

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. This chapter 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 in Tasmania 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 761 hospitals and 53,327 beds reported for 2003–04.

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 special 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 70.6% of hospitals had fewer than 50 beds, these small hospitals accounted for only 18.5% of available beds. The largest hospital had 820 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 (32,865).

Nationally, there were 2.7 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 3.2 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 2.5 beds per 1,000 population nationally in *Major cities*, to 2.9 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 Australian Capital Territory and Victoria). Thus, these data should be interpreted noting that 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 *Obstetric/maternity service*, *Intensive care unit* 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*. By 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 with, for example, all 6 *Acute spinal cord injury units* being located in *Major cities*. However, other services were more spread with 2 of the 13 *Burns units (level III)* being in *Regional* areas, while 67 *Obstetric/maternity services* were in *Major cities*, 169 in *Regional* hospitals and 24 in *Remote* hospitals.

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 that reported having an obstetric unit and reported less than one delivery a week on average to the National Hospital Morbidity Database. There are also a few hospitals that reported not having an obstetric unit, that 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 are 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, 205,314 full-time equivalent staff were employed in the public hospital sector in 2003–04. *Nurses* constituted 44.2% (90,751) 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 20,182 *Salaried medical officers* employed in public hospitals throughout Australia, representing 9.8% 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 due to problems in the collection of systematic data on the hours, sessions and/or services provided by VMOs in many hospitals. (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. South Australia, Tasmania, Victoria and New South Wales did not provide data on *Other personal care staff* and 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 *Non-salary expenditure*, is presented in Table 3.5. Nationally, recurrent expenditure by public acute and psychiatric hospitals was \$20,013 million in 2003–04.

There was an increase in expenditure of 9.3% (\$1.70 billion) in current prices between 2002–03 and 2003–04 (Table 2.1). In constant prices (referenced to 2001–02), national expenditure was \$19,299 million in 2003–04, and represented a real increase in expenditure of 5.4% over 2002–03.

The largest contributor to these increases was an increase in recurrent expenditure of \$819 million (current prices) by New South Wales, which included a \$515 million increase for salaries and wages expenditure.

The largest share of expenditure for 2003–04 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 62% of the \$20.0 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 are 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 6.0% 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* (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 \$1.64 billion in revenue in 2003–04. This was equivalent to 8.2% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure, however, varied among the states and territories. Public hospital revenue in Tasmania represented 14.1% of expenditure, whereas revenue in the Northern Territory and South Australia represented less than 5% 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.

There is also some inconsistency in the treatment of income from asset sales. Western Australia netted out asset sales in their capital expenditure accounts, and South Australia netted out land sales in their 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 would be largely reflected as expenditure in other jurisdictions' columns in Table 3.5. It would not be 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 2003–04, Western Australia spent \$150.7 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, South Australia and Victoria reported \$24.1 million, \$2.5 million and \$0.3 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 have not been published, due to commercial-in-confidence considerations. Data were not available for Queensland.

This 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 includes 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 Institute's annual publication *Health Expenditure Australia 2002–03* (AIHW 2004b). For 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 has been excluded from expenditure totals to ensure comparability across jurisdictions.

Table 3.1: Number of public acute and psychiatric hospitals^(a) and available beds^(b), by hospital size, states and territories, 2003–04

Hospital size ^(c)	NSW	Vic ^(d)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or less beds	25	30	70	21	9	18	1	0	174
More than 10 to 50 beds	120	58	72	52	53	6	0	2	363
More than 50 to 100 beds	34	20	13	8	9	0	0	1	85
More than 100 to 200 beds	28	16	11	7	3	1	1	1	68
More than 200 to 500 beds	18	18	9	3	5	2	1	1	57
More than 500 beds	6	2	3	2	1	0	0	0	14
Total	231	144	178	93	80	27	3	5	761
Available beds									
10 or less beds	101	188	257	158	59	106	10	..	879
More than 10 to 50 beds	3,171	1,384	1,791	1,086	1,382	128	..	50	8,991
More than 50 to 100 beds	2,434	1,466	947	527	617	..	..	60	6,051
More than 100 to 200 beds	4,295	2,382	1,714	972	504	131	175	164	10,337
More than 200 to 500 beds	5,647	5,444	2,777	1,029	1,643	784	498	295	18,118
More than 500 beds	3,760	1,086	2,302	1,183	621	..	..	..	8,952
Total	19,408	11,950	9,788	4,955	4,826	1,149	683	569	53,327

- (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. For example, in 2003–04 New South Wales increased the number of reporting public hospital units without changing the number of actual facilities. See Appendix 4 for more details.
- (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^(a), 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, 2003–04

Region	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities	72	48	19	19	14	..	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>	<i>139</i>	<i>94</i>	<i>81</i>	<i>37</i>	<i>44</i>	<i>22</i>	<i>0</i>	<i>1</i>	<i>418</i>
Remote	14	2	34	24	16	3	..	2	95
Very remote	6	..	44	13	6	2	..	2	73
<i>Total remote</i>	<i>20</i>	<i>2</i>	<i>78</i>	<i>37</i>	<i>22</i>	<i>5</i>	<i>..</i>	<i>4</i>	<i>168</i>
Total all regions	231	144	178	93	80	27	3	5	761
Available beds^(c)									
Major cities	12,863	8,399	4,713	3,234	2,973	..	683	..	32,865
Inner regional	4,468	2,800	2,032	335	469	880	0	..	10,984
Outer regional	1,765	736	2,123	746	918	241	..	295	6,824
<i>Total regional</i>	<i>6,233</i>	<i>3,536</i>	<i>4,155</i>	<i>1,081</i>	<i>1,387</i>	<i>1,121</i>	<i>0</i>	<i>295</i>	<i>17,808</i>
Remote	253	14	416	463	352	19	..	224	1,741
Very remote	58	..	504	177	115	9	..	50	913
<i>Total remote</i>	<i>311</i>	<i>14</i>	<i>920</i>	<i>640</i>	<i>467</i>	<i>28</i>	<i>0</i>	<i>274</i>	<i>2,654</i>
Total all regions	19,408	11,950	9,788	4,955	4,826	1,149	683	569	53,327
Ratio of available beds in area to 1,000 population resident in area									
Major cities	2.7	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Inner regional	3.2	2.7	2.1	1.4	2.4	2.9	..	..	2.6
Outer regional	3.7	2.9	3.2	4.0	5.2	1.5	..	2.7	3.4
<i>Total regional</i>	<i>3.4</i>	<i>2.7</i>	<i>2.5</i>	<i>2.5</i>	<i>3.7</i>	<i>2.4</i>	<i>0.0</i>	<i>2.7</i>	<i>2.9</i>
Remote	6.5	2.4	4.5	5.1	7.6	2.3	..	5.4	5.4
Very remote	7.3	..	9.4	3.5	8.4	3.5	..	1.0	5.1
<i>Total remote</i>	<i>6.7</i>	<i>2.4</i>	<i>6.3</i>	<i>4.5</i>	<i>7.8</i>	<i>2.6</i>	<i>..</i>	<i>3.0</i>	<i>5.3</i>
Total all regions	2.9	2.4	2.6	2.5	3.2	2.4	2.1	2.9	2.7

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

For example, in 2003–04 New South Wales increased the number of reporting public hospital units without changing the number of actual facilities. See Appendix 4 for more detail.

(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^(a) with specialised services, by Remoteness Area, states and territories, 2003–04

Specialised services	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Acute renal dialysis unit	17	10	10	5	4	2	1	2	51
Major city	13	8	3	5	4	0	1	0	34
Regional	4	2	7	0	0	2	0	1	16
Remote	0	0	0	0	0	0	0	1	1
Acute spinal cord injury unit	2	1	1	1	1	0	0	0	6
Major city	2	1	1	1	1	0	0	0	6
AIDS unit	7	3	4	1	1	0	1	1	18
Major city	7	3	3	1	1	0	1	0	16
Regional	0	0	1	0	0	0	0	0	1
Remote	0	0	0	0	0	0	0	1	1
Alcohol and drug unit	36	15	9	4	3	1	0	1	69
Major city	24	7	4	1	1	0	0	0	37
Regional	12	8	4	1	2	1	0	0	28
Remote	0	0	1	2	0	0	0	1	4
Burns unit (level III)	4	2	2	2	2	1	0	0	13
Major city	3	2	2	2	2	0	0	0	11
Regional	1	0	0	0	0	1	0	0	2
Cardiac surgery unit	11	7	3	4	2	1	1	0	29
Major city	11	7	2	4	2	0	1	0	27
Regional	0	0	1	0	0	1	0	0	2
Clinical genetics unit	11	7	1	2	2	0	1	0	24
Major city	8	6	1	2	2	0	1	0	20
Regional	3	1	0	0	0	0	0	0	4
Coronary care unit	46	28	21	3	10	3	2	2	115
Major city	29	14	10	3	5	0	2	0	63
Regional	17	14	10	0	5	3	0	1	50
Remote	0	0	1	0	0	0	0	1	2
Diabetes unit	23	18	11	5	8	3	1	1	70
Major city	21	15	7	5	8	0	1	0	57
Regional	2	3	4	0	0	3	0	1	13
Domiciliary care service	148	95	37	61	48	0	0	1	390
Major city	36	26	5	10	9	0	0	0	86
Regional	107	69	15	29	27	0	0	0	247
Remote	5	0	17	22	12	0	0	1	57
Geriatric assessment unit	49	33	8	29	15	2	1	0	137
Major city	32	21	3	8	8	0	1	0	73
Regional	17	12	4	18	6	2	0	0	59
Remote	0	0	1	3	1	0	0	0	5
Hospice care unit	34	24	8	19	21	1	1	0	108
Major city	16	6	5	0	5	0	1	0	33
Regional	18	18	3	14	12	1	0	0	66
Remote	0	0	0	5	4	0	0	0	9
Infectious diseases unit	11	13	8	3	5	0	1	1	42
Major city	10	13	6	3	5	0	1	0	38
Regional	1	0	2	0	0	0	0	0	3
Remote	0	0	0	0	0	0	0	1	1
Intensive care unit (level III)	37	16	19	4	5	2	1	2	86
Major city	24	12	11	4	4	0	1	0	56
Regional	13	4	8	0	1	2	0	1	29
Remote	0	0	0	0	0	0	0	1	1
In-vitro fertilisation unit	3	4	0	1	2	0	0	0	10
Major city	3	2	0	1	2	0	0	0	8
Regional	0	2	0	0	0	0	0	0	2
Maintenance renal dialysis centre	40	55	19	10	9	2	1	3	139
Major city	20	19	5	6	6	0	1	0	57
Regional	19	36	12	3	2	2	0	1	75
Remote	1	0	2	1	1	0	0	2	7

(continued)

Table 3.3 (continued): Number of public acute hospitals^(a) with specialised services, by Remoteness Area, states and territories, 2003–04

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total
Major plastic/reconstructive surgery unit	12	10	9	3	4	1	1	0	40
Major city	11	10	7	3	4	0	1	0	36
Regional	1	0	2	0	0	1	0	0	4
Neonatal intensive care unit (level III)	11	4	4	1	2	1	1	1	25
Major city	10	4	3	1	2	0	1	0	21
Regional	1	0	1	0	0	1	0	1	4
Neurosurgical unit	11	8	6	3	4	1	1	0	34
Major city	11	8	5	3	4	0	1	0	32
Regional	0	0	1	0	0	1	0	0	2
Nursing home care unit	58	77	6	35	47	0	0	0	223
Major city	2	12	0	2	3	0	0	0	19
Regional	49	65	3	17	30	0	0	0	164
Remote	7	0	3	16	14	0	0	0	40
Obstetric/maternity service	83	61	45	32	30	2	2	5	260
Major city	29	14	7	8	7	0	2	0	67
Regional	53	47	32	17	17	2	0	1	169
Remote	1	0	6	7	6	0	0	4	24
Oncology unit	31	33	9	5	7	3	2	0	90
Major city	23	16	7	4	7	0	2	0	59
Regional	8	17	2	1	0	3	0	0	31
Psychiatric unit/ward	42	28	18	16	8	3	2	2	119
Major city	29	21	9	13	8	0	2	0	82
Regional	13	7	9	3	0	3	0	1	36
Remote	0	0	0	0	0	0	0	1	1
Refractory epilepsy unit	5	6	0	3	2	1	0	0	17
Major city	5	6	0	3	2	0	0	0	16
Regional	0	0	0	0	0	1	0	0	1
Rehabilitation unit	55	25	15	8	14	2	1	2	122
Major city	32	15	7	7	5	0	1	0	67
Regional	23	10	8	1	9	2	0	1	54
Remote	0	0	0	0	0	0	0	1	1
Sleep centre	12	7	5	2	4	0	0	0	30
Major city	12	7	4	2	4	0	0	0	29
Regional	0	0	1	0	0	0	0	0	1
Specialist paediatric service	44	26	27	8	8	2	2	3	120
Major city	23	13	9	4	4	0	2	0	55
Regional	21	13	16	2	4	2	0	1	59
Remote	0	0	2	2	0	0	0	2	6
Transplantation unit—bone marrow	12	7	5	3	3	1	1	0	32
Major city	12	7	5	3	3	0	1	0	31
Regional	0	0	0	0	0	1	0	0	1
Transplantation unit—heart (including heart/lung)	1	2	1	1	0	0	0	0	5
Major city	1	2	1	1	0	0	0	0	5
Transplantation unit—liver	2	2	2	1	1	0	0	0	8
Major city	2	2	2	1	1	0	0	0	8
Transplantation unit—pancreas	1	1	0	1	0	0	0	0	3
Major city	1	1	0	1	0	0	0	0	3
Transplantation unit—renal	9	6	1	3	1	0	0	0	20
Major city	9	6	1	3	1	0	0	0	20

(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.

Table 3.4: Average full-time equivalent staff^(a), public acute and psychiatric hospitals, states and territories, 2003–04

Staffing category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(b)	Tas ^(f)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	6,700	5,389	3,602	1,883	1,678	367	317	246	20,182
Registered nurses	n.a.	n.a.	12,444	7,330	6,081	1,608	1,254	906	n.a.
Enrolled nurses	n.a.	n.a.	2,217	828	1,701	198	225	35	n.a.
Student nurses	..	..	..	..	31	..	..	..	31
<i>Total nurses</i>	<i>31,865</i>	<i>24,028</i>	<i>14,661</i>	<i>8,158</i>	<i>7,813</i>	<i>1,806</i>	<i>1,479</i>	<i>941</i>	<i>90,751</i>
Other personal care staff	n.a.	n.a.	742	6	n.a.	n.a.	125	14	n.a.
Diagnostic & allied health professionals	10,005	10,784	3,231	2,230	1,965	349	349	261	29,174
Administrative & clerical staff	11,536	9,042	4,667	3,120	2,739	504	523	364	32,495
Domestic & other staff	11,679	6,441	6,222	3,674	2,149	984	192	484	31,825
Total staff	71,785	55,684	33,125	19,071	16,344	4,010	2,985	2,310	205,314

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2004 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) *Other personal care staff* for Western Australia excludes staff on retention who do not work regular hours. Many hospitals were unable to provide a split between nurse categories and these have been reported as *Registered nurses*.

(f) Data for 2 small Tasmanian privately operated hospitals were not supplied. *Other personal care staff* are included in *Domestic & other staff*.

n.a. Not available.

.. Not applicable.

Table 3.5: Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2003–04

Recurrent expenditure category	NSW ^(b)	Vic	Qld ^(c)	WA	SA ^(d)	Tas ^(e)	ACT	NT ^(f)	Total
Salary and wages expenditure									
Salaried medical officers	783,047	717,627	379,564	261,724	180,214	37,663	42,416	32,041	2,434,296
Registered nurses	n.a.	n.a.	745,466	464,052	371,021	92,859	80,020	59,204	1,812,622
Enrolled nurses	n.a.	n.a.	96,394	36,882	76,764	8,473	11,159	1,796	231,468
Student nurses	..	..	..	..	1,804	..	..	..	1,804
Total nurses	2,080,299	1,497,320	841,860	500,934	449,589	101,332	91,179	61,000	5,623,513
Other personal care staff	n.a.	n.a.	28,417	223	n.a.	n.a.	5,330	748	34,718
Diagnostic & allied health professionals	537,973	467,542	192,009	122,282	98,884	20,767	18,082	16,217	1,473,756
Administrative & clerical staff	581,036	401,502	196,407	141,515	116,522	20,517	26,464	19,878	1,503,841
Domestic & other staff	431,136	274,688	240,589	144,567	75,066	47,088	7,669	20,229	1,241,032
Salary expenditure category, not further categorised	..	23,216	..	..	..	..	..	..	23,216
Total salary & wages expenditure	4,413,491	3,381,895	1,878,846	1,171,245	920,275	227,367	191,140	150,113	12,334,372
Non-salary expenditure									
Payments to visiting medical officers	374,039	127,097	61,780	67,201	69,433	12,518	23,320	1,643	737,031
Superannuation payments	403,806	308,796	185,292	106,388	84,417	25,183	22,638	12,530	1,149,050
Drug supplies	364,405	268,063	167,753	107,624	75,694	17,441	11,711	13,508	1,026,199
Medical & surgical supplies	632,467	443,199	313,031	138,746	93,412	38,627	31,276	16,698	1,707,456
Food supplies	103,666	57,660	27,071	15,852	11,792	5,266	3,555	2,267	227,129
Domestic services	172,159	123,348	91,706	65,667	43,477	12,172	13,983	9,511	532,023
Repairs & maintenance	173,787	105,732	68,673	47,179	54,090	16,972	8,714	5,277	480,424
Patient transport	49,216	27,629	18,552	17,006	13,938	2,540	877	9,405	139,163
Administrative expenses	410,969	392,622	173,242	84,557	46,670	25,206	23,339	13,584	1,170,189
Interest payments	3,036	0	5	13,152	1,847	n.a.	78	n.a.	18,118
Depreciation	309,201	187,475	192,868	60,593	382	n.a.	14,461	2,436	n.a.
Other recurrent expenditure	147,927	127,826	10,317	12,475	140,853	18,258	20,188	8,018	485,862
Non-salary expenditure, not further categorised	..	6,227	..	..	..	..	..	..	6,227
Total non-salary expenditure excluding depreciation	2,835,477	1,988,199	1,117,422	675,847	635,623	174,183	159,679	92,441	7,678,871
Total non-salary expenditure including depreciation	3,144,678	2,175,674	1,310,290	736,440	636,005	n.a.	174,140	94,877	n.a.
Total expenditure excluding depreciation	7,248,968	5,370,094	2,996,268	1,847,092	1,555,898	401,550	350,819	242,554	20,013,243
Public acute hospitals	7,018,419	5,340,651	2,914,702	1,799,260	1,473,934	395,122	350,819	242,554	19,535,461
Psychiatric hospitals	230,549	29,443	81,566	47,832	81,964	6,428	..	..	477,782
Total expenditure including depreciation	7,558,169	5,557,569	3,189,136	1,907,685	1,556,280	n.a.	365,280	244,990	n.a.
Public acute hospitals	7,316,924	5,526,883	3,100,765	1,858,728	n.a.	n.a.	365,280	244,990	n.a.
Psychiatric hospitals	241,245	30,686	88,371	48,957	n.a.	n.a.	..	..	n.a.

- (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) Pathology services are purchased from a statewide pathology service rather than being provided by hospital employees.
- (d) 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.
- (e) Tasmanian data for five small hospitals were not supplied. *Other personal care staff* are reported as part of *Domestic & other staff*.
- (f) *Interest payments* are not reported.
- .. Not applicable.
- n.a. Not available.

Table 3.6: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2003–04

Revenue source	NSW	Vic	Qld^(a)	WA	SA	Tas^(b)	ACT	NT	Total
Patient revenue	489,373	169,890	69,441	61,055	53,965	34,671	17,943	7,892	904,230
Recoveries	155,065	66,103	25,924	22,030	51	10,800	6,260	2,779	289,012
Other revenue ^(c)	96,086	229,008	66,898	24,712	14,374	11,270	4,321	32	446,701
Total revenue	740,524	465,001	162,263	107,797	68,390	56,741	28,524	10,703	1,639,943
Public acute hospitals	727,390	463,616	157,453	106,423	66,581	56,146	28,524	10,703	1,616,836
Psychiatric hospitals	13,134	1,385	4,810	1,374	1,809	595	..	..	23,107

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

(b) Tasmanian data for 5 small hospitals were not supplied.

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

.. Not applicable.