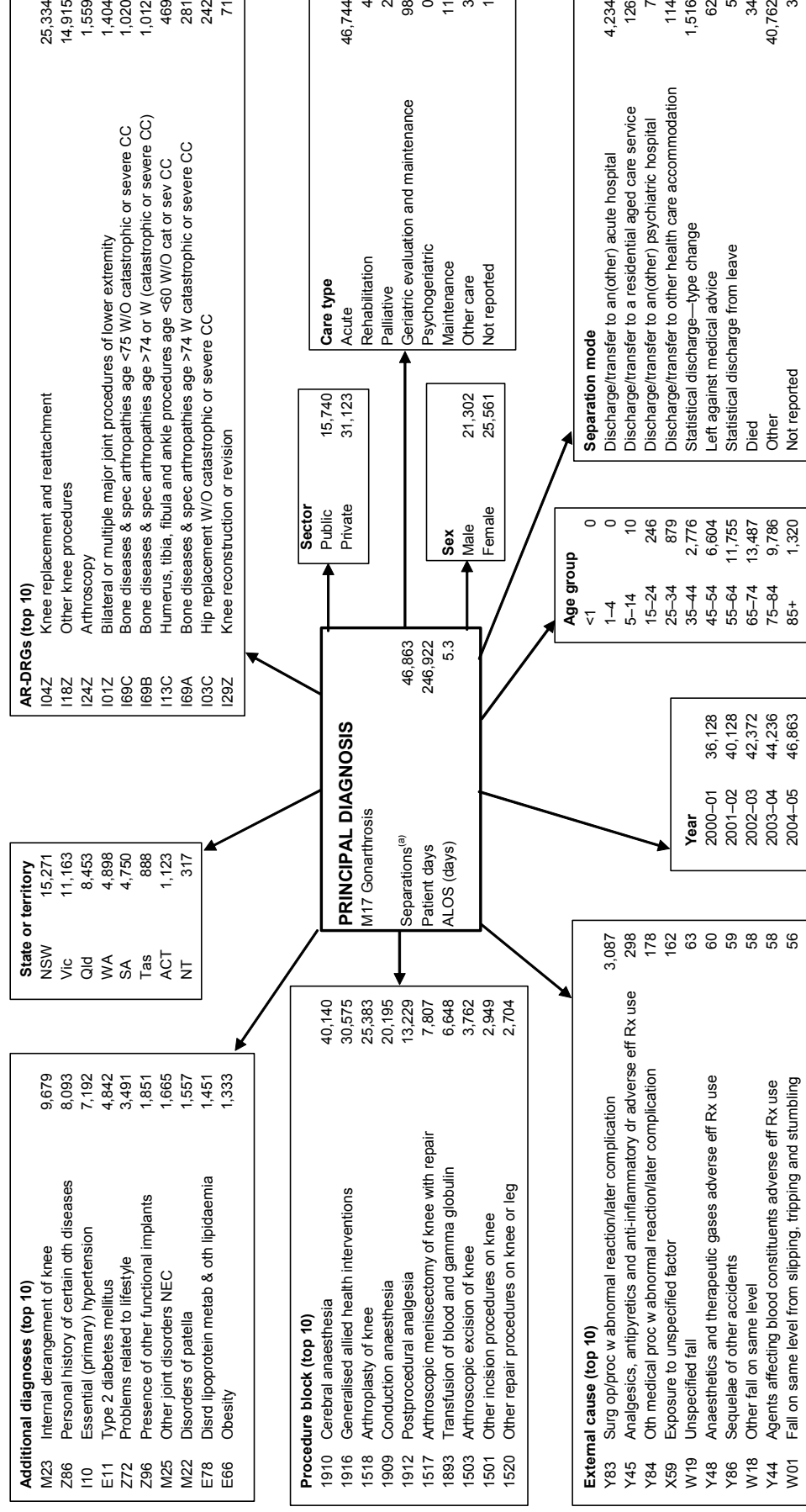
The most common principal diagnosis for patients identified as Indigenous was *Care involving dialysis* (Z49) (77,196). This represented approximately 44.8% of all separations for patients identified as Indigenous compared with 10.4% of separations for other patients. The next most common principal diagnosis reported was *Injury, poisoning and certain other consequences of external causes* (S00–T98) (13,186) which represented 7.7% of all separations for patients identified as Indigenous.

The age-standardised separation rates for persons identified as Aboriginal and/or Torres Strait Islander were relatively high for the majority of the principal diagnosis chapters. As indicated in the rate ratios, persons identified as Indigenous were 15 times as likely to be hospitalised with a principal diagnosis of *Care involving dialysis*.

## **Additional data**

The accompanying tables on the Internet at [www.aihw.gov.au](http://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 AIHW web site 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: ALOS—average length of stay; proc—procedures; W—with; W/O—without; cat—catastrophic; CC—complication or comorbidity; oth—other; NEC—not elsewhere classified; disrd—disorders; metab—metabolism; surg op/proc—surgical operation and other surgical procedures; dr—drugs; eff—effects; Rx—therapeutic.

**Figure 9.1: Interrelationships of a principal diagnosis (M17 Gonarthrosis) with other data elements, all hospitals, Australia, 2004-05**

Table 9.1: Selected separation statistics<sup>(a)</sup>, by principal diagnosis in ICD-10-AM chapters, public hospitals, Australia, 2004–05

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)	ALOS (days) excluding same day
A00–B99 Certain infectious and parasitic diseases	74,018	17,857	65,079	36.6	303,286	150.1	4.1	5.1
C00–D48 Neoplasms	242,952	109,620	203,811	120.2	1,219,876	603.6	5.0	8.3
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	58,283	37,108	49,769	28.8	145,617	72.1	2.5	5.1
E00–E90 Endocrine, nutritional and metabolic diseases	79,208	29,885	68,696	39.2	402,595	199.2	5.1	7.6
F00–F99 Mental and behavioural disorders	169,119	41,998	158,748	83.7	1,957,130	968.4	11.6	15.1
G00–G99 Diseases of the nervous system	93,889	38,969	81,308	46.5	424,985	210.3	4.5	7.0
H00–H59 Diseases of the eye and adnexa	63,579	53,177	49,071	31.5	81,917	40.5	1.3	2.8
H60–H95 Diseases of the ear and mastoid process	29,098	17,461	25,163	14.4	46,820	23.2	1.6	2.5
I00–I99 Diseases of the circulatory system	297,665	62,975	244,434	147.3	1,570,135	776.9	5.3	6.4
J00–J99 Diseases of the respiratory system	247,743	38,714	213,225	122.6	1,074,019	531.4	4.3	5.0
K00–K93 Diseases of the digestive system	365,512	165,617	313,697	180.9	1,062,532	525.7	2.9	4.5
L00–L99 Diseases of the skin and subcutaneous tissue	78,866	29,232	69,935	39.0	331,211	163.9	4.2	6.1
M00–M99 Diseases of the musculoskeletal system and connective tissue	152,345	65,062	130,568	75.4	605,812	299.8	4.0	6.2
N00–N99 Diseases of the genitourinary system	198,887	93,653	175,133	98.4	537,746	266.1	2.7	4.2
O00–O99 Pregnancy, childbirth and the puerperium	311,796	77,479	288,966	154.3	857,554	424.3	2.8	3.3
P00–P96 Certain conditions originating in the perinatal period	41,327	5,209	38,164	20.4	387,271	191.6	9.4	10.6
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	23,016	11,423	18,852	11.4	85,923	42.5	3.7	6.4
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	292,770	127,385	256,351	144.9	679,578	336.3	2.3	3.3
S00–T98 Injury, poisoning and certain other consequences of external causes	378,446	126,616	306,984	187.3	1,482,425	733.5	3.9	5.4
Z00–Z99 Factors influencing health status and contact with health services	1,076,891	949,626	947,068	532.9	3,374,155	1,669.5	3.1	19.1
Not reported	1,015	323	769	0.5	31,569	15.6	31.1	45.2
<b>Total</b>	<b>4,276,425</b>	<b>2,099,389</b>	<b>3,705,791</b>	<b>2,116.0</b>	<b>16,662,156</b>	<b>8,244.5</b>	<b>3.9</b>	<b>6.7</b>

(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 2004.

Abbreviation: ALOS—average length of stay.



Table 9.2: Selected separation statistics<sup>(a)</sup>, by principal diagnosis in ICD-10-AM chapters, private hospitals, Australia, 2004–05

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)	ALOS (days) excluding same day
A00–B99 Certain infectious and parasitic diseases	13,502	3,911	709	6.7	64,123	31.7	4.7	6.3
C00–D48 Neoplasms	247,138	149,578	4,377	122.3	761,760	376.9	3.1	6.3
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	25,697	18,215	553	12.7	52,203	25.8	2.0	4.5
E00–E90 Endocrine, nutritional and metabolic diseases	41,990	20,543	1,288	20.8	134,574	66.6	3.2	5.3
F00–F99 Mental and behavioural disorders	122,865	92,731	887	60.8	604,961	299.3	4.9	17.0
G00–G99 Diseases of the nervous system	67,486	22,306	737	33.4	142,455	70.5	2.1	2.7
H00–H59 Diseases of the eye and adnexa	137,004	123,859	3,004	67.8	140,933	69.7	1.0	1.3
H60–H95 Diseases of the ear and mastoid process	24,278	18,026	340	12.0	30,694	15.2	1.3	2.0
I00–I99 Diseases of the circulatory system	154,035	49,665	3,827	76.2	624,293	308.9	4.1	5.5
J00–J99 Diseases of the respiratory system	79,243	12,903	2,728	39.2	319,004	157.8	4.0	4.6
K00–K93 Diseases of the digestive system	430,703	326,643	5,715	213.1	686,167	339.5	1.6	3.5
L00–L99 Diseases of the skin and subcutaneous tissue	39,964	26,596	937	19.8	114,973	56.9	2.9	6.6
M00–M99 Diseases of the musculoskeletal system and connective tissue	228,518	98,697	2,368	113.1	717,890	355.2	3.1	4.8
N00–N99 Diseases of the genitourinary system	158,590	89,364	4,219	78.5	331,580	164.1	2.1	3.5
O00–O99 Pregnancy, childbirth and the puerperium	139,343	50,824	2,938	68.9	459,445	227.3	3.3	4.6
P00–P96 Certain conditions originating in the perinatal period	10,508	504	364	5.2	80,138	39.7	7.6	8.0
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	10,220	5,905	176	5.1	19,808	9.8	1.9	3.2
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	135,063	85,579	3,618	66.8	263,270	130.3	1.9	3.6
S00–T98 Injury, poisoning and certain other consequences of external causes	85,108	23,392	3,044	42.1	401,997	198.9	4.7	6.1
Z00–Z99 Factors influencing health status and contact with health services	589,916	527,870	50,446	291.9	1,204,481	596.0	2.0	10.9
Not reported	1,254	678	3	0.6	11,707	5.8	9.3	19.1
<b>Total</b>	<b>2,742,425</b>	<b>1,747,789</b>	<b>92,278</b>	<b>1,357.0</b>	<b>7,166,456</b>	<b>3,546.0</b>	<b>2.6</b>	<b>5.4</b>

(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 2004.

Abbreviation: ALOS—average length of stay.

**Table 9.3: Separations<sup>(a)</sup>, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2004-05**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-B99 Certain infectious and parasitic diseases	27,918	17,504	11,999	6,605	5,735	1,439	954	1,864	74,018
C00-D48 Neoplasms	77,413	69,192	43,406	20,520	22,004	5,961	3,306	1,150	242,952
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	17,332	18,896	8,524	6,160	4,901	1,215	885	370	58,283
E00-E90 Endocrine, nutritional and metabolic diseases	23,326	24,090	12,590	7,425	7,054	2,079	1,220	1,424	79,208
F00-F99 Mental and behavioural disorders	61,142	39,672	30,107	14,864	15,764	4,610	1,472	1,488	169,119
G00-G99 Diseases of the nervous system	27,964	31,399	14,295	7,965	7,982	2,134	1,441	709	93,889
H00-H59 Diseases of the eye and adnexa	21,874	19,391	7,961	6,473	5,932	420	989	539	63,579
H60-H95 Diseases of the ear and mastoid process	7,670	8,479	6,346	2,717	2,926	330	273	357	29,098
I00-I99 Diseases of the circulatory system	104,849	77,580	51,208	23,307	26,562	6,768	4,988	2,403	297,665
J00-J99 Diseases of the respiratory system	88,930	62,423	40,864	21,159	22,753	4,322	2,785	4,507	247,743
K00-K93 Diseases of the digestive system	121,920	100,042	59,636	34,241	33,216	7,478	4,998	3,981	365,512
L00-L99 Diseases of the skin and subcutaneous tissue	23,292	20,169	14,495	7,529	8,643	1,550	925	2,263	78,866
M00-M99 Diseases of the musculoskeletal system and connective tissue	47,999	43,197	23,713	15,660	13,833	4,342	2,351	1,250	152,345
N00-N99 Diseases of the genitourinary system	65,801	56,332	34,793	17,289	16,185	3,783	2,593	2,111	198,887
O00-O99 Pregnancy, childbirth and the puerperium	103,325	81,452	59,627	24,863	26,515	5,682	4,266	6,066	311,796
P00-P96 Certain conditions originating in the perinatal period	11,910	13,527	7,657	2,602	3,265	773	860	733	41,327
Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities	7,665	6,742	3,992	1,985	1,700	362	385	185	23,016
R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	100,116	88,127	48,488	20,973	23,903	5,253	2,919	2,991	292,770
S00-T98 Injury, poisoning and certain other consequences of external causes	127,934	94,891	74,735	33,242	28,320	7,967	5,522	5,835	378,446
Z00-Z99 Factors influencing health status and contact with health services	274,903	350,322	179,325	107,681	88,403	20,122	20,506	35,629	1,076,891
Not reported	963	2	0	0	0	14	0	36	1,015
<b>Total</b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>

(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<sup>(a)</sup>, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2004–05**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99 Certain infectious and parasitic diseases	2,577	3,095	4,644	1,745	973	n.p.	n.p.	n.p.	13,502
C00–D48 Neoplasms	66,935	55,301	68,771	25,377	21,881	n.p.	n.p.	n.p.	247,138
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	5,336	7,197	7,602	2,888	1,932	n.p.	n.p.	n.p.	25,697
E00–E90 Endocrine, nutritional and metabolic diseases	10,710	10,667	10,362	4,897	3,473	n.p.	n.p.	n.p.	41,990
F00–F99 Mental and behavioural disorders	29,805	45,404	26,343	12,536	2,278	n.p.	n.p.	n.p.	122,865
G00–G99 Diseases of the nervous system	19,060	18,731	15,501	6,185	5,723	n.p.	n.p.	n.p.	67,486
H00–H59 Diseases of the eye and adnexa	48,573	27,516	32,951	12,008	10,540	n.p.	n.p.	n.p.	137,004
H60–H95 Diseases of the ear and mastoid process	7,087	5,152	4,738	3,097	3,183	n.p.	n.p.	n.p.	24,278
I00–I99 Diseases of the circulatory system	43,991	40,497	37,697	14,500	11,929	n.p.	n.p.	n.p.	154,035
J00–J99 Diseases of the respiratory system	19,881	18,120	20,840	9,812	7,804	n.p.	n.p.	n.p.	79,243
K00–K93 Diseases of the digestive system	122,453	117,904	104,280	43,905	29,972	n.p.	n.p.	n.p.	430,703
L00–L99 Diseases of the skin and subcutaneous tissue	10,525	10,410	9,117	4,416	3,942	n.p.	n.p.	n.p.	39,964
M00–M99 Diseases of the musculoskeletal system and connective tissue	62,892	59,063	41,370	31,891	23,487	n.p.	n.p.	n.p.	228,518
N00–N99 Diseases of the genitourinary system	50,244	37,238	35,527	16,990	11,949	n.p.	n.p.	n.p.	158,590
O00–O99 Pregnancy, childbirth and the puerperium	34,881	40,512	35,256	16,654	6,416	n.p.	n.p.	n.p.	139,343
P00–P96 Certain conditions originating in the perinatal period	1,416	3,645	2,387	2,321	547	n.p.	n.p.	n.p.	10,508
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	3,536	2,139	2,133	1,157	840	n.p.	n.p.	n.p.	10,220
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	32,051	40,022	33,769	15,172	9,809	n.p.	n.p.	n.p.	135,063
S00–T98 Injury, poisoning and certain other consequences of external causes	21,413	20,056	21,518	10,899	7,920	n.p.	n.p.	n.p.	85,108
Z00–Z99 Factors influencing health status and contact with health services	153,831	140,347	162,040	72,265	47,231	n.p.	n.p.	n.p.	589,916
Not reported	1	1,251	0	0	0	n.p.	n.p.	n.p.	1,254
<b>Total</b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>

(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.  
n.p. Not published.

**Table 9.5: Separations<sup>(a)</sup> 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, 2000–01 to 2004–05**

Principal diagnosis	Private hospitals										Public hospitals					Change 2000–01 to 2004–05
	Change 2000–01 to 2004–05															
	2000–01	2001–02	2002–03	2003–04	2004–05	2000–01	2001–02	2002–03	2003–04	2004–05	2000–01	2001–02	2002–03	2003–04	2004–05	
Z49 Care involving dialysis	84,944	89,196	103,852	134,025	144,505	59,561	500,102	546,863	592,391	628,331	670,323	170,221				
Z51 Other medical care	115,662	126,016	139,667	148,923	158,814	43,152	121,627	126,153	137,878	137,182	137,271	15,644				
Z50 Care involving use of rehabilitation procedures	41,766	48,738	49,778	55,820	69,996	28,230	69,418	72,345	72,909	74,389	68,459	–959				
Z12 Special screening examination for neoplasms	477	5,151	16,444	18,224	21,390	20,913	131	2,974	6,566	7,095	7,839	7,708				
R07 Pain in throat and chest	15,687	16,714	18,188	19,597	20,932	5,245	52,579	59,681	63,587	68,760	75,061	22,482				
Z45 Adjustment and management of implanted device	9,512	11,791	15,848	21,719	25,626	16,114	12,134	13,777	17,008	20,374	21,286	9,152				
Z31 Procreative management	12,490	20,475	25,296	28,686	34,885	22,395	3,576	3,978	3,680	4,613	4,701	1,125				
H26 Other cataract	57,889	63,012	67,135	67,996	72,193	14,304	31,506	32,655	35,243	35,548	38,423	6,917				
O04 Medical abortion	19,529	27,195	37,740	38,042	36,557	17,028	16,443	15,672	14,866	13,544	12,590	–3,853				
E11 Type 2 diabetes mellitus	9,583	11,917	12,843	14,096	17,898	8,315	22,057	25,736	27,286	30,182	32,976	10,919				
Z80 Family history of malignant neoplasm	20,525	20,590	12,006	10,459	9,907	–10,618	7,486	5,125	2,118	1,583	1,258	–6,228				
K92 Other diseases of digestive system	15,458	18,867	21,796	23,888	24,771	9,313	18,384	20,606	22,295	24,038	24,443	6,059				
K01 Embedded and impacted teeth	43,004	52,153	55,178	55,548	56,584	13,580	7,204	8,286	6,948	8,268	8,319	1,115				
G47 Sleep disorders	22,325	24,619	27,886	30,801	33,309	10,984	11,180	11,512	11,873	12,611	13,665	2,485				
K21 Gastro-oesophageal reflux disease	42,587	37,820	37,752	37,200	38,433	–4,154	26,188	21,868	20,615	19,873	19,490	–6,698				
M17 Gonarthrosis [arthrosis of knee]	23,219	26,686	28,076	29,379	31,123	7,904	12,909	13,442	14,296	14,857	15,740	2,831				
Z09 Follow-up examination after treatment for conditions other than	15,964	20,315	22,202	23,979	25,726	9,762	14,125	15,029	15,390	15,543	15,010	885				
N97 Female infertility	16,662	9,751	6,785	5,726	8,035	–8,627	4,548	3,747	3,451	2,832	2,530	–2,018				
F32 Depressive episode	19,237	22,928	26,583	27,185	27,587	8,350	24,054	23,213	24,549	26,001	26,261	2,207				
R10 Abdominal and pelvic pain	36,095	38,227	40,759	40,919	42,358	6,263	56,107	56,901	57,515	56,961	59,962	3,855				
I21 Acute myocardial infarction	7,286	7,763	8,396	8,591	8,602	1,316	30,386	32,570	35,371	38,294	39,031	8,645				
C61 Malignant neoplasm of prostate	7,845	9,099	10,674	13,705	15,604	7,759	5,870	6,010	6,479	6,842	7,739	1,869				
F10 Mental and behavioural disorders due to use of alcohol	9,262	11,619	12,713	14,435	15,150	5,888	16,749	17,575	18,315	18,992	20,002	3,253				
I20 Angina pectoris	25,386	25,023	24,354	23,305	22,963	–2,423	63,354	62,000	58,858	58,604	57,266	–6,088				
K02 Dental caries	11,998	14,309	15,638	16,638	17,426	5,428	11,649	13,489	12,331	13,980	14,483	2,834				
D50 Iron deficiency anaemia	6,398	7,636	8,427	9,067	10,304	3,906	9,917	11,072	11,789	12,957	14,242	4,325				
K52 Other noninfective gastroenteritis and colitis	10,938	12,072	13,392	13,947	13,603	2,665	19,841	20,185	22,732	25,996	24,945	5,104				
O34 Maternal care for known or suspected abnormality of pelvic organs	6,808	7,885	9,290	10,151	11,117	4,309	11,132	11,418	12,170	13,462	14,537	3,405				
N39 Other disorders of urinary system	11,724	13,358	12,760	12,429	13,258	1,534	25,352	26,806	28,070	29,034	31,505	6,153				
Z29 Gastritis and duodenitis	31,504	27,634	29,060	27,410	27,643	–3,861	22,193	20,590	19,534	18,669	18,481	–3,712				

(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.

Notes 1. 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 between 2000–01 and 2004–05.

2. The apparent increase for O04 *Medical abortion* in the private sector would have been 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 National Hospital Morbidity Database.

**Table 9.6: Separations<sup>(a)</sup> 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, 2000-01 to 2004-05**

Principal diagnosis	Private patients						Public patients					
	Change						Change					
	2000-01	2001-02	2002-03	2003-04	2004-05	2000-01 to 2004-05	2000-01	2001-02	2002-03	2003-04	2004-05	2000-01 to 2004-05
Z49 Care involving dialysis	115,882	120,084	139,932	166,009	176,229	60,347	468,179	515,557	556,009	595,995	638,546	170,367
Z51 Other medical care	122,935	133,729	149,742	158,650	170,306	47,371	112,202	117,875	126,913	126,854	124,811	12,609
Z50 Care involving use of rehabilitation procedures	50,575	58,771	60,659	67,466	82,144	31,569	59,983	62,240	61,909	62,723	56,260	-3,723
Z12 Special screening examination for neoplasms	500	5,290	16,851	18,808	22,120	21,620	107	2,835	6,112	6,510	7,099	6,992
R07 Pain in throat and chest	20,795	22,524	24,455	26,855	28,197	7,402	47,252	53,523	57,015	61,381	67,659	20,407
Z45 Adjustment and management of implanted device	10,578	13,021	17,535	24,107	28,024	17,446	11,030	12,432	15,231	17,964	18,763	7,733
Z31 Procreative management	14,647	22,568	26,835	31,229	37,073	22,426	1,318	1,156	1,483	2,020	2,430	1,112
H26 Other cataract	62,736	67,163	72,352	74,715	78,477	15,741	25,912	26,873	29,463	28,813	31,824	5,912
E11 Type 2 diabetes mellitus	11,902	14,381	15,535	17,609	21,507	9,605	19,595	23,051	24,448	26,636	29,213	9,618
O04 Medical abortion	22,025	29,331	38,960	39,277	37,629	15,604	13,920	13,279	13,242	11,391	10,468	-3,452
Z80 Family history of malignant neoplasm	20,922	20,855	12,176	10,665	10,054	-10,868	7,032	4,580	1,911	1,377	1,109	-5,923
K01 Embedded and impacted teeth	44,911	54,309	58,021	59,051	60,436	15,525	4,798	5,410	3,989	4,758	4,424	-374
K92 Other diseases of digestive system	17,384	20,889	24,063	26,687	27,608	10,224	16,354	18,368	19,831	21,223	21,568	5,214
G47 Sleep disorders	22,651	24,743	28,481	31,963	35,010	12,359	10,628	10,831	11,034	11,437	11,897	1,269
M17 Gonarthrosis [arthrosis of knee]	23,447	26,898	28,653	30,397	32,168	8,721	12,268	12,908	13,660	13,835	14,689	2,421
F32 Depressive episode	20,776	24,630	28,335	29,887	30,251	9,475	22,277	21,038	22,108	23,289	23,582	1,305
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	17,086	21,440	23,428	25,438	27,194	10,108	12,933	13,731	14,092	14,077	13,529	596
K21 Gastro-oesophageal reflux disease	44,303	39,582	39,498	39,295	40,447	-3,856	24,167	19,720	18,679	17,758	17,448	-6,719
N97 Female infertility	18,014	10,893	7,948	6,269	8,346	-9,668	3,094	2,440	2,255	2,282	2,214	-880
R10 Abdominal and pelvic pain	39,818	41,936	44,738	45,454	46,866	7,048	52,064	52,553	53,118	52,280	55,280	3,216
I21 Acute myocardial infarction	12,089	12,826	13,865	14,828	15,141	3,052	25,404	27,218	29,695	31,912	32,344	6,940
C61 Malignant neoplasm of prostate	8,874	10,112	11,786	14,973	17,045	8,171	4,677	4,834	5,271	5,568	6,280	1,603
F10 Mental and behavioural disorders due to use of alcohol	9,156	12,057	13,063	15,143	15,908	6,752	16,203	16,987	17,668	18,265	19,220	3,017
K02 Dental caries	13,403	15,604	17,309	18,238	19,298	5,895	10,098	11,948	10,647	12,367	12,600	2,502
D50 Iron deficiency anaemia	7,331	8,636	9,550	10,482	11,813	4,482	8,937	9,941	10,582	11,533	12,721	3,784
I20 Angina pectoris	35,009	34,229	33,205	32,168	31,907	-3,102	53,263	52,344	49,666	49,640	48,181	-5,082
N39 Other disorders of urinary system	14,373	16,205	15,791	16,018	17,317	2,944	22,472	23,805	24,918	25,401	27,388	4,916
I25 Chronic ischaemic heart disease	16,139	19,353	21,167	22,452	21,706	5,567	14,052	11,696	12,413	11,995	11,787	-2,265
K52 Other non-infective gastroenteritis and colitis	12,789	13,859	15,358	16,696	16,099	3,310	17,865	18,198	20,613	23,182	22,371	4,506
O34 Maternal care for known or suspected abnormality of pelvic organs	7,557	8,874	10,238	11,357	12,355	4,798	10,243	10,338	11,140	12,232	13,229	2,986

(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.

Notes: 1. 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 between 2000-01 and 2004-05.

2. The apparent increase for O04 *Medical abortion* for private patients would have been 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 National Hospital Morbidity Database.

**Table 9.7: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, public hospitals, Australia, 2004–05**

Principal diagnosis	Separations		Public patient separations		Separations per 10,000 population <sup>(b)</sup>		Patient days per 10,000 population <sup>(b)</sup>		ALOS (days)
	Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Separations per 10,000 population <sup>(b)</sup>	Patient days	Separations per 10,000 population <sup>(b)</sup>	Patient days	
Z50 Care involving use of rehabilitation procedures	53,795	41,705	26.6	1,303,439	26.6	1,303,439	644.9	24.2	
R07 Pain in throat and chest	45,762	39,557	22.6	88,095	22.6	88,095	43.6	1.9	
I20 Angina pectoris	45,032	37,288	22.3	169,709	22.3	169,709	84.0	3.8	
J18 Pneumonia, organism unspecified	43,084	35,664	21.3	267,486	21.3	267,486	132.4	6.2	
J44 Other chronic obstructive pulmonary disease	40,298	33,653	19.9	294,831	19.9	294,831	145.9	7.3	
O70 Perineal laceration during delivery	35,501	32,807	17.6	106,558	17.6	106,558	52.7	3.0	
I21 Acute myocardial infarction	34,273	27,743	17.0	213,983	17.0	213,983	105.9	6.2	
K80 Cholelithiasis	30,934	27,655	15.3	107,174	15.3	107,174	53.0	3.5	
I50 Heart failure	29,550	23,645	14.6	237,044	14.6	237,044	117.3	8.0	
R10 Abdominal and pelvic pain	28,932	25,665	14.3	70,391	14.3	70,391	34.8	2.4	
L03 Cellulitis	24,891	21,418	12.3	144,838	12.3	144,838	71.7	5.8	
N39 Other disorders of urinary system	24,265	20,359	12.0	134,080	12.0	134,080	66.3	5.5	
J45 Asthma	23,279	21,231	11.5	56,530	11.5	56,530	28.0	2.4	
F20 Schizophrenia	23,054	22,725	11.4	681,545	11.4	681,545	337.2	29.6	
O80 Single spontaneous delivery	22,324	21,202	11.0	51,769	11.0	51,769	25.6	2.3	
S52 Fracture of forearm	20,600	16,707	10.2	50,078	10.2	50,078	24.8	2.4	
E11 Type 2 diabetes mellitus	20,439	17,808	10.1	195,811	10.1	195,811	96.9	9.6	
S72 Fracture of femur	19,698	14,604	9.7	236,061	9.7	236,061	116.8	12.0	
I48 Atrial fibrillation and flutter	19,194	15,267	9.5	78,744	9.5	78,744	39.0	4.1	
Z75 Problems related to medical facilities and other health care	18,767	15,058	9.3	712,802	9.3	712,802	352.7	38.0	
T81 Complications of procedures, not elsewhere classified	17,234	14,342	8.5	116,204	8.5	116,204	57.5	6.7	
F32 Depressive episode	16,847	12,470	8.3	104,601	8.3	104,601	51.8	6.2	
K35 Acute appendicitis	16,430	15,418	8.1	180,252	8.1	180,252	89.2	11.0	
K40 Inguinal hernia	15,949	13,588	7.9	54,178	7.9	54,178	26.8	3.4	
R55 Syncope and collapse	14,570	12,460	7.2	26,422	7.2	26,422	13.1	1.8	
P07 Disorders related to short gestation and low birth weight, not elsewhere classified	14,536	11,507	7.2	48,139	7.2	48,139	23.8	3.3	
F10 Mental and behavioural disorders due to use of alcohol	14,150	12,653	7.0	263,773	7.0	263,773	130.5	18.6	
K52 Other non-infective gastroenteritis and colitis	14,140	13,487	7.0	71,816	7.0	71,816	35.5	5.1	
O34 Maternal care for known or suspected abnormality of pelvic organs	14,076	11,916	7.0	50,721	7.0	50,721	25.1	3.6	
Other	14,072	12,647	7.0	57,889	7.0	57,889	28.6	4.1	
Other	1,420,668	1,212,210	703.0	8,356,558	703.0	8,356,558	4,134.9	5.9	
Not reported	692	501	0.3	31,246	0.3	31,246	15.5	45.2	
<b>Total</b>	<b>2,177,036</b>	<b>1,854,960</b>	<b>1,077.2</b>	<b>14,562,767</b>	<b>1,077.2</b>	<b>14,562,767</b>	<b>7,205.7</b>	<b>6.7</b>	

(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 2004.

Abbreviation: ALOS—average length of stay.

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](http://www.aihw.gov.au).

**Table 9.8: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, private hospitals, Australia, 2004–05**

Principal diagnosis	Separations	Public patient separations	Separations		Patient days		ALOS (days)
			per 10,000 population <sup>(b)</sup>	per 10,000 population <sup>(b)</sup>			
G47 Sleep disorders	31,880	15	15.8	35,658	17.6	1.1	
Z50 Care involving use of rehabilitation procedures	30,494	848	15.1	502,946	248.9	16.5	
M17 Gonarthrosis [arthrosis of knee]	21,453	362	10.6	151,732	75.1	7.1	
K40 Inguinal hernia	20,921	290	10.4	33,338	16.5	1.6	
I20 Angina pectoris	18,957	312	9.4	80,756	40.0	4.3	
K80 Cholelithiasis	18,452	606	9.1	49,087	24.3	2.7	
M75 Shoulder lesions	16,696	163	8.3	30,209	14.9	1.8	
J35 Chronic diseases of tonsils and adenoids	14,519	170	7.2	15,585	7.7	1.1	
O70 Perineal laceration during delivery	14,422	237	7.1	61,674	30.5	4.3	
R07 Pain in throat and chest	12,910	493	6.4	28,834	14.3	2.2	
M16 Coxarthrosis [arthrosis of hip]	12,213	198	6.0	99,187	49.1	8.1	
I25 Chronic ischaemic heart disease	12,103	16	6.0	44,201	21.9	3.7	
O34 Maternal care for known or suspected abnormality of pelvic organs	10,966	166	5.4	57,300	28.4	5.2	
M23 Internal derangement of knee	10,671	94	5.3	15,614	7.7	1.5	
J18 Pneumonia, organism unspecified	9,460	451	4.7	75,512	37.4	8.0	
N40 Hyperplasia of prostate	9,459	181	4.7	34,344	17.0	3.6	
M51 Other intervertebral disc disorders	9,260	90	4.6	52,698	26.1	5.7	
J34 Other disorders of nose and nasal sinuses	9,030	75	4.5	10,681	5.3	1.2	
C50 Malignant neoplasm of breast	9,000	125	4.5	36,259	17.9	4.0	
I50 Heart failure	8,712	255	4.3	84,788	42.0	9.7	
N81 Female genital prolapse	8,649	137	4.3	36,008	17.8	4.2	
C61 Malignant neoplasm of prostate	8,634	167	4.3	49,753	24.6	5.8	
T81 Complications of procedures, not elsewhere classified	8,612	212	4.3	53,086	26.3	6.2	
N39 Other disorders of urinary system	8,410	241	4.2	42,274	20.9	5.0	
R10 Abdominal and pelvic pain	8,297	337	4.1	26,103	12.9	3.1	
I48 Atrial fibrillation and flutter	8,230	181	4.1	32,577	16.1	4.0	
I83 Varicose veins of lower extremities	8,199	72	4.1	15,832	7.8	1.9	
J44 Other chronic obstructive pulmonary disease	8,153	416	4.0	82,225	40.7	10.1	
C44 Other malignant neoplasms of skin	7,650	72	3.8	28,068	13.9	3.7	
I21 Acute myocardial infarction	7,609	205	3.8	51,022	25.2	6.7	
Other	610,039	15,989	301.9	3,490,287	1,727.0	5.7	
Not reported	576	2	0.3	11,029	5.5	19.1	
Total	994,636	23,178	492.2	5,418,667	2,681.2	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 2004.

Abbreviation: ALOS—average length of stay.

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](http://www.aihw.gov.au).

**Table 9.9: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, public hospitals, Australia, 2004–05**

<b>Principal diagnosis</b>	<b>Separations</b>	<b>Public patient separations</b>	<b>Separations per 10,000 population<sup>(b)</sup></b>
Z49 Care involving dialysis	668,759	596,365	330.9
Z51 Other medical care	135,854	118,184	67.2
H26 Other cataract	36,379	28,117	18.0
R10 Abdominal and pelvic pain	31,030	28,784	15.4
R07 Pain in throat and chest	29,299	27,015	14.5
Z45 Adjustment and management of implanted device	19,806	17,322	9.8
C44 Other malignant neoplasms of skin	19,775	17,479	9.8
Z08 Follow-up examination after treatment for malignant neoplasms	16,947	15,435	8.4
Z50 Care involving use of rehabilitation procedures	14,664	13,704	7.3
K92 Other diseases of digestive system	14,569	13,163	7.2
K21 Gastro-oesophageal reflux disease	14,389	12,715	7.1
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	14,212	12,619	7.0
K02 Dental caries	13,790	11,955	6.8
K29 Gastritis and duodenitis	13,019	11,687	6.4
Z30 Contraceptive management	12,971	11,670	6.4
E11 Type 2 diabetes mellitus	12,537	10,738	6.2
I20 Angina pectoris	12,234	10,313	6.1
O04 Medical abortion	11,371	9,290	5.6
G56 Mononeuropathies of upper limb	11,257	10,012	5.6
K52 Other noninfective gastroenteritis and colitis	10,869	10,108	5.4
Z47 Other orthopaedic follow-up care	10,603	9,127	5.2
M54 Dorsalgia	10,243	8,885	5.1
S01 Open wound of head	10,110	8,963	5.0
F32 Depressive episode	9,831	7,982	4.9
N92 Excessive, frequent and irregular menstruation	9,428	8,492	4.7
M23 Internal derangement of knee	9,155	7,992	4.5
S52 Fracture of forearm	9,084	8,034	4.5
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	8,674	8,407	4.3
D12 Benign neoplasm of colon, rectum, anus and anal canal	8,671	7,589	4.3
I84 Haemorrhoids	8,593	7,648	4.3
Other	890,943	780,769	440.8
Not reported	323	268	0.2
<b>Total</b>	<b>2,099,389</b>	<b>1,850,831</b>	<b>1,038.8</b>

(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 2004.

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](http://www.aihw.gov.au).



**Table 9.10: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same day separations, private hospitals, Australia, 2004–05**

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>
Z51 Other medical care	158,168	5,412	78.3
Z49 Care involving dialysis	144,146	40,760	71.3
H26 Other cataract	64,739	2,098	32.0
K01 Embedded and impacted teeth	54,913	25	27.2
C44 Other malignant neoplasms of skin	39,888	367	19.7
Z50 Care involving use of rehabilitation procedures	39,502	3	19.5
K21 Gastro-oesophageal reflux disease	36,326	304	18.0
O04 Medical abortion	36,316	76	18.0
Z31 Procreative management	34,495	575	17.1
R10 Abdominal and pelvic pain	34,061	494	16.9
H25 Senile cataract	31,331	505	15.5
M23 Internal derangement of knee	31,314	252	15.5
D12 Benign neoplasm of colon, rectum, anus and anal canal	28,372	386	14.0
K29 Gastritis and duodenitis	26,530	260	13.1
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	25,018	215	12.4
Z45 Adjustment and management of implanted device	23,893	187	11.8
Z08 Follow-up examination after treatment for malignant neoplasms	22,194	580	11.0
K57 Diverticular disease of intestine	21,978	248	10.9
I84 Haemorrhoids	21,925	197	10.8
K92 Other diseases of digestive system	21,900	249	10.8
Z12 Special screening examination for neoplasms	21,233	291	10.5
F32 Depressive episode	21,038	27	10.4
K63 Other diseases of intestine	20,016	168	9.9
F33 Recurrent depressive disorder	16,837	3	8.3
K02 Dental caries	16,749	23	8.3
G56 Mononeuropathies of upper limb	15,594	190	7.7
M54 Dorsalgia	14,451	163	7.2
K22 Other diseases of oesophagus	13,241	87	6.6
K62 Other diseases of anus and rectum	12,942	134	6.4
Z30 Contraceptive management	12,221	128	6.0
Other	685,780	14,692	339.3
Not reported	678	1	0.3
<b>Total</b>	<b>1,747,789</b>	<b>69,100</b>	<b>864.8</b>

(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 2004.

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](http://www.aihw.gov.au).

**Table 9.11: Selected separation statistics<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia<sup>(b)</sup>, 2004-05**

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(c)</sup>
Z49 Care involving dialysis	43,111	43,111	15,886	21.3
Z51 Other medical care	35,111	35,109	379	17.4
O04 Medical abortion	34,853	34,853	1	17.2
H25 Senile cataract	26,906	26,906	239	13.3
H26 Other cataract	24,144	24,143	65	11.9
C44 Other malignant neoplasms of skin	16,824	16,824	156	8.3
K21 Gastro-oesophageal reflux disease	15,890	15,889	0	7.9
R10 Abdominal and pelvic pain	15,207	15,206	3	7.5
Z31 Procreative management	15,059	15,059	572	7.5
K29 Gastritis and duodenitis	13,228	13,228	0	6.5
D12 Benign neoplasm of colon, rectum, anus and anal canal	11,596	11,596	0	5.7
K01 Embedded and impacted teeth	11,087	11,087	4	5.5
K57 Diverticular disease of intestine	9,764	9,764	0	4.8
I84 Haemorrhoids	9,756	9,755	0	4.8
K63 Other diseases of intestine	9,575	9,574	0	4.7
Z12 Special screening examination for neoplasms	8,290	8,290	0	4.1
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	8,075	8,075	1	4.0
K92 Other diseases of digestive system	6,685	6,685	0	3.3
K30 Dyspepsia	6,566	6,566	0	3.2
K62 Other diseases of anus and rectum	6,049	6,049	0	3.0
K02 Dental caries	6,017	6,015	0	3.0
Z41 Procedures for purposes other than remedying health state	5,635	5,627	0	2.8
K22 Other diseases of oesophagus	5,195	5,195	1	2.6
H02 Other disorders of eyelid	4,537	4,536	7	2.2
E11 Type 2 diabetes mellitus	4,533	4,533	32	2.2
K59 Other functional intestinal disorders	4,440	4,440	0	2.2
R19 Other symptoms and signs involving the digestive system and abdomen	4,211	4,211	2	2.1
K44 Diaphragmatic hernia	4,130	4,130	0	2.0
N97 Female infertility	4,069	4,066	11	2.0
Z08 Follow-up examination after treatment for malignant neoplasms	4,045	4,045	0	2.0
Other	n.p.	n.p.	n.p.	n.p.
Not reported	n.p.	n.p.	n.p.	n.p.
<b>Total</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>

(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 2004.

n.p. Not published. The data for the *Totals*, *Other* and *Not reported* diagnoses have not been published due to confidentiality concerns.

Table 9.12: Selected separation statistics<sup>(a)</sup>, by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2004–05

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	ALOS (days)	ALOS (days) excluding same day
A00–B99	0	0	0	0	0	0.0	0.0
C00–D48	0	0	0	0	0	0.0	0.0
D50–D89	0	0	0	0	0	0.0	0.0
E00–E99	3	0	3	0	29	9.7	9.7
F00–F03	213	4	201	0	30,891	15.3	147.8
F04–F09	148	5	139	0	21,106	10.4	147.6
F10	822	68	812	0	13,729	6.8	18.1
F11–F19	1,194	24	1,188	1	10,650	5.3	9.1
F20	3,326	32	3,241	2	281,694	139.4	85.5
F21–F29	1,659	68	1,625	1	60,869	30.1	38.2
F30	56	1	55	0	825	0.4	15.0
F31	1,197	50	1,185	1	38,256	18.9	33.3
F32–F33	1,461	283	1,444	1	23,541	11.6	19.7
F34–F39	194	6	192	0	2,345	1.2	12.4
F40–F48	1,692	206	1,666	1	10,995	5.4	7.3
F50	47	24	45	0	197	0.1	7.5
F51–F59	27	1	26	0	1,005	0.5	38.6
Disorders of adult personality and behaviour	583	53	554	0	5,894	2.9	11.0
Mental retardation	50	1	49	0	27,937	13.8	570.1
Disorders of psychological development	156	106	156	0	1,254	0.6	23.0
Disorders with onset usually occurring in childhood, adolescence	1,267	1,144	1,267	1	2,194	1.1	8.5
Unspecified mental disorder	10	1	10	0	1,844	0.9	204.8
Diseases of the nervous system	178	0	169	0	24,992	12.4	140.4
Diseases of eye, adnexa, ear and mastoid process	0	0	0	0	0	0.0	0.0
Diseases of circulatory system	3	0	3	0	262	0.1	87.3
Diseases of respiratory/digestive system, skin & subcutaneous tissue	3	0	3	0	40	0.0	13.3
Diseases of musculoskeletal and connective tissue	0	0	0	0	0	0.0	0.0
Diseases of genitourinary system	0	0	0	0	0	0.0	0.0
Pregnancy, childbirth and the puerperium	2	0	2	0	3	0.0	1.5
Certain diseases originating in the perinatal period	0	0	0	0	0	0.0	0.0
Congenital abnormalities	2	0	2	0	3,152	1.6	1,576.0
Signs, symptoms and abnormal findings not elsewhere classified	223	93	220	0	11,646	5.8	88.9
Injury, poisoning and other consequences of external causes	10	2	10	0	922	0.5	115.0
Observation, personal, family history of mental and behavioural disorders	0	0	0	0	0	0.0	0.0
Other reasons for contact with health services	1,296	185	1,284	1	189,750	93.9	170.6
Not reported	22	2	20	0	16,291	8.1	814.5
<b>Total</b>	<b>15,844</b>	<b>2,359</b>	<b>15,571</b>	<b>8</b>	<b>782,313</b>	<b>387.1</b>	<b>49.4</b>
							<b>57.8</b>

(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 2004.

(c) Excluding Z03.2, Z81 and Z86.5.

Abbreviation: ALOS—average length of stay.

**Table 9.13: Separations<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2004–05**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	191,934	202,145	103,036	66,966	47,159	11,500	15,852	31,731	670,323
Z51 Other medical care	5,574	67,724	22,998	18,854	16,869	3,020	1,110	1,122	137,271
R07 Pain in throat and chest	26,599	20,178	14,228	4,878	6,223	1,220	854	881	75,061
Z50 Care involving use of rehabilitation procedures	21,738	18,361	17,233	4,099	4,370	917	1,023	718	68,459
R10 Abdominal and pelvic pain	20,017	19,198	9,681	4,454	4,369	1,086	609	548	59,962
I20 Angina pectoris	18,370	14,461	11,593	4,980	5,045	1,381	984	452	57,266
J18 Pneumonia, organism unspecified	17,204	12,460	7,164	3,557	3,896	861	611	1,345	47,098
J44 Other chronic obstructive pulmonary disease	16,951	10,441	7,383	3,250	3,738	1,063	347	666	43,839
I21 Acute myocardial infarction	14,646	10,019	7,047	2,632	3,000	846	519	322	39,031
H26 Other cataract	13,292	12,111	4,929	3,493	3,471	158	689	280	38,423
K80 Cholelithiasis	12,895	9,688	6,432	2,830	3,049	939	552	304	36,689
O70 Perineal laceration during delivery	16,434	6,700	6,704	2,294	2,738	459	775	409	36,513
E11 Type 2 diabetes mellitus	9,322	10,152	5,121	3,317	3,081	783	464	736	32,976
I50 Heart failure	11,410	8,893	5,314	2,589	2,857	685	343	300	32,391
N39 Other disorders of urinary system	11,184	8,569	5,340	2,766	2,467	514	378	287	31,505
S52 Fracture of forearm	11,095	7,081	5,647	2,285	2,005	521	603	447	29,684
J45 Asthma	9,720	8,221	5,107	2,695	2,835	385	308	285	29,556
L03 Cellulitis	9,614	7,232	5,038	2,281	1,903	486	432	708	27,694
F20 Schizophrenia	8,060	6,740	5,730	2,240	2,360	745	246	277	26,398
I48 Atrial fibrillation and flutter	9,655	6,813	4,402	2,109	2,058	588	406	232	26,263
F32 Depressive episode	9,850	6,843	4,116	1,997	2,336	816	118	185	26,261
C44 Other malignant neoplasms of skin	6,094	6,445	6,601	2,150	2,936	589	185	96	25,096
K52 Other non-infective gastroenteritis and colitis	7,881	7,939	3,866	2,057	2,331	375	275	221	24,945
K92 Other diseases of digestive system	9,368	6,699	3,402	1,978	2,072	395	265	264	24,443
O80 Single spontaneous delivery	8,767	3,549	6,984	1,740	1,669	488	402	456	24,055
S72 Fracture of femur	8,430	5,379	3,475	1,806	1,824	495	342	152	21,903
R55 Syncope and collapse	7,847	6,114	3,674	1,286	2,188	345	142	157	21,753
Z45 Adjustment and management of implanted device	1,607	10,479	4,976	1,483	1,060	996	585	100	21,286
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	6,627	5,694	4,229	2,137	1,519	265	180	525	21,176
T81 Complications of procedures, not elsewhere classified	6,758	5,722	3,998	1,933	1,670	442	275	353	21,151
Other	814,340	691,377	428,313	222,124	222,498	53,227	33,764	31,296	2,496,939
Not reported	963	2	0	0	0	14	0	36	1,015
<b>Total</b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>

(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<sup>(a)</sup> for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2004–05**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	30,144	41,225	48,635	19,270	13,966	n.p.	n.p.	n.p.	158,814
Z49 Care involving dialysis	20,369	28,265	47,302	31,985	16,560	n.p.	n.p.	n.p.	144,505
H26 Other cataract	29,572	13,449	12,972	6,720	5,739	n.p.	n.p.	n.p.	72,193
Z50 Care involving use of rehabilitation procedures	37,201	12,336	15,212	1,583	3,539	n.p.	n.p.	n.p.	69,996
K01 Embedded and impacted teeth	15,746	15,551	10,678	8,401	4,312	n.p.	n.p.	n.p.	56,584
C44 Other malignant neoplasms of skin	13,610	9,028	13,797	3,872	5,349	n.p.	n.p.	n.p.	47,538
R10 Abdominal and pelvic pain	10,211	13,905	10,688	4,467	2,178	n.p.	n.p.	n.p.	42,358
M23 Internal derangement of knee	12,655	10,044	7,414	4,825	4,943	n.p.	n.p.	n.p.	41,985
K21 Gastro-oesophageal reflux disease	10,089	11,072	9,845	3,808	2,687	n.p.	n.p.	n.p.	38,433
O04 Medical abortion	7,144	14,378	12,350	2,403	193	n.p.	n.p.	n.p.	36,557
Z31 Preoperative management	11,926	9,006	8,661	1,006	1,940	n.p.	n.p.	n.p.	34,885
G47 Sleep disorders	10,763	9,984	7,054	1,775	2,707	n.p.	n.p.	n.p.	33,309
H25 Senile cataract	7,398	7,947	12,459	1,988	1,862	n.p.	n.p.	n.p.	32,098
M17 Gonarthrosis [arthrosis of knee]	9,642	7,339	5,731	3,673	3,207	n.p.	n.p.	n.p.	31,123
D12 Benign neoplasm of colon, rectum, anus and anal canal	10,497	6,087	8,028	3,566	2,052	n.p.	n.p.	n.p.	30,842
K29 Gastritis and duodenitis	8,477	9,032	6,091	2,168	1,513	n.p.	n.p.	n.p.	27,643
F32 Depressive episode	6,773	10,258	6,592	2,443	290	n.p.	n.p.	n.p.	27,587
K57 Diverticular disease of intestine	6,656	7,691	8,111	2,517	1,407	n.p.	n.p.	n.p.	26,893
I84 Haemorrhoids	9,008	7,245	5,104	2,949	1,738	n.p.	n.p.	n.p.	26,823
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	9,147	6,160	5,829	2,595	1,549	n.p.	n.p.	n.p.	25,726
Z45 Adjustment and management of implanted device	3,170	9,661	8,238	1,791	1,801	n.p.	n.p.	n.p.	25,626
K40 Inguinal hernia	8,117	5,598	5,616	2,595	1,829	n.p.	n.p.	n.p.	24,964
K92 Other diseases of digestive system	8,325	5,888	6,596	1,710	1,621	n.p.	n.p.	n.p.	24,771
Z08 Follow-up examination after treatment for malignant neoplasms	8,086	6,183	4,884	2,078	1,386	n.p.	n.p.	n.p.	23,404
I20 Angina pectoris	6,298	6,062	5,817	2,348	1,656	n.p.	n.p.	n.p.	22,963
Z12 Special screening examination for neoplasms	6,123	6,780	4,951	2,878	389	n.p.	n.p.	n.p.	21,390
F33 Recurrent depressive disorder	3,025	10,582	3,204	2,774	532	n.p.	n.p.	n.p.	21,323
M54 Dorsalgia	4,681	6,387	2,988	3,802	2,577	n.p.	n.p.	n.p.	21,158
K63 Other diseases of intestine	7,459	5,291	5,533	1,401	970	n.p.	n.p.	n.p.	20,942
R07 Pain in throat and chest	3,562	5,944	6,026	2,474	2,374	n.p.	n.p.	n.p.	20,932
Other	411,323	384,638	360,440	172,850	118,943	n.p.	n.p.	n.p.	1,507,806
Not reported	1	1,251	0	0	0	n.p.	n.p.	n.p.	1,254
<b>Total</b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>

(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.  
n.p. Not published.

Table 9.15: Average length of stay<sup>(a)</sup> (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2004–05

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	1.5	1.0	1.1	1.0	1.1	1.0	1.1	1.1	1.1
R07 Pain in throat and chest	1.7	1.3	1.6	1.5	1.6	1.7	1.3	1.8	1.6
Z50 Care involving use of rehabilitation procedures	20.6	23.6	10.1	26.7	25.6	26.4	13.0	4.9	19.3
R10 Abdominal and pelvic pain	1.8	1.5	1.7	1.9	1.8	1.6	1.7	1.9	1.7
I20 Angina pectoris	3.5	2.8	3.2	2.9	3.2	3.5	2.9	3.4	3.2
J18 Pneumonia, organism unspecified	6.1	5.9	5.1	5.1	5.9	6.3	6.0	4.9	5.8
J44 Other chronic obstructive pulmonary disease	7.2	6.5	6.3	7.1	6.3	7.9	6.7	6.4	6.8
I21 Acute myocardial infarction	5.9	5.6	5.4	5.1	5.6	4.5	4.3	6.2	5.6
H26 Other cataract	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.2	1.0
K80 Cholelithiasis	3.2	3.1	2.8	3.1	3.1	2.6	2.5	4.0	3.1
O70 Perineal laceration during delivery	3.1	2.9	2.6	3.2	3.0	2.9	2.6	3.5	2.9
E11 Type 2 diabetes mellitus	6.8	5.9	7.2	5.9	5.4	6.0	5.5	7.4	6.3
I50 Heart failure	7.8	7.3	6.5	7.8	7.6	8.0	6.4	5.7	7.4
N39 Other disorders of urinary system	4.8	4.1	4.2	4.6	4.6	5.0	5.1	4.7	4.5
S52 Fracture of forearm	1.9	2.1	1.7	2.4	2.1	2.1	2.0	2.9	2.0
J45 Asthma	2.3	2.0	1.9	2.2	2.3	2.5	2.1	2.4	2.1
L03 Cellulitis	5.7	5.7	4.8	4.5	5.0	5.3	5.1	4.3	5.3
F20 Schizophrenia	33.2	22.3	24.8	25.0	17.1	27.7	15.9	13.9	25.9
I48 Atrial fibrillation and flutter	3.5	3.3	3.0	2.7	3.3	3.6	2.7	3.0	3.3
F32 Depressive episode	7.0	6.9	6.8	9.2	8.8	5.6	15.1	7.6	7.2
C44 Other malignant neoplasms of skin	2.6	1.9	1.6	1.8	1.6	1.9	3.6	4.0	2.0
K52 Other non-infective gastroenteritis and colitis	2.8	2.2	2.4	2.4	2.5	3.0	2.3	3.6	2.5
K92 Other diseases of digestive system	2.4	2.2	2.3	2.0	2.3	2.7	2.3	2.1	2.3
O80 Single spontaneous delivery	2.3	2.4	1.9	2.5	2.2	2.4	1.9	2.6	2.2
S72 Fracture of femur	10.9	11.1	10.3	10.4	11.0	11.1	11.7	16.0	10.9
R55 Syncope and collapse	2.6	2.4	2.4	2.5	2.9	2.7	3.2	2.4	2.5
Z45 Adjustment and management of implanted device	1.4	1.1	1.1	1.1	1.5	1.1	1.1	1.3	1.1
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	2.4	1.9	1.7	2.2	2.5	2.1	3.3	2.1	2.1
T81 Complications of procedures, not elsewhere classified	5.6	6.4	5.0	5.4	5.3	5.7	5.3	5.8	5.7
Other	4.5	3.8	4.1	4.3	4.5	4.7	4.6	4.4	4.2
<b>Total</b>	<b>4.3</b>	<b>3.5</b>	<b>3.7</b>	<b>3.8</b>	<b>4.1</b>	<b>4.4</b>	<b>3.6</b>	<b>3.0</b>	<b>3.9</b>

(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<sup>(a)</sup> (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2004-05**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	1.1	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
H26 Other cataract	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	5.8	13.9	5.5	20.9	10.7	n.p.	n.p.	n.p.	7.7
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	1.5	1.4	1.3	1.6	1.3	n.p.	n.p.	n.p.	1.4
R10 Abdominal and pelvic pain	1.3	1.3	1.5	1.5	1.8	n.p.	n.p.	n.p.	1.4
M23 Internal derangement of knee	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
K21 Gastro-oesophageal reflux disease	1.1	1.1	1.2	1.2	1.1	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
Z31 Procreative management	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G47 Sleep disorders	1.0	1.2	1.0	1.5	1.1	n.p.	n.p.	n.p.	1.1
H25 Senile cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
M17 Gonarthrosis [arthrosis of knee]	5.3	4.9	5.4	6.0	4.4	n.p.	n.p.	n.p.	5.2
D12 Benign neoplasm of colon, rectum, anus and anal canal	1.2	1.4	1.3	1.3	1.3	n.p.	n.p.	n.p.	1.3
K29 Gastritis and duodenitis	1.1	1.1	1.2	1.1	1.2	n.p.	n.p.	n.p.	1.1
F32 Depressive episode	6.6	3.4	6.3	5.4	13.7	n.p.	n.p.	n.p.	5.2
K57 Diverticular disease of intestine	1.7	1.6	2.0	2.3	2.4	n.p.	n.p.	n.p.	1.9
I84 Haemorrhoids	1.1	1.2	1.3	1.4	1.3	n.p.	n.p.	n.p.	1.2
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
Z45 Adjustment and management of implanted device	1.1	1.0	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.1
K40 Inguinal hernia	1.5	1.5	1.4	1.6	1.8	n.p.	n.p.	n.p.	1.5
K92 Other diseases of digestive system	1.2	1.4	1.5	1.4	1.4	n.p.	n.p.	n.p.	1.4
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
I20 Angina pectoris	3.6	3.5	4.3	3.1	4.0	n.p.	n.p.	n.p.	3.7
Z12 Special screening examination for neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
F33 Recurrent depressive disorder	6.1	3.5	4.7	4.5	14.4	n.p.	n.p.	n.p.	4.6
M54 Dorsalgia	2.8	2.2	3.5	2.1	1.9	n.p.	n.p.	n.p.	2.5
K63 Other diseases of intestine	1.1	1.2	1.2	1.2	1.4	n.p.	n.p.	n.p.	1.2
R07 Pain in throat and chest	1.6	1.7	2.0	1.7	1.7	n.p.	n.p.	n.p.	1.8
Other	3.0	3.2	3.6	3.3	3.3	n.p.	n.p.	n.p.	3.2
<b>Total</b>	<b>2.5</b>	<b>2.6</b>	<b>2.7</b>	<b>2.6</b>	<b>2.6</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2.6</b>

(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.  
n.p. Not published.

**Table 9.17: Separations<sup>(a)</sup> 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, 2004–05**

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
Z49 Care involving dialysis	1	67	183	7,540	23,003	45,917	72,091	97,896	116,015	107,345	11,293	481,351
Z51 Other medical care	188	1,238	2,002	2,003	3,083	6,605	17,310	37,556	41,389	24,683	2,335	136,392
Z50 Care involving use of rehabilitation procedures	2	6	79	1,416	2,138	3,283	4,887	9,140	13,184	18,583	6,904	59,622
I20 Angina pectoris	0	0	1	12	251	2,155	7,133	13,205	14,251	11,192	2,219	50,419
R07 Pain in throat and chest	0	8	127	836	2,821	7,521	11,130	11,286	8,206	5,867	1,281	49,083
H26 Other cataract	8	15	70	75	141	527	1,917	5,397	12,735	19,837	4,138	44,860
C44 Other malignant neoplasms of skin	3	7	12	56	458	1,673	4,447	8,278	10,290	13,399	4,438	43,061
K40 Inguinal hernia	1,450	980	1,079	1,785	3,056	4,722	6,705	8,486	7,163	4,917	1,003	41,346
R10 Abdominal and pelvic pain	137	317	2,225	2,927	4,181	5,344	5,756	5,839	4,537	3,162	739	35,164
M23 Internal derangement of knee	0	1	285	4,623	5,934	7,358	7,236	5,662	2,270	749	45	34,163
G47 Sleep disorders	3,148	2,148	1,455	461	1,688	4,414	6,645	6,862	3,610	1,693	126	32,250
I21 Acute myocardial infarction	1	1	1	19	326	1,833	5,233	7,475	7,350	6,710	2,239	31,188
J18 Pneumonia, organism unspecified	653	2,635	1,374	773	1,359	1,953	2,083	3,155	4,802	7,364	3,881	30,032
J44 Other chronic obstructive pulmonary disease	2	22	32	11	32	252	1,256	4,207	8,842	11,753	3,176	29,585
K21 Gastro-oesophageal reflux disease	778	252	444	1,238	3,035	4,887	6,042	5,993	3,735	1,902	324	28,630
E11 Type 2 diabetes mellitus	0	0	14	50	254	900	2,503	5,367	8,168	8,473	1,618	27,347
Z08 Follow-up examination after treatment for malignant neoplasms	0	73	54	30	142	600	1,985	5,416	8,755	8,296	1,469	26,820
K01 Embedded and impacted teeth	62	76	134	759	1,967	3,595	4,794	5,100	4,312	3,592	1,031	25,422
K92 Other diseases of digestive system	0	3	2	5	74	683	3,142	7,066	7,748	5,044	457	24,224
I25 Chronic ischaemic heart disease	0	2	9	88	220	1,130	3,620	6,993	6,985	4,276	498	23,821
D12 Benign neoplasm of colon, rectum, anus and anal canal	0	0	0	1	25	144	1,435	6,026	8,420	6,409	1,260	23,720
N40 Hyperplasia of prostate	0	0	0	5	17	65	1,475	6,652	7,963	5,668	1,495	23,342
C61 Malignant neoplasm of prostate	27	269	557	421	485	1,255	3,320	6,266	6,847	3,446	371	23,264
Z45 Adjustment and management of implanted device	0	9	23	460	2,059	4,575	5,577	4,831	2,536	1,127	185	21,382
I84 Haemorrhoids	0	0	4	157	565	1,650	3,266	5,510	5,826	3,889	435	21,302
M17 Gonarthrosis [arthrosis of knee]	14	6	9	37	166	316	767	2,298	4,864	8,525	4,241	21,243
I50 Heart failure	0	1	133	2,030	3,155	4,664	5,061	4,071	1,278	689	41	21,125
F10 Mental and behavioural disorders due to use of alcohol	2	0	8	181	532	1,285	2,890	4,978	5,555	4,569	1,120	21,120
I48 Atrial fibrillation and flutter	54	170	146	287	622	1,670	3,588	5,790	5,165	2,916	316	20,724
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	71,110	89,603	117,817	145,467	164,370	195,628	219,469	257,004	245,383	234,460	71,311	1,811,625
Other	83	25	24	64	72	124	145	152	126	146	67	1,028
Not reported												
<b>Total</b>	<b>77,723</b>	<b>97,961</b>	<b>129,881</b>	<b>188,388</b>	<b>232,241</b>	<b>319,013</b>	<b>423,837</b>	<b>564,387</b>	<b>588,474</b>	<b>540,759</b>	<b>130,067</b>	<b>3,292,736</b>

(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 for which age was not reported.



**Table 9.18: Separations<sup>(a)</sup> 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, 2004–05**

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
Z49 Care involving dialysis	0	0	536	5,835	14,941	28,687	52,107	66,539	92,736	66,342	5,754	333,477
Z51 Other medical care	137	1,015	1,493	1,622	3,907	16,058	35,188	42,679	34,993	18,522	2,079	157,693
Z50 Care involving use of rehabilitation procedures	3	29	43	1,193	1,927	3,324	5,561	9,394	14,550	28,001	14,807	78,832
R10 Abdominal and pelvic pain	98	239	3,109	9,654	10,665	11,063	10,945	9,043	6,300	4,594	1,446	67,156
H26 Other cataract	4	26	31	40	108	363	1,988	6,308	18,837	30,421	7,630	65,756
O70 Perineal laceration during delivery	0	0	18	10,189	31,756	8,956	41	0	0	0	0	50,960
O04 Medical abortion	0	0	177	21,011	18,815	8,895	249	0	0	0	0	49,147
R07 Pain in throat and chest	0	7	120	859	2,127	5,149	9,475	10,506	8,675	7,516	2,474	46,908
K01 Embedded and impacted teeth	0	11	2,344	24,013	8,234	2,583	959	420	165	73	20	38,822
K80 Cholelithiasis	2	1	113	3,045	6,531	8,860	6,867	6,258	4,434	3,449	1,174	38,734
Z31 Procreative management	0	0	1	478	16,331	20,749	692	3	0	1	0	38,255
F32 Depressive episode	0	1	592	4,602	5,659	7,010	5,931	4,010	2,975	2,800	673	34,253
N39 Other disorders of urinary system	787	917	770	1,561	1,612	2,828	4,035	4,157	4,270	6,479	4,816	32,232
I20 Angina pectoris	0	0	0	7	81	852	2,942	5,485	7,584	9,218	3,637	29,806
O80 Single spontaneous delivery	0	0	15	7,980	17,400	4,376	19	0	0	0	0	29,791
C44 Other malignant neoplasms of skin	0	5	25	75	525	1,759	4,027	4,963	5,903	8,108	4,183	29,573
K21 Gastro-oesophageal reflux disease	621	171	335	1,043	2,022	3,996	6,442	6,830	4,661	2,616	556	29,293
J18 Pneumonia, organism unspecified	502	2,261	1,176	714	1,326	1,787	2,014	2,599	3,317	5,966	5,076	26,738
K29 Gastritis and duodenitis	15	113	285	1,547	2,436	3,743	4,922	5,136	4,216	2,903	599	25,915
O34 Maternal care for known or suspected abnormality of pelvic	1	0	1	1,974	15,420	8,207	51	0	0	0	0	25,654
M17 Gonarthrosis [arthrosis of knee]	0	0	6	89	314	1,126	3,338	6,245	7,661	5,897	885	25,561
N92 Excessive, frequent and irregular menstruation	0	0	53	672	3,204	10,799	10,067	305	8	4	0	25,112
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	15	7,677	13,560	3,699	40	0	0	0	0	24,991
K57 Diverticular disease of intestine	1	0	0	17	133	958	3,361	5,919	6,393	5,555	1,506	23,843
K92 Other diseases of digestive system	53	40	119	833	1,638	2,897	4,217	4,644	3,872	3,650	1,828	23,791
Z45 Adjustment and management of implanted device	82	245	387	500	812	2,443	4,819	6,526	4,887	2,548	399	23,648
M54 Dorsalgia	0	14	131	648	1,863	3,298	4,594	4,430	3,404	3,804	1,432	23,618
E11 Type 2 diabetes mellitus	0	1	12	82	238	656	1,713	3,262	6,840	8,436	2,286	23,526
K52 Other non-infective gastroenteritis and colitis	25	48	93	2,436	3,527	2,884	3,025	3,318	3,057	3,362	1,626	23,401
J44 Other chronic obstructive pulmonary disease	1	13	62	22	60	273	1,510	4,127	6,436	7,516	2,514	22,534
Other	53,834	63,245	85,721	200,453	353,691	298,130	278,388	272,091	248,889	272,599	128,731	2,255,773
Not reported	91	11	23	97	165	152	139	108	125	193	135	1,239
<b>Total</b>	<b>56,257</b>	<b>68,413</b>	<b>97,806</b>	<b>310,968</b>	<b>541,028</b>	<b>474,560</b>	<b>469,666</b>	<b>495,305</b>	<b>505,188</b>	<b>510,573</b>	<b>196,266</b>	<b>3,726,032</b>

(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<sup>(a)</sup> related to renal failure<sup>(b)</sup>, by state or territory of usual residence, all hospitals, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total <sup>(c)</sup>
<b>Acute renal failure</b>									
Separations	2,252	1,713	1,074	379	463	n.p.	n.p.	n.p.	6,097
Separations not within state of residence (%)	3	1	1	2	1	n.p.	n.p.	n.p.	
Separation rate <sup>(d)</sup>									
Public hospitals	0.28	0.26	0.21	0.16	0.21	0.19	0.16	0.45	0.25
Private hospitals	0.02	0.05	0.07	0.03	0.03	n.p.	n.p.	n.p.	0.04
Total	0.31	0.32	0.28	0.20	0.25	n.p.	n.p.	n.p.	0.29
Standardised separation rate ratio (SRR)	1.07	1.10	0.97	0.69	0.87	n.p.	n.p.	n.p.	
95% confidence interval of SRR	1.02–1.11	1.05–1.16	0.92–1.03	0.62–0.76	0.79–0.95	n.p.	n.p.	n.p.	
<b>Chronic and unspecified renal failure</b>									
Separations	2,756	1,805	1,687	614	734	n.p.	n.p.	n.p.	8,025
Separations not within state of residence (%)	5	1	3	0	2	n.p.	n.p.	n.p.	
Separation rate <sup>(d)</sup>									
Public hospitals	0.34	0.28	0.34	0.25	0.37	0.35	0.27	0.70	0.32
Private hospitals	0.05	0.06	0.09	0.06	0.05	n.p.	n.p.	n.p.	0.06
Total	0.38	0.34	0.43	0.31	0.42	n.p.	n.p.	n.p.	0.38
Standardised separation rate ratio (SRR)	1.01	0.90	1.13	0.82	1.10	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.97–1.04	0.86–0.94	1.08–1.18	0.76–0.89	1.02–1.18	n.p.	n.p.	n.p.	
<b>Care involving dialysis<sup>(e)</sup></b>									
Separations	224,015	226,289	146,520	99,341	64,972	n.p.	n.p.	n.p.	812,766
Separations not within state of residence (%)	7	0	1	1	3	n.p.	n.p.	n.p.	
Separation rate <sup>(d)</sup>									
Public hospitals	28.18	37.86	26.47	34.38	29.17	21.93	37.05	190.80	32.09
Private hospitals	3.30	5.43	11.12	16.18	9.36	n.p.	n.p.	n.p.	6.86
Total	31.48	43.30	37.59	50.56	38.54	n.p.	n.p.	n.p.	38.96
Standardised separation rate ratio (SRR)	0.81	1.11	0.97	1.30	0.99	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.80–0.81	1.11–1.12	0.96–0.97	1.29–1.31	0.98–1.00	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 3.

(c) Includes other territories and excludes overseas residents and unknown state of residence.

(d) About 20% of private hospital separations in Tasmania were not included in the National Hospital Morbidity Database

(e) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(f) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

n.p. Not published.

**Table 9.20: Separation statistics<sup>(a)</sup> related to renal failure<sup>(b)</sup>, by Remoteness Area of usual residence, all hospitals, 2004–05**

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(c)</sup>
<b>Acute renal failure</b>						
Separations	4,056	1,306	552	81	71	6,097
Separation rate <sup>(d)</sup>						
Public hospitals	0.25	0.24	0.24	0.28	0.58	0.25
Private hospitals	0.05	0.04	0.02	0.02	0.01	0.04
Total	0.29	0.27	0.26	0.30	0.59	0.29
Standardised separation rate ratio (SRR)						
95% confidence interval of SRR	0.97–1.03	0.88–0.98	0.82–0.97	0.81–1.26	1.56–2.51	
<b>Chronic and unspecified renal failure</b>						
Separations	4,490	1,844	1,208	237	215	8,025
Separation rate <sup>(d)</sup>						
Public hospitals	0.27	0.32	0.50	0.76	1.52	0.32
Private hospitals	0.06	0.07	0.05	0.06	0.01	0.06
Total	0.33	0.39	0.55	0.81	1.53	0.39
Standardised separation rate ratio (SRR)						
95% confidence interval of SRR	0.82–0.87	0.95–1.05	1.33–1.49	1.81–2.34	3.40–4.45	
<b>Care involving dialysis<sup>(e)</sup></b>						
Separations	563,034	135,307	76,454	19,184	17,685	812,766
Separation rate <sup>(d)</sup>						
Public hospitals	33.92	24.27	32.55	44.80	104.38	32.37
Private hospitals	8.04	4.98	2.45	15.58	9.02	6.93
Total	41.96	29.25	35.01	60.38	113.40	39.30
Standardised separation rate ratio (SRR)						
95% confidence interval of SRR	1.06–1.07	0.74–0.75	0.88–0.90	1.51–1.56	2.84–2.93	

(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 3.

(c) Includes unknown remoteness area and excludes overseas residents and unknown state of residence.

(d) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

**Table 9.21: Separation statistics<sup>(a)</sup> related to renal failure<sup>(b)</sup>, by quintile of socioeconomic advantage/disadvantage<sup>(c)</sup>, all hospitals, Australia, 2004–05**

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total <sup>(d)</sup>
<b>Acute renal failure</b>						
Separations	1,406	1,235	1,296	1,096	1,051	6,097
Separation rate <sup>(e)</sup>						
Public hospitals	0.29	0.27	0.29	0.22	0.18	0.25
Private hospitals	0.03	0.03	0.03	0.06	0.05	0.04
Total	0.32	0.30	0.32	0.27	0.23	0.29
Standardised separation rate ratio (SRR)	1.10	1.03	1.11	0.95	0.80	
95% confidence interval of SRR	1.04–1.16	0.97–1.09	1.05–1.17	0.89–1.00	0.76–0.85	
<b>Chronic and unspecified renal failure</b>						
Separations <sup>(d)</sup>	2,297	1,861	1,535	1,276	1,038	8,025
Separation rate <sup>(e)</sup>						
Public hospitals	0.46	0.39	0.33	0.26	0.17	0.32
Private hospitals	0.07	0.06	0.04	0.07	0.07	0.06
Total	0.53	0.45	0.37	0.32	0.24	0.39
Standardised separation rate ratio (SRR)	1.36	1.17	0.97	0.83	0.63	
95% confidence interval of SRR	1.30–1.42	1.12–1.22	0.92–1.02	0.79–0.88	0.59–0.67	
<b>Care involving dialysis<sup>(f)</sup></b>						
Separations <sup>(d)</sup>	174,751	163,152	176,335	160,378	137,211	812,766
Separation rate <sup>(e)</sup>						
Public hospitals	35.50	33.74	36.28	32.49	24.44	32.41
Private hospitals	4.78	6.28	6.78	8.43	8.62	6.93
Total	40.28	40.02	43.05	40.92	33.05	39.34
Standardised separation rate ratio (SRR)	1.02	1.02	1.09	1.04	0.84	
95% confidence interval of SRR	1.02–1.03	1.01–1.02	1.09–1.10	1.04–1.05	0.84–0.84	

(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 3.

(c) Based on the Australian Bureau of Statistics SEIFA 2001 Index of Advantage/Disadvantage score for the statistical local area of the patient's area of usual residence.

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

(e) Rate per 1,000 population was directly age-standardised as detailed in Appendix 3.

(f) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

**Table 9.22: Separation statistics<sup>(a)</sup>, by principal diagnosis in ICD-10-AM chapters, by Indigenous status<sup>(b)</sup>, selected states and territories<sup>(c)</sup>, 2004–05**

Principal diagnosis	Separations		Separations for patients identified as Indigenous (%)	Separations per 1,000 population <sup>(c)</sup>		Rate ratio <sup>(d)</sup>
	Indigenous	Other		Indigenous	Other	
A00–B99 Certain infectious and parasitic diseases	3,461	30,104	2.0	11.5	4.2	2.7
C00–D48 Neoplasms	2,189	200,920	1.3	14.7	26.6	0.6
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	792	31,585	0.5	4.3	4.3	1.0
E00–E90 Endocrine, nutritional and metabolic diseases	3,400	43,825	2.0	22.7	5.9	3.9
F00–F99 Mental and behavioural disorders	5,642	97,738	3.3	22.4	13.2	1.7
G00–G99 Diseases of the nervous system	2,088	56,272	1.2	10.0	7.6	1.3
H00–H59 Diseases of the eye and adnexa	914	75,490	0.5	7.8	10.1	0.8
H60–H95 Diseases of the ear and mastoid process	1,237	22,127	0.7	3.3	3.1	1.1
I00–I99 Diseases of the circulatory system	5,367	162,239	3.1	38.9	21.5	1.8
J00–J99 Diseases of the respiratory system	10,959	116,780	6.4	53.1	16.1	3.3
K00–K93 Diseases of the digestive system	8,125	301,106	4.7	38.5	40.4	1.0
L00–L99 Diseases of the skin and subcutaneous tissue	4,278	46,127	2.5	17.0	6.2	2.7
M00–M99 Diseases of the musculoskeletal system and connective tissue	2,562	148,642	1.5	13.2	19.8	0.7
N00–N99 Diseases of the genitourinary system	4,343	130,501	2.5	22.9	17.5	1.3
O00–O99 Pregnancy, childbirth and the puerperium	12,024	163,373	7.0	34.7	23.1	1.5
P00–P96 Certain conditions originating in the perinatal period	1,682	17,830	1.0	3.1	2.6	1.2
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	498	11,494	0.3	1.0	1.6	0.6
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	6,466	148,639	3.8	33.6	19.9	1.7
S00–T98 Injury, poisoning and certain other consequences of external causes	13,186	169,283	7.7	51.4	23.1	2.2
Z00–Z99 Factors influencing health status and contact with health services	83,122	609,452	48.2	566.8	81.2	7.0
Care involving dialysis	77,196	267,543	44.8	535.9	35.6	15.0
Other	5,926	341,909	3.4	30.9	45.6	0.7
Not reported	16	20	0.0	0.1	0.0	n.p.
Total (excluding care involving dialysis)	95,139	2,315,984	55.2	435.0	312.4	1.4
Total (including care involving dialysis)	172,351	2,583,547	100.0	971.0	348.1	2.8

(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) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail.

(c) This table includes data for Queensland, Western Australia and the Northern Territory (public hospitals only). 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 3. The separation rate for non-Indigenous persons includes *Not reported*.

(e) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other Australians (which includes *Not reported*).  
n.p. Not published

# 10 Procedures for admitted patients

## Introduction

The *National health data dictionary* version 12.0 (NHDC 2003) 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 only available 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 2004–05 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories, using the fourth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2004). Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

One or more procedures can be reported for each separation in the National Hospital Morbidity Database, 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 ICD-10-AM procedure block or chapter) being considered. 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, so will only be counted once for each group of procedures, regardless of the number of procedures reported within the group.
- 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 sub-chapters 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 ICD-10-AM publication.

Most of the information is presented using two methods of grouping procedures based on the ICD-10-AM procedure classification:

- ICD-10-AM procedure chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Tables 10.1 to 10.4, 10.7, 10.8 and 10.20)
- ICD-10-AM procedure blocks – these 1,419 categories describe procedures at a specific level. Detailed information is presented for the 30 of these groups with the highest

number of separations (Tables 10.9 to 10.19) and summary information is provided for all of the groups (for which separations were reported) on the Internet at [www.aihw.gov.au](http://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 Table 10.18 and 10.19. The 30 ICD-10-AM 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 Queensland, Western Australia, South Australia and public hospitals in the Northern Territory only. See Chapter 8 for more information on quality of Indigenous status data.

Overall, there were 5.7 million separations for which a procedure was reported, 81.2% of total separations. Almost 19.6 million patient days were reported for separations with a procedure, accounting for 82.1% of the total (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 1518 *Arthroplasty of knee* and other data elements in the National Hospital Morbidity Database. There were 26,578 separations for which this procedure was reported, with an average length of stay of 7.9 days. Almost 65% of separations were admitted in private hospitals. The majority of separations (78.9%) with this procedure had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital, whereas 14.7% were transferred to another acute hospital. The principal diagnosis mostly associated with this procedure was *Gonarthrosis (M17)* with 25,383 separations, and the most commonly reported AR-DRG was *Knee replacement and reattachment (I04Z)* with 25,094 separations. There were more separations for females than males, with females accounting for 57.8% of separations. The majority of separations (92.6%) were for patients aged 55 years and over.

## ICD-10-AM chapters

Tables 10.1 to 10.4 provide separation and procedure statistics reported for each of the ICD-10-AM procedure chapters. Tables 10.1 and 10.2 present separation and procedure statistics by hospital sector, and Tables 10.3 and 10.4 present separations reported for each ICD-10-AM 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 53.8% of the separations for which a procedure was reported, although they accounted for 60.9% of the separations overall. Similarly, although 69.9% of overall patient days were in public hospitals, only 67.1% of patient days associated with procedures were in public hospitals. In public hospitals, 74.2% of total separations involved a procedure (3,171,278) and these separations were associated with 78.9% of total patient days (Table 10.1). In contrast, 92.2% of total separations in private hospitals involved a procedure (2,529,104), and these separations were associated with 89.7% of total patient days (Table 10.2). About 85.8% of separations with a procedure in public hospitals were for public patients, in contrast to 3.3% in private hospitals.

The private sector reported a higher proportion of separations for same day procedures than the public sector. About 53.8% (1,704,702) of separations for which a procedure was reported were same day in public hospitals, compared with 66.2% (1,673,483) 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 interventions, not elsewhere classified* (Blocks 1820–1922). This chapter also accounted for the highest numbers of patient days in the public sector and the private sector.

After *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (1,886,116), the chapter that accounted for the largest number of separations in public hospitals was *Procedures on urinary system* (Blocks 1040–1129), which includes haemodialysis. There were 782,834 separations for which procedures in this chapter were reported, accounting for 1,298,493 patient days. This group of procedures also accounted for a large number of same day separations (719,107) and public patient separations (696,161). Other chapters that accounted for a large number of separations in public hospitals were *Procedures on digestive system* (Blocks 850–1011) with 381,792 separations, and *Imaging services* (Blocks 1940–2016) with 248,533 separations.

Within the private sector, after *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1916) (1,929,644 separations), *Procedures on digestive system* (Blocks 850–1011), which includes colonoscopy, was the group of procedures that accounted for the largest number of separations with 584,148 separations for which procedures in this chapter were reported, accounting for 1,080,580 patient days. This group of procedures also accounted for a large number of same day separations (452,683). Other chapters that accounted for a large number of separations in private hospitals were *Procedures on musculoskeletal system* (Blocks 1360–1579) with 250,441 separations and *Procedures on urinary system* (Blocks 1040–1129) with 247,085 separations.

## States and territories

Tables 10.3 and 10.4 describe the pattern of hospital use in the states and territories by procedure chapter, in both the public and private sectors. These tables enable state by state comparisons of overall hospital use 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 urinary system* (Blocks 1040–1129) performed in public hospitals in comparison to private hospitals was higher in Victoria (233,654 public sector separations or 82.9% of combined separations) than in Queensland (120,183 public sector separations or 62.7% of combined separations). Similarly, the proportion of total separations for *Procedures*



on eye and adnexa (Blocks 160–256) performed in private hospitals in comparison to public hospitals was higher in Queensland (35,222 private sector separations, representing 79.4% of combined separations) than in Victoria (29,673 private sector separations, or 56.8%).

## Selected procedures, 2000–01 to 2004–05

Tables 10.5 and 10.6 present the number of separations for selected procedures from 2000–01 to 2004–05 and the change in separations over this period, by hospital sector and patient election status. The selected procedures have been identified as performance indicators related to appropriateness and may also be indicators of accessibility. The ICD-10-AM codes used to define the procedures are listed in Appendix 3. 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 2000–01 and 2004–05 varied between the hospital sectors. For example, the number of private sector separations for *Diagnostic gastrointestinal endoscopy* increased by 12.9% (44,229 separations) between 2000–01 and 2004–05, compared with a decrease of 6.2% (12,213 separations) in the public sector over the same period (Table 10.5). Overall, the reported number of separations increased for all but three of the selected procedures between 2000–01 and 2004–05 in the private sector and increased for eight of the 15 selected procedures in the public sector. A decrease in the number of separations over the 5-year period for *Coronary artery bypass graft* was reported for both sectors, with private sector separations decreasing by 988 and public sector separations decreasing by 1,180. These changes would have been affected by the recategorisation of two New South Wales hospitals from private to public since 2003–04 (see Appendix 4).

Table 10.6 presents the number of separations and change in separations for selected procedures from 2000–01 to 2004–05, by patient election status, for all hospitals. Due to a small proportion of separations whose 'Patient election status' was not reported (less than 5% of all separations in each year), the overall changes by selected procedure in Table 10.6 are slightly different from those presented in Table 10.5.

Variations between private and public patients in changes in separations for the selected procedures over the 5-year period were similar to those identified between hospital sectors. For example, private patient separations increased for 12 of the 15 selected procedures between 2000–01 and 2004–05, whereas public patient separations increased for six of the selected procedures over the same period. A notable difference between private and public patients was for *Coronary angioplasty*, with private patient separations increasing by 65.0% (7,397 separations) between 2000–01 and 2004–05, compared with a decrease in public patient separations of 2.5% (398 separations) over the same period.

## Total procedures

Tables 10.7 and 10.8 provide counts of all the procedures reported for 2004–05, 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. A total of 13.8 million procedures were reported, 7.5 million in the public sector and 6.3 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) (6,453,281 procedures in total). A block which accounted for many of these procedures was *Cerebral anaesthesia* (Block 1910), 42.1% of the chapter overall (2,716,763 procedures) (Tables 10.9 to 10.12). The next most common procedure chapters for both sectors combined were *Procedures on digestive system* (Blocks 850–1011) (1,282,284) and *Procedures on urinary system* (Blocks 1040–1129) (1,104,482).

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 1040–1119) with 818,293 procedures. In private hospitals, it was *Procedures on digestive system* (Blocks 850–1011) with 769,860 procedures.

## High-volume procedures

Tables 10.9 to 10.19 present information on the most common procedures (at the block level of the ICD-10-AM 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, and 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) (778,933) and *Cerebral anaesthesia* (Block 1910) (549,270) (Table 10.9). The average length of stay for separations reporting each of these procedure blocks was 11.5 and 6.4 days respectively. Both these procedure blocks also accounted for the highest number of patient days for separations with procedures, with 8,971,431 patient days for *Generalised allied health interventions* (Block 1916) and 3,519,177 patient days for *Cerebral anaesthesia* (Block 1910). *Haemodialysis* (Block 1060) was the most frequently reported procedure for same day separations in the public sector (664,611), followed by *Cerebral anaesthesia* (Block 1910) (539,593) (Table 10.11).

*Cerebral anaesthesia* (Block 1910) was the most frequently reported procedure for overnight separations in private hospitals (511,926) (Table 10.10), and also the most frequently reported procedure for same day separations (1,014,397) (Table 10.12).

*Cerebral anaesthesia* (Block 1910) was the most frequently reported procedure group in private free-standing day hospitals (306,611 separations), followed by *Panendoscopy with excision* (Block 1008) (70,388 separations) (Table 10.13). Public patient separations accounted for 36.8% (15,886) of the separations for *Haemodialysis* (Block 1060) in private free-standing day hospitals.

### States and territories

There was some variation between the states and territories in the relative number of separations for the most common procedure blocks (Tables 10.14 and 10.15). In the public sector, for example, the proportion of separations for which *Haemodialysis* (Block 1060) was

reported was greatest for the Northern Territory (42.8%, 32,463) and lowest in South Australia (13.1%, 47,932). In the private sector, Victoria had relatively high numbers of separations with *Panendoscopy* (Block 1005) (21,480).

There was also 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 2.3 days in the Australian Capital Territory to 6.3 days in New South Wales and 9.3 days in the Northern Territory (Table 10.16). Overall, there was a much smaller variation in average lengths of stay within the private sector for those blocks reported, but there was still some variation. For example, the average length of stay for separations with *Psychological/psychosocial therapies* (Block 1873) ranged from 3.0 days in Queensland to 13.1 days in South Australia (Table 10.17).

## Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with 82.0% for males (2,700,027) and 80.5% for females (3,000,303) (Tables 10.18 and 10.19). Apart from the sex-specific procedures such as *Caesarean section* (Block 1340) and *Postpartum suture* (Block 1344), 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), with the most separations for this group of procedures in the 55–64 years age group for males and the 45–54 years age group for females.

For both males and females, the highest number of separations with procedures was reported for the 65–74 years age group, with 517,718 (19.2%) separations for males and 444,716 (14.8%) separations for females (Tables 10.18 and 10.19).

## Aboriginal and Torres Strait Islander status

Table 10.20 contains a comparison between patients identified as Aboriginal and Torres Strait Islander and patients not so identified for each of the ICD-10-AM procedure chapters, including information on procedures per 1,000 population. These data are presented for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see Chapter 8 for more information) and may not be representative of data for the other jurisdictions.

*Procedures on urinary system* (Blocks 1040–1128) was the most frequently reported procedure chapter for Indigenous patients (81,019). For *Haemodialysis* (Block 1060), the number of procedures per 1,000 population for persons identified as Indigenous was about 15 times that for other persons. For *Procedures on respiratory system* (Blocks 520–569), the rate for persons identified as Indigenous was 2.1 times that for other persons and for *Procedures on cardiovascular system* (Blocks 600–767) the rate was 1.4 times that of other persons. Some chapters for which the rate for Indigenous persons was less than that for other persons included *Procedures on nervous system* (Blocks 1–86), *Procedures on endocrine system* (Blocks 110–129), *Procedures on nose, mouth and pharynx* (Blocks 370–422), *Procedures on male genital organs* (Blocks 1160–1203), *Dental services* (Blocks 450–490) and *Gynaecological procedures* (Blocks 1240–1299).

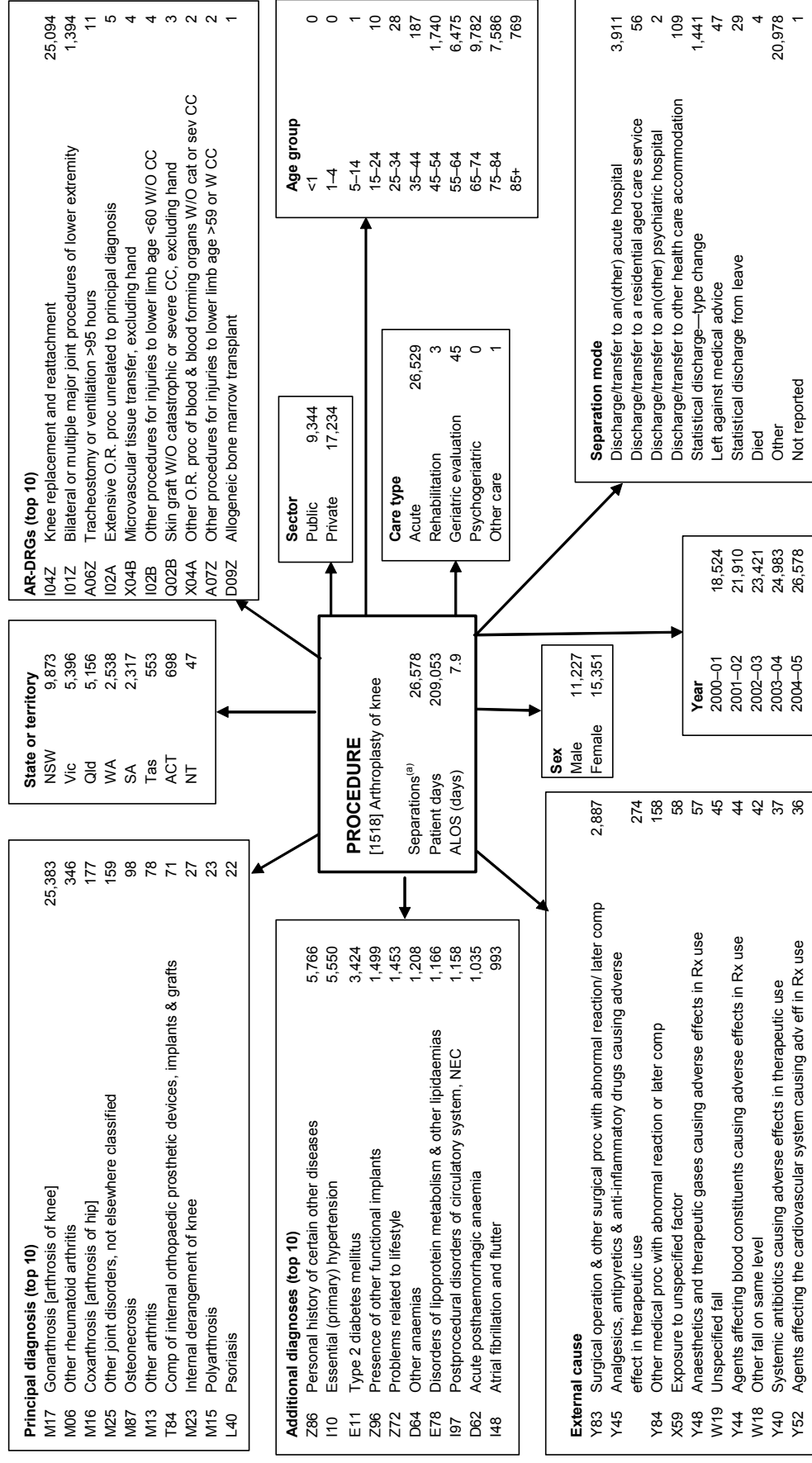
Although the overall rate of procedures per 1,000 population was higher for Indigenous persons, Figure 10.2 shows that the proportion of separations with a procedure by

ICD-10-AM diagnosis chapter was lower for Indigenous patients than for other patients for almost all of the diagnosis chapters. For example, for *Diseases of the nervous system* (G00–G99), 39.6% of separations for Indigenous patients had a procedure reported, compared with 79.5% of separations for other patients. *Factors influencing health status and contact with health services* (Z00–Z99) was the only chapter for which the proportion of separations with procedures was higher for Indigenous patients. 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 3 of this report. The accompanying tables on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) provide information on the number of separations by 5-year age group and ICD-10-AM procedure block for males and females. There are also national summary statistics for public and private hospitals for each procedure block, 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 web site 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 ICD-10-AM chapter level through to the more specific seven-digit procedure code level. The source of these data is the National Hospital Morbidity Database.



(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.  
Abbreviations: ALOS—average length of stay; proc—procedure; W—with; W/O—without; sev—severe; comp—complication or comorbidity; mis—misadventure; NEC—not elsewhere classified; Rx—therapeutic; adv eff—adverse effect; O.R.—operating room; cat—catastrophic.

**Figure 10.1: Interrelationships of a procedure (Block 1518 *Arthroplasty of knee*) with other data elements, all hospitals, Australia, 2004-05**

Table 10.1: Separation<sup>(a)</sup> and procedure statistics, by procedure in ICD-10-AM chapters, public hospitals, Australia, 2004–05

Procedure chapters	Separations			Same day separations		Public patient separations		Separations per 10,000 population <sup>(b)</sup>		Patient days per 10,000 population <sup>(b)</sup>		ALOS (days)	ALOS (days) excluding same day
	Separations	separations	separations	separations	separations	separations	separations	per 10,000 population <sup>(b)</sup>	per 10,000 population <sup>(b)</sup>	per 10,000 population <sup>(b)</sup>	per 10,000 population <sup>(b)</sup>	ALOS (days)	ALOS (days) excluding same day
1–86	66,356	27,126	54,537					32.8	444,032	219.7	6.7	10.6	
110–129	5,907	202	5,142					2.9	27,386	13.6	4.6	4.8	
160–256	72,751	61,155	56,355					36.0	107,953	53.4	1.5	4.0	
300–333	25,545	16,858	21,765					12.6	48,968	24.2	1.9	3.7	
370–422	48,171	14,132	40,480					23.8	105,474	52.2	2.2	2.7	
450–490	30,250	25,074	23,189					15.0	89,299	44.2	3.0	12.4	
520–569	77,653	16,593	63,540					38.4	1,013,388	501.4	13.1	16.3	
600–767	177,564	46,910	146,961					87.9	1,640,359	811.7	9.2	12.2	
800–817	28,656	10,105	23,600					14.2	221,654	109.7	7.7	11.4	
850–1011	381,792	198,924	330,292					188.9	1,551,771	767.8	4.1	7.4	
1040–1129	782,834	719,107	696,161					387.3	1,298,493	642.5	1.7	9.1	
1160–1203	37,118	20,026	31,742					18.4	93,667	46.3	2.5	4.3	
1240–1299	138,840	90,015	121,163					68.7	281,666	139.4	2.0	3.9	
1330–1347	166,090	8,806	152,534					82.2	606,814	300.3	3.7	3.8	
1360–1579	217,308	65,304	179,061					107.5	1,186,376	587.0	5.5	7.4	
1600–1718	167,969	81,655	142,107					83.1	887,493	439.1	5.3	9.3	
1740–1759	18,102	8,086	16,160					9.0	47,827	23.7	2.6	4.0	
1786–1799	8,702	1,007	6,589					4.3	93,174	46.1	10.7	12.0	
1820–1922	1,886,116	678,219	1,586,176					933.3	11,147,407	5,515.8	5.9	8.7	
1940–2016	248,533	169,904	213,507					123.0	1,207,055	597.3	4.9	13.2	
Imaging services	3,171,278	1,704,702	2,722,158					1,569.2	13,140,349	6,507.9	4.1	7.8	
Procedure reported <sup>(c)</sup>	1,105,147	394,687	983,633					546.8	3,521,807	1,742.6	3.2	4.4	
No procedure or not reported	4,276,425	2,099,389	3,705,791					2,116.0	16,662,156	8,244.5	3.9	6.7	
<b>Total<sup>(c)</sup></b>													

(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 2004.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Abbreviation: ALOS—average length of stay.

Table 10.2: Separation<sup>(a)</sup> and procedure statistics, by procedure in ICD-10-AM chapters, private hospitals, Australia, 2004–05

Procedure chapters	Separations		Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>		Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)	ALOS (days) excluding same day
	Separations	Public patient separations			Separations per 10,000 population <sup>(b)</sup>	Patient days per 10,000 population <sup>(b)</sup>			
1–86	74,174	39,782	706	36.7	257,280	127.3	3.5	6.3	
110–129	5,877	88	46	2.9	18,350	9.1	3.1	3.2	
160–256	147,630	133,165	3,484	73.0	153,786	76.1	1.0	1.4	
300–333	26,427	19,155	279	13.1	30,707	15.2	1.2	1.6	
370–422	61,173	21,749	630	30.3	76,355	37.8	1.2	1.4	
450–490	89,423	85,069	56	44.2	93,490	46.3	1.0	1.9	
520–569	24,550	6,705	317	12.1	200,660	99.3	8.2	10.9	
600–767	130,063	42,752	2,464	64.4	623,674	308.6	4.8	6.7	
800–817	18,721	5,596	175	9.3	95,116	47.1	5.1	6.8	
850–1011	584,148	452,684	6,907	289.0	1,080,580	534.7	1.8	4.8	
1040–1129	247,085	201,212	44,736	122.3	447,406	221.4	1.8	5.4	
1160–1203	54,509	30,886	987	27.0	131,079	64.9	2.4	4.2	
1240–1299	181,621	140,326	2,281	89.9	297,880	147.4	1.6	3.8	
1330–1347	75,338	1,684	1,787	37.3	369,907	183.0	4.9	5.0	
1360–1579	250,441	105,916	2,773	123.9	834,207	412.8	3.3	5.0	
1600–1718	160,780	113,690	2,116	79.6	340,326	168.4	2.1	4.8	
1740–1759	31,303	12,868	381	15.5	63,972	31.7	2.0	2.8	
1786–1799	2,820	360	98	1.4	28,131	13.9	10.0	11.3	
1820–1922	1,929,644	1,177,278	28,279	954.8	5,513,226	2728.0	2.9	5.8	
1940–2016	204,947	177,992	7,533	101.4	431,312	213.4	2.1	9.4	
Procedure reported <sup>(c)</sup>	2,529,104	1,673,483	82,315	1251.4	6,431,801	3182.5	2.5	5.6	
No procedure or not reported	213,321	74,306	9,963	105.6	734,655	363.5	3.4	4.8	
Total <sup>(c)</sup>	2,742,425	1,747,789	92,278	1,357.0	7,166,456	3,546.0	2.6	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 2004.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Abbreviation: ALOS—average length of stay.

**Table 10.3: Separations<sup>(a)</sup>, by procedure in ICD-10-AM chapters, public hospitals, states and territories, 2004–05**

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	20,087	18,947	10,206	7,794	6,263	1,543	950	566	66,356
Procedures on nervous system									
110–129	2,252	1,606	999	393	409	110	99	39	5,907
Procedures on endocrine system									
160–256	24,396	22,583	9,130	7,713	6,710	448	1,157	614	72,751
Procedures on eye and adnexa									
300–333	5,583	7,618	6,283	2,497	2,728	226	279	331	25,545
Procedures on ear and mastoid process									
370–422	12,930	15,797	8,544	4,458	4,972	468	659	343	48,171
Procedures on nose, mouth and pharynx									
450–490	7,217	9,850	6,199	3,132	2,631	556	237	428	30,250
Dental services									
520–569	25,551	20,475	14,095	6,916	6,443	1,811	1,383	979	77,653
Procedures on respiratory system									
600–767	54,516	50,310	30,652	16,205	14,585	4,974	4,441	1,881	177,564
Procedures on cardiovascular system									
800–817	8,346	8,839	5,088	2,907	2,040	511	759	166	28,656
Procedures on blood and blood-forming organs									
850–1011	127,126	108,144	53,982	41,174	35,309	7,222	5,439	3,396	381,792
Procedures on digestive system									
1040–1129	226,920	233,654	120,183	80,146	57,441	13,713	17,516	33,261	782,834
Procedures on urinary system									
1160–1203	10,927	12,341	5,011	3,804	3,524	720	419	372	37,118
Procedures on male genital organs									
1240–1299	40,070	42,105	23,973	11,467	15,479	2,082	1,507	2,157	138,840
Gynaecological procedures									
1330–1347	56,566	39,942	33,563	16,478	11,680	3,056	2,651	2,154	166,090
Obstetric procedures									
1360–1579	71,355	57,559	37,831	21,177	17,345	4,954	4,290	2,797	217,308
Procedures on musculoskeletal system									
1600–1718	44,541	44,528	36,750	16,423	17,754	2,884	2,037	3,052	167,969
Dermatological and plastic procedures									
1740–1759	5,349	5,096	3,002	2,518	1,424	348	228	137	18,102
Procedures on breast									
1786–1799	3,042	2,638	1,347	710	666	158	140	1	8,702
Radiation oncology procedures									
1820–1922									
Non-invasive, cognitive and other interventions, not elsewhere classified									
1940–2016	674,130	635,083	331,865	204,760	192,157	44,357	31,757	20,540	2,134,649
Imaging services									
Procedure reported <sup>(b)</sup>	152,207	103,604	53,874	29,372	27,630	8,334	6,237	3,764	385,022
No procedure or not reported	963,981	940,602	511,347	309,499	272,307	63,256	53,307	56,979	3,171,278
	380,265	282,827	222,414	73,761	93,289	23,348	10,331	18,912	1,105,147
<b>Total<sup>(b)</sup></b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>

(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<sup>(a)</sup>, by procedure in ICD-10-AM chapters, private hospitals, states and territories, 2004–05

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	19,243	18,181	13,864	12,281	8,345	n.p.	n.p.	n.p.	74,174
Procedures on nervous system									
110–129	2,097	1,228	1,319	601	431	n.p.	n.p.	n.p.	5,877
Procedures on endocrine system									
160–256	52,113	29,673	35,222	13,234	11,286	n.p.	n.p.	n.p.	147,630
Procedures on eye and adnexa									
300–333	8,132	5,199	5,189	3,489	3,354	n.p.	n.p.	n.p.	26,427
Procedures on ear and mastoid process									
370–422	20,435	12,437	12,425	7,022	6,719	n.p.	n.p.	n.p.	61,173
Procedures on nose, mouth and pharynx									
450–490	25,223	23,983	17,105	12,738	7,313	n.p.	n.p.	n.p.	89,423
Dental services									
520–569	6,417	5,546	7,019	2,215	2,706	n.p.	n.p.	n.p.	24,550
Procedures on respiratory system									
600–767	36,368	36,019	31,861	10,217	10,048	n.p.	n.p.	n.p.	130,063
Procedures on cardiovascular system									
800–817	4,807	4,125	5,701	1,729	1,537	n.p.	n.p.	n.p.	18,721
Procedures on blood and blood-forming organs									
850–1011	174,643	161,166	141,706	54,657	37,174	n.p.	n.p.	n.p.	584,148
Procedures on digestive system									
1040–1129	53,345	48,182	71,542	44,570	24,585	n.p.	n.p.	n.p.	247,085
Procedures on urinary system									
1160–1203	18,626	13,108	10,114	5,926	4,154	n.p.	n.p.	n.p.	54,509
Procedures on male genital organs									
1240–1299	55,011	50,262	44,251	14,854	10,302	n.p.	n.p.	n.p.	181,621
Gynaecological procedures									
1330–1347	20,602	18,800	17,074	10,405	4,745	n.p.	n.p.	n.p.	75,338
Obstetric procedures									
1360–1579	72,852	63,297	46,762	31,345	25,199	n.p.	n.p.	n.p.	250,441
Procedures on musculoskeletal system									
1600–1718	45,965	36,608	37,815	16,871	17,274	n.p.	n.p.	n.p.	160,780
Dermatological and plastic procedures									
1740–1759	9,073	7,212	7,256	3,750	2,608	n.p.	n.p.	n.p.	31,303
Procedures on breast									
1786–1799	773	875	660	117	344	n.p.	n.p.	n.p.	2,820
Radiation oncology procedures									
1820–1922									
Non-invasive, cognitive and other interventions, not elsewhere classified									
1940–2016	627,214	521,293	540,693	216,655	159,297	n.p.	n.p.	n.p.	2,134,591
Imaging services									
Procedure reported <sup>(b)</sup>	26,882	32,373	32,054	13,813	9,153	n.p.	n.p.	n.p.	117,634
No procedure or not reported	714,932	631,300	620,107	283,345	197,369	n.p.	n.p.	n.p.	2,529,104
	32,266	72,967	56,739	25,370	14,460	n.p.	n.p.	n.p.	213,321
<b>Total<sup>(b)</sup></b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>

(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.  
n.p. Not published.

**Table 10.5: Separations<sup>(a)(b)</sup> for selected procedures<sup>(c)</sup>, by hospital sector, Australia, 2000–01 to 2004–05**

Procedure	Private hospitals							Public hospitals						
	Change							Change						
	2000–01	2001–02	2002–03	2003–04	2004–05	2004–05 to 2000–01		2000–01	2001–02	2002–03	2003–04	2004–05	2004–05 to 2000–01	
Appendectomy	7,666	7,241	7,380	7,001	6,714	–952		19,379	19,408	19,495	19,918	21,191	1,812	
Arthroscopic procedures (includes arthroscopies)	83,007	87,326	87,217	90,236	94,513	11,506		27,023	25,641	24,483	24,224	24,834	–2189	
Caesarean section	20,644	24,504	27,348	28,486	30,202	9,558		39,673	39,838	41,914	44,807	47,469	7,796	
Cholecystectomy	20,712	21,337	21,257	20,996	20,936	224		25,492	24,582	24,627	25,322	25,753	261	
Coronary artery bypass graft	7,046	7,173	6,780	6,583	6,058	–988		9,650	9,102	9,142	8,878	8,470	–1180	
Coronary angioplasty	10,116	11,636	13,943	15,674	15,928	5,812		12,006	12,183	13,598	15,530	17,401	5,395	
Diagnostic gastrointestinal endoscopy	342,464	349,979	367,946	373,870	386,693	44,229		198,577	190,521	191,636	186,856	186,364	–12213	
Hip replacement	12,441	14,229	15,003	15,660	15,385	2,944		11,227	11,821	12,274	12,818	13,145	1,918	
Revision of hip replacement	1,842	1,983	1,986	2,111	2,114	272		1,152	1,282	1,284	1,404	1,375	223	
Hysterectomy, aged 15–69	15,518	17,303	16,262	15,587	15,281	–237		15,605	14,163	13,483	13,624	13,213	–2392	
Knee replacement	13,590	16,350	17,579	18,812	19,944	6,354		7,440	8,361	8,851	9,476	10,457	3,017	
Lens insertion	92,364	98,522	105,660	109,324	118,379	26,015		40,385	43,387	46,379	47,001	51,642	11,257	
Myringotomy	18,033	18,193	17,922	17,855	18,129	96		16,203	15,076	14,691	14,122	13,807	–2396	
Prostatectomy	14,133	14,601	15,020	16,225	17,685	3,552		9,885	9,483	9,214	9,359	9,880	–5	
Tonsillectomy	14,222	18,153	17,661	17,430	18,129	3,907		15,963	15,713	15,428	15,163	15,537	–426	

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

(c) The procedures are defined using ICD-10-AM codes. See Appendix 3.

**Table 10.6: Separations<sup>(a)(b)</sup> for selected procedures<sup>(c)</sup>, by patient election status, Australia, 2000–01 to 2004–05**

Procedure	Private patients						Public patients						Change 2000–01 to 2004–05
	Change 2000–01 to 2004–05						Change 2000–01 to 2004–05						
	2000–01	2001–02	2002–03	2003–04	2004–05	2000–01 to 2004–05	2000–01	2001–02	2002–03	2003–04	2004–05	2000–01 to 2004–05	
Appendectomy	9,681	9,259	9,354	9,414	9,358	–323	19,379	19,408	19,495	19,918	21,191	1,812	
Arthroscopic procedures (includes arthroscopies)	83,520	88,203	89,102	92,616	96,891	13,371	27,023	25,641	24,483	24,224	24,834	–2189	
Caesarean section	23,498	28,195	31,010	32,676	34,422	10,924	39,673	39,838	41,914	44,807	47,469	7,796	
Cholecystectomy	21,621	22,471	22,567	22,762	22,741	1,120	25,492	24,582	24,627	25,322	25,753	261	
Coronary artery bypass graft	8,415	8,430	8,036	7,690	7,169	–1246	9,650	9,102	9,142	8,878	8,470	–1180	
Coronary angioplasty	11,374	13,405	16,041	18,356	18,771	7,397	15,928	12,006	12,183	13,598	15,530	–398	
Diagnostic gastrointestinal endoscopy	357,823	365,799	385,234	394,869	407,796	49,973	198,577	190,521	191,636	186,856	186,364	–12213	
Hip replacement	13,511	15,388	16,450	17,546	17,270	3,759	11,227	11,821	12,274	12,818	13,145	1,918	
Revision of hip replacement	1,939	2,118	2,153	2,308	2,311	372	1,104	1,100	1,207	1,178	48	–1056	
Hysterectomy, aged 15–69	15,518	17,303	16,262	15,587	15,281	–237	15,605	14,163	13,483	13,624	13,213	–2392	
Knee replacement	13,590	16,350	17,579	18,812	19,944	6,354	7,440	8,361	8,851	9,476	10,457	3,017	
Lens insertion	92,364	98,522	105,660	109,324	118,379	26,015	40,385	43,387	46,379	47,001	51,642	11,257	
Myringotomy	18,033	18,193	17,922	17,855	18,129	96	16,203	15,076	14,691	14,122	13,807	–2396	
Prostatectomy	14,133	14,601	15,020	16,225	17,685	3,552	9,885	9,483	9,214	9,359	9,880	–5	
Tonsillectomy	14,222	18,153	17,661	17,430	18,129	3,907	15,963	15,713	15,428	15,163	15,537	–426	

(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 ICD-10-AM codes. See Appendix 3.

(d) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

**Table 10.7: Number of procedures<sup>(a) (b)</sup>, by ICD-10-AM chapter, public hospitals, states and territories, 2004–05**

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	24,680	23,539	13,527	10,317	6,959	2,085	1,237	628	82,972
110–129 Procedures on endocrine system	2,442	1,716	1,109	479	444	114	111	41	6,456
160–256 Procedures on eye and adnexa	27,991	25,935	10,778	9,125	7,622	545	1,256	762	84,014
300–333 Procedures on ear and mastoid process	6,612	8,728	7,150	2,901	3,112	262	326	384	29,475
370–422 Procedures on nose, mouth and pharynx	19,121	24,042	11,193	6,299	8,059	675	1,042	478	70,909
450–490 Dental services	40,526	36,987	36,795	16,107	13,348	2,808	1,002	2,187	149,760
520–569 Procedures on respiratory system	44,550	37,501	24,834	13,060	11,352	2,982	2,487	1,963	138,729
600–767 Procedures on cardiovascular system	94,885	82,000	51,787	28,620	24,053	8,933	7,337	3,068	300,683
800–817 Procedures on blood and blood-forming organs	8,920	9,201	5,367	3,134	2,179	527	808	176	30,312
850–1011 Procedures on digestive system	177,688	140,177	72,214	53,987	46,823	9,566	7,466	4,503	512,424
1040–1129 Procedures on urinary system	241,800	241,189	125,223	83,809	60,258	14,360	18,051	33,603	818,293
1160–1203 Procedures on male genital organs	11,746	13,165	5,402	4,142	3,757	773	461	399	39,845
1240–1299 Gynaecological procedures	63,726	68,234	36,626	19,726	22,653	2,797	2,456	2,816	219,034
1330–1347 Obstetric procedures	102,213	74,319	64,027	36,777	22,997	5,440	5,136	3,533	314,442
1360–1579 Procedures on musculoskeletal system	92,759	82,255	51,293	29,012	22,847	6,914	5,774	4,298	295,152
1600–1718 Dermatological and plastic procedures	66,214	67,127	57,984	25,639	28,282	4,368	3,046	4,682	257,342
1740–1759 Procedures on breast	6,979	6,415	3,920	3,805	1,646	438	257	167	23,627
1786–1799 Radiation oncology procedures	4,067	3,437	1,381	878	1,273	177	144	1	11,358
1820–1922 Non-invasive, cognitive and other interventions, not elsewhere classified	1,212,853	1,073,501	536,139	334,466	293,863	73,708	56,207	30,891	3,611,628
1940–2016 Imaging services	212,341	141,449	70,365	39,046	35,251	11,456	8,435	4,902	523,245
<b>Total procedures</b>	<b>2,462,113</b>	<b>2,160,917</b>	<b>1,187,114</b>	<b>721,329</b>	<b>616,778</b>	<b>148,928</b>	<b>123,039</b>	<b>99,482</b>	<b>7,519,700</b>

(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 ICD-10-AM 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<sup>(a) (b)</sup>, by ICD-10-AM chapter, private hospitals, states and territories, 2004–05

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	26,969	28,129	21,734	22,771	10,845	n.p.	n.p.	n.p.	113,653
110–129 Procedures on endocrine system	2,369	1,318	1,448	710	480	n.p.	n.p.	n.p.	6,543
160–256 Procedures on eye and adnexa	61,289	33,024	43,489	15,753	13,128	n.p.	n.p.	n.p.	173,635
300–333 Procedures on ear and mastoid process	9,448	5,792	5,914	3,941	3,836	n.p.	n.p.	n.p.	30,117
370–422 Procedures on nose, mouth and pharynx	38,708	20,916	23,012	12,901	15,096	n.p.	n.p.	n.p.	114,699
450–490 Dental services	92,297	72,474	65,909	58,760	31,058	n.p.	n.p.	n.p.	333,017
520–569 Procedures on respiratory system	9,281	8,416	11,078	3,256	4,288	n.p.	n.p.	n.p.	37,279
600–767 Procedures on cardiovascular system	70,000	64,715	60,441	17,659	18,212	n.p.	n.p.	n.p.	239,367
800–817 Procedures on blood and blood-forming organs	5,209	4,278	6,020	1,835	1,635	n.p.	n.p.	n.p.	19,855
850–1011 Procedures on digestive system	241,382	201,327	185,806	72,343	49,556	n.p.	n.p.	n.p.	769,860
1040–1129 Procedures on urinary system	69,272	54,516	79,097	49,179	27,558	n.p.	n.p.	n.p.	286,189
1160–1203 Procedures on male genital organs	19,616	13,758	10,701	6,277	4,441	n.p.	n.p.	n.p.	57,565
1240–1299 Gynaecological procedures	83,868	76,436	62,242	23,773	17,623	n.p.	n.p.	n.p.	274,475
1330–1347 Obstetric procedures	42,360	36,904	32,339	24,115	9,997	n.p.	n.p.	n.p.	152,523
1360–1579 Procedures on musculoskeletal system	102,758	94,054	64,405	44,877	38,093	n.p.	n.p.	n.p.	359,746
1600–1718 Dermatological and plastic procedures	86,514	71,207	82,042	31,532	35,113	n.p.	n.p.	n.p.	317,955
1740–1759 Procedures on breast	11,868	9,218	9,575	5,145	3,235	n.p.	n.p.	n.p.	40,655
1786–1799 Radiation oncology procedures	906	900	954	132	655	n.p.	n.p.	n.p.	3,607
1820–1922 Non-invasive, cognitive and other interventions, not elsewhere classified	848,581	684,451	706,953	293,153	221,396	n.p.	n.p.	n.p.	2,841,653
1940–2016 Imaging services	34,144	41,139	41,673	17,496	11,264	n.p.	n.p.	n.p.	149,717
<b>Total procedures</b>	<b>1,856,839</b>	<b>1,522,972</b>	<b>1,514,832</b>	<b>705,608</b>	<b>517,509</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>6,322,110</b>

(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 ICD-10-AM 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.  
n.p. Not published.

**Table 10.9: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, public hospitals, Australia, 2004-05**

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1916 Generalised allied health interventions	778,933	642,339	8,971,431	11.5	1,513,990
1910 Cerebral anaesthesia	549,270	462,017	3,519,177	6.4	619,544
1952 Computerised tomography of brain	121,911	96,133	1,448,346	11.9	125,001
1893 Transfusion of blood and gamma globulin	109,903	88,219	1,520,348	13.8	134,091
1909 Conduction anaesthesia	98,249	83,872	706,341	7.2	100,433
1920 Pharmacotherapy	76,814	63,749	1,020,162	13.3	100,018
1912 Postprocedural analgesia	64,460	54,003	539,366	8.4	66,248
1344 Postpartum suture	52,275	48,253	172,812	3.3	53,336
738 Venous catheterisation	47,964	38,969	1,033,898	21.6	53,872
1340 Caesarean section	47,327	42,400	245,993	5.2	47,355
1963 Computerised tomography of abdomen and pelvis	45,963	36,841	531,269	11.6	46,974
1334 Medical or surgical induction of labour	43,135	39,477	172,372	4.0	44,172
1335 Medical or surgical augmentation of labour	42,201	39,381	140,713	3.3	42,257
1333 Analgesia and anaesthesia during labour and delivery procedure	36,831	33,373	155,980	4.2	36,917
2015 Magnetic resonance imaging	31,598	24,921	467,219	14.8	34,651
668 Coronary angiography	31,332	25,584	209,082	6.7	31,698
1962 Computerised tomography of abdomen	29,572	24,194	312,729	10.6	30,107
569 Continuous ventilatory support	28,223	22,783	601,386	21.3	54,088
1966 Other computerised tomography	25,633	20,659	320,405	12.5	26,714
965 Cholecystectomy	25,133	22,771	104,483	4.2	25,175
1960 Computerised tomography of chest	22,998	18,376	340,760	14.8	23,433
607 Examination procedures on ventricle	21,236	17,412	133,703	6.3	21,315
926 Appendicectomy	21,077	18,079	83,633	4.0	21,187
1343 Other procedures associated with delivery	18,754	16,714	70,079	3.7	18,915
1959 Computerised tomography of spine	18,650	11,769	199,473	10.7	19,895
1008 Panendoscopy with excision	18,555	15,681	182,503	9.8	18,850
1341 Fetal monitoring	18,471	17,594	71,922	3.9	19,238
1566 Excision procedures on other musculoskeletal sites	18,095	13,276	225,234	12.4	24,061
986 Division of abdominal adhesions	17,542	15,113	163,138	9.3	17,774
1635 Repair of wound of skin and subcutaneous tissue	17,256	12,984	118,082	6.8	20,447
Other	1,318,877	1,090,819	13,790,143	10.5	1,412,090
No procedure or not reported	710,460	620,681	3,127,120	4.4	..
<b>Total<sup>(b)</sup></b>	<b>2,177,080</b>	<b>1,854,996</b>	<b>14,563,059</b>	<b>6.7</b>	<b>4,803,846</b>

(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) 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 ICD-10-AM blocks is provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au).

**Table 10.10: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, private hospitals, Australia, 2004-05**

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1910 Cerebral anaesthesia	511,926	6,870	2,136,205	4.2	541,422
1916 Generalised allied health interventions	296,117	6,988	2,936,374	9.9	431,759
1909 Conduction anaesthesia	103,384	1,269	615,834	6.0	105,292
1912 Postprocedural analgesia	55,549	1,497	387,552	7.0	56,917
1893 Transfusion of blood and gamma globulin	52,361	698	594,398	11.4	59,647
668 Coronary angiography	33,603	15	143,328	4.3	34,007
1828 Sleep study	30,190	0	33,869	1.1	30,432
1340 Caesarean section	30,160	497	176,425	5.8	30,171
607 Examination procedures on ventricle	28,244	15	116,251	4.1	28,314
1333 Anaesthesia and anaesthesia during labour and delivery procedure	25,083	623	126,144	5.0	25,117
1920 Pharmacotherapy	24,666	425	236,982	9.6	27,234
1334 Medical or surgical induction of labour	22,234	522	107,646	4.8	22,806
1344 Postpartum suture	21,568	376	96,479	4.5	21,692
990 Repair of inguinal hernia	20,768	289	34,236	1.6	20,831
965 Cholecystectomy	20,698	573	63,298	3.1	20,736
1952 Computerised tomography of brain	18,328	821	236,208	12.9	18,796
412 Tonsilectomy or adenoidectomy	17,429	194	18,874	1.1	17,465
1518 Arthroplasty of knee	17,211	321	139,812	8.1	17,546
957 Examination of gallbladder or biliary tract	16,265	503	45,807	2.8	16,469
986 Division of abdominal adhesions	15,785	307	111,381	7.1	15,949
1335 Medical or surgical augmentation of labour	15,259	335	70,602	4.6	15,302
1620 Excision of lesion of skin and subcutaneous tissue	15,009	154	56,682	3.8	28,089
1489 Arthroplasty of hip	14,242	231	130,261	9.1	14,327
671 Transluminal coronary angioplasty with stenting	13,837	14	44,733	3.2	14,255
1915 Other client support interventions	13,757	802	155,724	11.3	14,353
738 Venous catheterisation	12,809	149	245,014	19.1	14,129
1165 Transurethral prostatectomy	12,752	222	56,463	4.4	12,796
1089 Examination procedures on bladder	12,474	186	54,203	4.3	12,577
1963 Computerised tomography of abdomen and pelvis	12,418	239	137,492	11.1	12,669
1343 Other procedures associated with delivery	12,238	208	57,708	4.7	12,280
Other	943,068	14,785	6,076,865	6.4	1,027,714
No procedure or not reported	139,015	7,240	660,349	4.8	..
<b>Total<sup>(b)</sup></b>	<b>996,046</b>	<b>23,178</b>	<b>5,425,491</b>	<b>5.4</b>	<b>2,721,093</b>

(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.

.. Not applicable.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au).

**Table 10.11: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, public hospitals, Australia, 2004-05**

Procedure block	Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Total procedures reported
1060 Haemodialysis	664,611	592,624	328.9	665,399
1910 Cerebral anaesthesia	539,593	458,172	267.0	540,427
1920 Pharmacotherapy	155,319	135,070	76.9	158,421
1008 Panendoscopy with excision	57,437	50,192	28.4	57,723
905 Fiberoptic colonoscopy	56,922	49,963	28.2	56,964
1893 Transfusion of blood and gamma globulin	51,782	43,516	25.6	53,716
197 Extracapsular crystalline lens extraction by phacoemulsification	46,248	36,782	22.9	46,263
1620 Excision of lesion of skin and subcutaneous tissue	43,129	38,230	21.3	62,666
911 Fiberoptic colonoscopy with excision	43,101	38,130	21.3	44,949
1909 Conduction anaesthesia	42,668	35,359	21.1	42,750
1265 Curettage of uterus	33,881	30,160	16.8	33,905
1916 Generalised allied health interventions	29,088	26,142	14.4	35,297
1089 Examination procedures on bladder	26,093	23,593	12.9	26,104
1259 Examination procedures on uterus	24,199	21,269	12.0	24,224
1267 Evacuation of gravid uterus	23,118	19,898	11.4	23,719
1005 Panendoscopy	21,076	18,235	10.4	21,090
1952 Computerised tomography of brain	20,997	18,553	10.4	21,032
1921 Loading of drug delivery device	18,293	16,418	9.1	18,685
668 Coronary angiography	13,035	10,606	6.4	13,041
766 Vascular infusion device and pump	12,468	11,390	6.2	12,543
458 Surgical removal of tooth	12,266	7,352	6.1	39,653
1635 Repair of wound of skin and subcutaneous tissue	11,679	10,078	5.8	12,698
457 Nonsurgical removal of tooth	11,378	10,035	5.6	41,668
309 Myringotomy	10,997	9,178	5.4	11,108
1275 Destruction procedures on cervix	10,982	9,919	5.4	11,601
607 Examination procedures on ventricle	10,768	8,775	5.3	10,774
76 Release of carpal and tarsal tunnel	10,761	9,570	5.3	11,148
1907 Electroconvulsive therapy	10,731	10,310	5.3	10,735
1888 Hyperbaric oxygen therapy	10,593	7,457	5.2	10,595
1554 Other application, insertion or removal procedures on other musculoskeletal sites	10,433	8,865	5.2	10,966
Other	526,524	449,184	260.5	586,246
No procedure or not reported	394,687	362,952	197.4	..
<b>Total<sup>(c)</sup></b>	<b>2,099,394</b>	<b>1,850,836</b>	<b>1,049.8</b>	<b>2,716,110</b>

(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 2004.

(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 ICD-10-AM blocks is provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au).



**Table 10.12: Separation(a) and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same day separations, private hospitals, Australia, 2004-05**

Procedure block	Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Total procedures reported
1910 Cerebral anaesthesia	1,014,397	12,249	501.9	1,015,370
905 Fibreoptic colonoscopy	163,982	1,383	81.1	164,039
1008 Panendoscopy with excision	159,876	1,301	79.1	161,057
1920 Pharmacotherapy	156,553	6,663	77.5	175,482
1060 Haemodialysis	141,824	40,762	70.2	141,832
911 Fibreoptic colonoscopy with excision	133,405	1,525	66.0	137,722
1917 Extracapsular crystalline lens extraction by phacoemulsification	101,258	3,086	50.1	101,286
1620 Excision of lesion of skin and subcutaneous tissue	76,998	864	38.1	127,015
458 Surgical removal of tooth	70,034	36	34.7	210,964
1909 Conduction anaesthesia	67,175	2,563	33.2	67,390
1916 Generalised allied health interventions	52,735	45	26.1	65,397
1005 Panendoscopy	45,043	394	22.3	45,061
1267 Evacuation of gravid uterus	43,949	228	21.7	44,012
1297 Procedures for reproductive medicine	36,813	573	18.2	38,038
1265 Curettage of uterus	35,779	467	17.7	35,821
1089 Examination procedures on bladder	33,570	1,393	16.6	33,579
1259 Examination procedures on uterus	28,450	301	14.1	28,491
1890 Therapeutic interventions on cardiovascular system	27,898	36	13.8	27,923
1873 Psychological/psychosocial therapies	27,848	2	13.8	30,442
1517 Arthroscopic meniscectomy of knee with repair	26,575	218	13.1	27,048
1921 Loading of drug delivery device	26,484	444	13.1	29,658
1893 Transfusion of blood and gamma globulin	23,379	370	11.6	24,434
668 Coronary angiography	19,409	1,469	9.6	19,421
1651 Local skin flap, simple and small, single stage	17,594	93	8.7	19,826
309 Myringotomy	16,053	136	7.9	16,164
607 Examination procedures on ventricle	15,884	925	7.9	15,891
941 Procedures for haemorrhoids	15,624	50	7.7	16,879
76 Release of carpal and tarsal tunnel	15,119	186	7.5	16,513
1503 Arthroscopic excision of knee	13,745	84	6.8	14,477
766 Vascular infusion device and pump	12,454	158	6.2	12,587
Other	626,425	10,265	310.0	738,099
No procedure or not reported	74,306	2,723	37.2	..
<b>Total<sup>(c)</sup></b>	<b>1,747,830</b>	<b>69,100</b>	<b>874.0</b>	<b>3,601,918</b>

(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 2004.

(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 ICD-10-AM blocks is provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au).

**Table 10.13: Separation<sup>(a)</sup> and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of separations, private free-standing day hospitals, Australia, 2004-05**

Procedure block	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Total procedures reported
1910 Cerebral anaesthesia	306,611	306,561	869	151.7	306,938
1008 Panendoscopy with excision	70,388	70,386	0	34.8	70,735
905 Fiberoptic colonoscopy	67,136	67,136	0	33.2	67,159
197 Extracapsular crystalline lens extraction by phacoemulsification	53,108	53,107	302	26.3	53,126
911 Fiberoptic colonoscopy with excision	52,381	52,379	0	25.9	53,842
1060 Haemodialysis	43,111	43,111	15,886	21.3	43,116
1920 Pharmacotherapy	37,252	37,252	380	18.4	55,344
1267 Evacuation of gravid uterus	34,635	34,635	17	17.1	34,662
1620 Excision of lesion of skin and subcutaneous tissue	30,004	30,004	259	14.8	47,831
1909 Conduction anaesthesia	28,144	28,135	734	13.9	28,220
1005 Panendoscopy	23,366	23,365	0	11.6	23,369
1890 Therapeutic interventions on cardiovascular system	19,376	19,376	1	9.6	19,378
1297 Procedures for reproductive medicine	17,909	17,909	571	8.9	19,028
458 Surgical removal of tooth	14,458	14,458	4	7.2	40,273
1893 Transfusion of blood and gamma globulin	8,292	8,288	0	4.1	8,981
1651 Local skin flap, simple and small, single stage	6,776	6,776	45	3.4	7,544
457 Nonsurgical removal of tooth	4,599	4,597	0	2.3	9,050
668 Coronary angiography	4,231	4,231	1,119	2.1	4,234
1884 Immunisation	4,102	4,102	0	2.0	4,102
941 Procedures for haemorrhoids	4,009	4,009	0	2.0	4,382
1888 Hyperbaric oxygen therapy	3,994	3,994	970	2.0	3,994
1265 Curettage of uterus	3,830	3,830	10	1.9	3,842
1649 Other full thickness skin graft	3,577	3,577	69	1.8	3,769
466 Tooth coloured adhesive restoration, direct	3,433	3,432	0	1.7	11,208
1259 Examination procedures on uterus	2,923	2,923	12	1.4	2,926
1089 Examination procedures on bladder	2,779	2,779	0	1.4	2,779
173 Keratoplasty	2,776	2,776	0	1.4	4,062
1517 Arthroscopic meniscectomy of knee with repair	2,770	2,762	0	1.4	2,815
172 Other excision procedures on cornea	2,573	2,573	4	1.3	2,601
862 Dilation of oesophagus	2,506	2,506	0	1.2	2,506
Other	n.p.	n.p.	n.p.	n.p.	n.p.
No procedure or not reported	n.p.	n.p.	n.p.	n.p.	..
<b>Total<sup>(c)</sup></b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>

(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 2004.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

n.p. Not published. The data for the *Total*, *No procedure or not reported* and *Other* (procedures) have not been published due to confidentiality concerns.

.. Not applicable.

**Table 10.14: Separations<sup>(a)</sup> for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2004–05**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	356,731	316,419	165,453	103,027	98,238	20,799	16,798	11,398	1,088,863
1916 Generalised allied health interventions	293,438	212,894	126,524	75,082	64,079	15,757	13,208	7,039	808,021
1060 Haemodialysis	194,878	204,534	103,429	67,884	47,932	11,602	15,942	32,463	678,664
1920 Pharmacotherapy	42,074	89,807	36,293	28,159	23,908	6,409	3,633	1,850	232,133
1893 Transfusion of blood and gamma globulin	54,061	47,063	24,029	15,140	14,246	3,451	2,365	1,330	161,685
1952 Computerised tomography of brain	55,015	40,836	20,538	10,051	9,934	2,992	2,146	1,396	142,908
1909 Conduction anaesthesia	45,822	43,295	23,019	11,223	10,934	2,673	2,186	1,765	140,917
1008 Panendoscopy with excision	26,719	21,172	8,677	9,238	7,071	1,046	1,252	817	75,992
905 Fiberoptic colonoscopy	25,117	19,722	8,636	8,080	7,228	1,134	680	521	71,118
1912 Postprocedural analgesia	27,401	10,699	10,088	8,038	4,570	1,754	2,074	80	64,704
911 Fiberoptic colonoscopy with excision	19,564	14,202	5,714	7,835	4,735	781	832	424	54,087
1344 Postpartum suture	21,581	12,436	8,878	4,260	3,497	956	1,168	707	53,483
1620 Excision of lesion of skin and subcutaneous tissue	13,371	15,707	11,479	4,847	5,918	1,163	441	279	53,205
738 Venous catheterisation	17,900	11,922	10,787	4,489	3,969	1,399	1,194	961	52,621
1963 Computerised tomography of abdomen and pelvis	21,060	15,847	6,268	2,135	3,306	1,218	507	690	51,031
197 Extracapsular crystalline lens extraction by phacoemulsification	17,198	15,150	5,745	4,802	4,615	192	992	354	49,048
1340 Caesarean section	16,327	11,981	9,270	3,927	3,586	883	785	710	47,469
1334 Medical or surgical induction of labour	14,938	11,562	8,078	4,326	3,523	937	575	508	44,447
668 Coronary angiography	15,022	10,712	6,385	5,212	4,246	1,202	1,262	326	44,367
1335 Medical or surgical augmentation of labour	15,955	10,062	8,830	3,208	2,977	784	816	620	43,252
1265 Curettage of uterus	12,914	13,271	5,414	3,431	2,800	284	468	296	38,878
1333 Analgesia and anaesthesia during labour and delivery procedure	12,342	8,624	6,620	4,239	3,513	691	722	332	37,083
2015 Magnetic resonance imaging	13,149	10,521	4,866	2,823	2,714	864	701	313	35,951
1005 Panendoscopy	10,545	11,592	5,012	3,570	4,017	754	195	199	35,884
1089 Examination procedures on bladder	8,415	11,068	5,007	4,803	4,014	753	414	235	34,709
1962 Computerised tomography of abdomen	14,497	6,477	5,179	3,571	2,149	354	1,124	354	33,705
607 Examination procedures on ventricle	9,138	8,402	4,664	4,473	3,135	807	1,089	296	32,004
569 Continuous ventilatory support	10,349	8,325	5,004	2,632	2,597	631	652	542	30,732
1267 Evacuation of gravid uterus	7,219	9,021	3,235	2,049	5,861	459	281	1,139	29,264
1635 Repair of wound of skin and subcutaneous tissue	7,362	6,553	9,305	2,965	1,385	375	451	539	28,935
Other	667,134	569,131	351,647	201,343	178,871	43,840	30,859	20,423	2,063,248
No procedure or not reported	380,265	282,827	222,414	73,761	93,289	23,348	10,331	18,912	1,105,147
<b>Total<sup>(c)</sup></b>	<b>1,344,246</b>	<b>1,223,429</b>	<b>733,761</b>	<b>383,260</b>	<b>365,596</b>	<b>86,604</b>	<b>63,638</b>	<b>75,891</b>	<b>4,276,425</b>

(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) 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<sup>(a)</sup> for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2004–05**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	473,327	376,334	352,579	153,979	117,222	n.p.	n.p.	n.p.	1,526,323
1916 Generalised allied health interventions	109,204	87,787	75,600	30,465	35,055	n.p.	n.p.	n.p.	348,852
1920 Pharmacotherapy	34,280	48,016	55,547	22,813	14,418	n.p.	n.p.	n.p.	181,219
905 Fiberoptic colonoscopy	56,566	51,623	40,683	12,312	11,032	n.p.	n.p.	n.p.	175,814
1008 Panendoscopy with excision	56,234	43,494	44,021	15,491	8,606	n.p.	n.p.	n.p.	171,133
1909 Conduction anaesthesia	57,593	41,322	39,549	14,889	10,993	n.p.	n.p.	n.p.	170,559
1060 Haemodialysis	20,608	26,113	48,053	31,998	16,665	n.p.	n.p.	n.p.	143,469
911 Fiberoptic colonoscopy with excision	46,924	34,212	34,352	17,295	7,339	n.p.	n.p.	n.p.	143,058
1917 Extracapsular crystalline lens extraction by phacoemulsification	40,898	20,272	26,765	9,755	7,937	n.p.	n.p.	n.p.	110,411
1620 Excision of lesion of skin and subcutaneous tissue	25,981	19,980	23,456	8,816	9,816	n.p.	n.p.	n.p.	92,007
1893 Transfusion of blood and gamma globulin	15,023	19,127	24,284	7,892	7,371	n.p.	n.p.	n.p.	75,740
458 Surgical removal of tooth	21,175	20,158	14,710	10,069	5,559	n.p.	n.p.	n.p.	73,860
1912 Postprocedural analgesia	17,738	7,813	13,451	9,678	5,840	n.p.	n.p.	n.p.	55,744
668 Coronary angiography	18,091	13,189	12,548	3,608	3,611	n.p.	n.p.	n.p.	53,012
1005 Panendoscopy	10,973	21,480	10,849	3,079	4,575	n.p.	n.p.	n.p.	51,730
1089 Examination procedures on bladder	13,190	10,604	10,643	5,848	3,461	n.p.	n.p.	n.p.	46,044
1267 Evacuation of gravid uterus	9,641	16,293	14,378	3,617	800	n.p.	n.p.	n.p.	45,203
607 Examination procedures on ventricle	13,564	11,249	11,184	3,397	3,119	n.p.	n.p.	n.p.	44,128
1265 Curettage of uterus	13,007	12,323	7,740	3,649	2,549	n.p.	n.p.	n.p.	40,763
1297 Procedures for reproductive medicine	14,754	8,718	8,321	907	1,832	n.p.	n.p.	n.p.	36,852
1873 Psychological/psychosocial therapies	15,747	4,299	11,865	4,557	321	n.p.	n.p.	n.p.	36,794
1517 Arthroscopic meniscectomy of knee with repair	8,811	7,685	5,555	3,678	4,907	n.p.	n.p.	n.p.	32,244
1259 Examination procedures on uterus	9,227	9,532	6,531	3,010	2,549	n.p.	n.p.	n.p.	32,143
1890 Therapeutic interventions on cardiovascular system	1,657	4,937	21,397	1,210	1,072	n.p.	n.p.	n.p.	30,490
1828 Sleep study	10,234	9,098	6,258	1,066	2,612	n.p.	n.p.	n.p.	30,338
1340 Caesarean section	7,643	7,195	7,506	4,458	2,074	n.p.	n.p.	n.p.	30,202
1921 Loading of drug delivery device	3,095	9,867	8,959	3,689	2,944	n.p.	n.p.	n.p.	29,362
1333 Analgesia and anaesthesia during labour and delivery procedure	7,832	5,549	4,601	4,174	2,138	n.p.	n.p.	n.p.	25,111
990 Repair of inguinal hernia	8,116	5,587	5,601	2,681	1,844	n.p.	n.p.	n.p.	25,029
412 Tonsillectomy or adenoidectomy	8,538	4,170	5,355	2,387	2,006	n.p.	n.p.	n.p.	23,284
Other	533,903	413,966	411,294	216,453	162,416	n.p.	n.p.	n.p.	1,804,846
No procedure or not reported	32,266	72,967	56,739	25,370	14,460	n.p.	n.p.	n.p.	213,321
<b>Total<sup>(b)</sup></b>	<b>747,198</b>	<b>704,267</b>	<b>676,846</b>	<b>308,715</b>	<b>211,829</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,742,425</b>

(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.

n.p. Not published.

**Table 10.16: Average length of stay<sup>(a)</sup> (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2004-05**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	4.1	3.3	3.9	3.6	3.5	4.2	4.2	4.6	3.7
1916 Generalised allied health interventions	11.5	11.0	10.5	11.2	11.3	11.2	10.7	11.6	11.1
1060 Haemodialysis	1.3	1.2	1.3	1.3	1.2	1.2	1.2	1.2	1.2
1920 Pharmacotherapy	8.3	3.9	5.5	4.3	3.8	4.5	6.6	6.7	5.1
1893 Transfusion of blood and gamma globulin	10.8	8.5	9.5	9.8	9.0	9.3	11.3	14.6	9.7
1952 Computerised tomography of brain	10.8	8.6	9.8	12.9	12.0	10.2	11.4	10.3	10.3
1909 Conduction anaesthesia	5.2	5.0	5.3	7.0	5.2	6.5	4.9	6.4	5.3
1008 Panendoscopy with excision	3.5	2.8	3.5	2.6	3.0	4.2	4.6	4.1	3.2
905 Fiberoptic colonoscopy	2.6	2.4	2.8	2.0	2.2	2.9	2.7	2.6	2.5
1912 Postprocedural analgesia	8.2	8.8	7.8	7.7	9.5	9.3	9.1	16.7	8.3
911 Fiberoptic colonoscopy with excision	2.9	2.4	3.2	2.2	2.6	3.2	3.4	2.6	2.7
1344 Postpartum suture	3.3	3.2	2.9	3.6	3.3	3.3	3.1	4.0	3.3
1620 Excision of lesion of skin and subcutaneous tissue	2.7	1.8	1.6	2.0	1.8	1.6	1.8	3.3	2.0
738 Venous catheterisation	20.6	20.2	17.7	21.1	19.5	17.4	18.5	21.3	19.7
1963 Computerised tomography of abdomen and pelvis	10.8	9.9	10.1	12.2	11.4	9.8	9.1	12.0	10.5
197 Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.1	1.1	1.1	1.0	1.3	1.0	1.5	1.1
1340 Caesarean section	5.4	5.2	4.4	5.6	5.7	4.9	5.7	6.2	5.2
1334 Medical or surgical induction of labour	4.1	3.8	3.5	4.1	4.1	4.0	4.1	4.6	3.9
668 Coronary angiography	6.3	4.7	4.9	3.6	3.9	4.5	2.3	9.3	5.0
1335 Medical or surgical augmentation of labour	3.4	3.3	2.8	3.7	3.4	3.4	3.3	4.1	3.3
1265 Curettage of uterus	1.2	1.2	1.2	1.2	1.2	1.3	1.3	1.7	1.2
1333 Analgesia and anaesthesia during labour and delivery procedure	4.3	4.2	3.8	4.4	4.3	4.1	4.2	4.9	4.2
2015 Magnetic resonance imaging	13.6	12.0	13.0	13.8	13.6	14.3	14.5	16.8	13.1
1005 Panendoscopy	6.8	4.9	7.0	5.1	4.5	6.3	10.4	8.3	5.8
1089 Examination procedures on bladder	2.4	2.1	2.2	2.7	2.1	2.8	3.3	3.6	2.3
1962 Computerised tomography of abdomen	9.9	7.5	9.6	10.7	9.1	8.0	10.7	9.1	9.4
607 Examination procedures on ventricle	5.8	4.3	4.3	3.3	3.6	4.5	2.2	9.4	4.5
569 Continuous ventilatory support	19.1	18.8	19.6	22.3	22.8	18.0	17.9	20.2	19.7
1267 Evacuation of gravid uterus	1.1	1.0	1.2	1.1	1.0	1.1	1.1	1.1	1.1
1635 Repair of wound of skin and subcutaneous tissue	4.8	3.9	4.4	4.5	4.9	5.4	5.4	5.6	4.5
<b>Total</b>	<b>4.3</b>	<b>3.5</b>	<b>3.7</b>	<b>3.8</b>	<b>4.1</b>	<b>4.4</b>	<b>3.6</b>	<b>3.0</b>	<b>3.9</b>

(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<sup>(a)</sup> (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2004-05**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	1.9	2.1	2.1	2.2	2.2	n.p.	n.p.	n.p.	2.1
1916 Generalised allied health interventions	7.6	9.3	9.3	9.8	7.2	n.p.	n.p.	n.p.	8.6
1920 Pharmacotherapy	1.9	2.2	2.3	2.2	2.1	n.p.	n.p.	n.p.	2.2
905 Fiberoptic colonoscopy	1.2	1.3	1.4	1.5	1.4	n.p.	n.p.	n.p.	1.3
1008 Panendoscopy with excision	1.2	1.4	1.6	1.7	1.6	n.p.	n.p.	n.p.	1.4
1909 Conduction anaesthesia	3.1	4.3	4.2	5.8	4.0	n.p.	n.p.	n.p.	4.0
1060 Haemodialysis	1.2	1.2	1.2	1.0	1.2	n.p.	n.p.	n.p.	1.2
911 Fiberoptic colonoscopy with excision	1.2	1.3	1.4	1.4	1.6	n.p.	n.p.	n.p.	1.3
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	1.5	1.4	1.5	1.7	1.3	n.p.	n.p.	n.p.	1.5
1893 Transfusion of blood and gamma globulin	8.7	8.5	7.1	8.7	8.6	n.p.	n.p.	n.p.	8.2
458 Surgical removal of tooth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1912 Postprocedural analgesia	6.4	7.6	7.2	7.3	6.3	n.p.	n.p.	n.p.	7.0
668 Coronary angiography	2.4	3.3	3.8	3.2	3.8	n.p.	n.p.	n.p.	3.1
1005 Panendoscopy	1.9	1.7	2.9	3.1	2.1	n.p.	n.p.	n.p.	2.1
1089 Examination procedures on bladder	1.7	1.8	2.1	2.2	2.0	n.p.	n.p.	n.p.	1.9
1267 Evacuation of gravid uterus	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
607 Examination procedures on ventricle	2.4	3.1	3.6	3.1	3.5	n.p.	n.p.	n.p.	3.0
1265 Curettage of uterus	1.1	1.1	1.1	1.2	1.2	n.p.	n.p.	n.p.	1.1
1297 Procedures for reproductive medicine	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1873 Psychological/psychosocial therapies	5.8	11.6	3.0	4.1	13.1	n.p.	n.p.	n.p.	5.5
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
1259 Examination procedures on uterus	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
1890 Therapeutic interventions on cardiovascular system	3.4	1.7	1.3	3.3	2.7	n.p.	n.p.	n.p.	1.6
1828 Sleep study	1.0	1.0	1.4	1.2	1.1	n.p.	n.p.	n.p.	1.1
1340 Caesarean section	5.8	5.8	5.3	6.7	6.1	n.p.	n.p.	n.p.	5.8
1921 Loading of drug delivery device	1.4	1.4	1.9	1.5	1.7	n.p.	n.p.	n.p.	1.6
1333 Analgesia and anaesthesia during labour and delivery procedure	5.0	4.9	4.8	5.4	5.2	n.p.	n.p.	n.p.	5.0
990 Repair of inguinal hernia	1.6	1.6	1.4	1.7	1.8	n.p.	n.p.	n.p.	1.5
412 Tonsillectomy or adenoidectomy	1.0	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.1
<b>Total</b>	<b>2.5</b>	<b>2.6</b>	<b>2.7</b>	<b>2.6</b>	<b>2.6</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2.6</b>

(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.

n.p. Not published.

**Table 10.18: Separations<sup>(a)</sup> for males for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2004-05**

Procedure block	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total <sup>(b)</sup>
1910 Cerebral anaesthesia	10,037	43,857	71,576	94,053	98,196	131,519	167,355	211,471	194,363	152,991	29,346	1,204,764
1916 Generalised allied health interventions	9,196	6,160	12,348	26,812	31,462	38,437	52,102	77,167	98,024	120,492	47,200	519,401
1060 Haemodialysis	6	72	198	7,560	23,016	46,283	72,485	98,814	117,309	108,490	11,430	485,663
1920 Pharmacotherapy	17,020	3,691	5,474	4,800	6,350	11,107	22,735	43,475	47,682	31,127	4,053	197,514
1909 Conduction anaesthesia	1,699	2,625	3,074	4,544	4,701	6,436	11,110	22,782	32,806	34,603	7,621	132,001
1893 Transfusion of blood and gamma globulin	1,797	1,586	3,286	3,673	3,889	5,770	10,976	19,560	27,693	31,215	9,652	119,097
905 Fiberoptic colonoscopy	3	21	95	1,557	5,772	14,154	23,268	27,422	21,943	14,336	2,218	110,789
1008 Panendoscopy with excision	161	681	1,751	4,265	8,499	14,620	20,333	23,944	20,010	13,947	2,431	110,642
911 Fiberoptic colonoscopy with excision	25	116	458	2,244	4,639	9,914	18,054	25,904	22,995	13,997	1,803	100,149
1952 Computerised tomography of brain	561	1,119	2,300	6,649	6,686	6,808	8,079	10,724	13,831	19,843	8,180	84,781
1620 Excision of lesion of skin and subcutaneous tissue	207	692	1,688	2,121	3,208	6,014	9,902	14,302	15,159	17,782	5,486	76,561
197 Extracapsular crystalline lens extraction by phacoemulsification	1	5	22	84	174	653	2,746	8,319	19,652	28,777	5,536	65,969
668 Coronary angiography	43	54	63	89	566	3,191	10,301	18,353	18,043	11,890	1,127	63,720
607 Examination procedures on ventricle	65	64	57	68	432	2,535	8,204	14,706	13,860	8,526	742	49,259
1089 Examination procedures on bladder	108	164	346	568	1,243	2,340	4,544	9,380	12,875	12,699	3,125	47,392
1912 Postprocedural analgesia	167	270	1,339	3,297	3,226	3,772	5,650	9,783	10,578	6,912	893	45,887
1005 Panendoscopy	20	101	190	1,154	2,452	4,247	6,538	8,491	8,637	7,448	1,770	41,048
990 Repair of inguinal hernia	1,460	1,674	1,334	1,677	2,922	4,551	6,514	8,196	6,814	4,546	818	40,506
458 Surgical removal of tooth	2	586	3,086	16,615	7,644	3,783	2,434	1,744	898	654	142	37,588
738 Venous catheterisation	3,629	472	747	1,423	1,811	2,613	4,270	6,779	7,769	6,526	1,330	37,369
1963 Computerised tomography of abdomen and pelvis	10	81	427	1,845	2,765	3,587	4,696	5,423	5,887	5,979	1,845	32,545
1566 Excision procedures on other musculoskeletal sites	43	608	1,365	3,881	3,955	4,144	4,350	4,264	2,839	2,294	616	28,359
1828 Sleep study	150	505	579	428	1,640	4,128	6,385	6,552	3,445	1,634	116	25,562
1921 Loading of drug delivery device	36	406	656	441	424	1,308	3,623	6,951	7,382	3,163	224	24,614
1890 Therapeutic interventions on cardiovascular system	76	87	243	456	473	1,491	3,865	6,968	6,863	3,280	399	24,201
2015 Magnetic resonance imaging	826	1,267	1,365	1,215	1,599	2,221	2,911	3,992	4,124	3,505	723	23,748
671 Transluminal coronary angioplasty with stenting	0	0	1	5	111	1,189	4,347	7,202	6,357	3,953	406	23,571
1517 Arthroscopic meniscectomy of knee with repair	0	0	54	1,093	2,159	4,315	6,074	5,531	2,401	801	41	22,469
1962 Computerised tomography of abdomen	13	55	325	1,232	1,823	2,649	3,365	3,929	4,059	3,898	1,062	22,410
412 Tonsillectomy or adenoidectomy	52	7,602	9,013	2,449	1,065	578	246	102	47	23	1	21,178
Other	48,070	57,369	97,041	124,628	139,801	177,156	220,017	290,960	286,086	242,761	57,165	1,741,054
Procedure reported	41,060	55,632	92,723	140,112	183,965	255,964	359,520	492,577	517,718	465,794	104,012	2,700,027
No procedure or not reported	36,663	42,329	37,158	48,276	57,327	63,049	64,317	71,810	70,756	74,965	26,055	592,709
<b>Total<sup>(c)</sup></b>	<b>77,723</b>	<b>97,961</b>	<b>129,881</b>	<b>188,388</b>	<b>232,241</b>	<b>319,013</b>	<b>423,837</b>	<b>564,387</b>	<b>588,474</b>	<b>540,759</b>	<b>130,067</b>	<b>3,292,736</b>

(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<sup>(a)</sup> for females for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2004-05**

Procedure block	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total <sup>(b)</sup>
1910 Cerebral anaesthesia	4,890	27,197	51,559	122,567	171,643	207,811	219,442	212,920	186,044	163,661	42,671	1,410,405
1916 Generalised allied health interventions	7,365	4,975	9,954	36,643	73,959	54,751	52,739	68,988	92,261	146,745	89,067	637,447
1060 Haemodialysis	3	3	540	5,890	15,158	28,874	52,522	67,189	93,323	67,075	5,893	336,470
1920 Pharmacotherapy	13,099	3,145	4,449	5,219	9,073	21,280	39,938	47,594	41,162	26,103	4,770	215,832
1909 Conduction anaesthesia	213	429	901	8,801	38,650	21,422	10,433	18,161	29,872	38,688	11,903	179,473
1008 Panendoscopy with excision	105	467	1,637	6,930	10,603	18,281	27,210	28,314	22,456	16,754	3,725	136,482
905 Fibreoptic colonoscopy	7	19	110	2,655	6,982	17,265	29,970	32,923	25,392	17,507	3,312	136,142
1893 Transfusion of blood and gamma globulin	1,306	1,172	2,525	4,024	7,016	8,830	10,923	15,755	22,517	29,379	14,876	119,323
911 Fibreoptic colonoscopy with excision	28	45	387	3,483	5,958	10,778	18,193	22,601	19,744	13,450	2,326	96,993
1917 Extracapsular crystalline lens extraction by phacoemulsification	0	6	10	56	137	503	2,792	9,318	27,835	42,718	10,114	93,489
1265 Curettage of uterus	0	0	25	4,765	16,124	23,196	21,818	8,469	3,472	1,549	223	79,641
1340 Caesarean section	0	0	11	9,723	47,629	20,108	200	0	0	0	0	77,671
1952 Computerised tomography of brain	437	746	1,302	3,627	4,329	5,317	6,566	7,489	11,002	21,301	14,783	76,899
1344 Postpartum suture	0	0	24	14,800	46,986	13,221	64	1	0	2	0	75,098
1912 Postprocedural analgesia	110	249	965	4,880	16,221	12,244	9,272	10,057	10,598	8,367	1,598	74,561
1267 Evacuation of gravid uterus	0	0	171	23,997	32,180	17,577	532	5	3	2	0	74,467
1620 Excision of lesion of skin and subcutaneous tissue	187	675	1,971	2,696	4,499	7,633	10,890	11,371	10,432	12,471	5,825	68,650
1334 Medical or surgical induction of labour	0	0	18	12,697	41,303	12,735	68	0	0	0	0	66,821
1333 Analgesia and anaesthesia during labour and delivery procedure	0	0	16	11,411	39,492	11,214	56	2	0	2	0	62,193
1259 Examination procedures on uterus	0	5	26	3,233	12,400	17,225	16,731	6,055	2,464	1,148	176	59,463
1335 Medical or surgical augmentation of labour	0	0	25	13,891	35,536	9,039	52	0	0	0	0	58,543
458 Surgical removal of tooth	0	457	3,686	26,316	9,900	4,191	2,756	1,783	904	699	229	50,921
1005 Panendoscopy	16	86	177	1,458	2,480	4,928	7,693	9,367	8,915	8,574	2,871	46,565
1297 Procedures for reproductive medicine	0	0	1	488	17,413	22,394	787	3	0	0	0	41,086
668 Coronary angiography	24	40	31	75	217	1,186	4,182	8,057	9,979	8,803	1,063	33,657
1089 Examination procedures on bladder	41	145	266	598	1,406	4,230	6,714	7,125	6,268	5,271	1,297	33,361
965 Cholecystectomy	0	1	91	2,281	5,305	6,142	6,367	5,790	3,887	2,386	447	32,697
1343 Other procedures associated with delivery	0	0	15	5,532	20,243	5,415	15	0	0	1	0	31,221
1963 Computerised tomography of abdomen and pelvis	13	58	285	1,733	2,570	3,449	4,157	4,347	4,930	6,554	3,050	31,146
738 Venous catheterisation	2,725	338	621	1,140	1,581	2,503	3,694	4,762	5,493	5,545	1,637	30,039
Other	31,385	44,818	78,864	141,420	261,277	279,615	298,078	294,629	260,680	245,708	82,012	2,018,486
Procedure reported <sup>(c)</sup>	26,590	36,322	68,828	215,107	402,919	386,408	402,723	434,510	444,761	431,427	150,708	3,000,303
No procedure or not reported	29,667	32,091	28,978	95,861	138,109	88,152	66,943	60,795	60,427	79,146	45,558	725,729
<b>Total<sup>(c)</sup></b>	<b>56,257</b>	<b>68,413</b>	<b>97,806</b>	<b>310,968</b>	<b>541,028</b>	<b>474,560</b>	<b>469,666</b>	<b>495,305</b>	<b>505,188</b>	<b>510,573</b>	<b>196,266</b>	<b>3,726,032</b>

(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 10.20: Procedure<sup>(a)</sup> statistics in ICD-10-AM chapters, by Indigenous status<sup>(b)</sup>, all hospitals, selected states and territories<sup>(c)</sup>, 2004–05**

Procedure chapter	Count of procedures		Proportion of total procedures for patients identified as		Procedures per 1,000 population <sup>(d)</sup>		Rate ratio <sup>(e)</sup>
	Indigenous	Other	Indigenous (%)	Other	Indigenous	Other	
1–86	1,290	85,491	0.6		5.3	11.2	0.5
110–129	75	4,636	0.0		0.5	0.6	0.8
160–256	1,405	99,252	0.7		11.4	12.8	0.9
300–333	1,340	25,898	0.6		3.5	3.7	1.0
370–422	1,013	76,025	0.5		3.3	10.4	0.3
450–490	8,839	215,325	4.1		19.9	30.6	0.7
520–569	4,148	65,683	1.9		18.6	8.7	2.1
600–767	6,446	197,394	3.0		36.9	25.5	1.4
800–817	367	19,979	0.2		2.1	2.6	0.8
850–1011	6,604	478,628	3.1		36.0	62.5	0.6
1040–1128	81,019	377,708	38.0		555.9	48.8	11.4
1060	78,568	270,028	36.9		540.0	34.9	15.5
	2,451	107,680	1.2		16.0	13.9	1.1
Other than haemodialysis in procedure block 1040–1128							
1160–1203	594	34,525	0.3		2.5	4.6	0.5
1240–1299	4,406	181,053	2.1		17.3	24.7	0.7
1330–1347	9,408	184,377	4.4		26.8	26.0	1.0
1360–1579	7,549	247,276	3.5		31.0	32.8	0.9
1600–1718	8,345	256,929	3.9		33.1	33.9	1.0
1740–1759	324	27,169	0.2		1.7	3.6	0.5
1780–1799	96	5,178	0.0		0.7	0.7	1.0
1820–1916	62,175	2,354,686	29.2		296.0	310.4	1.0
1940–2016	7,676	212,321	3.6		41.2	27.7	1.5
	134,551	4,879,505	63.1		562.7	619.4	0.9
Total (excluding haemodialysis)	213,119	5,149,533	100.0		1,143.8	682.0	1.7
Total (including haemodialysis)							

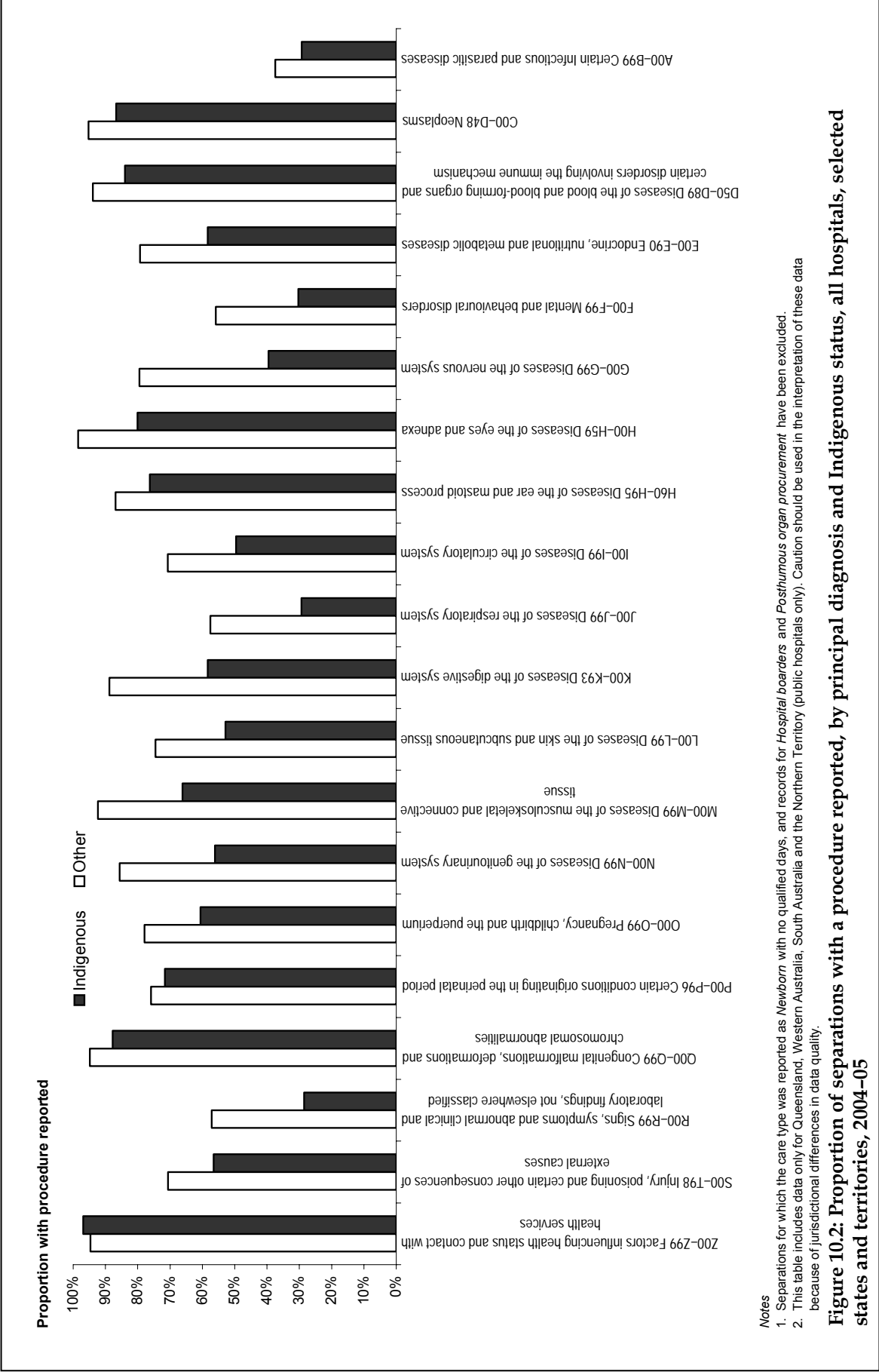
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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 Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only). Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.

(d) The rates were directly age-standardised as detailed in Appendix 3. The rate for *Other* persons includes *Not reported*. For details, see Appendix 3.

(e) The rate ratio is equal to the rate for Indigenous people divided by the rate for *Other* persons (which includes *Not reported*).



# 11 External causes for admitted patients

## Introduction

An external cause is defined in the *National health data dictionary* version 12.0 (NHDC 2003) as the event, circumstance or condition associated with the occurrence of injury, poisoning or violence. 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 2004–05 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories using the fourth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian Modification* (ICD-10-AM) (NCCH 2004). Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

External causes can be reported for principal diagnoses other than those in the ICD-10-AM injury and poisoning chapter, and for additional diagnoses in the injury and poisoning chapter and elsewhere. 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, so that the totals in the tables will not necessarily equal the sum of counts in the rows.

The external cause classification (Chapter XX of ICD-10-AM) is hierarchical, consisting of 373 3-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 activity when injured code of U50.0x *Football*. This category includes Australian rules football, rugby union, rugby league, rugby-unspecified, soccer, touch football, other specified football (including Gaelic and gridiron) and football-unspecified.

For 2004–05, there were 14,877 separations which reported *Football* as the activity when injured, with an average length of stay of 1.8 days. Between 2000–01 and 2004–05, the number of separations that reported an activity when injured of *Football* increased by an average of 5.3% per year from 12,098 separations in 2000–01. The majority of these separations (93.3%) were for male patients in comparison with 46.9% in hospitals overall (Table 8.1) and over 44% (6,567) of these separations were for patients aged 15–24 years. The majority of separations (78.8%) were admitted to a public hospital (11,725) and almost 93% had a separation mode of *Other*, suggesting that these patients went home at the end of their episode of care. The top 10 principal diagnoses were for injuries, and the most common was *Fracture of forearm* (S52, 2,212). The most common Diagnosis Related Group was *Injury to forearm, wrist hand or foot, age <75 years without complications or comorbidities* (I74C, 2,260), and the other top 10 AR-DRGs included injuries and procedures for the hands, elbows, forearms and knees. The most common external cause was *Other fall on same level due to collision with, or pushing by, another person* (W03, 3,284) and 67.6% of separations reported that the injury occurred at a *Sports and athletics area, sporting grounds (outdoor)* (Y92.30, 10,058), with a further 4.7% injured at *School* (Y92.21, 697).

## Sector

In 2004–05 there were 804,319 separations which reported an external cause and these separations accounted for 5,637,729 patient days (Table 11.1). This represented 11.5% of all separations and 23.7% of all patient days. The majority of separations (624,416, 77.6%) and patient days (4,313,119, 76.5%) 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 (7.4 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 308,817 separations (38.4%), followed by *Falls* (W00–W19, 195,623). However, there were differences in the external cause groups reported by the public and private sectors. *Transport accidents* (V01–V99) accounted for a further 9.3% of external cause separations for public hospitals (58,272), but only 3.2% for private hospitals (5,817). *Intentional self-harm* (X60–X84) and *Assault* (X85–Y09) combined accounted for 8.7% of external cause separations from public hospitals (30,067 and 24,231 respectively), but less than 1.0% (combined) of external cause separations from private hospitals (1,111 and 631 respectively).

Average length of stay was highest for *Other accidental threats to breathing* (W75–W84) in both the public sector (15.1 days) and the private sector (16.3 days).

## States and territories

External causes were reported for between 10.3% and 13.2% of all separations for the states and territories (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), *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99) among the most common in nearly every state. *Assault* (X85–Y09) accounted for about 17.7% of all separations with an external cause reported in the Northern Territory, compared with the national figure of 3.1%.

## 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% (373,179) of all separations had an external cause of injury or poisoning compared with 13.1% (431,124) of all separations for males.

The most common external cause group for both males and females was *Complications of medical and surgical care* (Y40–Y84), accounting for 35.4% of the total for males (152,581) and 41.9% of the total for females (156,230), followed by *Falls* (W01–W19) which accounted for 19.5% of the total for males (83,908) and 29.9% of the total for females (111,711). *Transport accidents* (V01–V99) were reported for 10.0% of male separations and 5.6% 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 (19.5%), whereas for males the highest numbers were reported in the 15–24 years age group (13.5%).

In the age groups under 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), which was also the most commonly reported external cause for males aged 15–34 years. *Intentional self-harm* (X60–X84) was relatively common for females, particularly those aged 15–44 years, and *Falls* (W01–W19) were most common for females aged 75 years and over.

## Place of occurrence

In ICD-10-AM, the place of occurrence of the external cause is required to be reported for external cause codes for *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 V01–Y89 (802,971 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* (0.1%), the place of occurrence was *Unspecified place* for approximately 27.3% of separations that required a place of occurrence to be reported, which indicates that these data are in need of improvement.

*Health service area* was the most commonly reported specified place of occurrence (308,043), with 91.1% 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* (143,515), and this was the most frequently reported place of occurrence for *Falls* (W00–W19, 73,367, 37.5% of total separations for *Falls*),

*Intentional self-harm* (X60–X84, 17,490), and *Exposure to mechanical forces* (W20–W64, 16,002). *Falls* (W00–W19) was the most common external cause group for separations which reported *Residential institution* as the place of occurrence (20,250, 82.5% of these separations).

## Activity when injured

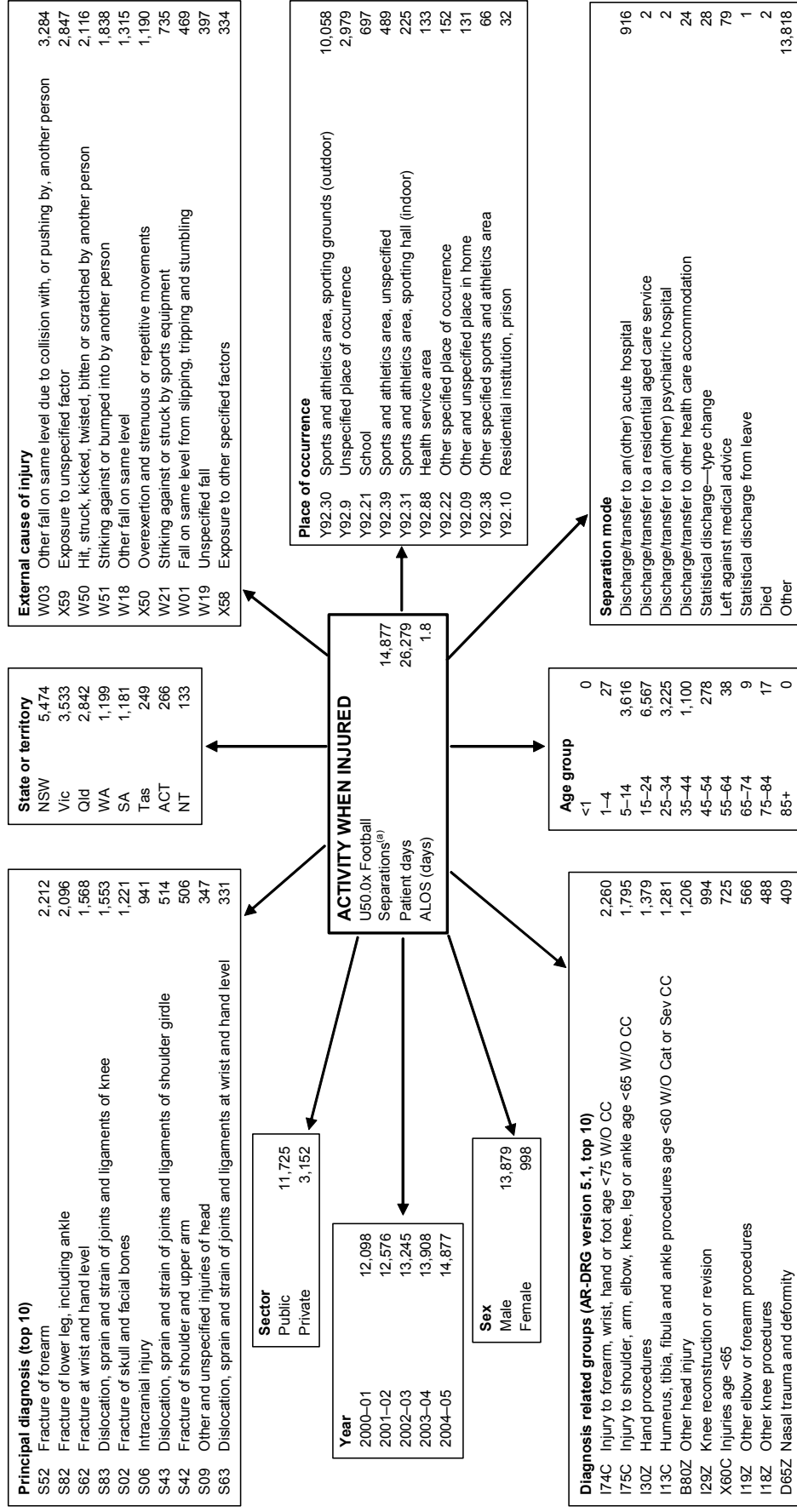
The activity of the injured person at the time of occurrence of the external cause is required to be reported for external cause codes for *Transport accidents*, *Intentional self-harm*, *Assault* and *Events of undetermined intent*. Of the records with external cause codes V01–Y34 (493,376 separations), 99.8% also had an activity when injured code reported. Activity when injured was, however, reported for some separations for which it was not required.

ICD-10-AM includes 24 3-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 activity* and *Unspecified activity*. The two most commonly reported categories were *Other specified* and *Unspecified* (19.5% and 54.6% 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. Sports-related activities, comprising *Football* and *Other sporting activity*, were the most commonly reported specific activity at the time of injury (5.2%, 41,895 of all external cause separations) followed by *Resting, sleeping, eating and other vital activities* (4.2%, 33,881).

## 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 would be 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 341,083 separations for which the principal diagnosis was not an injury or poisoning.

*Injuries to upper and lower limbs* (S40–S99) (209,997, 26.1%) and *Injuries to head and neck* (S00–S19) (77,182, 9.6%) were the most common types of injuries associated with external causes. The most common causes of these injuries were *Falls* (W00–W19) and *Exposure to mechanical forces* (W20–W64). The most common injuries resulting from *Falls* (W00–W19) were *Injuries to upper and lower limbs* (S40–S99) (93,177, 66.8%) and *Injuries to head and neck* (S00–S19) (28,047, 20.1%). These were also the most common injuries associated with *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99).



(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 boarders* or *Posthumous organ procurement* have been excluded.  
Abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe.

**Figure 11.1: Interrelationships of an activity when injured (U50.0x Football) with other data elements, all hospitals, Australia, 2004–05**

Table 11.1: Selected separation statistics<sup>(a)</sup>, by external cause in ICD-10-AM groupings and hospital sector, Australia, 2004–05

External cause	Separations	Same day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same day
<b>Public hospitals</b>						
V01–V99 Transport accidents	58,272	17,953	34,528	286,031	4.9	6.6
W00–W19 Falls	161,216	36,767	130,817	1,359,183	8.4	10.6
W20–W64 Exposure to mechanical forces	70,547	29,485	56,991	194,212	2.8	4.0
W65–W74 Accidental drowning and submersion	554	150	502	1,826	3.3	4.1
W75–W84 Other accidental threats to breathing	7,851	539	6,506	118,765	15.1	16.2
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	1,243	683	858	3,620	2.9	5.2
X00–X19 Exposure to smoke, fire, flames, hot substances	7,447	2,515	6,501	50,102	6.7	9.6
X20–X39 Exposure to venomous plants, animals, forces of nature	5,144	2,108	4,484	16,537	3.2	4.8
X40–X49 Accidental poisoning	12,662	4,400	11,556	41,086	3.2	4.4
X50–X59 Other external causes of accidental injury	31,639	11,777	26,875	190,728	6.0	9.0
X60–X84 Intentional self-harm	30,067	8,289	28,818	119,483	4.0	5.1
X85–Y09 Assault	24,231	10,175	23,182	80,535	3.3	5.0
Y10–Y34 Events of undetermined intent	5,219	1,995	4,947	20,536	3.9	5.8
Y35–Y36 Legal intervention and operations of war	98	26	87	796	8.1	10.7
Y40–Y84 Complications of medical and surgical care	216,035	38,594	178,876	2,158,690	10.0	11.9
Y85–Y98 Sequelae and supplementary factors	21,969	5,301	18,198	236,018	10.7	13.8
<b>Total<sup>(b)</sup></b>	<b>624,416</b>	<b>167,993</b>	<b>510,264</b>	<b>4,313,119</b>	<b>6.9</b>	<b>9.1</b>
<b>Private hospitals</b>						
V01–V99 Transport accidents	5,817	1,288	354	54,960	9.4	11.9
W00–W19 Falls	34,407	4,743	1,368	373,977	10.9	12.4
W20–W64 Exposure to mechanical forces	9,853	4,164	376	33,184	3.4	5.1
W65–W74 Accidental drowning and submersion	37	19	9	55	1.5	2.0
W75–W84 Other accidental threats to breathing	1,131	60	87	18,391	16.3	17.1
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	194	129	66	873	4.5	11.4
X00–X19 Exposure to smoke, fire, flames, hot substances	460	108	22	4,673	10.2	13.0
X20–X39 Exposure to venomous plants, animals, forces of nature	335	67	55	1,621	4.8	5.8
X40–X49 Accidental poisoning	920	323	91	4,738	5.2	7.4
X50–X59 Other external causes of accidental injury	28,334	11,594	304	88,024	3.1	4.6
X60–X84 Intentional self-harm	1,111	148	378	14,730	13.3	15.1
X85–Y09 Assault	631	272	145	2,093	3.3	5.1
Y10–Y34 Events of undetermined intent	1,005	803	20	2,827	2.8	10.0
Y35–Y36 Legal intervention and operations of war	2	2	0	2	1.0	..
Y40–Y84 Complications of medical and surgical care	92,782	15,994	2,898	775,455	8.4	9.9
Y85–Y98 Sequelae and supplementary factors	7,571	2,329	98	40,486	5.3	7.3
<b>Total<sup>(b)</sup></b>	<b>179,903</b>	<b>41,809</b>	<b>6,095</b>	<b>1,324,610</b>	<b>7.4</b>	<b>9.3</b>

(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 totals are not the sums of the rows of the table.

.. Not applicable.

ALOS—average length of stay.



Table 11.2: Separations<sup>(a)</sup>, by external cause in ICD-10-AM groupings and hospital sector, states and territories, 2004–05

External cause	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>									
V01–V99 Transport accidents	19,337	13,788	12,488	5,123	4,282	1,341	1,025	888	58,272
W00–W19 Falls	62,079	42,579	26,453	12,876	10,535	3,011	2,303	1,380	161,216
W20–W64 Exposure to mechanical forces	22,196	16,982	16,456	6,686	4,354	1,432	955	1,486	70,547
W65–W74 Accidental drowning and submersion	208	73	163	46	34	11	7	12	554
W75–W84 Other accidental threats to breathing	2,236	2,484	1,468	698	586	140	71	168	7,851
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	349	212	302	167	99	95	7	12	1,243
X00–X19 Exposure to smoke, fire, flames, hot substances	2,240	1,529	1,681	757	838	142	63	197	7,447
X20–X39 Exposure to venomous plants, animals, forces of nature	1,723	868	1,217	539	578	101	32	86	5,144
X40–X49 Accidental poisoning	4,209	3,033	2,479	1,044	1,273	265	130	229	12,662
X50–X59 Other external causes of accidental injury	10,283	8,963	5,789	2,857	2,234	559	564	390	31,639
X60–X84 Intentional self-harm	10,501	6,363	5,956	2,929	2,694	860	408	356	30,067
X85–Y09 Assault	7,177	4,490	4,965	3,293	1,788	474	263	1,781	24,231
Y10–Y34 Events of undetermined intent	1,571	1,735	924	508	255	87	88	51	5,219
Y35–Y36 Legal intervention and operations of war	20	19	17	20	16	0	2	4	98
Y40–Y84 Complications of medical and surgical care	68,153	59,262	35,592	21,336	19,381	6,287	3,479	2,545	216,035
Y85–Y98 Sequelae and supplementary factors	7,258	4,124	5,289	2,021	1,831	462	236	748	21,969
<b>Total<sup>(b)</sup></b>	<b>209,053</b>	<b>159,649</b>	<b>115,760</b>	<b>57,991</b>	<b>48,816</b>	<b>14,601</b>	<b>9,233</b>	<b>9,313</b>	<b>624,416</b>
<b>Private hospitals</b>									
V01–V99 Transport accidents	1,518	1,605	1,333	823	357	n.p.	n.p.	n.p.	5,817
W00–W19 Falls	9,258	7,910	9,632	3,718	3,040	n.p.	n.p.	n.p.	34,407
W20–W64 Exposure to mechanical forces	2,072	2,343	2,642	1,595	789	n.p.	n.p.	n.p.	9,853
W65–W74 Accidental drowning and submersion	0	2	28	7	0	n.p.	n.p.	n.p.	37
W75–W84 Other accidental threats to breathing	160	187	478	210	83	n.p.	n.p.	n.p.	1,131
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	34	18	114	17	7	n.p.	n.p.	n.p.	194
X00–X19 Exposure to smoke, fire, flames, hot substances	69	118	166	45	47	n.p.	n.p.	n.p.	460
X20–X39 Exposure to venomous plants, animals, forces of nature	31	65	112	63	51	n.p.	n.p.	n.p.	335
X40–X49 Accidental poisoning	96	136	461	130	61	n.p.	n.p.	n.p.	920
X50–X59 Other external causes of accidental injury	9,286	6,335	5,748	2,982	2,854	n.p.	n.p.	n.p.	28,334
X60–X84 Intentional self-harm	157	240	220	407	34	n.p.	n.p.	n.p.	1,111
X85–Y09 Assault	162	95	165	151	32	n.p.	n.p.	n.p.	631
Y10–Y34 Events of undetermined intent	49	63	825	31	11	n.p.	n.p.	n.p.	1,005
Y35–Y36 Legal intervention and operations of war	1	0	0	1	0	n.p.	n.p.	n.p.	2
Y40–Y84 Complications of medical and surgical care	23,352	19,792	26,881	10,263	8,971	n.p.	n.p.	n.p.	92,782
Y85–Y98 Sequelae and supplementary factors	2,256	1,479	2,069	695	804	n.p.	n.p.	n.p.	7,571
<b>Total<sup>(b)</sup></b>	<b>47,399</b>	<b>39,487</b>	<b>49,358</b>	<b>20,564</b>	<b>16,694</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>179,903</b>

(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 totals are not the sums of the rows of the table.

n.p. Not published.

**Table 11.3: Separations<sup>(a)</sup> for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2004-05**

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total <sup>(b)</sup>
V01-V99 Transport accidents	49	703	6,062	11,526	8,160	6,182	4,298	2,667	1,588	1,365	434	43,035
W00-W19 Falls	482	4,186	12,029	7,287	5,634	5,501	6,252	6,941	8,571	16,275	10,750	83,908
W20-W64 Exposure to mechanical forces	212	3,325	6,698	12,931	10,923	8,556	6,593	4,819	2,548	1,609	507	58,721
W65-W74 Accidental drowning and submersion	16	134	43	52	37	28	38	16	12	6	1	383
W75-W84 Other accidental threats to breathing	126	143	90	188	267	276	425	599	871	1,616	934	5,535
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	1	20	28	158	272	245	113	66	75	68	10	1,056
X00-X19 Exposure to smoke, fire, flames, hot substances	236	1,013	563	730	653	519	397	276	263	208	91	4,949
X20-X39 Exposure to venomous plants, animals, forces of nature	18	133	400	408	531	512	490	345	237	193	92	3,359
X40-X49 Accidental poisoning	125	1,185	317	882	1,106	865	629	706	428	440	163	6,846
X50-X59 Other external causes of accidental injury	177	815	2,822	8,402	6,924	5,687	4,326	3,127	1,873	1,951	835	36,939
X60-X84 Intentional self-harm	0	8	161	2,755	3,321	2,820	1,662	725	296	252	73	12,073
X85-Y09 Assault	119	94	377	6,077	4,951	3,540	1,645	647	200	88	17	17,755
Y10-Y34 Events of undetermined intent	17	33	81	595	690	495	264	135	98	391	317	3,116
Y35-Y36 Legal intervention and operations of war	0	0	0	20	31	20	7	3	0	3	0	84
Y40-Y84 Complications of medical and surgical care	1,172	2,131	3,516	5,704	7,434	10,321	16,119	28,243	34,469	34,022	9,450	152,581
Y85-Y98 Sequelae and supplementary factors	19	160	576	2,473	3,147	3,667	3,141	2,494	1,823	1,304	374	19,178
<b>Total<sup>(c)</sup></b>	<b>2,721</b>	<b>13,856</b>	<b>33,225</b>	<b>58,123</b>	<b>51,840</b>	<b>47,177</b>	<b>44,440</b>	<b>49,858</b>	<b>51,042</b>	<b>56,529</b>	<b>22,312</b>	<b>431,124</b>

(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 totals are not the sums of the rows of the table.

**Table 11.4: Separations<sup>(a)</sup> for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2004-05**

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total <sup>(b)</sup>
V01-V99 Transport accidents	50	430	2,742	4,667	3,255	2,575	2,273	1,651	1,284	1,608	517	21,052
W00-W19 Falls	511	3,054	6,712	2,487	3,045	3,700	5,380	8,188	12,915	33,984	31,735	111,711
W20-W64 Exposure to mechanical forces	178	2,329	3,183	2,905	2,621	2,587	2,288	1,716	1,202	1,610	1,058	21,677
W65-W74 Accidental drowning and submersion	16	84	30	21	4	6	9	5	9	19	5	208
W75-W84 Other accidental threats to breathing	136	119	61	79	111	143	227	255	463	943	910	3,447
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	2	6	16	82	79	54	30	51	24	26	11	381
X00-X19 Exposure to smoke, fire, flames, hot substances	150	682	379	277	275	283	230	152	166	213	150	2,957
X20-X39 Exposure to venomous plants, animals, forces of nature	12	90	219	252	246	273	241	208	155	222	202	2,120
X40-X49 Accidental poisoning	99	932	276	1,168	939	770	688	465	506	571	322	6,736
X50-X59 Other external causes of accidental injury	95	603	1,463	2,335	2,444	2,629	2,563	2,438	2,288	3,622	2,554	23,034
X60-X84 Intentional self-harm	0	1	709	6,124	4,113	3,930	2,667	923	348	229	61	19,105
X85-Y09 Assault	90	104	246	1,771	2,141	1,634	692	218	80	94	37	7,107
Y10-Y34 Events of undetermined intent	14	28	92	823	581	483	341	172	253	273	48	3,108
Y35-Y36 Legal intervention and operations of war	0	0	0	2	5	6	3	0	0	0	0	16
Y40-Y84 Complications of medical and surgical care	811	1,304	2,565	5,912	10,628	15,775	19,806	24,120	28,742	32,650	13,917	156,230
Y85-Y98 Sequelae and supplementary factors	14	126	315	864	1,250	1,650	1,664	1,356	1,145	1,334	643	10,361
<b>Total<sup>(c)</sup></b>	<b>2,152</b>	<b>9,718</b>	<b>18,735</b>	<b>28,924</b>	<b>30,793</b>	<b>35,398</b>	<b>37,999</b>	<b>40,626</b>	<b>47,621</b>	<b>72,896</b>	<b>48,317</b>	<b>373,179</b>

(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 totals are not the sums of the rows of the table.

**Table 11.5: Separations<sup>(a)</sup>, by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2004–05**

External cause	School, other public area						Street and highway
	Home	Residential institution	School	Health service area	Other	Sports and athletics area	
V01–V99 Transport accidents	1,798	60	89	54	16	2,239	37,458
W00–W19 Falls	73,367	20,250	4,853	14,925	976	7,424	6,455
W20–W64 Exposure to mechanical forces	16,002	528	1,554	1,880	121	5,560	659
W65–W74 Accidental drowning and submersion	195	2	3	1	2	43	0
W75–W84 Other accidental threats to breathing	1,486	997	13	3,829	16	9	29
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	217	9	8	170	2	6	84
X00–X19 Exposure to smoke, fire, flames, hot substances	4,115	72	34	298	9	13	115
X20–X39 Exposure to venomous plants, animals, forces of nature	1,422	54	48	96	11	54	51
X40–X49 Accidental poisoning	6,147	231	64	1,588	32	16	346
X50–X59 Other external causes of accidental injury	5,092	715	438	2,351	72	5,984	425
X60–X84 Intentional self-harm	17,490	387	135	1,759	89	21	1,643
X85–Y09 Assault	4,344	317	182	246	110	176	73
Y10–Y34 Events of undetermined intent	1,877	58	26	1,063	11	14	15
Y35–Y36 Legal intervention and operations of war	11	5	1	17	2	1	94
Y40–Y84 Complications of medical and surgical care	9,674	885	47	280,710	107	18	4,034
Y85–Y98 Sequelae and supplementary factors	1,361	122	96	2,548	27	754	51,310
<b>Total<sup>(b)</sup></b>	<b>143,515</b>	<b>24,558</b>	<b>7,570</b>	<b>308,043</b>	<b>1,596</b>	<b>22,290</b>	<b>804,319</b>

External cause	Industrial and construction			Other		Unspecified place/Not reported	Total <sup>(b)</sup>
	Trade and service area	area	construction area	Farm	specified places		
V01–V99 Transport accidents	329	241	1,745	16,110	3,678	64,089	195,623
W00–W19 Falls	6,095	1,211	498	53,292	5,958	80,400	591
W20–W64 Exposure to mechanical forces	2,376	4,540	1,685	41,861	3,184	35	8,982
W65–W74 Accidental drowning and submersion	18	1	4	2	275	2,178	1,437
W75–W84 Other accidental threats to breathing	59	3	2	57	517	299	7,907
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	47	111	18	78	364	2,403	5,479
X00–X19 Exposure to smoke, fire, flames, hot substances	195	186	128	45	710	2,664	13,582
X20–X39 Exposure to venomous plants, animals, forces of nature	43	65	178	150	206	4,455	59,973
X40–X49 Accidental poisoning	463	631	11	673	1,303	41,863	31,178
X50–X59 Other external causes of accidental injury	710	23	16	866	866	13,869	24,862
X60–X84 Intentional self-harm	415	31	5	2,773	89	6,224	100
X85–Y09 Assault	2,874	167	10	5	4	37	308,817
Y10–Y34 Events of undetermined intent	4	0	0	0	130	16,932	29,540
Y35–Y36 Legal intervention and operations of war	130	20	3	85	594	14,325	804,319
Y40–Y84 Complications of medical and surgical care	398	579	7,802	4,458	18,475	221,751	804,319
Y85–Y98 Sequelae and supplementary factors							
<b>Total<sup>(b)</sup></b>	<b>14,252</b>	<b>7,802</b>	<b>4,458</b>	<b>18,475</b>	<b>221,751</b>	<b>804,319</b>	

(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 totals are not the sums of the rows of the table. Also, as more than one place of occurrence can be reported, the sum of the columns do not necessarily equal the total for each row.

Table 11.6: Separations<sup>(a)</sup>, by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2004-05

External cause	Football	Other sporting activity	Leisure activity	Working for income	Other types of work	Resting, sleeping, eating, other vital activities	Other specified activities	Unspecified activity/Not reported <sup>(b)</sup>	Total <sup>(c)</sup>
V01-V99 Transport accidents	1	8,905	1,060	2,757	302	256	14,678	35,848	64,089
W00-W19 Falls	5,499	7,790	3,894	4,677	7,413	21,743	30,346	113,089	195,623
W20-W64 Exposure to mechanical forces	4,903	3,464	1,094	12,924	5,872	4,192	11,783	35,363	80,400
W65-W74 Accidental drowning and submersion	0	220	27	6	2	46	92	188	591
W75-W84 Other accidental threats to breathing	1	24	15	22	4	2,159	1,056	5,423	8,982
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	0	387	5	373	74	27	181	371	1,437
X00-X19 Exposure to smoke, fire, flames, hot substances	0	30	78	558	651	1,052	1,717	3,767	7,907
X20-X39 Exposure to venomous plants, animals, forces of nature	3	301	132	333	307	229	646	3,447	5,479
X40-X49 Accidental poisoning	3	16	116	433	181	1,565	4,531	6,614	13,582
X50-X59 Other external causes of accidental injury	4,359	4,274	365	4,589	969	1,879	3,825	38,834	59,973
X60-X84 Intentional self-harm	0	10	53	36	18	107	22,330	8,606	31,178
X85-Y09 Assault	50	72	877	466	50	292	4,161	18,663	24,862
Y10-Y34 Events of undetermined intent	2	11	55	37	16	62	2,046	3,917	6,224
Y35-Y36 Legal intervention and operations of war	0	0	0	2	0	0	18	66	100
Y40-Y84 Complications of medical and surgical care	9	21	5	67	30	436	26,737	265,250	308,817
Y85-Y98 Sequelae and supplementary factors	55	156	40	281	35	32	920	21,910	29,540
<b>Total<sup>(c)</sup></b>	<b>14,868</b>	<b>27,027</b>	<b>7,762</b>	<b>27,466</b>	<b>15,869</b>	<b>33,881</b>	<b>123,083</b>	<b>559,016</b>	<b>804,319</b>

(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<sup>(a)</sup>, by external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2004–05

External cause	Injuries to							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)	Total <sup>(b)</sup>
	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 foreign body effects (T00–T19)	Burns & frostbite (T20–T35)	Poisoning & toxic effects (T36–T65)						
V01–V99 Transport accidents	16,984	11,404	26,939	599	233	46	175	78	17	7,614	64,089	
W00–W19 Falls	28,047	17,490	93,177	832	69	253	383	526	14	54,832	195,623	
W20–W64 Exposure to mechanical forces	11,355	2,942	48,485	6,723	409	360	486	144	86	9,410	80,400	
W65–W74 Accidental drowning and submersion	44	18	15	6	0	2	420	0	0	86	591	
W75–W84 Other accidental threats to breathing	201	79	221	798	8	245	83	72	0	7,275	8,982	
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	16	9	21	5	154	2	862	8	0	360	1,437	
X00–X19 Exposure to smoke, fire, flames, hot substances	29	25	91	4	5,747	350	48	16	2	1,595	7,907	
X20–X39 Exposure to venomous plants, animals, forces of nature	58	34	377	25	45	2,864	833	11	0	1,232	5,479	
X40–X49 Accidental poisoning	88	30	113	27	409	9,117	750	47	0	3,001	13,582	
X50–X59 Other external causes of accidental injury	5,871	3,165	34,538	503	83	169	2,636	252	17	12,739	59,973	
X60–X84 Intentional self-harm	591	493	2,798	153	129	20,778	369	25	4	5,838	31,178	
X85–Y09 Assault	14,615	2,195	4,329	206	82	178	357	24	6	2,870	24,862	
Y10–Y34 Events of undetermined intent	110	66	336	14	93	3,604	56	16	0	1,929	6,224	
Y35–Y36 Legal intervention and operations of war	14	10	22	2	0	4	0	0	0	48	100	
Y40–Y84 Complications of medical and surgical care	1,298	1,768	6,156	175	305	914	1,756	74,244	8	222,193	308,817	
Y85–Y98 Sequelae and supplementary factors	1,280	448	1,522	51	70	226	140	765	12	25,026	29,540	
Total <sup>(c)</sup>	77,182	37,701	209,997	9,874	7,395	37,370	8,978	74,560	161	341,083	804,319	

(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 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 usage 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-DRGs version 5.1 (DoHA 2004b) to classify separations in most analyses.

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 MDC that would have been assigned on the basis of the principal diagnosis. Records for these episodes have been categorised separately in tables based on MDCs in this chapter. Episodes that contain clinically atypical or invalid information are assigned Error DRGs (AR-DRGs 901Z–903Z, 961Z–963Z and 960Z, see glossary), even if they were assigned to an MDC. (Note that Error DRGs are included within *Other DRG* in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions.)

Episodes are assigned to AR-DRGs within MDCs, primarily on the basis of the procedure codes (in the *Surgical DRG* partition) or the diagnosis codes (in the *Medical DRG* partition). When more than one AR-DRG is associated with a cluster of closely related procedures or diagnoses, other variables such as the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, and the mode of separation are used for AR-DRG assignment.

The AIHW regrouped the data, in consultation with the states and territories, and the AR-DRGs that resulted from this regrouping are reported here. They may differ from AR-DRGs derived by states and territories because of data updates applied to the National Hospital Morbidity Database.

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 DRG*, *Medical DRG* and *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 the care types *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care* and *Newborn* (with unqualified days only) were therefore excluded where they were able to be identified (see Table 7.11). Of all admitted patient separations, 97% were reported as *Acute* (4,145,915 of 4,276,425 in the public sector and 2,658,972 of 2,742,425 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 reported as *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 actual 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 3 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, 2003–04 cost weights and cost estimates based on AR-DRG version 5.0 were used for the public sector. The 2003–04 cost weights were estimated by the Department of Health and Ageing through the National Hospital Cost Data Collection (DoHA 2005a). 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. Average costs have not been presented for the private sector in this chapter as the most recent version available for private hospitals are the 2002–03 cost weights for AR-DRG version 4.2. Cost weights for 2004–05 were not available at the time of printing of this report. The tables for public hospitals will be updated on the Internet once AR-DRG version 5.1 2004–05 cost weights become available.

The National Hospital Cost Data Collection also provided estimates of average costs for each separation for an AR-DRG with a cost weight of 1.00: \$3,119 in the public sector (including depreciation) (DoHA 2005a).

The *Cost by volume* figures in the tables in this chapter using version 5.1 AR-DRGs were derived for each AR-DRG by multiplying the estimated average cost in version 5.0 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 estimates only, intended for use as a guide to the approximate relative costs of hospital services during 2004–05. They should be used with caution in any comparisons between the states and territories. They are not derived from, or comparable with, the expenditure and cost per casemix-adjusted separation data 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 6 includes further information on the National Hospital Cost Data Collection.

## AR-DRGs and other data elements reported for separations

The information on AR-DRGs reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 12.1 demonstrates this using the example of AR-DRG I04Z *Knee replacement and reattachment*.

There were 28,818 separations with an AR-DRG of I04Z, with an average length of stay of 8.0 days. The number of separations which reported this AR-DRG has shown an average annual increase of 9.6% from 19,948 separations in 2000–01. Almost two-thirds of these separations received treatment in the private sector (64.9%, 18,689 separations). Females accounted for 57.7% of these separations and the most common age group was 65 to 74 years (36.4%). Most separations (22,840, 79.3%) had a separation mode of *Other*, suggesting that most of the patients went home after separation from hospital, although a fairly high proportion of these patients recorded separation modes which indicated a continuation of care. Approximately 14.6% were discharged to another acute hospital, while a further 5.3% were statistically discharged with a care type change (the clinical intent of their treatment changed, for example, from acute care to rehabilitation in the same hospital). The most common principal diagnosis reported in conjunction with an AR-DRG of I04Z was *Gonarthrosis (arthrosis of the knee)* (M17, 87.9%), followed by *Complications of internal orthopaedic prosthetic devices* (T84, 7.3%), and the most common additional diagnosis was *Personal history of certain other diseases* (Z86). The most common procedure performed was *Generalised allied health interventions* (Block 1916), followed by *Arthroplasty of knee* (Block 1518).

## 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 by sector.

The MDCs accounting for the largest numbers of separations in the public sector were *Diseases and disorders of the kidney and urinary tract* (19.4%, 804,664) and *Diseases and disorders of the digestive system* (10.2%, 424,529). Those accounting for the largest numbers of separations in the private sector were *Diseases and disorders of the digestive system* (17.3%,

459,791) and *Diseases and disorders of the musculoskeletal system and connective tissue* (10.8%, 286,595).

The MDCs accounting for the largest numbers of patient days in the public sector were *Diseases and disorders of the circulatory system* (10.0%, 1,349,143) and *Mental diseases and disorders* (10.0%, 1,347,680). Those accounting for the largest numbers of patient days in the private sector were *Diseases and disorders of the musculoskeletal system and connective tissue* (15.3%, 990,876) and *Diseases and disorders of the digestive system* (12.5%, 806,936). *Diseases and disorders of the kidney and urinary tract* accounted for the most separations over the combined public and private sectors (15.1%, 1,025,856) and *Diseases and disorders of the musculoskeletal system and connective tissue* accounted for the most patient days (11.6%, 2,316,237).

The average lengths of stay varied by MDC and hospital sector. In the public sector, they ranged from 1.3 days for *Diseases and disorders of the eye* to 28.1 days for the Pre-MDC group. In the private sector, they ranged from 1.0 day for *Diseases and disorders of the eye* to 30.4 days for the Pre-MDC group.

Differences in average length of stay between hospital sectors were notable for: *Injuries, poisoning and toxic effect of drugs*, where the average length of stay was higher for public hospitals (19.6 days) than for private hospitals (3.5 days); and *Infectious and parasitic diseases*, where the average length of stay was higher for public hospitals (12.9 days) than for private hospitals (6.5 days). A variety of factors could be responsible for such discrepancies, 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. Some large differences in RSIs between the public and private sectors existed for MDCs such as *Alcohol/drug use and alcohol/drug induced organic mental disorders* (an RSI of 0.84 in the public sector and 1.43 in the private sector) and *Mental diseases and disorders* (an RSI of 0.93 in the public sector and 1.28 in the private sector).

Public patients accounted for 86.8% of separations from public hospitals and 3.4% 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* (95.3%), while the smallest was for *Diseases and disorders of the eye* (78.5%). The largest proportions of public patients in private hospitals were for *Diseases and disorders of the kidney and urinary tract* (19.9%) and *Injuries, poisoning and toxic effects of drugs* (6.5%).

*Medical DRGs* accounted for 72.5% (3,004,772) of separations from public hospitals and 38.1% (1,012,672) of separations from private hospitals. In contrast, *Surgical DRGs* accounted for 20.8% (860,558) of separations from public hospitals and 40.9% (1,087,773) of separations from private hospitals.

The cost by volume data for MDCs in Table 12.1 show that the costliest MDC in the public sector was *Diseases and disorders of the circulatory system*, followed by *Diseases and disorders of the musculoskeletal system and connective tissue* (both over \$1,500 million). *Medical DRGs* accounted for approximately 53% and *Surgical DRGs* for over 42% of the estimated costs in public hospitals.

## States and territories

Tables 12.3 to 12.4 present state and territory counts of hospital 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 included *Diseases and disorders of the kidney and urinary tract* in the Northern Territory and in the Australian Capital Territory (44.3% and 28.7% of total separations respectively compared with 19.4% nationally) and *Neoplastic disorders (haematological and solid neoplasms)* in New South Wales and Victoria (1.4% and 6.8% of total separations respectively compared with 4.2% nationally). Notable exceptions in the private sector included *Mental diseases and disorders* in Victoria and South Australia (5.1% and 0.9% of total separations respectively compared with 3.8% nationally).

Public hospitals in the Northern Territory featured relatively large proportions of medical DRGs (84.5% of total separations compared with 72.5% nationally). Private hospitals in New South Wales featured a relatively small proportion of medical DRGs (28.6% of total separations compared with 38.1% nationally).

In Queensland, a larger proportion of total separations were contributed by private hospitals than was the case in the other jurisdictions for which private hospital data were published. In particular, 76.9% of the Queensland's total separations for *Diseases and disorders of the eye* were in private hospitals compared with 65.5% nationally.

## Australian Refined Diagnosis Related Groups

### Changes 2000–01 to 2004–05

Table 12.5 presents the 30 AR-DRGs version 5.0/5.1 with the largest changes in the numbers of separations in either public or private hospitals (or both) between 2000–01 and 2004–05. For this analysis, data for 2000–01 to 2003–04 were grouped to version 5.0 AR-DRGs, while data for 2004–05 were grouped to version 5.1 AR-DRGs. The regrouping of data for 2000–01 and 2001–02 required data to be mapped to third edition ICD-10-AM codes from ICD-10-AM second edition, and therefore the data may not be completely comparable between years.

For 17 of the listed AR-DRGs the number of separations increased in both the public and private sectors between 2000–01 and 2004–05, with the increases for private hospitals being proportionally larger in most cases. For example, separations for *Admit for renal dialysis* (L61Z) increased by 70.4% (59,489) in private hospitals and by 34.5% (170,128) in public hospitals, those for *Chemotherapy* (AR-DRG R63Z) increased by 39.0% (43,557) in private hospitals and by 14.6% (16,379) in public hospitals and those for *Other factors influencing health status, sameday* (AR-DRG Z64B) increased by 273.3% (35,961) in private hospitals and by 79.5% (16,691) in public hospitals.

There was an increase in the number of separations in the private sector and a decrease in the number of separations in the public sector between 2000–01 and 2004–05 for eight of the AR-DRGs listed in Table 12.5. For example, separations for *Other colonoscopy, sameday* (AR-DRG G44C) increased by 18,832 in private hospitals and decreased by 1,849 in public hospitals. The AR-DRG with the highest combined decrease in both sectors was *Other*

*gastroscopy for non-major digestive disease, sameday* (AR-DRG G45B) which decreased by 12.8% overall.

In private hospitals, the number of separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions of AR-DRGs increased by 18.6%, 26.2% and 14.8% respectively between 2000–01 and 2004–05. Public hospital separations with an AR-DRG in the *Medical DRG* partition increased 14.3%, separations with AR-DRGs in the *Surgical DRG* partition increased by 2.2% over the period, and separations in the *Other DRG* partition decreased by 2.6%.

Some of the changes in the private sector may reflect changes in the scope of the National Hospital Morbidity Database, as described in Chapter 2 and Appendix 4. In particular, they would have been affected by the recategorisation of two New South Wales hospitals, reported as private hospitals from 2000–01 to 2002–03 and as public hospitals for 2003–04 and 2004–05.

Table 12.6 presents the 30 AR-DRGs with the largest changes in the numbers of separations for either public or private patients (or both) for all hospitals between 2000–01 and 2004–05. Some of the changes in the number of separations by public/private election status may reflect changes in the categorisation of patients as described in Chapter 7 (see also Appendix 3). Due to a small proportion of separations whose 'Patient election status' was not reported (less than 5% of all separations in each year), the overall changes by AR-DRG in Table 12.6 are slightly different from those presented in Table 12.5.

For 18 of the listed AR-DRGs the number of separations increased for both public and private patients between 2000–01 and 2004–05, with the increases for private patients being proportionally larger in most cases. For example, separations for *Caesarian delivery without catastrophic or severe complications or comorbidities* (O01C) increased by 46.0% (8,732) for private patients and by 15.9% (4,355) for public patients. Separations for *Sleep apnoea* (AR-DRG E63Z) increased by 62.7% (11,495) for private patients and by 11.0% (451) for public patients.

There was an increase in the number of separations of private patients and a decrease in the number of separations of public patients for seven of the AR-DRGs listed in Table 12.6. For example, separations for *Other knee procedures* (AR-DRG I18Z) increased by 6,195 for private patients and decreased by 1,751 for public patients between 2000–01 and 2004–05. The number of separations decreased in both sectors for five of the AR-DRGs listed. The AR-DRG with the highest combined decrease for both private and public patients was *Other gastroscopy for non-major digestive disease, sameday* (AR-DRG G45B) which decreased by 4,948 separations for private patients and 15,870 separations for public patients.

For private patients, the number of separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions of AR-DRGs increased by 19.0%, 25.2% and 15.4% respectively between 2000–01 and 2004–05. Public patient separations with an AR-DRG in the *Medical DRG* partition increased 14.0% and separations with an AR-DRG in the *Surgical DRG* partition increased marginally by 1.1% over the period while public patient separations in the *Other DRG* partition decreased by 4.3%.

## Sector

Tables 12.7 and 12.8 present summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the most overnight separations in public and private hospitals respectively.

In the public sector in 2004–05, *Vaginal delivery without catastrophic or severe complications or comorbidities* (AR-DRG O60B) was the most frequent AR-DRG with 4.3% (89,403) of total overnight separations (Table 12.7). This was also the most frequent AR-DRG in the private sector, with 3.6% (34,748) of total overnight separations (Table 12.8). Of the 30 AR-DRGs with the most overnight separations for the public sector, only seven 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 30.9 days for *Schizophrenia disorders without mental health legal status* (AR-DRG U61B) to 1.7 days for *Poisoning/toxic effects of drugs and other substances age <60 without complications or comorbidities* (AR-DRG X62B). *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) accounted for the most overnight patient days in public hospitals (4.3%).

The length of stay for the top 30 AR-DRGs in the private sector ranged from 1.0 day for *Sleep apnoea* (AR-DRG E63Z) to 18.2 days for *Major affective disorders age <70 without catastrophic or severe complications or comorbidities* (AR-DRG U63B) which also accounted for the most overnight patient days in private hospitals (3.9%).

The highest proportion of public patients in separations from public hospitals occurred for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A, 99.1%) and the lowest was for *Non-surgical spinal disorders without complications or comorbidities* (AR-DRG I68B, 75.9%). The highest proportion of public patients in separations from private hospitals occurred for *Antenatal and other obstetric admission* (AR-DRG O66A, 6.2%).

Tables 12.9 and 12.10 contain summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the most same day separations in public and private hospitals respectively. In the public sector in 2004–05, *Admit for renal dialysis* (AR-DRG L61Z) was the most frequent AR-DRG with 31.9% (663,029) of total same day separations (Table 12.9). The most frequent AR-DRG in the private sector was *Chemotherapy* (AR-DRG R63Z) with 9.1% (155,236) of total same day separations (Table 12.10). 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.

The highest proportion of same day separations from public hospitals for public patients occurred for *Antenatal and other obstetric admission, same day* (AR-DRG O66B, 96.0%), and the lowest occurred for *Dental extractions and restorations*, (AR-DRG D40Z, 73.9%). The highest proportion of same day separations from private hospitals for public patients occurred for *Admit for renal dialysis* (AR-DRG L61Z, 28.3%).

### Private free-standing day hospitals

Table 12.11 presents summary separation, public patient separation and patient day statistics for the 30 AR-DRGs with the most separations from private free-standing day hospital facilities. *Other colonoscopy, sameday* (AR-DRG G44C) was the most frequent AR-DRG, accounting for 61,328 separations. The highest proportion of separations from private free-standing day hospitals for public patients occurred for *Admit for renal dialysis* (AR-DRG L61Z, 36.8%).

### 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* (AR-DRG U61A) accounted for the most separations (2,876, 20.5%) and accounted for the most patient days (173,534, 43.4%).

The average length of stay was fairly long for most of these AR-DRGs and only 15.3% (2,152) of separations were same day separations, compared with 49.1% in public hospitals overall (see Chapter 2).

When interpreting average lengths of stay, it should be noted 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* (AR-DRG U61A) (22 days, compared with the average length of stay of 60.3 days), *Dementia and other chronic disturbances of cerebral function* (AR-DRG B63Z) (40 days, compared with the average length of stay of 132.0 days) and *Paranoia and acute psychotic disorder with catastrophic or severe complications and comorbidities or with mental health legal status* (AR-DRG U62A) (14 days, compared with the average length of stay of 33.9 days).

## States and territories

The most frequent AR-DRGs varied to quite an extent between the states and territories (Tables 12.13 and 12.14). In the Northern Territory and the Australian Capital Territory, for example, *Admit for renal dialysis* (AR-DRG L61Z) accounted for a markedly greater proportion of separations from the public sector than occurred nationally (42.2%, 31,606, and 25.3%, 15,606, respectively, compared with 16.0%, 663,403). The number of separations from the public sector for *Chemotherapy* (R63Z) was lower in New South Wales (4,071 separations) than in other states such as Victoria (65,305 separations) and Queensland (21,723). Some of this variation may be due to differences in admission practices between jurisdictions – for example, in New South Wales and the Australian Capital Territory chemotherapy patients are not treated as admitted patients.

In the private sector, examples of differences include separations in Victoria and South Australia for *Mental health treatment, sameday, without electroconvulsive therapy* (AR-DRG U60Z), which accounted for 4.2% (28,650) and less than 0.1% (56) respectively, compared with the national average of 2.7% (73,110).

Average lengths of stay were similar among the states and territories (Tables 12.15 and 12.16), with some exceptions. In the public sector, the average length of stay for *Other skin, subcutaneous tissue and breast procedures* (AR-DRG J11Z) ranged from 1.1 days in South Australia to 2.8 days in the Northern Territory, and for *Caesarean delivery without catastrophic or severe complications or comorbidities* (AR-DRG O01C) ranged from 3.9 days in Queensland to 5.2 days in the Northern Territory. In the private sector, the average length of stay for *Caesarean delivery without catastrophic or severe complications or comorbidities* (AR-DRG O01C) ranged from 4.9 days in Queensland to 6.2 days in Western Australia, and *Knee replacement and reattachment* (AR-DRG I04Z) ranged from 7.4 days in South Australia to 10.2 days in Western Australia.

## 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; while 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* (AR-DRG O60B)).

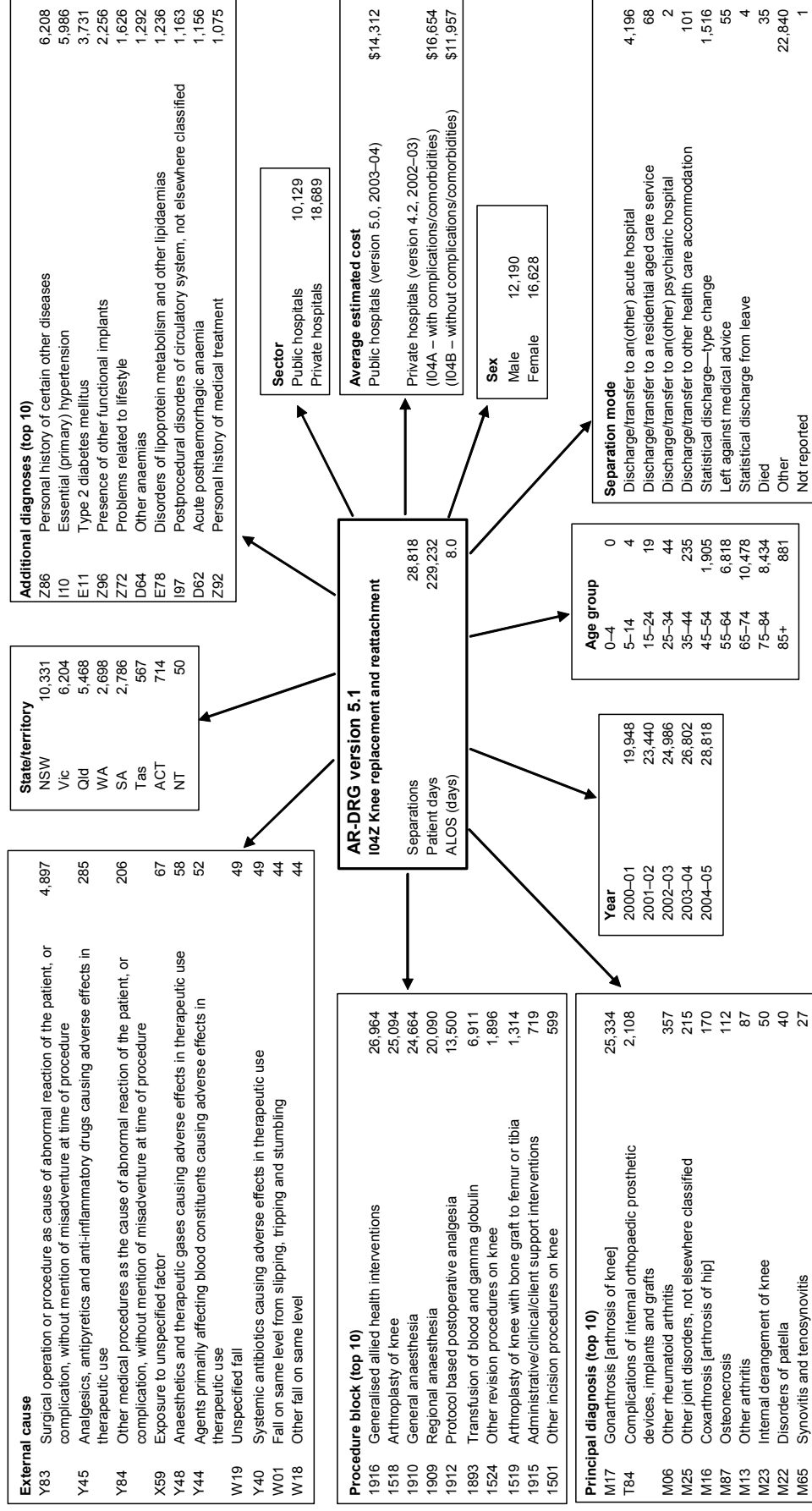
For both males and females *Admit for renal dialysis* (AR-DRG L61Z) was the most frequent AR-DRG and *Chemotherapy* (AR-DRG R63Z) was the next most frequent.

Age distributions differed markedly among AR-DRGs. Over 73% of separations for *Follow up with endoscopy* (AR-DRG Z40Z) and almost 95% of separations for *Lens procedures, sameday* (AR-DRG C16B) involved males and females aged 55 years and over. In contrast, for *Dental extractions and restorations* (AR-DRG D40Z) over 69% of males and over 74% of females were aged between 5 and 34 years.

## Additional data

Accompanying tables are included on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) to 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, 12.8, 12.9 and 12.10. All 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 web site 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 National Hospital Morbidity Database.



Note: Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.  
Abbreviation: ALOS—average length of stay.

**Figure 12.1: Interrelationships of an AR-DRG (I04Z Knee replacement and reattachment) with other data elements, all hospitals, Australia, 2004–05**



**Table 12.1: Selected separation<sup>(a)</sup> and cost statistics, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, public hospitals, Australia, 2004–05**

Major Diagnostic Category	Separations	Same day separations	Public patient		Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)	ALOS (days) excluding same day	Cost by volume (\$'000) <sup>(c)</sup>	Relative index
			separations	separations							
PR Pre-MDC (tracheostomies, transplants, ECMO)	11,556	330	9,343		5.7	324,390	160.5	28.1	28.9	709,397	1.00
01 Diseases and disorders of the nervous system	200,486	72,231	168,440		99.2	1,039,232	514.2	5.2	7.5	901,315	0.98
02 Diseases and disorders of the eye	82,547	67,450	64,792		40.8	109,454	54.2	1.3	2.8	183,226	1.10
03 Diseases and disorders of the ear, nose, mouth and throat	165,830	80,153	141,388		82.1	270,751	134.0	1.6	2.2	349,241	1.01
04 Diseases and disorders of the respiratory system	235,705	37,197	199,568		116.6	1,149,579	568.8	4.9	5.6	974,962	0.96
05 Diseases and disorders of the circulatory system	355,022	91,383	296,396		175.7	1,349,143	667.6	3.8	4.8	1,566,327	0.99
06 Diseases and disorders of the digestive system	424,529	199,563	370,543		210.1	1,132,835	560.5	2.7	4.1	1,173,584	0.99
07 Diseases and disorders of the hepatobiliary system and pancreas	78,593	16,123	68,523		38.9	328,666	162.6	4.2	5.0	378,054	1.00
08 Diseases and disorders of the musculoskeletal system and connective tissue	320,356	119,085	264,232		158.5	1,325,361	655.8	4.1	6.0	1,557,983	0.99
09 Diseases and disorders of the skin, subcutaneous tissue and breast	157,644	79,961	137,426		78.0	465,322	230.2	3.0	5.0	427,177	1.01
10 Endocrine, nutritional and metabolic diseases and disorders	58,982	16,022	50,966		29.2	292,635	144.8	5.0	6.4	268,842	0.98
11 Diseases and disorders of the kidney and urinary tract	804,664	724,590	715,345		398.2	1,125,468	556.9	1.4	5.0	756,013	0.99
12 Diseases and disorders of the male reproductive system	43,791	23,753	37,318		21.7	102,339	50.6	2.3	3.9	127,474	1.02
13 Diseases and disorders of the female reproductive system	115,570	71,672	101,177		57.2	219,745	108.7	1.9	3.4	319,231	1.01
14 Pregnancy, childbirth and puerperium	330,492	88,128	306,948		163.5	890,561	440.7	2.7	3.3	1,013,494	0.94
15 Newborns and other neonates	53,127	6,516	49,038		26.3	442,659	219.0	8.3	9.4	400,345	0.99
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	66,039	43,062	56,580		32.7	155,195	76.8	2.4	4.9	141,326	1.00
17 Neoplastic disorders (haematological and solid neoplasms)	174,791	154,743	149,141		86.5	318,940	157.8	1.8	8.2	313,673	1.03
18 Infectious and parasitic diseases	52,647	10,380	45,255		26.0	268,876	133.0	12.9	6.1	249,483	1.00
19 Mental diseases and disorders	129,884	35,744	122,594		64.3	1,347,680	666.8	10.4	13.9	671,139	0.99
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	29,697	7,486	28,303		14.7	118,891	58.8	4.0	5.0	67,152	1.00
21 Injuries, poisoning and toxic effects of drugs	125,526	49,550	104,671		62.1	351,937	174.1	19.6	4.0	393,069	0.93
22 Burns	6,651	1,986	5,638		3.3	35,205	17.4	5.3	7.1	51,700	0.86
23 Factors influencing health status and other contacts with health services	115,871	82,448	100,826		57.3	293,915	145.4	2.5	6.3	189,849	1.00
ED Error DRGs <sup>(d)</sup>	5,867	1,395	4,829		2.9	75,276	37.2	12.8	16.5	58,241	1.27
Surgical DRG	860,558	337,374	727,387		425.8	3,512,428	1738.0	11.4	6.1	5,570,001	0.96
Medical DRG	3,004,772	1,525,446	2,631,681		1486.8	9,463,238	4682.5	9.4	5.4	7,058,477	1.03
Other DRG	280,537	218,131	240,212		138.8	558,389	276.3	2.0	5.5	613,820	1.05
Total	4,145,867	2,080,951	3,599,280		2051.4	13,534,055	6696.7	3.3	5.5	13,242,298	0.98

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

(b) Crude rate based on the Australian population as at 31 December 2004.

(c) Based on the 2003–04 AR–DRG v 5.0 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<sup>(a)</sup> statistics, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, private hospitals, Australia, 2004–05**

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)	ALOS (days) excluding same day	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,493	19	27	0.7	45,458	22.5	30.4	30.8	1.03
01 Diseases and disorders of the nervous system	59,551	26,609	1,567	29.5	278,466	137.8	4.7	7.6	1.08
02 Diseases and disorders of the eye	156,638	141,032	3,627	77.5	162,451	80.4	1.0	1.4	0.90
03 Diseases and disorders of the ear, nose, mouth and throat	182,471	126,404	2,013	90.3	218,671	108.2	1.2	1.6	0.99
04 Diseases and disorders of the respiratory system	78,960	6,243	2,240	39.1	367,127	181.7	4.6	5.0	1.13
05 Diseases and disorders of the circulatory system	150,053	37,337	4,522	74.2	571,769	282.9	3.8	4.7	1.02
06 Diseases and disorders of the digestive system	459,791	352,055	6,533	227.5	806,936	399.3	1.8	4.2	1.01
07 Diseases and disorders of the hepatobiliary system and pancreas	33,068	3,311	960	16.4	116,747	57.8	3.5	3.8	0.99
08 Diseases and disorders of the musculoskeletal system and connective tissue	286,595	117,988	3,699	141.8	990,876	490.3	3.5	5.2	0.99
09 Diseases and disorders of the skin, subcutaneous tissue and breast	154,541	105,957	2,200	76.5	305,129	151.0	2.0	4.1	0.99
10 Endocrine, nutritional and metabolic diseases and disorders	28,665	8,438	617	14.2	108,433	53.7	3.8	4.9	0.99
11 Diseases and disorders of the kidney and urinary tract	221,192	185,653	44,010	109.4	334,413	165.5	1.5	4.2	1.03
12 Diseases and disorders of the male reproductive system	54,422	32,181	1,137	26.9	122,613	60.7	2.3	4.1	0.97
13 Diseases and disorders of the female reproductive system	138,179	97,476	2,114	68.4	243,493	120.5	1.8	3.6	0.99
14 Pregnancy, childbirth and puerperium	142,571	51,979	3,008	70.5	470,775	232.9	3.3	4.6	1.14
15 Newborns and other neonates	13,685	1,944	453	6.8	87,964	43.5	6.4	7.3	1.08
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	28,817	20,814	720	14.3	56,434	27.9	2.0	4.5	0.99
17 Neoplastic disorders (haematological and solid neoplasms)	183,519	171,775	5,825	90.8	247,205	122.3	1.3	6.4	0.95
18 Infectious and parasitic diseases	12,105	1,471	520	6.0	78,472	38.8	6.5	7.2	1.01
19 Mental diseases and disorders	100,182	76,443	555	49.6	471,442	233.3	4.7	16.6	1.28
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	17,829	13,020	232	8.8	78,641	38.9	4.4	13.6	1.43
21 Injuries, poisoning and toxic effects of drugs	19,273	6,396	1,250	9.5	68,082	33.7	3.5	4.8	1.07
22 Burns	324	92	18	0.2	1,662	0.8	5.1	6.8	0.77
23 Factors influencing health status and other contacts with health services	129,744	116,406	1,510	64.2	193,228	95.6	1.5	5.8	0.94
ED Error DRGs <sup>(c)</sup>	5,304	2,887	34	2.6	29,806	14.7	5.6	11.1	0.70
Surgical DRG	1,087,773	579,768	15,314	538.2	2,696,156	1,334.1	2.5	4.2	0.96
Medical DRG	1,012,672	611,393	66,822	501.1	3,102,306	1,535.0	3.1	6.2	1.14
Other DRG	558,527	512,749	7,255	276.4	657,831	325.5	1.2	3.2	0.94
<b>Total</b>	<b>2,658,972</b>	<b>1,703,910</b>	<b>89,391</b>	<b>1,315.7</b>	<b>6,456,293</b>	<b>3,194.6</b>	<b>2.4</b>	<b>5.0</b>	<b>1.04</b>

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

(b) Crude rate based on Australian population as at 31 December 2004.

(c) 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<sup>(a)</sup>, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, public hospitals, states and territories, 2004–05**

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	3,896	3,051	1,934	1,018	1,020	252	217	168	11,556
01 Diseases and disorders of the nervous system	67,044	55,772	33,199	17,695	16,885	4,823	3,171	1,897	200,486
02 Diseases and disorders of the eye	27,626	24,948	11,311	8,608	7,394	610	1,288	762	82,547
03 Diseases and disorders of the ear, nose, mouth and throat	47,478	48,788	31,529	15,036	16,121	2,648	1,946	2,284	165,830
04 Diseases and disorders of the respiratory system	84,730	59,358	39,261	19,439	21,698	4,632	2,404	4,183	235,705
05 Diseases and disorders of the circulatory system	124,460	94,012	64,095	25,757	30,729	7,366	5,435	3,168	355,022
06 Diseases and disorders of the digestive system	146,538	116,197	65,563	39,742	38,382	8,267	5,423	4,417	424,529
07 Diseases and disorders of the hepatobiliary system and pancreas	27,564	20,921	13,116	6,496	6,328	1,882	1,223	1,063	78,593
08 Diseases and disorders of the musculoskeletal system and connective tissue	108,187	84,466	55,559	29,707	25,544	7,964	5,551	3,378	320,356
09 Diseases and disorders of the skin, subcutaneous tissue and breast	46,574	41,310	30,878	15,340	15,672	3,376	1,624	2,870	157,644
10 Endocrine, nutritional and metabolic diseases and disorders	17,985	16,621	10,209	5,116	5,576	1,557	912	1,006	58,982
11 Diseases and disorders of the kidney and urinary tract	237,104	240,482	124,665	78,422	58,543	14,527	17,692	33,229	804,664
12 Diseases and disorders of the male reproductive system	13,402	13,706	6,273	4,526	4,018	880	535	451	43,791
13 Diseases and disorders of the female reproductive system	35,421	34,996	21,111	9,594	10,121	1,865	1,350	1,112	115,570
14 Pregnancy, childbirth and puerperium	108,659	86,714	63,385	26,315	28,356	6,011	4,366	6,886	330,492
15 Newborns and other neonates	16,485	15,962	9,897	3,445	4,287	1,047	1,027	977	53,127
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	19,282	22,452	9,376	6,862	5,021	1,519	1,022	505	66,039
17 Neoplastic disorders (haematological and solid neoplasms)	17,878	80,327	29,243	21,809	18,754	4,120	1,577	1,083	174,791
18 Infectious and parasitic diseases	19,658	13,610	8,775	4,490	3,504	975	644	991	52,647
19 Mental diseases and disorders	43,399	34,015	23,740	10,575	12,364	3,621	1,125	1,045	129,884
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	12,887	4,833	5,180	3,053	2,322	772	258	392	29,697
21 Injuries, poisoning and toxic effects of drugs	40,751	33,255	25,723	10,342	9,267	2,736	1,448	2,004	125,526
22 Burns	1,978	1,275	1,575	719	710	141	55	198	6,651
23 Factors influencing health status and other contacts with health services	32,096	39,353	19,579	10,176	9,397	2,923	1,391	956	115,871
ED Error DRGs <sup>(b)</sup>	2,602	1,262	648	628	451	103	48	125	5,867
Surgical DRG	272,560	247,029	141,587	79,175	80,530	16,272	14,034	9,371	860,558
Medical DRG	946,077	857,148	524,695	263,567	243,516	62,973	43,500	63,296	3,004,772
Other DRG	85,047	83,509	39,542	32,168	28,418	5,372	4,198	2,283	280,537
<b>Total</b>	<b>1,303,684</b>	<b>1,187,686</b>	<b>705,824</b>	<b>374,910</b>	<b>352,464</b>	<b>84,617</b>	<b>61,732</b>	<b>74,950</b>	<b>4,145,867</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *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<sup>(a)</sup>, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, private hospitals, states and territories, 2004–05**

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	297	298	580	116	173	n.p.	n.p.	n.p.	1,493
01	Diseases and disorders of the nervous system	13,446	15,123	16,336	7,459	5,173	n.p.	n.p.	n.p.	59,551
02	Diseases and disorders of the eye	55,228	31,280	37,628	14,109	11,995	n.p.	n.p.	n.p.	156,638
03	Diseases and disorders of the ear, nose, mouth and throat	53,601	44,107	36,446	24,268	17,519	n.p.	n.p.	n.p.	182,471
04	Diseases and disorders of the respiratory system	18,016	21,733	22,368	7,043	7,180	n.p.	n.p.	n.p.	78,960
05	Diseases and disorders of the circulatory system	39,665	40,007	38,478	13,946	12,766	n.p.	n.p.	n.p.	150,053
06	Diseases and disorders of the digestive system	132,111	127,212	116,557	42,877	29,638	n.p.	n.p.	n.p.	459,791
07	Diseases and disorders of the hepatobiliary system and pancreas	8,623	7,939	8,284	3,811	2,948	n.p.	n.p.	n.p.	33,068
08	Diseases and disorders of the musculoskeletal system and connective tissue	79,412	72,810	54,890	39,034	28,364	n.p.	n.p.	n.p.	286,595
09	Diseases and disorders of the skin, subcutaneous tissue and breast	42,298	35,647	38,518	15,744	15,851	n.p.	n.p.	n.p.	154,541
10	Endocrine, nutritional and metabolic diseases and disorders	6,446	7,528	7,753	3,394	2,447	n.p.	n.p.	n.p.	28,665
11	Diseases and disorders of the kidney and urinary tract	42,371	46,257	65,373	40,876	22,683	n.p.	n.p.	n.p.	221,192
12	Diseases and disorders of the male reproductive system	17,962	13,131	10,714	6,354	3,733	n.p.	n.p.	n.p.	54,422
13	Diseases and disorders of the female reproductive system	45,286	33,698	31,306	11,591	9,722	n.p.	n.p.	n.p.	138,179
14	Pregnancy, childbirth and puerperium	36,150	41,420	35,649	16,919	6,454	n.p.	n.p.	n.p.	142,571
15	Newborns and other neonates	2,369	4,170	2,859	2,992	925	n.p.	n.p.	n.p.	13,685
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	5,784	8,238	8,593	3,262	2,066	n.p.	n.p.	n.p.	28,817
17	Neoplastic disorders (haematological and solid neoplasms)	33,046	47,545	59,490	21,762	15,555	n.p.	n.p.	n.p.	183,519
18	Infectious and parasitic diseases	2,370	3,092	3,700	1,524	958	n.p.	n.p.	n.p.	12,105
19	Mental diseases and disorders	24,267	35,283	20,418	12,146	1,947	n.p.	n.p.	n.p.	100,182
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	5,301	6,075	4,770	1,049	270	n.p.	n.p.	n.p.	17,829
21	Injuries, poisoning and toxic effects of drugs	3,878	4,528	5,505	2,813	1,745	n.p.	n.p.	n.p.	19,273
22	Burns	47	75	112	43	34	n.p.	n.p.	n.p.	324
23	Factors influencing health status and other contacts with health services	37,733	38,703	30,140	11,417	7,427	n.p.	n.p.	n.p.	129,744
ED	Error DRGs <sup>(b)</sup>	1,527	2,013	801	336	531	n.p.	n.p.	n.p.	5,304
	Surgical DRG	336,804	257,934	240,946	113,841	93,312	n.p.	n.p.	n.p.	1,087,773
	Medical DRG	202,475	273,924	285,877	137,541	78,901	n.p.	n.p.	n.p.	1,012,672
	Other DRG	167,955	156,054	130,445	53,503	35,891	n.p.	n.p.	n.p.	558,527
<b>Total</b>		<b>707,234</b>	<b>687,912</b>	<b>657,268</b>	<b>304,885</b>	<b>208,104</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,658,972</b>

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *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.

n.p. Not published.

**Table 12.5: Separations for the 30 AR-DRGs version 5<sup>(a)</sup> with the largest changes in the total numbers of separations<sup>(b)</sup>, by hospital sector, Australia, 2000–01 to 2004–05**

AR-DRG	Private hospitals										Public hospitals									
	Change										Change									
	2000-01	2001-02	2002-03	2003-04	2004-05	2000-01 to 2004-05	2000-01	2001-02	2002-03	2003-04	2004-05	2000-01 to 2004-05	2000-01	2001-02	2002-03	2003-04	2004-05	2000-01 to 2004-05		
L61Z Admit for Renal Dialysis	84,553	88,806	103,153	133,618	144,042	59,489	493,275	539,303	583,296	620,652	663,403	170,128	493,275	539,303	583,296	620,652	663,403	170,128		
R63Z Chemotherapy	111,812	121,813	135,523	144,145	155,369	43,557	112,329	116,313	127,360	127,133	128,708	16,379	112,329	116,313	127,360	127,133	128,708	16,379		
Z64B Other Factors Influencing Health Status, Sameday	13,160	20,128	34,788	42,275	49,121	35,961	20,984	25,815	34,372	36,488	37,675	16,691	20,984	25,815	34,372	36,488	37,675	16,691		
C16B Lens Procedures, Sameday	75,167	83,648	91,999	97,247	107,230	32,063	34,769	38,474	42,304	43,237	47,826	13,057	34,769	38,474	42,304	43,237	47,826	13,057		
G46C Complex Gastrosocopy, Sameday	44,335	49,409	56,531	60,844	67,956	23,621	15,850	16,482	18,143	18,250	20,024	4,174	15,850	16,482	18,143	18,250	20,024	4,174		
U60Z Mental Health Treatment, Sameday, W/O ECT	48,411	56,500	65,136	65,394	73,110	24,699	26,031	25,185	25,312	26,366	25,165	-866	26,031	25,185	25,312	26,366	25,165	-866		
F74Z Chest Pain	9,739	10,472	10,983	11,678	12,733	2,994	48,105	55,055	58,921	63,753	69,470	21,365	48,105	55,055	58,921	63,753	69,470	21,365		
D40Z Dental Extractions and Restorations	61,482	73,782	78,006	78,749	81,512	20,030	21,657	24,899	21,997	24,568	24,919	3,262	21,657	24,899	21,997	24,568	24,919	3,262		
O05Z Abortion W O.R. Procedure	27,812	35,543	46,492	46,809	45,191	17,379	34,985	33,413	32,071	30,347	29,632	-5353	34,985	33,413	32,071	30,347	29,632	-5353		
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	108,071	101,088	101,588	102,820	102,243	-5828	57,539	51,172	48,042	44,499	42,143	-15396	57,539	51,172	48,042	44,499	42,143	-15396		
G44C Other Colonoscopy, Sameday	124,317	128,830	137,993	139,705	143,149	18,832	50,967	50,645	52,296	50,098	49,118	-1849	50,967	50,645	52,296	50,098	49,118	-1849		
O66B Antenatal & Other Obstetric Admission, Sameday	2,810	2,685	2,789	3,113	3,459	649	28,721	29,760	34,581	37,050	43,396	14,675	28,721	29,760	34,581	37,050	43,396	14,675		
O01C Caesarean Delivery W/O Catastrophic or Severe CC	17,095	20,317	22,535	23,565	24,768	7,673	29,604	29,652	31,294	33,239	34,843	5,239	29,604	29,652	31,294	33,239	34,843	5,239		
E63Z Sleep Apnoea	18,298	22,133	24,404	26,256	29,096	10,798	4,347	4,875	4,821	4,891	5,323	976	4,347	4,875	4,821	4,891	5,323	976		
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders	10,209	10,252	10,740	10,870	10,407	198	46,121	49,243	53,400	58,589	57,631	11,510	46,121	49,243	53,400	58,589	57,631	11,510		
N08Z Endoscopic Procedures for Female Reproductive System	14,772	15,173	14,394	13,064	11,891	-2881	22,491	19,345	17,481	16,050	14,732	-7759	22,491	19,345	17,481	16,050	14,732	-7759		
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	11,704	13,590	15,074	16,380	18,044	6,340	27,941	29,943	30,947	33,187	32,229	4,288	27,941	29,943	30,947	33,187	32,229	4,288		
E69C Bronchitis and Asthma Age <50 W/O CC	2,886	2,317	2,061	1,869	1,611	-1275	35,813	29,171	26,721	27,590	27,187	-8626	35,813	29,171	26,721	27,590	27,187	-8626		
Z40Z Follow Up W Endoscopy	52,623	61,355	55,167	55,157	57,551	4,928	32,763	31,416	29,571	28,872	28,375	-4388	32,763	31,416	29,571	28,872	28,375	-4388		
I04Z Knee Replacement and Reattachment	12,753	15,339	16,383	17,628	18,689	5,936	7,195	8,101	8,603	9,174	10,129	2,934	7,195	8,101	8,603	9,174	10,129	2,934		
G42B Other Gastrosocopy for Major Digestive Disease, Sameday	13,619	11,547	10,692	8,631	8,124	-5495	7,551	6,630	6,079	5,168	4,597	-2954	7,551	6,630	6,079	5,168	4,597	-2954		
C16A Lens Procedures	15,132	13,039	11,438	10,016	9,254	-5878	4,356	3,693	3,012	2,711	2,635	-1721	4,356	3,693	3,012	2,711	2,635	-1721		
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	10,741	12,176	12,478	13,209	18,135	7,394	1,375	1,551	1,615	1,667	1,498	123	1,375	1,551	1,615	1,667	1,498	123		
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc	24,599	26,069	28,476	29,648	30,979	6,380	16,616	16,347	17,021	16,993	17,742	1,126	16,616	16,347	17,021	16,993	17,742	1,126		
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	33,932	35,006	36,496	37,684	40,944	7,012	19,673	19,208	19,323	18,942	19,263	-410	19,673	19,208	19,323	18,942	19,263	-410		
O60B Vaginal Delivery W/O Catastrophic or Severe CC	32,506	34,509	35,934	35,173	34,837	2,331	96,979	85,542	83,716	80,081	91,890	-5089	96,979	85,542	83,716	80,081	91,890	-5089		
J08B Other Skin Graft and/or Debridement Procedures W/O	18,051	19,829	22,109	23,796	23,890	5,839	7,083	7,607	8,117	8,513	8,461	1,378	7,083	7,607	8,117	8,513	8,461	1,378		
I68C Non-surgical Spinal Disorders, Sameday	14,929	15,494	14,797	15,492	18,158	3,229	13,417	14,563	15,552	16,063	17,098	3,681	13,417	14,563	15,552	16,063	17,098	3,681		
V62B Alcohol Use Disorder and Dependence, Sameday	3,764	5,435	6,548	8,187	10,430	6,666	761	760	666	729	711	-50	761	760	666	729	711	-50		
I18Z Other Knee Procedures	52,813	55,341	54,652	55,549	57,975	5,162	18,482	17,506	16,717	16,452	16,966	-1516	18,482	17,506	16,717	16,452	16,966	-1516		
Surgical DRG	916,982	994,562	1,029,330	1,048,831	1,087,773	170,791	842,028	830,087	834,971	841,924	860,558	18,530	842,028	830,087	834,971	841,924	860,558	18,530		
Medical DRG	802,747	856,618	913,629	964,321	1,012,672	209,925	2,629,181	2,723,784	2,841,146	2,940,304	3,004,772	375,591	2,629,181	2,723,784	2,841,146	2,940,304	3,004,772	375,591		
Other DRG	486,380	511,799	530,736	539,162	558,527	72,147	288,050	284,623	281,609	280,392	280,537	-7513	288,050	284,623	281,609	280,392	280,537	-7513		

(a) AR-DRG version 5.0 is used for the years 2000–01 to 2003–04, and AR-DRG version 5.1 is used for 2004–05.

(b) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*. 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 2000–01 and 2004–05.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, CatSev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, AMI—acute myocardial infarction, Inves—investigation.

**Table 12.6: Separations for the 30 AR-DRGs version 5<sup>(a)</sup> with the largest changes in the total numbers of separations<sup>(b)</sup>, by patient election status<sup>(c)</sup>, Australia, 2000–01 to 2004–05**

AR-DRG	Private patients					Public patients				
	Change 2000–01 to 2004–05					Change 2000–01 to 2004–05				
	2000–01	2001–02	2002–03	2003–04	2004–05	2000–01	2001–02	2002–03	2003–04	2004–05
L61Z Admit for Renal Dialysis	114,688	118,934	138,286	164,776	174,924	462,155	508,771	547,884	589,148	632,468
R63Z Chemotherapy	118,012	128,327	144,422	152,647	165,295	104,039	109,264	117,596	117,844	117,838
Z64B Other Factors Influencing Health Status, Sameday	14,890	22,256	37,607	45,834	52,884	19,182	23,565	31,358	32,891	33,743
C16B Lens Procedures, Sameday	79,699	87,812	97,533	104,081	113,494	29,531	32,469	36,023	36,373	40,922
G46C Complex Gastrosocopy, Sameday	45,564	50,799	58,097	62,757	70,037	14,418	14,848	16,445	16,331	17,929
U60Z Mental Health Treatment, Sameday, W/O ECT	49,351	59,024	66,961	68,217	75,912	23,167	22,012	22,056	23,526	22,340
F74Z Chest Pain	14,400	15,623	16,564	18,155	19,243	4,843	4,843	53,150	57,212	62,877
D40Z Dental Extractions and Restorations	65,489	77,803	83,172	84,430	87,685	16,930	19,852	16,697	18,869	18,685
G44C Other Colonoscopy, Sameday	127,072	131,798	141,343	143,782	147,289	47,643	46,581	48,384	45,999	44,917
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	111,696	104,430	105,366	107,461	106,748	53,416	46,726	43,727	39,797	37,546
O05Z Abortion W O.R. Procedure	31,515	38,935	48,803	49,283	47,459	31,127	29,674	29,308	26,968	26,321
O66B Antenatal & Other Obstetric Admission, Sameday	3,804	3,738	4,204	4,393	4,693	27,704	28,454	32,908	35,703	41,796
O01C Caesarean Delivery W/O Catastrophic or Severe CC	18,984	22,831	25,109	26,462	27,716	27,337	26,861	28,472	30,271	31,692
E63Z Sleep Apnoea	18,326	22,035	24,557	26,773	29,821	4,112	4,534	4,441	4,362	4,563
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders	14,629	14,971	15,827	16,853	16,096	41,462	44,290	48,107	52,483	51,780
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	14,350	16,425	18,069	20,221	21,499	25,149	26,915	27,805	29,322	28,730
N08Z Endoscopic Procedures for Female Reproductive System	16,287	16,512	15,525	14,352	13,040	20,767	17,732	16,185	14,753	13,573
E69C Bronchitis and Asthma Age <50 W/O CC	4,723	3,786	3,318	3,472	3,187	33,895	27,653	25,441	25,964	25,572
I04Z Knee Replacement and Reattachment	12,852	15,417	16,687	18,246	19,259	6,836	7,842	8,249	8,555	9,555
Z40Z Follow Up W Endoscopy	54,863	63,257	57,280	57,526	59,650	30,262	28,875	27,250	26,496	26,246
O60B Vaginal Delivery W/O Catastrophic or Severe CC	37,061	39,458	40,083	40,545	40,040	91,711	79,910	78,853	84,522	86,124
G42B Other Gastrosocopy for Major Digestive Disease, Sameday	14,351	12,158	11,344	9,319	8,706	6,740	5,929	5,371	4,474	4,004
I18Z Other Knee Procedures	53,532	56,055	56,125	57,295	59,727	16,956	16,164	15,071	14,689	15,205
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc	25,981	28,909	31,518	32,546	33,431	14,678	13,228	13,466	13,767	14,917
N11B Other Female Reproductive System O.R. Procs Age <65 W/O	11,100	12,325	12,833	13,889	18,537	987	885	903	967	1,050
J08B Other Skin Graft and/or Debridement Procedures W/O	18,820	20,562	23,024	24,933	24,967	6,048	6,722	7,158	7,366	7,379
C16A Lens Procedures	16,043	13,732	12,099	10,552	9,774	3,238	2,926	2,343	2,173	2,114
V62B Alcohol Use Disorder and Dependence, Sameday	3,599	5,585	6,538	8,418	10,606	565	551	439	498	535
I68C Non-surgical Spinal Disorders, Sameday	15,741	16,213	16,834	17,649	20,581	12,561	13,577	13,361	13,888	14,656
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	38,445	39,312	40,379	41,560	44,392	14,825	14,313	14,981	15,018	15,761
Surgical DRG	1,010,050	1,087,113	1,132,136	1,163,398	1,202,174	734,791	723,160	724,634	725,374	742,701
Medical DRG	1,048,153	1,109,078	1,181,036	1,256,792	1,311,959	2,367,578	2,456,167	2,560,404	2,643,539	2,698,503
Other DRG	511,849	538,387	559,863	572,191	590,708	258,506	252,370	249,669	246,691	247,467

(a) AR-DRG version 5.0 is used for the years 2000–01 to 2003–04, and AR-DRG version 5.1 is used for 2004–05.

(b) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*. AR-DRGs have been ordered by the sum of the absolute values of the changes in number of separations for public and private patients between 2000–01 and 2004–05.

(c) Caution should be used when interpreting these data as the data element *Patient election status* has changed over time. See Appendix 3 for more information.

(d) The table excludes separations for which *Patient election status* was not reported. There were 5,205 such separations in 2004–05.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, AMI—acute myocardial infarction, Inves—investigation.

**Table 12.7: Selected separation<sup>(a)</sup> and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of overnight separations, public hospitals, Australia, 2004–05**

AR-DRG	Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)	Cost by volume (\$'000) <sup>(c)</sup>
O60B Vaginal Delivery W/O Catastrophic or Severe CC	89,403	83,151	44.2	269,735	133.5	3.0	323,818
F74Z Chest Pain	42,999	37,312	21.3	78,658	38.9	1.8	55,727
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	35,652	30,561	17.6	89,553	44.3	2.5	47,702
O01C Caesarean Delivery W/O Catastrophic or Severe CC	34,756	31,249	17.2	152,980	75.7	4.4	210,065
O66A Antenatal & Other Obstetric Admission	33,690	31,649	16.7	79,653	39.4	2.4	61,349
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	28,950	25,779	14.3	125,701	62.2	4.3	80,076
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	22,288	21,168	11.0	51,650	25.6	2.3	68,959
E62C Respiratory Infections/Inflammations W/O CC	22,085	18,867	10.9	83,441	41.3	3.8	61,043
E69C Bronchitis and Asthma Age <50 W/O CC	20,911	19,199	10.3	38,663	19.1	1.8	34,608
E65A Chronic Obstructive Airways Disease W Catastrophic or Severe CC	20,554	16,734	10.2	167,576	82.9	8.2	116,603
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	20,369	18,179	10.1	38,512	19.1	1.9	23,587
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	19,618	16,818	9.7	107,015	53.0	5.5	65,936
F62B Heart Failure and Shock W/O Catastrophic CC	19,585	15,604	9.7	113,858	56.3	5.8	73,170
E62B Respiratory Infections/Inflammations W Severe or Moderate CC	18,379	15,045	9.1	117,994	58.4	6.4	88,348
U67Z Personality Disorders and Acute Reactions	18,008	17,402	8.9	96,118	47.6	5.3	71,294
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	17,485	16,890	8.7	238,701	118.1	13.7	129,879
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	17,411	15,994	8.6	32,813	16.2	1.9	72,865
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	17,391	13,891	8.6	49,590	24.5	2.9	31,704
D63B Otitis Media and URI W/O CC	17,064	15,391	8.4	33,018	16.3	1.9	25,681
F72B Unstable Angina W/O Catastrophic or Severe CC	16,751	13,771	8.3	44,373	22.0	2.6	35,077
G07B Appendicectomy W/O Catastrophic or Severe CC	16,539	14,202	8.2	46,545	23.0	2.8	68,984
U61A Schizophrenia Disorders W Mental Health Legal Status	15,791	15,645	7.8	487,401	241.2	30.9	187,265
I68B Non-surgical Spinal Disorders W/O CC	15,234	11,562	7.5	61,302	30.3	4.0	45,824
Z64A Other Factors Influencing Health Status	14,699	12,623	7.3	92,781	45.9	6.3	43,230
X60C Injuries Age <65	14,579	11,675	7.2	27,803	13.8	1.9	16,154
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	14,450	13,721	7.1	24,489	12.1	1.7	17,615
B76B Seizure W/O Catastrophic or Severe CC	14,347	12,862	7.1	36,159	17.9	2.5	26,470
O60A Vaginal Delivery W Catastrophic or Severe CC	13,363	12,417	6.6	62,599	31.0	4.7	68,058
K60B Diabetes W/O Catastrophic or Severe CC	13,032	11,438	6.4	57,251	28.3	4.4	36,841
L64Z Urinary Stones and Obstruction	12,948	11,303	6.4	27,699	13.7	2.1	20,989
Other	1,386,585	1,163,492	686.1	8,519,473	4,215.5	6.1	8,341,876
<b>Total</b>	<b>2,064,916</b>	<b>1,765,594</b>	<b>1,021.7</b>	<b>11,453,104</b>	<b>5,667.0</b>	<b>5.5</b>	<b>10,550,795</b>

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

(b) Crude rate based on Australian population as at 31 December 2004.

(c) Based on the 2003–04 AR-DRG v 5.0 cost estimates.

*Abbreviations*: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, URI—upper respiratory tract infection.

*Note*: Similar tables for all AR-DRGs are provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) for Australia and each state and territory.

**Table 12.8: Selected separation<sup>(a)</sup> statistics for the 30 AR-DRGs version 5.1 with the largest number of overnight separations, private hospitals, Australia, 2004–05**

AR-DRG	Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)
O60B Vaginal Delivery W/O Catastrophic or Severe CC	34,748	782	17.2	152,334	75.4	4.4
E63Z Sleep Apnoea	28,753	2	14.2	29,019	14.4	1.0
O01C Caesarean Delivery W/O Catastrophic or Severe CC	24,746	388	12.2	135,552	67.1	5.5
I16Z Other Shoulder Procedures	21,422	196	10.6	35,844	17.7	1.7
G09Z Inguinal and Femoral Hernia Procedures Age>0	19,527	270	9.7	30,125	14.9	1.5
I04Z Knee Replacement and Reattachment	18,662	334	9.2	152,266	75.3	8.2
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	16,587	498	8.2	31,515	15.6	1.9
N04Z Hysterectomy for Non-Malignancy	15,083	247	7.5	65,462	32.4	4.3
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	14,850	0	7.3	28,773	14.2	1.9
D11Z Tonsillectomy and/or Adenoidectomy	14,396	171	7.1	15,457	7.6	1.1
I18Z Other Knee Procedures	11,186	99	5.5	18,585	9.2	1.7
I03C Hip Replacement W/O Catastrophic or Severe CC	11,106	182	5.5	87,306	43.2	7.9
F15Z Percutaneous Coronary Intervention W/O AMI W Stent Implantation	10,669	0	5.3	26,575	13.1	2.5
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC	10,622	198	5.3	36,378	18.0	3.4
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	10,085	156	5.0	183,404	90.7	18.2
D10Z Nasal Procedures	9,742	76	4.8	11,308	5.6	1.2
N06Z Female Reproductive System Reconstructive Procedures	9,554	134	4.7	32,176	15.9	3.4
I10B Other Back and Neck Procedures W/O Catastrophic or Severe CC	9,367	66	4.6	48,115	23.8	5.1
C16A Lens Procedures	9,254	23	4.6	10,343	5.1	1.1
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	9,141	405	4.5	33,179	16.4	3.6
I68B Non-surgical Spinal Disorders W/O CC	8,840	187	4.4	47,688	23.6	5.4
I20Z Other Foot Procedures	8,830	125	4.4	19,132	9.5	2.2
D06Z Sinus, Mastoid and Complex Middle Ear Procedures	8,795	89	4.4	11,032	5.5	1.3
F74Z Chest Pain	8,555	491	4.2	19,521	9.7	2.3
J06B Major Procedures for Non-Malignant Breast Conditions	8,286	123	4.1	15,107	7.5	1.8
I29Z Knee Reconstruction Or Revision	8,175	53	4.0	12,386	6.1	1.5
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	8,132	228	4.0	16,610	8.2	2.0
O66A Antenatal & Other Obstetric Admission	7,968	496	3.9	21,115	10.4	2.6
F20Z Vein Ligation and Stripping	7,848	68	3.9	11,450	5.7	1.5
I30Z Hand Procedures	7,150	50	3.5	10,703	5.3	1.5
Other	562,983	14,202	278.6	3,403,923	1,684.3	6.0
<b>Total</b>	<b>955,062</b>	<b>20,339</b>	<b>472.6</b>	<b>4,752,383</b>	<b>2,351.5</b>	<b>5.0</b>

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

(b) Crude rate based on Australian population as at 31 December 2004.

Abbreviations : ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, Proc—procedure.

Notes: Similar tables for all AR-DRGs are provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) for Australia and each state and territory.



**Table 12.9: Selected separation<sup>(a)</sup> and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of same day separations, public hospitals, Australia, 2004–05**

AR-DRG		Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Cost by volume (\$'000) <sup>(c)</sup>
L61Z	Admit for Renal Dialysis	663,029	591,370	328.1	310,298
R63Z	Chemotherapy	128,564	112,325	63.6	95,009
G44C	Other Colonoscopy, Sameday	49,118	43,299	24.3	50,346
C16B	Lens Procedures, Sameday	47,826	37,832	23.7	96,322
O66B	Antenatal & Other Obstetric Admission, Sameday	43,396	41,653	21.5	19,962
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	42,143	36,677	20.9	35,316
Z64B	Other Factors Influencing Health Status, Sameday	37,675	33,266	18.6	24,451
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	33,231	29,699	16.4	44,297
Z40Z	Follow Up W Endoscopy	27,213	24,418	13.5	23,322
F74Z	Chest Pain	26,471	24,704	13.1	34,306
U60Z	Mental Health Treatment, Sameday, W/O ECT	25,165	22,284	12.5	13,866
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	24,849	22,047	12.3	27,731
O05Z	Abortion W O.R. Procedure	23,529	20,270	11.6	33,058
D40Z	Dental Extractions and Restorations	23,277	17,205	11.5	39,012
G67B	Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	21,979	20,612	10.9	29,408
G46C	Complex Gastroscopy, Sameday	20,024	17,433	9.9	23,728
X60C	Injuries Age <65	19,861	16,563	9.8	22,006
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	18,929	15,304	9.4	12,266
L41Z	Cystourethroscopy, Sameday	18,512	16,679	9.2	18,234
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	17,873	16,130	8.8	27,507
I68C	Non-surgical Spinal Disorders, Sameday	17,098	14,459	8.5	15,952
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	16,231	14,372	8.0	23,373
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	16,070	15,291	8.0	18,609
N07Z	Other Uterine & Adnexa Procedures for Non-Malignancy	14,299	10,635	7.1	36,305
I18Z	Other Knee Procedures	13,197	11,541	6.5	33,890
I74C	Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	12,481	11,011	6.2	17,598
I30Z	Hand Procedures	12,200	10,403	6.0	33,672
N08Z	Endoscopic Procedures for Female Reproductive System	12,113	11,013	6.0	27,315
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	12,003	10,824	5.9	18,389
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	10,768	9,126	5.3	12,426
	Other	631,827	555,241	312.6	1,473,529
<b>Total</b>		<b>2,080,951</b>	<b>1,833,686</b>	<b>1,029.7</b>	<b>2,691,503</b>

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

(b) Crude rate based on Australian population as at 31 December 2004.

(c) Based on the 2003–04 AR-DRG v 5.0 cost weights.

*Abbreviations:* W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, Misc—miscellaneous.

*Note:* Similar tables for all AR-DRGs are provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) for Australia and each state and territory.

**Table 12.10: Selected separation<sup>(a)</sup> statistics for the 30 AR-DRGs version 5.1 with the largest number of same day separations, private hospitals, Australia, 2004–05**

AR-DRG	Separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>
R63Z Chemotherapy	155,236	5,403	76.8
L61Z Admit for Renal Dialysis	144,027	40,757	71.3
G44C Other Colonoscopy, Sameday	143,149	1,618	70.8
C16B Lens Procedures, Sameday	107,230	3,090	53.1
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	102,243	869	50.6
D40Z Dental Extractions and Restorations	78,765	52	39.0
U60Z Mental Health Treatment, Sameday, W/O ECT	73,110	56	36.2
G46C Complex Gastrosocopy, Sameday	67,956	496	33.6
Z40Z Follow Up W Endoscopy	56,088	769	27.8
Z64B Other Factors Influencing Health Status, Sameday	49,121	477	24.3
I18Z Other Knee Procedures	46,789	335	23.2
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	45,555	504	22.5
O05Z Abortion W O.R. Procedure	43,994	230	21.8
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	35,715	761	17.7
L41Z Cystourethroscopy, Sameday	22,784	923	11.3
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	18,802	210	9.3
I68C Non-surgical Spinal Disorders, Sameday	18,158	197	9.0
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	17,996	3	8.9
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	16,680	89	8.3
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	16,129	1,045	8.0
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	16,014	198	7.9
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	15,250	93	7.5
I30Z Hand Procedures	15,041	68	7.4
B05Z Carpal Tunnel Release	14,178	180	7.0
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	14,101	363	7.0
N09Z Conisation, Vagina, Cervix and Vulva Procedures	12,524	147	6.2
R61C Lymphoma and Non-Acute Leukaemia, Sameday	12,406	197	6.1
D13Z Myringotomy W Tube Insertion	11,968	80	5.9
V62B Alcohol Use Disorder and Dependence, Sameday	10,430	0	5.2
N08Z Endoscopic Procedures for Female Reproductive System	9,620	182	4.8
Other	312,851	9,660	154.8
<b>Total</b>	<b>1,703,910</b>	<b>69,052</b>	<b>843.1</b>

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

(b) Crude rate based on Australian population as at 31 December 2004.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, O.R.—operating room, Proc—procedure, ECT—electroconvulsive therapy, DX/Pr—diagnosis/procedure.

Note: Similar tables for all AR-DRGs are provided on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) for Australia and each state and territory.

**Table 12.11: Selected separation<sup>(a)</sup> statistics for the 30 AR-DRGs version 5.1 with the largest number of separations, private free-standing day hospitals, Australia, 2004-05**

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient day per 10,000 population <sup>(b)</sup>
G44C Other Colonoscopy, Sameday	61,328	61,328	0	30.3	61,328	30.3
C16B Lens Procedures, Sameday	55,958	55,958	303	27.7	55,958	27.7
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	50,325	50,325	0	24.9	50,325	24.9
L61Z Admit for Renal Dialysis	43,111	43,111	15,886	21.3	43,111	21.3
O05Z Abortion W O.R. Procedure	34,581	34,581	17	17.1	34,581	17.1
R63Z Chemotherapy	33,884	33,882	379	16.8	33,888	16.8
G46C Complex Gastroscopy, Sameday	29,810	29,810	1	14.8	29,810	14.8
D40Z Dental Extractions and Restorations	18,903	18,901	3	9.4	18,946	9.4
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	17,766	17,765	22	8.8	17,766	8.8
Z40Z Follow Up W Endoscopy	15,131	15,131	0	7.5	15,131	7.5
Z64B Other Factors Influencing Health Status, Sameday	13,088	13,088	1	6.5	13,088	6.5
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	10,183	10,177	576	5.0	10,183	5.0
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	9,492	9,492	1	4.7	9,492	4.7
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	8,106	8,106	159	4.0	8,106	4.0
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	7,474	7,473	41	3.7	7,474	3.7
R61C Lymphoma and Non-Acute Leukaemia, Sameday	5,541	5,541	2	2.7	5,541	2.7
C11Z Eyelid Procedures	4,884	4,883	15	2.4	4,884	2.4
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	4,624	4,622	0	2.3	4,628	2.3
I18Z Other Knee Procedures	4,521	4,517	0	2.2	4,521	2.2
G42B Other Gastroscopy for Major Digestive Disease, Sameday	3,947	3,947	0	2.0	3,947	2.0
C14Z Other Eye Procedures	3,571	3,571	6	1.8	3,571	1.8
C03Z Retinal Procedures	3,184	3,184	0	1.6	3,184	1.6
J06B Major Procedures for Non-Malignant Breast Conditions	3,135	3,132	4	1.6	3,135	1.6
C12Z Other Corneal, Scleral and Conjunctival Procedures	3,025	3,025	4	1.5	3,025	1.5
C04Z Major Corneal, Scleral and Conjunctival Procedures	2,882	2,882	0	1.4	2,882	1.4
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	2,651	2,651	777	1.3	2,651	1.3
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,547	2,547	0	1.3	2,547	1.3
E63Z Sleep Apnoea	2,287	64	0	1.1	2,287	1.1
I30Z Hand Procedures	2,110	2,109	14	1.0	2,110	1.0
M63Z Sterilisation, Male	2,110	2,110	0	1.0	2,110	1.0
Other	n.p	n.p	n.p	n.p	n.p	n.p
<b>Total</b>	<b>n.p</b>	<b>n.p</b>	<b>n.p</b>	<b>n.p</b>	<b>n.p</b>	<b>n.p</b>

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

(b) Crude rate based on Australian population as at 31 December 2004.

n.p. Not published. The data for *Total* and *Other* DRGs have not been published due to confidentiality concerns.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, O.R.—operating room, Proc—procedure, DX/Pr—diagnosis/procedure.

**Table 12.12: Selected separation<sup>(a)</sup> and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of separations, public psychiatric hospitals, Australia, 2004–05**

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population <sup>(b)</sup>	Patient days	Patient days per 10,000 population <sup>(b)</sup>	ALOS (days)	Cost by volume (\$'000) <sup>(c)</sup>
U61A Schizophrenia Disorders W Mental Health Legal Status	2,876	0	2,822	1.4	173,534	85.9	60.3	34,106
U67Z Personality Disorders and Acute Reactions	1,920	0	1,895	1.0	14,425	7.1	7.5	7,601
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,784	0	1,774	0.9	35,510	17.6	19.9	13,252
U60Z Mental Health Treatment, Sameday, W/O ECT	1,692	1,692	1,657	0.8	1,692	0.8	1.0	932
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,006	0	987	0.5	43,389	21.5	43.1	6,544
V61Z Drug Intoxication and Withdrawal	537	9	532	0.3	5,691	2.8	10.6	1,946
Z64A Other Factors Influencing Health Status	473	0	472	0.2	3,820	1.9	8.1	1,391
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	468	0	447	0.2	15,885	7.9	33.9	4,461
V62A Alcohol Use Disorder and Dependence	373	0	372	0.2	3,291	1.6	8.8	1,253
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	359	5	342	0.2	47,403	23.5	132.0	3,195
V63A Opioid Use Disorder and Dependence	343	6	343	0.2	2,065	1.0	6.0	648
U64Z Other Affective and Somatoform Disorders	341	0	337	0.2	5,751	2.8	16.9	1,473
V60B Alcohol Intoxication and Withdrawal W/O CC	327	47	325	0.2	1,321	0.7	4.0	394
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	314	0	303	0.2	12,245	6.1	39.0	3,478
V64Z Other Drug Use Disorder and Dependence	217	4	216	0.1	1,455	0.7	6.7	416
U40Z Mental Health Treatment, Sameday, W ECT	217	217	217	0.1	217	0.1	1.0	126
Z64B Other Factors Influencing Health Status, Sameday	135	135	135	<0.1	135	<0.1	1.0	88
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	116	0	116	<0.1	1,921	1.0	16.6	535
U68Z Childhood Mental Disorders	84	0	84	<0.1	618	0.3	7.4	692
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	83	5	83	<0.1	284	0.1	3.4	148
U65Z Anxiety Disorders	69	0	67	<0.1	691	0.3	10.0	224
B64B Delirium W/O Catastrophic CC	68	3	66	<0.1	5,475	2.7	80.5	299
V60A Alcohol Intoxication and Withdrawal W CC	61	11	59	<0.1	825	0.4	13.5	168
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	30	1	29	<0.1	428	0.2	14.3	83
O61Z Postpartum and Post Abortion W/O O.R. Procedure	26	1	25	<0.1	371	0.2	14.3	44
960Z Ungroupable	25	2	24	<0.1	14,648	7.2	585.9	80
U66Z Eating and Obsessive-Compulsive Disorders	24	0	24	<0.1	364	0.2	15.2	395
961Z Unacceptable Principal Diagnosis	19	2	19	<0.1	671	0.3	35.3	11
B67C Degenerative Nervous System Disorders Age <60 W/O Cat or Sev CC	11	0	11	<0.1	734	0.4	66.7	22
V62B Alcohol Use Disorder and Dependence, Sameday	10	10	10	<0.1	10	<0.1	1.0	4
B67B Degenerative Nervous System Disorders Age >59 W/O Cat or Sev CC	9	0	8	<0.1	2,178	1.1	242.0	39
<b>Total</b>	<b>14,056</b>	<b>2,152</b>	<b>13,839</b>	<b>7.0</b>	<b>399,619</b>	<b>197.7</b>	<b>28.4</b>	<b>84,263</b>

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

(b) Crude rate based on Australian population as at 31 December 2004.

(c) Based on the 2003–04 AR–DRG v 5.0 cost estimates.

*Abbreviations* : ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy.

**Table 12.13: Separations for the 30 AR-DRGs version 5.1 with the largest number of separations<sup>(a)</sup>, public hospitals, states and territories, 2004–05**

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	189,633	200,952	101,073	66,222	46,855	11,456	15,606	31,606	663,403
R63Z Chemotherapy	4,071	65,305	21,723	18,096	14,851	2,894	794	974	128,708
O60B Vaginal Delivery W/O Catastrophic or Severe CC	33,683	23,797	16,224	7,580	6,034	1,868	1,513	1,191	91,890
F74Z Chest Pain	25,008	19,026	13,503	3,992	5,312	1,117	659	853	69,470
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	20,158	15,693	10,249	4,237	5,000	1,264	593	437	57,631
G44C Other Colonoscopy, Sameday	15,951	13,392	5,949	7,037	5,069	693	646	381	49,118
C16B Lens Procedures, Sameday	17,012	14,836	5,399	4,831	4,302	180	942	324	47,826
O66B Antenatal & Other Obstetric Admission, Sameday	12,050	14,372	9,773	2,408	3,205	605	108	875	43,396
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	11,815	13,543	5,450	4,985	4,784	679	513	374	42,143
Z64B Other Factors Influencing Health Status, Sameday	6,830	16,172	6,725	3,985	1,573	1,438	750	202	37,675
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	8,103	11,353	8,373	3,760	3,861	852	269	220	36,791
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	12,302	11,460	6,557	2,252	2,445	764	384	275	36,439
O01C Caesarean Delivery W/O Catastrophic or Severe CC	12,014	8,826	7,084	2,819	2,433	677	525	465	34,843
X60C Injuries Age <65	11,071	8,557	9,001	2,432	1,711	443	248	977	34,440
O66A Antenatal & Other Obstetric Admission	11,867	7,464	6,442	3,478	2,486	621	427	905	33,690
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	10,700	7,981	6,935	3,251	2,056	560	492	1,639	33,614
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	8,073	13,057	3,827	3,074	2,803	829	371	195	32,229
O05Z Abortion W O.R. Procedure	7,506	9,089	3,266	2,031	5,858	462	288	1,132	29,632
Z40Z Follow Up W Endoscopy	7,874	7,905	4,904	3,269	3,524	464	292	143	28,375
E69C Bronchitis and Asthma Age <50 W/O CC	10,207	6,536	4,620	2,373	2,648	337	242	224	27,187
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	8,947	6,948	4,774	1,951	1,964	605	399	208	25,796
E62C Respiratory Infections/Inflammations W/O CC	8,983	6,386	4,578	2,232	2,020	533	374	577	25,683
U60Z Mental Health Treatment, Sameday, W/O ECT	11,817	6,292	4,219	874	1,476	293	81	113	25,165
D40Z Dental Extractions and Restorations	5,703	8,646	5,086	2,496	2,033	447	193	315	24,919
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	7,673	6,244	5,452	2,129	2,150	654	278	146	24,726
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	8,958	5,928	5,607	1,526	1,288	405	402	391	24,505
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	8,754	3,545	6,975	1,736	1,665	488	402	454	24,019
D63B Otitis Media and URI W/O CC	8,407	5,174	4,757	2,055	1,989	406	330	341	23,459
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	8,042	5,096	4,461	1,784	1,999	660	206	420	22,668
I30Z Hand Procedures	7,317	6,253	3,577	2,370	1,803	513	472	233	22,538
Other	783,155	637,858	399,261	203,645	207,267	51,410	32,933	28,360	2,343,889
<b>Total</b>	<b>1,303,684</b>	<b>1,187,686</b>	<b>705,824</b>	<b>374,910</b>	<b>352,464</b>	<b>84,617</b>	<b>61,732</b>	<b>74,950</b>	<b>4,145,867</b>

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

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, URI—upper respiratory infection.

**Table 12.14: Separations for the 30 AR-DRGs version 5.1 with the largest number of separations<sup>(a)</sup>, private hospitals, states and territories, 2004–05**

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z Chemotherapy	29,435	40,918	46,386	19,237	13,873	n.p.	n.p.	n.p.	155,369
L61Z Admit for Renal Dialysis	20,225	28,173	47,161	31,931	16,552	n.p.	n.p.	n.p.	144,042
G44C Other Colonoscopy, Sameday	40,567	41,554	36,213	13,664	8,122	n.p.	n.p.	n.p.	143,149
C16B Lens Procedures, Sameday	38,068	22,192	26,774	8,475	7,400	n.p.	n.p.	n.p.	107,230
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	26,466	35,122	25,577	7,272	5,837	n.p.	n.p.	n.p.	102,243
D40Z Dental Extractions and Restorations	22,704	22,453	15,292	11,786	6,471	n.p.	n.p.	n.p.	81,512
U60Z Mental Health Treatment, Sameday, W/O ECT	17,786	28,650	13,635	8,368	56	n.p.	n.p.	n.p.	73,110
G46C Complex Gastroscopy, Sameday	26,843	15,284	15,506	5,882	3,576	n.p.	n.p.	n.p.	67,956
I18Z Other Knee Procedures	16,280	14,644	9,787	6,841	7,473	n.p.	n.p.	n.p.	57,975
Z40Z Follow Up W Endoscopy	19,768	14,875	12,681	4,696	4,010	n.p.	n.p.	n.p.	57,551
Z64B Other Factors Influencing Health Status, Sameday	9,009	18,054	13,770	4,897	2,140	n.p.	n.p.	n.p.	49,121
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	13,956	11,009	10,952	5,976	4,679	n.p.	n.p.	n.p.	48,844
O05Z Abortion W O.R. Procedure	9,641	16,289	14,419	3,576	796	n.p.	n.p.	n.p.	45,191
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	13,996	10,156	8,962	3,131	2,649	n.p.	n.p.	n.p.	40,944
O60B Vaginal Delivery W/O Catastrophic or Severe CC	10,271	9,649	6,684	4,226	2,064	n.p.	n.p.	n.p.	34,837
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	11,204	7,518	6,664	2,126	2,040	n.p.	n.p.	n.p.	30,979
E63Z Sleep Apnoea	10,076	8,800	6,319	676	2,325	n.p.	n.p.	n.p.	29,096
O01C Caesarean Delivery W/O Catastrophic or Severe CC	6,379	5,749	6,214	3,694	1,683	n.p.	n.p.	n.p.	24,768
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	7,217	4,800	6,324	1,042	3,708	n.p.	n.p.	n.p.	23,890
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	9,652	4,769	4,583	1,970	1,495	n.p.	n.p.	n.p.	23,382
G09Z Inguinal and Femoral Hernia Procedures Age>0	7,482	5,318	4,998	2,485	1,733	n.p.	n.p.	n.p.	23,145
I16Z Other Shoulder Procedures	5,948	5,593	4,083	3,955	2,534	n.p.	n.p.	n.p.	22,965
L41Z Cystourethroscopy, Sameday	7,430	5,342	4,287	2,937	1,590	n.p.	n.p.	n.p.	22,784
I30Z Hand Procedures	6,127	5,344	4,752	2,647	2,400	n.p.	n.p.	n.p.	22,191
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,357	5,001	6,188	2,088	2,211	n.p.	n.p.	n.p.	21,830
D11Z Tonsillectomy and/or Adenoidectomy	7,156	3,430	4,360	1,914	1,694	n.p.	n.p.	n.p.	19,192
I04Z Knee Replacement and Reattachment	6,307	4,103	3,633	1,993	1,821	n.p.	n.p.	n.p.	18,689
I68C Non-surgical Spinal Disorders, Sameday	3,666	5,552	1,839	4,381	2,225	n.p.	n.p.	n.p.	18,158
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	7,783	4,311	4,114	82	637	n.p.	n.p.	n.p.	18,135
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	4,166	5,853	4,435	1,810	1,252	n.p.	n.p.	n.p.	18,044
Other	286,269	277,407	280,676	131,127	93,058	n.p.	n.p.	n.p.	1,112,650
<b>Total</b>	<b>707,234</b>	<b>687,912</b>	<b>657,268</b>	<b>304,885</b>	<b>208,104</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2,658,972</b>

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

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, Proc—procedure.  
n.p. Not published.

**Table 12.15: Average length of stay (days) for the 30 AR-DRGs version 5.1 with the largest number of separations<sup>(a)</sup>, public hospitals, states and territories, 2004–05**

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	1.0	1.0	1.0	1.0	1.0
O60B Vaginal Delivery W/O Catastrophic or Severe CC	3.1	2.9	2.6	3.3	3.0	3.0	2.8	3.4	3.0
F74Z Chest Pain	1.6	1.3	1.6	1.5	1.6	1.6	1.3	1.7	1.5
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	2.0	1.7	1.9	2.3	2.0	2.1	1.9	2.1	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
G45B Other Gastrosocopy for Non-Major Digestive Disease, 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
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.3	1.2	1.2	1.3	1.1	1.2	1.2	2.8	1.2
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	1.5	1.4	1.5	1.8	1.6	1.4	1.3	1.7	1.5
O01C Caesarean Delivery W/O Catastrophic or Severe CC	4.5	4.5	3.9	4.6	4.6	4.3	4.6	5.2	4.4
X60C Injuries Age <65	1.4	1.3	1.3	1.6	1.5	1.5	1.7	1.8	1.4
O66A Antenatal & Other Obstetric Admission	2.5	2.4	2.1	2.3	2.3	1.9	3.2	2.5	2.4
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	3.9	4.5	3.4	3.5	3.5	4.1	4.1	3.6	3.9
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.5	1.3	1.6	1.3	1.4	1.6	1.3	1.6	1.4
O05Z Abortion W O.R. Procedure	1.1	1.0	1.1	1.1	1.0	1.1	1.1	1.1	1.1
Z40Z Follow Up W Endoscopy	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.0	1.0
E69C Bronchitis and Asthma Age <50 W/O CC	1.7	1.5	1.6	1.8	1.8	1.8	1.6	2.0	1.7
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	2.3	2.2	2.2	2.0	2.2	2.6	2.1	2.1	2.2
E62C Respiratory Infections/Inflammations W/O CC	3.6	3.2	3.2	3.3	3.4	4.0	3.2	3.9	3.4
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
D40Z Dental Extractions and Restorations	1.1	1.0	1.0	1.1	1.0	1.1	1.2	1.3	1.1
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	1.5	1.2	1.5	1.3	1.5	1.5	1.7	1.6	1.4
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	1.2	1.1	1.1	1.2	1.2	1.2	1.2	1.5	1.2
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	2.3	2.4	1.9	2.5	2.2	2.4	1.9	2.6	2.2
D63B Otitis Media and URI W/O CC	1.8	1.6	1.6	1.8	1.7	1.9	1.7	1.9	1.7
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	5.2	4.2	4.9	5.1	4.6	5.7	4.6	4.8	4.9
I30Z Hand Procedures	1.3	1.3	1.5	1.4	1.4	1.4	1.3	2.8	1.4
Other	5.2	4.2	4.2	4.7	4.6	5.4	4.8	5.3	4.6
<b>Total</b>	<b>3.7</b>	<b>2.9</b>	<b>3.0</b>	<b>3.2</b>	<b>3.3</b>	<b>3.9</b>	<b>3.2</b>	<b>2.9</b>	<b>3.3</b>

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

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, URI—upper respiratory tract infection.

**Table 12.16: Average length of stay (days) for the 30 AR-DRGs version 5.1 with the largest number of separations<sup>(a)</sup>, private hospitals, states and territories, 2004–05**

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
L61Z Admit for Renal Dialysis	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
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
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
G46C Complex Gastrosocopy, Sameday	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
Z40Z Follow Up W Endoscopy	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
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
O05Z Abortion W O.R. 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	1.2	1.2	n.p.	n.p.	n.p.	1.1
O60B Vaginal Delivery W/O Catastrophic or Severe CC	4.4	4.3	4.2	4.7	4.6	n.p.	n.p.	n.p.	4.4
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1.3	1.6	1.6	1.5	1.5	n.p.	n.p.	n.p.	1.4
E63Z Sleep Apnoea	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
O01C Caesarean Delivery W/O Catastrophic or Severe CC	5.5	5.4	4.9	6.2	5.8	n.p.	n.p.	n.p.	5.5
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	1.3	1.4	1.3	1.8	1.2	n.p.	n.p.	n.p.	1.3
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	1.2	1.4	1.4	1.7	1.6	n.p.	n.p.	n.p.	1.4
G09Z Inguinal and Femoral Hernia Procedures Age>0	1.5	1.5	1.3	1.6	1.7	n.p.	n.p.	n.p.	1.5
I16Z Other Shoulder Procedures	1.6	1.6	1.6	1.6	1.8	n.p.	n.p.	n.p.	1.6
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	1.4	n.p.	n.p.	n.p.	1.2
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	1.2	1.2	1.1	1.3	1.2	n.p.	n.p.	n.p.	1.2
D11Z Tonsillectomy and/or Adenoidectomy	1.0	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.1
I04Z Knee Replacement and Reattachment	7.7	8.2	8.2	10.2	7.4	n.p.	n.p.	n.p.	8.1
I68C Non-surgical Spinal Disorders, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	1.0	1.0	1.0	2.0	1.0	n.p.	n.p.	n.p.	1.0
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.4	1.4	1.4	1.5	1.6	n.p.	n.p.	n.p.	1.4
Other	3.9	4.0	4.2	3.9	3.9	n.p.	n.p.	n.p.	4.0
<b>Total</b>	<b>2.3</b>	<b>2.4</b>	<b>2.5</b>	<b>2.4</b>	<b>2.5</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>2.4</b>

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

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, O.R.—operating room, ECT—electroconvulsive therapy, Proc—procedure.

n.p. Not published.



**Table 12.17: Separations for males for the 30 AR-DRGs version 5.1 with the largest number of separations<sup>(a)</sup>, by age group, all hospitals, Australia, 2004–05**

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
L61Z Admit for Renal Dialysis	0	60	172	7,407	22,736	45,518	71,319	97,012	114,990	106,593	11,273	477,080
R63Z Chemotherapy	37	1,132	1,307	1,818	2,745	6,007	16,298	36,036	40,126	23,951	2,208	131,665
G44C Other Colonoscopy, Sameday	1	29	165	1,878	5,097	11,007	18,413	24,573	20,396	11,351	1,144	94,054
C16B Lens Procedures, Sameday	7	15	60	85	202	675	2,855	8,474	19,611	27,880	5,119	64,983
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	90	493	1,278	3,157	6,330	9,881	11,893	13,046	10,469	6,551	1,060	64,248
Z40Z Follow Up W Endoscopy	6	30	60	267	765	2,850	6,731	11,543	13,327	10,174	1,593	47,346
D40Z Dental Extractions and Restorations	6	4,930	8,650	16,067	7,418	3,673	2,348	1,553	775	576	127	46,123
I18Z Other Knee Procedures	0	6	485	4,400	6,053	9,136	10,334	8,522	3,677	1,312	98	44,023
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	165	710	1,776	2,054	2,819	4,606	6,588	8,144	7,569	7,284	1,921	43,636
F74Z Chest Pain	1	6	119	812	2,663	6,746	9,436	9,316	6,931	5,275	1,239	42,544
Z64B Other Factors Influencing Health Status, Sameday	330	933	1,087	790	1,454	4,023	8,446	11,044	9,090	3,766	216	41,179
G46C Complex Gastroscopy, Sameday	10	67	237	1,075	2,502	4,813	7,845	9,922	7,654	4,476	484	39,085
U60Z Mental Health Treatment, Sameday, W/O ECT	1,483	300	3,041	4,684	4,760	5,938	6,150	7,409	1,339	1,892	628	37,624
G09Z Inguinal and Femoral Hernia Procedures Age>0	0	859	1,004	1,629	2,860	4,340	6,125	7,625	6,348	4,278	789	35,857
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	3	5	11	155	362	1,581	4,710	8,660	8,487	5,259	403	29,636
I30Z Hand Procedures	53	394	1,173	6,433	5,173	3,923	3,534	3,689	2,502	1,278	147	28,299
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,612	3,249	3,961	3,791	3,588	3,575	3,376	3,663	1,356	28,171
E63Z Sleep Apnoea	58	385	447	348	1,492	4,054	6,336	6,624	3,503	1,635	121	25,003
L41Z Cystourethroscopy, Sameday	140	151	264	518	1,212	2,378	3,620	5,175	5,328	4,677	1,042	24,505
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	168	63	148	868	2,806	5,210	5,854	4,869	2,505	1,066	151	23,708
X60C Injuries Age <65	63	1,289	2,745	5,567	4,977	4,033	2,860	2,022	0	0	0	23,556
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	292	1,141	1,427	3,089	3,288	3,411	3,106	2,623	1,863	1,582	579	22,401
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	81	240	650	806	1,649	1,902	2,426	3,497	4,292	4,934	1,664	22,141
L64Z Urinary Stones and Obstruction	12	19	57	505	1,942	3,811	4,965	4,755	2,699	1,276	173	20,214
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	7	63	195	720	658	992	1,916	3,250	3,877	5,607	1,910	19,195
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	39	26	76	277	623	1,296	2,706	4,404	4,780	3,771	879	18,877
R61C Lymphoma and Non-Acute Leukaemia, Sameday	0	24	144	219	322	763	1,924	3,894	5,203	5,073	1,138	18,704
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	5	962	8,535	3,253	1,743	1,160	812	519	288	0	0	17,277
I16Z Other Shoulder Procedures	0	6	30	2,053	1,855	2,418	3,659	4,439	2,141	634	33	17,268
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC	0	0	0	0	3	24	545	3,583	6,109	5,464	1,015	16,743
Other	74,624	83,547	92,690	112,176	128,648	154,464	179,428	231,150	248,019	249,159	78,884	1,632,794
<b>Total</b>	<b>77,681</b>	<b>97,885</b>	<b>129,645</b>	<b>186,359</b>	<b>229,118</b>	<b>314,424</b>	<b>416,770</b>	<b>550,947</b>	<b>567,274</b>	<b>510,437</b>	<b>117,394</b>	<b>3,197,939</b>

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

(b) Includes separations for which age was not reported.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, ECT—electroconvulsive therapy, Proc—procedure, DX/Pr—diagnosis/procedure.

**Table 12.18: Separations for females for the 30 AR-DRGs version 5.1 with the largest number of separations<sup>(a)</sup>, by age group, all hospitals, Australia, 2004–05**

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total <sup>(b)</sup>
L61Z Admit for Renal Dialysis	0	0	515	5,749	14,765	28,299	51,623	65,768	92,029	65,878	5,739	330,365
R63Z Chemotherapy	16	943	1,113	1,386	3,674	15,379	34,235	41,585	34,242	17,932	1,907	152,412
O60B Vaginal Delivery W/O Catastrophic or Severe CC	0	0	46	26,262	78,242	22,065	112	0	0	0	0	126,727
G44C Other Colonoscopy, Sameday	4	14	127	2,847	6,066	11,806	19,951	24,516	19,886	11,677	1,319	98,213
C16B Lens Procedures, Sameday	6	32	32	61	189	553	3,003	9,590	27,378	40,225	9,003	90,072
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	54	373	1,181	4,580	6,838	11,495	15,749	16,799	12,835	8,586	1,648	80,138
O05Z Abortion W O.R. Procedure	0	0	171	24,021	32,385	17,722	524	0	0	0	0	74,823
U60Z Mental Health Treatment, Sameday, W/O ECT	1,205	217	1,063	10,516	10,653	13,615	12,435	8,269	1,708	827	142	60,650
D40Z Dental Extractions and Restorations	2	3,967	8,919	26,169	10,085	4,567	3,050	1,808	859	662	219	60,307
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	5	1	148	3,715	18,222	24,152	9,024	3,068	1,331	494	47	60,207
O01C Caesarean Delivery W/O Catastrophic or Severe CC	0	0	6	7,190	37,008	15,288	119	0	0	0	0	59,611
G46C Complex Gastrosocopy, Sameday	9	35	211	2,122	3,575	6,194	10,389	12,004	8,767	4,945	643	48,894
O66B Antenatal & Other Obstetric Admission, Sameday	1	0	23	12,771	26,047	7,933	78	2	0	0	0	48,855
Z64B Other Factors Influencing Health Status, Sameday	263	768	866	1,206	2,757	6,182	10,722	12,129	7,465	3,031	226	45,615
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	159	784	2,148	2,610	3,672	5,746	7,358	6,953	5,433	5,024	2,111	41,998
O66A Antenatal & Other Obstetric Admission	0	0	47	11,778	22,869	6,891	73	0	0	0	0	41,658
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,395	4,740	5,488	4,565	4,864	5,106	5,065	5,736	2,906	39,865
F74Z Chest Pain	0	4	115	821	2,027	4,708	8,001	8,206	6,852	6,544	2,379	39,657
Z40Z Follow Up W Endoscopy	2	15	46	561	1,329	3,220	6,871	9,657	9,274	6,614	990	38,579
N09Z Conisation, Vagina, Cervix and Vulva Procedures	9	104	223	6,955	9,903	7,143	5,215	2,702	1,153	678	181	34,266
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	2	11	648	3,657	8,857	12,532	4,839	2,078	988	143	33,755
I18Z Other Knee Procedures	0	5	366	2,129	2,445	4,447	7,176	7,513	4,579	2,035	223	30,918
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	0	0	15	7,975	17,380	4,362	19	0	0	0	0	29,751
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	78	248	640	1,186	2,084	3,502	4,449	3,190	4,682	5,792	2,281	28,132
N04Z Hysterectomy for Non-Malignancy	0	0	2	28	1,603	9,173	10,649	3,382	1,950	1,005	98	27,890
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	63	216	2,727	5,470	5,175	4,083	3,165	2,194	1,636	1,559	651	26,939
N08Z Endoscopic Procedures for Female Reproductive System	2	1	70	3,644	10,238	9,888	2,190	408	127	48	7	26,623
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	0	0	68	1,930	4,502	5,262	5,300	4,536	2,694	1,402	194	25,888
O61Z Postpartum and Post Abortion W/O O.R. Procedure	0	0	11	4,252	13,597	4,602	47	0	0	0	0	22,509
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	0	2	13	239	8,358	10,436	548	37	0	0	0	19,633
Other	54,336	60,587	75,230	125,228	172,833	187,431	212,429	228,524	230,976	277,954	138,343	1,763,873
<b>Total</b>	<b>56,214</b>	<b>68,318</b>	<b>97,548</b>	<b>308,789</b>	<b>537,666</b>	<b>469,566</b>	<b>461,900</b>	<b>482,785</b>	<b>482,999</b>	<b>469,636</b>	<b>171,400</b>	<b>3,606,823</b>

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

(b) Includes separations for which age was not reported.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, Cat/Sev—catastrophic or severe, O.R.—operating room, ECT—electroconvulsive therapy, Proc—procedure.

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# Appendix 3: Technical notes

## Definitions

If not otherwise indicated, data elements were defined according to the 2004–05 definitions in the *National health data dictionary* version 12.0 and version 12.0 supplement (NHDC 2003, AIHW 2004b) (summarised in the glossary).

Data presented by state or territory refer to the state or territory of the hospital, not to the state or territory of the usual residence of the patient. The exceptions are Tables 4.5 and 4.8, 8.11 and 9.19, 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, 7.8, 7.9 and 7.10.

## 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).

The 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, or 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 due to rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

## Population rates

Population rates presented in Chapters 2, 4, 7 and 8 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 population for which expected rates were calculated. The Australian Bureau of Statistics population estimates for 31 December 2004 were used for the



observed rates (Table A3.1 accompanying this report on the Internet). The exceptions were Tables 4.6, 4.7, 4.9, 4.10, 8.7, 8.8, 8.11, 8.12, 8.13, 9.20, 9.21 and 9.22, and Figures 9, 10 and 8.1, for which the 30 June 2004 population estimates (by Indigenous status, selected countries or regions of birth, Remoteness Areas and quintile of socioeconomic advantage/disadvantage, as appropriate) were used for the observed rates (Tables A3.2, A3.3 and A3.4 accompanying this report on the Internet). Crude population rates in Chapters 2, 3, 6, 9, 10 and 12 were calculated using the population estimates for 31 December 2004.

## Standardised separation rate ratios

For some tables reporting comparative separation rates (Tables 4.5 to 4.10, 8.7, 8.8, 8.11 to 8.13 and 9.19 to 9.22), 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 = 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 peoples) 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).

## 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 the 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.

Tasmanian and Northern Territory hospitals 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 National Hospital Morbidity Database 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 to that in other states.

Information on reporting practices for *Newborn* episodes prior to 2004–05 is available in previous *Australian hospital statistics* publications (AIHW 2002, 2003, 2004a, 2005a).

## Hospital boarders and posthumous organ procurement

For some states and territories, the data provided to the National Hospital Morbidity Database included records for *Hospital boarders* and for *Posthumous organ procurement* activity (see glossary). 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 32,836 records for *Hospital boarders* reported to the National Hospital Morbidity Database in 2004–05, mainly from Western Australia, Queensland and the Northern Territory.

Similarly, records for *Posthumous organ procurement* activity were excluded from this report. There were 79 records of *Posthumous organ procurement* reported to the National Hospital Morbidity Database in 2004–05. Most of these records were from Queensland and Western Australia, with small numbers from the Northern Territory and Tasmania. The numbers of records for *Posthumous organ procurement* in those states/territories were similar to the figures reported to the Australia and New Zealand Organ Donation Registry for organ donation during the year ending December 2004 ([www.anzdata.org.au](http://www.anzdata.org.au)).

## Quality of ICD-10-AM coded data

Diagnosis, procedure and external cause data for 2004–05 were reported to the National Hospital Morbidity Database by all states and territories using the fourth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2004).

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 National Hospital Morbidity Database.

No statewide audit was performed on New South Wales data in 2004–05. 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.

No statewide external audit of 2004–05 data was conducted in Victoria. Based on the results of the previous statewide external audit of 2000–01 data coded data is of high quality.

Coding quality checks are conducted regularly by source hospitals in Queensland, and ICD-10-AM validations are automatically conducted as part of the general processing of morbidity data. In February 2004 the Clinical Classification Management Project was endorsed with the goal of improving the quality of coded morbidity data and of standardising coding practices within Queensland Health. The 2-year project commenced in October 2004 with the appointment of two clinical classification auditors/educators. Numerous coding audits have been conducted at hospitals throughout Queensland, with audit criteria modified to suit individual hospital priority areas. Education has been developed and delivered in line with the needs of the coding workforce. Opportunities have been identified for sharing information and practices to increase coding standardisation across Queensland.

The Department of Health, Western Australia, performed audits on random samples of 2004–05 admitted patient data from 16 public hospitals, comprising teaching, non-teaching and rural hospitals. The audit aimed to assess the accuracy of ICD-10-AM coding, adherence to admission policy and compliance with other reporting requirements. The National Centre for Classification in Health's Performance Indicators for Coding Quality (PICQ) software and in-house quality activities were also applied to all cases received by the department.

In South Australia, a major audit of coding practices in major metropolitan hospitals based on 2004–05 data is nearing completion, and a summary of the key findings will be included in the next edition of *Australian hospital statistics*.

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 Statewide Recoding Study Working Group was formed to implement recommendations from a previous statewide recoding study and a coding audit will be conducted in 2006.

The quality of coding in the Australian Capital Territory remains within nationally accepted standards. The Australian Capital Territory continues to use PICQ in public hospitals as a tool in improving the overall coding quality of medical records and completed a coding audit.

The Northern Territory maintained coding quality activities through the Coders' Forum and application of the PICQ tool.

## Number of diagnosis codes

The National Hospital Morbidity Database 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.

Table A3.5 presents information on the number of diagnosis codes (principal and additional) reported to the National Hospital Morbidity Database. There are differences between the states and territories in the maximum number of diagnoses reported; for example, in the public sector, 45 diagnoses for New South Wales, 75 for Queensland and 26 for South Australia. For both the public and private sectors, the average number of diagnosis codes per separation varied little among the jurisdictions, however, 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 20.8% of records had five or more diagnosis codes (889,909), but in the private sector only 10.0% of records fell into this category (274,247). 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 A3.6 presents information on the number of procedure codes reported to the National Hospital Morbidity Database. 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 74 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 and Tasmania.

In recent years the reporting of five or more procedure codes for a separation has increased in both sectors. In the public sector, 7.7% of records had five or more procedure codes in 2004–05 compared with 7.2% in 2003–04 and 6.9% in 2002–03 (AIHW 2004a, 2005a). In the private sector, 8.6% of records had five or more procedure codes in 2004–05 compared with 8.2% in 2003–04 and 7.6% in 2002–03. 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 and Cornes, 2005).

An adjacent AR-DRG is a set of AR-DRGs that are split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping, for example on the basis of the inclusion of significant additional diagnoses, also known as complications or co-morbidities (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 W Catastrophic CC* and A08B *Autologous Bone Marrow Transplant W/O Catastrophic CC* are considered adjacent and the adjacent AR-DRG can be referred to as A08 *Autologous Bone Marrow Transplant*. The allocation of fourth letter codes is hierarchical with the highest resource utilisation level being assigned an A and the lowest resource utilisation level the lowest letter in the sequence.

The underlying assumption in the method is that variation in the proportions of AR-DRGs within an adjacent AR-DRG is caused by variation in the reporting and coding of additional diagnoses relevant to the split of the adjacent AR-DRG into individual AR-DRGs. A corollary of this assumption is that any variation seen was not caused by age, diagnosis, socioeconomic or other effects. This assumption is less likely to be valid when comparing hospital sectors which have differing casemix or the smaller jurisdictions due to differing population profiles, and the limitations of the standardisation method used.

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 therefore comparable.

Because the analysis concentrates on differences in reporting additional diagnoses that are significant in AR-DRG assignment within the adjacent AR-DRG groupings, adjacent AR-DRGs where the partitioning involved factors other than or in addition to additional diagnoses were excluded from the analysis. This included adjacent AR-DRGs with splits involving age, malignancy, mental health legal status, birth weight, discharge status (including transfers, left against medical advice and death) or procedures (for example, common duct exploration).

Five groups of adjacent AR-DRGs are covered.

1. All applicable adjacent AR-DRGs (that is, excluding adjacent AR-DRGs with other factors affecting partitioning as detailed above)
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 and in particular *Vaginal and caesarean deliveries* is a subset of the second category, and *Major medical conditions* is a subset of the third category. See Table A3.8 (accompanying this report on the Internet) for the list of AR-DRGs included.

For the Northern Territory, data for *All adjacent AR-DRGs* and for *Adjacent AR-DRGs with a severe or catastrophic complication as the lowest resource level AR-DRG* were suppressed due to limitations with direct standardisation for groups that report a limited range of AR-DRGs (see the discussion of relative stay indexes below).

Table A3.7 shows that there are differences between jurisdictions in the proportion of separations that group 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.

## 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 ICD-10-AM. 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*.

## 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 A3.9 (accompanying this report on the Internet) and relate to:

- Figures 13, 14, 15 and 16 in the ‘Hospitals at a glance’ section
- Tables 4.5, 4.6 and 4.7, which present statistics on selected procedures
- Tables 4.8, 4.9 and 4.10, which present statistics on selected potentially preventable hospitalisations
- Table 4.14 which presents statistics indicating adverse events associated with hospitalisations
- Tables 9.19, 9.20 and 9.21, which present statistics on renal failure hospitalisations.

## 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-based analyses included separations only if the care type was reported as *Acute*, or was not reported, or if the care type was *Newborn* and the separation had at least one qualified day. Thus separations for *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

## AR-DRG versions

Each separation in the National Hospital Morbidity Database was classified to AR-DRG version 4.2 (DHAC 2000) and AR-DRG version 5.0 (DoHA 2002) or 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 ICD-10-AM. The ICD coded data for 1998-99 and 1999-2000 were reported using the first edition of ICD-10-AM to which AR-DRG version 4.1 applies. For 2000-01 and 2001-02 the data were reported using the second edition of ICD-10-AM to which AR-DRG version 4.2 applies. For 2002-03 and 2003-04 the data were reported using the third edition of ICD-10-AM to which AR-DRG version 5.0 applies, and version 5.1 was the relevant AR-DRG version for the 2004-05 data which were reported using the fourth edition of ICD-10-AM.

For time series comparisons, AR-DRG version 4.2 is not compatible with AR-DRG version 5.0 or AR-DRG version 5.1. However for most purposes AR-DRG version 5.0 and AR-DRG version 5.1 can be regarded as comparable. The differences between the features of AR-DRG version 5.0 and AR-DRG version 4.2 were summarised in Appendix 3 of *Australian hospital statistics 2002-03* (AIHW 2004a) and should be taken into consideration when comparing data using the two classifications.

AR-DRG-based time series data in Tables 12.5 and 12.6 use AR-DRG version 5.0 for 2000-01 to 2003-04 and AR-DRG version 5.1 for 2004-05. For the purpose of this analysis, the ICD coded data for 2000-01 and 2001-02 (provided as second edition of ICD-10-AM codes) were mapped forward to the third edition of ICD-10-AM and then grouped to AR-DRG version 5.0. As AR-DRG version 5.0 was developed to be generated from the third edition ICD-10-AM codes, the data presented in these tables for 2000-01 to 2001-02 may not be comparable for a small number of AR-DRGs.

Similarly, the AIHW's AR-DRG online data cubes ([www.aihw.gov.au](http://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 ICD-10-AM 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 2004-05, the data for 1998-99 to 2001-02 based on earlier editions of ICD-10-AM were mapped forwards to the third edition ICD-10-AM codes and then grouped to AR-DRG version 5.0.

## AR-DRG cost weights and cost estimates

Cost weights and cost estimates are prepared each year by the Department of Health and Ageing through the National Hospital Cost Data Collection (NHCDC) (DoHA 2005a). The 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. The NHCDC essentially estimates the average cost of each AR-DRG each year and the cost weight is the average cost for that AR-DRG divided by the average cost across all AR-DRGs (\$3,119 for the public sector in 2003-04). 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.

The latest available cost weights (at the time of publication of this report) were for version 5.0 AR-DRGs for 2003-04 for public hospitals (DoHA 2005a), and for version 4.2 AR-DRGs for 2002-03 for private hospitals (DoHA 2004). When the NHCDC 2004-05 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](http://www.aihw.gov.au).

In Tables 2.3, 2.4, 4.1, 4.2, 7.10, chapter 12 and in this appendix, average cost weights using public cost weights are based on the AR-DRG version 5.0 2003–04 national public sector estimated cost weights. These were applied to AR-DRG version 5.0 DRGs for 2000–01 to 2003–04 and AR-DRG version 5.1 DRGs for 2004–05. In Tables 2.3 and 2.4, average cost weights using private cost weights are presented based on the AR-DRG version 4.2 2002–03 national private sector estimated cost weights (DoHA 2004a) applied to AR-DRG version 4.2 DRGs.

The *cost by volume* estimates for public hospitals 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 5.0 2003–04 national public sector estimated average costs to the AR-DRG version 5.1 data for 2004–05. Cost by volume estimates have not been presented for the private sector as the most recent AR-DRG cost estimates available for private hospitals were for 2002–03.

## Cost per casemix-adjusted separation

The cost per casemix-adjusted separation (Tables 4.1 and 4.2) 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* (NHDC 2003)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that related to admitted patients
- total separations excludes *Newborns* with no 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 increased to resemble what it would be if all patients had been public patients. The estimation is based on the salary/sessional and VMO expenditure per patient day for public patients, applied to all patients.

For the first time this year costs per casemix adjusted separation for states and territories for which it was available were calculated excluding depreciation, as previously, and also including depreciation.

### **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.

### **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 approximately 97% of the total for the hospitals included in the analysis (Table A3.10), as cost weights are available for them. However, the 3% 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 care 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 A3.10).

To refine the method to remove this anomaly would require estimates of expenditure for acute care for admitted patients (acute care IFRACs). For 2004–05, 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**

Hospital morbidity data provided to the National Hospital Morbidity Database were used to estimate average cost weights for the hospitals reported in this analysis.

The average cost weight for a hospital or group of hospitals (Table 4.2, 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 (by design 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 estimates to be made by the states and territories 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 estimates to be made by the states and territories of expenditure on non-psychiatric acute care admitted patients (supplied as non-psychiatric acute care IFRACs), and of expenditure 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 hospital morbidity 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). This methodology is still under development.

New South Wales, Victoria, Western Australia and Tasmania 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 A3.11). 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.

For New South Wales, fifteen hospitals were excluded from the analysis (28% of separations). Five hospitals were omitted for both Victoria and Western Australia, (7% and 28% of separations respectively). For Tasmania, there were no hospitals excluded.

The estimated cost per acute care casemix-adjusted separation for the hospitals included was \$3,363 in New South Wales, \$3,046 in Victoria, \$3,400 in Western Australia, and \$3,483 in Tasmania. The cost per casemix-adjusted separation for all separations in these hospitals was \$3,501, \$3,378, \$3,555 and \$3,648 respectively (Table A3.11), so the effect of restricting the analysis to acute care admitted patients was to decrease the estimated cost by 3.9% in New South Wales, 9.8% in Victoria, 4.4% in Western Australia and 4.5% in Tasmania.

The estimated cost per acute non-psychiatric casemix-adjusted separation for the selected hospitals was \$3,352 in New South Wales, \$3,013 in Victoria and \$3,468 in Western Australia. The effect of restricting the analysis to acute non-psychiatric admitted patients was to decrease the estimated cost by 4.3% in New South Wales, 10.8% in Victoria and 2.4% in Western Australia (Table A3.12).

The estimated cost per acute care casemix-adjusted separation, including depreciation for the selected hospitals was \$3,501 in New South Wales, \$3,382 in Victoria and \$3,555 in Western Australia (Table A3.11). The estimated cost per acute non-psychiatric casemix-adjusted separation, including depreciation for the selected hospitals was \$3,501 in New South Wales, \$3,159 in Victoria and \$3,520 in Western Australia (Table A3.12).

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**

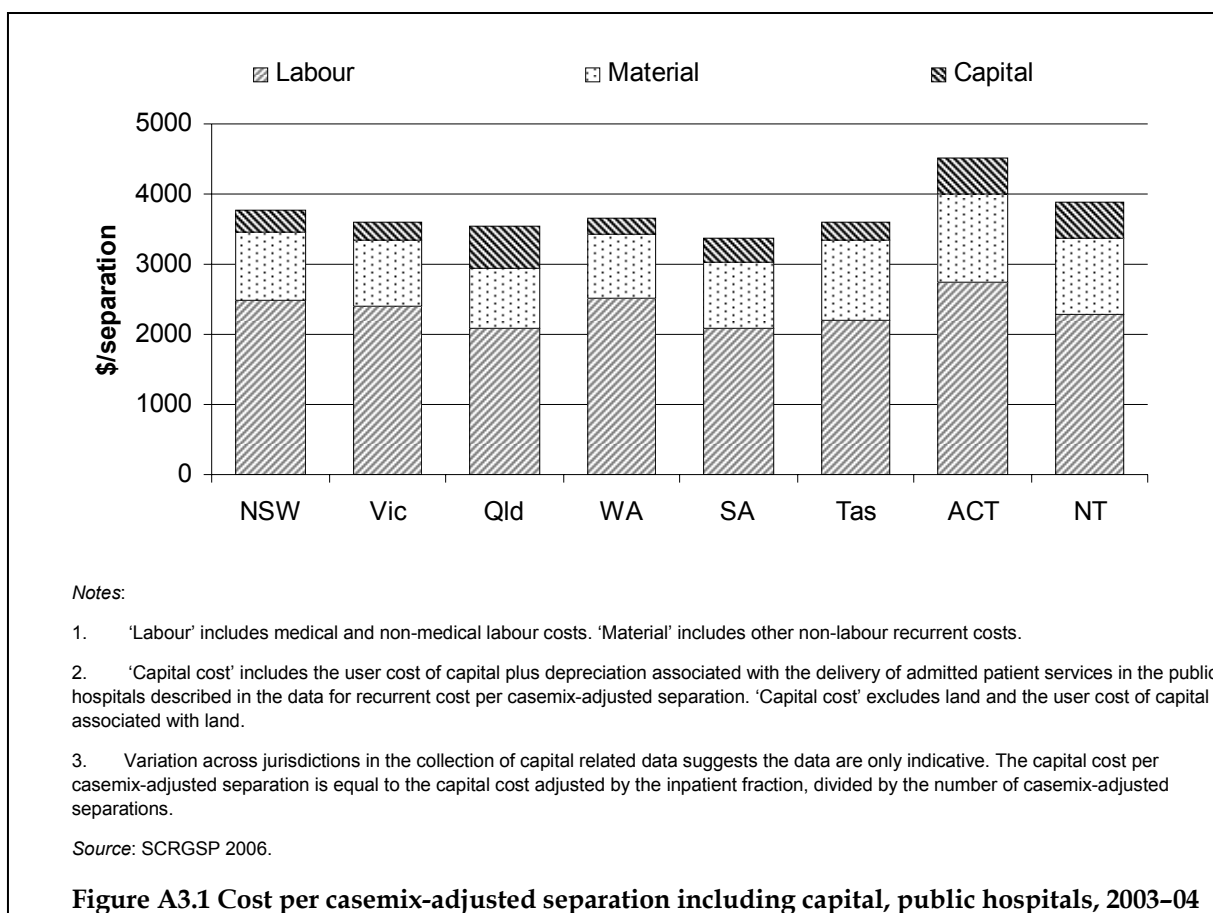
The cost per casemix-adjusted separation analysis includes recurrent expenditure and, for the first time this year, includes depreciation for those states that reported it (see above, and Chapter 4).

The Steering Committee for the Review of Government Service Provision (SCRGSP) reported 'total costs per casemix-adjusted separation' by state and territory for 2003–04 (SCRGSP 2006). 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, and 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 and is equivalent to the return forgone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital and so should be excluded from recurrent expenditure where user costs of capital are calculated separately and added to recurrent costs. Interest expenses were deducted directly from capital costs in all jurisdictions to avoid double counting' (SCRGSP 2006).

The total cost per casemix adjusted separation by jurisdiction (including capital costs), as published by SCRGSP for 2003–04, is presented in Figure A3.1. The data exclude the user cost of capital associated with land. Excluding the user cost of capital for land, the total cost per casemix-adjusted separation ranged from \$4,503 in the Australian Capital Territory to \$3,363 in South Australia (SCRGSP 2006).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the *Report on government services 2005* (SCRGSP 2006).



## Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Tables 2.3, 2.4, 4.1, 4.2, 4.12, 4.13, 12.1 and 12.2. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (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 the AR-DRG version 5.1 and 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 separations were excluded for patients who died or were transferred within 2 days of admission, or separations with length of stay greater than 120 days. Excluded from the analysis were AR-DRGs which are for 'rehabilitation', AR-DRGs which are predominantly same day (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*), AR-DRGs which have a length of stay component in the definition (see Table A3.8 accompanying this report on the internet), and Error AR-DRGs.

This publication is different from previous *Australian hospital statistics* publications in that the RSI methodology has been updated from AR-DRG version 4 to AR-DRG version 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 AR-DRGs no longer exist (for example, G41B *Complex therapeutic gastroscopy for non-major digestive diseases, sameday* and 962Z *Unacceptable obstetric diagnosis combination*) and for some AR-DRGs which are named identically in 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. For example in 2004–05, 261,774 separations were assigned to the AR-DRG G44C *Other colonoscopy, same day* in AR-DRG version 4.2 and 192,267 separations were assigned to AR-DRG G44C *Other colonoscopy, sameday* in AR-DRG version 5.1.

The result is that more separations are excluded from the RSI analysis when using AR-DRG version 5.1 than when using AR-DRG version 4.2.

Comparisons with *Australian hospital statistics 2003–04* should be made with caution, because (in general) the exclusion of additional AR-DRGs with a length of stay in the definition results in ratios slightly further from 1 than were produced by the AR-DRG version 4-based method. This results, for example, in slight increases in private hospital RSIs (0.5% overall) and slight decreases in public hospital RSIs (-0.1% overall).

The AR-DRG version 5-based methodology was also used for the RSI time series in Table 2.3. For the purpose of this analysis, data based on earlier editions of ICD-10-AM (from 2000–01 to 2001–02) were mapped forward to the third edition of ICD-10-AM and then grouped to AR-DRG version 5.0.

## 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 (ALOS) for each AR-DRG (version 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 for the population of interest (ALOS for each AR-DRG in this analysis) 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

used 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.

The indirect standardised method has been mainly used in this report because of the weaknesses of the direct standardised method. However, the direct standardised methodology has been used (in addition to the indirect standardisation) in Table 2.3 as a time series and in Table 4.13 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 4.13, 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 and private hospitals in South Australia, fewer than 600 of the 632 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 A3.14 shows the number of AR-DRGs represented in each cell in Table 4.13, 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 4.13, there were between 604 and 632 AR-DRGs represented, meaning that ALOS data was estimated for up to 28 AR-DRGs.

## Data on geographical location

Data on geographical location are collected on hospitals in the National Public Hospital Establishments Database and on the area of usual residence of patients in the National Hospital Morbidity Database. These data have been provided as state or territory and Statistical local area (SLA, a small area unit within the Australian Bureau of Statistics Australian Standard Geographic Classification, ASGC) and/or postcode, and have been aggregated to Remoteness Areas.

The ASGC's remoteness structure categorises geographical areas into Remoteness Areas, described in detail on the ABS web site [www.abs.gov.au](http://www.abs.gov.au).

The classification is as follows:

- major cities of Australia
- 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 3 (Table 3.2) and Chapter 5 (Table 5.2).

## Geographical location of usual residence

Data on the Remoteness Area of usual residence of admitted patients are presented in Figure 10 in the 'Hospitals at a glance' section and in Tables 4.6, 4.9, 8.12 and 9.21. Data on the state or territory of usual residence are reported in Chapter 4 (Tables 4.5 and 4.8), Chapter 7 (Tables 7.7, 7.8, 7.9 and 7.10) and Chapter 9 (Table 9.20).

The data used for these tables were derived from data supplied by the states and territories for the National Hospital Morbidity Database on the area of usual residence of the patients. 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.

The AIHW mapped the supplied area of residence data for each separation to 2004 SLA codes and to Remoteness Area categories. 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 (2004 and previous years). The mapping process identified missing, invalid and superseded codes, but resulted in 99.5% of records being assigned 2004 SLA codes. The remainder of records had a usual residence of *Overseas/Not elsewhere classified* or *Not reported*. Due to 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.

## Socioeconomic advantage/disadvantage

The Socio-Economic Indexes For Areas 2001 (termed SEIFA 2001 (ABS 2004b)) are generated by the ABS using a combination of 2001 Census data such as income, education, skill level of 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 Statistical Local Area. The SEIFAs are described in detail on the ABS web site [www.abs.gov.au](http://www.abs.gov.au).

The SEIFA Index of Advantage/Disadvantage was generated by the ABS using a combination of Census data, including variables measuring both advantage and disadvantage. A higher score on the index indicates that an area has attributes that measure advantage, such as a relatively high proportion of people with high incomes or a skilled workforce. It also means an area has a low proportion of people with variables that measure disadvantage, such as low incomes, and relatively few unskilled people in the workforce. Conversely, a low score on the index indicates that an area has a high proportion of individuals with variables that measure disadvantage, such as low incomes, more employees in unskilled occupations; and a low proportion of people with variables that measure

advantage, such as high incomes or people in skilled occupations. Hence, the index offsets any disadvantage in an area with advantage.

Separation rates by quintile of advantage/disadvantage were generated by the AIHW by using the SEIFA 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.

## Patient election status and funding source categories

For *Australian hospital statistics 2001–02* and subsequent publications, Tables 7.2 to 7.5 (previously Tables 6.1 to 6.4) were based on the data elements 'Patient election status' and 'Funding source for hospital patient'. For the purpose of reporting these data from 2001–02 to 2004–05, 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. Public psychiatric hospital patients were also categorised as public unless another funding source was reported for them. 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. Patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported* were categorised according to the reported 'Admitted patient election status'. For 2003–04, the 'Patient election status' for separations for patients whose funding source was reported as *Other hospital or public authority* in private hospitals in Tasmania was categorised as public, because the patients were contracted by a public hospital and the 'Admitted patient election status' was not reported. Tables in Chapters 9, 10 and 12 that present data for public patient separations used 'Patient election status', as described above, as the basis for this category.

To facilitate time series comparisons and to provide some continuity between *Australian hospital statistics* reports for 1999–00 to 2003–04 and this publication, the presentation of information for 2001–02 to 2004–05 in Table 7.1 combines selected funding source categories and includes Medicare eligibility status data. In Table 7.1 for 2001–02 to 2004–05, the category *Compensable* includes patients whose funding source was *Workers compensation*, *Motor vehicle third party personal claim* and *Other compensation*, and the category *Other private* includes private patients whose funding source was not *Department of Veterans' Affairs* or *Compensable*. However, caution should be used when making comparisons over time (Tables 7.1, 9.6, 10.6 and 12.6) as the categories presented are not directly comparable. In previous years 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. Hence, anomalies may exist because patients with the funding source reported as *Department of Defence* and *Correctional facility* have been categorised as 'private patients' for 2001–02 to 2004–05, whereas they may previously have been reported as 'public patients', for example.



Table A3.5 Separations<sup>(a)</sup>, by number of diagnoses<sup>(b)</sup> reported and hospital sector, states and territories, 2004–05

Hospital sector	Number						NT	Total
	NSW	Vic	Qld	WA	SA	Tas		
Public hospitals								
Separations <sup>(c)</sup>	1,344,246	1,223,429	733,761	383,260	365,596	86,653	63,638	4,276,474
One diagnosis code only	319,186	343,235	220,699	83,020	100,657	20,641	28,245	1,123,379
Two diagnosis codes only	333,068	402,154	214,048	106,171	118,525	25,893	13,000	1,254,422
Three diagnosis codes only	174,957	180,593	105,709	80,620	52,125	14,053	8,006	623,570
Four diagnosis codes only	130,200	101,397	64,145	38,172	31,825	8,003	5,149	384,187
Five or more diagnosis codes	385,880	196,048	129,160	75,277	62,464	18,049	9,238	889,909
Mean diagnosis codes per separation	3.8	2.9	3.0	3.3	2.9	3.2	2.6	3.2
Maximum number of diagnosis codes	45	40	75	55	26	44	29	..
Private hospitals								
Separations <sup>(c)</sup>	747,198	704,267	676,846	308,715	211,829	n.p.	n.p.	2,743,876
One diagnosis code only	281,259	275,906	199,512	104,909	73,510	n.p.	n.p.	970,179
Two diagnosis codes only	210,552	217,364	202,943	101,020	67,413	n.p.	n.p.	830,039
Three diagnosis codes only	119,314	103,710	124,689	50,729	31,566	n.p.	n.p.	444,550
Four diagnosis codes only	61,459	49,540	66,630	22,213	16,713	n.p.	n.p.	223,607
Five or more diagnosis codes	74,613	56,496	83,072	29,844	22,627	n.p.	n.p.	274,247
Mean diagnosis codes per separation	2.4	2.3	2.7	2.4	2.5	n.p.	n.p.	2.4
Maximum number of diagnosis codes	20	38	51	50	25	n.p.	n.p.	..
Per cent								
Public hospitals								
One diagnosis code only	23.80	28.06	30.08	21.66	27.53	23.83	44.38	26.29
Two diagnosis codes only	24.83	32.87	29.17	27.70	32.42	29.90	20.43	29.35
Three diagnosis codes only	13.04	14.76	14.41	21.04	14.26	16.23	12.58	14.59
Four diagnosis codes only	9.71	8.29	8.74	9.96	8.70	9.24	8.09	8.99
Five or more diagnosis codes	28.77	16.02	17.60	19.64	17.09	20.84	14.52	20.82
Private hospitals								
One diagnosis code only	37.64	39.25	29.48	33.98	34.70	n.p.	n.p.	35.37
Two diagnosis codes only	28.18	30.92	29.98	32.72	31.82	n.p.	n.p.	30.26
Three diagnosis codes only	15.97	14.75	18.42	16.43	14.90	n.p.	n.p.	16.21
Four diagnosis codes only	8.23	7.05	9.84	7.20	7.89	n.p.	n.p.	8.15
Five or more diagnosis codes	9.99	8.04	12.27	9.67	10.68	n.p.	n.p.	10.00

(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) Codes reporting external causes of injury and poisoning are not included.

(c) Includes separations for which no diagnosis codes were reported.

Note: The Institute requested up to 50 diagnosis codes to be reported.

.. Not applicable.

n.p. Not published.

Table A3.6 Separations<sup>(a)</sup>, by number of procedures reported and hospital sector, states and territories, 2004–05

Hospital sector	Number						NT	Total
	NSW	Vic	Qld	WA	SA	Tas		
<b>Public hospitals</b>								
Separations <sup>(b)</sup>	1,344,246	1,223,429	733,761	383,260	365,596	86,604	75,891	4,276,425
No procedure reported	380,265	282,827	222,414	73,761	93,289	23,348	18,912	1,105,147
One procedure code only	376,983	436,668	238,622	142,459	120,292	29,312	39,381	1,409,834
Two procedure codes only	251,006	236,954	126,782	76,482	73,871	15,871	8,812	801,513
Three procedure codes only	147,214	114,741	64,470	39,538	37,432	7,853	4,105	421,879
Four procedure codes only	73,210	59,343	31,262	20,141	17,132	3,940	1,796	210,039
Five or more procedure codes	115,568	92,896	50,211	30,879	23,580	6,280	2,885	328,013
Mean procedure codes per separation <sup>(c)</sup>	2.6	2.3	2.3	2.3	2.3	2.4	1.7	2.4
Maximum number of procedure codes	50	40	50	74	25	50	30	..
<b>Private hospitals</b>								
Separations <sup>(b)</sup>	747,198	704,267	676,846	308,715	211,829	n.p.	n.p.	2,742,425
No procedure reported	32,266	72,967	56,739	25,378	14,460	n.p.	n.p.	213,329
One procedure code only	141,408	172,671	167,689	92,124	52,526	n.p.	n.p.	645,154
Two procedure codes only	281,668	249,096	241,129	92,002	66,677	n.p.	n.p.	963,837
Three procedure codes only	166,748	112,526	116,646	47,832	38,334	n.p.	n.p.	498,777
Four procedure codes only	59,489	42,671	41,050	20,423	16,492	n.p.	n.p.	186,286
Five or more procedure codes	65,619	54,336	53,593	30,956	23,340	n.p.	n.p.	235,042
Mean procedure codes per separation <sup>(c)</sup>	2.6	2.4	2.4	2.5	2.6	n.p.	n.p.	2.5
Maximum number of procedure codes	20	40	50	50	25	n.p.	n.p.	..
<b>Per cent</b>								
<b>Public hospitals</b>								
No procedure reported	28.3	23.1	30.3	19.2	25.5	27.0	24.9	25.8
One procedure code only	28.0	35.7	32.5	37.2	32.9	33.8	51.9	33.0
Two procedure codes only	18.7	19.4	17.3	20.0	20.2	18.3	11.6	18.7
Three procedure codes only	11.0	9.4	8.8	10.3	10.2	9.1	5.4	9.9
Four procedure codes only	5.4	4.9	4.3	5.3	4.7	4.5	2.4	4.9
Five or more procedure codes	8.6	7.6	6.8	8.1	6.4	7.3	3.8	7.7
<b>Private hospitals</b>								
No procedure reported	4.3	10.4	8.4	8.2	6.8	n.p.	n.p.	7.8
One procedure code only	18.9	24.5	24.8	29.8	24.8	n.p.	n.p.	23.5
Two procedure codes only	37.7	35.4	35.6	29.8	31.5	n.p.	n.p.	35.1
Three procedure codes only	22.3	16.0	17.2	15.5	18.1	n.p.	n.p.	18.2
Four procedure codes only	8.0	6.1	6.1	6.6	7.8	n.p.	n.p.	6.8
Five or more procedure codes	8.8	7.7	7.9	10.0	11.0	n.p.	n.p.	8.6

(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) Includes separations for which no procedure codes were reported.

(c) Means are for separations with one or more procedures.

Note: AIHW requested up to 50 procedure codes to be reported.

.. Not applicable.

n.p. Not published.

Table A3.7: Separation<sup>(a)</sup> statistics for selected adjacent AR-DRGs<sup>(b)</sup>, by hospital sector, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(c)</sup>	Total
<b>All adjacent AR-DRGs split by complications only</b>									
<b>Public hospitals</b>									
Separations	570,720	463,716	358,073	162,979	146,874	39,582	25,448	19,622	1,787,014
Raw proportion in lowest resource level AR-DRG	0.61	0.65	0.68	0.65	0.65	0.69	0.66	0.56	0.64
Standardised proportion in lowest resource level AR-DRG	0.62	0.65	0.69	0.65	0.65	0.69	0.66	n.p.	0.65
95% confidence interval of proportion	0.62–0.62	0.65–0.65	0.69–0.69	0.65–0.66	0.64–0.65	0.69–0.70	0.66–0.67	n.p.	0.65–0.65
<b>Private hospitals</b>									
Separations	136,318	132,356	134,494	59,224	44,925	n.p.	n.p.	n.p.	528,093
Raw proportion in lowest resource level AR-DRG	0.76	0.73	0.74	0.75	0.74	n.p.	n.p.	n.p.	0.74
Standardised proportion in lowest resource level AR-DRG	0.71	0.70	0.70	0.72	0.68	n.p.	n.p.	n.p.	0.70
95% confidence interval of proportion	0.70–0.71	0.70–0.71	0.69–0.70	0.71–0.72	0.67–0.69	n.p.	n.p.	n.p.	0.70–0.71
<b>Adjacent AR-DRGs with a moderate complication as the lowest resource level AR-DRG</b>									
<b>Public hospitals</b>									
Separations	165,687	118,882	87,673	39,046	36,695	9,925	6,806	7,066	471,780
Standardised proportion in lowest resource level AR-DRG	0.52	0.53	0.60	0.55	0.54	0.58	0.55	0.48	0.54
95% confidence interval of proportion	0.52–0.52	0.53–0.53	0.59–0.60	0.54–0.55	0.53–0.54	0.57–0.59	0.54–0.57	0.47–0.49	0.54–0.54
<b>Private hospitals</b>									
Separations	33,824	36,150	35,861	18,251	11,103	n.p.	n.p.	n.p.	141,448
Standardised proportion in lowest resource level AR-DRG	0.55	0.55	0.56	0.58	0.53	n.p.	n.p.	n.p.	0.56
95% confidence interval of proportion	0.54–0.55	0.55–0.56	0.55–0.56	0.57–0.59	0.52–0.54	n.p.	n.p.	n.p.	0.55–0.56
<b>Adjacent DRGs with a severe or catastrophic complication as the lowest resource level AR-DRG</b>									
<b>Public hospitals</b>									
Separations	268,715	212,478	135,906	64,709	65,254	18,793	11,297	9,989	787,141
Standardised proportion in lowest resource level AR-DRG	0.67	0.71	0.74	0.71	0.70	0.75	0.72	n.p.	0.70
95% confidence interval of proportion	0.67–0.67	0.71–0.72	0.74–0.74	0.71–0.72	0.70–0.71	0.74–0.76	0.71–0.74	n.p.	0.70–0.71
<b>Private hospitals</b>									
Separations	102,494	96,206	98,633	40,973	33,822	n.p.	n.p.	n.p.	386,645
Standardised proportion in lowest resource level AR-DRG	0.79	0.78	0.77	0.79	0.76	n.p.	n.p.	n.p.	0.78
95% confidence interval of proportion	0.78–0.79	0.78–0.79	0.77–0.78	0.78–0.79	0.75–0.77	n.p.	n.p.	n.p.	0.78–0.78

(continued)

Table A3.7 (continued): Separation<sup>(a)</sup> statistics for selected adjacent AR-DRGs<sup>(b)</sup>, by hospital sector, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT <sup>(c)</sup>	Total
<b>Adjacent AR-DRGs classified as major medical conditions</b>									
<b>Public hospitals</b>									
Separations	17,908	12,161	7,410	3,524	3,775	1,029	557	583	46,947
Standardised proportion in lowest resource level AR-DRG	0.59	0.61	0.67	0.64	0.61	0.72	0.66	0.61	0.62
95% confidence interval of proportion	0.58–0.60	0.60–0.62	0.65–0.68	0.62–0.66	0.59–0.63	0.68–0.77	0.60–0.71	0.56–0.66	0.61–0.62
<b>Private hospitals</b>									
Separations	1,862	3,553	3,372	1,313	1,173	n.p.	n.p.	n.p.	11,679
Standardised proportion in lowest resource level AR-DRG	0.65	0.70	0.66	0.69	0.69	n.p.	n.p.	n.p.	0.68
95% confidence interval of proportion	0.62–0.68	0.68–0.72	0.63–0.68	0.65–0.72	0.65–0.73	n.p.	n.p.	n.p.	0.66–0.69
<b>Adjacent AR-DRGs for vaginal and caesarean delivery</b>									
<b>Public hospitals</b>									
Separations	63,483	42,646	34,592	14,645	12,399	3,531	2,946	2,635	176,877
Standardised proportion in lowest resource level AR-DRG	0.36	0.31	0.43	0.33	0.34	0.36	0.34	0.37	0.36
95% confidence interval of proportion	0.35–0.36	0.30–0.31	0.42–0.43	0.33–0.34	0.33–0.35	0.35–0.38	0.32–0.35	0.35–0.38	0.35–0.36
<b>Private hospitals</b>									
Separations	20,482	19,213	15,987	10,039	4,681	n.p.	n.p.	n.p.	74,345
Standardised proportion in lowest resource level AR-DRG	0.34	0.32	0.36	0.37	0.33	n.p.	n.p.	n.p.	0.34
95% confidence interval of proportion	0.34–0.35	0.32–0.33	0.35–0.36	0.36–0.37	0.32–0.34	n.p.	n.p.	n.p.	0.34–0.35

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

(b) AR- DRG version 5.1, using AR-DRGs as detailed in the text of Appendix 3.

(c) Northern Territory data for some cells were suppressed due to limitations of the method when applied to cells with under-representation of some AR-DRGs.

n.p. Not published

**Table A3.11: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis<sup>(a)</sup> and data for excluded hospitals, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total separations ('000)	1,279	1,200	705	345	345	83	64	76	4,095
Total patient days ('000)	4,788	4,089	2,380	1,163	1,195	322	229	224	14,391
<b>Acute separations<sup>(b)</sup></b>									
Separations ('000)	1,256	1,167	679	340	334	82	62	75	3,994
Patient days ('000)	4,399	3,311	2,060	1,060	1,062	278	198	215	12,584
<b>Acute care psychiatric separations<sup>(c)</sup></b>									
Separations ('000)	23	16	23	6	6	3	1	1	80
Average cost weight <sup>(d)</sup>	1.59	2.30	1.69	1.97	1.93	1.63	1.97	1.74	1.82
Patient days ('000)	272	254	218	85	74	26	14	11	955
<b>Acute care non-psychiatric separations</b>									
Separations ('000)	1,233	1,152	656	334	328	79	61	74	3,915
Patient days ('000)	4,127	3,057	1,842	976	988	252	185	204	11,629
<b>Separations other than acute</b>									
Rehabilitation separations ('000)	13.5	17.4	16.9	2.8	2.2	0.9	1.2	0.7	55.6
Patient days ('000)	241.1	411.2	159.2	66.3	31.1	23.6	15.6	3.6	951.6
Palliative care separations ('000)	4.1	3.2	3.5	0.5	1.4	0.1	0.4	0.0	13.1
Patient days ('000)	43.2	48.8	29.1	4.4	15.6	0.6	6.0	0.3	147.9
Geriatric evaluation and management separations ('000)	0.5	6.9	0.4	0.7	0.0	0.0	0.0	0.0	8.6
Patient days ('000)	4.6	176.4	7.9	7.4	n.p.	0.1	n.p.	1.0	197.5
Psychogeriatric separations	0.2	1.9	0.4	0.0	0.0	0.0	0.0	0.0	2.5
Patient days ('000)	18.5	56.6	7.4	0.4	n.p.	n.p.	n.p.	0.2	83.3
Maintenance separations ('000)	4.6	2.9	4.3	1.1	1.0	0.5	0.3	0.1	14.9
Patient days ('000)	81.8	85.6	115.6	23.9	47.9	20.5	8.8	3.6	387.6
Other separations ('000)	0.0	0.0	0.2	0.0	5.9	0.0	0.0	0.0	6.1
Patient days ('000)	n.p.	0.0	0.9	0.0	38.4	n.p.	0.0	n.p.	39.3
<b>Total separations other than acute</b>									
Separations ('000)	22.9	32.3	25.7	5.1	10.5	1.5	1.9	0.9	100.9
Patient days ('000)	389.1	778.5	320.1	102.3	132.9	44.7	30.5	8.8	1,807.2
<b>Psychiatric separations<sup>(c)</sup></b>									
Separations ('000)	23	18	24	6	7	3	1	1	83
Patient days ('000)	291	311	278	86	92	26	14	11	1,109
<b>Data for excluded hospitals<sup>(e)</sup></b>									
Separations for excluded hospitals ('000)	65	24	29	38	21	3	2	0	182
Per cent of all separations (%)	4.8	2.0	4.0	10.0	5.7	3.9	2.4	..	4.2
Expenditure for excluded hospitals (\$m)	859	281	240	296	204	33	2	..	1,914
IFRAC for excluded hospitals	0.65	0.52	0.73	0.75	0.87	0.71	1.00	..	0.68
Unadjusted cost per separation	8,574	6,171	6,059	5,832	8,584	6,998	1,347	..	7,177

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, un-peered and other hospitals, hospices, rehabilitation facilities, small non-acute and multipurpose services are excluded from this table, as are some small hospitals with incomplete expenditure information.

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

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2003–04 AR-DRG v 5.0 cost weights (DoHA 2005). An updated version of this table based on 2004–05 AR-DRG v 5.1 cost weights will be made available on the website when available.

(e) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multipurpose services. See Appendix 4 for further information.

.. Not applicable.

**Table A3.12: Cost per acute casemix-adjusted separation, subset of selected public acute hospitals<sup>(a)</sup>, New South Wales, Victoria, Western Australia and Tasmania, 2004–05**

	NSW	Vic	WA	Tas
Total separations ('000) <sup>(b)</sup>	997	1,110	246	83
Total patient days ('000) <sup>(b)</sup>	3,705	3,831	793	322
Acute separations ('000) <sup>(c)</sup>	976	1,079	243	82
Acute patient days ('000) <sup>(c)</sup>	3,345	3,061	732	278
Proportion of separations acute	97.9%	97.1%	98.8%	98.2%
Proportion of patient days acute	90.3%	79.9%	92.3%	86.1%
Total recurrent expenditure excluding depreciation(\$m)				
Subset hospitals	5,173	5,053	1,190	426
Hospitals in Table 4.1	6,991	5,493	1,737	426
Proportion	74%	92%	69%	100%
Total recurrent expenditure including depreciation(\$m)				
Subset hospitals	5,394	5,233	1,233	n.a.
Hospitals in Table 4.1	7,289	5,688	1,794	n.a.
Proportion	74%	92%	69%	n.a.
Total separations ('000)				
Subset hospitals	997	1,110	246	83
Hospitals in Table 4.1	1,279	1,200	345	83
Proportion	78.0%	92.6%	71.3%	100.0%
<b>Costs relating to acute care separations</b>				
Average cost weight <sup>(d)</sup>	1.081	0.947	0.971	1.074
Casemix-adjusted acute separations ('000)	1,055	1,022	236	88
Acute IFRAC <sup>(e)</sup>	0.656	0.603	0.658	0.693
Total acute patient recurrent expenditure excluding depreciation(\$m)	3,395	3,046	783	295
Total acute patient recurrent expenditure including depreciation(\$m)	3,540	3,155	811	n.a.
<b>Cost per casemix-adjusted acute separation<sup>(f)</sup></b>	<b>3,363</b>	<b>3,053</b>	<b>3,400</b>	<b>3,474</b>
<b>Cost per casemix-adjusted acute separation including depreciation<sup>(f)</sup></b>	<b>3,501</b>	<b>3,382</b>	<b>3,555</b>	<b>n.a.</b>
Cost per casemix-adjusted separation excluding depreciation				
From Table 4.1	3,551	3,430	3,557	3,642
Subset of hospitals	3,501	3,382	3,555	3,642
Percentage this exceeds cost per acute separation for subset hospitals	3.9%	9.7%	4.4%	4.6%
Cost per casemix-adjusted separation including depreciation				
From Table 4.1	3,696	3,548	3,673	n.a.
Subset of hospitals	3,643	3,500	3,681	n.a.
Percentage this exceeds cost per acute separation for subset hospitals	3.9%	3.4%	3.4%	n.a.
Cost of not acute separations in subset excluding depreciation (\$m)	210	419	45	20
Per separation (\$)	9,961	13,244	15,023	13,512
Per patient day (\$)	583	545	740	450
Cost of not acute separations in subset including depreciation (\$m)	219	434	47	n.a.
Per separation (\$)	10,387	13,716	15,567	n.a.
Per patient day (\$)	608	565	766	n.a.

(a) Excludes psychiatric hospitals, mothercraft hospitals, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multipurpose services. This subset excludes hospitals where the Inpatient fraction (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 not acute patients exceeded \$1,000 per day and more than \$1,000,000 of apparent expenditure on non-acute patient days was reported.

(b) From the National Hospital Morbidity Database. 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. Details of acute separations and patient days and non-acute separations and patient days are presented in Table A3.10.

(c) Acute separations are separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 2003–04 AR-DRG version 5.0 cost weights (DoHA 2005).

(e) The acute IFRAC is that portion of recurrent costs which is for acute admitted patients.

(f) Includes adjustment for private patient medical costs: \$157 for New South Wales, \$86 for Victoria, \$89 for Western Australia and \$103 for Tasmania.

**Table A3.13: Cost per acute non-psychiatric casemix-adjusted separation, subset of selected public acute hospitals<sup>(a)</sup>, New South Wales, Victoria and Western Australia, 2004–05**

	NSW	Vic	WA
Total separations ('000) <sup>(b)</sup>	997	1,110	246
Total patient days ('000) <sup>(b)</sup>	3,705	3,831	793
Acute non-psychiatric separations ('000) <sup>(c)</sup>	958	1,064	240
Acute non-psychiatric patient days ('000) <sup>(c)</sup>	3,128	2,820	691
Proportion of separations acute	96.0%	95.8%	97.5%
Proportion of patient days acute	84.4%	73.6%	87.2%
Total recurrent expenditure excluding depreciation(\$m)			
Subset hospitals	5,173	5,053	1,190
Hospitals in Table 4.1	6,991	5,493	1,737
Proportion	74%	92%	69%
Total recurrent expenditure including depreciation(\$m)			
Subset hospitals	5,394	5,233	1,233
Hospitals in Table 4.1	7,289	5,688	1,794
Proportion	74%	92%	69%
Total separations ('000)			
Subset hospitals	997	1,110	246
Hospitals in Table 4.1	1,279	1,200	345
Proportion	78.0%	92.6%	71.3%
<b>Costs relating to acute non-psychiatric separations</b>			
Average cost weight <sup>(e)</sup>	1.081	0.947	0.971
Casemix-adjusted acute non-psychiatric separations ('000)	1,035	1,008	233
Acute non-psychiatric IFRAC <sup>(f)</sup>	0.635	0.575	0.653
Total acute non-psychiatric patient recurrent expenditure excluding depreciation (\$m)	3,282	2,907	777
Total acute non-psychiatric patient recurrent expenditure including depreciation (\$m)	3,422	3,011	805
<b>Cost per casemix-adjusted acute non-psychiatric separation excluding depreciation<sup>(g)</sup></b>	<b>3,352</b>	<b>3,020</b>	<b>3,468</b>
<b>Cost per casemix-adjusted acute non-psychiatric separation including depreciation<sup>(g)</sup></b>	<b>3,501</b>	<b>3,159</b>	<b>3,520</b>
Cost per casemix-adjusted separation excluding depreciation			
From Table 4.1	3,551	3,430	3,557
Subset of hospitals	3,501	3,382	3,555
Percentage this exceeds cost per acute separation for subset hospitals	4.3%	10.7%	2.4%
Cost per casemix-adjusted separation including depreciation			
From Table 4.1	3,696	3,548	3,673
Subset of hospitals	3,643	3,500	3,681
Percentage this exceeds cost per acute separation for subset hospitals	2.5%	2.0%	3.4%
Cost of not acute non-psychiatric separations in subset excluding depreciation (\$m)	322	558	51
Per separation (\$)	8,162	12,019	8,395
Per patient day (\$)	559	552	503
Cost of not acute non-psychiatric separations in subset excluding depreciation (\$m)	336	578	53
Per separation (\$)	8,510	12,447	8,699
Per patient day (\$)	583	572	521

(a) Excludes psychiatric hospitals, mothercraft hospitals, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multipurpose services. This subset excludes hospitals where the Inpatient fraction (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 apparent expenditure on non-acute patients days was reported.

(b) From the National Hospital Morbidity Database. 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. Details of acute separations and patient days and non-acute separations and patient are presented in Table A3.10.

(c) Acute separations are separations where the care type is Acute, Newborn with qualified days, or Not reported. Psychiatric separations are those with psychiatric care days.

(d) 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.

(e) Average cost weight from the National Hospital Morbidity Database, based on *acute* and *unspecified* separations and episodes of *newborn* care with qualified days, using the 2003–04 AR-DRG version 5.0 cost weights (DoHA 2005).

(f) The acute non-psychiatric IFRAC is that portion of recurrent costs which is for acute non-psychiatric admitted patients.

(g) Includes adjustment for private patient medical costs: \$154 for New South Wales, \$76 for Victoria and \$88 for Western Australia.

Table A3.14: Count of AR-DRGs version 5.1 contributing to the relative stay index, by sector, and medical/surgical/other type of AR-DRG, states and territories, 2004–05

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public hospitals</b>	<b>632</b>	<b>632</b>	<b>632</b>	<b>632</b>	<b>627</b>	<b>618</b>	<b>619</b>	<b>586</b>	<b>632</b>
Medical	323	323	323	323	322	322	322	318	323
Surgical	278	278	278	278	275	266	267	240	278
Other	31	31	31	31	30	30	30	28	31
<b>Private hospitals</b>	<b>611</b>	<b>614</b>	<b>625</b>	<b>604</b>	<b>597</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>628</b>
Medical	317	316	323	313	311	n.p.	n.p.	n.p.	323
Surgical	266	269	272	265	260	n.p.	n.p.	n.p.	274
Other	28	29	30	26	26	n.p.	n.p.	n.p.	31
<b>All hospitals</b>	<b>632</b>	<b>632</b>	<b>632</b>	<b>632</b>	<b>627</b>	<b>n.p.</b>	<b>n.p.</b>	<b>n.p.</b>	<b>632</b>
Medical	323	323	323	323	322	n.p.	n.p.	n.p.	323
Surgical	278	278	278	278	275	n.p.	n.p.	n.p.	278
Other	31	31	31	31	30	n.p.	n.p.	n.p.	31

n.p. Not published.



# Appendix 4: Hospitals contributing to this report and public hospital peer groups

## Introduction

This appendix includes information on the public and private hospitals contributing to the National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection and the Non-admitted Patient Emergency Department Care Data Collection. Also included is information on the coverage of private hospitals in the National Hospital Morbidity Database that can assist interpretation of the data on private hospital activity. Information on the public hospital peer group classification used in Chapters 2, 4, 5 and 6 is also included.

The entities that are reported as hospitals in the databases and in this report vary, depending on the type of information being reported. Explanatory information is therefore included on this variation, with a summary table on the counts of public hospitals presented for different analyses.

Throughout this 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.

## Public and private hospitals

There is currently 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 A4.1 with information on whether they are reported as public or private hospitals.

For 2004–05, the Mersey Community Hospital in Tasmania which previously operated as a private hospital providing predominantly public services on a contracted basis merged with the Northwest Regional Hospital and is now categorised as a public hospital.

These categorisations are the practices for this report and reports produced by other agencies may categorise these hospitals differently. For example 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 2005b) and *Australian hospital statistics 2002–03* (AIHW 2004a), while they were categorised as public hospitals in both this report and *Australian hospital statistics 2003–04* (AIHW 2005a). Southern Districts War Memorial Hospital is a private hospital that treats public patients under contract to the Department of Health (SA). Expenditure under the contract is treated as “Purchase of services for public patients from private hospitals under contract” in *Health expenditure Australia 2003–04* (AIHW 2005c). This report and *Australian hospital statistics 2003–04* (AIHW 2005a) categorise 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.

**Table A4.1: Selected hospitals included in this report that predominantly provide public hospital services, that are privately owned and/or operated**

State	Hospital	How reported
NSW	Hawkesbury District Health Service	Public hospital
Vic	Mildura Base	Public hospital
Qld	Noosa	Private hospital
WA	Joondalup	Private hospital
WA	Peel	Private hospital
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
SA	Modbury	Public hospital (publicly owned – privately operated)
Tas	May Shaw District Nursing Centre	Public hospital (reports total expenditure only)
Tas	Toosey	Public hospital (reports total expenditure only)

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.

## The National Hospital Morbidity Database

The National Hospital Morbidity Database includes data relating to admitted patients from almost all hospitals: 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). In addition, for 2004–05, data were not supplied for a mothercraft hospital in the Australian Capital Territory and two tiny hospitals in New South Wales.

Within the private sector, data were not provided for 2004–05 for all private day hospital facilities in the Australian Capital Territory and for the single private free-standing day hospital facility in the Northern Territory. For Victoria, data were not provided for a very small private hospital and a hospital that was opening. Victoria estimated that their data was essentially complete. For Tasmania, some private hospital data were not available for some periods, resulting in an under-enumeration of approximately 21% for Tasmanian private hospitals.

**Table A4.4: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2004–05**

	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	Incomplete	Incomplete
ACT	Incomplete	Not applicable	Not included	Complete
NT	Complete	Not applicable	Not included	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 included—there are facilities in this sector for this state or territory, however, no data were provided. Not applicable—there are no facilities in this sector for this state or territory.

Table A4.4 summarises this coverage information by state and territory and by hospital sector, and Tables A4.2 and A4.3 (accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au)) list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2004–05. For public hospitals, also included in the Internet tables is information on their average available bed numbers, their peer group (see below) 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.

There is some variation between states in what is regarded as a hospital and how facilities are licensed and how this impacts 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 separation in the private sector would have been 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 National Hospital Morbidity Database.

## Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations presented in this report slightly underestimate actual counts.

Over recent years, at the national level there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection (ABS 2005) (Table A4.5). 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 2003–04, the difference was 47,279 separations (1.8%).

**Table A4.5: Differences between private hospital separations on the National Hospital Morbidity Database and reported to the ABS's Private Health Establishments Collection, 1999–00 to 2003–04**

Year	Private free-standing day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
1999–00	68,907	19.7	53,247	3.0	122,154	5.7
2000–01 <sup>(a)</sup>	56,880	15.6	22,688	4.4	81,758	3.5
2001–02 <sup>(b)</sup>	56,673	13.1	132,040	6.2	118,064	4.6
2002–03 <sup>(b)</sup>	16,584	3.5	99,147	4.7	47,755	1.8
2003–04 <sup>(b)</sup>	19,233	3.8	96,009	4.4	47,279	1.8

(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.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database and ABS suppressed data for the Australian Capital Territory, the Northern Territory and Tasmania. The differences for private free standing day hospital facilities and other private hospitals exclude Australian Capital Territory, the Northern Territory and Tasmania.

n.a. Not available.

Source: ABS, unpublished Private Health Establishments Collection data, for private hospital data.

For individual states (Tables A4.6a to A4.6j accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au)), the patterns of differences between number of separations reported to the National Hospital Morbidity Database compared to the ABS's Private Health Establishments Collection varied. This reflects the omission of some private hospitals from the National Hospital Morbidity Database. However, there are differences even when both collections are reported to be complete. For example, for 2003–04, more separations were reported to the National Hospital Morbidity Database 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 (e.g. 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.

At the time of publication of this report, Private Health Establishments Collection data for 2004–05 were not available. When they become available, an estimate will be made of the under-enumeration of separations in the National Hospital Morbidity Database for 2004–05, by comparing it with the 2004–05 Private Health Establishments Collection data. This estimate will be included with *Australian Hospital Statistics 2004–05* on the Internet.

## The National Public Hospital Establishments Database

The National Public Hospital Establishments Database 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 only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by the 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 below.

Table A4.2 accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) lists the public hospitals that contributed to the National Public Hospital Establishments Database for 2004–05. 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 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 2003–04* (see below for more information). Data were also provided for hospitals in other peer groups for some states and territories.

For 2004–05, 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 14 *Medium hospitals* and two *Small acute hospitals*, Victoria provided data for eight *Medium hospitals*, South Australia provided data for one *Medium hospital* and Western Australia provided data for two *Medium hospitals* and two *Small remote hospitals*. Overall coverage was estimated as about 76% of public hospital accident and emergency occasions of service.

Table 5.1 provides further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A4.2 accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au)) includes information on which hospitals were also included in the National Non-admitted Patient Emergency Department Care Database for 2004–05.

## **The National Elective Surgery Waiting Times Data Collection**

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals. However, some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included, however, some are not. Based on the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection, national coverage was about 86%, and ranged from 100% in the Australian Capital Territory and the Northern Territory, to about 62% in South Australia (Table 6.2). Coverage was highest for *Principal referral and specialist women's and children's hospitals* at 99%, 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 National Public Hospital Establishments Database (Table A4.2 accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au)) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2004–05.

## Counting public hospitals

Different counts of hospitals are used in this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database and the National Public Hospital Establishments Database. In summary, two counts of hospitals are used (Table A4.7):

- In Chapter 2 and Chapter 3, hospitals are counted generally as they were reported to the National Public Hospital Establishments Database. These entities are generally 'physical hospitals' (buildings or campuses) but may encompass some outposted locations such as dialysis units. Conversely, however, 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 National Hospital Morbidity Database, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Table 4.2), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the National Public Hospital Establishments Database with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were only available for these networks, so the networks are the entities counted as hospitals for those jurisdictions 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.

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's Private Health Establishments Collection presented in Table 2.1 and the lists of private hospitals contributing to the National Hospital Morbidity Database. 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.

**Table A4.7: Numbers of public hospitals reported in this report, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Chapter 2 and Chapter 3 and Table 5.1	232	144	177	92	79	27	3	5	759
Table 4.2 (expenditure data)	231	94	177	92	73	27	3	5	702

## Public hospital peer groups

The Australian Institute of Health and Welfare 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 A4.8. 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 RRMA classification with the 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) 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. For 2004–05 Mater Hospital Brisbane was allocated to the *Principal referral* peer group even though it technically grouped to the *Large Major city hospitals* group on advice from the Queensland Department of Health.

Selected characteristics of the hospitals assigned to each peer group for 2004–05 are presented in Table 4.2 (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 6), 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, for example, as noted above for the NMDS for Non-Admitted Patient Emergency Department Care although the use of the peer groups for this purpose is under review.

The peer group to which each public hospital was assigned for 2004–05 is included in Table A4.2 accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au). 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 A4.2 accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au).

**Table A4.8: Public hospital peer group classification<sup>(a)</sup>**

Peer group	Sub-group	Definition
Principal referral and specialist women's & 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	
Un-peered 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 and appendix 3.



# Appendix 5: 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 the planning of services, in 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 Digestive system	MDC 3 Ear Nose and Throat	Dentistry
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of Digestive system	MDC 6 Digestive System	Gastroenterology
Excision of haemorrhoids	Diseases of Digestive system	MDC 6 Digestive System	Colorectal surgery

Based on methodology originally developed by the New South Wales Department of Health, the Commonwealth Department of Health and Ageing (DoHA) developed the Specialist Service Related Group (SSRG) classification. These are largely aggregations of AR-DRG version 4.2 information. However, assignment of some separations to SSRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SSRG categories according to the type of care because the main service type of these separations cannot be ascertained from their diagnoses or procedures. Error DRGs become unallocated SRGs. The classification also incorporates non-specialist SRGs (NSSRGs), which are an aggregation of the SSRGs (into categories such as other non-specialty surgery) and are used for smaller hospitals that do not have the specialist services or specialist equipment.

There are 50 SRGs, 127 SSRGs and 122 NSSRGs. These are detailed in Table A5.1 in *Australian hospital statistics 2001–02* (AIHW 2003).

More information relating to SRGs, including the algorithm for assigning SRGs can be obtained from the Commonwealth Department of Health and Ageing.

For this appendix, separations were assigned to the SSRG or NSSRG classification depending on whether or not the hospital had a specialist *Neurosurgery*, *Perinatology* or *Cardiothoracic* unit, as appropriate, as reported to the National Public Hospital Establishments Database (see Chapter 3). SSRGs and NSSRGs were allocated using the data in the National Hospital Morbidity Database.

## State and territory overview

Tables A5.1 and A5.2 accompanying this report on the Internet at [www.aihw.gov.au](http://www.aihw.gov.au) contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Dialysis* (SRG 23) had the largest number of separations in public hospitals, with 663,410, followed by *Obstetrics* (SRG 72), with 286,703. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations, with 361,332, followed by *Orthopaedics* (SRG 49), with 249,112.

Tables A5.3 and A5.4 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, *Psychiatry* (SRG 82) recorded the highest number of patient days, with 1,336,265, and *Orthopaedics* (SRG 49) recorded the highest in the private sector, with 786,987 patient days.

Table A5.5 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 so, for example, *Maintenance* (SRG 87) shows 108 hospitals providing more than 50 separations a year and 347 providing more than 360 patient days while *Ophthalmology* (SRG 50) shows 172 hospitals providing more than 50 separations a year and 74 providing more than 360 patient days a year. *Cardiothoracic surgery* (SRG 42) and *Neurosurgery* (SRG 46) showed no difference between the two different measures with 27 and 34 units respectively under both measures.

*Non-subspecialty medicine* (SRG 27) and *Non-subspecialty surgery* (SRG 54) had the greatest number of establishments with more than 50 separations at 420 and 407 respectively. *Non-subspecialty medicine* (SRG 27) also had the greatest number of establishments with more than 360 patient days a year, followed by *Maintenance* (SRG 87) with 359 and 347 establishments respectively.











# Appendix 6: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Groups (AR-DRG) cost weights and estimated average costs, as incorporated into tables in Chapters 2, 4, 7 and 12. It is a voluntary collection of hospital cost and activity data covering the financial year prior to the collection period, undertaken by the Department of Health and Ageing. Both public and private hospital data are included, with the results being separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2003–04 financial year (Round 8) for public hospitals (DoHA 2005a) and the 2002–03 financial year (Round 7) for private hospitals (DoHA 2004a).

In the 2002–03 and 2003–04 collections, cost data were obtained for products other than acute admitted patients, such as outpatient care, emergency department care, admitted patient rehabilitation care, admitted patient palliative care, outreach/community, teaching and research. However, this report uses the cost data for acute admitted patients only. Unless otherwise specified, the cost weight data in this report for public hospitals uses AR-DRGs version 5.1 and cost weight data for AR-DRGs version 5.0 (DoHA 2005a), while for private hospitals AR-DRGs version 4.2 are used and cost weight data for AR-DRG version 4.2 for 2002–03 (DoHA 2004a).

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 and territories. 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. The majority of participating hospitals are cost modelled sites.

The number of public hospitals included in the collection in 2003–04 was 225. Although the coverage of public hospitals was approximately 44.0% of all public hospitals, the total number of separations was approximately 88.1% of public hospital separations (DoHA 2005a). A total of 113 private hospitals contributed to the 2002–03 collection, representing about 51% of all private hospitals and 65.1% of private hospital separations (DoHA 2004a). The average cost per separation was estimated at \$3,119 for public hospitals for 2003–04 and at \$2,396 for private hospitals for 2002–03. Both these estimates included estimates for depreciation.

Further information is provided in the NHCDC reports for 2002–03 and 2003–04 (DoHA 2004a, 2005). Cost weights and associated tables for each round of the NHCDC can be obtained from the Department of Health and Ageing or on the Casemix web site at [www.health.gov.au](http://www.health.gov.au).



# Appendix 7: *The state of our public hospitals, June 2006 report*

*The state of our public hospitals, June 2006 report* was published on 3 July 2006 by the Australian Government Department of Health and Ageing. It presents information on hospital activity in Australia in 2004–05, and trends in hospital activity for the period 1998–99 to 2004–05, using data supplied to the Department by the states and territories, and some previously published data, including data from the Institute.

Some statistics in *The state of our public hospitals, June 2006 report* differ from those in *Australian hospital statistics 2004–05*. The sources of data for the two reports are different although both are based largely on National Minimum Data Sets specified in the *National health data dictionary*. In addition, some methods of analysis differ between the two reports.

## Data sources

Separation-based data on admitted patient care are collated by the AIHW as the National Hospital Morbidity Database, and by the Department as National Hospital Morbidity (Casemix) Database. Although the states and territories submit the same data for these databases, differences occur through the timing of the supply of the data. Typically, the AIHW receives some updates of data for inclusion in *Australian hospital statistics 2004–05* after the cut-off date for production of *The state of our public hospitals, June 2006 report*.

Similar timing difficulties occur in relation to the AIHW's National Public Hospitals Establishment Database, National Elective Surgery Waiting Times Data Collection and National Non-admitted Patient Emergency Department Care Database and the corresponding databases held by the Department.

## Analysis methods

The AIHW and the Department use different methods to adjust data to make comparisons between reporting years and between states and territories. The AIHW uses population rates based on estimated resident populations, directly age-standardised where possible (see Appendix 3). The Department uses population numbers weighted by age and sex according to the expected hospital use of each age-sex group in the population. The statistics referenced to populations are therefore not comparable between the two reports.

The categorisation of patients as 'public' or 'private' differs between the two reports, and different methods have been used to undertake time series analyses. Patients for whom the funding source was compensation or the Department of Veterans' Affairs were included as private patients in *Australian hospital statistics 2004–05* but were separately identified. For *The state of our public hospitals, June 2006 report*, Department of Veterans' Affairs patients and compensable patients were categorised as 'other' patients.

A public patient as defined by the AIHW includes patients whose funding source was reported as Australian Health Care Agreements or reciprocal health care agreements. Such patients may have reported an 'Admitted patient election status' of private. In addition it

includes patients whose funding source was reported as Other hospital or public authority, Other or Not known and who reported an 'Admitted patient election status' of public.

For *The state of our public hospitals, June 2006 report*, public patients are defined as those patients for whom 'Patient election status' was reported as 'public'. As noted above it excludes Department of Veterans' Affairs and compensable patients who were categorised as 'other' patients.

The numbers of public and private patients reported in the two collections will differ even after an adjustment for the differing treatment of Department of Veterans' Affairs and compensable patients. The difficulty is that a patient, on admission, may elect to be treated as a public patient (and be reported as such in the Department's statistics) but may subsequently choose to be treated as a private patient, which will be reflected in the Funding source reported for the separation (and thus will be reflected as a private patient such in the AIHW statistics. Conversely, a patient may initially choose to be regarded as a private patient but may be treated as a public patient.

*The state of our public hospitals, June 2006 report* limits reporting of emergency department presentations to those reported in the non-admitted patient emergency department collection while AIHW also provides separate data on all accident and emergency occasions of service. There was also a minor difference between the two reports in the methods used to analyse the proportions of patients seen within the recommended time in emergency departments. The Department only included emergency presentation occasions of service whereas the AIHW also included occasions of service for which the type of visit was not reported and excluded records for patients who did not wait or were dead on arrival.

The two reports differ in respect of outpatient non-admitted patient occasions of service because of different aggregations of service types.

Different methods have also been used for the analysis of elective surgery waiting times data. Information on elective surgery waiting times is presented in *Australian hospital statistics 2004-05* disregarding the urgency category to which the patients had been assigned, whereas *The state of our public hospitals, June 2006 report* incorporates information on urgency category.

# 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 and version 12 supplement (NHDC 2003, AIHW 2004b). Each definition contains an identification number from the METeOR Metadata Online Registry. METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics, and specifications for related National Minimum Data Sets (NMDSs), such as the NMDSs which form the basis of this report. METeOR can be viewed on the AIHW web site at [www.aihw.gov.au](http://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: 268950
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospitals</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: 270189
<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 in-patient fraction or IFRAC.
<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>	Beds immediately available for use by admitted patients as required. METeOR identifier: 270133
<i>Average length of stay</i>	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.
<i>Capital expenditure</i>	Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years). METeOR identifier: 270516
<i>Care type</i>	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). <i>Admitted patient care</i> consists of the following categories: <ul style="list-style-type: none"> <li>• Acute care</li> <li>• Rehabilitation care</li> <li>• Palliative care</li> <li>• Geriatric evaluation and management</li> <li>• Psychogeriatric care</li> <li>• Maintenance care</li> <li>• Newborn care</li> </ul> <i>Other care</i> 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: <ul style="list-style-type: none"> <li>• Organ procurement – posthumous</li> <li>• Hospital boarder</li> </ul> METeOR identifier: 270174

<i>Casemix</i>	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.
<i>Chronic</i>	Persistent and long lasting.
<i>Clinical urgency</i>	A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR identifier: 270008
<i>Compensable patients</i>	An individual who is entitled to receive or has received a compensation payment with respect to an injury or disease. METeOR identifier: 270100
<i>Cost weights</i>	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 5.0 2003–04 public sector estimated cost weights (DoHA 2005a). These were applied to AR-DRG version 5.0 DRGs for 2000–01 to 2003–04 reference years and AR-DRG version 5.1 DRGs for the 2004–05 reference year. Average cost weights using private cost weights are presented based on the AR-DRG version 4.2 2002–03 private sector estimated cost weights (DoHA 2004a) applied to AR-DRG version 4.2 DRGs.
<i>Department of Veterans' Affairs patient</i>	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 Department of Veterans' Affairs. METeOR identifier: 270092
<i>Departure status</i>	The status of the patient at the end of the non-admitted patient emergency department occasion of service. METeOR identifier: 270001
<i>Diagnosis related group (DRG)</i>	A widely used type of casemix classification system, used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals, AR-DRGs are used. METeOR identifier: 270195
<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: 270589</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>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>	<p>See <i>Full-time equivalent staff</i>.</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.</p> <p>Establishment types include:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Psychiatric hospitals</li> <li>• Alcohol and drug treatment centres</li> <li>• Hospices</li> </ul> <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: 268945</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).</p> <p>Staffing categories include:</p> <ul style="list-style-type: none"> <li>• Salaried medical officers</li> <li>• Registered nurses</li> <li>• Enrolled nurses</li> <li>• Student nurses</li> <li>• Other personal care staff</li> <li>• Diagnostic and allied health professionals</li> <li>• Administrative and clerical staff</li> <li>• Domestic and other staff</li> </ul> <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: 270368, 270479–270491</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 Appendix 3: Technical notes).
<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 Appendix 3: Technical notes).
<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: 269991</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: 270157</p>
<i>Inpatient</i>	<p>Another term for admitted patient.</p> <p>METeOR identifier: 268957</p>
<i>Interactive data cubes</i>	A multidimensional representation of data which provides fast retrieval and drill down facilities.
<i>International Classification of Diseases (ICD)</i>	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.
<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 one day.</p> <p>METeOR identifier: 269982</p>
<i>Licensed bed</i>	A bed in a private hospital, licensed by the relevant state or territory health authority.
<i>Maintenance care</i>	See <i>Care type</i> .
<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>National health data dictionary (NHDD)</i>	A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.
<i>Mode of admission</i>	The mechanism by which a person begins an episode of admitted patient care.  METeOR identifier: 269976
<i>Mode of separation</i>	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable).  METeOR identifier: 270094
<i>Newborn care</i>	See <i>Care type</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service.  METeOR identifier: 270506
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital.  METeOR identifier: 268973
<i>Number of days of hospital in the home care</i>	The number of hospital in the home days occurring within an episode of care for an admitted patient.  METeOR identifier: 270305
<i>Outpatient</i>	Another term for non-admitted patient.  METeOR identifier: 268973
<i>Occasion of service</i>	Non-admitted patient occasion of service
<i>Organ procurement-posthumous</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>Overnight-stay patients</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of one night, i.e. 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>	<p>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 one patient day.</p> <p>METeOR identifier: 270045</p>
<i>Patient election status</i>	<p>Accommodation chargeable status elected by patient on admission. The categories are:</p> <ul style="list-style-type: none"> <li>• Public (receives public hospital services free of charge)</li> <li>• Private (does not receive hospital services free of charge)</li> </ul> <p>METeOR identifier: 270044</p>
<i>Patient presentation to emergency department</i>	<p>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.</p> <p>METeOR identifier: 270393</p>
<i>Patient revenue</i>	<p>Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges.</p> <p>METeOR identifier: 270047</p>
<i>Patient transport</i>	<p>The direct cost of transporting patients, excluding salaries and wages of transport staff.</p> <p>METeOR identifier: 270048</p>
<i>Payments to visiting medical officers</i>	<p>All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis.</p> <p>METeOR identifier: 270049</p>
<i>Peer group</i>	<p>Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.</p>
<i>Percentile</i>	<p>Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.</p>
<i>Performance indicator</i>	<p>A statistic or other unit of information that reflects, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of processes leading to that outcome.</p>
<i>Place of occurrence of external cause</i>	<p>The place where the external cause of injury, poisoning or adverse effect occurred.</p> <p>METeOR identifier: 268948</p>
<i>Potentially preventable hospitalisation (selected)</i>	<p>Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.</p>
<i>Pre-MDC (Pre-Major Diagnostic Category)</i>	<p>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).</p>
<i>Principal diagnosis</i>	<p>The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care.</p> <p>METeOR identifier: 270187</p>

<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 only available in the acute care setting.  METeOR identifier: 269932
<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.
<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 days 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 nine 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"> <li>• is the second or subsequent liveborn infant of a multiple birth, whose mother is currently an admitted patient</li> <li>• 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</li> <li>• remains in hospital without its mother</li> <li>• is admitted to the hospital without its mother.</li> </ul> METeOR identifier: 268957 (Admitted patient) <i>and</i> 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 one 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 one indicates that the number of patient days used was less than would have been expected. See Appendix 3 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.</p> <p>The categories are:</p> <ul style="list-style-type: none"> <li>• Major cities</li> <li>• Inner regional</li> <li>• Outer regional</li> <li>• Remote</li> <li>• Very remote</li> <li>• Migratory.</li> </ul>
<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"> <li>1 Admitted as an elective patient for awaited procedure in this hospital or another hospital</li> <li>2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital</li> <li>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)</li> <li>4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list</li> <li>5 Surgery not required or declined</li> <li>6 Transferred to another hospital's waiting list</li> <li>9 Not known</li> </ol> <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 patients</i>	Admitted patients who are admitted and separate 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 ratio</i>	The separation rate for one population divided by the separation rate of another.
<i>Separations</i>	The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period.  METeOR identifier: 270407
<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>	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as, an intensive care unit.  METeOR identifier: 269612
<i>Superannuation employer contributions</i>	Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority.  METeOR identifier: 270371
<i>Surgical procedure</i>	A procedure used to define surgical Australian-Refined Diagnosis Related Groups version 5.0 (DoHA 2002).
<i>Surgical specialty</i>	The area of clinical expertise held by the doctor who will perform the surgery of interest.  METeOR identifier: 270146
<i>Triage category</i>	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.  METeOR identifier: 270078
<i>Type of non-admitted patient occasion of service</i>	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.  METeOR identifier: 269119 (Occasions of service)  METeOR identifier: 270395, 270502-270514 (Type of non-admitted patient occasion of service)

<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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