



Hospitals at a glance 2017-18

Web report | Last updated: 23 Aug 2019 | Topic: [Hospitals](#)

About

Australia's hospitals at a glance 2017-18: Australian hospital statistics provides an overview of information about Australia's public and private hospitals. More detailed information is available in the Australian hospitals statistics suite of products.

Cat. no: HSE 232

Findings from this report:

- 11.3 million hospitalisations in public and private hospitals combined
 - 8 million patients presented to emergency departments
 - 72% of patients presenting to emergency departments were seen on time
 - \$71 billion (excluding depreciation) was spent on public hospital services
-



Introduction

Hospitals are an important part of Australia's health landscape, providing services to many Australians each year. A summary measure of their significant role is the amount that is spent on them—an estimated \$69 billion in 2016-17, about 4% of Australia's gross domestic product, or \$3,046 per person. Hospital spending has increased faster than inflation—up 2.8% each year (adjusted for inflation), on average, between 2011-12 and 2016-17.

This summary report presents an overview of statistics on access to our hospital services, the quality of the services, and their funding and management arrangements.

Where to go for more information

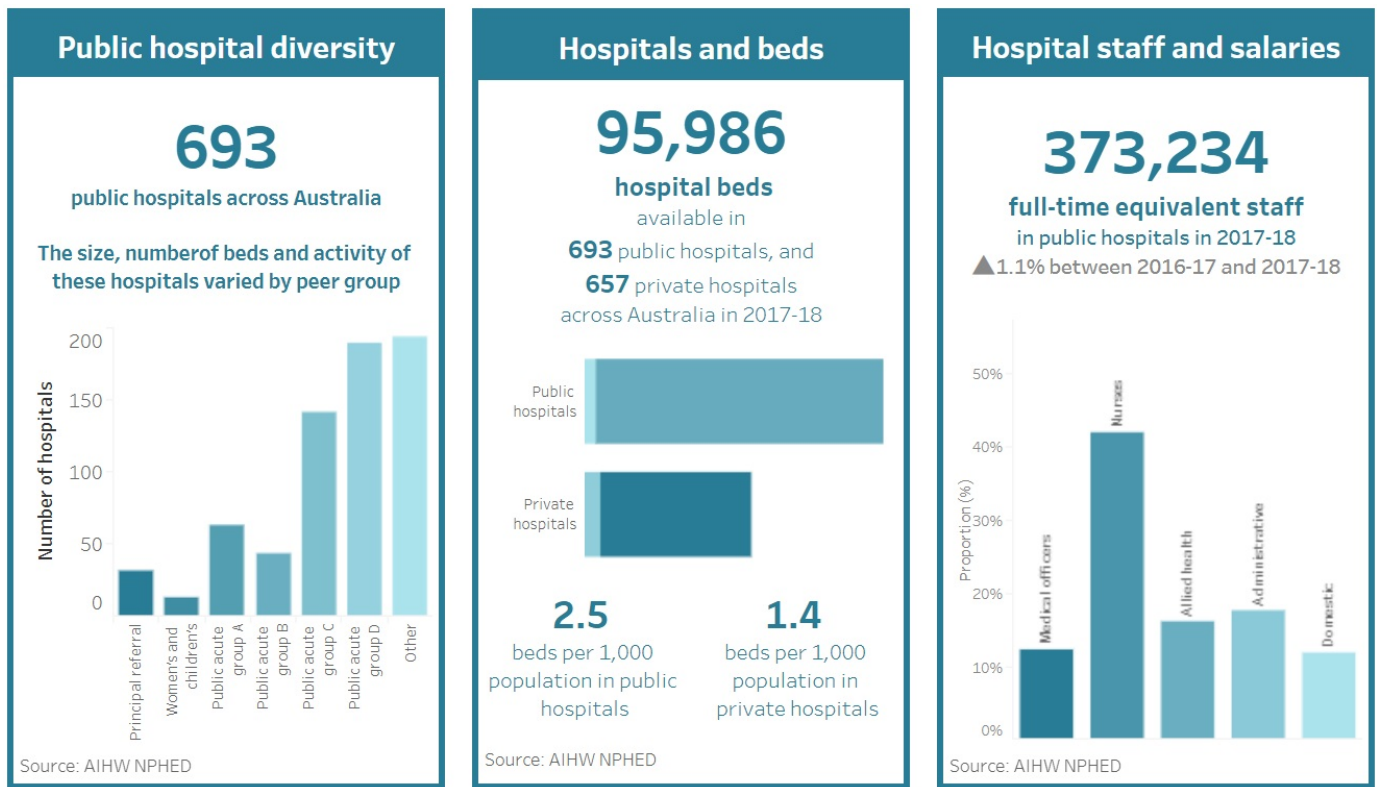
More detailed statistics and information on how to interpret the data are in the companion reports:

- [Elective surgery waiting times 2017-18: Australian hospital statistics](#)
- [Emergency department care 2017-18: Australian hospital statistics](#)
- [Bloodstream infections associated with hospital care 2017-18: Australian hospital statistics](#)
- [Admitted patient care 2017-18: Australian hospital statistics](#)
- [Hospital resources 2017-18: Australian hospital statistics](#)
- [Non-admitted patient care 2017-18: Australian hospital statistics.](#)

Information on private hospital resources and private hospital emergency department activity was sourced from the Australian Bureau of Statistics' publication [Private hospitals Australia, 2016-17](#).

Hospital resources and diversity

In Australia, hospital services are provided by both public and private hospitals.



Hospital resources

Public hospitals are largely owned and managed by state and territory governments. Public acute hospitals mainly provide 'acute care' for short periods, although some provide longer-term care, such as for some types of rehabilitation. Public psychiatric hospitals specialise in the care of people with mental health problems, sometimes for long periods.

Private hospitals are mainly owned and managed by private organisations—either for-profit companies, or not-for-profit non-government organisations. They include day hospitals that provide services on a day-only basis, and hospitals that provide overnight care.

Hospitals and beds

In 2017-18, there were 693 public hospitals in Australia that provided 62,000 beds (about 2.5 beds per 1,000 people). The number of hospital beds increased by 1.5% per year between 2013-14 and 2017-18—slower than the growth in population over this period.

The most recent data from 2016-17 shows that there 657 private hospitals that provided 34,000 beds (1.4 beds per 1,000 people). The numbers of hospital beds grew by 3.3% per year between 2012-13 and 2016-17.

How diverse were Australia's public hospitals?

The 693 public hospitals are very diverse in size and in the types of services they provided for admitted and non-admitted patients.

In 2017-18, the 31 Principal referral hospitals accounted for almost 2.5 million separations—or hospitalisations—about 38% of the total for public hospitals. These hospitals also accounted for 38% of patient days (the number of days of admitted patient care provided) for public hospitals.

See the visualisation below for more detail on the remoteness and services provided by public hospitals.

Visualisation not available for printing

How many people were employed in Australia's hospitals?

Public hospitals

In 2017-18, public hospital services employed 373,000 full-time equivalent staff, of which:

- 42% were nurses
- 12% were salaried medical officers

- 16% were diagnostic and allied health professionals.

Private hospitals

The staffing mix in private hospitals is different from that in public hospitals. This is because most medical services are provided by visiting medical specialists (who are not hospital employees), and the range of services provided is different.

In 2016-17, private hospitals employed about 66,800 full-time equivalent staff, of which:

- 55% were nurses
- 2% were salaried medical officers
- 7% were diagnostic and allied health professionals.

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Where to go for more information

For more information on the different types of public hospitals in each state or territory, see the [Diversity of public hospitals](#) section of *Hospital resources 2017-18: Australian hospital statistics*.

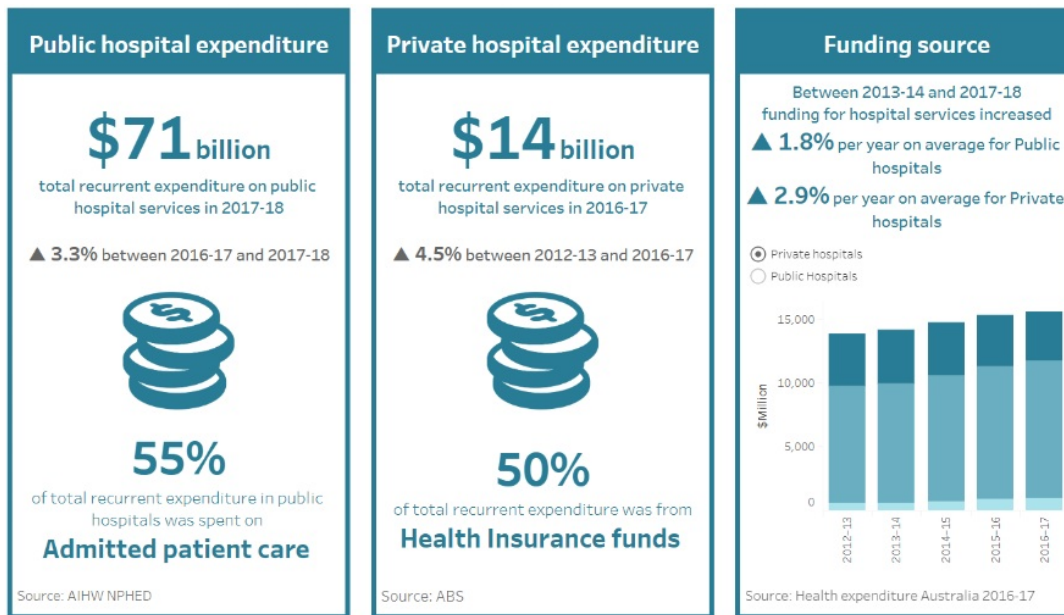
More information on numbers of hospitals and beds is available in the [Hospitals and average available beds](#) section of *Hospital resources 2017-18: Australian hospital statistics*.

For more information about the number of private hospitals and staffing in private hospitals, see [Private hospitals, Australia, 2016-17](#).

For more information on public hospital staffing in each state and territory, see the [Hospital staff](#) section of *Hospital resources 2017-18: Australian hospital statistics*.

Hospital funding and expenditure

This section includes information about sources of funds for public and private hospitals, and how they spent the money.



How were hospitals funded?

Hospital funding is the money received by hospitals to pay for the services they provide. Public and private hospitals receive funding from Australian Government, state and territory governments, private health insurance funds and out-of-pocket payments by individuals.

Public and private hospitals are funded from a range of sources, reflecting the types of patients they treat and the services they provide.

Public hospitals

In 2016-17, the state and territory governments and the Australian Government funded about 92% of care in public hospitals.

Between 2012-13 and 2016-17, funding increased by an average of 1.8% each year, and the proportion of funding by the Australian Government increased from 37% to 41%.

See the 'Funding source' visualisation above for more information.

Private hospitals

In 2016-17, private health insurance and out-of-pocket payments by patients funded about 69% of care in private hospitals.

Between 2012-13 and 2016-17, funding increased by an average of 2.9% each year and the proportion of funding provided by the Australian Government decreased from 30% to 24%.

How much did hospitals spend?

Hospital expenditure is the money spent by hospitals on the goods and services they use, such as salaries and wages, drugs, medical and surgical supplies, payments to visiting medical officers and other administrative expenses.

Public hospitals

In 2017-18:

- \$71 billion (excluding depreciation) was spent on public hospital services
- about 60% spent on salaries and wages and 55% on admitted patient care.

Private hospitals

In 2016-17:

- \$14 billion (including depreciation) was spent on private hospitals
- almost 49% was spent on salaries and wages.

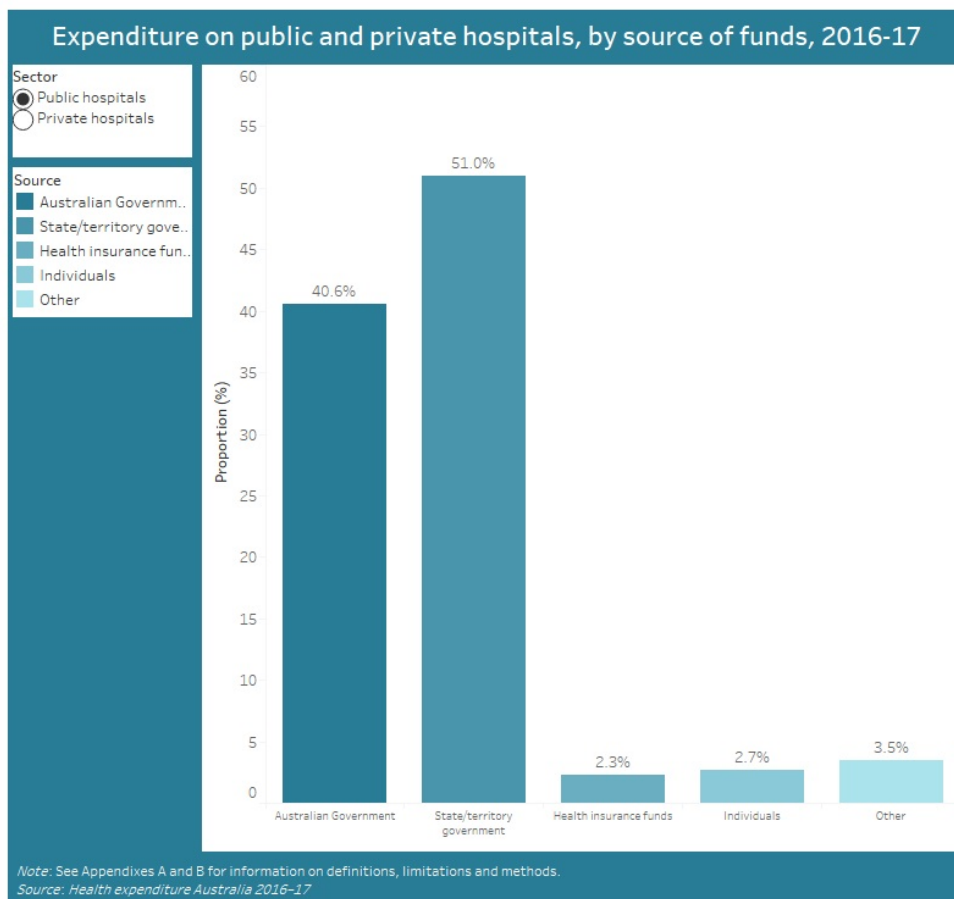
Between 2012-13 and 2016-17, recurrent expenditure by private hospitals increased by an average of 4.5% per year (after adjusting for inflation).

Sources of funding for admitted patient episodes

Between 2013-14 and 2017-18, private health insurance-funded hospitalisations increased by an average of 3.6% each year, and public patient hospitalisations increased by an average of 4.7%.

In 2017-18:

- more than half (52%) of separations in all hospitals were for Public patients and 42% were for Private health insurance patients
- 83% of public hospital separations were for Public patients
- 82% of private hospital separations were for Private health insurance patients
- 69% of Department of Veterans' Affairs funded separations occurred in private hospitals.



Where to go for more information

For more information on the funding of Australia's hospitals, see [Health expenditure Australia 2016-17](#).

For more information on recurrent expenditure on public hospital services, see [Hospital resources 2017-18: Australian hospital statistics](#).

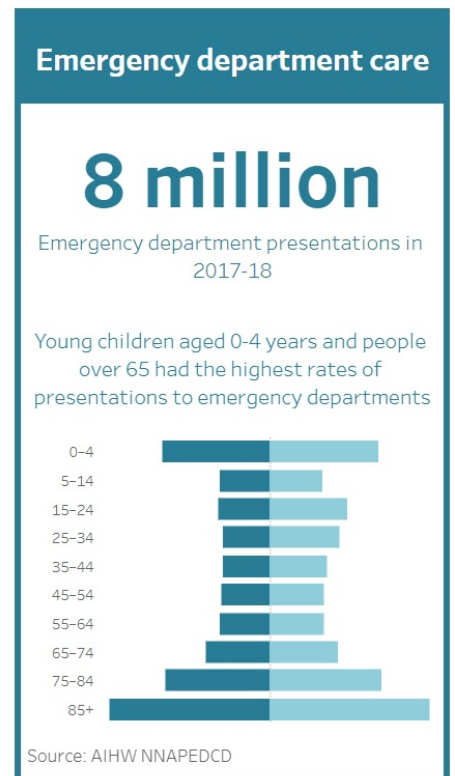
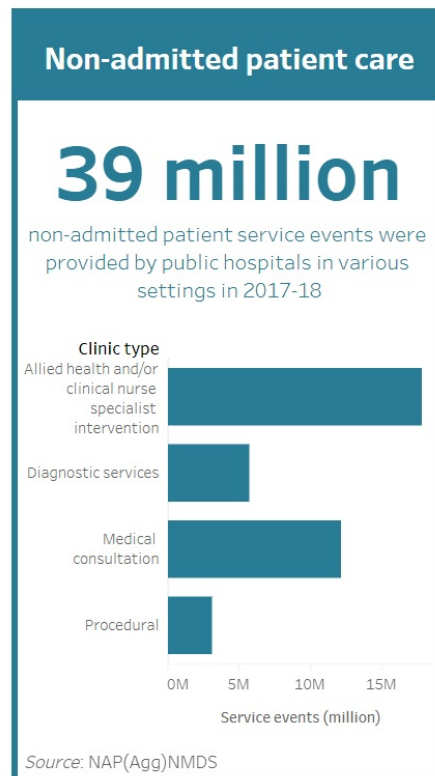
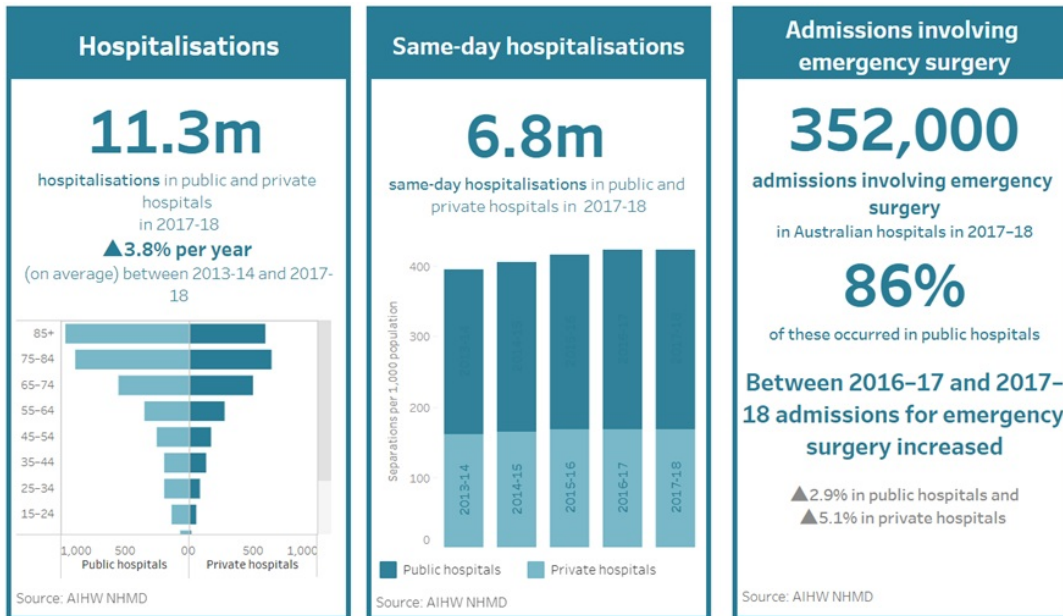
For more information on admitted patient funding sources, see Chapter 7 of [Admitted patient care 2017-18: Australian hospital statistics](#).

For more information on recurrent expenditure on private hospitals, see [Private hospitals, Australia, 2016-17](#).

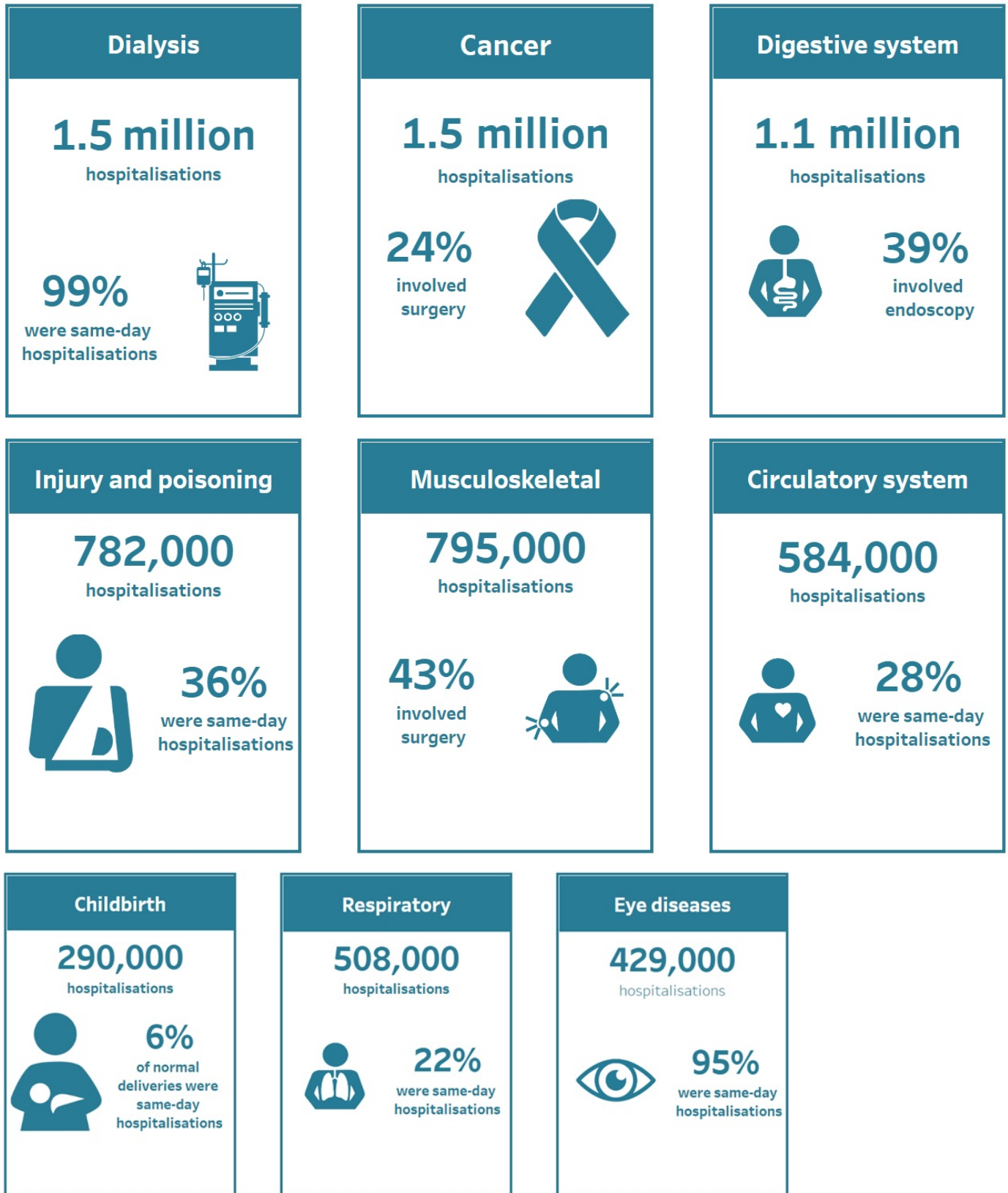
Overview: What services do Australian public hospitals provide?

Australia's hospitals provide a range of services for:

- non-admitted patients—including in outpatient clinics and emergency departments
- admitted patients—including emergency and elective (planned) care, maternity services, and medical and surgical services.



Overview: Why did people go to hospital in 2017-18?





Non-admitted patient care

Non-admitted patient care provided by public hospital outpatient clinics includes consultations with specialist medical practitioners, diagnostic or other procedures, care provided by allied health or specialist nursing care, without being admitted to hospital.

In 2017-18:

- 38.9 million non-admitted patient care service events were reported
- about 86% of all service events were funded by the jurisdiction's health service budget, and 13% by the Medicare Benefits Scheme.

See the visualisation below for more information on service events by age group and sex, and by tier 2 clinic type.

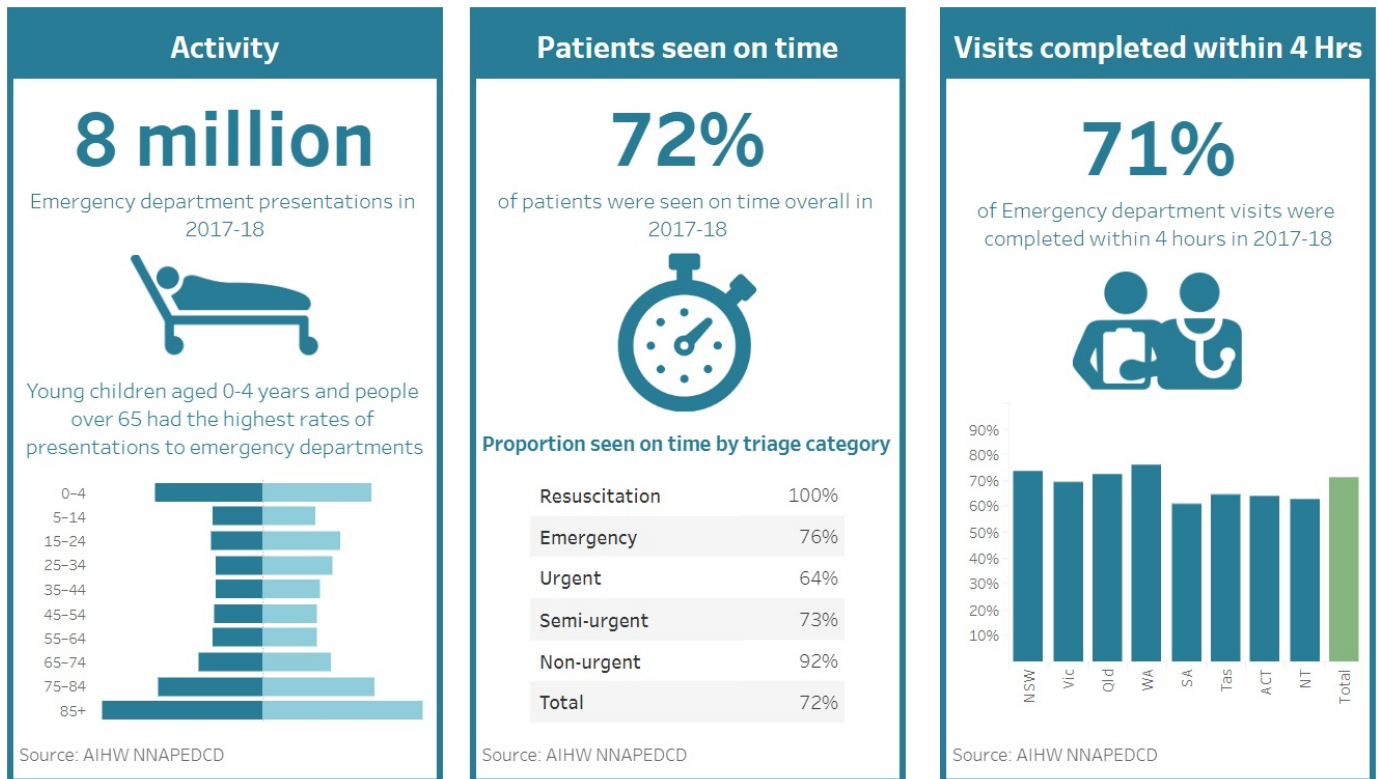
Visualisation not available for printing

Where to go for more information

For more information on care provided in outpatient clinics, see the [Non-admitted patient clinics](#) section of *Non-admitted patient care 2017-18: Australian hospital statistics* report.

Emergency department services

Emergency departments provide care for patients who may have an urgent need for medical, surgical or other care. This section relates to emergency department services provided by public hospitals.



Between 2013-14 and 2017-18, the number of patients presenting to public hospital emergency departments increased by 2.7% on average each year.

In 2017-18:

- there were 8.0 million emergency department presentations—over 22,000 presentations each day
- for patients aged 0 to 14, more boys than girls presented to emergency departments (56% and 44%, respectively)
- patients aged 4 and under (11%) and patients aged 65 years and over (22%) were over-represented in emergency department presentations, compared with the overall population
- 25% of patients arrived by ambulance, air ambulance or helicopter rescue service.

How urgently did patients require care or treatment?

On arrival at the emergency department, patients are assigned a triage category of either:

- Resuscitation (should be seen immediately)
- Emergency (within 10 minutes)
- Urgent (within 30 minutes)
- Semi-urgent (within 60 minutes)
- Non-urgent (within 2 hours).

In 2017-18, 51% of patients were assigned to the 3 most urgent triage categories, ranging from 40% for patients aged 5 to 14 to 67% for patients aged 95 and over.

Performance indicator: Waiting times for emergency hospital department care—proportion seen on time

Overall, the proportion of emergency patients that were seen on time decreased from 75% in 2013-14 to 72% in 2017-18.

Almost 100% of Resuscitation patients were seen immediately (within 2 minutes), 76% of Emergency patients were seen within 10 minutes, and 92% of Non-urgent patients were seen within 2 hours.

In 2017-18, the overall proportion seen on time ranged from 49% in the Australian Capital Territory to 80% in New South Wales.

How long did patients spend in the emergency department?

In 2017-18, most emergency department patients went home after being treated (61%) and almost a third of emergency patients (31%) were admitted to hospital for further care.

Performance indicator: Waiting times for emergency hospital department care—proportion completed within 4 hours

Between 2013-14 and 2017-18, the proportion of presentations completed within 4 hours (for example, the patient was discharged or admitted) decreased from 73% to 71%.

In 2017-18, the proportion of presentations completed within 4 hours ranged from 61% in South Australia to 76% in Western Australia.

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How was care completed?

Most patients who go to the emergency department go home after treatment, but almost a third of patients (31%) were admitted to hospital for further care.

In 2017-18, about 75% of Resuscitation patients were subsequently admitted, compared with 5% of Non-urgent patients.

Performance indicator: Admission to hospital from emergency departments

For emergency patients who are subsequently admitted, the length of stay indicates the amount of time spent in the emergency department before being moved to another ward in the hospital.

Between 2013-14 and 2017-18, the proportion of emergency patients subsequently admitted to hospital within 4 hours increased from 45% to 49%.

Over the same period, the 90th percentile time to admission was relatively stable at around 11 hours.

See the visualisation below for more information on the proportion of patients whose length of stay was 4 hours or less.

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Where to go for more information

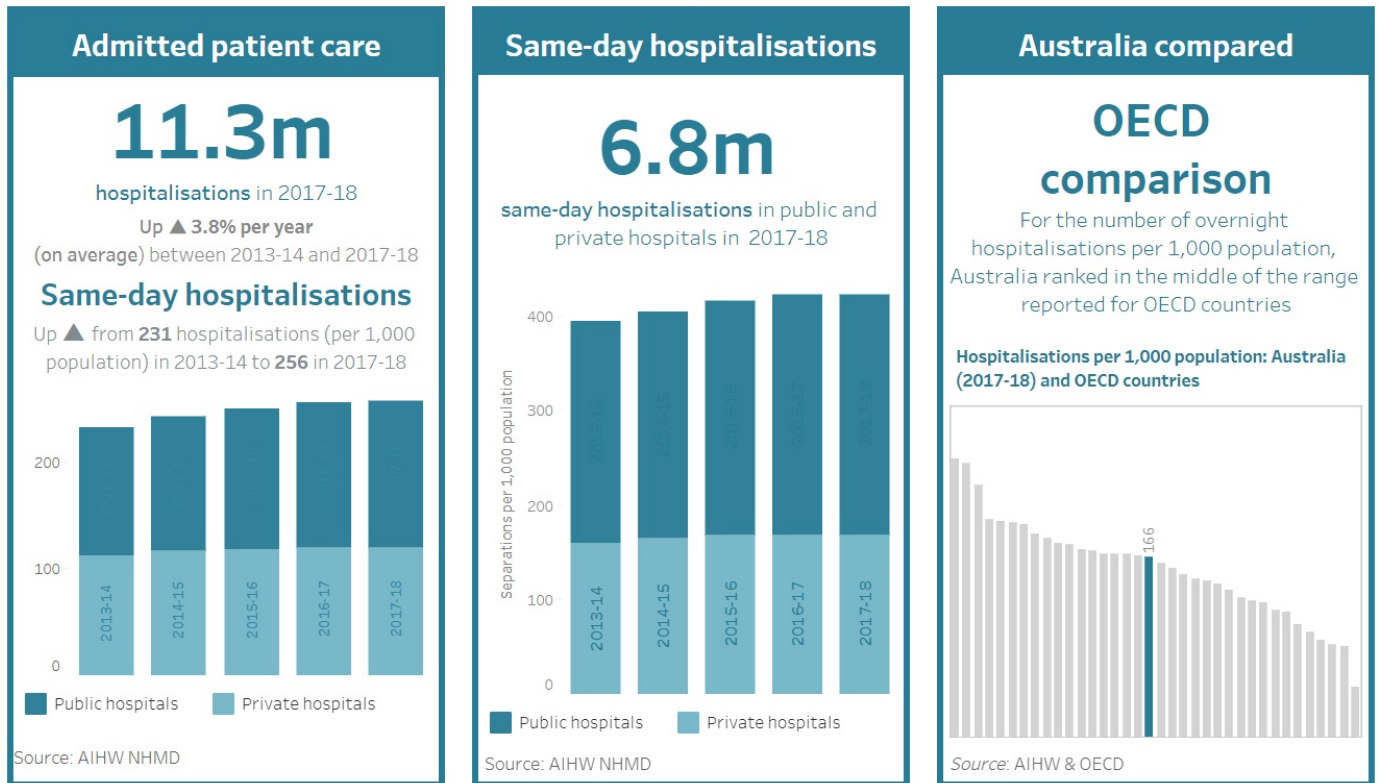
For more information on emergency department waiting times, see the [Waiting times](#) section of [Emergency department care 2017-18: Australian hospital statistics](#).

For more information on how long patients stayed in emergency departments, see the [Length of stay](#) section of [Emergency department care 2017-18: Australian hospital statistics](#).

Admitted patient care

Admission to hospital is a formal process. It follows a medical officer's decision that a patient needs to be admitted for appropriate management or treatment of their condition, and/or for appropriate care or assessment of their needs.

Admitted patient services are either provided on a same-day basis or can involve a stay in hospital overnight or longer.



Admitted patient care

The main measure of admitted patient care provided in Australian hospitals is the number of hospitalisations, or episodes of admitted patient care. Because hospitalisations can vary in length, another useful measure is patient days—the total number of days spent in hospital by patients, or days of patient care.

In 2017-18, there were 11.3 million hospitalisations—6.7 million in public hospitals and 4.5 million in private hospitals.

Same-day episodes accounted for 53% of hospitalisations in public hospitals (3.6 million) and 71% in private hospitals (3.2 million).

Between 2013-14 and 2017-18, hospitalisations:

- increased by an average of 3.8% each year, faster than the average population growth of 1.6% over the same period
- increased by an average of 4.2% each year in public hospitals and by 3.3% in private hospitals
- for same-day care, increased by an average of 4.7% each year, compared with 2.4% for overnight care.

Days of patient care (Patient days)

Between 2013-14 and 2017-18, the number of patient days:

- increased by an average of 2.1% each year, from 27.9 million to 30.2 million
- in private hospitals increased by 2.5%
- in private hospitals accounted for about one-third of all patient days over this period.

See the data visualisation below for more information on patient days, same-day and overnight hospitalisations.

Visualisation not available for printing

Length of stay

Between 2013-14 and 2017-18, the average length of stay in public and private hospitals decreased:

- from 3.3 to 3.0 days in public hospitals
- from 2.3 to 2.2 days in private hospitals.

In 2017-18, for patients who spent at least 1 night in hospital, the average length of stay was 5.4 days in public hospitals and 5.2 days in private hospitals.

The overnight average length of stay was higher for emergency admissions for acute care compared with planned acute care:

- 4.2 days in public hospitals and 3.4 days in private hospitals for non-emergency acute care
- 5.7 days in public hospitals and 6.4 days in private hospitals for emergency acute care.

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How does Australia compare?

The number of overnight separations per 1,000 population in Australia for 2017-18 (166) was in the middle of the range reported for organisation for Economic Co-operation and Development (OECD) countries in recent years (see visualisation at top of page). See the data visualisation in the [Admitted patient care section](#) for more information about OECD comparisons.

Differences in definitions of hospitals, collection periods and admission practices are likely to affect the comparability of international hospitalisation rates.

Where to go for more information

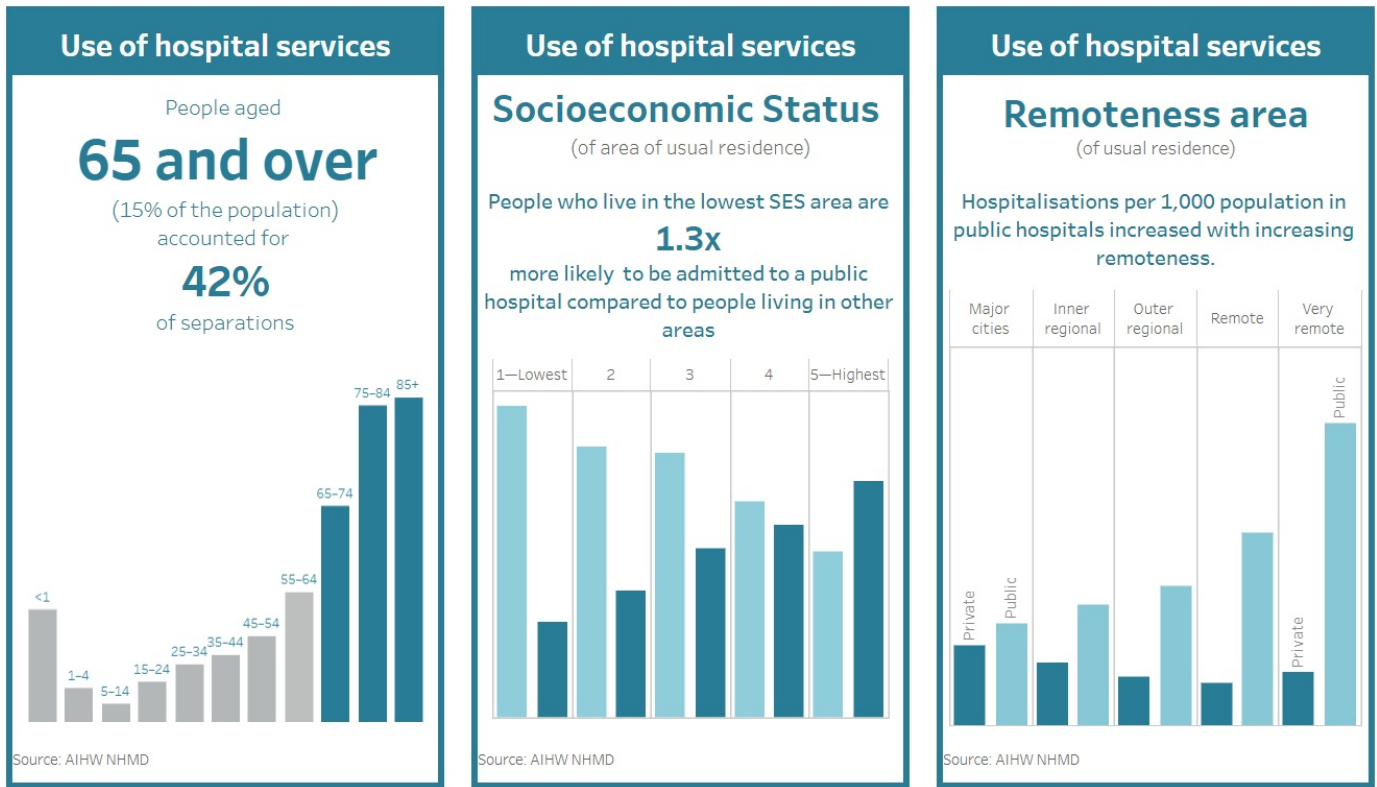
For more information on numbers of hospitalisations and days of patient care, see Chapter 2 of [Admitted patient care 2017-18: Australian hospital statistics](#).

For more information on length of stay, see chapters 2 and 4 of [Admitted patient care 2017-18: Australian hospital statistics](#).

For more international comparisons, see chapters 2 and 6 of [Admitted patient care 2017-18: Australian hospital statistics](#).

Admitted patient care

This section presents information that can be used to assess the accessibility of admitted patient services.



Age group and sex

Between 2013-14 and 2017-18, hospitalisations for people aged:

- 65 to 74 increased by an average of 5.9% each year, faster than the average annual population growth for this age group (4.1%)
- 85 and over increased by an average of 4.7% each year, faster than the average population growth for this age group (3.5%).

In 2017-18 people aged 65 and over, who make up 15% of Australia's population, accounted for 42% of hospitalisations and 48% of patient days.

Aboriginal and Torres Strait Islander people

In 2017-18, compared with other Australians, Aboriginal and Torres Strait Islander people were hospitalised:

- 2.6 times as often overall (after accounting for age)
- twice as often for overnight stays
- 13 times as often for same-day dialysis
- about the same for other same-day acute care, and for subacute/non-acute care.

Remoteness

In 2017-18, hospitalisation rates were highest for patients living in Very remote areas (90% higher than the national rate).

About 85% of hospitalisations for patients living in Very remote areas were in public hospitals, compared with 55% for patients living in Major cities.

Socioeconomic status

In 2017-18:

- for public hospitals, the rates were highest (30% higher than the national rate) for patients living in areas classified in the lowest (most disadvantaged) SES status group
- for private hospitals, the rates were highest for patients living in areas classified in the highest (least disadvantaged) SES status group.

Where to go for more information

For more information on age groups, Indigenous status, remoteness area and socioeconomic status groups, see Chapter 3 of [Admitted patient care 2017-18: Australian hospital statistics](#).

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Admitted patient care

The reason a patient receives admitted patient care can be described in a number of ways. These include the urgency of admission, the type of care required and the principal diagnosis.

Urgency of admission

Admission to hospital is generally categorised into two urgency categories—Emergency (required within 24 hours), Elective (required at some stage beyond 24 hours). Urgency is not assigned for some admissions (for example, obstetric care, and planned care, such as dialysis).

In 2017-18:

- 92% of emergency admissions were in public hospitals, and made up 42% of admissions to public hospitals
- 59% of elective admissions were in private hospitals, and made up 81% of admissions to private hospitals
- 14% of private health insurance-funded hospitalisations were emergency admissions, with two thirds of these admitted to public hospitals.

Between 2013-14 and 2017-18:

- emergency admissions in public hospitals increased by an average of 4.4% each year, compared with 5.3% each year in private hospitals
- elective admissions increased by an average of 2.7% each year in both public and private hospitals.

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Care type

The type of admitted patient care required can be classified as:

- acute care—that is, care with the intent to cure the condition, alleviate symptoms or manage childbirth (including newborns if they required acute care)
- mental health care
- subacute and non-acute care (such as Rehabilitation, Palliative care, Geriatric evaluation and management, Maintenance care and Psychogeriatric care).

Most hospitalisations are for acute care.

In 2017-18:

- the 10.2 million acute care episodes accounted for 92% of hospitalisations and 73% of patient days overall
- subacute and non-acute care accounted for 5% of hospitalisations and 14% of patient days
- mental health care accounted for 3% of hospitalisations and 10% of patient days.

Between 2013-14 and 2017-18, hospitalisations for:

- Acute care increased by an average of 3.8% per year in public hospitals and by 1.4% per year for private hospitals
- Maintenance care increased by an average of 5.0% each year in public hospitals
- Rehabilitation care increased by an average of 9.8% each year in private hospitals.

Principal diagnosis

The reason that a patient receives admitted patient care can be described in terms of a principal diagnosis (of a disease, injury or poisoning) or as a treatment for an ongoing condition (for example, dialysis for kidney failure).

In 2017-18:

- about 9% of separations (over 1 million) had a principal diagnosis in the ICD-10-AM chapter Diseases of the digestive system
- dialysis for kidney disease was the most common reason for care (1.5 million separations), followed by Other medical care (579,000, mostly for chemotherapy)
- there were 1.5 million hospitalisations for cancer, 24% of which involved a surgical procedure
- 43% of hospitalisations for musculoskeletal problems involved surgery and 30% included care involving rehabilitation.

For more information about common principal diagnoses, see the visualisations in the [Overview: Why did people go to hospital in 2017-18?](#) section.

Where to go for more information

For more information on urgency of admission, care type, and principal diagnosis, see Chapter 4 of [Admitted patient care 2017-18: Australian hospital statistics](#).



Admitted patient care

What services were provided?

The nature of services provided for admitted patients can be classified to broad categories of service, including hospitalisations for Childbirth, Mental health care, Subacute and non-acute care, Medical acute care (not involving a procedure), Surgical acute care (involving an operating room procedure) or a non-surgical procedure, such as endoscopy (Other acute care).

Information is also presented on hospitalisations that included intensive care.

Broad category of service

In 2017-18:

- public hospitals accounted for the majority of childbirth and medical hospitalisations (both 77%)
- private hospitals accounted for 59% of Surgical and 58% of Mental health hospitalisations.

Between 2013-14 and 2017-18:

- in public hospitals, emergency surgical separations increased by an average of 3.0% each year and emergency medical separations increased by 4.5% each year
- in private hospitals, emergency medical separations increased by an average of 5.5% each year emergency surgical separations increased by 5.6% each year.

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Mental health care

Mental health care is care with a goal to improve the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder.

In 2017-18:

- there were 336,000 separations for Mental health care
- 58% of these occurring in private hospitals
- 84% of mental health care separations in public hospitals involved a stay of at least one night
- 78% of mental health care separations in private hospitals involved same-day care.

Intensive care

An intensive care unit (ICU) can provide complex, multi-system life support.

In 2017-18:

- overall, 1.4% of hospitalisations (161,000) involved a stay in an ICU
- the average length of stay in an ICU unit was almost 4 days in public hospitals and just over 2 days in private hospitals.

Newborn care

A newborn admission to hospital can occur at any time within the first 9 days of life, including at the time of birth.

In 2017-18:

- there were nearly 308,000 newborn hospitalisations, with the majority (82%) occurring in public hospitals
- about 76% of newborns did not require specialised, qualified care
- the most common diagnosis was Disorders related to short gestation and low birth weight, not elsewhere classified (29% of separations).

Rehabilitation care

Rehabilitation care is aimed at improved functioning—for example after injury, knee reconstruction, hip replacement, heart attack or stroke.

In 2017-18, for hospitalisations involving rehabilitation care:

- 466,000 hospitalisations occurred, with 80% of these in private hospitals
- 72% were for people aged over 65
- 51% were to treat a musculoskeletal problem, and 16% were for treating an injury or poisoning.

Between 2013-14 and 2017-18, rehabilitation care increased by an average of 9.8% per year in private hospitals and was relatively stable in public hospitals.

Palliative care

Palliative care is care in which the primary clinical purpose or treatment goal is to optimise the quality of life of a patient with an active and advanced life-limiting illness.

In 2017-18:

- there were 46,000 palliative care hospitalisations
- 55% of palliative care hospitalisations had a principal diagnosis that was related to cancer.

Between 2013-14 and 2017-18, palliative care hospitalisations remained stable for private hospitals and increased by an average of 4.7% per year for public hospitals.

Where to go for more information

For more information on intensive care, newborn care, rehabilitation and palliative care, see Chapter 5 of [Admitted patient care 2017-18: Australian hospital statistics](#).

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Admitted patient care

Interventions reported for admitted patients can include surgical procedures, non-operating room procedures (for example, dialysis), procedures of a patient support nature (for example, general anaesthesia) and other interventions (for example, physiotherapy and other allied health interventions).

In 2017-18:

- 23.7 million interventions were reported—12.1 million in public hospitals and 11.6 million in private hospitals
- 76% (5.1 million) of public hospital separations and 95% (4.3 million) of private hospital separations involved at least one intervention
- not all hospitalisations involved an intervention, including about 24% in public hospitals and 5% in private hospitals
- apart from general anaesthesia, haemodialysis (dialysis, which patients usually require 3 to 5 times a week) was the most common single intervention reported in Australian hospitals.

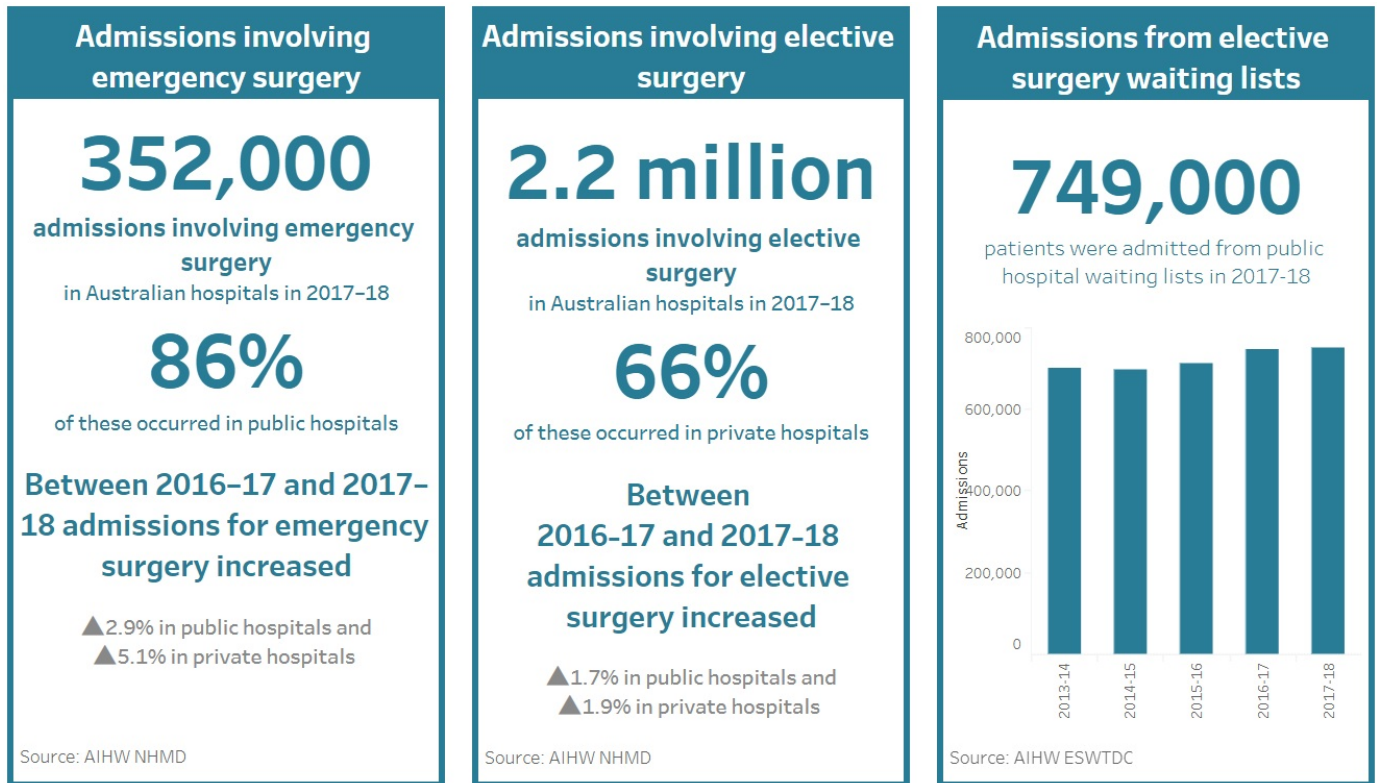
Where to go for more information

For more information on interventions performed, see Chapter 6 of [Admitted patient care 2017-18: Australian hospital statistics](#).

Surgery in Australia's hospitals

In 2017-18:

- 1 in 4 (24%) hospitalisations involved surgery (2.7 million)
- 59% of these occurred in private hospitals.



Emergency surgery

An emergency admission involving surgery is a hospitalisation that included a surgical procedure, and for which the patient required admission within 24 hours.

In 2017-18:

- 352,000 emergency admissions involved surgery, with 86% of these occurring in public hospitals
- people living in Very remote areas were twice as likely to have an emergency admission involving surgery as people living in Major cities
- the 3 most common reasons for emergency admissions involving surgery were appendicitis, hip fracture (fracture of femur) and heart attack (acute myocardial infarction).

Between 2013-14 and 2017-18, emergency admissions involving surgery increased by an average of 2.9% each year for public hospitals and by 5.1% each year for private hospitals.

Elective surgery

An elective admission involving surgery is a hospitalisation that included a surgical procedure, and for which the admission could be delayed.

In 2017-18:

- there were over 2.3 million elective admissions involving surgery, with 66% of these occurring in private hospitals
- people living in Very remote areas were least likely to have an elective admission involving surgery
- the 3 most common reasons for elective admissions involving surgery were cataracts, malignant skin lesions and other retinal disorders.

Between 2013-14 and 2017-18, elective admissions involving surgery rose by an average of 1.7% each year—1.9% in public hospitals and 0.9% in private hospitals.

See the data visualisation below for more information about waiting times for elective surgery.

How many patients were admitted from public hospital elective surgery waiting lists?

In 2017-18, about 749,000 patients were admitted from public hospital elective surgery waiting lists.

Between 2013-14 and 2017-18, the number of admissions from public hospital elective surgery waiting lists increased by an average of 1.7% each year.

Performance indicator: Waiting times for elective surgery

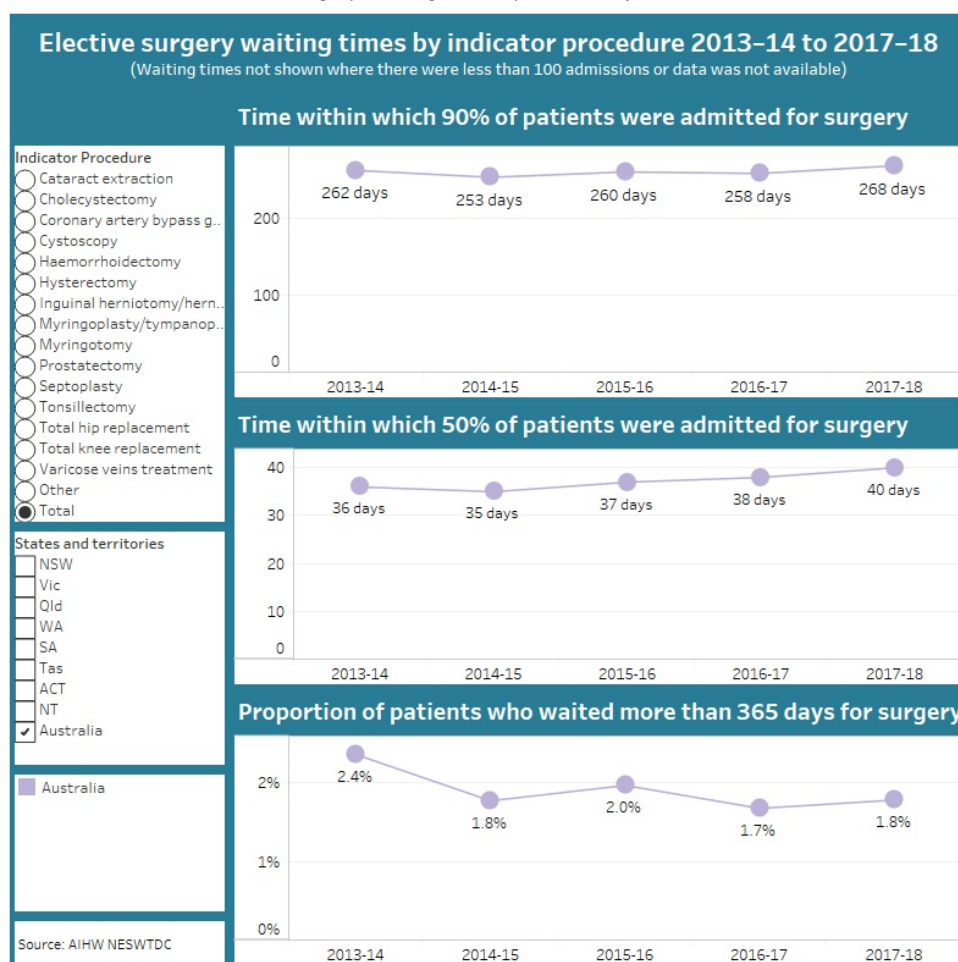
Waiting times for elective surgery are an indicator of the provision of timely care.

In 2017-18:

- public patients made up 90% of admissions from public hospital elective surgery waiting lists and 50% of these were admitted within 40 days
- private health insurance-funded patients made up 7% of admissions and 50% of these were admitted within 22 days
- patients with cancer-related principal diagnoses had shorter waiting times (50% admitted within 21 days) compared with patients overall (50% admitted within 41 days)
- 1.8% of patients waited more than 1 year.

Between 2013-14 and 2017-18, the number of days within which 50% of patients were admitted (the median waiting time) increased from 36 days to 40 days.

Data visualisation of elective surgery waiting times by indicator procedure 2013-14 to 2017-18



Where to go for more information

For more information on admissions involving surgery, see Chapter 6 of [Admitted patient care 2017-18: Australian hospital statistics](#).

For more information on waiting times for elective surgery, see the [Waiting times](#) section of [Elective surgery waiting times 2017-18: Australian hospital statistics](#) and Chapter 6 of [Admitted patient care 2017-18: Australian hospital statistics](#).

What was the patient experience of the health system?

This section presents information on the patient's experience during their hospital stay. However, some of the information may also inform on the patient's experience across different parts of Australia's health system.

- 'Potentially preventable hospitalisations'—may relate to the provision of primary care and community-based health care
- 'Conditions that arose during the hospital stay'—some conditions may relate to the provision of hospital care, but others may relate to the provision of primary care
- 'Unplanned readmissions'—some readmissions may relate to the provision of hospital care, but others may relate to the unavailability of appropriate post-discharge care in the community.

This section also includes the NHA performance indicator 'Patient experience'—presenting survey results for questions related to admitted patient care.

Performance indicator: Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management, usually delivered in primary care and community-based care settings.

There are 3 broad categories of PPHs:

- Vaccine-preventable—diseases that can be prevented by proper vaccination. The conditions are considered to be preventable, rather than the hospitalisation.
- Acute—conditions that may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received.
- Chronic—conditions that may be preventable through behaviour modification and lifestyle change, but can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation.

Between 2013-14 and 2017-18:

- overall rates of PPHs increased from 24.4 per 1,000 population to 27.9 per 1,000
- rates of Acute PPHs and Chronic PPHs (excluding diabetes) decreased.

In 2017-18:

- 748,000 separations in public and private hospitals were classified as PPHs
- PPHs accounted for 6.6% of all hospital separations—8.6% of public hospital separations and 3.6% of private hospital separations
- more than three-quarters of PPHs (78%) were reported for public hospitals
- diabetes complications accounted for about 15% of separations that were classified as chronic condition PPHs.

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Performance indicator: Unplanned readmissions

Unplanned or unexpected readmissions within 28 days of selected types of surgery are identified as those with a principal diagnosis related to an adverse event.

In 2017-18:

- rates of unplanned or unexpected readmissions were highest for Tonsillectomy and adenoidectomy and Hysterectomy (39 and 29 per 1,000 hospitalisations, respectively)
- for Cataract extraction, a readmission within 28 days was reported for 3 in every 1,000 hospitalisations.

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Performance indicator: Patient experience

This section presents selected information from the Australian Bureau of Statistics' (ABS) 2017-18 Patient Experience Survey.

'Patient satisfaction/experience' is an NHA performance indicator in the outcome area of Australians have positive health and aged care experiences which take account of individual circumstances and care needs.

At least 88% of patients responded 'always' or 'often' to each of these questions for both doctors and nurses. About 92% of patients responded 'always' or 'often' to the questions about whether the doctors or nurses showed respect to them.

Where to go for more information

For more information on patient experience of the health system, see Chapter 8 of [Admitted patient care 2017-18: Australian hospital statistics](#) and the ABS [Patient experience survey 2017-18](#).

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What was the safety and quality of care?

Some information is available on the safety and quality of admitted patient care in hospitals, but this does not provide a complete picture. There is no routinely available information on some aspects of quality, such as the continuity and responsiveness of hospital services.

Hospital-acquired complications

In 2017-18, one or more hospital-acquired complications was reported for 185,000 hospitalisations (affecting about 2.0% of all hospitalisations).

The most common hospital-acquired complications reported were:

- Healthcare-associated infections—96,000 hospitalisations (1.0% of all hospitalisations)
- Cardiac complications—46,000 hospitalisations (0.5% of all hospitalisations).

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Performance indicator: Falls resulting in patient harm in hospital

In 2017-18:

- a fall in a health service area was reported for 40,000 hospitalisations, at a rate of 4.9 per 1,000 hospitalisations in public hospitals and 1.4 per 1,000 in private hospitals
- Indigenous Australians had a lower rate of falls than other Australians (1.8 and 3.7 per 1,000 hospitalisations, respectively)
- patients living in Major cities had a higher rate of falls than those living in Remote and very remote areas (3.6 and 2.1 per 1,000 hospitalisations, respectively).

Performance indicator: Healthcare-associated infections—*Staphylococcus aureus* bacteraemia in public hospitals

The rate of *Staphylococcus aureus* bacteraemia (SAB), also known as golden staph bloodstream infection, is an important measure of the safety of hospital care. The aim is to have as few cases of SAB as possible. One of the most effective ways to minimise the risk of SAB and other healthcare-associated infections is good hand hygiene.

In 2017-18:

- 1,493 cases were reported for public hospitals for almost 20.5 million days of patient care under surveillance
- all states and territories had SAB rates below the national benchmark of 2.0 cases per 10,000 days of patient care.

Between 2013-14 and 2017-18, the overall number of SAB cases in public hospitals decreased from 1,621 to 1,493. Over the same period, the number of methicillin-sensitive cases (MSSA) (treatable with commonly used antibiotics) was relatively stable and the number of methicillin-resistant cases (MRSA) decreased from 388 to 267.

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Where to go for more information

For more information on hospital-acquired complications, falls and unplanned readmissions see Chapter 8 of [Admitted patient care 2017-18: Australian hospital statistics](#).

For more information on *Staphylococcus aureus* bacteraemia see [Bloodstream infections associated with hospital care 2017-18: Australian hospital statistics](#).

Report editions

Newer releases

- Australia's hospitals at a glance |
Web report | 06 Dec 2023
 - Australia's hospitals at a glance 2018-19 |
Publication | 16 Sep 2020
-

This release

Hospitals at a glance 2017-18 | 23 Aug 2019

Previous releases

- Australia's hospitals at a glance 2016-17 |
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Publication | 29 Jul 2016
 - Australia's hospitals 2013-14: at a glance |
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 - Australia's hospitals 2010-11 at a glance |
Publication | 30 Apr 2012
 - Australia's hospitals 2009-10 at a glance |
Publication | 29 Apr 2011
 - Australia's hospitals 2008-09 at a glance |
Publication | 17 Jun 2010
-



Related material

More detailed statistics and information on how to interpret the data are in the companion reports:

- [Elective surgery waiting times 2017-18: Australian hospital statistics](#)
- [Emergency department care 2017-18: Australian hospital statistics](#)
- [Bloodstream infections associated with hospital care 2017-18: Australian hospital statistics](#)
- [Admitted patient care 2017-18: Australian hospital statistics](#)
- [Hospital resources 2017-18: Australian hospital statistics](#)
- [Non-admitted patient care 2017-18: Australian hospital statistics.](#)

Information on private hospital resources and private hospital emergency department activity was sourced from the [Australian Bureau of Statistics' publication Private hospitals, Australia, 2016-17.](#)

Latest related reports

- [Australia's hospitals at a glance 2018-19 | Publication | 16 Sep 2020](#)
- [Australia's hospitals 2014-15 at a glance | Publication | 29 Jul 2016](#)