Australian hospital statistics 2005–06

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Foreword

Australian hospital statistics brings together every year an authoritative suite of statistics and information about what is happening within the public and private sectors of Australia's hospital system. It is the product of co-operation between all state and territory health authorities and the Australian Government, collated and analysed by the AIHW. The Institute's independence and expertise underpins our role in publishing this information for the use of policy makers, service providers and the general public.

We strive to make the information as policy relevant and user-friendly as possible. Where appropriate we make comparisons between jurisdictions, areas of residence, and Indigenous and other persons. We also include comparisons over time of hospital activity.

As might be expected, this report demonstrates that the growth in activity and expenditure within Australia's hospitals is continuing, with the strongest activity growth occurring within public acute hospitals. Same-day separations remain on the increase, with public hospitals picking up a larger part of the same-day increase. The length of stay for overnight cases remains fairly constant.

The rate of hospitalisation for Aboriginal and Torres Strait Islander peoples is double that for other persons. Similarly the rate of hospitalisation for people who live in very remote areas of Australia is double that for people living in major cities.

The growing burden of disease attributable to chronic conditions is reflected in part by increased separation rates for selected chronic diseases. For example, the separation rate for complications of diabetes has increased by an average of 8.6% per year between 2001–02 and 2005–06.

The report also shows that the National Health Priority Areas were represented by high numbers of separations for some diagnoses, and records a notable growth in coronary artery bypass graft and coronary angioplasty, in both the public and private sectors.

This year the information on performance has been considerably improved, with the provision of time series information against the performance indicators in Chapter 4 and improvements in the tables to make the information more accessible to readers.

Accompanying this report is a suite of additional statistical information on our website. This includes interactive online data cubes from hospital databases. The report itself can also be accessed from the website.

Timely reporting of this information involves a chain of responsibilities, from hospital clinicians and administrative staff through state and territory authorities to the AIHW's database and analysis teams. We continue to strive for timely reporting and to improve the quality and usefulness of the report. We welcome comments from readers.

Penny Allbon

Director

May 2007

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- Jenny Hargreaves (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)
- Louise Edmonds (Australian Capital Territory Department of Health)
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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ALOS	Average length of stay
AMI	Acute myocardial infarction
AR-DRG	Australian Refined Diagnosis Related Group
ave	Average
behav.	Behavioural
Cat.	Catastrophic
CC	Complication and/or comorbidity
COPD	Chronic obstructive pulmonary disease
dis.	Diseases
DHAC	Department of Health and Aged Care
DoHA	Department of Health and Ageing
DRG	Diagnosis Related Group
ECMO	Extracorporeal membrane oxygenation
ECT	Electroconvulsive therapy
ESWT	Elective surgery waiting times
exp.	Exposure to
FTE	Full-time equivalent
HASAC	Health and Allied Services Advisory Council
HDSC	Health Data Standards Committee
HIV	Human immunodeficiency virus
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
IFRAC	Admitted patient fraction
inv.	Involving
mal.	Malignant
MDC	Major Diagnostic Category
mis	Misadventure
n.a.	Not available
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NCCH	National Centre for Classification in Health
n.e.c.	Not elsewhere classified
NHCDC	National Hospital Cost Data Collection
NHDC	National Health Data Committee
NHMBWG	National Health Ministers' Benchmarking Working Group
NHMD	National Hospital Morbidity Database
NHPA	National Health Priority Area
NHPC	National Health Performance Committee
NOCD	National Outpatient Care Database
NPHED	National Public Hospital Establishments Database
n.p.	Not published
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
op.	Operation
O.R.	Operating room
PICQ	Performance Indicators for Coding Quality
PPH	Potentially preventable hospitalisation
proc(s)	Procedure(s)
Qld	Queensland
RRMA	Rural, Remote and Metropolitan Area
RSI	Relative stay index
SA	South Australia
SCRGSP	Steering Committee for the Review of Government Service Provision
SEIFA	Socio-Economic Indexes for Areas
sep.	Separation

sev	Severe
SLA	Statistical local area
SRG	Service related group
SRR	Standardised separation rate ratio
Tas	Tasmania
Vic	Victoria
VMO	Visiting medical officer
W	With
W/O	Without
WA	Western Australia
. .	Not applicable

Summary

Australian hospital statistics 2005–06 is the thirteenth annual report on the characteristics and activity of Australia's hospitals. Hospitals included in the report include public acute care and psychiatric hospitals, public non-acute hospitals, private free-standing day hospital facilities and other private hospitals.

This report describes information on a variety of aspects of Australia's hospital services, including admitted patient care, elective surgery waiting times, non-admitted emergency department care, outpatient care, and public hospital expenditure and resources.

Admitted patient care

During 2005–06, there were 7.3 million separations from Australian hospitals accounting for over 24.3 million patient days, compared to 7.0 million separations and 23.8 million patient days in 2004–05. The majority of separations (61%) and patient days (67%) were from public acute hospitals. Most separations were for same-day care (55%). The average length of stay for all hospitals has decreased by 21.4% between 1996–97 and 2005–06 from 4.2 days to 3.3 days. In 2005–06 for public acute hospitals, the average length of stay was 3.7 days; in private hospitals it was 2.6 days.

In 2005–06, 37.4% of separations had a principal diagnosis that derived from one of five groups of conditions: *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 were represented by some high-volume diagnoses. There were over 164,000 separations with a principal diagnosis of fracture; almost 38,000 separations with a principal diagnosis of asthma; and over 57,000 with chronic obstructive pulmonary disease. There were almost 85,000 separations with a principal diagnosis of arthritis and almost 78,000 with a principal diagnosis of angina pectoris.

Females accounted for 53% of hospital separations with a separation rate of 377 per 1,000 compared to 338 per 1,000 for males. Indigenous Australians had high rates of hospitalisation with a separation rate of 623 per 1,000 population compared to 360 per 1,000 for other persons (noting that the Indigenous status data need improvement).

Waiting times for elective surgery

In 2005–06, there were almost 557,000 admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection. The median waiting time for elective surgery in public hospitals was 32 days. *Cardio-thoracic surgery* had the shortest median waiting time (12 days); *Ophthalmology* had the longest median waiting time (69 days). Approximately 4.6% of people admitted for elective surgery from the elective surgery waiting lists had waited more than 365 days.

Emergency department care

In 2005–06, there were approximately 6.3 million accident and emergency department occasions of service provided in Australia's public hospitals. Of those occasions of service for

which triage category and waiting times data are available (approximately 4.9 million presentations), 69% were seen within the time specified as appropriate for their triage category. In *Principal referral and Specialist women and children's hospitals*, the proportion seen on time was 65%, in *Large hospitals* the proportion was 73%.

Outpatient activity

Excluding services in emergency departments, there were approximately 38 million non-admitted patient occasions of service in public hospitals during 2005–06. Approximately 15 million of these occasions of service were in outpatient clinics. Of those outpatient episodes for which clinic-level information was available (approximately 11.4 million episodes), 2.4 million were occasions of service in *Allied health* clinics, and 2.1 million were in *Medical* clinics. Records were also provided for approximately 129,000 group occasions of service. Approximately 83,000 of these group sessions occurred in *Allied health* clinics.

Hospital resources and expenditure

In 2005–06, Australia had 736 public acute hospitals, 19 public psychiatric hospitals, 252 private free-standing day hospital facilities and 284 other private hospitals. In 2005–06, there were almost 82,000 available hospital beds in Australia, with almost 55,000 available beds in public acute and psychiatric hospitals and over 27,000 available beds in private hospitals. The number of available beds in public acute hospitals decreased by an average of 0.3% annually, and the number of available beds/chairs in private free-standing day hospital facilities increased by an average of 6.0% annually, between 1996–97 and 2005–06.

The number of full-time equivalent staff in public acute and public psychiatric hospitals increased by an average of 2.7% between 1996–97 (174,695) and 2005–06 (221,379). The number of salaried medical officers increased by an average of 5.4% per year over that period (from 14,210 full time equivalents to 22,858).

Recurrent expenditure on public acute and public psychiatric hospitals was $23,991 million in 2005–06, 5.6% greater than expenditure in 2004–05 after adjusting for inflation. *Salary payments* accounted for 62.1% of total recurrent expenditure in 2005–06, and *Medical and surgical supplies* accounted for 9% of total recurrent expenditure. The average cost per separation was $3,698 excluding depreciation and $3,839 including depreciation.

Hospitals at a glance

Australian hospital statistics 2005–06 provides a thirteenth year of comprehensive annual statistical reporting by the Australian Institute of Health and Welfare on the characteristics and activity of Australian hospitals. A summary of the report's information on Australian hospitals is presented below. 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 2004–05 and 2005–06

- There were 7,311,983 separations and 24,330,653 patient days in 2005–06, compared with 7,018,850 separations and 23,828,612 patient days in 2004–05.
- Separations increased by 4.5% for public acute hospitals and by 3.3% for private hospitals after adjusting for coverage changes.
- With the same adjustments, separations increased by 4.3% for public patients and by 3.7% for private patients, and separations for which private health insurance was reported as the funding source increased by 4.2%.
- With the same adjustments, the number of patient days increased by 2.8% in public acute hospitals and by 1.8% in private hospitals.
- With the same adjustments for coverage changes, the number of same-day separations increased by 5.6% in public acute hospitals and by 4.1% in private hospitals and overnight separations increased by 3.4% and 1.8% respectively.

Changes between 1996–97 and 2005–06

- Separations from all hospitals increased by 37.3% (not adjusted for coverage change). Separations increased by 22.8% in public acute hospitals and by 68.9% in private hospitals (including free-standing day hospital facilities).

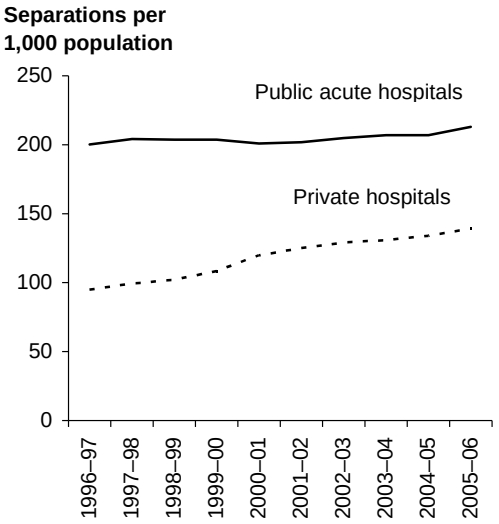


Figure 1: Separations per 1,000 population, public acute and private hospitals, Australia, 1996–97 to 2005–06

- Separations per 1,000 population increased by 6.4% for public acute hospitals and by 46.6% for private hospitals (Figure 1).

- The number of patient days in public acute hospitals increased by 7.2%.For private hospitals patient days increased by 25.8%.
- Patient days per 1,000 population decreased by 10.5% for public acute hospitals and increased by 2.7% for private hospitals (Figure 2).
- For stand-alone public psychiatric hospitals, separations per 1,000 population fell by 36.7% and there was a 57.8% fall in patient days per 1,000 population. This accompanied a fall in the number of public psychiatric hospitals.

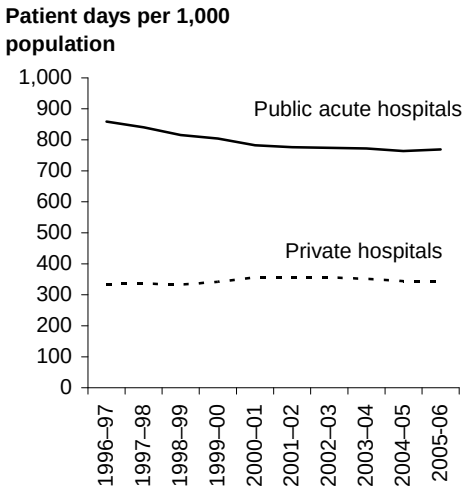


Figure 2: Patient days per 1,000 population, public acute and private hospitals, Australia, 1996–97 to 2005–06

- In 1996–97, 68.0% of separations and 68.1% of patient days in acute care hospitals were in public acute hospitals. By 2005–06, these percentages had fallen to 60.9% and 67.1%, respectively, showing a shift in hospital use from public acute to private hospitals overall, during this period.

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 1996–97 (44.7%) and 2005–06 (55.3%).
- The number of same-day separations increased by 5.1% between 2004–05 and 2005–06 compared with a 3.1% increase in overnight separations. Same-day separations increased by 5.5% in public hospitals and by 4.6% in private hospitals.
- The average length of stay in hospitals was 3.4 days in 2004–05 and 3.3 days 2005–06.
- The average length of stay decreased by 21.4% between 1996–97 and 2005–06, from 4.2 days to 3.3 days. The average length of private hospital stays decreased to 2.6 days, and that of public acute hospital stays decreased to 3.7 days (Figure 3).

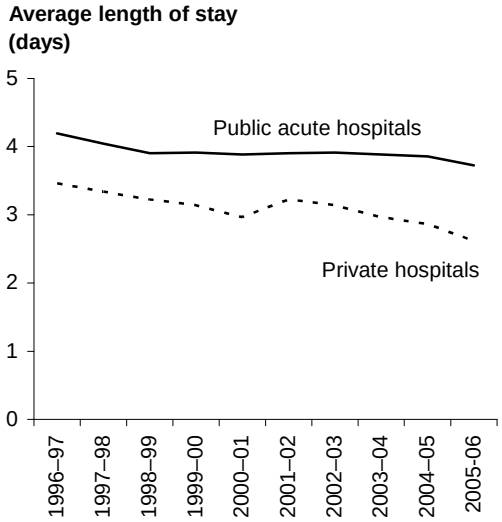


Figure 3: Average length of stay, public acute and private hospitals, Australia, 1996–97 to 2005–06

- Average lengths of stay have remained relatively constant over this period for patients staying at least one night. They were 6.3 days in public acute hospitals and 5.4 days in private hospitals in 2005–06 (Figure 4).

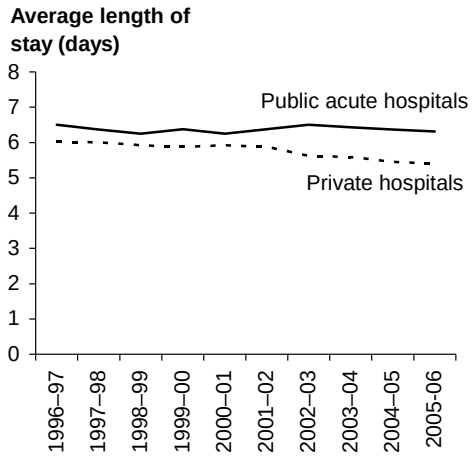
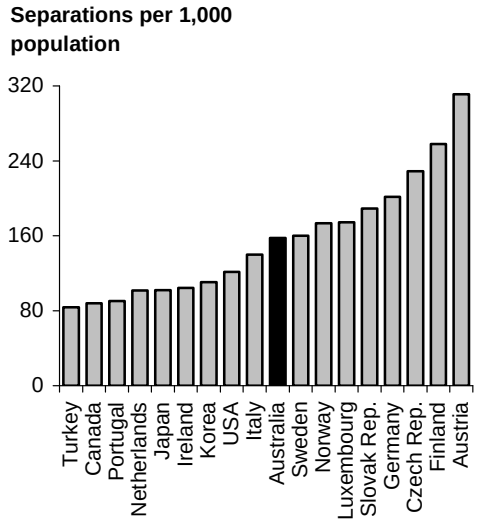


Figure 4: Average length of stay for overnight separations, public acute and private hospitals, Australia, 1996–97 to 2005–06

International comparisons



Abbreviation: Reb.—republic.

Notes:

1. Data for Canada, Japan, Italy, the USA and Germany are for 2002–03.
2. Data for OECD countries vary in collection periods, from financial year, fiscal year and calendar year.

Figure 5: Overnight separations per 1,000 population, Australia, 2004–05 and selected OECD countries

- The number of overnight separations per 1,000 population in Australia for 2003–04 was in the middle of the range reported by other OECD countries for recent years (Figure 5, OECD 2006).
- Comparability of international separation rates is likely to be affected by differences in definitions of hospitals, collection periods and in admission practices.

Age group and sex

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

- In 2005–06, there were 3,873,645 separations for females compared with 3,438,248 separations for males, 53.0% and 47.0% of separations respectively.
- Overall, in 2005–06 there were 376.8 separations per 1,000 population for females, compared with 338.0 separations per 1,000 population for males (Figure 6).

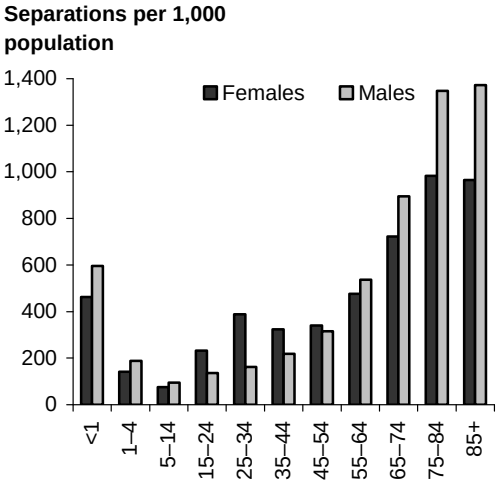


Figure 6: Separations per 1,000 population, by age group and sex, Australia, 2005–06

- 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 2001–02 and 2005–06. These increases were very marked for both females and males aged 55 and over. Most notably, separations increased by 26.0% for females aged 55–64 years and by 42.2% 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.

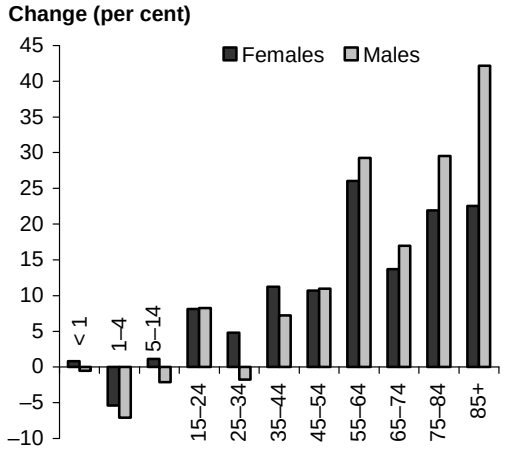


Figure 7: Change in the number of separations (per cent), by age group and sex, Australia, 2001–02 to 2005–06

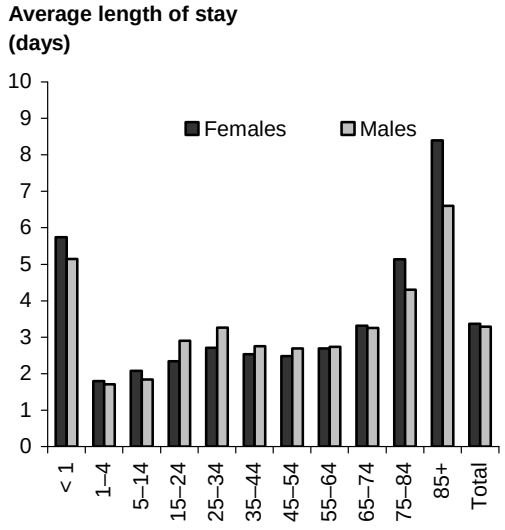


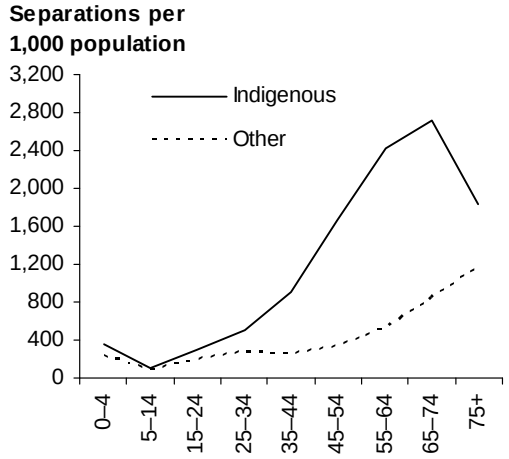
Figure 8: Average length of stay, by age group and sex, Australia, 2005–06

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

Aboriginal and/or Torres Strait Islander peoples

Those identifying as being of Aboriginal and/or Torres Strait Islander origin, had higher separation rates in 2005–06 than other persons. See *Chapter 8*.

- In 2005–06, the crude separation rate for Indigenous persons (623.1 per 1,000 population) was about double the rate for other persons (360.1 per 1,000 population). It was higher for all age groups, particularly for ages 35 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, 2005–06

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 (453.8 separations per 1,000 population) and lowest for patients living in major cities (200.1 separations per 1,000 population).
- Separation rates for private hospitals were highest for patients living in major cities (148.6 separations per 1,000 population) and lowest for patients living in very remote areas (51.2 separations per 1,000 population).
- 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.

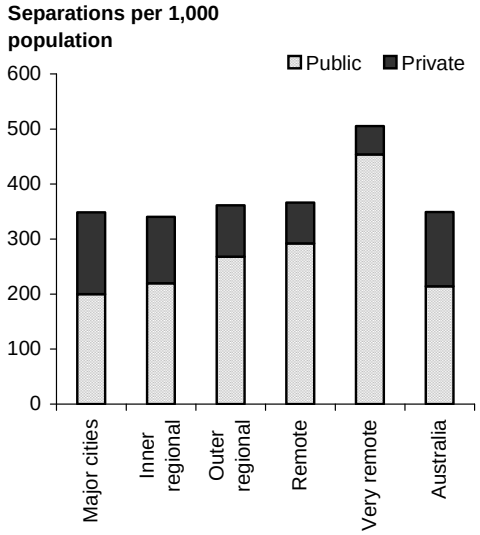
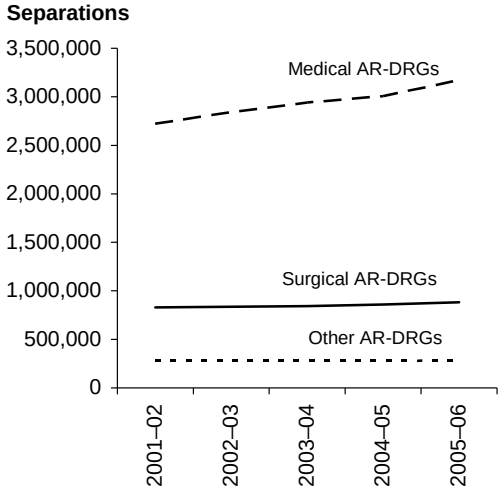


Figure 10: Separations per 1,000 population, by Remoteness Area of usual residence and hospital sector, Australia, 2005–06

Overall type of care

Separations were 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*.

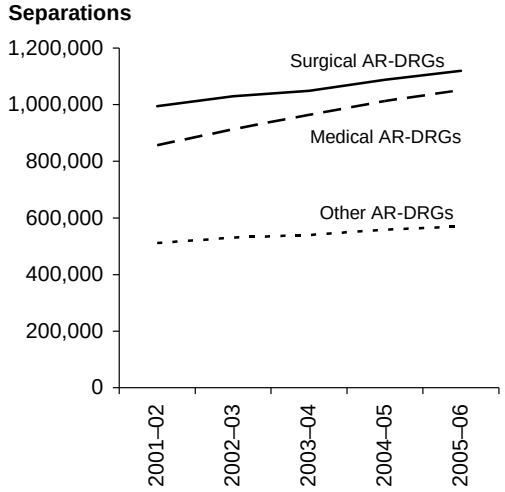
- In public acute hospitals, separations with *Medical AR-DRGs* increased by 16.5% between 2001–02 and 2005–06. Separations with *Surgical AR-DRGs* increased by 6.3% and *Other AR-DRGs* increased by less than 0.1% in the same period (Figure 11).



Note: AR-DRG version 5.0 was used for data in 2005–06.

Figure 11: Separations for medical, surgical and other AR-DRGs version 5.0, public hospitals, Australia, 2001–02 to 2005–06

- In private hospitals, separations with *Medical AR-DRGs* increased by 22.8%, those with *Surgical AR-DRGs* increased by 12.6% and those with *Other AR-DRGs* increased by 11.4% (Figure 12).



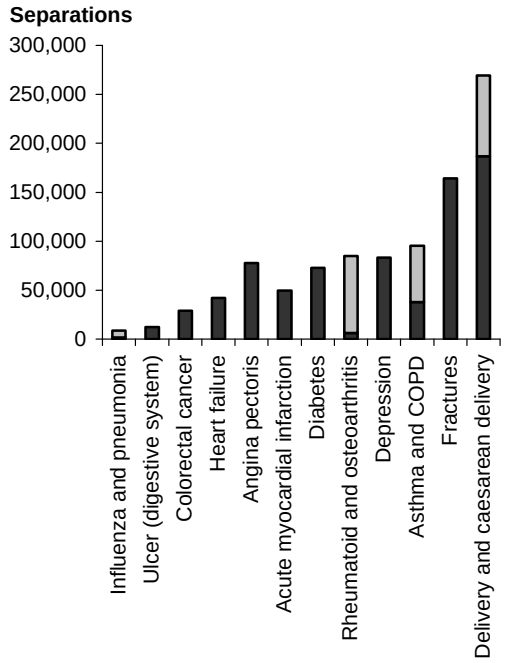
Note: AR–DRG version 5.0 was used for data from 2005–06.

Figure 12: Separations for medical, surgical and other AR-DRGs version 5.0, private hospitals, Australia, 2001–02 to 2005–06

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, 37.4% of separations in 2005–06 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 2005–06, the NHPAs were represented by some high-volume diagnoses. There were 164,360 separations with a principal diagnosis of fracture; 37,930 with a principal diagnosis of asthma and 57,538 with a principal diagnosis of chronic obstructive pulmonary disease (COPD); 84,999 with a principal diagnosis of arthritis; 77,582 with a principal diagnosis of angina pectoris; and 72,745 with a principal diagnosis of diabetes (Figure 13).



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

Figure 13: Separations, by selected principal diagnosis, Australia, 2005–06

Selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations presented in this report are thought to be avoidable if timely and adequate non-hospital care is provided. 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*.

- Selected potentially preventable hospitalisations represented 9.3% of all separations in 2005–06.
- Overall, the number of separations per 1,000 population for the selected potentially preventable hospitalisations increased by an average of 2.9% per year between 2001–02 and 2005–06.
- Some diseases can be prevented by vaccination. The number of separations per 1,000 population for these diseases decreased by an average of 5.7% per year between 2001–02 and 2005–06 (Figure 14).

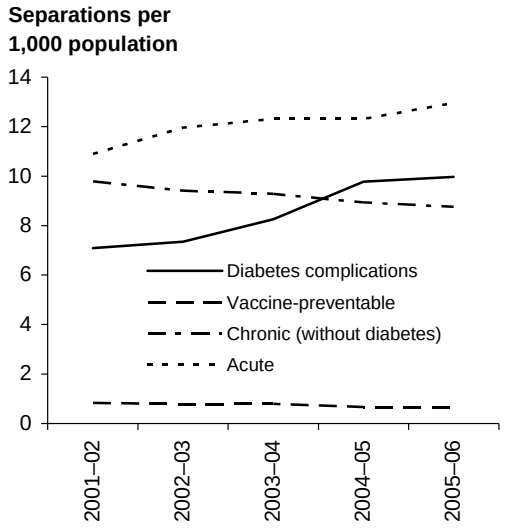


Figure 14: Selected potentially preventable hospitalisations per 1,000 population, Australia, 2001–02 to 2005–06

- For chronic conditions, excluding diabetes, potentially preventable hospitalisations per 1,000 population decreased by an average of 2.8% per year between 2001–02 and 2005–06.
- For diabetes complications, potentially preventable hospitalisations per 1,000 population increased by an average of 8.6% per year between 2001–02 and 2005–06.
- For acute conditions, potentially preventable hospitalisations per 1,000 population increased by an average of 4.2% per year between 2001–02 and 2005–06.

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 81.5% of the separations in Australian hospitals in 2005–06.
- Overall, 55.8% of separations that reported a procedure occurred in the public sector. Overall, 74.5% of separations from the public sector recorded a procedure compared with 92.5% in the private sector.

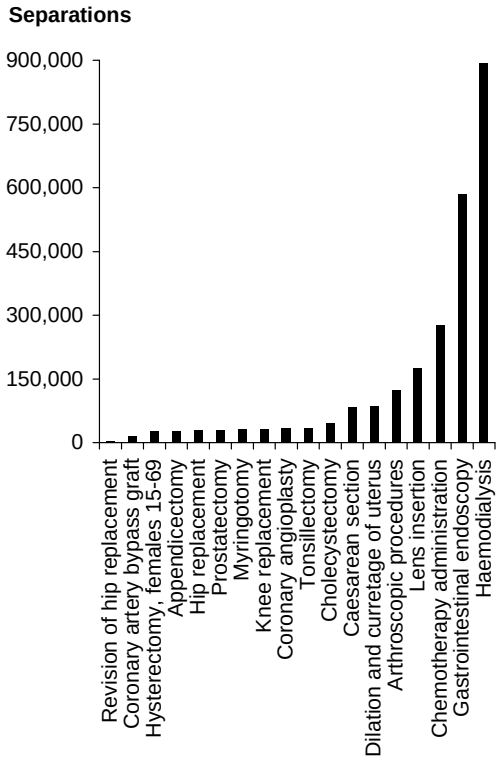


Figure 15: Separations with selected procedures, Australia, 2005–06

- Separations in 2005–06 for selected high-volume procedures and selected procedures that can be electively performed are shown in Figure 15.
- In 2005–06, high-volume procedures included *Haemodialysis* (892,847

separations), *Gastrointestinal endoscopy* (584,569 separations), *Chemotherapy administration* (277,570 separations), *Lens insertion* (175,631 separations) and *Arthroscopic procedures* (124,700 separations).

- The number of separations for coronary artery bypass graft and coronary angioplasty increased by 22.0% between 2001–02 and 2005–06. They increased by 17.9% in the private sector and by 25.7% in the public sector.
- In 2005–06, 54.7% of the separations with a coronary artery bypass graft or coronary angioplasty were in the public sector and 45.3% were in the private sector (26,745 and 22,182 respectively), compared with 53.1% and 46.9% in 2001–02 (21,285 and 18,809 respectively) (Figure 16).

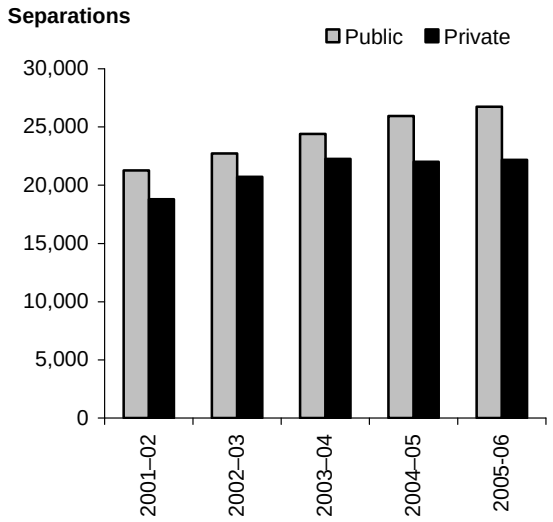


Figure 16: Separations for coronary artery bypass graft and coronary angioplasty by hospital sector, Australia, 2001–02 to 2005–06

Waiting times for elective surgery in public hospitals

The median waiting time for elective surgery in public hospitals in 2005–06 was 32 days. See *Chapter 6*.

- Ophthalmology, orthopaedic surgery, and ear, nose and throat surgery were the surgical specialties with the longest median waiting times (69, 54 and 47 days respectively) in 2005–06 (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 (12 days).

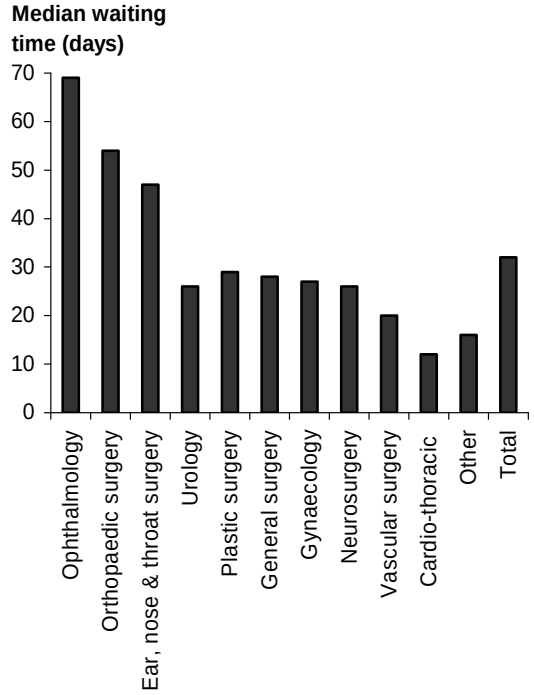


Figure 17: Public hospital median waiting time, by specialty of surgeon, Australia, 2005–06

Emergency department care in public hospitals

About 6.3 million accident and emergency occasions of service were provided in public hospitals in 2005–06. See *Chapter 5*.

- Data on triage category, waiting times, patient age group and sex were available for about 78% 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 hospit*als.
- 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*, 70% of *Urgent* patients were seen on time compared with 60% in *Principal referral and Specialist women's and children's hospitals* (Figure 18).

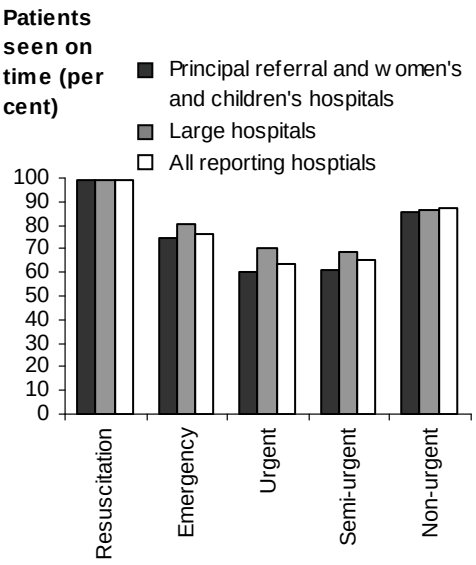


Figure 18: Public hospital emergency department occasions of service seen on time (per cent), by triage category and public hospital peer group, Australia, 2005–06

- Persons aged 15–24 years accounted for the largest number of emergency department occasions of service (767,153, 15.6%) (Figure 19).

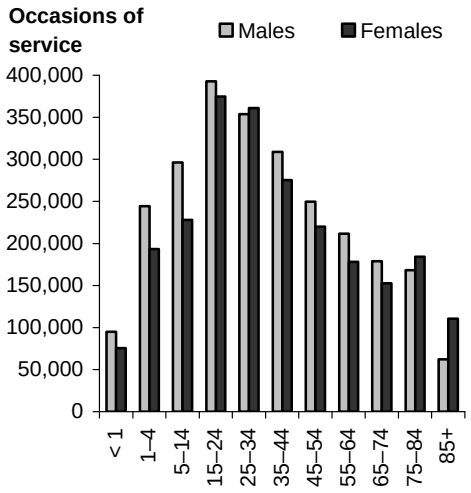


Figure 19: Emergency department occasions of service, by age group and sex, Australia, 2005–06

Non-admitted patient care in public hospitals

About 44.7 million non-admitted patient occasions of service were provided by public hospitals in 2005–06. (See *Chapter 2*).

- Almost 15 million of these occasions of service were delivered in specialist outpatient clinics and data on the type of outpatient clinic, the number of individual and group occasions of service were available for about 76% of these (See *Chapter 5*).
- *Allied health* and *Medical* were the outpatient clinics with the highest number of occasions of service reported (See *Chapter 5*).

Australian hospitals

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

- There were 1,291 hospitals in Australia in 2005–06.
- There were 736 public acute hospitals and 19 public psychiatric hospitals.

- There were 252 private free-standing day hospital facilities and 284 other private hospitals.
- There has been an increase in the number of public acute hospitals, from 724 in 2001–02 to 736 in 2005–06.
- The number of public psychiatric hospitals decreased from 22 facilities in 2001–02 to 19 facilities in 2005–06.

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 2005–06, there were 81,818 available beds in Australia.
- There were 52,236 available beds in public acute hospitals and 2,366 in public psychiatric hospitals.
- There were an estimated 1,965 available beds in private free-standing day hospital facilities and 25,252 in other private hospitals.
- There was a 1.0% increase in available beds from 80,966 in 1996–97 to 81,818 in 2005–06, an average increase of 0.1% annually.
- The number of available beds in public acute hospitals decreased by an average of 0.3% annually, from 53,478 in 1996–97 to 52,236 in 2005–06 (Figure 20).
- The number of available beds/chairs in private free-standing day hospital facilities increased by an average of 6.0% annually between 1996–97 and 2005–06 (from 1,163 to 1,965).

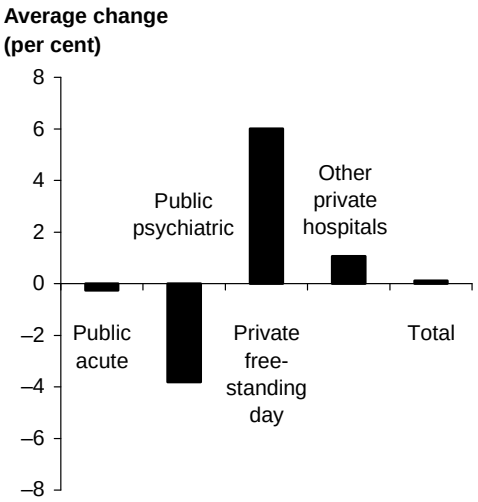


Figure 20: Average annual change in the number of available beds, by type of hospital, Australia, 1996–97 to 2005–06

Staff in Australian public hospitals

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

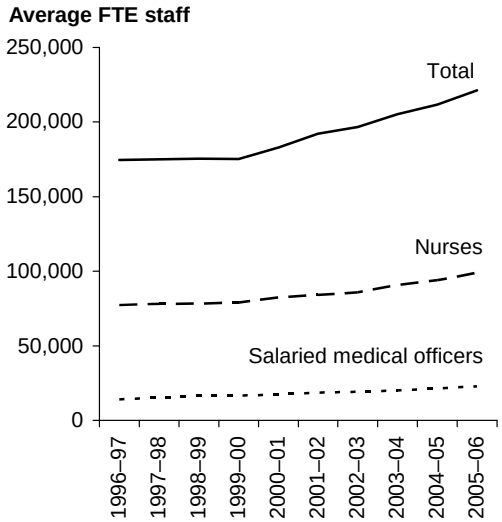


Figure 21: Average full-time equivalent staff, public hospitals, Australia, 1996–97 to 2005–06

- The number of full-time equivalent staff increased by an average of 2.7% annually between 1996–97 (174,695) and 2005–06 (221,379). The number of salaried medical officers increased by an average of 5.4% annually over this

period (from 14,210 to 22,858), and the number of nurses increased by an annual average of 2.8% (from 77,390 to 99,008).

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 $23,991 million in 2005–06. After adjusting for inflation, this represented an increase of 5.6% compared with 2004–05.
- The largest share of this expenditure was for salary payments, which accounted for 62% ($14,888 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.

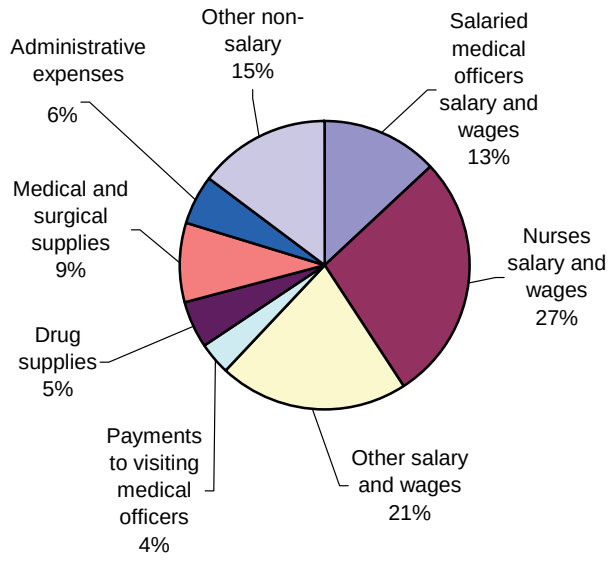


Figure 22: Recurrent expenditure, public hospitals, Australia, 2005–06

Recurrent expenditure (cost) for providing care in public hospitals

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

- The average recurrent cost of providing care per casemix-adjusted separation in public hospitals increased from $3,004 in 2001–02 to $3,698 in 2005–06 (not adjusted for inflation).
- This represents a total increase of 23.1% in this period, an average increase of 5.3% annually (Figure 23).
- In 2005–06 the average cost comprised $1,921 for non-medical labour expenditure, $745 for medical labour expenditure and $1,032 for other recurrent expenditure. Other recurrent expenditure costs include domestic services; repairs and maintenance; administration, and medical, drug and food supplies.

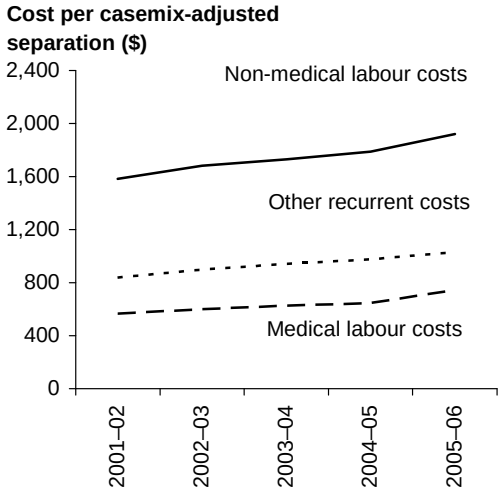


Figure 23: Cost per casemix-adjusted separation, Australia, 2001–02 to 2005–06

1 Introduction

Australian hospital statistics 2005–06 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 2004–05 (AIHW 1997a, 1997b, 1998, 1999, 2000, 2001, 2002, 2003, 2004a, 2005a, 2006a).

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

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, Admitted Patient Care, Non-admitted Patient Emergency Department Care, Elective Surgery Waiting Times and Outpatient Care. The data element definitions are as specified in the *National health data dictionary* version 12 (NHDC 2003), version 12 supplement (AIHW 2004b) and version 13 (HDSC 2006). 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 the characteristics of public hospitals, including the number and type of hospitals, available beds, staff employed, specialised services, expenditure and revenue.

Chapter 4 presents hospital performance indicator data, drawn from the AIHW's hospitals databases and other sources. The indicators 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 and outpatient clinics.

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

Admitted patients

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

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

*For each separation, patients are assigned a **principal diagnosis**, which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care (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 Australian Bureau of Statistics (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 and is presented for the first time in this publication.

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

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 1 and 2 provide technical notes on the data and analyses additional to those in the chapters. In particular, Appendix 1 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 2 provides information on the hospitals covered by each of the data sources and on the hospitals categorised as public and private.

Summary information from the Department of Health and Ageing's 2004–05 National Hospital Cost Data Collection is provided in Appendix 3. This collection is the source of AR-DRG cost weight and average cost information used in Chapters 2, 4, 7 and 12. Information on episodes of admitted patient care is presented using Service Related Groups in Appendix 4. Appendix 5 presents detailed information on potentially preventable hospitalisations. Appendix 6 relates to the Department of Health and Ageing's *State of our public hospitals report*. It notes the major differences between the analysis methods used for that report and for *Australian hospital statistics 2005–06*.

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 1).

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 2005–06. 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 2005–06 is in Appendix 2.

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). 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). The database includes data relating to admitted patients in almost all hospitals including public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

All public hospitals were included for 2005–06, 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 2004–05, the National Hospital Morbidity Database reported 33,524 (1.2%) fewer separations than the ABS's Private Health Establishments Collection (ABS 2006), which may have wider coverage. Further information about the public and private hospitals included for 2005–06 and previous years is in Appendix 2.

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 1.

Records for 2005–06 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2005 to 30 June 2006. Data on patients who were admitted on any date before 1 July 2005 are included, provided that they also separated between 1 July 2005 and 30 June 2006. 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 2005 to 30 June 2006), 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 2005–06, but who were admitted before 1 July 2005, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2006 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 1. 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 2002–03* (AIHW 2004a).

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 2004–05* (AIHW 2006a). Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 78% of emergency department occasions of service overall. More information about the coverage of this data collection (which is more complete for larger hospitals) for 2005–06 is presented in Chapter 5 and Appendix 2.

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 2005 and 30 June 2006. Summary information on the quality and comparability of the data is included in Chapter 5.

All states and territories provided hospital-level data on accident and emergency occasions of service for the 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 2.

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 2005 and 30 June 2006.

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 2005–06, is included in Appendix 2. Summary information on the quality and comparability of the data is included in Chapter 6.

The National Outpatient Care Database

The National Outpatient Care Database is available for the first time in 2005–06. The database includes counts of individual occasions of service and group sessions by outpatient clinic type for 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 2004–05* (AIHW 2006a). Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 76% of outpatient clinic 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 2005–06, is presented in Chapter 5 and Appendix 2.

The data supplied are based on the National Minimum Data Set for Outpatient Care. They include data on the number of individual occasions of service and group sessions, by clinic type and establishment. The data presented in this report are for patients treated between 1 July 2005 and 30 June 2006. Summary information on the quality and comparability of the data is included in Chapter 5.

All states and territories also provided hospital-level data on outpatient clinic occasions of service for the National Public Hospital Establishments Database. These data have wider coverage than data provided for the National Outpatient Care Database, as detailed in Chapter 5 and Appendix 2.

This report and additional data on the Internet

This report is available on the Internet at <www.aihw.gov.au>. The text of the report is presented in PDF format and the tables are presented as downloadable Excel spreadsheets. This site also includes additional data, in Excel spreadsheets, on diagnoses, procedures and AR-DRGs for admitted patients, 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, 2, 4 and 5.

After this report is published, the Internet site will also include updates for the tables in Chapters 2, 4, 7 and 12 that use AR-DRG cost weight and/or average cost information. At the time of writing, 2005–06 cost weights and average costs were not available. Therefore, 2004–05 public sector cost weights based on AR–DRG version 5.0 were used for the public and private sectors in most analyses requiring the application of cost weights. In two tables, 2002–03 private cost weights based on AR-DRG version 4.2 were used for the private sector (Tables 2.3 and 2.4). Updates will also be provided for the tables in Chapters 2 and 4 and in Appendix 2, 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 writing this report.

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 2005–06 (using ICD-10-AM to classify diagnoses)
- Principal diagnoses for mental health-related separations for 2001–02 to 2004–05 (using ICD-10-AM to classify diagnoses)
- 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 2005–06
- 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 and 2005–06 (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 mental health-related care also includes data on the mental health legal status of the patient and hospital sector for each separation. The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether undertaken on a same-day basis.

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 2005–06 and is preliminary. The final data are included on the AIHW's website as they become available from the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection. Summary statistics for private and public hospitals are presented at a national level for the years 2001–02 to 2005–06 and for states and territories for 2005–06.

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 2001–02 to 2005–06 and state and territory statistics for 2005–06 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. Further information on the hospitals included is provided in Appendix 2.

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 2.

Also as detailed in Appendix 2, 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 1. 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 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 2001–02 to 2005–06. 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. Therefore, comparisons across years must be made with caution.

There were 755 public hospitals and 536 private hospitals in 2005–06, compared with 759 public hospitals and 532 private hospitals in 2004–05 (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 2). 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 54,601 beds (66.7% of the national total) in 2005–06, and 27,217 beds were provided in private hospitals (33.3% of the national total).

In 2005–06 two hospitals in Melbourne were amalgamated resulting in one less hospital establishment for Victoria. In 2004–05 the Western Australian Department of Health purchased two private hospitals and amalgamated them with existing public hospitals. In Tasmania, one hospital that provided mainly public patient services was categorised as a private hospital until 2003–04 and has been reported as a public hospital since 2004–05, and as part of another public hospital for the purposes of reporting establishment level data. The changes in Western Australia and Tasmania resulted in increases in the numbers of available beds reported for public hospitals, but did not increase 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 2001–02 to 2004–05 are from the ABS's *Private hospitals Australia 2004–05* (ABS 2006) and from earlier editions of *Private hospitals Australia*, which report numbers of beds on an average available beds basis. Private sector hospital counts and bed numbers for most jurisdictions in 2005–06 are based on preliminary information provided by the states and territories. Bed numbers are provided on a licensed beds basis which may overstate the number of beds available. These differences in reporting arrangements may affect the comparability of results across years.

Nationally, bed numbers in the public sector experienced an increase from 51,461 in 2001–02 to 55,112 in 2004–05, and then decreased to 54,601 in 2005–06. Over the same period, bed numbers in the private sector have fluctuated, falling slightly overall from 27,407 beds in 2001–02 to 27,217 in 2005–06.

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 3.4 per 1,000 population in the Australian Capital Territory to 4.6 per 1,000 population in Tasmania in 2005–06.

Expenditure and revenue

Recurrent expenditure for public hospitals in 2005–06 was $24.0 billion in current price terms (not adjusted for inflation), an increase of 10.2% from 2004–05. In constant price terms (that is, adjusted for inflation) the real increase in national expenditure for public hospitals was 5.6% between 2004–05 and 2005–06 (Table 2.1).

Total revenue for public hospitals increased in constant price terms by an average of 5.0% per year between 2001–02 and 2005–06.

Admitted patients by sector and hospital type

Separations

There were 7,311,983 separations reported from public and private acute and psychiatric hospitals in 2005–06 (Table 2.4), an increase of 293,133 (4.2%) compared with 2004–05 (Table 2.3). Public hospital separations increased by 4.4% (189,651) compared with 2004–05, and there was a 3.8% (103,482) increase in separations reported for the private sector.

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

There was no change in the coverage of private hospitals for New South Wales, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory. A small number of private hospitals were missing data for short periods in 2004–05 in both Victoria and South Australia, but coverage was essentially complete for both states in 2004–05 and 2005–06. In Tasmania in 2004–05, one hospital that provided mainly public patient services (and is separately reported in the National Hospital Morbidity Database) changed from reporting as a private hospital to reporting 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 2005–06. Coverage for Western Australian private hospitals was complete for both 2004–05 and 2005–06.

After adjusting for the separations in Tasmanian private hospitals that were not reported in 2004–05, the growth between 2004–05 and 2005–06 was estimated as 3.3% for private hospitals. The growth for all hospitals combined was estimated as 4.0%.

The private sector accounted for 38.9% of the 7.31 million separations in 2005–06 (2,845,907), compared with 39.1% (2,742,425) in 2004–05. Private free-standing day hospital facilities, excluding Tasmania, the Australian Capital Territory and the Northern Territory, accounted for 541,942 or 19.0% of private sector separations in 2005–06, compared with 515,124 or 18.8% in 2004–05.

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 2005–06 (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 Cooperation 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 2005–06, 4,043,180 separations were on a same-day basis, an increase of 5.1%, compared with 2004–05 (Table 2.3). There was an increase of 5.5% in public hospitals and 4.6% in private hospitals. After adjusting for coverage change (which may not have been the same for same-day and overnight separations) the increases were estimated as 4.1% in private hospitals and 4.9% overall.

Same-day separations made up 55.3% of separations overall, compared with 54.8% (3,847,178) in 2004–05, and there were increases in the proportions of same-day patients in both public hospitals (from 49.1% to 49.6%) and private hospitals (from 63.7% to 64.2%).

There was some variation among the states and territories in the proportion of same-day separations in 2005–06 (Table 2.4). For public hospitals, New South Wales (43.5%), South Australia (48.7%), Tasmania (48.9%) and Queensland (48.9%) each had a lower proportion than the national average (49.6%), whereas the Northern Territory (59.6%), the Australian Capital Territory (54.7%) and Victoria (55.9%) had markedly higher proportions. In the private sector, New South Wales (67.1%) and Queensland (65.4%) reported higher proportions than average (64.2%).

There was a 3.1% increase in overnight separations between 2004–05 and 2005–06, from 3,171,672 to 3,268,803. There was an increase of 3.4% in public hospitals (from 2,177,036 to 2,250,330), and a 2.4% increase in the private sector (from 994,636 to 1,018,473). After adjusting for change in private hospital coverage (which may not have been the same for same-day and overnight separations) increases were estimated at 1.8% in private hospitals and 2.9% overall. 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 2.6% between 2004–05 and 2005–06 for public acute hospitals (Table 2.3) and by 4.1% for private hospitals.

Among the states and territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2005–06 (483.0 per 1,000 population; Table 2.4). Private hospital separation rates ranged from 107.6 per 1,000 population in New South Wales to 176.4 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 1 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.

The age-standardised separation rate for public psychiatric hospitals varied widely, from 0.1 per 1,000 population in Victoria and Queensland to 1.7 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 2007). 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. Version 5.0 public cost weights (2004–05) were used for the public sector, and private version 4.2 (2002–03) were used for the private sector. In one part of Table 2.3 and of Table 2.4, public sector cost weights were used for both public and private hospitals to enable comparison between the sectors on the same basis, because the public and private sector cost weights are not comparable. Further information about the AR-DRG classification and cost weights is included in Appendix 1.

Separations were included only if the care type was reported as *Acute*, or was *not reported*, or where the care type was *Newborn* and the separation had at least one qualified day. Thus separations 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 0.74. 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 2005–06 was markedly lower (0.47) 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 to these hospitals in 2005–06. The average cost weights for other private hospitals ranged from 0.94 in Western Australia to 1.10 in South Australia. Nationally, the average cost weight for private hospitals using private sector cost weights was 0.91.

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 24,330,653 patient days was reported for 2005–06, 69.8% in the public sector and 30.2% in the private sector (Table 2.4).

There was an increase of 2.8% (452,287) in patient days for public acute hospitals in 2005–06, compared with 2004–05 (Table 2.3). For private hospitals, patient days increased by 2.4% (171,171), unadjusted for coverage change. Patient days for public acute and private hospitals combined (unadjusted for coverage change) increased by 2.7% (623,458), and for all hospitals combined they increased by 2.1% (502,041). After adjusting for coverage change, increases were estimated at 1.8% in private hospitals, 2.5% for public acute and private hospitals combined, and 1.9% for all hospitals combined.

Patient days in public psychiatric hospitals decreased from 782,313 in 2004–05 to 660,896 in 2005–06 (15.5%) (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 in 2004–05.

Unadjusted for coverage change, the number of age-standardised patient days per 1,000 population for public acute and private hospitals combined increased by 0.5% between 2004–05 and 2005–06 (Table 2.3). Public acute hospital patient days per 1,000 population increased by 0.7%, unadjusted for coverage change, and private hospital patient days per 1,000 population stayed about the same.

The Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2005–06 (1504.7 per 1,000 population; Table 2.4). The highest age–standardised population rate for patient days in private hospitals was reported by Queensland (467.5 per 1,000 population).

Average length of stay

The average length of stay for public acute and private hospitals combined decreased by 1.7% between 2004–05 and 2005–06 (Table 2.3). For private hospitals, the average length of stay was 2.6 days in 2005–06. The average length of stay for public psychiatric hospitals decreased from 49.4 days in 2004–05 to 42.5 days in 2005–06, reflecting the increase in patient days in 2004–05 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 1.5% in 2005–06. For public psychiatric hospitals, the average length of stay decreased from 57.8 days in 2004–05 to 48.2 days in 2005–06 (Table 2.3). The average lengths of stay are within the range of those reported from 2001 to 2003 for acute care for other OECD countries (OECD 2005).

Relative stay index

Relative stay index (RSI) information is presented for the period 2001–02 to 2005–06 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 given in Chapter 4 and Appendix 1.

In public hospitals, the directly standardised RSI in 2005–06 (0.97) was 1.1% higher than in 2004–05. Directly standardised RSIs were higher in private hospitals than in public hospitals for all years. For all hospitals, the directly standardised RSI decreased from 1.02 in 2001–02 to 0.97 in 2005–06. This corresponds to an average annual decrease over the period of 1.2%.

Non-admitted patients

Information on non-admitted patient occasions of service and group sessions provided by public acute and psychiatric hospitals for 2005–06 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 2004–05 in Table 2.6. Data for private hospitals for 2005–06 were not available at the time of writing this report.

The most common non-admitted patient occasions of service delivered to individuals through public acute hospitals in 2005–06 (Table 2.5) were *Outpatient care*, followed by *Pathology* and *Accident and emergency services*. *Pharmacy, Radiology & organ imaging* and *Community health* were also frequently provided. However, *Pharmacy* included a large number of occasions of service for Justice Health in New South Wales which may not be typical of *Pharmacy*.

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.

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

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

Data on the number of non-admitted patient occasions of service provided through public psychiatric hospitals are 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 2004–05, private hospitals reported about 1,780,200 non-admitted patient occasions of service to the ABS's Private Health Establishments Collection. Nationally, there were about 451,700 non-admitted patient occasions of service reported for *Accident and emergency* in private hospitals (Table 2.6).

Remoteness Area of hospital

Table 2.7 presents data on accident and emergency non-admitted occasions of service in public hospitals by Remoteness Area of the hospital.

There was a total of 6,327,784 accident and emergency occasions of service reported for 2005–06, including 3,439,844 (54.4%) in *Major cities* and 1,541,786 (24.4%) in *Inner regional* areas.

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

The ratio varied from 256 per 1,000 population in *Major cities* to 385 per 1,000 population in *Regional* areas and 854 per 1,000 population in *Remote* areas. The pattern of use may reflect a number of factors including the availability of other health care services (such as primary care practitioners), patterns of occurrence of accidents causing injury, and the relatively poor health of Indigenous people who have higher population concentrations in remote areas.

Table 2.1: Summary of hospitals, Australia, 2001–02 to 2005–06

						% change[a]	
						Ave since	Since
	2001–02	2002–03	2003–04	2004–05	2005–06	2001–02	2004–05
Hospitals[b]							
Public hospitals	746	748	761	759	755	0.3	–0.5
Public acute hospitals	724	729	741	739	736	0.4	–0.4
Public psychiatric hospitals	22	19	20	20	19	–3.6	–5.0
Private hospitals	560	549	525	532	536	–1.1	0.8
Private free-standing day hospital facilities	246	248	234	247	252	0.6	2.0
Other private hospitals	314	301	291	285	284	–2.5	–0.4
Public acute and private hospitals	1,284	1,278	1,266	1,271	1,272	–0.2	0.1
Total	*1,306*	*1,297*	*1,286*	*1,291*	*1,291*	*–0.3*	*0.0*
Available or licensed beds[c]							
Public hospitals	51,461	52,314	53,475	55,112	54,601	1.5	–0.9
Public acute hospitals	49,004	49,791	50,915	52,626	52,236	1.6	–0.7
Public psychiatric hospitals	2,457	2,523	2,561	2,487	2,366	–0.9	–4.9
Private hospitals	27,407	26,364	26,589	26,424	27,217	–0.2	3.0
Private free-standing day hospital facilities	1,851	1,910	1,947	2,078	1,965	1.5	–5.4
Other private hospitals	25,556	24,454	24,642	24,346	25,252	–0.3	3.7
Public acute and private hospitals	76,411	76,155	77,504	79,050	79,453	1.0	0.5
Total	*78,868*	*78,678*	*80,064*	*81,536*	*81,818*	*0.9*	*0.3*
Beds per 1,000 population							
Public hospitals	2.64	2.65	2.68	2.73	2.67	0.3	–2.1
Public acute hospitals	2.51	2.52	2.55	2.60	2.55	0.4	–1.9
Public psychiatric hospitals	0.13	0.13	0.13	0.12	0.12	–2.1	–6.0
Private hospitals	1.40	1.33	1.33	1.31	1.33	–1.3	1.8
Private free-standing day hospital facilities	0.09	0.10	0.10	0.10	0.10	0.3	–6.6
Other private hospitals	1.31	1.24	1.23	1.20	1.23	–1.4	2.5
Public acute and private hospitals	3.91	3.86	3.88	3.91	3.88	–0.2	–0.7
Total	*4.04*	*3.98*	*4.01*	*4.03*	*4.00*	–0.2	*–0.8*
Non-admitted occasions of service[d] ('000)							
Public acute hospitals	39,523	40,706	43,622	42,643	44,749	3.2	4.9
Other private hospitals	1,748	1,919	1,910	1,780	n.a.	0.5	–6.8
Total	*41,271*	*42,625*	*45,531*	*44,424*	*n.a.*	*1.9*	*–2.4*
Total recurrent expenditure, constant prices[e] ($ million)							
Public hospitals	18,697	19,582	20,719	21,762	22,984	5.3	5.6
Public acute hospitals	18,227	19,126	20,234	21,255	22,370	5.3	5.2
Public psychiatric hospitals	470	456	485	507	614	6.9	21.1
Private hospitals	6,245	6,180	6,226	6,114	n.a.	–0.5	–1.8
Private free-standing day hospital facilities	274	291	300	305	n.a.	2.7	1.6
Other private hospitals	5,971	5,889	5,926	5,838	n.a.	–0.6	–1.5
Total	*24,941*	*25,762*	*26,945*	*27,876*	*n.a.*	*2.8*	*3.5*
Total recurrent expenditure, current prices[f] ($ million)							
Public hospitals	16,848	18,256	20,004	21,762	23,991	9.2	10.2
Public acute hospitals	16,424	17,831	19,535	21,255	23,350	9.2	9.9
Public psychiatric hospitals	423	425	468	507	641	10.9	26.4
Private hospitals	4,996	5,401	5,859	6,114	n.a.	5.2	4.4
Private free-standing day hospital facilities	219	254	282	305	n.a.	8.6	8.0
Other private hospitals	4,777	5,147	5,576	5,838	n.a.	5.1	4.7
Total	*21,843*	*23,641*	*25,863*	*27,876*	*n.a.*	*6.3*	*7.8*

(continued)

Table 2.1 (continued): Summary of hospitals, Australia, 2001–02 to 2005–06

	2001–02	2002–03	2003–04	2004–05	2005–06	% change[a] Ave since 2001–02	% change[a] Since 2004–05
Total revenue, constant prices[e] ($ million)							
Public hospitals	1,700	1,613	1,699	1,911	2,068	5.0	8.2
Public acute hospitals	1,678	1,592	1,675	1,884	2,042	5.0	8.4
Public psychiatric hospitals	21	21	25	27	25	4.3	–6.5
Private hospitals	6,660	6,588	6,667	6,624	n.a.	–0.1	–0.6
Private free-standing day hospital facilities	328	344	362	376	n.a.	3.5	3.8
Other private hospitals	6,332	6,243	6,305	6,249	n.a.	–0.3	–0.9
Total	*8,360*	*8,200*	*8,366*	*8,535*	*n.a.*	*0.5*	*2.0*
Total revenue, current prices[f] ($ million)							
Public hospitals	1,532	1,503	1,641	1,911	2,158	9.0	12.9
Public acute hospitals	1,512	1,484	1,617	1,884	2,132	9.0	13.2
Public psychiatric hospitals	19	19	24	27	26	8.2	–2.4
Private hospitals	5,328	5,758	6,273	6,624	n.a.	5.6	5.6
Private free-standing day hospital facilities	262	301	341	376	n.a.	9.4	10.4
Other private hospitals	5,066	5,456	5,933	6,249	n.a.	5.4	5.3
Total	*6,860*	*7,261*	*7,914*	*8,535*	*n.a.*	*5.6*	*7.8*

(a) The average since 2001–02 is the average annual change between 2001–02 and the latest available year of data. The change since 2004–05 is the percentage change between 2004–05 and 2005–06 or the change between the two latest available years of data if the 2005–06 data are unavailable.

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

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

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

(e) Constant price values referenced to 2004–05. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year. ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator used for public hospitals. ABS Household Final Consumption Expenditure Hospital Services deflator used for private hospitals.

(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 2005–06, most private hospital data are preliminary, sourced from the states and territories, except private free-standing day hospital bed numbers in New South Wales and South Australia, which for 2004–05 are sourced from ABS 2006.

Table 2.2: Number of hospitals[a] and available or licensed beds, by hospital sector and type, states and territories, 2005–06

	NSW[b]	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Public acute hospitals	221	142	173	90	78	24	3	5	736
Public psychiatric hospitals	9	1	4	1	1	3	0	0	19
Total public hospitals	*230*	*143*	*177*	*91*	*79*	*27*	*3*	*5*	*755*
Private free-standing day hospital facilities	88	66	51	16	23	2	5	1	252
Other private hospitals[d]	86	79	56	23	31	5	3	1	284
Total private hospitals	*174*	*145*	*107*	*39*	*54*	*7*	*8*	*2*	*536*
Total hospitals	**404**	**288**	**284**	**130**	**133**	**34**	**11**	**7**	**1,291**
Available or licensed beds[e]									
Public acute hospitals	18,595	12,158	9,629	4,787	4,561	1,223	714	569	52,236
Public psychiatric hospitals	1,185	115	477	197	313	79	0	0	2,366
Total beds available in public hospitals	*19,779*	*12,273*	*10,106*	*4,984*	*4,874*	*1,302*	*714*	*569*	*54,601*
Private free-standing day hospital facilities	790	478	318	212	134	9	24	n.a.	1,965
Other private hospitals[d]	6,191	6,160	5,977	3,322	2,158	933	361	150	25,252
Total beds available in private hospitals	*6,981*	*6,638*	*6,295*	*3,534*	*2,292*	*942*	*385*	*150*	*27,217*
Total available beds	**26,760**	**18,911**	**16,401**	**8,518**	**7,166**	**2,244**	**1,099**	**719**	**81,818**
Available or licensed beds per 1,000 population									
Public acute hospitals	2.7	2.4	2.4	2.4	2.9	2.5	2.2	2.8	2.6
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.2	0.2	0.0	0.0	0.1
Total beds available in public hospitals	*2.9*	*2.4*	*2.5*	*2.5*	*3.2*	*2.7*	*2.2*	*2.8*	*2.7*
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[d]	0.9	1.2	1.5	1.6	1.4	1.9	1.1	0.7	1.2
Total beds in private hospitals	*1.0*	*1.3*	*1.6*	*1.7*	*1.5*	*1.9*	*1.2*	*0.7*	*1.3*
Total beds per 1,000 population	**3.9**	**3.7**	**4.1**	**4.2**	**4.6**	**4.6**	**3.4**	**3.5**	**4.0**

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. Hospitals are counted at the end of the financial year.
(b) The methodology used to count available acute public beds in New South Wales changed for 2005-06. As a result New South Wales available acute public bed numbers for 2005-06 are not comparable with earlier years.
(c) The count of public hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.
(d) Includes private acute and private psychiatric hospitals.
(e) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same-day admitted patient services and other specialised services.
n.a. Not available.
Source: For 2005–06, most private hospital data are preliminary, sourced from the states and territories, except private free-standing day hospital bed numbers in New South Wales and South Australia which for 2004–2005 are sourced from ABS 2006.

Table 2.3: Summary of separation[a], patient day and average length of stay statistics, by hospital type, Australia, 2001–02 to 2005–06[b]

						% change[c]	
	2001–02	2002–03	2003–04	2004–05	2005–06	Ave since 2001–02	Since 2004–05
Separations ('000)							
Public hospitals	3,966	4,091	4,201	4,276	4,466	3.0	4.4
Public acute hospitals	3,949	4,074	4,183	4,261	4,451	3.0	4.5
Public psychiatric hospitals	17	17	17	16	16	–2.2	–1.7
Private hospitals[d][e]	2,433	2,554	2,641	2,742	2,846	4.0	3.8
Private free-standing day hospital facilities[e]	377	455	486	515	547	9.8	6.3
Other private hospitals[e]	1,958	1,991	2,043	2,134	2,298	4.1	7.7
Public acute & private hospitals[f]	6,382	6,629	6,824	7,003	7,296	3.4	4.2
Total	**6,399**	**6,645**	**6,842**	**7,019**	**7,312**	**3.4**	**4.2**
Overnight separations ('000)							
Public hospitals	2,076	2,091	2,143	2,177	2,250	2.0	3.4
Public acute hospitals	2,062	2,077	2,129	2,164	2,237	2.1	3.4
Public psychiatric hospitals	14	14	14	13	14	–0.6	1.5
Private hospitals[d][e]	973	986	986	995	1,018	1.1	2.4
Private free-standing day hospital facilities[e]	4	4	3	3	2	–10.7	–8.0
Other private hospitals[e]	937	951	934	952	1,016	2.1	6.7
Public acute & private hospitals[f]	3,035	3,063	3,116	3,158	3,255	1.8	3.1
Total	**3,049**	**3,076**	**3,130**	**3,172**	**3,269**	**1.8**	**3.1**
Same-day separations ('000)							
Public hospitals	1,889	2,000	2,057	2,099	2,216	4.1	5.5
Public acute hospitals	1,887	1,997	2,054	2,097	2,214	4.1	5.6
Public psychiatric hospitals	3	3	3	2	2	–7.8	–20.2
Private hospitals[d][e]	1,460	1,569	1,654	1,748	1,827	5.8	4.6
Private free-standing day hospital facilities[e]	373	451	483	512	545	10.0	6.4
Other private hospitals[e]	1,049	1,081	1,109	1,181	1,282	5.2	8.5
Public acute & private hospitals[f]	3,346	3,566	3,708	3,845	4,041	4.8	5.1
Total	**3,349**	**3,569**	**3,711**	**3,847**	**4,043**	**4.8**	**5.1**
Same-day separations as a % of total							
Public hospitals	47.6	48.9	49.0	49.1	49.6	1.0	1.0
Public acute hospitals	47.8	49.0	49.1	49.2	49.7	1.0	1.1
Public psychiatric hospitals	15.7	17.0	18.5	14.9	12.1	–6.3	–18.8
Private hospitals[d][e]	60.0	61.4	62.6	63.7	64.2	1.7	0.8
Private free-standing day hospital facilities[e]	99.0	99.1	99.4	99.5	99.6	0.1	0.1
Other private hospitals[e]	52.8	53.2	54.3	55.4	55.8	1.4	0.7
Public acute & private hospitals[f]	52.4	53.8	54.3	54.9	55.4	1.4	0.9
Total	**52.3**	**53.7**	**54.3**	**54.8**	**55.3**	**1.4**	**0.9**
Separations per 1,000 population							
Public hospitals	202.6	205.7	207.8	208.1	213.6	1.3	2.6
Public acute hospitals	201.8	204.8	206.9	207.3	212.8	1.3	2.7
Public psychiatric hospitals	0.9	0.8	0.9	0.8	0.8	–2.5	–3.6
Private hospitals[d][e]	125.1	129.0	130.9	133.9	139.4	2.7	4.1
Private free-standing day hospital facilities[e]	20.2	23.9	25.1	26.1	27.2	7.8	4.4
Other private hospitals[e]	104.7	105.1	105.8	107.8	112.1	1.7	4.0
Public acute & private hospitals[f]	326.9	333.9	337.8	341.2	352.2	1.9	3.2
Total	**327.7**	**333.5**	**337.3**	**340.2**	**348.0**	**1.5**	**2.3**

(continued)

Table 2.3 (continued): Summary of separation[a], patient day and average length of stay statistics, by hospital type, Australia, 2001–02 to 2005–06 [b]

						% change[c]	
	2001–02	2002–03	2003–04	2004–05	2005–06	Ave since 2001–02	Since 2004–05
Average public cost weight of separations[g]							
Public hospitals	0.99	1.00	1.01	1.00	1.00	0.2	0.0
Public acute hospitals	0.99	1.00	1.01	1.00	1.00	0.2	0.0
Public psychiatric hospitals	1.76	1.69	1.85	1.87	1.87	1.4	0.0
Private hospitals[d][e]	0.92	0.91	0.91	0.91	0.91	–0.3	–0.1
Private free-standing day hospital facilities[e]	0.48	0.48	0.48	0.47	0.47	–0.6	0.0
Other private hospitals[e]	1.02	1.02	1.01	1.02	1.02	–0.0	0.0
Public acute & private hospitals[f]	0.96	0.96	0.97	0.96	0.96	0.0	–0.0
Total	**0.97**	**0.97**	**0.97**	**0.97**	**0.97**	**0.0**	**–0.0**
Average private cost weight of separations[h]							
Private hospitals[d][e]	0.86	0.85	0.85	0.85	0.91	1.5	6.4
Private free-standing day hospital facilities[e]	0.37	0.37	0.37	0.37	0.37	–0.4	0.0
Other private hospitals[e]	0.97	0.97	0.97	0.97	0.97	0.2	0.0
Patient days ('000)							
Public hospitals	16,237	16,425	16,419	16,662	16,993	1.1	2.0
Public acute hospitals	15,223	15,506	15,742	15,880	16,332	1.8	2.8
Public psychiatric hospitals	1,015	919	677	782	661	–10.2	–15.5
Private hospitals[d][e]	6,964	7,115	7,165	7,166	7,338	1.3	2.4
Private free-standing day hospital facilities[e]	377	455	486	515	548	9.8	6.3
Other private hospitals[e]	6,366	6,450	6,356	6,400	6,790	1.6	6.1
Public acute & private hospitals[f]	22,186	22,622	22,907	23,046	23,670	1.6	2.7
Total	**23,201**	**23,541**	**23,583**	**23,829**	**24,331**	**1.2**	**2.1**
Patient days per 1,000 population[h]							
Public hospitals	827.8	821.1	805.3	802.2	800.9	–0.8	–0.2
Public acute hospitals	775.9	774.7	771.7	763.5	768.8	–0.2	0.7
Public psychiatric hospitals	51.9	46.4	33.6	38.6	32.1	–11.3	–16.8
Private hospitals[d][e]	357.0	356.9	351.4	344.0	344.1	–0.9	0.0
Private free-standing day hospital facilities[e]	20.2	23.9	25.1	26.1	27.3	7.8	4.4
Other private hospitals[e]	334.9	331.8	325.3	319.3	326.2	–0.7	2.2
Public acute & private hospitals[f]	1,133.0	1,131.6	1,123.1	1,107.5	1,112.9	–0.4	0.5
Total	**1,182.5**	**1,175.6**	**1,154.5**	**1,143.9**	**1,142.7**	**–0.9**	**–0.1**
Average length of stay (days)							
Public hospitals	4.1	4.0	3.9	3.9	3.8	–1.8	–2.4
Public acute hospitals	3.9	3.8	3.8	3.7	3.7	–1.2	–0.8
Public psychiatric hospitals	60.9	55.1	39.6	49.4	42.5	–8.6	–14.1
Private hospitals[d][e]	2.9	2.8	2.7	2.6	2.6	–2.6	–0.8
Private free-standing day hospital facilities[e]	1.0	1.0	1.0	1.0	1.0	–0.0	0.0
Other private hospitals[e]	3.2	3.2	3.1	3.0	3.0	–2.0	–1.5
Public acute & private hospitals[f]	3.5	3.4	3.4	3.3	3.2	–1.7	–1.7
Total	**3.6**	**3.5**	**3.4**	**3.4**	**3.3**	**–2.1**	**–2.1**
Average length of stay, excluding same-day separations (days)							
Public hospitals	6.9	6.9	6.7	6.7	6.6	–1.2	–2.0
Public acute hospitals	6.5	6.5	6.4	6.4	6.3	–0.7	–1.4
Public psychiatric hospitals	71.9	66.2	48.3	57.8	48.2	–9.5	–16.7
Private hospitals[d][e]	5.7	5.6	5.6	5.4	5.4	–1.3	0.2
Private free-standing day hospital facilities[e]	1.0	1.0	1.0	1.0	1.0	1.1	4.6
Other private hospitals[e]	5.8	5.6	5.6	5.5	5.4	–1.7	–1.4
Public acute & private hospitals[f]	6.2	6.2	6.2	6.1	6.0	–0.7	–1.1
Total	**6.5**	**6.5**	**6.3**	**6.3**	**6.2**	**–1.1**	**–1.5**

(continued)

Table 2.3 (continued): Summary of separation[a], patient day and average length of stay statistics, by hospital type, Australia, 2001–02 to 2005–06[b]

						% change[c]	
	2001–02	2002–03	2003–04	2004–05	2005–06	Ave since 2001–02	Since 2004–05
Indirectly standardised relative stay index[i]							
Public hospitals	1.00	0.98	0.97	0.95	0.98	. .	. .
Public acute hospitals	0.99	0.98	0.97	0.94	0.98	. .	. .
Public psychiatric hospitals[d]	1.29	1.31	1.31	1.30	1.29	. .	. .
Private hospitals[d][e]	1.06	1.05	1.03	1.00	0.99	. .	. .
Private free-standing day hospital facilities[e]	0.75	0.75	0.74	0.74	0.75	. .	. .
Other private hospitals[e]	1.07	1.06	1.04	1.01	1.05	. .	. .
Public acute & private hospitals[f]	1.02	1.00	0.99	0.96	1.00	. .	. .
Total	**1.02**	**1.00**	**0.99**	**0.96**	**1.00**	**. .**	**. .**
Directly standardised relative stay index[j]							
Public hospitals	1.01	0.99	0.98	0.96	0.97	–0.9	1.1
Public acute hospitals	1.00	0.99	0.97	0.95	0.97	–0.9	1.8
Public psychiatric hospitals[d]	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Private hospitals[d][e]	1.10	1.10	1.08	1.05	1.04	–1.3	–0.6
Private free-standing day hospital facilities[e]	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals[e]	1.11	1.11	1.09	1.05	1.05	–1.3	0.3
Public acute & private hospitals[f]	1.02	1.00	0.99	0.96	0.97	–1.2	1.0
Total	**1.02**	**1.00**	**0.99**	**0.96**	**0.97**	**–1.2**	**1.3**

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

(b) For 2001–02 to 2005–06, data on separations and patient days for public patients, private patients and other categories of patients in the public and private sector are presented in Table 7.1.

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

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

(e) The hospital type was not specified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database for 2001–02, 2002–03 and 2003–04. Thus, data for those years 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 2004–05 were applied to AR-DRG version 5.0 DRGs for all rows in this category.

(h) AR-DRGs version 4.2 and private national cost weights for 2002–03 were used for all rows in this category.

(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 1 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 1 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[a], average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	1,420,463	1,272,844	750,317	394,960	377,667	94,304	72,136	83,385	4,466,076
Public acute hospitals	1,409,443	1,272,462	749,966	393,460	375,601	94,056	72,136	83,385	4,450,509
Public psychiatric hospitals	11,020	382	351	1,500	2,066	248	. .	. .	15,567
Private hospitals	765,899	719,981	711,531	319,393	220,197	n.p.	n.p.	n.p.	2,845,907
Private free-standing day hospital facilities	169,771	121,241	170,791	40,085	40,054	n.p.	n.p.	n.p.	547,470
Other private hospitals[b]	596,128	598,740	540,740	279,308	180,143	n.p.	n.p.	n.p.	2,298,437
Public acute & private hospitals	2,175,342	1,992,443	1,461,497	712,853	595,798	n.p.	n.p.	n.p.	7,296,416
Total	**2,186,362**	**1,992,825**	**1,461,848**	**714,353**	**597,864**	**n.p.**	**n.p.**	**n.p.**	**7,311,983**
Overnight separations									
Public hospitals	801,956	561,692	383,507	194,894	193,708	48,190	32,669	33,714	2,250,330
Public acute hospitals	792,462	561,312	383,157	193,512	191,878	47,942	32,669	33,714	2,236,646
Public psychiatric hospitals	9,494	380	350	1,382	1,830	248	. .	. .	13,684
Private hospitals	251,644	259,439	245,866	124,781	91,782	n.p.	n.p.	n.p.	1,018,473
Private free-standing day hospital facilities	2,009	4	0	421	0	n.p.	n.p.	n.p.	2,440
Other private hospitals[b]	249,635	259,435	245,866	124,360	91,782	n.p.	n.p.	n.p.	1,016,033
Public acute & private hospitals	1,044,106	820,751	629,023	318,293	283,660	n.p.	n.p.	n.p.	3,255,119
Total	**1,053,600**	**821,131**	**629,373**	**319,675**	**285,490**	**n.p.**	**n.p.**	**n.p.**	**3,268,803**
Same-day separations									
Public hospitals	618,507	711,152	366,810	200,066	183,959	46,114	39,467	49,671	2,215,746
Public acute hospitals	616,981	711,150	366,809	199,948	183,723	46,114	39,467	49,671	2,213,863
Public psychiatric hospitals	1,526	2	1	118	236	0	. .	. .	1,883
Private hospitals[b]	514,255	460,542	465,665	194,612	128,415	n.p.	n.p.	n.p.	1,827,434
Private free-standing day hospital facilities	167,762	121,237	170,791	39,664	40,054	n.p.	n.p.	n.p.	545,030
Other private hospitals[b]	346,493	339,305	294,874	154,948	88,361	n.p.	n.p.	n.p.	1,282,404
Public acute & private hospitals	1,131,236	1,171,692	832,474	394,560	312,138	n.p.	n.p.	n.p.	4,041,297
Total	**1,132,762**	**1,171,694**	**832,475**	**394,678**	**312,374**	**n.p.**	**n.p.**	**n.p.**	**4,043,180**
Same-day separations as a % of total									
Public hospitals	43.5	55.9	48.9	50.7	48.7	48.9	54.7	59.6	49.6
Public acute hospitals	43.8	55.9	48.9	50.8	48.9	49.0	54.7	59.6	49.7
Public psychiatric hospitals	13.8	0.5	0.3	7.9	11.4	0.0	. .	. .	12.1
Private hospitals[b]	67.1	64.0	65.4	60.9	58.3	n.p.	n.p.	n.p.	64.2
Private free-standing day hospital facilities	98.8	100.0	100.0	98.9	100.0	n.p.	n.p.	n.p.	99.6
Other private hospitals[b]	58.1	56.7	54.5	55.5	49.1	n.p.	n.p.	n.p.	55.8
Public acute & private hospitals	52.0	58.8	57.0	55.3	52.4	n.p.	n.p.	n.p.	55.4
Total	**51.8**	**58.8**	**56.9**	**55.2**	**52.2**	**n.p.**	**n.p.**	**n.p.**	**55.3**

(continued)

Table 2.4 (continued): Summary of separation[a], average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations per 1,000 population[d]									
Public hospitals	201.5	243.8	188.0	196.4	229.7	186.3	238.4	483.0	213.6
Public acute hospitals	199.8	243.7	187.9	195.7	228.4	185.8	238.4	483.0	212.8
Public psychiatric hospitals	1.7	0.1	0.1	0.7	1.3	0.5	. .	. .	0.8
Private hospitals[b]	107.6	136.5	176.4	157.2	129.8	n.p.	n.p.	n.p.	139.4
Private free-standing day hospital facilities	23.9	23.2	42.3	19.7	23.2	n.p.	n.p.	n.p.	26.1
Other private hospitals[b]	83.7	113.3	134.2	137.6	106.5	n.p.	n.p.	n.p.	107.8
Public acute & private hospitals	307.4	380.1	364.3	352.9	358.2	n.p.	n.p.	n.p.	352.2
Total	**309.1**	**380.2**	**364.4**	**353.7**	**359.5**	**n.p.**	**n.p.**	**n.p.**	**348.0**
Average public cost weight of separations[d]									
Public hospitals	1.07	0.95	1.00	0.98	1.01	1.06	1.03	0.74	1.00
Public acute hospitals	1.06	0.95	1.00	0.98	1.00	1.05	1.03	0.74	1.00
Public psychiatric hospitals	1.65	2.37	2.83	2.28	2.49	2.70	. .	. .	1.87
Private hospitals[b]	0.94	0.89	0.88	0.87	0.98	n.p.	n.p.	n.p.	0.91
Private free-standing day hospital facilities	0.54	0.39	0.48	0.41	0.47	n.p.	n.p.	n.p.	0.47
Other private hospitals[b]	1.06	0.99	1.01	0.94	1.10	n.p.	n.p.	n.p.	1.02
Public acute & private hospitals	1.02	0.93	0.94	0.93	0.99	n.p.	n.p.	n.p.	0.96
Total	**1.02**	**0.93**	**0.94**	**0.93**	**1.00**	**n.p.**	**n.p.**	**n.p.**	**0.97**
Average private cost weight of separations[e]									
Private hospitals[b]	0.94	0.89	0.88	0.87	0.98	n.p.	n.p.	n.p.	0.91
Private free-standing day hospital facilities	0.54	0.39	0.48	0.41	0.47	n.p.	n.p.	n.p.	0.37
Other private hospitals[b]	1.06	0.99	1.01	0.94	1.10	n.p.	n.p.	n.p.	0.97
Patient days									
Public hospitals	5,976,834	4,355,501	2,747,008	1,454,003	1,571,537	399,530	244,304	244,309	16,993,026
Public acute hospitals	5,646,957	4,324,111	2,635,757	1,403,953	1,457,910	374,829	244,304	244,309	16,332,130
Public psychiatric hospitals	329,877	31,390	111,251	50,050	113,627	24,701	. .	. .	660,896
Private hospitals[b]	1,884,794	1,884,070	1,880,652	828,784	575,472	n.p.	n.p.	n.p.	7,337,627
Private free-standing day hospital facilities	169,771	121,241	170,791	40,085	40,054	n.p.	n.p.	n.p.	547,583
Other private hospitals[b]	1,715,023	1,762,829	1,709,861	788,699	535,418	n.p.	n.p.	n.p.	6,790,044
Public acute & private hospitals	7,531,751	6,208,181	4,516,409	2,232,737	2,033,382	n.p.	n.p.	n.p.	23,669,757
Total	**7,861,628**	**6,239,571**	**4,627,660**	**2,282,787**	**2,147,009**	**n.p.**	**n.p.**	**n.p.**	**24,330,653**

(continued)

Table 2.4 (continued): Summary of separation[a], average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient days per 1,000 population[c]									
Public hospitals	829.1	816.6	689.0	727.7	908.5	765.2	823.2	1,504.7	800.9
Public acute hospitals	780.8	810.4	661.3	703.1	838.3	716.3	823.2	1,504.7	768.8
Public psychiatric hospitals	48.3	6.3	27.7	24.5	70.2	48.8	. .	. .	32.1
Private hospitals[b]	259.5	350.2	467.5	412.4	325.9	n.p.	n.p.	n.p.	344.1
Private free-standing day hospital facilities	23.9	23.2	42.3	19.7	23.2	n.p.	n.p.	n.p.	26.1
Other private hospitals[b]	235.6	327.0	425.3	392.7	302.7	n.p.	n.p.	n.p.	319.3
Public acute & private hospitals	1,040.3	1,160.6	1,128.9	1,115.5	1,164.2	n.p.	n.p.	n.p.	1,112.9
Total	**1,088.6**	**1,166.8**	**1,156.6**	**1,140.0**	**1,234.4**	**n.p.**	**n.p.**	**n.p.**	**1,142.7**
Average length of stay (days)									
Public hospitals	4.2	3.4	3.7	3.7	4.2	4.2	3.4	2.9	3.8
Public acute hospitals	4.0	3.4	3.5	3.6	3.9	4.0	3.4	2.9	3.7
Public psychiatric hospitals[f]	29.9	82.2	317.0	33.4	55.0	99.6	. .	. .	42.5
Private hospitals[b]	2.5	2.6	2.6	2.6	2.6	n.p.	n.p.	n.p.	2.6
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals[b]	2.9	2.9	3.2	2.8	3.0	n.p.	n.p.	n.p.	3.0
Public acute & private hospitals	3.5	3.1	3.1	3.1	3.4	n.p.	n.p.	n.p.	3.2
Total	**3.6**	**3.1**	**3.2**	**3.2**	**3.6**	**n.p.**	**n.p.**	**n.p.**	**3.3**
Average length of stay, excluding same-day separations (days)									
Public hospitals	6.7	6.5	6.2	6.4	7.2	7.3	6.3	5.8	6.6
Public acute hospitals	6.3	6.4	5.9	6.2	6.6	6.9	6.3	5.8	6.3
Public psychiatric hospitals[f]	34.6	82.6	317.9	36.1	62.0	99.6	. .	. .	48.2
Private hospitals[b]	5.4	5.5	5.8	5.1	4.9	n.p.	n.p.	n.p.	5.4
Private free-standing day hospital facilities	1.0	1.0	. .	1.0	. .	n.p.	n.p.	n.p.	1.0
Other private hospitals[b]	5.5	5.5	5.8	5.1	4.9	n.p.	n.p.	n.p.	5.5
Public acute & private hospitals	6.1	6.1	5.9	5.8	6.1	n.p.	n.p.	n.p.	6.0
Total	**6.4**	**6.2**	**6.0**	**5.9**	**6.4**	**n.p.**	**n.p.**	**n.p.**	**6.2**

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

(b) Includes private psychiatric hospitals.

(c) Figures are directly age-standardised to the June 2005 Australian population as detailed in Appendix 1.

(d) Separations for which the care type was reported as *Acute*, or as *Newborn* with qualified patient days, or was *Not reported.* AR-DRG version 5.0 national public sector estimated cost weights 2004–05 were applied to AR-DRG version 5.0 DRGs for all rows in Average public cost weight of separations.

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

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

n.p. Not published.

. . Not applicable.

Table 2.5: Non-admitted patient occasions of service[a], by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2005–06

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[b]	Total[c]
Public acute hospitals									
Individual occasions of service									
Accident & emergency	2,137,364	1,408,742	1,303,608	628,737	495,847	134,187	99,622	119,677	6,327,784
Outpatient care									
Allied health	832,338	1,061,255	516,493	902,086	226,643	90,196	41,057	11,096	3,681,164
Dental	597,645	179,830	333,175	11,476	10,853	1,324	0	0	1,134,303
Dialysis	10,079	0	0	. .	0	. .	0	0	10,079
Endoscopy & related procedures	11,012	0	11,481	. .	0	1,344	2,154	0	25,991
Other medical/surgical/obstetric [d]	4,205,058	1,528,252	2,173,613	617,115	899,319	316,168	223,380	111,094	10,073,999
Total Outpatient occasions of service	*5,656,132*	*2,769,337*	*3,034,762*	*1,530,677*	*1,136,815*	*409,032*	*266,591*	*122,190*	*14,925,536*
Mental health	818,134	701,116	98,987	39,088	26,590	. .	3,092	0	1,687,007
Alcohol & drug	1,241,840	24,789	125,868	0	0	0	0	0	1,392,497
Pharmacy[e]	3,369,886	429,489	541,316	193,776	0	73,725	959	29,563	4,638,714
Community health	1,732,159	290,605	154,057	760,066	13,828	. .	7,941	0	2,958,656
District nursing[f]	1,464,844	193,083	78,737	179,124	19,594	0	0	0	1,935,382
Pathology	2,465,722	704,936	2,865,829	467,232	. .	206,186	36,306	81,071	6,827,282
Radiology & organ imaging	763,466	577,203	806,253	391,368	248,558	83,353	68,276	58,440	2,996,917
Other outreach	427,019	2,595	144,338	174,257	272,024	20,746	18,105	0	1,059,084
Total individual occasions of service	**20,076,566**	**7,101,895**	**9,153,755**	**4,364,325**	**2,213,256**	**927,229**	**500,892**	**410,941**	**44,748,859**
Group sessions									
Outpatient care									
Allied health	19,627	11,961	6,684	15,344	6,016	n.a.	3,027	n.a.	62,659
Dental	105	n.a.	n.a.	n.a.	0	n.a.	. .	n.a.	105
Other medical/surgical/obstetric [d]	53,545	3,885	3,095	13	7,186	n.a.	1,402	n.a.	69,126
Total Outpatient occasions of service	73,277	15,846	9,779	15,357	13,202	n.a.	4,429	n.a.	131,890
Mental health	35,007	n.a.	724	3,919	1,620	n.a.	637	n.a.	41,907
Alcohol & drug	1,830	n.a.	111	. .	. .	n.a.	. .	n.a.	1,941
Community health	47,190	325	3,153	33,672	. .	n.a.	. .	n.a.	84,340
District nursing	6,103	n.a.	391	3,391	. .	n.a.	. .	n.a.	9,885
Other outreach	6,452	181	749	5,624	101,682	n.a.	97	n.a.	114,785
Other	186	n.a.	0	. .	. .	n.a.	. .	n.a.	186
Total group sessions	**170,045**	**16,352**	**14,907**	**61,963**	**116,504**	**n.a.**	**5,163**	**n.a.**	**384,934**

(continued)

Table 2.5 (continued): Non-admitted patient occasions of service(a), by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2005–06

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[(b)]	Total[(c)]
Public psychiatric hospitals									
Emergency & outpatient individual sessions	124,557	3,277	0	16,098	n.a.	n.a.	. .	. .	143,932
Emergency & outpatient group sessions	7,144	0	0	1,819	n.a.	n.a.	. .	. .	8,963
Outreach/community individual sessions	0	0	0	0	n.a.	n.a.	. .	. .	0
Outreach/community group sessions	0	0	0	0	n.a.	n.a.	. .	. .	0
Total services	**131,701**	**3,277**	**0**	**17,917**	**n.a.**	**n.a.**	. .	. .	**152,895**

(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) Other includes the outpatient services of *Gynaecology, Obstetrics, Cardiology, Endocrinology, Oncology, Respiratory, Gastroenterology, Medical, General practice primary care, Paediatric, Plastic surgery, Urology, Orthopaedic surgery, Ophthalmology, Ear, nose and throat, Chemotherapy, Paediatric surgery and Renal medical*.
(e) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service which may not be typical of *Pharmacy*.
(f) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service which may not be typical of *District nursing*.
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, 2004–05

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency[a]	50.8	102.1	135.2	n.a.	40.0	n.a.	n.a.	n.a.	451.7
Outpatient services[b]	160.2	707.9	172.6	n.a.	6.0	n.a.	n.a.	n.a.	1,085.7
Other non-admitted services[c]	161.6	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	203.4
Other	13.0	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	39.3
Total	**385.7**	**837.8**	**322.4**	**143.5**	**51.3**	**n.a.**	**n.a.**	**n.a.**	**1,780.2**

(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 but included in totals where applicable.
Source: ABS Private Health Establishments Collection, unpublished data.

Table 2.7: Accident and emergency non-admitted patient occasions of service, Remoteness Area of hospital, public acute hospitals, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency services									
Major cities	1,250,687	936,463	513,892	300,397	338,783	. .	99,622	. .	3,439,844
Inner regional	640,371	358,523	360,681	59,965	51,228	71,018	. .	. .	1,541,786
Outer regional	207,297	113,756	300,980	114,453	69,370	57,747	. .	51,559	915,162
Total regional	*847,668*	*472,279*	*661,661*	*174,418*	*120,598*	*128,765*	. .	*51,559*	*2,456,948*
Remote	28,173	n.a.	79,115	87,515	24,651	4,240	. .	46,097	269,791
Very remote	10,836	. .	48,940	66,407	11,815	1,182	. .	22,021	161,201
Total remote	*39,009*	*n.a.*	*128,055*	*153,922*	*36,466*	*5,422*	. .	*68,118*	*430,992*
Total	**2,137,364**	**1,408,742**	**1,303,608**	**628,737**	**495,847**	**134,187**	**99,622**	**119,677**	**6,327,784**
Ratio of accident and emergency services provided in area to 1,000 population resident in area[(a)]									
Major cities	258	255	245	212	306	. .	306	. .	256
Inner regional	458	332	345	222	258	228	. .	. .	358
Outer regional	428	441	436	613	390	353	. .	464	442
Total regional	*450*	*353*	*381*	*382*	*320*	*271*	. .	*464*	*385*
Remote	737	n.a.	838	983	530	496	. .	1,087	830
Very remote	1,378	. .	917	1,315	880	471	. .	442	897
Total remote	*846*	*n.a.*	*866*	*1,103*	*609*	*490*	. .	*739*	*854*
Total	**316**	**280**	**328**	**313**	**322**	**276**	**306**	**588**	**311**

(a) The ratio of services provided in the area to the number of residents in the area only approximates population use as services provided in the area may be provided to persons residing in other Remoteness Area categories or states.

. . Not applicable.

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 peer group, which classifies hospitals to broadly similar groups in terms of their range of admitted patient activity and their geographical location. There were 755 public hospitals and 54,601 beds reported for 2005–06.

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

Public hospital peer groups

Public hospital peer groups were developed to allow for more meaningful analysis of the data than comparison at the jurisdiction level would allow. The public hospital peer groups were designed to explain variability in hospital costs by grouping hospitals according to the type and level of their admitted patient activity, and their geographical location. Table 3.1 presents information on hospital and bed numbers and a range of other statistics about the public hospital peer groups for each state and territory can be found in Chapter 4. Detailed information on the public hospital peer group classification is included in Appendix 2.

For 2005–06, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's hospitals* group. Although the 79 hospitals in this group accounted for only 10.5% of public acute and psychiatric hospitals, they covered 53.6% of beds (Table 3.1).

The *Small acute hospitals* peer group accounted for the largest number of public hospitals in 2005–06. There were 150 small acute hospitals which represented 19.9% of hospitals in 2005–06; however, they accounted for only 6.1% of available beds.

Distribution of hospitals according to bed numbers

Grouping hospitals by number of available beds shows that there were more small hospitals, particularly in those jurisdictions that cover large geographical areas. The majority of beds were in larger hospitals and in more densely populated areas. Although 71.9% of hospitals had fewer than 50 beds, these small hospitals accounted for only 18.6% of available beds (Table 3.2). The largest hospital had 976 beds, and the median hospital size was 25 beds.

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

Geographical distribution of beds

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

On a Remoteness Area basis, the highest number of hospitals was in *Outer regional* areas (224) and the largest number of beds was in *Major cities* (34,047).

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 2.2 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 2.8 beds per 1,000 population in regional areas and 4.9 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 Victoria and the Australian Capital Territory). Thus, the ratio of services to the population does not necessarily indicate the accessibility of hospital services. Hospitals based in central locations can also serve patients who reside in other areas of a state or territory or in other jurisdictions. The patterns of bed availability 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 3.4. 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 Transplantation services* were provided by only a few hospitals, reflecting the highly specialised nature of those services.

Most specialised services were in hospitals located in *Major cities*, for example, all 8 *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 65 *Obstetric/maternity services* in *Major cities*, 162 in *Regional areas* and 25 in *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 O*bstetric/maternity service* unit that had less than one delivery a week on average. There were also a few hospitals that did not report having an obstetric unit but reported one or more deliveries a day.

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

Staffing

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

Nationally, 221,379 full-time equivalent staff were employed in the public hospital sector in 2005–06. *Nurses* constituted 44.7% (99,008) 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 22,858 *Salaried medical officers* employed in public hospitals throughout Australia, representing 10.3% of the public hospital labour force. Information on numbers of visiting medical officers (VMOs), who are contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals, is not available. (See Table 3.6 for data on expenditure on VMOs.)

Variation in some staffing categories (in particular, *Other personal care staff* and *Domestic and other staff*) is most likely due to different reporting practices in the states. Queensland, in particular, has noted that there is little difference between these categories, and that an employee may perform different functions within these two categories on different days. New South Wales, Victoria, 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 (such as 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.

The average salary for full-time equivalent *Nurses* in 2005–06 was $67,592 nationally, an increase of 4.3% on the average salary of $64,792 in 2004–05 (AIHW 2006a). The average salary for full-time equivalent *Salaried medical officers* was $136,789, a 10.5% increase over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for *Nurses* ranged from $63,715 in South Australia to $79,486 in the Northern Territory. For *Salaried medical officers*, they ranged from $118,284 in South Australia to $169,145 in the Northern Territory.

Some of the variation in average salaries reported for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff* is likely to be a result of different reporting practices and use of 'outsourcing' services. 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.

Recurrent expenditure by hospitals

Information on gross recurrent expenditure, categorised into *Salary and wages expenditure* and *Non-salary expenditure*, is presented in Table 3.6. Nationally, total recurrent expenditure excluding depreciation by public acute and psychiatric hospitals was $24.0 billion in 2005–06.

The largest share of expenditure for 2005–06 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 62.1% of the $24.0 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 were available.

Medical and surgical supplies (which include consumable supplies only and not equipment purchases), S*uperannuation*, A*dministrative 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 3.6. The data show that there is variation between states and territories in reporting, ranging from 5.6% of total expenditure in Queensland to 0.9% in the Northern Territory. Depreciation data were incomplete for South Australia and Tasmania.

Hospital revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from state or territory governments) is reported in Table 3.7. 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 $2.16 billion in revenue in 2005–06. This was equivalent to 9.0% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories. Public hospital revenue in

Tasmania represented 11.7% of expenditure (excluding depreciation), whereas revenue in South Australia represented 4.3% 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 its capital expenditure accounts. South Australia netted out land sales in its capital expenditure accounts and reported sales from other surplus goods in the revenue figures. Both the Australian Capital Territory and the Northern Territory reported revenue from asset disposal as part of *Other revenue*. Victoria and Queensland account for asset sales in their capital expenditure accounts. The income from asset disposal (apart from major assets such as land, buildings and some motor vehicles) is usually not very significant as capital assets are generally retained until they are either worn out or obsolete, making their residual value comparatively small. Sometimes there is even a net cost incurred in disposing of an asset.

Other expenditure and revenue related to hospitals

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

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

Data on the purchase (at the state or area health service level) of public hospital services provided by privately owned and/or operated hospitals has been reported by some states and territories. In 2005–06, Western Australia spent $178.0 million on the purchase of public hospital services from private hospitals, which is equivalent to 8% of total recurrent expenditure by public hospitals (Table 3.6). In 2005-06 New South Wales, Victoria and South Australia reported $53.6 million, $0.2 and $2.8 million expenditure, respectively. Queensland reported nil recurrent expenditure on purchasing public patient services from private hospitals and data were not available for the other states.

The reporting of expenditure is affected by how public and private hospitals are defined (see Appendix 2). 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 3.6 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 2004–05* (AIHW 2006b). 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.

Some states and territories have not fully implemented accrual accounting procedures and systems therefore 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[a] and available beds, by hospital peer groups, states and territories, 2005–06

	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Principal referral: major cities (>20,000 acute weighted separations) & regional (>16,000 acute weighted separations)	25	17	14	3	4	3	1	2	69
Specialist women's & children's (>10,000 acute weighted separations)	3	2	3	1	1	0	0	0	10
Total Principal referral and specialist women's & children's hospitals	*28*	*19*	*17*	*4*	*5*	*3*	*1*	*2*	*79*
Large major cities (>10,000 acute weighted separations)	10	8	2	2	2	0	1	0	25
Large regional (>8,000 acute weighted separations) & remote (>5,000 acute weighted separations)	4	7	4	3	0	0	0	0	18
Total Large hospitals	*14*	*15*	*6*	*5*	*2*	*0*	*1*	*0*	*43*
Medium (major cities 5,000 to 10,000 and regional 5,000 to 8,000 acute weighted separations)	15	6	0	4	4	0	0	0	29
Medium (major cities and regional 2,000 acute or acute weighted to 5,000 acute weighted separations)	23	17	10	3	7	0	0	0	60
Total Medium hospitals	*38*	*23*	*10*	*7*	*11*	*0*	*0*	*0*	*89*
Small regional acute (<2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)	37	29	18	4	17	5	0	0	110
Small remote acute (<5,000 acute weighted separations)	3	0	18	12	3	1	0	3	40
Total Small acute hospitals	*40*	*29*	*36*	*16*	*20*	*6*	*0*	*3*	*150*
Small non-acute (<2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)	27	7	23	7	20	2	0	0	86
Multi-purpose service	18	9	9	37	6	2	0	0	81
Hospice	3	0	0	0	0	1	0	0	4
Rehabilitation	5	0	0	1	2	0	0	0	8
Mothercraft	3	3	1	0	0	0	1	0	8
Other non-acute	12	0	0	0	0	0	0	0	12
Total Non-acute	*68*	*19*	*33*	*45*	*28*	*5*	*1*	*0*	*199*
Psychiatric[c]	9	1	4	1	1	3	0	0	19
Unpeered and other acute (includes hospitals with fewer than 200 separations)	33	37	71	13	12	10	0	0	176
Total hospitals	**230**	**143**	**177**	**91**	**79**	**27**	**3**	**5**	**755**

(continued)

Table 3.1: (continued): Number of public acute and psychiatric hospitals[a] and available beds, by hospital peer groups, states and territories, 2005–06

	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
Available or licensed beds[d]									
Principal referral: major cities (>20,000 acute weighted separations) & regional (>16,000 acute weighted separations)	9,596	6,295	5,903	1,627	1,656	1,043	510	459	27,088
Specialist women's & children's (>10,000 acute weighted separations)	515	504	365	457	317	. .	. .	. .	2,157
Total Principal referral and specialist women's & children's hospitals	*10,111*	*6,799*	*6,268*	*2,084*	*1,973*	*1,043*	*510*	*459*	*29,245*
Large major cities (>10,000 acute weighted separations)	1,810	1,055	313	295	424	. .	194	. .	4,091
Large regional (>8,000 acute weighted separations) & remote (>5,000 acute weighted separations)	565	776	513	321	. .	. .	. .	. .	2,175
Total Large hospitals	*2,375*	*1,831*	*826*	*616*	*424*	*. .*	*194*	*. .*	*6,266*
Medium (major cities 5,000 to 10,000 and regional 5,000 to 8,000 acute weighted separations)	1,348	376	. .	430	322	. .	. .	. .	2,476
Medium (major cities and regional 2,000 acute or acute weighted to 5,000 acute weighted separations)	1,025	908	624	144	358	. .	. .	. .	3,059
Total Medium hospitals	*2,373*	*1,284*	*624*	*574*	*680*	*. .*	*. .*	*. .*	*5,535*
Small regional acute (<2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)	906	503	402	102	397	73	. .	. .	2,382
Small remote acute (<5,000 acute weighted separations)	77	. .	421	239	84	10	. .	110	942
Total Small acute hospitals	*983*	*503*	*823*	*341*	*481*	*83*	*. .*	*110*	*3,324*
Small non-acute (<2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)	763	252	565	196	510	36	. .	. .	2,322
Multi-purpose service	423	90	114	553	152	10	. .	. .	1,342
Hospice	183	. .	. .	. .	..	10	. .	. .	193
Rehabilitation	228	. .	. .	189	198	. .	. .	. .	616
Mothercraft	92	67	40	. .	. .	. .	10	. .	209
Other non-acute	478	. .	. .	. .	. .	. .	. .	. .	478
Total Non-acute	*2,167*	*409*	*719*	*938*	*860*	*56*	*10*	*. .*	*5,160*
Psychiatric[c]	1,185	115	477	197	313	79	. .	. .	2,366
Unpeered and other acute (includes hospitals with fewer than 200 separations)	585	1,333	369	234	144	41	. .	. .	2,706
Total available beds	**19,779**	**12,273**	**10,106**	**4,984**	**4,874**	**1,302**	**714**	**569**	**54,601**

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

. . Not applicable.

Table 3.2: Number of public acute and psychiatric hospitals[a] and available beds[b], by hospital size, states and territories, 2005–06

Hospital size[c]	NSW	Vic[d]	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or fewer beds	17	35	71	18	8	17	1	0	167
More than 10 to 50 beds	133	52	70	56	56	7	0	2	376
More than 50 to 100 beds	30	21	13	5	6	0	0	1	76
More than 100 to 200 beds	24	16	10	8	3	0	1	1	63
More than 200 to 500 beds	19	15	10	2	5	3	0	1	55
More than 500 beds	7	4	3	2	1	0	1	0	18
Total	**230**	**143**	**177**	**91**	**79**	**27**	**3**	**5**	**755**
Available beds									
10 or fewer beds	67	198	232	134	54	101	10	. .	796
More than 10 to 50 beds	3,511	1,262	1,649	1,229	1,485	158	. .	50	9,343
More than 50 to 100 beds	2,265	1,575	913	334	475	. .	. .	60	5,622
More than 100 to 200 beds	3,781	2,409	1,540	1,203	509	. .	194	162	9,799
More than 200 to 500 beds	5,745	4,524	3,221	900	1,706	1,043	. .	297	17,435
More than 500 beds	4,411	2,306	2,551	1,184	645	. .	510	. .	11,606
Total	**19,779**	**12,273**	**10,106**	**4,984**	**4,874**	**1,302**	**714**	**569**	**54,601**

(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 3.3: Number of hospitals[a], available beds and ratio of available beds in area to 1,000 population resident in area[b], by Remoteness Area, public acute and psychiatric hospitals, states and territories, 2005–06

Region	NSW	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities	71	47	19	19	13	. .	3	. .	172
Inner regional	76	58	26	9	16	9	0	. .	194
Outer regional	63	36	55	28	28	13	. .	1	224
Total regional	*139*	*94*	*81*	*37*	*44*	*22*	*0*	*1*	*418*
Remote	14	2	34	22	16	3	. .	2	93
Very remote	6	. .	43	13	6	2	. .	2	72
Total remote	*20*	*2*	*77*	*35*	*22*	*5*	. .	*4*	*165*
Total all regions	**230**	**143**	**177**	**91**	**79**	**27**	**3**	**5**	**755**
Available beds[d]									
Major cities	13,210	8,760	4,961	3,342	3,060	. .	714	. .	34,047
Inner regional	4,492	2,799	2,175	334	454	917	0	. .	11,170
Outer regional	1,776	701	2,126	758	905	357	. .	297	6,920
Total regional	*6,268*	*3,500*	*4,301*	*1,092*	*1,359*	*1,274*	*0*	*297*	*18,090*
Remote	253	14	385	377	356	19	. .	222	1,626
Very remote	48	. .	459	172	99	9	. .	50	838
Total remote	*301*	*14*	*844*	*549*	*455*	*28*	. .	*272*	*2,464*
Total all regions	**19,779**	**12,273**	**10,106**	**4,984**	**4,874**	**1,302**	**714**	**569**	**54,601**
Ratio of available beds in area to 1,000 population resident in area									
Major cities	2.7	2.4	2.4	2.4	2.8	. .	2.2	. .	2.5
Inner regional	3.2	2.6	2.1	1.2	2.3	2.9	0.0	. .	2.6
Outer regional	3.7	2.7	3.1	4.1	5.1	2.2	. .	2.7	3.3
Total regional	*3.3*	*2.6*	*2.5*	*2.4*	*3.6*	*2.7*	*0.0*	*2.7*	*2.8*
Remote	6.6	2.4	4.1	4.2	7.7	2.2	. .	5.2	5.0
Very remote	6.1	. .	8.6	3.4	7.4	3.6	. .	1.0	4.7
Total remote	*6.5*	*2.4*	*5.7*	*3.9*	*7.6*	*2.5*	. .	*2.9*	*4.9*
Total all regions	**2.9**	**2.4**	**2.5**	**2.5**	**3.2**	**2.7**	**2.2**	**2.8**	**2.7**

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.
(b) Rate per 1,000 population was directly age-standardised using 30 June 2005 population as detailed in Appendix 1.
(c) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.
(d) 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 3.4: Number of public acute hospitals[a] with specialised services, by Remoteness Area, states and territories, 2005–06

Specialised services	NSW[b]	Vic[c]	Qld	WA	SA[c]	Tas	ACT	NT	Total
Acute renal dialysis unit	**19**	**11**	**11**	**4**	**4**	**2**	**1**	**2**	**54**
Major city	15	8	4	4	4	. .	1	. .	36
Regional	4	3	7	0	0	2	0	1	17
Remote	0	0	0	0	0	0	. .	1	1
Acute spinal cord injury unit	**3**	**1**	**2**	**1**	**1**	**0**	**0**	**0**	**8**
Major city	3	1	2	1	1	. .	0	. .	8
AIDS unit	**7**	**2**	**5**	**1**	**1**	**0**	**1**	**1**	**18**
Major city	7	2	3	1	1	. .	1	. .	15
Regional	0	0	2	0	0	0	0	0	2
Remote	0	0	0	0	0	0	. .	1	1
Alcohol and drug unit	**46**	**14**	**15**	**1**	**3**	**0**	**0**	**1**	**80**
Major city	23	7	4	1	1	. .	0	. .	36
Regional	23	7	10	0	2	0	0	0	42
Remote	0	0	1	0	0	0	. .	1	2
Burns unit (level III)	**4**	**2**	**2**	**2**	**2**	**1**	**0**	**0**	**13**
Major city	3	2	2	2	2	. .	0	. .	11
Regional	1	0	0	0	0	1	0	0	2
Cardiac surgery unit	**10**	**7**	**3**	**4**	**2**	**1**	**1**	**0**	**28**
Major city	10	7	2	4	2	. .	1	. .	26
Regional	0	0	1	0	0	1	0	0	2
Clinical genetics unit	**11**	**7**	**5**	**3**	**2**	**1**	**1**	**0**	**30**
Major city	8	7	3	3	2	. .	1	. .	24
Regional	3	0	2	0	0	1	0	0	6
Coronary care unit	**46**	**28**	**22**	**3**	**9**	**3**	**2**	**2**	**115**
Major city	31	15	10	3	6	. .	2	. .	67
Regional	15	13	11	0	3	3	0	1	46
Remote	0	0	1	0	0	0	. .	1	2
Diabetes unit	**24**	**18**	**10**	**6**	**5**	**3**	**1**	**1**	**68**
Major city	23	15	8	6	5	. .	1	. .	58
Regional	1	3	2	0	0	3	0	1	10
Domiciliary care service	**147**	**97**	**43**	**65**	**45**	**0**	**0**	**1**	**398**
Major city	36	27	8	11	7	. .	0	. .	89
Regional	105	70	17	33	26	0	0	0	251
Remote	6	0	18	21	12	0	. .	1	58
Geriatric assessment unit	**57**	**35**	**9**	**25**	**16**	**1**	**1**	**0**	**144**
Major city	34	23	4	7	5	. .	1	. .	74
Regional	23	12	4	16	10	1	0	0	66
Remote	0	0	1	2	1	0	. .	0	4
Hospice care unit	**40**	**23**	**10**	**16**	**17**	**1**	**1**	**0**	**108**
Major city	13	8	6	1	5	. .	1	. .	34
Regional	26	15	4	12	9	1	0	0	67
Remote	1	0	0	3	3	0	. .	0	7
Infectious diseases unit	**12**	**12**	**7**	**3**	**4**	**1**	**1**	**1**	**41**
Major city	12	12	5	3	4	. .	1	. .	37
Regional	0	0	2	0	0	1	0	0	3
Remote	0	0	0	0	0	0	. .	1	1
Intensive care unit (level III)	**36**	**18**	**11**	**5**	**5**	**2**	**1**	**2**	**80**
Major city	21	13	8	5	5	. .	1	. .	53
Regional	15	5	3	0	0	2	0	1	26
Remote	0	0	0	0	0	0	. .	1	1
In-vitro fertilisation unit	**2**	**5**	**0**	**1**	**2**	**0**	**0**	**0**	**10**
Major city	2	2	0	1	2	. .	0	. .	7
Regional	0	3	0	0	0	0	0	0	3
Maintenance renal dialysis centre	**49**	**56**	**23**	**10**	**13**	**2**	**1**	**4**	**158**
Major city	22	19	5	6	6	. .	1	. .	59
Regional	24	37	14	3	5	2	0	1	86
Remote	3	0	4	1	2	0	. .	3	13

(continued)

Table 3.4 (continued): Number of public acute hospitals[a] with specialised services, by Remoteness Area, states and territories, 2005–06

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	12	10	7	3	4	. .	1	. .	37
Regional	0	0	2	0	0	1	0	0	3
Neonatal intensive care unit (level III)	**12**	**4**	**3**	**2**	**2**	**1**	**1**	**1**	**26**
Major city	11	4	2	2	2	. .	1	. .	22
Regional	1	0	1	0	0	1	0	1	4
Neurosurgical unit	**13**	**8**	**6**	**3**	**3**	**1**	**1**	**0**	**35**
Major city	13	8	5	3	3	. .	1	. .	33
Regional	0	0	1	0	0	1	0	0	2
Nursing home care unit	**72**	**79**	**19**	**37**	**41**	**0**	**0**	**0**	**248**
Major city	1	12	1	1	0	. .	0	. .	15
Regional	61	67	14	23	30	0	0	0	195
Remote	10	0	4	13	11	0	. .	0	38
Obstetric/maternity service	**76**	**59**	**44**	**32**	**30**	**3**	**2**	**5**	**251**
Major city	27	14	7	8	6	. .	2	. .	64
Regional	48	45	29	16	20	3	0	1	162
Remote	1	0	8	8	4	0	. .	4	25
Oncology unit	**39**	**33**	**11**	**8**	**7**	**3**	**2**	**0**	**103**
Major city	20	15	8	5	7	. .	2	. .	57
Regional	19	18	3	3	0	3	0	0	46
Psychiatric unit/ward	**48**	**35**	**18**	**17**	**8**	**3**	**2**	**2**	**133**
Major city	31	24	9	14	8	. .	2	. .	88
Regional	17	11	9	3	0	3	0	1	44
Remote	0	0	0	0	0	0	. .	1	1
Refractory epilepsy unit	**5**	**6**	**0**	**3**	**2**	**0**	**0**	**0**	**16**
Major city	5	6	0	3	2	. .	0	. .	16
Rehabilitation unit	**57**	**30**	**17**	**9**	**10**	**3**	**2**	**2**	**130**
Major city	34	18	9	7	5	. .	2	. .	75
Regional	23	12	8	2	5	3	0	1	54
Remote	0	0	0	0	0	0	. .	1	1
Sleep centre	**13**	**7**	**6**	**2**	**4**	**1**	**0**	**0**	**33**
Major city	12	7	4	2	4	. .	0	. .	29
Regional	1	0	2	0	0	1	0	0	4
Specialist paediatric service	**48**	**30**	**17**	**11**	**8**	**3**	**2**	**3**	**122**
Major city	26	15	7	6	4	. .	2	. .	60
Regional	22	15	10	3	4	3	0	1	58
Remote	0	0	0	2	0	0	. .	2	4
Transplantation unit—bone marrow	**13**	**7**	**6**	**3**	**1**	**1**	**1**	**0**	**32**
Major city	13	7	5	3	1	. .	1	. .	30
Regional	0	0	1	0	0	1	0	0	2
Transplantation unit—heart (including heart/lung)	**1**	**2**	**1**	**1**	**0**	**0**	**0**	**0**	**5**
Major city	1	2	1	1	0	. .	0	. .	5
Regional	0	0	0	0	0	0	0	0	0
Transplantation unit—liver	**2**	**2**	**2**	**1**	**1**	**0**	**0**	**0**	**8**
Major city	2	2	2	1	1	. .	0	. .	8
Transplantation unit—pancreas	**1**	**1**	**1**	**1**	**0**	**0**	**0**	**0**	**4**
Major city	1	1	1	1	0	. .	0	. .	4
Transplantation unit—renal	**8**	**6**	**1**	**3**	**1**	**0**	**0**	**0**	**19**
Major city	8	6	1	3	1	. .	0	. .	19
Regional	0	0	0	0	0	0	0	0	0

(a) Excludes psychiatric hospitals. Rows for *Regional* and *Remote* with no units omitted from table.
(b) Data for a small number of hospitals in New South Wales were not available, so the number of services is therefore slightly under-enumerated.
(c) 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 3.5: Average full-time equivalent staff[a] and average salaries, public acute and psychiatric hospitals, states and territories, 2005–06

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	7,760	5,738	4,072	2,118	1,994	472	400	304	22,858
Registered nurses	n.a.	n.a.	13,553	8,028	6,850	2,036	1,418	1,043	n.a.
Enrolled nurses	n.a.	n.a.	2,265	699	1,855	251	266	136	n.a.
Student nurses	. .	. .	. .	. .	29	. .	. .	.	29
Total nurses	*35,427*	*25,152*	*15,818*	*8,727*	*8,734*	*2,287*	*1,684*	*1,179*	*99,008*
Other personal care staff	n.a.	n.a.	835	n.a.	n.a.	105	171	14	n.a.
Diagnostic & allied health professionals	11,024	11,828	3,663	2,459	2,100	426	441	291	32,232
Administrative & clerical staff	11,833	9,385	4,582	3,303	2,939	647	600	415	33,704
Domestic & other staff	11,185	7,047	6,412	3,827	2,257	1,021	173	530	32,452
Total staff	**77,229**	**59,151**	**35,381**	**20,434**	**18,026**	**4,957**	**3,468**	**2,733**	**221,379**
Average salaries									
Salaried medical officers	127,728	145,300	142,753	150,710	118,284	127,285	134,922	169,145	136,789
Total nurses	69,969	66,539	64,550	68,333	63,715	65,735	72,321	79,486	67,592
Other personal care staff	n.a.	n.a.	44,326	n.a.	n.a.	46,331	43,761	62,221	50,745
Diagnostic & allied health professionals	63,359	47,886	63,925	62,386	56,532	69,893	67,845	71,892	57,450
Administrative & clerical staff	56,221	48,130	47,961	49,888	45,646	50,962	56,117	55,113	51,186
Domestic & other staff	41,162	47,564	44,477	44,358	39,217	37,761	42,980	49,990	43,496
Total staff	68,551	65,666	67,223	69,020	62,900	63,850	73,309	79,146	67,251

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2006 were used. Staff contracted to provide products (rather than labour) are not included.
(b) *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.
(c) For Victoria, fulltime equivalent staff numbers may be slightly understated as data were unavailable for one hospital. *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 two small hospitals in Tasmania were not supplied.
n.a. Not available.
. . Not applicable.

Table 3.6: Recurrent expenditure ($'000)[a], public acute and psychiatric hospitals, states and territories, 2005–06

Recurrent expenditure category	NSW[b]	Vic[c]	Qld[d]	WA	SA[e]	Tas[f]	ACT	NT[g]	Total
Salary and wages expenditure									
Salaried medical officers	991,210	833,774	581,296	319,232	235,865	60,040	54,029	51,420	3,126,866
Registered nurses	n.a.	n.a.	911,712	569,091	462,014	136,812	107,407	85,322	n.a.
Enrolled nurses	n.a.	n.a.	109,320	27,246	93,113	13,530	14,366	8,415	n.a.
Student nurses	. .	. .	. .	. .	1,591	. .	. .	. .	1,591
Trainee/pupil nurses	n.a.	. .	. .	n.a.	. .	. .	. .	0	n.a.
Total nurses	*2,478,830*	*1,673,617*	*1,021,032*	*596,337*	*556,718*	*150,342*	*121,773*	*93,737*	*6,692,386*
Other personal care staff	n.a.	n.a.	37,017	6,853	n.a.	4,874	7,467	890	57,101
Diagnostic & allied health professionals	698,442	566,393	234,131	153,405	118,725	29,753	29,905	20,928	1,851,682
Administrative & clerical staff	665,236	451,679	219,739	164,780	134,171	32,947	33,661	22,855	1,725,068
Domestic & other staff	460,386	335,184	285,192	169,755	88,528	38,546	7,436	26,475	1,411,502
Salary expenditure category, not further categorised	. .	23,559	. .	. .	. .	. .	. .	. .	23,366
Total salary & wages expenditure	**5,294,104**	**3,884,206**	**2,378,407**	**1,410,362**	**1,133,813**	**316,503**	**254,271**	**216,305**	**14,887,971**

(continued)

Table 3.6 (continued): Recurrent expenditure ($'000)[a], public acute and psychiatric hospitals, states and territories, 2005–06

Recurrent expenditure category	NSW[b]	Vic[c]	Qld[d]	WA	SA[e]	Tas[f]	ACT	NT[g]	Total
Non-salary expenditure									
Payments to visiting medical officers	436,271	127,222	85,930	75,163	86,588	19,782	25,500	3,151	859,607
Superannuation payments	480,871	346,851	217,140	130,381	99,766	33,245	30,695	15,065	1,354,014
Drug supplies	432,157	315,719	211,806	134,335	92,038	19,519	13,403	16,841	1,235,818
Medical & surgical supplies	764,155	565,334	408,529	165,396	113,024	50,855	37,065	22,852	2,127,210
Food supplies	115,769	64,871	30,145	18,905	12,655	6,200	4,324	2,510	255,379
Domestic services	185,689	136,808	111,958	65,531	47,184	5,657	14,422	11,299	578,548
Repairs & maintenance	213,033	123,109	84,384	54,197	69,483	9,755	5,342	5,991	565,294
Patient transport	58,731	33,552	24,645	18,129	17,082	3,323	851	11,887	168,200
Administrative expenses	464,366	390,036	271,562	83,998	48,672	46,206	22,436	13,920	1,341,196
Interest payments	5,975	0	0	11,523	1,887	n.a.	18	n.a	19,403
Depreciation	350,200	242,828	227,837	67,672	19,390	15,663	13,314	2,853	939,757
Other recurrent expenditure	126,741	225,654	2,559	24,315	142,524	25,577	14,773	9,569	571,712
Expenditure, not further categorised	. .	10,863	. .	. .	. .	15,665	. .	. .	26,528
Total non-salary expenditure excluding depreciation	**3,283,758**	**2,340,019**	**1,448,658**	**781,873**	**730,903**	**235,784**	**168,829**	**113,085**	**9,102,909**
Total non-salary expenditure including depreciation	**3,633,958**	**2,582,847**	**1,676,495**	**849,545**	**n.a.**	**251,447**	**182,143**	**115,938**	**10,042,666**
Total expenditure excluding depreciation	**8,577,862**	**6,224,225**	**3,827,065**	**2,192,235**	**1,864,716**	**552,287**	**423,100**	**329,390**	**23,990,880**
Public acute hospitals	**8,216,266**	**6,191,038**	**3,736,517**	**2,141,430**	**1,770,280**	**541,762**	**423,100**	**329,390**	**23,349,783**
Psychiatric hospitals	**361,596**	**33,187**	**90,548**	**50,805**	**94,436**	**10,525**	**. .**	**. .**	**641,097**
Total expenditure including depreciation	**8,928,062**	**6,467,053**	**4,054,902**	**2,259,907**	**n.a.**	**567,950**	**436,414**	**332,243**	**n.a.**
Public acute hospitals	**8,551,914**	**6,432,631**	**3,958,422**	**2,207,769**	**n.a.**	**n.a.**	**436,414**	**332,243**	**n.a.**
Psychiatric hospitals	**376,148**	**34,422**	**96,480**	**52,138**	**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) 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 reported only for a subset of hospitals.

(f) Tasmanian data for one hospital were 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 3.7: Revenue ($'000), public acute and psychiatric hospitals, states and territories, 2005–06

Revenue source	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT	Total
Patient revenue	556,622	200,061	176,231	87,478	60,668	41,670	25,462	11,176	1,159,368
Recoveries	231,837	82,819	33,740	24,579	115	19,015	6,353	3,729	402,187
Other revenue[c]	150,714	311,838	70,183	35,829	19,640	3,963	4,413	13	596,593
Total revenue	**939,173**	**594,718**	**280,154**	**147,886**	**80,423**	**64,648**	**36,228**	**14,918**	**2,158,148**
Public acute hospitals	**926,730**	**592,859**	**273,634**	**144,849**	**78,396**	**64,174**	**36,228**	**14,918**	**2,131,788**
Psychiatric hospitals	**12,443**	**1,859**	**6,520**	**3,037**	**2,027**	**474**	**. .**	**. .**	**26,360**

(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 that reflect, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

In 2001, the National Health Performance Committee (NHPC) developed a framework to report on the performance of the Australian health system, which has been adopted by Health Ministers. This report uses this National Health Performance Framework to present performance indicator information.

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

The performance indicators presented in this chapter include cost per casemix-adjusted separation, average salary expenditure, separation rates for selected potentially preventable hospitalisations, hospital accreditation, separation rates for selected procedures, average lengths of stay for a selection of AR-DRGs, relative stay indexes, and separations with adverse events. Additional information on potentially preventable hospitalisations is presented in Appendix 5.

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 most directly relevant to assessment of the provision of hospital and other health care services. It is 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

Health system performance		
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?		
Effective	*Appropriate*	*Efficient*
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.
Responsive	*Accessible*	*Safe*
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.
Continuous	*Capable*	*Sustainable*
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 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
Effective			
4.5, 4.6, A5.1, A5.2, A5.3	Separation rates for selected potentially preventable hospitalisations	Primary care, Population health	Presented in summary by state and territory of usual residence of the patient, Remoteness Area of usual residence and quintile of socioeconomic advantage/disadvantage (Table 4.5) and as a time-series (Table 4.6) Presented in detail by state and territory of usual residence of the patient (Table A5.1), Remoteness Area of usual residence (Table A5.2) and quintile of socioeconomic advantage/disadvantage (Table A5.3)
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
Appropriate			
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
4.7, 4.8, 4.9	Separation rates for selected procedures	Acute care	Presented by state and territory of usual residence of the patient (Table 4.7), Remoteness Area of usual residence (Table 4.8) and quintile of socioeconomic advantage/disadvantage (Table 4.9)
Efficient			
4.1c-d, 4.2a-f	Cost per casemix-adjusted separation	Acute care	Presented by state and territory of hospital (Tables 4.1c and 4.1d), and by public hospital peer group (Tables 4.2a-f)
4.1c-d, 4.2a-e, 4.3, 4.11, 4.12, 12.1, 12.2	Relative stay index	Acute care	Presented by state and territory of hospital (Table 4.1c), by public hospital peer group (Tables 4.2a-e and 4.3) and, for the public and private sectors, by admitted patient election status and funding source (Tables 4.11, 4.12), and by MDC (Tables 12.1, 12.2)
3.5	Average salary by staffing category	Acute care	Presented by state and territory of hospital
4.10	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
Responsive			
5.2, 5.3	Emergency department waiting times (proportions waiting longer than clinically desirable, and times waited at the 50th and the 90th percentiles)	Acute care	Presented as a time series (Table 5.2) and by state and territory of hospital and by public hospital peer group (Table 5.3)

(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
Accessible			
6.1, 6.2, 6.4, 6.5	Waiting times for elective surgery (times waited at the 50th and 90th percentiles)	Acute care	Presented as a time series (Table 6.1), by state and territory of hospital, and by public hospital peer group (Table 6.2), by surgical specialty (Table 6.4) and by indicator procedure (Table 6.5). Tables based on information on the patient's area of usual residence included in other dimensions also relate to accessibility. These include the selected procedures and selected potentially preventable hospitalisations tables (Tables 4.5, 4.6, 4.7 to 4.9, 8.11 to 8.13 and A5.1 to A5.3)
Safe			
4.13	Separations with adverse events	Acute care	Presented for the public and private sectors
Continuous			
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			
Capable			
4.4	Accreditation of hospitals and beds	Acute care	Presented by state and territory of hospital, and for the public and private sectors
Sustainable			
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 2007) 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 1 of this report and in more detail in *Australian hospital statistics* 1999–00 (AIHW 2001).

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

- The proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable.
- Capital costs are not included in numerators. In addition to the cost per casemix-adjusted separation (excluding depreciation), extra rows including depreciation in the calculation of costs are included for those jurisdictions that have supplied it (see also Appendix 1 for SCRGSP estimates of cost per casemix-adjusted separation including capital costs).
- Only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3% that were not acute (Appendix 1 includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for New South Wales, Victoria and Western Australia).
- The proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.

The scope of the analysis is hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of *Principal referral and Specialist women's and children's hospitals*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals* (see Appendix 2). 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 in 2005–06. This scope restriction improves the comparability of data among the jurisdictions and increases the accuracy of the analysis. Hospitals included accounted for 96.0% of separations in public acute and psychiatric hospitals in 2005–06, and 91.1% 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 applies mainly to the *Small acute hospitals* and *Non-acute* peer groups. This is because the peer grouping is largely based on hospital activity, which can change from year to year.

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

Hospital activity in selected public acute hospitals is shown in Table 4.1a. There were 4.3 million separations from public acute hospitals in 2005–06; nearly 98% of these were acute separations. Public patients accounted for 84% of the 14.8 million patient days and 88% of patient days were for acute separations. Over 163,000 newborns with no qualified days were reported for public acute hospitals in 2005–06 (see Chapter 7).

In 2005–06, for these selected public acute hospitals, total recurrent expenditure including depreciation was $22.7 billion and $21.8 billion excluding depreciation (Table 4.1b). Almost 35% of the total recurrent expenditure was in New South Wales ($7.5 billion), was 27% in Victoria ($5.9 billion) and was 16% in Queensland ($3.5 billion). Expenditure in these three states accounted for 78% of the total recurrent expenditure (excluding depreciation) for these selected public acute hospitals in Australia in 2005–06.

Table 4.1c shows the cost per casemix-adjusted separation for the states and territories for 2005–06. Nationally, the average cost per casemix-adjusted separation was $3,698 excluding depreciation and $3,839 including depreciation. The average cost weight for the selected public acute hospitals was 1.01, slightly higher than the overall average cost weight (1.00 by definition). The relative stay index for the selected hospitals was the same as the national average (see below for more information on relative stay indexes).

A large portion of the costs was attributed to non-medical and medical labour costs. Nationally these costs were $1,921 and $745 respectively per casemix-adjusted separation (Table 4.1d). Depreciation was supplied for all jurisdictions, though only for a subset of South Australian and Tasmanian hospitals. Depreciation added an average of 3.8% ($141) to the cost of each separation, ranging from $201 (5.7%) in Queensland to $36 (0.9%) in the Northern Territory.

Interpretation of the cost per casemix-adjusted separation data should take into consideration other factors, such as costs incurred, that are beyond the control of a jurisdiction. For example, the Northern Territory has high staffing and transport costs, and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions. 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 (see Appendix 2). The peer group classification allocates hospitals into broadly similar groups in terms of their level of admitted patient activity and their geographical location. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

In 2005–06, 695 public hospitals had an average of 6,421 separations at a cost (excluding depreciation) of $3,865 per separation (Table 4.2a). Tables 4.2a-f also present a range of other statistics about the peer groups for each state and territory, such as the number of hospitals in each, average length of stay and relative stay index (see below and in Appendix 1). The average number of AR-DRGs with five or more acute separations reported for each hospital is also presented; this provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

For 2005–06, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's hospitals* group. The 77 hospitals in this group had an average of 40,878 separations each at a cost (excluding depreciation) of $3,726 per separation (Table 4.2b). The 67 *Principal referral hospitals,* had an average of 43,713 separations each. New South Wales has 25 hospitals, Victoria has 15 and Queensland 14 hospitals in this peer group accounting for 80% of Australia's *Principal referral hospitals*. Separations ranged from 29,472 separations per hospital from Tasmania's three hospitals to 63,241 separations per hospital from the 15 hospitals in Victoria. The cost per casemix-adjusted separation (including depreciation) for this peer group was highest in the Northern Territory ($4,135 per separation).

The 37 *Large hospitals* averaged 14,122 separations each at a cost (excluding depreciation) of $3,608 per separation (Table 4.2c). The 83 *Medium hospitals* averaged 5,237 separations each at a cost (excluding depreciation) of $3,524 per separation (Table 4.2d). The 143 *Small acute*

hospitals (42.1% of acute hospitals) averaged 1,239 separations each at a cost per separation of $3,790 (excluding depreciation) (Table 4.2e).

Table 4.3 shows a range of statistics for teaching hospitals. These hospitals can be in any peer group; however, 78% are in the *Principal referral and Specialist women's and children's hospitals* peer groups. Queensland had 22 and New South Wales had 20 of the 67 teaching hospitals in Australia in 2005–06.

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 2004–05 and 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, 637 public hospitals with 52,311 public hospital beds (96% of the total) were known to be accredited at 30 June 2005 (Table 4.4). These hospitals delivered 97% 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 86% in Tasmania.

A total of 406 private hospitals and 25,321 private hospital beds (77% of hospitals but 95% of the beds) were accredited in 2004–05.

Separation rates for selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of 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 of 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.** These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.
- **Acute.** These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include complicated appendicitis, dehydration/gastroenteritis, pyelonephritis, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections and dental conditions.
- **Chronic.** 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 1 (Table A1.9 accompanying this report on the Internet).

Table 4.5 presents the age-standardised separation rate for the three broad categories of PPHs for the state or territory of usual residence, the Remoteness Area of usual residence of the patient and the quintile of socioeconomic advantage/disadvantage. There were 32 separations per 1,000 people in Australia for PPHs in 2005–06. The rate of PPH separations ranged from 47 per 1,000 population in the Northern Territory to 22 per 1,000 population in the Australian Capital Territory. The rate was highest for residents of *Very remote* areas (74 per 1,000 population) and lowest for residents of *Major cities* (30 per 1,000 population). Residents of *Least advantaged* regions are more likely to be separated from hospital for a PPH than residents of other regions. The rate decreases with increased levels of advantage from 39 per 1,000 for residents of *Least advantaged* regions to 24 per 1,000 for residents of the *Most advantaged* regions.

Over the last five years the rate of PPH separations in most states and territories has been relatively stable (Table 4.6). The increase in the rate of PPH separations in Western Australia over the last five years, is mainly due to the inclusion of diabetes as an additional diagnosis when a patient with diabetes is admitted for dialysis treatment. This is not done in other jurisdictions and because dialysis is required daily, the number of separations which are included in *Complications of diabetes* is significantly higher than in other jurisdictions.

Appendix 5 presents more detailed information on the number of separations, the proportion of residents treated in hospitals outside their state of residence and the age-standardised separation rates for each PPH condition for the state or territory (Table A5.1) or Remoteness area of usual residence of the patient (Table A5.2) or the quintile of socioeconomic advantage/disadvantage (Table A5.3; see also Appendix 1). These tables also include the standardised separation rate ratio (SRR) against the national total as well as the 95% confidence interval of the SRR. Statistics are presented for the total PPH rate, the rates for each of the three broad PPH categories, and rates for individual conditions.

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 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 1.

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, admission and data recording practices, and availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (as noted in Appendix 2). This may result in underestimation of separation rates for some of the diagnoses and procedures, particularly those more common for private hospitals. The separation rates are age-standardised to take into account the different age structures of the populations of the states and territories.

Information on public patients in Tables 4.7, 4.8 and 4.9 relate to separations for which the patient election status was reported as public (see Chapter 7). For example, the proportion of separations for public patients who had a *Lens insertion* was 26% nationally, ranging from 11% for Queensland to 56% for the Northern Territory.

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

For example, the separation rate for *Knee replacement* for residents of Western Australia was 1.50 separations per 1,000 population. The SRR was 1.00 with a 95% confidence interval of 0.96–1.04, indicating that the difference was not statistically significant. The separation rate for the Australian Capital Territory was 1.86 per 1,000 population, with an SRR of 1.24 and a 95% confidence interval of 1.13–1.35, indicating the difference was statistically significant.

Table 4.8 presents similar statistics by the Remoteness area of usual residence of the patient. For example, the rate for *Hip replacement* for residents of *Major cities* was 1.27 separations per 1,000 population. The SRR was 0.96 and the 95% confidence interval was 0.95–0.97, indicating a statistically significant difference.

Table 4.9 presents these data by quintile of socioeconomic advantage/disadvantage using the ABS's Socio-Economic Indexes For Areas 2001 (termed SEIFA 2001 (ABS 2004)) Index of Socio-Economic Advantage/Disadvantage of the statistical local area of the patient's usual residence (see Appendix 1). The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the *Most advantaged* quintile represents the areas containing the 20% of the population with the 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; for example, *Hysterectomies* were more frequent in the *Most disadvantaged* and *Second most disadvantaged* quintiles, with an SRR of 1.11 and 1.10 respectively, and *Myringotomies* were most common in the *Most advantaged* quintile, with an SRR of 1.11. 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 the age at which the mothers are giving birth. The *Most advantaged* quintile (35.6 caesarean sections per 100 in-hospital births; Table 4.9), residents of *Major cities* (31.7 caesarean sections per 100 in-hospital births; Table 4.8) and residents of Western Australia (34.0 per 100 in-hospital births; Table 4.7) had the highest rates.

Average lengths of stay for 20 selected AR-DRGs

The average length of stay for 20 selected version 5.0 AR-DRGs has been identified as an indicator of efficiency. The selected AR-DRGs (Table 4.10) were chosen on the basis of:

- homogeneity, where variation is more likely to be attributable to the hospital's performance rather than variations in the patients themselves
- representativeness across clinical groups (major diagnostic categories, MDCs) and surgical and medical AR-DRGs
- differences between jurisdictions and/or sectors
- policy interest as evidenced by:
  - inclusion of similar groups in other tables in *Australian hospital statistics*, such as indicator procedures for elective surgery waiting times
  - high volume and/or cost
  - changes in volume over years.

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

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

The average length of stay of the chosen AR-DRGs ranged from 15.0 days for U63B *Major affective disorders age<70 W/O catastrophic or severe CC* to 1.4 days for G09Z *Inguinal and femoral hernia procedures age>0* (Table 4.10).

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 5.0 days for private hospitals. There was also some variation between states and territories with Victorian public hospitals reporting an average length of stay of 3.1 days and Tasmanian public hospitals 3.9 days.

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 5.0 and age of the

patient for each separation) allows variation in types of services provided to be taken into account, but does not take into account other influences on length of stay.

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

The RSIs presented in this report differ from those presented in *Australian hospital statistics 2003–04* and earlier reports in that they are based on AR-DRG version 5.0 rather than AR-DRG version 4.2. See Appendix 1 for details of the current methodology.

This report uses two methods of standardisation and three comparator sets. The method used in most tables (Tables 4.1c, 4.2a–f, 4.3 and 4.11, and part of Tables 2.3 and 4.12) 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 4.1c, 4.2a–f and 4.3 are based on comparisons with the averages for public hospitals only for 2005–06. The RSIs in Tables 4.11 and 4.12 are based on comparisons with the averages for all hospitals for 2005–06. The RSIs in Table 2.3 are based on comparisons with the combined average across all hospitals for all five years presented.

In addition to the indirect method, Tables 2.3 and 4.12 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 allowing comparison of RSI values across groups of hospitals. 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 A1.14). More detail on these methods is included in Appendix 1, with a description of the number of AR-DRGs represented in each cell in Table 4.12.

Tables 4.1c, 4.2a–f and 4.3 present RSI information for public hospitals, using the indirect method and public hospital data to calculate expected lengths of stay. For the hospitals included in the cost per casemix-adjusted separation analysis, the RSI was 1.00 overall, and ranged from 1.18 in the Northern Territory to 0.92 in Victoria (Table 4.1c).

Tables 4.11 and 4.12 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals was 1.05 indirectly standardised and 1.06 directly standardised, and the RSI for public hospitals was 0.98 indirectly standardised and 0.97 directly standardised (Table 4.12). According to this measure, the lower directly standardised RSI in the public sector indicates relatively shorter lengths of stay compared with the private sector.

Table 4.12 also presents RSI information for the *Medical*, *Surgical* and *Other* categories of AR-DRGs (DoHA 2002). In the public sector, the RSI for *Medical* AR-DRGs was 0.95 for both indirectly standardised and directly standardised, and the RSI for *Surgical* AR-DRGs was 1.04 indirectly standardised and 1.02 directly standardised. In the private sector, the RSI for *Medical* AR-DRGs was 1.18 for both indirectly standardised and directly standardised, and

the RSI for *Surgical* AR-DRGs was 0.96 indirectly standardised and 0.98 directly standardised.

Separations with adverse events

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls 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 4.13 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 2005–06, there were 352,662 separations with an ICD-10-AM code for an adverse event, 5.0 per 100 separations. There were 246,404 separations in the public sector (5.8 per 100 separations) and 106,258 separations in the private sector (3.9 per 100 separations). However, the data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may be different.

Procedures causing abnormal reactions/complications (Y83–Y84) were reported for 223,141 separations, 96,436 separations were reported with *Adverse effects of drugs, medicaments and biological substances* (Y40–Y59) and 71,042 separations were reported with *Complications of internal prosthetic devices, implants and graft* (T82–T85).

Table 4.1a: Hospital activity, selected public acute hospitals[a], states and territories, 2005–06

	Total separations ('000)[b]	Proportion of separations acute (%)[c]	Casemix-adjusted separations ('000)[d]	Total admitted patient days ('000)[b]	Public patient day proportion[e]	Proportion of bed days acute (%)	Newborn episodes with no qualified days ('000)
NSW	1,354	98.3%	1,444	4,978	78.6%	92.4%	60
Vic	1,248	97.5%	1,188	4,151	84.4%	82.0%	39
Qld	717	96.6%	725	2,441	91.7%	87.3%	31
WA	360	97.9%	361	1,185	87.0%	89.0%	15
SA	357	97.9%	361	1,245	84.4%	91.4%	10
Tas	91	98.3%	96	349	83.0%	88.4%	3
ACT	72	96.6%	74	244	84.1%	85.4%	3
NT[f]	83	98.9%	61	244	95.3%	95.4%	2
Total	**4,282**	**97.7%**	**4,312**	**14,838**	**84.0%**	**88.1%**	**163**

See table notes in Box 4.1.

Table 4.1b: Expenditure, selected public acute hospitals[a], states and territories, 2005–06

	Total recurrent expenditure excluding depreciation($m)	Total recurrent expenditure including depreciation ($m)	Admitted patient recurrent expenditure excluding depreciation ($m)	Admitted patient recurrent expenditure including depreciation ($m)
NSW	7,551	7,868	5,307	5,530
Vic	5,920	6,152	4,208	4,374
Qld	3,553	3,759	2,524	2,670
WA	1,894	1,950	1,309	1,349
SA	1,649	1,667	1,151	1,164
Tas	498	512	372	383
ACT	421	434	304	313
NT[f]	329	332	254	257
Total	**21,815**	**22,675**	**15,432**	**16,040**

See table notes in Box 4.1.

Table 4.1c: Cost per casemix-adjusted separation[(b)] and selected other statistics, selected public acute hospitals[(a)], states and territories, 2005–06

	Average cost weight[(g)]	Total cost per casemix-adjusted separation				Admitted patient cost proportion[(h)]		Relative stay index[(i)]
		Excluding depreciation		Including depreciation				
		All seps	Acute seps	All seps	Acute seps	All seps	Acute seps	
NSW	1.07	3,852	3,937	4,006	4,099	0.70	0.69	1.05
Vic	0.95	3,646	3,356	3,785	3,485	0.71	0.64	0.92
Qld	1.01	3,537	n.a.	3,738	n.a.	0.71	n.a.	0.97
WA	1.00	3,733	3,664	3,842	3,779	0.69	0.66	0.99
SA	1.01	3,299	n.a.	3334	n.a.	0.70	n.a.	1.05
Tas	1.06	3,994	n.a.	4109	n.a.	0.75	n.a.	1.07
ACT	1.03	4,250	n.a.	4,380	n.a.	0.72	n.a.	0.97
NT[(f)]	0.73	4,187	n.a.	4,223	n.a.	0.77	n.a.	1.18
Total	**1.01**	**3,698**	**n.a.**	**3,839**	**n.a.**	**0.71**	**n.a.**	**1.00**

See table notes in Box 4.1.

Table 4.1d: Average cost data for selected public acute hospitals[(a)], states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[(f)]	Total
Non-medical labour costs per casemix-adjusted separation ($)									
Nursing	1,028	966	899	950	905	1,055	1,176	1,182	978
Diagnostic/allied health[(j)]	293	319	212	267	203	229	292	264	275
Administrative	285	257	203	274	233	247	325	288	258
Other staff	190	191	273	267	129	277	144	345	209
Superannuation	205	199	195	213	167	238	298	190	201
Total non-medical labour costs	*2,002*	*1,933*	*1,782*	*1,972*	*1,636*	*2,046*	*2,234*	*2,269*	*1,921*
Other recurrent costs per casemix-adjusted separation ($)									
Domestic services	81	78	99	106	80	38	140	142	86
Repairs/maintenance	92	71	76	87	106	73	52	76	83
Medical supplies[(j)]	355	334	393	293	213	389	361	288	338
Drug supplies	200	187	201	232	170	148	131	212	195
Food supplies	49	37	26	27	18	40	42	32	37
Administration	193	218	247	139	85	335	217	176	198
Other	53	115	22	84	289	191	152	271	95
Total other recurrent costs excluding depreciation	*1,023*	*1,040*	*1,063*	*967*	*961*	*1,214*	*1,095*	*1,196*	*1,032*
Depreciation[(k)]	154	139	201	109	35	115	130	36	141
Total excluding medical labour costs and depreciation	3,025	2,972	2,846	2,939	2,597	3,259	3,329	3,465	2,953
Medical labour costs per casemix-adjusted separation ($)									
Public patients									
Salaried/sessional staff	454	496	552	562	439	462	527	648	494
Visiting medical officer payments	196	74	82	130	153	148	248	40	132
Private patients (estimated)[(l)]	177	105	57	104	110	125	146	34	119
Total medical labour costs	*827*	*674*	*691*	*795*	*702*	*735*	*922*	*722*	*745*
Total cost per casemix-adjusted separation excluding depreciation	**3,852**	**3,646**	**3,537**	**3,733**	**3,299**	**3,994**	**4,250**	**4,187**	**3,698**
Total cost per casemix-adjusted separation including depreciation	**4,006**	**3,785**	**3,738**	**3,842**	**3,334**	**4,109**	**4,380**	**4,223**	**3,839**

See table notes in Box 4.1.

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

(a) Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services *are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 1 for further information.*

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

(c) *Separations for which the care type was reported as* Acute *and* Unspecified *and* Newborn episodes of care with qualified days.

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

(e) *Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days. Public patients defined by patient election status equal to public.*

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

(g) *Average cost weight from the National Hospital Morbidity Database, using the 2004–05 AR-DRG version 5.0 cost weights (DoHA 2006a) for separations for which the care type was reported as* Acute, Newborn with at least one qualified day *or was* Not reported.

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

(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 1 for details on the methodology. Based on AR-DRG version 5.0.*

(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 and Tasmanian hospitals.*

(l) *Estimated private patient medical costs calculated as the sum of Salary/sessional and Visiting medical officer payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients, including those Self-funded and those funded by Private health insurance, compensation and the Department of Veterans' Affairs.*

n.a. *Not available.*

Table 4.2a: Cost per casemix-adjusted separation[a] and selected other statistics, acute and non-acute public hospitals[b], states and territories, 2005–06

	Number of hospitals[b]	Separations per hospital[a]	AR-DRGs (5+) per hospital[c]	Average cost weight[d]	Relative stay index[e]	Cost/casemix-adjusted sep excl dep[f]	Cost/casemix-adjusted sep inc dep[g]
Total benchmarking hospitals in cost per casemix-adjusted separation analysis							
NSW	120	11,280	199	1.07	1.05	3,852	4,006
Vic	66	18,916	200	0.95	0.92	3,646	3,785
Qld	69	10,396	160	1.01	0.97	3,537	3,738
WA	32	11,239	166	1.00	0.99	3,733	3,842
SA	37	9,636	159	1.01	1.05	3,299	3,334
Tas	9	10,109	158	1.06	1.07	3,994	4,109
ACT	2	36,068	437	1.03	0.97	4,250	4,380
NT	5	16,677	218	0.73	1.18	4,187	4,223
Total	*340*	*12,594*	*185*	*1.01*	*1.00*	*3,698*	*3,839*
Total Non-acute							
NSW	68	668	25	0.85	0.92	7,972	8,198
Vic	15	1,034	23	0.91	1.06	5,123	5,336
Qld	33	837	35	0.79	0.95	3,687	4,009
WA	45	706	16	0.65	1.00	6,503	6,768
SA	25	609	27	0.80	1.10	7,227	7,298
Tas	5	331	13	0.95	1.40	5,474	5,568
ACT	1	n.a.	n.a.	1.00	n.a.	n.a.	n.a.
NT	0	. .	. .	. .	. .	. .	. .
Total	*192*	*714*	*25*	*0.79*	*0.98*	*6,411*	*6,646*
All public hospitals including Psychiatric and unpeered hospitals[b]							
NSW	230	6,169	132	1.07	1.05	4,113	4,274
Vic	93	13,667	156	0.95	0.92	3,699	3,839
Qld	174	4,312	92	1.00	0.97	3,678	3,893
WA	91	4,340	75	0.98	0.99	4,077	4,199
SA	73	5,173	95	1.01	1.07	3,387	3,421
Tas	26	3,614	69	1.06	1.10	4,090	4,206
ACT	3	24,045	437	1.03	0.97	4,250	4,379
NT	5	16,677	218	0.73	1.18	4,187	4,223
Total[b]	**695**	**6,421**	**114**	**1.00**	**1.00**	**3,865**	**4,011**

See table notes in Box 4.2.

Table 4.2b: Cost per casemix-adjusted separation[a] and selected other statistics, *Principal referral and Specialist women's & children's hospitals*, states and territories, 2005–06

	Number of hospitals[b]	Separations per hospital[a]	AR-DRGs (5+) per hospital[c]	Average cost weight[d]	Relative stay index[e]	Cost/casemix-adjusted sep excl dep[f]	Cost/casemix-adjusted sep inc dep[g]
Principal referral hospitals: Major cities and Regional[h]							
NSW	25	34,624	445	1.12	1.08	3,889	4,043
Vic	15	63,241	476	0.98	0.90	3,583	3,713
Qld	14	36,843	415	1.06	1.00	3,629	3,828
WA	3	61,180	521	1.11	n.p.	n.p.	n.p.
SA	4	50,380	480	1.08	n.p.	n.p.	n.p.
Tas	3	29,472	438	1.06	1.05	3,951	4,063
ACT	1	54,839	547	1.02	n.p.	n.p.	n.p.
NT	2	35,227	393	0.77	1.19	4,102	4,135
Total	*67*	*43,713*	*451*	*1.05*	*1.00*	*3,695*	*3,833*
Specialist women's & children's hospitals[h]							
NSW	3	17,128	229	1.19	1.12	4,435	4,655
Vic	2	30,830	239	1.16	0.98	4,107	4,263
Qld	3	12,864	192	1.17	0.93	4,126	4,314
WA	1	37,392	350	1.16	n.p.	n.p.	n.p.
SA	1	29,798	305	1.06	n.p.	n.p.	n.p.
Tas	0	. .	. .	. .	. .	. .	. .
ACT	0	. .	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .	. .
Total	*10*	*21,883*	*240*	*1.16*	*1.05*	*4,115*	*4,266*
Total Principal referral and Specialist women's & children's hospitals							
NSW	28	32,750	422	1.12	1.08	3,919	4,077
Vic	17	59,428	448	0.99	0.90	3,619	3,751
Qld	17	32,612	375	1.07	0.99	3,665	3,864
WA	4	55,233	479	1.12	1.00	3,634	3,736
SA	5	46,263	445	1.08	1.09	3,346	3,370
Tas	3	29,472	438	1.06	1.05	3,951	4,063
ACT	1	54,839	547	1.02	n.p.	n.p.	n.p.
NT	2	35,227	393	0.77	1.19	4,102	4,135
Total	**77**	**40,878**	**423**	**1.05**	**1.01**	**3,726**	**3,865**

See table notes in Box 4.2.

Table 4.2c: Cost per casemix-adjusted separation[a] and selected other statistics, *Large hospitals*, states and territories, 2005–06

	Number of hospitals[b]	Separations per hospital[a]	AR-DRGs (5+) per hospital[c]	Average cost weight[d]	Relative stay index[e]	Cost/casemix-adjusted sep excl dep[f]	Cost/casemix-adjusted sep inc dep[g]
Large hospitals: Major cities[h]							
NSW	10	13,700	288	1.08	0.98	3,765	3,918
Vic	2	16,872	115	0.84	0.88	4,686	4,969
Qld	2	14,982	260	0.97	0.90	2,536	2,679
WA	2	17,961	276	0.77	0.99	3,553	3,630
SA	2	17,636	309	1.15	1.04	3,420	3,476
Tas	0	. .	. .	. .	. .	. .	. .
ACT	1	17,297	327	1.05	n.p.	n.p.	n.p.
NT	0	. .	. .	. .	. .	. .	. .
Total	*19*	*15,221*	*270*	*1.01*	*0.97*	*3,686*	*3,831*
Large hospitals: Regional and Remote[h]							
NSW	4	13,171	303	0.96	0.99	3,545	3,661
Vic	7	13,519	284	0.85	0.93	3,406	3,530
Qld	4	13,217	257	0.80	0.94	3,342	3,525
WA	3	11,043	267	0.88	0.95	3,852	3,972
SA	0	. .	. .	. .	. .	. .	. .
Tas	0	. .	. .	. .	. .	. .	. .
ACT	0	. .	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .	. .
Total	*18*	*12,962*	*279*	*0.87*	*0.95*	*3,490*	*3,624*
Total Large hospitals							
NSW	14	13,548	292	1.05	0.98	3,710	3,854
Vic	9	14,264	246	0.85	0.92	3,702	3,869
Qld	6	13,806	258	0.86	0.93	3,024	3,191
WA	5	13,810	271	0.82	0.97	3,706	3,804
SA	2	17,636	309	1.15	1.04	3,420	3,476
Tas	0	. .	. .	. .	. .	. .	. .
ACT	1	17,297	327	1.05	n.p.	n.p.	n.p.
NT	0	. .	. .	. .	. .	. .	. .
Total	**37**	**14,122**	**274**	**0.94**	**0.96**	**3,608**	**3,749**

See table notes in Box 4.2.

Table 4.2d: Cost per casemix-adjusted separation[a] and selected other statistics, *Medium hospitals,* states and territories, 2005–06

	Number of hospitals[b]	Separations per hospital[a]	AR-DRGs (5+) per hospital[c]	Average cost weight[d]	Relative stay index[e]	Cost/casemix-adjusted sep excl dep[f]	Cost/casemix-adjusted sep inc dep[g]
Medium hospitals: Major cities (<10,000) and Regional (<8,000)[h]							
NSW	15	7,483	194	0.96	0.98	3,587	3,716
Vic	4	7,873	197	0.76	0.97	3,525	3,685
Qld	0	. .	. .	. .	. .	. .	. .
WA	4	8,002	161	0.85	0.98	4,134	4,246
SA	4	9,451	215	0.74	0.98	3,018	3,118
Tas	0	. .	. .	. .	. .	. .	. .
ACT	0	. .	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .	. .
Total	*27*	*7,909*	*193*	*0.88*	*0.98*	*3,576*	*3,702*
Medium hospitals: Major cities and Regional (<5,000 acute weighted separations) [h]							
NSW	23	3,821	129	0.80	1.01	3,717	3,875
Vic	13	3,981	122	0.73	1.05	3,689	3,872
Qld	10	4,445	151	0.78	0.82	2,929	3,182
WA	3	3,325	109	0.81	0.90	3,750	3,892
SA	7	3,872	146	0.86	0.91	3,028	3,067
Tas	0	. .	. .	. .	. .	. .	. .
ACT	0	. .	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .	. .
Total	*56*	*3,949*	*132*	*0.79*	*0.96*	*3,465*	*3,633*
Total Medium hospitals							
NSW	38	5,267	155	0.89	1.00	3,637	3,777
Vic	17	4,897	139	0.74	1.02	3,626	3,800
Qld	10	4,445	151	0.78	0.82	2,929	3,182
WA	7	5,997	139	0.84	0.96	4,047	4,165
SA	11	5,900	171	0.79	0.95	3,024	3,100
Tas	0	. .	. .	. .	. .	. .	. .
ACT	0	. .	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .	. .
Total	**83**	**5,237**	**152**	**0.83**	**0.97**	**3,524**	**3,670**

See table notes in Box 4.2.

Table 4.2e: Cost per casemix-adjusted separation[a] and selected other statistics, *Small hospitals*, states and territories, 2005–06

	Number of hospitals[b]	Separations per hospital[a]	AR-DRGs (5+) per hospital[c]	Average cost weight[d]	Relative stay index[e]	Cost/casemix-adjusted sep excl dep[f]	Cost/casemix-adjusted sep inc dep[g]
Small regional acute hospitals[h]							
NSW	37	1,179	55	0.80	1.02	3,789	3,945
Vic	23	1,154	44	0.74	1.18	4,566	4,826
Qld	18	1,239	55	0.76	0.90	2,566	2,794
WA	4	1,328	60	0.79	1.07	4,284	4,489
SA	16	1,218	58	0.79	1.00	3,141	3,171
Tas	5	452	18	0.87	1.62	5,951	6,147
ACT	0	. .	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .	. .
Total	*103*	*1,160*	*51*	*0.78*	*1.04*	*3,692*	*3,871*
Remote acute hospitals[h]							
NSW	3	1,060	42	0.67	1.16	5,359	5,516
Vic	0	. .	. .	. .	. .	. .	. .
Qld	18	740	35	0.76	0.98	3,072	3,351
WA	12	1,864	70	0.80	0.89	4,262	4,449
SA	3	1,855	75	0.85	0.95	2,739	2,739
Tas	1	300	12	0.73	n.p.	n.p.	n.p.
ACT	0	. .	. .	. .	. .	. .	. .
NT	3	4,310	101	0.57	1.09	4,810	4,871
Total	*40*	*1,442*	*53*	*0.74*	*0.97*	*3,974*	*4,161*
Total Small acute hospitals							
NSW	40	1,170	54	0.79	1.03	3,882	4,038
Vic	23	1,154	44	0.74	1.18	4,566	4,826
Qld	36	990	45	0.76	0.93	2,755	3,002
WA	16	1,730	68	0.80	0.93	4,271	4,460
SA	19	1,319	61	0.81	0.99	3,047	3,069
Tas	6	427	17	0.85	1.59	5,914	6,126
ACT	0	. .	. .	. .	. .	. .	. .
NT	3	4,310	101	0.57	1.09	4,810	4,871
Total	***143***	***1,239***	***52***	***0.77***	***1.02***	***3,790***	***3,971***

See table notes in Box 4.2.

Table 4.2f: Expenditure and other statistics, *Non acute hospitals,* states and territories, 2005–06

	Number of hospitals[(b)]	Separations per hospital[(a)]	Total exp. excl dep($'000)[(i)]	Total exp. incl dep($'000)[(j)]	Cost/casemix-adjusted separation excl dep[(f)]	Cost/casemix-adjusted separation incl dep[(g)]
Small non-acute hospitals[(h)]						
NSW	27	732	119,728	124,229	5,281	5,473
Vic	5	1,012	50,622	52,125	9,646	9,923
Qld	23	874	79,598	86,767	3,833	4,168
WA	7	856	38,992	40,675	6,072	6,329
SA	19	528	50,725	51,597	5,050	5,133
Tas	2	588	6,287	6,421	4,200	4,288
ACT	0	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .
Total	**83**	**748**	**345,953**	**361,813**	**5,252**	**5,484**
Multi-purpose service[(h)]						
NSW	18	309	52,506	54,535	8,647	8,976
Vic	7	491	37,669	39,874	8,991	9,505
Qld	9	629	28,009	30,709	3,876	4,247
WA	37	260	75,032	78,689	6,622	6,938
SA	4	803	18,724	18,928	5,559	5,615
Tas	2	104	5,539	5,663	8,504	8,693
ACT	0	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .
Total	**77**	**360**	**217,478**	**228,397**	**6,662**	**6,988**
Hospice[(h)]						
NSW	3	871	53,404	54,465	15,140	15,421
Vic	0	. .	. .	. .	. .	. .
Qld	0	. .	. .	. .	. .	. .
WA	0	. .	. .	. .	. .	. .
SA	0	. .	. .	. .	. .	. .
Tas	1	273	n.p.	n.p.	n.p.	n.p.
ACT	0	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .
Total	**4**	**722**	**n.p.**	**n.p.**	**n.p.**	**n.p.**

(continued)

Table 4.2f (continued): Expenditure and other statistics, *Non acute hospitals*, states and territories, 2005–06

	Number of hospitals[b]	Separations per hospital[a]	Total exp. excl dep($'000)[i]	Total exp. incl dep($'000)[j]	Cost/casemix-adjusted separation excl dep[f]	Cost/casemix-adjusted separation incl dep[g]
Rehabilitation[h]						
NSW	5	488	71,834	74,409	7,869	8,146
Vic	0	. .	. .	. .	. .	. .
Qld	0	. .	. .	. .	. .	. .
WA	1	16,157	n.p.	n.p.	n.p.	n.p.
SA	2	993	35,349	35,349	12,505	12,505
Tas	0	. .	. .	. .	. .	. .
ACT	0	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .
Total	**8**	**2,573**	**n.p.**	**n.p.**	**n.p.**	**n.p.**
Mothercraft[h]						
NSW	3	1,785	15,836	16,030	2,830	2,865
Vic	3	2,340	11,053	11,589	1,209	1,267
Qld	1	1,865	n.p.	n.p.	n.p.	n.p.
WA	0	. .	. .	. .	. .	. .
SA	0	. .	. .	. .	. .	. .
Tas	0	. .	. .	. .	. .	. .
ACT	1	n.a.	n.p.	n.p.	n.p.	n.p.
NT	0	. .	. .	. .	. .	. .
Total	**8**	**1,780**	**32,792**	**33,608**	**1,853**	**1,899**
Other non-acute hospitals[h]						
NSW	12	804	121,443	123,734	7,450	7,587
Vic	0	. .	. .	. .	. .	. .
Qld	0	. .	. .	. .	. .	. .
WA	0	. .	. .	. .	. .	. .
SA	0	. .	. .	. .	. .	. .
Tas	0	. .	. .	. .	. .	. .
ACT	0	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .
Total	**12**	**804**	**121,443**	**123,734**	**7,450**	**7,587**

See table notes in Box 4.2.

Table 4.2g: Expenditure and other statistics, total non-acute, psychiatric and un-peered and other acute hospitals, states and territories, 2005–06

	Number of hospitals[(b)]	Separations per hospital[(a)]	Total exp. excl dep($'000)[(h)]	Total exp. incl dep($'000)[(i)]	Cost per separation excl dep[(f)]	Cost per separation incl dep[(g)]
Psychiatric hospitals[(h)(k)]						
NSW	9	1,224	361,597	376,149	13,880	14,430
Vic	1	382	n.p.	n.p.	n.p.	n.p.
Qld	4	88	90,549	96,481	n.p.	n.p.
WA	1	1,500	n.p.	n.p.	n.p.	n.p.
SA	1	2,066	n.p.	n.p.	n.p.	n.p.
Tas	3	83	10,523	10,525	5,190	5,191
ACT	0	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .
Total	**19**	**819**	**616,505**	**639,540**	**13,834**	**14,349**
Unpeered and other acute[(h)] (includes hospitals with fewer than 200 separations)						
NSW	33	271	230,183	236,693	9,707	9,968
Vic	11	606	161,038	166,062	11,605	11,961
Qld	68	74	72,059	78,189	6,821	7,395
WA	13	157	65,162	67,009	27,494	28,272
SA	10	380	16,486	16,719	4,422	4,483
Tas	9	121	14,037	14,643	9,707	10,122
ACT	0	. .	. .	. .	. .	. .
NT	0	. .	. .	. .	. .	. .
Total	**144**	**191**	**558,966**	**579,317**	**10,467**	**10,839**

See table notes in Box 4.2.

Table 4.3: Teaching hospitals (excluding psychiatric) - cost per casemix-adjusted separation[(a)] and selected other statistics, states and territories, 2004–05

	Number of hospitals[(b)]	Separations per hospital[(a)]	AR-DRGs (5+) per hospital[(c)]	Average cost weight[(d)]	Relative stay index[(e)]	Cost/casemix -adjusted sep excl dep[(f)]	Cost/casemix -adjusted sep inc dep[(g)]
NSW	20	34,384	422	1.15	1.11	3,986	4,150
Vic	5	28,989	240	1.08	0.97	3,658	3,802
Qld	22	26,888	341	1.06	0.99	3,700	3,902
WA	5	47,418	393	1.07	1.00	3,735	3,841
SA	6	41,483	415	1.09	1.09	3,415	3,444
Tas	3	29,472	438	1.06	1.05	3,951	4,063
ACT	2	36,068	437	1.03	0.97	4,250	4,380
NT	2	35,227	393	0.77	1.19	4,102	4,135
Total	**65**	**32,941**	**377**	**1.09**	**1.05**	**3,796**	**3,940**

See table notes in Box 4.2.

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

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

(b) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 1 for further information.

(c) The number of different version 5.0 AR-DRGs provided by a hospital for which there were at least five acute separations.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and Newborn episodes of care with qualified days, using the 2004–05 AR-DRG version 5.0 cost weights (DoHA 2006a).

(e) Relative stay index based on observed vs expected length of stay based on age and AR-DRG Version 5.0, public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 1 for details on the methodology.

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

(g) Average cost per casemix adjusted separation including depreciation. Depreciation reported for a subset of South Australian and Tasmanian hospitals.

(h) Definitions of the peer groups used in this publication can be found in Appendix 2.

(i) Total expenditure excluding depreciation.

(j) Total expenditure including depreciation. Depreciation reported for a subset of South Australian and Tasmanian hospitals.

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

n.p. Not published.

n.a. Not available.

. . Not applicable.

Table 4.4: Selected statistics[a][b] by accreditation status, states and territories, public hospitals 2005–06, private hospitals 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals (2005–06)									
Accredited hospitals	176	143	153	78	74	5	3	5	637
Non-accredited hospitals	54	0	24	13	5	22	0	0	118
Hospitals accredited (%)	77	100	86	86	94	19	100	100	84
Total public hospitals	*230*	*143*	*177*	*91*	*79*	*27*	*3*	*5*	*755*
Accredited beds	18,332	12,273	9,811	4,764	4,768	1,080	714	569	52,311
Non-accredited beds	1,447	0	295	220	106	222	0	0	2,290
Beds accredited (%)	93	100	97	96	98	83	100	100	96
Total available beds for admitted patients	*19,779*	*12,273*	*10,106*	*4,984*	*4,874*	*1,302*	*714*	*569*	*54,601*
Separations from accredited hospitals	1,347,105	1,272,844	725,571	384,732	375,473	88,516	72,136	83,385	4,349,762
Separations from non-accredited hospitals	71,824	. .	24,746	10,228	2,172	5,612	. .	. .	114,582
Separations with unknown accreditation status	1,534	. .	. .	. .	22	176	. .	. .	1,732
Proportion of separations in accredited hospitals	95	100	97	97	99	94	100	100	97
Total separations	*1,420,463*	*1,272,844*	*750,317*	*394,960*	*377,667*	*94,304*	*72,136*	*83,385*	*4,466,076*
Patient days from accredited hospitals	5,669,331	4,355,501	2,689,906	1,416,750	1,550,517	342,566	244,304	244,309	16,513,184
Patient days from non-accredited hospitals	305,969	0	57,102	37,253	18,304	55,509	0	0	474,137
Patient days with unknown accreditation status	1,534	. .	. .	. .	2,716	1,455	. .	. .	5,705
Proportion of patient days in accredited hospitals	95	100	98	97	99	86	100	100	97
Total patient days	*5,976,834*	*4,355,501*	*2,747,008*	*1,454,003*	*1,571,537*	*399,530*	*244,304*	*244,309*	*16,993,026*
Private hospitals (2004–05)									
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
Total private hospitals	*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
Total available beds for admitted patients	*7,317*	*6,674*	*6,165*	*3,021*	*2,074*	*n.a.*	*n.a.*	*n.a.*	*26,589*
Total (estimated)									
Accredited hospitals	309	244	n.a.	107	115	n.a.	n.a.	n.a.	1,043
Non-accredited hospitals	99	34	n.a.	20	18	n.a.	n.a.	n.a.	237
Hospitals accredited (%)	76	88	n.a.	84	86	n.a.	n.a.	n.a.	81
Total hospitals	*408*	*278*	*277*	*127*	*133*	*n.a.*	*n.a.*	*n.a.*	*1,280*
Accredited beds	25,141	18,655	n.a.	7,718	6,666	n.a.	n.a.	n.a.	77,632
Non-accredited beds	1,955	292	n.a.	287	282	n.a.	n.a.	n.a.	3,558
Beds accredited (%)	93	98	n.a.	96	96	n.a.	n.a.	n.a.	96
Total available beds for admitted patients	*27,096*	*18,947*	*16,271*	*8,005*	*6,948*	*n.a.*	*n.a.*	*n.a.*	*81,190*

(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.*

. . Not applicable

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

Table 4.5: Separation rates[a][b] for potentially preventable hospitalisations[c] by state or territory of usual residence, remoteness and SEIFA, 2005–06

	Vaccine preventable conditions	Acute conditions	Chronic conditions	Potentially preventable hospitalisations[c]
Australia	**0.67**	**12.85**	**18.62**	**31.98**
95% CI[d]	0.0–1.8	7.9–17.8	12.8–24.4	24.3–39.6
State or territory of usual residence[e]				
NSW	0.66	12.09	15.21	27.83
Vic	0.59	13.41	17.84	31.70
Qld	0.69	12.98	18.56	32.07
WA	0.77	13.03	33.18	46.76
SA	0.68	14.31	17.87	32.71
Tas	0.50	10.04	20.80	31.23
ACT	0.43	10.15	11.34	21.86
NT	2.01	18.57	27.34	47.29
Remoteness				
Major cities	0.64	12.05	16.96	29.51
Inner regional	0.60	13.38	19.33	33.18
Outer regional	0.78	15.68	24.12	40.38
Remote	1.37	19.80	38.09	58.91
Very remote	2.19	26.87	45.57	73.72
SEIFA				
Least advantaged	0.81	15.08	23.48	39.17
Second least advantaged	0.70	14.09	21.16	35.77
Middle quintile	0.64	12.36	19.39	32.24
Second most advantaged	0.59	12.15	17.17	29.77
Most advantaged	0.64	11.09	12.22	23.86

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

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

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

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

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

Table 4.6: Time series of separations per 1,000 population (age-standardised) for potentially preventable hospitalisations by state or territory of usual residence, 2001–02 to 2005–06

	2001–02	2002–03	2003–04	2004–05	2005–06
State or territory of usual residence					
NSW	26.99	26.76	27.42	27.18	27.83
Vic	29.60	30.73	31.68	32.90	31.70
Qld	31.44	30.72	31.81	32.19	32.07
WA	31.37	31.74	35.95	44.85	46.76
SA	30.93	30.31	31.47	31.01	32.71
Tas	31.34	31.88	29.55	27.38	31.23
ACT	19.57	17.10	20.16	19.38	21.86
NT	38.93	46.77	47.88	45.35	47.29
Australia	**29.30**	**29.40**	**30.56**	**31.60**	**31.98**

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

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

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

Table 4.7: Separation statistics[a] for selected procedures[b], by state or territory of usual residence, all hospitals[c], 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[d]
Caesarean section									
Separations[e]	26,166	19,628	17,775	9,172	5,826	1,698	1,247	1,095	82,624
Separations not within state of residence (%)	3	0	1	0	0	1	1	2	
Proportion of separations public patients (%)	57	57	53	50	58	55	48	71	56
Separation rate[f]	4.00	3.97	4.62	4.68	4.21	4.16	3.69	4.71	4.20
Standardised separation rate ratio (SRR)	0.95	0.94	1.10	1.11	1.00	0.99	0.88	1.12	
95% confidence interval of SRR	0.94–0.96	0.93–0.95	1.08–1.12	1.09–1.13	0.97–1.03	0.94–1.04	0.83–0.93	1.05–1.19	
In-hospital birth separations	90,783	64,461	54,918	26,962	17,752	6,054	4,370	3,540	268,901
Proportion of births to public patients (%)	67	65	67	64	68	61	61	79	66
In-hospital birth separation rate[f]	13.8	13.0	14.2	13.7	12.8	14.7	12.7	15.2	13.6
Separations per 100 in-hospital birth separations[g]	28.8	30.4	32.4	34.0	32.8	28.0	28.5	30.9	30.7
Public hospitals	25.9	27.3	26.0	26.8	29.1	26.5	23.3	28.0	26.6
Public patients	24.6	26.7	25.6	26.5	28.4	25.3	22.7	27.8	25.8
Private patients	35.5	36.7	37.8	31.5	37.6	36.0	38.1	33.3	35.8
Private hospitals	38.0	37.6	46.9	44.8	43.0	31.3	37.6	44.0	40.9
Cholecystectomy									
Separations[e]	15,417	11,932	9,141	4,265	3,798	1,124	642	331	46,692
Separations not within state of residence (%)	3	1	1	0	0	1	4	7	
Proportion of separations public patients (%)	52	56	44	52	52	54	46	61	52
Separation rate[f]	2.20	2.29	2.27	2.08	2.32	2.23	2.00	1.73	2.23
Standardised separation rate ratio (SRR)	0.99	1.03	1.02	0.94	1.04	1.00	0.90	0.77	
95% confidence interval of SRR	0.97–1.01	1.01–1.05	1.00–1.04	0.91–0.97	1.01–1.07	0.94–1.06	0.83–0.97	0.69–0.85	
Coronary angioplasty									
Separations[e]	12,503	9,255	5,178	3,151	2,666	841	533	172	34,321
Separations not within state of residence (%)	10	1	1	1	1	3	5	100	
Proportion of separations public patients (%)	46	46	39	46	50	55	46	78	45
Separation rate[f]	1.70	1.72	1.27	1.55	1.49	1.49	1.81	1.20	1.59
Standardised separation rate ratio (SRR)	1.07	1.08	0.80	0.97	0.94	0.94	1.14	0.75	
95% confidence interval of SRR	1.05–1.09	1.06–1.10	0.78–0.82	0.94–1.00	0.90–0.98	0.88–1.00	1.04–1.24	0.64–0.86	
Coronary artery bypass graft									
Separations[e]	4,917	3,582	3,047	814	1,086	349	132	112	14,049
Separations not within state of residence (%)	8	1	1	1	1	6	5	100	
Proportion of separations public patients (%)	55	53	50	49	46	52	55	65	52
Separation rate[f]	0.67	0.66	0.76	0.40	0.60	0.62	0.49	0.91	0.65
Standardised separation rate ratio (SRR)	1.03	1.02	1.16	0.62	0.92	0.95	0.75	1.39	
95% confidence interval of SRR	1.00–1.06	0.99–1.05	1.12–1.20	0.58–0.66	0.87–0.97	0.85–1.05	0.62–0.88	1.13–1.65	

(continued)

Table 4.7 (continued): Separation statistics[a] for selected procedures[b], by state or territory of usual residence, all hospitals[c], 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[d]
Hip replacement									
Separations[e]	9,396	7,605	4,532	2,945	2,544	995	407	89	28,565
Separations not within state of residence (%)	6	2	2	0	0	2	7	38	
Proportion of separations public patients (%)	42	40	38	42	38	44	42	51	40
Separation rate[f]	1.26	1.38	1.13	1.48	1.35	1.74	1.46	0.82	1.31
Standardised separation rate ratio (SRR)	0.96	1.06	0.86	1.13	1.03	1.33	1.12	0.63	
95% confidence interval of SRR	0.94–0.98	1.04–1.08	0.83–0.89	1.09–1.17	0.99–1.07	1.25–1.41	1.01–1.23	0.50–0.76	
Revision of hip replacement									
Separations[e]	1,177	948	565	336	270	98	60	13	3,472
Separations not within state of residence (%)	9	3	2	1	0	4	7	77	
Proportion of separations public patients (%)	34	33	35	38	36	42	43	38	35
Separation rate[f]	0.16	0.17	0.14	0.17	0.14	0.17	0.21	0.12	0.16
Proportion of hip replacements	0.13	0.12	0.12	0.11	0.11	0.10	0.15	0.15	0.12
Standardised separation rate ratio (SRR)	0.99	1.08	0.88	1.07	0.90	1.06	1.33	0.76	
95% confidence interval of SRR	0.93–1.05	1.01–1.15	0.81–0.95	0.96–1.18	0.79–1.01	0.85–1.27	0.99–1.67	0.35–1.17	
Hysterectomy, females aged 15–69									
Separations[e]	8,664	6,366	5,490	3,014	2,552	782	457	267	27,615
Separations not within state of residence (%)	4	1	1	0	0	1	10	10	
Proportion of separations public patients (%)	40	50	34	43	41	53	33	42	42
Separation rate[f]	1.26	1.24	1.36	1.45	1.60	1.58	1.37	1.31	1.33
Standardised separation rate ratio (SRR)	0.95	0.93	1.02	1.09	1.21	1.18	1.03	0.98	
95% confidence interval of SRR	0.93–0.97	0.91–0.95	0.99–1.05	1.05–1.13	1.16–1.26	1.10–1.26	0.94–1.12	0.86–1.10	
Age and sex restricted adjusted separation rate[h]	3.6	3.5	3.9	4.1	4.6	4.5	3.9	3.7	3.8
Knee replacement									
Separations[e]	12,631	6,902	5,578	2,997	2,681	859	528	117	32,366
Separations not within state of residence (%)	6	2	2	1	0	3	6	56	
Proportion of separations public patients (%)	40	34	29	35	31	36	35	20	35
Separation rate[f]	1.71	1.27	1.39	1.50	1.47	1.51	1.86	0.87	1.50
Standardised separation rate ratio (SRR)	1.14	0.85	0.93	1.00	0.98	1.01	1.24	0.58	
95% confidence interval of SRR	1.12–1.16	0.83–0.87	0.91–0.95	0.96–1.04	0.94–1.02	0.94–1.08	1.13–1.35	0.47–0.69	
Lens insertion									
Separations[e]	61,869	41,320	36,164	15,733	13,354	3,491	1,676	710	174,673
Separations not within state of residence (%)	4	1	2	0	0	1	3	17	
Proportion of separations public patients (%)	31	27	11	40	29	14	48	56	26
Separation rate[f]	8.26	7.49	9.18	8.09	7.03	6.14	6.40	7.01	8.05
Standardised separation rate ratio (SRR)	1.03	0.93	1.14	1.00	0.87	0.76	0.80	0.87	
95% confidence interval of SRR	1.02–1.04	0.92–0.94	1.13–1.15	0.98–1.02	0.86–0.88	0.73–0.79	0.76–0.84	0.81–0.93	

(continued)

Table 4.7 (continued): Separation statistics[a] for selected procedures[b], by state or territory of usual residence, all hospitals[c], 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[d]
Myringotomy (with insertion of tube)									
Separations[e]	8,069	8,097	5,280	3,714	4,061	576	383	165	30,365
Separations not within state of residence (%)	6	1	1	0	0	1	6	12	
Proportion of separations public patients (%)	34	45	30	34	31	53	34	65	36
Separation rate[f]	1.24	1.71	1.36	1.92	2.94	1.23	1.26	0.68	1.56
Standardised separation rate ratio (SRR)	0.80	1.09	0.87	1.23	1.88	0.79	0.81	0.43	
95% confidence interval of SRR	0.78–0.82	1.07–1.11	0.85–0.89	1.19–1.27	1.82–1.94	0.73–0.85	0.73–0.89	0.36–0.50	
Prostatectomy									
Separations[e]	9,742	8,223	4,595	2,457	2,344	782	335	124	28,658
Separations not within state of residence (%)	6	1	2	1	0	1	10	19	
Proportion of separations public patients (%)	31	37	20	36	34	43	30	40	32
Separation rate[f]	1.31	1.50	1.13	1.22	1.26	1.37	1.19	1.15	1.31
Standardised separation rate ratio (SRR)	0.99	1.14	0.86	0.93	0.96	1.04	0.90	0.87	
95% confidence interval of SRR	0.97–1.01	1.12–1.16	0.84–0.88	0.89–0.97	0.92–1.00	0.97–1.11	0.80–1.00	0.72–1.02	
Tonsillectomy									
Separations[e]	11,378	8,793	6,930	3,531	3,410	505	458	230	35,281
Separations not within state of residence (%)	5	1	1	1	1	1	5	9	
Proportion of separations public patients (%)	37	52	25	38	39	51	30	44	39
Separation rate[f]	1.76	1.84	1.76	1.79	2.42	1.09	1.40	0.97	1.80
Standardised separation rate ratio (SRR)	0.98	1.02	0.98	0.99	1.35	0.60	0.78	0.54	
95% confidence interval of SRR	0.96–1.00	1.00–1.04	0.96–1.00	0.96–1.02	1.30–1.40	0.55–0.65	0.71–0.85	0.47–0.61	

(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 and diagnoses are defined using ICD-10-AM codes in Appendix 3.
(c) Some hospitals are not included in the National Hospital Mobidity 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 4.8: Separation statistics[a] for selected procedures[b], by Remoteness Area of usual residence, all hospitals[c], Australia, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia [d]
Caesarean section						
Separations[e]	57,257	15,117	7,983	1,380	876	82,624
Proportion of separations public patients (%)	50	67	66	67	83	56
Separation rate[f]	4.18	4.25	4.50	4.34	4.44	4.20
Standardised separation rate ratio (SRR)	0.99	1.01	1.07	1.03	1.06	
95% confidence interval of SRR	0.98–1.00	0.99–1.03	1.05–1.09	0.98–1.08	0.99–1.13	
In-hospital birth separations	180,718	52,726	27,547	4,703	3,154	268,901
Proportion of separations public patients (%)	61.5	75.7	74.4	75.8	88.6	66.2
Separation rate[f]	13.10	14.85	15.59	15.03	16.01	13.64
Separations per 100 in-hospital birth separations[g]	31.7	28.7	29.0	29.3	27.8	30.7
Public hospitals	26.8	26.1	26.4	26.8	26.1	26.6
Public patients	25.9	25.3	25.9	26.0	26.2	25.8
Private patients	37.2	35.7	31.3	32.6	23.8	35.8
Private hospitals	41.1	39.7	40.4	45.7	45.4	40.9
Cholecystectomy						
Separations[e]	30,045	10,763	5,002	583	289	46,692
Proportion of separations public patients (%)	49	55	59	64	78	52
Separation rate[f]	2.19	2.42	2.36	1.87	1.76	2.24
Standardised separation rate ratio (SRR)	0.98	1.08	1.05	0.83	0.78	
95% confidence interval of SRR	0.97–0.99	1.06–1.10	1.02–1.08	0.76–0.90	0.69–0.87	
Coronary angioplasty						
Separations[e]	23,441	7,298	3,063	357	153	34,321
Proportion of separations public patients (%)	43	49	52	59	74	45
Separation rate[f]	1.70	1.47	1.33	1.19	1.11	1.60
Standardised separation rate ratio (SRR)	1.06	0.92	0.83	0.74	0.69	
95% confidence interval of SRR	1.05–1.07	0.90–0.94	0.80–0.86	0.66–0.82	0.58–0.80	
Coronary artery bypass graft						
Separations[e]	8,924	3,359	1,537	156	71	14,049
Proportion of separations public patients (%)	50	54	61	60	73	52
Separation rate[f]	0.65	0.67	0.67	0.56	0.50	0.66
Standardised separation rate ratio (SRR)	0.99	1.02	1.01	0.84	0.77	
95% confidence interval of SRR	0.97–1.01	0.99–1.05	0.96–1.06	0.71–0.97	0.59–0.95	

(continued)

Table 4.8 (continued): Separation statistics[a] for selected procedures[b], by Remoteness Area of usual residence, all hospitals[c], Australia, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia [d]
Hip replacement						
Separations[e]	17,610	7,308	3,219	342	82	28,565
Proportion of separations public patients (%)	38	42	47	43	60	40
Separation rate[f]	1.27	1.46	1.41	1.23	0.74	1.32
Standardised separation rate ratio (SRR)	0.96	1.10	1.06	0.93	0.56	
95% confidence interval of SRR	0.95–0.97	1.07–1.13	1.02–1.10	0.83–1.03	0.44–0.68	
Revision of hip replacement						
Separations[e]	2,139	856	442	30	5	3,472
Proportion of separations public patients (%)	32	36	45	33	80	35
Separation rate[f]	0.15	0.17	0.19	0.11	0.04	0.16
Standardised separation rate ratio (SRR)	0.96	1.06	1.21	0.67	0.27	
95% confidence interval of SRR	0.92–1.00	0.99–1.13	1.10–1.32	0.43–0.91	0.03–0.51	
Hysterectomy, females aged 15–69						
Separations[e]	17,157	6,599	3,311	386	157	27,615
Proportion of separations public patients (%)	37	48	51	54	61	42
Separation rate[f]	1.26	1.51	1.56	1.15	0.94	1.33
Standardised separation rate ratio (SRR)	0.95	1.13	1.17	0.86	0.71	
95% confidence interval of SRR	0.94–0.96	1.10–1.16	1.13–1.21	0.77–0.95	0.60–0.82	
Age and sex restricted adjusted separation rate[h]	3.59	4.28	4.42	3.26	2.68	3.79
Knee replacement						
Separations[e]	19,451	8,411	4,014	377	109	32,366
Proportion of separations public patients (%)	34	36	41	34	34	35
Separation rate[f]	1.42	1.67	1.74	1.33	0.94	1.51
Standardised separation rate ratio (SRR)	0.94	1.11	1.15	0.88	0.62	
95% confidence interval of SRR	0.93–0.95	1.09–1.13	1.11–1.19	0.79–0.97	0.50–0.74	
Lens insertion						
Separations[e]	111,109	42,135	19,109	1,645	641	174,673
Proportion of separations public patients (%)	24	29	32	48	60	26
Separation rate[f]	8.04	8.38	8.47	6.27	5.71	8.14
Standardised separation rate ratio (SRR)	0.99	1.03	1.04	0.77	0.70	
95% confidence interval of SRR	0.98–1.00	1.02–1.04	1.03–1.05	0.73–0.81	0.65–0.75	

(continued)

Table 4.8 (continued): Separation statistics[a] for selected procedures[b], by Remoteness Area of usual residence, all hospitals[c], Australia, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia[d]
Myringotomy (with insertion of tube)						
Separations[e]	20,396	6,480	2,865	433	187	30,365
Proportion of separations public patients (%)	30	48	50	58	72	36
Separation rate[f]	1.63	1.55	1.37	1.19	0.84	1.57
Standardised separation rate ratio (SRR)	1.04	0.99	0.88	0.76	0.53	
95% confidence interval of SRR	1.03–1.05	0.97–1.01	0.85–0.91	0.69–0.83	0.45–0.61	
Prostatectomy						
Separations[e]	18,382	6,894	3,038	264	75	28,658
Proportion of separations public patients (%)	29	35	39	45	39	32
Separation rate[f]	1.33	1.36	1.31	0.96	0.62	1.33
Standardised separation rate ratio (SRR)	1.00	1.02	0.99	0.72	0.47	
95% confidence interval of SRR	0.99–1.01	1.00–1.04	0.95–1.03	0.63–0.81	0.36–0.58	
Tonsillectomy						
Separations[e]	22,292	8,484	3,814	480	208	35,281
Proportion of separations public patients (%)	35	45	48	43	53	39
Separation rate[f]	1.74	2.05	1.88	1.39	0.99	1.80
Standardised separation rate ratio (SRR)	0.96	1.13	1.04	0.77	0.55	
95% confidence interval of SRR	0.95–0.97	1.11–1.15	1.01–1.07	0.70–0.84	0.48–0.62	

(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) 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 4.9: Separation statistics[a] for selected procedures[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, Australia, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Caesarean section						
Separations[e]	14,637	16,164	17,233	17,304	17,276	82,624
Proportion of separations public patients (%)	76	67	60	48	30	56
Separation rate[f]	4.35	4.38	4.23	4.21	4.04	4.20
Standardised separation rate ratio (SRR)	1.04	1.04	1.01	1.00	0.96	
95% confidence interval of SRR	1.02–1.06	1.02–1.06	0.99–1.03	0.99–1.01	0.95–0.97	
In-hospital birth separations	52,958	54,678	58,496	54,146	48,573	268,901
Proportion of separations public patients (%)	82.9	75.5	70.4	59.2	40.3	66.2
Separation rate[f]	15.73	14.83	14.34	13.16	11.24	13.64
Separations per 100 in-hospital birth separations[g]	27.6	29.6	29.5	32.0	35.6	30.7
Public hospitals	25.8	26.8	25.9	26.6	28.6	26.6
Public patients	25.3	26.2	25.3	25.9	26.7	25.8
Private patients	35.7	34.1	34.3	35.4	39.2	35.8
Private hospitals	39.2	40.8	40.1	41.1	41.8	40.9
Cholecystectomy						
Separations[e]	10,168	10,093	9,943	8,902	7,578	46,692
Proportion of separations public patients (%)	65	58	54	45	31	52
Separation rate[f]	2.48	2.45	2.37	2.18	1.78	2.24
Standardised separation rate ratio (SRR)	1.11	1.09	1.06	0.97	0.80	
95% confidence interval of SRR	1.09–1.13	1.07–1.11	1.04–1.08	0.95–0.99	0.78–0.82	
Coronary angioplasty						
Separations[e]	6,707	7,097	7,045	6,430	7,033	34,321
Proportion of separations public patients (%)	59	50	49	39	31	45
Separation rate[f]	1.46	1.63	1.67	1.61	1.66	1.60
Standardised separation rate ratio (SRR)	0.91	1.02	1.04	1.00	1.04	
95% confidence interval of SRR	0.89–0.93	1.00–1.04	1.02–1.06	0.98–1.02	1.02–1.06	
Coronary artery bypass graft						
Separations[e]	3,321	2,897	2,876	2,534	2,419	14,049
Proportion of separations public patients (%)	63	57	55	47	33	52
Separation rate[f]	0.71	0.66	0.69	0.64	0.58	0.66
Standardised separation rate ratio (SRR)	1.08	1.01	1.04	0.97	0.88	
95% confidence interval of SRR	1.04–1.12	0.97–1.05	1.00–1.08	0.93–1.01	0.84–0.92	

(continued)

Table 4.9 (continued): Separation statistics[a] for selected procedures[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, Australia, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Hip replacement						
Separations[e]	6,243	5,780	5,543	5,279	5,716	28,565
Proportion of separations public patients (%)	50	45	44	35	26	40
Separation rate[f]	1.34	1.32	1.32	1.32	1.32	1.32
Standardised separation rate ratio (SRR)	1.01	1.00	1.00	0.99	1.00	
95% confidence interval of SRR	0.98–1.04	0.97–1.03	0.97–1.03	0.96–1.02	0.97–1.03	
Revision of hip replacement						
Separations[e]	754	717	651	649	701	3,472
Proportion of separations public patients (%)	45	37	39	30	22	35
Separation rate[f]	0.16	0.16	0.16	0.16	0.16	0.16
Standardised separation rate ratio (SRR)	1.00	1.01	0.96	1.01	1.01	
95% confidence interval of SRR	0.93–1.07	0.94–1.08	0.89–1.03	0.93–1.09	0.94–1.08	
Hysterectomy, females aged 15–69						
Separations[e]	5,844	6,011	6,105	5,177	4,473	27,615
Proportion of separations public patients (%)	57	50	42	34	20	42
Separation rate[f]	1.48	1.47	1.44	1.25	1.07	1.33
Standardised separation rate ratio (SRR)	1.11	1.10	1.08	0.94	0.80	
95% confidence interval of SRR	1.08–1.14	1.07–1.13	1.05–1.11	0.91–0.97	0.78–0.82	
Age and sex restricted standardised separation rate[e,f]	4.2	4.2	4.1	3.5	3.0	3.8
Knee replacement						
Separations[e]	7,668	7,052	6,637	5,320	5,685	32,366
Proportion of separations public patients (%)	44	39	38	29	21	35
Separation rate[f]	1.63	1.60	1.59	1.35	1.36	1.51
Standardised separation rate ratio (SRR)	1.08	1.06	1.05	0.89	0.90	
95% confidence interval of SRR	1.06–1.10	1.04–1.08	1.02–1.08	0.87–0.91	0.88–0.92	
Lens insertion						
Separations[e]	38,975	36,635	32,624	31,867	34,540	174,673
Proportion of separations public patients (%)	33	31	29	21	16	26
Separation rate[f]	8.31	8.33	7.84	8.05	8.10	8.14
Standardised separation rate ratio (SRR)	1.02	1.02	0.96	0.99	1.00	
95% confidence interval of SRR	1.01–1.03	1.01–1.03	0.95–0.97	0.98–1.00	0.99–1.01	

(continued)

Table 4.9 (continued): Separation statistics[a] for selected procedures[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, Australia, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Myringotomy (with insertion of tube)						
Separations[e]	5,382	6,483	6,207	6,442	5,847	30,365
Proportion of separations public patients (%)	53	48	40	28	13	36
Separation rate[f]	1.35	1.64	1.45	1.69	1.74	1.57
Standardised separation rate ratio (SRR)	0.86	1.05	0.93	1.08	1.11	
95% confidence interval of SRR	0.84–0.88	1.02–1.08	0.91–0.95	1.05–1.11	1.08–1.14	
Prostatectomy						
Separations[e]	6,175	5,723	5,283	5,510	5,962	28,658
Proportion of separations public patients (%)	42	38	35	26	17	32
Separation rate[f]	1.30	1.29	1.26	1.38	1.41	1.33
Standardised separation rate ratio (SRR)	0.98	0.97	0.95	1.04	1.06	
95% confidence interval of SRR	0.96–1.00	0.94–1.00	0.92–0.98	1.01–1.07	1.03–1.09	
Tonsillectomy						
Separations[e]	7,100	7,958	7,701	6,498	6,021	35,281
Proportion of separations public patients (%)	52	47	42	32	17	39
Separation rate[f]	1.83	2.02	1.82	1.67	1.65	1.80
Standardised separation rate ratio (SRR)	1.01	1.12	1.01	0.93	0.92	
95% confidence interval of SRR	0.99–1.03	1.10–1.14	0.99–1.03	0.91–0.95	0.90–0.94	

(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 4.10: Average length of stay (days)[(a)] for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2005–06

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E62C	**Respiratory infections/inflammations W/O CC**										
	ALOS (days)	Public	3.62	3.07	3.22	3.31	3.37	3.94	3.22	3.84	3.39
		Private	5.30	5.47	4.71	4.25	4.98	n.p.	n.p.	n.p.	4.99
		Total	*3.73*	*3.54*	*3.59*	*3.56*	*3.71*	*n.p.*	*n.p.*	*n.p.*	*3.65*
	Separations	Public	9,609	5,903	4,368	2,237	1,912	638	399	662	25,728
		Private	650	1,426	1,460	822	505	n.p.	n.p.	n.p.	5,050
		Total	*10,259*	*7,329*	*5,828*	*3,059*	*2,417*	*n.p.*	*n.p.*	*n.p.*	*30,778*
E65B	**Chronic obstructive airway disease W/O catastrophic or severe CC**										
	ALOS (days)	Public	5.25	4.03	4.81	4.74	4.83	6.58	4.81	4.38	4.85
		Private	8.58	7.03	7.45	6.95	6.50	n.p.	n.p.	n.p.	7.33
		Total	*5.48*	*4.60*	*5.51*	*5.36*	*5.14*	*n.p.*	*n.p.*	*n.p.*	*5.27*
	Separations	Public	8,848	5,045	4,364	1,851	2,221	668	237	368	23,602
		Private	650	1,190	1,571	717	502	n.p.	n.p.	n.p.	4,805
		Total	*9,498*	*6,235*	*5,935*	*2,568*	*2,723*	*n.p.*	*n.p.*	*n.p.*	*28,407*
E69C	**Bronchitis and asthma age<50 W/O CC**										
	ALOS (days)	Public	1.62	1.51	1.57	1.72	1.76	1.79	1.75	1.93	1.62
		Private	1.82	2.65	2.31	1.92	2.96	n.p.	n.p.	n.p.	2.25
		Total	*1.62*	*1.55*	*1.66*	*1.76*	*1.81*	*n.p.*	*n.p.*	*n.p.*	*1.65*
	Separations	Public	10,587	6,536	4,355	2,368	2,999	505	288	288	27,926
		Private	148	231	634	518	122	n.p.	n.p.	n.p.	1,676
		Total	*10,735*	*6,767*	*4,989*	*2,886*	*3,121*	*n.p.*	*n.p.*	*n.p.*	*29,602*
F62B	**Heart failure and shock W/O catastrophic CC**										
	ALOS (days)	Public	5.80	4.31	4.91	5.04	5.89	6.46	4.36	5.14	5.21
		Private	8.94	8.00	7.64	7.90	7.01	n.p.	n.p.	n.p.	7.94
		Total	*6.12*	*5.21*	*5.77*	*5.81*	*6.16*	*n.p.*	*n.p.*	*n.p.*	*5.78*
	Separations	Public	8,297	5,928	3,760	1,899	1,975	579	255	236	22,929
		Private	941	1,916	1,711	703	625	n.p.	n.p.	n.p.	6,109
		Total	*9,238*	*7,844*	*5,471*	*2,602*	*2,600*	*n.p.*	*n.p.*	*n.p.*	*29,038*
F71B	**Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC**										
	ALOS (days)	Public	2.43	2.16	2.22	1.79	2.45	2.56	1.64	2.10	2.27
		Private	2.14	2.35	2.58	1.92	2.07	n.p.	n.p.	n.p.	2.27
		Total	*2.39*	*2.20*	*2.35*	*1.85*	*2.32*	*n.p.*	*n.p.*	*n.p.*	*2.27*
	Separations	Public	10,574	7,262	4,878	1,928	2,278	669	548	241	28,378
		Private	1,740	2,438	2,736	1,477	1,132	n.p.	n.p.	n.p.	9,941
		Total	*12,314*	*9,700*	*7,614*	*3,405*	*3,410*	*n.p.*	*n.p.*	*n.p.*	*38,319*

(continued)

Table 4.10 (continued): Average length of stay (days)[(a)] for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2005–06

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G07B Appendicectomy W/O Catastrophic or Severe CC										
ALOS (days)	Public	2.99	2.74	2.65	2.60	2.78	2.60	2.70	3.22	2.80
	Private	2.64	2.71	2.25	2.53	2.85	n.p.	n.p.	n.p.	2.53
	Total	*2.95*	*2.73*	*2.50*	*2.58*	*2.80*	*n.p.*	*n.p.*	*n.p.*	*2.74*
Separations	Public	5,898	3,985	2,836	1,674	1,166	374	349	203	16,485
	Private	801	1,043	1,568	865	386	n.p.	n.p.	n.p.	4,896
	Total	*6,699*	*5,028*	*4,404*	*2,539*	*1,552*	*n.p.*	*n.p.*	*n.p.*	*21,381*
G08B Abdominal and other hernia procedures age 1 to 59 or W catastrophic or severe CC										
ALOS (days)	Public	1.68	1.51	1.47	1.56	1.75	1.54	1.48	2.17	1.59
	Private	1.50	1.53	1.34	1.67	1.71	n.p.	n.p.	n.p.	1.50
	Total	*1.59*	*1.52*	*1.39*	*1.62*	*1.73*	*n.p.*	*n.p.*	*n.p.*	*1.54*
Separations	Public	2,119	1,880	1,225	640	610	157	115	72	6,818
	Private	2,227	1,541	1,930	791	520	n.p.	n.p.	n.p.	7,355
	Total	*4,346*	*3,421*	*3,155*	*1,431*	*1,130*	*n.p.*	*n.p.*	*n.p.*	*14,173*
G09Z Inguinal and femoral hernia procedures age>0										
ALOS (days)	Public	1.46	1.48	1.29	1.32	1.45	1.32	1.36	1.26	1.42
	Private	1.39	1.39	1.28	1.55	1.66	n.p.	n.p.	n.p.	1.40
	Total	*1.42*	*1.43*	*1.28*	*1.46*	*1.56*	*n.p.*	*n.p.*	*n.p.*	*1.41*
Separations	Public	5,404	4,689	2,756	1,526	1,462	372	253	117	16,579
	Private	7,352	5,355	4,863	2,411	1,711	n.p.	n.p.	n.p.	22,783
	Total	*12,756*	*10,044*	*7,619*	*3,937*	*3,173*	*n.p.*	*n.p.*	*n.p.*	*39,362*
H08B Laparacopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC										
ALOS (days)	Public	1.92	1.90	1.82	2.02	1.85	1.81	2.00	2.70	1.90
	Private	1.67	2.03	1.84	1.88	2.09	n.p.	n.p.	n.p.	1.84
	Total	*1.81*	*1.95*	*1.83*	*1.94*	*1.96*	*n.p.*	*n.p.*	*n.p.*	*1.87*
Separations	Public	6,429	5,067	3,241	1,417	1,569	413	256	122	18,514
	Private	5,191	3,690	3,768	1,795	1,261	n.p.	n.p.	n.p.	16,513
	Total	*11,620*	*8,757*	*7,009*	*3,212*	*2,830*	*n.p.*	*n.p.*	*n.p.*	*35,027*
I03C Hip replacement W/O catastrophic or severe CC										
ALOS (days)	Public	7.14	7.69	7.61	6.65	6.98	8.00	6.37	n.p.	7.32
	Private	7.13	7.79	7.38	8.87	7.24	n.p.	n.p.	n.p.	7.57
	Total	*7.14*	*7.75*	*7.46*	*8.08*	*7.15*	*n.p.*	*n.p.*	*n.p.*	*7.47*
Separations	Public	2,605	1,856	1,108	651	558	281	152	22	7,233
	Private	3,189	3,031	1,992	1,181	1,060	n.p.	n.p.	n.p.	11,103
	Total	*5,794*	*4,887*	*3,100*	*1,832*	*1,618*	*n.p.*	*n.p.*	*n.p.*	*18,336*

(continued)

Table 4.10 (continued): Average length of stay (days)[(a)] for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2005–06

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
I04Z	**Knee replacement and reattachment**										
	ALOS (days)	Public	7.31	8.05	7.54	8.21	6.99	8.05	7.08	n.p.	7.56
		Private	7.37	7.95	7.54	9.99	6.94	n.p.	n.p.	n.p.	7.78
		Total	*7.35*	*7.99*	*7.54*	*9.46*	*6.95*	*n.p.*	*n.p.*	*n.p.*	*7.70*
	Separations	Public	4,907	2,498	1,714	847	915	257	271	21	11,430
		Private	6,412	4,246	3,840	1,993	1,771	n.p.	n.p.	n.p.	19,210
		Total	*11,319*	*6,744*	*5,554*	*2,840*	*2,686*	*n.p.*	*n.p.*	*n.p.*	*30,640*
I16Z	**Other shoulder procedures**										
	ALOS (days)	Public	1.79	1.85	1.53	1.52	1.80	1.77	1.88	n.p.	1.73
		Private	1.52	1.56	1.55	1.59	1.70	n.p.	n.p.	n.p.	1.57
		Total	*1.57*	*1.61*	*1.55*	*1.58*	*1.72*	*n.p.*	*n.p.*	*n.p.*	*1.60*
	Separations	Public	1,494	1,235	819	740	549	108	84	30	5,059
		Private	5,984	6,150	4,815	4,166	2,570	n.p.	n.p.	n.p.	24,823
		Total	*7,478*	*7,385*	*5,634*	*4,906*	*3,119*	*n.p.*	*n.p.*	*n.p.*	*29,882*
L63B	**Kidney and urinary tract infections age>69 W/O catastrophic CC**										
	ALOS (days)	Public	5.55	4.42	4.95	5.09	5.45	6.44	5.56	5.70	5.13
		Private	7.51	6.66	6.93	6.71	6.73	n.p.	n.p.	n.p.	6.91
		Total	*5.70*	*4.87*	*5.59*	*5.51*	*5.69*	*n.p.*	*n.p.*	*n.p.*	*5.46*
	Separations	Public	6,022	4,076	2,611	1,167	1,253	265	205	121	15,720
		Private	495	1,015	1,250	404	286	n.p.	n.p.	n.p.	3,541
		Total	*6,517*	*5,091*	*3,861*	*1,571*	*1,539*	*n.p.*	*n.p.*	*n.p.*	*19,261*
M02B	**Transurethral prostatectomy W/O catastrophic or severe CC**										
	ALOS (days)	Public	3.50	2.82	2.77	2.82	3.09	3.35	3.62	n.p.	3.08
		Private	3.19	3.15	3.13	3.18	3.61	n.p.	n.p.	n.p.	3.22
		Total	*3.30*	*3.01*	*3.05*	*3.06*	*3.39*	*n.p.*	*n.p.*	*n.p.*	*3.17*
	Separations	Public	1,955	2,138	704	510	675	195	66	27	6,270
		Private	3,631	3,072	2,303	1,058	915	n.p.	n.p.	n.p.	11,391
		Total	*5,586*	*5,210*	*3,007*	*1,568*	*1,590*	*n.p.*	*n.p.*	*n.p.*	*17,661*
N04Z	**Hysterectomy for non-malignancy**										
	ALOS (days)	Public	4.10	3.91	3.42	3.93	3.96	3.97	4.76	4.51	3.91
		Private	4.08	4.57	3.91	4.43	4.40	n.p.	n.p.	n.p.	4.22
		Total	*4.09*	*4.20*	*3.72*	*4.22*	*4.20*	*n.p.*	*n.p.*	*n.p.*	*4.08*
	Separations	Public	3,730	3,510	2,075	1,227	1,167	289	149	109	12,256
		Private	4,486	2,784	3,247	1,734	1,368	n.p.	n.p.	n.p.	14,443
		Total	*8,216*	*6,294*	*5,322*	*2,961*	*2,535*	*n.p.*	*n.p.*	*n.p.*	*26,699*

(continued)

Table 4.10 (continued): Average length of stay (days)[(a)] for selected AR-DRGs version 5.0, by hospital sector, states and territories, 2005–06

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
N06Z Female reproductive system reconstructive procedures										
ALOS (days)	Public	3.02	2.65	2.40	2.89	2.80	3.09	2.93	n.p.	2.78
	Private	3.30	3.07	2.58	3.36	3.37	n.p.	n.p.	n.p.	3.11
	Total	*3.19*	*2.86*	*2.52*	*3.17*	*3.14*	*n.p.*	*n.p.*	*n.p.*	*2.98*
Separations	Public	2,150	1,857	1,195	817	640	129	92	16	6,896
	Private	3,382	1,894	2,375	1,224	996	n.p.	n.p.	n.p.	10,278
	Total	*5,532*	*3,751*	*3,570*	*2,041*	*1,636*	*n.p.*	*n.p.*	*n.p.*	*17,174*
O01C Caesarean delivery W moderate complicating diagnosis										
ALOS (days)	Public	4.41	4.36	3.76	4.60	4.68	4.29	4.21	4.99	4.31
	Private	5.41	5.27	4.82	6.05	5.72	n.p.	n.p.	n.p.	5.35
	Total	*4.75*	*4.71*	*4.26*	*5.42*	*5.08*	*n.p.*	*n.p.*	*n.p.*	*4.74*
Separations	Public	13,249	9,306	7,448	3,073	2,672	844	565	540	37,697
	Private	6,794	5,889	6,650	4,013	1,689	n.p.	n.p.	n.p.	26,314
	Total	*20,043*	*15,195*	*14,098*	*7,086*	*4,361*	*n.p.*	*n.p.*	*n.p.*	*64,011*
O60B Vaginal delivery W severe complicating diagnosis										
ALOS (days)	Public	3.02	2.84	2.59	3.20	3.02	3.05	2.66	3.20	2.91
	Private	4.36	4.24	4.03	4.52	4.49	n.p.	n.p.	n.p.	4.30
	Total	*3.33*	*3.23*	*3.00*	*3.67*	*3.40*	*n.p.*	*n.p.*	*n.p.*	*3.28*
Separations	Public	34,578	25,529	17,322	8,091	6,164	2,012	1,602	1,246	96,544
	Private	10,461	9,782	6,759	4,426	2,167	n.p.	n.p.	n.p.	35,746
	Total	*45,039*	*35,311*	*24,081*	*12,517*	*8,331*	*n.p.*	*n.p.*	*n.p.*	*132,290*
R61B Lymphoma and non-acute leukaemia W/O catastrophic CC										
ALOS (days)	Public	5.25	3.93	5.36	5.08	4.65	5.30	7.21	n.p.	4.84
	Private	4.40	3.72	5.14	3.16	4.30	n.p.	n.p.	n.p.	4.22
	Total	*5.08*	*3.83*	*5.22*	*3.91*	*4.51*	*n.p.*	*n.p.*	*n.p.*	*4.57*
Separations	Public	3,082	2,425	1,159	640	839	255	113	38	8,551
	Private	778	2,184	1,960	990	584	n.p.	n.p.	n.p.	6,660
	Total	*3,860*	*4,609*	*3,119*	*1,630*	*1,423*	*n.p.*	*n.p.*	*n.p.*	*15,211*
U63B Major affective disorders age<70 W/O catastrophic or severe CC										
ALOS (days)	Public	13.82	13.19	12.28	15.05	11.78	13.79	17.25	12.32	13.31
	Private	21.05	17.25	18.07	13.99	16.94	n.p.	n.p.	n.p.	17.78
	Total	*16.00*	*15.07*	*14.82*	*14.54*	*13.09*	*n.p.*	*n.p.*	*n.p.*	*15.04*
Separations	Public	5,868	3,618	3,005	1,634	2,157	396	265	192	17,135
	Private	2,536	3,110	2,352	1,543	731	n.p.	n.p.	n.p.	10,826
	Total	*8,404*	*6,728*	*5,357*	*3,177*	*2,888*	*n.p.*	*n.p.*	*n.p.*	*27,961*

(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 4.11: Relative stay index[a][b], by hospital sector, patient election status and funding source, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[c]	1.02	0.90	0.95	0.97	1.04	1.07	0.96	1.14	0.97
Public[d]	1.02	0.90	0.95	0.97	1.04	1.07	0.96	1.14	0.97
Private patients	1.06	0.89	0.95	0.98	1.07	1.10	0.94	1.13	1.00
Private health insurance	1.08	0.93	0.99	1.01	1.06	1.04	0.98	0.92	1.03
Self-funded	0.97	0.86	0.79	0.72	0.86	. .	0.77	1.38	0.90
Workers compensation	1.12	1.02	1.15	1.01	1.09	0.99	1.06	1.16	1.09
Motor vehicle third party personal claim	1.26	0.87	1.20	1.10	1.34	1.30	1.01	1.47	1.08
Department of Veterans' Affairs	0.99	0.80	0.84	0.87	1.07	1.15	0.83	0.92	0.93
Other[e]	1.81	0.94	1.15	1.09	0.73	0.80	1.03	0.99	1.26
Patient election status not reported	1.00	1.17	. .	. .	. .	1.13	. .	. .	1.16
Total	*1.03*	*0.90*	*0.95*	*0.97*	*1.04*	*1.07*	*0.95*	*1.14*	*0.98*
Private hospitals									
Public patients[c]	0.37	0.72	0.71	0.85	1.04	n.p.	n.p.	n.p.	0.73
Public[d]	0.37	0.72	0.71	0.85	1.04	n.p.	n.p.	n.p.	0.73
Private patients	1.05	1.04	1.07	1.10	1.03	n.p.	n.p.	n.p.	1.06
Private health insurance	1.05	1.05	1.06	1.08	1.03	n.p.	n.p.	n.p.	1.06
Self-funded	0.90	0.86	0.80	0.81	0.81	n.p.	n.p.	n.p.	0.85
Workers compensation	0.94	1.03	0.88	0.93	0.99	n.p.	n.p.	n.p.	0.95
Motor vehicle third party personal claim	1.12	0.86	0.70	1.06	0.92	n.p.	n.p.	n.p.	0.94
Department of Veterans' Affairs	1.23	1.10	1.20	1.40	1.08	n.p.	n.p.	n.p.	1.20
Other[e]	0.98	0.58	0.80	1.00	1.01	n.p.	n.p.	n.p.	0.84
Patient election status not reported	. .	0.97	. .	. .	. .	n.p.	n.p.	n.p.	0.88
Total	*1.05*	*1.04*	*1.06*	*1.06*	*1.03*	*n.p.*	*n.p.*	*n.p.*	*1.05*
All hospitals									
Public patients[c]	1.02	0.90	0.95	0.96	1.04	n.p.	n.p.	n.p.	0.97
Public[d]	1.02	0.90	0.95	0.96	1.04	n.p.	n.p.	n.p.	0.97
Private patients	1.06	1.00	1.05	1.08	1.04	n.p.	n.p.	n.p.	1.04
Private health insurance	1.06	1.03	1.06	1.07	1.03	n.p.	n.p.	n.p.	1.05
Self-funded	0.93	0.86	0.80	0.80	0.82	n.p.	n.p.	n.p.	0.87
Workers compensation	1.02	1.03	0.99	0.96	1.02	n.p.	n.p.	n.p.	1.01
Motor vehicle third party personal claim	1.26	0.87	1.19	1.09	1.30	n.p.	n.p.	n.p.	1.07
Department of Veterans' Affairs	1.07	0.94	1.13	1.21	1.07	n.p.	n.p.	n.p.	1.07
Other[e]	1.67	0.89	1.02	1.06	0.87	n.p.	n.p.	n.p.	1.13
Patient election status not reported	1.00	1.16	. .	. .	. .	n.p.	n.p.	n.p.	1.08
Total	**1.03**	**0.94**	**0.99**	**1.00**	**1.04**	**n.p.**	**n.p.**	**n.p.**	**1.00**

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

(b) Relative stay index based on all hospitals using the indirect method using AR-DRG version 5.0. 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 4.12: Relative stay index[a], directly and indirectly standardised by hospital sector, and medical/surgical/other type of AR-DRG, states and territories, 2005–06

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index[b]									
Public hospitals	**1.03**	**0.90**	**0.95**	**0.97**	**1.04**	**1.07**	**0.95**	**1.14**	**0.98**
Medical	1.00	0.87	0.92	0.96	1.03	1.08	0.95	1.09	0.95
Surgical	1.08	0.98	1.02	0.99	1.07	1.06	0.98	1.28	1.04
Other	1.18	0.94	1.06	1.00	1.05	1.06	0.84	1.23	1.06
Private hospitals	**1.05**	**1.04**	**1.06**	**1.06**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.05**
Medical	1.30	1.13	1.18	1.09	1.16	n.p.	n.p.	n.p.	1.18
Surgical	0.92	0.97	0.96	1.05	0.94	n.p.	n.p.	n.p.	0.96
Other	0.86	0.96	0.98	0.96	0.91	n.p.	n.p.	n.p.	0.93
All hospitals	***1.03***	***0.94***	***0.99***	***1.00***	***1.04***	***n.p.***	***n.p.***	***n.p.***	***1.00***
Medical	1.04	0.92	1.00	1.00	1.06	n.p.	n.p.	n.p.	1.00
Surgical	1.02	0.98	0.99	1.02	1.01	n.p.	n.p.	n.p.	1.00
Other	1.05	0.95	1.01	0.98	0.99	n.p.	n.p.	n.p.	1.00
Directly standardised relative stay index[c]									
Public hospitals	**1.01**	**0.91**	**0.92**	**0.99**	**1.00**	**1.03**	**0.92**	**1.13**	**0.97**
Medical	0.99	0.88	0.90	0.98	0.98	1.02	0.90	1.08	0.95
Surgical	1.05	1.00	0.97	1.03	1.04	1.04	0.98	1.31	1.02
Other	1.21	0.99	1.07	0.98	1.01	1.11	0.86	1.38	1.07
Private hospitals	**1.06**	**1.05**	**1.05**	**1.09**	**1.04**	**n.p.**	**n.p.**	**n.p.**	**1.06**
Medical	1.27	1.15	1.16	1.14	1.15	n.p.	n.p.	n.p.	1.18
Surgical	0.96	0.98	0.95	1.08	0.97	n.p.	n.p.	n.p.	0.98
Other	0.95	0.97	0.98	0.97	0.96	n.p.	n.p.	n.p.	0.97
All hospitals	***1.03***	***0.96***	***0.97***	***1.04***	***1.01***	***n.p.***	***n.p.***	***n.p.***	***1.00***
Medical	1.04	0.94	0.98	1.03	1.02	n.p.	n.p.	n.p.	1.00
Surgical	1.00	0.99	0.96	1.06	1.01	n.p.	n.p.	n.p.	1.00
Other	1.03	0.98	1.01	0.97	0.98	n.p.	n.p.	n.p.	1.00

(a) Separations for which the care type was reported as *Acute* or *Newborn* with qualified days, or was *Not reported.* Relative stay index based on all hospitals using AR DRG version 5.0.

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

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

n.p. Not published.

Table 4.13: Separations[a] with an adverse event[b] by hospital sector[c], Australia, 2005–06

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
External cause codes						
Y40–Y59 Adverse effects of drugs, medicaments and biological substances	77,041	1.8	19,395	0.7	96,436	1.4
Y60–Y82 Misadventures to patients during surgical and medical care	8,588	0.2	3,546	0.1	12,134	0.2
Y83–Y84 Procedures causing abnormal reactions/complications	145,760	3.4	77,381	2.8	223,141	3.2
Y88 & Y95 Other external causes of adverse events	5,472	0.1	900	0.0	6,372	0.1
Place of occurrence codes						
Y92.22 Health service area	224,778	5.3	99,925	3.6	324,703	4.6
Diagnosis codes						
E89, G97, H59, H95, I97, J95, K91, M96 Selected post-procedural disorders	32,748	0.8	17,655	0.6	50,403	0.7
T81.0 Haemorrhage and haematoma complicating a procedure, n.e.c.	21,177	0.5	12,673	0.5	33,850	0.5
T81.4 Infection following a procedure, n.e.c.	21,653	0.5	9,986	0.4	31,639	0.5
T82–T85 Complications of internal prosthetic devices, implants and grafts	46,127	1.1	24,915	0.9	71,042	1.0
Other diagnoses of complications of medical and surgical care (T80 to T88 and T98.3, not including above)	35,470	0.8	14,375	0.5	49,845	0.7
Total[d]	**246,404**	**5.8**	**106,258**	**3.9**	**352,662**	**5.0**

(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) 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 to 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 care

Introduction

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

Emergency department care

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

- Detailed episode-level data for 4,914,896 non-admitted patient emergency department occasions of service. These records include information on waiting times, triage category and whether the patients were admitted to hospital (Tables 5.2 and 5.3), 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, the patient's mode of arrival at the emergency department, the patient's 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 5.4 to 5.9).
- Summary information on the total number of accident and emergency occasions of service for all public hospitals (6,327,784 occasions of service) are presented in Table 2.7 and are used in this chapter to estimate the proportion of emergency department occasions of service for which the detailed episode-level data were available (Table 5.1). Occasions of service for which the detailed data were not available occurred mainly in hospitals not required to report to the Non-admitted patient emergency department care (NAPEDC) NMDS (or in hospitals that did not have an emergency department).

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

The detailed information presented for all episode-level records in Tables 5.3 to 5.9 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 almost 100% for *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* (peer group A and B hospitals), and about 78% for all hospitals (Table 5.1).

Data sources

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for emergency department 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 for 2005–06 was non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2004–05* (AIHW 2006a). 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 third 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 2005). This variation is likely to have significantly affected the comparability of data on the duration of the occasions of service (Table 5.9).
- There is also some variation over time in the occasions of service reported as subsequently admitted.

National Public Hospital Establishments Database

Data on accident and emergency occasions of service presented in Chapter 2 were sourced from the National Public Hospital Establishments Database (NPHED), which has essentially full coverage of public hospitals (see Appendix 2). For the purposes of this report, accident and emergency occasions of service refer to those occasions of service reported with a *Type* of non-admitted patient care of *Emergency services*. There were variations in the type of activity reported for accident and emergency occasions of service. South Australia's NPHED occasions of service data excluded patients who were dead on arrival and patients who did not wait for treatment. For all other states and territories, both emergency presentations and other types of occasions of service (see below) were included, at least for hospitals reporting episode-level data. The waiting times data for 2001–02 and 2002–03 presented in Table 5.2 were sourced from the aggregate waiting times data provided by the states and territories as part of the NPHED.

Variations in methods of collection and analysis

Because of 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 2005–06 and 2004–05 all states and territories reported waiting times data as part of the episode-level data.

For 2003–04, most states and territories reported waiting times data as part of the episode-level data. The waiting times data for South Australia presented in Tables 5.2 and 5.3 included aggregated unit-record level data for 5 hospitals that were not in peer group A or B.

The proportion of accident and emergency occasions of service for which detailed episode-level data was available was 78% in 2005–06, 76% in 2004–05 and 75% in 2003–04.

For 2002–03, the Emergency Department Waiting Times Data did not include 1 peer group A hospital in New South Wales and 1 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 6 *Medium hospitals*. Estimated coverage overall was 71% in 2002–03 and 63% in 2001–02 (Table 5.2).

For 2003–04, 2004–05 and 2005–06, the number of patients seen on time was determined as the number of patients in each triage category whose waiting time was less than or equal to the maximum waiting time stated in the National Triage Scale definition. This analysis was restricted to records with a type of visit of *Emergency presentation* or *Not reported* and excluded records for which the waiting time was missing, or the patient's departure status was reported as either *Did not wait* or *Dead on arrival*. *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 1 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, South Australia and the Australian Capital Territory, 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, 2004–05 and 2005–06 and earlier years, and the data for 2003–04, 2004–05 and 2005–06 will differ from data calculated on state-based criteria for Victoria, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory.

The median and 90th percentile waiting times to service delivery are presented for 2003–04, 2004–05 and 2005–06 only as these data were not available in the aggregated data collections for 2001–02 and 2002–03.

For 2004–05 and 2005–06, 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 the NPHED.

Overview

Table 5.1 presents information on the number of emergency department occasions of service reported to the NNAPEDCD, by hospital peer group and state or territory. Episode-level data were provided for 77 *Principal referral and Specialist women's and children's hospitals*, 41 *Large hospitals* and 35 *Other hospitals* (not classified in peer groups A or B). The table includes estimates of the coverage of the NNAPEDCD, calculated as the proportion of accident and emergency occasions of service reported to the NPHED that were also reported as episode-level data in the NNAPEDCD. This may underestimate the proportion because some accident and emergency occasions of service are for services other than emergency presentations.

For 2005–06, 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). For hospitals in peer groups A and B, the overall coverage was estimated as approximately 100% (Table 5.1). Some states and territories reported fewer episode-level records to the NNAPEDCD than the number of accident and emergency occasions of service reported to NPHED. 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 that were classified to other peer groups (in addition to the required NAPEDC 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 18 *Medium hospitals,* 2 *Small acute hospitals* and 1 *Unpeered/Other* hospital, Victoria provided data for 6 *Medium hospitals*, South Australia provided data for 1 *Medium hospital* and Western Australia provided data for 2 *Medium hospitals* and 2 *Small remote hospitals*. The NNAPEDCD provides detailed information on about 78% of all public hospital accident and emergency occasions of service. The proportion for all public hospitals ranged from 100% for the Australian Capital Territory and the Northern Territory to 65% for Queensland (Table 5.1).

Triage category and other data elements reported for emergency department care

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

There were 1,523,052 emergency department occasions of service that were assigned a triage category of *Urgent* in 2005–06. They were reported by 77 hospitals that were classified as *Principal referral and Specialist women's and children's hospitals*, 41 *Large hospitals* and 35 *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 these patients was 4 hours and 34 minutes, ranging from 3 hours and 3 minutes for patients who presented to an

emergency department in a hospital in a peer group other than A or B to 4 hours and 58 minutes for patients who presented to an emergency department in a *Principal referral and Specialist women's and children's hospital*. Overall, 64% of these patients were seen within a clinically appropriate time. The median waiting time was 21 minutes, and 90% were seen within 93 minutes. The proportion of these patients who were subsequently admitted ranged between 32% in *Other hospitals* to 46% in *Principal referral and Specialist women's and children's hospitals*.

Almost 51% of presentations were for males, and the most common age group was 0–4 years. Almost two thirds arrived at the emergency department by *Other* transport and a third arrived by *Ambulance.* About 43% of episodes had a departure status of *Admitted to this hospital* (which includes admission within the emergency department). Almost a quarter arrived at the emergency department between 10am and 2pm, and the number of arrivals 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 5.2 and 5.3 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 from 2001–02 to 2005–06

Table 5.2 presents national emergency department waiting times data by public hospital peer group and triage category for the years 2001–02 to 2005–06. Because of 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 and 2005–06 include only those episodes where the type of visit (see Table 5.4) was reported as *Emergency presentation* or was *Not reported*. For 2005–06, for episodes with an *Emergency presentation* type of visit, the waiting time was missing or invalid for 9,932 records, and there were 261,843 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 5.2 and 5.3.

For 2003–04, the data for South Australia and for some Western Australian hospitals 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 the 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 100% in 2005–06. Over the same period, the NNAPEDCD data as a proportion of all public hospital accident and emergency occasions of service increased from 63% to 78%.

In 2005–06 there were 6,327,784 accident and emergency occasions of service reported for public hospitals to the NPHED (see Table 2.7), and there were 4,914,896 emergency presentations reported to the NNAPEDCD. Between 2001–02 and 2005–06 the number of emergency presentations reported for hospitals in peer groups A and B increased by almost 34% (7.6% per year). However, this may reflect the inclusion of non-emergency presentation occasions of service for some jurisdictions for the 2003–04, 2004–05 and 2005–06 data that may not have been previously provided. The total number of accident and emergency occasions of service reported to the NPHED increased by about 10% (2.4% per year) from 5,754,666 (AIHW 2003).

The proportion of emergency visits by triage category remained fairly stable between 2001–02 and 2005–06. In 2005–06, approximately 1% of patients who presented at an emergency department were assigned a triage category of *Resuscitation*, 8% were *Emergency*, 32% were *Urgent*, 47% were *Semi-urgent* and 12% were *Non-urgent*.

For the period 2001–02 to 2005–06, 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 over the period 2003–04 to 2005–06 for which the same cut-off points were used for the majority of the data (as detailed previously). The median waiting time to service delivery was 24 minutes for 2005–06 compared to 25 minutes for both 2003–04 and 2004–05, and was fairly stable across all triage categories and for all hospitals. For 2005–06, 90% of all emergency department patients were attended by a health care professional within 123 minutes, compared with 121 minutes in 2004–05 and 124 minutes in 2003–04.

The proportion of patients subsequently admitted decreased between 2001–02 and 2005–06 for all triage categories and for both *Principal referral and Specialist women's and children's hospitals* and *Large hospitals*. The proportion of *Resuscitation* patients subsequently admitted for *Large hospitals* showed a large decrease between the 2002–03 and 2003–04 periods, which may reflect variation over time in the method of calculating this measure. For hospitals other than *Principal referral and Specialist women's and children's hospitals*, a relatively high proportion of patients are reported with a departure status of *Referred to another hospital for admission*, and these were not included in the proportion admitted for 2003–04 to 2005–06. Nationally, the proportion of patients subsequently admitted decreased from 30% in 2001–02 to 28% in 2005–06.

States and territories, 2005–06

Table 5.3 presents the number of occasions of service for 2005–06 where the type of visit (see Table 5.4) was reported as *Emergency presentation* (or was *Not reported)* by triage category,

public hospital peer group and state or territory. Table 5.3 also shows 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 and Victoria had the lowest proportions of *Resuscitation* emergency visits (0.6%) and South Australia reported the highest proportion (1.2%). For the triage category *Non-urgent*, Victoria reported the highest proportion (15.2%) followed by the Northern Territory (15.1%), 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 the waiting time to service delivery was less than or equal to 2 minutes. There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time, therefore these data may differ from those reported by individual jurisdictions.

Overall, for all triage categories, the proportion of patients receiving emergency department care within the required time was 69%, ranging from 52% in the Australian Capital Territory to 77% in Victoria. Nationally, approximately 99% of *Resuscitation* patients and 77% 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 19 minutes, whereas for the Australian Capital Territory 50% of patients were treated within 46 minutes. The length of time by which 90% of patients were treated also varied; from 106 minutes in Victoria to 167 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 presentations were subsequently admitted to the hospital. Victoria had higher proportions of patients subsequently admitted than the national figures in all triage categories except *Non-urgent*, and the Northern Territory had the lowest proportions of *Resuscitation* patients subsequently admitted.

Type of emergency department visit

Table 5.4 presents occasion of service statistics by type of visit, hospital peer group and state or territory reported to the NNAPEDCD for 2005–06.

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, Patient in transit* or *Dead on arrival*, the Northern Territory did not report any occasions of service with a type of visit of *Pre-arranged admission,* and South Australia did not report any occasions of service with a type of visit of *Patient in transit* or *Dead on arrival*. The type of visit was *Not reported* for 11.0% of records from South Australia.

Nationally, 96.0% of occasions of service were *Emergency presentations*, and 2.9% were reported as *Return visit, planned*. The proportion of occasions of service varied by state or

territory and by hospital peer group. Almost 98% of emergency department occasions of service were *Emergency presentations* for hospitals in peer group A, compared with about 93% for hospitals in peer group B. The Australian Capital Territory had the highest proportion of occasions of service that were reported as *Emergency presentations* (99.1%). For the Northern Territory 7.0% of occasions of service were reported as *Return visit, planned*.

Sex and age group

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

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 age of the patient at the date of presentation was calculated. The 411 records for which the sex of the patient was *Not stated/Indeterminate* and the 238 records for which date of birth was not provided are included in the totals of Table 5.5.

Males accounted for 52.1% of emergency department occasions of service, and there were more occasions of service for males than females in most groups from 0 to 75 years. Females accounted for more occasions of service than males for the 15–34 years and the 75 years and over age groups. The most common age groups reported for non-admitted patient emergency department care were 15–24 years (15.6%), followed by 25–34 years (14.5%) and 0–4 years (12.4%).

Aboriginal and Torres Strait Islander people

Table 5.6 presents Indigenous status data by state and territory reported to the NNAPEDCD.

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 2004–05* (AIHW 2006a), 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 use 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 (40.7%), and Victoria recorded the lowest proportion (1.1%).

Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2005–06 varied by jurisdiction and was reported as acceptable by only Western Australia and the Northern Territory. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients; the data should, therefore, be used with caution.

For 2005–06, 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 are 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 2005–06 Indigenous status was not reported in 2.1% of non-admitted patient emergency department records, and this represented a slight increase in the proportion of non-reporting compared to 2004–05. Efforts will be made to ensure that reporting of Indigenous status is as complete and accurate as possible.

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* (Table 5.6). This is an area that the Department intends to address in consultation with hospitals that provide data to its central data collection.

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 (ACT Health) 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. In 2006 ACT Health worked with the Winnunga Nimmityjah Aboriginal Health Service (WNAHS), to undertake a project to estimate Aboriginal and Torres Strait Islander under-identification in ACT public hospital data sets. The project engaged the services of the AIHW in a data matching process involving health records from the WNAHS and health records from The Canberra Hospital and Calvary Public Hospital. The data has been processed by AIHW but the results have not been finalised at this stage.

The Northern Territory Department of Health and Community Services reported that the quality of its 2005–06 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 5.7 and 5.8 present data on the arrival mode and the departure status of the patient, by triage category, and by state and territory for the NNAPEDCD. 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 2005–06, arrival mode was not reported for almost 10% of Northern Territory records (Table 5.8).

The majority of patients who presented at an emergency department reported an arrival mode of *Other* (76.7%) (Table 5.7). Of 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*. 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* (64.8%). However, the proportion of patients who reported this departure status varied markedly by triage category, accounting for only 9.9% of *Resuscitation* patients. The category *Did not wait to be attended by a health care professional* was reported for 5.2% 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* (26.5%), and the Australian Capital Territory had the highest proportion of occasions of service with an arrival mode of *Other* (82.6%) (Table 5.8). Western Australia 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* (70.9%) and Victoria had the highest proportion of occasions of service for which the patient was either admitted to the same hospital or referred to another hospital for admission (31.8%).

Length of non-admitted patient emergency department occasion of service

Table 5.9 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 NNAPEDCD. 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 non-admitted occasion of service is completed and in the recording of the time of admission for patients who were subsequently admitted to hospital (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 22 minutes, and the median duration of the service event was 3 hours and 11 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 the NNAPEDCD.

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. Almost three-quarters of emergency department presentations occur between the hours of 8am and 8pm. For the triage categories *Semi-urgent* and *Urgent*, the pattern of use 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 illustrates the daily pattern of use within each triage category. It shows that for the triage category *Resuscitation*, the number of emergency presentations is more evenly distributed throughout the day than for other triage categories, ranging from 2.3% between 5am and 6am to 5.5% between 6pm and 7pm, with almost 41% of these patients arriving overnight between 8pm and 8am. In contrast, for the *Non-urgent* triage category, the pattern of use varies from 0.7% between 4am and 5am to 9.1% between 9am and 10am, with about 22% of these patients arriving overnight between 8pm and 8am.

Outpatient clinic care

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

- Clinic-level data for 11,399,098 occasions of service for individuals and 129,346 group sessions for non-admitted patient outpatient clinic care. These data were reported for 23 outpatient clinic types for selected public hospitals for compilation in the National Outpatient Care Database (NOCD) (Tables 5.10 to 5.12).
- Summary information on the total number of outpatient-related occasions of service for all public hospitals (14,925,536 occasions of service). These data were presented in Table 2.5 and are used in this chapter to estimate the proportion of outpatient-related occasions of service which are covered by the Outpatient care NMDS (Table 5.10).

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

The information presented in Tables 5.10 to 5.12 should be interpreted with caution as the data may not be representative of outpatient clinic activity for hospitals which were not required to provide data for the NOCD. The estimated proportion of outpatient-related occasions of service for all hospitals that were also reported to the NOCD was about 76% for individual occasions of service, and about 74% for group occasions of service (Table 5.10).

Data sources

The National Outpatient Care Database

The National Outpatient Care Database (NOCD) is a compilation of summary data for outpatient clinic occasions of service in public hospitals. The database is based on the Outpatient care NMDS as defined in the *National health data dictionary* version 13 (HDSC 2006). The scope for the Outpatient care NMDS for 2005–06 was for services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals that were classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2004–05* (AIHW 2006a). Data were also provided by some states and territories for hospitals in peer groups other than A and B, as described below.

These data were provided to the AIHW for 2005–06 as counts of individual occasions of service and group occasions of service by 23 outpatient clinic types: *Allied health*, *Dental*, *Gynaecology*, *Obstetrics, Cardiology*, *Endocrinology*, *Oncology*, *Respiratory*, *Gastroenterology*, *Medical*, *General practice/primary care*, *Paediatric*, *Endoscopy*, *Plastic surgery*, *Urology*, *Orthopaedic*, *Ophthalmology*, *Ear, nose and throat*, *Pre-admission and pre-anaesthesia*, *Chemotherapy*, *Dialysis*, *Surgery* and *Paediatric surgery*.

Limitations of the data

This is the first year that data have been collected for outpatient care 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 among the states and territories in the provision of specialised services by hospitals. For example *Dental* services or *General practice/primary care* services may be delivered in non-hospital settings by some jurisdictions.
- Differences in admission practices between the jurisdictions can result in zero values for some outpatient clinic types. For example *Dialysis* may be delivered as an admitted patient service in some jurisdictions and as a non-admitted service in others.
- There may be some variation in the use of the categories of clinic types as some clinics may provide a variety of specialised services.

National Public Hospital Establishments Database

Data on non-admitted patient occasions of service are also presented in Chapter 2. These data were sourced from the National Public Hospital Establishments Database (NPHED), which has essentially full coverage of public hospitals (see Appendix 2).

The number of individual session occasions of service for non-admitted patients, and the number of group sessions, are provided for specified types of non-admitted patient care including: *Accident and emergency*, *Allied health*, *Dental*, *Dialysis*, *Endoscopy and related procedures*, *Other medical/surgical/obstetric*, *Mental health*, *Alcohol and drug*, *Pharmacy*, *Community health*, *District nursing*, *Pathology*, *Radiology and organ imaging*, and *Other outreach*.

Coverage estimates

Data for the Outpatient care NMDS are collected for 23 clinic types (as above). For the purposes of aligning the two data sources, outpatient-related occasions of service sourced from the NPHED refer to those occasions of service reported with a Type of non-admitted patient care of *Allied health, Dental, Dialysis, Endoscopy and related procedures* and *Other medical/surgical/Obstetric*. The NPHED data for the non-admitted patient care types *Accident and emergency, Alcohol and other drugs, Community Health Services, District nursing, Mental health, Other outreach services, Pathology, Pharmacy* and *Radiology and organ imaging* are not considered to be comparable to the outpatient individual and group occasions of service reported for the NOCD. Therefore, these types of non-admitted patient care are excluded from the estimates of coverage presented in Table 5.10.

Overview

Table 5.10 presents information on the number of outpatient clinic occasions of service reported to the NOCD, by hospital peer group and state or territory. Summary data were provided for 80 *Principal referral and Specialist women's and children's hospitals*, 40 *Large*

hospitals and 2 *Other hospitals* (not classified in peer groups A or B). The table includes estimates of the coverage of the NOCD, calculated as the proportion of outpatient-related occasions of service reported to the NPHED that were also reported in the NOCD.

For 2005–06, all states and territories were able to provide summary data to the NOCD for all public hospitals in peer groups A and B. Some states and territories also provided outpatient care data for public hospitals which were classified to other peer groups (in addition to the required Outpatient care NMDS scope of peer group A and B hospitals), and these data have been included in this chapter. New South Wales and South Australia each provided data for one *Medium hospital*. The NOCD provides clinic-level information on about 76% of all individual outpatient-related occasions of service and 74% of all group session outpatient-related occasions of service provided by public hospitals in Australia.

States and territories, 2005–06

Individual occasions of service

Table 5.11 presents the number of individual occasions of service by clinic type and state or territory for 2005–06. These data should be interpreted with caution as the comparability of the data may be influenced by variation in admission practices, the type of facility providing these services and in the allocation of outpatient services to the 23 clinic types among the states and territories.

There was some variation among the states and territories in the numbers of occasions of service reported for each clinic type. The Australian Capital Territory and the Northern Territory did not report any *Dental* occasions of service, and there was notable variation in the reporting of *Dental* occasions of service among the other states and territories. *General practice/primary care* was reported for New South Wales, Queensland and Western Australia only. In addition, Victoria and South Australia did not report any occasions of service for *Endoscopy, Chemotherapy* and *Dialysis,* Western Australia and the Northern Territory did not report occasions of service for *Chemotherapy* and Queensland, Tasmania, and the Australian Capital Territory did not report occasions of service for *Dialysis*. There was also a marked variation among states and territories in the reporting of *Medical* occasions of service.

New South Wales reported the highest number of individual occasions of service for 13 of the 23 clinic types. Victoria reported the highest numbers for *Allied health*, *Plastic surgery*, *Urology*, *Ear, nose and throat*, *Surgery* and *Paediatric surgery,* and Queensland reported the highest numbers for *Gynaecology*, *Cardiology*, *Gastroenterology* and *Endoscopy*.

Group sessions

Table 5.12 presents the number of group sessions of outpatient care by clinic type and state or territory in 2005–06.

There were variations among the states and territories in the number of group sessions reported, and in the clinic types for which group sessions were reported. Tasmania and the Northern Territory did not report any group sessions, and both Victoria and Western Australia reported group sessions for the clinic type *Allied health* only. Western Australia reported that their figures represent the number of individuals who attended group sessions rather than the number of group sessions. New South Wales reported group sessions for almost every outpatient clinic type with the exception of *Endoscopy, Plastic surgery, Ophthalmology* and *Paediatric surgery*. *Allied health* was the most commonly reported clinic type with 82,658 group sessions reported.

Table 5.1: Emergency department occasions of service, by public hospital peer group[a], states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Hospitals reporting emergency department episode-level data[b]	27	19	15	5	5	3	1	2	77
Occasions of service reported with episode-level data[c]	1,033,163	830,942	643,999	195,078	248,255	114,820	52,955	82,885	3,202,097
Estimated proportion of occasions of service with episode-level data (%)[d]	100	100	98	100	100	99	100	100	100
Large hospitals									
Hospitals reporting emergency department episode-level data[b]	14	13	6	5	2	. .	1	. .	41
Occasions of service reported with episode-level data[c]	356,675	327,178	199,849	138,338	41,310	. .	46,661	. .	1,110,011
Estimated proportion of occasions of service with episode-level data (%)[d]	100	100	100	100	100	. .	100	. .	100
Coverage of episode-level data for hospitals in peer groups A and B	***100***	***100***	***99***	***100***	***100***	***99***	***100***	***100***	***100***
Other hospitals									
Hospitals reporting emergency department episode-level data[b]	21	6	0	4	1	0	0	3	35
Occasions of service reported with episode-level data[c]	335,671	90,958	. .	93,393	45,974	. .	. .	36,792	602,788
Estimated proportion occasions of service with episode-level data (%)[d]	45	36	. .	32	22	. .	. .	100	30
Total									
Hospitals reporting emergency department episode-level data[b]	62	38	21	14	8	3	2	5	153
Occasions of service reported with episode-level data[c]	1,725,509	1,249,078	843,848	426,809	335,539	114,820	99,616	119,677	4,914,896
Estimated proportion of occasions of service with episode-level data (%)[d]	81	89	65	68	68	86	100	100	78

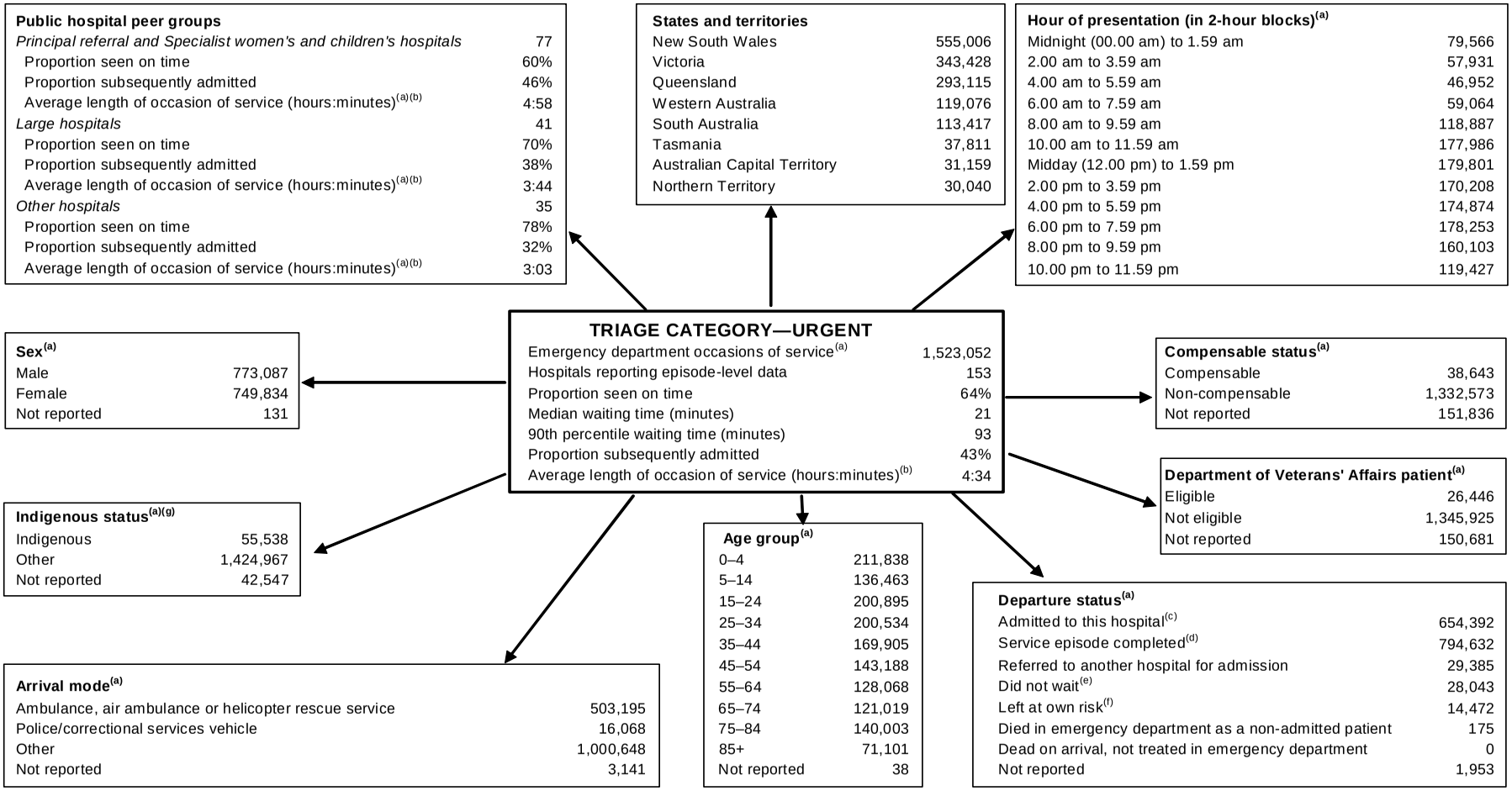
(a) For more information on the public hospital peer group classification see Appendix 2.

(b) 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*.

(c) The number of occasions of service reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD).

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

. . Not applicable.



(a) For the episode-level data provided to the National Non-admitted Patient Emergency Department Care Database which covers approximately 78% 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 but before the non-admitted patient emergency department service episode was completed.
(g) The quality of Indigenous status data is not acceptable for most jurisdictions; therefore these data should be treated with caution. Please see the text and Appendix 1 for more information.

Figure 5.1: Interrelationships of an *Urgent* triage category presentation with other data elements, public hospitals, Australia, 2005–06

Table 5.2: Non-admitted patient emergency department occasions of service statistics, by triage category and public hospital peer group[a], Australia, 2001–02 to 2005–06

Triage category and peer group	2001–02	2002–03	2003–04	2004–05	2005–06
Principal referral and Specialist women's and children's hospitals					
Hospitals reporting emergency department episode-level data	58	65	66	73	77
Occasions of service reported with waiting times data[b]	2,291,226	2,524,598	2,579,203	2,924,659	3,202,097
Estimated proportion of occasions of service with waiting times data (%)[c][d]	96	97	97	99	100
Proportion by triage category (%)					
Resuscitation	1	1	1	1	1
Emergency	9	9	9	10	10
Urgent	34	34	34	35	35
Semi-urgent	45	44	45	45	45
Non-urgent	11	10	10	10	10
Total	*100*	*100*	*100*	*100*	*100*
Proportion seen on time (%)[e]					
Resuscitation	99	99	100	100	100
Emergency	75	75	79	75	75
Urgent	58	58	63	61	60
Semi-urgent	55	55	62	61	61
Non-urgent	78	76	85	86	86
Total	*60*	*59*	*67*	*65*	*65*
Median waiting time to service delivery (minutes)					
Resuscitation	n.a.	n.a.	0	0	0
Emergency	n.a.	n.a.	5	6	6
Urgent	n.a.	n.a.	24	23	23
Semi-urgent	n.a.	n.a.	46	44	43
Non-urgent	n.a.	n.a.	34	33	33
Total	*n.a.*	*n.a.*	*28*	*26*	*27*
90th percentile waiting time to service delivery (minutes)					
Resuscitation	n.a.	n.a.	0	0	0
Emergency	n.a.	n.a.	24	23	24
Urgent	n.a.	n.a.	99	95	101
Semi-urgent	n.a.	n.a.	166	161	163
Non-urgent	n.a.	n.a.	156	144	144
Total	*n.a.*	*n.a.*	*134*	*129*	*132*
Proportion ending in admission (%)[f]					
Resuscitation	84	87	82	83	83
Emergency	69	70	67	67	67
Urgent	49	49	46	46	46
Semi-urgent	23	23	20	20	19
Non-urgent	8	8	7	6	6
Total	*35*	*34*	*33*	*29*	*32*

(continued)

Table 5.2 (continued): Non-admitted patient emergency department occasions of service statistics, by triage category and public hospital peer group[a], Australia, 2001–02 to 2005–06

Triage category and peer group	2001–02	2002–03	2003–04	2004–05	2005–06
Large hospitals					
Hospitals reporting emergency department episode-level data	35	37	44	43	41
Occasions of service reported with waiting times data[b]	928,836	1,007,316	1,177,573	1,115,158	1,110,011
Estimated proportion of occasions of service with waiting times data (%)[c][d]	74	83	93	100	100
Proportion by triage category (%)					
Resuscitation	1	<1	<1	<1	<1
Emergency	6	5	6	6	6
Urgent	29	28	29	28	28
Semi-urgent	50	48	50	50	50
Non-urgent	15	14	15	16	16
Total	*100*	*100*	*100*	*100*	*100*
Proportion seen on time (%)[e]					
Resuscitation	99	97	100	99	99
Emergency	77	73	80	78	80
Urgent	65	63	70	69	70
Semi-urgent	66	65	72	70	69
Non-urgent	88	87	89	87	87
Total	*70*	*68*	*74*	*73*	*73*
Median waiting time to service delivery (minutes)					
Resuscitation	n.a.	n.a.	0	0	0
Emergency	n.a.	n.a.	5	6	5
Urgent	n.a.	n.a.	19	19	18
Semi-urgent	n.a.	n.a.	31	33	34
Non-urgent	n.a.	n.a.	30	33	33
Total	*n.a.*	*n.a.*	*23*	*24*	*24*
90th percentile waiting time to service delivery (minutes)					
Resuscitation	n.a.	n.a.	0	0	0
Emergency	n.a.	n.a.	21	20	19
Urgent	n.a.	n.a.	75	70	72
Semi-urgent	n.a.	n.a.	127	129	134
Non-urgent	n.a.	n.a.	128	137	140
Total	*n.a.*	*n.a.*	*109*	*111*	*115*
Proportion ending in admission (%)[f]					
Resuscitation	86	87	69	66	67
Emergency	67	67	58	54	57
Urgent	42	40	38	36	38
Semi-urgent	17	15	14	14	14
Non-urgent	4	4	3	3	3
Total	*26*	*23*	*22*	*21*	*22*

(continued)

Table 5.2 (continued): Non-admitted patient emergency department occasions of service statistics, by triage category and public hospital peer group[a], Australia, 2001–02 to 2005–06

Triage category and peer group	2001–02	2002–03	2003–04	2004–05	2005–06
Coverage of episode-level data for hospitals in peer groups A and B					
Occasions of service reported with waiting times data[b]	**3,220,062**	**3,531,914**	**3,756,776**	**4,026,666**	**4,312,108**
Estimated proportion of occasions with waiting times data (%)[c][d]	**88**	**92**	**96**	**99**	**100**
All hospitals[g]					
Hospitals reporting emergency department episode-level data	120	195	213	148	153
Occasions of service reported with waiting times data[b]	3,627,912	4,156,790	4,390,591	4,529,412	4,914,896
Estimated proportion of occasions of service with waiting times data (%)[c][d]	63	71	75	76	78
Proportion by triage category (%)					
Resuscitation	1	1	1	1	1
Emergency	7	7	8	8	8
Urgent	31	30	30	32	32
Semi-urgent	47	45	46	47	47
Non-urgent	13	14	15	12	12
Total	**100**	**100**	**100**	**100**	**100**
Proportion seen on time (%)[e]					
Resuscitation	99	99	99	100	99
Emergency	76	75	76	76	77
Urgent	60	61	63	64	64
Semi-urgent	59	61	65	65	65
Non-urgent	84	85	87	88	87
Total	**64**	**66**	**68**	**69**	**69**
Median waiting time to service delivery (minutes)					
Resuscitation	n.a.	n.a.	0	0	0
Emergency	n.a.	n.a.	5	5	5
Urgent	n.a.	n.a.	22	21	21
Semi-urgent	n.a.	n.a.	38	38	37
Non-urgent	n.a.	n.a.	28	30	29
Total	**n.a.**	**n.a.**	**25**	**25**	**24**

(continued)

Table 5.2 (continued): Non-admitted patient emergency department occasions of service statistics, by triage category and public hospital peer group[(a)], Australia, 2001–02 to 2005–06

Triage category and peer group	2001–02	2002–03	2003–04	2004–05	2005–06
90th percentile waiting time to service delivery (minutes)					
Resuscitation	n.a.	n.a.	0	0	0
Emergency	n.a.	n.a.	23	22	23
Urgent	n.a.	n.a.	90	88	93
Semi-urgent	n.a.	n.a.	150	148	149
Non-urgent	n.a.	n.a.	139	136	136
Total	**n.a.**	**n.a.**	**124**	**121**	**123**
Proportion ending in admission (%)[(f)]					
Resuscitation	82	86	78	79	80
Emergency	67	69	63	63	64
Urgent	45	46	43	43	43
Semi-urgent	19	19	16	17	17
Non-urgent	6	6	4	5	5
Total	**30**	**29**	**27**	**28**	**28**

(a) For more information on the public hospital peer group classification see Appendix 2. Not all hospitals include an emergency department and the definition of an emergency department is currently under review.
(b) For 2001–02 and 2002–03, these are the number of occasions of service reported with waiting times data. For 2003–04, 2004–05 and 2005–06, these are the number of occasions of service reported with episode-level data and some additional aggregate data for South Australia for 2003–04.
(c) 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.
(d) 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%.
(e) 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.
(f) 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 and 2005–06 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*.
(g) The total includes hospitals in peer groups other than *Principal referral and Specialist women's and children's hospitals* and *Large hospitals*.
n.a. Not available.

Table 5.3: Non-admitted patient emergency department emergency presentation statistics[a], by triage category and public hospital peer group[b], states and territories, 2005–06

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Occasions of service with waiting times data									
Resuscitation	8,977	6,868	4,516	2,470	3,772	956	687	946	29,192
Emergency	95,153	74,877	53,910	24,410	31,887	8,567	4,869	5,690	299,363
Urgent	366,274	261,707	239,814	59,106	92,277	37,811	18,224	26,237	1,101,450
Semi-urgent	412,310	380,829	285,658	91,359	105,291	54,117	25,266	45,034	1,399,864
Non-urgent	127,866	84,996	44,232	13,374	12,816	8,032	3,907	2,817	298,040
Total[c]	*1,010,886*	*809,277*	*628,130*	*190,723*	*246,043*	*109,881*	*52,953*	*80,724*	*3,128,617*
Proportion seen on time (%)[d]									
Resuscitation	100	100	100	98	99	95	n.p.	100	100
Emergency	79	84	64	70	69	68	n.p.	58	75
Urgent	56	78	52	61	57	57	n.p.	57	60
Semi-urgent	60	70	55	54	61	59	n.p.	47	61
Non-urgent	83	91	85	79	84	89	n.p.	84	86
Total	*64*	*76*	*57*	*60*	*62*	*62*	*n.p.*	*53*	*65*
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	n.p.	0	0
Emergency	5	4	8	7	4	7	n.p.	9	6
Urgent	27	13	29	23	26	25	n.p.	25	23
Semi-urgent	45	28	52	56	43	45	n.p.	65	43
Non-urgent	40	20	37	56	37	24	n.p.	48	33
Total	*29*	*16*	*33*	*33*	*26*	*28*	*n.p.*	*38*	*27*
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	0	1	0	0	1	n.p.	0	0
Emergency	22	16	34	21	29	26	n.p.	27	24
Urgent	107	63	117	82	110	114	n.p.	83	101
Semi-urgent	162	140	180	156	165	179	n.p.	186	163
Non-urgent	153	117	155	168	152	124	n.p.	149	144
Total	*133*	*106*	*145*	*127*	*132*	*146*	*n.p.*	*147*	*132*
Proportion ending in admission (%)[e]									
Resuscitation	86	93	74	78	76	84	n.p.	52	83
Emergency	69	76	58	57	63	61	n.p.	67	67
Urgent	47	56	34	46	43	40	n.p.	44	46
Semi-urgent	21	25	11	20	16	13	n.p.	15	19
Non-urgent	7	7	3	10	6	3	n.p.	3	6
Total	*34*	*38*	*24*	*33*	*33*	*26*	*n.p.*	*28*	*32*

(continued)

Table 5.3 (continued): Non-admitted patient emergency department emergency presentation statistics[a], by triage category and public hospital peer group[b], states and territories, 2005–06

Triage category and peer group	NSW	Vic[b]	Qld	WA	SA[b]	Tas	ACT	NT	Total
Large hospitals									
Occasions of service with waiting times data									
Resuscitation	2,077	518	553	671	190	. .	140	. .	4,149
Emergency	25,535	12,347	12,144	10,046	3,247	. .	1,514	. .	64,833
Urgent	112,519	65,795	53,301	39,152	13,866	. .	12,935	. .	297,568
Semi-urgent	163,216	153,482	93,796	73,370	21,774	. .	22,808	. .	528,446
Non-urgent	42,599	74,224	27,604	13,521	2,204	. .	8,343	. .	168,495
Total[c]	*346,034*	*306,366*	*187,398*	*136,791*	*41,281*	. .	*45,740*	. .	*1,063,610*
Proportion seen on time (%)[d]									
Resuscitation	100	100	99	99	90	. .	n.p.	. .	99
Emergency	82	81	76	90	49	. .	n.p.	. .	80
Urgent	68	81	66	81	33	. .	n.p.	. .	70
Semi-urgent	67	71	67	79	42	. .	n.p.	. .	69
Non-urgent	90	84	89	92	81	. .	n.p.	. .	87
Total	*72*	*77*	*70*	*81*	*41*	. .	*n.p.*	. .	*73*
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	. .	n.p.	. .	0
Emergency	5	4	6	3	11	. .	n.p.	. .	5
Urgent	20	12	20	9	52	. .	n.p.	. .	18
Semi-urgent	35	32	36	15	79	. .	n.p.	. .	34
Non-urgent	23	43	29	14	52	. .	n.p.	. .	33
Total	*23*	*25*	*25*	*10*	*58*	. .	*n.p.*	. .	*24*
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	1	. .	n.p.	. .	0
Emergency	18	18	21	11	39	. .	n.p.	. .	19
Urgent	75	49	81	46	194	. .	n.p.	. .	72
Semi-urgent	138	117	149	103	245	. .	n.p.	. .	134
Non-urgent	124	155	129	110	168	. .	n.p.	. .	140
Total	*110*	*114*	*121*	*82*	*217*	. .	*n.p.*	. .	*115*
Proportion ending in admission (%)[e][f]									
Resuscitation	72	82	63	44	n.p.	. .	n.p.	. .	67
Emergency	63	62	50	43	n.p.	. .	n.p.	. .	57
Urgent	43	42	25	30	n.p.	. .	n.p.	. .	37
Semi-urgent	17	16	8	9	n.p.	. .	n.p.	. .	14
Non-urgent	4	3	2	2	n.p.	. .	n.p.	. .	3
Total	*28*	*20*	*15*	*17*	*n.p.*	. .	*n.p.*	. .	*21*

(continued)

Table 5.3 (continued): Non-admitted patient emergency department emergency presentation statistics[a], by triage category and public hospital peer group[b], states and territories, 2005–06

Triage category and peer group	NSW	Vic[b]	Qld	WA	SA[b]	Tas	ACT	NT	Total
All hospitals reporting waiting times data[g]									
Occasions of service with waiting times data									
Resuscitation	12,001	7,519	5,069	3,463	4,019	956	827	987	34,841
Emergency	135,651	90,139	66,054	40,223	37,037	8,567	6,383	6,176	390,230
Urgent	555,006	343,428	293,115	119,076	113,417	37,811	31,159	30,040	1,523,052
Semi-urgent	728,194	576,593	379,454	212,212	158,076	54,117	48,074	57,235	2,213,955
Non-urgent	240,774	182,375	71,836	45,296	16,662	8,032	12,250	16,844	594,069
Total emergency visits[c]	**1,672,141**	**1,200,054**	**815,528**	**420,308**	**329,211**	**109,881**	**98,693**	**111,282**	**4,757,098**
Proportion seen on time (%)[d]									
Resuscitation	100	100	100	98	99	95	100	100	99
Emergency	81	83	66	77	69	68	71	59	77
Urgent	61	79	55	69	56	57	44	59	64
Semi-urgent	66	71	58	67	62	59	47	53	65
Non-urgent	87	89	86	90	85	89	84	87	87
Total emergency visits seen on time	**69**	**77**	**60**	**71**	**62**	**62**	**52**	**60**	**69**
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	0	0	0
Emergency	5	4	7	5	5	7	8	9	5
Urgent	23	13	27	17	26	25	36	24	21
Semi-urgent	36	29	48	33	42	45	66	56	37
Non-urgent	30	26	33	16	34	24	51	36	29
Total	**25**	**19**	**31**	**20**	**27**	**28**	**46**	**35**	**24**
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	1	0	0	0
Emergency	21	16	32	18	29	26	34	27	23
Urgent	95	59	111	69	117	114	138	82	93
Semi-urgent	146	129	173	134	164	179	197	175	149
Non-urgent	140	128	144	123	148	124	148	135	136
Total	**122**	**106**	**140**	**108**	**137**	**146**	**167**	**141**	**123**
Proportion ending in admission (%)[e][f]									
Resuscitation	82	91	73	68	75	84	81	52	80
Emergency	66	74	57	51	59	61	57	67	64
Urgent	44	53	33	37	40	40	43	44	43
Semi-urgent	18	22	10	13	13	13	13	16	17
Non-urgent	5	5	3	5	6	3	3	6	5
Total proportion ending in admission (%)	**30**	**32**	**22**	**23**	**28**	**26**	**25**	**25**	**28**

(a) Includes records for which the Type of visit was reported as *Emergency presentation* or was *Not reported*. Excludes *Return visit,planned, Pre-arranged admission, Patient in transit* and *Dead on arrival*. See Table 5.4.
(b) For more information on the public hospital peer group classification see Appendix 2. Information on the coverage of the waiting times data is presented in Table 5.1.
(c) The totals include records for which the triage category was not assigned or not reported.
(d) 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.
(e) The proportion of occasions of service for which the emergency department departure status was reported as *Admitted to this hospital*.
(f) The proportion admitted for all hospitals in South Australia excludes data for *Large hospitals* as one of the reporting hospitals was not able to correctly identify patients who were subsequently admitted to hospital.
(g) *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*.
. . Not applicable.
n.p. Not published.

Table 5.4: Non-admitted patient emergency department occasion of service statistics[a], by type of visit and public hospital peer group[b], states and territories, 2005–06

Type of visit and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Emergency presentation	1,010,768	809,277	628,130	190,721	245,179	109,881	52,953	80,720	3,127,629
Return visit, planned	18,125	18,686	12,856	4,305	1,971	4,939	0	2,132	63,014
Pre-arranged admission	2,366	742	2,318	43	241	0	2	0	5,712
Patient in transit	97	254	194	5	0	0	0	5	555
Dead on arrival	1,689	1,983	501	2	0	0	0	24	4,199
Not reported	118	0	0	2	864	0	0	4	988
Total	*1,033,163*	*830,942*	*643,999*	*195,078*	*248,255*	*114,820*	*52,955*	*82,885*	*3,202,097*
Large hospitals									
Emergency presentation	346,027	306,366	187,398	136,791	5,319	. .	45,740	. .	1,027,641
Return visit, planned	10,065	19,783	12,099	1,531	13	. .	887	. .	44,378
Pre-arranged admission	277	788	173	16	16	. .	20	. .	1,290
Patient in transit	31	37	34	0	0	. .	8	. .	110
Dead on arrival	268	204	145	0	0	. .	6	. .	623
Not reported	7	0	0	0	35,962	. .	0	. .	35,969
Total	*356,675*	*327,178*	*199,849*	*138,338*	*41,310*	. .	*46,661*	. .	*1,110,011*
Other hospitals									
Emergency presentation	315,145	84,411	. .	92,792	41,674	. .	. .	30,449	564,471
Return visit, planned	19,307	5,660	. .	592	4,083	. .	. .	6,214	35,856
Pre-arranged admission	826	805	. .	7	4	. .	. .	0	1,642
Patient in transit	40	17	. .	0	0	. .	. .	20	77
Dead on arrival	277	65	. .	0	0	. .	. .	0	342
Not reported	76	0	. .	2	213	. .	. .	109	400
Total	*335,671*	*90,958*	. .	*93,393*	*45,974*	. .	. .	*36,792*	*602,788*
Total									
Emergency presentation	1,671,940	1,200,054	815,528	420,304	292,172	109,881	98,693	111,169	4,719,741
Return visit, planned	47,497	44,129	24,955	6,428	6,067	4,939	887	8,346	143,248
Pre-arranged admission	3,469	2,335	2,491	66	261	0	22	0	8,644
Patient in transit	168	308	228	5	0	0	8	25	742
Dead on arrival	2,234	2,252	646	2	0	0	6	24	5,164
Not reported	201	0	0	4	37,039	0	0	113	37,357
Total occasions of service reported at episode-level	**1,725,509**	**1,249,078**	**843,848**	**426,809**	**335,539**	**114,820**	**99,616**	**119,677**	**4,914,896**

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

(b) For more information on the public hospital peer group classification see Appendix 2. Information on the coverage of the waiting times data is presented in Table 5.1.

. . 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.

Table 5.5: Non-admitted patient emergency department occasions of service[a], by age group and sex, public hospitals, states and territories, 2005–06

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males										
	0–4	122,393	83,372	58,254	31,507	23,806	5,827	6,153	7,993	339,305
	5–14	105,997	73,184	51,317	27,310	19,805	6,391	6,122	6,195	296,321
	15–24	135,988	91,306	76,405	35,629	24,066	10,677	9,152	9,391	392,614
	25–34	121,758	84,970	67,350	30,634	21,427	8,606	7,877	11,045	353,667
	35–44	106,416	75,645	55,588	26,884	19,546	7,591	6,044	10,969	308,683
	45–54	88,073	61,639	42,847	21,051	15,969	6,542	4,960	8,318	249,399
	55–64	76,461	53,252	35,811	17,461	13,579	5,325	4,259	5,316	211,464
	65–74	66,206	47,575	28,334	14,295	11,504	4,510	3,179	3,210	178,813
	75–84	65,183	45,899	22,964	12,925	13,442	3,835	2,713	1,191	168,152
	85 and over	24,609	16,004	9,091	4,788	5,437	1,310	1,008	208	62,455
	Total [b]	*913,226*	*632,847*	*447,961*	*222,484*	*168,582*	*60,614*	*51,467*	*63,846*	*2,561,027*
Females										
	0–4	95,785	65,771	46,539	25,469	19,122	4,502	5,108	6,646	268,942
	5–14	78,893	57,457	39,125	21,329	15,773	5,309	4,676	5,223	227,785
	15–24	121,730	91,692	72,474	33,710	26,781	9,526	8,986	9,640	374,539
	25–34	113,705	102,254	61,876	30,664	25,866	7,877	7,564	11,067	360,873
	35–44	88,488	74,273	47,759	24,298	18,932	6,566	5,777	9,344	275,437
	45–54	75,691	56,082	37,665	19,118	14,528	5,451	4,806	6,699	220,040
	55–64	64,073	46,847	29,012	14,332	11,720	4,514	3,857	3,919	178,274
	65–74	57,432	42,333	22,541	11,771	10,557	3,757	2,630	1,764	152,785
	75–84	72,928	50,165	24,082	14,157	14,760	4,233	3,007	1,006	184,338
	85 and over	43,446	29,352	14,727	9,449	8,865	2,462	1,738	326	110,365
	Total [b]	*812,246*	*616,228*	*395,800*	*204,297*	*166,904*	*54,197*	*48,149*	*55,637*	*2,353,458*
Persons[c]										
	0–4	218,180	149,143	104,795	56,976	42,931	10,330	11,261	14,639	608,255
	5–14	184,892	130,641	90,448	48,639	35,578	11,700	10,798	11,422	524,118
	15–24	257,727	182,999	148,895	69,339	50,848	20,204	18,138	19,072	767,222
	25–34	235,469	187,226	129,247	61,300	47,293	16,483	15,441	22,158	714,617
	35–44	194,906	149,918	103,362	51,185	38,480	14,158	11,821	20,389	584,219
	45–54	163,770	117,721	80,522	40,173	30,498	11,995	9,766	15,037	469,482
	55–64	140,538	100,099	64,826	31,810	25,340	9,839	8,116	9,239	389,807
	65–74	123,640	89,908	50,875	26,068	22,064	8,268	5,809	4,976	331,608
	75–84	138,111	96,064	47,051	27,082	28,203	8,070	5,720	2,198	352,499
	85 and over	68,055	45,356	23,827	14,237	14,303	3,773	2,746	534	172,831
Total[d]		**1,725,509**	**1,249,078**	**843,848**	**426,809**	**335,539**	**114,820**	**99,616**	**119,677**	**4,914,896**

(a) For the 78% 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 2.

(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 5.6: Non-admitted patient emergency department occasions of service[(a)], by Indigenous status, public hospitals, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	46,182	12,553	42,761	39,293	4,394	2,821	1,611	47,713	197,328
Torres Strait Islander but not Aboriginal origin	809	245	4,346	131	55	122	31	321	6,060
Aboriginal and Torres Strait Islander origin	1,450	922	2,895	368	103	112	215	732	6,797
Indigenous	*48,441*	*13,720*	*50,002*	*39,792*	*4,552*	*3,055*	*1,857*	*48,766*	*210,185*
Not Aboriginal or Torres Strait Islander origin	1,641,514	1,233,081	775,818	383,700	271,752	105,131	96,079	70,638	4,577,713
Not reported	35,554	2,277	18,028	3,317	59,235	6,634	1,680	273	126,998
Total	**1,725,509**	**1,249,078**	**843,848**	**426,809**	**335,539**	**114,820**	**99,616**	**119,677**	**4,914,896**

(a) For the 78% 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 2.

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 5.7: Non-admitted patient emergency department occasions of service[a], by triage category and emergency department arrival mode—transport and departure status, public hospitals, Australia, 2005–06

	Triage category					
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	Total[b]
Arrival mode—transport						
Ambulance, air ambulance or helicopter rescue service	29,544	188,574	506,831	338,231	25,341	1,088,672
Police/correctional services vehicle	297	5,570	16,206	10,999	3,602	36,701
Other[c]	5,202	197,234	1,008,759	1,902,038	655,411	3,771,711
Not reported	49	569	3,180	8,449	5,563	17,812
Total	**35,092**	**391,947**	**1,534,976**	**2,259,717**	**689,917**	**4,914,896**
Departure status						
Admitted to this hospital[d]	27,871	251,120	661,321	379,583	32,679	1,352,697
Non-admitted patient emergency department service episode completed[e]	3,478	120,497	798,853	1,680,588	582,868	3,186,372
Referred to another hospital for admission	2,352	15,263	29,671	15,952	1,404	64,644
Did not wait to be attended by a health care professional	10	778	28,123	162,323	64,686	256,267
Left at own risk[f]	189	3,570	14,524	17,824	4,470	40,579
Died in emergency department as a non-admitted patient	1,072	289	175	62	22	1,620
Dead on arrival, not treated in emergency department	87	9	318	43	2,454	5,576
Not reported	33	421	1,991	3,342	1,334	7,141
Total	**35,092**	**391,947**	**1,534,976**	**2,259,717**	**689,917**	**4,914,896**

(a) For the 78% 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 2.
(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 5.8: Non-admitted patient emergency department occasions of service[a], by emergency department arrival mode—transport and departure status, public hospitals, states and territories, 2005–06

	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
Arrival mode—transport									
Ambulance, air ambulance or helicopter rescue service	393,218	250,503	223,987	77,775	80,244	27,445	16,523	18,977	1,088,672
Police/correctional services vehicle	11,385	5,771	8,201	3,861	2,026	1,390	793	3,274	36,701
Other[c]	1,318,815	992,804	608,282	344,674	253,082	85,985	82,288	85,781	3,771,711
Not reported	2,091	0	3,378	499	187	0	12	11,645	17,812
Total	**1,725,509**	**1,249,078**	**843,848**	**426,809**	**335,539**	**114,820**	**99,616**	**119,677**	**4,914,896**
Departure status									
Admitted to this hospital[d]	502,874	393,028	181,572	98,273	95,292	28,751	24,354	28,553	1,352,697
Non-admitted patient emergency department service episode completed[e]	1,080,170	787,990	577,943	302,605	214,722	76,618	65,960	80,364	3,186,372
Referred to another hospital for admission	24,903	3,601	12,697	11,951	9,352	878	1,078	184	64,644
Did not wait to be attended by a health care professional	94,266	53,169	63,144	11,325	9,725	7,723	7,729	9,186	256,267
Left at own risk[f]	17,526	8,870	6,869	2,057	3,253	290	428	1,286	40,579
Died in emergency department as a non-admitted patient	0	177	615	414	204	100	61	49	1,620
Dead on arrival, not treated in emergency department	2,249	2,243	614	6	0	404	6	54	5,576
Not reported	3,521	0	394	178	2,991	56	0	1	7,141
Total	**1,725,509**	**1,249,078**	**843,848**	**426,809**	**335,539**	**114,820**	**99,616**	**119,677**	**4,914,896**

(a) For the 78% 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 2.

(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.

Table 5.9: Non-admitted patient emergency department occasions of service[(a)(b)] duration (hours:minutes)[(c)], by triage category, public hospitals, states and territories, 2005–06

Triage category	NSW	Vic[(c)]	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation									
Average duration of occasion of service[(d)]	3:39	6:05	4:46	2:40	4:58	4:20	2:49	3:00	4:22
Median duration of occasion of service[(d)]	2:39	4:35	3:43	2:05	3:41	3:46	2:15	2:12	3:11
Average duration of service event[(e)]	3:39	6:05	4:45	2:40	4:57	4:19	2:49	3:00	4:22
Median duration of service event[(e)]	2:38	4:35	3:42	2:04	3:40	3:45	2:15	2:12	3:11
Emergency									
Average duration of occasion of service[(d)]	4:29	5:60	5:29	3:10	6:29	5:19	4:15	3:17	5:03
Median duration of occasion of service[(d)]	3:30	4:28	4:10	2:35	4:44	4:20	3:25	2:38	3:46
Average duration of service event[(e)]	4:20	5:53	5:15	3:02	6:18	5:07	4:01	3:04	4:53
Median duration of service event[(e)]	3:21	4:21	3:56	2:27	4:33	4:09	3:10	2:24	3:37
Urgent									
Average duration of occasion of service[(d)]	4:19	5:05	4:47	2:59	6:00	4:47	4:28	3:21	4:35
Median duration of occasion of service[(d)]	3:25	3:48	3:34	2:25	4:05	3:52	3:39	2:45	3:28
Average duration of service event[(e)]	3:39	4:41	4:01	2:31	5:18	4:01	3:28	2:44	3:58
Median duration of service event[(e)]	2:45	3:24	2:46	1:59	3:22	3:05	2:36	2:06	2:50
Semi-urgent									
Average duration of occasion of service[(d)]	3:08	3:27	3:18	2:28	3:45	3:21	3:17	2:54	3:13
Median duration of occasion of service[(d)]	2:18	2:28	2:22	1:57	2:29	2:31	2:33	2:18	2:20
Average duration of service event[(e)]	2:09	2:36	2:05	1:36	2:44	2:06	1:45	1:36	2:13
Median duration of service event[(e)]	1:11	1:31	1:02	1:05	1:28	1:15	0:59	1:01	1:14
Non-urgent									
Average duration of occasion of service[(d)]	1:58	2:03	1:53	1:48	2:14	1:42	2:04	1:50	1:58
Median duration of occasion of service[(d)]	1:22	1:30	1:13	1:22	1:33	1:12	1:41	1:21	1:25
Average duration of service event[(e)]	1:04	1:12	0:54	1:06	1:16	0:53	0:56	0:52	1:05
Median duration of service event[(e)]	0:30	0:37	0:24	0:43	0:37	0:29	0:33	0:24	0:31
Total									
Average duration of occasion of service[(d)]	3:30	3:57	3:56	2:37	4:49	3:56	3:36	2:54	3:42
Median duration of occasion of service[(d)]	2:37	2:47	2:50	2:05	3:09	3:02	2:47	2:17	2:40
Average duration of service event[(e)]	2:44	3:18	3:00	1:58	4:01	2:59	2:24	1:55	2:55
Median duration of service event[(e)]	1:42	2:00	1:44	1:24	2:18	2:00	1:25	1:13	1:45

(a) Includes records for which the Type of visit was reported as *Emergency presentation* or was *Not reported*. Excludes occasions of service for patients whose departure status was *Did not wait to be attended by a health care professional, Left at own risk* or *Dead on arrival,* and records with invalid or missing waiting times data.

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

(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) 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.

(e) The duration of the service event is the length of time between when a health care professional first takes responsibility for the patient's care and the time of completion of the occasion of service.

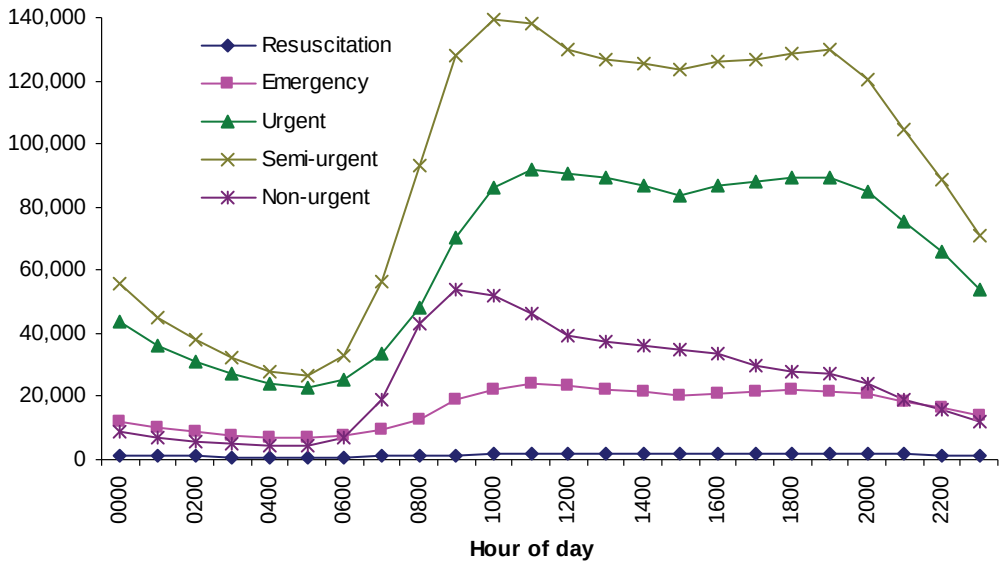


Figure 5.2: Number of occasions of service, by hour of presentation and triage category, selected public hospitals, Australia, 2005–06

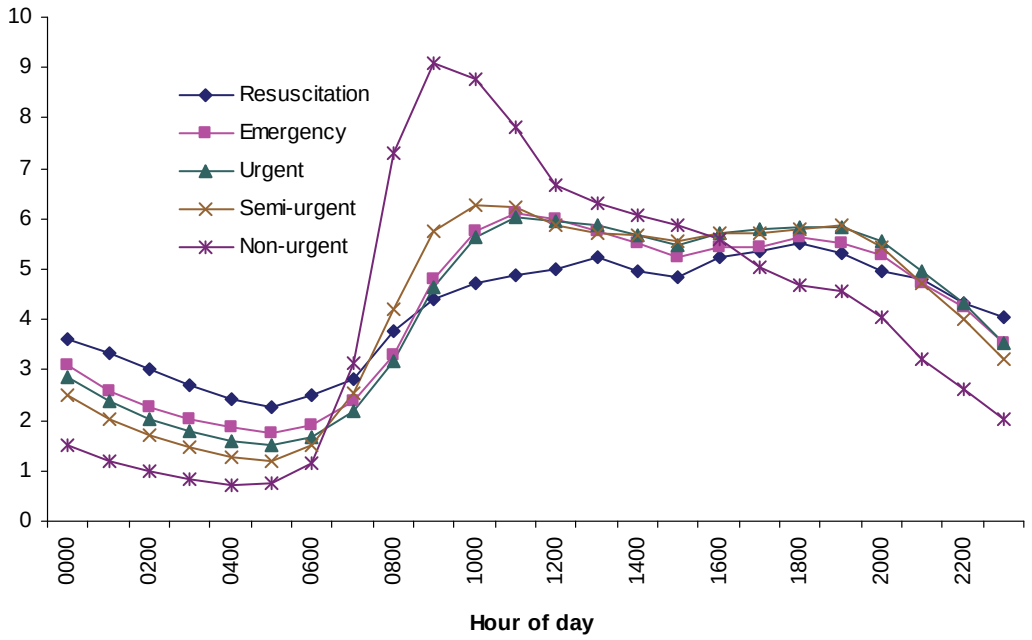


Figure 5.3: Proportion of emergency department occasions of service, by hour of presentation and triage category, selected public hospitals, Australia, 2005–06

Table 5.10: Outpatient occasions of service, by public hospital peer group[a], states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	28	19	17	5	5	3	1	2	80
Group occasions of service	28	12	11	5	5	n.a.	1	0	62
Occasions of service reported									
Individual occasions of service	3,763,340	1,754,039	2,003,625	723,500	754,343	412,832	161,990	93,072	9,666,741
Group occasions of service	42,976	4,667	6,346	43,043	9,950	n.a.	3,474	0	110,456
Large hospitals									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	13	13	6	5	2	. .	1	. .	40
Group occasions of service	13	8	6	2	2	. .	0	. .	31
Occasions of service reported									
Individual occasions of service	656,418	512,135	266,167	86,319	147,395	. .	39,940	. .	1,708,374
Group occasions of service	8,359	2,745	1,601	3,545	1,778	. .	0	. .	18,028
Total[b]									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	42	32	23	10	8	3	2	2	122
Group occasions of service	42	20	17	7	8	n.a.	1	0	95
Occasions of service reported									
Individual occasions of service	4,432,697	2,266,174	2,269,792	809,819	912,782	412,832	201,930	93,072	11,399,098
Group occasions of service	51,980	7,412	7,947	46,588	11,945	n.a.	3,474	0	129,346
Estimated proportion of occasions of service in NOCD [c]									
Individual occasions of service	78	82	75	53	80	100	76	76	76
Group occasions of service	71	47	81	100	90	n.a.	78	. .	74

(a) For more information on the public hospital peer group classification see Appendix 2.

(b) The total includes data for hospitals that were not classified as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2004–05*.

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

. . Not applicable.

n.a. Not available.

Table 5.11: Outpatient care individual occasions of service[(a)(b)], by outpatient clinic type, selected public hospitals, states and territories, 2005–06

Clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Allied health	645,463	771,509	390,187	288,158	193,151	89,754	24,956	10,631	2,413,809
Dental	336,145	65,244	138,246	2,867	10,851	1,309	0	0	554,662
Gynaecology	52,941	48,564	67,911	8,394	29,121	13,009	4,384	3,603	227,927
Obstetrics	680,174	275,141	278,857	39,012	101,606	46,829	45,048	14,771	1,481,438
Cardiology	72,475	36,536	85,770	24,298	24,354	12,988	12,539	1,630	270,590
Endocrinology	146,320	44,346	63,494	23,904	27,970	27,860	6,807	204	340,905
Oncology	208,665	157,398	152,960	46,334	23,918	54,211	28,683	1,044	673,213
Respiratory	103,620	18,371	49,476	11,586	30,862	4,234	8,459	593	227,201
Gastroenterology	16,630	19,863	25,596	8,341	15,267	769	5,088	0	91,554
Medical	1,180,008	194,078	331,972	160,165	170,240	47,410	17,067	14,564	2,115,504
General practice/primary care	140,696	0	17,973	827	0	. .	0	0	159,496
Paediatric	76,911	13,991	26,412	4,251	19,758	15,069	7,852	3,620	167,864
Endoscopy	10,828	0	10,900	1,145	. .	1,344	2,154	1,117	27,488
Plastic surgery	27,759	74,519	26,475	27,901	20,976	3,045	2,720	740	184,135
Urology	21,142	39,055	33,212	7,793	14,241	1,551	1,326	456	118,776
Orthopaedic	272,257	142,946	219,809	55,988	55,761	15,970	8,853	10,504	782,088
Ophthalmology	129,855	95,078	60,561	43,453	52,367	8,495	40	8,077	397,926
Ear, nose and throat	26,744	40,683	35,201	15,160	18,233	1,739	992	4,347	143,099
Pre-admission and pre-anaesthesia	142,088	87,704	110,591	11,977	34,913	16,227	13,167	6,106	422,773
Chemotherapy	61,180	0	15,090	0	. .	9,677	6,739	0	92,686
Dialysis	9,277	0	. .	2,430	. .	. .	0	2,666	14,373
Surgery	62,662	128,758	120,135	25,650	65,513	41,342	3,626	8,296	455,982
Paediatric surgery	8,857	12,390	8,964	185	3,680	n.a.	1,430	103	35,609
Total	**4,432,697**	**2,266,174**	**2,269,792**	**809,819**	**912,782**	**412,832**	**201,930**	**93,072**	**11,399,098**

(a) Outpatient care individual occasions of service were required to be reported for public hospitals that were classified as either as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2004–05*.

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

n.a. Not available.

. . Not applicable.

Table 5.12: Outpatient care group occasions of service[(a)(b)], by clinic type, selected public hospitals, states and territories, 2005–06

Clinic type	NSW	Vic	Qld	WA[(c)]	SA	Tas	ACT	NT	Total
Allied health	15,657	7,412	5,257	46,588	5,252	n.a.	2,492	n.a.	82,658
Dental	34	0	0	0	0	n.a.	0	n.a.	34
Gynaecology	265	0	0	0	0	n.a.	0	n.a.	265
Obstetrics	3,669	0	1,540	0	1,516	n.a.	619	n.a.	7,344
Cardiology	2,285	0	46	0	310	n.a.	0	n.a.	2,641
Endocrinology	1,915	0	513	0	130	n.a.	36	n.a.	2,594
Oncology	556	0	164	0	0	n.a.	0	n.a.	720
Respiratory	2,274	0	3	0	23	n.a.	5	n.a.	2,305
Gastroenterology	74	0	0	0	40	n.a.	0	n.a.	114
Medical	23,530	0	421	0	1,884	n.a.	306	n.a.	26,141
General practice/primary care	295	0	0	0	0	n.a.	0	n.a.	295
Paediatric	388	0	0	0	334	n.a.	16	n.a.	738
Endoscopy	0	0	0	0	. .	n.a.	0	n.a.	0
Plastic surgery	0	0	0	0	1,514	n.a.	0	n.a.	1,514
Urology	27	0	0	0	0	n.a.	0	n.a.	27
Orthopaedic	111	0	0	0	796	n.a.	0	n.a.	907
Ophthalmology	0	0	0	0	0	n.a.	0	n.a.	0
Ear, nose and throat	55	0	0	0	0	n.a.	0	n.a.	55
Pre-admission and pre-anaesthesia	317	0	0	0	0	n.a.	0	n.a.	317
Chemotherapy	392	0	0	0	. .	n.a.	0	n.a.	392
Dialysis	27	0	. .	0	. .	n.a.	0	n.a.	27
Surgery	109	0	3	0	146	n.a.	0	n.a.	258
Paediatric surgery	0	0	0	0	0	n.a.	0	n.a.	0
Total	**51,980**	**7,412**	**7,947**	**46,588**	**11,945**	**n.a.**	**3,474**	**n.a.**	**129,346**

(a) Outpatient care group sessions were required to be reported for public hospitals that were classified as either as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2004–05.*

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

(c) Western Australia data represent the number of individuals who attended group sessions rather than the number of group sessions.

n.a. Not available.

. . Not applicable.

6 Waiting times for elective surgery

Introduction

This chapter presents national statistics for elective surgery waiting times for the years 2001–02 to 2005–06, and a state and territory overview of elective surgery waiting times for 2005–06. Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure.

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

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

The waiting times data presented here for patients who complete their wait and are admitted for their surgery on an elective basis are generally used as the main summary measure of elective surgery waiting times. Most patients are admitted after waiting; however, some patients are removed from waiting lists for other reasons. Other reasons for removal are that the patient was admitted as an emergency patient for the awaited procedure; was transferred to another hospital's waiting list; had been treated elsewhere; was not contactable; had died, or had declined surgery. Information on time spent on waiting lists is therefore also presented for those reasons for 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 2005–06 and in comparison with previous reporting periods. Comparisons between jurisdictions and between 2005–06 and previous reporting periods should therefore be made with reference to the notes on the definitions used and to previous reports (AIHW 2003, 2004a, 2005a, 2006a).

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

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

This would have the effect of decreasing the apparent waiting time for South Australian admissions in 2004–05 and 2005–06 compared with previous reporting periods. In previous periods South Australia counted the waiting time in all urgency categories.

Transfers between waiting lists

In some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the National Elective Surgery Waiting Times Data Collection. 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 surgery performed by a doctor whose area of clinical expertise is *Ophthalmology*. 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 2005–06 collection year, New South Wales, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory provided elective surgery waiting times data to the National Hospital Morbidity Database. New South Wales provided 96.3% of elective surgery records linked, with Queensland providing 100.0%, Western Australia providing 99.4 %, South Australia providing 99.4%, the Australian Capital Territory providing 82.2% and the Northern Territory providing 66.6%.

Australia-wide there were 62,956 admissions from elective surgery waiting lists for surgery performed by a doctor whose area of clinical expertise is *Ophthalmology*. The median waiting time for these patients was 69 days and 6.5% of these patients waited more than 365 days for

admission. *Cataract extraction* was the indicator procedure with the highest number of admissions from elective surgery waiting lists for surgery performed by doctors in this surgical specialty.

For New South Wales, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory combined, there were 42,471 admissions from elective surgery waiting lists for *Ophthalmology* and these accounted for 45,451 patient days. The average length of stay was 1.1 days.

For these states and territories the most common procedure (other than *Cerebral anaesthesia*) reported to the National Hospital Morbidity Database was *Extracapsular crystalline lens extraction by phacoemulsification* (Block 197), and the most common principal diagnosis reported was *Other cataract* (H26), followed by *Type 2 diabetes mellitus* (E11). The most common AR-DRG reported was *Lens procedures, sameday* (C16B).

The age group with the highest proportion of separations was *75–84 years* and there were more separations for females than males. A large proportion (99.1%) of these episodes had a separation mode of *Other*, suggesting that these patients went home after separation from hospital.

State and territory overview

Coverage

The 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 78 hospitals reported in this peer group. The collection covered 34 hospitals in the *Large hospitals* peer group, and 51 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.

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, 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 (Table 6.1). Overall coverage of the National Elective Surgery Waiting Times Data Collection was about 87% in 2005–06, and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory to 63% in South Australia (Table 6.2).

Admissions from waiting lists for elective surgery

Hospitals in the *Principal referral and Specialist women's and children's hospitals* peer group accounted for 69.3% of admissions from elective surgery waiting lists in 2005–06 compared with 67.7% in 2004–05. Another 17.6% were reported for hospitals in the *Large hospitals* peer group in 2005–06, compared with 18.4% in 2004–05. In 2005–06, 11.4% of admissions were in the *Medium hospitals* peer group, compared with 12.7% in 2004–05 (Table 6.1). Overall, for 2005–06, 556,953 admissions from waiting lists were reported compared with 549,746 in 2004–05 (Table 6.1).

There were 27.2 admissions reported for elective surgery per 1,000 population (crude rate) for Australia overall in 2005–06, unchanged from 2004–05 (Table 6.1).

Distribution of waiting times

Overall, the median waiting time for patients who were admitted from waiting lists was 32 days in 2005–06, 29 days in 2004–05, 28 days in 2003–04 and 2002–03 and 27 days in 2001–02 (Table 6.1). In 2005–06, the median waiting time ranged from 25 days in Queensland to 61 days in the Australian Capital Territory (Table 6.2). In 2005–06, 90% of patients were admitted within 237 days, compared with 217 days in 2004–05, 193 days in 2003–04, 197 days in 2002–03 and 203 days in 2001–02. In 2005–06, the 90th percentile for waiting time ranged from 127 days in Queensland to 372 days in the Australian Capital Territory.

In 2005–06, 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 (30 days) was shorter than for the *Large hospitals* and *Medium hospitals* peer groups (35 days and 38 days respectively).

Proportion waiting more than 365 days

Overall, the proportion of patients admitted after waiting more than 365 days was 4.6% in 2005–06 compared with 4.8% in 2004–05, 3.9% in 2003–04, 4.0% in 2002–03 and 4.5% in 2001–02 (Table 6.1). In 2005–06, this proportion ranged from 2.1% in Queensland to 10.3% in the Australian Capital Territory (Table 6.2).

In the *Principal referral and Specialist women's and children's hospitals peer group* in 2005–06, 4.7% of patients were admitted after waiting more than 365 days, as were 4.6% of patients in the *Large hospitals* peer group, and 3.8% 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 2005–06. 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 2005–06 a total of 638,904 patients were added to elective surgery waiting lists and 657,401 patients were removed from elective surgery waiting lists, whether they were admitted for the procedure they were waiting for or were removed for other reasons. In 2005–06, only Victoria, Western Australia and the Australian Capital Territory reported removals from waiting lists for transfer 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 2005–06 (84.7%), ranging from 80.9% in the Northern Territory to 88.3% in Queensland. *Surgery not required or declined* accounted for the next largest number of removals in 2005–06 (7.4%, 48,729 patients) following admissions as elective patients. A further 4.0% of patients (26,565 patients) were *Treated elsewhere*, 1.5% (9,792) were *Not contactable/died*, and 0.9% (6,154) were *Emergency admissions*.

Distribution of waiting times

Overall, the reason for removal category with the shortest median waiting time in 2005–06 was *Emergency admission* (1 day), and the category with longest median waiting time was *Not contactable/died* (212 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* (76 days) and the category with the longest waiting time was *Not contactable/died* (785 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 6 days in the Australian Capital Territory to 249 days in Tasmania.

Proportion waiting more than 365 days

In 2005–06 the reason for removal category with the lowest proportion of patients waiting more than 365 days before removal was *Emergency admission* (1.0%) and the category with the highest proportion was *Not contactable/died* (30.5%).

The proportion of patients waiting more than 365 days differed substantially between individual states and territories in 2005–06. Overall, it ranged from 3.3% in Queensland to 13.4% in the Australian Capital Territory. For the removal category *Surgery not required or declined* it ranged from 14.6% in Queensland to 35.0% in Western Australia.

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 2005–06, 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 2005–06 (69 and 54 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 (12 days).

There was a marked variation between states and territories in the median waiting time for *Ophthalmology*, with 50% of patients being admitted within 34 days in Queensland and within 189 days in the Northern Territory. There was less variation between states and territories in the median waiting time for *Plastic surgery*, with waiting times ranging from 24 days in Victoria to 52 days in the Australian Capital Territory.

The length of time by which 90% of patients had been admitted also varied by surgical specialty in 2005–06, from 73 days for *Cardio-thoracic surgery* to 364 days for *Orthopaedic surgery*.

Proportion waiting more than 365 days

Orthopaedic surgery and *Ear, nose and throat surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (9.9% and 8.3% respectively). *Cardio-thoracic surgery* had the lowest proportion of patients who waited more than 365 days (0.1%), followed by *Gynaecology* (1.3%) and *Neurosurgery* (2.1%).

There was marked variation among the states and territories in the proportion of patients who waited more than 365 days to be admitted for some surgical specialties. For example, 1.0% of patients admitted for *Ophthalmology* in 2005–06 waited more than 365 days in Victoria, compared with 30.2% of patients in Tasmania.

Admissions from waiting lists

Nationally, admissions from waiting lists were highest for *General surgery* (141,359) and lowest for *Neurosurgery* (10,786). 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. Victoria and the Australian Capital Territory admissions were lowest for *Cardio-thoracic surgery* (2,645 and 232 admissions, respectively) and Western Australia admissions were lowest for *Vascular surgery* (1,003 admissions).

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 2005–06, by indicator procedure.

Distribution of waiting times

Nationally, the indicator procedure with the lowest median waiting time in 2005–06 was *Coronary artery bypass graft* (15 days) and the one with the highest median waiting time was *Total knee replacement* (178 days).

There was marked variation among the states and territories in the median waiting time for *Myringoplasty*, ranging from 60 days in Queensland to 631 days in the Australian Capital Territory.

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 100 days for *Coronary artery bypass graft* to 596 days for *Varicose veins stripping & ligation*.

Proportion waiting more than 365 days

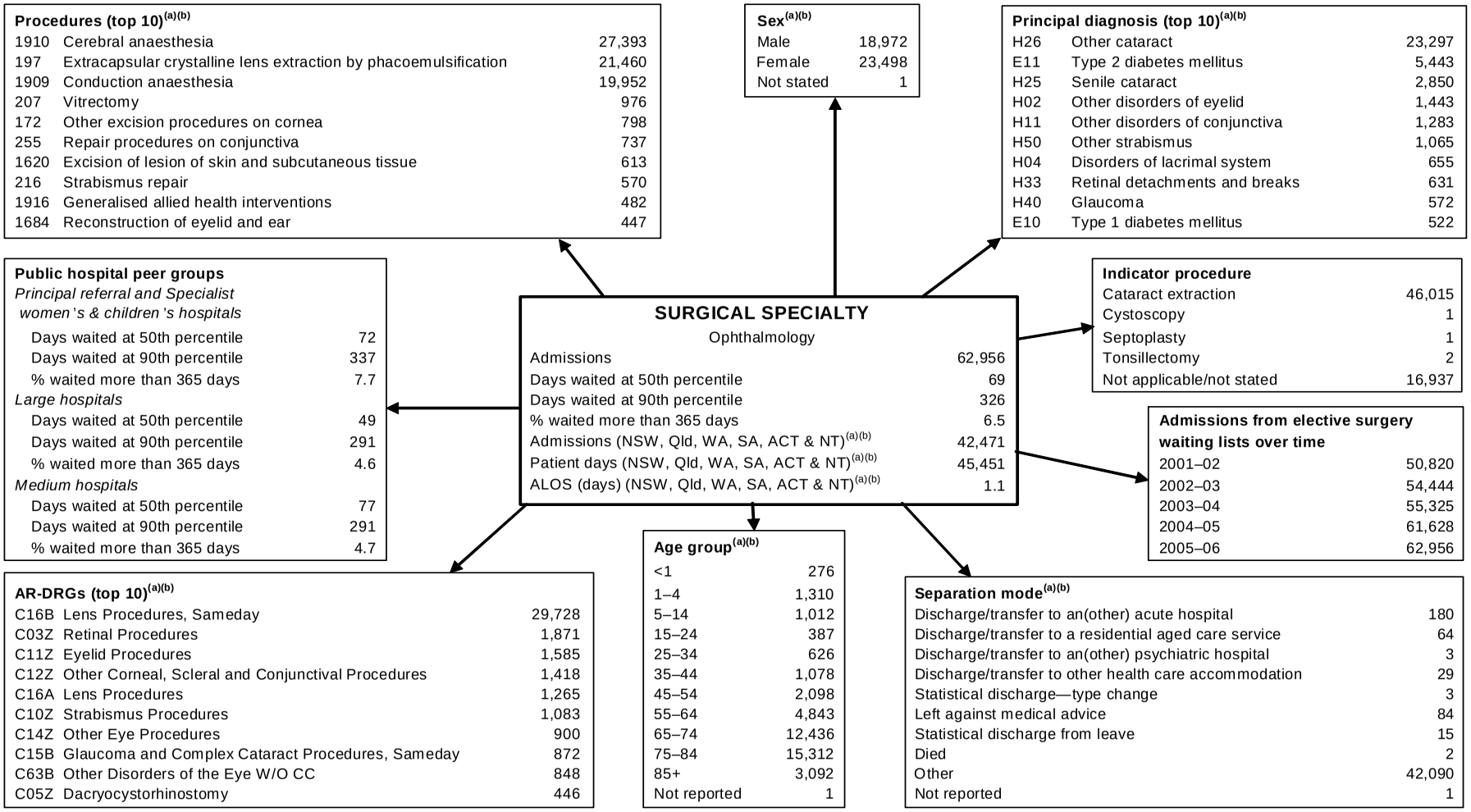
The indicator procedure with the highest proportion of patients waiting more than 365 days was *Total knee replacement* (23.1%), followed by *Septoplasty* (22.4%). *Coronary artery bypass graft* (0.1%) has the lowest proportion of patients waiting more than 365 days.

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, 9.4% of patients waited more than 365 days for admission for *Myringoplasty* in Victoria, compared with 61.1% in the Australian Capital Territory. For *Cataract extraction*, the proportion ranged from 0.8% in Victoria to 50.8% in Tasmania.

Admissions from waiting lists

Overall, 33.0% 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 (38.9%) and the Northern Territory had the lowest proportion (18.0%).

Cataract extraction was the highest volume indicator procedure across all jurisdictions. *Myringoplasty* was the lowest volume indicator procedure for Victoria, Queensland and the Australian Capital Territory (414, 383 and 18 admissions respectively). Western Australia and South Australia admissions were lowest for *Varicose veins stripping and ligation* (78 and 180 respectively), New South Wales admissions were lowest for *Myringotomy* (509), Tasmania admissions were lowest for *Septoplasty* (16) and the Northern Territory admissions were lowest for *Haemorrhoidectomy* (9).



(a) These data are supplied to the National Hospital Morbidity Database for New South Wales, Queensland, Western Australia, 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; ALOS—average length of stay.

Figure 6.1: Interrelationships of a specialty of surgeon *(Ophthalmology)* with other data elements, all hospitals, 2005–06

Table 6.1: Waiting time statistics for patients admitted from waiting lists for elective surgery, by public hospital peer group, Australia, 2001–02 to 2005–06

	2001–02	2002–03	2003–04	2004–05	2005–06
Principal referral and Specialist women's & children's hospitals					
Number of reporting hospitals[(a)]	66	69	68	75	78
Estimated coverage of surgical separations (%)[(b)]	100	99	99	99	99
Number of admissions[(c)]	317,275	339,370	343,430	372,085	386,203
Days waited at 50th percentile	24	26	27	28	30
Days waited at 90th percentile	184	182	182	203	228
% waited more than 365 days	4.2	3.9	3.9	4.6	4.7
Large hospitals					
Number of reporting hospitals[(a)]	40	41	42	36	34
Estimated coverage of surgical separations (%)[(b)]	84	82	85	82	81
Number of admissions[(c)]	116,882	108,742	110,284	100,916	97,816
Days waited at 50th percentile	33	31	30	29	35
Days waited at 90th percentile	229	213	206	227	251
% waited more than 365 days	5.0	4.2	4.2	4.8	4.6
Medium hospitals					
Number of reporting hospitals[(a)]	56	56	58	59	51
Estimated coverage of surgical separations (%)[(b)]	53	52	59	62	62
Number of admissions[(c)]	62,430	59,109	68,790	69,830	63,643
Days waited at 50th percentile	32	34	34	37	38
Days waited at 90th percentile	231	234	215	272	257
% waited more than 365 days	4.7	3.6	3.3	6.1	3.8
Total[(d)]					
Number of reporting hospitals[(a)]	193	199	196	195	191
Estimated coverage of surgical separations (%)[(b)]	84	85	87	87	87
Number of admissions[(c)]	508,371	517,503	528,949	549,746	556,953
Admissions per 1,000 population[(e)]	26.0	26.2	26.5	27.2	27.2
Days waited at 50th percentile	27	28	28	29	32
Days waited at 90th percentile	203	197	193	217	237
% waited more than 365 days	4.5	4.0	3.9	4.8	4.6

(a) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See Appendix 2 for further information.

(b) 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.

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

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

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

Table 6.2: Waiting time statistics for patients admitted from waiting lists for elective surgery, by hospital peer group, states and territories, 2005–06

	NSW	Vic	Qld[a]	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's & children's hospitals									
Number of reporting hospitals[b]	28	19	16	4	5	3	1	2	78
Estimated coverage of elective surgical separations (%)[c]	100	100	97	100	100	100	100	100	99
Number of admissions[d]	127,298	85,425	89,393	28,512	30,352	15,041	5,106	5,076	386,203
Days waited at 50th percentile	31	32	24	30	38	34	n.p.	26	30
Days waited at 90th percentile	278	238	132	208	213	332	n.p.	298	228
% waited more than 365 days	5.6	5.0	2.3	4.5	3.9	8.7	n.p.	7.2	4.7
Large hospitals									
Number of reporting hospitals[b]	14	9	6	2	2	. .	1	. .	34
Estimated coverage of elective surgical separations (%)[c]	100	72	100	52	100	. .	100	. .	81
Number of admissions[d]	29,741	37,473	12,435	8,630	5,567	. .	3,970	. .	97,816
Days waited at 50th percentile	43	32	26	22	40	. .	n.p.	. .	35
Days waited at 90th percentile	312	222	105	224	199	. .	n.p.	. .	251
% waited more than 365 days	5.4	3.9	1.4	4.5	6.1	. .	n.p.	. .	4.6
Medium hospitals									
Number of reporting hospitals[b]	36	4	7	4	0	. .	. .	. .	51
Estimated coverage of elective surgical separations (%)[c]	100	36	86	78	0	. .	. .	. .	62
Number of admissions[d]	38,306	11,626	4,034	9,677	n.a.	. .	. .	. .	63,643
Days waited at 50th percentile	48	32	28	23	n.a.	. .	. .	. .	38
Days waited at 90th percentile	304	136	112	145	n.a.	. .	. .	. .	257
% waited more than 365 days	4.8	2.1	1.1	2.7	n.a.	. .	. .	. .	3.8
Total[e]									
Number of reporting hospitals[b]	100	32	31	11	7	3	2	5	191
Estimated coverage of elective surgical separations (%)[c]	100	79	96	76	63	100	100	100	87
Number of admissions[d]	201,438	134,524	106,323	48,937	35,919	15,041	9,076	5,695	556,953
Admissions per 1,000 population[f]	29.6	26.6	26.6	24.1	23.2	30.9	27.8	27.9	27.2
Days waited at 50th percentile	36	32	25	28	38	34	61	30	32
Days waited at 90th percentile	291	224	127	205	212	332	372	313	237
% waited more than 365 days	5.4	4.5	2.1	4.3	4.2	8.7	10.3	7.7	4.6

(a) The total number of admissions for Queensland includes 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.
(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See Appendix 2 for further information.
(c) The number of separations with 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 of 'elective' and a surgical procedure for all public hospitals.
(d) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.
(e) Includes data for hospitals not included in the specified hospital peer groups.
(f) Crude rate based on the Australian estimated resident population as at 31 December 2005.
. . 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, 2005–06

	NSW	Vic	Qld[a]	WA	SA	Tas	ACT	NT	Total
Additions	220,136	148,470	138,678	56,487	41,119	17,437	10,630	5,947	638,904
Removals[b]									
Elective admission	201,438	134,524	106,323	48,937	35,919	15,041	9,076	5,695	556,953
Days waited at 50th percentile	36	32	25	28	38	34	61	30	32
Days waited at 90th percentile	291	224	127	205	212	332	372	313	237
% waited more than 365 days	5.4	4.5	2.1	4.3	4.2	8.7	10.3	7.7	4.6
Emergency admission	1,883	761	2,881	200	221	167	5	36	6,154
Days waited at 50th percentile	7	9	0	22	16	23	3	20	1
Days waited at 90th percentile	113	137	14	119	131	249	6	144	76
% waited more than 365 days	1.1	2.5	0.2	2.5	0.9	4.8	0.0	2.8	1.0
Not contactable/died	3,202	2,692	1,064	1,169	553	923	189	n.a.	9,792
Days waited at 50th percentile	190	230	135	432	141	203	222	n.a.	212
Days waited at 90th percentile	505	823	906	1,078	550	988	827	n.a.	785
% waited more than 365 days	21.2	33.5	29.2	56.4	19.5	28.1	37.6	n.a.	30.5
Treated elsewhere	15,994	4,044	3,441	1,446	830	483	327	n.a.	26,565
Days waited at 50th percentile	130	107	74	126	87	205	196	n.a.	116
Days waited at 90th percentile	399	462	405	565	386	742	841	n.a.	426
% waited more than 365 days	13.0	15.7	12.1	22.9	11.1	31.1	31.8	n.a.	14.4
Surgery not required or declined	18,218	14,774	6,682	4,494	2,481	1,133	947	n.a.	48,729
Days waited at 50th percentile	128	124	68	212	113	247	181	n.a.	122
Days waited at 90th percentile	458	560	470	755	474	948	678	n.a.	537
% waited more than 365 days	16.3	19.5	14.6	35.0	17.0	34.7	25.9	n.a.	19.4
Transferred to another hospital's waiting list	n.a.	1,592	n.a.	2,225	n.a.	n.a.	171	n.a.	3,988
Days waited at 50th percentile	n.a.	101	n.a.	173	n.a.	n.a.	515	n.a.	138
Days waited at 90th percentile	n.a.	281	n.a.	785	n.a.	n.a.	923	n.a.	671
% waited more than 365 days	n.a.	5.7	n.a.	31.0	n.a.	n.a.	55.0	n.a.	21.9
Not reported	n.a.	1,314	n.a.	1,102	1,366	n.a.	128	1,310	5,220
Days waited at 50th percentile	n.a.	39	n.a.	63	72	n.a.	0	209	76
Days waited at 90th percentile	n.a.	345	n.a.	466	483	n.a.	45	1,177	596
% waited more than 365 days	n.a.	9.0	n.a.	15.2	15.5	n.a.	3.1	36.0	18.6
Total removals	240,735	159,701	120,391	59,573	41,370	17,747	10,843	7,041	657,401
Days waited at 50th percentile	42	38	26	36	42	41	70	41	36
Days waited at 90th percentile	321	280	155	346	254	417	449	444	294
% waited more than 365 days	6.9	6.7	3.3	9.3	5.7	12.0	13.4	13.0	6.6

(a) The total number of removals for Queensland includes 751 removals that were removed from the waiting list for elective or emergency admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) 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, 2005–06

	NSW	Vic	Qld[(a)]	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	4,167	2,645	3,486	3,302	835	428	232	0	15,095
Days waited at 50th percentile	13	7	7	14	18	36	27	. .	12
Days waited at 90th percentile	73	92	78	46	72	135	100	. .	73
% waited more than 365 days	0.0	0.2	0.1	0.2	0.0	0.0	0.0	. .	0.1
Ear, nose & throat surgery									
Admissions	14,859	13,602	9,704	3,614	4,134	702	786	515	47,916
Days waited at 50th percentile	70	45	20	82	46	45	140	75	47
Days waited at 90th percentile	404	229	143	320	296	491	828	623	331
% waited more than 365 days	13.0	4.9	3.7	8.2	7.8	15.4	23.0	18.4	8.3
General surgery									
Admissions	56,853	31,644	25,924	10,905	8,452	4,281	1,552	1,748	141,359
Days waited at 50th percentile	29	29	26	21	31	23	27	51	28
Days waited at 90th percentile	175	203	112	132	141	193	159	324	166
% waited more than 365 days	2.3	3.7	1.7	2.5	1.5	3.9	4.2	8.4	2.6
Gynaecology									
Admissions	29,456	15,437	16,831	4,578	5,097	2,044	1,206	1,723	76,372
Days waited at 50th percentile	28	29	25	16	31	32	36	6	27
Days waited at 90th percentile	126	148	94	77	113	170	186	63	119
% waited more than 365 days	1.6	1.9	0.6	0.2	0.6	1.2	2.2	1.6	1.3
Neurosurgery									
Admissions	3,315	2,725	1,344	2,400	572	170	260	0	10,786
Days waited at 50th percentile	20	26	12	44	18	74	52	. .	26
Days waited at 90th percentile	103	177	108	147	121	427	372	. .	152
% waited more than 365 days	2.1	2.0	1.0	1.1	1.6	14.1	10.4	. .	2.1
Ophthalmology									
Admissions	24,931	17,122	8,573	5,507	3,826	1,246	1,207	544	62,956
Days waited at 50th percentile	132	38	34	71	68	41	180	189	69
Days waited at 90th percentile	362	210	247	291	291	545	504	455	326
% waited more than 365 days	9.4	1.0	3.8	6.0	4.2	30.2	22.5	19.1	6.5
Orthopaedic surgery									
Admissions	31,246	17,442	19,762	6,051	4,252	2,160	1,388	594	82,895
Days waited at 50th percentile	66	69	23	70	77	146	137	36	54
Days waited at 90th percentile	390	392	168	370	404	538	450	340	364
% waited more than 365 days	12.0	11.2	2.9	10.2	12.3	22.4	15.3	8.4	9.9

(continued)

Table 6.4 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2005–06

	NSW	Vic	Qld[a]	WA	SA	Tas	ACT	NT	Total
Plastic surgery									
Admissions	8,453	11,687	8,280	3,593	3,851	1,256	419	90	37,629
Days waited at 50th percentile	29	24	29	31	37	25	52	46	29
Days waited at 90th percentile	185	223	134	310	217	146	392	357	197
% waited more than 365 days	3.9	5.3	2.3	8.8	5.0	3.3	12.9	8.9	4.7
Urology									
Admissions	20,516	15,819	7,608	6,597	3,771	2,087	1,080	69	57,547
Days waited at 50th percentile	28	20	28	21	38	36	49	25	26
Days waited at 90th percentile	168	176	118	147	160	184	215	174	162
% waited more than 365 days	2.6	3.9	1.7	3.2	4.0	3.4	3.1	7.2	3.0
Vascular surgery									
Admissions	4,912	2,969	2,251	1,003	961	399	360	0	12,855
Days waited at 50th percentile	19	33	21	17	12	42	22	. .	20
Days waited at 90th percentile	122	507	84	76	47	284	552	. .	175
% waited more than 365 days	2.0	14.2	2.0	0.8	0.3	4.3	13.6	. .	5.0
Other[b]									
Admissions	2,730	3,432	2,560	1,387	168	268	586	412	11,543
Days waited at 50th percentile	8	23	24	14	33	12	33	11	16
Days waited at 90th percentile	64	78	111	48	110	133	199	85	91
% waited more than 365 days	0.7	0.5	2.7	0.0	0.0	0.0	1.9	1.2	1.0
Total									
Admissions	201,438	134,524	106,323	48,937	35,919	15,041	9,076	5,695	556,953
Days waited at 50th percentile	36	32	25	28	38	34	61	30	32
Days waited at 90th percentile	291	224	127	205	212	332	372	313	237
% waited more than 365 days	5.4	4.5	2.1	4.3	4.2	8.7	10.3	7.7	4.6

(a) The total number of admissions for Queensland include 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) 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, 2005–06

	NSW	Vic	Qld[(a)]	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	20,244	11,851	5,651	3,903	2,266	711	1,064	370	46,060
Days waited at 50th percentile	161	49	41	83	96	389	182	246	93
Days waited at 90th percentile	368	225	272	293	314	566	496	464	342
% waited more than 365 days	10.5	0.8	4.2	5.9	4.5	50.8	22.7	21.6	7.5
Cholecystectomy									
Admissions	6,962	4,091	3,183	957	861	493	250	113	16,910
Days waited at 50th percentile	50	48	41	31	29	47	48	71	45
Days waited at 90th percentile	261	210	138	175	96	264	169	568	211
% waited more than 365 days	4.4	3.3	1.5	3.3	0.0	4.9	6.4	15.0	3.4
Coronary artery bypass graft									
Admissions	1,442	987	1,490	270	421	278	160	0	5,048
Days waited at 50th percentile	16	10	8	20	25	45	22	. .	15
Days waited at 90th percentile	90	159	93	62	79	138	98	. .	100
% waited more than 365 days	0.0	0.2	0.1	0.0	0.0	0.0	0	. .	0.1
Cystoscopy									
Admissions	13,872	9,642	3,792	3,288	1,694	702	678	140	33,808
Days waited at 50th percentile	24	21	32	23	35	38	55	51	25
Days waited at 90th percentile	141	159	140	198	137	180	216	211	155
% waited more than 365 days	1.8	2.8	1.7	4.8	3.5	2.7	2.9	5.0	2.5
Haemorrhoidectomy									
Admissions	1,240	996	484	276	320	59	24	9	3,408
Days waited at 50th percentile	54	70	42	32	47	53	70	n.p.	51
Days waited at 90th percentile	292	366	171	322	105	353	379	n.p.	286
% waited more than 365 days	5.3	10.0	3.3	8.3	0.0	8.5	12.5	n.p.	6.3
Hysterectomy									
Admissions	4,102	2,419	1,748	927	517	315	118	43	10,189
Days waited at 50th percentile	41	40	39	26	54	48	49	47	40
Days waited at 90th percentile	209	161	110	90	138	184	276	372	157
% waited more than 365 days	3.4	1.9	0.7	0.2	0.2	1.3	4.2	11.6	2.1
Inguinal herniorrhaphy									
Admissions	5,876	3,491	1,814	1,115	832	412	182	84	13,806
Days waited at 50th percentile	51	56	41	24	44	41	47	71	48
Days waited at 90th percentile	259	257	133	148	142	308	202	517	233
% waited more than 365 days	3.5	5.6	2.1	3.1	0.8	5.3	3.3	17.9	3.8

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2005–06

	NSW	Vic	Qld[(a)]	WA	SA	Tas	ACT	NT	Total
Myringoplasty									
Admissions	514	414	383	163	230	18	18	35	1,775
Days waited at 50th percentile	190	83	60	99	72	69	631	364	98
Days waited at 90th percentile	574	361	376	440	367	1903	1000	1144	463
% waited more than 365 days	26.7	9.4	10.2	10.4	10.0	38.9	61.1	45.7	16.3
Myringotomy									
Admissions	509	2,471	1,733	648	802	70	93	27	6,353
Days waited at 50th percentile	40	34	29	75	38	23	144	30	37
Days waited at 90th percentile	210	107	118	220	117	153	329	187	139
% waited more than 365 days	1.8	0.2	2.7	0.3	0.2	0.0	6.5	0.0	1.1
Prostatectomy									
Admissions	2,630	2,093	772	475	492	38	103	22	6,625
Days waited at 50th percentile	48	21	28	25	50	41	52	62	35
Days waited at 90th percentile	281	278	126	116	324	70	239	250	246
% waited more than 365 days	6.0	7.8	3.0	1.5	7.5	0.0	3.9	9.1	5.9
Septoplasty									
Admissions	1,511	1,814	484	197	189	16	55	36	4,302
Days waited at 50th percentile	266	96	66	147	130	n.p.	312	130	128
Days waited at 90th percentile	613	430	945	503	522	n.p.	847	468	542
% waited more than 365 days	32.9	14.7	19.0	16.2	20.1	n.p.	41.8	19.4	22.4
Tonsillectomy									
Admissions	4,262	3,891	2,523	1,027	834	34	208	83	12,862
Days waited at 50th percentile	129	56	40	119	74	57	203	118	72
Days waited at 90th percentile	406	215	182	390	231	648	894	389	336
% waited more than 365 days	13.6	3.9	3.9	11.3	2.0	26.5	30.3	13.3	8.1
Total hip replacement									
Admissions	2,888	1,858	1,196	555	523	289	191	24	7,524
Days waited at 50th percentile	119	154	61	99	106	238	149	120	111
Days waited at 90th percentile	418	408	187	359	418	552	477	345	406
% waited more than 365 days	16.0	13.0	3.3	9.2	14.9	32.2	16.8	8.3	13.3
Total knee replacement									
Admissions	5,179	1,977	1,698	681	657	268	294	18	10,772
Days waited at 50th percentile	242	188	74	138	193	326	219	137	178
Days waited at 90th percentile	519	463	287	498	505	639	633	1,060	492
% waited more than 365 days	29.1	18.6	6.4	20.0	26.0	41.0	29.6	22.2	23.1

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2005–06

	NSW	Vic	Qld[(a)]	WA	SA	Tas	ACT	NT	Total
Varicose veins stripping & ligation									
Admissions	1,870	1,623	589	78	180	51	95	21	4,507
Days waited at 50th percentile	70	182	71	33	203	52	241	352	98
Days waited at 90th percentile	358	726	699	416	504	252	927	635	596
% waited more than 365 days	9.5	29.1	19.9	10.3	29.4	3.9	46.3	47.6	19.6
Not applicable/not stated									
Admissions	128,337	84,906	78,783	34,377	25,101	11,287	5,543	4,670	373,004
Days waited at 50th percentile	27	26	21	23	32	28	36	22	25
Days waited at 90th percentile	191	195	109	167	176	253	290	237	174
% waited more than 365 days	3.3	4.1	1.6	3.6	3.7	5.7	6.7	5.6	3.3
Total									
Admissions	201,438	134,524	106,323	48,937	35,919	15,041	9,076	5,695	556,953
Days waited at 50th percentile	36	32	25	28	38	34	61	30	32
Days waited at 90th percentile	291	224	127	205	212	332	372	313	237
% waited more than 365 days	5.4	4.5	2.1	4.3	4.2	8.7	10.3	7.7	4.6

(a) The total number of admissions for Queensland includes 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

. . 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, inter-hospital contracted patient status and hospital-in-the-home care. The data are derived from the AIHW's National Hospital Morbidity Database, a compilation of patient-level data for separations from public and private hospitals in Australia (see Chapter 1). Separations were included for all care types except *Newborn* episodes that did not include qualified days and records for *Hospital boarders* and *Posthumous organ procurement*. However, Tables 7.11 and 7.12 also include *Newborn* episodes without qualified days.

Data on Medicare eligibility status for admitted patients have been included in Table 7.1 to allow comparison of data on Medicare eligibility status, patient election status and funding source for the years 2001–02 to 2005–06. Further information on Medicare eligibility status is included in Appendix 1.

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 for patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported,* the patient election status was categorised according to the reported Admitted patient election status.

Caution should be taken when making comparisons with *Australian hospital statistics* reports published before 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 1 for more information).

Patient election status and funding source

Changes 2001–02 to 2005–06

Table 7.1 presents the number of separations and patient days by Medicare eligibility, patient election status, funding source and hospital sector for the years 2001–02 to 2005–06. Between 2001–02 and 2005–06 the number of separations for private patients for both sectors combined increased by 17.6% (4.1% per year), and separations for public patients increased by 12.0% (2.9% per year). Between 2004–05 and 2005–06, public patient separations increased by 4.5% and private patient separations increased by 3.7%. After adjusting for coverage change (as detailed in Chapter 2), separations for public patients increased by 4.3% and for

private patients by 3.7%. Between 2004–05 and 2005–06 the number of separations for private patients in public hospitals increased by 4.7% and the number of separations for public patients in private hospitals increased by 8.9%.

The proportion of separations for *Department of Veterans' Affairs* patients in public hospitals decreased from 3.3% in 2001–02 to 3.0% in 2005–06 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 7.5% in 2001–02 to 6.5% in 2005–06.

State and territory overview

Tables 7.2 to 7.6 are presented using patient election status and selected funding source categories. Accompanying tables published on the Internet present all funding source categories. The funding source categories (*National health data dictionary* version 12 (NHDC 2003)) provide information about the principal source of funds for an admitted patient episode.

There may have been some variation between jurisdictions in the definitions used for the funding source categories and in the way in which state- or territory-level data were mapped to the *National health data dictionary* format. In particular, Tasmania was not able to identify separations whose funding source was *Self-funded*. 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 54.3% (3,967,826) of all hospital separations, 86.6% in public hospitals (3,867,734) and 3.5% in private hospitals (100,092) (Table 7.2). Patients whose funding source was reported as *Private health insurance* made up 59.1% of private patients in public hospitals, 80.1% of private patients in private hospitals and 34.8% of all separations. *Department of Veterans' Affairs* patients made up 4.6% of all hospital separations.

Overall, around 1.0% of patients were funded by *Workers compensation* (74,448 separations), and 0.4% were funded by *Motor vehicle third party personal claims* (26,338 separations). For these compensable separations, 56.8% were in private hospitals.

In both sectors combined there were 190.4 separations per 1,000 population (age-standardised) for public patients, compared with 157.2 for private patients (Table 7.3). The latter figure is underestimated because data were not available for all private free-standing day hospital facilities in the Australian Capital Territory and Northern Territory (see Appendix 2 for further details). The Northern Territory recorded the highest public patient separation rate for public hospitals (466.4 per 1,000). The separation rate for public patients in private hospitals in Western Australia (34.3 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, private patients whose funding source was reported as *Self-funded* generally had the lowest 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 59.0% of total patient days, and *Private health insurance* funded patients accounted for 29.5% 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 15.6% of *Public patients* in public hospitals and 19.1% of *Public patients* in private hospitals. Overall, 19.5% of separations with a funding source of *Private health insurance* were for patients aged 55–64 years, and 55.3% of all separations with a funding source of *Department of Veterans' Affairs* were for patients aged 75–84 years. Patients aged 25–34 years were in the most common age group for separations with a funding source of *Self-funded* (16.7% of separations in public hospitals and 16.8% of separations in private hospitals), and 24.5% of all separations with a funding source of *Motor vehicle third party personal claim* were for patients aged 15–24 years.

Within age groups, 24.8% of separations for patients aged 85+ years reported a funding source of *Department of Veterans' Affairs*, and for those aged 15–24 years, 26.3% 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 not elsewhere classified (including resident overseas, at sea or no fixed address) (Tables 7.7 to 7.10). This information is derived from the patient's area of usual residence 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, 97.5% of separations (7,126,412) were for patients who were treated in their state or territory of residence. However, in the Australian Capital Territory, only 74.9% of public hospital separations were for Australian Capital Territory residents (53,997), 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. Almost 77% of separations in Queensland hospitals for patients whose state of usual residence was New South Wales and 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 for which the admitted patient election status was reported as *Public* and with a care type of *Acute*, *Newborn* (with at least one qualified patient day) or *Not reported*. These figures do not represent actual expenditure on these separations. These figures should also not be interpreted as an estimate of the total cost of public patients as they do not include estimates of costs for separations with non-acute care.

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.

Care type

Care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care. Definitions of each care type are summarised in the glossary.

Not all states and territories supplied detailed information for rehabilitation and palliative care. For rehabilitation, a category of *Rehabilitation–not further specified* was used by some states and territories and is included in Tables 7.11 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 1). 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. These activities are not considered to be admitted patient care, so records relating to these activities have been excluded from this report. See Appendix 1 for more detail.

Table 7.11 presents the number of separations for each care type. For public and private sectors combined, 93.2% of separations were classified as episodes of *Acute care*, 3.6% as *Newborn* and 2.0% 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 0.6% (507) in the Northern Territory to 2.1% in Queensland (16,155).

Newborn separations without any qualified days 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 213,840 separations, the majority (164,839 or 77.1%) 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 patient days for *Newborn* episodes with a mixture of qualified and unqualified days are presented separately as the number of qualified days and the number of unqualified days. In the public sector, the average length of stay for these 'mixed' *Newborn* separations was 3.1 qualified days and 2.4 unqualified days, compared with 10.7 days for *Newborn* separations with qualified days only and 2.7 days for *Newborn* separations with unqualified days only. In the private sector, the average length of stay for these 'mixed' *Newborn* separations was 4.1 qualified days and 3.6 unqualified days, compared with 7.4 days for *Newborn* separations with qualified days only and 4.3 days for *Newborn* separations with unqualified days only.

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* and *Other non-acute care* (which comprises *Psychogeriatric care*, *Geriatric evaluation and management* and *Maintenance care*). Data on patients receiving non-acute care may provide information relevant to continuity of care.

Overall, 55.0% of all separations with non-acute care were in public hospitals and 47.3% 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 (72.1%), 6.9% reported a separation mode of *Discharge/transfer to a residential aged care service*, 6.2% reported a separation mode of *Discharge/transfer to an(other) hospital* (acute or psychiatric) and 5.8% had a separation mode of *Statistical discharge–type change* (indicating that the patient remained in the same hospital to receive other care) (see Table 7.13). There was some variation between hospital sectors in the modes of separation reported for non-acute care. For example, 9.2% of separations for non-acute care in public hospitals were transferred to another hospital (acute or psychiatric), compared with 2.6% in private hospitals. There was also variation in the mode of separation by type of non-acute care, as 84.7% of separations for *Rehabilitation care* reported a separation mode of *Other* compared with 32.6% of separations for *Palliative care* and 54.9% 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 (56.6%), and over half of the female patients were aged 75 years and over (51.1%, 43,862 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 (58.5%), and 62.9% (32,828) of all *Other non-acute care* separations were for people aged 75 years and over.

Mode of admission

Mode of admission records the mechanism by which a patient begins an episode of care (Table 7.15).

In both public and private hospitals, most separations had a mode of admission of *Other* (94.3%, 6,894,675), 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* (209,246 or 4.7% of public hospital separations) and *Statistical admission: type change* (63,502 or 1.4%) than were reported for private hospitals (86,160 or 3.0% and 13,253 or 0.5% 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* (5.1%).

Mode of separation

The mode of separation records the status of the patient (discharged, transferred, care type change, died) at the time of separation and, for some categories, the place to which the person was discharged or transferred, 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 in 2003–04 (NHDC 2000, 2003), and differences in the use of these definitions by jurisdictions, the use of some categories differs between jurisdictions. Consequently, the number of separations with a mode of separation of *Other* may be underestimated. As the reporting of the category *Discharge/transfer to residential aged care service* also differed over time for some jurisdictions, comparisons with mode of separation data from previous years should be treated with caution.

The majority of separations (6,738,095, 92.2%) were included in the *Other* category, suggesting that most patients go home after their episode of care. This was particularly the case in the private sector, where 97.0% of separations (2,760,178) were categorised as *Other* compared with 89.1% (3,977,917) in the public sector. The main difference between the sectors was that more public sector patients (6.0%) were transferred to other hospitals (acute and psychiatric) 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 *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) (321,152, see Table 7.16) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (295,406, 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, or that some patients were admitted and separated in different reporting years.

Inter-hospital contracted patient status

An episode of care for an inter-hospital contracted patient (Table 7.17) is defined in the *National health data dictionary* version 12 supplement (AIHW 2004b) 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. These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and regional or area health services.

Contracted care was reported for 1.1% of separations (79,375). The total number of inter-hospital contracted patients was higher for private hospitals (69,654) than for public hospitals (9,721).

Approximately half (45.7%, 4,438 separations) of contracted care provided by public hospitals was purchased by private hospitals and 94.3% (65,690 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 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 (90.3%) and 55.8% of Elective admissions were treated in the private sector. For both the private and public sectors combined, 28.2% of separations (2,063,768) were assigned an *Emergency* status, 57.7% of separations (4,219,469) were assigned an *Elective* status and the status was *Not assigned* for 13.9% of separations. In the public hospital sector, 33.7% of separations that were assigned an *Elective* status and 11.1% of separations that were assigned an *Emergency* status were classified as *Surgical*. In the private sector, approximately 82.8% of separations were assigned an *Elective* status and 44.6% of these were classified as *Surgical*. An *Emergency* status was assigned for 7.0% of private hospital separations and 19.3% of these separations were classified as *Surgical*.

Hospital in the home care

Table 7.19 reports on hospital-in-the-home care, and the number of days of hospital-in-the-home care provided. Most states and territories have hospital-in-the-home programs

under which admitted patients are provided with hospital care in the home. This care has been defined in the *National health data dictionary* version 12 (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 2005–06, New South Wales and Tasmania did not report this data element. For all other states and territories, 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.

Several Queensland public and private hospitals conducted hospital-in-the-home programs during the 2005–06 financial year. Although the number of admitted patient separations involving hospital in the home care has remained fairly steady in recent years, the number of days of care provided under these programs has been increasing. Nevertheless, hospital-in-the-home care remains a very small percentage of total admitted patient activity.

For Victoria, Queensland, Western Australia and South Australia, there were 48,057 separations that reported hospital-in-the-home care. They accounted for 403,810 patient days, of which 271,449 days (67.2%) were reported as hospital-in-the-home days. Same day separations accounted for 17.3% of separations (8,303) reporting hospital-in-the-home care for these states.

Table 7.1: Separations and patient days[a], by Medicare eligibility status, patient election status, funding source and hospital sector, Australia, 2001–02 to 2005–06

	2001–02		2002–03		2003–04		2004–05		2005–06		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)	Average since 2001–02	Since 2004–05
Public hospitals												
Medicare eligible	3,948	16,166	4,073	16,357	4,182	16,324	4,257	16,596	4,446	16,885	3.0	4.4
Public	3,437	13,693	3,555	13,901	3,644	13,784	3,704	13,949	3,867	14,118	3.0	4.4
Private	*511*	*2,473*	*518*	*2,456*	*538*	*2,541*	*553*	*2,647*	*579*	*2,767*	3.2	4.7
Compensable[b]	39	197	42	203	43	205	43	211	45	221	3.1	3.6
Department of Veterans' Affairs	132	833	138	855	138	860	136	826	135	817	0.5	–1.3
Other private	340	1,443	338	1,397	357	1,475	374	1,611	400	1,729	4.2	7.0
Not Medicare eligible	15	55	14	52	14	50	16	53	16	62	1.7	3.4
Not reported	2	16	4	16	5	44	4	13	4	47	18.7	11.1
Total	*3,966*	*16,237*	*4,091*	*16,425*	*4,201*	*16,419*	*4,276*	*16,662*	*4,466*	*16,993*	*3.0*	*4.4*
Private hospitals												
Medicare eligible	2,366	6,750	2,493	6,925	2,595	7,015	2,680	6,984	2,779	7,150	4.1	3.7
Public	105	344	98	302	87	219	91	210	100	226	–1.2	8.9
Private	*2,261*	*6,406*	*2,395*	*6,623*	*2,508*	*6,796*	*2,589*	*6,773*	*2,680*	*6,924*	4.3	3.5
Compensable[b]	62	180	60	179	57	166	55	140	57	141	–1.8	4.2
Department of Veterans' Affairs	184	919	193	953	190	945	186	891	186	886	0.3	–0.2
Other private	2,015	5,307	2,141	5,491	2,262	5,685	2,347	5,742	2,436	5,897	4.9	3.8
Not Medicare eligible	9	22	6	14	5	16	5	18	11	33	5.9	112.6
Not reported	58	192	56	176	40	134	57	165	56	155	–1.1	–2.4
Total	*2,433*	*6,964*	*2,554*	*7,115*	*2,641*	*7,165*	*2,742*	*7,166*	*2,846*	*7,338*	*4.0*	*3.8*
All hospitals												
Medicare eligible	6,314	22,916	6,566	23,282	6,778	23,339	6,937	23,579	7,225	24,034	3.4	4.1
Public	3,542	14,037	3,653	14,203	3,731	14,002	3,795	14,159	3,966	14,343	2.9	4.5
Private	2,772	8,879	2,912	9,079	3,046	9,336	3,142	9,421	3,259	9,691	4.1	3.7
Compensable[b]	101	377	102	382	99	372	98	351	102	362	0.2	3.9
Department of Veterans' Affairs	315	1,752	331	1,809	328	1,805	323	1,717	320	1,703	0.4	–0.6
Other private	2,355	6,750	2,480	6,888	2,619	7,159	2,721	7,353	2,836	7,626	4.8	4.2
Not Medicare eligible	24	77	20	67	19	66	21	71	27	94	3.3	30.5
Not reported	61	209	60	193	45	178	61	178	60	202	–0.2	–1.5
Total separations/patient days	**6,398**	**23,201**	**6,645**	**23,541**	**6,841**	**23,583**	**7,019**	**23,829**	**7,312**	**24,331**	**3.4**	**4.2**

(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) Includes separations for which the funding source was reported as *Workers compensation, Motor vehicle third party personal claim* and *Other compensation*. 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[(a)], by patient election status, funding source and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[(b)]	1,162,558	1,118,590	682,293	354,206	328,855	77,264	63,139	80,829	3,867,734
Public[(c)]	1,159,895	1,117,441	681,062	353,798	327,698	76,950	63,108	80,685	3,860,637
Private patients	257,579	149,523	68,024	40,754	48,812	17,034	8,997	2,556	593,279
Private health insurance	167,616	86,150	28,610	23,809	28,106	11,101	4,674	741	350,807
Self-funded[(d)]	20,289	14,125	14,433	882	1,855	0	160	341	52,085
Workers compensation	7,546	5,416	4,471	1,870	1,708	534	382	341	22,268
Motor vehicle third party personal claim	4,915	8,426	2,387	2,269	1,896	864	178	383	21,318
Department of Veterans' Affairs	54,802	34,253	13,769	9,572	14,205	4,489	3,020	401	134,511
Other[(e)]	2,411	1,153	4,354	2,352	1,042	46	583	349	12,290
Patient election status not reported	326	4,731	0	0	0	6	0	0	5,063
Total	*1,420,463*	*1,272,844*	*750,317*	*394,960*	*377,667*	*94,304*	*72,136*	*83,385*	*4,466,076*
Private hospitals									
Public patients[(b)]	7,540	1,879	15,617	69,188	1,042	n.p.	n.p.	n.p.	100,092
Public[(c)]	7,539	1,879	15,617	69,184	1,031	n.p.	n.p.	n.p.	100,074
Private patients	758,359	717,089	695,914	250,205	219,155	n.p.	n.p.	n.p.	2,740,848
Private health insurance	612,463	574,864	524,257	210,958	189,178	n.p.	n.p.	n.p.	2,196,184
Self-funded[(d)]	84,408	86,198	74,374	14,096	10,183	n.p.	n.p.	n.p.	273,530
Workers compensation	13,240	12,210	11,491	5,943	5,760	n.p.	n.p.	n.p.	52,180
Motor vehicle third party personal claim	346	3,150	41	799	440	n.p.	n.p.	n.p.	5,020
Department of Veterans' Affairs	46,714	40,425	78,727	16,810	12,660	n.p.	n.p.	n.p.	201,300
Other[(e)]	1,188	242	7,024	1,599	934	n.p.	n.p.	n.p.	12,634
Patient election status not reported	0	1,013	0	0	0	n.p.	n.p.	n.p.	4,967
Total	*765,899*	*719,981*	*711,531*	*319,393*	*220,197*	*n.p.*	*n.p.*	*n.p.*	*2,845,907*
All hospitals									
Public patients[(b)]	1,170,098	1,120,469	697,910	423,394	329,897	n.p.	n.p.	n.p.	3,967,826
Public[(c)]	1,167,434	1,119,320	696,679	422,982	328,729	n.p.	n.p.	n.p.	3,960,711
Private patients	1,015,938	866,612	763,938	290,959	267,967	n.p.	n.p.	n.p.	3,334,127
Private health insurance	780,079	661,014	552,867	234,767	217,284	n.p.	n.p.	n.p.	2,546,991
Self-funded[(d)]	104,697	100,323	88,807	14,978	12,038	n.p.	n.p.	n.p.	325,615
Workers compensation	20,786	17,626	15,962	7,813	7,468	n.p.	n.p.	n.p.	74,448
Motor vehicle third party personal claim	5,261	11,576	2,428	3,068	2,336	n.p.	n.p.	n.p.	26,338
Department of Veterans' Affairs	101,516	74,678	92,496	26,382	26,865	n.p.	n.p.	n.p.	335,811
Other[(e)]	3,599	1,395	11,378	3,951	1,976	n.p.	n.p.	n.p.	24,924
Patient election status not reported	326	5,744	0	0	0	n.p.	n.p.	n.p.	10,030
Total	**2,186,362**	**1,992,825**	**1,461,848**	**714,353**	**597,864**	**n.p.**	**n.p.**	**n.p.**	**7,311,983**

(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* and *Other hospital or public authority*.
(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded,* therefore the number of separations in this category may be underestimated and others may be overestimated.
(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other* and *Not reported.*
Note: Separations are reported by state of hospitalisation and will include patients normally resident in another state/territory.
n.p. Not published.

Table 7.3: Separations[(a)] per 1,000 population, by patient election status, funding source and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[(b)]	166.0	215.0	170.9	176.2	202.0	154.6	207.5	466.4	185.6
Public[(c)]	165.6	214.8	170.6	176.0	201.2	154.0	207.4	465.6	185.3
Private patients	35.5	27.8	17.0	20.2	27.8	31.7	30.9	16.7	27.7
Private health insurance	23.5	16.4	7.2	11.8	16.8	21.1	15.5	4.6	16.6
Self-funded[(d)]	2.9	2.8	3.6	0.4	1.2	0.0	0.5	1.7	2.5
Workers compensation	1.1	1.1	1.1	0.9	1.1	1.1	1.1	1.6	1.1
Motor vehicle third party personal claim	0.7	1.7	0.6	1.1	1.2	1.8	0.5	1.9	1.0
Department of Veterans' Affairs	6.8	5.8	3.4	4.8	6.7	7.5	11.6	5.2	5.8
Other[(e)]	0.4	0.2	1.1	1.2	0.7	0.1	1.7	1.6	0.6
Patient election status not reported	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Total	*201.5*	*243.8*	*188.0*	*196.4*	*229.7*	*186.3*	*238.4*	*483.0*	*213.6*
Private hospitals									
Public patients[(b)]	1.0	0.3	3.8	34.3	0.7	n.p.	n.p.	n.p.	4.7
Public[(c)]	1.0	0.3	3.8	34.3	0.7	n.p.	n.p.	n.p.	4.7
Private patients	106.5	135.9	172.6	122.9	129.1	n.p.	n.p.	n.p.	129.4
Private health insurance	86.5	109.4	130.0	103.4	111.9	n.p.	n.p.	n.p.	104.1
Self-funded[(d)]	12.0	16.7	18.6	7.0	6.5	n.p.	n.p.	n.p.	13.2
Workers compensation	1.9	2.4	2.9	2.9	3.7	n.p.	n.p.	n.p.	2.5
Motor vehicle third party personal claim	0.1	0.6	0.0	0.4	0.3	n.p.	n.p.	n.p.	0.2
Department of Veterans' Affairs	5.9	6.8	19.3	8.4	6.1	n.p.	n.p.	n.p.	8.8
Other[(e)]	0.2	0.0	1.8	0.8	0.6	n.p.	n.p.	n.p.	0.6
Patient election status not reported	0.0	0.2	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.2
Total	*107.6*	*136.5*	*176.4*	*157.2*	*129.8*	*n.p.*	*n.p.*	*n.p.*	*134.4*
All hospitals									
Public patients[(b)]	167.0	215.3	174.8	210.5	202.6	n.p.	n.p.	n.p.	190.4
Public[(c)]	166.6	215.1	174.4	210.3	201.8	n.p.	n.p.	n.p.	190.0
Private patients	142.0	163.8	189.6	143.1	156.9	n.p.	n.p.	n.p.	157.2
Private health insurance	110.0	125.7	137.2	115.2	128.8	n.p.	n.p.	n.p.	120.7
Self-funded[(d)]	15.0	19.4	22.3	7.4	7.7	n.p.	n.p.	n.p.	15.7
Workers compensation	3.0	3.4	4.0	3.8	4.8	n.p.	n.p.	n.p.	3.6
Motor vehicle third party personal claim	0.8	2.3	0.6	1.5	1.5	n.p.	n.p.	n.p.	1.3
Department of Veterans' Affairs	12.7	12.6	22.7	13.2	12.8	n.p.	n.p.	n.p.	14.6
Other[(e)]	0.5	0.3	2.9	2.0	1.3	n.p.	n.p.	n.p.	1.2
Patient election status not reported	0.0	1.1	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.5
Total	**309.1**	**380.2**	**364.4**	**353.7**	**359.5**	**n.p.**	**n.p.**	**n.p.**	**348.0**

(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 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* and *Other hospital or public authority*.
(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded,* therefore the number of separations in this category may be underestimated and others may be overestimated.
(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other* and *Not reported.*
Note: These data should be interpreted with caution because of cross-border flows of patients. That is, patients may be treated in a state or territory other than their state or territory of residence, but separation rates are calculated using the Estimated Resident Populations for the state/territory of hospitalisation.
n.p. Not published.

Table 7.4: Average cost weight of separations[(a)], by patient election status, funding source and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[(b)]	1.04	0.92	1.00	0.94	0.99	1.06	1.00	0.71	0.98
Public[(c)]	1.04	0.92	1.00	0.94	0.98	1.06	1.00	0.71	0.98
Private patients	1.19	1.19	1.05	1.30	1.16	1.03	1.22	1.40	1.18
Private health insurance	1.16	1.20	0.95	1.30	1.08	0.92	1.31	1.25	1.15
Self-funded[(d)]	1.20	0.76	1.00	0.87	0.77	. .	0.94	1.36	1.00
Workers compensation	1.27	1.16	1.38	1.34	1.09	1.24	1.48	1.27	1.26
Motor vehicle third party personal claim	1.83	2.20	1.86	2.67	2.27	2.18	2.98	2.40	2.14
Department of Veterans' Affairs	1.22	1.12	1.05	1.05	1.29	1.07	0.98	1.29	1.16
Other[(e)]	1.24	1.11	1.17	1.25	0.93	1.05	1.11	1.03	1.17
Patient election status not reported	1.10	1.27	. .	. .	. .	1.06	. .	. .	1.26
Total	**1.07**	**0.95**	**1.00**	**0.98**	**1.01**	**1.06**	**1.03**	**0.74**	**1.00**
Private hospitals									
Public patients[(b)]	0.90	0.54	0.50	0.52	0.89	n.p.	n.p.	n.p.	0.56
Public[(c)]	0.90	0.54	0.50	0.52	0.89	n.p.	n.p.	n.p.	0.56
Private patients	0.94	0.89	0.89	0.97	0.98	n.p.	n.p.	n.p.	0.92
Private health insurance	0.95	0.92	0.91	0.96	0.97	n.p.	n.p.	n.p.	0.93
Self-funded[(d)]	0.75	0.56	0.64	0.75	0.84	n.p.	n.p.	n.p.	0.66
Workers compensation	1.19	1.09	1.09	1.11	1.19	n.p.	n.p.	n.p.	1.13
Motor vehicle third party personal claim	1.19	1.26	1.34	1.07	1.07	n.p.	n.p.	n.p.	1.20
Department of Veterans' Affairs	1.12	1.16	0.99	1.20	1.12	n.p.	n.p.	n.p.	1.08
Other[(e)]	1.07	1.32	0.70	0.95	0.94	n.p.	n.p.	n.p.	0.82
Patient election status not reported	. .	0.51	. .	. .	. .	n.p.	n.p.	n.p.	0.73
Total	**0.94**	**0.89**	**0.88**	**0.87**	**0.98**	**n.p.**	**n.p.**	**n.p.**	**0.91**

(a) Separations for which the care type was reported as *Acute, Newborn* with qualified days, or *Not reported*.
(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *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 or Other hospital or public authority*.
(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded,* therefore the number of separations in this category may be underestimated and others may be overestimated.
(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other* and *Not reported*.
Note: Average cost weights have been calculated using AR-DRG version 5.0 public cost weights (2004–05) for both the public sector and the private sector.
n.p. Not published.
. . Not applicable.

Table 7.5: Patient days[a], by patient election status, funding source and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[b]	4,662,336	3,627,489	2,499,608	1,256,012	1,306,642	332,114	205,489	232,795	14,122,485
Public[c]	4,652,758	3,623,710	2,495,304	1,254,309	1,306,089	331,771	205,163	232,262	14,101,366
Private patients	1,312,509	683,041	247,400	197,991	264,895	65,087	38,815	11,514	2,821,252
Private health insurance	766,148	389,956	99,828	112,007	134,250	33,712	21,392	2,079	1,559,372
Self-funded[d]	101,801	19,534	21,520	1,577	9,696	0	352	1,533	156,013
Workers compensation	28,404	16,393	17,624	6,109	5,276	1,437	1,404	1,306	77,953
Motor vehicle third party personal claim	32,619	45,540	13,612	18,397	14,259	5,849	1,196	3,477	134,949
Department of Veterans' Affairs	347,173	208,011	75,343	48,637	99,453	24,002	12,122	2,125	816,866
Other[e]	36,364	3,607	19,473	11,264	1,961	87	2,349	994	76,099
Patient election status not reported	1,989	44,971	0	0	0	2,329	0	0	49,289
Total	*5,976,834*	*4,355,501*	*2,747,008*	*1,454,003*	*1,571,537*	*399,530*	*244,304*	*244,309*	*16,993,026*
Private hospitals									
Public patients[b]	10,848	3,235	43,642	152,854	3,102	n.p.	n.p.	n.p.	226,245
Public[c]	10,847	3,235	43,642	152,828	3,079	n.p.	n.p.	n.p.	226,193
Private patients	1,873,946	1,879,772	1,837,010	675,930	572,370	n.p.	n.p.	n.p.	7,103,151
Private health insurance	1,495,831	1,505,311	1,359,991	542,028	490,958	n.p.	n.p.	n.p.	5,618,863
Self-funded[d]	127,311	118,971	86,080	17,000	12,470	n.p.	n.p.	n.p.	367,567
Workers compensation	28,109	29,840	17,866	10,391	13,218	n.p.	n.p.	n.p.	105,388
Motor vehicle third party personal claim	1,672	30,247	66	1,784	1,006	n.p.	n.p.	n.p.	35,697
Department of Veterans' Affairs	218,471	195,020	361,585	101,375	52,623	n.p.	n.p.	n.p.	953,354
Other[e]	2,552	383	11,422	3,352	2,095	n.p.	n.p.	n.p.	22,282
Patient election status not reported	0	1,063	0	0	0	n.p.	n.p.	n.p.	8,231
Total	*1,884,794*	*1,884,070*	*1,880,652*	*828,784*	*575,472*	n.p.	n.p.	n.p.	*7,337,627*
All hospitals									
Public patients[b]	4,673,184	3,630,724	2,543,250	1,408,866	1,309,744	n.p.	n.p.	n.p.	14,348,730
Public[c]	4,663,605	3,626,945	2,538,946	1,407,137	1,309,168	n.p.	n.p.	n.p.	14,327,559
Private patients	3,186,455	2,562,813	2,084,410	873,921	837,265	n.p.	n.p.	n.p.	9,924,403
Private health insurance	2,261,979	1,895,267	1,459,819	654,035	625,208	n.p.	n.p.	n.p.	7,178,235
Self-funded[d]	229,112	138,505	107,600	18,577	22,166	n.p.	n.p.	n.p.	523,580
Workers compensation	56,513	46,233	35,490	16,500	18,494	n.p.	n.p.	n.p.	183,341
Motor vehicle third party personal claim	34,291	75,787	13,678	20,181	15,265	n.p.	n.p.	n.p.	170,646
Department of Veterans' Affairs	565,644	403,031	436,928	150,012	152,076	n.p.	n.p.	n.p.	1,770,220
Other[e]	38,916	3,990	30,895	14,616	4,056	n.p.	n.p.	n.p.	98,381
Patient election status not reported	1,989	46,034	0	0	0	n.p.	n.p.	n.p.	57,520
Total	**7,861,628**	**6,239,571**	**4,627,660**	**2,282,787**	**2,147,009**	**n.p.**	**n.p.**	**n.p.**	**24,330,653**

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
(b) Includes separations with a patient election status of *Public* and a funding source of *Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other* or *Not reported*.
(c) Includes patients whose funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority.*
(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded;* therefore the number of separations in this category may be underestimated and others may be overestimated.
(e) Includes separations with a patient election status of *Private* and a funding source of *Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other* and *Not reported.*
n.p. Not published.

Table 7.6: Separations[a], by patient election status, funding source, age group and hospital sector, Australia, 2005–06

	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[b]
Public hospitals												
Public patients[c]	105,853	120,730	158,148	316,225	472,274	429,476	456,019	529,954	605,276	508,982	164,746	3,867,734
Public[d]	105,594	120,542	157,970	314,702	470,696	428,828	455,512	529,182	604,471	508,509	164,580	3,860,637
Private patients	10,948	16,346	21,151	33,358	45,606	46,422	55,737	73,501	81,179	144,632	64,398	593,279
Private health insurance	9,802	13,093	16,279	15,319	24,918	29,090	40,389	55,574	61,725	62,447	22,171	350,807
Self-funded[e]	832	2,475	3,073	6,275	8,687	6,699	5,343	5,494	6,624	5,361	1,221	52,085
Workers compensation	0	0	13	4,147	4,944	5,237	4,850	2,565	415	87	10	22,268
Motor vehicle third party personal claim	48	341	1,217	5,668	3,969	3,189	2,545	1,750	1,239	1,069	283	21,318
Department of Veterans' Affairs	0	2	7	19	78	294	1,045	7,281	10,257	75,011	40,517	134,511
Other[f]	266	435	562	1,930	3,010	1,913	1,565	837	919	657	196	12,290
Patient election status not reported	177	176	179	1,393	1,378	468	256	357	364	242	73	5,063
Total	*116,978*	*137,252*	*179,478*	*350,976*	*519,258*	*476,366*	*512,012*	*603,812*	*686,819*	*653,856*	*229,217*	*4,466,076*
Private hospitals												
Public patients[c]	986	1,181	1,689	4,952	8,384	12,243	14,187	18,567	19,120	15,300	3,483	100,092
Public[d]	986	1,181	1,689	4,951	8,383	12,240	14,185	18,565	19,116	15,295	3,483	100,074
Private patients	21,242	28,768	49,201	161,932	258,356	330,881	397,410	506,911	431,224	428,205	126,718	2,740,848
Private health insurance	19,948	24,536	42,545	121,063	199,427	269,144	340,561	440,442	379,379	288,113	71,026	2,196,184
Self-funded[e]	1,220	4,125	6,488	34,169	45,994	43,092	35,811	35,249	32,166	28,250	6,966	273,530
Workers compensation	5	23	29	3,802	8,460	13,764	15,134	9,130	1,397	386	50	52,180
Motor vehicle third party personal claim	1	8	35	796	1,007	1,087	942	582	322	204	36	5,020
Department of Veterans' Affairs	1	3	6	100	530	1,324	3,184	20,058	16,928	110,639	48,527	201,300
Other[f]	67	73	98	2,002	2,938	2,470	1,778	1,450	1,032	613	113	12,634
Patient election status not reported	132	57	32	1,286	981	500	552	614	484	275	54	4,967
Total	*22,360*	*30,006*	*50,922*	*168,170*	*267,721*	*343,624*	*412,149*	*526,092*	*450,828*	*443,780*	*130,255*	*2,845,907*
All hospitals												
Public patients[c]	106,839	121,911	159,837	321,177	480,658	441,719	470,206	548,521	624,396	524,282	168,229	3,967,826
Public[d]	106,580	121,723	159,659	319,653	479,079	441,068	469,697	547,747	623,587	523,804	168,063	3,960,711
Private patients	32,190	45,114	70,352	195,290	303,962	377,303	453,147	580,412	512,403	572,837	191,116	3,334,127
Private health insurance	29,750	37,629	58,824	136,382	224,345	298,234	380,950	496,016	441,104	350,560	93,197	2,546,991
Self-funded[e]	2,052	6,600	9,561	40,444	54,681	49,791	41,154	40,743	38,790	33,611	8,187	325,615
Workers compensation	5	23	42	7,949	13,404	19,001	19,984	11,695	1,812	473	60	74,448
Motor vehicle third party personal claim	49	349	1,252	6,464	4,976	4,276	3,487	2,332	1,561	1,273	319	26,338
Department of Veterans' Affairs	1	5	13	119	608	1,618	4,229	27,339	27,185	185,650	89,044	335,811
Other[f]	333	508	660	3,932	5,948	4,383	3,343	2,287	1,951	1,270	309	24,924
Patient election status not reported	309	233	211	2,679	2,359	968	808	971	848	517	127	10,030
Total	**139,338**	**167,258**	**230,400**	**519,146**	**786,979**	**819,990**	**924,161**	**1,129,904**	**1,137,647**	**1,097,636**	**359,472**	**7,311,983**

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
(b) Includes separations for which the age group was not reported.
(c) Includes separations for which the patient election status was *Public* and the funding source was *Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other* or *Not reported*.
(d) Includes patients whose funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.
(e) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded;* therefore the number of separations in this category may be underestimated and others may be overestimated.
(f) Includes separations for which the patient election status was *Private* and the funding source was *Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other* and *Not reported.*

Table 7.7: Separations[(a)], by state or territory of usual residence and hospital sector, states and territories, 2005–06

State or territory of usual residence	State or territory of hospitalisation									Separations per 1,000 population[(b)]
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public hospitals										
New South Wales	1,388,752	18,996	8,612	421	1,667	276	17,592	358	1,436,674	203.8
Victoria	5,815	1,244,738	1,636	512	1,996	266	212	295	1,255,470	240.4
Queensland	11,476	1,283	734,980	334	366	155	151	344	749,089	187.7
Western Australia	500	542	305	391,985	319	67	30	1,538	395,286	196.6
South Australia	665	1,640	421	327	370,637	46	66	2,531	376,333	228.9
Tasmania	282	1,435	213	58	85	93,366	25	20	95,484	188.7
Australian Capital Territory	2,557	210	139	22	66	15	53,997	18	57,024	188.0
Northern Territory	191	237	292	203	2,020	13	7	77,886	80,849	468.1
Other Australian territories[(c)]	n.p.	0	15	117	0	0	0	0	n.p.	n.p.
Not elsewhere classified[(d)]	n.p.	3,763	3,018	981	72	100	56	379	n.p.	n.p.
Not reported	0	0	686	0	439	0	0	16	1,141	. .
Total	**1,420,463**	**1,272,844**	**750,317**	**394,960**	**377,667**	**94,304**	**72,136**	**83,385**	**4,466,076**	**213.6**
Private hospitals										
New South Wales	748,172	6,650	25,201	232	1,408	n.p.	n.p.	n.p.	788,911	110.7
Victoria	6,370	709,902	1,522	202	1,387	n.p.	n.p.	n.p.	719,552	136.4
Queensland	3,154	894	682,428	171	211	n.p.	n.p.	n.p.	686,970	170.3
Western Australia	786	268	222	318,292	79	n.p.	n.p.	n.p.	319,759	157.4
South Australia	174	438	244	55	215,603	n.p.	n.p.	n.p.	216,566	127.6
Tasmania	234	1,022	297	33	52	n.p.	n.p.	n.p.	58,744	113.5
Australian Capital Territory	1,754	204	145	23	32	n.p.	n.p.	n.p.	28,563	91.1
Northern Territory	174	253	485	115	1,175	n.p.	n.p.	n.p.	14,392	85.3
Other Australian territories[(c)]	n.p.	1	196	44	0	n.p.	n.p.	n.p.	n.p.	n.p.
Not elsewhere classified[(d)]	n.p.	349	782	226	37	n.p.	n.p.	n.p.	n.p.	n.p.
Not reported	0	0	9	0	213	n.p.	n.p.	n.p.	230	. .
Total	**765,899**	**719,981**	**711,531**	**319,393**	**220,197**	**n.p.**	**n.p.**	**n.p.**	**2,845,907**	**134.4**

(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) Rates per 1,000 population were directly age-standardised as detailed in Appendix 1.
(c) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory. Records with a *State of usual residence* of *Other Australian territories* in New South Wales are currently under review.
(d) Includes resident overseas, at sea, no fixed address. Records with a *State of usual residence* of *Not elsewhere classified* in New South Wales are currently under review.
n.p. Not published.
. . Not applicable.

Table 7.8: Separations[(a)], by state or territory of usual residence and patient election status, states and territories, 2005–06

State or territory of usual residence	State or territory of hospitalisation									Separations per 1,000 population[(b)]
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public patients										
New South Wales	1,144,682	16,316	7,917	401	1,329	219	15,747	314	1,186,925	169.4
Victoria	4,895	1,097,929	1,583	520	1,636	208	179	266	1,107,216	212.8
Queensland	10,634	1,048	684,483	299	278	124	128	315	697,309	174.6
Western Australia	385	376	283	420,924	265	61	23	1,503	423,820	210.7
South Australia	520	1,119	392	318	324,151	42	53	2,498	329,093	202.1
Tasmania	230	1,090	205	60	67	81,209	24	18	82,903	165.7
Australian Capital Territory	2,032	164	125	15	54	10	47,065	18	49,483	162.1
Northern Territory	157	185	266	184	1,689	9	7	75,747	78,244	451.4
Other Australian territories[(c)]	n.p.	0	5	113	0	0	0	0	n.p.	n.p.
Not elsewhere classified[(d)]	n.p.	2,242	1,992	560	18	82	39	136	n.p.	n.p.
Not reported	0	0	659	0	410	0	0	14	1,083	. .
Total	*1,170,098*	*1,120,469*	*697,910*	*423,394*	*329,897*	*81,964*	*63,265*	*80,829*	*3,967,826*	*190.4*
Private patients										
New South Wales	991,938	9,302	25,896	252	1,746	n.p.	n.p.	n.p.	1,038,317	145.0
Victoria	7,289	852,504	1,575	194	1,747	n.p.	n.p.	n.p.	863,594	163.2
Queensland	3,995	1,119	732,925	206	299	n.p.	n.p.	n.p.	738,735	183.4
Western Australia	901	427	244	289,353	133	n.p.	n.p.	n.p.	291,211	143.3
South Australia	319	953	273	64	262,089	n.p.	n.p.	n.p.	263,789	154.4
Tasmania	286	1,364	305	31	70	n.p.	n.p.	n.p.	69,369	132.2
Australian Capital Territory	2,278	249	159	30	44	n.p.	n.p.	n.p.	36,100	117.0
Northern Territory	208	305	511	134	1,506	n.p.	n.p.	n.p.	15,230	90.9
Other Australian territories[(c)]	n.p.	1	206	48	0	n.p.	n.p.	n.p.	n.p.	n.p.
Not elsewhere classified[(d)]	n.p.	388	1,808	647	91	n.p.	n.p.	n.p.	n.p.	n.p.
Not reported	0	0	36	0	242	n.p.	n.p.	n.p.	284	. .
Total	*1,015,938*	*866,612*	*763,938*	*290,959*	*267,967*	*n.p.*	*n.p.*	*n.p.*	*3,334,127*	157.2
Total[(e)]	**2,186,362**	**1,992,825**	**1,461,848**	**714,353**	**597,864**	**n.p.**	**n.p.**	**n.p.**	**7,311,983**	**348.0**

(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) Rates per 1,000 population were directly age-standardised as detailed in Appendix 1.
(c) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory. Records with a State of usual residence of *Other Australian territories* in New South Wales are currently under review.
(d) Includes resident overseas, at sea, no fixed address. Records with a *State of usual residence* of *Not elsewhere classified* in New South Wales are currently under review.
(e) Includes patients whose patient election status was *Not reported* .
n.p. Not published.
. . Not applicable.

Table 7.9: Average cost weight of separations[(a)], by state or territory of usual residence and hospital sector, states and territories, 2005–06

State or territory of usual residence	State or territory of hospitalisation								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
New South Wales	1.06	0.96	1.63	1.24	1.60	1.09	1.21	1.26	1.07
Victoria	1.16	0.95	1.08	1.01	1.49	1.13	1.49	1.00	0.95
Queensland	1.05	1.25	0.99	1.20	1.11	1.01	1.40	0.97	0.99
Western Australia	1.24	0.88	1.05	0.98	0.96	1.69	0.96	0.67	0.98
South Australia	1.65	1.72	1.21	0.95	0.99	1.02	0.90	0.60	0.99
Tasmania	1.34	2.65	1.29	0.81	2.17	1.06	0.91	2.60	1.08
Australian Capital Territory	1.52	1.35	0.82	0.96	1.33	0.76	0.96	1.35	0.99
Northern Territory	1.66	2.43	1.49	1.40	2.68	3.58	1.10	0.73	0.79
Other Australian territories[(b)]	1.01	. .	1.12	1.26	. .	. .	. .	. .	1.02
Not elsewhere classified[(c)]	1.39	1.22	1.29	1.49	0.82	1.49	1.80	1.47	1.34
Not reported	. .	. .	1.23	. .	2.20	. .	. .	0.95	1.59
Total	**1.07**	**0.95**	**1.00**	**0.98**	**1.01**	**1.06**	**1.03**	**0.74**	**1.00**
Private hospitals									
New South Wales	0.93	1.12	1.02	0.86	1.35	n.p.	n.p.	n.p.	0.94
Victoria	0.94	0.88	0.84	0.78	1.16	n.p.	n.p.	n.p.	0.88
Queensland	0.94	1.14	0.88	1.12	1.19	n.p.	n.p.	n.p.	0.88
Western Australia	1.27	1.00	0.90	0.87	1.08	n.p.	n.p.	n.p.	0.87
South Australia	1.53	0.95	0.83	1.01	0.97	n.p.	n.p.	n.p.	0.97
Tasmania	1.72	1.82	0.82	1.55	1.75	n.p.	n.p.	n.p.	1.03
Australian Capital Territory	1.50	1.12	1.07	0.78	1.05	n.p.	n.p.	n.p.	1.04
Northern Territory	1.59	0.94	1.17	1.32	1.75	n.p.	n.p.	n.p.	0.94
Other Australian territories[(b)]	1.08	0.49	0.57	1.01	. .	n.p.	n.p.	n.p.	1.05
Not elsewhere classified[(c)]	2.48	0.99	1.21	0.97	0.73	n.p.	n.p.	n.p.	0.97
Not reported	. .	. .	1.26	. .	1.22	n.p.	n.p.	n.p.	1.22
Total	**0.94**	**0.89**	**0.88**	**0.87**	**0.98**	**n.p.**	**n.p.**	**n.p.**	**0.91**

(a) Separations for which the care type was reported as *Acute,* or *Newborn* with qualified patient days, or was *Not reported.*
(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.
(c) Includes resident overseas, at sea, no fixed address.

Note: Average cost weights have been calculated using AR-DRG version 5.0 cost weights (2004–05) for both the public sector and the private sector.

n.p. Not published.
. . Not applicable.

Table 7.10: Notional cost[(a)] ($'000) of separations[(b)], by state or territory of usual residence, public patients, all hospitals, states and territories, 2005–06

	State or territory of hospitalisation								
State or territory of usual residence	**NSW**	**Vic**	**Qld**	**WA**	**SA**	**Tas**	**ACT[(b)]**	**NT**	**Total**
New South Wales	3,850,737	49,883	42,025	1,393	7,030	716	n.p.	1,111	n.p.
Victoria	17,715	3,263,308	5,293	1,368	7,554	545	n.p.	823	n.p.
Queensland	35,397	3,854	2,144,138	986	1,063	411	n.p.	936	n.p.
Western Australia	1,483	1,031	975	1,194,653	823	342	n.p.	3,288	n.p.
South Australia	2,969	7,237	1,460	960	1,021,823	139	n.p.	4,878	n.p.
Tasmania	913	9,676	847	146	513	265,190	n.p.	143	n.p.
Australian Capital Territory	9,446	684	308	40	226	28	n.p.	77	n.p.
Northern Territory	883	1,577	1,301	888	16,312	124	n.p.	178,789	n.p.
Other Australian territories[(c)]	6,191	. .	26	462	. .	. .	n.p.	. .	n.p.
Not elsewhere classified[(d)]	18,662	8,836	7,795	2,155	46	327	n.p.	467	n.p.
Not reported	. .	. .	2,625	. .	2,640	. .	n.p.	46	n.p.
Total	**3,944,395**	**3,346,087**	**2,206,793**	**1,203,051**	**1,058,029**	**267,822**	**n.p.**	**190,558**	**n.p.**

(a) Separations for which the patient election status was *Public* and for which the care type was reported as *Acute, Newborn* with at least one qualified day, or *Not reported* have been included. These data are based on the AR-DRG for each separation multiplied by the 2004–05 AR-DRG average public cost of $3,332. 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 esimates of costs for separations with non-acute care.

(b) ACT Health did not give permission for the release of these data because they do not reflect actual expenditure.

(c) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(d) Includes resident overseas, at sea, no fixed address.

n.p. Not published.

. . Not applicable.

Table 7.11: Separations[a], by care type and hospital sector, states and territories, 2005–06

Care type	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,365,120	1,226,607	714,135	381,662	364,264	91,158	68,831	81,459	4,293,236
Rehabilitation care–not further specified	22,152	13,143	. .	6,179	7,086	911	. .	507	49,978
Rehabilitation care–delivered in a designated unit	. .	. .	9,856	. .	. .	. .	467	. .	10,323
Rehabilitation care–according to a designated program	. .	. .	4,275	. .	. .	. .	204	. .	4,479
Rehabilitation care–principal clinical intent	. .	. .	2,024	. .	. .	. .	881	. .	2,905
Rehabilitation total	*22,152*	*13,143*	*16,155*	*6,179*	*7,086*	*911*	*1,552*	*507*	*67,685*
Palliative care	8,333	4,729	3,921	942	1,384	372	493	168	20,342
Geriatric evaluation and management	1,316	11,232	513	638	1	14	135	66	13,915
Psychogeriatric care	1,105	1,979	583	716	28	162	2	8	4,583
Maintenance care	6,892	3,228	5,286	2,077	1,336	544	245	142	19,750
Newborn–qualified days only	9,801	9,676	7,148	2,363	2,704	1,132	864	1,017	34,705
Newborn–qualified and unqualified days[c]	4,404	2,250	2,293	383	864	0	14	0	10,208
Newborn–unqualified days only	60,312	39,206	31,548	15,087	10,235	3,355	2,744	2,352	164,839
Newborn total	*74,517*	*51,132*	*40,989*	*17,833*	*13,803*	*4,487*	*3,622*	*3,369*	*209,752*
Other admitted patient care	. .	0	283	0	. .	0	. .	18	301
Not reported	1,340	0	0	0	0	11	0	0	1,351
Total	**1,480,775**	**1,312,050**	**781,865**	**410,047**	**387,902**	**97,659**	**74,880**	**85,737**	**4,630,915**
Private hospitals									
Acute care	715,820	697,934	687,322	312,786	214,896	n.p.	n.p.	n.p.	2,722,924
Rehabilitation care–not further specified	47,158	12,447	. .	1,532	4,536	n.p.	n.p.	n.p.	66,037
Rehabilitation care–delivered in a designated unit	. .	. .	10,855	. .	. .	n.p.	n.p.	n.p.	10,855
Rehabilitation care–according to a designated program	. .	. .	2,554	. .	. .	n.p.	n.p.	n.p.	2,554
Rehabilitation care–principal clinical intent	. .	. .	4,396	. .	. .	n.p.	n.p.	n.p.	4,396
Rehabilitation total	*47,158*	*12,447*	*17,805*	*1,532*	*4,536*	*n.p.*	*n.p.*	*n.p.*	*83,842*
Palliative care	369	486	1,775	2,138	144	n.p.	n.p.	n.p.	5,399
Geriatric evaluation and management	738	0	4	0	23	n.p.	n.p.	n.p.	766
Psychogeriatric care	0	5,108	9	26	0	n.p.	n.p.	n.p.	10,831
Maintenance care	224	66	1,428	185	8	n.p.	n.p.	n.p.	2,305
Newborn–qualified days only	1,042	3,940	1,822	1,195	590	n.p.	n.p.	n.p.	8,833
Newborn–qualified and unqualified days[c]	401	. .	750	1,531	. .	n.p.	n.p.	n.p.	2,725
Newborn–unqualified days only	21,189	7	15,121	8,485	371	n.p.	n.p.	n.p.	49,001
Newborn total	*22,632*	*3,947*	*17,693*	*11,211*	*961*	*n.p.*	*n.p.*	*n.p.*	*60,559*
Other admitted patient care	147	0	616	0	. .	n.p.	n.p.	n.p.	763
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	7,519
Total	**787,088**	**719,988**	**726,652**	**327,878**	**220,568**	**n.p.**	**n.p.**	**n.p.**	**2,894,908**

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement*.
(b) The reporting of *Newborns* with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.
(c) Tasmania and the Northern Terrritory 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[a], by care type and hospital sector, states and territories, 2005–06

Care type	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	4,884,071	3,406,315	2,140,583	1,151,561	1,200,729	339,561	199,309	222,901	13,545,030
Rehabilitation care–not further specified	480,158	305,853	. .	133,517	131,876	24,424	. .	3,541	1,079,369
Rehabilitation care–delivered in a designated unit	. .	. .	99,816	. .	. .	. .	5,746	. .	105,562
Rehabilitation care–according to a designated program	. .	. .	69,785	. .	. .	. .	5,384	. .	75,169
Rehabilitation care–principal clinical intent	. .	. .	32,418	. .	. .	. .	8,469	. .	40,887
Rehabilitation total	*480,158*	*305,853*	*202,019*	*133,517*	*131,876*	*24,424*	*19,599*	*3,541*	*1,300,987*
Palliative care	106,342	74,900	37,351	9,987	17,156	4,632	7,082	2,218	259,668
Geriatric evaluation and management	14,138	291,898	8,090	5,930	33	89	1,593	1,541	323,312
Psychogeriatric care	72,022	64,374	13,189	31,860	12,852	189	9	226	194,721
Maintenance care	298,087	104,472	261,825	88,131	172,359	19,850	7,342	3,498	955,564
Newborn–qualified days only	98,873	99,350	76,251	31,137	33,676	10,668	9,328	10,352	369,635
Newborn–qualified and unqualified days (qualified days)	13,527	8,339	5,504	1,880	2,856	. .	42	. .	32,148
Newborn–qualified and unqualified days (unqualified days)	11,758	5,261	4,844	911	1,988	. .	53	. .	24,815
Newborn–unqualified days only	168,002	109,288	71,911	46,401	28,807	10,288	6,849	7,081	448,627
Newborn total	*292,160*	*222,238*	*158,510*	*80,329*	*67,327*	*20,956*	*16,272*	*17,433*	*875,225*
Other admitted patient care	. .	. .	2,196	. .	. .	. .	. .	32	2,228
Not reported	9,616	. .	. .	. .	. .	117	. .	. .	9,733
Total[c]	**5,976,834**	**4,355,501**	**2,747,008**	**1,454,003**	**1,571,537**	**399,530**	**244,304**	**244,309**	**16,993,026**
Private hospitals									
Acute care	1,624,562	1,636,544	1,668,700	751,578	524,156	n.p.	n.p.	n.p.	6,455,393
Rehabilitation care–not further specified	240,331	187,561	. .	33,831	44,382	n.p.	n.p.	n.p.	512,810
Rehabilitation care–delivered in a designated unit	. .	. .	66,027	. .	. .	n.p.	n.p.	n.p.	66,027
Rehabilitation care–according to a designated program	. .	. .	12,762	. .	. .	n.p.	n.p.	n.p.	12,762
Rehabilitation care–principal clinical intent	. .	. .	18,170	. .	. .	n.p.	n.p.	n.p.	18,170
Rehabilitation total	*240,331*	*187,561*	*96,959*	*33,831*	*44,382*	*n.p.*	*n.p.*	*n.p.*	*609,769*
Palliative care	4,489	5,731	21,852	23,932	2,500	n.p.	n.p.	n.p.	60,193
Geriatric evaluation and management	1,886	. .	221	. .	381	n.p.	n.p.	n.p.	2,489
Psychogeriatric care	. .	25,320	63	616	. .	n.p.	n.p.	n.p.	37,951
Maintenance care	1,544	5,723	60,139	5,633	252	n.p.	n.p.	n.p.	76,298
Newborn–qualified days only	7,087	23,191	19,952	8,841	3,801	n.p.	n.p.	n.p.	64,999
Newborn–qualified and unqualified days (qualified days)	4,655	. .	1,910	4,353	. .	n.p.	n.p.	n.p.	11,277
Newborn–qualified and unqualified days (unqualified days)	2,068	. .	2,118	5,310	. .	n.p.	n.p.	n.p.	9,883
Newborn–unqualified days only	92,461	13	62,088	38,686	974	n.p.	n.p.	n.p.	211,403
Newborn total	*106,271*	*23,204*	*86,068*	*57,190*	*4,775*	*n.p.*	*n.p.*	*n.p.*	*297,562*
Other admitted patient care	240	. .	10,856	. .	. .	n.p.	n.p.	n.p.	11,096
Not reported	. .	. .	. .	. .	. .	n.p.	n.p.	n.p.	8,162
Total[c]	**1,884,794**	**1,884,070**	**1,880,652**	**828,784**	**575,472**	**n.p.**	**n.p.**	**n.p.**	**7,337,627**

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement.*
(b) The reporting of *Newborns* with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of patient days for this category.
(c) Excludes separations for *Newborn* with unqualified days only.
n.p. Not published.
. . Not applicable.

Table 7.13: Separations for non-acute care[a], by patient election status, mode of separation and hospital sector, Australia, 2005–06

		Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service[b]	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care[c] accomm-odation	Statistical discharge–type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other[d]	Total[e]
Public hospitals											
Rehabilitation care	Public patients[f]	4,418	2,512	89	435	5,063	484	558	317	40,388	54,285
	Private patients	1,634	932	33	164	1,349	61	172	114	8,885	13,349
	Total[g]	*6,058*	*3,445*	*122*	*601*	*6,421*	*548*	*730*	*431*	*49,303*	*67,685*
Palliative care	Public patients[f]	733	437	3	134	497	38	163	8,951	4,838	15,795
	Private patients	190	141	0	40	67	2	67	2,850	1,187	4,544
	Total[g]	*923*	*578*	*3*	*174*	*564*	*40*	*230*	*11,804*	*6,025*	*20,342*
Other non-acute[h] care	Public patients[f]	2,966	8,089	494	504	3,765	167	247	1,357	13,056	30,646
	Private patients	804	1,950	196	121	1,000	18	19	442	3,028	7,579
	Total[g]	3,771	10,043	690	626	4,769	185	266	1,801	16,095	38,248
Total		**10,752**	**14,066**	**815**	**1,401**	**11,754**	**773**	**1,226**	**14,036**	**71,423**	**126,275**
Private hospitals											
Rehabilitation care	Public patients[f]	78	183	0	0	87	0	5	16	511	880
	Private patients	1,819	800	2	96	1,246	63	317	100	78,519	82,962
	Total[g]	*1,897*	*983*	*2*	*96*	*1,333*	*63*	*322*	*116*	*79,030*	*83,842*
Palliative care	Public patients[f]	380	53	0	1	22	0	5	894	553	1,908
	Private patients	78	51	0	6	31	0	0	1,506	1,819	3,491
	Total[g]	*458*	*104*	*0*	*7*	*53*	*0*	*5*	*2,400*	*2,372*	*5,399*
Other non-acute[h] care	Public patients[f]	36	327	0	0	30	0	0	21	4,621	5,035
	Private patients	313	461	0	7	87	2	0	102	7,895	8,867
	Total[g]	349	788	0	7	117	2	0	123	12,516	13,902
Total		**2,704**	**1,875**	**2**	**110**	**1,503**	**65**	**327**	**2,639**	**93,918**	**103,143**

(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) Includes separations for which the patient election status was *Public* and funding source was as *Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other* or *Not reported.*
(g) The total includes separations for which the patient election status was not reported.
(h) Includes separations for which the care type was reported as *Psychogeriatric, Geriatric evaluation and management* or *Maintenance*.

Table 7.14: Separations for non-acute care[a], by sex, age group and mode of separation, all hospitals, Australia, 2005–06

Rehabilitation care	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service[b]	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care[c] accommodation	Statistical discharge–type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other[d]	Total[e]
Male										
Under 14	1	0	0	0	7	1	3	0	77	89
15–24	103	8	1	14	55	24	31	1	1,350	1,587
25–34	124	9	6	16	100	59	36	0	2,195	2,546
35–44	208	13	4	18	114	61	39	3	3,385	3,846
45–54	324	38	2	29	243	46	35	8	4,865	5,592
55–64	466	96	9	20	359	47	47	14	9,538	10,598
65–74	754	198	7	40	683	37	91	52	12,635	14,502
75–84	1,316	649	18	69	1,210	50	153	111	15,747	19,326
85 and over	544	489	10	63	696	29	61	100	5,635	7,628
Total	*3,840*	*1,500*	*57*	*269*	*3,467*	*354*	*496*	*289*	*55,427*	*65,714*
Female										
Under 14	4	0	0	0	6	0	3	0	107	120
15–24	60	1	1	4	22	9	21	0	1,986	2,104
25–34	48	4	0	12	41	28	19	0	2,210	2,363
35–44	117	5	2	8	81	27	18	0	3,423	3,681
45–54	199	16	4	8	137	26	31	6	5,253	5,681
55–64	337	63	4	15	312	34	38	12	10,450	11,267
65–74	668	210	6	39	561	44	75	34	15,077	16,715
75–84	1,582	1,104	21	162	1,584	49	204	89	23,538	28,339
85 and over	1,099	1,525	29	180	1,543	32	147	117	10,851	15,523
Total	*4,114*	*2,928*	*67*	*428*	*4,287*	*249*	*556*	*258*	*72,895*	*85,793*
Persons[f]										
Under 14	5	0	0	0	13	1	6	0	184	209
15–24	163	9	2	18	77	33	52	1	3,336	3,691
25–34	172	13	6	28	141	87	55	0	4,405	4,909
35–44	325	18	6	26	195	88	57	3	6,808	7,527
45–54	523	54	6	37	380	72	66	14	10,118	11,273
55–64	803	159	13	35	671	81	85	26	19,988	21,865
65–74	1,423	408	13	79	1,244	81	166	86	27,712	31,218
75–84	2,898	1,753	39	231	2,794	99	357	200	39,285	47,665
85 and over	1,643	2,014	39	243	2,239	61	208	217	16,486	23,151
Total	**7,955**	**4,428**	**124**	**697**	**7,754**	**611**	**1,052**	**547**	**128,333**	**151,527**

(continued)

Table 7.14 (continued): Separations for non-acute care[a], by sex, age group and mode of separation, all hospitals, Australia, 2005–06

Palliative care	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service[b]	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care[c] accommodation	Statistical discharge–type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other[d]	Total[e]
Male										
Under 14	1	0	0	0	1	0	2	5	41	50
15–24	4	0	0	0	1	0	0	20	24	49
25–34	4	0	0	1	2	1	2	40	38	88
35–44	19	0	0	1	4	3	4	155	175	361
45–54	56	10	0	4	16	4	16	501	460	1,067
55–64	116	29	0	21	55	6	41	1,228	889	2,385
65–74	220	63	0	15	88	5	40	2,066	1,299	3,796
75–84	246	169	0	28	111	4	25	2,775	1,335	4,693
85 and over	58	74	0	11	56	2	9	1,126	353	1,689
Total	*724*	*345*	*0*	*81*	*334*	*25*	*139*	*7,916*	*4,614*	*14,178*
Female										
Under 14	1	0	0	0	0	0	2	3	13	19
15–24	2	0	0	0	0	1	0	8	18	29
25–34	7	0	0	1	0	0	2	37	29	76
35–44	24	2	1	2	8	2	7	166	204	416
45–54	64	5	1	7	27	5	18	505	525	1,157
55–64	87	28	0	20	51	3	17	931	758	1,895
65–74	138	60	1	14	51	3	20	1,355	881	2,523
75–84	243	136	0	34	88	1	23	2,050	972	3,548
85 and over	91	106	0	22	58	0	7	1,233	383	1,900
Total	*657*	*337*	*3*	*100*	*283*	*15*	*96*	*6,288*	*3,783*	*11,563*
Persons[f]										
Under 14	2	0	0	0	1	0	4	8	54	69
15–24	6	0	0	0	1	1	0	28	42	78
25–34	11	0	0	2	2	1	4	77	67	164
35–44	43	2	1	3	12	5	11	321	379	777
45–54	120	15	1	11	43	9	34	1,006	985	2,224
55–64	203	57	0	41	106	9	58	2,159	1,647	4,280
65–74	358	123	1	29	139	8	60	3,421	2,180	6,319
75–84	489	305	0	62	199	5	48	4,825	2,307	8,241
85 and over	149	180	0	33	114	2	16	2,359	736	3,589
Total	**1,381**	**682**	**3**	**181**	**617**	**40**	**235**	**14,204**	**8,397**	**25,741**

(continued)

Table 7.14 (continued): Separations for non-acute care[a], by sex, age group and mode of separation, all hospitals, Australia, 2005–06

Other non-acute care[g]	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service[b]	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care[c] accommodation	Statistical discharge–type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other[d]	Total[e]
Male										
Under 14	8	0	0	2	8	0	0	0	369	387
15–24	15	2	1	5	18	0	4	0	298	343
25–34	16	8	3	1	20	4	3	2	337	394
35–44	31	19	1	18	56	3	3	4	454	589
45–54	56	74	1	18	40	11	1	13	739	953
55–64	119	213	13	25	141	23	13	30	1,221	1,798
65–74	515	754	53	51	372	16	42	121	2,823	4,747
75–84	829	1,923	141	122	864	34	46	416	3,457	7,832
85 and over	441	1,467	78	57	612	13	11	355	1,572	4,606
Total	*2,030*	*4,460*	*291*	*299*	*2,131*	*104*	*123*	*941*	*11,270*	*21,649*
Female										
Under 14	3	0	0	0	13	0	1	0	241	258
15–24	10	1	0	1	11	2	3	0	292	320
25–34	17	1	1	2	7	3	1	2	558	592
35–44	17	14	1	4	22	4	4	3	766	835
45–54	43	50	1	3	56	4	5	8	936	1,106
55–64	118	168	9	16	117	4	12	28	1,233	1,705
65–74	368	536	39	39	321	13	49	74	3,855	5,294
75–84	780	2,532	151	133	1,084	28	45	343	5,887	10,983
85 and over	733	3,069	197	136	1,124	25	23	525	3,573	9,407
Total	*2,089*	*6,371*	*399*	*334*	*2,755*	*83*	*143*	*983*	*17,341*	*30,500*
Persons[f]										
Under 14	11	0	0	2	21	0	1	0	610	645
15–24	25	3	1	6	29	2	7	0	590	663
25–34	33	9	4	3	27	7	4	4	895	986
35–44	48	33	2	22	78	7	7	7	1,220	1,424
45–54	99	124	2	21	96	15	6	21	1,675	2,059
55–64	237	381	22	41	258	27	25	58	2,454	3,503
65–74	884	1,290	92	90	693	29	91	195	6,678	10,042
75–84	1,609	4,455	292	255	1,948	62	91	759	9,344	18,815
85 and over	1,174	4,536	275	193	1,736	38	34	880	5,145	14,013
Total	**4,120**	**10,831**	**690**	**633**	**4,886**	**187**	**266**	**1,924**	**28,611**	**52,150**

(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 7.15: Separations[a], by mode of admission and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Admitted patient transferred from another hospital	80,860	54,920	25,643	26,253	16,053	3,208	1,982	327	209,246
Statistical admission: type change	25,797	12,624	12,133	6,198	2,840	1,287	1,788	835	63,502
Other[b]	1,296,240	1,204,918	712,541	362,509	356,556	79,784	68,366	82,223	4,163,137
Not reported	17,566	382	0	0	2,218	10,025	0	0	30,191
Total	*1,420,463*	*1,272,844*	*750,317*	*394,960*	*377,667*	*94,304*	*72,136*	*83,385*	*4,466,076*
Private hospitals									
Admitted patient transferred from another hospital	30,563	25,228	16,927	5,153	6,173	n.p.	n.p.	n.p.	86,160
Statistical admission: type change	1,698	1,983	3,245	1,283	41	n.p.	n.p.	n.p.	13,253
Other[b]	733,591	692,770	691,359	312,957	213,932	n.p.	n.p.	n.p.	2,731,538
Not reported	47	0	0	0	51	n.p.	n.p.	n.p.	14,956
Total	*765,899*	*719,981*	*711,531*	*319,393*	*220,197*	*n.p.*	*n.p.*	*n.p.*	*2,845,907*
All hospitals									
Admitted patient transferred from another hospital	111,423	80,148	42,570	31,406	22,226	n.p.	n.p.	n.p.	295,406
Statistical admission: type change	27,495	14,607	15,378	7,481	2,881	n.p.	n.p.	n.p.	76,755
Other[b]	2,029,831	1,897,688	1,403,900	675,466	570,488	n.p.	n.p.	n.p.	6,894,675
Not reported	17,613	382	0	0	2,269	n.p.	n.p.	n.p.	45,147
Total	**2,186,362**	**1,992,825**	**1,461,848**	**714,353**	**597,864**	**n.p.**	**n.p.**	**n.p.**	**7,311,983**

(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[a], by mode of separation and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an(other) acute hospital	96,616	79,263	40,426	17,453	19,320	3,830	2,559	2,670	262,137
Discharge/transfer to residential aged care service[b]	17,033	16,292	3,666	4,953	7,584	1,103	1,182	239	52,052
Discharge/transfer to an(other) psychiatric hospital	3,140	1,496	125	669	1,120	0	24	14	6,588
Discharge/transfer to other health care accommodation[c]	3,726	0	2,393	522	656	1,115	284	1,595	10,291
Statistical discharge: type change	19,255	12,675	12,240	6,527	2,825	1,287	1,777	828	57,414
Left against medical advice/discharge at own risk	14,852	4,625	5,758	3,416	2,481	434	133	2,578	34,277
Statistical discharge from leave	5,207	4	706	1,456	212	7	0	0	7,592
Died	22,989	14,904	8,635	3,686	4,667	1,488	857	439	57,665
Other[d]	1,237,541	1,143,585	676,368	356,278	338,763	85,040	65,320	75,022	3,977,917
Not reported	104	0	0	0	39	0	0	0	143
Total	**1,420,463**	**1,272,844**	**750,317**	**394,960**	**377,667**	**94,304**	**72,136**	**83,385**	**4,466,076**
Private hospitals									
Discharge/transfer to an(other) acute hospital	16,475	14,382	12,669	3,521	4,546	n.p.	n.p.	n.p.	52,195
Discharge/transfer to residential aged care service[b]	1,269	2,029	1,450	1,540	1,408	n.p.	n.p.	n.p.	7,843
Discharge/transfer to an(other) psychiatric hospital	92	17	1	79	39	n.p.	n.p.	n.p.	232
Discharge/transfer to other health care accommodation[c]	318	0	598	10	76	n.p.	n.p.	n.p.	1,216
Statistical discharge: type change	1,975	2,099	3,287	1,367	54	n.p.	n.p.	n.p.	8,808
Left against medical advice/discharge at own risk	470	461	213	254	30	n.p.	n.p.	n.p.	1,430
Statistical discharge from leave	76	0	413	24	0	n.p.	n.p.	n.p.	513
Died	2,121	2,946	4,724	2,088	1,227	n.p.	n.p.	n.p.	13,457
Other[d]	743,103	698,047	688,176	310,510	212,782	n.p.	n.p.	n.p.	2,760,178
Not reported	0	0	0	0	35	n.p.	n.p.	n.p.	35
Total	**765,899**	**719,981**	**711,531**	**319,393**	**220,197**	**n.p.**	**n.p.**	**n.p.**	**2,845,907**

(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[(a)], by inter-hospital contracted patient status and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Inter-hospital contracted patient from public sector	1,168	1,518	0	316	2,196	0	0	85	5,283
Inter-hospital contracted patient from private sector	3,527	32	0	0	0	0	0	879	4,438
Not inter-hospital contracted patient	1,275,826	1,270,912	750,317	394,644	375,471	94,304	72,136	82,421	4,316,031
Not reported	139,942	382	0	0	0	0	0	0	140,324
Total	*1,420,463*	*1,272,844*	*750,317*	*394,960*	*377,667*	*94,304*	*72,136*	*83,385*	*4,466,076*
Private hospitals									
Inter-hospital contracted patient from public sector	52,355	1,549	1,733	7,476	450	n.p.	n.p.	n.p.	65,690
Inter-hospital contracted patient from private sector	0	0	3,964	0	0	n.p.	n.p.	n.p.	3,964
Not inter-hospital contracted patient	713,544	718,432	705,647	311,917	219,747	n.p.	n.p.	n.p.	2,747,322
Not reported	0	0	187	0	0	n.p.	n.p.	n.p.	28,931
Total	*765,899*	*719,981*	*711,531*	*319,393*	*220,197*	*n.p.*	*n.p.*	*n.p.*	*2,845,907*
All hospitals									
Inter-hospital contracted patient from public sector	53,523	3,067	1,733	7,792	2,646	n.p.	n.p.	n.p.	70,973
Inter-hospital contracted patient from private sector	3,527	32	3,964	0	0	n.p.	n.p.	n.p.	8,402
Not inter-hospital contracted patient	1,989,370	1,989,344	1,455,964	706,561	595,218	n.p.	n.p.	n.p.	7,063,353
Not reported	139,942	382	187	0	0	n.p.	n.p.	n.p.	169,255
Total separations	**2,186,362**	**1,992,825**	**1,461,848**	**714,353**	**597,864**	**n.p.**	**n.p.**	**n.p.**	**7,311,983**

(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[a], by urgency of admission and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Emergency	*677,602*	*446,419*	*325,472*	*156,299*	*156,760*	*44,402*	*27,550*	*28,721*	*1,863,225*
Surgical[b]	73,493	49,374	31,131	21,910	17,727	5,516	4,667	3,430	207,248
Other[b]	604,109	397,045	294,341	134,389	139,033	38,886	22,883	25,291	1,655,977
Elective	*587,416*	*735,864*	*201,676*	*131,930*	*131,280*	*29,416*	*20,378*	*25,113*	*1,863,073*
Surgical[b]	187,600	193,153	104,489	56,204	59,858	12,146	9,527	5,202	628,179
Other[b]	399,816	542,711	97,187	75,726	71,422	17,270	10,851	19,911	1,234,894
Not assigned	154,759	90,179	223,169	106,731	89,627	20,482	24,208	29,551	738,706
Not reported	686	382	0	0	0	4	0	0	1,072
Total	*1,420,463*	*1,272,844*	*750,317*	*394,960*	*377,667*	*94,304*	*72,136*	*83,385*	*4,466,076*
Private hospitals									
Emergency	*23,286*	*33,978*	*79,229*	*29,997*	*27,067*	*n.p.*	*n.p.*	*n.p.*	*200,543*
Surgical[b]	4,862	6,006	15,226	4,297	5,697	n.p.	n.p.	n.p.	38,668
Other[b]	18,424	27,972	64,003	25,700	21,370	n.p.	n.p.	n.p.	161,875
Elective	*700,694*	*665,051*	*510,989*	*226,514*	*168,828*	*n.p.*	*n.p.*	*n.p.*	*2,356,396*
Surgical[b]	320,219	251,436	237,722	111,404	89,361	n.p.	n.p.	n.p.	1,052,118
Other[b]	380,475	413,615	273,267	115,110	79,467	n.p.	n.p.	n.p.	1,304,278
Not assigned	41,919	20,952	121,313	62,882	24,302	n.p.	n.p.	n.p.	274,098
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	14,870
Total	*765,899*	*719,981*	*711,531*	*319,393*	*220,197*	*n.p.*	*n.p.*	*n.p.*	*2,845,907*
All hospitals									
Emergency	*700,888*	*480,397*	*404,701*	*186,296*	*183,827*	*n.p.*	*n.p.*	*n.p.*	*2,063,768*
Surgical[b]	78,355	55,380	46,357	26,207	23,424	n.p.	n.p.	n.p.	245,916
Other[b]	622,533	425,017	358,344	160,089	160,403	n.p.	n.p.	n.p.	1,817,852
Elective	*1,288,110*	*1,400,915*	*712,665*	*358,444*	*300,108*	*n.p.*	*n.p.*	*n.p.*	*4,219,469*
Surgical[b]	507,819	444,589	342,211	167,608	149,219	n.p.	n.p.	n.p.	1,680,297
Other[b]	780,291	956,326	370,454	190,836	150,889	n.p.	n.p.	n.p.	2,539,172
Not assigned	196,678	111,131	344,482	169,613	113,929	n.p.	n.p.	n.p.	1,012,804
Not reported	686	382	0	0	0	n.p.	n.p.	n.p.	15,942
Total separations	**2,186,362**	**1,992,825**	**1,461,848**	**714,353**	**597,864**	**n.p.**	**n.p.**	**n.p.**	**7,311,983**

(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[(a)] with hospital-in-the-home care, by hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Separations									
Same day	n.a.	7,294	165	8	580	n.a.	0	2	8,049
Overnight	n.a.	31,370	890	1,207	5,085	n.a.	890	464	39,906
Hospital in the home days	n.a.	189,296	9,815	16,771	43,360	n.a.	9,634	3,939	272,815
Total patient days	*n.a.*	*282,482*	*12,861*	*26,601*	*67,051*	*n.a.*	*13,621*	*6,069*	*408,685*
Private hospitals									
Separations									
Same day	n.a.	117	82	0	57	n.a.	n.p.	n.p.	n.p.
Overnight	n.a.	910	71	175	46	n.a.	n.p.	n.p.	n.p.
Hospital in the home days	n.a.	5,548	5,005	1,322	332	n.a.	n.p.	n.p.	n.p.
Total patient days	*n.a.*	*6,700*	*5,005*	*2,778*	*332*	*n.a.*	*n.p.*	*n.p.*	*n.p.*
All hospitals									
Separations									
Same day	n.a.	7,411	247	8	637	n.a.	n.p.	n.p.	n.p.
Overnight	n.a.	32,280	961	1,382	5,131	n.a.	n.p.	n.p.	n.p.
Hospital in the home days	n.a.	194,844	14,820	18,093	43,692	n.a.	n.p.	n.p.	n.p.
Total patient days	**n.a.**	**289,182**	**17,866**	**29,379**	**67,383**	**n.a.**	**n.p.**	**n.p.**	**n.p.**

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
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 2005–06. 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 2005 population estimates for Indigenous peoples and other Australians (Tables 8.7 and 8.8), Remoteness Areas (Table 8.12) and quintiles of socioeconomic advantage/disadvantage (Table 8.13) because 31 December (mid-year) population estimates were not available for these population groups. Country of birth groups (Table 8.10) used 30 June 2004 population estimates. 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 2005 estimates (see Appendix 1).

Age group and sex

Data on the sex of each patient were reported to the National Hospital Morbidity Database as male, female, indeterminate or not stated/inadequately described. The AIHW calculated the age of the patient by subtracting the date of birth from the date of admission. The 90 separations for patients who were not reported as male or female and the 52 separations for which age was not reported are included in the totals of tables in this chapter.

Changes between 2001–02 and 2005–06

The increases in separations (17.0%) and patient days (5.4%) in private hospitals between 2001–02 and 2005–06 were attributable more to males (18.1%) than to females (16.1%) and were spread unevenly among age groups (Tables 8.1 and 8.4).

Private hospital separations increased for all age groups above 0–14 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 35.1%) and the 85 and over group (40.6%). The increase for the 85 and over group was strongly driven by a 63.0% increase in male hospital separations for this age group. The increases in private hospital patient days were also most pronounced for patients aged 55–64 years (22.7%) and 85 and over (20.8%).

The smaller increase in public hospital separations (12.6%) over this period was more attributable to males (14.2%) than to females (11.2%) and to older patients, particularly those aged 55 years and over. Patient days increased by 2.7% for females and by 6.8% for males. Separations increased by 27.4% for patients aged 75–84 years and by 24.5% for those aged

85 years and over, but decreased for children aged 1 to 4 years. Patient days decreased for patients aged 1 to 4 years and those aged 15–34 years.

Sex and age profiles in 2005–06

Nationally, separations per 1,000 population were higher for females than for males in all age groups from 15 to 54 years in 2005–06 (Figure 6 in 'Hospitals at a glance').

Females outnumbered males in separations from public hospitals (2,307,093 separations, 51.7% of total) and from private hospitals (1,566,552 separations, 55.0% of total) in 2005–06 (Tables 8.2 and 8.3). There were more females than males in all age groups in the 15 to 44 years range in separations from public hospitals and in all age groups from 15–54 years range 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 51.8% (8,797,689) of patient days, and for more patient days than males in the age range from 15 to 44 years and 75 years and over. In private hospitals, females accounted for 57.8% (4,241,287) of patient days, and for more patient days than males in age groups in the 15 to 64 years range and 75 years and over.

Persons aged 55 years and over accounted for a large proportion of admitted patient activity across the combined sectors in 2005–06. They accounted for 23.9% of the estimated resident population at 30 June 2005 and contributed 50.9% of separations (over 3.7 million) and 60.5% of patient days (over 14.7 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 other age. Persons aged 75 years and over had higher average lengths of stay than any age group other than children under 1 year old (Figures 6 and 8 in 'Hospitals at a glance').

Indigenous status

Tables 8.7, 8.8 and 8.9 contain summary statistics on separations by Indigenous status as supplied by states and territories as defined in the *National health data dictionary* definition (NHDC 2003). Information by Indigenous status is also provided in Chapters 5 (*Non-admitted patient care*), 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 2005c) 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 subtotals and separation rates for the four jurisdictions only. Also, Table 8.9 and Figure 8.1 include data from these four jurisdictions only. Data for the Northern Territory in these analyses are for public hospitals only. Note that data for the four jurisdictions 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, categories used were *Aboriginal but not Torres Strait Islander origin*, *Torres Strait Islander but not Aboriginal origin*, *Aboriginal and Torres Strait Islander origin*, *Neither Aboriginal nor Torres Strait Islander origin,* and *Not Reported*.

For the four jurisdictions, age-standardised separation rates per 1,000 population are presented for the three Indigenous categories in aggregate and for other persons (that is, those reported as *Neither Aboriginal nor Torres Strait Islander origin* or whose status was *Not reported*). Also presented are rate ratios for the separation rates for persons identified as Indigenous Australians to other Australians (that is, ratios of the age-standardised rate for persons identified as Indigenous Australians to the age-standardised rate for other Australians). 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 for 2005–06. There were 247,811 separations in 2005–06 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 show that 91.7% of separations for Indigenous persons were reported as *Aboriginal but not Torres Strait Islander origin*, 5.5% were reported as *Torres Strait Islander but not Aboriginal origin* and 2.8% were reported as *Aboriginal and Torres Strait Islander origin*. Over 92% of separations of Indigenous persons in 2005–06 were from the public sector (170,298), whereas only 53.7% of separations for other persons were from the public sector.

For the four jurisdictions combined, there were 1,038.7 separations per 1,000 population of *Indigenous* persons reported in 2005–06. This was almost three times the separation rate for other persons (352.4). About four-fifths of the difference between these rates was attributable to higher separation rates for Indigenous persons with a principal diagnosis of *Care involving dialysis* (Z49) or with a procedure of *Haemodialysis* (Block 1060) (see Tables 9.22 and 10.20). The Northern Territory reported the largest number of separations of *Indigenous* persons per 1,000 Indigenous population (1,548.0), followed by Western Australia (1,098.9). The Northern Territory also reported the largest rate ratio for separations (6.5), indicating that the separation rate for Indigenous persons was 6.5 times the rate for other persons.

For the four jurisdictions, 40.0% of separations for patients reported as *Indigenous* in 2005–06 were for overnight stays (73,655) (Table 8.8), and 1.6% of overnight separations of *Indigenous* persons were from the private sector (1,152). There were 338.8 overnight separations of *Indigenous* persons reported per 1,000 Indigenous population. This was almost twice the rate for other persons (158.6). Western Australia reported the highest rate of overnight separations for Indigenous persons per 1,000 Indigenous population (383.6) and the largest separation 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 2005–06. The proportion of separations for *Indigenous* females (57.1%) was slightly higher than that for *Other Australian* females (52.5%). A higher proportion of separations reported for *Indigenous* persons in 2005–06 were for those aged 64 years and under compared with separations for *Other Australians*. Only 10.7% of separations for *Indigenous* persons were reported among those aged 65 years and over compared with 35.5% of separations for *Other Australians*.

Age-specific separation rates per 1,000 population for Indigenous males and females are compared in Figure 8.1 with those for other males and females. The rates for Indigenous males and females were higher than those for other males and females across all age groups. Separation rates for Indigenous persons in older age groups are subject to variability because of the relatively small populations in these age groups.

Quality of Indigenous status data

Overall, the quality of the data provided for Indigenous status in 2005–06 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 2005–06, 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 2005–06 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. Since 2004–05 additional Aboriginal Hospital Liaison Officers and Policy/Planning Officers have been employed and at many hospitals the quality of Indigenous status data has improved. From July 2005 two codes were added to the Indigenous status field to assist in identifying hospitals with problems recording Aboriginal patients accurately. The new codes record 'Question unable to be asked' for patients who are physically or mentally incapable of responding and 'Patient refused to answer' to record patients who are capable of responding but refuse to do so.

Queensland Health notes that for the 2005–06 financial year Indigenous status was not reported for 5.7% of admitted patient separations (1.9% for public hospital separations and 9.7% for private hospital separations). This is a significant improvement in the reporting of Indigenous status over earlier years, and is largely due to better reporting by several of the larger private hospitals. Nonetheless, available evidence still suggests that the number of Indigenous separations is significantly understated in the Queensland hospital morbidity data because of non-reporting as well as misreporting of Indigenous status. A report detailing the findings of audits of five public hospitals during July to September 2005 to assess the accuracy of Indigenous status in hospital records was released in 2006. Around 80% of Indigenous patients were being identified as Indigenous. Almost all of those correctly identified as Indigenous were also correctly identified as 'Aboriginal', 'Torres Strait Islander', or 'Aboriginal and Torres Strait Islander'.

Queensland Health is committed to improving overall Aboriginal and Torres Strait Islander identification in all mainstream data collections.

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 2005–06 Indigenous status data as suitable for inclusion in national statistical reports. It is known that standards for identification are better in country hospitals than metropolitan hospitals. A recent review commissioned by the Department found that the adoption of the standard for collecting and recording data on Indigenous Status as defined in the *National health data dictionary* was variable amongst health care units. As a result the Department has initiated a project to bring systems and data collections into line with the national standard. For a number of years a 30% loading has been applied to casemix payments for Indigenous separations in public hospitals, which 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 2005–06 and the number of separations where Indigenous status is not stated has improved in both sectors. The department is continuing to monitor and implement actions to improve the coverage and quality of Indigenous data in both the public and private sectors.

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. In 2006 ACT Health worked with the Winnunga Nimmityjah Aboriginal Health Service (WNAHS), to undertake a project to estimate Aboriginal and Torres Strait Islander under-identification in ACT public hospital data sets. The project engaged the services of the AIHW in a data matching process involving health records from the WNAHS and health records from The Canberra Hospital and Calvary Public Hospital. The data has been processed by the AIHW but the results have not been finalised at the time of writing.

The Northern Territory Department of Health and Community Services reports that the quality of its 2005–06 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 2005–06, all states and territories supplied country of birth details coded to the Australian Bureau of Statistics' Standard Australian Classification of Countries (SACC) as specified in the *National health data dictionary* version 12 supplement (AIHW 2004b).

Australian-born patients accounted for 73.1% (5,347,657) of total separations, 71.9% in the public sector and 75.1% in the private sector (Table 8.10). The age-standardised separation rate for the Australian-born population was higher (366.7 per 1,000 population) than that for the overseas-born population (299.5 per 1,000). Persons born in North-East Asia had the lowest separation rate at 225.4 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, Croatia, Greece, Egypt, Philippines and Vietnam. Fewer than 50% of separations for patients born in Hong Kong and Macau, the United States of America and South Africa were in the public sector.

Area of usual residence

The *National health data dictionary* specifies that data on the usual residence of patients should be provided as the state or territory and the statistical local area (SLA) of usual residence. Patients' SLAs have been assigned to Remoteness Areas to enable reporting of hospital separations by Remoteness Area of usual residence. Details of the data provided by states and territories and the mapping process conducted by the AIHW to assign 2005 SLA codes and Remoteness Area categories to separation records can be found in Appendix 1.

Patients' SLAs have also been assigned to categories of the Index of Advantage/ Disadvantage, one of a set of Socio-Economic Indexes for Areas 2001 (termed 'SEIFA 2001') constructed by the Australian Bureau of Statistics based on data from the 2001 population census (ABS 2004). SEIFA 2001 is discussed in more detail in Appendix 1.

Tables 8.11, 8.12 and 8.13 present selected separation statistics by hospital sector and same day status for each state or territory of usual residence, Remoteness Area of usual residence and quintile of socioeconomic advantage/disadvantage. 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. An SRR 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 an SRR 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 1 provides more information on the SRR.

Usual residents of the Northern Territory had the largest separation rate for public hospitals, 468.1 per 1,000 population. The SRR for usual residents of the Northern Territory in public hospitals was 2.20, that is, persons usually resident in the Northern Territory had a total separation rate in public hospitals that was 120% 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, 170.3 per 1,000 population, and usual residents of South Australia had the highest overnight separation rate, 169.1 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 505.1 separations per 1,000 population, compared with 349.5 separations per 1,000 population nationwide. The SRR of 1.45 for persons usually resident in *Very remote* areas indicates that their separation rate was 45% 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 (453.8 separations per 1,000 population), and the separation rate for private hospitals was highest for usual residents of *Major cities* (148.6 separations per 1,000 population) and lowest for *Very remote* areas (51.2 separations per 1,000 population).

Socioeconomic advantage/disadvantage

The Index of Advantage/Disadvantage (from SEIFA 2001) used in this report is categorised into quintiles containing approximately 20% of the total Australian population. Table 8.13 presents for each quintile the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR.

Each quintile accounted for between 19.1% and 21.2% of total hospital separations. However, SRRs were statistically different among the quintiles, ranging from 1.05 for the most disadvantaged to 0.94 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 25.2% of separations from public hospitals and 14.9% of separations from private hospitals. In contrast, the most advantaged quintile accounted for 13.9% of separations from public hospitals and 27.2% of separations from private hospitals. Reflecting this, the SRRs for separations from public hospitals decreased progressively from 1.26 for the most disadvantaged quintile to 0.69 for the most advantaged quintile and the SRRs for separations from private hospitals increased progressively from 0.73 for the most disadvantaged quintile to 1.35 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 72.7% of separations of the most disadvantaged quintile and 44.4% 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 1.15 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> provide information on separations and patient days by 5–year age group, sex, hospital sector and state/territory.

Table 8.1: Separations[a], by age group, sex and hospital sector, Australia, 2001–02 to 2005–06

		Private hospitals						Public hospitals					
Sex	Age group	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06 (per cent)	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06 (per cent)
Females	Under 1	9,214	9,595	9,258	8,549	8,617	–6.5	49,476	50,390	50,915	47,708	50,547	2.2
	1–4	12,943	13,056	12,058	11,902	11,767	–9.1	60,539	59,432	59,733	56,511	57,760	–4.6
	5–14	24,801	24,472	23,379	23,384	23,498	–5.3	72,857	72,802	73,408	74,422	75,277	3.3
	15–24	90,632	97,741	97,019	98,920	103,046	13.7	207,080	205,778	208,857	212,048	218,744	5.6
	25–34	191,321	198,337	194,978	195,885	196,946	2.9	338,004	341,100	342,996	345,143	357,690	5.8
	35–44	198,574	206,013	207,170	218,718	225,395	13.5	243,342	245,907	248,933	255,842	266,199	9.4
	45–54	216,548	219,932	225,615	230,407	234,971	8.5	219,604	229,328	235,139	239,259	247,949	12.9
	55–64	192,525	210,092	228,225	240,426	259,411	34.7	227,056	242,066	252,550	254,879	269,403	18.7
	65–74	181,831	188,940	197,423	206,536	214,537	18.0	276,731	285,700	294,868	298,652	306,785	10.9
	75–84	174,991	188,626	201,097	210,725	217,958	24.6	261,707	276,623	291,386	299,848	314,400	20.1
	85 and over	55,930	59,301	62,226	64,582	70,406	25.9	117,646	125,113	129,222	131,679	142,336	21.0
	Total[b]	*1,349,310*	*1,416,105*	*1,458,449*	*1,510,034*	*1,566,552*	*16.1*	*2,074,080*	*2,134,266*	*2,188,007*	*2,215,998*	*2,307,093*	*11.2*
Males	Under 1	13,845	14,559	14,546	14,147	13,732	–0.8	66,718	66,301	68,181	63,576	66,427	–0.4
	1–4	19,346	19,052	18,469	18,777	18,239	–5.7	85,831	83,661	83,513	79,184	79,490	–7.4
	5–14	29,914	28,681	27,490	27,249	27,423	–8.3	104,545	102,322	103,365	102,632	104,201	–0.3
	15–24	60,025	61,957	61,253	62,871	65,118	8.5	122,260	121,617	123,883	125,517	132,231	8.2
	25–34	71,797	73,155	70,142	70,551	70,775	–1.4	164,709	160,930	160,570	161,690	161,561	–1.9
	35–44	113,515	115,043	114,299	116,798	118,227	4.2	192,823	195,062	197,798	202,215	210,167	9.0
	45–54	169,145	170,766	172,517	175,977	177,177	4.7	228,439	235,614	243,517	247,860	264,058	15.6
	55–64	196,748	214,421	231,790	249,529	266,680	35.5	268,294	288,892	300,081	314,858	334,406	24.6
	65–74	187,264	199,316	212,264	222,816	236,289	26.2	339,739	355,597	358,241	365,658	380,032	11.9
	75–84	184,988	198,897	212,448	222,460	225,822	22.1	251,427	274,884	298,531	318,299	339,456	35.0
	85 and over	36,720	42,356	47,001	51,208	59,849	63.0	66,469	71,580	74,792	78,855	86,881	30.7
	Total[b]	*1,083,307*	*1,138,204*	*1,182,219*	*1,232,383*	*1,279,331*	*18.1*	*1,891,294*	*1,956,492*	*2,012,473*	*2,060,353*	*2,158,917*	*14.2*
Persons[b]	Under 1	23,078	24,170	23,831	22,700	22,360	–3.1	116,211	116,699	119,100	111,287	116,978	0.7
	1–4	32,289	32,109	30,531	30,679	30,006	–7.1	146,376	143,095	143,246	135,696	137,252	–6.2
	5–14	54,716	53,153	50,873	50,634	50,921	–6.9	177,406	175,125	176,775	177,056	179,478	1.2
	15–24	150,660	159,699	158,273	161,791	168,169	11.6	329,353	327,402	332,741	337,566	350,976	6.6
	25–34	263,120	271,494	265,120	266,437	267,721	1.7	502,717	502,033	503,568	506,836	519,258	3.3
	35–44	312,090	321,059	321,469	335,516	343,624	10.1	436,221	441,067	446,743	458,062	476,366	9.2
	45–54	385,699	390,701	398,133	406,386	412,149	6.9	448,046	464,945	478,657	487,124	512,012	14.3
	55–64	389,273	424,516	460,015	489,956	526,092	35.1	495,363	530,960	552,635	569,746	603,812	21.9
	65–74	369,096	388,258	409,689	429,352	450,828	22.1	616,473	641,307	653,112	664,323	686,819	11.4
	75–84	359,987	387,524	413,546	433,187	443,780	23.3	513,134	551,507	589,925	618,162	653,856	27.4
	85 and over	92,651	101,658	109,227	115,790	130,255	40.6	184,116	196,694	204,014	210,547	229,217	24.5
Total[b]		**2,432,659**	**2,554,342**	**2,640,708**	**2,742,425**	**2,845,907**	**17.0**	**3,965,512**	**4,090,969**	**4,200,517**	**4,276,425**	**4,466,076**	**12.6**

(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 sex and/or age group were not reported.

Table 8.2: Separations[a], by age group and sex, public hospitals, states and territories, 2005–06

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	16,398	14,571	9,275	3,578	3,807	944	748	1,226	50,547
	1–4	20,390	13,468	11,143	4,938	4,895	978	749	1,199	57,760
	5–14	25,185	18,727	14,601	6,906	6,081	1,586	1,117	1,074	75,277
	15–24	67,531	54,183	46,054	19,060	18,754	4,889	3,380	4,893	218,744
	25–34	113,822	101,619	65,014	30,167	27,945	7,527	5,429	6,167	357,690
	35–44	79,256	77,644	44,049	25,638	22,235	5,797	4,511	7,069	266,199
	45–54	68,207	72,153	42,615	24,511	21,580	6,059	3,217	9,607	247,949
	55–64	79,798	80,122	45,662	23,884	21,288	6,294	4,486	7,869	269,403
	65–74	99,951	89,852	47,173	25,847	27,609	6,526	5,414	4,413	306,785
	75–84	113,008	91,993	42,613	26,624	28,031	6,233	4,147	1,751	314,400
	85 and over	54,142	39,963	18,344	12,480	12,335	2,956	1,861	255	142,336
	Total[b]	*737,691*	*654,295*	*386,543*	*203,633*	*194,560*	*49,789*	*35,059*	*45,523*	*2,307,093*
Males	Under 1	21,832	19,194	11,936	4,614	5,106	1,261	951	1,533	66,427
	1–4	28,148	18,442	14,923	7,022	6,900	1,363	1,081	1,611	79,490
	5–14	36,735	24,697	19,966	9,777	8,008	1,923	1,488	1,607	104,201
	15–24	43,185	33,156	25,908	12,652	10,206	2,736	2,104	2,284	132,231
	25–34	50,519	44,016	29,004	14,343	12,989	3,833	3,090	3,767	161,561
	35–44	63,984	57,795	35,933	19,801	17,935	3,914	3,523	7,282	210,167
	45–54	76,715	72,824	47,436	25,084	21,868	5,624	5,058	9,449	264,058
	55–64	97,120	99,718	57,555	30,859	29,875	6,822	6,941	5,516	334,406
	65–74	117,203	119,563	61,766	31,798	31,767	8,244	6,263	3,428	380,032
	75–84	115,447	104,927	47,645	28,001	29,731	6,830	5,628	1,247	339,456
	85 and over	31,817	24,212	11,702	7,376	8,722	1,964	950	138	86,881
	Total[b]	*682,712*	*618,544*	*363,774*	*191,327*	*183,107*	*44,514*	*37,077*	*37,862*	*2,158,917*
Persons[b]	Under 1	38,231	33,768	21,211	8,192	8,913	2,205	1,699	2,759	116,978
	1–4	48,540	31,910	26,066	11,960	11,795	2,341	1,830	2,810	137,252
	5–14	61,920	43,424	34,567	16,683	14,089	3,509	2,605	2,681	179,478
	15–24	110,717	87,339	71,962	31,712	28,960	7,625	5,484	7,177	350,976
	25–34	164,346	145,637	94,018	44,510	40,934	11,360	8,519	9,934	519,258
	35–44	143,240	135,439	79,982	45,439	40,170	9,711	8,034	14,351	476,366
	45–54	144,926	144,977	90,051	49,595	43,448	11,684	8,275	19,056	512,012
	55–64	176,921	179,840	103,217	54,743	51,163	13,116	11,427	13,385	603,812
	65–74	217,156	209,415	108,939	57,645	59,376	14,770	11,677	7,841	686,819
	75–84	228,455	196,920	90,258	54,625	57,762	13,063	9,775	2,998	653,856
	85 and over	85,959	64,175	30,046	19,856	21,057	4,920	2,811	393	229,217
Total[b]		**1,420,463**	**1,272,844**	**750,317**	**394,960**	**377,667**	**94,304**	**72,136**	**83,385**	**4,466,076**

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
(b) Includes separations for which sex and/or age group were not reported.

Table 8.3: Separations[a], by age group and sex, private hospitals, states and territories, 2005–06

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	1,064	2,814	1,943	2,165	337	n.p.	n.p.	n.p.	8,617
	1–4	3,317	1,950	3,067	1,865	1,117	n.p.	n.p.	n.p.	11,767
	5–14	6,972	4,920	5,369	3,484	1,766	n.p.	n.p.	n.p.	23,498
	15–24	26,265	27,912	24,857	13,573	6,225	n.p.	n.p.	n.p.	103,046
	25–34	54,250	51,808	47,062	23,372	11,202	n.p.	n.p.	n.p.	196,946
	35–44	60,078	63,584	52,424	24,700	14,473	n.p.	n.p.	n.p.	225,395
	45–54	59,782	61,832	56,535	27,840	19,028	n.p.	n.p.	n.p.	234,971
	55–64	68,213	65,273	65,460	28,837	21,219	n.p.	n.p.	n.p.	259,411
	65–74	58,528	52,790	56,456	22,321	17,517	n.p.	n.p.	n.p.	214,537
	75–84	61,732	56,417	54,660	18,576	19,415	n.p.	n.p.	n.p.	217,958
	85 and over	17,113	19,198	18,768	6,383	6,884	n.p.	n.p.	n.p.	70,406
	Total[b]	*417,314*	*408,498*	*386,601*	*173,116*	*119,183*	*n.p.*	*n.p.*	*n.p.*	*1,566,552*
Males	Under 1	2,439	3,688	3,005	3,220	980	n.p.	n.p.	n.p.	13,732
	1–4	5,505	3,000	4,440	2,915	1,646	n.p.	n.p.	n.p.	18,239
	5–14	8,405	5,480	6,375	3,967	2,043	n.p.	n.p.	n.p.	27,423
	15–24	18,214	15,862	13,499	9,553	5,137	n.p.	n.p.	n.p.	65,118
	25–34	20,233	19,066	14,743	8,656	5,060	n.p.	n.p.	n.p.	70,775
	35–44	32,828	30,160	27,001	14,885	8,833	n.p.	n.p.	n.p.	118,227
	45–54	47,863	44,456	42,267	20,903	14,679	n.p.	n.p.	n.p.	177,177
	55–64	73,394	60,562	71,876	29,400	20,932	n.p.	n.p.	n.p.	266,680
	65–74	64,570	56,193	63,205	25,282	18,989	n.p.	n.p.	n.p.	236,289
	75–84	60,516	57,987	59,828	22,099	18,396	n.p.	n.p.	n.p.	225,822
	85 and over	14,618	15,019	18,691	5,397	4,317	n.p.	n.p.	n.p.	59,849
	Total[b]	*348,585*	*311,473*	*324,930*	*146,277*	*101,012*	*n.p.*	*n.p.*	*n.p.*	*1,279,331*
Persons[b]	Under 1	3,503	6,512	4,948	5,385	1,318	n.p.	n.p.	n.p.	22,360
	1–4	8,822	4,950	7,507	4,780	2,763	n.p.	n.p.	n.p.	30,006
	5–14	15,377	10,400	11,744	7,451	3,809	n.p.	n.p.	n.p.	50,922
	15–24	44,479	43,774	38,356	23,126	11,363	n.p.	n.p.	n.p.	168,170
	25–34	74,483	70,874	61,805	32,028	16,262	n.p.	n.p.	n.p.	267,721
	35–44	92,906	93,744	79,425	39,585	23,306	n.p.	n.p.	n.p.	343,624
	45–54	107,645	106,288	98,802	48,743	33,707	n.p.	n.p.	n.p.	412,149
	55–64	141,607	125,835	137,336	58,237	42,151	n.p.	n.p.	n.p.	526,092
	65–74	123,098	108,983	119,661	47,603	36,506	n.p.	n.p.	n.p.	450,828
	75–84	122,248	114,404	114,488	40,675	37,811	n.p.	n.p.	n.p.	443,780
	85 and over	31,731	34,217	37,459	11,780	11,201	n.p.	n.p.	n.p.	130,255
Total[b]		**765,899**	**719,981**	**711,531**	**319,393**	**220,197**	**n.p.**	**n.p.**	**n.p.**	**2,845,907**

(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[a], by age group, sex and hospital sector, Australia, 2001–02 to 2005–06

		Private hospitals						Public hospitals					
Sex	Age group	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06 (per cent)	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06 (per cent)
Females	Under 1	47,551	49,147	49,177	47,763	47,673	0.3	274,566	271,864	280,205	270,901	291,960	6.3
	1–4	17,827	16,970	16,040	14,645	14,148	–20.6	117,847	116,731	114,982	107,880	110,996	–5.8
	5–14	36,843	33,689	31,400	31,608	31,436	–14.7	161,989	160,672	162,721	166,293	173,794	7.3
	15–24	172,762	180,504	177,254	177,585	179,809	4.1	597,066	573,454	573,838	568,779	572,545	–4.1
	25–34	523,066	527,129	510,133	499,691	496,960	–5.0	1,040,244	1,008,202	967,886	987,771	1,006,466	–3.2
	35–44	463,784	465,140	458,873	470,918	482,241	4.0	731,057	735,519	714,611	762,779	761,862	4.2
	45–54	476,638	467,528	468,396	466,712	469,698	–1.5	654,918	666,269	666,458	700,059	730,096	11.5
	55–64	458,327	485,652	512,783	524,649	553,419	20.7	774,506	792,099	805,906	823,883	868,799	12.2
	65–74	561,334	554,007	562,764	556,337	563,172	0.3	1,174,344	1,176,845	1,183,186	1,188,437	1,165,281	–0.8
	75–84	843,445	876,469	887,512	889,197	893,400	5.9	1,815,116	1,827,805	1,859,712	1,806,945	1,839,409	1.3
	85 and over	456,352	466,849	480,428	466,175	509,331	11.6	1,224,716	1,274,883	1,275,783	1,236,896	1,276,478	4.2
	Total[b]	*4,057,929*	*4,123,084*	*4,154,761*	*4,145,280*	*4,241,287*	*4.5*	*8,566,505*	*8,604,419*	*8,605,288*	*8,620,631*	*8,797,689*	*2.7*
Males	Under 1	58,746	60,888	61,258	60,582	59,652	1.5	335,111	338,279	343,032	340,994	352,775	5.3
	1–4	24,221	22,866	21,735	22,202	20,887	–13.8	159,708	154,853	152,965	144,126	145,785	–8.7
	5–14	42,512	38,582	36,315	34,596	34,495	–18.9	207,282	220,909	206,389	204,490	207,996	0.3
	15–24	109,854	105,827	103,628	103,728	107,438	–2.2	482,898	480,006	437,876	464,355	464,774	–3.8
	25–34	136,219	131,682	121,139	119,576	120,983	–11.2	677,669	665,699	619,246	688,529	637,289	–6.0
	35–44	209,252	211,775	198,561	198,407	203,694	–2.7	687,050	663,593	665,111	690,705	700,486	2.0
	45–54	342,693	339,416	327,112	319,784	321,309	–6.2	724,407	772,767	791,617	815,616	866,065	19.6
	55–64	442,881	476,330	497,966	521,415	552,290	24.7	965,135	988,066	1,016,713	1,053,267	1,091,723	13.1
	65–74	529,380	539,507	550,144	557,523	573,366	8.3	1,404,330	1,426,389	1,408,282	1,402,415	1,428,595	1.7
	75–84	776,263	795,430	809,116	791,399	777,833	0.2	1,419,053	1,488,162	1,557,536	1,604,242	1,655,534	16.7
	85 and over	233,553	269,865	282,775	291,930	324,283	38.8	607,148	615,756	614,192	631,750	644,004	6.1
	Total[b]	*2,905,574*	*2,992,169*	*3,009,749*	*3,021,142*	*3,096,230*	*6.6*	*7,669,989*	*7,814,558*	*7,812,960*	*8,040,503*	*8,195,033*	*6.8*
Persons[b]	Under 1	106,457	110,203	110,674	108,375	107,421	0.9	609,762	610,191	623,241	611,913	644,803	5.7
	1–4	42,048	39,837	37,778	36,847	35,035	–16.7	277,561	271,588	267,947	252,007	256,784	–7.5
	5–14	79,356	72,271	67,719	66,204	65,932	–16.9	369,284	381,582	369,112	370,785	381,790	3.4
	15–24	282,619	286,332	280,883	281,313	287,253	1.6	1,080,038	1,053,489	1,011,723	1,033,135	1,037,320	–4.0
	25–34	659,287	658,814	631,273	619,267	617,943	–6.3	1,717,918	1,673,963	1,587,140	1,676,303	1,643,775	–4.3
	35–44	673,037	676,918	657,434	669,326	685,937	1.9	1,418,225	1,399,270	1,379,931	1,453,518	1,462,348	3.1
	45–54	819,337	806,947	795,509	786,496	791,009	–3.5	1,379,355	1,439,039	1,458,076	1,515,682	1,596,173	15.7
	55–64	901,208	961,985	1,010,749	1,046,065	1,105,710	22.7	1,739,678	1,780,172	1,822,629	1,877,176	1,960,532	12.7
	65–74	1,090,715	1,093,516	1,112,910	1,113,860	1,136,540	4.2	2,578,680	2,603,273	2,591,474	2,590,974	2,593,908	0.6
	75–84	1,619,716	1,671,900	1,696,629	1,680,598	1,671,233	3.2	3,234,169	3,315,967	3,417,292	3,411,835	3,494,943	8.1
	85 and over	689,906	736,724	763,203	758,105	833,614	20.8	1,831,865	1,890,640	1,889,975	1,868,802	1,920,482	4.8
Total[b]		**6,963,686**	**7,115,448**	**7,164,762**	**7,166,456**	**7,337,627**	**5.4**	**16,237,364**	**16,425,349**	**16,418,541**	**16,662,156**	**16,993,026**	**4.7**

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

(b) Includes separations for which sex and/or age group were not reported.

Table 8.5: Patient days[a], by age group and sex, public hospitals, states and territories, 2005–06

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	87,107	77,644	56,334	24,100	25,299	6,212	5,677	9,587	291,960
	1–4	40,021	23,085	20,407	10,524	8,995	1,762	1,390	4,812	110,996
	5–14	58,232	39,774	33,600	17,906	14,090	3,672	2,626	3,894	173,794
	15–24	186,924	130,865	114,009	55,177	48,802	13,280	9,305	14,183	572,545
	25–34	357,434	251,801	175,569	88,405	76,154	22,677	16,071	18,355	1,006,466
	35–44	256,572	190,550	124,204	71,436	67,378	20,408	13,009	18,305	761,862
	45–54	230,673	184,011	133,606	68,563	64,864	17,780	10,956	19,643	730,096
	55–64	294,940	223,358	143,581	73,542	80,002	23,198	14,967	15,211	868,799
	65–74	426,029	316,726	173,160	91,804	104,295	27,922	16,340	9,005	1,165,281
	75–84	681,817	514,869	238,229	144,041	188,193	44,296	20,641	7,323	1,839,409
	85 and over	477,720	342,610	162,033	119,558	129,811	28,192	13,765	2,789	1,276,478
	Total[b]	*3,097,472*	*2,295,293*	*1,374,732*	*765,056*	*807,883*	*209,399*	*124,747*	*123,107*	*8,797,689*
Males	Under 1	107,772	92,950	65,646	29,274	29,635	8,639	7,998	10,861	352,775
	1–4	52,076	29,943	26,816	14,270	12,235	2,606	1,912	5,927	145,785
	5–14	72,918	46,890	39,197	21,269	15,344	4,059	2,693	5,626	207,996
	15–24	157,967	96,288	98,942	46,128	42,075	8,685	6,489	8,200	464,774
	25–34	233,656	140,474	120,137	53,883	52,767	14,501	9,342	12,529	637,289
	35–44	242,544	165,377	122,041	65,574	61,920	14,122	9,496	19,412	700,486
	45–54	307,727	197,721	160,359	74,463	71,884	18,935	14,212	20,764	866,065
	55–64	370,560	281,332	189,129	91,455	98,642	25,674	18,483	16,448	1,091,723
	65–74	493,458	383,299	238,204	117,214	125,626	39,170	19,445	12,179	1,428,595
	75–84	598,546	452,244	231,963	125,580	179,750	36,872	22,567	8,012	1,655,534
	85 and over	241,897	173,621	79,842	49,837	73,776	16,867	6,920	1,244	644,004
	Total[b]	*2,879,128*	*2,060,139*	*1,372,276*	*688,947*	*763,654*	*190,130*	*119,557*	*121,202*	*8,195,033*
Persons[b]	Under 1	194,880	170,661	121,980	53,374	54,934	14,851	13,675	20,448	644,803
	1–4	92,100	53,028	47,223	24,794	21,230	4,368	3,302	10,739	256,784
	5–14	131,150	86,664	72,797	39,175	29,434	7,731	5,319	9,520	381,790
	15–24	344,892	227,153	212,951	101,305	90,877	21,965	15,794	22,383	1,037,320
	25–34	591,108	392,277	295,706	142,288	128,921	37,178	25,413	30,884	1,643,775
	35–44	499,116	355,927	246,245	137,010	129,298	34,530	22,505	37,717	1,462,348
	45–54	538,411	381,732	293,965	143,026	136,748	36,716	25,168	40,407	1,596,173
	55–64	665,510	504,690	332,710	164,997	178,644	48,872	33,450	31,659	1,960,532
	65–74	919,519	700,025	411,364	209,018	229,921	67,092	35,785	21,184	2,593,908
	75–84	1,280,363	967,113	470,192	269,621	367,943	81,168	43,208	15,335	3,494,943
	85 and over	719,617	516,231	241,875	169,395	203,587	45,059	20,685	4,033	1,920,482
Total[b]		**5,976,834**	**4,355,501**	**2,747,008**	**1,454,003**	**1,571,537**	**399,530**	**244,304**	**244,309**	**16,993,026**

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

(b) Includes patient days for which sex and/or age group were not reported.

Table 8.6: Patient days[a], by age group and sex, private hospitals, states and territories, 2005–06

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	7,178	15,768	12,751	7,741	1,794	n.p.	n.p.	n.p.	47,673
	1–4	3,851	2,233	4,097	2,355	1,137	n.p.	n.p.	n.p.	14,148
	5–14	10,512	5,700	7,551	4,571	1,947	n.p.	n.p.	n.p.	31,436
	15–24	48,190	45,967	40,775	25,445	10,626	n.p.	n.p.	n.p.	179,809
	25–34	139,167	125,824	110,633	65,138	30,234	n.p.	n.p.	n.p.	496,960
	35–44	124,812	136,147	106,712	58,666	32,663	n.p.	n.p.	n.p.	482,241
	45–54	118,436	123,393	110,241	55,053	39,960	n.p.	n.p.	n.p.	469,698
	55–64	142,586	139,392	137,209	62,467	48,850	n.p.	n.p.	n.p.	553,419
	65–74	146,741	144,104	145,262	59,032	47,900	n.p.	n.p.	n.p.	563,172
	75–84	231,810	238,220	232,191	82,187	79,238	n.p.	n.p.	n.p.	893,400
	85 and over	115,728	135,542	146,037	54,707	43,464	n.p.	n.p.	n.p.	509,331
	Total[b]	*1,089,011*	*1,112,290*	*1,053,459*	*477,362*	*337,813*	*n.p.*	*n.p.*	*n.p.*	*4,241,287*
Males	Under 1	9,378	17,564	16,870	10,144	3,066	n.p.	n.p.	n.p.	59,652
	1–4	6,000	3,227	5,618	3,569	1,688	n.p.	n.p.	n.p.	20,887
	5–14	11,484	6,325	8,398	4,873	2,145	n.p.	n.p.	n.p.	34,495
	15–24	28,842	29,595	21,335	15,320	8,234	n.p.	n.p.	n.p.	107,438
	25–34	33,465	35,070	24,200	15,143	8,172	n.p.	n.p.	n.p.	120,983
	35–44	56,910	53,760	44,884	25,106	14,902	n.p.	n.p.	n.p.	203,694
	45–54	86,402	83,209	76,869	35,822	26,179	n.p.	n.p.	n.p.	321,309
	55–64	150,057	123,584	152,491	59,610	44,697	n.p.	n.p.	n.p.	552,290
	65–74	148,942	137,830	156,942	63,054	46,191	n.p.	n.p.	n.p.	573,366
	75–84	192,499	199,130	217,584	82,756	59,796	n.p.	n.p.	n.p.	777,833
	85 and over	71,804	82,411	102,002	36,025	22,567	n.p.	n.p.	n.p.	324,283
	Total[b]	*795,783*	*771,705*	*827,193*	*351,422*	*237,637*	*n.p.*	*n.p.*	*n.p.*	*3,096,230*
Persons[b]	Under 1	16,556	33,407	29,621	17,885	4,881	n.p.	n.p.	n.p.	107,421
	1–4	9,851	5,460	9,715	5,924	2,825	n.p.	n.p.	n.p.	35,035
	5–14	21,996	12,025	15,949	9,444	4,092	n.p.	n.p.	n.p.	65,932
	15–24	77,032	75,562	62,110	40,765	18,861	n.p.	n.p.	n.p.	287,253
	25–34	172,632	160,894	134,833	80,281	38,406	n.p.	n.p.	n.p.	617,943
	35–44	181,722	189,907	151,596	83,772	47,565	n.p.	n.p.	n.p.	685,937
	45–54	204,838	206,602	187,110	90,875	66,139	n.p.	n.p.	n.p.	791,009
	55–64	292,643	262,976	289,700	122,077	93,547	n.p.	n.p.	n.p.	1,105,710
	65–74	295,683	281,934	302,204	122,086	94,091	n.p.	n.p.	n.p.	1,136,540
	75–84	424,309	437,350	449,775	164,943	139,034	n.p.	n.p.	n.p.	1,671,233
	85 and over	187,532	217,953	248,039	90,732	66,031	n.p.	n.p.	n.p.	833,614
Total[b]		**1,884,794**	**1,884,070**	**1,880,652**	**828,784**	**575,472**	**n.p.**	**n.p.**	**n.p.**	**7,337,627**

(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[a], by Indigenous status[b] and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Qld, WA, SA, NT[c]	Total
Public hospitals										
Aboriginal but not Torres Strait Islander origin	45,075	9,669	46,991	39,860	15,471	2,327	1,347	54,453	156,775	215,193
Torres Strait Islander but not Aboriginal origin	1,214	154	8,915	140	206	95	11	125	9,386	10,860
Aboriginal and Torres Strait Islander origin	988	822	2,522	504	129	73	92	982	4,137	6,112
Indigenous	*47,277*	*10,645*	*58,428*	*40,504*	*15,806*	*2,495*	*1,450*	*55,560*	*170,298*	*232,165*
Neither Aboriginal nor Torres Strait Islander origin	1,354,505	1,258,284	677,709	354,456	351,501	86,237	70,157	27,815	1,411,481	4,180,664
Not reported	18,681	3,915	14,180	0	10,360	5,572	529	10	24,550	53,247
Total	*1,420,463*	*1,272,844*	*750,317*	*394,960*	*377,667*	*94,304*	*72,136*	*83,385*	*1,606,329*	*4,466,076*
Private hospitals										
Aboriginal but not Torres Strait Islander origin	655	136	2,538	9,291	351	n.p.	n.p.	n.p.	12,180	13,299
Torres Strait Islander but not Aboriginal origin	136	19	668	10	145	n.p.	n.p.	n.p.	823	1,001
Aboriginal and Torres Strait Islander origin	196	93	789	95	47	n.p.	n.p.	n.p.	931	1,346
Indigenous	*987*	*248*	*3,995*	*9,396*	*543*	*n.p.*	*n.p.*	*n.p.*	*13,934*	*15,646*
Neither Aboriginal nor Torres Strait Islander origin	756,346	718,652	638,466	309,997	216,832	n.p.	n.p.	n.p.	1,165,295	2,715,261
Not reported	8,566	1,081	69,070	0	2,822	n.p.	n.p.	n.p.	71,892	115,000
Total	*765,899*	*719,981*	*711,531*	*319,393*	*220,197*	*n.p.*	*n.p.*	*n.p.*	*1,251,121*	*2,845,907*
All hospitals										
Aboriginal but not Torres Strait Islander origin	45,730	9,805	49,529	49,151	15,822	n.p.	n.p.	n.p.	168,955	228,492
Torres Strait Islander but not Aboriginal origin	1,350	173	9,583	150	351	n.p.	n.p.	n.p.	10,209	11,861
Aboriginal and Torres Strait Islander origin	1,184	915	3,311	599	176	n.p.	n.p.	n.p.	5,068	7,458
Indigenous	*48,264*	*10,893*	*62,423*	*49,900*	*16,349*	*n.p.*	*n.p.*	*n.p.*	*184,232*	*247,811*
Neither Aboriginal nor Torres Strait Islander origin	2,110,851	1,976,936	1,316,175	664,453	568,333	n.p.	n.p.	n.p.	2,576,776	6,895,925
Not reported	27,247	4,996	83,250	0	13,182	n.p.	n.p.	n.p.	96,442	168,247
Total	**2,186,362**	**1,992,825**	**1,461,848**	**714,353**	**597,864**	**n.p.**	**n.p.**	**n.p.**	**2,857,450**	**7,311,983**
Separation rate[d] for Indigenous persons per 1,000	n.p.	n.p.	806.6	1,098.9	923.7	n.p.	n.p.	1,548.0	1,038.7	n.p.
Separation rate[d] for other persons per 1,000	n.p.	n.p.	361.6	341.6	355.1	n.p.	n.p.	239.7	352.4	n.p.
Separation rate[d] for all persons per 1,000	n.p.	n.p.	369.1	357.9	361.1	n.p.	n.p.	493.8	366.9	n.p.
Rate ratio[e]	n.p.	n.p.	2.2	3.2	2.6	n.p.	n.p.	6.5	2.9	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, using estimated resident populations as at 30 June 2005, as detailed in Appendix 1, 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[a], by Indigenous status[b] and hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Qld, WA, SA, NT[c]	Total
Public hospitals										
Aboriginal but not Torres Strait Islander origin	24,757	4,084	21,309	20,050	7,239	1,090	474	18,387	66,985	97,390
Torres Strait Islander but not Aboriginal origin	490	80	3,630	50	33	64	6	83	3,796	4,436
Aboriginal and Torres Strait Islander origin	555	342	1,193	205	48	42	60	276	1,722	2,721
Indigenous	*25,802*	*4,506*	*26,132*	*20,305*	*7,320*	*1,196*	*540*	*18,746*	*72,503*	*104,547*
Neither Aboriginal nor Torres Strait Islander origin	764,865	554,953	349,455	174,589	181,873	43,660	31,800	14,960	720,877	2,116,155
Not reported	11,289	2,233	7,920	0	4,515	3,334	329	8	12,443	29,628
Total	*801,956*	*561,692*	*383,507*	*194,894*	*193,708*	*48,190*	*32,669*	*33,714*	*805,823*	*2,250,330*
Private hospitals										
Aboriginal but not Torres Strait Islander origin	94	64	368	350	95	n.p.	n.p.	n.p.	813	1,115
Torres Strait Islander but not Aboriginal origin	44	10	183	3	7	n.p.	n.p.	n.p.	193	259
Aboriginal and Torres Strait Islander origin	72	41	73	50	23	n.p.	n.p.	n.p.	146	318
Indigenous	*210*	*115*	*624*	*403*	*125*	*n.p.*	*n.p.*	*n.p.*	*1,152*	*1,692*
Neither Aboriginal nor Torres Strait Islander origin	249,348	258,838	230,966	124,378	90,495	n.p.	n.p.	n.p.	445,839	986,837
Not reported	2,086	486	14,276	0	1,162	n.p.	n.p.	n.p.	15,438	29,944
Total	*251,644*	*259,439*	*245,866*	*124,781*	*91,782*	*n.p.*	*n.p.*	*n.p.*	*462,429*	*1,018,473*
All hospitals										
Aboriginal but not Torres Strait Islander origin	24,851	4,148	21,677	20,400	7,334	n.p.	n.p.	n.p.	67,798	98,505
Torres Strait Islander but not Aboriginal origin	534	90	3,813	53	40	n.p.	n.p.	n.p.	3,989	4,695
Aboriginal and Torres Strait Islander origin	627	383	1,266	255	71	n.p.	n.p.	n.p.	1,868	3,039
Indigenous	*26,012*	*4,621*	*26,756*	*20,708*	*7,445*	*n.p.*	*n.p.*	*n.p.*	*73,655*	*106,239*
Neither Aboriginal nor Torres Strait Islander origin	1,014,213	813,791	580,421	298,967	272,368	n.p.	n.p.	n.p.	1,166,716	3,102,992
Not reported	13,375	2,719	22,196	0	5,677	n.p.	n.p.	n.p.	*27,881*	59,572
Total	**1,053,600**	**821,131**	**629,373**	**319,675**	**285,490**	**n.p.**	**n.p.**	**n.p.**	**1,268,252**	**3,268,803**
Separation rate[d] for Indigenous persons per 1,000	n.p.	n.p.	295.6	383.6	361.5	n.p.	n.p.	374.7	338.8	n.p.
Separation rate[d] for other persons per 1,000	n.p.	n.p.	156.8	155.2	169.9	n.p.	n.p.	126.9	158.6	n.p.
Separation rate[d] for all persons per 1,000	n.p.	n.p.	159.8	161.5	172.6	n.p.	n.p.	188.0	163.8	n.p.
Rate ratio[e]	n.p.	n.p.	1.9	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, using estimated resident populations as at 30 June 2005, as detailed in Appendix 1, and separation rate for other persons includes *Not reported*.

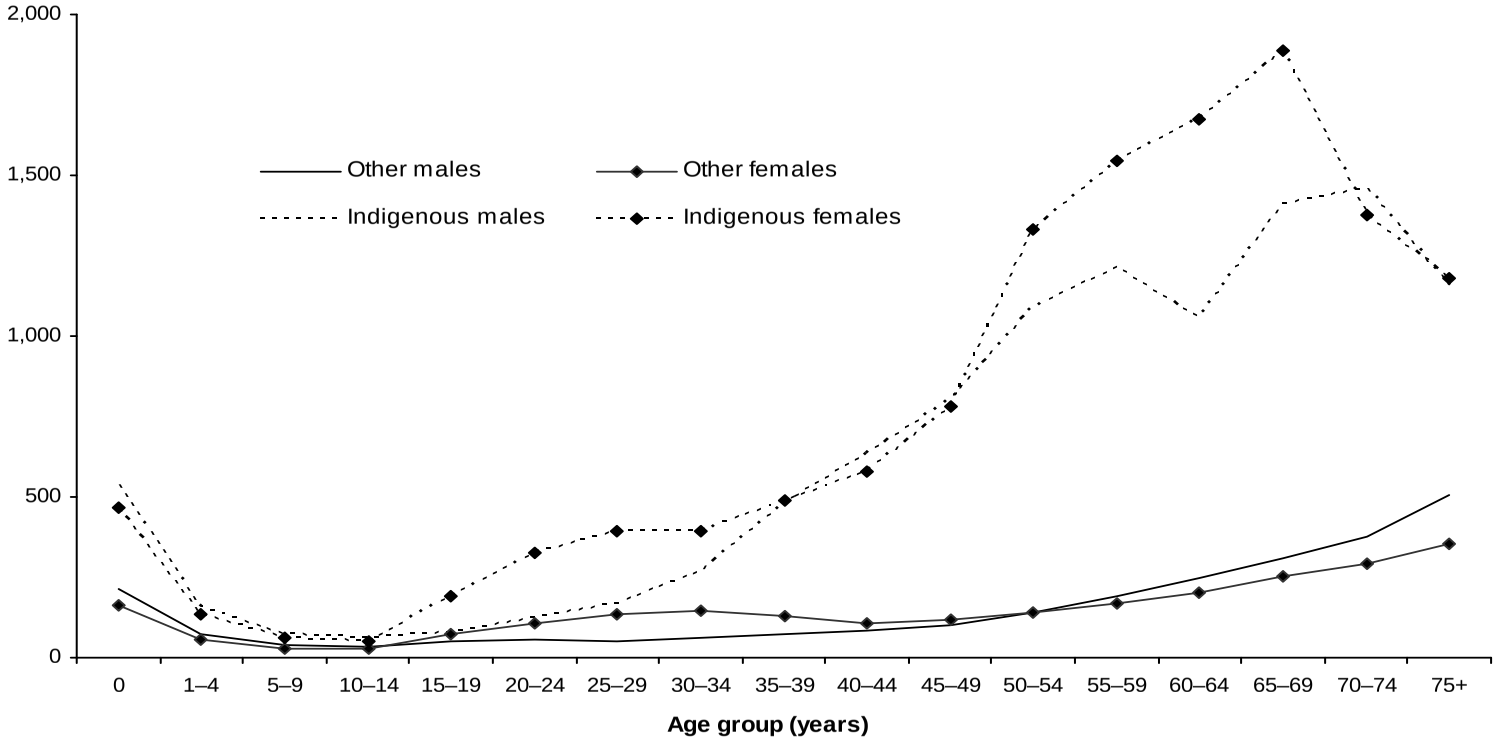
(e) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other persons (which includes *Not reported*).

n.p. Not published.

Table 8.9: Separations[a], by Indigenous status[b], age group and sex, all hospitals, selected states and territories[c], 2005–06

Age group	Indigenous			Other Australians [d]			Total		
	Males	Females	Persons [e]	Males	Females	Persons [e]	Males	Females	Persons [e]
Under 1	3,445	2,827	6,272	26,949	19,504	46,454	30,394	22,331	52,726
1–4	3,931	3,105	7,036	35,526	25,119	60,645	39,457	28,224	67,681
5–14	4,145	3,345	7,490	47,598	35,936	83,534	51,743	39,281	91,024
15–24	5,013	12,199	17,212	74,226	121,217	195,444	79,239	133,416	212,656
25–34	7,834	14,784	22,618	80,728	196,145	276,873	88,562	210,929	299,491
35–44	16,159	17,385	33,544	115,511	173,203	288,714	131,670	190,588	322,258
45–54	18,441	21,875	40,316	163,245	179,841	343,086	181,686	201,716	383,402
55–64	11,961	18,034	29,995	234,052	196,185	430,237	246,013	214,219	460,232
65–74	6,236	8,859	15,095	229,999	192,477	422,476	236,235	201,336	437,571
75 and over	1,814	2,840	4,654	261,476	264,279	525,755	263,290	267,119	530,409
Total[c]	**78,979**	**105,253**	**184,232**	**1,269,310**	**1,403,906**	**2,673,218**	**1,348,289**	**1,509,159**	**2,857,450**

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of this chapter for further detail.
(c) The table includes data only for Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data due to jurisdictional differences in data quality.
(d) The Other Australians category includes separations for which Indigenous status was not reported.
(e) Includes separations for which sex and/or age group were not reported.



Notes

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

2. Separations per 1,000 population for *Other males* and *Other females* include separations for which Indigenous status was *Not reported.*

3. The figure includes data 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 due to jurisdictional differences in data quality.

4. The figure contains crude rates based on 30 June 2005 estimated resident populations.

Figure 8.1: Separations per 1,000 population, by age group, sex and reported Indigenous state, all hospitals, selected states and territories, 2005–06

Table 8.10: Separations[a], by selected country/region of birth and hospital sector, Australia, 2005–06

Country/region	Separations			Separations per 1,000 population[b]		
	Public hospitals	Private hospitals	All hospitals	Public hospitals	Private hospitals	All hospitals
Australia	3,211,750	2,135,907	5,347,657	217.8	149.0	366.7
New Zealand	80,002	40,797	120,799	200.7	94.9	295.6
Fiji	15,083	4,472	19,555	331.5	89.7	421.2
Other Oceania	25,507	7,310	32,817	498.5	128.4	626.9
Oceania (total)	*3,332,342*	*2,188,486*	*5,520,828*	*218.4*	*147.1*	*365.5*
United Kingdom & Ireland	296,346	195,389	491,735	177.9	110.8	288.7
Germany	34,156	21,374	55,530	191.4	108.8	300.2
Netherlands	28,457	15,458	43,915	185.3	99.4	284.7
Other North-West Europe	22,071	14,755	36,826	204.3	118.1	322.4
North-West Europe (total)	*381,030*	*246,976*	*628,006*	*181.2*	*110.4*	*291.6*
Italy	105,242	55,023	160,265	229.0	114.0	343.0
Croatia	19,124	6,211	25,335	211.1	71.4	282.5
Greece	64,706	17,929	82,635	244.5	83.7	328.1
Poland	21,365	11,097	32,462	189.4	94.6	284.1
Other Southern and Eastern Europe	125,933	43,284	169,217	221.2	75.4	296.6
Southern and Eastern Europe (total)	*336,370*	*133,544*	*469,914*	*221.2*	*87.6*	*308.8*
Lebanon	14,357	6,682	21,039	261.2	104.6	365.8
Egypt	31,807	7,497	39,304	355.8	72.1	427.9
Other Middle East and North Africa	39,724	10,250	49,974	291.1	69.5	360.6
Middle East and North Africa (total)	*85,888*	*24,429*	*110,317*	*306.8*	*79.7*	*386.6*
Vietnam	33,371	9,396	42,767	203.0	48.0	251.0
Philippines	23,655	6,541	30,196	219.6	50.9	270.4
Other South-East Asia	41,102	24,947	66,049	166.6	93.2	259.9
South-East Asia (total)	*98,128*	*40,884*	*139,012*	*188.0*	*71.1*	*259.1*
China	30,596	14,549	45,145	152.9	68.7	221.6
Hong Kong & Macau	6,949	8,071	15,020	125.8	134.2	260.0
Other North-East Asia	9,696	8,245	17,941	125.0	99.0	224.0
North-East Asia (total)	*47,241*	*30,865*	*78,106*	*141.6*	*83.8*	*225.4*
India	24,010	13,358	37,368	181.9	96.0	277.9
Sri Lanka	13,855	7,526	21,381	202.3	100.1	302.3
Other Southern and Central Asia	10,795	2,935	13,730	258.9	79.8	338.8
Southern and Central Asia (total)	*48,660*	*23,819*	*72,479*	*203.1*	*94.5*	*297.7*
USA	9,316	9,657	18,973	174.4	161.2	335.6
Chile	6,394	2,275	8,669	232.8	69.7	302.5
Other America	18,741	11,469	30,210	198.2	108.0	306.2
The Americas (total)	*34,451*	*23,401*	*57,852*	*197.6*	*120.5*	*318.1*
South Africa	13,257	14,332	27,589	144.5	138.3	282.8
Other Sub-Saharan Africa	19,689	9,927	29,616	264.2	116.6	380.8
Sub-Saharan Africa (total)	*32,946*	*24,259*	*57,205*	*195.5*	*128.3*	*323.8*
Overseas (total)	**1,185,306**	**600,756**	**1,786,062**	**204.0**	**95.6**	**299.5**
Not stated or inadequately described	69,020	109,244	178,264	. .	. .	. .
Total	**4,466,076**	**2,845,907**	**7,311,983**	**218.7**	**138.1**	**356.8**

(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) The rates were directly age-standardised as detailed in Appendix 1.

. . Not applicable.

Table 8.11: Selected separation statistics[a], by same-day status, hospital sector[b] and state and territory of usual residence, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
All separations									
Separations	2,225,585	1,975,022	1,436,059	715,045	592,899	n.p.	n.p.	n.p.	7,286,163
Separations not within state of residence (%)	4	1	1	1	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	53	56	49	59	56	n.p.	n.p.	n.p.	54
Separation rate[c]	314.5	376.8	358.0	354.0	356.4	n.p.	n.p.	n.p.	346.8
Standardised separation rate ratio (SRR)	0.91	1.09	1.03	1.02	1.03	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.91–0.91	1.09–1.09	1.03–1.03	1.02–1.02	1.03–1.03	n.p.	n.p.	n.p.	
Same-day separations									
Separations	1,159,588	1,161,647	817,841	395,707	311,169	n.p.	n.p.	n.p.	4,031,324
Separations not within state of residence (%)	4	1	1	1	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	47	54	42	59	53	n.p.	n.p.	n.p.	50
Separation rate[c]	163.8	222.0	203.3	194.9	187.3	n.p.	n.p.	n.p.	191.7
Standardised separation rate ratio (SRR)	0.85	1.16	1.06	1.02	0.98	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.85–0.85	1.16–1.16	1.06–1.06	1.02–1.02	0.98–0.98	n.p.	n.p.	n.p.	
Overnight separations									
Separations	1,065,997	813,375	618,218	319,338	281,730	n.p.	n.p.	n.p.	3,254,839
Separations not within state of residence (%)	4	1	2	1	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	61	59	57	60	59	n.p.	n.p.	n.p.	59
Separation rate[c]	150.7	154.7	154.7	159.1	169.1	n.p.	n.p.	n.p.	155.1
Standardised separation rate ratio (SRR)	0.97	1.00	1.00	1.03	1.09	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.97–0.97	1.00–1.00	1.00–1.00	1.03–1.03	1.09–1.09	n.p.	n.p.	n.p.	
Public hospitals									
Separations	1,436,674	1,255,470	749,089	395,286	376,333	95,484	57,024	80,849	4,448,784
Separations not within state of residence (%)	3	1	2	1	2	2	5	4	
Proportion of separations public patients (%)	82	88	91	90	87	82	87	97	87
Separation rate[c]	203.8	240.4	187.7	196.6	228.9	188.7	188.0	468.1	212.8
Standardised separation rate ratio (SRR)	0.96	1.13	0.88	0.92	1.08	0.89	0.88	2.20	
95% confidence interval of SRR	0.96–0.96	1.13–1.13	0.88–0.88	0.92–0.92	1.08–1.08	0.88–0.90	0.87–0.89	2.18–2.22	
Private hospitals									
Separations	788,911	719,552	686,970	319,759	216,566	n.p.	n.p.	n.p.	2,837,379
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	0	n.p.	n.p.	n.p.	4
Separation rate[c]	110.7	136.4	170.3	157.4	127.6	n.p.	n.p.	n.p.	134.0
Standardised separation rate ratio (SRR)	0.83	1.02	1.27	1.17	0.95	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.83–0.83	1.02–1.02	1.27–1.27	1.17–1.17	0.95–0.95	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, using estimated resident populations as at 31 December 2005, as detailed in Appendix 1.

n.p. Not published.

Table 8.12: Selected separation statistics[a], by same-day status, hospital sector and Remoteness Area of usual residence, Australia, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[b]
All separations						
Separations	4,774,288	1,541,091	769,948	114,018	82,576	7,286,163
Proportion of separations public patients (%)	51	57	65	76	89	54
Separation rate[c]	348.7	340.3	361.4	366.4	505.1	349.5
Standardised separation rate ratio (SRR)	1.00	0.97	1.03	1.05	1.45	
95% confidence interval of SRR	1.00–1.00	0.97–0.97	1.03–1.03	1.04–1.06	1.44–1.46	
Same-day separations						
Separations	2,753,898	799,034	383,876	52,705	40,070	4,031,324
Proportion of separations public patients (%)	47	53	62	75	89	50
Separation rate[c]	201.6	174.7	178.3	166.2	248.4	193.1
Standardised separation rate ratio (SRR)	1.04	0.90	0.92	0.86	1.29	
95% confidence interval of SRR	1.04–1.04	0.90–0.90	0.92–0.92	0.85–0.87	1.28–1.30	
Overnight separations						
Separations	2,020,390	742,057	386,072	61,313	42,506	3,254,839
Proportion of separations public patients (%)	56	61	67	76	89	59
Separation rate[c]	147.1	165.6	183.1	200.2	256.7	156.4
Standardised separation rate ratio (SRR)	0.94	1.06	1.17	1.28	1.64	
95% confidence interval of SRR	0.94–0.94	1.06–1.06	1.17–1.17	1.27–1.29	1.62–1.66	
Public hospitals						
Separations	2,729,437	982,208	567,895	90,780	74,672	4,448,784
Proportion of separations public patients (%)	87	85	86	89	96	87
Separation rate[c]	200.1	219.9	267.9	292.3	453.8	214.4
Standardised separation rate ratio (SRR)	0.93	1.03	1.25	1.36	2.12	
95% confidence interval of SRR	0.93–0.93	1.03–1.03	1.25–1.25	1.35–1.37	2.10–2.14	
Private hospitals						
Separations	2,044,851	558,883	202,053	23,238	7,904	2,837,379
Proportion of separations public patients (%)	2	6	5	23	21	4
Separation rate[c]	148.6	120.4	93.5	74.1	51.2	135.1
Standardised separation rate ratio (SRR)	1.10	0.89	0.69	0.55	0.38	
95% confidence interval of SRR	1.10–1.10	0.89–0.89	0.69–0.69	0.54–0.56	0.37–0.39	

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

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

(c) Rates per 1,000 population were directly age-standardised, using estimated resident populations as at 31 December 2005, as detailed in Appendix 1.

Table 8.13: Selected separation statistics[a], by same-day status, hospital sector and quintile of socioeconomic advantage/disadvantage[b], Australia, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[c]
All separations						
Separations	1,542,761	1,492,835	1,447,206	1,410,052	1,389,302	7,286,163
Proportion of separations public patients (%)	67	61	57	49	36	54
Separation rate[d]	368.3	359.7	344.5	348.6	330.2	349.5
Standardised separation rate ratio (SRR)	1.05	1.03	0.99	1.00	0.94	
95% confidence interval of SRR	1.05–1.05	1.03–1.03	0.99–0.99	1.00–1.00	0.94–0.94	
Same-day separations						
Separations	797,864	801,246	794,529	815,765	820,266	4,031,324
Proportion of separations public patients (%)	63	58	53	45	32	50
Separation rate[d]	188.7	192.1	189.1	202.0	196.0	193.1
Standardised separation rate ratio (SRR)	0.98	1.00	0.98	1.05	1.02	
95% confidence interval of SRR	0.98–0.98	1.00–1.00	0.98–0.98	1.05–1.05	1.02–1.02	
Overnight separations						
Separations	744,897	691,589	652,677	594,287	569,036	3,254,839
Proportion of separations public patients (%)	70	64	62	54	42	59
Separation rate[d]	179.6	167.6	155.4	146.6	134.2	156.4
Standardised separation rate ratio (SRR)	1.15	1.07	0.99	0.94	0.86	
95% confidence interval of SRR	1.15–1.15	1.07–1.07	0.99–0.99	0.94–0.94	0.86–0.86	
Public hospitals						
Separations	1,121,287	1,010,916	923,872	772,371	616,707	4,448,784
Proportion of separations public patients (%)	90	87	87	87	80	87
Separation rate[d]	270.3	244.8	220.3	191.8	147.6	214.4
Standardised separation rate ratio (SRR)	1.26	1.14	1.03	0.89	0.69	
95% confidence interval of SRR	1.26–1.26	1.14–1.14	1.03–1.03	0.89–0.89	0.69–0.69	
Private hospitals						
Separations	421,474	481,919	523,334	637,681	772,595	2,837,379
Proportion of separations public patients (%)	6	6	5	3	0	4
Separation rate[d]	98.0	114.9	124.2	156.9	182.6	135.1
Standardised separation rate ratio (SRR)	0.73	0.85	0.92	1.16	1.35	
95% confidence interval of SRR	0.73–0.73	0.85–0.85	0.92–0.92	1.16–1.16	1.35–1.35	

(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 (SLA) 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, using estimated resident populations as at 31 December 2005,as detailed in Appendix 1.

9 Principal diagnoses for admitted patients

Introduction

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for the patient's hospitalisation. Data on principal diagnoses provide information on the diseases and conditions for which hospitalisations occur and can provide an indirect measure of community morbidity.

The principal diagnosis is usually a disease, injury or poisoning, but can also be the specific care or service provided for a current condition (for example, dialysis for renal disease), or other reasons for hospitalisation.

Principal diagnoses for 2005–06 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 1.

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes). Most of the 3-character disease groupings can be divided into an even larger number of very specific disease categories represented by 4- and 5-character codes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM disease classification. Full descriptions of the categories are available in the ICD-10-AM publication (NCCH 2004).

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). Summary information is provided for all the groups (for which separations were reported) on the Internet at <www.aihw.gov.au> (Tables S9.1 to S9.4).

In addition, Table 9.12 uses a mixture of ICD-10-AM chapters, 3- and 4-character categories and other groupings to present information on diagnoses reported for public psychiatric hospitals.

Tables 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 *E11 Type 2 diabetes mellitus*. There were 55,259 separations with this principal diagnosis, with an average length of stay of 5.3 days. A total of 45.9% of separations were for females, compared with the 53.0% in hospitals overall (Table 8.1). Just over 64% of separations with this principal diagnosis were in the public sector and nearly all patients (98.5%) had a care type of *Acute care*. A majority of patients (88.1%) with this diagnosis had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. A substantial proportion (5.8%) were discharged/transferred to an(other) acute hospital and 1.8% died. *Type 2 diabetes mellitus* (E11) and *Essential (primary) hypertension* (I10) were the most common additional diagnoses. The most common procedure performed was *Cerebral anaesthesia* (Block 1910) and the most commonly reported AR-DRG was *Lens Procedures, Sameday* (C16B).

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 (1,142,976 separations, 558.8 separations per 10,000 population) and for its high use of beds (1,636.2 patient days per 10,000 population), although the average length of stay was low (2.9 days). This is attributable to the large number of same-day separations for *Care involving dialysis* (Z49) and *Other medical care* (Z51) which includes chemotherapy (Table 9.9). Although having relatively small numbers of separations, *Mental and behavioural disorders* (F00–F99) (171,488 separations, 83.8 separations per 10,000 population) had a high use of beds (934.2 patient days per 10,000 population) and had a relatively long average length of stay (11.1 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 (634,185). High numbers of separations were also reported for *Diseases of the digestive system* (K00–K93) (437,925) and *Neoplasms* (C00–D48) (261,361). The highest numbers of patient days were recorded for *Factors influencing health status and contact with health services* (Z00–Z99) (1,302,885), *Neoplasms* (C00–D48) (785,281), and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (716,794).

The chapters with the highest proportions of separations in the public sector were *Certain infectious and parasitic diseases* (A00–B99) (86.0%, 82,711) and *Injury, poisoning and certain other consequence of external causes* (S00–T98) (81.5%, 394,364). The groups with the highest proportions of separations in the private sector was *Diseases of the eye and adnexa* (H00–H59) (68.2%, 140,068) and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (59.3%, 233,765) (derived from Tables 9.1 and 9.2).

The highest proportion of public patients in public hospitals was for *Mental and behavioural disorders* (F00–F99) (93.5%), and the lowest was for *Diseases of the eye and adnexa* (H00–H59) (78.3%). The highest proportion of public patients in private hospitals was for *Factors influencing health status and contact with health services* (Z00–Z99) (8.2%).

States and territories

Tables 9.3 and 9.4 contain detail on the pattern of hospital use in the states and territories for the diagnosis chapters, in both the public and private sectors. These tables enable comparisons of overall hospital use 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 (82.7%, 90,819) than in Queensland (66.7%, 41,547).

High-volume diagnoses

Changes from 2001–02 to 2005–06

Table 9.5 presents the 30 principal diagnoses at the 3-character level of the ICD-10-AM classification with the largest changes in the numbers of separations for public or private hospitals (or both) between 2001–02 and 2005–06. The principal diagnoses in this table recorded either increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors.

The number of separations for 24 of the 30 principal diagnoses increased over the 5-year period, in both the public and private sectors, 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 three of the principal diagnoses presented in Table 9.5. For example, there were 27,195 separations for *Medical abortion* (O04) in private hospitals in 2001–02 compared with 37,335 separations in 2005–06, an increase of 10,140. In 2002–03 there were 10,545 more private hospital separation reported for *Medical abortion* (O04) than in 2001–02. This apparent increase and also the large increase that occurred between 2000–01 and 2001–02 (AIHW 2006a) 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 3,008, from 15,672 in 2001–02 to 12,664 in 2005–06.

The number of separations decreased in both public and private hospitals between 2001–02 and 2005–06 for the principal diagnoses of *Family history of malignant neoplasm* (Z80) and *Angina pectoris* (I20).

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 2001–02 and 2005–06.

The number of separations increased over the 5-year period, for 28 of the principal diagnoses for private patients and 24 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 four of the principal diagnoses presented in Table 9.6. For example, there were 58,771 separations for *Care involving use of rehabilitation procedures* (Z50) for private patients in 2001–02 compared with 98,334 separations in 2005–06, an increase of 39,563. The number of separations for this principal diagnosis for public patients decreased by 5,534, from 62,240 in 2001–02 to 56,706 in 2005–06.

The number of separations decreased for both private and public patients between 2001–02 and 2005–06 for the principal diagnoses *Family history of malignant neoplasm* (Z80) 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 principal diagnoses with the most separations in public, private and private free-standing day hospitals at the 3-character level of the ICD-10-AM classification. Tables 9.7 and 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 diagnoses with the highest number of overnight separations was *Care involving use of rehabilitation procedures* (Z50) (53,834), followed by *Pain in throat and chest* (R07) (48,605) (Table 9.7). The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures* (Z50) (1,348,289), for which the average length of stay was 25.0 days.

In the private sector (Table 9.8), the most frequently reported principal diagnosis for overnight separations was *Care involving use of rehabilitation procedures* (Z50) (34,265). *Sleep disorders* (G47) (32,939) was the next most frequently reported principal diagnosis. The highest number of patient days and the longest average length of stay were reported for *Care involving use of rehabilitation procedures* (Z50) (558,997 and 16.3 days).

Table 9.9 reports the principal diagnoses with the highest number of same-day separations in the public sector. It shows that the top principal diagnosis was *Care involving dialysis* (Z49) (731,925), followed by *Other medical care* (Z51) (137,043). 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) (164,270) had the highest number of same-day separations, followed by *Care involving dialysis* (Z49) (153,566).

Of the top 30 principal diagnosis 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) (96.8%), and the lowest was for *Other cataract* (H26) (77.6%). In private hospitals, the highest proportion of same-day separations that were for public patients was for *Care involving dialysis* (Z49) (27.1%).

The most common principal diagnoses groups in private free-standing day hospitals were *Care involving dialysis* (Z49) (50,231) and *Other medical care* (Z51) (37,378) (Table 9.11). Of the

30 principal diagnoses in private free-standing day hospital facilities, the proportion for public patients was highest for *Care involving dialysis* (Z49) (31.4%).

Table 9.12 presents information on public psychiatric hospitals. About 95.1% of separations in public psychiatric hospitals were for public patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00–F99) (88.4%). *Schizophrenia* (F20) was the most common diagnosis reported (3,249) and accounted for more patient days than any other group (219,475). The average length of stay was high for most of the disease groups and only 12.1% of separations (1,883) were same-day separations, compared with 49.6% 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) and 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 7.1 days in the Northern Territory to 27.1 days in Tasmania. The average length of stay in the private sector for *Care involving use of rehabilitation procedures* (Z50) ranged from 5.1 days in New South Wales to 22.2 days in Western Australia.

Age group and sex

In Tables 9.17 and 9.18, information is presented on the number of separations for the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification by age group and sex. These tables show a number of different patterns in the age distributions of separations for the various groups. For example, patients admitted for *Angina pectoris* (I20) were mostly in the older age groups. Other 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 45–54 years age group for males and *Embedded and impacted teeth* (K01) in the 15–24 years age group for both females and males.

These tables also indicate the relative importance of the disease groups as causes of hospitalisation for each sex and age group. For example, *Care involving dialysis* (Z49) and *Other medical care* (Z51) were common in most age groups. In males aged over 75 years other common diagnoses were *Other cataract* (H26) and *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 relating to renal failure are presented in Tables 9.19 to 9.21, illustrating the impact of this condition on hospitals in Australia. These tables present data on *Acute renal failure*, *Chronic and unspecified renal failure* and *Care involving dialysis* separations for the states and territories (Table 9.19), Remoteness Area of usual residence of the patient (Table 9.20), and the quintile of socioeconomic advantage/disadvantage of the area of usual residence

(see Appendix 1) (Table 9.21). These tables also include the standardised separation rate ratio (SRR) against the national total as well as the 95% confidence interval of the SRR. The dialysis separations do not include dialysis occasions of service reported as non-admitted patient occasions of service (Tables 2.5 and 5.11) or dialysis performed at non-hospital facilities.

Table 9.19 shows that there were 6,257 separations for *Acute renal failure*, 8,277 for *Chronic and unspecified renal failure* and 887,115 for *Care involving dialysis* (12.1% of separations overall, 16.4% for public hospitals and 5.4% 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, 1.86 and 135.61 separations per 1,000 population respectively).

In the private sector, *Major cities* and *Inner regional* areas had the highest separation rates for *Acute renal failure* (0.04 each); *Inner regional* had the highest rate for *Chronic and unspecified renal failure* (0.07); *Remote* had the highest for *Care involving dialysis* (15.39).

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. The *Most disadvantaged* quintile had the highest separation rates for *Acute renal failure* and *Chronic renal failure*. *Care involving dialysis* had the highest separation rate in the *Middle quintile.*

Aboriginal and Torres Strait Islander people

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). Note 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) (84,668). This represented approximately 46.0% of all separations for patients identified as Indigenous compared with 10.7% of separations for other patients. The next most common was *Injury, poisoning and certain other consequences of external causes* (S00–T98) (13,819) which represented 7.5% of all separations for patients identified as Indigenous.

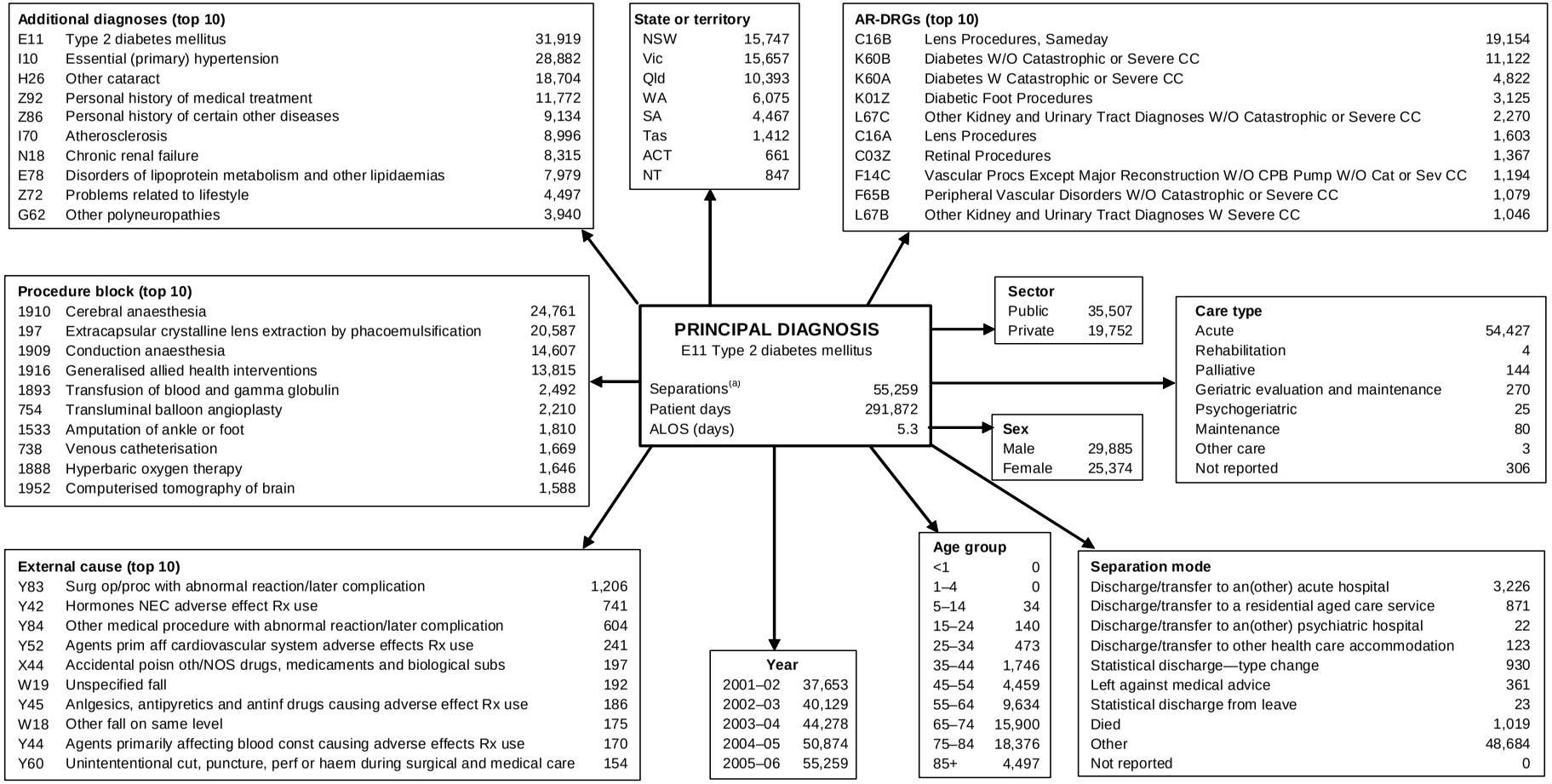
The age-standardised separation rates for persons identified as Indigenous were relatively high for the majority of the principal diagnosis chapters. As indicated in the rate ratios, these people were more than 15 times as likely to be hospitalised with a principal diagnosis of *Care involving dialysis*.

Additional data

The accompanying tables on the Internet at <www.aihw.gov.au> provide national summary statistics for public and private hospitals for each 3-character ICD-10-AM disease code.

For access to more diagnosis data, the website also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information

on the principal diagnoses of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average length of stay are available on all principal diagnoses of patients by age group, sex and same-day status. Principal diagnosis information is available at the broader ICD-10-AM chapter level through to the more specific 5-character level (where applicable). The source of these data is the National Hospital Morbidity Database.



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

Abbreviations: ALOS—average length of stay; antinf—anti-inflammatory; Cat or Sev—catastrophic or severe; CC—complication or comorbidity; cons—constituents; CPB—cardiopulmonary by-pass; haem—haemorrhage; prim aff—primarily affecting;NEC—not elsewhere classified; NOS—not otherwise stated; oth—other; perf—perforation; poisn—poisoning; procs—procedures; Rx—therapeutic; surg op/proc—surgical operation and other surgical procedures; W—with; W/O—without

Figure 9.1: Interrelationships of a principal diagnosis (E11 *Type 2 diabetes mellitus*) with other data elements, all hospitals, Australia, 2005–06

Table 9.1: Selected separation statistics[a], by principal diagnosis in ICD-10-AM chapters, public hospitals, Australia, 2005–06

Principal diagnosis		Separations	Same-day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	ALOS (days) excluding same-day
A00–B99	Certain infectious and parasitic diseases	82,711	20,192	72,723	40.4	320,752	156.8	3.9	4.8
C00–D48	Neoplasms	249,151	111,563	208,584	121.8	1,251,218	611.8	5.0	8.3
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	62,191	40,030	52,869	30.4	156,546	76.5	2.5	5.3
E00–E90	Endocrine, nutritional and metabolic diseases	85,499	33,054	73,667	41.8	433,831	212.1	5.1	7.6
F00–F99	Mental and behavioural disorders	171,488	41,577	160,341	83.8	1,910,712	934.2	11.1	14.4
G00–G99	Diseases of the nervous system	99,420	41,496	85,649	48.6	449,469	219.8	4.5	7.0
H00–H59	Diseases of the eye and adnexa	65,306	54,870	51,154	31.9	83,910	41.0	1.3	2.8
H60–H95	Diseases of the ear and mastoid process	28,610	16,711	24,902	14.0	45,724	22.4	1.6	2.4
I00–I99	Diseases of the circulatory system	303,767	66,502	249,912	148.5	1,591,541	778.2	5.2	6.4
J00–J99	Diseases of the respiratory system	254,160	41,078	219,601	124.3	1,089,579	532.7	4.3	4.9
K00–K93	Diseases of the digestive system	376,366	168,760	322,285	184.0	1,102,999	539.3	2.9	4.5
L00–L99	Diseases of the skin and subcutaneous tissue	81,760	29,835	72,500	40.0	343,958	168.2	4.2	6.0
M00–M99	Diseases of the musculoskeletal system and connective tissue	160,443	68,029	138,098	78.4	631,976	309.0	3.9	6.1
N00–N99	Diseases of the genitourinary system	203,261	95,057	178,920	99.4	552,951	270.4	2.7	4.2
O00–O99	Pregnancy, childbirth and the puerperium	325,100	80,323	300,900	159.0	885,814	433.1	2.7	3.3
P00–P96	Certain conditions originating in the perinatal period	43,358	5,517	40,294	21.2	408,031	199.5	9.4	10.6
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	22,945	11,017	18,857	11.2	91,950	45.0	4.0	6.8
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	312,193	137,862	273,106	152.6	691,824	338.3	2.2	3.2
S00–T98	Injury, poisoning and certain other consequences of external causes	394,364	133,354	319,392	192.8	1,563,163	764.3	4.0	5.5
Z00–Z99	Factors influencing health status and contact with health services	1,142,976	1,018,703	1,003,128	558.8	3,346,470	1,636.2	2.9	18.7
	Not reported	1,007	216	852	0.5	40,608	19.9	40.3	51.1
Total		**4,466,076**	**2,215,746**	**3,867,734**	**2,183.7**	**16,993,026**	**8,308.6**	**3.8**	**6.6**

(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) Crude rate based on Australian population as at 31 December 2005.
Abbreviation: ALOS—average length of stay.

Table 9.2: Selected separation statistics[a], by principal diagnosis in ICD-10-AM chapters, private hospitals, Australia, 2005–06

Principal diagnosis		Separations	Same-day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	ALOS (days) excluding same-day
A00–B99	Certain infectious and parasitic diseases	13,427	3,676	767	6.6	63,703	31.1	4.7	6.2
C00–D48	Neoplasms	261,361	159,953	4,907	127.8	785,281	384.0	3.0	6.2
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	26,972	19,489	584	13.2	52,439	25.6	1.9	4.4
E00–E90	Endocrine, nutritional and metabolic diseases	46,088	22,938	1,483	22.5	138,901	67.9	3.0	5.0
F00–F99	Mental and behavioural disorders	125,874	94,509	1,278	61.5	622,127	304.2	4.9	16.8
G00–G99	Diseases of the nervous system	68,545	22,159	880	33.5	142,991	69.9	2.1	2.6
H00–H59	Diseases of the eye and adnexa	140,068	128,163	2,564	68.5	143,922	70.4	1.0	1.3
H60–H95	Diseases of the ear and mastoid process	23,899	17,502	409	11.7	30,383	14.9	1.3	2.0
I00–I99	Diseases of the circulatory system	154,848	50,029	5,069	75.7	618,321	302.3	4.0	5.4
J00–J99	Diseases of the respiratory system	80,045	13,020	3,107	39.1	317,852	155.4	4.0	4.5
K00–K93	Diseases of the digestive system	437,925	333,871	6,671	214.1	693,775	339.2	1.6	3.5
L00–L99	Diseases of the skin and subcutaneous tissue	40,849	27,042	1,125	20.0	118,072	57.7	2.9	6.6
M00–M99	Diseases of the musculoskeletal system and connective tissue	233,765	100,455	2,983	114.3	716,794	350.5	3.1	4.6
N00–N99	Diseases of the genitourinary system	160,723	90,377	4,829	78.6	329,847	161.3	2.1	3.4
O00–O99	Pregnancy, childbirth and the puerperium	142,218	51,521	3,255	69.5	463,664	226.7	3.3	4.5
P00–P96	Certain conditions originating in the perinatal period	10,701	474	449	5.2	79,743	39.0	7.5	7.8
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	10,203	5,861	219	5.0	20,234	9.9	2.0	3.3
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	142,796	91,634	3,844	69.8	278,370	136.1	1.9	3.6
S00–T98	Injury, poisoning and certain other consequences of external causes	89,772	25,006	3,392	43.9	411,458	201.2	4.6	6.0
Z00–Z99	Factors influencing health status and contact with health services	634,185	568,582	52,275	310.1	1,302,885	637.0	2.1	11.2
	Not reported	1,643	1,173	2	0.8	6,865	3.4	4.2	12.1
Total		**2,845,907**	**1,827,434**	**100,092**	**1,391.5**	**7,337,627**	**3,587.7**	**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 2005.

Abbreviation: ALOS—average length of stay.

Table 9.3: Separations[(a)], by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2005–06

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	32,514	19,497	13,333	6,319	6,081	1,444	1,262	2,261	82,711
C00–D48	Neoplasms	78,106	72,400	43,175	21,689	22,497	6,406	3,456	1,422	249,151
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	18,273	19,837	8,307	6,489	6,531	1,373	930	451	62,191
E00–E90	Endocrine, nutritional and metabolic diseases	25,582	26,146	13,266	8,135	7,311	2,173	1,362	1,524	85,499
F00–F99	Mental and behavioural disorders	64,600	40,175	28,277	15,130	15,360	4,716	1,568	1,662	171,488
G00–G99	Diseases of the nervous system	28,807	33,577	15,762	8,006	8,447	2,313	1,677	831	99,420
H00–H59	Diseases of the eye and adnexa	23,053	19,426	8,280	6,518	5,718	686	1,065	560	65,306
H60–H95	Diseases of the ear and mastoid process	7,696	8,222	6,343	2,489	2,793	367	319	381	28,610
I00–I99	Diseases of the circulatory system	107,294	80,282	50,845	23,829	26,381	7,193	5,312	2,631	303,767
J00–J99	Diseases of the respiratory system	90,819	63,493	41,547	21,146	24,207	5,039	3,171	4,738	254,160
K00–K93	Diseases of the digestive system	126,562	103,400	60,552	34,199	33,794	8,170	5,421	4,268	376,366
L00–L99	Diseases of the skin and subcutaneous tissue	24,757	20,429	15,212	7,437	8,330	2,030	989	2,576	81,760
M00–M99	Diseases of the musculoskeletal system and connective	51,661	44,976	24,317	15,854	14,471	4,697	3,108	1,359	160,443
N00–N99	Diseases of the genitourinary system	68,000	58,353	34,746	16,962	15,863	4,119	3,060	2,158	203,261
O00–O99	Pregnancy, childbirth and the puerperium	107,556	84,797	62,152	26,583	26,662	6,645	4,473	6,232	325,100
P00–P96	Certain conditions originating in the perinatal period	12,393	13,990	8,285	2,679	3,398	907	874	832	43,358
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	7,501	6,674	4,062	1,970	1,724	428	388	198	22,945
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	108,535	93,912	49,651	21,670	25,045	6,013	4,012	3,355	312,193
S00–T98	Injury, poisoning and certain other consequences of external causes	136,427	98,233	75,243	33,886	28,602	8,531	6,677	6,765	394,364
Z00–Z99	Factors influencing health status and contact with health services	299,339	365,025	186,962	113,970	94,452	21,054	23,012	39,162	1,142,976
	Not reported	988	0	0	0	0	0	0	19	1,007
Total		**1,420,463**	**1,272,844**	**750,317**	**394,960**	**377,667**	**94,304**	**72,136**	**83,385**	**4,466,076**

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

Table 9.4: Separations[(a)], by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2005–06

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	2,532	3,149	4,528	1,708	1,056	n.p.	n.p.	n.p.	13,427
C00–D48	Neoplasms	68,972	57,068	75,135	26,591	23,325	n.p.	n.p.	n.p.	261,361
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	5,182	7,795	7,985	3,049	1,993	n.p.	n.p.	n.p.	26,972
E00–E90	Endocrine, nutritional and metabolic diseases	11,349	11,323	11,411	5,901	3,896	n.p.	n.p.	n.p.	46,088
F00–F99	Mental and behavioural disorders	31,632	46,501	27,451	11,440	2,280	n.p.	n.p.	n.p.	125,874
G00–G99	Diseases of the nervous system	18,506	18,371	16,704	6,457	5,996	n.p.	n.p.	n.p.	68,545
H00–H59	Diseases of the eye and adnexa	48,693	28,248	33,992	11,977	10,650	n.p.	n.p.	n.p.	140,068
H60–H95	Diseases of the ear and mastoid process	6,849	4,999	4,690	3,086	3,164	n.p.	n.p.	n.p.	23,899
I00–I99	Diseases of the circulatory system	44,165	40,433	37,836	14,827	11,726	n.p.	n.p.	n.p.	154,848
J00–J99	Diseases of the respiratory system	19,051	18,391	20,729	10,428	8,278	n.p.	n.p.	n.p.	80,045
K00–K93	Diseases of the digestive system	124,343	117,867	105,955	44,254	31,107	n.p.	n.p.	n.p.	437,925
L00–L99	Diseases of the skin and subcutaneous tissue	10,717	10,209	9,715	4,373	4,074	n.p.	n.p.	n.p.	40,849
M00–M99	Diseases of the musculoskeletal system and connective tissue	60,888	60,200	44,190	32,964	23,766	n.p.	n.p.	n.p.	233,765
N00–N99	Diseases of the genitourinary system	50,047	36,600	36,741	17,354	12,168	n.p.	n.p.	n.p.	160,723
O00–O99	Pregnancy, childbirth and the puerperium	35,706	40,367	36,107	17,308	6,427	n.p.	n.p.	n.p.	142,218
P00–P96	Certain conditions originating in the perinatal period	1,101	3,758	2,488	2,400	580	n.p.	n.p.	n.p.	10,701
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	3,369	2,254	2,285	1,123	733	n.p.	n.p.	n.p.	10,203
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	33,300	42,449	35,202	16,272	10,272	n.p.	n.p.	n.p.	142,796
S00–T98	Injury, poisoning and certain other consequences of external causes	22,328	20,706	23,390	11,418	8,089	n.p.	n.p.	n.p.	89,772
Z00–Z99	Factors influencing health status and contact with health services	167,169	147,652	174,997	76,463	50,617	n.p.	n.p.	n.p.	634,185
	Not reported	0	1,641	0	0	0	n.p.	n.p.	n.p.	1,643
Total		**765,899**	**719,981**	**711,531**	**319,393**	**220,197**	**n.p.**	**n.p.**	**n.p.**	**2,845,907**

(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[(a)] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations for sectors combined, by hospital sector, Australia, 2001–02 to 2005–06

Principal diagnosis		Private hospitals						Public hospitals					
		2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06
Z49	Care involving dialysis	89,196	103,852	134,025	144,505	154,066	64,870	546,863	592,391	628,331	670,323	734,184	187,321
Z51	Other medical care	126,016	139,667	148,923	158,814	164,744	38,728	126,153	137,878	137,182	137,271	138,474	12,321
Z50	Care involving use of rehabilitation procedures	48,738	49,778	55,820	69,996	85,061	36,323	72,345	72,909	74,389	68,459	70,027	–2,318
Z45	Adjustment and management of implanted device	11,791	15,848	21,719	25,626	32,195	20,404	13,777	17,008	20,374	21,286	22,709	8,932
R07	Pain in throat and chest	16,714	18,188	19,597	20,932	20,608	3,894	59,681	63,587	68,760	75,061	80,956	21,275
Z12	Special screening examination for neoplasms	5,151	16,444	18,224	21,390	23,851	18,700	2,974	6,566	7,095	7,839	8,109	5,135
H26	Other cataract	63,012	67,135	67,996	72,193	73,859	10,847	32,655	35,243	35,548	38,423	39,477	6,822
E11	Type 2 diabetes mellitus	11,917	12,843	14,096	17,898	19,752	7,835	25,736	27,286	30,182	32,976	35,507	9,771
Z31	Procreative management	20,475	25,296	28,686	34,885	36,929	16,454	3,978	3,680	4,613	4,701	4,060	82
Z80	Family history of malignant neoplasm	20,590	12,006	10,459	9,907	9,054	–11,536	5,125	2,118	1,583	1,258	1,441	–3,684
O04	Medical abortion	27,195	37,740	38,042	36,557	37,335	10,140	15,672	14,866	13,544	12,590	12,664	–3,008
K92	Other diseases of digestive system	18,867	21,796	23,888	24,771	25,980	7,113	20,606	22,295	24,038	24,443	25,797	5,191
G47	Sleep disorders	24,619	27,886	30,801	33,309	33,911	9,292	11,512	11,873	12,611	13,665	14,358	2,846
R10	Abdominal and pelvic pain	38,227	40,759	40,919	42,358	43,872	5,645	56,901	57,515	56,961	59,962	62,686	5,785
K52	Other noninfective gastroenteritis and colitis	12,072	13,392	13,947	13,603	15,019	2,947	20,185	22,732	25,996	24,945	28,143	7,958
C61	Malignant neoplasm of prostate	9,099	10,674	13,705	15,604	17,393	8,294	6,010	6,479	6,842	7,739	8,036	2,026
I20	Angina pectoris	25,023	24,354	23,305	22,963	22,451	–2,572	62,000	58,858	58,604	57,266	54,791	–7,209
O34	Maternal care for known or suspected abnormality of pelvic organs	7,885	9,290	10,151	11,117	12,247	4,362	11,418	12,170	13,462	14,537	16,479	5,061
I21	Acute myocardial infarction	7,763	8,396	8,591	8,602	9,229	1,466	32,570	35,371	38,294	39,031	40,305	7,735
M17	Gonarthrosis [arthrosis of knee]	26,686	28,076	29,379	31,123	31,547	4,861	13,442	14,296	14,857	15,740	17,707	4,265
F10	Mental and behavioural disorders due to use of alcohol	11,619	12,713	14,435	15,150	15,756	4,137	17,575	18,315	18,992	20,002	22,366	4,791
D12	Benign neoplasm of colon, rectum, anus and anal canal	24,444	27,680	28,392	30,842	31,501	7,057	9,271	10,348	10,029	10,589	10,859	1,588
C44	Other malignant neoplasms of skin	45,112	48,587	48,447	47,538	51,815	6,703	24,023	25,695	26,213	25,096	25,906	1,883
F32	Depressive episode	22,928	26,583	27,185	27,587	28,263	5,335	23,213	24,549	26,001	26,261	26,114	2,901
Z34	Supervision of normal pregnancy	10	48	55	343	279	269	118	277	477	5,469	7,759	7,641
N39	Other disorders of urinary system	13,358	12,760	12,429	13,258	13,083	–275	26,806	28,070	29,034	31,505	34,080	7,274
D50	Iron deficiency anaemia	7,636	8,427	9,067	10,304	10,574	2,938	11,072	11,789	12,957	14,242	15,564	4,492
F33	Recurrent depressive disorder	15,570	18,340	20,135	21,323	22,195	6,625	6,739	7,309	6,791	6,710	6,617	–122
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	20,315	22,202	23,979	25,726	26,943	6,628	15,029	15,390	15,543	15,010	15,087	58
R55	Syncope and collapse	3,753	4,076	4,256	4,615	4,943	1,190	17,852	19,122	20,367	21,753	23,269	5,417

(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.

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 2001–02 and 2005–06.
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[(a)] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations, by patient election status, Australia, 2001–02 to 2005–06

Principal diagnosis		Private patients						Public patients					
		2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06
Z49	Care involving dialysis	120,084	139,932	166,009	176,229	193,547	73,463	515,557	556,009	595,995	638,546	694,669	179,112
Z51	Other medical care	133,729	149,742	158,650	170,306	175,536	41,807	117,875	126,913	126,654	124,811	126,653	8,778
Z50	Care involving use of rehabilitation procedures	58,771	60,659	67,466	82,144	98,334	39,563	62,240	61,909	62,723	56,260	56,706	–5,534
Z45	Adjustment and management of implanted device	13,021	17,535	24,107	28,024	34,778	21,757	12,432	15,231	17,964	18,763	19,982	7,550
R07	Pain in throat and chest	22,524	24,455	26,855	28,197	28,274	5,750	53,523	57,015	61,381	67,659	73,149	19,626
Z12	Special screening examination for neoplasms	5,290	16,851	18,808	22,120	24,776	19,486	2,835	6,112	6,510	7,099	7,182	4,347
H26	Other cataract	67,163	72,352	74,715	78,477	80,575	13,412	26,873	29,463	28,813	31,824	32,580	5,707
E11	Type 2 diabetes mellitus	14,381	15,535	17,609	21,507	24,076	9,695	23,051	24,448	26,636	29,213	31,083	8,032
Z31	Procreative management	22,568	26,835	31,229	37,073	39,217	16,649	1,156	1,483	2,020	2,430	1,763	607
Z80	Family history of malignant neoplasm	20,855	12,176	10,665	10,054	9,209	–11,646	4,580	1,911	1,377	1,109	1,284	–3,296
G47	Sleep disorders	24,743	28,481	31,963	35,010	35,949	11,206	10,831	11,034	11,437	11,897	12,261	1,430
K92	Other diseases of digestive system	20,889	24,063	26,687	27,608	29,231	8,342	18,368	19,831	21,223	21,568	22,526	4,158
O04	Medical abortion	29,331	38,960	39,277	37,629	38,637	9,306	13,279	13,242	11,391	10,468	10,389	–2,890
R10	Abdominal and pelvic pain	41,936	44,738	45,454	46,866	48,715	6,779	52,553	53,118	52,280	55,280	57,689	5,136
K52	Other noninfective gastroenteritis and colitis	13,859	15,358	16,696	16,099	18,027	4,168	18,198	20,613	23,182	22,371	25,065	6,867
C61	Malignant neoplasm of prostate	10,112	11,786	14,973	17,045	18,873	8,761	4,834	5,271	5,568	6,280	6,535	1,701
I20	Angina pectoris	34,229	33,205	32,168	31,907	30,345	–3,884	52,344	49,666	49,640	48,181	46,771	–5,573
M17	Gonarthrosis [arthrosis of knee]	26,898	28,653	30,397	32,168	32,407	5,509	12,908	13,660	13,835	14,689	16,844	3,936
O34	Maternal care for known or suspected abnormality of pelvic organs	8,874	10,238	11,357	12,355	13,632	4,758	10,338	11,140	12,232	13,229	15,017	4,679
I21	Acute myocardial infarction	12,826	13,865	14,828	15,141	16,036	3,210	27,218	29,695	31,912	32,344	33,358	6,140
C44	Other malignant neoplasms of skin	47,179	51,222	51,485	50,232	54,716	7,537	21,341	22,809	23,174	22,369	22,992	1,651
F10	Mental and behavioural disorders due to use of alcohol	12,057	13,063	15,143	15,908	16,425	4,368	16,987	17,668	18,265	19,220	21,648	4,661
D12	Benign neoplasm of colon, rectum, anus and anal canal	25,099	28,396	29,277	31,795	32,629	7,530	8,491	9,580	9,141	9,627	9,730	1,239
F32	Depressive episode	24,630	28,335	29,887	30,251	30,950	6,320	21,038	22,108	23,289	23,582	23,392	2,354
K01	Embedded and impacted teeth	54,309	58,021	59,051	60,436	61,265	6,956	5,410	3,989	4,758	4,424	4,329	–1,081
Z34	Supervision of normal pregnancy	24	57	80	446	462	438	104	268	450	5,277	7,459	7,355
D50	Iron deficiency anaemia	8,636	9,550	10,482	11,813	12,343	3,707	9,941	10,582	11,533	12,721	13,789	3,848
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	21,440	23,428	25,438	27,194	28,484	7,044	13,731	14,092	14,077	13,529	13,539	–192
N39	Other disorders of urinary system	16,205	15,791	16,018	17,317	17,631	1,426	23,805	24,918	25,401	27,388	29,481	5,676
F33	Recurrent depressive disorder	16,086	18,688	20,790	21,831	22,633	6,547	5,995	6,735	6,134	6,202	6,178	183

(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.

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 2001–02 and 2005–06.
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 9.7: Selected separation statistics[a] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, public hospitals, Australia, 2005–06

Principal diagnosis		Separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)
Z50	Care involving use of rehabilitation procedures	53,834	41,070	26.3	1,348,289	659.2	25.0
R07	Pain in throat and chest	48,605	42,014	23.8	92,208	45.1	1.9
I20	Angina pectoris	42,411	35,404	20.7	158,330	77.4	3.7
J18	Pneumonia, organism unspecified	42,285	34,834	20.7	268,018	131.0	6.3
J44	Other chronic obstructive pulmonary disease	40,926	34,385	20.0	294,736	144.1	7.2
O70	Perineal laceration during delivery	37,267	34,236	18.2	111,238	54.4	3.0
I21	Acute myocardial infarction	35,174	28,383	17.2	215,313	105.3	6.1
K80	Cholelithiasis	31,355	27,817	15.3	108,081	52.8	3.4
R10	Abdominal and pelvic pain	30,232	26,706	14.8	72,276	35.3	2.4
I50	Heart failure	30,083	23,964	14.7	238,380	116.6	7.9
L03	Cellulitis	26,391	22,647	12.9	150,566	73.6	5.7
N39	Other disorders of urinary system	26,293	21,893	12.9	144,948	70.9	5.5
J45	Asthma	24,133	22,105	11.8	56,621	27.7	2.3
O80	Single spontaneous delivery	23,804	22,593	11.6	53,884	26.3	2.3
F20	Schizophrenia	22,981	22,241	11.2	630,078	308.1	27.4
E11	Type 2 diabetes mellitus	21,854	19,034	10.7	211,461	103.4	9.7
I48	Atrial fibrillation and flutter	20,877	16,510	10.2	88,213	43.1	4.2
S52	Fracture of forearm	20,256	16,278	9.9	51,800	25.3	2.6
S72	Fracture of femur	20,036	14,705	9.8	240,196	117.4	12.0
Z75	Problems related to medical facilities and other health care	17,862	14,726	8.7	668,328	326.8	37.4
T81	Complications of procedures, not elsewhere classified	17,820	14,904	8.7	127,089	62.1	7.1
S82	Fracture of lower leg, including ankle	17,038	12,649	8.3	108,760	53.2	6.4
F32	Depressive episode	16,455	15,423	8.0	187,457	91.7	11.4
K35	Acute appendicitis	15,999	13,618	7.8	54,879	26.8	3.4
O34	Maternal care for known or suspected abnormality of pelvic organs	15,973	14,345	7.8	63,763	31.2	4.0
K52	Other noninfective gastroenteritis and colitis	15,910	13,343	7.8	55,607	27.2	3.5
R55	Syncope and collapse	15,653	12,513	7.7	52,009	25.4	3.3
F10	Mental and behavioural disorders due to use of alcohol	15,561	14,825	7.6	76,526	37.4	4.9
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	15,031	13,432	7.3	281,731	137.8	18.7
K40	Inguinal hernia	14,610	12,476	7.1	26,561	13.0	1.8
	Other	1,472,830	1,256,172	720.1	8,499,542	4,155.8	5.8
	Not reported	791	656	0.4	40,392	19.7	51.1
Total		**2,250,330**	**1,915,901**	**1,100.3**	**14,777,280**	**7,225.2**	**6.6**

(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) Crude rate based on Australian population as at 31 December 2005.

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>.

Table 9.8: Selected separation statistics[a] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, private hospitals, Australia, 2005–06

Principal diagnosis		Separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)
Z50	Care involving use of rehabilitation procedures	34,265	873	16.8	558,997	273.3	16.3
G47	Sleep disorders	32,939	45	16.1	36,331	17.8	1.1
M17	Gonarthrosis [arthrosis of knee]	21,842	466	10.7	149,513	73.1	6.8
K40	Inguinal hernia	20,472	298	10.0	31,362	15.3	1.5
I20	Angina pectoris	18,519	294	9.1	77,784	38.0	4.2
K80	Cholelithiasis	18,061	588	8.8	47,468	23.2	2.6
M75	Shoulder lesions	17,760	170	8.7	31,000	15.2	1.7
J35	Chronic diseases of tonsils and adenoids	15,287	208	7.5	16,278	8.0	1.1
O70	Perineal laceration during delivery	14,688	252	7.2	61,653	30.1	4.2
R07	Pain in throat and chest	13,075	552	6.4	29,272	14.3	2.2
M16	Coxarthrosis [arthrosis of hip]	12,126	223	5.9	94,559	46.2	7.8
O34	Maternal care for known or suspected abnormality of pelvic organs	12,121	206	5.9	62,341	30.5	5.1
I25	Chronic ischaemic heart disease	12,074	55	5.9	40,623	19.9	3.4
M23	Internal derangement of knee	10,780	112	5.3	15,414	7.5	1.4
N40	Hyperplasia of prostate	10,089	219	4.9	35,145	17.2	3.5
C50	Malignant neoplasm of breast	9,880	157	4.8	37,439	18.3	3.8
J18	Pneumonia, organism unspecified	9,561	428	4.7	74,641	36.5	7.8
M51	Other intervertebral disc disorders	9,328	121	4.6	51,077	25.0	5.5
C61	Malignant neoplasm of prostate	9,128	198	4.5	49,462	24.2	5.4
J34	Other disorders of nose and nasal sinuses	9,040	158	4.4	10,838	5.3	1.2
N81	Female genital prolapse	9,017	205	4.4	36,749	18.0	4.1
T81	Complications of procedures, not elsewhere classified	8,890	220	4.3	55,556	27.2	6.2
I50	Heart failure	8,769	255	4.3	85,003	41.6	9.7
I48	Atrial fibrillation and flutter	8,669	184	4.2	34,228	16.7	3.9
I21	Acute myocardial infarction	8,282	230	4.0	54,883	26.8	6.6
N39	Other disorders of urinary system	8,081	316	4.0	41,071	20.1	5.1
R10	Abdominal and pelvic pain	8,080	313	4.0	25,818	12.6	3.2
C44	Other malignant neoplasms of skin	8,064	72	3.9	30,357	14.8	3.8
J44	Other chronic obstructive pulmonary disease	7,888	449	3.9	78,960	38.6	10.0
I83	Varicose veins of lower extremities	7,635	83	3.7	15,331	7.5	2.0
	Other	623,593	18,363	304.9	3,535,348	1,728.6	5.7
	Not reported	470	1	0.2	5,692	2.8	12.1
Total		**1,018,473**	**26,314**	**498.0**	**5,510,193**	**2,694.2**	**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 2005.

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>.

Table 9.9: Selected separation statistics[a] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same-day separations, public hospitals, Australia, 2005–06

Principal diagnosis		Separations	Public patient separations	Separations per 10,000 population[b]
Z49	Care involving dialysis	731,925	650,969	357.9
Z51	Other medical care	137,043	119,146	67.0
H26	Other cataract	37,517	29,131	18.3
R10	Abdominal and pelvic pain	32,454	30,190	15.9
R07	Pain in throat and chest	32,351	29,828	15.8
Z45	Adjustment and management of implanted device	21,070	18,270	10.3
C44	Other malignant neoplasms of skin	20,370	17,937	10.0
Z08	Follow-up examination after treatment for malignant neoplasms	16,932	15,387	8.3
Z50	Care involving use of rehabilitation procedures	16,193	14,760	7.9
K92	Other diseases of digestive system	15,493	13,807	7.6
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	14,116	12,422	6.9
K21	Gastro-oesophageal reflux disease	14,069	12,419	6.9
K29	Gastritis and duodenitis	14,010	12,634	6.9
E11	Type 2 diabetes mellitus	13,653	11,361	6.7
K02	Dental caries	13,571	11,692	6.6
I20	Angina pectoris	12,380	10,618	6.1
Z30	Contraceptive management	12,335	11,108	6.0
K52	Other noninfective gastroenteritis and colitis	12,233	11,345	6.0
O04	Medical abortion	11,519	9,314	5.6
G56	Mononeuropathies of upper limb	11,014	9,904	5.4
S01	Open wound of head	10,714	9,541	5.2
M54	Dorsalgia	10,434	8,904	5.1
Z47	Other orthopaedic follow-up care	10,163	8,718	5.0
F32	Depressive episode	9,659	7,724	4.7
D50	Iron deficiency anaemia	9,460	8,376	4.6
M23	Internal derangement of knee	9,315	8,166	4.6
S52	Fracture of forearm	9,249	8,199	4.5
N92	Excessive, frequent and irregular menstruation	9,207	8,308	4.5
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	9,107	8,813	4.5
D12	Benign neoplasm of colon, rectum, anus and anal canal	8,847	7,677	4.3
	Other	929,127	814,969	454.3
	Not reported	216	196	0.1
Total		**2,215,746**	**1,951,833**	**1,083.4**

(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 2005.
Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <www.aihw.gov.au>.

Table 9.10: Selected separation statistics[(a)] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same-day separations, private hospitals, Australia, 2005–06

Principal diagnosis		Separations	Public patient separations	Separations per 10,000 population[(b)]
Z51	Other medical care	164,270	6,281	80.3
Z49	Care involving dialysis	153,566	41,646	75.1
H26	Other cataract	67,318	1,860	32.9
K01	Embedded and impacted teeth	56,095	87	27.4
Z50	Care involving use of rehabilitation procedures	50,796	3	24.8
C44	Other malignant neoplasms of skin	43,751	373	21.4
O04	Medical abortion	37,096	40	18.1
K21	Gastro-oesophageal reflux disease	36,870	354	18.0
Z31	Procreative management	36,529	317	17.9
R10	Abdominal and pelvic pain	35,792	480	17.5
M23	Internal derangement of knee	31,834	287	15.6
H25	Senile cataract	31,255	194	15.3
Z45	Adjustment and management of implanted device	30,119	317	14.7
D12	Benign neoplasm of colon, rectum, anus and anal canal	29,020	262	14.2
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	26,186	240	12.8
K29	Gastritis and duodenitis	25,359	264	12.4
Z12	Special screening examination for neoplasms	23,654	233	11.6
Z08	Follow-up examination after treatment for malignant neoplasms	23,473	624	11.5
K92	Other diseases of digestive system	22,951	222	11.2
I84	Haemorrhoids	22,064	231	10.8
F32	Depressive episode	21,719	35	10.6
K57	Diverticular disease of intestine	21,300	232	10.4
K63	Other diseases of intestine	20,865	176	10.2
F33	Recurrent depressive disorder	17,291	12	8.5
K02	Dental caries	17,188	34	8.4
G56	Mononeuropathies of upper limb	15,328	231	7.5
M54	Dorsalgia	14,316	192	7.0
K22	Other diseases of oesophagus	14,016	104	6.9
R19	Other symptoms and signs involving the digestive system and abdomen	13,734	79	6.7
K62	Other diseases of anus and rectum	13,618	126	6.7
	Other	708,888	18,241	346.6
	Not reported	1,173	1	0.6
Total		**1,827,434**	**73,778**	**893.5**

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

(b) Crude rate based on Australian population as at 31 December 2005.

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <www.aihw.gov.au>.

Table 9.11: Selected separation statistics[a] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia, 2005–06

Principal diagnosis		Separations	Same day separations	Public patient separations	Separations per 10,000 population[b]
Z49	Care involving dialysis	50,231	50,231	15,792	24.6
Z51	Other medical care	37,378	37,378	345	18.3
O04	Medical abortion	35,702	35,700	2	17.5
H25	Senile cataract	27,797	27,797	52	13.6
H26	Other cataract	25,977	25,976	426	12.7
C44	Other malignant neoplasms of skin	18,019	18,019	173	8.8
K21	Gastro-oesophageal reflux disease	16,293	16,292	0	8.0
R10	Abdominal and pelvic pain	16,050	16,050	0	7.8
Z31	Procreative management	15,336	15,335	315	7.5
K29	Gastritis and duodenitis	12,332	12,331	1	6.0
K01	Embedded and impacted teeth	12,224	12,224	0	6.0
D12	Benign neoplasm of colon, rectum, anus and anal canal	12,004	12,004	0	5.9
K63	Other diseases of intestine	10,277	10,277	0	5.0
I84	Haemorrhoids	9,898	9,898	0	4.8
K57	Diverticular disease of intestine	9,889	9,889	0	4.8
Z12	Special screening examination for neoplasms	8,872	8,871	0	4.3
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	8,542	8,542	0	4.2
K92	Other diseases of digestive system	6,627	6,627	0	3.2
K30	Dyspepsia	6,464	6,464	0	3.2
K62	Other diseases of anus and rectum	6,389	6,389	21	3.1
K02	Dental caries	6,299	6,299	0	3.1
K22	Other diseases of oesophagus	5,810	5,810	0	2.8
Z41	Procedures for purposes other than remedying health state	5,520	5,517	0	2.7
E11	Type 2 diabetes mellitus	5,417	5,414	137	2.6
R19	Other symptoms and signs involving the digestive system and abdomen	4,663	4,663	0	2.3
H02	Other disorders of eyelid	4,479	4,479	6	2.2
Z08	Follow-up examination after treatment for malignant neoplasms	4,428	4,428	0	2.2
K59	Other functional intestinal disorders	4,192	4,192	0	2.0
K52	Other noninfective gastroenteritis and colitis	3,948	3,948	0	1.9
K58	Irritable bowel syndrome	3,927	3,927	0	1.9
	Other	n.p.	n.p.	n.p.	n.p.
	Not reported	n.p.	n.p.	n.p.	n.p.
Total		**n.p.**	**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) Crude rate based on Australian population as at 31 December 2005.

n.p. Not published. The data for the *Totals, Other & Not reported* diagnoses have not been published because of confidentiality concerns.

Table 9.12: Selected separation statistics[a], by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2005–06

Principal diagnosis		Separations	Same-day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	ALOS (days) excluding same-day
A00–B99	Infectious and parasitic diseases	1	0	1	0.0	12	0.0	12.0	12.0
C00–D48	Neoplasms	2	0	2	0.0	44	0.0	22.0	22.0
D50–D89	Disorder of blood and blood-forming organs and immune mechanism	1	0	1	0.0	4	0.0	4.0	4.0
E00–E90	Endocrine, nutritional and metabolic diseases	2	0	2	0.0	30	0.0	15.0	15.0
F00–F03	Dementia	188	2	175	0.1	19,002	9.3	101.1	102.2
F04–F09	Other organic mental disorders	147	5	138	0.1	9,739	4.8	66.3	68.5
F10	Mental, behavioural disorders due to use of alcohol	839	80	821	0.4	13,741	6.7	16.4	18.0
F11–F19	Mental, behavioural disorders due to other psychoactive substance use	1,231	23	1,216	0.6	10,867	5.3	8.8	9.0
F20	Schizophrenia	3,249	34	2,896	1.6	219,475	107.3	67.6	68.3
F21–F29	Other schizotypal, delusional disorders	1,689	81	1,625	0.8	52,107	25.5	30.9	32.4
F30	Manic episode	71	0	65	0.0	1,372	0.7	19.3	19.3
F31	Bipolar affective disorder	1,172	47	1,150	0.6	32,790	16.0	28.0	29.1
F32–F33	Depressive episode or disorder	1,379	230	1,344	0.7	31,365	15.3	22.7	27.1
F34–F39	Other mood (affective) disorders	165	7	163	0.1	1,607	0.8	9.7	10.1
F40–F48	Neurotic, stress-related and somatoform disorders	1,595	104	1,555	0.8	10,911	5.3	6.8	7.2
F50	Eating disorders	15	7	15	0.0	75	0.0	5.0	8.5
F51–F59	Other behavioural syndromes associated with physiological disturbances, physical factors	24	0	24	0.0	236	0.1	9.8	9.8
F60–F69	Disorders of adult personality and behaviour	606	28	574	0.3	8,668	4.2	14.3	14.9
F70–F79	Mental retardation	54	1	53	0.0	39,985	19.6	740.5	754.4
F80–F89	Disorders of psychological development	51	20	50	0.0	685	0.3	13.4	21.5
F90–F98	Disorders with onset usually occurring in childhood, adolescence	1,262	1,135	1,261	0.6	3,177	1.6	2.5	16.1
F99	Unspecified mental disorder	24	9	19	0.0	96	0.0	4.0	5.8
G00–G99	Diseases of the nervous system	174	1	165	0.1	21,467	10.5	123.4	124.1
H00–H95	Diseases of eye, adnexa, ear and mastoid process	0	0	0	0.0	0	0.0	0.0	0.0
I00–I99	Diseases of circulatory system	2	0	2	0.0	158	0.1	79.0	79.0
J00–L99	Diseases of respiratory/digestive system, skin & subcutaneous tissue	1	0	1	0.0	20	0.0	20.0	0.0
M00–M99	Diseases of musculoskeletal and connective tissue	1	0	1	0.0	5	0.0	5.0	0.0
N00–N99	Diseases of genitourinary system	0	0	0	0.0	0	0.0	0.0	0.0
O00–O99	Pregnancy, childbirth and the puerperium	2	0	2	0.0	151	0.1	75.5	75.5
P00–P96	Certain diseases originating in the perinatal period	0	0	0	0.0	0	0.0	0.0	0.0
Q00–Q99	Congenital abnormalities	2	0	2	0.0	52	0.0	26.0	26.0
R00–R99	Signs, symptoms and abnormal findings not elsewhere classified	25	3	23	0.0	294	0.1	11.8	13.2
S00–T98	Injury, poisoning and other consequences of external causes	15	0	15	0.0	295	0.1	19.7	19.7
Z03.2, Z81, Z86.5	Observation, personal, family history of mental and behavioural disorders	2	0	2	0.0	2	0.0	1.0	0.0
Z00–Z99[c]	Other reasons for contact with health services	1,273	53	1,145	0.6	161,779	79.1	127.1	132.6
	Not reported	303	13	301	0.1	20,685	10.1	68.3	71.3
Total		**15,567**	**1,883**	**14,809**	**7.6**	**660,896**	**323.1**	**42.5**	**48.2**

(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) Crude rate based on Australian population as at 31 December 2005.
(c) Excluding Z03.2, Z81 and Z86.5.
Abbreviation: ALOS—average length of stay.

Table 9.13: Separations[(a)] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2005–06

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49	Care involving dialysis	217,347	216,307	113,108	68,698	53,082	12,465	17,915	35,262	734,184
Z51	Other medical care	5,127	68,947	21,231	20,334	17,729	2,846	1,161	1,099	138,474
R07	Pain in throat and chest	28,897	20,899	15,058	5,416	7,033	1,439	1,201	1,013	80,956
Z50	Care involving use of rehabilitation procedures	21,536	16,314	16,155	6,165	6,998	912	1,429	518	70,027
R10	Abdominal and pelvic pain	21,489	20,069	9,641	4,488	4,435	1,157	732	675	62,686
I20	Angina pectoris	17,270	14,149	11,114	4,734	4,519	1,484	1,039	482	54,791
J18	Pneumonia, organism unspecified	16,678	12,298	7,020	3,765	3,837	1,055	647	1,365	46,665
J44	Other chronic obstructive pulmonary disease	16,619	10,679	7,391	3,349	4,542	1,132	426	587	44,725
I21	Acute myocardial infarction	14,862	11,093	6,758	2,821	3,042	807	552	370	40,305
H26	Other cataract	14,378	12,135	5,001	3,280	3,266	394	726	297	39,477
O70	Perineal laceration during delivery	16,933	7,088	7,040	2,655	2,735	558	861	443	38,313
K80	Cholelithiasis	13,276	10,106	6,186	2,726	2,972	913	637	371	37,187
E11	Type 2 diabetes mellitus	10,263	11,070	5,408	3,742	2,928	757	539	800	35,507
N39	Other disorders of urinary system	12,396	9,375	5,753	2,596	2,572	589	510	289	34,080
I50	Heart failure	11,912	9,055	5,051	2,794	2,848	737	384	314	33,095
J45	Asthma	9,961	8,329	4,867	2,727	3,390	573	364	389	30,600
S52	Fracture of forearm	10,985	7,068	5,552	2,248	1,942	580	625	505	29,505
L03	Cellulitis	10,559	7,511	5,277	2,340	2,009	424	414	909	29,443
I48	Atrial fibrillation and flutter	10,850	7,287	4,560	2,102	2,421	637	521	264	28,642
K52	Other noninfective gastroenteritis and colitis	9,162	8,883	4,291	1,981	2,708	528	335	255	28,143
F20	Schizophrenia	8,219	7,231	5,211	2,231	2,047	635	268	274	26,116
F32	Depressive episode	9,400	7,110	3,748	2,158	2,502	913	133	150	26,114
C44	Other malignant neoplasms of skin	6,408	7,078	6,520	2,103	2,663	786	223	125	25,906
K92	Other diseases of digestive system	9,851	7,307	3,556	1,891	2,171	463	187	371	25,797
O80	Single spontaneous delivery	9,651	3,455	7,471	1,898	1,694	566	487	498	25,720
R55	Syncope and collapse	8,468	6,543	3,928	1,319	2,219	393	251	148	23,269
Z45	Adjustment and management of implanted device	1,986	11,619	5,170	1,413	822	950	652	97	22,709
F10	Mental and behavioural disorders due to use of alcohol	9,308	4,167	3,908	2,143	1,765	524	243	308	22,366
S72	Fracture of femur	8,491	5,520	3,594	1,849	1,848	506	344	158	22,310
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	6,857	5,568	4,439	2,379	1,477	368	188	502	21,778
	Other	850,336	718,584	436,310	226,615	223,451	58,213	38,142	34,528	2,586,179
	Not reported	988	0	0	0	0	0	0	19	1,007
Total		**1,420,463**	**1,272,844**	**750,317**	**394,960**	**377,667**	**94,304**	**72,136**	**83,385**	**4,466,076**

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

Table 9.14: Separations[(a)] for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2005–06

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51	Other medical care	30,698	41,343	51,560	19,545	14,410	n.p.	n.p.	n.p.	164,744
Z49	Care involving dialysis	21,999	30,566	50,672	33,207	17,582	n.p.	n.p.	n.p.	154,066
Z50	Care involving use of rehabilitation procedures	47,191	13,684	17,805	1,500	4,480	n.p.	n.p.	n.p.	85,061
H26	Other cataract	28,257	14,755	13,881	6,716	5,703	n.p.	n.p.	n.p.	73,859
K01	Embedded and impacted teeth	15,713	15,529	11,021	8,542	4,458	n.p.	n.p.	n.p.	57,422
C44	Other malignant neoplasms of skin	14,785	9,613	15,685	4,132	5,753	n.p.	n.p.	n.p.	51,815
R10	Abdominal and pelvic pain	10,677	14,636	10,710	4,586	2,079	n.p.	n.p.	n.p.	43,872
M23	Internal derangement of knee	11,891	9,846	8,064	5,110	5,194	n.p.	n.p.	n.p.	42,614
K21	Gastro-oesophageal reflux disease	10,543	11,117	9,892	3,648	2,521	n.p.	n.p.	n.p.	38,912
O04	Medical abortion	7,337	14,155	12,928	2,642	182	n.p.	n.p.	n.p.	37,335
Z31	Procreative management	12,850	8,900	9,126	1,379	2,066	n.p.	n.p.	n.p.	36,929
G47	Sleep disorders	10,337	9,652	7,954	1,756	3,040	n.p.	n.p.	n.p.	33,911
Z45	Adjustment and management of implanted device	4,172	12,596	9,660	2,447	2,380	n.p.	n.p.	n.p.	32,195
H25	Senile cataract	7,809	7,346	12,459	1,746	1,972	n.p.	n.p.	n.p.	31,799
M17	Gonarthrosis [arthrosis of knee]	9,660	7,689	5,991	3,627	3,027	n.p.	n.p.	n.p.	31,547
D12	Benign neoplasm of colon, rectum, anus and anal canal	10,900	5,684	8,945	3,107	2,098	n.p.	n.p.	n.p.	31,501
F32	Depressive episode	7,985	9,892	6,765	1,934	298	n.p.	n.p.	n.p.	28,263
Z09	malignant neoplasms	8,975	6,955	6,021	2,670	1,619	n.p.	n.p.	n.p.	26,943
I84	Haemorrhoids	8,900	7,257	5,141	2,907	1,814	n.p.	n.p.	n.p.	26,916
K29	Gastritis and duodenitis	8,677	8,254	5,500	2,067	1,600	n.p.	n.p.	n.p.	26,480
K57	Diverticular disease of intestine	6,725	7,103	8,106	2,316	1,443	n.p.	n.p.	n.p.	26,381
K92	Other diseases of digestive system	8,545	6,153	6,840	2,019	1,651	n.p.	n.p.	n.p.	25,980
K40	Inguinal hernia	8,010	5,650	5,509	2,549	1,799	n.p.	n.p.	n.p.	24,780
Z08	Follow-up examination after treatment for malignant neoplasms	8,365	6,347	5,265	2,299	1,413	n.p.	n.p.	n.p.	24,756
Z12	Special screening examination for neoplasms	6,676	6,879	5,978	3,152	556	n.p.	n.p.	n.p.	23,851
I20	Angina pectoris	5,901	5,341	6,520	2,436	1,514	n.p.	n.p.	n.p.	22,451
F33	Recurrent depressive disorder	3,084	10,643	3,577	2,945	658	n.p.	n.p.	n.p.	22,195
K63	Other diseases of intestine	8,112	5,677	5,436	1,230	1,035	n.p.	n.p.	n.p.	21,864
M54	Dorsalgia	4,570	6,331	3,093	3,920	2,483	n.p.	n.p.	n.p.	21,172
R07	Pain in throat and chest	3,214	5,611	5,802	2,760	2,586	n.p.	n.p.	n.p.	20,608
	Other	413,341	393,136	375,625	180,499	122,783	n.p.	n.p.	n.p.	1,554,042
	Not reported	0	1,641	0	0	0	n.p.	n.p.	n.p.	1,643
Total		**765,899**	**719,981**	**711,531**	**319,393**	**220,197**	**n.p.**	**n.p.**	**n.p.**	**2,845,907**

(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[(a)] (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2005–06

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	1.8	1.0	1.1	1.0	1.0	1.0	1.1	1.1	1.1
R07	Pain in throat and chest	1.7	1.3	1.5	1.4	1.7	1.5	1.2	1.9	1.5
Z50	Care involving use of rehabilitation procedures	21.9	23.5	12.5	21.3	18.5	27.1	12.8	7.1	19.5
R10	Abdominal and pelvic pain	1.7	1.5	1.7	1.8	1.8	1.7	1.5	1.9	1.7
I20	Angina pectoris	3.5	2.7	3.2	2.6	3.3	3.3	2.8	3.1	3.1
J18	Pneumonia, organism unspecified	6.0	6.0	5.5	5.3	6.1	6.2	5.7	4.9	5.8
J44	Other chronic obstructive pulmonary disease	7.1	6.3	6.4	6.4	6.5	8.5	7.3	6.2	6.7
I21	Acute myocardial infarction	5.8	5.2	5.3	5.1	5.7	4.5	4.2	5.7	5.5
H26	Other cataract	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.0
O70	Perineal laceration during delivery	3.1	2.8	2.6	3.2	3.1	3.1	2.5	3.4	2.9
K80	Cholelithiasis	3.2	3.0	2.8	3.2	3.0	2.6	2.6	4.0	3.1
E11	Type 2 diabetes mellitus	7.1	5.6	6.8	5.8	5.9	6.6	4.6	8.4	6.3
N39	Other disorders of urinary system	4.8	4.3	4.0	4.1	4.9	5.2	4.0	5.1	4.5
I50	Heart failure	7.9	6.8	6.7	6.9	7.5	7.5	6.5	7.5	7.3
J45	Asthma	2.1	2.0	2.0	2.0	2.2	2.1	2.1	2.2	2.1
S52	Fracture of forearm	2.0	2.2	1.8	2.2	2.4	2.5	2.1	2.8	2.1
L03	Cellulitis	5.3	5.7	4.7	4.5	5.4	6.0	4.8	4.2	5.2
I48	Atrial fibrillation and flutter	3.7	3.3	3.0	2.5	3.5	3.5	2.2	3.2	3.4
K52	Other noninfective gastroenteritis and colitis	2.7	2.1	2.4	2.5	2.5	3.0	1.6	2.6	2.4
F20	Schizophrenia	28.7	20.3	24.3	26.6	17.0	33.4	16.6	13.7	24.2
F32	Depressive episode	7.3	7.4	6.7	9.0	9.4	5.3	15.4	6.8	7.5
C44	Other malignant neoplasms of skin	2.5	1.9	1.6	1.8	1.9	1.6	2.0	3.6	2.0
K92	Other diseases of digestive system	2.3	2.1	2.3	1.9	2.5	2.2	2.8	2.0	2.2
O80	Single spontaneous delivery	2.3	2.3	1.9	2.4	2.2	2.2	1.9	2.6	2.2
R55	Syncope and collapse	2.7	2.4	2.5	2.3	2.9	2.7	1.8	2.7	2.6
Z45	Adjustment and management of implanted device	1.4	1.1	1.1	1.1	1.3	1.0	1.0	1.7	1.1
F10	Mental and behavioural disorders due to use of alcohol	3.8	3.1	4.1	3.4	3.5	6.6	2.0	4.1	3.7
S72	Fracture of femur	11.0	11.7	10.3	8.3	10.4	12.6	10.3	18.0	10.9
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	2.2	1.9	1.8	2.0	2.6	2.1	3.3	2.0	2.1
	Other	4.4	3.7	4.0	4.1	4.7	4.5	4.2	4.4	4.2
Total		**4.2**	**3.4**	**3.7**	**3.7**	**4.2**	**4.2**	**3.4**	**2.9**	**3.8**

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

Table 9.16: Average length of stay[(a)] (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2005–06

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51	Other medical care	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z49	Care involving dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z50	Care involving use of rehabilitation procedures	5.1	13.7	5.4	22.2	9.8	n.p.	n.p.	n.p.	7.2
H26	Other cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K01	Embedded and impacted teeth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C44	Other malignant neoplasms of skin	1.5	1.5	1.4	1.7	1.2	n.p.	n.p.	n.p.	1.4
R10	Abdominal and pelvic pain	1.3	1.3	1.5	1.5	1.7	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	1.1	1.1	1.2	n.p.	n.p.	n.p.	1.1
O04	Medical abortion	1.0	1.0	1.0	1.0	1.1	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
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
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]	5.2	4.6	5.1	6.0	4.5	n.p.	n.p.	n.p.	5.0
D12	Benign neoplasm of colon, rectum, anus and anal canal	1.2	1.4	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.3
F32	Depressive episode	6.1	3.7	6.1	5.9	13.4	n.p.	n.p.	n.p.	5.2
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
I84	Haemorrhoids	1.1	1.2	1.2	1.3	1.3	n.p.	n.p.	n.p.	1.2
K29	Gastritis and duodenitis	1.0	1.1	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.1
K57	Diverticular disease of intestine	1.7	1.8	1.9	2.3	2.3	n.p.	n.p.	n.p.	1.9
K92	Other diseases of digestive system	1.2	1.4	1.4	1.4	1.5	n.p.	n.p.	n.p.	1.3
K40	Inguinal hernia	1.4	1.4	1.3	1.6	1.7	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
Z12	Special screening examination for neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
I20	Angina pectoris	3.3	3.6	4.2	3.0	4.3	n.p.	n.p.	n.p.	3.6
F33	Recurrent depressive disorder	5.6	3.6	4.6	4.5	12.1	n.p.	n.p.	n.p.	4.5
K63	Other diseases of intestine	1.1	1.2	1.2	1.3	1.4	n.p.	n.p.	n.p.	1.2
M54	Dorsalgia	2.7	2.3	3.6	2.0	2.0	n.p.	n.p.	n.p.	2.5
R07	Pain in throat and chest	1.6	1.8	2.0	1.5	1.7	n.p.	n.p.	n.p.	1.8
	Other	2.9	3.2	3.5	3.3	3.2	n.p.	n.p.	n.p.	3.2
Total		**2.5**	**2.6**	**2.6**	**2.6**	**2.6**	**n.p.**	**n.p.**	**n.p.**	**2.6**

(a) Separations for which the care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.
n.p. Not published.

Table 9.17: Separations[(a)] for males for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2005–06

Principal diagnosis		<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[(b)]
Z49	Care involving dialysis	0	118	466	7,815	22,159	48,040	78,005	108,760	128,508	118,402	15,064	527,340
Z51	Other medical care	198	807	1,795	2,809	3,132	6,584	17,857	39,909	42,366	24,403	2,815	142,675
Z50	Care involving use of rehabilitation procedures	2	7	69	1,536	2,446	3,756	5,579	10,738	14,975	19,922	7,895	66,925
R07	Pain in throat and chest	3	6	138	946	3,017	7,951	11,303	11,785	8,641	6,166	1,523	51,479
I20	Angina pectoris	0	0	0	20	221	2,029	6,603	12,722	13,811	11,044	2,432	48,882
C44	Other malignant neoplasms of skin	1	6	16	58	495	1,807	4,653	8,996	10,681	14,238	5,098	46,049
H26	Other cataract	11	27	55	76	126	467	1,932	5,842	13,262	19,981	4,244	46,023
K40	Inguinal hernia	1,468	995	1,026	1,803	2,912	4,566	6,778	8,537	6,956	4,957	999	40,997
R10	Abdominal and pelvic pain	132	374	2,381	3,122	4,156	5,576	6,005	6,129	4,618	3,110	795	36,398
M23	Internal derangement of knee	0	1	295	4,746	5,645	7,135	7,379	6,007	2,502	809	66	34,585
G47	Sleep disorders	2,655	2,208	1,517	525	1,794	4,437	6,680	7,284	3,702	1,738	160	32,700
I21	Acute myocardial infarction	1	0	0	38	313	1,861	5,397	7,474	7,498	7,221	2,560	32,363
E11	Type 2 diabetes mellitus	0	0	11	74	252	991	2,739	6,065	8,729	9,051	1,973	29,885
J18	Pneumonia, organism unspecified	566	2,216	1,446	881	1,332	2,061	2,249	3,125	4,494	7,143	4,131	29,644
J44	Other chronic obstructive pulmonary disease	0	19	22	20	33	263	1,212	4,161	8,570	11,785	3,198	29,283
K21	Gastro-oesophageal reflux disease	761	265	400	1,199	2,828	4,704	5,866	5,941	3,825	1,983	348	28,120
Z08	Follow-up examination after treatment for malignant neoplasms	2	54	45	37	132	661	2,099	5,624	8,940	8,645	1,611	27,850
K92	Other diseases of digestive system	99	73	135	749	2,067	3,811	5,070	5,432	4,566	3,928	1,218	27,148
Z45	Adjustment and management of implanted device	48	315	504	431	545	1,332	4,029	7,426	7,728	3,811	526	26,695
K01	Embedded and impacted teeth	0	16	1,536	15,134	5,788	2,224	953	468	162	56	18	26,355
C61	Malignant neoplasm of prostate	1	0	6	1	3	61	1,633	7,660	8,633	5,815	1,616	25,429
N40	Hyperplasia of prostate	0	0	0	1	22	173	1,408	6,686	8,966	6,651	1,336	25,243
D12	Benign neoplasm of colon, rectum, anus and anal canal	0	0	7	67	219	1,222	3,576	7,291	7,280	4,352	518	24,532
I25	Chronic ischaemic heart disease	0	0	3	6	60	666	3,027	7,169	7,802	5,204	525	24,462
I48	Atrial fibrillation and flutter	1	0	7	200	605	1,344	3,066	5,497	5,836	4,947	1,272	22,775
M17	Gonarthrosis [arthrosis of knee]	0	0	7	167	559	1,592	3,468	5,892	6,167	4,054	515	22,421
F10	Mental and behavioural disorders due to use of alcohol	0	2	157	2,214	3,172	5,293	5,324	4,143	1,381	558	56	22,300
I50	Heart failure	22	9	12	50	137	357	836	2,343	4,638	8,640	4,809	21,853
I84	Haemorrhoids	2	12	7	485	2,173	4,587	5,554	4,949	2,626	1,123	194	21,712
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	97	153	119	283	622	1,595	3,721	6,124	5,258	3,049	326	21,347
	Other	74,030	90,024	119,402	151,750	165,257	201,141	227,101	270,767	253,040	242,324	78,823	1,873,663
	Not reported	59	22	40	106	114	107	133	140	160	168	66	1,115
Total		**80,159**	**97,729**	**131,624**	**197,349**	**232,336**	**328,394**	**441,235**	**601,086**	**616,321**	**565,278**	**146,730**	**3,438,248**

(a) Separations for which the care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.
(b) Includes separations for which age was not reported.

Table 9.18: Separations[(a)] for females for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2005–06

Principal diagnosis		<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[(b)]
Z49	Care involving dialysis	0	46	426	4,742	17,288	29,905	53,892	73,062	97,601	76,503	7,440	360,905
Z51	Other medical care	191	769	1,316	1,855	4,222	16,633	35,354	45,800	33,827	18,515	2,061	160,543
Z50	Care involving use of rehabilitation procedures	5	14	95	2,059	2,398	3,659	5,752	11,491	17,194	29,262	16,234	88,163
R10	Abdominal and pelvic pain	97	260	3,016	10,324	10,893	11,572	11,203	9,595	6,769	4,839	1,591	70,159
H26	Other cataract	10	17	32	30	93	425	1,959	6,933	19,213	31,075	7,526	67,313
O70	Perineal laceration during delivery	0	0	19	10,317	32,938	9,718	38	0	0	0	0	53,030
R07	Pain in throat and chest	1	6	139	1,029	2,296	5,596	10,091	11,143	9,197	7,713	2,874	50,085
O04	Medical abortion	0	0	167	21,496	18,945	9,104	287	0	0	0	0	49,999
Z31	Procreative management	0	0	2	451	16,298	22,211	687	6	0	1	0	39,656
K01	Embedded and impacted teeth	0	15	2,270	24,482	8,238	2,525	993	442	168	80	26	39,239
K80	Cholelithiasis	0	4	95	3,161	6,724	6,902	6,736	6,181	4,252	3,530	1,219	38,804
F32	Depressive episode	0	0	445	4,233	5,656	6,961	6,524	4,437	3,004	2,843	768	34,871
N39	Other disorders of urinary system	871	938	799	1,702	1,710	2,738	3,865	4,200	4,231	6,895	5,450	33,399
C44	Other malignant neoplasms of skin	1	4	12	77	602	1,921	4,091	5,433	6,193	8,598	4,740	31,672
O80	Single spontaneous delivery	0	0	12	8,308	18,152	4,781	26	0	1	0	0	31,280
K21	Gastro-oesophageal reflux disease	680	150	300	1,132	2,037	4,023	6,295	7,438	4,853	2,644	562	30,114
O34	Maternal care for known or suspected abnormality of pelvic organs	0	0	0	2,295	16,989	9,389	53	0	0	0	0	28,726
I20	Angina pectoris	0	0	0	11	81	851	2,816	5,146	7,085	8,752	3,618	28,360
Z45	Adjustment and management of implanted device	48	246	412	657	905	2,833	5,760	7,825	6,015	3,007	501	28,209
M17	Gonarthrosis [arthrosis of knee]	0	0	5	86	288	1,084	3,513	6,659	8,001	6,189	1,008	26,833
J18	Pneumonia, organism unspecified	397	1,831	1,355	817	1,383	1,952	1,993	2,594	3,292	5,817	5,399	26,830
K29	Gastritis and duodenitis	29	127	352	1,696	2,466	3,794	5,106	5,182	4,198	2,896	651	26,497
K52	Other noninfective gastroenteritis and colitis	41	61	93	2,933	3,904	3,202	3,328	3,735	3,420	3,789	1,848	26,354
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	14	7,833	13,940	3,797	39	0	0	0	0	25,623
E11	Type 2 diabetes mellitus	0	0	23	66	221	755	1,720	3,569	7,171	9,325	2,524	25,374
N92	Excessive, frequent and irregular menstruation	0	0	48	693	2,984	10,781	10,136	314	5	2	0	24,963
K92	Other diseases of digestive system	57	40	123	869	1,703	2,876	4,403	4,815	4,002	3,841	1,898	24,627
M54	Dorsalgia	0	10	110	687	1,739	3,390	4,536	4,618	3,557	3,876	1,634	24,158
K57	Diverticular disease of intestine	1	0	1	15	154	938	3,268	5,965	6,330	5,600	1,477	23,749
J44	Other chronic obstructive pulmonary disease	1	8	27	35	65	389	1,543	4,030	6,469	8,049	2,839	23,455
	Other	56,682	64,969	87,031	207,574	359,042	306,630	286,735	288,027	255,146	278,535	138,755	2,329,128
	Not reported	52	12	36	125	282	259	178	174	128	182	99	1,527
Total		**59,164**	**69,527**	**98,775**	**321,790**	**554,636**	**491,594**	**482,920**	**528,814**	**521,322**	**532,358**	**212,742**	**3,873,645**

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

(b) Includes separations for which age was not reported.

Table 9.19: Separation statistics[a] relating to renal failure[b], by state or territory of usual residence, all hospitals, Australia, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[c]
Acute renal failure									
Separations	2,227	1,768	1,110	348	582	n.p.	n.p.	n.p.	6,257
Separations not within state of residence (%)	3	1	1	0	1	n.p.	n.p.	n.p.	
Separation rate[d]									
Public hospitals	0.27	0.27	0.21	0.14	0.28	0.20	0.20	0.34	0.25
Private hospitals	0.02	0.05	0.06	0.03	0.03	n.p.	n.p.	n.p.	0.04
Total	0.29	0.31	0.28	0.17	0.31	n.p.	n.p.	n.p.	0.28
Standardised separation rate ratio (SRR)	1.03	1.11	0.98	0.61	1.08	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.99–1.08	1.06–1.16	0.92–1.04	0.55–0.68	1.00–1.17	n.p.	n.p.	n.p.	
Chronic and unspecified renal failure									
Separations	2,798	1,740	1,832	736	669	n.p.	n.p.	n.p.	8,277
Separations not within state of residence (%)	4	0	1	1	4	n.p.	n.p.	n.p.	
Separation rate[d]									
Public hospitals	0.34	0.27	0.36	0.31	0.33	0.35	0.26	1.05	0.33
Private hospitals	0.04	0.05	0.09	0.06	0.04	n.p.	n.p.	n.p.	0.05
Total	0.38	0.32	0.46	0.37	0.37	n.p.	n.p.	n.p.	0.38
Standardised separation rate ratio (SRR)	0.99	0.84	1.19	0.96	0.97	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.95–1.03	0.80–0.88	1.13–1.24	0.89–1.02	0.90–1.05	n.p.	n.p.	n.p.	
Care involving dialysis[e]									
Separations	251,628	242,929	160,056	102,548	71,938	n.p.	n.p.	n.p.	887,115
Separations not within state of residence (%)	6	0	1	1	2	n.p.	n.p.	n.p.	
Separation rate[d]									
Public hospitals	31.34	39.82	28.40	34.49	31.99	23.32	42.50	205.80	34.52
Private hospitals	3.46	5.73	11.57	16.34	9.87	n.p.	n.p.	n.p.	7.14
Total	34.79	45.55	39.97	50.83	41.86	n.p.	n.p.	n.p.	41.66
Standardised separation rate ratio (SRR)	0.84	1.09	0.96	1.22	1.00	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.83–0.84	1.09–1.10	0.95–0.96	1.21–1.23	1.00–1.01	n.p.	n.p.	n.p.	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

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

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

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

n.p. Not published.

Table 9.20: Separation statistics[a] relating to renal failure[b], by Remoteness Area of usual residence, all hospitals, Australia, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[c]
Acute renal failure						
Separations	4,097	1,426	586	73	72	6,257
Separation rate[d]						
Public hospitals	0.25	0.25	0.25	0.25	0.58	0.25
Private hospitals	0.04	0.04	0.02	0.02	0.00	0.04
Total	0.29	0.29	0.26	0.26	0.58	0.29
Standardised separation rate ratio (SRR)	1.00	1.00	0.90	0.90	2.00	
95% confidence interval of SRR	0.97–1.03	0.95–1.05	0.82–0.97	0.69–1.10	1.54–2.46	
Chronic and unspecified renal failure						
Separations	4,590	1,930	1,285	186	285	8,277
Separation rate[d]						
Public hospitals	0.28	0.33	0.52	0.60	1.86	0.33
Private hospitals	0.05	0.07	0.05	0.03	0.03	0.06
Total	0.33	0.40	0.57	0.63	1.88	0.39
Standardised separation rate ratio (SRR)	0.85	1.03	1.46	1.62	4.82	
95% confidence interval of SRR	0.82–0.87	0.98–1.07	1.38–1.54	1.38–1.85	4.26–5.38	
Care involving dialysis[e]						
Separations	606,897	151,494	87,163	18,055	23,054	887,115
Separation rate[d]						
Public hospitals	35.96	26.81	36.16	40.28	135.61	34.77
Private hospitals	8.46	4.87	2.85	15.39	10.16	7.21
Total	44.41	31.68	39.00	55.67	145.77	41.98
Standardised separation rate ratio (SRR)	1.06	0.75	0.93	1.33	3.47	
95% confidence interval of SRR	1.06–1.06	0.75–0.76	0.92–0.94	1.31–1.35	3.43–3.52	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

(c) Includes separations for which the area of usual residence was unknown and excludes overseas residents and unknown state of residence.

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

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.21: Separation statistics[a] relating to renal failure[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, Australia, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Acute renal failure						
Separations	1,538	1,249	1,262	1,184	1,021	6,257
Separation rate[e]						
Public hospitals	0.30	0.26	0.26	0.24	0.18	0.25
Private hospitals	0.03	0.03	0.03	0.04	0.05	0.04
Total	0.33	0.29	0.29	0.29	0.23	0.29
Standardised separation rate ratio (SRR)	1.16	1.01	1.02	1.00	0.79	
95% confidence interval of SRR	1.10–1.22	0.95–1.06	0.97–1.08	0.94–1.06	0.74–0.84	
Chronic and unspecified renal failure						
Separations[d]	2,250	2,012	1,590	1,335	1,089	8,277
Separation rate[e]						
Public hospitals	0.44	0.41	0.33	0.27	0.20	0.33
Private hospitals	0.06	0.06	0.04	0.06	0.06	0.06
Total	0.50	0.47	0.37	0.33	0.26	0.39
Standardised separation rate ratio (SRR)	1.29	1.22	0.96	0.85	0.67	
95% confidence interval of SRR	1.24–1.34	1.16–1.27	0.91–1.01	0.80–0.90	0.63–0.70	
Care involving dialysis[f]						
Separations[d]	197,152	184,167	190,012	170,610	144,742	887,115
Separation rate[e]						
Public hospitals	39.74	36.87	37.51	34.55	25.45	34.77
Private hospitals	4.57	6.73	7.10	8.29	9.70	7.21
Total	44.31	43.61	44.61	42.84	35.15	41.98
Standardised separation rate ratio (SRR)	1.06	1.04	1.06	1.02	0.84	
95% confidence interval of SRR	1.05–1.06	1.03–1.04	1.06–1.07	1.02–1.03	0.83–0.84	

(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 1.
(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 separations for which the area of usual residence was unknown and excludes overseas residents and unknown state of residence.
(e) Rate per 1,000 population was directly age-standardised as detailed in Appendix 1.
(f) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.22: Separation statistics[a], by principal diagnosis in ICD-10-AM chapters, by Indigenous status[b], selected states and territories[c], 2005–06

Principal diagnosis		Separations		Separations for patients identified as Indigenous (%)	Separations per 1,000 population[c]		Rate ratio[d]
		Indigenous	Other		Indigenous	Other	
A00–B99	Certain infectious and parasitic diseases	3,921	31,365	2.1	12.8	4.3	3.0
C00–D48	Neoplasms	2,361	211,473	1.3	16.7	27.3	0.6
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	847	33,958	0.5	5.2	4.5	1.2
E00–E90	Endocrine, nutritional and metabolic diseases	3,740	47,704	2.0	25.4	6.2	4.1
F00–F99	Mental and behavioural disorders	5,674	95,926	3.1	22.5	12.7	1.8
G00–G99	Diseases of the nervous system	2,160	60,043	1.2	9.9	7.9	1.3
H00–H59	Diseases of the eye and adnexa	834	76,861	0.5	6.9	10.0	0.7
H60–H95	Diseases of the ear and mastoid process	1,219	21,727	0.7	3.1	3.0	1.0
I00–I99	Diseases of the circulatory system	5,676	162,399	3.1	41.7	20.9	2.0
J00–J99	Diseases of the respiratory system	11,216	119,857	6.1	53.4	16.2	3.3
K00–K93	Diseases of the digestive system	8,608	305,521	4.7	41.2	40.1	1.0
L00–L99	Diseases of the skin and subcutaneous tissue	4,468	47,249	2.4	17.6	6.2	2.8
M00–M99	Diseases of the musculoskeletal system and connective tissue	2,873	154,048	1.6	14.7	20.0	0.7
N00–N99	Diseases of the genitourinary system	4,305	131,687	2.3	22.7	17.3	1.3
O00–O99	Pregnancy, childbirth and the puerperium	12,521	168,950	6.8	35.6	23.7	1.5
P00–P96	Certain conditions originating in the perinatal period	1,820	18,842	1.0	3.3	2.8	1.2
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	551	11,544	0.3	1.1	1.6	0.7
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	6,947	154,520	3.8	36.0	20.2	1.8
S00–T98	Injury, poisoning and certain other consequences of external causes	13,819	173,574	7.5	53.0	23.2	2.3
Z00–Z99	Factors influencing health status and contact with health services	90,665	645,958	49.2	615.6	84.0	7.3
	Care involving dialysis	84,668	286,943	46.0	584.1	37.2	15.7
	Other	5,997	359,015	3.3	31.6	46.7	0.7
	Not reported	7	12	0.0	0.0	0.0	n.p.
	Total (excluding care involving dialysis)	**99,557**	**2,386,263**	**54.0**	**454.6**	**315.1**	**1.4**
	Total (including care involving dialysis)	**184,232**	**2,673,218**	**100.0**	**1038.7**	**352.4**	**2.9**

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
(b) 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, 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 1. The separation rate for other persons includes Indigenous status *Not reported*.
n.p. Not published

10 Procedures for admitted patients

Introduction

The *National health data dictionary* version 12 (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 available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Procedures for 2005–06 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 1.

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. Therefore, a separation will be counted only 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 (NCCH 2004).

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 groups with the highest number of

separations (Tables 10.9 to 10.19) and summary information is provided for all the groups (for which separations were reported) on the Internet at <www.aihw.gov.au> (Tables S10.1 and S10.2).

In addition, Tables 10.5 and 10.6 present time series information on separations for selected procedures.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals and for public patients, nationally and by state and territory. National information on age group and sex distributions is presented in 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 almost 6 million separations for which a procedure was reported, 81.5% of total separations. Almost 20.3 million patient days were reported for separations with a procedure, accounting for 83.3% 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 197 *Lens extraction* and other data elements in the National Hospital Morbidity Database. There were 165,781 separations for which this procedure was reported, with an average length of stay of 1.0 days. Almost 68.9% of separations were admitted to private hospitals. The majority of separations (99.6%) with this procedure had a separation mode of Other, suggesting that these patients went home after separation from the hospital, whereas 0.2% were transferred to another acute hospital. The principal diagnosis mostly associated with this procedure was *Other cataract* (H26) with 107,402 separations, and the most commonly reported AR-DRG was *Lens procedure, sameday* (C16B) with 152,198 separations. There were more separations for females than males, with females accounting for 58.5% of separations. The majority of separations (95.6%) 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 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 55.8% of the separations for which a procedure was reported, although they accounted for 61.1% of the separations overall. Similarly, although 69.8% of overall patient days were in public hospitals, 67.3% of patient days associated with procedures were in public hospitals. In public hospitals, 74.5% of total separations involved a procedure (3,327,810) and these separations were associated with 80.2% of total patient days (Table 10.1). In contrast, 92.5% of total separations in private hospitals involved a procedure (2,633,176), and these separations were associated with 90.4% of total patient days (Table 10.2). About 85.7% of separations with a procedure in public hospitals were for public patients, in contrast to 3.4% in private hospitals.

The private sector reported a higher proportion of separations for same–day procedures than the public sector. About 54.0% (1,796,018) of separations for which a procedure was reported were same–day in public hospitals, compared with 66.4% (1,749,432) in private hospitals (Tables 10.1 and 10.2).

The highest numbers of separations in both the public and private sectors were for *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (Table 10.1 and Table 10.2). This chapter also accounted for the highest numbers of patient days in the public sector and the private sector.

In public hospitals, after *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (2,151,057), the chapter that accounted for the largest number of separations was *Procedures on urinary system* (Blocks 1040–1129), which includes haemodialysis. There were 850,545 separations for which procedures in this chapter were reported, accounting for 1,395,820 patient days. This group of procedures also accounted for a large number of same day separations (783,604) and public patient separations (754,432). Other chapters that accounted for a large number of separations in public hospitals were *Imaging services* (Blocks 1940–2016) with 423,181 separations and *Procedures on digestive system* (Blocks 850–1011) with 387,497 separations.

Within the private sector, *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1916) reported 2,185,465 separations. *Procedures on digestive system* (Blocks 850–1011), which includes colonoscopy, accounted for the next largest number of separations (599,078) with 1,095,576 patient days. This group of procedures also accounted for a large number of same–day separations (465,254). Other chapters that accounted for a large number of separations in private hospitals were *Procedures on urinary system* (Blocks 1040–1129) with 259,988 separations and *Procedures on musculoskeletal system* (Blocks 1360–1579) with 258,611 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 (249,629 public sector separations or 83.6% of combined separations) than in Queensland (129,694 public sector separations or 62.5% of combined separations). 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 (37,065 private sector separations, representing 79.6% of combined separations) than in Victoria (30,576 private sector separations, or 57.0%).

Selected procedures, 2001–02 to 2005–06

Tables 10.5 and 10.6 present the number of separations for selected procedures from 2001–02 to 2005–06 and the change in separations over this period, by hospital sector and patient election status. The selected procedures have been identified as performance indicators relating to appropriateness and may also be indicators of accessibility. The ICD-10-AM codes used to define the procedures are listed in Appendix 1. More information and statistics on the selected procedures and other hospital performance indicators can be found in Chapter 4.

Changes in separations reported for each of the selected procedures between 2001–02 and 2005–06 varied between the hospital sectors. For example, the number of private sector separations for *Cholecystectomy* decreased by 3.5% (744 separations) between 2001–02 and 2005–06, compared with a increase of 6.4% (1,571 separations) in the public sector over the same period (Table 10.5). Overall, the reported number of separations increased for 9 of the 12 selected procedures between 2001–02 and 2005–06 both in the private sector and the public sector. Decreases in the number of separations over the 5-year period for *Coronary artery bypass graft*, *Hysterectomy* and *Myringotomy* were reported for both sectors.

Table 10.6 presents the number of separations and change in separations for selected procedures from 2001–02 to 2005–06, by patient election status, for all hospitals. The overall changes by selected procedure in Table 10.6 are slightly different from those presented in Table 10.5, partly owing to a small proportion of separations whose patient election status was not reported (less than 5 % of all separations in each year).

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 9 of the 12 selected procedures between 2001–02 and 2005–06, whereas public patient separations increased for 8 of the selected procedures over the same period. A notable difference between private and public patients was for *Tonsillectomy*, with private patient separations increasing by 8.3% (1,657 separations) between 2001–02 and 2005–06, compared with a decrease in public patient separations of 0.8% (113 separations) over the same period.

Total procedures

Tables 10.7 and 10.8 provide counts of all the procedures reported for 2005–06, by state and territory for the public and private sectors. The totals are the total number of procedures, rather than the total number of separations for which a procedure was reported, as presented elsewhere in this chapter. In all, 14.5 million procedures were reported, 7.9 million in the public sector and 6.6 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) (6,782,013 procedures in total). A block which accounted for many of these procedures was *Cerebral anaesthesia* (Block 1910), 41.5% of the chapter overall (2,814,181 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) (1,321,263) and *Procedures on urinary system* (Blocks 1040–1129) (1,187,684).

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 886,764 procedures. In private hospitals, it was *Procedures on digestive system* (Blocks 850–1011) with 795,493 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) (826,479) and *Cerebral anaesthesia* (Block 1910) (570,198) (Table 10.9). The average length of stay for separations reporting each of these procedure blocks was 11.3 and 6.4 days respectively. Both these procedure blocks also accounted for the highest number of patient days for separations with procedures, with 9,342,499 patient days for *Generalised allied health interventions* (Block 1916) and 3,674,337 patient days for *Cerebral anaesthesia* (Block 1910). *Haemodialysis* (Block 1060) was the most frequently reported procedure for same–day separations in the public sector (726,414), followed by *Cerebral anaesthesia* (Block 1910) (549,470) (Table 10.11).

Cerebral anaesthesia (Block 1910) was the most frequently reported procedure for overnight separations in private hospitals (529,338) (Table 10.10), and also the most frequently reported procedure for same–day separations (1,054,399) (Table 10.12).

Cerebral anaesthesia (Block 1910) was the most frequently reported procedure group in private free-standing day hospitals (320,194 separations), followed by *Panendoscopy with excision* (Block 1008) (71,378 separations) (Table 10.13). Public patient separations accounted for 31.4% (15,795) 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 (43.4%, 36,164) and lowest in Tasmania (13.4%, 12,656). In the private sector, Victoria had relatively high numbers of separations with *Panendoscopy* (Block 1005) (20,975).

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 3.0 days in the Australian Capital Territory to 6.2 days in New South Wales and 8.3 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 , 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 12.6 days in Victoria (Table 10.17).

Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with 82.5% for males (2,835,398) and 80.7% for females (3,125,529) (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 both males and females.

For males and female, the highest number of separations with procedures was reported for the 65–74 years age group and the 55–64 years age group respectively, with 544,772 (19.2%) separations for males and 464,722 (14.9%) separations for females (Tables 10.18 and 10.19).

Aboriginal and Torres Strait Islander people

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 (89,047). For *Haemodialysis* (Block 1060), the number of procedures per 1,000 population for persons identified as Indigenous was about 16.1 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 1.5 times. 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 nose, mouth and pharynx* (Blocks 370–422), *Procedures on male genital organs* (Blocks 1160–1203), *Dental services* (Blocks 450–490) and *Procedures on breast* (Blocks 1740-1759).

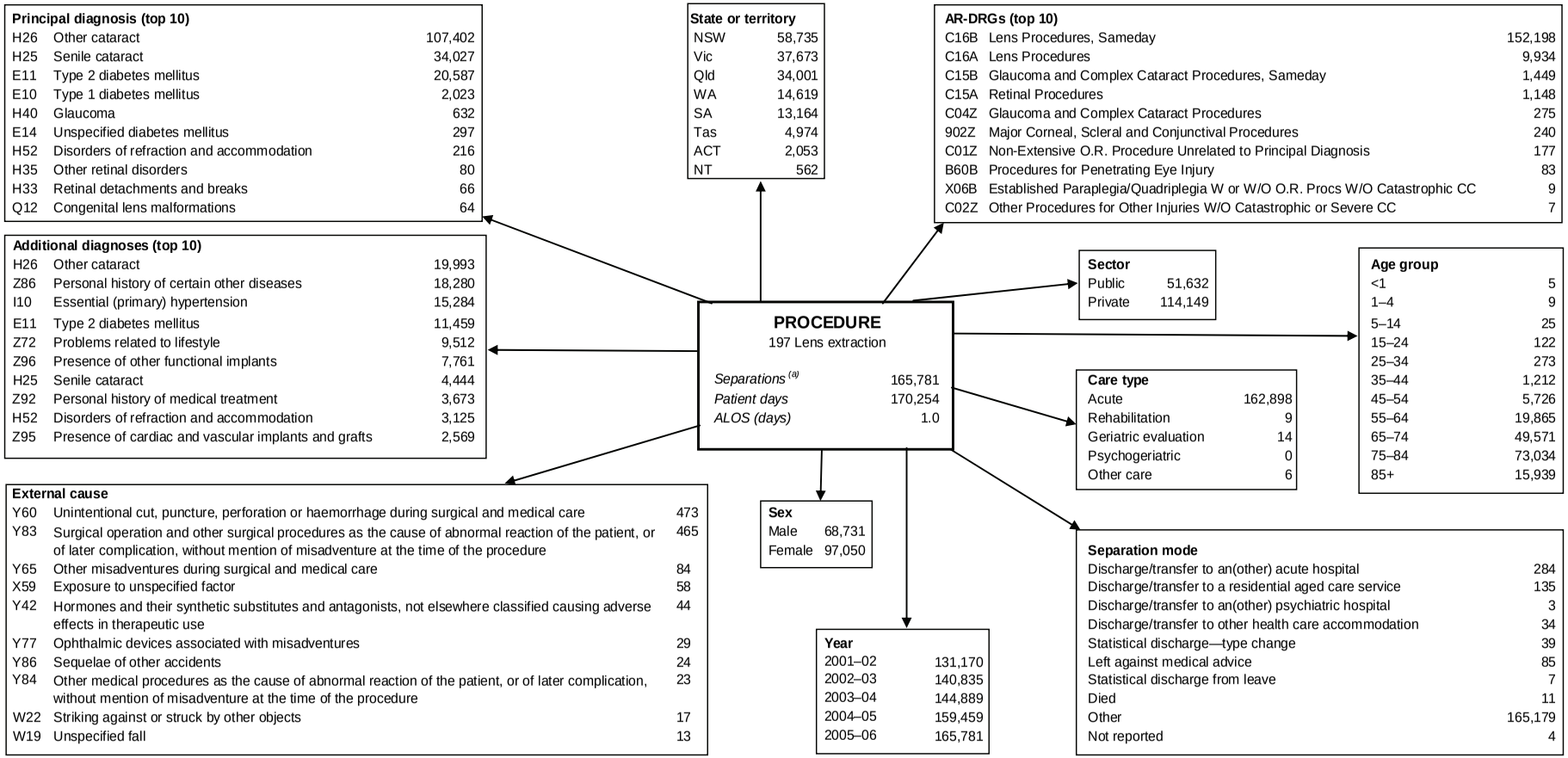
Although the overall rate of procedures per 1,000 population was higher for Indigenous persons, Figure 10.2 shows that the proportion of separations with a procedure by ICD-10-AM diagnosis chapter was lower for Indigenous patients than for other patients for all but one of the diagnosis chapters. For example, for *Diseases of the nervous system* (G00–G99), 39.7% of separations for Indigenous patients had a procedure reported, compared with 81.1% 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 1 of this report. The accompanying tables on the Internet at <www.aihw.gov.au> provide information on the number of separations by 5-year age group and ICD-10-AM procedure block for males and females. There are also national summary statistics for public and private hospitals for each procedure block, and for overnight and same–day separations (as presented for the top 30 procedure blocks in Tables 10.9 to 10.12).

For access to more procedure data, the AIHW's website also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information on the procedures performed on patients admitted to Australian hospitals. Data in the form of counts of procedures are available on all procedures performed by age group, sex and same–day status. Procedure information is available at the broader 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.

*A*bbreviations: ALOS—average length of stay; Proc—procedure; W—with; W/O—without; CC—complication or comorbidity O.R.—operating room.

Figure 10.1: Interrelationships of a procedure (Block 197 *Lens extraction*) with other data elements, all hospitals, Australia, 2005–06

Table 10.1: Separation[a] and procedure statistics, by procedure in ICD-10-AM chapters, public hospitals, Australia, 2005–06

Procedure chapters		Separations	Same day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	ALOS (days) excluding same–day
1–86	Procedures on nervous system	67,808	26,749	55,799	33.2	451,440	220.7	6.7	10.3
110–129	Procedures on endocrine system	6,237	200	5,489	3.0	28,790	14.1	4.6	4.7
160–256	Procedures on eye and adnexa	75,454	63,891	59,012	36.9	112,056	54.8	1.5	4.2
300–333	Procedures on ear and mastoid process	24,585	16,055	21,145	12.0	48,438	23.7	2.0	3.8
370–422	Procedures on nose, mouth and pharynx	50,324	14,713	42,583	24.6	106,705	52.2	2.1	2.6
450–490	Dental services	30,258	24,931	23,176	14.8	96,381	47.1	3.2	13.4
520–569	Procedures on respiratory system	81,077	16,983	66,590	39.6	1,071,124	523.7	13.2	16.4
600–767	Procedures on cardiovascular system	185,906	49,427	154,368	90.9	1,716,676	839.4	9.2	12.2
800–817	Procedures on blood and blood-forming organs	29,246	10,266	24,208	14.3	224,262	109.7	7.7	11.3
850–1011	Procedures on digestive system	387,497	200,089	334,393	189.5	1,596,954	780.8	4.1	7.5
1040–1129	Procedures on urinary system	850,545	783,604	754,432	415.9	1,395,820	682.5	1.6	9.1
1160–1203	Procedures on male genital organs	37,433	20,237	31,925	18.3	94,576	46.2	2.5	4.3
1240–1299	Gynaecological procedures	137,181	88,811	119,963	67.1	263,754	129.0	1.9	3.6
1330–1347	Obstetric procedures	174,859	8,969	160,189	85.5	627,540	306.8	3.6	3.7
1360–1579	Procedures on musculoskeletal system	225,861	68,386	186,238	110.4	1,240,733	606.6	5.5	7.4
1600–1718	Dermatological and plastic procedures	173,159	82,985	146,575	84.7	961,180	470.0	5.6	9.7
1740–1759	Procedures on breast	19,221	8,625	17,095	9.4	49,074	24.0	2.6	3.8
1786–1799	Radiation oncology procedures	9,033	1,220	6,749	4.4	92,375	45.2	10.2	11.7
1820–1922	Non-invasive, cognitive and other interventions, not elsewhere classified	2,151,057	860,952	1,812,536	1,051.7	11,864,940	5,801.3	5.5	8.5
1940–2016	Imaging services	423,181	65,824	342,450	206.9	3,874,923	1,894.6	9.2	10.7
	Procedures reported[c]	*3,327,810*	*1,796,018*	*2,852,979*	*1,646.6*	*13,624,315*	*6,741.4*	*4.1*	*7.7*
	No procedure or not reported	1,138,266	419,728	1,014,755	563.2	3,368,711	1,666.9	3.0	4.1
Total[c]		**4,466,076**	**2,215,746**	**3,867,734**	**2,183.7**	**16,993,026**	**8,308.6**	**3.8**	**6.6**

(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) Crude rate based on Australian population as at 31 December 2005.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

ALOS—average length of stay.

Table 10.2: Separation[a] and procedure statistics, by procedure in ICD-10-AM chapters, private hospitals, Australia, 2005–06

Procedure chapters		Separations	Same day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	ALOS (days) excluding same–day
1–86	Procedures on nervous system	75,881	39,774	798	37.1	263,967	129.1	3.5	6.2
110–129	Procedures on endocrine system	6,138	83	84	3.0	19,116	9.3	3.1	3.1
160–256	Procedures on eye and adnexa	152,202	139,051	2,896	74.4	157,621	77.1	1.0	1.4
300–333	Procedures on ear and mastoid process	25,865	18,603	371	12.6	30,944	15.1	1.2	1.7
370–422	Procedures on nose, mouth and pharynx	62,595	21,915	861	30.6	80,477	39.3	1.3	1.4
450–490	Dental services	92,547	88,624	149	45.3	97,924	47.9	1.1	2.4
520–569	Procedures on respiratory system	25,346	6,734	573	12.4	210,529	102.9	8.3	10.9
600–767	Procedures on cardiovascular system	138,825	48,533	4,007	67.9	653,030	319.3	4.7	6.7
800–817	Procedures on blood and blood-forming organs	19,600	5,647	221	9.6	97,953	47.9	5.0	6.6
850–1011	Procedures on digestive system	599,078	465,254	7,112	292.9	1,095,576	535.7	1.8	4.7
1040–1129	Procedures on urinary system	259,988	212,440	45,757	127.1	458,595	224.2	1.8	5.2
1160–1203	Procedures on male genital organs	57,809	33,456	1,013	28.3	131,191	64.1	2.3	4.0
1240–1299	Gynaecological procedures	184,310	143,330	2,236	90.1	295,825	144.6	1.6	3.7
1330–1347	Obstetric procedures	77,068	1,034	2,011	37.7	374,029	182.9	4.9	4.9
1360–1579	Procedures on musculoskeletal system	258,611	108,352	3,262	126.4	842,270	411.8	3.3	4.9
1600–1718	Dermatological and plastic procedures	169,315	121,125	2,571	82.8	354,628	173.4	2.1	4.8
1740–1759	Procedures on breast	33,245	13,871	456	16.3	65,951	32.2	2.0	2.7
1786–1799	Radiation oncology procedures	3,029	476	84	1.5	28,504	13.9	9.4	11.0
1820–1922	Non-invasive, cognitive and other interventions, not elsewhere classified	2,185,465	1,391,776	39,566	1068.6	5,924,908	2896.9	2.7	5.7
1940–2016	Imaging services	128,584	29,116	3,907	62.9	1,009,988	493.8	7.9	9.9
	Procedures reported[c]	*2,633,176*	*1,749,432*	*88,932*	*1302.9*	*6,633,559*	*3282.3*	*2.5*	*5.5*
	No procedure or not reported	212,731	78,002	11,160	105.3	704,068	348.4	3.3	4.6
Total[c]		**2,845,907**	**1,827,434**	**100,092**	**1,391.5**	**7,337,627**	**3,587.7**	**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 2005.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

ALOS—average length of stay.

Table 10.3: Separations[a], by procedure in ICD-10-AM chapters, public hospitals, states and territories, 2005–06

Procedure chapters		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	20,929	19,697	10,233	7,606	6,040	1,603	1,005	695	67,808
110–129	Procedures on endocrine system	2,313	1,766	1,031	445	427	119	101	35	6,237
160–256	Procedures on eye and adnexa	25,954	23,034	9,500	7,764	6,573	786	1,242	601	75,454
300–333	Procedures on ear and mastoid process	5,320	7,125	6,385	2,343	2,474	289	310	339	24,585
370–422	Procedures on nose, mouth and pharynx	13,347	16,748	9,257	4,349	4,818	650	714	441	50,324
450–490	Dental services	7,469	9,880	6,003	3,163	2,508	571	246	418	30,258
520–569	Procedures on respiratory system	26,139	21,421	15,171	7,248	6,711	1,881	1,391	1,115	81,077
600–767	Procedures on cardiovascular system	57,137	53,129	31,647	17,157	15,182	5,157	4,445	2,052	185,906
800–817	Procedures on blood and blood-forming organs	8,572	8,814	5,142	3,013	2,140	580	770	215	29,246
850–1011	Procedures on digestive system	129,217	110,536	54,431	40,166	36,077	7,806	5,345	3,919	387,497
1040–1129	Procedures on urinary system	253,418	249,629	129,694	82,642	63,567	14,898	19,831	36,866	850,545
1160–1203	Procedures on male genital organs	11,010	12,632	4,664	3,867	3,593	865	412	390	37,433
1240–1299	Gynaecological procedures	39,700	42,114	23,759	10,932	14,525	2,411	1,594	2,146	137,181
1330–1347	Obstetric procedures	59,041	42,255	35,422	17,353	12,037	3,603	2,852	2,296	174,859
1360–1579	Procedures on musculoskeletal system	74,349	60,175	37,949	22,530	17,706	5,557	4,519	3,076	225,861
1600–1718	Dermatological and plastic procedures	47,533	46,865	36,732	17,050	15,745	3,557	2,222	3,455	173,159
1740–1759	Procedures on breast	5,746	5,645	2,986	2,532	1,504	392	229	187	19,221
1786–1799	Radiation oncology procedures	2,921	2,682	1,596	759	689	229	157	0	9,033
1820–1922	Non-invasive, cognitive and other interventions, not elsewhere classified	679,735	643,502	324,604	207,525	194,400	46,200	33,379	21,712	2,151,057
1940–2016	Imaging services	169,259	112,589	58,302	31,416	30,013	9,674	7,368	4,560	423,181
	Procedures reported [b]	*1,023,864*	*982,905*	*525,830*	*319,319*	*285,158*	*69,210*	*58,833*	*62,691*	*3,327,810*
	No procedure or not reported	396,599	289,939	224,487	75,641	92,509	25,094	13,303	20,694	1,138,266
Total[b]		**1,420,463**	**1,272,844**	**750,317**	**394,960**	**377,667**	**94,304**	**72,136**	**83,385**	**4,466,076**

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.4: Separations[a], by procedure in ICD-10-AM chapters, private hospitals, states and territories, 2005–06

Procedure chapters		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	18,645	18,842	14,493	12,872	8,067	n.p.	n.p.	n.p.	75,881
110–129	Procedures on endocrine system	2,228	1,270	1,424	636	386	n.p.	n.p.	n.p.	6,138
160–256	Procedures on eye and adnexa	52,588	30,576	37,065	13,336	11,388	n.p.	n.p.	n.p.	152,202
300–333	Procedures on ear and mastoid process	7,784	5,100	4,990	3,517	3,314	n.p.	n.p.	n.p.	25,865
370–422	Procedures on nose, mouth and pharynx	20,496	12,644	12,512	7,457	6,746	n.p.	n.p.	n.p.	62,595
450–490	Dental services	25,782	24,556	17,796	13,181	7,808	n.p.	n.p.	n.p.	92,547
520–569	Procedures on respiratory system	6,324	5,520	7,192	2,392	3,124	n.p.	n.p.	n.p.	25,346
600–767	Procedures on cardiovascular system	37,231	39,393	34,371	11,793	10,045	n.p.	n.p.	n.p.	138,825
800–817	Procedures on blood and blood-forming organs	4,689	4,400	6,117	1,903	1,632	n.p.	n.p.	n.p.	19,600
850–1011	Procedures on digestive system	177,759	163,874	145,224	54,735	38,484	n.p.	n.p.	n.p.	599,078
1040–1129	Procedures on urinary system	55,489	49,102	77,729	46,180	25,746	n.p.	n.p.	n.p.	259,988
1160–1203	Procedures on male genital organs	19,361	13,614	11,089	6,411	4,465	n.p.	n.p.	n.p.	57,809
1240–1299	Gynaecological procedures	55,937	48,982	45,935	15,048	10,320	n.p.	n.p.	n.p.	184,310
1330–1347	Obstetric procedures	21,097	19,051	16,948	10,938	4,834	n.p.	n.p.	n.p.	77,068
1360–1579	Procedures on musculoskeletal system	72,769	64,441	50,854	32,114	25,473	n.p.	n.p.	n.p.	258,611
1600–1718	Dermatological and plastic procedures	47,282	37,479	42,083	17,647	18,091	n.p.	n.p.	n.p.	169,315
1740–1759	Procedures on breast	8,943	7,564	7,985	4,362	2,759	n.p.	n.p.	n.p.	33,245
1786–1799	Radiation oncology procedures	753	819	855	123	412	n.p.	n.p.	n.p.	3,029
1820–1922	Non-invasive, cognitive and other interventions, not elsewhere classified	646,010	528,104	543,278	222,098	163,602	n.p.	n.p.	n.p.	2,185,465
1940–2016	Imaging services	29,129	34,580	35,033	16,238	9,410	n.p.	n.p.	n.p.	128,584
	Procedure reported[b]	*737,632*	*645,333*	*655,005*	*293,814*	*205,212*	*n.p.*	*n.p.*	*n.p.*	*2,633,176*
	No procedure or not reported	28,267	74,648	56,526	25,579	14,985	n.p.	n.p.	n.p.	212,731
Total[b]		**765,899**	**719,981**	**711,531**	**319,393**	**220,197**	**n.p.**	**n.p.**	**n.p.**	**2,845,907**

(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[a][b] for selected procedures[c], by hospital sector, Australia, 2001–02 to 2005–06

	Private hospitals						Public hospitals					
Procedure	2001–01	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06	2001–01	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06
Caesarean section	24,504	27,348	28,486	30,202	31,920	7,416	39,838	41,914	44,807	47,469	50,790	10,952
Cholecystectomy	21,337	21,257	20,996	20,936	20,593	–744	24,582	24,627	25,322	25,753	26,153	1,571
Coronary artery bypass graft	7,173	6,767	6,588	6,058	5,811	–1,362	9,102	9,141	8,885	8,470	8,411	–691
Coronary angioplasty	11,636	13,943	15,674	15,928	16,371	4,735	12,183	13,598	15,530	17,401	18,334	6,151
Hip replacement	14,229	15,003	15,660	15,385	15,117	888	11,821	12,274	12,818	13,145	13,477	1,656
Revision of hip replacement	1,983	1,986	2,111	2,114	2,092	109	1,282	1,284	1,404	1,375	1,382	100
Hysterectomy, aged 15–69	17,303	16,262	15,587	15,281	14,722	–2,581	14,163	13,483	13,624	13,213	12,907	–1,256
Knee replacement	16,350	17,579	18,812	19,944	20,510	4,160	8,361	8,851	9,476	10,457	11,865	3,504
Lens insertion	98,522	105,660	109,324	118,379	121,372	22,850	43,387	46,379	47,001	51,642	54,241	10,854
Myringotomy	18,193	17,922	17,855	18,129	17,548	–645	15,076	14,691	14,122	13,807	12,920	–2,156
Prostatectomy	14,601	15,020	16,225	17,685	18,519	3,918	9,483	9,214	9,359	9,880	10,163	680
Tonsillectomy	18,153	17,661	17,430	18,129	19,138	985	15,713	15,428	15,163	15,537	16,162	449

(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 1.

Table 10.6: Separations[(a)(b)] for selected procedures[(c)], by patient election status, Australia, 2001–02 to 2005–06

	Private patients						Public patients					
Procedure	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06
Caesarean section	28,195	31,010	32,676	34,422	36,503	8,308	35,799	37,935	40,519	42,996	45,966	10,167
Cholecystectomy	22,471	22,567	22,762	22,741	22,627	156	23,181	23,129	23,545	23,924	24,107	926
Coronary artery bypass graft	8,430	8,023	7,696	7,169	6,853	–1,577	7,825	7,874	7,759	7,347	7,355	–470
Coronary angioplasty	13,405	16,041	18,356	18,771	19,062	5,657	10,230	11,343	12,833	14,529	15,629	5,399
Hip replacement	15,388	16,450	17,546	17,270	17,054	1,666	10,394	10,740	10,927	11,249	11,535	1,141
Revision of hip replacement	2,118	2,153	2,308	2,311	2,267	149	1,282	1,284	1,404	1,375	1,382	100
Hysterectomy, aged 15–69	18,405	17,411	17,140	16,619	16,049	–2,356	12,815	12,196	12,066	11,864	11,574	–1,241
Knee replacement	16,415	17,834	19,465	20,545	20,987	4,572	8,091	8,542	8,822	9,852	11,387	3,296
Lens insertion	103,582	111,885	116,916	125,353	129,679	26,097	36,382	39,389	39,377	43,999	45,626	9,244
Myringotomy	20,000	20,024	19,966	20,316	19,431	–569	13,023	12,488	12,002	11,613	11,023	–2,000
Prostatectomy	15,214	15,728	17,179	18,668	19,563	4,349	8,641	8,404	8,399	8,895	9,111	470
Tonsillectomy	19,910	19,592	19,650	20,528	21,567	1,657	13,843	13,449	12,942	13,126	13,730	–113

(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 1.

Table 10.7: Number of procedures[(a)(b)], by ICD-10-AM chapter, public hospitals, states and territories, 2005–06

Procedure chapters		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	26,103	24,657	13,757	10,072	6,736	2,120	1,292	771	85,508
110–129	Procedures on endocrine system	2,542	1,873	1,136	521	442	129	110	37	6,790
160–256	Procedures on eye and adnexa	29,953	26,507	11,219	9,245	7,521	924	1,350	717	87,436
300–333	Procedures on ear and mastoid process	6,294	8,221	7,221	2,706	2,811	345	365	391	28,354
370–422	Procedures on nose, mouth and pharynx	19,879	25,304	12,172	6,267	7,520	904	1,122	567	73,735
450–490	Dental services	42,392	38,866	37,033	16,089	12,672	3,307	1,183	2,058	153,600
520–569	Procedures on respiratory system	46,256	38,923	26,827	13,261	11,667	3,169	2,455	2,134	144,692
600–767	Procedures on cardiovascular system	98,165	88,528	53,361	29,457	23,776	9,732	7,370	3,111	313,500
800–817	Procedures on blood and blood-forming organs	9,172	9,185	5,477	3,256	2,267	603	806	225	30,991
850–1011	Procedures on digestive system	182,541	145,320	73,176	53,380	48,275	10,341	7,531	5,206	525,770
1040–1129	Procedures on urinary system	267,707	257,583	135,096	86,651	66,449	15,571	20,539	37,168	886,764
1160–1203	Procedures on male genital organs	11,847	13,527	5,039	4,233	3,793	918	472	418	40,247
1240–1299	Gynaecological procedures	63,235	68,225	36,584	18,545	20,811	3,353	2,597	2,676	216,026
1330–1347	Obstetric procedures	105,950	77,679	68,359	38,059	23,260	6,540	5,330	3,645	328,822
1360–1579	Procedures on musculoskeletal system	96,887	87,307	52,425	32,424	23,167	7,715	6,151	4,530	310,606
1600–1718	Dermatological and plastic procedures	70,998	70,955	58,485	26,702	25,271	5,761	3,288	5,499	266,959
1740–1759	Procedures on breast	7,455	7,079	3,954	3,822	1,866	499	264	223	25,162
1786–1799	Radiation oncology procedures	3,459	3,548	1,676	1,046	1,204	253	164	0	11,350
1820–1922	Non-invasive, cognitive and other interventions, not elsewhere classified	1,270,093	1,126,871	552,662	355,890	308,867	79,241	60,381	33,279	3,787,284
1940–2016	Imaging services	237,181	154,528	77,697	41,509	38,569	13,158	9,801	5,826	578,269
Total procedures		**2,598,109**	**2,274,686**	**1,233,356**	**753,135**	**636,944**	**164,583**	**132,571**	**108,481**	**7,901,865**

(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[(a)(b)], by ICD-10-AM chapter, private hospitals, states and territories, 2005–06

Procedure chapters		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	27,391	30,096	23,085	24,462	10,616	n.p.	n.p.	n.p.	120,094
110–129	Procedures on endocrine system	2,517	1,363	1,558	688	428	n.p.	n.p.	n.p.	6,758
160–256	Procedures on eye and adnexa	62,107	34,039	44,951	16,025	13,508	n.p.	n.p.	n.p.	178,816
300–333	Procedures on ear and mastoid process	9,155	5,657	5,732	3,993	3,730	n.p.	n.p.	n.p.	29,566
370–422	Procedures on nose, mouth and pharynx	39,485	21,762	23,932	14,043	15,098	n.p.	n.p.	n.p.	119,640
450–490	Dental services	92,639	79,675	70,788	62,745	34,562	n.p.	n.p.	n.p.	355,037
520–569	Procedures on respiratory system	9,120	8,660	11,353	3,587	4,875	n.p.	n.p.	n.p.	38,743
600–767	Procedures on cardiovascular system	70,790	69,730	62,980	20,289	18,042	n.p.	n.p.	n.p.	250,775
800–817	Procedures on blood and blood-forming organs	5,116	4,596	6,464	2,061	1,732	n.p.	n.p.	n.p.	20,867
850–1011	Procedures on digestive system	246,864	206,961	191,943	73,325	51,326	n.p.	n.p.	n.p.	795,493
1040–1129	Procedures on urinary system	71,976	55,454	86,539	50,474	28,623	n.p.	n.p.	n.p.	300,920
1160–1203	Procedures on male genital organs	20,406	14,152	11,843	6,785	4,724	n.p.	n.p.	n.p.	60,977
1240–1299	Gynaecological procedures	85,039	73,685	65,040	23,713	17,378	n.p.	n.p.	n.p.	277,143
1330–1347	Obstetric procedures	43,088	37,371	32,904	24,911	10,011	n.p.	n.p.	n.p.	155,741
1360–1579	Procedures on musculoskeletal system	104,858	98,343	70,940	46,931	38,383	n.p.	n.p.	n.p.	377,560
1600–1718	Dermatological and plastic procedures	89,492	74,019	89,467	33,784	36,475	n.p.	n.p.	n.p.	336,217
1740–1759	Procedures on breast	11,831	9,744	10,426	5,953	3,436	n.p.	n.p.	n.p.	43,326
1786–1799	Radiation oncology procedures	898	854	1,156	130	721	n.p.	n.p.	n.p.	3,829
1820–1922	Non-invasive, cognitive and other interventions, not elsewhere classified	900,785	717,535	734,422	307,896	228,891	n.p.	n.p.	n.p.	2,994,729
1940–2016	Imaging services	36,813	44,647	45,477	20,588	11,616	n.p.	n.p.	n.p.	164,186
Total procedures		**1,930,370**	**1,588,343**	**1,591,000**	**742,383**	**534,175**	**n.p.**	**n.p.**	**n.p.**	**6,630,417**

(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[(a)] and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, public hospitals, Australia, 2005–06

Procedure block		Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1916	Generalised allied health interventions	826,479	680,598	9,342,499	11.3	1,621,875
1910	Cerebral anaesthesia	570,198	481,017	3,674,337	6.4	645,986
1952	Computerised tomography of brain	134,482	105,677	1,534,429	11.4	137,794
1893	Transfusion of blood and gamma globulin	115,501	92,753	1,604,037	13.9	142,545
1909	Conduction anaesthesia	104,855	89,504	737,921	7.0	107,032
1920	Pharmacotherapy	77,042	64,785	1,042,647	13.5	99,905
1912	Postprocedural analgesia	65,687	55,010	556,530	8.5	67,477
1344	Postpartum suture	55,565	51,027	179,409	3.2	56,724
1963	Computerised tomography of abdomen and pelvis	55,135	44,453	617,943	11.2	56,406
1340	Caesarean section	50,620	45,281	257,202	5.1	50,642
738	Venous catheterisation	50,334	40,930	1,086,018	21.6	56,576
1334	Medical or surgical induction of labour	45,524	41,608	178,024	3.9	46,532
1335	Medical or surgical augmentation of labour	43,562	40,572	140,558	3.2	43,620
1333	Analgesia and anaesthesia during labour and delivery procedure	38,229	34,628	157,795	4.1	38,306
2015	Magnetic resonance imaging	37,436	29,387	552,675	14.8	41,169
1966	Other computerised tomography	33,016	26,535	413,063	12.5	34,700
668	Coronary angiography	32,801	26,871	220,130	6.7	33,141
569	Continuous ventilatory support	29,678	23,960	636,243	21.4	56,704
1962	Computerised tomography of abdomen	28,773	23,436	297,386	10.3	29,224
965	Cholecystectomy	25,574	23,018	107,132	4.2	25,609
1960	Computerised tomography of chest	23,413	18,574	346,357	14.8	23,831
1959	Computerised tomography of spine	21,534	13,541	229,546	10.7	23,248
607	Examination procedures on ventricle	21,043	17,261	132,016	6.3	21,118
926	Appendicectomy	20,995	18,023	84,546	4.0	21,091
1008	Panendoscopy with excision	19,533	16,524	191,939	9.8	19,857
1343	Other procedures associated with delivery	19,245	17,182	70,269	3.7	19,461
1566	Excision procedures on other musculoskeletal sites	19,179	14,106	248,394	13.0	25,929
986	Division of abdominal adhesions	18,498	15,917	175,233	9.5	18,744
1635	Repair of wound of skin and subcutaneous tissue	18,297	13,880	132,608	7.2	21,925
957	Examination of gallbladder or biliary tract	18,046	16,255	79,099	4.4	18,403
	Other	1,362,476	1,129,571	14,255,333	10.5	1,459,113
	No procedure or not reported	717,287	628,221	2,913,168	4.1	. .
Total[(b)]		**2,250,330**	**1,915,901**	**14,777,280**	**6.6**	**5,064,687**

(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.

ALOS – average length of stay.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <www.aihw.gov.au.>

Table 10.10: Separation[(a)] and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of overnight separations, private hospitals, Australia, 2005–06

Procedure block		Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1910	Cerebral anaesthesia	529,338	8,046	2,177,607	4.1	562,635
1916	Generalised allied health interventions	320,696	7,824	3,100,984	9.7	469,678
1909	Conduction anaesthesia	106,624	1,500	614,388	5.8	108,713
1912	Postprocedural analgesia	57,636	1,353	385,448	6.7	59,562
1893	Transfusion of blood and gamma globulin	54,580	954	617,637	11.3	63,429
668	Coronary angiography	34,229	50	143,930	4.2	34,618
1340	Caesarean section	31,891	565	182,081	5.7	31,899
1828	Sleep study	31,291	3	35,737	1.1	31,574
607	Examination procedures on ventricle	28,189	48	113,161	4.0	28,249
1920	Pharmacotherapy	25,898	493	246,134	9.5	28,621
1333	Analgesia and anaesthesia during labour and delivery procedure	25,393	707	125,118	4.9	25,429
1334	Medical or surgical induction of labour	23,037	629	109,058	4.7	23,362
1344	Postpartum suture	22,129	399	96,771	4.4	22,324
990	Repair of inguinal hernia	20,371	294	32,664	1.6	20,432
965	Cholecystectomy	20,313	545	62,500	3.1	20,348
1952	Computerised tomography of brain	19,875	1,012	249,625	12.6	20,323
412	Tonsillectomy or adenoidectomy	18,424	247	19,755	1.1	18,440
1915	Other client support interventions	18,281	756	187,007	10.2	18,818
1518	Arthroplasty of knee	17,560	409	136,431	7.8	17,866
986	Division of abdominal adhesions	16,851	357	118,938	7.1	17,073
957	Examination of gallbladder or biliary tract	16,172	457	45,097	2.8	16,368
1620	Excision of lesion of skin and subcutaneous tissue	15,614	164	60,182	3.9	28,874
1335	Medical or surgical augmentation of labour	15,110	373	68,242	4.5	15,120
671	Transluminal coronary angioplasty with stenting	14,444	43	46,393	3.2	14,778
1489	Arthroplasty of hip	14,275	252	126,066	8.8	14,347
1963	Computerised tomography of abdomen and pelvis	13,994	442	153,829	11.0	14,292
738	Venous catheterisation	13,653	204	258,321	18.9	15,177
1089	Examination procedures on bladder	13,139	241	55,130	4.2	13,202
1165	Transurethral prostatectomy	13,037	268	56,561	4.3	13,063
1343	Other procedures associated with delivery	12,465	214	58,415	4.7	12,501
	Other	985,616	17,730	6,329,776	6.4	1,072,619
	No procedure or not reported	134,126	7,638	624,445	4.7	. .
Total[(b)]		**1,018,473**	**26,314**	**5,510,193**	**5.4**	**2,853,734**

(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.

ALOS – average length of staty.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <www.aihw.gov.au.>

Table 10.11: Separation[(a)] and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of same–day separations, public hospitals, Australia, 2005–06

Procedure block		Separations	Public patient separations	Separations per 10,000 population[(b)]	Total procedures reported
1060	Haemodialysis	726,414	645,954	355.2	726,582
1910	Cerebral anaesthesia	549,470	466,709	268.7	550,351
1920	Pharmacotherapy	157,820	137,221	77.2	159,928
1008	Panendoscopy with excision	59,214	51,617	29.0	59,579
905	Fibreoptic colonoscopy	58,333	50,661	28.5	58,367
1893	Transfusion of blood and gamma globulin	55,933	46,671	27.3	57,706
197	Extracapsular crystalline lens extraction by phacoemulsification	48,830	39,067	23.9	48,843
1909	Conduction anaesthesia	46,839	38,408	22.9	46,919
911	Fibreoptic colonoscopy with excision	44,552	39,147	21.8	46,367
1620	Excision of lesion of skin and subcutaneous tissue	43,732	38,765	21.4	65,024
1265	Curettage of uterus	33,206	29,640	16.2	33,227
1916	Generalised allied health interventions	31,835	28,268	15.6	38,480
1089	Examination procedures on bladder	26,980	24,220	13.2	26,985
1259	Examination procedures on uterus	24,279	21,577	11.9	24,298
1952	Computerised tomography of brain	23,946	21,212	11.7	23,994
1267	Evacuation of gravid uterus	23,549	20,245	11.5	23,852
1005	Panendoscopy	20,780	17,759	10.2	20,802
1921	Loading of drug delivery device	19,347	16,734	9.5	19,869
668	Coronary angiography	13,581	11,232	6.6	13,592
766	Vascular infusion device and pump	12,678	11,441	6.2	12,740
1635	Repair of wound of skin and subcutaneous tissue	12,475	10,830	6.1	13,653
458	Surgical removal of tooth	12,091	7,344	5.9	39,019
457	Nonsurgical removal of tooth	11,817	10,190	5.8	44,735
1907	Electroconvulsive therapy	11,371	10,971	5.6	11,372
1890	Therapeutic interventions on cardiovascular system	10,934	9,459	5.3	11,052
607	Examination procedures on ventricle	10,860	8,992	5.3	10,873
1888	Hyperbaric oxygen therapy	10,716	6,912	5.2	10,716
1275	Destruction procedures on cervix	10,602	9,591	5.2	11,154
76	Release of carpal and tarsal tunnel	10,525	9,469	5.1	10,899
1554	Other application, insertion or removal procedures on other musculoskeletal sites	10,341	8,802	5.1	10,935
	Other	541,531	463,675	264.8	605,269
	No procedure or not reported	418,845	386,534	209.4	. .
Total[(c)]		**2,215,746**	**1,951,833**	**1,108.0**	**2,837,182**

(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 2005.

(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.>

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, 2005–06

Procedure block		Separations	Public patient separations	Separations per 10,000 population[b]	Total procedures reported
1910	Cerebral anaesthesia	1,054,399	12,367	515.5	1,055,209
905	Fibreoptic colonoscopy	167,554	1,404	81.9	167,617
1008	Panendoscopy with excision	165,208	1,381	80.8	166,506
1920	Pharmacotherapy	159,715	7,840	78.1	164,944
1060	Haemodialysis	149,452	41,642	73.1	149,455
911	Fibreoptic colonoscopy with excision	142,250	1,400	69.6	147,524
197	Extracapsular crystalline lens extraction by phacoemulsification	106,180	2,391	51.9	106,227
1620	Excision of lesion of skin and subcutaneous tissue	82,278	828	40.2	135,790
1909	Conduction anaesthesia	72,855	2,232	35.6	73,094
458	Surgical removal of tooth	71,004	105	34.7	220,156
1916	Generalised allied health interventions	62,953	95	30.8	76,845
1267	Evacuation of gravid uterus	45,307	230	22.2	45,353
1005	Panendoscopy	44,259	364	21.6	44,274
1297	Procedures for reproductive medicine	38,745	322	18.9	39,590
1089	Examination procedures on bladder	35,955	1,515	17.6	35,957
1265	Curettage of uterus	35,507	477	17.4	35,544
1890	Therapeutic interventions on cardiovascular system	31,424	63	15.4	31,442
1921	Loading of drug delivery device	31,093	526	15.2	35,879
1873	Psychological/psychosocial therapies	29,358	0	14.4	34,880
1259	Examination procedures on uterus	28,539	394	14.0	28,552
1517	Arthroscopic meniscectomy of knee with repair	26,786	308	13.1	27,359
1893	Transfusion of blood and gamma globulin	25,870	384	12.6	26,689
668	Coronary angiography	19,024	2,220	9.3	19,035
1651	Local skin flap, simple and small, single stage	18,960	111	9.3	21,228
766	Vascular infusion device and pump	17,404	277	8.5	17,765
941	Procedures for haemorrhoids	15,773	75	7.7	17,003
309	Myringotomy	15,378	227	7.5	15,500
607	Examination procedures on ventricle	15,252	1,197	7.5	15,253
76	Release of carpal and tarsal tunnel	14,779	227	7.2	16,171
457	Nonsurgical removal of tooth	14,369	58	7.0	35,504
	Other	661,725	12,889	323.5	770,402
	No procedure or not reported	77,499	3,522	38.8	. .
Total[c]		**1,827,434**	**73,778**	**913.8**	**3,776,747**

(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 2005.

(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.>

Table 10.13: Separation[a] and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of separations, private free-standing day hospitals, Australia, 2005–06

Procedure block		Separations	Same day separations	Public patient separations	Separations per 10,000 population[b]	Total procedures reported
1910	Cerebral anaesthesia	320,194	320,127	828	156.6	320,468
1008	Panendoscopy with excision	71,378	71,376	2	34.9	71,814
905	Fibreoptic colonoscopy	68,882	68,881	0	33.7	68,911
197	Extracapsular crystalline lens extraction by phacoemulsification	57,398	57,395	474	28.1	57,421
911	Fibreoptic colonoscopy with excision	55,633	55,633	1	27.2	57,359
1060	Haemodialysis	50,234	50,234	15,795	24.6	50,234
1920	Pharmacotherapy	39,250	39,250	340	19.2	43,777
1267	Evacuation of gravid uterus	35,743	35,741	13	17.5	35,762
1909	Conduction anaesthesia	32,208	32,208	974	15.7	32,312
1620	Excision of lesion of skin and subcutaneous tissue	31,798	31,798	290	15.5	51,013
1005	Panendoscopy	23,191	23,191	0	11.3	23,192
1890	Therapeutic interventions on cardiovascular system	21,038	21,038	3	10.3	21,044
1297	Procedures for reproductive medicine	18,192	18,191	320	8.9	18,928
458	Surgical removal of tooth	15,742	15,742	1	7.7	45,923
1893	Transfusion of blood and gamma globulin	8,415	8,415	0	4.1	8,858
1651	Local skin flap, simple and small, single stage	6,839	6,839	71	3.3	7,539
457	Nonsurgical removal of tooth	5,193	5,192	0	2.5	11,166
1888	Hyperbaric oxygen therapy	4,763	4,763	1,676	2.3	4,763
668	Coronary angiography	4,212	4,212	2,034	2.1	4,214
1884	Immunisation	4,060	4,060	0	2.0	4,062
1265	Curettage of uterus	3,911	3,911	9	1.9	3,923
941	Procedures for haemorrhoids	3,880	3,880	0	1.9	4,155
1649	Other full thickness skin graft	3,728	3,728	86	1.8	3,911
466	Tooth coloured adhesive restoration, direct	3,102	3,102	0	1.5	10,123
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	3,040	3,040	0	1.5	3,047
1259	Examination procedures on uterus	2,888	2,888	17	1.4	2,890
1089	Examination procedures on bladder	2,810	2,810	0	1.4	2,811
862	Dilation of oesophagus	2,704	2,704	0	1.3	2,704
1517	Arthroscopic meniscectomy of knee with repair	2,686	2,672	0	1.3	2,732
172	Other excision procedures on cornea	2,636	2,636	1	1.3	2,669
	Other	n.p.	n.p.	n.p.	n.p.	n.p.
	No procedure or not reported	n.p.	n.p.	n.p.	n.p.	. .
Total[c]		**n.p.**	**n.p.**	**n.p.**	**n.p.**	**n.p.**

(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 2005.

(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 because of confidentiality concerns.

. . Not applicable.

Table 10.14: Separations[(a)] for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2005–06

Procedure block		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910	Cerebral anaesthesia	367,962	326,157	167,739	104,507	99,580	23,477	17,699	12,547	1,119,668
1916	Generalised allied health interventions	312,551	226,082	128,458	82,091	70,227	17,372	14,269	7,264	858,314
1060	Haemodialysis	219,742	218,455	113,341	69,620	53,798	12,656	18,028	36,164	741,804
1920	Pharmacotherapy	39,914	92,964	36,275	28,854	24,739	5,876	4,177	2,063	234,862
1893	Transfusion of blood and gamma globulin	56,576	50,252	24,521	16,408	15,880	3,726	2,607	1,464	171,434
1952	Computerised tomography of brain	62,781	44,010	22,524	10,745	10,675	3,309	2,755	1,629	158,428
1909	Conduction anaesthesia	49,267	47,413	23,174	12,823	11,556	2,877	2,582	2,002	151,694
1008	Panendoscopy with excision	28,225	21,743	8,945	9,072	7,481	1,208	1,102	971	78,747
905	Fibreoptic colonoscopy	25,908	20,743	8,701	7,890	7,427	1,319	547	638	73,173
1912	Postprocedural analgesia	28,969	10,962	8,848	8,659	4,925	1,787	1,677	112	65,939
1963	Computerised tomography of abdomen and pelvis	26,456	18,271	7,613	2,472	4,014	1,482	572	753	61,633
1344	Postpartum suture	22,577	13,375	9,668	4,619	3,564	1,028	1,257	724	56,812
911	Fibreoptic colonoscopy with excision	20,837	14,719	6,043	7,362	5,269	898	791	610	56,529
738	Venous catheterisation	18,709	12,680	10,975	4,957	3,876	1,444	1,236	1,088	54,965
1620	Excision of lesion of skin and subcutaneous tissue	14,016	16,585	11,113	4,835	5,480	1,482	490	348	54,349
197	Extracapsular crystalline lens extraction by phacoemulsification	18,554	15,625	6,000	4,979	4,554	490	1,061	369	51,632
1340	Caesarean section	17,529	12,601	9,822	4,344	3,795	1,091	795	813	50,790
1334	Medical or surgical induction of labour	15,676	11,853	8,598	4,600	3,772	1,120	615	566	46,800
668	Coronary angiography	15,462	11,864	6,677	5,370	4,173	1,320	1,169	347	46,382
1335	Medical or surgical augmentation of labour	16,326	10,446	9,254	3,249	2,968	941	900	612	44,696
2015	Magnetic resonance imaging	16,070	11,510	5,496	3,356	3,240	874	703	333	41,582
1333	Analgesia and anaesthesia during labour and delivery procedure	12,810	8,802	6,930	4,584	3,596	780	683	285	38,470
1265	Curettage of uterus	12,741	13,067	5,311	3,259	2,578	358	517	288	38,119
1966	Other computerised tomography	14,638	8,440	5,677	3,005	2,853	969	844	453	36,879
1089	Examination procedures on bladder	8,801	11,996	5,147	4,610	3,884	802	487	113	35,840
1005	Panendoscopy	10,384	11,566	5,100	3,296	4,141	747	217	281	35,732
1962	Computerised tomography of abdomen	13,873	6,142	4,861	3,651	2,263	375	1,148	425	32,738
569	Continuous ventilatory support	10,711	8,593	5,864	2,695	2,644	681	626	597	32,411
607	Examination procedures on ventricle	8,763	9,351	4,716	4,386	2,459	912	1,019	297	31,903
1635	Repair of wound of skin and subcutaneous tissue	8,134	6,949	9,340	3,230	1,486	378	554	701	30,772
	Other	680,295	598,771	359,335	204,371	177,914	48,143	32,819	22,586	2,124,234
	No procedure or not reported	396,599	289,939	224,487	75,641	92,509	25,094	13,303	20,694	1,138,266
Total[(b)]		**1,420,463**	**1,272,844**	**750,317**	**394,960**	**377,667**	**94,304**	**72,136**	**83,385**	**4,466,076**

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.15: Separations[(a)] for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2005–06

Procedure block		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910	Cerebral anaesthesia	483,175	385,568	371,868	158,904	119,857	n.p.	n.p.	n.p.	1,583,737
1916	Generalised allied health interventions	122,056	96,407	83,804	33,789	36,737	n.p.	n.p.	n.p.	383,649
1920	Pharmacotherapy	34,652	49,243	57,387	23,107	13,580	n.p.	n.p.	n.p.	185,613
905	Fibreoptic colonoscopy	57,852	51,472	40,983	12,453	11,552	n.p.	n.p.	n.p.	179,583
1909	Conduction anaesthesia	61,615	44,759	38,040	15,911	12,057	n.p.	n.p.	n.p.	179,479
1008	Panendoscopy with excision	57,093	45,328	45,252	15,763	9,084	n.p.	n.p.	n.p.	176,961
911	Fibreoptic colonoscopy with excision	49,104	36,463	37,638	17,617	7,771	n.p.	n.p.	n.p.	152,540
1060	Haemodialysis	22,150	26,645	51,343	33,249	17,624	n.p.	n.p.	n.p.	151,043
197	Extracapsular crystalline lens extraction by phacoemulsification	40,181	22,048	28,001	9,640	8,610	n.p.	n.p.	n.p.	114,149
1620	Excision of lesion of skin and subcutaneous tissue	27,495	20,530	26,053	9,405	10,351	n.p.	n.p.	n.p.	97,892
1893	Transfusion of blood and gamma globulin	15,539	20,771	25,273	8,500	7,412	n.p.	n.p.	n.p.	80,450
458	Surgical removal of tooth	21,732	18,696	15,410	10,163	5,857	n.p.	n.p.	n.p.	74,359
1912	Postprocedural analgesia	18,800	7,974	13,094	10,641	5,785	n.p.	n.p.	n.p.	57,870
668	Coronary angiography	18,050	13,141	12,439	3,817	3,669	n.p.	n.p.	n.p.	53,253
1005	Panendoscopy	11,253	20,975	10,767	2,673	4,536	n.p.	n.p.	n.p.	51,087
1089	Examination procedures on bladder	13,718	10,491	11,838	6,736	3,692	n.p.	n.p.	n.p.	49,094
1267	Evacuation of gravid uterus	10,077	16,332	15,025	3,824	754	n.p.	n.p.	n.p.	46,566
607	Examination procedures on ventricle	12,793	11,262	11,011	3,584	3,154	n.p.	n.p.	n.p.	43,441
1265	Curettage of uterus	12,881	11,615	8,028	3,641	2,521	n.p.	n.p.	n.p.	40,596
1297	Procedures for reproductive medicine	15,611	8,604	8,772	1,281	1,991	n.p.	n.p.	n.p.	38,797
1873	Psychological/psychosocial therapies	18,134	4,043	11,862	4,067	225	n.p.	n.p.	n.p.	38,407
1921	Loading of drug delivery device	3,863	10,476	10,440	4,537	3,999	n.p.	n.p.	n.p.	34,363
1890	Therapeutic interventions on cardiovascular system	1,868	5,712	23,147	1,604	1,383	n.p.	n.p.	n.p.	34,022
1517	Arthroscopic meniscectomy of knee with repair	8,648	7,420	6,181	3,873	4,854	n.p.	n.p.	n.p.	32,804
1259	Examination procedures on uterus	9,297	9,123	6,862	3,026	2,567	n.p.	n.p.	n.p.	32,492
1340	Caesarean section	8,130	7,380	7,938	4,802	2,069	n.p.	n.p.	n.p.	31,920
1828	Sleep study	9,521	8,808	7,444	1,421	2,978	n.p.	n.p.	n.p.	31,371
1333	Analgesia and anaesthesia during labour and delivery procedure	7,693	5,646	4,855	4,280	2,114	n.p.	n.p.	n.p.	25,431
990	Repair of inguinal hernia	8,037	5,678	5,513	2,620	1,861	n.p.	n.p.	n.p.	24,931
412	Tonsillectomy or adenoidectomy	8,523	4,268	5,437	2,733	2,106	n.p.	n.p.	n.p.	24,148
	Other	556,324	435,339	437,287	227,471	164,421	n.p.	n.p.	n.p.	1,899,432
	No procedure or not reported	28,267	74,648	56,526	25,579	14,985	n.p.	n.p.	n.p.	212,731
Total[(b)]		**765,899**	**719,981**	**711,531**	**319,393**	**220,197**	**n.p.**	**n.p.**	**n.p.**	**2,845,907**

(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[(a)] (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, states and territories, 2005–06

Procedure block		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910	Cerebral anaesthesia	4.1	3.3	4.0	3.6	3.7	4.3	4.1	4.7	3.8
1916	Generalised allied health interventions	11.1	10.6	11.2	10.6	11.0	11.1	10.0	12.5	10.9
1060	Haemodialysis	1.3	1.2	1.2	1.3	1.2	1.3	1.2	1.3	1.2
1920	Pharmacotherapy	8.4	4.0	6.1	4.0	3.4	5.3	6.0	6.8	5.1
1893	Transfusion of blood and gamma globulin	10.9	8.5	10.0	9.2	8.7	9.7	11.0	14.0	9.7
1952	Computerised tomography of brain	10.1	8.3	9.8	11.7	12.6	10.5	9.1	9.9	9.8
1909	Conduction anaesthesia	5.1	4.7	5.3	6.5	5.0	7.2	4.6	6.9	5.2
1008	Panendoscopy with excision	3.6	2.6	3.9	2.5	3.0	4.3	4.4	4.9	3.2
905	Fibreoptic colonoscopy	2.6	2.3	2.7	2.2	2.7	2.4	3.5	3.0	2.5
1912	Postprocedural analgesia	8.3	8.8	8.4	7.4	10.1	10.1	8.0	12.4	8.4
1963	Computerised tomography of abdomen and pelvis	10.3	9.3	9.6	12.2	12.4	9.9	9.0	10.7	10.1
1344	Postpartum suture	3.3	3.1	2.8	3.5	3.3	3.4	2.9	3.6	3.2
911	Fibreoptic colonoscopy with excision	2.9	2.4	3.3	2.1	2.7	3.2	3.3	2.6	2.7
738	Venous catheterisation	20.5	20.2	18.5	19.8	20.9	16.8	18.6	20.6	19.8
1620	Excision of lesion of skin and subcutaneous tissue	2.5	1.8	2.5	2.4	2.0	1.7	2.1	4.4	2.2
197	Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.0	1.0	1.1	1.1	1.0	1.0	1.7	1.1
1340	Caesarean section	5.2	5.1	4.4	5.4	5.6	4.9	5.4	6.1	5.1
1334	Medical or surgical induction of labour	4.0	3.7	3.4	4.1	4.3	4.0	3.8	4.6	3.8
668	Coronary angiography	6.2	4.5	5.0	3.9	4.4	4.2	3.0	8.3	5.0
1335	Medical or surgical augmentation of labour	3.2	3.2	2.8	3.5	3.4	3.4	3.1	4.0	3.2
2015	Magnetic resonance imaging	13.7	12.3	14.0	12.9	14.1	14.7	14.5	19.8	13.4
1333	Analgesia and anaesthesia during labour and delivery procedure	4.2	4.1	3.7	4.3	4.3	4.2	4.0	5.0	4.1
1265	Curettage of uterus	1.2	1.1	1.2	1.2	1.2	1.2	1.3	1.4	1.2
1966	Other computerised tomography	12.0	9.9	11.2	11.5	11.9	11.2	10.6	12.4	11.3
1089	Examination procedures on bladder	2.7	1.9	2.4	2.8	2.2	2.9	2.0	4.7	2.3
1005	Panendoscopy	6.8	5.0	6.4	5.4	5.0	5.7	12.6	7.7	5.8
1962	Computerised tomography of abdomen	9.5	7.6	9.7	10.4	8.8	7.4	10.3	9.0	9.2
569	Continuous ventilatory support	19.5	18.5	19.4	21.7	23.3	20.2	19.4	19.2	19.7
607	Examination procedures on ventricle	5.7	4.2	4.4	3.5	3.6	4.2	2.6	8.1	4.5
1635	Repair of wound of skin and subcutaneous tissue	5.0	3.7	4.9	5.6	4.8	4.9	5.2	5.1	4.7
Total		**4.2**	**3.4**	**3.7**	**3.7**	**4.2**	**4.2**	**3.4**	**2.9**	**3.8**

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

Table 10.17: Average length of stay[(a)] (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, states and territories, 2005–06

Procedure block		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910	Cerebral anaesthesia	1.9	2.1	2.1	2.2	2.1	n.p.	n.p.	n.p.	2.0
1916	Generalised allied health interventions	7.0	8.9	9.1	9.9	7.1	n.p.	n.p.	n.p.	8.2
1920	Pharmacotherapy	2.0	2.3	2.2	2.3	2.1	n.p.	n.p.	n.p.	2.2
905	Fibreoptic colonoscopy	1.2	1.3	1.4	1.5	1.4	n.p.	n.p.	n.p.	1.3
1909	Conduction anaesthesia	3.0	4.0	4.2	5.6	3.7	n.p.	n.p.	n.p.	3.8
1008	Panendoscopy with excision	1.2	1.4	1.6	1.7	1.5	n.p.	n.p.	n.p.	1.4
911	Fibreoptic colonoscopy with excision	1.1	1.3	1.4	1.5	1.4	n.p.	n.p.	n.p.	1.3
1060	Haemodialysis	1.1	1.2	1.2	1.0	1.1	n.p.	n.p.	n.p.	1.1
197	Extracapsular crystalline lens extraction by phacoemulsification	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1620	Excision of lesion of skin and subcutaneous tissue	1.5	1.5	1.5	1.5	1.2	n.p.	n.p.	n.p.	1.5
1893	Transfusion of blood and gamma globulin	8.5	8.2	7.1	9.0	8.2	n.p.	n.p.	n.p.	8.0
458	Surgical removal of tooth	1.0	1.0	1.1	1.0	1.0	n.p.	n.p.	n.p.	1.0
1912	Postprocedural analgesia	6.3	7.1	6.9	6.9	6.1	n.p.	n.p.	n.p.	6.7
668	Coronary angiography	2.4	3.4	3.6	3.2	3.7	n.p.	n.p.	n.p.	3.1
1005	Panendoscopy	1.8	1.8	3.0	3.1	2.0	n.p.	n.p.	n.p.	2.2
1089	Examination procedures on bladder	1.6	1.9	1.9	2.1	1.9	n.p.	n.p.	n.p.	1.9
1267	Evacuation of gravid uterus	1.0	1.0	1.0	1.0	1.1	n.p.	n.p.	n.p.	1.0
607	Examination procedures on ventricle	2.4	3.2	3.4	3.0	3.5	n.p.	n.p.	n.p.	3.0
1265	Curettage of uterus	1.1	1.1	1.1	1.1	1.1	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	5.3	12.6	3.0	3.5	12.2	n.p.	n.p.	n.p.	5.2
1921	Loading of drug delivery device	1.2	1.4	2.0	1.5	1.7	n.p.	n.p.	n.p.	1.6
1890	Therapeutic interventions on cardiovascular system	3.2	1.7	1.3	2.6	2.2	n.p.	n.p.	n.p.	1.5
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
1340	Caesarean section	5.7	5.7	5.2	6.4	6.0	n.p.	n.p.	n.p.	5.7
1828	Sleep study	1.1	1.0	1.4	1.2	1.1	n.p.	n.p.	n.p.	1.1
1333	Analgesia and anaesthesia during labour and delivery procedure	4.9	4.8	4.7	5.2	5.1	n.p.	n.p.	n.p.	4.9
990	Repair of inguinal hernia	1.5	1.5	1.4	1.7	1.7	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
Total		**2.5**	**2.6**	**2.6**	**2.6**	**2.6**	**n.p.**	**n.p.**	**n.p.**	**2.6**

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

n.p. Not published.

Table 10.18: Separations[(a)] for males for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2005–06

Procedure block		<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[(b)]
1910	Cerebral anaesthesia	9,895	42,076	71,634	98,820	98,432	133,728	172,868	224,683	204,027	160,945	33,368	1,250,478
1916	Generalised allied health interventions	9,795	6,567	13,024	28,817	33,267	41,518	55,473	84,798	102,683	127,340	53,016	556,299
1060	Haemodialysis	4	112	453	7,775	22,085	48,141	78,420	109,536	129,378	119,123	15,170	530,200
1920	Pharmacotherapy	18,217	3,399	5,340	5,780	6,545	11,500	22,991	44,747	47,926	31,432	4,574	202,451
1909	Conduction anaesthesia	1,676	2,535	2,903	5,295	5,359	6,905	11,650	24,305	34,485	35,972	8,266	139,351
1893	Transfusion of blood and gamma globulin	1,944	1,674	3,714	3,824	4,282	6,248	11,836	20,884	28,689	32,836	11,128	127,059
1008	Panendoscopy with excision	131	641	1,730	4,422	8,229	14,408	20,639	25,265	20,611	14,346	2,730	113,152
905	Fibreoptic colonoscopy	6	24	125	1,671	5,840	14,142	23,238	28,330	22,325	14,572	2,436	112,709
911	Fibreoptic colonoscopy with excision	34	131	482	2,320	4,792	10,295	18,945	27,681	23,987	14,825	2,099	105,591
1952	Computerised tomography of brain	571	1,163	2,354	7,193	7,210	7,764	8,896	11,718	15,327	21,535	9,623	93,357
1620	Excision of lesion of skin and subcutaneous tissue	204	671	1,727	2,209	3,327	6,215	10,211	15,331	15,758	18,570	6,269	80,492
197	Extracapsular crystalline lens extraction by phacoemulsification	1	7	14	70	148	612	2,817	9,332	20,694	29,166	5,870	68,731
668	Coronary angiography	27	41	40	124	547	3,293	10,148	18,549	18,369	12,485	1,349	64,972
1089	Examination procedures on bladder	101	153	314	670	1,211	2,429	4,809	10,306	13,743	13,448	3,507	50,691
607	Examination procedures on ventricle	64	48	47	86	415	2,504	7,897	14,360	13,594	8,601	866	48,482
1912	Postprocedural analgesia	214	362	1,596	3,425	3,091	3,815	5,930	10,399	10,858	6,788	983	47,461
1005	Panendoscopy	20	94	187	1,112	2,184	3,968	6,400	8,533	8,504	7,363	1,907	40,272
990	Repair of inguinal hernia	1,520	1,642	1,323	1,700	2,763	4,397	6,589	8,289	6,612	4,489	788	40,112
738	Venous catheterisation	3,872	491	814	1,480	1,856	2,917	4,604	7,163	7,884	6,824	1,459	39,364
1963	Computerised tomography of abdomen and pelvis	14	72	450	2,321	3,239	4,554	5,421	6,741	6,973	7,195	2,331	39,311
458	Surgical removal of tooth	0	484	2,936	16,989	7,441	3,762	2,542	1,913	946	700	162	37,875
1566	Excision procedures on other musculoskeletal sites	37	595	1,355	4,342	4,186	4,504	4,714	4,569	3,126	2,438	706	30,572
1921	Loading of drug delivery device	100	420	745	334	418	1,302	4,163	8,936	7,967	3,026	254	27,665
2015	Magnetic resonance imaging	883	1,223	1,524	1,437	1,730	2,613	3,471	4,566	4,828	4,274	932	27,481
1890	Therapeutic interventions on cardiovascular system	176	95	171	502	593	1,575	3,708	7,840	7,706	3,776	444	26,586
1828	Sleep study	137	512	614	483	1,635	4,175	6,345	6,934	3,520	1,689	156	26,200
671	Transluminal coronary angioplasty with stenting	0	0	0	3	104	1,203	4,338	7,422	6,823	4,248	547	24,688
1517	Arthroscopic meniscectomy of knee with repair	0	0	51	1,153	2,150	4,261	6,308	5,778	2,596	878	79	23,254
1966	Other computerised tomography	39	63	107	764	1,315	1,998	3,031	4,437	5,216	4,913	1,235	23,118
569	Continuous ventilatory support	3,085	382	402	1,458	1,534	1,741	2,284	3,293	3,879	3,636	634	22,331
	Other	46,414	62,652	107,630	134,340	142,764	184,706	228,113	310,458	294,324	248,762	63,665	1,823,832
	Procedures reported	*42,345*	*53,824*	*93,322*	*148,147*	*183,134*	*264,506*	*374,654*	*528,810*	*544,772*	*489,977*	*119,010*	*2,835,398*
	No procedure or not reported	37,814	43,905	38,302	49,202	56,311	63,888	66,581	72,276	71,549	75,301	27,720	602,850
Total[(c)]		**80,159**	**97,729**	**131,624**	**197,349**	**232,336**	**328,394**	**441,235**	**601,086**	**616,321**	**565,278**	**146,730**	**3,438,248**

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

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.19: Separations[a] for females for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2005–06

Procedure block		<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[b]
1910	Cerebral anaesthesia	5,041	26,971	51,831	125,919	170,881	211,469	224,955	225,085	193,616	170,873	46,265	1,452,906
1916	Generalised allied health interventions	8,139	5,048	10,723	39,321	79,175	59,706	56,437	76,161	98,055	154,001	98,893	685,660
1060	Haemodialysis	4	46	401	4,796	17,499	30,010	54,110	73,298	97,788	77,104	7,585	362,641
1920	Pharmacotherapy	14,731	2,912	3,922	5,350	9,128	21,813	40,346	50,406	39,407	25,296	4,707	218,018
1909	Conduction anaesthesia	249	386	1,007	9,221	41,100	23,472	10,918	19,735	32,097	41,192	12,444	191,821
1008	Panendoscopy with excision	118	457	1,691	7,483	10,934	18,835	28,024	29,976	23,627	17,368	4,043	142,556
905	Fibreoptic colonoscopy	3	13	87	2,779	7,112	17,215	30,982	34,159	26,230	17,975	3,489	140,044
1893	Transfusion of blood and gamma globulin	1,428	1,122	2,426	4,503	7,651	8,936	12,089	17,430	23,250	30,077	15,909	124,821
911	Fibreoptic colonoscopy with excision	31	71	395	3,839	6,355	11,501	19,190	24,303	20,680	14,519	2,594	103,478
197	Extracapsular crystalline lens extraction by phacoemulsification	4	2	11	52	125	600	2,909	10,533	28,877	43,868	10,069	97,050
1952	Computerised tomography of brain	412	783	1,380	3,955	4,741	5,964	7,338	8,418	11,714	23,441	17,274	85,421
1340	Caesarean section	0	0	13	10,341	49,754	22,395	207	0	0	0	0	82,710
1344	Postpartum suture	0	0	29	15,319	49,048	14,537	60	2	0	0	0	78,995
1265	Curettage of uterus	0	0	33	4,664	15,028	22,623	22,114	8,634	3,716	1,654	248	78,714
1912	Postprocedural analgesia	177	306	1,204	4,965	15,980	12,462	9,547	10,427	11,023	8,560	1,697	76,348
1267	Evacuation of gravid uterus	0	0	166	24,575	32,035	18,664	554	4	2	0	0	76,000
1620	Excision of lesion of skin and subcutaneous tissue	140	619	1,840	2,743	4,694	7,772	11,207	12,170	11,022	13,036	6,504	71,747
1334	Medical or surgical induction of labour	0	0	32	13,063	42,670	14,180	87	0	0	0	0	70,032
1333	Analgesia and anaesthesia during labour and delivery procedure	0	0	23	11,854	39,956	12,012	53	1	1	1	0	63,901
1259	Examination procedures on uterus	0	2	33	3,229	11,986	17,451	17,205	6,115	2,594	1,157	199	59,971
1335	Medical or surgical augmentation of labour	0	0	15	14,121	36,003	9,653	48	0	0	0	0	59,840
458	Surgical removal of tooth	2	370	3,469	26,556	9,805	4,140	2,874	1,897	926	738	266	51,043
1005	Panendoscopy	30	83	168	1,495	2,507	4,780	7,639	9,532	8,886	8,589	2,837	46,546
1297	Procedures for reproductive medicine	0	0	1	486	17,346	23,803	806	6	0	0	0	42,448
1963	Computerised tomography of abdomen and pelvis	11	60	245	2,166	3,070	4,046	4,981	5,155	5,734	7,471	3,744	36,683
668	Coronary angiography	38	38	37	48	206	1,298	4,235	8,111	10,220	9,191	1,241	34,663
1089	Examination procedures on bladder	63	126	204	594	1,465	4,222	6,861	7,441	6,550	5,414	1,303	34,243
965	Cholecystectomy	2	10	87	2,371	5,449	6,153	6,245	5,669	3,733	2,459	453	32,631
1343	Other procedures associated with delivery	0	0	15	5,833	20,355	5,695	28	2	0	0	1	31,929
738	Venous catheterisation	2,955	424	616	1,185	1,680	2,521	3,956	5,148	5,548	5,627	1,806	31,466
	Other	33,926	45,231	80,539	147,744	266,031	288,651	307,878	314,470	270,464	253,389	89,915	2,098,238
	Procedures reported[c]	*28,645*	*35,773*	*69,122*	*222,138*	*412,755*	*400,351*	*414,751*	*464,722*	*459,529*	*452,572*	*165,170*	*3,125,529*
	No procedure or not reported	30,519	33,754	29,653	99,652	141,881	91,243	68,169	64,092	61,793	79,786	47,572	748,116
Total[c]		**59,164**	**69,527**	**98,775**	**321,790**	**554,636**	**491,594**	**482,920**	**528,814**	**521,322**	**532,358**	**212,742**	**3,873,645**

(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[a] statistics in ICD-10-AM chapters, by Indigenous status[b], all hospitals, selected states and territories[c], 2005–06

Procedure chapter		Count of procedures		Proportion of total procedures for patients identified as Indigenous (%)	Procedures per 1,000 population[d]		
		Indigenous	Other		Indigenous	Other	Rate ratio[e]
1–86	Procedures on nervous system	1,365	88,134	0.6	5.8	11.3	0.5
110–129	Procedures on endocrine system	103	4,707	0.0	0.5	0.6	0.9
160–256	Procedures on eye and adnexa	1,354	101,832	0.6	10.9	12.8	0.9
300–333	Procedures on ear and mastoid process	1,360	25,224	0.6	3.6	3.6	1.0
370–422	Procedures on nose, mouth and pharynx	1,139	78,460	0.5	3.9	10.6	0.4
450–490	Dental services	8,711	227,236	3.8	20.1	31.9	0.6
520–569	Procedures on respiratory system	4,531	69,173	2.0	18.7	9.0	2.1
600–767	Procedures on cardiovascular system	7,020	203,996	3.1	39.5	25.7	1.5
800–817	Procedures on blood and blood-forming organs	359	21,123	0.2	1.9	2.7	0.7
850–1011	Procedures on digestive system	7,272	489,359	3.2	39.3	62.5	0.6
1040–1129	Procedures on urinary system	89,047	401,953	38.7	605.7	50.6	12.0
1060	Haemodialysis	86,164	289,221	37.4	587.7	36.4	16.1
	Other than haemodialysis in procedure block 1040–1128	*2,883*	*112,732*	*1.3*	*18.0*	*14.2*	*1.3*
1160–1203	Procedures on male genital organs	540	36,295	0.2	1.9	4.8	0.4
1240–1299	Gynaecological procedures	4,296	180,451	1.9	16.7	24.3	0.7
1330–1347	Obstetric procedures	9,720	191,429	4.2	27.0	26.8	1.0
1360–1579	Procedures on musculoskeletal system	7,776	261,024	3.4	31.0	34.0	0.9
1600–1718	Dermatological and plastic procedures	9,362	266,321	4.1	37.7	34.3	1.1
1740–1759	Procedures on breast	343	29,337	0.1	1.7	3.8	0.4
1786–1799	Chemotherapeutic and radiation oncology procedures	131	5,802	0.1	0.7	0.7	0.9
1820–1922	Non-invasive, cognitive and interventions, not elsewhere classified	66,962	2,454,945	29.1	321.1	316.4	1.0
1940–2016	Imaging services	8,751	232,531	3.8	46.9	29.6	1.6
	Total (excluding haemodialysis)	**143,978**	**5,080,111**	**62.6**	**600.3**	**630.0**	**1.0**
	Total (including haemodialysis)	**230,142**	**5,369,332**	**100.0**	**1,234.9**	**696.0**	**1.8**

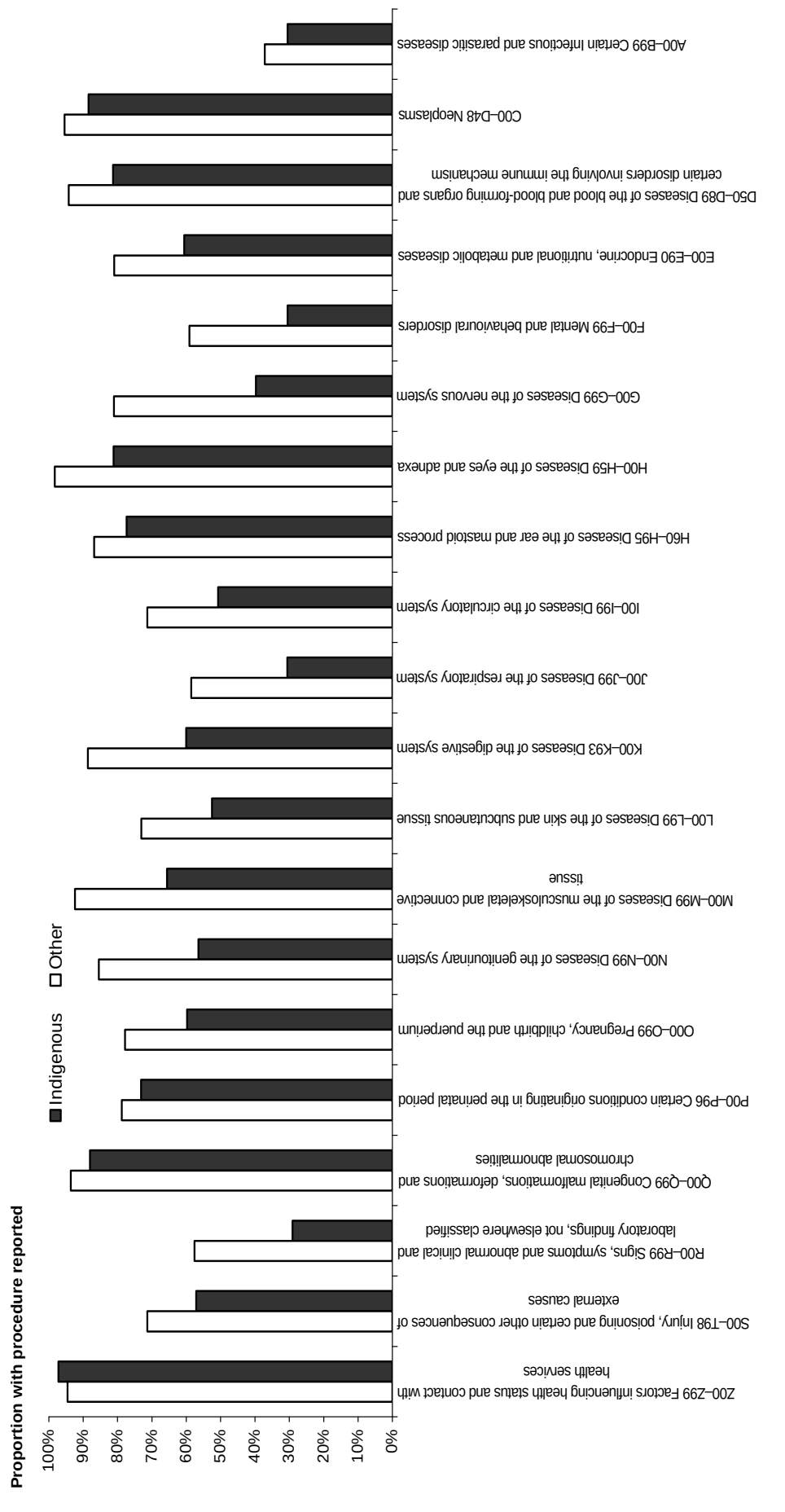
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among 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*).



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. 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.

Figure 10.2: Proportion of separations with a procedure reported, by principal diagnosis and Indigenous status, all hospitals, selected states and territories, 2005–06

11 External causes for admitted patients

Introduction

An external cause is defined in the *National health data dictionary*, version 13 (HDSC 2006) as the environmental event, circumstance or condition as the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded and, for most records, the activity of the person at the time of the event should be recorded.

External causes for 2005–06 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 1.

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 three-character categories. The information in this chapter is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM external cause classification. Full descriptions of the categories are available in the ICD-10-AM publication.

The tables in this chapter present national summaries of separation, patient day and average length of stay statistics for public and private hospitals and for public patients, as well as summary separation data by state and territory. Also provided are national summaries on the age group and sex of the patient, place of occurrence, and the activity of the patient when injured. Information on public patients in Table 11.1 relates to separations for which the patient election status was reported as public (see Chapter 7).

External cause data and other data elements reported for separations

The information on external causes reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 11.1 demonstrates this using the place of occurrence code of Y92.0 *Home*. These data should be interpreted with caution as more than one external cause, place of occurrence and activity when injured can be reported

for a separation. Consequently the place of occurrence is not necessarily related to the external cause, activity when injured or principal diagnosis in Figure 11.1.

For 2005–06, there were 150,216 separations which reported *Home* as the place of occurrence (of the external cause of the injury or poisoning), with an average length of stay of 6.7 days. Between 2001–02 and 2005–06, the number of separations that reported *Home* as the place of occurrence fluctuated, and increased from 142,107 separations in 2001–02. The majority of these separations (58.2%) were for female patients who made up 53.0% of hospital patients overall (Table 8.1). Over 56% (84,284) of these separations were for patients aged over 55 years. The majority of separations (87.8%) were admitted to a public hospital (131,956). Almost 73% had a separation mode of *Other*, suggesting that these patients went home at the end of their episode of care and about 15% were transferred to another acute hospital, suggesting continued care. The most common principal diagnosis was for *Care involving the use of rehabilitation* (Z50, 11,642) with injury/poisoning-related diagnoses constituting the remainder of the top ten principal diagnoses. The most common Diagnosis Related Group was *Poisoning/toxic effects of drugs and other substances, age <60 years without complications or comorbidities* (X62B, 13,141). The most common external cause was *Fall on same level from slipping, tripping and stumbling* (W01, 25,178) and the activity while injured was either *Unspecified* or *Other specified* for almost 74% of separations (U73.9/U73.8, 110,885).

Sector

In 2005–06 there were 839,266 separations which reported an external cause and these separations accounted for 5,831,681 patient days (Table 11.1). This represented 11.5% of all separations and 24.0% of all patient days. The majority of separations (650,053, 77.5%) and patient days (4,467,694, 76.6%) 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 (7.2 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 320,179 separations (38.1%), followed by *Falls* (W00–W19, 206,807). However, there were differences in the external cause groups reported by the public and private sectors. *Transport accidents* (V01–V99) accounted for 9.2% of external cause separations for public hospitals (59,852), but only 3.4% for private hospitals (6,515). *Intentional self-harm* (X60–X84) and *Assault* (X85–Y09) combined accounted for 8.6% of external cause separations from public hospitals (29,905 and 25,823 respectively), but less than 1.0% (combined) of external cause separations from private hospitals (1,053 and 669 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 (16.8 days).

States and territories

External causes were reported for between 10.4% and 12.8% 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. For public hospitals *Assault* (X85–Y09) accounted for about 20.4% of all separations with an external cause reported in the Northern Territory, compared with the national figure of 4.0%.

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% (388,417) of all separations had an external cause of injury or poisoning compared with 13.1% (450,841) 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 35.5% of the total for males (159,933) and 41.3% of the total for females (160,244), followed by *Falls* (W01–W19) which accounted for 19.4% of the total for males (87,672) and 30.7% of the total for females (119,134). *Transport accidents* (V01–V99) were reported for 9.9% 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 (19.4%), whereas for males the highest numbers were reported in the 15–24 years age group (13.7%).

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. *Assault* was reported for 19,222 males and 7,270 females, with the most common age groups for both males and females being 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 the external causes *Transport accidents*, *Intentional self-harm*, *Assault*, *Events of undetermined intent*, *Legal intervention and operations of war*, *Complications of medical and surgical care* and for some external causes within the group *Sequelae and supplementary factors* (Table 11.5). Of the records with an external cause code reported in the range V01–Y89 (837,455 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 (324,702), with 90.8% 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* (150,216), and this was the most frequently reported place of occurrence for *Falls* (W00–W19, 78,991, 38.2% of total separations for *Falls*), *Intentional self-harm* (X60–X84, 17,214), and *Exposure to mechanical forces* (W20–W64, 16,394).

Falls (W00–W19) was the most common external cause group for separations which reported *Residential institution* as the place of occurrence (21,920, 83.5% of these separations).

Activity when injured

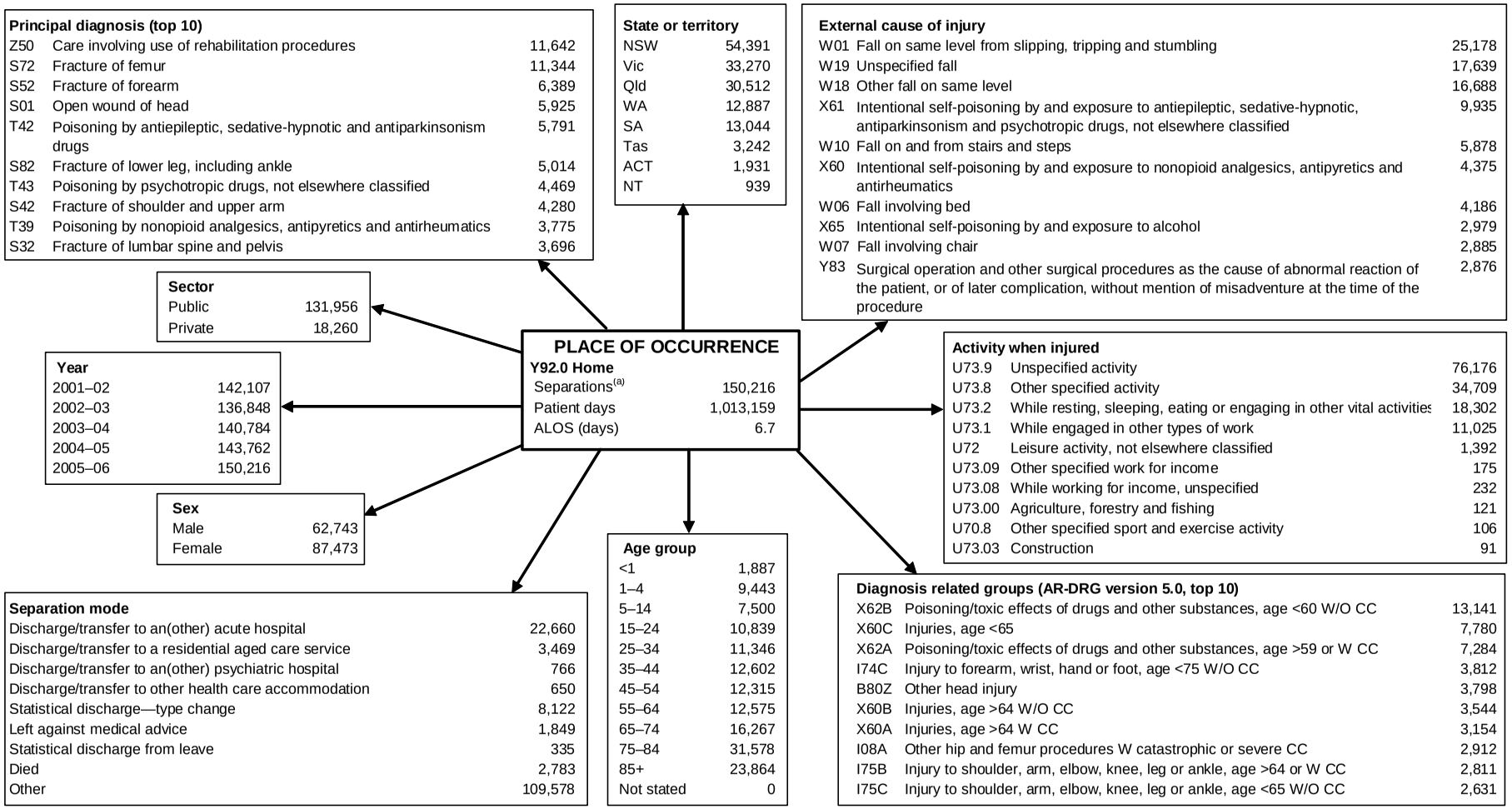
The activity of the injured person at the time of occurrence of the external cause is required to be reported for external cause codes for *Transport accidents*, *Intentional self-harm*, *Assault* and *Events of undetermined intent*. Of the records with external cause codes V01–Y34 (517,922 separations), 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 three-character categories of activity when injured codes, including 19 for sports. Table 11.6 presents the sports-related activities as *Football* (U50.00–U50.09) and *Other sporting activity* (U50.10–U71), and the non-sports-related activities as *Leisure activity*, *Working for income*, *Other types of work*, *Resting, sleeping, eating and other vital activities*, *Other specified activity* and *Unspecified activity*. The two most commonly reported categories were *Other specified* and *Unspecified/Not reported* (16.3% and 58.0% 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 (5.1%, 42,660 of all external cause separations) followed by *Resting, sleeping, eating and other vital activities* (4.3%, 36,271).

Principal diagnosis

Table 11.7 presents data showing the external causes reported for separations with an injury or poisoning as the principal diagnosis, and for other principal diagnoses. Although data reported on external causes and data reported on diagnoses cannot generally be unequivocally linked, it is likely that the reported external cause is related to the principal diagnosis when the latter is an injury or poisoning (where the principal diagnosis was reported in the range S00–T98). 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 355,546 separations for which the principal diagnosis was not an injury or poisoning.

Injuries to upper and lower limbs (S40–S99) (219,514, 26.2%) and *Injuries to head and neck* (S00–S19) (81,017, 9.7%) were the most common types of injuries associated with external causes. The most common causes of these injuries combined were *Falls* (W00–W19) and *Exposure to mechanical forces* (W20–W64). The most common injuries (S00–T98) resulting from *Falls* (W00–W19) were *Injuries to upper and lower limbs* (S40–S99) (96,040, 65.3%) and *Injuries to head and neck* (S00–S19) (30,236, 20.6%). These were also the most common injuries associated with *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99).



Abbreviations: ALOS—average length of stay, CC—complications or comorbidity, W—with, W/O—without, .

(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.

Figure 11.1: Interrelationships of a place of occurrence (Y92.0 *Home*) with other data elements, all hospitals, Australia, 2005–06

Table 11.1: Selected separation statistics[a], by external cause in ICD-10-AM groupings and hospital sector, Australia, 2005–06

External cause		Separations	Same-day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same-day
Public hospitals							
V01–V99	Transport accidents	59,852	18,499	34,993	293,839	4.9	6.7
W00–W19	Falls	169,673	39,017	137,052	1,412,239	8.3	10.5
W20–W64	Exposure to mechanical forces	74,770	31,512	60,500	210,654	2.8	4.1
W65–W74	Accidental drowning and submersion	605	141	530	2,484	4.1	5.0
W75–W84	Other accidental threats to breathing	8,557	598	7,008	128,850	15.1	16.1
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	1,189	663	837	3,093	2.6	4.6
X00–X19	Exposure to smoke, fire, flames, hot substances	7,770	2,913	6,834	44,048	5.7	8.5
X20–X39	Exposure to venomous plants, animals, forces of nature	5,445	2,191	4,806	18,124	3.3	4.9
X40–X49	Accidental poisoning	13,377	4,683	12,175	44,340	3.3	4.6
X50–X59	Other external causes of accidental injury	33,361	12,797	28,136	183,007	5.5	8.3
X60–X84	Intentional self-harm	29,905	7,909	28,580	127,485	4.3	5.4
X85–Y09	Assault	25,823	10,907	24,617	77,611	3.0	4.5
Y10–Y34	Events of undetermined intent	5,664	2,090	5,354	18,117	3.2	4.5
Y35–Y36	Legal intervention and operations of war	126	40	99	1,049	8.3	11.7
Y40–Y84	Complications of medical and surgical care	222,518	40,410	183,339	2,215,259	10.0	11.9
Y85–Y98	Sequelae and supplementary factors	22,894	5,663	18,736	271,249	11.8	15.4
Total[b]		**650,053**	**176,945**	**529,174**	**4,467,694**	**6.9**	**9.1**
Private hospitals							
V01–V99	Transport accidents	6,515	1,660	388	59,650	9.2	11.9
W00–W19	Falls	37,134	5,616	1,580	391,042	10.5	12.2
W20–W64	Exposure to mechanical forces	9,989	4,139	389	37,404	3.7	5.7
W65–W74	Accidental drowning and submersion	42	21	8	137	3.3	5.5
W75–W84	Other accidental threats to breathing	1,345	47	99	22,579	16.8	17.4
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	219	131	32	873	4.0	8.4
X00–X19	Exposure to smoke, fire, flames, hot substances	451	91	17	4,210	9.3	11.4
X20–X39	Exposure to venomous plants, animals, forces of nature	354	100	70	1,497	4.2	5.5
X40–X49	Accidental poisoning	834	169	107	5,278	6.3	7.7
X50–X59	Other external causes of accidental injury	30,280	12,115	299	89,733	3.0	4.3
X60–X84	Intentional self-harm	1,053	160	444	13,083	12.4	14.5
X85–Y09	Assault	669	304	149	2,220	3.3	5.2
Y10–Y34	Events of undetermined intent	458	225	18	2,567	5.6	10.1
Y35–Y36	Legal intervention and operations of war	4	1	2	30	7.5	. .
Y40–Y84	Complications of medical and surgical care	97,661	18,558	3,711	794,300	8.1	9.8
Y85–Y98	Sequelae and supplementary factors	7,512	2,264	106	40,718	5.4	7.3
Total[b]		**189,213**	**45,313**	**7,247**	**1,363,987**	**7.2**	**9.2**

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.
(b) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.
. . Not applicable.
Abbreviation: ALOS—average length of stay.

Table 11.2: Separations[(a)], by external cause in ICD-10-AM groupings and hospital sector, states and territories, 2005–06

External cause		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals										
V01–V99	Transport accidents	20,109	13,843	12,449	5,579	4,376	1,394	1,238	864	59,852
W00–W19	Falls	65,934	44,180	27,269	13,634	10,840	3,309	2,936	1,571	169,673
W20–W64	Exposure to mechanical forces	23,988	17,752	16,916	7,016	4,661	1,482	1,230	1,725	74,770
W65–W74	Accidental drowning and submersion	257	69	180	44	24	10	8	13	605
W75–W84	Other accidental threats to breathing	2,488	2,416	1,741	970	565	163	63	151	8,557
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	354	223	299	132	89	54	18	20	1,189
X00–X19	Exposure to smoke, fire, flames, hot substances	2,466	1,388	1,767	741	926	168	80	234	7,770
X20–X39	Exposure to venomous plants, animals, forces of nature	1,774	910	1,230	590	696	100	63	82	5,445
X40–X49	Accidental poisoning	4,648	3,115	2,480	1,089	1,401	267	213	164	13,377
X50–X59	Other external causes of accidental injury	11,089	9,091	6,112	3,070	2,254	674	623	448	33,361
X60–X84	Intentional self-harm	10,471	6,686	5,721	2,817	2,411	867	514	418	29,905
X85–Y09	Assault	7,741	4,764	5,360	3,232	1,860	490	320	2,056	25,823
Y10–Y34	Events of undetermined intent	1,609	2,105	871	472	239	207	107	54	5,664
Y35–Y36	Legal intervention and operations of war	29	26	17	18	8	5	3	20	126
Y40–Y84	Complications of medical and surgical care	68,792	61,722	36,405	22,740	19,926	6,326	4,068	2,539	222,518
Y85–Y98	Sequelae and supplementary factors	7,701	4,081	4,818	2,383	2,479	481	274	677	22,894
Total[(b)]		**218,357**	**164,952**	**118,245**	**61,370**	**50,491**	**15,304**	**11,278**	**10,056**	**650,053**
Private hospitals										
V01–V99	Transport accidents	1,800	1,830	1,421	848	402	n.p.	n.p.	n.p.	6,515
W00–W19	Falls	10,155	8,496	10,330	3,931	3,163	n.p.	n.p.	n.p.	37,134
W20–W64	Exposure to mechanical forces	2,124	2,345	2,766	1,455	854	n.p.	n.p.	n.p.	9,989
W65–W74	Accidental drowning and submersion	7	1	27	6	0	n.p.	n.p.	n.p.	42
W75–W84	Other accidental threats to breathing	163	257	590	235	84	n.p.	n.p.	n.p.	1,345
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	40	19	128	19	9	n.p.	n.p.	n.p.	219
X00–X19	Exposure to smoke, fire, flames, hot substances	99	116	114	45	59	n.p.	n.p.	n.p.	451
X20–X39	Exposure to venomous plants, animals, forces of nature	73	54	93	79	38	n.p.	n.p.	n.p.	354
X40–X49	Accidental poisoning	123	138	327	153	56	n.p.	n.p.	n.p.	834
X50–X59	Other external causes of accidental injury	9,819	6,677	6,372	3,230	2,747	n.p.	n.p.	n.p.	30,280
X60–X84	Intentional self-harm	121	191	181	498	37	n.p.	n.p.	n.p.	1,053
X85–Y09	Assault	187	96	140	194	29	n.p.	n.p.	n.p.	669
Y10–Y34	Events of undetermined intent	70	60	263	36	11	n.p.	n.p.	n.p.	458
Y35–Y36	Legal intervention and operations of war	0	0	0	3	0	n.p.	n.p.	n.p.	4
Y40–Y84	Complications of medical and surgical care	23,278	21,236	28,816	10,643	9,452	n.p.	n.p.	n.p.	97,661
Y85–Y98	Sequelae and supplementary factors	2,300	1,399	2,089	667	763	n.p.	n.p.	n.p.	7,512
Total[(b)]		**49,114**	**41,768**	**52,019**	**21,429**	**17,237**	**n.p.**	**n.p.**	**n.p.**	**189,213**

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

n.p. Not published.

Table 11.3: Separations[(a)] for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2005–06

External cause		<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[(b)]
V01–V99	Transport accidents	54	756	5,869	12,019	8,309	6,624	4,685	2,947	1,684	1,337	513	44,797
W00–W19	Falls	626	4,230	11,570	7,230	5,521	5,639	6,479	7,538	9,380	17,472	11,987	87,672
W20–W64	Exposure to mechanical forces	253	3,334	6,886	14,046	10,937	9,153	6,914	5,076	2,776	1,746	528	61,649
W65–W74	Accidental drowning and submersion	24	143	45	61	40	37	27	28	16	13	1	435
W75–W84	Other accidental threats to breathing	133	167	97	227	232	293	378	584	915	1,838	1,176	6,041
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	1	17	50	190	231	194	110	84	89	57	6	1,029
X00–X19	Exposure to smoke, fire, flames, hot substances	203	1,058	548	839	669	540	446	314	243	207	77	5,144
X20–X39	Exposure to venomous plants, animals, forces of nature	21	153	413	511	541	567	460	348	249	188	112	3,563
X40–X49	Accidental poisoning	161	1,197	390	968	1,100	916	640	594	440	469	184	7,059
X50–X59	Other external causes of accidental injury	151	818	2,760	9,265	7,250	5,906	4,732	3,387	1,977	1,984	997	39,227
X60–X84	Intentional self-harm	0	5	155	2,715	3,203	2,826	1,744	761	329	231	94	12,063
X85–Y09	Assault	141	105	410	6,713	5,305	3,618	1,921	689	191	83	44	19,222
Y10–Y34	Events of undetermined intent	10	40	74	688	754	526	340	165	101	144	97	2,939
Y35–Y36	Legal intervention and operations of war	0	0	3	16	55	21	9	3	4	3	0	114
Y40–Y84	Complications of medical and surgical care	1,249	2,129	3,688	6,103	7,720	10,314	16,826	29,709	35,987	35,770	10,438	159,933
Y85–Y98	Sequelae and supplementary factors	21	199	626	2,589	3,136	3,557	3,251	2,544	1,755	1,473	559	19,710
Total[(c)]		**3,005**	**14,115**	**33,058**	**61,904**	**52,588**	**48,524**	**46,772**	**52,810**	**53,797**	**59,465**	**24,801**	**450,841**

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.
(b) Includes separations for which age was not reported.
(c) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

Table 11.4: Separations[a] for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2005–06

External cause		<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[b]
V01–V99	Transport accidents	48	408	2,528	4,945	3,279	2,768	2,397	1,673	1,394	1,516	611	21,567
W00–W19	Falls	503	3,111	6,864	2,776	3,254	3,883	5,863	8,923	13,725	35,021	35,211	119,134
W20–W64	Exposure to mechanical forces	206	2,490	3,303	3,027	2,731	2,769	2,489	1,880	1,307	1,713	1,195	23,110
W65–W74	Accidental drowning and submersion	16	94	24	17	8	8	14	5	6	20	0	212
W75–W84	Other accidental threats to breathing	122	128	90	90	100	134	227	303	470	1,050	1,147	3,861
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	2	8	23	67	84	72	39	29	22	22	11	379
X00–X19	Exposure to smoke, fire, flames, hot substances	188	772	359	250	306	248	222	214	157	216	145	3,077
X20–X39	Exposure to venomous plants, animals, forces of nature	11	100	211	245	242	272	255	227	180	250	243	2,236
X40–X49	Accidental poisoning	114	1,025	295	1,174	995	827	722	529	450	650	371	7,152
X50–X59	Other external causes of accidental injury	111	558	1,419	2,496	2,618	2,887	2,809	2,605	2,373	3,647	2,891	24,414
X60–X84	Intentional self-harm	0	2	649	5,864	4,017	3,950	2,731	1,015	357	220	88	18,893
X85–Y09	Assault	95	117	187	1,845	2,189	1,693	696	222	72	119	34	7,270
Y10–Y34	Events of undetermined intent	12	35	70	858	641	572	354	262	157	165	57	3,183
Y35–Y36	Legal intervention and operations of war	0	0	0	6	3	6	1	0	0	0	0	16
Y40–Y84	Complications of medical and surgical care	868	1,580	2,603	6,475	10,660	15,257	20,008	25,182	28,676	34,043	14,892	160,244
Y85–Y98	Sequelae and supplementary factors	26	140	380	937	1,181	1,588	1,729	1,352	1,082	1,476	805	10,696
Total[c]		**2,275**	**10,397**	**18,772**	**30,157**	**31,355**	**35,813**	**39,344**	**43,030**	**48,414**	**75,456**	**53,403**	**388,417**

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.
(b) Includes separations for which age was not reported.
(c) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

Table 11.5: Separations[a], by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2005–06

External cause		Home	Residential institution	School, other public area: School	School, other public area: Health service area	School, other public area: Other	Sports and athletics area	Street and highway
V01–V99	Transport accidents	1,756	50	68	66	16	2,391	39,067
W00–W19	Falls	78,991	21,920	5,057	15,847	935	7,040	6,776
W20–W64	Exposure to mechanical forces	16,394	566	1,686	2,102	138	5,943	656
W65–W74	Accidental drowning and submersion	228	0	3	2	1	52	2
W75–W84	Other accidental threats to breathing	1,581	1,188	17	4,282	19	6	25
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	278	1	12	151	7	17	10
X00–X19	Exposure to smoke, fire, flames, hot substances	4,235	59	32	314	10	20	83
X20–X39	Exposure to venomous plants, animals, forces of nature	1,558	73	54	100	12	81	128
X40–X49	Accidental poisoning	6,263	235	71	1,634	24	15	52
X50–X59	Other external causes of accidental injury	5,140	781	529	2,478	76	6,169	424
X60–X84	Intentional self-harm	17,214	394	143	1,799	78	17	458
X85–Y09	Assault	4,305	326	179	241	89	164	1,851
Y10–Y34	Events of undetermined intent	1,965	75	25	497	12	16	70
Y35–Y36	Legal intervention and operations of war	16	3	0	6	2	1	22
Y40–Y84	Complications of medical and surgical care	9,357	871	36	294,744	174	23	71
Y85–Y98	Sequelae and supplementary factors	1,346	72	113	2,965	39	674	4,127
Total[b]		**150,216**	**26,259**	**8,035**	**324,702**	**1,637**	**22,650**	**53,733**

External cause		Trade and service area	Industrial and construction area	Farm	Other specified places	Unspecified place/Not reported	Total[b]
V01–V99	Transport accidents	335	231	1,908	3,747	16,448	66,367
W00–W19	Falls	6,470	1,222	484	5,999	55,524	206,807
W20–W64	Exposure to mechanical forces	2,360	4,606	1,822	3,098	44,745	84,759
W65–W74	Accidental drowning and submersion	20	1	3	270	56	647
W75–W84	Other accidental threats to breathing	43	5	1	34	2,446	9,902
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	56	124	18	367	347	1,408
X00–X19	Exposure to smoke, fire, flames, hot substances	192	183	81	343	2,571	8,221
X20–X39	Exposure to venomous plants, animals, forces of nature	52	62	127	706	2,744	5,799
X40–X49	Accidental poisoning	511	161	39	187	4,802	14,211
X50–X59	Other external causes of accidental injury	649	605	146	1,377	44,888	63,641
X60–X84	Intentional self-harm	335	36	15	657	9,936	30,958
X85–Y09	Assault	2,892	40	12	891	15,191	26,492
Y10–Y34	Events of undetermined intent	167	18	6	86	3,103	6,122
Y35–Y36	Legal intervention and operations of war	8	0	0	5	63	130
Y40–Y84	Complications of medical and surgical care	103	10	5	157	14,363	320,179
Y85–Y98	Sequelae and supplementary factors	368	522	154	697	12,563	30,406
Total[b]		**14,525**	**7,816**	**4,810**	**18,572**	**229,268**	**839,266**

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause and place of occurrence can be reported for each separation, the totals are not the sum of the rows/columns of the table.

Table 11.6: Separations[a], by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2005–06

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 [b]	Total[c]
V01–V99	Transport accidents	4	8,771	963	2,944	337	214	10,197	42,583	66,367
W00–W19	Falls	5,024	7,670	3,787	4,700	7,626	22,994	26,740	126,529	206,807
W20–W64	Exposure to mechanical forces	5,252	3,605	1,003	13,473	5,842	4,343	10,401	39,767	84,759
W65–W74	Accidental drowning and submersion	1	207	35	0	7	43	102	237	647
W75–W84	Other accidental threats to breathing	0	18	9	6	4	2,368	1,087	6,139	9,902
W85–W99	Exposure to electricity, radiation, extreme	1	283	11	386	91	37	147	431	1,408
X00–X19	Exposure to smoke, fire, flames, hot substances	0	37	93	539	749	1,000	1,394	4,307	8,221
X20–X39	Exposure to venomous plants, animals, forces of nature	7	320	116	327	350	230	577	3,758	5,799
X40–X49	Accidental poisoning	0	16	135	417	170	2,449	3,930	6,883	14,211
X50–X59	Other external causes of accidental injury	4,704	4,931	352	5,073	979	1,689	3,578	41,306	63,641
X60–X84	Intentional self-harm	0	4	36	27	24	115	21,863	8,707	30,958
X85–Y09	Assault	43	46	811	452	61	274	3,381	21,090	26,492
Y10–Y34	Events of undetermined intent	4	15	54	44	18	66	1,989	3,835	6,122
Y35–Y36	Legal intervention and operations of war	0	0	0	15	0	0	20	89	130
Y40–Y84	Complications of medical and surgical care	9	16	9	102	24	412	28,896	273,070	320,179
Y85–Y98	Sequelae and supplementary factors	66	128	35	306	28	41	1,148	22,275	30,406
Total[c]		**15,130**	**27,530**	**7,441**	**28,807**	**16,294**	**36,271**	**113,987**	**599,323**	**839,266**

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) An activity when injured is required to be reported for records where the external cause of injury was in the range V01–Y34. Therefore for external cause groups Y35–Y36, Y40–Y84 and Y85–Y98, an activity when injured was not required.

(c) As more than one external cause can be reported for each separation and more than one activity can be reported, the totals are not the sums of the rows/columns of the table.

Table 11.7: Separations[a], by external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2005–06

External cause		Injuries to head & neck (S00–S19)	Injuries to thorax, abdomen, back, spine & pelvis (S20–S39)	Injuries to upper & lower limbs (S40–S99)	Injuries to multi- or unspecified region; foreign body effects (T00–T19)	Burns & frostbite (T20–T35)	Poisoning & toxic effects (T36–T65)	Other & unspecified effects of external causes (T66–T79)	Complications of medical & surgical care (T80–T88)	Other trauma complications; external cause sequelae (T89–T98)	All other diagnoses (A00–R99, Z00–Z99)	Total[b]
V01–V99	Transport accidents	16,964	12,114	27,619	552	276	37	202	91	12	8,500	66,367
W00–W19	Falls	30,236	18,702	96,040	823	68	306	369	506	13	59,744	206,807
W20–W64	Exposure to mechanical forces	11,530	3,062	51,394	6,882	465	407	532	132	102	10,253	84,759
W65–W74	Accidental drowning and submersion	39	17	38	1	0	1	464	0	0	87	647
W75–W84	Other accidental threats to breathing	225	87	254	816	13	248	81	77	0	8,101	9,902
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	9	12	33	5	168	2	803	1	0	375	1,408
X00–X19	Exposure to smoke, fire, flames, hot substances	41	27	106	8	5,832	325	65	14	0	1,803	8,221
X20–X39	Exposure to venomous plants, animals, forces of nature	69	40	327	32	17	3,044	917	8	2	1,343	5,799
X40–X49	Accidental poisoning	94	33	107	42	407	8,705	1,716	51	0	3,056	14,211
X50–X59	Other external causes of accidental injury	6,137	3,316	37,246	502	76	147	2,493	283	16	13,425	63,641
X60–X84	Intentional self-harm	571	481	2,864	172	179	20,506	383	17	2	5,783	30,958
X85–Y09	Assault	15,911	2,289	4,669	192	107	200	316	21	11	2,776	26,492
Y10–Y34	Events of undetermined intent	120	63	395	18	114	3,916	44	21	1	1,430	6,122
Y35–Y36	Legal intervention and operations of war	27	14	35	0	2	1	1	1	0	49	130
Y40–Y84	Complications of medical and surgical care	1,292	1,888	6,269	187	291	743	1,694	78,292	12	229,511	320,179
Y85–Y98	Sequelae and supplementary factors	1,392	438	1,825	55	83	235	142	862	13	25,361	30,406
Total[c]		**81,017**	**39,963**	**219,514**	**9,982**	**7,605**	**37,005**	**9,867**	**78,585**	**178**	**355,546**	**839,266**

(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 inlcudes records for which the principal diagnosis was not reported.

(c) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

12 Australian Refined Diagnosis Related Groups for admitted patients

Introduction

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources expected to be used by the hospital. This classification system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected use of hospital resources based on information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 5.0 (DoHA 2002) to classify separations.

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, mainly 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, the length of stay, and the mode of separation are used for AR-DRG assignment.

Following receipt of morbidity data, the AIHW regrouped that data, in consultation with the states and territories. 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, 96.1% were reported as *Acute* (4,293,236 of 4,466,076 in the public sector and 2,722,924 of 2,845,907 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 1 for more details).

Cost weights and costs by volume

The cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs, such that the average cost weight for all separations is 1.00.

This chapter presents information using version 5.0 AR-DRGs. For each AR-DRG, 2004–05 cost weights and cost estimates based on AR-DRG version 5.0 were used for the public sector. The 2004–05 cost weights were estimated by the Department of Health and Ageing through the National Hospital Cost Data Collection (DoHA 2006a). 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 2005–06 were not available at the time of writing of this report. The tables for both public and private hospitals will be updated on the Internet once more up-to-date cost weights are available.

The 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— $3,332 in the public sector (including depreciation) (DoHA 2006a).

The *Cost by volume* figures in the tables in this chapter using version 5.0 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 2005–06. They should be used with caution in any comparisons between the states and territories. They are not derived from, or comparable to, the expenditure and cost per casemix-adjusted separation information presented in Chapters 3 and 4.

Information based on the average cost weights of separations is also included in Chapters 2, 4 and 7. Appendix 3 includes further information on the 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 C16B *Lens Procedure, Sameday*.

There were 161,497 separations with an AR-DRG of C16B, with an average length of stay of 1.0 days. The number of separations that reported this AR-DRG has shown an average annual increase of 7.2% from 122,122 separations in 2001–02. Over two-thirds of these separations received treatment in the private sector (68.8%, 111,124 separations). Females accounted for 58.1% of these separations and the most common age group was 75–84 years (43.3%). Most separations (161,041, 99.7%) had a separation mode of *Other*, suggesting that most of the patients went home after separation from hospital. The most common principal diagnosis reported in conjunction with an AR-DRG of C16B was *Other cataract* (H26, 63.6%), followed by *Senile cataract* (H25, 21.7%), and the most common additional diagnosis was *Other cataract* (H26). The most common procedure performed was *Extracapsular crystalline lens extraction by phacoemulsification* (Block 197), followed by *Cerebral anaesthesia* (Block 1910).

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* (20.1%, 873,688) and *Diseases and disorders of the digestive system* (10.3%, 445,936). Those accounting for the largest numbers of separations in the private sector were *Diseases and disorders of the digestive system* (17.1%, 467,982) and *Diseases and disorders of the musculoskeletal system and connective tissue* (10.8%, 294,981). *Diseases and disorders of the kidney and urinary tract* accounted for the most separations over the combined public and private sectors (15.6%, 1,107,508).

The MDCs accounting for the largest numbers of patient days in the public sector were *Diseases and disorders of the musculoskeletal system and connective tissue* (9.9%, 1,379,741) and *Diseases and disorders of the circulatory system* (9.8%, 1,366,863). In the private sector it was *Diseases and disorders of the musculoskeletal system and connective tissue* (15.2%, 996,016) and

Diseases and disorders of the digestive system (12.5%, 816,299). *Diseases and disorders of the musculoskeletal system and connective tissue* accounted for the most patient days over the combined public and private sectors (11.6%, 2,375,757).

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 28.2 days for the *Pre-MDC* group. In the private sector, they ranged from 1.0 day for *Diseases and disorders of the eye* to 30.3 days for the *Pre-MDC* group.

Differences in average length of stay between hospital sectors were notable for: *Mental diseases and disorders*, where the average length of stay was higher for public hospitals (10.5 days) than for private hospitals (4.8 days); and *Newborns and other neonates*, where the average length of stay was higher for public hospitals (8.4 days) than for private hospitals (6.4 days). A variety of factors could be responsible for such differences, including differences in the underlying patient populations, AR-DRG profiles of the MDCs, patterns of service provision, available facilities, treatment regimes and reporting practices.

The RSI data provide length of stay comparisons adjusted for differences in patient age profiles and differences in the AR-DRG profiles of MDCs. Refer to Chapter 4 and Appendix 1 for more information on interpreting RSI data. In the public sector the RSI ranged from 0.85 for *Alcohol/drug use and alcohol/drug induced organic mental disorders* to 1.11 for *Diseases and disorders of the eye.* In contrast, the private sector RSI ranged from 0.71 for *Burns* to 1.41 for *Alcohol/drug use and alcohol/drug induced organic mental disorders.*

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* (95.8%), and the smallest was for *Diseases and disorders of the eye* (79.4%). The largest proportions of public patients in private hospitals were for *Diseases and disorders of the kidney and urinary tract* (19.2%) and *Injuries, poisoning and toxic effects of drugs* (6.2%).

Medical DRGs accounted for 73.1% (3,172,634) of separations from public hospitals and 38.4% (1,051,873) of separations from private hospitals. *Surgical DRGs* accounted for 20.3% (882,101) of separations from public hospitals and 40.9% (1,120,202) 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 musculoskeletal system and connective tissue*, followed by *Diseases and disorders of the circulatory system* (both over $1,600 million). *Medical DRGs* accounted for over 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. A notable exception in the public sector was *Diseases and disorders of the kidney and urinary tract* in the Northern Territory and in the Australian Capital Territory (44.7% and 28.9% of total separations respectively compared with 20.1% nationally). *Neoplastic disorders (haematological and solid neoplasms)* varied from

1.2% in New South Wales to 6.6% in Victoria. A notable exception in the private sector was *Mental diseases and disorders* in Victoria and South Australia (5.0% and 0.9% of total separations respectively compared with 3.7% nationally).

Public hospitals in the Northern Territory featured relatively large proportions of *Medical DRGs* (84.9% of total separations compared with 73.1% nationally). Private hospitals in New South Wales featured a relatively small proportion of *Medical DRGs* (28.6% of total separations compared with 38.4% 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 65.2% nationally.

Australian Refined Diagnosis Related Groups

Changes 2001–02 to 2005–06

Table 12.5 presents the 30 AR-DRGs version 5.0 with the largest changes in the numbers of separations in either public or private hospitals (or both) between 2001–02 and 2005–06. For this analysis, data for 2001–02 to 2005–06 were grouped to version 5.0 AR-DRGs. The regrouping of data for 2001–02 to 2003–04 required data to be mapped to fourth edition ICD-10-AM codes from ICD-10-AM second and third editions, and therefore the data may not be completely comparable between years.

For 18 of the listed AR-DRGs, the number of separations increased in both the public and private sectors between 2001–02 and 2005–06, with the increases for private hospitals being proportionally larger in most cases. For example, separations for *Admit for renal dialysis* (L61Z) increased by 72.8% (64,650) in private hospitals and by 34.6% (186,623) in public hospitals, those for *Chemotherapy* (R63Z) increased by 31.7% (38,568) in private hospitals and by 12.6% (14,660) in public hospitals and those for *Other factors influencing health status, sameday* (Z64B) increased by 186.2% (37,479) in private hospitals and by 50.7% (13,078) 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 2001–02 and 2005–06 for six of the AR-DRGs listed in Table 12.5. For example, separations for *Other colonoscopy, sameday* (G44C) increased by 17,201 in private hospitals and decreased by 1,686 in public hospitals. The AR-DRG with the highest combined decrease in both sectors was *Other gastroscopy for non-major digestive disease, sameday* (G45B) which decreased by 7.3% overall.

In private hospitals, the number of separations in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions increased by 12.6%, 22.8% and 11.4% respectively between 2001–02 and 2005–06. Public hospital separations with an AR-DRG in the *Medical DRG* partition increased 16.5%; separations with AR-DRGs in the *Surgical DRG* partition increased by 6.3% over the period.

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 2. In particular, they would have been affected by the recategorisation of two New South Wales hospitals,

reported as private hospitals from 2001–02 and 2002–03 and as public hospitals for 2003–04 to 2005–06.

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 2001–02 and 2005–06. 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 1). Owing 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 21 of the listed AR-DRGs the number of separations increased for both public and private patients between 2001–02 and 2005–06, with the increases for private patients being proportionally larger in most cases. For example, separations for *Inflammatory musculoskeletal disorders without catastrophic or severe complications or comorbidities* (I66B) increased by 114.3% (2,567) for private patients and by 79.4% (3,396) for public patients. Separations for *Sleep apnoea* (E63Z) increased by 41.4% (9,120) for private patients and by 7.5% (338) 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 6 of the AR-DRGs listed in Table 12.6. For example, separations for *Dental extractions and restorations* (D40Z) increased by 12,510 for private patients and decreased by 1,262 for public patients between 2001–02 and 2005–06. The number of separations decreased in both sectors for 3 of the AR-DRGs listed. The AR-DRG with the highest combined decrease for both private and public patients was *Endoscopic procedures for female reproductive system* (N08Z) which decreased by 4,183 separations for private patients and 4,969 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 13.9%, 23.6% and 12.0% respectively between 2001–02 and 2005–06. Public patient separations with an AR-DRG in the *Medical DRG* partition increased 15.9% and those in the *Surgical DRG* partition increased by 5.3% over the period; public patient separations in the *Other DRG* partition decreased by 0.7%.

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 2005–06, *Vaginal delivery without catastrophic or severe complications or comorbidities* (O60B) was the most frequent AR-DRG with 4.4% (93,985) of total overnight separations (Table 12.7). This was also the most frequent AR-DRG in the private sector, with 3.7% (35,658) of total overnight separations (Table 12.8). Of the 30 AR-DRGs with the most overnight separations for the public sector, only 8 were also included in the top 30 for the private sector.

The average length of stay for the top 30 AR-DRGs in the public sector ranged from 1.7 days for *Gastroenteritis age <10 without complications or comorbidities* (G66B) to 30.3 days for *Schizophrenia disorders with mental health legal status* (U61A). The latter also accounted for the most overnight patient days in public hospitals (4.1%).

The length of stay for the top 30 AR-DRGs in the private sector ranged from 1.0 day for *Sleep apnoea* (E63Z) to 18.1 days for *Major affective disorders age <70 without catastrophic or severe complications or comorbidities* (U63B); the latteralso accounted for the most overnight patient days in private hospitals (4.1%).

The highest proportion of public patients in separations from public hospitals occurred for *Schizophrenia disorders with mental health legal status* (U61A, 98.1%) and the lowest was for *Non-surgical spinal disorders without complications or comorbidities* (I68B, 76.4%). The highest proportion of public patients in separations from private hospitals occurred for *Chest pain* (F74Z, 6.4%).

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. In the public sector in 2005–06, *Admit for renal dialysis* (L61Z) was the most frequent AR-DRG with 33.0% (725,216) of total same-day separations (Table 12.9). The most frequent AR-DRG in the private sector was *Chemotherapy* (R63Z) with 9.1% (160,273) 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, sameday* (O66B, 95.6%), and the lowest occurred for *Dental extractions and restorations* (D40Z, 73.4%). The highest proportion of same-day separations from private hospitals for public patients occurred for *Admit for renal dialysis* (L61Z, 27.1%).

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* (G44C) was the most frequent AR-DRG, accounting for 63,086 separations. The highest proportion of separations from private free-standing day hospitals for public patients occurred for *Circulatory disorders without acute myocardial infarction with invasive cardiac investigation procedure without complex diagnosis/procedure* (F42B, 52.5%) followed by *Admit for renal dialysis* (L61Z, 31.4%).

Public psychiatric hospitals

Most of the separations from public psychiatric hospitals involved AR-DRGs within the MDCs covering *Mental diseases and disorders*, and *Alcohol/drug use and alcohol/drug induced organic mental disorders* (AR-DRGs beginning with U or V, respectively) (Table 12.12). *Schizophrenia disorders with mental health legal status* (U61A) accounted for the most separations (2,874, 20.3%) and the most patient days (150,814, 42.9%).

The average length of stay was fairly long for most of these AR-DRGs and only 13.2% (1,871) of separations were same-day separations, compared with 49.6% in public hospitals overall (see Chapter 2).

When interpreting average lengths of stay, note that separation records from public psychiatric hospitals include some with very long individual lengths of stay, some as long as several years. The median lengths of stay were markedly shorter than the average lengths of stay for *Schizophrenia disorders with mental health legal status* (U61A) (23 days, compared with the average length of stay of 52.5 days), *Dementia and other chronic disturbances of cerebral function* (B63Z) (34 days, compared with the average length of stay of 67.3 days) and P*aranoia*

and acute psychotic disorder with catastrophic or severe complications and comorbidities or with mental health legal status (U62A) (13 days, compared with the average length of stay of 23.5 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* (L61Z) accounted for a markedly greater proportion of separations from the public sector than occurred nationally (42.6%, 35,126, and 25.4%, 17,694, respectively, compared with 16.7%, 725,926). The number of separations from the public sector for *Chemotherapy* (R63Z) was lower in New South Wales (3,702) than in other states such as Victoria (66,423) and Queensland (20,055). 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 most 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* (U60Z), which accounted for 4.0% (28,256) and less than 0.1% (58) respectively, compared with the national average of 2.7% (73,915).

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 *Antenatal and other obstetric admission* (O66A) ranged from 2.1 days in Queensland and Tasmania to 4.0 days in the Australian Capital Territory, and for *Caesarean delivery without catastrophic or severe complications or comorbidities* (O01C) it ranged from 3.8 days in Queensland to 5.0 days in the Northern Territory. In the private sector, the average length of stay for *Caesarean delivery without catastrophic or severe complications or comorbidities* (O01C) ranged from 4.8 days in Queensland to 6.0 days in Western Australia, and *Knee replacement and reattachment* (I04Z) ranged from 6.9 days in the South Australia to 10.1 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, but some were sex-specific (13 of the top 30 AR-DRGs for females were female-specific, such as *Vaginal delivery without catastrophic or severe complications or comorbidities* (O60B).

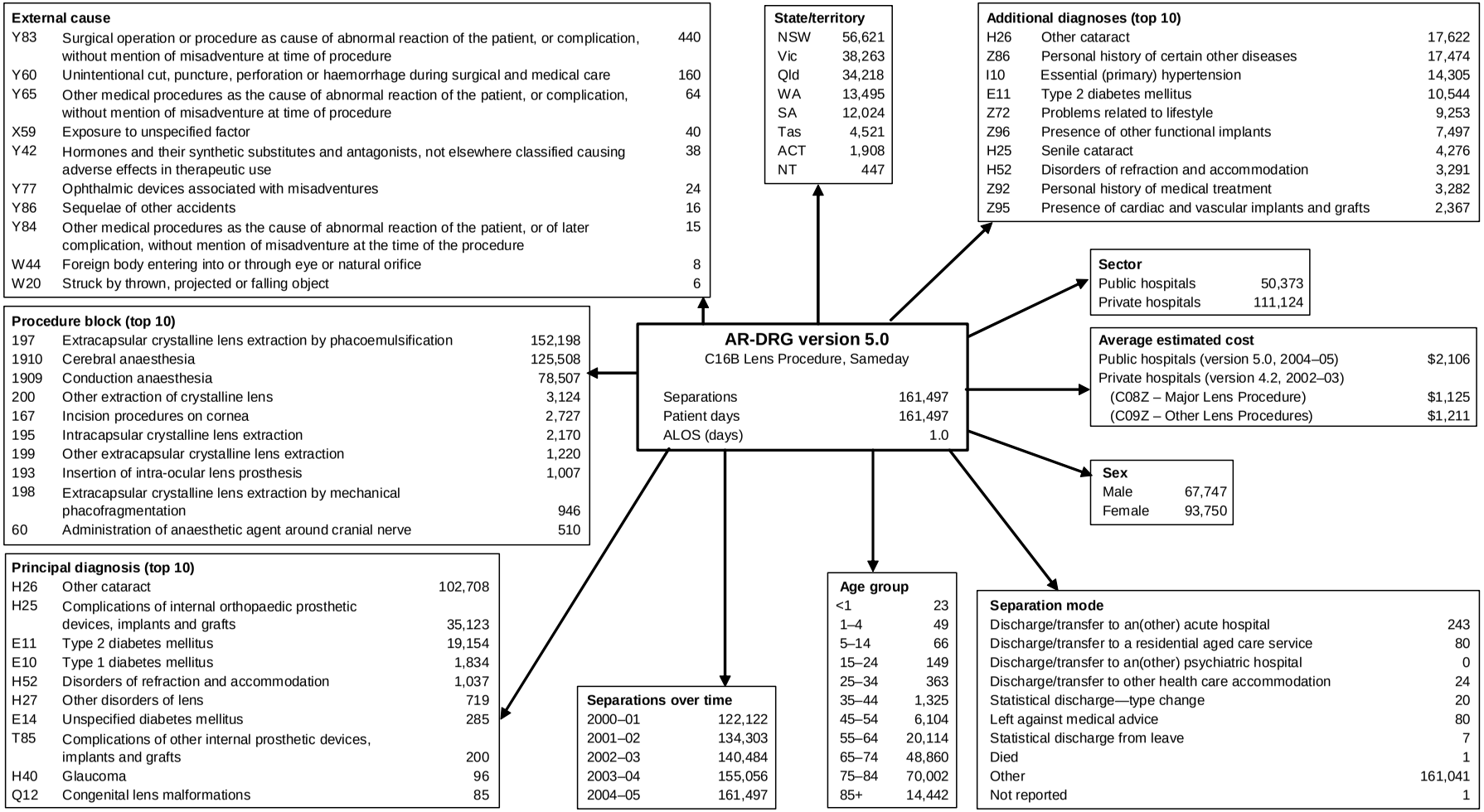
For both males and females *Admit for renal dialysis* (L61Z) was the most frequent AR-DRG and *Chemotherapy* (R63Z) was the next most frequent.

Age distributions differed markedly among AR-DRGs. Over 74% of separations for *Follow up with endoscopy* (Z40Z) and almost 95% of separations for *Lens procedures, sameday* (C16B) involved males and females aged 55 years and over. In contrast, for *Dental extractions and restorations* (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> and provide national and state and territory summary statistics for public and private hospitals for each AR-DRG (based on version 5.0 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 website also includes an interactive National Hospital Morbidity Data page with a link to data cubes that provide information on the MDCs and AR-DRGs of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average lengths of stay are available on all MDCs and AR-DRGs of patients by age group, sex and same-day status. The source of these data is the 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 (C16B *Lens procedure, sameday*) with other data elements, all hospitals, Australia, 2005–06

Table 12.1: Selected separation[a] and cost statistics, by Major Diagnostic Category version 5.0 and medical/surgical/other partition, public hospitals, Australia, 2005–06

Major Diagnostic Category	Separations	Same-day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	ALOS (days) excluding same-day	Cost by volume ($'000)[c]	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	12,031	368	9,813	5.9	339,123	165.8	28.2	29.0	823,793	1.00
01 Diseases and disorders of the nervous system	210,244	76,490	176,484	102.8	1,029,802	503.5	4.9	7.1	974,338	0.97
02 Diseases and disorders of the eye	86,364	70,909	68,609	42.2	115,020	56.2	1.3	2.9	199,803	1.11
03 Diseases and disorders of the ear, nose, mouth and throat	170,468	81,153	145,913	83.3	278,817	136.3	1.6	2.2	372,903	1.01
04 Diseases and disorders of the respiratory system	240,935	38,532	203,905	117.8	1,165,014	569.6	4.8	5.6	1,040,594	0.95
05 Diseases and disorders of the circulatory system	368,647	98,652	308,988	180.2	1,366,863	668.3	3.7	4.7	1,671,279	0.98
06 Diseases and disorders of the digestive system	445,936	208,335	388,737	218.0	1,187,915	580.8	2.7	4.1	1,297,164	0.99
07 Diseases and disorders of the hepatobiliary system and pancreas	81,834	16,584	71,322	40.0	343,154	167.8	4.2	5.0	401,486	1.00
08 Diseases and disorders of the musculoskeletal system and connective tissue	333,236	123,790	274,826	162.9	1,379,741	674.6	4.1	6.0	1,738,128	1.00
09 Diseases and disorders of the skin, subcutaneous tissue and breast	164,856	82,773	143,685	80.6	489,140	239.2	3.0	5.0	475,407	1.00
10 Endocrine, nutritional and metabolic diseases and disorders	62,776	17,247	53,921	30.7	315,714	154.4	5.0	6.6	308,713	1.00
11 Diseases and disorders of the kidney and urinary tract	873,688	789,808	774,800	427.2	1,205,336	589.3	1.4	5.0	825,351	0.98
12 Diseases and disorders of the male reproductive system	44,314	23,990	37,701	21.7	102,966	50.3	2.3	3.9	130,168	1.03
13 Diseases and disorders of the female reproductive system	113,953	70,294	100,069	55.7	215,286	105.3	1.9	3.3	330,131	1.01
14 Pregnancy, childbirth and puerperium	346,887	93,515	321,801	169.6	923,124	451.4	2.7	3.3	1,132,629	0.93
15 Newborns and other neonates	55,840	6,677	51,867	27.3	469,138	229.4	8.4	9.4	451,871	1.01
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	70,672	46,596	60,428	34.6	166,218	81.3	2.4	5.0	154,388	1.01
17 Neoplastic disorders (haematological and solid neoplasms)	177,170	157,144	150,732	86.6	320,525	156.7	1.8	8.2	351,693	1.01
18 Infectious and parasitic diseases	54,849	10,854	47,080	26.8	286,232	140.0	5.2	6.3	280,826	0.99
19 Mental diseases and disorders	129,298	34,388	121,562	63.2	1,358,399	664.2	10.5	14.0	685,039	0.92
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	33,007	8,547	31,607	16.1	129,662	63.4	3.9	5.0	78,827	0.85
21 Injuries, poisoning and toxic effects of drugs	131,287	51,532	109,129	64.2	377,718	184.7	2.9	4.1	423,270	0.99
22 Burns	6,917	2,294	5,900	3.4	37,925	18.5	5.5	7.7	56,378	1.02
23 Factors influencing health status and other contacts with health services	117,928	84,989	102,634	57.7	278,704	136.3	2.4	5.9	217,257	1.03
ED Error DRGs[d]	6,363	1,474	5,225	3.1	75,010	36.7	11.8	15.0	70,908	1.30
Surgical DRG	882,101	342,398	747,225	431.3	3,617,097	1768.5	4.1	6.1	6,122,522	1.04
Medical DRG	3,172,634	1,634,556	2,776,061	1551.2	9,767,552	4775.8	3.1	5.3	7,695,713	0.95
Other DRG	284,765	219,981	243,452	139.2	571,897	279.6	2.0	5.4	674,108	1.06
Total	**4,339,500**	**2,196,935**	**3,766,738**	**2121.8**	**13,956,546**	**6823.9**	**3.2**	**5.5**	**14,492,343**	**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 2005.
(c) Based on the 2004–05 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[a] statistics, by Major Diagnostic Category version 5.0 and medical/surgical/other partition, private hospitals, Australia, 2005–06

Major Diagnostic Category	Separations	Same-day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	ALOS (days) excluding same-day	Relative stay index
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,494	15	22	0.7	45,238	22.1	30.3	30.6	1.04
01 Diseases and disorders of the nervous system	59,658	26,816	1,552	29.2	274,229	134.1	4.6	7.5	1.12
02 Diseases and disorders of the eye	161,579	147,143	2,924	79.0	167,784	82.0	1.0	1.4	0.90
03 Diseases and disorders of the ear, nose, mouth and throat	186,043	129,420	2,185	91.0	221,253	108.2	1.2	1.6	0.99
04 Diseases and disorders of the respiratory system	80,069	6,357	2,310	39.1	366,812	179.3	4.6	4.9	1.18
05 Diseases and disorders of the circulatory system	151,643	37,239	5,937	74.1	576,210	281.7	3.8	4.7	1.04
06 Diseases and disorders of the digestive system	467,982	359,212	6,306	228.8	816,299	399.1	1.7	4.2	1.01
07 Diseases and disorders of the hepatobiliary system and pancreas	32,647	3,443	953	16.0	113,650	55.6	3.5	3.8	0.99
08 Diseases and disorders of the musculoskeletal system and connective tissue	294,981	120,783	4,158	144.2	996,016	487.0	3.4	5.0	1.00
09 Diseases and disorders of the skin, subcutaneous tissue and breast	164,055	112,862	2,297	80.2	319,550	156.2	1.9	4.0	1.00
10 Endocrine, nutritional and metabolic diseases and disorders	31,307	9,106	766	15.3	112,418	55.0	3.6	4.7	1.01
11 Diseases and disorders of the kidney and urinary tract	233,820	197,183	44,958	114.3	347,307	169.8	1.5	4.1	1.06
12 Diseases and disorders of the male reproductive system	58,211	34,916	1,120	28.5	125,623	61.4	2.2	3.9	0.98
13 Diseases and disorders of the female reproductive system	139,497	99,365	1,707	68.2	239,784	117.2	1.7	3.5	0.99
14 Pregnancy, childbirth and puerperium	145,141	52,675	3,209	71.0	473,387	231.5	3.3	4.5	1.15
15 Newborns and other neonates	13,669	1,769	500	6.7	87,965	43.0	6.4	7.2	0.96
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	30,170	22,289	860	14.8	56,590	27.7	1.9	4.4	0.96
17 Neoplastic disorders (haematological and solid neoplasms)	189,696	177,552	6,097	92.8	254,224	124.3	1.3	6.3	0.97
18 Infectious and parasitic diseases	12,433	1,663	515	6.1	80,027	39.1	6.4	7.3	1.03
19 Mental diseases and disorders	101,301	77,224	860	49.5	485,893	237.6	4.8	17.0	1.31
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	19,014	13,726	304	9.3	83,916	41.0	4.4	13.3	1.41
21 Injuries, poisoning and toxic effects of drugs	20,021	6,802	1,237	9.8	68,727	33.6	3.4	4.7	1.06
22 Burns	302	70	10	0.1	1,604	0.8	5.3	6.6	0.71
23 Factors influencing health status and other contacts with health services	140,711	127,370	1,428	68.8	193,294	94.5	1.4	4.9	0.95
ED Error DRGs[c]	6,557	3,485	54	3.2	32,031	15.7	4.9	9.3	0.69
Surgical DRG	1,120,202	600,080	14,312	547.7	2,725,679	1,332.7	2.4	4.1	0.96
Medical DRG	1,051,873	644,911	70,684	514.3	3,145,455	1,537.9	3.0	6.1	1.18
Other DRG	569,926	523,494	7,273	278.7	668,697	327.0	1.2	3.1	0.93
Total	**2,742,001**	**1,768,485**	**92,269**	**1,340.7**	**6,539,831**	**3,197.6**	**2.4**	**4.9**	1.05

(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 2005.
(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[a], by Major Diagnostic Category version 5.0 and medical/surgical/other partition, public hospitals, states and territories, 2005–06

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	4,037	3,149	2,113	1,109	954	276	216	177	12,031
01	Diseases and disorders of the nervous system	71,029	58,025	34,512	17,850	17,806	5,203	3,698	2,121	210,244
02	Diseases and disorders of the eye	29,652	25,502	11,898	8,743	7,327	980	1,441	821	86,364
03	Diseases and disorders of the ear, nose, mouth and throat	50,361	49,574	32,178	15,022	15,723	3,032	2,215	2,363	170,468
04	Diseases and disorders of the respiratory system	85,668	60,998	38,984	19,651	23,159	5,214	2,882	4,379	240,935
05	Diseases and disorders of the circulatory system	129,579	97,540	64,714	27,041	32,053	8,030	6,155	3,535	368,647
06	Diseases and disorders of the digestive system	156,228	122,168	67,762	39,336	39,744	9,293	6,199	5,206	445,936
07	Diseases and disorders of the hepatobiliary system and pancreas	28,847	22,161	13,455	6,566	6,449	1,906	1,266	1,184	81,834
08	Diseases and disorders of the musculoskeletal system and connective tissue	113,964	87,271	56,405	30,300	26,431	8,605	6,547	3,713	333,236
09	Diseases and disorders of the skin, subcutaneous tissue and breast	49,586	43,212	31,745	15,294	15,533	4,218	1,879	3,389	164,856
10	Endocrine, nutritional and metabolic diseases and disorders	19,434	18,344	10,517	5,441	5,627	1,505	973	935	62,776
11	Diseases and disorders of the kidney and urinary tract	264,352	256,664	135,111	80,291	64,940	15,391	20,115	36,824	873,688
12	Diseases and disorders of the male reproductive system	13,792	13,942	5,913	4,508	4,088	1,039	572	460	44,314
13	Diseases and disorders of the female reproductive system	34,823	34,909	20,884	9,240	9,172	2,228	1,476	1,221	113,953
14	Pregnancy, childbirth and puerperium	114,160	90,167	66,895	28,838	28,286	7,013	4,590	6,938	346,887
15	Newborns and other neonates	17,097	16,552	10,841	3,446	4,434	1,280	1,016	1,174	55,840
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	20,352	23,119	9,497	7,310	7,038	1,682	1,059	615	70,672
17	Neoplastic disorders (haematological and solid neoplasms)	16,978	82,077	26,756	23,733	21,047	3,794	1,593	1,192	177,170
18	Infectious and parasitic diseases	20,900	13,957	9,196	4,331	3,701	991	777	996	54,849
19	Mental diseases and disorders	44,715	33,984	22,099	10,540	12,047	3,628	1,132	1,153	129,298
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	14,431	5,554	5,626	3,325	2,452	824	343	452	33,007
21	Injuries, poisoning and toxic effects of drugs	44,214	34,526	25,334	10,562	9,465	2,866	1,974	2,346	131,287
22	Burns	2,183	1,224	1,578	695	769	171	77	220	6,917
23	Factors influencing health status and other contacts with health services	31,710	42,483	18,894	10,404	9,097	2,982	1,442	916	117,928
ED	Error DRGs[b]	2,573	1,431	669	832	490	150	72	146	6,363
	Surgical DRG	282,234	255,005	142,078	80,281	79,218	18,717	14,606	9,962	882,101
	Medical DRG	1,012,102	897,409	541,350	273,100	259,643	67,785	51,216	70,029	3,172,634
	Other DRG	86,329	86,119	40,148	31,027	28,971	5,799	3,887	2,485	284,765
Total		**1,380,665**	**1,238,533**	**723,576**	**384,408**	**367,832**	**92,301**	**69,709**	**82,476**	**4,339,500**

(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[(a)], by Major Diagnostic Category version 5.0 and medical/surgical/other partition, private hospitals, states and territories, 2005–06

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	264	310	566	134	167	n.p.	n.p.	n.p.	1,494
01	Diseases and disorders of the nervous system	12,983	15,137	16,939	7,566	4,988	n.p.	n.p.	n.p.	59,658
02	Diseases and disorders of the eye	55,843	32,310	39,609	14,282	12,108	n.p.	n.p.	n.p.	161,579
03	Diseases and disorders of the ear, nose, mouth and throat	53,396	44,543	38,190	24,981	18,099	n.p.	n.p.	n.p.	186,043
04	Diseases and disorders of the respiratory system	16,991	21,709	23,040	7,731	7,903	n.p.	n.p.	n.p.	80,069
05	Diseases and disorders of the circulatory system	39,876	40,001	38,618	14,772	12,920	n.p.	n.p.	n.p.	151,643
06	Diseases and disorders of the digestive system	134,712	128,676	118,880	42,546	30,309	n.p.	n.p.	n.p.	467,982
07	Diseases and disorders of the hepatobiliary system and pancreas	8,267	7,751	8,537	3,769	2,954	n.p.	n.p.	n.p.	32,647
08	Diseases and disorders of the musculoskeletal system and connective tissue	78,431	74,227	59,327	40,159	28,817	n.p.	n.p.	n.p.	294,981
09	Diseases and disorders of the skin, subcutaneous tissue and breast	43,992	36,725	42,570	17,076	16,867	n.p.	n.p.	n.p.	164,055
10	Endocrine, nutritional and metabolic diseases and disorders	6,939	8,012	8,148	3,993	2,929	n.p.	n.p.	n.p.	31,307
11	Diseases and disorders of the kidney and urinary tract	44,504	48,681	70,230	42,668	23,779	n.p.	n.p.	n.p.	233,820
12	Diseases and disorders of the male reproductive system	18,767	13,652	11,941	7,063	4,240	n.p.	n.p.	n.p.	58,211
13	Diseases and disorders of the female reproductive system	45,716	32,864	32,220	11,674	9,837	n.p.	n.p.	n.p.	139,497
14	Pregnancy, childbirth and puerperium	36,877	41,229	36,467	17,748	6,478	n.p.	n.p.	n.p.	145,141
15	Newborns and other neonates	2,054	4,214	3,004	2,999	972	n.p.	n.p.	n.p.	13,669
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	5,671	8,766	9,072	3,551	2,108	n.p.	n.p.	n.p.	30,170
17	Neoplastic disorders (haematological and solid neoplasms)	33,742	47,632	62,832	22,100	16,174	n.p.	n.p.	n.p.	189,696
18	Infectious and parasitic diseases	2,346	3,236	3,694	1,542	1,139	n.p.	n.p.	n.p.	12,433
19	Mental diseases and disorders	25,457	35,134	22,216	10,425	2,006	n.p.	n.p.	n.p.	101,301
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	6,014	6,553	4,537	1,205	222	n.p.	n.p.	n.p.	19,014
21	Injuries, poisoning and toxic effects of drugs	4,044	4,702	5,730	3,020	1,727	n.p.	n.p.	n.p.	20,021
22	Burns	51	75	93	26	40	n.p.	n.p.	n.p.	302
23	Factors influencing health status and other contacts with health services	38,540	42,945	32,625	13,950	8,177	n.p.	n.p.	n.p.	140,711
ED	Error DRGs[(b)]	1,786	2,790	809	532	526	n.p.	n.p.	n.p.	6,557
	Surgical DRG	341,247	262,627	254,834	117,369	95,093	n.p.	n.p.	n.p.	1,120,202
	Medical DRG	205,217	282,186	301,370	143,637	83,047	n.p.	n.p.	n.p.	1,051,873
	Other DRG	170,799	157,061	133,690	54,506	37,346	n.p.	n.p.	n.p.	569,926
Total		**717,263**	**701,874**	**689,894**	**315,512**	**215,486**	**n.p.**	**n.p.**	**n.p.**	**2,742,001**

(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[(a)] for the 30 AR-DRGs version 5.0 with the largest changes in the total numbers of separations, by hospital sector, Australia, 2001–02 to 2005–06

AR-DRG	Private hospitals						Public hospitals					
	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06
L61Z Admit for Renal Dialysis	88,806	103,153	133,618	144,042	153,456	64,650	539,303	583,296	620,652	663,403	725,926	186,623
R63Z Chemotherapy	121,813	135,523	144,145	155,369	160,381	38,568	116,313	127,360	127,133	128,708	130,973	14,660
Z64B Other Factors Influencing Health Status, Sameday	20,128	34,788	42,275	49,121	57,607	37,479	25,815	34,372	36,488	37,676	38,893	13,078
C16B Lens Procedures, Sameday	83,648	91,999	97,247	107,230	111,124	27,476	38,474	42,304	43,237	47,826	50,373	11,899
G46C Complex Gastroscopy, Sameday	49,409	56,531	60,844	67,956	72,761	23,352	16,482	18,143	18,250	20,024	21,614	5,132
F74Z Chest Pain	10,472	10,983	11,678	12,733	12,436	1,964	55,055	58,921	63,753	69,470	75,375	20,320
U60Z Mental Health Treatment, Sameday, W/O ECT	56,500	65,136	65,394	73,110	73,915	17,415	25,185	25,312	26,366	25,134	23,101	–2,084
O66B Antenatal & Other Obstetric Admission, Sameday	2,685	2,789	3,113	3,459	3,221	536	29,760	34,581	37,050	43,397	48,132	18,372
G44C Other Colonoscopy, Sameday	128,830	137,993	139,705	143,149	146,031	17,201	50,645	52,296	50,098	49,118	48,959	–1,686
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders	10,252	10,740	10,870	10,408	11,588	1,336	49,243	53,400	58,589	57,639	65,128	15,885
O05Z Abortion W O.R. Procedure	35,543	46,492	46,809	45,191	46,743	11,200	33,413	32,071	30,347	29,632	29,599	–3,814
O01C Caesarean Delivery W/O Catastrophic or Severe CC	20,317	22,535	23,565	24,768	26,314	5,997	29,652	31,294	33,239	34,843	37,697	8,045
O60B Vaginal Delivery W/O Catastrophic or Severe CC	34,509	35,934	35,173	34,848	35,746	1,237	85,542	83,716	90,081	91,892	96,546	11,004
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	101,088	101,588	102,820	102,243	100,276	–812	51,172	48,042	44,499	42,143	40,818	–10,354
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	13,590	15,074	16,380	18,043	18,977	5,387	29,943	30,947	33,187	32,229	34,995	5,052
D40Z Dental Extractions and Restorations	73,782	78,006	78,749	81,504	84,051	10,269	24,899	21,997	24,568	24,914	24,899	0
N08Z Endoscopic Procedures for Female Reproductive System	15,173	14,394	13,064	11,891	11,358	–3,815	19,345	17,481	16,050	14,732	13,740	–5,605
E63Z Sleep Apnoea	22,133	24,404	26,256	29,096	30,038	7,905	4,875	4,821	4,891	5,323	6,044	1,169
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	35,006	36,496	37,684	40,841	42,375	7,369	19,208	19,323	18,942	19,216	18,609	–599
J08B Other Skin Graft and/or Debridement Procedures W/O	19,829	22,109	23,796	23,921	25,940	6,111	7,607	8,117	8,513	8,489	8,938	1,331
F72B Unstable Angina W/O Catastrophic or Severe CC	3,892	3,306	2,971	2,695	2,407	–1,485	25,587	24,236	23,748	21,272	19,857	–5,730
I04Z Knee Replacement and Reattachment	15,339	16,383	17,628	18,689	19,212	3,873	8,101	8,603	9,174	10,129	11,434	3,333
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	26,069	28,476	29,648	30,979	30,983	4,914	16,347	17,021	16,993	17,742	18,568	2,221
N11B Other Female Reproductive System O.R. Procs Age <65 W/O	12,176	12,478	13,209	18,135	18,767	6,591	1,551	1,615	1,667	1,499	1,396	–155
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	5,799	6,295	6,063	5,962	6,178	379	30,373	31,550	32,565	33,614	36,343	5,970
G42B Other Gastroscopy for Major Digestive Disease, Sameday	11,547	10,692	8,631	8,124	7,526	–4,021	6,630	6,079	5,168	4,597	4,602	–2028
C16A Lens Procedures	13,039	11,438	10,016	9,254	8,080	–4,959	3,693	3,012	2,711	2,635	2,647	–1,046
I66B Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	1,503	1,865	1,830	2,947	3,624	2,121	5,067	6,219	6,592	7,444	8,881	3,814
I30Z Hand Procedures	20,427	21,422	21,714	22,201	23,124	2,697	20,640	21,324	21,752	22,660	23,824	3,184
F10Z Percutaneous Coronary Intervention W AMI	1,881	2,476	2,935	3,188	3,584	1,703	4,096	5,144	6,458	7,533	8,265	4,169
Surgical DRG	994,562	1,029,330	1,048,831	1,087,859	1,120,202	125,640	830,087	834,971	841,924	860,677	882,101	52,014
Medical DRG	856,618	913,629	964,321	1,012,600	1,051,873	195,255	2,723,784	2,841,146	2,940,304	3,004,665	3,172,634	448,850
Other DRG	511,799	530,736	539,162	558,513	569,926	58,127	284,623	281,609	280,392	280,525	284,765	142

(a) 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 2001–02 and 2005–06.

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 12.6: Separations[a] for the 30 AR-DRGs version 5.0 with the largest changes in the total numbers of separations[b], by patient election status[c], Australia, 2001–02 to 2005–06

AR-DRG		Private patients						Public patients					
		2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06	2001–02	2002–03	2003–04	2004–05	2005–06	Change 2001–02 to 2005–06
L61Z	Admit for Renal Dialysis	118,934	138,286	164,776	174,924	192,118	73,184	508,771	547,884	589,148	632,468	687,237	178,466
R63Z	Chemotherapy	128,327	144,422	152,647	165,295	170,161	41,834	109,264	117,596	117,844	117,838	120,177	10,913
Z64B	Other Factors Influencing Health Status, Sameday	22,256	37,607	45,834	52,884	61,779	39,523	23,565	31,358	32,891	33,744	34,538	10,973
C16B	Lens Procedures, Sameday	87,812	97,533	104,081	113,494	118,842	31,030	32,469	36,023	36,373	40,922	42,378	9,909
G46C	Complex Gastroscopy, Sameday	50,799	58,097	62,752	70,037	75,213	24,414	14,848	16,445	16,331	17,929	19,147	4,299
F74Z	Chest Pain	15,623	16,564	18,155	19,243	19,403	3,780	49,653	53,150	57,212	62,877	68,338	18,685
G44C	Other Colonoscopy, Sameday	131,798	141,343	143,782	147,289	150,772	18,974	46,581	48,384	45,999	44,917	44,200	–2,381
U60Z	Mental Health Treatment, Sameday, W/O ECT	59,024	66,961	68,217	75,909	76,698	17,674	22,012	22,056	23,526	22,312	20,293	–1,719
O66B	Antenatal & Other Obstetric Admission, Sameday	3,738	4,204	4,393	4,693	4,715	977	28,454	32,908	35,703	41,797	46,186	17,732
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders	14,971	15,827	16,853	16,098	17,984	3,013	44,290	48,107	52,483	51,787	58,589	14,299
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	22,831	25,109	26,462	27,716	29,508	6,677	26,861	28,472	30,271	31,692	34,313	7,452
D40Z	Dental Extractions and Restorations	77,803	83,172	84,430	87,677	90,313	12,510	19,852	16,697	18,869	18,680	18,590	–1,262
O05Z	Abortion W O.R. Procedure	38,935	48,803	49,283	47,459	49,181	10,246	29,674	29,308	26,968	26,321	26,207	–3,467
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	39,458	40,083	40,545	40,051	41,356	1,898	79,910	78,853	84,522	86,126	90,390	10,480
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	104,430	105,366	107,461	106,748	104,911	481	46,726	43,727	39,797	37,546	36,138	–10,588
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	16,425	18,069	20,221	21,498	22,529	6,104	26,915	27,805	29,322	28,730	31,402	4,487
E63Z	Sleep Apnoea	22,035	24,557	26,773	29,821	31,155	9,120	4,534	4,441	4,362	4,563	4,872	338
N08Z	Endoscopic Procedures for Female Reproductive System	16,512	15,525	14,352	13,040	12,329	–4,183	17,732	16,185	14,753	13,573	12,763	–4,969
J08B	Other Skin Graft and/or Debridement Procedures W/O Cat/Sev	20,562	23,024	24,933	25,003	27,031	6,469	6,722	7,158	7,366	7,402	7,835	1,113
I04Z	Knee Replacement and Reattachment	15,417	16,687	18,246	19,259	19,712	4,295	7,842	8,249	8,555	9,555	10,933	3,091
N07Z	Other Uterine & Adnexa Procedures for Non-Malignancy	39,312	40,379	41,560	44,284	45,958	6,646	14,313	14,981	15,018	15,720	15,001	688
F72B	Unstable Angina W/O Catastrophic or Severe CC	7,725	7,006	6,679	6,109	5,470	–2,255	21,567	20,459	20,024	17,823	16,786	–4,781
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc	28,909	31,518	32,546	33,431	32,752	3,843	13,228	13,466	13,767	14,917	16,349	3,121
N11B	Other Female Reproductive System O.R. Procs Age <65 W/O	12,325	12,833	13,889	18,537	19,168	6,843	885	903	967	1,051	995	110
J64B	Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	8,478	8,906	9,126	9,162	9,503	1,025	27,570	28,813	29,466	30,358	32,961	5,391
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	13,207	14,747	16,994	15,768	16,916	3,709	17,808	19,913	20,947	15,501	15,290	–2,518
I30Z	Hand Procedures	23,170	24,699	25,256	25,941	27,035	3,865	17,612	17,948	18,187	18,873	19,879	2,267
G42B	Other Gastroscopy for Major Digestive Disease, Sameday	12,158	11,344	9,319	8,706	8,176	–3,982	5,929	5,371	4,474	4,004	3,943	–1,986
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	2,246	2,642	2,712	3,973	4,813	2,567	4,279	5,410	5,707	6,392	7,675	3,396
I68C	Non-surgical Spinal Disorders, Sameday	16,213	16,834	17,649	20,581	20,874	4,661	13,577	13,361	13,888	14,656	14,871	1,294
	Surgical DRG	1,087,113	1,132,136	1,163,398	1,202,290	1,238,178	151,065	723,160	724,634	725,374	742,790	761,537	38,377
	Medical DRG	1,109,078	1,181,036	1,256,792	1,311,854	1,371,230	262,152	2,456,167	2,560,404	2,643,539	2,698,429	2,846,745	390,578
	Other DRG	538,387	559,863	572,191	590,697	603,133	64,746	252,370	249,669	246,691	247,452	250,725	–1,645

(a) 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 2001–02 and 2005–06.

(b) Caution should be used when interpreting these data as the data element Patient election status has changed over time. See Appendix 1 for more information.

(c) The table excludes separations for which Patient election status was not reported. There were 5,205 such separations in 2005–06.

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[(a)] and cost statistics for the 30 AR-DRGs version 5.0 with the largest number of overnight separations, public hospitals, Australia, 2005–06

AR-DRG		Separations	Public patient separations	Separations per 10,000 population[(b)]	Patient days	Patient days per 10,000 population[(b)]	ALOS (days)	Cost by volume ($'000)[(c)]
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	93,985	87,197	46.0	279,418	136.6	3.0	367,105
F74Z	Chest Pain	45,769	39,747	22.4	82,860	40.5	1.8	61,010
G67B	Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	39,212	33,482	19.2	98,083	48.0	2.5	56,034
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	37,577	33,779	18.4	162,206	79.3	4.3	244,927
O66A	Antenatal & Other Obstetric Admission	34,257	32,142	16.7	81,924	40.1	2.4	62,725
J64B	Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	31,247	27,787	15.3	135,059	66.0	4.3	92,116
O60C	Vaginal Delivery Single Uncomplicated W/O Other Condition	23,784	22,574	11.6	53,821	26.3	2.3	77,679
E62C	Respiratory Infections/Inflammations W/O CC	21,815	18,517	10.7	83,753	41.0	3.8	60,973
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	21,562	19,054	10.5	40,210	19.7	1.9	26,564
E69C	Bronchitis and Asthma Age <50 W/O CC	21,533	19,792	10.5	38,763	19.0	1.8	36,434
E65A	Chronic Obstructive Airways Disease W Catastrophic or Severe CC	20,668	16,999	10.1	166,695	81.5	8.1	123,223
E65B	Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	20,243	17,284	9.9	111,560	54.5	5.5	71,761
F62B	Heart Failure and Shock W/O Catastrophic CC	20,189	16,067	9.9	117,686	57.5	5.8	77,223
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	19,061	15,086	9.3	55,027	26.9	2.9	34,824
U67Z	Personality Disorders and Acute Reactions	18,634	18,025	9.1	100,773	49.3	5.4	73,288
E62B	Respiratory Infections/Inflammations W Severe or Moderate CC	18,191	14,851	8.9	117,967	57.7	6.5	90,700
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	17,990	16,419	8.8	34,651	16.9	1.9	76,386
D63B	Otitis Media and URI W/O CC	17,455	15,695	8.5	34,389	16.8	2.0	26,165
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	17,206	16,596	8.4	248,188	121.3	14.4	134,654
G07B	Appendicectomy W/O Catastrophic or Severe CC	16,419	14,094	8.0	46,141	22.6	2.8	73,886
U61A	Schizophrenia Disorders W Mental Health Legal Status	15,915	15,614	7.8	482,574	236.0	30.3	189,452
I68B	Non-surgical Spinal Disorders W/O CC	15,877	12,134	7.8	64,279	31.4	4.0	49,092
G68B	Gastroenteritis Age <10 W/O CC	15,821	14,269	7.7	27,091	13.2	1.7	27,022
F72B	Unstable Angina W/O Catastrophic or Severe CC	15,214	12,568	7.4	39,652	19.4	2.6	31,523
X60C	Injuries Age <65	15,117	12,117	7.4	29,235	14.3	1.9	19,078
B76B	Seizure W/O Catastrophic or Severe CC	15,012	13,522	7.3	38,713	18.9	2.6	28,808
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	14,762	13,942	7.2	26,004	12.7	1.8	18,408
O60A	Vaginal Delivery W Catastrophic or Severe CC	13,843	12,840	6.8	63,040	30.8	4.6	75,860
K60B	Diabetes W/O Catastrophic or Severe CC	13,842	12,011	6.8	62,132	30.4	4.5	42,993
L64Z	Urinary Stones and Obstruction	13,517	11,925	6.6	28,783	14.1	2.1	23,060
	Other	1,436,848	1,205,798	702.5	8,808,934	4,307.1	6.1	9,134,546
Total		**2,142,565**	**1,831,927**	**1,047.6**	**11,759,611**	**5,749.8**	**5.5**	**11,507,519**

(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 2005.
(c) Based on the 2004–05 AR-DRG v 5.0 cost weights.
Abbreviations: ALOS—average length of stay, Cat/Sev—catastrophic or severe, CC—complications and comorbidities, Gastroent—gastroenteritis, Misc-miscellaneous, URI—upper respiratory tract infection, W—with, W/O—without.
Note: Similar tables for all AR-DRGs are provided on the Internet at www.aihw.gov.au for Australia and each state and territory.

Table 12.8: Selected separation[a] statistics for the 30 AR-DRGs version 5.0 with the largest number of overnight separations, private hospitals, Australia, 2005–06

AR-DRG		Separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	35,658	900	17.4	153,454	75.0	4.3
E63Z	Sleep Apnoea	29,796	4	14.6	30,187	14.8	1.0
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	26,296	450	12.9	140,796	68.8	5.4
I16Z	Other Shoulder Procedures	23,136	191	11.3	37,387	18.3	1.6
I04Z	Knee Replacement and Reattachment	19,166	369	9.4	149,900	73.3	7.8
G09Z	Inguinal and Femoral Hernia Procedures Age>0	18,966	231	9.3	27,980	13.7	1.5
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	16,250	397	7.9	30,133	14.7	1.9
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	15,082	7	7.4	28,942	14.2	1.9
D11Z	Tonsillectomy and/or Adenoidectomy	15,033	113	7.4	15,994	7.8	1.1
N04Z	Hysterectomy for Non-Malignancy	14,419	166	7.1	60,977	29.8	4.2
I18Z	Other Knee Procedures	11,596	122	5.7	19,175	9.4	1.7
M02B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	11,160	170	5.5	36,473	17.8	3.3
I03C	Hip Replacement W/O Catastrophic or Severe CC	11,099	164	5.4	84,051	41.1	7.6
F15Z	Percutaneous Coronary Intervention W/O AMI W Stent Implantation	10,935	7	5.3	26,068	12.7	2.4
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	10,845	259	5.3	195,863	95.8	18.1
D10Z	Nasal Procedures	9,648	56	4.7	11,435	5.6	1.2
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	9,486	478	4.6	33,846	16.5	3.6
N06Z	Female Reproductive System Reconstructive Procedures	9,390	155	4.6	31,080	15.2	3.3
I10B	Other Back and Neck Procedures W/O Catastrophic or Severe CC	9,203	54	4.5	44,752	21.9	4.9
D06Z	Sinus, Mastoid and Complex Middle Ear Procedures	9,056	65	4.4	11,212	5.5	1.2
J06B	Major Procedures for Non-Malignant Breast Conditions	8,801	91	4.3	15,848	7.7	1.8
I20Z	Other Foot Procedures	8,778	94	4.3	18,225	8.9	2.1
I68B	Non-surgical Spinal Disorders W/O CC	8,669	223	4.2	46,704	22.8	5.4
F74Z	Chest Pain	8,560	545	4.2	19,666	9.6	2.3
I29Z	Knee Reconstruction Or Revision	8,344	48	4.1	12,212	6.0	1.5
C16A	Lens Procedures	8,080	34	4.0	9,101	4.4	1.1
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	7,958	207	3.9	16,080	7.9	2.0
O66A	Antenatal & Other Obstetric Admission	7,560	456	3.7	19,125	9.4	2.5
I30Z	Hand Procedures	7,402	47	3.6	10,578	5.2	1.4
F20Z	Vein Ligation and Stripping	7,085	76	3.5	10,472	5.1	1.5
	Other	576,059	15,109	281.7	3,423,630	1,674.0	5.9
Total		**973,516**	**21,288**	**476.0**	**4,771,346**	**2,332.9**	**4.9**

(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 2005.

Abbreviations: ALOS—average length of stay, AMI—acute myocardial infarction, Cat/Sev—catastrophic or severe, CC—complications and comorbidities, CDE—common bile duct exploration, DX/Pr—diagnosis/procedure, Gatroent—gastroenteritis, invest—investigative, misc—miscellaneous, Proc—procedure, W—with, W/O—without.

Note: Similar tables for all AR-DRGs are provided on the Internet at www.aihw.gov.au for Australia and each state and territory.

Table 12.9: Selected separation[(a)] and cost statistics for the 30 AR-DRGs version 5.0 with the largest number of same-day separations, public hospitals, Australia, 2005–06

AR-DRG		Separations	Public patient separations	Separations per 10,000 population[(b)]	Cost by volume ($'000)[(c)]
L61Z	Admit for Renal Dialysis	725,216	644,933	354.6	339,401
R63Z	Chemotherapy	130,832	114,274	64.0	96,685
C16B	Lens Procedures, Sameday	50,373	40,037	24.6	101,451
G44C	Other Colonoscopy, Sameday	48,959	42,871	23.9	50,183
O66B	Antenatal & Other Obstetric Admission, Sameday	48,132	46,016	23.5	22,141
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	40,818	35,344	20.0	34,205
Z64B	Other Factors Influencing Health Status, Sameday	38,893	34,105	19.0	25,242
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	33,280	29,641	16.3	44,362
F74Z	Chest Pain	29,606	27,537	14.5	38,369
Z40Z	Follow Up W Endoscopy	27,642	24,641	13.5	23,689
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	27,044	24,116	13.2	30,181
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	25,916	24,376	12.7	34,676
O05Z	Abortion W O.R. Procedure	23,780	20,455	11.6	33,411
D40Z	Dental Extractions and Restorations	23,159	16,988	11.3	38,814
U60Z	Mental Health Treatment, Sameday, W/O ECT	23,101	20,205	11.3	12,729
G46C	Complex Gastroscopy, Sameday	21,614	18,702	10.6	25,613
X60C	Injuries Age <65	20,725	17,323	10.1	22,963
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	19,025	15,097	9.3	12,328
L41Z	Cystourethroscopy, Sameday	18,722	16,861	9.2	18,441
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	17,739	15,994	8.7	27,300
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	17,449	16,635	8.5	20,206
I68C	Non-surgical Spinal Disorders, Sameday	17,368	14,648	8.5	16,204
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	16,290	14,547	8.0	23,458
I18Z	Other Knee Procedures	13,898	12,207	6.8	35,690
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	13,769	12,283	6.7	21,094
N07Z	Other Uterine & Adnexa Procedures for Non-Malignancy	13,645	10,210	6.7	34,645
I74C	Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	13,135	11,605	6.4	18,520
I30Z	Hand Procedures	13,053	11,195	6.4	36,026
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	12,346	10,309	6.0	14,247
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	11,299	9,120	5.5	31,298
	Other	660,107	582,536	322.8	1,530,508
Total		**2,196,935**	**1,934,811**	**1,074.2**	**2,814,081**

(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 2005.
(c) Based on the 2004–05 AR-DRG v 5.0 cost weights.

Abbreviations: Cat—catastrophic, CC—complications and comorbidities, DX—diagnosis, DX/Pr—diagnosis/procedure, ECT—electroconvulsive therapy, Gastroent—gastroenteritis, inves—investigation, Misc—miscellaneous, O.R.—operating room, Pr—procedure, proc—procedure, Sev—severe, W—with, W/O—without. O.R.—operating room,

Note: Similar tables for all AR-DRGs are provided on the Internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.10: Selected separation[(a)] statistics for the 30 AR-DRGs version 5.0 with the largest number of same-day separations, private hospitals, Australia, 2005–06

AR-DRG		Separations	Public patient separations	Separations per 10,000 population[(b)]
R63Z	Chemotherapy	160,273	5,773	78.4
L61Z	Admit for Renal Dialysis	153,447	41,640	75.0
G44C	Other Colonoscopy, Sameday	146,031	1,329	71.4
C16B	Lens Procedures, Sameday	111,124	2,341	54.3
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	100,276	794	49.0
D40Z	Dental Extractions and Restorations	81,751	43	40.0
U60Z	Mental Health Treatment, Sameday, W/O ECT	73,915	88	36.1
G46C	Complex Gastroscopy, Sameday	72,761	445	35.6
Z64B	Other Factors Influencing Health Status, Sameday	57,607	433	28.2
Z40Z	Follow Up W Endoscopy	56,943	747	27.8
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	48,303	426	23.6
I18Z	Other Knee Procedures	47,044	302	23.0
O05Z	Abortion W O.R. Procedure	45,495	210	22.2
N07Z	Other Uterine & Adnexa Procedures for Non-Malignancy	37,003	469	18.1
L41Z	Cystourethroscopy, Sameday	23,737	888	11.6
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	20,604	210	10.1
N11B	Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	18,660	5	9.1
I68C	Non-surgical Spinal Disorders, Sameday	18,386	223	9.0
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	17,853	96	8.7
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	16,197	171	7.9
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	15,901	1,555	7.8
I30Z	Hand Procedures	15,722	105	7.7
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	15,349	79	7.5
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	15,143	523	7.4
B05Z	Carpal Tunnel Release	13,779	179	6.7
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	13,211	193	6.5
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	12,659	141	6.2
D13Z	Myringotomy W Tube Insertion	11,439	63	5.6
V62B	Alcohol Use Disorder and Dependence, Sameday	10,685	1	5.2
C11Z	Eyelid Procedures	9,418	118	4.6
	Other	327,769	11,391	160.3
Total		**1,768,485**	**70,981**	**864.7**

(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 2005.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, O.R.—operating room, Procs—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> for Australia and each state and territory.

Table 12.11: Selected separation[a] statistics for the 30 AR-DRGs version 5.0 with the largest number of separations, private free-standing day hospitals, Australia, 2005–06

AR-DRG		Separations	Same-day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient day per 10,000 population[b]
G44C	Other Colonoscopy, Sameday	63,086	63,086	0	30.8	63,086	30.8
C16B	Lens Procedures, Sameday	59,550	59,550	464	29.1	59,550	29.1
L61Z	Admit for Renal Dialysis	50,231	50,231	15,792	24.6	50,231	24.6
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	49,428	49,428	1	24.2	49,428	24.2
R63Z	Chemotherapy	35,936	35,936	345	17.6	35,936	17.6
O05Z	Abortion W O.R. Procedure	35,818	35,816	14	17.5	35,818	17.5
G46C	Complex Gastroscopy, Sameday	31,484	31,484	1	15.4	31,484	15.4
D40Z	Dental Extractions and Restorations	20,639	20,639	1	10.1	20,639	10.1
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	18,818	18,817	20	9.2	18,887	9.2
Z40Z	Follow Up W Endoscopy	15,773	15,773	0	7.7	15,773	7.7
Z64B	Other Factors Influencing Health Status, Sameday	13,806	13,806	0	6.8	13,806	6.8
N07Z	Other Uterine & Adnexa Procedures for Non-Malignancy	10,105	10,102	318	4.9	10,109	4.9
N11B	Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	9,734	9,734	3	4.8	9,734	4.8
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	8,435	8,435	170	4.1	8,435	4.1
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	7,592	7,590	64	3.7	7,592	3.7
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	5,666	5,666	0	2.8	5,666	2.8
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	5,074	5,074	0	2.5	5,074	2.5
C11Z	Eyelid Procedures	4,902	4,902	19	2.4	4,902	2.4
C03Z	Retinal Procedures	4,562	4,562	6	2.2	4,562	2.2
I18Z	Other Knee Procedures	4,292	4,281	0	2.1	4,292	2.1
G42B	Other Gastroscopy for Major Digestive Disease, Sameday	3,622	3,622	0	1.8	3,622	1.8
C14Z	Other Eye Procedures	3,612	3,612	6	1.8	3,612	1.8
J06B	Major Procedures for Non-Malignant Breast Conditions	3,219	3,218	1	1.6	3,219	1.6
C12Z	Other Corneal, Scleral and Conjunctival Procedures	3,162	3,162	1	1.5	3,162	1.5
I68C	Non-surgical Spinal Disorders, Sameday	2,862	2,862	0	1.4	2,862	1.4
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	2,647	2,647	1,390	1.3	2,647	1.3
C04Z	Major Corneal, Scleral and Conjunctival Procedures	2,544	2,544	0	1.2	2,544	1.2
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,403	2,403	0	1.2	2,403	1.2
M63Z	Sterilisation, Male	2,200	2,200	0	1.1	2,200	1.1
I30Z	Hand Procedures	2,137	2,137	17	1.0	2,137	1.0
	Other	n.p	n.p	n.p	n.p	n.p	n.p
Total		**n.p**	**n.p**	**n.p**	**n.p**	**n.p**	**n.p**

(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 2005.

n.p. Not published. The data for *Total* and *Other* DRGs have not been published because of confidentiality concerns.

Abbreviations: AMI—acute myocardial infarction, CC—complications and comorbidities, DX/Pr—diagnosis/procedure, inves-investigation, O.R.—operating room, Proc—procedure, W—with, W/O—without.

Table 12.12: Selected separation[a] and cost statistics for the 30 AR-DRGs version 5.0 with the largest number of separations, public psychiatric hospitals, Australia, 2005–06

AR-DRG		Separations	Same-day separations	Public patient separations	Separations per 10,000 population[b]	Patient days	Patient days per 10,000 population[b]	ALOS (days)	Cost by volume ($'000)[c]
U61A	Schizophrenia Disorders W Mental Health Legal Status	2,874	0	2,672	1.4	150,814	73.7	52.5	34,212
U67Z	Personality Disorders and Acute Reactions	2,008	0	1,941	1.0	17,625	8.6	8.8	7,897
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,748	0	1,708	0.9	43,684	21.4	25.0	13,680
U60Z	Mental Health Treatment, Sameday, W/O ECT	1,386	1,386	1,381	0.7	1,386	0.7	1.0	1,062
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	1,118	0	987	0.5	44,611	21.8	39.9	7,322
V61Z	Drug Intoxication and Withdrawal	642	10	632	0.3	6,313	3.1	9.8	2,433
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	475	0	446	0.2	11,183	5.5	23.5	3,967
Z64A	Other Factors Influencing Health Status	443	0	426	0.2	1,985	1.0	4.5	2,025
U64Z	Other Affective and Somatoform Disorders	375	0	359	0.2	5,140	2.5	13.7	1,589
V60B	Alcohol Intoxication and Withdrawal W/O CC	374	65	370	0.2	3,286	1.6	8.8	450
V62A	Alcohol Use Disorder and Dependence	366	0	360	0.2	2,980	1.5	8.1	1,326
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	335	6	318	0.2	22,535	11.0	67.3	3,167
U40Z	Mental Health Treatment, Sameday, W ECT	315	315	310	0.2	315	0.2	1.0	169
U63A	Major Affective Disorders Age >69 or W Catastrophic or Severe CC	303	0	297	0.1	10,061	4.9	33.2	3,769
V64Z	Other Drug Use Disorder and Dependence	285	8	281	0.1	2,083	1.0	7.3	581
V63A	Opioid Use Disorder and Dependence	238	1	238	0.1	1,535	0.8	6.4	654
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	115	0	109	<0.1	1,964	1.0	17.1	430
U65Z	Anxiety Disorders	69	0	68	<0.1	582	0.3	8.4	225
U68Z	Childhood Mental Disorders	62	0	61	<0.1	450	0.2	7.3	592
V63B	Opioid Use Disorder and Dependence, Left Against Medical Advice	57	4	57	<0.1	189	<0.1	3.3	101
B64B	Delirium W/O Catastrophic CC	56	1	51	<0.1	1,414	0.7	25.3	253
V60A	Alcohol Intoxication and Withdrawal W CC	56	4	56	<0.1	542	0.3	9.7	166
Z64B	Other Factors Influencing Health Status, Sameday	45	45	45	<0.1	45	<0.1	1.0	33
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	40	1	39	<0.1	5,159	2.5	129.0	109
U66Z	Eating and Obsessive-Compulsive Disorders	37	0	36	<0.1	554	0.3	15.0	617
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	21	0	21	<0.1	364	0.2	17.3	38
961Z	Unacceptable Principal Diagnosis	15	2	15	<0.1	62	<0.1	4.1	15
V62B	Alcohol Use Disorder and Dependence, Sameday	11	11	10	<0.1	11	<0.1	1.0	10
B67A	Degenerative Nervous System Disorders W Cat or Sev CC	10	0	9	<0.1	689	0.3	68.9	114
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	7	0	7	<0.1	34	<0.1	4.9	9
Total		**14,149**	**1,871**	**13,569**	**6.9**	**351,659**	**171.9**	**24.9**	**87,958**

(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 2005.

(c) Based on the 2004–05 AR–DRG v 5.0 cost estimates.

Abbreviations: ALOS—average length of stay, Cat/Sev—catastrophic or severe, CC—complications and comorbidities, ECT—electroconvulsive therapy, Psych—psychological, O.R.—operating room, W—with, W/O—without.

Table 12.13: Separations[(a)] for the 30 AR-DRGs version 5.0 with the largest number of separations, public hospitals, states and territories, 2005–06

AR-DRG		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z	Admit for Renal Dialysis	214,801	214,748	110,891	67,720	52,663	12,283	17,694	35,126	725,926
R63Z	Chemotherapy	3,702	66,423	20,055	19,465	16,744	2,672	882	1,030	130,973
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	34,579	25,529	17,322	8,092	6,164	2,012	1,602	1,246	96,546
F74Z	Chest Pain	27,271	19,607	14,270	4,680	6,255	1,309	1,001	982	75,375
G67B	Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	23,551	17,966	11,094	4,222	5,400	1,459	932	504	65,128
C16B	Lens Procedures, Sameday	18,498	15,247	5,678	4,858	4,291	475	989	337	50,373
G44C	Other Colonoscopy, Sameday	16,208	13,035	5,973	6,581	5,301	828	526	507	48,959
O66B	Antenatal & Other Obstetric Admission, Sameday	13,660	14,808	10,816	3,856	3,151	819	118	904	48,132
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	11,607	13,041	5,373	4,651	4,637	691	420	398	40,818
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	14,168	11,803	6,453	2,351	2,626	798	477	335	39,011
Z64B	Other Factors Influencing Health Status, Sameday	7,197	17,178	6,712	4,036	1,404	1,372	804	190	38,893
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	13,249	9,306	7,448	3,073	2,672	844	565	540	37,697
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	8,515	12,223	7,848	3,675	3,280	1,082	291	257	37,171
J64B	Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	12,160	8,259	7,266	3,362	2,410	519	487	1,880	36,343
X60C	Injuries Age <65	12,050	8,599	8,960	2,446	1,769	490	388	1,140	35,842
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	9,446	13,385	3,700	3,316	3,597	948	332	271	34,995
O66A	Antenatal & Other Obstetric Admission	11,936	7,298	6,765	3,575	2,571	827	426	859	34,257
O05Z	Abortion W O.R. Procedure	7,584	9,179	3,278	1,864	5,874	472	270	1,078	29,599
Z40Z	Follow Up W Endoscopy	7,929	8,557	4,957	3,072	3,575	488	241	138	28,957
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	10,574	7,262	4,878	1,928	2,278	669	548	241	28,378
E69C	Bronchitis and Asthma Age <50 W/O CC	10,587	6,536	4,355	2,368	2,999	505	288	288	27,926
E62C	Respiratory Infections/Inflammations W/O CC	9,610	5,903	4,368	2,237	1,912	638	400	662	25,730
O60C	Vaginal Delivery Single Uncomplicated W/O Other Condition	9,641	3,452	7,464	1,897	1,694	566	487	497	25,698
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	7,971	6,394	5,008	2,056	2,079	729	487	183	24,907
D40Z	Dental Extractions and Restorations	5,984	8,645	4,873	2,532	1,926	465	209	265	24,899
I74C	Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	8,985	5,888	5,678	1,523	1,342	448	412	477	24,753
D63B	Otitis Media and URI W/O CC	9,186	5,097	5,010	1,910	2,118	476	324	400	24,521
I30Z	Hand Procedures	7,743	6,516	3,591	2,635	1,964	638	436	301	23,824
E65B	Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	8,850	5,045	4,364	1,851	2,221	669	237	368	23,605
U60Z	Mental Health Treatment, Sameday, W/O ECT	11,715	6,261	2,438	920	1,138	343	103	183	23,101
	Other	811,708	665,343	406,690	207,656	211,777	55,767	37,333	30,889	2,427,163
Total		**1,380,665**	**1,238,533**	**723,576**	**384,408**	**367,832**	**92,301**	**69,709**	**82,476**	**4,339,500**

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

Abbreviations: Cat/Sev—catastrophic or severe, CC—complications and comorbidities, ECT—electroconvulsive therapy, Gastroent-gastroenteritis, misc-miscellaneous, O.R.—operating room, URI—upper respiratory tract infection, W—with, W/O—without.

Table 12.14: Separations[(a)] for the 30 AR-DRGs version 5.0 with the largest number of separations, private hospitals, states and territories, 2005–06

AR-DRG		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z	Chemotherapy	30,078	40,913	49,191	19,513	14,298	n.p.	n.p.	n.p.	160,381
L61Z	Admit for Renal Dialysis	21,839	30,410	50,503	33,146	17,558	n.p.	n.p.	n.p.	153,456
G44C	Other Colonoscopy, Sameday	42,149	41,116	37,297	13,433	8,404	n.p.	n.p.	n.p.	146,031
C16B	Lens Procedures, Sameday	38,123	23,016	28,540	8,637	7,733	n.p.	n.p.	n.p.	111,124
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	25,684	34,957	25,044	6,733	5,736	n.p.	n.p.	n.p.	100,276
D40Z	Dental Extractions and Restorations	23,152	22,907	15,906	12,158	6,891	n.p.	n.p.	n.p.	84,051
U60Z	Mental Health Treatment, Sameday, W/O ECT	18,892	28,256	15,281	6,782	58	n.p.	n.p.	n.p.	73,915
G46C	Complex Gastroscopy, Sameday	28,599	16,231	16,723	6,177	3,866	n.p.	n.p.	n.p.	72,761
I18Z	Other Knee Procedures	15,971	14,633	10,602	6,923	7,390	n.p.	n.p.	n.p.	58,640
Z40Z	Follow Up W Endoscopy	19,383	15,659	12,718	4,985	4,011	n.p.	n.p.	n.p.	58,461
Z64B	Other Factors Influencing Health Status, Sameday	9,872	20,907	16,027	6,491	2,762	n.p.	n.p.	n.p.	57,607
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	14,528	10,898	12,792	6,386	4,914	n.p.	n.p.	n.p.	51,789
O05Z	Abortion W O.R. Procedure	10,197	16,304	15,128	3,820	754	n.p.	n.p.	n.p.	46,743
N07Z	Other Uterine & Adnexa Procedures for Non-Malignancy	14,749	10,391	9,358	3,079	2,577	n.p.	n.p.	n.p.	42,375
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	10,461	9,782	6,759	4,426	2,167	n.p.	n.p.	n.p.	35,746
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	11,117	7,269	6,594	2,309	2,153	n.p.	n.p.	n.p.	30,983
E63Z	Sleep Apnoea	9,460	8,689	7,196	1,021	2,637	n.p.	n.p.	n.p.	30,038
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	6,794	5,889	6,650	4,013	1,689	n.p.	n.p.	n.p.	26,314
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	7,777	5,164	6,999	1,119	4,016	n.p.	n.p.	n.p.	25,940
I16Z	Other Shoulder Procedures	5,984	6,150	4,815	4,166	2,570	n.p.	n.p.	n.p.	24,823
L41Z	Cystourethroscopy, Sameday	7,614	5,219	4,654	3,339	1,670	n.p.	n.p.	n.p.	23,737
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	9,466	4,888	4,655	1,828	1,540	n.p.	n.p.	n.p.	23,307
I30Z	Hand Procedures	6,303	5,394	5,190	2,698	2,495	n.p.	n.p.	n.p.	23,124
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,809	5,148	6,566	2,122	2,347	n.p.	n.p.	n.p.	22,983
G09Z	Inguinal and Femoral Hernia Procedures Age>0	7,352	5,355	4,863	2,411	1,711	n.p.	n.p.	n.p.	22,783
D11Z	Tonsillectomy and/or Adenoidectomy	6,995	3,580	4,400	2,188	1,799	n.p.	n.p.	n.p.	19,684
I04Z	Knee Replacement and Reattachment	6,412	4,246	3,841	1,994	1,771	n.p.	n.p.	n.p.	19,212
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	3,985	6,309	4,673	2,088	1,265	n.p.	n.p.	n.p.	18,977
N11B	Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	7,909	4,079	4,405	259	801	n.p.	n.p.	n.p.	18,767
I68C	Non-surgical Spinal Disorders, Sameday	3,246	5,668	1,940	4,544	2,200	n.p.	n.p.	n.p.	18,386
	Other	287,363	282,447	290,584	136,724	95,703	n.p.	n.p.	n.p.	1,139,587
Total		**717,263**	**701,874**	**689,894**	**315,512**	**215,486**	**n.p.**	**n.p.**	**n.p.**	**2,742,001**

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

Abbreviations: AMI—acute myocardial infarction, Cat/Sev—catastrophic or severe, CC—complications and comorbidities, Dx/PR—diagnosis/procedure, ECT—electroconvulsive therapy, Inves—investigation, Proc—procedure, O.R.—operating room, W—with, W/O—without.

n.p. Not published.

Table 12.15: Average length of stay (days) for the 30 AR-DRGs version 5.0 with the largest number of separations[(a)], public hospitals, states and territories, 2005–06

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	2.8	2.6	3.2	3.0	3.1	2.7	3.2	2.9
F74Z	Chest Pain	1.6	1.2	1.5	1.4	1.7	1.5	1.2	1.8	1.5
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	2.0	1.6	1.9	2.2	2.0	2.0	1.5	2.1	1.9
C16B	Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G44C	Other Colonoscopy, 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 Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	1.5	1.4	1.5	1.7	1.6	1.6	1.2	1.7	1.5
Z64B	Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	4.4	4.4	3.8	4.6	4.7	4.3	4.2	5.0	4.3
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	1.4	1.2	1.2	1.2	1.3	1.2	1.3	2.6	1.2
J64B	Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	3.8	4.4	3.4	3.5	4.4	4.3	3.8	3.6	3.9
X60C	Injuries Age <65	1.5	1.3	1.3	1.6	1.7	1.5	1.5	1.8	1.4
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.6	1.3	1.5	1.3	1.4	1.6	1.4	1.6	1.4
O66A	Antenatal & Other Obstetric Admission	2.5	2.4	2.1	2.3	2.5	2.1	4.0	2.5	2.4
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	1.0	1.1	1.0
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	2.4	2.2	2.2	1.8	2.4	2.6	1.6	2.1	2.3
E69C	Bronchitis and Asthma Age <50 W/O CC	1.6	1.5	1.6	1.7	1.8	1.8	1.7	1.9	1.6
E62C	Respiratory Infections/Inflammations W/O CC	3.6	3.1	3.2	3.3	3.4	3.9	4.1	3.8	3.4
O60C	Vaginal Delivery Single Uncomplicated W/O Other Condition	2.3	2.3	1.9	2.4	2.2	2.2	1.9	2.6	2.2
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	1.6	1.2	1.4	1.3	1.6	1.4	1.5	1.7	1.5
D40Z	Dental Extractions and Restorations	1.1	1.0	1.1	1.1	1.1	1.1	1.2	1.2	1.1
I74C	Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	1.2	1.1	1.1	1.2	1.2	1.3	1.1	1.7	1.2
D63B	Otitis Media and URI W/O CC	1.7	1.6	1.5	1.8	1.8	2.1	1.9	1.8	1.7
I30Z	Hand Procedures	1.3	1.3	1.5	1.4	1.4	1.5	1.1	2.6	1.4
E65B	Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	5.3	4.0	4.8	4.7	4.8	6.8	4.8	4.4	4.9
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
	Other	5.0	4.1	4.3	4.5	4.8	5.2	4.4	5.2	4.6
Total		**3.6**	**2.8**	**3.1**	**3.1**	**3.4**	**3.8**	**3.0**	**2.8**	**3.2**

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

Abbreviations: Cat/Sev—catastrophic or severe, CC—complications and comorbidities, ECT—electroconvulsive therapy, O.R.—operating room, URI—upper respiratory tract infection, W—with, W/O—without.

Table 12.16: Average length of stay (days) for the 30 AR-DRGs version 5.0 with the largest number of separations[(a)], private hospitals, states and territories, 2005–06

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 Gastroscopy 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 Gastroscopy, 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	1.0	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	4.2	4.0	4.5	4.5	n.p.	n.p.	n.p.	4.3
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	5.4	5.3	4.8	6.0	5.7	n.p.	n.p.	n.p.	5.4
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	1.3	1.4	1.3	1.6	1.1	n.p.	n.p.	n.p.	1.3
I16Z	Other Shoulder Procedures	1.5	1.6	1.6	1.6	1.7	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
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	1.2	1.4	1.4	1.8	1.5	n.p.	n.p.	n.p.	1.3
I30Z	Hand Procedures	1.1	1.1	1.2	1.2	1.1	n.p.	n.p.	n.p.	1.1
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	1.2	1.3	1.1	1.3	1.2	n.p.	n.p.	n.p.	1.2
G09Z	Inguinal and Femoral Hernia Procedures Age>0	1.4	1.4	1.3	1.6	1.7	n.p.	n.p.	n.p.	1.4
D11Z	Tonsillectomy and/or Adenoidectomy	1.0	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.0
I04Z	Knee Replacement and Reattachment	7.4	8.0	7.6	10.1	6.9	n.p.	n.p.	n.p.	7.8
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.3	1.3	1.4	1.3	1.5	n.p.	n.p.	n.p.	1.4
N11B	Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	1.0	1.0	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.0
I68C	Non-surgical Spinal Disorders, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
	Other	3.8	4.0	4.1	3.8	3.9	n.p.	n.p.	n.p.	3.9
Total		**2.3**	**2.4**	**2.5**	**2.4**	**2.5**	**n.p.**	**n.p.**	**n.p.**	**2.4**

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

Abbreviations: AMI—acute myocardial infarction, CC—complications and comorbidities, Dx/PR—diagnosis/procedure, ECT—electroconvulsive therapy, inves—investigation, O.R.—operating room, Proc—procedure, W—with, W/O—without.

n.p. Not published.

Table 12.17: Separations[(a)] for males for the 30 AR-DRGs version 5.0 with the largest number of separations, by age group, all hospitals, Australia, 2005–06

AR-DRG		<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[(b)]
L61Z	Admit for Renal Dialysis	0	105	433	7,689	21,906	47,465	77,210	107,721	127,019	117,458	15,013	522,019
R63Z	Chemotherapy	45	747	1,335	2,581	2,802	5,904	16,992	38,274	41,130	23,670	2,697	136,177
G44C	Other Colonoscopy, Sameday	5	32	139	1,874	5,228	11,167	18,471	25,215	20,552	11,551	1,264	95,498
C16B	Lens Procedures, Sameday	11	29	40	88	198	642	2,976	9,384	20,484	28,435	5,460	67,747
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	77	476	1,124	3,124	5,937	9,264	11,460	12,870	10,034	6,397	1,109	61,872
Z40Z	Follow Up W Endoscopy	0	32	44	262	750	2,733	6,749	12,049	13,571	10,588	1,710	48,488
D40Z	Dental Extractions and Restorations	1	4,849	8,944	16,780	7,399	3,767	2,422	1,688	823	597	152	47,422
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	172	694	1,766	2,135	2,968	4,852	6,701	8,527	7,759	7,673	2,167	45,414
Z64B	Other Factors Influencing Health Status, Sameday	295	898	1,152	786	1,474	4,216	9,307	12,547	9,949	4,176	246	45,046
F74Z	Chest Pain	4	5	133	917	2,839	7,214	9,754	9,761	7,323	5,546	1,461	44,957
I18Z	Other Knee Procedures	0	7	509	4,556	5,799	8,989	10,511	8,920	3,982	1,392	126	44,791
G46C	Complex Gastroscopy, Sameday	9	76	290	1,149	2,482	4,956	8,155	10,689	8,213	4,690	525	41,234
U60Z	Mental Health Treatment, Sameday, W/O ECT	1,357	258	2,863	3,613	4,576	5,930	6,264	7,809	1,412	1,905	569	36,556
G09Z	Inguinal and Femoral Hernia Procedures Age>0	0	863	943	1,653	2,691	4,177	6,149	7,587	6,147	4,194	752	35,156
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,610	3,603	4,495	4,335	3,858	4,107	3,866	3,981	1,664	31,519
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1	3	8	198	388	1,547	4,523	8,800	8,666	5,451	477	30,062
I30Z	Hand Procedures	64	350	1,211	6,843	5,359	4,052	3,770	3,967	2,651	1,473	193	29,933
E63Z	Sleep Apnoea	78	428	455	405	1,538	4,089	6,352	7,048	3,611	1,698	148	25,850
L41Z	Cystourethroscopy, Sameday	110	143	257	569	1,161	2,410	3,741	5,306	5,768	4,978	1,190	25,633
X60C	Injuries Age <65	69	1,338	2,773	5,993	5,016	4,147	3,064	2,199	0	0	0	24,599
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	186	73	153	927	2,864	5,310	5,992	5,090	2,679	1,076	141	24,491
J64B	Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	267	1,160	1,600	3,514	3,603	3,702	3,384	2,804	2,012	1,704	735	24,485
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	77	211	723	923	1,610	1,889	2,725	3,839	4,640	5,577	1,839	24,053
L64Z	Urinary Stones and Obstruction	19	21	71	532	1,862	3,955	5,005	5,020	2,972	1,250	199	20,906
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	11	59	188	765	685	1,026	2,027	3,617	4,184	5,869	2,211	20,642
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	44	27	87	301	698	1,380	2,910	4,865	5,013	4,116	1,020	20,461
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	2	35	88	254	304	795	1,997	4,177	5,136	5,300	1,486	19,574
I16Z	Other Shoulder Procedures	0	7	50	2,239	1,938	2,711	4,069	4,695	2,448	753	34	18,944
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	214	329	460	506	582	1,064	1,631	3,337	4,302	4,535	1,635	18,595
M02B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	0	0	1	0	2	22	552	3,970	6,559	5,466	1,089	17,661
	Other	76,953	84,298	101,870	120,580	130,133	159,863	184,847	240,206	250,289	251,865	85,454	1,686,365
Total		**80,071**	**97,553**	**131,320**	**195,359**	**229,287**	**323,573**	**433,568**	**586,088**	**593,194**	**533,364**	**132,766**	**3,336,150**

(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: AMI—acute myocardial infarction, Cat/Sev—catastrophic or severe, CC—complications and comorbidities, DX/Pr—diagnosis/procedure, ECT—electroconvulsive therapy, Gastroent—gastroenteritis, Inves—investigation, misc—miscellaneous, Proc—procedure, systm—system, W—with, W/O—without.

Table 12.18: Separations for females[(a)] for the 30 AR-DRGs version 5.0 with the largest number of separations, by age group, all hospitals, Australia, 2005–06

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total[(b)]
L61Z Admit for Renal Dialysis	0	35	368	4,655	17,115	29,493	53,304	72,246	96,741	76,002	7,404	357,363
R63Z Chemotherapy	95	707	971	1,633	3,973	15,943	34,385	44,596	32,957	17,983	1,934	155,177
O60B Vaginal Delivery W/O Catastrophic or Severe CC	0	0	44	27,327	80,535	24,274	112	0	0	0	0	132,292
G44C Other Colonoscopy, Sameday	6	20	115	2,909	6,158	11,764	19,981	25,269	19,874	11,988	1,407	99,491
C16B Lens Procedures, Sameday	12	20	26	61	165	683	3,128	10,730	28,376	41,567	8,982	93,750
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	79	352	1,158	4,750	6,783	11,097	15,293	16,917	12,711	8,375	1,707	79,222
O05Z Abortion W O.R. Procedure	0	0	168	24,630	32,204	18,790	549	1	0	0	0	76,342
O01C Caesarean Delivery W/O Catastrophic or Severe CC	0	0	6	7,777	38,988	17,099	141	0	0	0	0	64,011
D40Z Dental Extractions and Restorations	5	4,006	9,032	26,870	10,154	4,486	3,098	1,948	917	734	273	61,523
N07Z Other Uterine & Adnexa Procedures for Non-Malignancy	5	1	158	3,687	18,075	24,596	9,147	3,337	1,373	531	74	60,984
U60Z Mental Health Treatment, Sameday, W/O ECT	1,023	237	1,183	9,565	9,913	13,164	13,157	9,434	1,624	923	237	60,460
G46C Complex Gastroscopy, Sameday	14	35	240	2,393	3,861	6,691	11,163	13,074	9,601	5,364	705	53,141
Z64B Other Factors Influencing Health Status, Sameday	283	710	805	1,317	3,030	6,537	12,265	13,784	8,931	3,525	267	51,454
O66B Antenatal & Other Obstetric Admission, Sameday	0	0	26	14,184	28,512	8,549	78	4	0	0	0	51,353
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,594	5,466	6,254	5,101	5,416	5,738	5,469	6,686	3,472	45,196
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	134	748	2,114	2,611	3,800	5,831	7,565	7,431	5,559	5,400	2,351	43,544
F74Z Chest Pain	1	9	134	981	2,219	5,134	8,608	8,848	7,364	6,766	2,790	42,854
O66A Antenatal & Other Obstetric Admission	0	0	35	11,861	22,664	7,196	61	0	0	0	0	41,817
Z40Z Follow Up W Endoscopy	4	19	36	536	1,232	3,208	6,713	9,908	9,459	6,779	1,035	38,929
N09Z Conisation, Vagina, Cervix and Vulva Procedures	7	90	221	7,015	9,818	7,160	5,238	2,577	1,177	675	170	34,148
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	1	11	676	3,500	8,971	12,703	4,847	2,115	939	167	33,930
I18Z Other Knee Procedures	0	2	415	2,150	2,382	4,325	7,374	7,837	4,784	2,179	227	31,675
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	0	0	12	8,306	18,132	4,775	26	0	1	0	0	31,252
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	43	176	689	1,262	2,161	3,648	4,797	3,591	4,706	6,135	2,711	29,919
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	69	258	2,734	5,960	5,318	4,337	3,362	2,343	1,716	1,679	684	28,460
N04Z Hysterectomy for Non-Malignancy	0	0	3	21	1,472	8,631	10,243	3,372	1,917	930	110	26,699
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	0	3	66	2,014	4,648	5,264	5,198	4,500	2,638	1,414	202	25,947
N08Z Endoscopic Procedures for Female Reproductive System	2	1	97	3,504	9,513	9,237	2,072	446	149	71	6	25,098
O61Z Postpartum and Post Abortion W/O O.R. Procedure	0	0	14	4,494	13,799	4,870	64	0	0	0	0	23,241
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	0	4	10	246	8,231	11,079	562	31	0	0	0	20,163
Other	57,351	62,004	75,997	130,424	176,904	194,661	219,101	241,085	236,584	282,774	148,959	1,825,847
Total	**59,133**	**69,438**	**98,482**	**319,285**	**551,513**	**486,594**	**474,904**	**513,894**	**496,743**	**489,419**	**185,874**	**3,745,282**

(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: AMI—acute myocardial infarction, Cat/Sev—catastrophic or severe, CC—complications and comorbidities, DX/Pr—diagnosis/procedure, ECT—electroconvulsive therapy, Gastroent—gastroenteritis, Inves—investigation, misc—miscellaneous, Proc—procedure, systm—system, W—with, W/O—without.

Appendix 1: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2005–06 definitions in the *National health data dictionary* versions 12, 12 supplement and 13 (NHDC 2003, AIHW 2004b, HDSC 2006) (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 4.6, 4.7, 8.11, 9.19 and A5.1, which are based on data on the state or territory of usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in Tables 7.7, 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).

Other exceptions relate to tables in which data were not published for confidentiality reasons (for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory), or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful.

Private hospital data are suppressed for a particular diagnosis, procedure or AR-DRG where there are fewer than three reporting units, 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 because of 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 2005 were used for the

observed rates (see Table A1.1 accompanying this report on the Internet). The exceptions were Tables 4.5, 4.8, 4.9, 8.7, 8.8, 8.11, 8.12, 8.13, 9.20, 9.21, 9.22, A5.2 and A5.3 and Figures 9, 10 and 8.1, for which the 30 June 2005 population estimates (by Indigenous status, Remoteness Areas and quintile of socioeconomic advantage/disadvantage, as appropriate) were used for the observed rates (seeTables A1.2, A1.3 and A1.4 accompanying this report on the Internet). For Table 8.10 the 30 June 2004 population estimates (by selected countries or regions of birth) were used for the observed rates. Crude population rates in Chapters 2, 3, 6, 9, 10 and 12 were calculated using the population estimates for 31 December 2005.

Standardised separation rate ratios

For some tables reporting comparative separation rates (Tables 4.7 to 4.9, 8.7, 8.8, 8.11 to 8.13, 9.19 to 9.22 and A5.1 to A5.3), standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison population (the expected rate). In these tables a 95% confidence interval for the SRR has also been presented. The calculations are as follows:

Standardised separation rate ratio = observed rate/expected rate

Standard error (SRR) = $\sqrt{}$ (observed rate/expected rate)

95% confidence interval (SRR) = SRR $\pm$ 1.96 $\times$ 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.

Hospitals in Tasmania and the Northern Territory and private hospitals in South Australia did not report any *Newborn* episodes with a mixture of qualified and unqualified days (Table 7.11), and private hospitals in Victoria did not report most *Newborn* episodes with no qualified days. In South Australia, qualified and unqualified newborn care are defined as separate episodes of care but for the purpose of supplying data to the 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 before 2005–06 is available in previous *Australian hospital statistics* publications (AIHW 2002, 2003, 2004a, 2005a, 2006a).

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 34,384 records for *Hospital boarders* reported to the National Hospital Morbidity Database in 2005–06, mainly from Western Australia, Queensland and the Northern Territory.

Records for *Posthumous organ procurement* activity were also excluded from this report. There were 64 records of *Posthumous organ procurement* reported to the National Hospital Morbidity Database in 2005–06. Most of these records were from Queensland and Western Australia, with small numbers from New South Wales, the Northern Territory and Tasmania.

Quality of ICD-10-AM coded data

Diagnosis, procedure and external cause data for 2005–06 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 2005–06. 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.

A statewide external audit of 2005-06 data was conducted in Victoria. Although final figures are not available at the time of writing, preliminary results indicate further improvement of ICD coded data quality over the results of 2000–01 audit.

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. A Clinical Classification Management Project was initiated in October 2005 with the goal of improving the quality of coded morbidity data and of standardising coding practices within Queensland Health. The project ran until May 2007 when the work was taken over by a permanent new unit created specifically to continue the work. The new unit, known as the Coding Auditing and Education Unit (CAEU), has two full-time clinical classification auditors/educators. The CAEU continues to offer individually structured audits for hospitals. Additionally, there is a focus on statewide coding consistency, with the CAEU conducting coding audits in areas of corporate interest. The CAEU works, in partnership with other stakeholders, to create and support a statewide coding website. The website allows all Queensland Health coders to access standardised advice, information and support.

For Western Australia, results of coding audits by the Department of Health, on random samples of 2004–05 admitted patient cases from teaching and non-teaching hospitals indicate that the quality of the coded data is good to very good. 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.

The Department of Health, South Australia, performed a major audit of coding practices in major metropolitan hospitals on random samples of 2004-05 data. The purpose of the audit was to ascertain the level of coding accuracy and the impact on DRG assignment. The audit found that coding practices in major metropolitan hospitals had improved significantly since the last major audit (conducted in 2002), with almost all hospitals reporting a reduction in their DRG error rate.

In 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 was 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 as a tool in improving the overall coding quality of medical records.

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 A1.5 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, 63 for Queensland and 25 for South Australia. For both public and private sectors, the average number of diagnosis codes per separation varied little among the jurisdictions, but there was some variation in the reporting of additional diagnoses as discussed below.

Overall, the average number of codes reported for the public sector was slightly higher than for the private sector. In the public sector 19.1% of records had five or more diagnosis codes (854,536), but in the private sector only 10.7% of records fell into this category (305,679). It may be that more complicated cases were treated in public hospitals, or there may have been differences in coding practices.

Number of procedure codes

Table A1.6 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 87 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. The proportion of separations for which no procedures were reported was higher in the public sector (25.5%) than in the private sector (7.5%).

In recent years the reporting of five or more procedure codes for a separation has increased in both sectors. In the public sector, 7.8% of records had five or more procedure codes in 2005–06 compared with 7.9% in 2004-05 and 7.2% in 2003-04 (AIHW 2005a, 2006a). In the private sector, 8.9% of records had five or more procedure codes in 2005–06 compared with 8.6% in 2004–05 and 8.2% in 2003–04. The higher rate of recording five or more procedures in the private sector than in the public sector may be due to differences in coding practices between the sectors.

Apparent variation in reporting of additional diagnoses

A measure of apparent variation among Australian states and territories in the reporting and coding of additional diagnoses is the proportion of separations in the lowest resource split for adjacent AR–DRGs, standardised to the national distribution of adjacent AR–DRGs to take into account differing casemixes (Coory & Cornes 2005).

An adjacent AR-DRG is a set of AR-DRGs that is split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping, for 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 a fourth character code is hierarchical with the highest resource use level being assigned an A and the lowest resource use level being assigned the lowest letter in the sequence.

The underlying assumption 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 casemixes or the smaller jurisdictions because of 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, birthweight, 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; in particular, *Vaginal and caesarean deliveries* is a subset of the second category, and *Major medical conditions* is a subset of the third category.

Table A1.7 shows that there is variation among jurisdictions in the proportion of separations that are grouped to the lowest resource split for adjacent AR-DRGs. In the private sector there was slightly less variation between the highest and the lowest proportions than in the public sector.

For the Northern Territory, data for *All adjacent AR-DRGS* and for *Adjacent AR-DRGs with a severe or catastrophic complication as the lowest resource level AR-DRG* were suppressed because of limitations with direct standardisation for groups that report a limited range of AR-DRGs (see the discussion of relative stay indexes below).

See Table A1.8 (accompanying this report on the Internet) for the list of AR-DRGs included.

State-specific coding standards

The Australian Coding Standards were developed for use in both public and private hospitals with the aim of satisfying sound coding convention according to 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 A1.9 (accompanying this report on the Internet) and relate to:

- Figures 13, 14, 15 and 16 in the 'Hospitals at a glance' section
- Tables 4.7, 4.8 and 4.9, which present statistics on selected procedures
- Tables 4.5, 4.6, A5.1, A5.2 and A5.3, which present statistics on selected potentially preventable hospitalisations
- 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

For 2005–06 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 and 2005–06 data which were reported using the fourth edition of ICD-10-AM.

For time series comparisons, AR–DRG-based data in Tables 12.5 and 12.6 use AR-DRG version 5.0 for 2001–02 to 2005–06. For the purpose of this analysis, the ICD coded data for 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 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>) 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 2005–06, 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 2006a). 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 ($3,332 for the public sector in 2004–05). Separate cost weights are usually estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The latest available cost weights (at the time of publication of this report) were for version 5.0 AR-DRGs for 2004–05 for public hospitals (DoHA 2006a), and version 4.2 AR-DRGs for 2002–03 for private hospitals (DoHA 2004a). When the NHCDC 2005–06 results become available updated information using those data will be provided in the tables accompanying this report on the Internet at <www.aihw.gov.au>.

In Tables 2.3, 2.4, 4.1a–d, 4.2a–f, 4.3 7.10, Chapter 12 and in this appendix, average cost weights using public cost weights are based on the AR-DRG version 5.0 2004–05 national public sector estimated cost weights. These were applied to AR-DRG version 5.0 DRGs for 2001–02 to 2005–06. In Tables 2.3 and 2.4, average cost weights for the private sector are presented based on AR-DRG version 5.0 2004–05 national public sector estimated cost weights.

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 2004–05 national public sector estimated average costs to the AR-DRG version 5.0 data for 2005–06. 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 4.1a–d, 4.2a–f and 4.3) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. A synopsis of the methods used in this analysis is presented below, and more detail is available in *Australian hospital statistics 2000–01* (AIHW 2002).

Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where:

- recurrent expenditure is as defined by the recurrent expenditure data elements in the *National health data dictionary* (NHDC 2003)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates 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 is increased to resemble what it would be if all patients had been public patients. The estimate is based on the salary/sessional and VMO expenditure per patient day for public patients, applied to all patients.

Costs per casemix-adjusted separation for states and territories were calculated excluding depreciation, as previously, and also including depreciation (for those jurisdictions for which depreciation was available).

Admitted patient cost proportion

To determine the costs associated with admitted patients, an admitted patient cost proportion (or inpatient fraction, IFRAC) is used. The IFRAC was provided to the AIHW for most hospitals by the states and territories and is the proportion of total hospital expenditure that related to the provision of care for admitted patients. For a few small hospitals where the IFRAC was not available, the admitted patient costs were estimated using the Health and Allied Services Advisory Council (HASAC) ratio.

Total separations

The formula used to calculate the cost per casemix-adjusted separation includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise almost 98% of the total for the hospitals included in the analysis (Table A1.10), as cost weights are available for them. However, the 2% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This method may affect the estimates of cost-weighted separations (see below) for each state and territory, depending on the proportion of non-acute separations for the state or territory. The non-acute admitted patients (including rehabilitation 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 A1.10).

To refine the method to remove this anomaly would require estimates of expenditure for acute care for admitted patients (acute care IFRACs). For 2005–06, 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

Admitted patient 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 (Tables 4.2a–f, 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 the states and territories to make estimates of expenditure on acute care admitted patients (supplied as acute care IFRACs), and for separations relating to non-acute care patients to be excluded from the analysis. Restriction to non-psychiatric acute care activity requires the states and territories to make estimates of expenditure on non-psychiatric acute care admitted patients (supplied as non-psychiatric acute care IFRACs), and for separations relating to non-acute care patients and to psychiatric acute care patients to be excluded from the analysis. Psychiatric acute care activity is excluded from the admitted patient data by excluding separations if one or more psychiatric care days were reported for the separation (indicating that care was provided in a specialised psychiatric unit). This methodology is still under development.

New South Wales, Victoria and Western Australia provided estimates of expenditure on acute care admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A1.11). 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, 48 hospitals were excluded from the analysis and 6 hospitals were omitted for both Victoria and Western Australia.

The estimated cost per acute care casemix-adjusted separation for the hospitals included was $3,937 in New South Wales, $3,356 in Victoria and $3,664 in Western Australia. The cost per casemix-adjusted separation for all separations in these hospitals was $3,928, $3,662 and $3,752 respectively (Table A1.11), so the effect of restricting the analysis to acute care admitted patients was to increase the estimated cost by 0.2% in New South Wales and to decrease the estimated cost by 8.4% in Victoria and 2.3% in Western Australia.

The estimated cost per acute non-psychiatric casemix-adjusted separation for the selected hospitals was $4,062 in New South Wales, $3,306 in Victoria and $3,713 in Western Australia. The effect of restricting the analysis to acute non-psychiatric admitted patients was to increase the estimated cost by 3.4% in New South Wales and to decrease the estimated cost by 9.7% in Victoria and 1.0% in Western Australia (Table A1.12).

The estimated cost per acute care casemix-adjusted separation, including depreciation for the selected hospitals was $4,099 in New South Wales, $3,485 in Victoria and $3,779 in Western Australia (Table A1.11). The estimated cost per acute non-psychiatric casemix-adjusted separation, including depreciation for the selected hospitals was $4,228 in New South Wales, $3,432 in Victoria and $3,830 in Western Australia (Table A1.12).

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

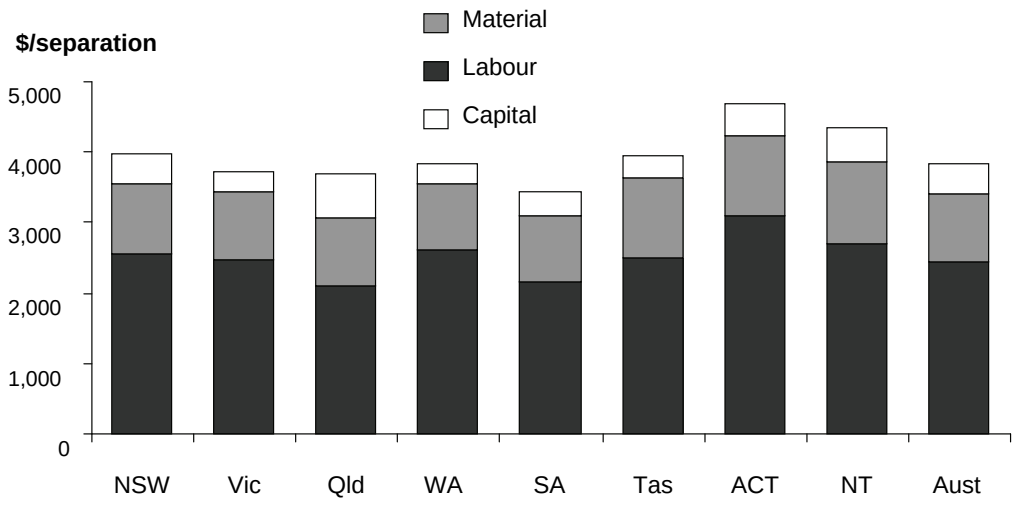
The cost per casemix-adjusted separation analysis includes recurrent expenditure and depreciation for those states that reported it (see above, and Chapter 4).

The Steering Committee for the Review of Government Service Provision (SCRGSP) reported 'total costs per casemix-adjusted separation' by state and territory for 2004–05 (SCRGSP 2007). 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 2004–05, is presented in Figure A1.1. 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 $4,684 in the Australian Capital Territory to $3,450 in South Australia (SCRGSP 2007).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the *Report on government services 2006* (SCRGSP 2007).



Notes:

1. 'Labour' includes medical and non-medical labour costs. 'Material' includes other non-labour recurrent costs, such as repairs and maintenance.
2. 'Capital' includes depreciation and the user cost of capital for buildings and equipment that is associated with the delivery of admitted patient services in the public hospitals as described in the data for recurrent cost per casemix-adjusted separation. 'Capital cost' excludes the user cost of capital associated with land.
3. Variation across jurisdictions in the collection of capital related data suggests the data are only indicative. The capital cost per casemix-adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.

Source: SCRGSP 2007.

Figure A1.1: Cost per casemix-adjusted separation including capital, public hospitals, 2004–05

Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Tables 2.3, 2.4, 4.1a–d, 4.2a–f, 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 AR-DRG version 5.0 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 excludes separations for patients who died or were transferred within 2 days of admission, or with length of stay greater than 120 days. Excluded from the analysis were AR-DRGs which are for 'rehabilitation', which are predominantly same-day (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*), which have a length of stay component in the definition (see Table A1.13 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 5.0.

The analysis using AR-DRG version 5.0 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 2005–06, 269,705 separations were assigned to G44C *Other colonoscopy, same day* in AR-DRG version 4.2 and 194,937 separations were assigned to G44C *Other colonoscopy, sameday* in AR-DRG version 5.0.

The result is that more separations are excluded from the RSI analysis when using AR-DRG version 5.0 than when using AR-DRG version 4.2.

Comparisons with *Australian hospital statistics 2003–04* (and earlier reports) 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 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 5.0) 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 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 method 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 A1.14 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 608 and 632 AR-DRGs represented, meaning that ALOS data was estimated for up to 24 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 in Australia into Remoteness Areas, described in detail on the ABS website www.abs.gov.au.

The classification is as follows:

- major cities
- inner regional
- outer regional
- remote
- very remote.

Geographical location of hospital

The Remoteness Area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of its SLA, postcode or other location information as detailed in *Australian hospital statistics 2002–03* (AIHW 2004a).

Data on the Remoteness Area of hospitals are presented in Chapter 2 (Table 2.7) and Chapter 3 (Table 3.2).

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 4.9, 8.12, 9.21 and A5.2. Data on the state or territory of usual residence are reported in Chapter 4 (Tables 4.5, 4.6 and 4.7), Chapter 7 (Tables 7.7, 7.8, 7.9 and 7.10), Chapter 9 (Table 9.20) and Appendix 5 (Table A5.1).

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 2005 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 (2005 and previous years). The mapping process identified missing, invalid and superseded codes, but resulted in 99.6% of records being assigned 2005 SLA codes. The remainder of records had a usual residence of *Overseas/Not elsewhere classified* or *Not reported*. Because of the probabilistic nature of this mapping, the SLA and Remoteness Area data for individual separations may not be accurate; however, the overall distribution of separations by geographical areas is considered useful.

Socioeconomic advantage/disadvantage

The Socio-Economic Indexes For Areas 2001 (termed SEIFA 2001 (ABS 2004)) 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 SLA. The SEIFAs are described in detail on the ABS website 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 and 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 2005–06, 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 2004–05 and this publication, the presentation of information for 2001–02 to 2005–06 in Table 7.1 combines selected funding source categories and includes Medicare eligibility status data. In Table 7.1 for 2001–02 to 2005–06, 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 2005–06, whereas they may previously have been reported as 'public patients'.

Table A1.5: Separations[a], by number of diagnoses[b] reported and hospital sector, states and territories, 2005–06

Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Public hospitals									
Separations[c]	1,420,463	1,272,844	750,317	394,960	377,667	94,304	72,136	83,385	4,466,076
One diagnosis code only	398,773	360,608	223,525	80,865	95,602	23,130	32,263	8,834	1,223,600
Two diagnosis codes only	394,014	417,471	216,253	101,900	121,443	29,113	14,478	45,989	1,340,661
Three diagnosis codes only	191,965	180,142	109,274	85,274	53,783	15,373	8,921	8,356	653,088
Four diagnosis codes only	128,984	104,873	65,472	40,495	34,140	8,018	5,421	5,780	393,183
Five or more diagnosis codes	305,739	209,750	135,793	86,426	72,699	18,670	11,053	14,407	854,536
Mean diagnosis codes per separation	3.2	2.9	3.0	3.4	3.1	3.1	2.6	3.1	3.1
Maximum number of diagnosis codes	46	39	63	57	25	47	28	44	. .
Private hospitals									
Separations[c]	765,899	719,981	711,531	319,393	220,197	n.p.	n.p.	n.p.	2,845,907
One diagnosis code only	278,190	265,965	212,119	103,499	72,978	n.p.	n.p.	n.p.	972,984
Two diagnosis codes only	212,595	227,068	212,208	102,526	69,471	n.p.	n.p.	n.p.	858,697
Three diagnosis codes only	127,336	109,485	127,207	55,478	32,684	n.p.	n.p.	n.p.	468,647
Four diagnosis codes only	64,826	53,881	68,860	24,542	17,904	n.p.	n.p.	n.p.	238,257
Five or more diagnosis codes	82,952	61,941	91,137	33,348	27,160	n.p.	n.p.	n.p.	305,679
Mean diagnosis codes per separation	2.5	2.3	2.7	2.5	2.6	n.p.	n.p.	n.p.	2.5
Maximum number of diagnosis codes	20	38	52	47	28	n.p.	n.p.	n.p.	. .
					Per cent				
Public hospitals									
One diagnosis code only	28.1	28.3	29.8	20.5	25.3	24.5	44.7	10.6	27.4
Two diagnosis codes only	27.8	32.8	28.8	25.8	32.2	30.9	20.1	55.2	30.0
Three diagnosis codes only	13.5	14.2	14.6	21.6	14.2	16.3	12.4	10.0	14.6
Four diagnosis codes only	9.1	8.2	8.7	10.3	9.0	8.5	7.5	6.9	8.8
Five or more diagnosis codes	21.5	16.5	18.1	21.9	19.2	19.8	15.3	17.3	19.1
Private hospitals									
One diagnosis code only	36.3	37.0	29.8	32.4	33.1	n.p.	n.p.	n.p.	34.2
Two diagnosis codes only	27.8	31.6	29.8	32.1	31.5	n.p.	n.p.	n.p.	30.2
Three diagnosis codes only	16.6	15.2	17.9	17.4	14.8	n.p.	n.p.	n.p.	16.5
Four diagnosis codes only	8.5	7.5	9.7	7.7	8.1	n.p.	n.p.	n.p.	8.4
Five or more diagnosis codes	10.8	8.6	12.8	10.4	12.3	n.p.	n.p.	n.p.	10.7

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

(b) Codes reporting external causes of injury and poisoning are not included in these counts of diagnoses.

(c) Includes separations for which no diagnosis codes were reported.

Note: The AIHW requested up to 50 diagnosis codes to be reported.

. . Not applicable.

n.p. Not published.

Table A1.6: Separations[a], by number of procedures reported and hospital sector, states and territories, 2005–06

Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Public hospitals									
Separations[b]	1,420,463	1,272,844	750,317	394,960	377,667	94,304	72,136	83,385	4,466,076
No procedure reported	396,599	289,939	224,487	75,641	92,509	25,094	13,303	20,694	1,138,266
One procedure code only	413,264	460,029	246,630	146,993	131,426	31,954	29,935	43,520	1,503,751
Two procedure codes only	256,112	239,410	126,739	76,499	74,030	17,129	12,465	9,726	812,110
Three procedure codes only	154,481	121,675	66,039	40,890	37,903	8,553	7,115	4,427	441,083
Four procedure codes only	77,587	62,338	33,019	21,460	17,222	4,368	3,477	1,900	221,371
Five or more procedure codes	122,420	99,453	53,403	33,477	24,577	7,206	5,841	3,118	349,495
Mean procedure codes per separation[c]	2.5	2.3	2.3	2.4	2.2	2.4	2.3	1.7	2.4
Maximum number of procedure codes	50	40	50	87	25	50	31	30	. .
Private hospitals									
Separations[b]	765,899	719,981	711,531	319,393	220,197	n.p.	n.p.	n.p.	2,845,907
No procedure reported	28,267	74,648	56,526	25,579	14,985	n.p.	n.p.	n.p.	212,731
One procedure code only	149,409	174,796	183,214	95,425	55,465	n.p.	n.p.	n.p.	678,809
Two procedure codes only	281,431	245,808	253,523	93,264	69,188	n.p.	n.p.	n.p.	983,220
Three procedure codes only	175,605	119,254	118,556	49,614	39,947	n.p.	n.p.	n.p.	522,466
Four procedure codes only	60,672	45,530	42,906	21,942	17,183	n.p.	n.p.	n.p.	195,805
Five or more procedure codes	70,515	59,945	56,806	33,569	23,429	n.p.	n.p.	n.p.	252,876
Mean procedure codes per separation[c]	2.6	2.5	2.4	2.5	2.6	n.p.	n.p.	n.p.	2.5
Maximum number of procedure codes	20	40	50	50	25	n.p.	n.p.	n.p.	. .
					Per cent				
Public hospitals									
No procedure reported	27.9	22.8	29.9	19.2	24.5	26.6	18.4	24.8	25.5
One procedure code only	29.1	36.1	32.9	37.2	34.8	33.9	41.5	52.2	33.7
Two procedure codes only	18.0	18.8	16.9	19.4	19.6	18.2	17.3	11.7	18.2
Three procedure codes only	10.9	9.6	8.8	10.4	10.0	9.1	9.9	5.3	9.9
Four procedure codes only	5.5	4.9	4.4	5.4	4.6	4.6	4.8	2.3	5.0
Five or more procedure codes	8.6	7.8	7.1	8.5	6.5	7.6	8.1	3.7	7.8
Private hospitals									
No procedure reported	3.7	10.4	7.9	8.0	6.8	n.p.	n.p.	n.p.	7.5
One procedure code only	19.5	24.3	25.7	29.9	25.2	n.p.	n.p.	n.p.	23.9
Two procedure codes only	36.7	34.1	35.6	29.2	31.4	n.p.	n.p.	n.p.	34.5
Three procedure codes only	22.9	16.6	16.7	15.5	18.1	n.p.	n.p.	n.p.	18.4
Four procedure codes only	7.9	6.3	6.0	6.9	7.8	n.p.	n.p.	n.p.	6.9
Five or more procedure codes	9.2	8.3	8.0	10.5	10.6	n.p.	n.p.	n.p.	8.9

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
(b) Includes separations for which no procedure codes were reported.
(c) Means are for separations with one or more procedures.
Note: The AIHW requested up to 50 procedure codes to be reported.
. . Not applicable.
n.p. Not published.

Table A1.7: Separation[a] statistics for selected adjacent AR-DRGs[b], by hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[c]	Total
All adjacent AR-DRGs split by complications only									
Public hospitals									
Separations	451,231	344,297	228,171	107,485	106,525	31,018	20,397	18,599	1,307,723
Raw proportion in lowest resource level AR-DRG	0.64	0.64	0.67	0.64	0.64	0.69	0.66	0.58	0.65
Standardised proportion in lowest resource level AR-DRG	0.65	0.64	0.68	0.65	0.64	0.69	0.67	n.p.	0.66
95% confidence interval of proportion	0.65–0.65	0.64–0.65	0.68–0.69	0.65–0.65	0.64–0.65	0.69–0.70	0.66–0.68	n.p.	0.66–0.66
Private hospitals									
Separations	137,424	135,816	140,024	62,265	46,533	n.p.	n.p.	n.p.	544,665
Raw proportion in lowest resource level AR-DRG	0.76	0.73	0.74	0.74	0.73	n.p.	n.p.	n.p.	0.74
Standardised proportion in lowest resource level AR-DRG	0.70	0.70	0.69	0.71	0.67	n.p.	n.p.	n.p.	0.70
95% confidence interval of proportion	0.70–0.71	0.69–0.70	0.69–0.70	0.70–0.71	0.67–0.68	n.p.	n.p.	n.p.	0.70–0.70
Adjacent AR-DRGs with a moderate complication as the lowest resource level AR-DRG									
Public hospitals									
Separations	172,014	123,280	90,539	39,923	37,467	10,960	7,891	7,770	489,844
Standardised proportion in lowest resource level AR-DRG	0.54	0.52	0.59	0.53	0.53	0.58	0.56	0.49	0.55
95% confidence interval of proportion	0.54–0.55	0.52–0.52	0.59–0.59	0.53–0.54	0.52–0.53	0.57–0.59	0.54–0.57	0.48–0.50	0.54–0.55
Private hospitals									
Separations	33,726	36,531	36,621	18,999	11,495	n.p.	n.p.	n.p.	144,104
Standardised proportion in lowest resource level AR-DRG	0.53	0.54	0.55	0.57	0.51	n.p.	n.p.	n.p.	0.54
95% confidence interval of proportion	0.53–0.54	0.53–0.54	0.54–0.55	0.56–0.57	0.50–0.52	n.p.	n.p.	n.p.	0.54–0.54
Adjacent DRGs with a severe or catastrophic complication as the lowest resource level AR-DRG									
Public hospitals									
Separations	279,217	221,017	137,632	67,562	69,058	20,058	12,506	10,829	817,879
Standardised proportion in lowest resource level AR-DRG	0.71	0.71	0.73	0.71	0.70	0.76	0.72	n.p.	0.71
95% confidence interval of proportion	0.71–0.71	0.70–0.71	0.73–0.74	0.71–0.72	0.70–0.71	0.75–0.77	0.71–0.74	n.p.	0.71–0.72
Private hospitals									
Separations	103,698	99,285	103,403	43,266	35,038	n.p.	n.p.	n.p.	400,561
Standardised proportion in lowest resource level AR-DRG	0.79	0.78	0.77	0.78	0.76	n.p.	n.p.	n.p.	0.78
95% confidence interval of proportion	0.79–0.80	0.78–0.79	0.76–0.77	0.77–0.79	0.75–0.76	n.p.	n.p.	n.p.	0.78–0.78

(continued)

Table A1.7 (continued): Separation(a) statistics for selected adjacent AR-DRGs[b], by hospital sector, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[c]	Total
Adjacent AR-DRGs classified as major medical conditions									
Public hospitals									
Separations	18,364	12,498	7,320	3,845	3,847	1,043	657	643	48,217
Standardised proportion in lowest resource level AR-DRG	0.62	0.60	0.65	0.62	0.62	0.69	0.61	0.65	0.62
95% confidence interval of proportion	0.61–0.63	0.59–0.61	0.64–0.67	0.60–0.64	0.60–0.63	0.65–0.74	0.57–0.66	0.60–0.70	0.62–0.63
Private hospitals									
Separations	1,813	3,532	3,339	1,348	1,244	n.p.	n.p.	n.p.	11,679
Standardised proportion in lowest resource level AR-DRG	0.69	0.69	0.64	0.64	0.63	n.p.	n.p.	n.p.	0.66
95% confidence interval of proportion	0.66–0.72	0.67–0.71	0.62–0.66	0.61–0.68	0.60–0.67	n.p.	n.p.	n.p.	0.65–0.68
Adjacent AR-DRGs for vaginal and caesarean delivery									
Public hospitals									
Separations	66,401	45,143	36,876	15,807	12,723	4,033	3,156	2,871	187,010
Standardised proportion in lowest resource level AR-DRG	0.37	0.30	0.43	0.34	0.35	0.37	0.36	0.37	0.36
95% confidence interval of proportion	0.37–0.38	0.30–0.31	0.42–0.43	0.33–0.34	0.34–0.36	0.36–0.39	0.35–0.38	0.36–0.39	0.36–0.36
Private hospitals									
Separations	21,097	19,423	16,708	10,550	4,755	n.p.	n.p.	n.p.	76,931
Standardised proportion in lowest resource level AR-DRG	0.34	0.32	0.37	0.36	0.32	n.p.	n.p.	n.p.	0.34
95% confidence interval of proportion	0.33–0.34	0.31–0.32	0.37–0.38	0.35–0.36	0.31–0.33	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 days, or was *Not reported.*

(b) AR-DRG version 5.0, using AR-DRGs as detailed in the text of Appendix 1.

(c) Northern Territory data for some cells were supressed due to limitations of the method when applied to cells with underrepresentation of some AR-DRGs.

n.p. Not published

Table A1.10: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis[a] and data for excluded hospitals, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total separations ('000)	1,354	1,248	717	360	357	91	72	83	4,282
Total patient days ('000)	4,978	4,151	2,441	1,185	1,245	349	244	244	14,838
Acute separations[b]									
Separations ('000)	1,331	1,218	693	352	349	89	70	82	4,184
Patient days ('000)	4,599	3,405	2,129	1,055	1,139	308	209	233	13,077
Acute care psychiatric separations[c]									
Separations ('000)	25	15	20	6	7	3	1	1	78
Average cost weight[d]	1.55	2.27	1.77	1.86	1.83	1.43	1.94	1.69	1.79
Patient days ('000)	303	253	228	82	78	26	16	11	998
Acute care non-psychiatric separations									
Separations ('000)	1,305	1,202	673	346	343	86	69	81	4,106
Patient days ('000)	4,296	3,152	1,901	973	1,060	282	192	222	12,079
Separations other than acute									
Rehabilitation separations ('000)	13.2	15.6	15.7	4.8	5.1	0.9	1.6	0.5	57.4
Patient days ('000)	245.8	367.1	172.3	93.7	36.4	24.0	19.6	3.8	962.7
Palliative care separations ('000)	3.8	3.2	3.5	0.7	1.3	0.0	0.5	0.2	13.2
Patient days ('000)	40.0	45.8	29.9	6.3	16.4	0.3	7.1	2.2	148.0
Geriatric evaluation and management separations ('000)	1.1	7.5	0.5	0.6	0.0	0.0	0.1	0.1	9.9
Patient days ('000)	8.3	192.4	7.7	5.9	0.0	0.1	1.6	1.5	217.5
Psychogeriatric separations	0.3	1.8	0.6	0.0	0.0	0.2	0.0	0.0	2.9
Patient days ('000)	8.5	58.2	11.8	0.7	12.9	0.2	0.0	0.2	92.5
Maintenance separations ('000)	4.4	2.7	4.0	1.4	0.9	0.5	0.2	0.1	14.3
Patient days ('000)	76.6	82.8	87.7	24.1	41.0	15.7	7.3	3.5	338.7
Other separations ('000)	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.3
Patient days ('000)	0.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	1.9
Total separations other than acute									
Separations ('000)	**22.8**	**30.9**	**24.5**	**7.6**	**7.4**	**1.6**	**2.4**	**0.9**	**98.0**
Patient days	**379.2**	**746.3**	**311.2**	**130.7**	**106.5**	**40.3**	**35.6**	**11.3**	**1,761.2**
Psychiatric separations [c]									
Separations ('000)	26	17	21	6	7	3	1	1	81
Patient days ('000)	318	311	270	83	103	26	16	11	1,138
Data for excluded hospitals[e]									
Separations for excluded hospitals ('000)[b]	65	23	33	35	21	3	n.a.	0	180
Per cent of all separations	4.6	1.8	4.4	8.9	5.6	3.2	n.a.	0.0	4.0
Expenditure for excluded hospitals ($m)	1,027	269	274	299	216	39	2	. .	2,125
Inpatient fraction for excluded hospitals	0.62	0.47	0.70	0.75	0.44	0.53	1.00	. .	0.61
Unadjusted cost per separation	9,781	5,609	5,820	6,383	4,460	6,866	n.a.	. .	7,197

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered 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. See Appendix 2 for further information.

(b) Separations for which the care type was reported as *Acute, Newborn* with at least one qualified day, or *Not reported.* Includes same-day separations.

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the National Hospital Morbidity Database, based on separations with a care type of *Acute, Newborn* with at least one qualified day, or *Not reported,* using the 2004–05 AR-DRG v 5.0 cost weights (DoHA 2006). An updated version of this table based on 2005–06 AR-DRG v 5.0 cost weights will be made available on the website.

(e) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multipurpose services. See Appendix 2 for further information.

. . Not applicable.

n.a. Not available.

Table A1.11: Cost per acute casemix-adjusted separation, subset of selected public acute hospitals[a], New South Wales, Victoria and Western Australia, 2005–06

	NSW	Vic	WA
Total separations ('000)[b]	722	1,182	248
Total patient days ('000)[b]	2,590	3,946	792
Acute separations ('000)[c]	715	1,152	243
Acute patient days ('000)[c]	2,505	3,219	711
Proportion of separations acute	99.0%	97.5%	98.0%
Proportion of patient days acute	96.7%	81.6%	89.8%
Total recurrent expenditure excluding depreciation ($m)			
Subset hospitals	4,182	5,672	1,271
Hospitals in Tables 4.1a–d	7,551	5,920	1,894
Proportion	55%	96%	67%
Total recurrent expenditure including depreciation ($m)			
Subset hospitals	4,362	5,895	1,312
Hospitals in Tables 4.1a–d	7,868	6,152	1,950
Proportion	55%	96%	67%
Total admitted patient expenditure including depreciation ($m)			
Subset hospitals	3,050	4,178	906
Hospitals in Tables 4.1a–d	5,530	4,374	1,349
Proportion	55.2%	95.5%	67.2%
Total separations ('000)			
Subset hospitals	722	1,182	248
Hospitals in Tables 4.1a–d	1,354	1,248	360
Proportion	53.4%	94.7%	68.9%
Costs relating to acute care separations			
Average cost weight[d]	1.081	0.957	0.971
Casemix-adjusted acute separations ('000)	773	1,102	236
Acute IFRAC [e]	0.694	0.635	0.662
Total acute patient recurrent expenditure excluding depreciation ($m)	2,903	3,604	841
Total acute patient recurrent expenditure including depreciation ($m)	3,028	3,746	868
Cost per casemix-adjusted acute separation[f]	**3,937**	**3,356**	**3,664**
Cost per casemix-adjusted acute separation including depreciation[f]	**4,099**	**3,485**	**3,779**
Cost per casemix-adjusted separation excluding depreciation			
From Tables 4.1a–d	3,852	3,646	3,733
Subset of hospitals	3,928	3,662	3,752
Percentage this exceeds cost per acute separation for subset hospitals	-0.2%	8.4%	2.3%
Cost per casemix-adjusted separation including depreciation			
From Tables 4.1a–d	4,006	3,785	3,842
Subset of hospitals	4,090	3,802	3,869
Percentage this exceeds cost per acute separation for subset hospitals	4.0%	3.7%	3.0%
Cost of non-acute separations in subset excluding depreciation ($m)	21	416	36
Per separation ($)	2,918	13,835	7,368
Per patient day ($)	252	573	447
Cost of non-acute separations in subset including depreciation ($m)	22	433	37
Per separation ($)	3,044	14,381	7,605
Per patient day ($)	263	595	461

(a) Excludes psychiatric hospitals, sub-acute, non-acute and unpeered hospitals or services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded $1,000 per day and more than $1,000,000 of expenditure on non-acute patient days was reported.

(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. Details of acute and non-acute separations and patient days are presented in Table A1.10.

(c) Separations where the care type is *Acute, Newborn* with qualified days, or *Not reported.* Psychiatric separations are those with psychiatric care days.

(d) Average cost weight from the National Hospital Morbidity Database, based on separations for which the care type was reported as *Acute, Newborn* with at least one qualified day, or *Not reported,* using the 2004–05 AR-DRG version 5.0 cost weights (DoHA 2006).

(e) The acute IFRAC is that portion of recurrent costs which is for acute admitted patients.

(f) Includes adjustment for private patient medical costs: $177 for New South Wales, $105 for Victoria and $103 for Western Australia.

Table A1.12: Cost per acute non-psychiatric casemix-adjusted separation, subset of selected public acute hospitals[a], New South Wales, Victoria and Western Australia, 2005–06

	NSW	Vic	WA
Total separations ('000)[b]	722	1,182	248
Total patient days ('000)[b]	2,590	3,946	792
Acute non-psychiatric separations ('000)[c]	702	1,137	240
Acute non-psychiatric patient days ('000)[c]	2,346	2,977	671
Proportion of separations acute	97.1%	96.2%	96.7%
Proportion of patient days acute	90.6%	75.5%	84.7%
Total recurrent expenditure excluding depreciation ($m)			
Subset hospitals	4,182	5,672	1,271
Hospitals in Tables 4.1a–d	7,551	5,920	1,894
Proportion	55%	96%	67%
Total recurrent expenditure including depreciation ($m)			
Subset hospitals	4,362	5,895	1,312
Hospitals in Tables 4.1a–d	7,868	6,152	1,950
Proportion	55%	96%	67%
Total separations ('000)			
Subset hospitals	722	1,182	248
Hospitals in Tables 4.1a–d	1,354	1,248	360
Proportion	53.4%	94.7%	68.9%
Costs relating to acute non-psychiatric separations			
Average cost weight[d]	1.081	0.957	0.971
Casemix-adjusted acute non-psychiatric separations ('000)	758	1,088	233
Acute non-psychiatric IFRAC[e]	0.694	0.606	0.653
Total acute non-psychiatric patient recurrent expenditure excluding depreciation ($m)	2,903	3,437	830
Total acute non-psychiatric patient recurrent expenditure including depreciation ($m)	3,028	3,573	857
Cost per casemix-adjusted acute non-psychiatric separation excluding depreciation[f]	**4,062**	**3,306**	**3,713**
Cost per casemix-adjusted acute non-psychiatric separation including depreciation[f]	**4,228**	**3,432**	**3,830**
Cost per casemix-adjusted separation excluding depreciation			
From Tables 4.1a–d	3,852	3,646	3,733
Subset of hospitals	3,928	3,662	3,752
Percentage this exceeds cost per acute separation for subset hospitals	-3.4%	9.7%	1.0%
Cost per casemix-adjusted separation including depreciation			
From Tables 4.1a–d	4,006	3,785	3,842
Subset of hospitals	4,090	3,802	3,869
Percentage this exceeds cost per acute separation for subset hospitals	5.8%	4.1%	3.5%
Cost of non-acute non-psychiatric separations in subset excluding depreciation ($m)	21	583	47
Per separation ($)	1,027	13,055	5,859
Per patient day ($)	88	602	392
Cost of non-acute non-psychiatric separations in subset excluding depreciation ($m)	22	606	49
Per separation ($)	1,072	13,570	6,047
Per patient day ($)	92	626	404

(a) Excludes psychiatric hospitals, sub-acute, non-acute and unpeered hospitals or services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded $1,000 per day and more than $1,000,000 of expenditure on non-acute patients days was reported.

(b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded. Details of acute and non-acute separations and patient days are presented in Table A1.10.

(c) Separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*. Psychiatric separations are those with psychiatric care days.

(d) Average cost weight from the National Hospital Morbidity Database, based on separations for which the care type was reported as *Acute, Newborn* with at least one qualified day, or *Not reported,* using the 2004–05 AR-DRG version 5.0 cost weights (DoHA 2006).

(e) The acute non-psychiatric IFRAC is that portion of recurrent costs which is for acute non-psychiatric admitted patients.

(f) Includes adjustment for private patient medical costs: $199 for New South Wales, $90 for Victoria and $100 for Western Australia.

Table A1.14: Count of AR-DRGs version 5.0 contributing to the relative stay index, by sector, and medical/surgical/other type of AR–DRG, states and territories, 2005–06

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	**632**	**632**	**632**	**632**	**629**	**621**	**616**	**586**	**632**
Medical	323	323	323	323	323	323	322	318	323
Surgical	278	278	278	278	276	267	264	241	278
Other	31	31	31	31	30	31	30	27	31
Private hospitals	**614**	**616**	**623**	**608**	**599**	**n.p.**	**n.p.**	**n.p.**	**628**
Medical	319	319	321	314	311	n.p.	n.p.	n.p.	323
Surgical	266	267	272	267	262	n.p.	n.p.	n.p.	274
Other	29	30	30	27	26	n.p.	n.p.	n.p.	31
All hospitals	**632**	**632**	**632**	**632**	**629**	**n.p.**	**n.p.**	**n.p.**	**632**
Medical	323	323	323	323	323	n.p.	n.p.	n.p.	323
Surgical	278	278	278	278	276	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 2: 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, the Non-admitted Patient Emergency Department Care Data Collection and the National Outpatient Care Database. 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 A2.1 with information on whether they are reported as public or private hospitals.

These categorisations are the practices for this report, and reports produced by other agencies may categorise these hospitals differently. For example, Hawkesbury District Health Service and Port Macquarie Base hospital were categorised as private hospitals in *The state of our public hospitals, June 2005 report* (DoHA 2005) and *Australian hospital statistics 2002–03* (AIHW 2004a), but they were categorised as public hospitals in AIHW reports since 2003–04 and in *The state of our public hospitals, June 2006 report* (DoHA 2006b). Southern Districts War Memorial Hospital is a private hospital that treats public patients under contract to the Department of Health (South Australia). 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) and *Health expenditure Australia 2004–05* (AIHW 2006d). Since 2003–04 the AIHW has categorised Southern Districts War Memorial as a public hospital for services provided under the contract and as a private hospital for services provided to private patients.

Table A2.1: 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 (does not provide financial information)
Tas	Toosey	Public hospital

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. From 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 categorised as a public hospital.

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 2005–06, data were not supplied for a mothercraft hospital in the Australian Capital Territory and five small hospitals in New South Wales.

Within the private sector, data were not provided for 2005–06 for all private day hospital facilities in the Australian Capital Territory, for the single private free-standing day hospital facility in the Northern Territory and for a very small private hospital in Victoria. Victoria estimated that it's data were essentially complete. For Tasmania, some private hospital data were not available for some periods in 2004–05, resulting in an under-enumeration of

approximately 21% for Tasmanian private hospitals. Data for private hospitals in Tasmania were essentially complete in 2005–06.

Table A2.2: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2005–06

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Complete	Complete	Complete	Complete
Qld	Complete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Complete	Complete
Tas	Complete	Complete	Complete	Complete
ACT	Incomplete	Not applicable	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, but, no data were provided. Not applicable—there are no facilities in this sector for this state or territory.

Table A2.2 summarises this coverage information by state and territory and by hospital sector, and Tables A2.3 and A2.4 (accompanying this report on the Internet at <www.aihw.gov.au>) list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2005–06. 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 affects the collection. For example in recent years the coverage of the Queensland and Victorian collections expanded to include facilities providing same-day services not previously included. The apparent increase for some types of separations in the private sector 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 2006) (Table A2.5). The latter collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private free-standing day hospital facilities approved by the Department of Health and Ageing. In 2004–05, the difference was 39,072 separations (1.4%).

Table A2.5: Differences between private hospital separations on the National Hospital Morbidity Database and reported to the ABS Private Health Establishments Collection, 2000–01 to 2004–05

	Private free-standing day hospital facilities		Other private hospitals		Total	
Year	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[(a)]	56,816	14.6	21,649	1.1	80,655	3.4
2001–02[(b)]	41,002	9.8	52,727	2.6	118,064	4.6
2002-03[(b)]	2,094	0.5	32,942	1.6	47,755	1.8
2003-04[(b)]	4,348	0.9	28,268	1.4	47,279	1.8
2004-05	1,214	0.2	40,286	1.8	39,072	1.4

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database. The differences for private free standing day hospital facilities and other private hospitals exclude Tasmania but the total for all private hospitals includes Tasmania.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database and the ABS suppressed data for Tasmania, the Australian Capital Territory and the Northern Territory. The differences for private free standing day hospital facilities and other private hospitals exclude Tasmania, the Australian Capital Territory and the Northern Territory but the total for all private hospitals includes Tasmania, the Australian Capital Territory and the Northern Territory.

Source: ABS, unpublished Private Health Establishments Collection data.

For individual states (Tables A2.6a to A2.6l accompanying this report on the Internet at <www.aihw.gov.au>), the patterns of differences between number of separations reported to the National Hospital Morbidity Database compared with the ABS 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 2004–05, 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 writing of this report, Private Health Establishments Collection data for 2005–06 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 2005–06 by comparing it with the 2005–06 Private Health Establishments Collection data. This estimate will be included with *Australian hospital statistics 2005–06* 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 covers hospitals within the jurisdiction of the state and territory health authorities only. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by the Department of 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 A2.3 (accompanying this report on the Internet at <www.aihw.gov.au>) lists the public hospitals that contributed to the National Public Hospital Establishments Database for

2005–06. 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 2004–05* (AIHW 2006a). Data were also provided for hospitals in other peer groups for some states and territories.

For 2005–06, 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 2 *Small acute hospitals*, Victoria provided data for 8 *Medium hospitals*, South Australia provided data for 1 *Medium hospital* and Western Australia provided data for 2 *Medium hospitals* and 2 *Small remote hospitals*. Overall coverage was estimated as about 78% of all public hospitals 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 A2.2 accompanying this report on the Internet at <www.aihw.gov.au>) includes information on which hospitals were also included in the National Non-admitted Patient Emergency Department Care Database for 2005–06.

The National Outpatient Care Database

The National Outpatient Care Database covers public hospitals that were classified in the public hospital peer groups of *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian hospital statistics 2004–05* (AIHW 2006a).

Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 76% of outpatient clinic occasions of service overall.

More information about the coverage of the National Outpatient Care Data collection (which is more complete for larger hospitals) is presented in Chapter 5. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A2.3 accompanying this report on the Internet at <www.aihw.gov.au>) includes information on which hospitals were also included in the National Outpatient Care Database for 2005–06.

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, but 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 87%, and ranged from 100% in Tasmania, the Australian Capital Territory and the Northern Territory, to about 63% 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 A2.3 accompanying this report on the Internet at <www.aihw.gov.au>) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2005–06.

Counting public hospitals

Different counts of hospitals are used this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database and the National Public Hospital Establishments Database. In summary, two counts of hospitals are used (Table A2.7):

- In Chapters 2 and 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 outpost 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 4.2a), 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 available only 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 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 A2.7: Numbers of public hospitals reported in this report, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Chapter 2 and 3	230	143	177	91	79	27	3	5	755
Table 4.2a (Expenditure data)	230	93	174	91	73	26	3	5	695

Public hospital peer groups

The AIHW worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A2.8. 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 in that report) (AIHW 2004a) to illustrate the assignment of peer groups for almost all hospitals. However, on the advice of jurisdictions, hospitals may be assigned without using this logic, usually in special circumstances such as the opening or closing of a hospital during the year.

Selected characteristics of the hospitals assigned to each peer group for 2005–06 are presented in Tables 4.2a–f (for each state and territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see Appendix 3), emergency department occasions of service data in Chapter 5 and elective surgery waiting times data in Chapter 6. They have also been used to specify the scopes for national minimum data sets, for example, as noted above for the Non-Admitted Patient Emergency Department Care NMDS and the Outpatient Care NMDS although the use of the peer groups for these purposes is under review.

The peer group to which each public hospital was assigned for 2005–06 is included in Table A2.2 (accompanying this report on the Internet at <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 A2.3 (accompanying this report on the Internet at <www.aihw.gov.au>).

Table A2.8: Public hospital peer group classification[(a)]

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	
	Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care with a small number of acute patients
Unpeered and other hospitals		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.

Appendix 3: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Groups (AR-DRG) cost weights and estimated average costs, as incorporated into tables in Chapters 2, 4, 7 and 12. The NHCDC is a voluntary collection of hospital cost and activity data covering the financial year before the collection period, and is coordinated by the Department of Health and Ageing. Both public and private hospital data are included, with the results separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2004–05 financial year (Round 9) for public hospitals (DoHA 2006a) and the 2002–03 financial year (Round 7) for private hospitals (DoHA 2004a).

This report uses the cost data for acute admitted patients only. Unless otherwise specified, the cost weight data in this report for both public and private hospitals use AR-DRG version 5.0 and cost weight data for AR-DRG version 5.0 (DoHA 2002).

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. In 2004–05 about 52% of participating hospitals were cost modelled sites.

In 2004–05, 226 public hospitals were included in the collection. Although the coverage of public hospitals was approximately 45% of all public hospitals, the total number of separations was approximately 87% of total acute separations within the year (DoHA 2006a). The average cost per separation was estimated at $3,332 for public hospitals for 2004–05. This estimate includes an estimate for depreciation.

Further information is provided in the NHCDC report for 2004–05 (DoHA 2006a). Cost weights and associated tables for each round of the NHCDC can be obtained from the Department of Health and Ageing on the Casemix website at <www.health.gov.au>.

Appendix 4: Service related groups

Introduction

The Service Related Group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in the planning of services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. For this purpose the AR-DRG system was not considered appropriate as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD-10-AM chapters, MDCs and SRGs.

Procedure	ICD-10-AM chapter	MDC	SRG
Extraction of wisdom teeth	Diseases of the digestive system	MDC 3 Ear nose and throat	Dentistry
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of the digestive system	MDC 6 Digestive system	Gastroenterology
Excision of haemorrhoids	Diseases of the digestive system	MDC 6 Digestive system	Colorectal surgery

In previous *Australian hospital statistics* reports this analysis used a method originally developed by the New South Wales Department of Health and the Commonwealth Department of Health and Ageing based on AR-DRG version 4.2.

The methodology used in this report for assigning SRGs based on AR-DRG version 5.0 was developed by the New South Wales Department of Health (unpublished). SRGs were allocated using the data in the National Hospital Morbidity Database. The method largely involves aggregations of AR-DRG version 5.0 information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SRG categories according to the type of care because the main service type of these separations cannot be ascertained from their diagnoses or procedures. Separations may also have been assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the National Public Hospital Establishments Database (see Chapter 3). An 'unallocated' SRG is assigned for separations with an Error DRG. The classification also incorporates non-specialist SRGs, which are used for smaller hospitals that do not have the specialist services or specialist equipment. There are 50 SRGs as presented in Tables A4.1 to A4.5.

State and territory overview

Table A4.1 contains the number of establishments with more than 50 separations and the number of establishments with more than 360 patient days in each SRG by state and territory and by Remoteness Area for public hospitals only. This has been included as an indicative measure of the number of specialty units. The best indicative measure of the number of units varies between SRGs and between uses of the measure. For example, *Acute definitive geriatrics* (SRG 88) shows 152 hospitals providing more than 50 separations a year and 202 hospitals providing more than 360 patient days, and *Gastroenterology* (SRG 15) shows 356 and 214 hospitals respectively. *Extensive burns* (SRG 62) showed no difference between the two different measures with 13 units under both measures.

Respiratory medicine (SRG 24) and *Cardiology* (SRG 11) had the greatest number of establishments with more than 50 separations at 392 and 385 hospitals respectively and also had the greatest number of establishments with more that 360 patient days a year, with 343 and 289 hospitals respectively.

Tables A4.2 and A4.3 (accompanying this report on the Internet at <www.aihw.gov.au>) contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with 726,197, followed by *Qualified neonates* (SRG 73) with 307,386. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations with 305,377, followed by *Orthopaedics* (SRG 49) with 248,319.

Tables A4.4 and A4.5 in the Internet version of this publication summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1,569,255, and *Orthopaedics* (SRG 49) recorded the highest in the private sector with 736,694 days.

Table A4.1: Number of hospitals with more than 50 separations[a] and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, states and territories, 2005–06

	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
Service Related Group	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
11 Cardiology	139	112	75	75	80	47	33	18	44	27	7	5	2	2	5	3	385	289
Major City	38	39	24	31	12	12	5	6	8	8	. .	. .	2	2	. .	. .	89	98
Regional	92	71	51	44	55	33	19	11	31	17	6	5	0	0	1	1	255	182
Remote	9	2	0	0	13	2	9	1	5	2	1	0	. .	. .	4	2	41	9
12 Interventional Cardiology	29	28	14	14	6	6	4	3	4	3	2	2	1	1	1	1	61	58
Major City	25	24	12	12	4	4	4	3	4	3	. .	. .	1	1	. .	. .	50	47
Regional	4	4	2	2	2	2	0	0	0	0	2	2	0	0	1	1	11	11
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
13 Dermatology	33	13	20	10	19	6	6	4	6	4	2	2	2	1	2	1	90	41
Major City	27	13	18	10	10	5	4	4	6	4	. .	. .	2	1	. .	. .	67	37
Regional	6	0	2	0	9	1	2	0	0	0	2	2	0	0	1	1	22	4
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	1	0	1	0
14 Endocrinology	63	61	36	43	29	23	12	8	14	12	4	3	2	2	3	2	163	154
Major City	36	35	22	29	12	11	5	5	8	8	. .	. .	2	2	. .	. .	85	90
Regional	27	26	14	14	16	11	6	3	5	3	4	3	0	0	1	1	73	61
Remote	0	0	0	0	1	1	1	0	1	1	0	0	. .	. .	2	1	5	3
15 Gastroenterology	123	83	78	53	68	34	33	17	41	18	6	4	2	2	5	3	356	214
Major City	38	37	27	30	13	11	8	6	8	8	. .	. .	2	2	. .	. .	96	94
Regional	80	46	51	23	45	22	17	10	28	9	6	4	0	0	1	1	228	115
Remote	5	0	0	0	10	1	8	1	5	1	0	0	. .	. .	4	2	32	5
16 Diagnostic GI Endoscopy	83	53	61	34	35	21	26	13	27	11	4	4	2	2	4	2	242	140
Major City	36	34	21	18	12	11	8	8	8	8	. .	. .	2	2	. .	. .	87	81
Regional	47	19	40	16	22	10	12	5	17	3	4	4	0	0	1	1	143	58
Remote	0	0	0	0	1	0	6	0	2	0	0	0	. .	. .	3	1	12	1
17 Haematology	51	33	38	28	26	16	10	4	12	8	2	2	2	2	2	1	143	94
Major City	26	23	21	20	11	9	5	4	8	8	. .	. .	2	2	. .	. .	73	66
Regional	25	10	17	8	15	7	5	0	3	0	2	2	0	0	1	1	68	28
Remote	0	0	0	0	0	0	0	0	1	0	0	0	. .	. .	1	0	2	0
18 Immunology & Infections	91	68	46	41	47	34	22	15	16	12	4	4	2	2	5	5	233	181
Major City	36	37	23	24	13	12	5	5	8	8	. .	. .	2	2	. .	. .	87	88
Regional	51	31	23	17	30	20	7	6	7	4	4	4	0	0	1	1	123	83
Remote	4	0	0	0	4	2	10	4	1	0	0	0	. .	. .	4	4	23	10
19 Medical Oncology	79	85	54	55	32	32	15	13	15	15	5	7	2	2	2	1	204	210
Major City	40	43	28	30	14	12	7	6	8	8	. .	. .	2	2	. .	. .	99	101
Regional	39	42	26	25	17	19	8	7	6	5	5	7	0	0	1	1	102	106
Remote	0	0	0	0	1	1	0	0	1	2	0	0	. .	. .	1	0	3	3

(continued)

Table A4.1 (continued): Number of hospitals with more than 50 separations[(a)] and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, states and territories, 2005–06

	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
Service Related Group	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
20 Chemotherapy	13	2	39	29	19	10	8	6	14	8	2	1	2	2	2	1	99	59
Major City	11	2	18	14	6	3	4	4	8	8	. .	. .	2	2	. .	. .	49	33
Regional	2	0	21	15	13	7	4	2	6	0	2	1	0	0	1	1	49	26
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	1	0	1	0
21 Neurology	108	100	69	66	57	41	26	18	34	19	7	5	2	2	5	3	308	254
Major City	39	46	31	32	13	14	7	7	8	9	. .	. .	2	2	. .	. .	100	110
Regional	66	53	38	34	42	25	13	9	23	9	6	5	0	0	1	1	189	136
Remote	3	1	0	0	2	2	6	2	3	1	1	0	. .	. .	4	2	19	8
22 Renal Medicine	66	51	44	38	30	24	11	8	12	8	4	4	2	2	3	3	172	138
Major City	34	33	27	28	13	13	5	5	8	7	. .	. .	2	2	. .	. .	89	88
Regional	31	18	17	10	16	10	5	2	4	1	4	4	0	0	1	1	78	46
Remote	1	0	0	0	1	1	1	1	0	0	0	0	. .	. .	2	2	5	4
23 Renal Dialysis	47	39	55	47	14	13	9	9	13	10	2	2	1	1	4	4	145	125
Major City	14	14	18	18	6	5	5	5	7	6	. .	. .	1	1	. .	. .	51	49
Regional	29	24	37	29	8	8	3	3	4	3	2	2	0	0	1	1	84	70
Remote	4	1	0	0	0	0	1	1	2	1	0	0	. .	. .	3	3	10	6
24 Respiratory Medicine	139	130	80	82	75	55	38	29	45	32	8	8	2	2	5	5	392	343
Major City	38	41	26	33	13	12	7	7	8	8	. .	. .	2	2	. .	. .	94	103
Regional	91	82	54	49	49	38	19	16	30	22	8	8	0	0	1	1	252	216
Remote	10	7	0	0	13	5	12	6	7	2	0	0	. .	. .	4	4	46	24
25 Rheumatology	18	10	11	6	8	3	5	4	5	3	1	1	2	1	1	1	51	29
Major City	17	10	10	6	5	3	4	4	5	3	. .	. .	2	1	. .	. .	43	27
Regional	1	0	1	0	3	0	1	0	0	0	1	1	0	0	1	1	8	2
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
26 Pain Management	42	9	32	13	21	6	7	5	9	2	3	1	2	1	2	0	118	37
Major City	29	9	19	12	10	5	6	5	6	2	. .	. .	2	1	. .	. .	72	34
Regional	13	0	13	1	11	1	1	0	3	0	3	1	0	0	1	0	45	3
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	1	0	1	0
27 Medicine, No Definitive Subspecialty	119	96	72	62	52	37	28	15	26	21	5	6	2	2	5	3	309	242
Major City	45	40	30	26	13	13	9	8	8	8	. .	. .	2	2	. .	. .	107	97
Regional	71	55	42	36	33	21	12	6	17	12	5	6	0	0	1	1	181	137
Remote	3	1	0	0	6	3	7	1	1	1	0	0	. .	. .	4	2	21	8
41 Breast Surgery	35	4	26	12	14	4	4	2	5	4	3	0	1	0	1	0	89	26
Major City	22	4	16	10	6	4	3	2	5	4	. .	. .	1	0	. .	. .	53	24
Regional	13	0	10	2	8	0	1	0	0	0	3	0	0	0	1	0	36	2
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
42 Cardiothoracic Surgery	16	16	14	15	7	4	4	4	3	3	2	1	1	1	1	1	48	45
Major City	16	16	13	13	4	3	4	4	3	3	. .	. .	1	1	. .	. .	41	40
Regional	0	0	1	2	3	1	0	0	0	0	2	1	0	0	1	1	7	5

(continued)

Table A4.1 (continued): Number of hospitals with more than 50 separations[(a)] and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, states and territories, 2005–06

	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
Service Related Group	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
43 Colorectal Surgery	75	52	48	38	35	20	19	12	17	11	4	4	2	2	3	2	203	141
Major City	36	33	25	23	11	11	8	7	8	7	. .	. .	2	2	. .	. .	90	83
Regional	39	19	23	15	23	9	8	5	8	3	4	4	0	0	1	1	106	56
Remote	0	0	0	0	1	0	3	0	1	1	0	0	. .	. .	2	1	7	2
44 Upper GIT Surgery	66	53	47	35	33	21	18	10	17	7	4	4	2	2	3	2	190	134
Major City	33	32	23	20	12	11	8	5	8	7	. .	. .	2	2	. .	. .	86	77
Regional	33	21	24	15	20	10	8	5	8	0	4	4	0	0	1	1	98	56
Remote	0	0	0	0	1	0	2	0	1	0	0	0	. .	. .	2	1	6	1
45 Head & Neck Surgery	18	9	14	5	8	2	3	2	3	2	1	0	1	0	0	0	48	20
Major City	16	9	13	5	5	2	3	2	3	2	. .	. .	1	0	. .	. .	41	20
Regional	2	0	1	0	3	0	0	0	0	0	1	0	0	0	0	0	7	0
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
46 Neurosurgery	84	75	45	46	40	28	22	12	24	13	4	5	2	2	3	2	224	183
Major City	37	40	22	29	12	13	6	7	9	9	. .	. .	2	2	. .	. .	88	100
Regional	45	35	23	17	27	15	11	5	14	3	4	5	0	0	1	1	125	81
Remote	2	0	0	0	1	0	5	0	1	1	0	0	. .	. .	2	1	11	2
47 Dentistry'	31	2	26	6	25	2	11	1	8	2	3	0	2	0	2	0	108	13
Major City	13	2	8	3	11	2	5	1	2	2	. .	. .	2	0	. .	. .	41	10
Regional	17	0	18	3	13	0	5	0	5	0	3	0	0	0	1	0	62	3
Remote	1	0	0	0	1	0	1	0	1	0	0	0	. .	. .	1	0	5	0
48 Ear, Nose & Throat	61	31	57	27	25	13	19	8	21	6	4	2	2	1	4	2	193	90
Major City	35	24	24	19	11	8	7	6	7	6	. .	. .	2	1	. .	. .	86	64
Regional	26	7	33	8	13	5	8	2	12	0	4	2	0	0	1	1	97	25
Remote	0	0	0	0	1	0	4	0	2	0	0	0	. .	. .	3	1	10	1
49 Orthopaedics	104	94	72	63	56	38	29	19	36	20	4	4	2	2	5	3	308	243
Major City	41	43	31	33	13	13	9	9	8	8	. .	. .	2	2	. .	. .	104	108
Regional	61	51	41	30	38	23	12	7	24	11	4	4	0	0	1	1	181	127
Remote	2	0	0	0	5	2	8	3	4	1	0	0	. .	. .	4	2	23	8
50 Ophthalmology	55	29	44	16	24	10	20	12	19	7	4	1	2	1	3	1	171	77
Major City	29	16	20	12	10	6	8	7	7	6	. .	. .	2	1	. .	. .	76	48
Regional	26	13	24	4	10	4	8	5	11	1	4	1	0	0	1	1	84	29
Remote	0	0	0	0	4	0	4	0	1	0	0	0	. .	. .	2	0	11	0
51 Plastic & Reconstructive Surgery	83	42	61	35	38	20	23	11	21	10	4	4	2	2	4	2	236	126
Major City	38	28	28	20	12	11	8	6	8	8	. .	. .	2	2	. .	. .	96	75
Regional	45	14	33	15	24	8	8	5	12	2	4	4	0	0	1	1	127	49
Remote	0	0	0	0	2	1	7	0	1	0	0	0	. .	. .	3	1	13	2
52 Urology	77	46	58	38	34	17	23	13	24	9	4	2	2	2	3	2	225	129
Major City	36	31	26	23	12	10	10	7	8	8	. .	. .	2	2	. .	. .	94	81
Regional	41	15	32	15	21	7	9	6	15	1	4	2	0	0	1	1	123	47
Remote	0	0	0	0	1	0	4	0	1	0	0	0	. .	. .	2	1	8	1

(continued)

Table A4.1 (continued): Number of hospitals with more than 50 separations[(a)] and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, states and territories, 2005–06

	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
Service Related Group	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days	50 Seps	360 Days
53 Vascular Surgery	48	43	35	36	21	17	6	5	8	9	3	5	2	1	2	2	125	118
Major City	33	27	22	23	10	8	4	3	6	6	. .	. .	2	1	. .	. .	77	68
Regional	15	16	13	12	10	7	2	2	2	2	3	5	0	0	1	1	46	45
Remote	0	0	0	1	1	2	0	0	0	1	0	0	. .	. .	1	1	2	5
54 Surgery, No Definitive Subspecialty	122	78	72	55	78	35	38	21	36	17	4	4	2	2	5	4	357	216
Major City	40	38	29	30	14	12	10	9	8	9	. .	. .	2	2	. .	. .	103	100
Regional	75	40	43	25	51	21	16	8	24	7	4	4	0	0	1	1	214	106
Remote	7	0	0	0	13	2	12	4	4	1	0	0	. .	. .	4	3	40	10
61 Transplantation	3	5	2	5	1	2	1	2	1	2	0	0	0	0	0	0	8	16
Major City	3	5	2	5	1	2	1	2	1	2	. .	. .	0	0	. .	. .	8	16
Regional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
62 Extensive Burns	3	3	2	2	2	2	2	2	2	2	1	1	0	0	1	1	13	13
Major City	3	3	2	2	2	2	2	2	2	2	. .	. .	0	0	. .	. .	11	11
Regional	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	1	2	2
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
63 Tracheostomy & ECMO	19	31	13	22	10	17	3	5	4	6	2	3	1	2	1	2	53	88
Major City	19	21	13	15	6	11	3	5	4	6	. .	. .	1	2	. .	. .	46	60
Regional	0	10	0	7	4	6	0	0	0	0	2	3	0	0	1	1	7	27
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	1	0	1
66 Social admissions	22	73	13	38	22	57	7	37	6	53	2	8	1	2	1	3	74	271
Major City	15	22	12	13	10	11	4	9	5	7	. .	. .	1	2	. .	. .	47	64
Regional	7	48	1	25	12	40	3	19	1	32	2	7	0	0	1	1	27	172
Remote	0	3	0	0	0	6	0	9	0	14	0	1	. .	. .	0	2	0	35
71 Gynaecology	78	51	65	38	33	20	27	15	24	15	4	4	2	2	4	2	237	147
Major City	34	31	27	18	9	9	9	7	8	8	. .	. .	2	2	. .	. .	89	75
Regional	44	20	38	20	21	10	11	6	15	7	4	4	0	0	1	1	134	68
Remote	0	0	0	0	3	1	7	2	1	0	0	0	. .	. .	3	1	14	4
72 Obstetrics	84	77	59	46	46	34	32	27	25	20	4	3	2	2	5	4	257	213
Major City	31	29	20	16	8	7	9	8	5	5	. .	. .	2	2	. .	. .	75	67
Regional	51	47	39	30	32	25	15	12	19	14	4	3	0	0	1	1	161	132
Remote	2	1	0	0	6	2	8	7	1	1	0	0	. .	. .	4	3	21	14
73 Qualified Neonate	42	37	30	24	19	17	8	6	6	6	2	2	2	2	3	2	112	96
Major City	26	24	15	14	9	7	5	4	4	4	. .	. .	2	2	. .	. .	61	55
Regional	16	13	15	10	9	9	3	1	2	2	2	2	0	0	1	1	48	38
Remote	0	0	0	0	1	1	0	1	0	0	0	0	. .	. .	2	1	3	3
75 Perinatology	25	25	20	17	17	16	3	2	3	4	2	2	2	2	2	2	74	70
Major City	17	18	13	12	9	9	2	2	3	4	. .	. .	2	2	. .	. .	46	47
Regional	8	7	7	5	8	7	1	0	0	0	2	2	0	0	1	1	27	22
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	1	1	1	1

(continued)

Table A4.1 (continued): Number of hospitals with more than 50 separations[(a)] and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, 2005–06

	NSW		Vic		Qld		WA		SA		Tas		ACT		NT		Total	
Service Related Group	**Seps**	**Days**	**Seps**	**Days**	**Seps**	**Days**	**Seps**	**Days**	**Seps**	**Days**	**Seps**	**Days**	**Seps**	**Days**	**Seps**	**Days**	**Seps**	**Days**
76 Definitive Paediatric Medicine	69	37	32	19	33	17	20	7	12	5	4	2	2	1	5	4	177	92
Major City	31	23	19	12	8	7	5	3	5	4	. .	. .	2	1	. .	. .	70	50
Regional	37	14	13	7	22	9	9	3	6	1	4	2	0	0	1	1	92	37
Remote	1	0	0	0	3	1	6	1	1	0	0	0	. .	. .	4	3	15	5
81 Drug & Alcohol	82	50	35	23	36	15	17	7	18	8	5	5	2	2	3	2	198	112
Major City	37	31	20	17	12	7	7	7	8	7	. .	. .	2	2	. .	. .	86	71
Regional	44	19	15	6	23	8	6	0	9	1	5	5	0	0	1	1	103	40
Remote	1	0	0	0	1	0	4	0	1	0	0	0	. .	. .	2	1	9	1
82 Acute Psychiatry	96	64	51	46	34	25	28	23	26	14	6	7	2	2	3	2	246	183
Major City	44	41	33	32	11	11	10	12	9	9	. .	. .	2	2	. .	. .	109	107
Regional	50	22	18	14	22	12	12	9	16	4	6	7	0	0	1	1	125	69
Remote	2	1	0	0	1	2	6	2	1	1	0	0	. .	. .	2	1	12	7
84 Rehabilitation	64	73	35	41	20	36	8	13	10	10	3	4	2	2	1	1	143	180
Major City	35	37	20	21	9	11	7	8	6	6	. .	. .	2	2	. .	. .	79	85
Regional	29	36	15	20	11	24	1	5	4	4	3	4	0	0	1	1	64	94
Remote	0	0	0	0	0	1	0	0	0	0	0	0	. .	. .	0	0	0	1
85 Non Acute Geriatric	1	1	3	13	1	1	0	0	0	0	0	0	0	0	1	1	6	16
Major City	0	0	3	12	1	1	0	0	0	0	. .	. .	0	0	. .	. .	4	13
Regional	1	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	2	3
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
86 Palliative Care	0	2	1	3	0	0	0	0	0	0	0	0	0	1	0	0	1	6
Major City	0	2	1	3	0	0	0	0	0	0	. .	. .	0	1	. .	. .	1	6
Regional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
87 Maintenance	0	1	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	4
Major City	0	1	0	0	0	1	0	0	0	1	. .	. .	0	0	. .	. .	0	3
Regional	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	0	0	0	0
88 Acute Definitive Geriatrics	59	83	45	54	21	29	11	16	9	10	3	6	2	2	2	2	152	202
Major City	35	43	29	31	10	10	7	12	8	8	. .	. .	2	2	. .	. .	91	106
Regional	24	40	16	23	11	19	4	4	1	2	3	6	0	0	1	1	60	95
Remote	0	0	0	0	0	0	0	0	0	0	0	0	. .	. .	1	1	1	1
99 Unallocated	14	23	8	11	4	6	4	4	2	4	1	2	1	1	1	2	35	53
Major City	13	19	8	10	4	3	4	4	2	4	. .	. .	1	1	. .	. .	32	41
Regional	0	3	0	1	0	3	0	0	0	0	1	2	0	0	1	1	2	10
Remote	1	1	0	0	0	0	0	0	0	0	0	0	. .	. .	0	1	1	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.

. . Not applicable.

Note: Rows for regions with no apparent units are not shown. Service related groups definitions using Version 5.0 AR DRGs

Appendix 5: Potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisation may indicate an increased prevalence of the conditions in the community or poorer functioning of the non-hospital care system. On the other hand it may indicate an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive—there are other hospital admissions 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 report. 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) 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 Table A1.9 accompanying this report on the Internet.

Tables A5.1, A5.2 and A5.3 present the number of separations, the proportion of residents treated in hospitals outside their state of residence and the age-standardised separation rates for each PPH condition for the state or territory (Table A5.1) or Remoteness Area of usual residence of the patient (Table A5.2) or the quintile of socioeconomic advantage/disadvantage (Table A5.3; see Appendix 1 for information on geographical data). These tables also include the standardised separation rate ratio (SRR) against the national total as well as the 95% confidence interval of the SRR. Statistics are presented for the total PPH rate, the rates for each of the three broad PPH categories as well as rates for individual conditions.

There were 676,526 selected potentially preventable hospitalisations in Australia in 2005–06, 9.3% of all separations, which translates to a rate of 32.0 per 1,000 population. The rates ranged from 21.9 per 1,000 population in the Australian Capital Territory to 47.3 per 1,000 population in the Northern Territory. The separation rate for *Vaccine-preventable* PPHs in the

Northern Territory was 3 times the national rate, and the separation rate for the Australian Capital Territory was 0.6 times the national rate.

Table A5.2 highlights that rates were higher for the more remote areas for most PPHs. For example, the rate for *Diabetes complications* in *Major cities* was 8.8 per 1,000 population, 9.9 for *Inner regional*, 13.4 for *Outer regional*, 25.2 for *Remote* and 28.0 for *Very remote* areas.

Table A5.3 presents these data by quintile of socioeconomic advantage/disadvantage using the SEIFA 2001 Index of Socio-Economic Advantage/Disadvantage (ABS 2004) of the statistical local area of the patient's usual residence (see Appendix 1). The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the *Most advantaged* quintile represents the areas containing the 20% of the population with the most advantage /least disadvantage.

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 1.6 for the total of all PPHs. Of the PPH categories, hospitalisation rates for *Angina, COPD, Diabetes complications, Rheumatic heart disease* and *Hypertension* were at least twice as common for the *Most disadvantaged quintile* than for the *Most advantaged quintile*. There was no difference in separation rates for *Other vaccine-preventable conditions, Iron deficiency anaemia* and *Appendicitis with generalised peritonitis* between the *Most advantaged* and *Most disadvantaged* quintiles.

Table A5.1: Separation statistics[a] for selected potentially preventable hospitalisations[b], by state or territory of usual residence, all hospitals, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[c]
Vaccine-preventable conditions									
Influenza and pneumonia									
Separations[d]	3,718	2,125	2,229	1,331	928	231	108	258	10,939
Separations not within state of residence (%)	3	2	2	2	3	4	7	5	
Separation rate[e]	0.52	0.40	0.56	0.67	0.56	0.44	0.36	1.40	0.52
Standardised separation rate ratio (SRR)	1.00	0.77	1.07	1.28	1.08	0.85	0.70	2.68	
95% confidence interval of SRR	0.97–1.04	0.74–0.80	1.03–1.12	1.21–1.35	1.01–1.15	0.74–0.95	0.57–0.83	2.35–3.01	
Other vaccine-preventable conditions									
Separations[d]	953	999	543	212	192	29	22	127	3,082
Separations not within state of residence (%)	1	0	1	0	2	12	5	2	
Separation rate[e]	0.14	0.19	0.13	0.10	0.12	0.06	0.07	0.63	0.15
Standardised separation rate ratio (SRR)	0.93	1.30	0.90	0.70	0.81	0.41	0.45	4.22	
95% confidence interval of SRR	0.88–0.99	1.22–1.38	0.83–0.98	0.60–0.79	0.69–0.92	0.26–0.56	0.26–0.64	3.49–4.96	
Total vaccine-preventable conditions									
Separations[d]	4,670	3,119	2,765	1,542	1,115	260	130	382	13,999
Proportion of total separations[d](%)	0.2	0.2	0.2	0.2	0.2	n.p.	n.p.	n.p.	0.2
Separations not within state of residence (%)	1	0	1	0	2	12	5	2	
Separation rate[e]	0.66	0.59	0.69	0.77	0.68	0.50	0.43	2.01	0.67
Standardised separation rate ratio (SRR)	0.99	0.89	1.03	1.15	1.02	0.75	0.64	3.00	
95% confidence interval of SRR	0.96–1.02	0.86–0.92	0.99–1.07	1.10–1.21	0.96–1.08	0.66–0.84	0.53–0.76	2.70–3.31	
Acute conditions									
Appendicitis with generalised peritonitis									
Separations[d]	1,041	870	575	394	251	57	57	63	3,310
Separations not within state of residence (%)	3	2	3	2	2	2	6	0	
Separation rate[e]	0.15	0.17	0.14	0.19	0.16	0.12	0.17	0.30	0.16
Standardised separation rate ratio (SRR)	0.95	1.06	0.88	1.19	1.01	0.71	1.07	1.84	
95% confidence interval of SRR	0.89–1.01	0.99–1.14	0.81–0.95	1.07–1.31	0.89–1.14	0.53–0.90	0.80–1.35	1.39–2.30	
Cellulitis									
Separations[d]	11,219	8,527	6,488	3,024	2,472	598	430	848	33,643
Separations not within state of residence (%)	3	2	2	1	2	3	8	2	
Separation rate[e]	1.57	1.61	1.62	1.50	1.44	1.15	1.41	4.69	1.59
Standardised separation rate ratio (SRR)	0.98	1.01	1.02	0.94	0.91	0.72	0.88	2.95	
95% confidence interval of SRR	0.97–1.00	0.99–1.03	0.99–1.04	0.91–0.98	0.87–0.94	0.67–0.78	0.80–0.97	2.75–3.14	

(continued)

Table A5.1 (continued): Separation statistics[a] for selected potentially preventable hospitalisations [b], by state or territory of usual residence, all hospitals, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[c]
Convulsions and epilepsy									
Separations[d]	11,449	7,467	6,048	2,913	2,561	753	497	636	32,357
Separations not within state of residence (%)	3	1	3	1	3	7	9	4	
Separation rate[e]	1.70	1.48	1.53	1.46	1.69	1.58	1.58	3.15	1.59
Standardised separation rate ratio (SRR)	1.06	0.93	0.96	0.91	1.06	0.99	0.99	1.97	
95% confidence interval of SRR	1.04–1.08	0.91–0.95	0.93–0.98	0.88–0.95	1.02–1.10	0.92–1.06	0.90–1.07	1.82–2.13	
Dehydration and gastroenteritis									
Separations[d]	15,086	14,432	9,483	4,014	4,599	1,024	464	322	49,478
Separations not within state of residence (%)	3	1	2	1	1	2	10	10	
Separation rate[e]	2.12	2.74	2.36	1.98	2.72	1.98	1.49	1.94	2.34
Standardised separation rate ratio (SRR)	0.90	1.17	1.01	0.85	1.16	0.85	0.63	0.83	
95% confidence interval of SRR	0.89–0.92	1.15–1.19	0.99–1.03	0.82–0.87	1.13–1.19	0.80–0.90	0.58–0.69	0.74–0.92	
Dental conditions									
Separations[d]	14,694	14,690	10,611	6,933	4,601	847	513	397	53,318
Separations not within state of residence (%)	4	1	1	0	0	2	3	5	
Separation rate[e]	2.20	2.97	2.67	3.47	3.05	1.78	1.66	1.79	2.65
Standardised separation rate ratio (SRR)	0.83	1.12	1.01	1.31	1.15	0.67	0.63	0.67	
95% confidence interval of SRR	0.82–0.84	1.10–1.14	0.99–1.03	1.28–1.34	1.12–1.18	0.63–0.72	0.57–0.68	0.61–0.74	
Ear, nose and throat infections									
Separations[d]	11,067	6,783	6,982	3,198	3,620	586	356	517	33,142
Separations not within state of residence (%)	3	2	2	1	1	2	6	3	
Separation rate[e]	1.67	1.39	1.77	1.63	2.54	1.24	1.10	2.20	1.67
Standardised separation rate ratio (SRR)	1.00	0.83	1.06	0.97	1.52	0.74	0.66	1.32	
95% confidence interval of SRR	0.98–1.02	0.81–0.85	1.04–1.09	0.94–1.01	1.47–1.57	0.68–0.80	0.59–0.73	1.20–1.43	
Gangrene									
Separations[d]	1,024	1,120	794	526	446	61	24	108	4,107
Separations not within state of residence (%)	5	1	2	0	0	2	20	1	
Separation rate[e]	0.14	0.21	0.20	0.26	0.24	0.11	0.08	0.64	0.19
Standardised separation rate ratio (SRR)	0.73	1.08	1.03	1.35	1.28	0.60	0.41	3.36	
95% confidence interval of SRR	0.68–0.77	1.02–1.15	0.96–1.10	1.24–1.47	1.16–1.40	0.45–0.75	0.25–0.57	2.73–3.99	

(continued)

Table A5.1 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by state or territory of usual residence, all hospitals, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[c]
Pelvic inflammatory disease									
Separations[d]	1,616	1,327	1,157	561	400	125	97	134	5,422
Separations not within state of residence (%)	4	1	1	1	2	0	18	3	
Separation rate[e]	0.24	0.26	0.29	0.28	0.27	0.28	0.29	0.60	0.27
Standardised separation rate ratio (SRR)	0.90	0.98	1.09	1.03	1.00	1.04	1.07	2.23	
95% confidence interval of SRR	0.86–0.94	0.93–1.04	1.03–1.15	0.94–1.11	0.90–1.10	0.86–1.22	0.85–1.28	1.85–2.60	
Perforated/bleeding ulcer									
Separations[d]	1,742	1,437	835	533	479	132	79	34	5,274
Separations not within state of residence (%)	5	1	2	1	1	1	7	6	
Separation rate[e]	0.24	0.26	0.21	0.27	0.26	0.24	0.27	0.30	0.24
Standardised separation rate ratio (SRR)	0.97	1.08	0.85	1.11	1.07	0.98	1.11	1.22	
95% confidence interval of SRR	0.92–1.01	1.02–1.14	0.80–0.91	1.01–1.20	0.97–1.16	0.81–1.15	0.87–1.36	0.81–1.64	
Pyelonephritis									
Separations[d]	15,134	12,534	8,810	4,014	3,423	824	621	443	45,830
Separations not within state of residence (%)	2	1	2	1	1	2	2	3	
Separation rate[e]	2.08	2.33	2.20	2.01	1.94	1.56	2.12	3.00	2.14
Standardised separation rate ratio (SRR)	0.97	1.09	1.03	0.94	0.91	0.73	0.99	1.40	
95% confidence interval of SRR	0.95–0.99	1.07–1.11	1.01–1.05	0.91–0.97	0.88–0.94	0.68–0.78	0.91–1.06	1.27–1.53	
Total acute conditions									
Separations[d]	84,035	69,143	51,760	26,099	22,841	5,004	3,137	3,498	265,747
Proportion of total separations[d](%)	3.8	3.5	3.6	3.6	3.9	n.p.	n.p.	n.p.	3.6
Separations not within state of residence (%)	3	1	2	1	1	3	6	4	
Separation rate[e]	12.09	13.41	12.98	13.03	14.31	10.04	10.15	18.57	12.85
Standardised separation rate ratio (SRR)	0.94	1.04	1.01	1.01	1.11	0.78	0.79	1.45	
95% confidence interval of SRR	0.94–0.95	1.04–1.05	1.00–1.02	1.00–1.03	1.10–1.13	0.76–0.80	0.76–0.82	1.40–1.49	
Chronic conditions									
Angina									
Separations[d]	12,100	10,346	10,196	3,153	3,182	1,031	369	404	40,811
Separations not within state of residence (%)	3	2	3	1	2	2	4	3	
Separation rate[e]	1.62	1.88	2.52	1.57	1.70	1.81	1.32	3.05	1.87
Standardised separation rate ratio (SRR)	0.87	1.01	1.35	0.84	0.91	0.97	0.70	1.63	
95% confidence interval of SRR	0.85–0.88	0.99–1.03	1.32–1.37	0.81–0.87	0.88–0.94	0.91–1.03	0.63–0.78	1.48–1.79	

(continued)

Table A5.1 (continued): Separation statistics[a] for selected potentially preventable hospitalisations [b], by state or territory of usual residence, all hospitals, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[c]
Asthma									
Separations[d]	12,936	9,193	6,590	3,625	4,036	652	371	376	37,812
Separations not within state of residence (%)	1	2	4	1	2	3	5	3	
Separation rate[e]	1.96	1.88	1.67	1.84	2.79	1.38	1.17	1.71	1.90
Standardised separation rate ratio (SRR)	1.03	0.99	0.88	0.97	1.47	0.73	0.62	0.90	
95% confidence interval of SRR	1.01–1.05	0.97–1.01	0.86–0.90	0.94–1.00	1.42–1.51	0.67–0.78	0.56–0.68	0.81–0.99	
Chronic obstructive pulmonary disease									
Separations[d]	19,072	13,724	11,152	4,937	5,799	1,456	501	749	57,422
Separations not within state of residence (%)	2	1	2	1	1	2	3	2	
Separation rate[e]	2.54	2.49	2.79	2.51	3.09	2.57	1.87	5.52	2.64
Standardised separation rate ratio (SRR)	0.97	0.94	1.06	0.95	1.17	0.98	0.71	2.09	
95% confidence interval of SRR	0.95–0.98	0.93–0.96	1.04–1.08	0.92–0.98	1.14–1.20	0.93–1.03	0.65–0.77	1.94–2.24	
Congestive cardiac failure									
Separations[d]	13,773	11,773	7,673	3,841	3,810	965	448	338	42,648
Separations not within state of residence (%)	2	2	2	2	2	2	2	3	
Separation rate[e]	1.77	2.06	1.91	1.94	1.91	1.66	1.70	2.65	1.91
Standardised separation rate ratio (SRR)	0.93	1.08	1.00	1.02	1.00	0.87	0.89	1.39	
95% confidence interval of SRR	0.91–0.95	1.06–1.10	0.98–1.03	0.99–1.05	0.97–1.03	0.82–0.93	0.81–0.97	1.24–1.54	
Diabetes complications									
Separations[d]	51,577	47,813	37,720	50,114	14,537	6,999	1,438	2,063	212,442
Separations not within state of residence (%)	7	9	9	25	8	13	5	14	
Separation rate[e]	7.01	8.82	9.39	24.74	8.09	12.75	5.14	14.30	9.87
Standardised separation rate ratio (SRR)	0.71	0.89	0.95	2.51	0.82	1.29	0.52	1.45	
95% confidence interval of SRR	0.70–0.72	0.89–0.90	0.94–0.96	2.48–2.53	0.81–0.83	1.26–1.32	0.49–0.55	1.39–1.51	
Hypertension									
Separations[d]	2,212	1,310	1,456	426	537	136	45	39	6,167
Separations not within state of residence (%)	3	2	2	1	1	2	0	0	
Separation rate[e]	0.30	0.24	0.36	0.21	0.29	0.25	0.16	0.28	0.28
Standardised separation rate ratio (SRR)	1.05	0.84	1.27	0.74	1.03	0.86	0.56	0.97	
95% confidence interval of SRR	1.01–1.09	0.80–0.89	1.21–1.34	0.67–0.81	0.94–1.12	0.72–1.01	0.39–0.72	0.67–1.28	

(continued)

Table A5.1 (continued): Separation statistics[a] for selected potentially preventable hospitalisations [b], by state or territory of usual residence, all hospitals, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[c]
Iron deficiency anaemia									
Separations[d]	6,282	7,965	3,500	2,539	1,814	585	215	192	23,109
Separations not within state of residence (%)	3	0	1	0	0	0	2	1	
Separation rate[e]	0.86	1.48	0.87	1.27	1.02	1.07	0.75	1.21	1.08
Standardised separation rate ratio (SRR)	0.79	1.37	0.81	1.18	0.95	0.99	0.69	1.12	
95% confidence interval of SRR	0.77–0.81	1.34–1.40	0.78–0.84	1.13–1.22	0.91–0.99	0.91–1.07	0.60–0.79	0.97–1.28	
Nutritional deficiencies									
Separations[d]	47	48	21	20	5	0	3	7	152
Separations not within state of residence (%)	0	0	0	0	0	0	0	0	
Separation rate[e]	0.01	0.01	0.01	0.01	0.00	0.00	0.01	0.03	0.01
Standardised separation rate ratio (SRR)	0.91	1.27	0.71	1.36	0.47	0.00	1.41	3.68	
95% confidence interval of SRR	0.65–1.17	0.91–1.62	0.41–1.01	0.76–1.95	0.06–0.88	n.a.	-0.19–3.00	0.95–6.41	
Rheumatic heart disease[f]									
Separations[d]	615	554	664	211	159	47	11	174	2,438
Separations not within state of residence (%)	9	1	1	1	2	7	10	57	
Separation rate[e]	0.08	0.10	0.17	0.11	0.09	0.08	0.04	0.82	0.11
Standardised separation rate ratio (SRR)	0.74	0.89	1.45	0.92	0.77	0.73	0.37	7.15	
95% confidence interval of SRR	0.68–0.79	0.82–0.97	1.34–1.56	0.80–1.05	0.65–0.89	0.52–0.94	0.15–0.59	6.09–8.22	
Total chronic conditions									
Separations[d]	111,563	96,547	74,433	66,861	31,749	11,426	3,186	4,063	400,145
Proportion of total separations[d](%)	5.0	4.9	5.2	9.4	5.4	n.p.	n.p.	n.p.	5.5
Separations not within state of residence (%)	4	1	2	0	2	1	4	9	
Separation rate[e]	15.21	17.84	18.56	33.19	17.87	20.80	11.34	27.34	18.62
Standardised separation rate ratio (SRR)	0.82	0.96	1.00	1.78	0.96	1.12	0.61	1.47	
95% confidence interval of SRR	0.81–0.82	0.95–0.96	0.99–1.00	1.77–1.80	0.95–0.97	1.10–1.14	0.59–0.63	1.42–1.51	
Total selected potentially preventable hospitalisations									
Separations[d]	199,288	168,000	128,310	94,043	55,427	16,631	6,434	7,832	676,526
Proportion of total separations[d](%)	9.0	8.5	8.9	13.2	9.3	n.p.	n.p.	n.p.	9.3
Separations not within state of residence (%)	3	1	2	0	2	2	5	6	
Separation rate[e]	27.83	31.70	32.07	46.76	32.71	31.23	21.86	47.29	31.98
Standardised separation rate ratio (SRR)	0.87	0.99	1.00	1.46	1.02	0.98	0.68	1.48	
95% confidence interval of SRR	0.87–0.87	0.99–1.00	1.00–1.01	1.45–1.47	1.01–1.03	0.96–0.99	0.67–0.70	1.45–1.51	

(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 Table A1.9 accompanying this report on the Internet.
(c) Includes other territories and excludes overseas residents and unknown state of residence.
(d) Excludes multiple diagnoses for the same separation within the same group.
(e) Rate per 1,000 population was directly age-standardised as detailed in Appendix 1.
(f) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.
n.p. Not published

Table A5.2: Separation statistics[a] for selected potentially preventable hospitalisations[b], by Remoteness Area of usual residence, all hospitals, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[c]
Vaccine-preventable conditions						
Influenza and pneumonia						
Separations[d]	6,414	2,374	1,482	355	304	10,939
Separation rate[e]	0.47	0.51	0.69	1.14	1.75	0.53
Standardised separation rate ratio (SRR)	0.90	0.97	1.31	2.17	3.32	
95% confidence interval of SRR	0.88–0.92	0.93–1.01	1.24–1.38	1.94–2.40	2.95–3.69	
Other vaccine-preventable conditions						
Separations[d]	2,337	393	191	73	83	3,082
Separation rate[e]	0.17	0.09	0.09	0.23	0.46	0.15
Standardised separation rate ratio (SRR)	1.15	0.61	0.61	1.51	3.10	
95% confidence interval of SRR	1.10–1.20	0.55–0.67	0.52–0.70	1.16–1.86	2.43–3.77	
Total vaccine-preventable						
Separations[d]	8,736	2,766	1,671	428	383	13,999
Proportion of total separations(%)	0.2	0.2	0.2	0.4	0.5	0.2
Separation rate[e]	0.64	0.60	0.78	1.37	2.19	0.67
Standardised separation rate ratio (SRR)	0.96	0.90	1.16	2.04	3.27	
95% confidence interval of SRR	0.94–0.98	0.86–0.93	1.11–1.22	1.85–2.24	2.94–3.60	
Acute conditions						
Appendicitis with generalised peritonitis						
Separations[d]	2,143	635	426	57	47	3,310
Separation rate[e]	0.16	0.15	0.21	0.18	0.25	0.16
Standardised separation rate ratio (SRR)	1.00	0.94	1.31	1.13	1.56	
95% confidence interval of SRR	0.96–1.04	0.86–1.01	1.19–1.44	0.83–1.42	1.12–2.01	
Cellulitis						
Separations[d]	19,776	7,529	4,342	999	957	33,643
Separation rate[e]	1.44	1.65	2.04	3.18	5.71	1.61
Standardised separation rate ratio (SRR)	0.89	1.02	1.27	1.98	3.55	
95% confidence interval of SRR	0.88–0.91	1.00–1.05	1.23–1.30	1.85–2.10	3.32–3.77	
Convulsions and epilepsy						
Separations[d]	19,610	6,919	3,948	1,039	792	32,357
Separation rate[e]	1.47	1.64	1.94	3.15	4.37	1.60
Standardised separation rate ratio (SRR)	0.92	1.03	1.21	1.97	2.73	
95% confidence interval of SRR	0.91–0.93	1.00–1.05	1.17–1.25	1.85–2.09	2.54–2.92	

(continued)

Table A5.2 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by Remoteness Area of usual residence, all hospitals, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[c]
Dehydration and gastroenteritis						
Separations[d]	30,254	11,328	6,276	996	569	49,478
Separation rate[e]	2.18	2.52	2.99	3.31	3.78	2.36
Standardised separation rate ratio (SRR)	0.92	1.07	1.27	1.40	1.60	
95% confidence interval of SRR	0.91–0.93	1.05–1.09	1.24–1.30	1.32–1.49	1.47–1.73	
Dental conditions						
Separations[d]	32,547	12,582	6,493	1,049	638	53,318
Separation rate[e]	2.47	2.98	3.12	3.08	3.12	2.66
Standardised separation rate ratio (SRR)	0.93	1.12	1.17	1.16	1.17	
95% confidence interval of SRR	0.92–0.94	1.10–1.14	1.14–1.20	1.09–1.23	1.08–1.26	
Ear, nose and throat infections						
Separations[d]	19,176	7,241	4,899	1,062	730	33,142
Separation rate[e]	1.48	1.75	2.42	3.13	3.50	1.68
Standardised separation rate ratio (SRR)	0.88	1.04	1.44	1.86	2.08	
95% confidence interval of SRR	0.87–0.89	1.02–1.07	1.40–1.48	1.75–1.98	1.93–2.23	
Gangrene						
Separations[d]	2,531	838	448	133	152	4,107
Separation rate[e]	0.18	0.18	0.21	0.42	0.96	0.19
Standardised separation rate ratio (SRR)	0.95	0.95	1.11	2.21	5.05	
95% confidence interval of SRR	0.91–0.98	0.88–1.01	1.00–1.21	1.83–2.59	4.25–5.86	
Pelvic inflammatory disease						
Separations[d]	3,328	1,183	611	124	171	5,422
Separation rate[e]	0.24	0.30	0.32	0.40	0.92	0.27
Standardised separation rate ratio (SRR)	0.89	1.11	1.19	1.48	3.41	
95% confidence interval of SRR	0.86–0.92	1.05–1.17	1.09–1.28	1.22–1.74	2.90–3.92	
Perforated/bleeding ulcer						
Separations[d]	3,557	1,119	524	54	18	5,274
Separation rate[e]	0.25	0.23	0.23	0.20	0.15	0.25
Standardised separation rate ratio (SRR)	1.00	0.92	0.92	0.80	0.60	
95% confidence interval of SRR	0.97–1.03	0.87–0.97	0.84–1.00	0.59–1.01	0.32–0.88	

(continued)

Table A5.2 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by Remoteness Area of usual residence, all hospitals, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[c]
Pyelonephritis						
Separations[d]	30,311	9,325	4,736	818	614	45,830
Separation rate[e]	2.18	2.00	2.21	2.78	4.12	2.17
Standardised separation rate ratio (SRR)	1.00	0.92	1.02	1.28	1.90	
95% confidence interval of SRR	0.99–1.02	0.90–0.94	0.99–1.05	1.19–1.37	1.75–2.05	
Total acute conditions						
Separations[d]	163,137	58,678	32,688	6,330	4,687	265,747
Proportion of total separations(%)	3.4	3.8	4.2	5.6	5.7	3.6
Separation rate[e]	12.05	13.38	15.68	19.80	26.87	12.95
Standardised separation rate ratio (SRR)	0.93	1.03	1.21	1.53	2.07	
95% confidence interval of SRR	0.93–0.94	1.02–1.04	1.20–1.22	1.49–1.57	2.02–2.13	
Chronic conditions						
Angina						
Separations[d]	22,413	11,813	5,459	659	437	40,811
Separation rate[e]	1.61	2.38	2.40	2.23	3.13	1.89
Standardised separation rate ratio (SRR)	0.85	1.26	1.27	1.18	1.66	
95% confidence interval of SRR	0.84–0.86	1.24–1.28	1.24–1.30	1.09–1.27	1.50–1.81	
Asthma						
Separations[d]	24,107	7,780	4,418	903	561	37,812
Separation rate[e]	1.87	1.84	2.13	2.69	3.02	1.91
Standardised separation rate ratio (SRR)	0.98	0.96	1.12	1.41	1.58	
95% confidence interval of SRR	0.97–0.99	0.94–0.98	1.08–1.15	1.32–1.50	1.45–1.71	
Chronic obstructive pulmonary disease						
Separations[d]	33,341	14,089	7,780	1,313	864	57,422
Separation rate[e]	2.40	2.80	3.43	4.72	6.69	2.67
Standardised separation rate ratio (SRR)	0.90	1.05	1.28	1.77	2.51	
95% confidence interval of SRR	0.89–0.91	1.03–1.07	1.26–1.31	1.67–1.86	2.34–2.67	
Congestive cardiac failure						
Separations[d]	26,190	10,041	5,180	711	506	42,648
Separation rate[e]	1.83	1.98	2.30	2.63	3.96	1.94
Standardised separation rate ratio (SRR)	0.94	1.02	1.19	1.36	2.04	
95% confidence interval of SRR	0.93–0.95	1.00–1.04	1.15–1.22	1.26–1.46	1.86–2.22	

(continued)

Table A5.2 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by Remoteness Area of usual residence, all hospitals, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[c]
Diabetes complications						
Separations[d]	120,988	48,775	30,489	8,027	4,097	212,442
Separation rate[e]	8.81	9.92	13.43	25.15	28.00	9.97
Standardised separation rate ratio (SRR)	0.88	0.99	1.35	2.52	2.81	
95% confidence interval of SRR	0.88–0.89	0.99–1.00	1.33–1.36	2.47–2.58	2.72–2.89	
Hypertension						
Separations[d]	2,818	1,566	1,351	266	159	6,167
Separation rate[e]	0.20	0.32	0.61	0.95	1.14	0.29
Standardised separation rate ratio (SRR)	0.69	1.10	2.10	3.28	3.93	
95% confidence interval of SRR	0.66–0.72	1.05–1.16	1.99–2.22	2.88–3.67	3.32–4.54	
Iron deficiency anaemia						
Separations[d]	15,890	4,848	2,007	209	152	23,109
Separation rate[e]	1.15	1.01	0.91	0.72	1.03	1.09
Standardised separation rate ratio (SRR)	1.06	0.93	0.83	0.66	0.94	
95% confidence interval of SRR	1.04–1.07	0.90–0.95	0.80–0.87	0.57–0.75	0.79–1.10	
Nutritional deficiencies						
Separations[d]	111	19	14	1	6	152
Separation rate[e]	0.01	0.00	0.01	0.00	0.02	0.01
Standardised separation rate ratio (SRR)	1.00	0.00	1.00	0.00	2.00	
95% confidence interval of SRR	0.81–1.19	n.p.	n.p.	n.p.	n.p.	
Rheumatic heart disease[f]						
Separations[d]	1,313	514	332	93	185	2,438
Separation rate[e]	0.10	0.10	0.15	0.30	0.98	0.12
Standardised separation rate ratio (SRR)	0.83	0.83	1.25	2.50	8.17	
95% confidence interval of SRR	0.79–0.88	0.76–0.91	1.12–1.38	1.99–3.01	6.99–9.34	
Total chronic conditions						
Separations[d]	233,051	94,242	54,202	11,808	6,646	400,145
Proportion of total separations(%)	4.9	6.1	7.0	10.4	8.0	5.5
Separation rate[e]	16.96	19.33	24.12	38.09	45.57	18.82
Standardised separation rate ratio (SRR)	0.90	1.03	1.28	2.02	2.42	
95% confidence interval of SRR	0.90–0.90	1.02–1.03	1.27–1.29	1.99–2.06	2.36–2.48	

(continued)

Table A5.2 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by Remoteness Area of usual residence, all hospitals, 2005–06

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[c]
Total potentially preventable hospitalisations						
Separations[d]	402,936	155,023	88,106	18,453	11,573	676,526
Proportion of total separations(%)	8.4	10.1	11.4	16.2	14.0	9.3
Separation rate[e]	29.51	33.18	40.38	58.91	73.72	32.28
Standardised separation rate ratio (SRR)	0.91	1.03	1.25	1.82	2.28	
95% confidence interval of SRR	0.91–0.92	1.02–1.03	1.24–1.26	1.80–1.85	2.24–2.33	

(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 Table A1.9 accompanying this report on the Internet.

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

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

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

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

Table A5.3: Separation statistics[a] for selected potentially preventable hospitalisations[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Vaccine-preventable conditions						
Influenza and pneumonia						
Separations[e]	2,711	2,342	2,193	1,809	1,874	10,939
Separation rate[f]	0.64	0.57	0.51	0.45	0.47	0.53
Standardised separation rate ratio (SRR)	1.21	1.07	0.97	0.86	0.89	0.00
95% confidence interval of SRR	1.17–1.26	1.03–1.12	0.93–1.01	0.82–0.90	0.85–0.93	0.0
Other vaccine-preventable conditions						
Separations[e]	711	549	549	557	711	3,082
Separation rate[f]	0.17	0.14	0.13	0.14	0.17	0.15
Standardised separation rate ratio (SRR)	1.17	0.91	0.86	0.92	1.15	0.00
95% confidence interval of SRR	1.08–1.26	0.83–0.99	0.79–0.93	0.84–1.00	1.07–1.24	0.0
Total vaccine-preventable						
Separations[e]	3,412	2,887	2,740	2,366	2,579	13,999
Proportion of total separations (%)	0.2	0.2	0.2	0.2	0.2	0.2
Separation rate[f]	0.81	0.70	0.64	0.59	0.64	0.67
Standardised separation rate ratio (SRR)	1.20	1.04	0.95	0.87	0.95	0.00
95% confidence interval of SRR	1.16–1.24	1.00–1.08	0.91–0.99	0.84–0.91	0.91–0.99	0.0
Acute conditions						
Appendicitis with generalised peritonitis						
Separations[e]	656	663	623	703	663	3,310
Separation rate[f]	0.16	0.17	0.15	0.18	0.17	0.16
Standardised separation rate ratio (SRR)	1.00	1.01	0.89	1.08	1.02	0
95% confidence interval of SRR	0.93–1.08	0.94–1.09	0.82–0.96	1.00–1.16	0.94–1.10	0
Cellulitis						
Separations[e]	8,268	7,133	6,630	5,932	5,641	33,643
Separation rate[f]	1.96	1.73	1.55	1.46	1.34	1.61
Standardised separation rate ratio (SRR)	1.22	1.08	0.96	0.91	0.83	0
95% confidence interval of SRR	1.19–1.25	1.05–1.10	0.94–0.99	0.89–0.93	0.81–0.85	0
Convulsions and epilepsy						
Separations[e]	7,892	6,781	6,782	5,762	5,092	32,357
Separation rate[f]	2.01	1.70	1.59	1.44	1.30	1.60
Standardised separation rate ratio (SRR)	1.25	1.06	0.99	0.90	0.81	0
95% confidence interval of SRR	1.22–1.28	1.03–1.09	0.97–1.01	0.88–0.92	0.79–0.83	0

(continued)

Table A5.3 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Dehydration and gastroenteritis						
Separations[e]	11,854	10,483	9,064	9,319	8,705	49,478
Separation rate[f]	2.83	2.57	2.12	2.28	2.03	2.36
Standardised separation rate ratio (SRR)	1.20	1.09	0.90	0.97	0.86	
95% confidence interval of SRR	1.18–1.22	1.07–1.11	0.88–0.92	0.95–0.99	0.84–0.88	
Dental conditions						
Separations[e]	10,931	11,846	10,790	9,917	9,825	53,318
Separation rate[f]	2.75	2.98	2.52	2.51	2.55	2.66
Standardised separation rate ratio (SRR)	1.04	1.12	0.95	0.94	0.96	
95% confidence interval of SRR	1.02–1.05	1.10–1.14	0.93–0.97	0.92–0.96	0.94–0.98	
Ear, nose and throat infections						
Separations[e]	8,303	7,507	6,919	5,719	4,662	33,142
Separation rate[f]	2.12	1.90	1.62	1.46	1.26	1.68
Standardised separation rate ratio (SRR)	1.26	1.13	0.97	0.87	0.75	
95% confidence interval of SRR	1.24–1.29	1.11–1.16	0.94–0.99	0.85–0.89	0.73–0.77	
Gangrene						
Separations[e]	1,013	965	764	812	548	4,107
Separation rate[f]	0.23	0.23	0.18	0.20	0.13	0.19
Standardised separation rate ratio (SRR)	1.20	1.19	0.92	1.04	0.65	
95% confidence interval of SRR	1.13–1.28	1.11–1.26	0.86–0.99	0.97–1.11	0.60–0.70	
Pelvic inflammatory disease						
Separations[e]	1,244	1,068	1,173	1,069	864	5,422
Separation rate[f]	0.34	0.28	0.28	0.26	0.20	0.27
Standardised separation rate ratio (SRR)	1.25	1.03	1.03	0.96	0.76	
95% confidence interval of SRR	1.18–1.32	0.97–1.10	0.97–1.09	0.90–1.02	0.71–0.81	
Perforated/bleeding ulcer						
Separations[e]	1,228	1,080	1,051	968	945	5,274
Separation rate[f]	0.27	0.25	0.25	0.24	0.22	0.25
Standardised separation rate ratio (SRR)	1.10	1.03	1.00	0.97	0.88	
95% confidence interval of SRR	1.04–1.16	0.97–1.09	0.94–1.06	0.91–1.03	0.83–0.94	

(continued)

Table A5.3 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Pyelonephritis						
Separations[e]	10,405	9,573	9,059	8,654	8,115	45,830
Separation rate[f]	2.42	2.30	2.12	2.13	1.89	2.17
Standardised separation rate ratio (SRR)	1.11	1.06	0.98	0.98	0.87	0
95% confidence interval of SRR	1.09–1.13	1.04–1.08	0.96–1.00	0.96–1.00	0.85–0.89	0
Total acute conditions						
Separations[e]	61,755	57,076	52,829	48,834	45,035	265,747
Proportion of total separations (%)	4.0	3.8	3.7	3.5	3.2	3.6
Separation rate[f]	15.08	14.09	12.36	12.15	11.09	12.95
Standardised separation rate ratio (SRR)	1.16	1.09	0.96	0.94	0.86	0.00
95% confidence interval of SRR	1.16–1.17	1.08–1.10	0.95–0.96	0.93–0.95	0.85–0.86	0.0
Chronic conditions						
Angina						
Separations[e]	12,155	10,165	7,715	6,551	4,198	40,811
Separation rate[f]	2.63	2.36	1.80	1.62	0.96	1.89
Standardised separation rate ratio (SRR)	1.39	1.25	0.95	0.86	0.51	0
95% confidence interval of SRR	1.37–1.42	1.22–1.27	0.93–0.97	0.84–0.88	0.49–0.53	0
Asthma						
Separations[e]	9,324	8,117	8,131	6,908	5,289	37,812
Separation rate[f]	2.34	2.04	1.91	1.77	1.47	1.91
Standardised separation rate ratio (SRR)	1.22	1.07	1.00	0.93	0.77	0.00
95% confidence interval of SRR	1.20–1.25	1.04–1.09	0.98–1.02	0.91–0.95	0.75–0.79	0.0
Chronic obstructive pulmonary disease						
Separations[e]	16,754	13,045	11,472	9,123	6,994	57,422
Separation rate[f]	3.55	3.01	2.69	2.29	1.63	2.67
Standardised separation rate ratio (SRR)	1.33	1.13	1.01	0.86	0.61	0
95% confidence interval of SRR	1.31–1.35	1.11–1.15	0.99–1.03	0.84–0.88	0.60–0.63	0
Congestive cardiac failure						
Separations[e]	10,850	9,195	8,433	7,222	6,930	42,648
Separation rate[f]	2.31	2.10	1.97	1.76	1.51	1.94
Standardised separation rate ratio (SRR)	1.19	1.08	1.01	0.91	0.78	0
95% confidence interval of SRR	1.17–1.21	1.06–1.11	0.99–1.04	0.88–0.93	0.76–0.80	0

(continued)

Table A5.3 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total[d]
Diabetes complications						
Separations[e]	56,887	48,167	45,886	36,725	24,719	212,442
Separation rate[f]	12.34	11.25	10.76	9.17	5.94	9.97
Standardised separation rate ratio (SRR)	1.24	1.13	1.08	0.92	0.60	0.00
95% confidence interval of SRR	1.23–1.25	1.12–1.14	1.07–1.09	0.91–0.93	0.59–0.60	0.0
Hypertension						
Separations[e]	2,009	1,461	1,003	845	843	6,167
Separation rate[f]	0.45	0.34	0.23	0.21	0.20	0.29
Standardised separation rate ratio (SRR)	1.55	1.19	0.81	0.73	0.69	0
95% confidence interval of SRR	1.48–1.61	1.13–1.25	0.76–0.86	0.68–0.77	0.64–0.73	0
Iron deficiency anaemia						
Separations[e]	4,657	4,900	4,407	4,674	4,469	23,109
Separation rate[f]	1.04	1.16	1.03	1.15	1.05	1.09
Standardised separation rate ratio (SRR)	0.96	1.07	0.95	1.06	0.96	0
95% confidence interval of SRR	0.93–0.98	1.04–1.10	0.92–0.98	1.03–1.09	0.93–0.99	0
Nutritional deficiencies						
Separations[e]	35	27	40	27	22	152
Separation rate[f]	0.01	0.01	0.01	0.01	0.01	0.01
Standardised separation rate ratio (SRR)	1.17	0.88	1.25	0.92	0.74	0
95% confidence interval of SRR	0.78–1.56	0.55–1.22	0.86–1.64	0.57–1.26	0.43–1.05	0
Rheumatic heart disease[g]						
Separations[e]	753	462	432	429	361	2,438
Separation rate[f]	0.17	0.11	0.10	0.11	0.09	0.12
Standardised separation rate ratio (SRR)	1.50	0.94	0.87	0.94	0.76	0.00
95% confidence interval of SRR	1.39–1.60	0.85–1.03	0.79–0.95	0.85–1.03	0.68–0.84	0.0
Total chronic conditions						
Separations[e]	107,001	90,280	82,779	68,828	51,075	400,145
Proportion of total separations (%)	6.9	6.0	5.7	4.9	3.7	5.5
Separation rate[f]	23.48	21.16	19.39	17.17	12.22	18.82
Standardised separation rate ratio (SRR)	1.25	1.12	1.03	0.91	0.65	0.00
95% confidence interval of SRR	1.24–1.26	1.12–1.13	1.02–1.04	0.91–0.92	0.64–0.66	0.0

(continued)

Table A5.3 (continued): Separation statistics[a] for selected potentially preventable hospitalisations[b], by quintile of socioeconomic advantage/disadvantage[c], all hospitals, 2005–06

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged
Total potentially preventable hospitalisations					
Separations[e]	171,269	149,436	137,661	119,457	98,291
Proportion of total separations (%)	11.1	10.0	9.5	8.5	7.1
Separation rate[f]	39.17	35.77	32.24	29.77	23.86
Standardised separation rate ratio (SRR)	1.21	1.11	1.00	0.92	0.74
95% confidence interval of SRR	1.21–1.22	1.10–1.11	0.99–1.00	0.92–0.93	0.73–0.74

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

(b) These conditions are defined using ICD-10-AM codes in Table A1.9 accompanying this report on the Internet.

(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 residence area and excludes overseas residents and unknown state of residence.

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

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

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

Appendix 6: The state of our public hospitals, June 2007 report

The state of our public hospitals, June 2007 report is to be published by the Australian Government Department of Health and Ageing as a requirement of the Australian Health Care Agreements 2003–2008 that the Australian Government has signed with each of the states and territories. The report is expected to present a range of data on public hospitals relating to the years 1998–99 to 2005–06, using data supplied to the department by the states and territories, and some previously published data, including data in *Australian hospital statistics*.

Some of the statistics on public hospitals in *The state of our public hospitals, June 2007 report* may differ from statistics presented in *Australian hospital statistics 2005–06*. Although they are both based largely on the same National Minimum Data Sets specified in the *National heath data dictionary,* some differences result from minor variations in the analysis methods used to derive particular statistics.

Further notes on differences between the two reports will be published on the *Australian hospital statistics 2005–06* Internet site after *The state of our public hospitals, June 2007 report* is published.

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Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National health data dictionary* version 12, version 12 supplement and version 13 (NHDC 2003, AIHW 2004b, HDSC 2006). Each definition contains an identification number from the 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 website at <www.aihw.gov.au>.

Accident and emergency occasion of service	A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a *Type of non-admitted patient occasion of service* type of *Emergency services*
Activity when injured	The type of activity being undertaken by a person at the time of injury. METeOR identifier: 268950
Acute	Having a short and relatively severe course.
Acute care	See *Care type*.
Acute care hospitals	See *Establishment type*.
Additional diagnosis	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care. METeOR identifier: 270189
Adjustment	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.
Administrative and clerical staff	See *Full-time equivalent staff*.
Administrative expenditure	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
Admitted patient	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
Admitted patient cost proportion	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction or IFRAC.
Adverse event	An incident in which harm resulted to a person receiving health care.
Age-standardisation	A set of techniques used to remove as far as possible the effects of differences in age when comparing two or more populations.
Alcohol and drug treatment centre	See *Establishment type*.
Arrival mode—transport	The mode of transport by which the person arrives at the emergency department. METeOR identifier: 270000

Australian Refined Diagnosis Related Groups (AR-DRGs)	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
Available beds	Beds immediately available for use by admitted patients as required. METeOR identifier: 270133
Average length of stay	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.
Capital expenditure	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
Care type	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). Admitted patient care consists of the following categories: Acute care Rehabilitation care Palliative care Geriatric evaluation and management Psychogeriatric care Maintenance care Newborn care Other care 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: Organ procurement—posthumous Hospital boarder METeOR identifier: 270174
Casemix	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.
Chronic	Persistent and long lasting.
Clinical urgency	A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR identifier: 270008
Compensable patients	An individual who is entitled to receive or has received a compensation payment with respect to an injury or disease. METeOR identifier: 270100
Cost weights	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 2004–05 public sector estimated cost weights (DoHA 2006a). These were applied to AR-DRG version 5.0 DRGs for 2001–02 to 2005–06 reference years. Average private cost weights for the private sector (presented in tables 2.3 and 2.4 in this report) use the most recent private sector estimated cost weights are based on the AR-DRG version 4.2 2002–03 (DoHA 2004a) applied to AR-DRG version 4.2 DRGs.

Department of Veterans' Affairs patient	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
Departure status	The status of the patient at the end of the non-admitted patient emergency department occasion of service. METeOR identifier: 270001
Diagnosis related group (DRG)	A widely used casemix classification system, used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals, Australian refined DRGs are used. METeOR identifier: 270195
Diagnostic and allied health professionals	See *Full-time equivalent staff*.
Domestic and other staff	See *Full-time equivalent staff*.
Domestic services expenditure	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. METeOR identifier: 270283
Drug supplies expenditure	The cost of all drugs, including the cost of containers. METeOR identifier: 270282
Elective care	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR identifier: 270589
Elective surgery	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. METeOR identifier: 270589
Emergency department waiting time to service delivery	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. METeOR identifier: 270007
Enrolled nurses	See *Full-time equivalent staff*.
Episode of care	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 *Care type* and *Separation*). METeOR identifier: 270174 (Care type) METeOR identifier: 268956 (Episode of admitted patient care)
Error DRGs	AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.
Establishment type	Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. Establishment types include: Acute care hospitals Psychiatric hospitals Alcohol and drug treatment centres Hospices METeOR identifier: 269971

External cause	The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect. METeOR identifier: 268945
Full-time equivalent staff	Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Staffing categories include: Salaried medical officers Registered nurses Enrolled nurses Student nurses Other personal care staff Diagnostic and allied health professionals Administrative and clerical staff Domestic and other staff METeOR identifier: 270543
Funding source for hospital patient	Expected principal source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 270103
Geriatric evaluation and management	See *Care type*.
Group session	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. METeOR identifier: 269119
HASAC (Health and Allied Services Advisory Council) ratio	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 1).
Hospice	See *Establishment type*.
Hospital	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. METeOR identifier: 268971
Hospital boarder	See *Care type*.
Hospital-in-the-home care	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. METeOR identifier: 270305
IFRAC (inpatient fraction)	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 1).
Indicator procedure	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. METeOR identifier: 269991
Indigenous status	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: 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. METeOR identifier: 270157
Inpatient	Another term for admitted patient. METeOR identifier: 268957

Interactive data cubes	A multidimensional representation of data which provides fast retrieval from multiple layers of information.
International Classification of Diseases (ICD)	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.
Inter-hospital contracted care	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. METeOR identifier: 270409
Length of stay	The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. METeOR identifier: 269982
Licensed bed	A bed in a private hospital, licensed by the relevant state or territory health authority.
Maintenance care	See *Care type*.
Major diagnostic categories (MDCs)	A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body. METeOR identifier: 270400
Medical and surgical supplies expenditure	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. METeOR identifier: 270358
National health data dictionary (NHDD)	A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.
Mode of admission	The mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976
Mode of separation	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable). METeOR identifier: 270094
Newborn care	See *Care type*.
Non-admitted patient occasion of service	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
Non-admitted patients	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital. METeOR identifier: 268973
Number of days of hospital-in-the-home care	The number of hospital-in-the-home days occurring within an episode of care for an admitted patient. METeOR identifier: 270305
Occasion of service	Non-admitted patient occasion of service.
Organ procurement–posthumous	See *Care type*.
Other personal care staff	See *Full-time equivalent staff*.
Other recurrent expenditure	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. METeOR identifier: 270126

Other revenue	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
Outpatient	Another term for non-admitted patient. METeOR identifier: 268973
Outpatient clinic service	An examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital. METeOR identifier: 327310
Outpatient clinic type	The nature of services which are provided by outpatient clinic services. METeOR identifier: 291073
Overnight-stay patients	A patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night, i.e. who is admitted to and separated from the hospital on different dates.
Palliative care	See *Care type*.
Patient days	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated 1 patient day. METeOR identifier: 270045
Patient election status	Accommodation chargeable status elected by patient on admission. The categories are: Public (receives public hospital services free of charge) Private (does not receive hospital services free of charge) METeOR identifier: 270044
Patient presentation at emergency department	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged. METeOR identifier: 270393
Patient revenue	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 270047
Patient transport	The direct cost of transporting patients, excluding salaries and wages of transport staff. METeOR identifier: 270048
Payments to visiting medical officers	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis. METeOR identifier: 270049
Peer group	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
Percentile	Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.
Performance indicator	A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.
Place of occurrence of external cause	The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 268948
Potentially preventable hospitalisation (selected)	Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.
Pre-MDC (Pre-major diagnostic category)	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).

Principal diagnosis	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. METeOR identifier: 270187
Private hospital	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 *Establishment type*.
Private patients	Patients admitted to a hospital who decide 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.
Procedure	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in the acute care setting. METeOR identifier: 269932
Psychogeriatric care	See *Care type*.
Public hospital	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
Public patient	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.
Qualified days	The number of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are 9 days old or less. A newborn day is qualified (acute) when a newborn meets at least one of the following criteria: is the second or subsequent liveborn infant of a multiple birth, whose mother is currently an admitted patient is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care remains in hospital without its mother is admitted to the hospital without its mother. METeOR identifier: 268957 (Admitted patient) and METeOR identifier: 270033 (Newborn qualification status)
Recoveries	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
Recurrent expenditure	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
Registered nurses	See *Full-time equivalent staff*.
Rehabilitation care	See *Care type*.
Relative stay index (RSI)	The actual number of patient days for acute care separations in selected AR–DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See Appendix 1 for further information.

Remoteness Area

A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility /Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The categories are:

Major cities
Inner regional
Outer regional
Remote
Very remote
Migratory.

Removal from waiting list

The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are:

1 Admitted as an elective patient for awaited procedure in this hospital or another hospital

2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital

3 Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)

4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list

5 Surgery not required or declined

6 Transferred to another hospital's waiting list

9 Not known

METeOR identifier: 269959

Repairs and maintenance expenditure

The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings and minor additional works.

METeOR identifier: 269970

Salaried medical officers

See *Full-time equivalent staff*.

Same-day patients

Admitted patients who are admitted and separate on the same date.

Separation

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.

Separation rate ratio

The separation rate for one population divided by the separation rate of another.

Separations

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

Service Related Group (SRG)

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.

Specialised service

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

Superannuation employer contributions

Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority.

METeOR identifier: 270371

Surgical procedure

A procedure used to define surgical Australian Refined Diagnosis Related Groups version 5.0 (DoHA 2002).

Surgical specialty	The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146
Triage category	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
Type of non-admitted patient occasion of service	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: 270395, 270502–270514 (Type of non-admitted patient occasion of service)
Visiting medical officer	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. METeOR identifier: 270049
Waiting time at admission	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. METeOR identifier: 269477

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