

# **Australian hospital statistics 2003–04**

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HEALTH SERVICES SERIES

Number 23

# **Australian hospital statistics 2003–04**

Australian Institute of Health and Welfare  
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# Foreword

*Australian Hospital Statistics 2003–04* continues and further develops 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 2003–04, as are summaries of changes over time, and comparisons between public and private hospitals.

This year, detailed data on care provided in emergency departments of selected public hospitals are included for the first time. Information on patient demographics, duration of care, departure destination and waiting times covers about three-quarters of the approximately 6 million occasions of service in public hospital emergency departments each year.

Another innovation this year is the incorporation of statistics using the Australian Bureau of Statistics' 2001 Index of Socioeconomic Advantage/Disadvantage. This increases the range of hospital separation rates information presented as performance indicators relating to hospital and non-hospital care.

The range of statistics illustrating changes over time has also been widened for this report. Time series are now presented in the summary 'Hospitals at a glance' section and in eight other chapters. They illustrate changes in overall activity levels, in patient demographics, in diagnoses and procedures, in funding sources and in waiting times and other performance indicators. Care should be exercised in comparison between 2002–03 and 2003–04 as there have been changes in the categorisation of two hospitals, from private to public. 'Hospitals at a glance' provides a year on year comparison adjusted for this change and for changes in hospital coverage, and the reader is urged to use these adjusted figures.

The Australian Government now publishes an annual *The State of our Public Hospitals* report. After the 2005 report is published, variations between it and this report will be outlined in the online version of Appendix 7.

Timeliness is an important quality for statistical reports so the AIHW has worked to publish *Australian Hospital Statistics* each year within 12 months of the end of the reference period. This year, publication is in May rather than June, within 11 months of the end of the reference period. This represents a welcome improvement in timeliness for which the contributions of state and territory health authority data providers are much appreciated.

The AIHW 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.

Richard Madden

Director

May 2005

# Contents

Foreword .....	v
Acknowledgments.....	viii
Abbreviations.....	ix
Hospitals at a glance .....	x
1 Introduction .....	1
2 Overview of Australian hospitals.....	7
3 Public hospital establishments .....	24
4 Hospital performance indicators .....	36
5 Non-admitted patient emergency department care.....	85
6 Waiting times for elective surgery.....	109
7 Administrative data for admitted patients .....	127
8 Demographic profile for admitted patients.....	155
9 Principal diagnoses for admitted patients .....	177
10 Procedures for admitted patients.....	208
11 External causes for admitted patients .....	238
12 Australian Refined Diagnosis Related Groups for admitted patients .....	250
Appendix 1: List of tables .....	278
Appendix 2: List of figures .....	287
Appendix 3: Technical notes .....	289
Appendix 4: Hospitals contributing to this report and public hospital peer groups.....	309
Appendix 5: Service Related Groups.....	317
Appendix 6: National Hospital Cost Data Collection .....	324
Appendix 7: <i>The State of Our Public Hospitals, June 2005 Report</i> .....	325
Glossary.....	326
References .....	338
Index .....	340

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- Ken Tallis (AIHW) (Chair)
- Paul Basso (South Australian Department of Health)
- Ian Bull (Australian Capital Territory 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 2003–04* provides an eleventh year of comprehensive annual statistical reporting by the Australian Institute of Health and Welfare on the characteristics and activity of Australian hospitals. The aim of this section is to provide a summary of 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 2002–03 and 2003–04

- Between 2002–03 and 2003–04, separations increased by 2.1% for public acute hospitals, and by 4.0% for private hospitals, after adjusting for coverage change and for two New South Wales hospitals having been recategorised from the private sector to the public sector.
- After the same adjustments, separations increased by 2.1% for public patients, and by 4.1% for private patients, and separations for which private health insurance was reported as the funding source increased by 4.9%.
- After the same adjustments, the number of patient days increased by 1.0% in public acute hospitals, and by 1.7% in private hospitals.
- There were 6,841,192 separations and 23,583,213 patient days in 2003–04, compared with 6,645,311 separations and 23,540,797 patient days in 2002–03.

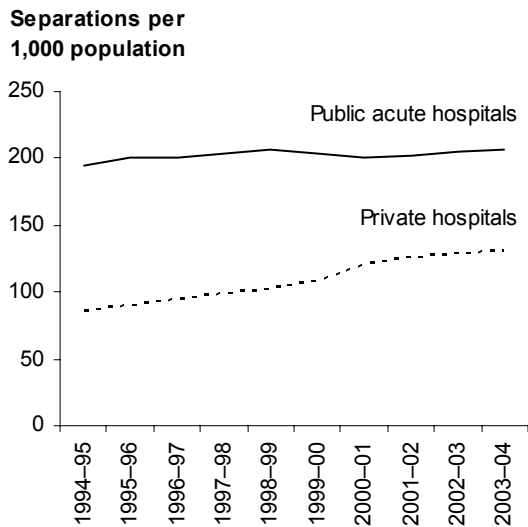
- Unadjusted, separations increased by 2.9%, reflecting a 2.7% increase in public acute hospitals and a 3.4% increase in the private sector. Patient days increased by 1.5% in public acute hospitals and by 0.7% in the private sector.

### Changes between 1994–95 and 2003–04

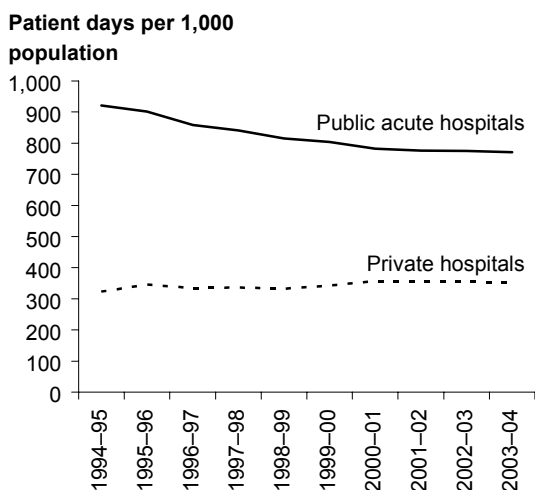
- Between 1994–95 and 2003–04, separations increased by 40.2%. Separations increased by 22.3% in public acute hospitals and by 80.8% in private hospitals (including free-standing day hospital facilities).
- Over the same period, the number of patient days in public acute hospitals increased by 1.1%, while for private hospitals they increased markedly (up by 32.5%).
- Separations per 1,000 population increased by 6.1% for public acute hospitals and by 53.7% for private hospitals between 1994–95 and 2003–04 (Figure 1).
- Over the same period, patient days per 1,000 population decreased by 16.2% for public acute hospitals and increased by 8.5% for private hospitals (Figure 2).
- Separations per 1,000 population for public psychiatric hospitals fell by 22.5% between 1996–97 and 2003–04

and there was a 54.5% fall in patient days per 1,000 population.

- In 1994–95, 70.1% of separations and 74.2% of patient days in acute care hospitals were in public acute hospitals. By 2003–04, these percentages had fallen to 61.2% and 66.7%, respectively, showing a shift in hospital utilisation from public acute to private hospitals during this period.



**Figure 1: Separations per 1,000 population, public acute and private hospitals, Australia, 1994–95 to 2003–04**

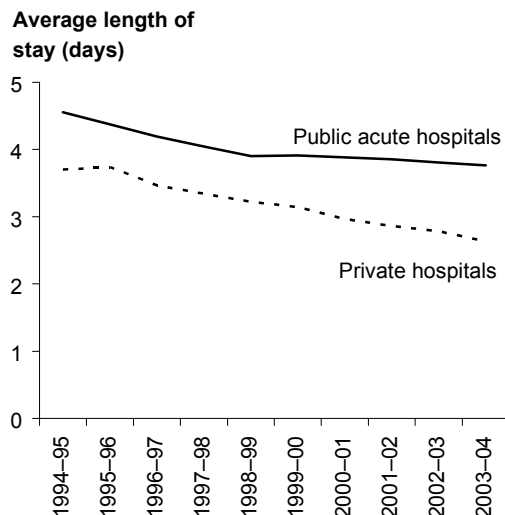


**Figure 2: Patient days per 1,000 population, public acute and private hospitals, Australia, 1994–95 to 2003–04**

## Length of stay

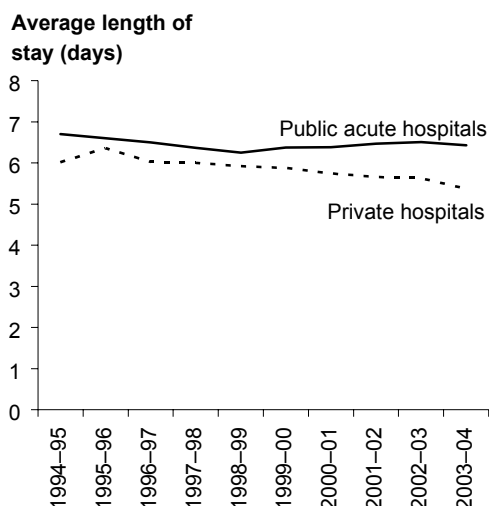
The proportion of separations that are same day is increasing, and the average length of stay in hospitals is decreasing. See *Chapter 2*.

- The proportion of same day separations increased between 1994–95 (40.2%) and 2003–04 (54.3%).
- The number of same day separations increased by 4.0% between 2002–03 and 2003–04, compared with a 1.7% increase in overnight separations. Same day separations increased by 2.6% in public hospitals and by 5.7% in private hospitals.
- The average length of stay in hospitals decreased from 3.5 days in 2002–03 to 3.4 days in 2003–04.
- This continued a decreasing trend observed in previous years. The average length of stay decreased 26.1% between 1994–95 and 2003–04, from 4.6 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 3.8 days (Figure 3).



**Figure 3: Average length of stay, public acute and private hospitals, Australia, 1994–95 to 2003–04**

- 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 2003–04 (Figure 4).



**Figure 4: Average length of stay for overnight separations, public acute and private hospitals, Australia, 1994-95 to 2003-04**

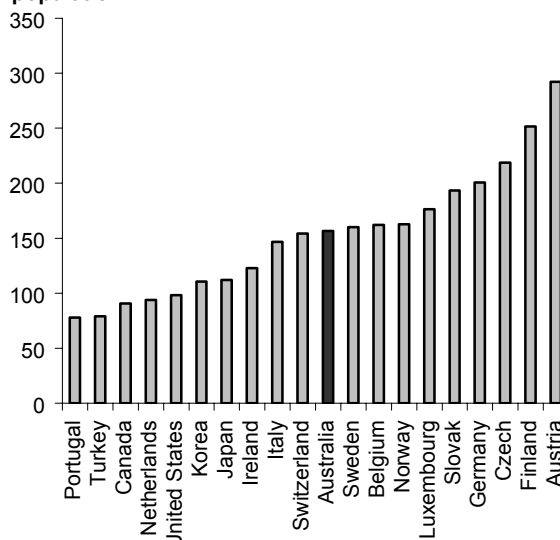
### International comparisons

- 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)).
- 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 2003–04, there were 3,646,434 separations for females compared with 3,194,681 separations for males, 53.3% and 46.7% of separations respectively.
- Overall in 2003–04 there were 362.4 separations per 1,000 population for females, compared with 321.5

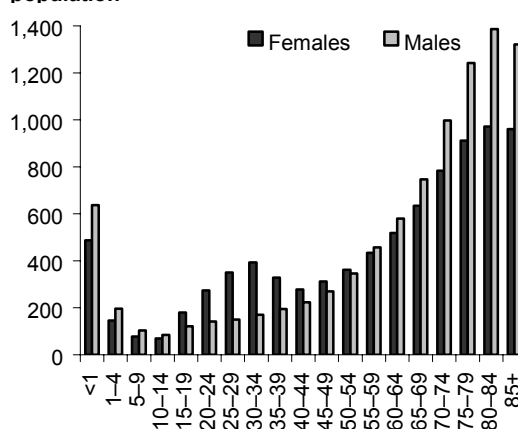
**Separations per 1,000 population**



(a) Data for Canada, the United States, Belgium, Germany and Austria are for 2001–02

**Figure 5: Overnight separations per 1,000 population, Australia and selected OECD countries, 2002-03<sup>(a)</sup>**

**Separations per 1,000 population**



**Figure 6: Separations per 1,000 population, by age group and sex, Australia, 2003-04**

separations per 1,000 population for males (Figure 6).

- 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 males and females both increased between 1999–00 and 2003–04. These increases were very marked for both females and males aged 55 and over. Most notably, separations increased by 30.6% for females aged 55–64 years and by 39.6% for males aged 85 years and over (Figure 7).
- Separations of persons aged 1–4 years decreased over this period for both males and females.

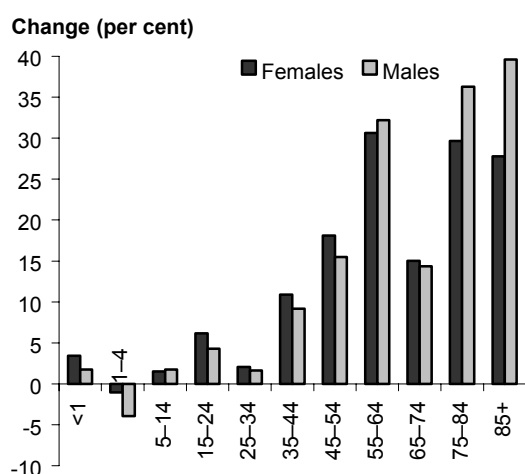


Figure 7: Change in the number of separations (per cent), by age group and sex, Australia, 1999–00 to 2003–04

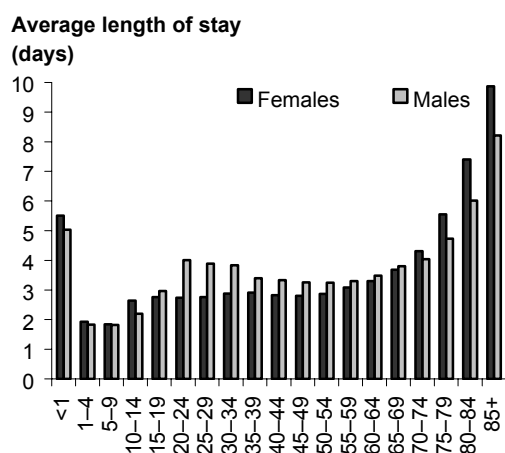


Figure 8: Average length of stay, by age group and sex, Australia, 2003–04

- The average length of stay did not vary greatly between males and females, both being around 3.9 days. Females aged less than 15 years and 70 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 2003–04 than other persons. See *Chapter 8*.

- In 2003–04, the separation rate for Indigenous persons (665.3 per 1,000 population) was about double the rate for other persons (331.9 per 1,000 population). It was higher for all age groups, particularly for age groups 35–44 years and older.
- This difference in separation rates is markedly less for persons aged 35 years and over when separations with a principal diagnosis of *Care involving dialysis* are excluded (Figure 9).

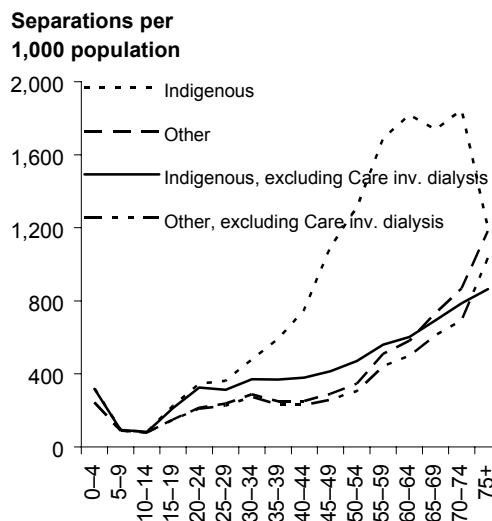
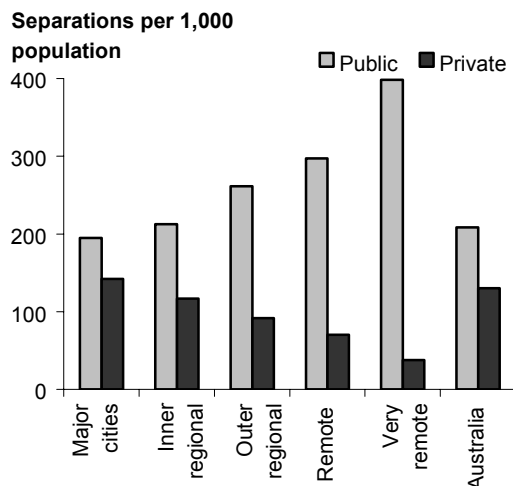


Figure 9: Separations per 1,000 population, by Indigenous status and age group, Australia, 2003–04

## 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 between Remoteness Areas in markedly different ways for public hospitals and private hospitals (Figure 10).
- Separation rates for public hospitals were highest for patients living in very remote areas (398.4 separations per 1,000 population) and lowest for patients living in major cities (194.9 separations per 1,000 population). This gradient was similarly marked when separations with a principal diagnosis of *Care involving dialysis* were excluded (see *Chapter 9*).
- Separation rates for private hospitals were highest for patients living in major cities (142.4 separations per 1,000 population) and lowest for patients living in very remote areas (37.6 separations per 1,000 population).



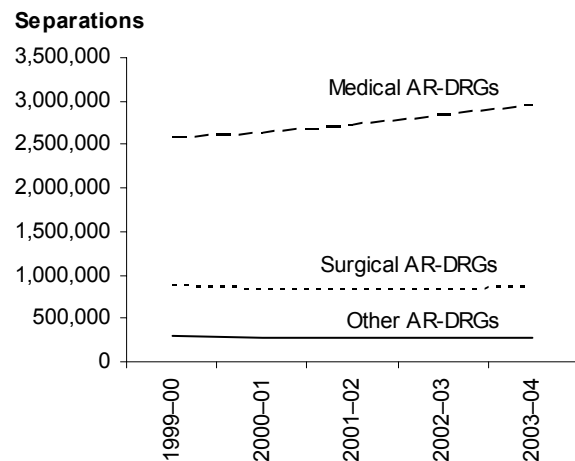
**Figure 10: Separations per 1,000 population, by Remoteness Area of usual residence and hospital sector, Australia, 2003-04**

- 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

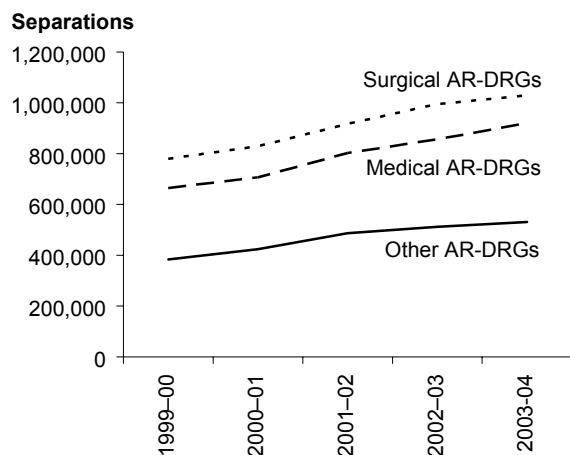
Separations are allocated to Australian Refined Diagnosis Related Groups (AR-DRGs) which can be used to describe whether the overall care was medical, surgical or other. Other care includes endoscopies. See *Chapter 12*.

- In public hospitals, separations with medical AR-DRGs increased by 13.8% between 1999-00 and 2003-04. Separations with surgical AR-DRGs decreased by 3.9% and other AR-DRGs decreased by 3.7% in the same period (Figure 11).



**Figure 11: Separations for medical, surgical and other AR-DRGs version 5.0, public hospitals, Australia, 1999-00 to 2003-04**

- In private hospitals, separations with medical AR-DRGs increased by 36.4%, those with surgical AR-DRGs increased by 26.6% and those with other AR-DRGs increased by 27.1% (Figure 12).



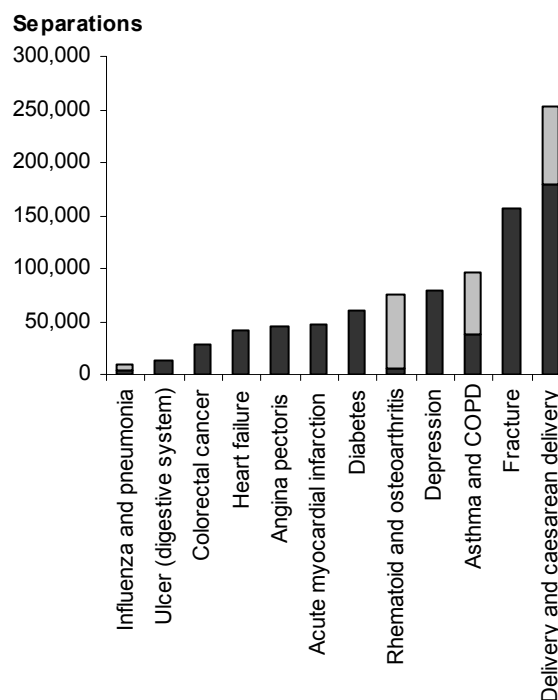
**Figure 12: Separations for medical, surgical and other AR-DRGs version 5.0, private hospitals, Australia, 1999-00 to 2003-04**

### Conditions treated

The conditions (diseases or injuries and poisonings) treated in hospitals are classified using the *International Classification of Diseases, 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, 38.4% of separations in 2003-04 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.
- 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 2003-04 the NHPAs were represented by some high-volume diagnoses. There were 155,841 separations with a principal diagnosis

of fracture; 37,887 separations with a principal diagnosis of asthma and 57,814 with chronic obstructive pulmonary disease (COPD); 76,208 separations with a principal diagnosis of arthritis; 45,523 separations with a principal diagnosis of angina pectoris; and 60,282 separations with a principal diagnosis of diabetes (Figure 13).



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

**Figure 13: Separations, by selected principal diagnosis, Australia, 2003-04**

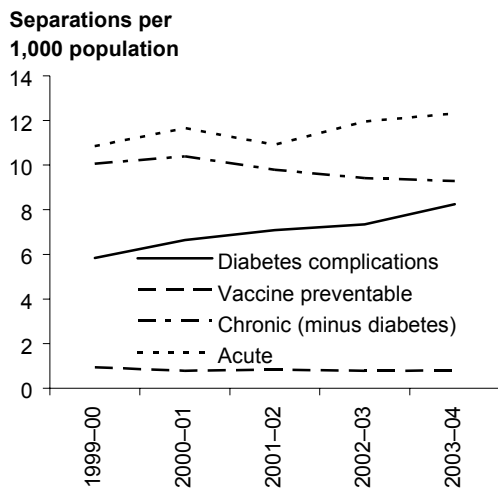
### Selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations presented in this report are those 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 9.1% of separations in 2003–04.

- Overall, the number of separations per 1,000 population for the selected potentially preventable hospitalisations increased by an average of 2.1% per year between 1999–00 and 2003–04.
- Some diseases can be prevented by vaccination. The number of separations per 1,000 population for these diseases decreased by an average of 4.1% per year between 1999–00 and 2003–04 (Figure 14).



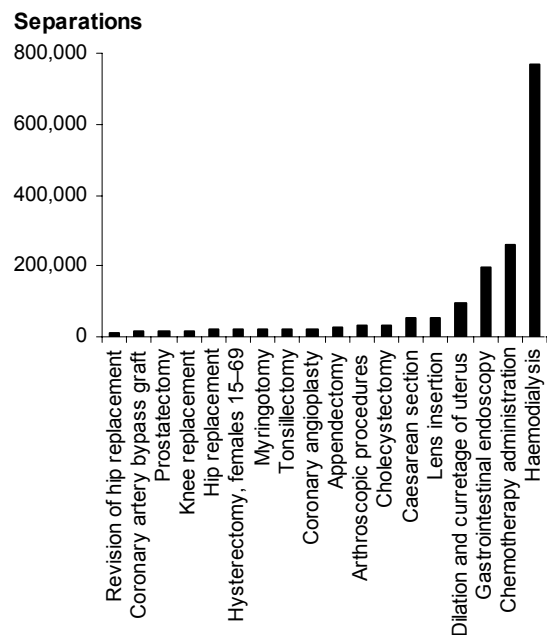
**Figure 14: Selected potentially preventable hospitalisations per 1,000 population, Australia, 1999–00 to 2003–04**

- For chronic conditions, excluding diabetes, potentially preventable hospitalisations per 1,000 population decreased by an average of 2.0% per year between 1999–00 and 2003–04.
- For diabetes complications, potentially preventable hospitalisations per 1,000 population increased by an average of 9.0% per year between 1999–00 and 2003–04.
- For acute conditions, potentially preventable hospitalisations fluctuated around 12 separations per 1,000 population between 1999–00 and 2003–04.

## 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 was reported for 80.6% of the separations in Australian hospitals in 2003–04.
- Overall, 56.1% per cent of separations that reported a procedure occurred in the public sector, while 43.9% occurred in the private sector. This reflects the fact that 73.6% of separations from the public sector recorded a procedure compared with 91.7% in the private sector.
- Separations in 2003–04 for selected high volume procedures and selected procedures that can be electively performed are shown in Figure 15.



**Figure 15: Separations for selected procedures, Australia, 2003–04**

- In 2003–04, high volume procedures included *Haemodialysis* (770,231 separations), *Chemotherapy administration* (260,891 separations), *Diagnostic gastrointestinal endoscopy* (193,856 separations), *Dilation and*

*curettage of uterus* (93,289 separations) and *Lens insertion* (54,002 separations).

- Some procedures are being increasingly undertaken in the private sector, for example caesarean sections.
- The number of separations for caesarean section increased by 30.7% between 1999–00 and 2003–04. They increased by 56.5% in the private sector and by 18.4% in the public sector.
- In 2003–04, 61.1% of the separations with a caesarean section were in the public sector and 38.9% were in the private sector (44,806 and 28,483 respectively), compared with 67.5% and 32.5% in 1999–00 (37,855 and 18,205 respectively) (Figure 16).

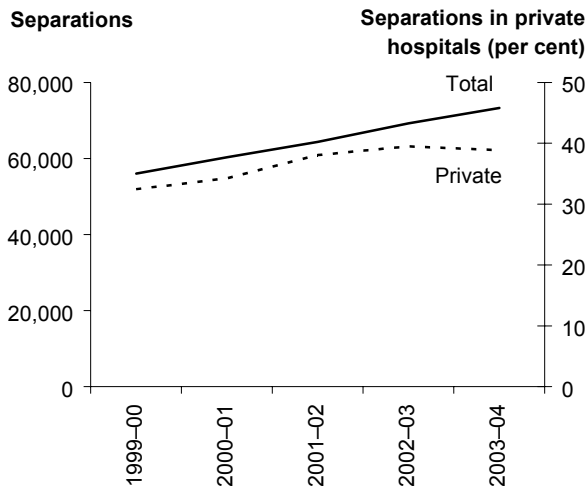


Figure 16: Separations for caesarean section and the proportion in private hospitals, Australia, 1999–00 to 2003–04

### Waiting times for elective surgery in public hospitals

The median waiting time for elective surgery in public hospitals in 2003–04 was 28 days. See *Chapter 6*.

- Ophthalmology, orthopaedic surgery, and ear, nose and throat surgery were the surgical specialties with the longest median waiting times (60, 46 and 35 days respectively) in 2003–04 (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).

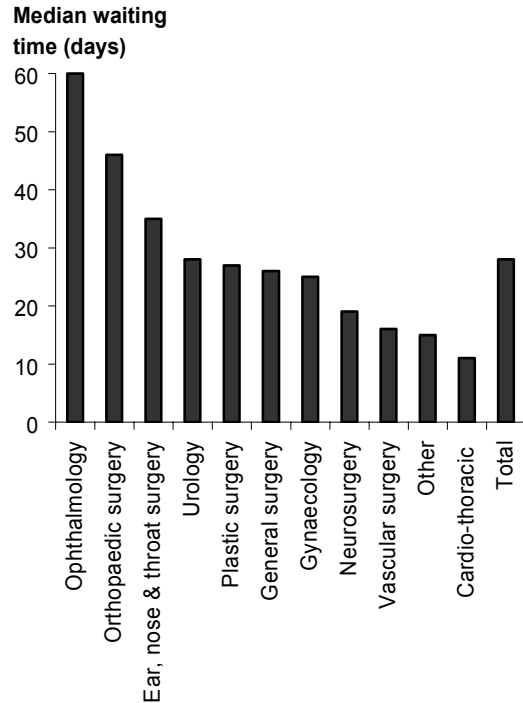


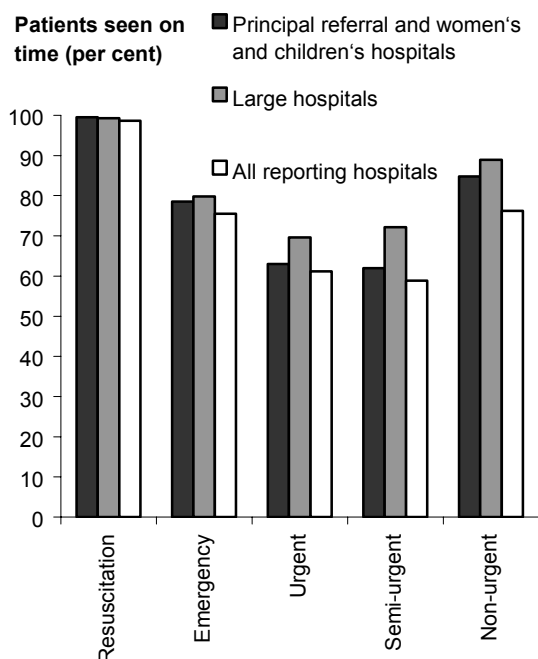
Figure 17: Public hospital median waiting time, by specialty of surgeon, Australia, 2003–04

### Emergency department care in public hospitals

About 5.9 million occasions of service were provided in public hospital emergency departments in 2003–04 (see *Chapter 5*).

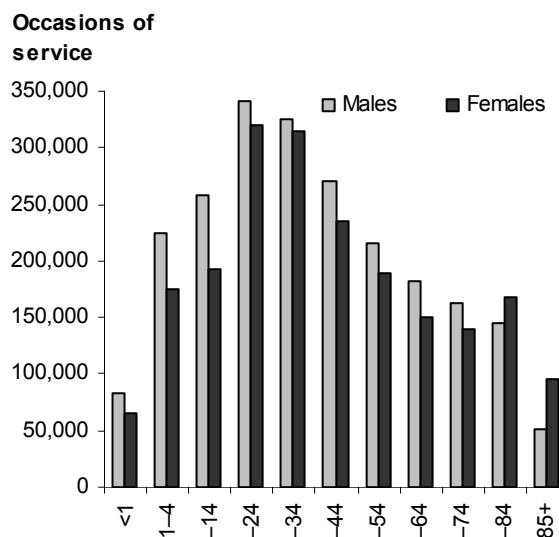
- Data on triage category and waiting times were available for about 75% of these occasions of service.
- A higher proportion of patients were seen on time (as defined in *Chapter 5*) in *Large hospitals* than in *Principal referral and women's and children's hospitals*. In *Large hospitals*, 74% of 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 *Principal referral and women's and children's hospitals*, 67% 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*, 70% of *Urgent* patients were seen on time compared with 63% in *Principal referral and 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, 2003-04**

- Data on patient age group and sex were available for about 73% of emergency department occasions of service, mainly those in *Principal referral and women's and children's hospitals* and *Large hospitals*.
- 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



**Figure 19: Emergency department occasions of service, by age group and sex, Australia, 2003-04**

department occasions of service (660,550, 15.3%) (Figure 19).

### Australian hospitals

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

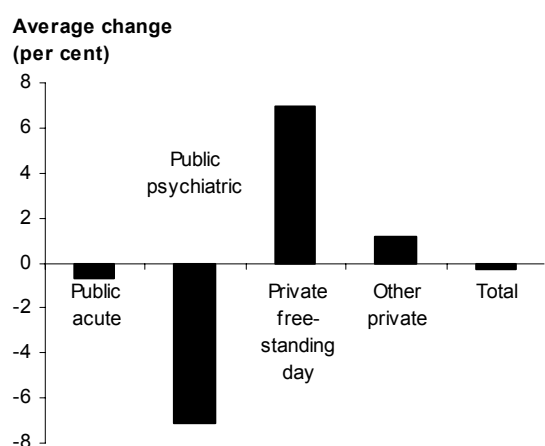
- There were 1,304 hospitals in Australia in 2003-04.
- There were 741 public acute hospitals and 20 public psychiatric hospitals.
- There were 247 private free-standing day hospital facilities and 296 other private hospitals.
- There has been a marked increase in the number of private free-standing day hospital facilities, from 125 in 1994-95 to 247 in 2003-04.
- The number of public psychiatric hospitals decreased from 35 facilities in 1994-95 to 20 facilities in 2003-04.

### 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 2003–04, there were 79,907 available beds in Australia.
- There were 50,915 available beds in public acute hospitals and 2,413 in public psychiatric hospitals.
- There were an estimated 1,715 available beds in private free-standing day hospital facilities and 24,866 in other private hospitals.
- There was a 2.8% reduction in available beds from 82,205 in 1994–95 to 79,907 in 2003–04, an average decrease of 0.3% annually.
- The number of available beds in public acute hospitals decreased by an average of 0.7% annually, from 54,579 in 1994–95 to 50,915 in 2003–04 (Figure 20).



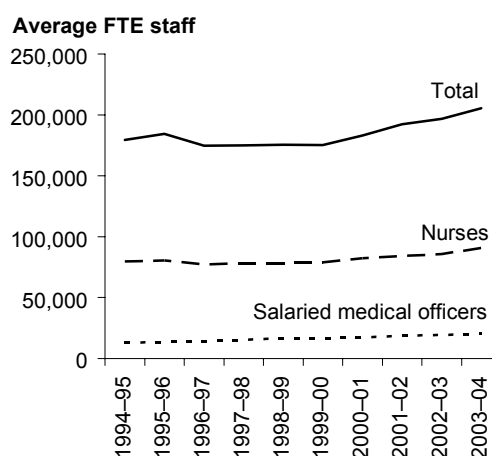
**Figure 20: Average annual change in the number of available beds, by type of hospital, Australia, 1994–95 to 2003–04**

- The number of available beds/chairs in private free-standing day hospital facilities increased by an average of 6.9% annually between 1994–95 and 2003–04 (from 917 to 1,715).

## 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 1.5% annually between 1994–95 (179,355) and 2003–04 (205,314). The number of salaried medical officers increased by an average of 4.9% annually over this period (from 13,094 to 20,182) and the number of nurses increased by an annual average of 1.5% (from 79,660 to 90,751).



**Figure 21: Average full-time equivalent staff, public hospitals, Australia, 1994–95 to 2003–04**

## Recurrent expenditure on public hospitals

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

- Recurrent expenditure on public acute and public psychiatric hospitals was \$20,013 million in 2003–04.
- The largest share of this expenditure was for salary payments, which accounted for 61.6% (\$12,334 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.

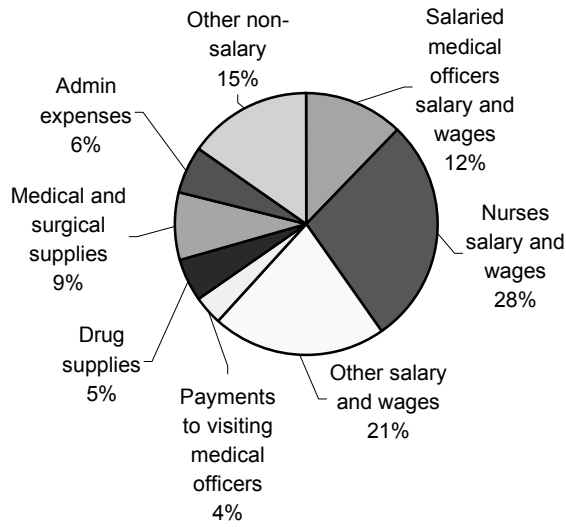


Figure 22: Recurrent expenditure, public hospitals, Australia, 2003-04

### Recurrent expenditure (cost) for providing care in public hospitals

The amount of recurrent expenditure for each 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 \$2,701 in 1999-00 to \$3,293 in 2003-04 (not adjusted for inflation).

- This represents a total increase of 21.9% in this period, an average increase of 3.8% annually (Figure 23).
- In 2003-04 the average cost comprised \$1,726 for non-medical labour expenditure, \$626 for medical labour expenditure and \$941 for other recurrent expenditure. Other recurrent expenditure costs include domestic services; repairs and maintenance; administration and medical, drug and food supplies.

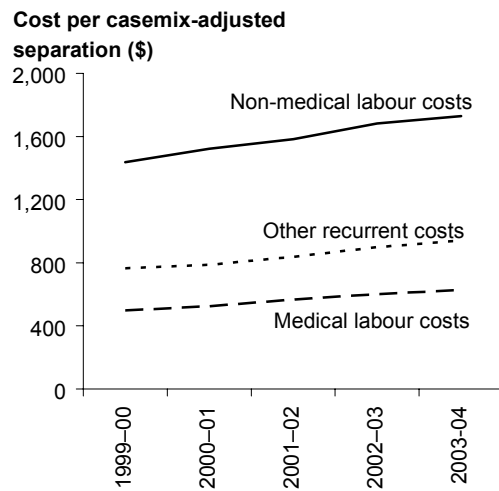


Figure 23: Cost per casemix adjusted separation, Australia, 1999-00 to 2003-04