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Health and Welfare

Non-admitted patient care

2014–15



Australian hospital statistics



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**Australian Institute of
Health and Welfare**

*Authoritative information and statistics
to promote better health and wellbeing*

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Australian Institute of Health and Welfare

Board Chair

Dr Mukesh C Haikerwal AO

Director

Mr Barry Sandison

Any enquiries relating to copyright or comments on this publication should be directed to:

Digital and Media Communications Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1000

Email: info@aihw.gov.au

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Foreword

I am pleased to present *Non-admitted patient care 2014–15: Australian hospital statistics*, an authoritative annual report that contains information about the care provided to non-admitted patients by Australia’s public hospitals for the period 1 July 2014 to 30 June 2015.

This report includes information about the characteristics of patients who received care in non-admitted patient care clinics (outpatient clinics) in public hospitals, how services were delivered and how they were funded. For the first time, information is presented on these services that were delivered by service providers other than public hospitals, but funded and/or managed by the public sector.

The release of this report is accompanied by the release of *Hospital resources 2014–15: Australian hospital statistics*, and of a shorter companion report – *Australia’s hospitals 2014–15: at a glance* – which presents key findings from these and from earlier *Australian hospitals statistics* reports for 2014–15 in an accessible format.

Australian hospital statistics reports are based on the AIHW’s comprehensive national hospitals databases, which bring together data on hospital services from each state and territory. These databases are also the source of data for nationally agreed hospital performance indicators reported by the Steering Committee for the Review of Government Service Provision in its *Report on government services*.

The AIHW is committed to working with stakeholders to improve national statistical information on hospitals and its relevance to contemporary public policy debate on hospital service delivery. We look forward to continuing to work with data users and data providers to further improve the timeliness, quality and usefulness of the national data collections and on further enhancing the presentation of information in our *Australian hospital statistics* products and on our *MyHospitals* website.

Barry Sandison

Director

July 2016

Contents

- Acknowledgments..... vi**
- Abbreviations.....vii**
- Symbols.....vii**
- Summary viii**
- 1 Introduction.....1**
 - 1.1 What’s in this report?1
 - 1.2 What data are reported?.....2
 - 1.3 Where to go for more information.....8
- 2 Overview – non-admitted care service events.....9**
 - Key findings9
 - 2.1 How many non-admitted patient service events were provided in 2014–15?10
 - 2.2 What types of clinics provided services?.....13
 - 2.3 Who used these services?.....15
 - 2.4 How were the services provided?20
- 3 Procedural clinics.....24**
 - Key findings24
 - How many hospitals had non-admitted patient procedural clinics in 2014–15?25
 - How many non-admitted patient service events occurred in a procedural clinic in 2014–15?.....25
 - What types of procedural clinics provided services?27
 - How were service events in procedural clinics funded?27
- 4 Medical consultation clinics.....30**
 - Key findings30
 - How many hospitals provided medical consultation clinics for non-admitted patients?.....31
 - How many non-admitted patient service events occurred in a medical consultation clinic in 2014–15?31
 - What types of medical consultation clinics provided services?.....33
 - How were service events in medical consultation clinics funded?33
- 5 Stand-alone diagnostic clinics.....36**
 - Key findings36
 - How many hospitals provided stand-alone diagnostic clinics for non-admitted patients?.....37

How many non-admitted patient service events occurred in stand-alone diagnostic clinics in 2014–15?	37
What type of stand-alone diagnostic clinics provided services?	39
How were service events in stand-alone diagnostic clinics funded?	39
6 Allied health and/or clinical nurse specialist clinics	42
Key findings	42
How many hospitals provided allied health and/or clinical nurse specialist clinics for non-admitted patients?	43
How many non-admitted patient service events occurred in allied health and/or clinical nurse specialist clinics in 2014–15?.....	43
What types of allied health and/or clinical nurse specialist clinics provided services? ..	45
How were service events in allied health and/or clinical nurse specialist clinics funded?	45
Appendix A: Data Quality Statement summaries.....	48
National Non-admitted Patient Care (aggregate) Database.....	48
National Non-admitted Patient (episode-level) Database.....	52
Appendix B: Technical information	56
Definitions and classifications	56
Presentation of data.....	58
Glossary.....	59
References	61
List of tables	63
List of figures	64
List of boxes.....	64
Related publications	65

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Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ASGS	Australian Statistical Geography Standard
DSS	Data Set Specification
IHPA	Independent Hospital Pricing Authority
MBS	Medicare Benefits Schedule
METeOR	Metadata Online Registry
LHN	local hospital network
NMDS	National Minimum Data Set
NNAPC(agg)D	National Non-admitted Patient Care (aggregate) Database
NNAP(el)D	National Non-admitted Patient (episode-level) Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SEIFA	Socio-Economic Indexes for Areas
SA2	Statistical Area Level 2
SLA	Statistical Local Area
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

..	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

Non-admitted patient care provided in public hospitals includes care provided in outpatient clinics at which patients consult specialist medical practitioners, or have diagnostic or other procedures, or are provided with allied health or specialist nursing care. This report summarises this type of hospital care for 2014–15.

Non-admitted patient care can also include care provided in emergency departments; the dispensing of medicines; and district nursing and community health services provided by hospitals. Information about these activities is not included in this report.

How much non-admitted patient activity was reported?

In 2014–15, about 34.9 million non-admitted patient care service events were reported for 610 public hospitals and 41 other services (including local hospital networks and some private hospitals in Western Australia) that provided non-admitted patient care for public patients.

The majority of service events (71%) were reported for *Principal referral and women's and children's* hospitals and *Public acute group A* hospitals.

What services were provided?

In 2014–15, about 46% of non-admitted patient service events were in *Allied health and/or clinical nurse specialist clinics* and 30% were in *Medical consultation clinics*. A further 13% of non-admitted patient service events were in *Procedural clinics* and 10% were in *Stand-alone diagnostic clinics*.

The most common non-admitted patient service provided in *Allied health and/or clinical nurse specialist clinics* was in *Primary health care clinics* (2.2 million service events) and the most common in *Medical consultation clinics* was in *General practice and primary care clinics* (1.0 million service events). For *Procedural clinics*, the most common non-admitted patient services were in clinics providing *Enteral nutrition – home delivered* (or tube feeding, 1.1 million service events), followed by clinics providing *Dental* procedures (836,000 service events).

Who used these services?

Information on the characteristics of patients using non-admitted patient services was available for about 55% of the service events, mainly for those provided in larger hospitals.

About 56% of non-admitted patient service events were for females and 31% of service events were for people aged 65 and over.

About 4.5% of non-admitted patient service events were for Indigenous Australians.

How were the services funded?

Most non-admitted patient care in public hospitals is funded by the jurisdiction's health service budget. However, in 2014–15, about 12% of non-admitted patient service events were funded by the *Medicare Benefits Schedule* (MBS) and smaller numbers were funded through compensation schemes and the Department of Veterans' Affairs. A relatively large proportion of service events in procedural clinics were funded by MBS (32%) and a relatively small proportion in allied health and clinical nurse specialist clinics (1%).

1 Introduction

Non-admitted patient care 2014–15: Australian hospital statistics focuses on information about services provided for non-admitted patients by Australia’s public hospitals. It continues the Australian Institute of Health and Welfare’s (AIHW) *Australian hospital statistics* series of reports describing the characteristics and activity of Australia’s hospitals.

Non-admitted patient care provided in public hospitals includes care provided in outpatient clinics at which patients consult specialist medical practitioners, or have diagnostic or other procedures, or are provided with allied health or specialist nursing care, without being admitted to hospital. This report summarises this type of hospital care for 2014–15.

Non-admitted patient care can also include care provided in emergency departments, the dispensing of medicines to patients not admitted to the hospital, and district nursing and community health services can also be provided by hospitals; information about these activities is not included in this report.

The AIHW previously published non-admitted patient care information as part of comprehensive reports about hospitals for the financial years 1993–94 to 2012–13 (in AIHW 2014 and earlier reports), and as a stand-alone report on non-admitted patient care for the 2013–14 financial year (AIHW 2015f).

More detailed reports on some aspects of Australia’s hospitals for 2014–15 have already been published: *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a), *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015b), *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015c) and *Staphylococcus aureus bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics* (AIHW 2015g).

Accompanying this report is a report on hospital resources – *Hospital resources 2014–15: Australian hospital statistics* (AIHW 2016c) and a shorter companion report – *Australia’s hospitals 2014–15 at a glance* (AIHW 2016b) – which provides a summary of all hospitals-related information for 2014–15 in a form accessible to a general readership.

1.1 What’s in this report?

Structure of this report

This introduction covers:

- What data are reported? – outlining the data sources used and including information on differences between the data sources that affect the interpretation of the data presented.
- What are the limitations of the data? – including caveat information that should be considered when interpreting the data presented.

The chapters contain short, self-contained sections on specific topics within the broad chapter topic. The data presented answer, where possible, the following questions:

- How has activity changed over time?
- How much non-admitted patient care was provided in 2014–15?
- Where do I go for more information?

The chapters are:

- Chapter 2: Overview – non-admitted care service events – presents overall information on non-admitted patient service events, including information about the people who received non-admitted patient care.
- Chapter 3: Procedural clinics – presents information on non-admitted patient care in clinics where procedures are provided by a surgeon or other medical specialist
- Chapter 4: Medical consultation clinics – presents information on non-admitted patient care in clinics where medical consultations are provided by a general physician or medical specialist
- Chapter 5: Stand-alone diagnostic clinics – presents information on non-admitted patient care in clinics where diagnostic services are provided within a specific field of medicine or condition
- Chapter 6: Allied health and/or clinical nurse specialist clinics – presents information on non-admitted patient care in clinics where services are provided by an allied health professional or clinical nurse specialist.

Appendix A provides summary information on the quality of the databases used in preparing this report and issues affecting the quality or comparability of the data.

Appendix B includes notes on definitions and classifications, the presentation of data and analysis methods.

The Glossary provides definitions for many of the common terms used in this report.

1.2 What data are reported?

This section presents information on the data sources used in this report, including information on the definitions used to report non-admitted patient services.

Definitions and categorisation of service events

A **non-admitted patient service event** is defined as an interaction between one or more health-care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record. A service event can be an individual service event or a group service event.

One service event is recorded for each interaction, regardless of the number of health-care providers present. Service events can occur in an outpatient clinic within the hospital campus or other setting, and can include service events delivered in the patient's home, by telephone or by video link.

A **group service event** is a non-admitted service event for a patient attending a group session. A group service event is counted as a non-admitted patient service event, providing that the session included the provision of therapeutic/clinical advice for each patient and that this was recorded using a dated entry in each patient's medical record.

The non-admitted patient care data provided include information for 144 clinic types (IHPA 2014b) at which the service events were provided. They are categorised into 4 major classes:

- *Procedural clinics*
- *Medical consultation clinics*
- *Stand-alone diagnostic clinics*
- *Allied health and/or clinical nurse specialist clinics.*

More information on the 144 clinic types is available in *Tier 2 Non-admitted services definitions manual 2014–15 Version 3.0 August 2014* (IHPA 2014b).

National Non-admitted Patient Care (aggregate) Database

For 2013–14 and 2014–15, aggregate clinic-level information on non-admitted patient care was provided for the National Non-admitted Patient Care Database (NNAPC(agg)D).

The NNAPC(agg)D is based on data provided for the Non-admitted patient care NMDS National Minimum Data Set (NAPC NMDS) and for the Non-admitted patient care local hospital network aggregate Data Set Specification 2014–15 (NAPCLHN DSS), as defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015d, 2015e) and in the AIHW's Metadata Online Registry (METeOR, METeOR identifier 547686).

Non-admitted patient care NMDS

The scope of the NAPC NMDS changed between 2013–14 and 2014–15.

For 2013–14, the scope of the NAPC NMDS was non-admitted patient service events in activity-based funded public hospitals – that is, non-admitted patient services provided by block-funded hospitals were not required to be reported for the 2013–14 financial year.

It should be noted that while not required, some block-funded hospitals were included in 2013–14. It was estimated that approximately 88% of non-admitted patient occasions of service (for all public hospitals, as reported to the National Public Hospital Establishments Database, which essentially had full coverage) were also reported for the NNAPC(agg)D as service events.

For 2014–15, the scope of the NAPC NMDS was non-admitted patient service events in all public hospitals. Therefore, the scope of the NAPC NMDS for 2014–15 includes service events in both activity-based funded hospitals and block-funded hospitals.

For 2014–15, on the basis of advice from states and territories, coverage of the NNAP(agg)D was essentially complete. However, Victoria and the Northern Territory did not report service events that occurred in *Stand-alone diagnostic clinics*.

Due to changes in the scope and coverage of the NNAPC(agg)D between 2013–14 and 2014–15, time series are not presented.

Non-admitted patient care Local Hospital Network aggregate DSS 2014–15

For 2014–15, the scope of the NAPCLHN DSS is non-admitted patient service events provided by:

- local hospital networks (LHNs) – each LHN consists of small groups of local hospitals, or an individual hospital, linking services within a region or through specialist networks across a state or territory (NHFP 2016).
- other public hospital services that are managed by a state or territory health authority and are included in the *General list of in-scope public hospital services*, developed under the *National Health Reform Agreement (2011)*.

The term ‘other services’ has been used in this report to refer to services other than public hospitals (such as LHNs and some private hospitals in Western Australia) that provided non-admitted patient services to public patients for which data were reported to the NAPCLHN DSS for 2014–15.

See the Glossary for more terms and definitions.

National Non-admitted Patient (episode-level) Database

The National Non-admitted Patient (episode-level) Database (NNAP(el)D) is based on data provided for the Non-admitted patient Data Set Specification (NAP DSS), as defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015c, 2015d) and in the AIHW’s METeOR (METeOR identifier 548176).

For 2014–15, 7 jurisdictions (all except Victoria) provided episode-level non-admitted patient data to the NNAP(el)D on a ‘best efforts’ basis.

For 2014–15, the NAP DSS scope was defined as non-admitted patient service events in activity-based funded hospitals only.

It is estimated that approximately 63% of non-admitted patient service events in activity-based funded hospitals, were reported to the NNAP(el)D at the episode-level (Table 1.1). For activity-based funded hospitals, all (100%) of non-admitted patient service events reported to the NNAPC(agg)D were also reported to the NNAP(el)D at the episode-level for Queensland, Tasmania and the Australian Capital Territory.

Some episode-level data were also provided for about 630,000 service events provided by service providers other than activity-based funded public hospitals, although they were not in scope for the collection. Overall, including the service providers not in scope, episode-level data were provided for about 55% of non-admitted service events.

The episode-level data presented in this report in Chapter 2 are the data reported for activity-based funded hospitals only.

In 2013–14, it is estimated that approximately 46% of non-admitted patient service events in activity-based funded hospitals, were reported to the NNAP(el)D at the episode-level.

Due to changes in the scope and coverage of the NNAP(el)D between 2013–14 and 2014–15, time series are not presented.

Table 1.1: Non-admitted patient service events reported to the NNAP(episode-level)D and estimated proportion of service events reported, states and territories, 2014–15

	NSW	Vic ^(a)	Qld ^(b)	WA	SA	Tas	ACT ^(b)	NT	Total
Activity-based funded hospitals									
Non-admitted patient service events provided for the NNAP(e)D	10,563,794	n.a.	3,924,461	1,784,165	1,226,576	461,532	1,056,336	269,666	19,286,530
Non-admitted patient service events provided for the NNAPC(agg)D	16,045,224	5,677,869	3,733,468	1,977,835	1,822,948	461,532	979,258	275,585	30,973,719
Estimated proportion of service events reported at episode-level (%)	66	0	100	90	67	100	100	98	63
Block-funded hospitals									
Non-admitted patient service events provided for the NNAP(e)D	396,430	n.a.	0	187,481	0	0	0	0	583,911
Non-admitted patient service events provided for the NNAPC(agg)D	2,015,238	59,265	329,055	187,481	103,688	25,604	0	3,910	2,698,637
Other services^(c)									
Non-admitted patient service events provided for the NNAP(e)D	20,447	n.a.	0	0	0	0	0	0	46,051
Non-admitted patient service events provided for the NNAPC(agg)D	343,301	174,660	211,395	216,099	261,920	0	0	0	1,232,979
Total									
Non-admitted patient service events provided for the NNAPC(agg)D (activity-based funded hospitals, block-funded hospitals and other services)	18,403,763	5,911,794	4,273,918	2,381,415	2,188,556	487,136	979,258	279,495	34,905,335
Estimated proportion of service events reported at episode-level (%)	57	0	92	75	56	95	100	96	55

(a) Episode-level data were not available for Victoria.

(b) For Queensland and the Australian Capital Territory, a larger number of non-admitted patient service events were reported for the NNAP(e)D by activity-based funded hospitals than were reported for the NNAPC(agg)D.

(c) Includes hospitals for which the funding designation had not been assigned and other services (including LHNs and services provided at a state wide-level).

Sources: the NNAPC(agg)D and the NNAP(e)D.

Box 1.1: Changes affecting the interpretation of non-admitted patient care data

Information no longer collected

In previous years, the AIHW reported non-admitted patient occasions of service data from the National Public Hospital Establishments Database (NPHEd), which covered a wider range of non-admitted patient care. The 2013–14 reporting period was the final year for the reporting of non-admitted patient occasions of service aggregate data to the NPHEd. Therefore, for 2014–15, information is not available for:

- *Emergency* occasions of service provided by hospitals that do not have a designated emergency department. (Emergency presentations provided by hospitals that have a designated emergency department are reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), and these data have been reported in *Emergency department care 2014–15: Australian hospital statistics* [AIHW 2015c])
- *Pharmacy* occasions of service – are no longer reported
- most *Pathology* and *Radiology and organ imaging services* occasions of service – these are considered ‘related diagnostic services’ connected with other service events and are not reported separately, whereas they were reported separately to the NPHEd
- most occasions of service for *Community health services* – although some Community health services are in scope for the NNAP(agg)D and NNAP(el)D.

Differences in definitions of non-admitted patient care

A non-admitted patient service event (see ‘Definitions and categorisation of service events’) that involves multiple health professionals (and related diagnostic services) within the same clinic is counted as one service event. If a patient attends more than one clinic on the same day, then each attendance is counted as a separate service event.

In earlier reports sourced from the NPHEd, non-admitted patient occasions of service counted the number of services provided to a patient in each functional unit of a health service establishment. Each diagnostic test or simultaneous set of related diagnostic tests for a patient were counted as a separate occasion of service.

Therefore, the data presented for non-admitted service events in this report are not comparable with data reported for non-admitted occasions of service in earlier reports.

What are the limitations of the data?

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values. See Box 1.2 for more information.

Box 1.2: What are the limitations of the data?

Although there are national standards for data on hospital services, there are some variations in how hospital services are defined and counted, between public hospitals, among the states and territories, and over time.

The comparability of data on non-admitted patient care over time may be affected by changes in coverage and in administrative and reporting arrangements.

States and territories may differ in the extent to which non-admitted patient services provided in non-hospital settings (such as community health services, dental clinics or drug and alcohol services) are reported for the NNAPC(agg)D and the NNAP(el)D.

In addition, there is variation among the states and territories in the funding arrangements for some non-admitted patient activity that may result in the activity being included for some jurisdictions but not for others. For example, for Queensland, patients receiving non-admitted patient services provided by private practitioners and funded by the Medicare Benefits Schedule (MBS) are not considered to be patients of the hospital. Consequently, Queensland did not report any non-admitted patient service events with a funding source of MBS.

Differing admission practices between the states and territories also lead to variation in the reporting of some services as 'admitted patient' activity in some jurisdictions, and as 'non-admitted patient' activity in others (for example, for *Dialysis and Endoscopy and related procedures clinics*).

For 2014–15:

- Victoria and the Northern Territory did not report service events that occurred in *Stand-alone diagnostic clinics*, although they were provided
- the Northern Territory did not report group service events, although they were provided
- South Australia and Tasmania did not provide information on funding sources.

As the scope of the episode-level NAP DSS is activity-based funded hospitals, most of the data relate to hospitals in *Major cities*. Consequently, data for non-admitted patient service events may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregations by socioeconomic status and remoteness area (of usual residence) should also be interpreted with caution.

Where possible, variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time.

See appendixes A and B for more information.

1.3 Where to go for more information

This report is available on the AIHW website at <www.aihw.gov.au/hospitals> in PDF format and all tables are available as downloadable Excel spreadsheets.

More information on variation in the reporting of non-admitted patient service events both among states and territories and over time, is included in appendixes A and B.

Updates

Online tables will be updated if corrections are necessary after publication, or if data are resupplied by states and territories after its release.

2 Overview—non-admitted care service events

This chapter presents an overview of outpatient care provided to non-admitted patients in 2014–15. It includes summary information on non-admitted patient service events provided in procedural clinics; medical consultation clinics; stand-alone diagnostic clinics; and allied health professional or clinical nurse specialist clinics.

The information in this chapter has been compiled using 2 different sources of non-admitted patient data:

- clinic-level service events data from the NNAPC(agg)D are used to describe overall non-admitted patient care reported for all public hospitals in 2014–15
- episode-level data for 63% of non-admitted patient service events in activity-based funded hospitals from the NNAP(el)D are used to provide more detailed information, including who used these services and how the services were delivered.

Key findings

How much activity was there in 2014–15?

In 2014–15, there were 34.9 million non-admitted patient service events was provided by 610 public hospitals and 41 other services.

What types of clinics provided services?

In 2014–15, about 46% of non-admitted patient service events occurred in *Allied health and/or clinical nurse specialist clinics* and 30% in *Medical consultation clinics*.

Who used these services?

In 2014–15, about 56% of service events were for females and 31% were for people aged 65 and over.

People living in *Major cities* accounted for about 69% of non-admitted patient service events.

About 4.5% of non-admitted patient service events were for Indigenous Australians.

2.1 How many non-admitted patient service events were provided in 2014–15?

This section presents information on the number of non-admitted patient service events provided in 2014–15, in public hospitals by public hospital peer group (see Appendix B for information about peer groups). It includes information based on data provided to the NNAPC(agg)D and the NNAP(el)D.

How many non-admitted patient service events were reported in 2014–15?

Table 2.1 presents the number of hospitals in each jurisdiction that reported non-admitted patient care activity to the NNAPC(agg)D in 2014–15.

In 2014–15, 34.9 million non-admitted patient service events were provided by 610 public hospitals and 41 other services (Table 2.1). Reporting by public hospitals included 251 activity-based funded hospitals and 357 block-funded hospitals (see Appendix A).

Principal referral and women's and children's hospitals provided about 46% of non-admitted patient service events and *Public acute group A* hospitals accounted for a further 25% of non-admitted patient service events.

Other services, which includes reporting at the LHN-level or state/territory health authority-level, accounted for another 1.2 million (3%) of non-admitted patient service events.

How many non-admitted patient service events were reported at the episode-level by activity-based funded hospitals in 2014–15?

In 2014–15, 19.3 million episode-level non-admitted patient service events were reported by activity-based funded hospitals to the NNAP(el)D by 7 jurisdictions (Table 2.2).

Principal referral and women's and children's hospitals reported about 55% of episode-level non-admitted patient service events and *Public acute group A* hospitals accounted for a further 30% of episode-level non-admitted patient service events.

Where to go for more information

More information on the types of services provided by Australia's public hospitals is available in:

- *Australian hospital peer groups* (AIHW 2015a)
- *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015b)
- *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015c)
- *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a)
- *Hospital resources 2014–15: Australian hospital statistics* (AIHW 2016c).

Information on data limitations and methods is in appendixes A and B.

Table 2.1: Non-admitted patient service events by type of service provider, states and territories, 2014–15

Public hospital peer group/other services	NSW	Vic	Qld^(a)	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Non-admitted patient service events	8,443,854	2,333,646	1,841,159	1,142,494	1,058,223	239,713	906,898	182,596	16,148,583
Number of public hospitals	14	10	7	5	3	1	1	1	42
Public acute group A hospitals									
Non-admitted patient service events	4,497,877	1,323,212	1,455,667	375,115	547,593	221,819	72,360	73,881	8,567,524
Number of public hospitals	22	16	12	4	4	2	1	1	62
Public acute group B hospitals									
Non-admitted patient service events	1,538,470	497,944	350,781	245,978	88,295	25,604	..	..	2,747,072
Number of public hospitals	17	9	8	6	4	1	..	..	45
Other public hospitals									
Non-admitted patient service events	3,580,261	1,601,480	414,916	401,729	232,525	0	0	23,018	6,253,929
Number of public hospitals	167	68	90	73	60	0	0	3	461
Total public hospitals									
<i>Non-admitted patient service events</i>	<i>18,060,462</i>	<i>5,756,282</i>	<i>4,062,523</i>	<i>2,165,316</i>	<i>1,926,636</i>	<i>487,136</i>	<i>979,258</i>	<i>279,495</i>	<i>33,717,108</i>
<i>Number of public hospitals</i>	<i>220</i>	<i>103</i>	<i>117</i>	<i>88</i>	<i>71</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>610</i>
Other services									
Non-admitted patient service events	343,301	155,512	211,395	216,099	261,920	0	0	0	1,188,227
Number of services	28	1	1	4	7	0	0	0	41
Total									
Non-admitted patient service events	18,403,763	5,911,794	4,273,918	2,381,415	2,188,556	487,136	979,258	279,495	34,905,335
Number of services reporting	248	104	118	92	78	4	2	5	651

(a) For Queensland, the Lady Cilento Children's Hospital opened in November 2014, replacing the Mater Children's Hospital and the Royal Children's Hospital. For the purposes of this report, the data for all 3 hospitals have been combined.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 2.2: Non-admitted patient service events^(a) (episode-level), by public hospital peer group, states and territories, 2014–15

Public hospital peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Non-admitted patient service events	5,373,871	n.a.	2,075,144	982,565	795,027	239,713	980,834	182,596	10,629,750
Number of public hospitals	14	n.a.	7	5	3	1	1	1	32
Public acute group A hospitals									
Non-admitted patient service events	3,130,288	n.a.	1,502,841	357,338	403,659	221,819	75,502	73,881	5,765,328
Number of public hospitals	22	n.a.	12	4	4	2	1	1	46
Public acute group B hospitals									
Non-admitted patient service events	937,207	n.a.	244,499	231,198	23,374	0	..	..	1,436,278
Number of public hospitals	17	n.a.	8	6	1	0	..	..	32
Other public hospitals									
Non-admitted patient service events	1,122,428	n.a.	101,977	213,064	4,516	0	0	13,189	1,455,174
Number of public hospitals	40	n.a.	8	7	1	0	0	1	57
Total public hospitals									
Non-admitted patient service events	10,563,794	n.a.	3,924,461	1,784,165	1,226,576	461,532	1,056,336	269,666	19,286,530
Number of public hospitals	93	n.a.	35	22	9	3	2	3	167

(a) For 63% of service events in activity-based funded hospitals and 55% of total activity. Excludes about 630,000 service events reported by hospitals that were not activity-based funded and other service providers.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

2.2 What types of clinics provided services?

This section presents information on the types of non-admitted patient care provided by public hospitals and other services in 2014–15, by Tier 2 clinic categories.

Non-admitted patient service events are classified according to the type of clinic in which they were provided. The clinics, in turn, are defined through the type of clinician who provided the service and the nature of the service provided (IHPA 2014b). A clinic may provide a range of health services that fall into different Tier 2 clinic classes, and when this occurs the clinic is classified based on its predominant activity. There are 4 classes of clinic types that provide non-admitted patient services:

- *Procedural clinics* – provided by a surgeon or other medical specialist
- *Medical consultation clinics* – provided by a general physician or medical specialist
- *Stand-alone diagnostic clinics* – provide diagnostic services within a specific field of medicine or condition
- *Allied health and/or clinical nurse specialist clinics* – provided by an allied health professional or clinical nurse specialist.

In 2014–15, non-admitted patient service events were provided in the following clinic classes:

- about 16.1 million (46%) in *Allied health and/or clinical nurse specialist clinics*
- 10.5 million (30%) in *Medical consultation clinics*
- 4.5 million (13%) in *Procedural clinics*
- 3.6 million (10%) in *Stand-alone diagnostic clinics* (Table 2.3).

The majority (92%) of group service events occurred in *Allied health and/or clinical nurse specialist clinics*.

There were notable variations in reporting by Tier 2 clinic categories among jurisdictions. For example, New South Wales accounted for 90% of all service events reported for *Stand-alone diagnostic clinics*, while Victoria and the Northern Territory did not report service events for *Stand-alone diagnostic clinics*, although they were provided.

Where to go for more information

Additional information on non-admitted patient service events by Tier 2 clinic classes and by state and territory is available in:

- Chapter 3: Procedural clinics
- Chapter 4: Medical consultation clinics
- Chapter 5: Stand-alone diagnostic clinics
- Chapter 6: Allied health and/or clinical nurse specialist clinics.

Information on data limitations and methods is available in appendixes A and B.

Table 2.3: Individual and group service events, by Tier 2 clinic classes, states and territories, 2014–15

Type of clinic	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT ^{(a)(b)}	Total
Individual service events									
Procedural clinics	2,000,491	1,066,804	784,419	215,423	318,537	51,198	28,100	28,668	4,493,640
Medical consultation clinics	4,275,965	2,304,971	1,389,455	906,415	935,419	212,202	221,279	151,265	10,396,971
Stand-alone diagnostic clinics	3,258,743	n.a.	67,701	25,985	249,148	5,235	23,497	n.a.	3,630,309
Allied health and/or clinical nurse specialist clinics	8,041,891	2,368,659	1,892,169	1,196,169	640,039	212,273	678,413	99,562	15,129,175
Clinic type not reported	162,560	0	0	0	0	0	0	0	162,560
<i>Total</i>	<i>17,739,650</i>	<i>5,740,434</i>	<i>4,133,744</i>	<i>2,343,992</i>	<i>2,143,143</i>	<i>480,908</i>	<i>951,289</i>	<i>279,495</i>	<i>33,812,655</i>
Group service events									
Procedural clinics	462	0	2,234	0	23	0	0	n.a.	2,719
Medical consultation clinics	50,027	5,479	5,593	1,746	3,915	685	663	n.a.	68,108
Stand-alone diagnostic clinics	202	n.a.	0	0	29	0	0	n.a.	231
Allied health and/or clinical nurse specialist clinics	599,156	165,881	132,347	35,677	41,446	5,543	27,306	n.a.	1,007,356
Clinic type not reported	14,266	0	0	0	0	0	0	n.a.	14,266
<i>Total</i>	<i>664,113</i>	<i>171,360</i>	<i>140,174</i>	<i>37,423</i>	<i>45,413</i>	<i>6,228</i>	<i>27,969</i>	<i>n.a.</i>	<i>1,092,680</i>
Total service events									
Procedural clinics	2,000,953	1,066,804	786,653	215,423	318,560	51,198	28,100	28,668	4,496,359
Medical consultation clinics	4,325,992	2,310,450	1,395,048	908,161	939,334	212,887	221,942	151,265	10,465,079
Stand-alone diagnostic clinics	3,258,945	n.a.	67,701	25,985	249,177	5,235	23,497	n.a.	3,630,540
Allied health and/or clinical nurse specialist clinics	8,641,047	2,534,540	2,024,516	1,231,846	681,485	217,816	705,719	99,562	16,136,531
Clinic type not reported	176,826	0	0	0	0	0	0	0	176,826
Total	18,403,763	5,911,794	4,273,918	2,381,415	2,188,556	487,136	979,258	279,495	34,905,335

(a) Victoria and the Northern Territory did not report service events that occurred in *Stand-alone diagnostic clinics*, although they were provided.

(b) The Northern Territory did not report group service events, although they were provided.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

2.3 Who used these services?

This section presents information about the people who received non-admitted patient care. It includes the age, sex and Indigenous status of the patient and the remoteness area and socioeconomic status of the patient’s area of usual residence.

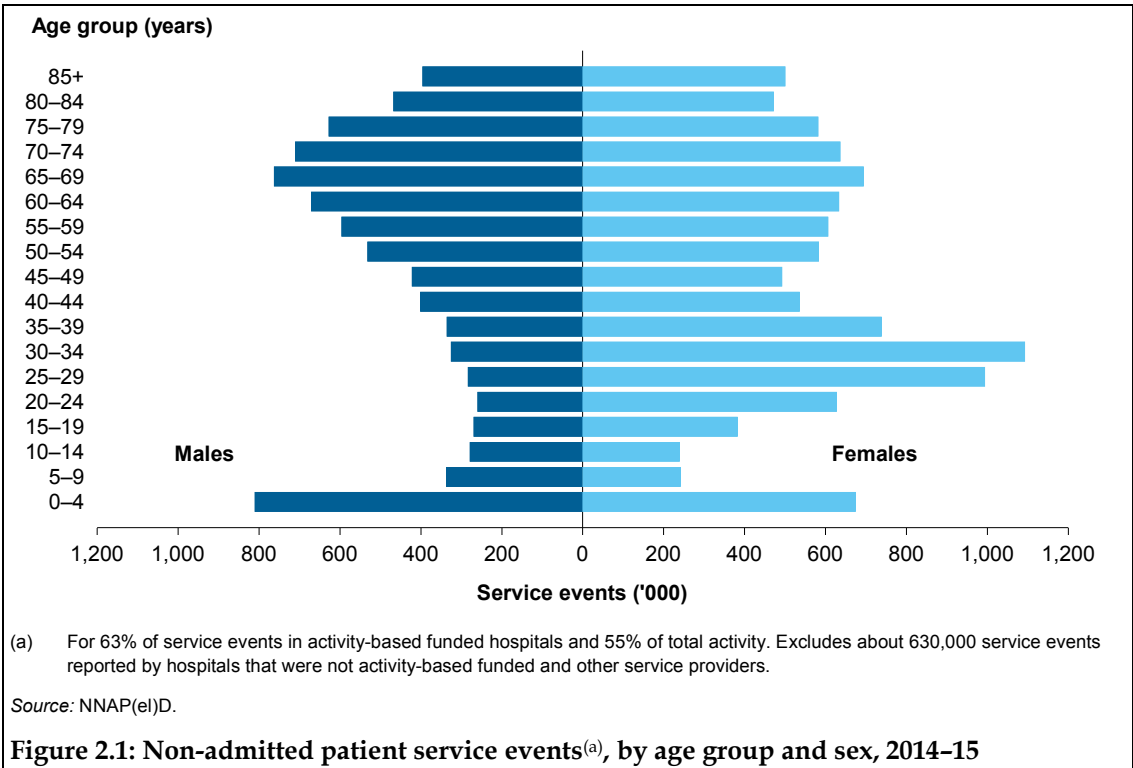
This information is about the 19.3 million non-admitted patient service events provided for the NNAP(e)D by 7 jurisdictions, which accounted for about 63% of service events reported for activity-based funded hospitals, and 55% of total activity, in 2014–15.

It should be noted that the information presented here may not be representative of the non-admitted patient care activity provided by hospitals for which data were not reported to the NNAP(e)D.

As the scope of the NAP DSS is activity-based funded hospitals, most of the data relate to hospitals in *Major cities*. Consequently, data for non-admitted patient service events may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregations by socioeconomic status, and by the remoteness area of usual residence, should also be interpreted with caution.

Age and sex of patient

In 2014–15, there were 10.7 million non-admitted patient service events for females, compared with 8.5 million for males (Figure 2.1 and Table 2.4). Women accounted for 70% of service events for people aged 15 to 44 (the age range that includes most services for *Obstetrics and Midwifery and maternity*).



Boys accounted for 55% of service events for children aged 0 to 14.

People aged 65 and over (who make up about 13% of the population) accounted for 31% of service events in 2014–15.

The sex of the patient was not stated for more than 88,000 records reported at the episode level. The patient's date of birth was not reported for more than 23,000 records (of which, almost 16,000 attended a mammography screening clinic) and therefore the age of the patient could not be determined. Both the date of birth and sex of the patient were not reported for about 6,000 records.

Aboriginal and Torres Strait Islander people

The quality of the data reported for Indigenous status in non-admitted patient settings has not been formally assessed, so caution should be used when interpreting these data. In addition, as the scope of the NAP DSS is activity-based funded hospitals, most of the data relate to hospitals in *Major cities*. Consequently, data for non-admitted patient service events may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.

In 2014–15, about 867,000 non-admitted patient service events were reported for Aboriginal and Torres Strait Islander people (for the 7 jurisdictions that provided data to the NNAP(el)D) (Table 2.4). Non-admitted patient service events for Aboriginal and Torres Strait Islander people accounted for about 4.5% of service events reported to the NNAP(el)D for activity-based funded hospitals.

The Northern Territory, the jurisdiction with the highest proportion of Indigenous residents (30%) (ABS 2011) had the highest proportion of service events that were for Indigenous Australians (42%).

About 90% of non-admitted patient service events for people reported as Indigenous Australians were for people of *Aboriginal but not Torres Strait Islander origin*, 4% were for people of *Torres Strait Islander but not Aboriginal origin* and 6% were for people of *Aboriginal and Torres Strait Islander origin*.

For about 7% of service events reported at the episode level, the Indigenous status of the patient was not reported.

Remoteness

Remoteness categories divide Australia into areas depending on distances from population centres, using the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS). The patient's area of usual residence can be used to derive the remoteness area of usual residence.

In 2014–15, about 69% of non-admitted patient service events reported to the NNAP(el)D by activity-based funded hospitals were provided to people who lived in *Major cities*, 20% in *Inner regional areas*, 9% in *Outer regional areas* and 2% in *Remote and Very remote areas* combined (Table 2.5). These proportions are similar to the proportions of the population in each remoteness area—70% in *Major cities*, 18% in *Inner regional areas*, 9% in *Outer regional areas* and about 2% in *Remote and Very remote areas* combined.

About 55% of service events reported to the NNAP(el)D by activity-based funded hospitals were for New South Wales, and this should be taken into account when interpreting these

data. For example, people who live in *Major cities* account for about 74% of the population of New South Wales.

In addition, as the scope of the NAP DSS is activity-based funded hospitals, most of the data relate to hospitals in *Major cities*. Consequently, disaggregations by remoteness area of usual residence should be interpreted with caution.

The patient's area of usual residence was not reported (and therefore the patient's remoteness area could not be determined) for less than 1% of non-admitted patient service events reported at the episode-level.

Socioeconomic status

In 2014–15, about 27% of non-admitted patient service events reported to the NNAP(el)D by activity-based funded hospitals were provided to people who lived in areas classified as being in the lowest (most disadvantaged) socioeconomic status (SES) group compared with 16% in the highest (least disadvantaged) SES group (Table 2.6)

For *Procedural clinics*, about 30% of service events were provided to people who lived in areas classified as being in the lowest SES group.

The patient's area of usual residence was not reported (and therefore the patient's socioeconomic status group could not be determined) for less than 1% of non-admitted patient service events reported at the episode-level.

In addition, as the scope of the NAP DSS is activity-based funded hospitals, most of the data relate to hospitals in *Major cities*. Consequently, disaggregations by socioeconomic status should be interpreted with caution.

Table 2.4: Non-admitted patient service events^(a) (episode-level) by Indigenous status, states and territories, 2014–15

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	391,413	n.a.	155,002	59,639	20,782	14,823	28,748	109,779	780,186
Torres Strait Islander but not Aboriginal origin	7,672	n.a.	22,498	482	242	565	282	653	32,394
Aboriginal and Torres Strait Islander origin	31,194	n.a.	16,170	1,108	297	1,659	2,088	1,764	54,280
<i>Indigenous people</i>	<i>430,279</i>	<i>n.a.</i>	<i>193,670</i>	<i>61,229</i>	<i>21,321</i>	<i>17,047</i>	<i>31,118</i>	<i>112,196</i>	<i>866,860</i>
Neither Aboriginal nor Torres Strait Islander origin	9,255,201	n.a.	3,613,473	1,646,080	1,110,313	428,372	926,764	156,189	17,136,392
Not reported	878,314	n.a.	117,318	76,856	94,942	16,113	98,454	1,281	1,283,278
Total	10,563,794	n.a.	3,924,461	1,784,165	1,226,576	461,532	1,056,336	269,666	19,286,530

(a) For 63% of service events in activity-based funded hospitals and 55% of total activity. Excludes about 630,000 service events reported by hospitals that were not activity-based funded and other service providers.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

Table 2.5: Non-admitted patient service events^(a) (episode-level), by remoteness of area of usual residence, 2014–15

Tier 2 clinic class	Remoteness area of usual residence						Total
	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	
Procedural clinics	1,367,031	364,589	169,342	24,816	17,073	12,307	1,955,158
Medical consultation clinics	5,035,436	1,059,908	639,423	121,556	56,005	52,854	6,965,182
Stand-alone diagnostic clinics	297,243	54,430	33,723	2,323	1,441	1,628	390,788
Allied health and/or clinical nurse specialist clinics	6,450,361	2,289,737	892,414	82,246	107,806	57,186	9,879,750
Clinic type not reported	74,195	18,654	2,422	194	10	177	95,652
Total	13,224,266	3,787,318	1,737,324	231,135	182,335	124,152	19,286,530
Proportion of total (%)	69	20	9	1	1	<1	100

(a) For 63% of service events in activity-based funded hospitals and 55% of total activity. Excludes about 630,000 service events reported by hospitals that were not activity-based funded and other service providers.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

Table 2.6: Non-admitted patient service events^(a) (episode-level), by socioeconomic status of area of usual residence, 2014–15

Tier 2 clinic class	Socioeconomic status of area of usual residence						Total
	1—Lowest	2	3	4	5—Highest	Not reported	
Procedural clinics	577,466	446,528	365,124	291,605	261,908	12,527	1,955,158
Medical consultation clinics	1,737,030	1,510,534	1,354,070	1,224,837	1,083,444	55,267	6,965,182
Stand-alone diagnostic clinics	89,500	67,810	70,663	71,409	89,691	1,715	390,788
Allied health and/or clinical nurse specialist clinics	2,722,033	2,133,805	1,693,534	1,582,998	1,685,174	62,206	9,879,750
Clinic type not reported	25,479	24,284	26,041	11,144	8,527	177	95,652
Total	5,151,508	4,182,961	3,509,432	3,181,993	3,128,744	131,892	19,286,530
Proportion of total (%)	27	22	18	16	16	<1	100

(a) For 63% of service events in activity-based funded hospitals and 55% of total activity. Excludes about 630,000 service events reported by hospitals that were not activity-based funded and other service providers.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

2.4 How were the services provided?

This section presents information on whether the non-admitted patient care was provided at the hospital or another location, and whether the service was provided face-to-face (in person) or by another method.

This information is about the 19.3 million non-admitted patient service events provided for the NNAP(e)D by 7 jurisdictions, which accounted for about 63% of service events reported for activity-based funded hospitals, and 55% of total activity, in 2014–15.

Where were the services provided?

The service delivery setting identifies whether the service was provided on campus (at the hospital), or off campus (at another location). For 2014–15, the service delivery setting was not reported for about 18% of non-admitted patient service events reported at the episode level by activity-based funded hospitals.

In 2014–15, of those service events for which the service delivery setting was reported by activity-based funded hospitals, about 68% of individual service events and 51% of group service events were provided on the hospital campus (Table 2.7).

Non-admitted patient services provided at the patient’s home, such as *Renal dialysis – home delivered* (haemodialysis or peritoneal dialysis) and *Enteral nutrition – home delivered* (tube feeding) are examples of service events provided off the hospital campus.

Table 2.7: Individual and group service events^(a) (episode-level), by service delivery setting, 2014–15

Service delivery setting	Individual service events	Group service events	Total
On the hospital campus of the health-care provider	10,405,250	269,467	10,674,717
Off the hospital campus of the health-care provider	4,835,962	257,488	5,093,450
Not reported	3,396,940	121,423	3,518,363
Total	18,638,152	648,378	19,286,530

(a) For 63% of service events in activity-based funded hospitals and 55% of total activity. Excludes about 630,000 service events reported by hospitals that were not activity-based funded and other service providers.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

How were the services delivered?

The method of communication between the non-admitted patient and the health-care provider during a service event is described by the service delivery mode. It identifies whether the non-admitted patient service event was provided ‘in person’ or by another method, such as by telephone or by videoconference.

In 2014–15, 87% of individual service events and almost 99% of group service events were delivered in person (Table 2.8). About 9% of individual service events were delivered by telephone.

Table 2.8: Individual and group service events^(a) (episode-level), by service delivery mode, 2014–15

Service delivery mode	Individual service events	Group service events	Total
In person	16,119,182	640,105	16,759,287
Telephone	1,660,568	1,097	1,661,665
Videoconference	38,375	478	38,853
Electronic mail	52,774	64	52,838
Postal/courier service	67	0	67
Other	767,186	6,634	773,820
Total	18,638,152	648,378	19,286,530

(a) For 63% of service events in activity-based funded hospitals and 55% of total activity. Excludes about 630,000 service events reported by hospitals that were not activity-based funded and other service providers.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

Where did requests for service come from?

Usually, an outpatient clinic will receive a service request for non-admitted patient care from a health practitioner or organisation that is external to the outpatient clinic.

Service requests include both referrals (for example, a written referral from a general practitioner [GP]), and informal requests for service (for example, self-referral for an unplanned 'walk-in' service). Some requests for service may occur between different outpatient clinics. For example, a patient may be referred by their GP to an aged-care clinic, and after assessment at the aged-care clinic, the patient is referred to an allied health clinic.

For 2014–15, the service request source was not reported for about 5.9 million individual service events (32%) and for 171,000 group service events (26%) that were reported at the episode level (Table 2.9).

For individual non-admitted patient service events for which the service request source was reported, 15% were requested from within the same hospital, 21% were requested by either the patient's GP or a specialist, and 7% were requested by the patient (*Self*).

How were service events funded?

Non-admitted patient services are funded through a range of channels including the jurisdiction's health service budget, the Medicare Benefits Schedule (MBS), compensation arrangements (for example, worker's compensation or motor vehicle third party personal claim) and by the Department of Veterans' Affairs.

For 2014–15, funding source information was not reported by South Australia and Tasmania (Table 2.10). In Queensland, MBS-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided as the patients are not considered to be patients of the hospital.

For the states and territories that did provide information on funding source, about 12% of individual service events were funded by the MBS and fewer than 1% were funded by either the Department of Veterans' Affairs or by compensation.

The *Other* funding category applied to 80% of non-admitted patient individual service events. This category includes services funded by:

- The jurisdiction's health service budget (including where there is eligibility under a Reciprocal Health Care Agreement or where no charge was raised due to hospital decision)
- Department of Defence
- correctional facilities
- private health insurance
- self-funded.

Table 2.9: Individual and group service events^(a) (episode-level), by service request source, 2014–15

Service request source	Individual service events	Group service events	Total
This hospital			
Other outpatient clinic	1,067,742	45,197	1,112,939
Emergency department	375,196	955	376,151
Elsewhere in this hospital	1,394,330	53,633	1,447,963
<i>Total this hospital</i>	<i>2,837,268</i>	<i>99,785</i>	<i>2,937,053</i>
Other			
Other hospital	758,335	32,133	790,468
General practice	2,363,603	45,548	2,409,151
Specialist practice	1,468,974	31,922	1,500,896
Other non-hospital	4,031,481	194,744	4,226,225
Self	1,257,073	73,712	1,330,785
Not reported	5,921,418	170,534	6,091,952
Total	18,638,152	648,378	19,286,530

(a) For 63% of service events in activity-based funded hospitals and 55% of total activity. Excludes about 630,000 service events reported by hospitals that were not activity-based funded and other service providers.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

Where to go for more information

Additional information on principal source of funding for non-admitted patient service events by Tier 2 clinic classes by state and territory is available in:

- Chapter 3: Procedural clinics
- Chapter 4: Medical consultation clinics
- Chapter 5: Stand-alone diagnostic clinics
- Chapter 6: Allied health and/or clinical nurse specialist clinics.

Information on data limitations and methods is available in appendixes A and B.

Table 2.10: Individual and group service events, by principal source of funding, public hospitals, states and territories, 2014–15

Principal source of funding	NSW	Vic	Qld ^(a)	WA	SA ^(b)	Tas ^(b)	ACT	NT ^(c)	Total
Individual service events									
Medicare Benefits Schedule	2,752,020	1,018,527	..	108,991	n.a.	n.a.	127,505	48,583	4,055,626
Compensable	52,044	59,064	14,088	13,455	n.a.	n.a.	438	2,464	141,553
Department of Veterans' Affairs	85,930	21,726	12,488	5,645	n.a.	n.a.	2,794	239	128,822
Other	14,849,656	4,641,117	4,107,168	2,215,901	n.a.	n.a.	820,552	228,209	26,862,603
Not reported	0	0	0	0	2,143,143	480,908	0	0	2,624,051
<i>Total</i>	<i>17,739,650</i>	<i>5,740,434</i>	<i>4,133,744</i>	<i>2,343,992</i>	<i>2,143,143</i>	<i>480,908</i>	<i>951,289</i>	<i>279,495</i>	<i>33,812,655</i>
Group service events									
Medicare Benefits Schedule	5,591	692	..	9	n.a.	n.a.	7	n.a.	6,299
Compensable	992	1,874	775	11	n.a.	n.a.	0	n.a.	3,652
Department of Veterans' Affairs	4,142	18,104	531	119	n.a.	n.a.	0	n.a.	22,896
Other	653,388	150,690	138,868	37,284	n.a.	n.a.	27,962	n.a.	1,008,192
Not reported	0	0	0	0	45,413	6,228	0	n.a.	51,641
<i>Total</i>	<i>664,113</i>	<i>171,360</i>	<i>140,174</i>	<i>37,423</i>	<i>45,413</i>	<i>6,228</i>	<i>27,969</i>	<i>n.a.</i>	<i>1,092,680</i>
All service events									
Medicare Benefits Schedule	2,757,611	1,019,219	..	109,000	n.a.	n.a.	127,512	48,583	4,061,925
Compensable	53,036	60,938	14,863	13,466	n.a.	n.a.	438	2,464	145,205
Department of Veterans' Affairs	90,072	39,830	13,019	5,764	n.a.	n.a.	2,794	239	151,718
Other	15,503,044	4,791,807	4,246,036	2,253,185	n.a.	n.a.	848,514	228,209	27,870,795
Not reported	0	0	0	0	2,188,556	487,136	0	0	2,675,692
Total	18,403,763	5,911,794	4,273,918	2,381,415	2,188,556	487,136	979,258	279,495	34,905,335

(a) Medicare Benefit Schedule-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided as these patients are not considered to be patients of the hospital.

(b) South Australia and Tasmania did not provide information on funding source.

(c) The Northern Territory did not report any group service events.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

3 Procedural clinics

The Tier 2 clinic class *Procedural clinics* is used for clinics where minor surgical and non-surgical procedures that do not require the patient to be admitted are provided by a surgeon or other medical specialist. Some public hospitals do not have non-admitted patient procedural clinics.

This chapter presents an overview of non-admitted patient service events that occurred in procedural clinics in public hospitals for 2014–15. It includes information on:

- the numbers of public hospitals and other services that provided non-admitted patient services in procedural clinics
- the numbers of non-admitted patient service events that occurred in procedural clinics by public hospital peer group (see Appendix B) and by state and territory
- the numbers of non-admitted patient service events for the 10 most common Tier 2 procedural clinic categories
- the principal source of funding for the non-admitted patient service events.

Key findings

How many non-admitted patient service events occurred in a procedural clinic in 2014–15?

In 2014–15, there were 4.5 million non-admitted patient service events in procedural clinics provided by 354 public hospitals and 5 other services.

About 53% of non-admitted patient service events in procedural clinics were provided by *Principal referral and women's and children's* hospitals.

What procedural clinics provided services?

In 2014–15, about 25% of non-admitted patient service events in procedural clinics were in clinics providing *Enteral nutrition – home delivered* (or tube feeding, 1.1 million service events). The next highest number of service events were provided by *Dental* clinics (836,000 service events).

How were service events in procedural clinics funded?

In 2014–15, most non-admitted patient service events in procedural clinics (79%) were funded by *Other* funding sources – which includes jurisdiction's health service budget. About 14% of non-admitted patient service events in procedural clinics were funded by the *Medicare Benefits Schedule*.

How many hospitals had non-admitted patient procedural clinics in 2014–15?

In 2014–15, non-admitted patient service events in procedural clinics were provided by 354 public hospitals and 5 other services, including:

- 39 of Australia's 42 *Principal referral and women's and children's* hospitals (Table 3.1). Together they accounted for 2.4 million non-admitted patient service events (53%) in procedural clinics (Table 3.2)
- 61 of the 62 *Public acute group A* hospitals reported non-admitted patient service events in procedural clinics. They accounted for 1.2 million service events (26%) in procedural clinics
- 38 of the 45 *Public acute group B* hospitals, which provided 6% of non-admitted patient service events in procedural clinics
- 216 of the 459 *Other public* hospitals, which provided about 12% of non-admitted patient service events in procedural clinics
- other services (at the LHN or state/territory health authority level), which provided about 3% of non-admitted patient service events in procedural clinics.

How many non-admitted patient service events occurred in procedural clinics in 2014–15?

In 2014–15, there were almost 4.5 million non-admitted patient service events in procedural clinics (Table 3.2).

New South Wales reported about 2.0 million non-admitted patient service events in procedural clinics, or about 45% of the national total.

For Western Australia, about 85% of non-admitted patient service events in procedural clinics occurred in *Principal referral and women's and children's* hospitals.

For Victoria, about 24% of non-admitted patient service events in procedural clinics occurred in *Other public hospitals*. That is, 24% of non-admitted patient service events occurred in smaller, less specialised hospitals than those in the peer groups *Principal referral and women's and children's* hospitals, *Public acute group A* hospitals and *Public acute group B* hospitals.

Table 3.1: Number of public hospitals and other services reporting non-admitted patient service events in procedural clinics, by type of service provider, 2014–15

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	14	8	6	5	3	1	1	1	39
Public acute group A hospitals	22	16	12	3	4	2	1	1	61
Public acute group B hospitals	17	5	7	4	4	1	..	..	38
Other public hospitals	72	26	39	20	56	0	0	3	216
<i>Total public hospitals</i>	<i>125</i>	<i>55</i>	<i>64</i>	<i>32</i>	<i>67</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>354</i>
Other services	3	0	1	0	1	0	0	0	5
Total	128	55	65	32	68	4	2	5	359

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 3.2: Non-admitted patient service events in procedural clinics, by type of service provider, states and territories, 2014–15

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	854,306	635,030	443,893	183,294	218,802	12,692	27,266	23,643	2,398,926
Public acute group A hospitals	663,552	131,656	267,052	14,145	37,520	37,967	834	3,815	1,156,541
Public acute group B hospitals	126,038	48,484	59,528	13,805	9,824	539	..	..	258,218
Other public hospitals	220,687	251,634	15,819	4,179	50,770	0	0	1,210	544,299
<i>Total public hospitals</i>	<i>1,864,583</i>	<i>1,066,804</i>	<i>786,292</i>	<i>215,423</i>	<i>316,916</i>	<i>51,198</i>	<i>28,100</i>	<i>28,668</i>	<i>4,357,984</i>
Other services	136,370	0	361	0	1,644	0	0	0	138,375
Total	2,000,953	1,066,804	786,653	215,423	318,560	51,198	28,100	28,668	4,496,359

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC (agg)D.

What types of procedural clinics provided services?

In 2014–15, the most common Tier 2 clinic category for procedural clinics was *Enteral nutrition – home delivered* (or tube feeding, 1.1 million service events) (Table 3.3).

There were more than 1.0 million non-admitted patient service events in *Radiation oncology (treatment)* clinics and *Medical oncology (treatment)* clinics (726,000 and 293,000 service events, respectively).

There were notable variations in reporting by Tier 2 clinic types among jurisdictions. For example, New South Wales provided about 95% of service events reported for *Dental* clinics and 75% of service events reported for *Medical oncology (treatment)* clinics. South Australia reported the majority (70%) of non-admitted patient service events for *Minor surgical clinics*.

How were service events in procedural clinics funded?

For the states and territories that did provide funding source information, about 79% of service events in procedural clinics were funded by *Other* funding sources – which includes the jurisdictional health service budget. About 14% of non-admitted patient service events in procedural clinics were funded by the MBS (Table 3.4).

There were variations among jurisdictions in the proportions of non-admitted patient service events in procedural clinics that were funded by the MBS; they ranged from 14% in New South Wales to 40% in the Northern Territory. In the Australian Capital Territory, about 3% of non-admitted patient service events in procedural clinics were funded by the Department of Veterans' Affairs.

Where to go for more information

Additional information on non-admitted patient service events provided in all procedural clinics, by Tier 2 clinics by state and territory, is available in Table S3.1, accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

Table 3.3: Non-admitted patient service events for the 10 most common Tier 2 procedural clinic categories, states and territories, 2014–15

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
10.18 Enteral nutrition—home delivered	16,894	578,480	454,992	6,483	70,126	11,291	0	1,640	1,139,906
10.04 Dental	792,083	18,722	1,989	9,847	9,361	0	0	4,175	836,177
10.16 Renal dialysis—peritoneal dialysis—home delivered	330,489	176,365	180,478	76,905	38,879	0	0	612	803,728
10.12 Radiation oncology (treatment)	341,101	176,895	14,023	82,974	49,935	30,851	23,932	6,134	725,845
10.11 Medical oncology (treatment)	219,125	6,078	16,699	4,341	35,302	4,916	834	6,094	293,389
10.15 Renal dialysis—haemodialysis—home delivered	85,379	28,737	55,209	15,588	4,553	0	0	1,077	190,543
10.06 Endoscopy—gastrointestinal	72,620	5,617	5,534	362	11,441	48	3,334	0	98,956
10.13 Minor medical procedures	41,540	6,012	16,061	6,120	9,381	1,447	0	0	80,561
10.03 Minor surgical	7,315	3,659	8,580	3,218	53,709	0	0	590	77,071
10.17 Total parenteral nutrition—home delivered	5,437	11,048	12,221	n.a.	28,597	0	0	0	57,303
Other	88,970	55,191	20,867	9,585	7,276	2,645	0	8,346	192,880
Total (all procedural clinics)	2,000,953	1,066,804	786,653	215,423	318,560	51,198	28,100	28,668	4,496,359

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 3.4: Non-admitted patient service events in procedural clinics, by principal source of funding, states and territories, 2014–15

Principal source of funding	NSW	Vic	Qld^(a)	WA	SA^(b)	Tas^(b)	ACT	NT	Total
Medicare Benefits Schedule	283,496	212,298	..	67,126	n.a.	n.a.	26,031	11,586	600,537
Compensable	2,631	2,008	137	31	n.a.	n.a.	0	1	4,808
Department of Veterans' Affairs	6,072	3,138	2,595	1,222	n.a.	n.a.	846	5	13,878
Other	1,708,754	849,360	783,921	147,044	n.a.	n.a.	1,223	17,076	3,507,378
Not reported	0	0	0	0	318,560	51,198	0	0	369,758
Total	2,000,953	1,066,804	786,653	215,423	318,560	51,198	28,100	28,668	4,496,359

(a) Medicare Benefit Schedule-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D as these patients are not considered to be patients of the hospital.

(b) South Australia and Tasmania did not provide information on funding source.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

4 Medical consultation clinics

The Tier 2 clinic class *Medical consultation clinic* is used for clinics where medical consultations are provided by a general physician or medical specialist. Some public hospitals do not have non-admitted patient medical consultation clinics.

This chapter presents an overview of non-admitted patient service events that occurred in medical consultation clinics in public hospitals for 2014–15. It includes on:

- the numbers of public hospitals and other services that provided non-admitted patient service events in medical consultation clinics
- the numbers of non-admitted patient service events that occurred in medical consultation clinics, by public hospital peer group (see Appendix B)/other service and by state and territory
- the numbers of non-admitted patient service events for the 10 most common Tier 2 medical consultation clinic categories
- the principal source of funding for the non-admitted patient service events.

Key findings

How many non-admitted patient service events occurred in medical consultation clinics in 2014–15?

In 2014–15, there were 10.5 million non-admitted patient service events in medical consultation clinics provided by 467 public hospitals and 27 other services.

About 50% of non-admitted patient service events in medical consultation clinics were provided by *Principal referral and women's and children's hospitals* and 24% by *Public acute group A hospitals*.

What types of medical consultation clinics provided services?

In 2014–15, the 3 most commonly reported medical consultation clinics were for *General practice and primary care*, *Obstetrics* and *Orthopaedics* – each with about 1.0 million service events.

How were service events in medical consultation clinics funded?

In 2014–15, most non-admitted patient service events (70%) in medical consultation clinics were funded by *Other funding sources* – which includes the jurisdiction's health service budget. About 21% of non-admitted patient service events in medical consultation clinics were funded by the *Medicare Benefits Schedule*.

How many hospitals provided medical consultation clinics for non-admitted patients?

In 2014–15, non-admitted patient service events in medical consultation clinics were provided by 467 public hospitals and 27 other services, including:

- all 42 *Principal referral and women's and children's* hospitals (Table 4.1). Together they accounted for 5.3 million service events in medical consultation clinics (50%) (Table 4.2).
- all 62 *Public acute group A* hospitals reported non-admitted patient service events in medical consultation clinics. They accounted for (2.5 million service events in medical consultation clinics (24%).
- all 45 *Public acute group B* hospitals, which provided 7% of service events in medical consultation clinics
- 318 of the 459 *Other public* hospitals, which provided about 18% of service events in medical consultation clinics
- other services (at the LHN or state/territory health authority-level), which accounted for less than 1% of service events in medical consultation clinics.

How many non-admitted patient service events occurred in a medical consultation clinic in 2014–15?

In 2014–15, almost 10.5 million non-admitted patient service events in medical consultation clinics were reported (Table 4.2).

New South Wales hospitals reported 4.3 million non-admitted patient service events in medical consultation clinics or about 41% of the national total.

For Tasmania, about 40% of non-admitted patient service events in medical consultation clinics occurred in *Public acute group A* hospitals.

For New South Wales, about 27% of non-admitted patient service events in medical consultation clinics occurred in *Other public* hospitals. That is, they occurred in smaller, less specialised hospitals than those in the peer groups *Principal referral and women's and children's* hospitals, *Public acute group A* hospitals and *Public acute group B* hospitals.

Table 4.1: Number of public hospitals and other services reporting non-admitted patient service events in medical consultation clinics, by type of service provider, 2014–15

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	14	10	7	5	3	1	1	1	42
Public acute group A hospitals	22	16	12	4	4	2	1	1	62
Public acute group B hospitals	17	9	8	6	4	1	..	..	45
Other public hospitals	91	38	84	46	56	0	0	3	318
<i>Total public hospitals</i>	<i>144</i>	<i>73</i>	<i>111</i>	<i>61</i>	<i>67</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>467</i>
Other services	21	1	1	2	2	0	0	0	27
Total	165	74	112	63	69	4	2	5	494

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 4.2: Non-admitted patient service events in medical consultation clinics, by type of service provider, states and territories, 2014–15

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	2,074,974	1,059,164	663,519	555,709	504,352	111,292	212,525	98,480	5,280,015
Public acute group A hospitals	734,611	676,628	505,018	137,862	303,821	85,000	9,417	42,815	2,495,172
Public acute group B hospitals	323,496	156,197	119,076	72,941	53,375	16,595	..	..	741,680
Other public hospitals	1,170,341	407,546	100,784	137,491	76,680	0	0	9,970	1,902,812
<i>Total public hospitals</i>	<i>4,303,422</i>	<i>2,299,535</i>	<i>1,388,397</i>	<i>904,003</i>	<i>938,228</i>	<i>212,887</i>	<i>221,942</i>	<i>151,265</i>	<i>10,419,679</i>
Other services	22,570	10,915	6,651	4,158	1,106	0	0	0	45,400
Total	4,325,992	2,310,450	1,395,048	908,161	939,334	212,887	221,942	151,265	10,465,079

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

What types of medical consultation clinics provided services?

In 2014–15, the 3 most common Tier 2 medical consultation clinic categories were *General practice and primary care*, *Obstetrics* and *Orthopaedics* – each with about 1.0 million service events (Table 4.3).

There were also about 910,000 non-admitted patient service events in *Medical oncology (consultation)*, *Radiation oncology (consultation)* and *Gynaecology oncology* clinics combined (596,000, 269,000 and 46,000 service events, respectively).

There were notable variations in proportions of service events by Tier 2 clinic categories among jurisdictions. For example, New South Wales provided about 92% of non-admitted patient service events reported for *General practice and primary care* clinics, while South Australia, Tasmania and the Australian Capital Territory did not report any service events for *General practice and primary care clinics*.

How were service events in medical consultation clinics funded?

For the states and territories that did provide funding source information, about 70% of service events in medical consultation clinics were funded by *Other* – which includes the jurisdictional health service budget. About 21% of non-admitted patient service events in medical consultation clinics were funded by the MBS (Table 4.4).

There were variations among jurisdictions in the proportions of non-admitted patient service events in medical consultation clinics that were funded by the MBS; they ranged from 4% in Western Australia to 39% in the Australian Capital Territory.

Where to go for more information

Additional information on non-admitted patient service events in all medical consultation clinics, by Tier 2 clinics and by state and territory, is available in Table S4.1 accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

Table 4.3: Non-admitted patient service events for the 10 most common Tier 2 medical consultation clinic categories, states and territories, 2014–15

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
20.06 General practice and primary care	936,670	2,021	72,086	2,919	0	0	0	209	1,013,905
20.40 Obstetrics	424,893	290,721	104,286	77,312	68,885	14,141	8,189	17,879	1,006,306
20.29 Orthopaedics	272,292	226,246	263,711	105,983	72,106	18,992	16,503	17,081	992,914
20.42 Medical oncology (consultation)	310,108	144,617	24,068	47,264	39,127	3,254	24,116	3,388	595,942
20.17 Ophthalmology	138,479	104,172	81,293	54,623	85,308	7,675	10,276	15,061	496,887
20.07 General surgery	52,700	118,039	110,408	31,746	43,803	13,987	6,244	12,817	389,744
20.05 General medicine	81,949	53,242	40,256	84,217	38,763	28,891	37,728	5,335	370,381
20.34 Endocrinology	174,636	95,685	31,310	21,922	24,353	9,061	5,871	2,913	365,751
20.38 Gynaecology	86,338	64,786	55,740	26,000	41,597	9,143	3,616	6,347	293,567
20.22 Cardiology	92,109	70,502	46,486	22,536	42,869	7,382	7,552	4,102	293,538
Other	1,755,818	1,140,419	565,404	433,639	482,523	100,361	101,847	66,133	4,646,144
Total (all medical consultation clinics)	4,325,992	2,310,450	1,395,048	908,161	939,334	212,887	221,942	151,265	10,465,079

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 4.4: Non-admitted patient service events in medical consultation clinics, by principal source of funding, states and territories, 2014–15

Principal source of funding	NSW	Vic	Qld ^(a)	WA	SA ^(b)	Tas ^(b)	ACT	NT	Total
Medicare Benefits Schedule	1,211,924	776,503	.	34,003	n.a.	n.a.	86,767	36,189	2,145,386
Compensable	23,541	32,356	7,810	8,740	n.a.	n.a.	375	1,810	74,632
Department of Veterans' Affairs	14,023	4,770	4,277	2,190	n.a.	n.a.	1,694	215	27,169
Other	3,076,504	1,496,821	1,382,961	863,228	n.a.	n.a.	133,106	113,051	7,065,671
Not reported	0	0	0	0	939,334	212,887	0	0	1,152,221
Total	4,325,992	2,310,450	1,395,048	908,161	939,334	212,887	221,942	151,265	10,465,079

(a) Medicare Benefits Schedule-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D as these patients are not considered to be patients of the hospital.

(b) South Australia and Tasmania did not provide information on funding source.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

5 Stand-alone diagnostic clinics

The Tier 2 clinic class *Stand-alone diagnostic clinics* is used for clinics where diagnostic services are provided within a specific field of medicine or condition. These clinics provide diagnostic services including imaging, screening, clinical measurement and pathology. Some public hospitals do not have stand-alone diagnostic clinics for non-admitted patients.

For the purposes of activity-based funding, service events provided in stand-alone diagnostic clinics are not counted or reported as non-admitted patient service events (IHPA 2013). Diagnostic services are considered as inputs to non-admitted patient service events (for example, to inform a medical consultation or procedural service) for activity-based funding purposes.

This chapter presents an overview of stand-alone diagnostic clinics provided service events to non-admitted patients in public hospitals for 2014–15. It includes information on:

- the numbers of public hospitals and other services that provided non-admitted patient service events in stand-alone diagnostic clinics
- the numbers of non-admitted patient service events in stand-alone diagnostic clinics by public hospital peer group (see Appendix B)/other service and by state and territory
- the numbers of non-admitted patient service events in stand-alone diagnostic clinics by Tier 2 clinic categories
- the principal source of funding for the non-admitted patient service events.

Key findings

How many non-admitted patient service events occurred in a stand-alone diagnostic clinic in 2014–15?

In 2014–15, there were 3.6 million non-admitted patient service events in stand-alone diagnostic clinics provided by 219 public hospitals and 6 other services.

New South Wales accounted for about 90% of non-admitted patient service events in stand-alone diagnostic clinics.

About 65% of non-admitted patient service events in stand-alone diagnostic clinics were provided by *Principal referral and women's and children's* hospitals.

What types of stand-alone diagnostic clinics provided services?

In 2014–15, about 64% of non-admitted patient service events in stand-alone diagnostic clinics were for *Pathology (microbiology, haematology, biochemistry)* (2.3 million service events).

How were service events in stand-alone diagnostic clinics funded?

In 2014–15, most non-admitted patient service events (61%) in stand-alone diagnostic clinics were funded by *Other* funding sources – which includes the jurisdictional health service budget. About 32% of non-admitted patient service events in stand-alone diagnostic clinics were funded by the *Medicare Benefits Scheme*.

How many hospitals provided stand-alone diagnostic clinics for non-admitted patients?

In 2014–15, non-admitted patient service events in stand-alone diagnostic clinics were provided for 219 public hospitals and 6 other services, including:

- 30 of the 42 *Principal referral and women's and children's* hospitals (Table 5.1). Together they accounted for 2.4 million non-admitted patient service events in stand-alone diagnostic clinics (65%) (Table 5.2)
- 39 of the 62 *Public acute group A* hospitals accounted for 671,000 service events in stand-alone diagnostic clinics (19%)
- 25 of the 45 *Public acute group B* hospitals, which provided 8% of non-admitted patient service events in stand-alone diagnostic clinics
- 125 of the 459 *Other public* hospitals, which provided about 5% of non-admitted patient service events in stand-alone diagnostic clinics
- other services (at the LHN or state/territory health authority-level), which accounted for about 3% of non-admitted patient service events in stand-alone diagnostic clinics.

How many non-admitted patient service events occurred in stand-alone diagnostic clinics in 2014–15?

In 2014–15, about 3.6 million non-admitted patient service events in stand-alone diagnostic clinics were reported (Table 5.2).

New South Wales public hospitals reported about 3.3 million non-admitted patient service events in stand-alone diagnostic clinics, or about 90% of the national total.

Victoria and the Northern Territory did not report non-admitted patient service events in stand-alone diagnostic clinics, although they were provided.

Table 5.1: Number of public hospitals and other services reporting non-admitted patient service events in stand-alone diagnostic clinics, by type of service provider, 2014–15

Public hospital peer group/other services	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT ^(a)	Total
Principal referral and women's and children's hospitals	14	n.a.	6	5	3	1	1	n.a.	30
Public acute group A hospitals	21	n.a.	11	1	4	1	1	n.a.	39
Public acute group B hospitals	15	n.a.	8	0	2	0	..	..	25
Other public hospitals	83	n.a.	20	7	15	0	0	n.a.	125
<i>Total public hospitals</i>	<i>133</i>	<i>n.a.</i>	<i>45</i>	<i>13</i>	<i>24</i>	<i>2</i>	<i>2</i>	<i>n.a.</i>	<i>219</i>
Other services	6	n.a.	0	0	0	0	0	n.a.	6
Total	139	n.a.	45	13	24	2	2	n.a.	225

(a) Victoria and the Northern Territory did not report service events that occurred in *Stand-alone diagnostic clinics*, although they were provided.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 5.2: Non-admitted patient service events in stand-alone diagnostic clinics by type of service provider, states and territories, 2014–15

Public hospital peer group/other service	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT ^(a)	Total
Principal referral and women's and children's hospitals	2,134,229	n.a.	49,458	25,533	144,244	5,005	16,056	n.a.	2,374,525
Public acute group A hospitals	593,724	n.a.	11,807	84	57,723	230	7,441	n.a.	671,009
Public acute group B hospitals	293,692	n.a.	3,047	0	4,052	0	..	..	300,791
Other public hospitals	133,117	n.a.	3,389	368	43,158	0	0	n.a.	180,032
<i>Total public hospitals</i>	<i>3,154,762</i>	<i>n.a.</i>	<i>67,701</i>	<i>25,985</i>	<i>249,177</i>	<i>5,235</i>	<i>23,497</i>	<i>n.a.</i>	<i>3,526,357</i>
Other services	104,183	n.a.	0	0	0	0	0	n.a.	104,183
Total	3,258,945	n.a.	67,701	25,985	249,177	5,235	23,497	n.a.	3,630,540

(a) Victoria and the Northern Territory did not report service events that occurred in *Stand-alone diagnostic clinics*, although they were provided.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

What type of stand-alone diagnostic clinics provided services?

In 2014–15, the most common Tier 2 stand-alone diagnostic clinic was *Pathology (microbiology, haematology, biochemistry)* (2.3 million service events), and the majority of these occurred in New South Wales (Table 5.3).

For Western Australia, 88% of service events in stand-alone diagnostic clinics occurred in *Clinical measurement* clinics.

For South Australia, about 52% of service events occurred in *General imaging* clinics.

For the Australian Capital Territory, about 68% of service events occurred in *Mammography screening* clinics and 32% in *General imaging* clinics.

How were service events in stand-alone diagnostic clinics funded?

For the states and territories that provided funding source information, about 61% of service events in procedural clinics were funded by *Other* funding sources – which includes the jurisdictional health service budget. About 32% of service events in stand-alone diagnostic clinics were funded by the MBS (Table 5.4).

There were variations among jurisdictions in the proportions of individual service events in stand-alone diagnostic clinics that were funded by the MBS; they ranged from about 19% in Western Australia to 35% in New South Wales.

Where to go for more information

Information on data limitations and methods is available in appendixes A and B.

Table 5.3: Non-admitted patient service events in stand-alone diagnostic clinics, by Tier 2 categories, states and territories, 2014–15

Tier 2 outpatient clinic type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT ^(a)	Total
30.05 Pathology (microbiology, haematology, biochemistry)	2,306,623	n.a.	0	187	0	3	0	n.a.	2,306,813
30.01 General imaging	625,334	n.a.	0	2,253	128,500	0	7,534	n.a.	763,621
30.08 Clinical measurement	124,553	n.a.	67,701	22,936	84,064	5,195	73	n.a.	304,522
30.07 Mammography screening	133,419	n.a.	0	1	0	0	15,890	n.a.	149,310
30.04 Nuclear medicine	21,713	n.a.	0	589	18,528	0	0	n.a.	40,830
30.03 Computerised tomography	29,516	n.a.	0	19	10,530	0	0	n.a.	40,065
30.02 Magnetic resonance imaging	10,898	n.a.	0	0	7,555	16	0	n.a.	18,469
30.06 Positron emission tomography	6,889	n.a.	0	0	0	21	0	n.a.	6,910
Total (all stand-alone diagnostic clinics)	3,258,945	n.a.	67,701	25,985	249,177	5,235	23,497	n.a.	3,630,540

(a) Victoria and the Northern Territory did not report service events that occurred in *Stand-alone diagnostic clinics*, although they were provided.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 5.4: Non-admitted patient service events in stand-alone diagnostic clinics, by principal source of funding, states and territories, 2014–15

Principal source of funding	NSW	Vic ^(a)	Qld ^(b)	WA	SA ^(c)	Tas ^(c)	ACT	NT ^(a)	Total
Medicare Benefits Schedule	1,146,859	n.a.	.	5,014	n.a.	n.a.	4,791	n.a.	1,156,664
Compensable	8,390	n.a.	47	12	n.a.	n.a.	6	n.a.	8,455
Department of Veterans' Affairs	9,078	n.a.	238	21	n.a.	n.a.	134	n.a.	9,471
Other	2,094,618	n.a.	67,416	20,938	n.a.	n.a.	18,566	n.a.	2,201,538
Not reported	0	n.a.	0	0	249,177	5,235	0	n.a.	254,412
Total	3,258,945	n.a.	67,701	25,985	249,177	5,235	23,497	n.a.	3,630,540

(a) Victoria and the Northern Territory did not report service events that occurred in *Stand-alone diagnostic clinics*, although they were provided.

(b) Medicare Benefits Schedule funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D as these patients are not considered to be patients of the hospital.

(c) South Australia and Tasmania did not provide information on funding source.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

6 Allied health and/or clinical nurse specialist clinics

The Tier 2 clinic class *Allied health and/or clinical nurse specialist clinics* is used for clinics where services are provided by an allied health professional or clinical nurse specialist. Some public hospitals do not have allied health and/or clinical nurse specialist clinics for non-admitted patients.

This chapter presents an overview of non-admitted patient service events that occurred in allied health and/or clinical nurse specialist clinics in public hospitals for 2014–15. It includes information on:

- the numbers of public hospitals and other services that provided non-admitted patient service events in allied health and/or clinical nurse specialist clinics
- the numbers of non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by public hospital peer group (see Appendix B)/other service and by state and territory
- the numbers of non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by Tier 2 clinic categories
- the principal source of funding for the non-admitted patient service events.

Key findings

How many non-admitted patient services occurred in allied health and/or clinical nurse specialist clinics in 2014–15?

In 2014–15, there were 16.1 million non-admitted patient service events in allied health and/or clinical nurse specialist clinics provided by 583 public hospitals and by 18 other services.

About 37% of non-admitted patient service events in allied health and/or clinical nurse specialist clinics were provided by *Principal referral and women's and children's hospitals*, and 26% were provided by *Public acute group A hospitals*.

What types of allied health and/or clinical nurse specialist clinics provided services?

In 2014–15, about 14% of non-admitted patient service events in allied health and/or clinical nurse specialist clinics occurred in *Primary health care clinics* (2.2 million service events), followed by *Midwifery and maternity clinics* (2.0 million service events).

How were service events in allied health and/or clinical nurse specialist clinics funded?

In 2014–15, the majority (98%) of non-admitted patient service events in allied health and/or clinical nurse specialist clinics were funded by *Other funding sources* – including the jurisdiction's health service budget. About 1% were funded by the *Medicare Benefits Schedule*.

How many hospitals provided allied health and/or clinical nurse specialist clinics for non-admitted patients?

In 2014–15, non-admitted patient service events in allied health and/or clinical nurse specialist clinics (aggregate data) were provided by 583 public hospitals and 18 other services, including:

- all 42 *Principal referral and women's and children's* hospitals (Table 6.1). Together they accounted for 6.0 million non-admitted patient service events in allied health and/or clinical nurse specialist clinics (37%) (Table 6.2)
- all 62 *Public acute group A* hospitals, they accounted for (4.2 million non-admitted patient service events in allied health and/or clinical nurse specialist clinics (26%)
- all 45 *Public acute group B* hospitals, which provided 9% of non-admitted patient service events in allied health and/or clinical nurse specialist clinics
- 434 of the 459 *Other public* hospitals, which provided about 22% of non-admitted patient service events in allied health and/or clinical nurse specialist clinics
- other services (at the LHN or state/territory health authority-level), which accounted for about 6% of service events in allied health and/or clinical nurse specialist clinics.

How many non-admitted patient service events occurred in allied health and/or clinical nurse specialist clinics in 2014–15?

In 2014–15, about 16.6 million non-admitted patient service events in allied health and/or clinical nurse specialist clinics were reported (Table 6.2).

New South Wales hospitals reported 8.6 million non-admitted patient service events in allied health and/or clinical nurse specialist clinics, or about 54% of the national total.

For Western Australia and South Australia, large proportions of non-admitted patient service events in allied health and/or clinical nurse specialist clinics (17% and 38%, respectively) were reported by *Other services*, indicating that they were provided at private hospitals or managed at the LHN level or at state/territory health authority level.

For Victoria, about 37% of non-admitted patient service events in allied health and/or clinical nurse specialist clinics occurred in *Other public* hospitals. That is, these service events occurred in hospitals that were smaller and less specialised than hospitals in the peer groups *Principal referral and women's and children's* hospitals, *Public acute group A* hospitals and *Public acute group B* hospitals.

Table 6.1: Number of public hospitals and other services reporting non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by type of service provider, 2014–15

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	14	10	7	5	3	1	1	1	42
Public acute group A hospitals	22	16	12	4	4	2	1	1	62
Public acute group B hospitals	17	9	8	6	4	1	..	..	45
Other public hospitals	163	65	87	70	46	0	0	3	434
<i>Total public hospitals</i>	<i>216</i>	<i>100</i>	<i>114</i>	<i>85</i>	<i>57</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>583</i>
Other services	7	1	1	4	5	0	0	0	18
Total	223	101	115	89	62	4	2	5	601

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 6.2: Non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by type of service provider, states and territories, 2014–15

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	3,323,907	639,452	684,289	377,958	190,825	110,724	651,051	60,473	6,038,679
Public acute group A hospitals	2,426,341	514,928	671,790	223,024	148,529	98,622	54,668	27,251	4,165,153
Public acute group B hospitals	783,967	293,263	169,130	159,232	21,044	8,470	..	..	1,435,106
Other public hospitals	2,026,654	942,300	294,924	259,691	61,917	0	0	11,838	3,597,324
<i>Total public hospitals</i>	<i>8,560,869</i>	<i>2,389,943</i>	<i>1,820,133</i>	<i>1,019,905</i>	<i>422,315</i>	<i>217,816</i>	<i>705,719</i>	<i>99,562</i>	<i>15,236,262</i>
Other services	80,178	144,597	204,383	211,941	259,170	0	0	0	900,269
Total	8,641,047	2,534,540	2,024,516	1,231,846	681,485	217,816	705,719	99,562	16,136,531

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

What types of allied health and/or clinical nurse specialist clinics provided services?

In 2014–15, about 14% of non-admitted patient service events in allied health and/or clinical nurse specialist clinics occurred in *Primary health care* clinics (2.2 million service events), followed by *Midwifery and maternity* clinics (2.0 million service events, Table 6.3).

Other common clinic types were *Specialist mental health* clinics (1.7 million service events) and *Physiotherapy* clinics (1.3 million service events).

There were notable variations in reporting by Tier 2 clinic types among jurisdictions. For example, New South Wales provided about 81% of service events reported for *Primary health care* clinics, 81% of service events reported for *Specialist mental health* clinics and 93% of service events reported for *Alcohol and other drugs* clinics. Victoria reported the majority (77%) of service events for *Rehabilitation* clinics and 55% of service events reported for *Hospital avoidance program* clinics. In the Australian Capital Territory, 45% of service events in allied health and/or clinical nurse specialist clinics occurred in *Specialist mental health* clinics.

How were service events in allied health and/or clinical nurse specialist clinics funded?

In 2014–15, the majority (98%) of non-admitted patient service events in allied health and/or clinical nurse specialist clinics were funded by *Other* funding sources – which includes the jurisdiction's health service budget; private health insurance; self-funded; the Department of Defence; correctional facilities and Reciprocal Health Care Agreements (Table 6.4).

Fewer than 1% of non-admitted patient service events in allied health and/or clinical nurse specialist clinics were funded by the *Medicare Benefits Schedule*.

Where to go for more information

Additional information on all allied health and/or clinical nurse specialist clinics provided for non-admitted patients, by Tier 2 clinics and by state and territory, is available in Table S6.1 accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

Table 6.3: Non-admitted patient service events for the 10 most common Tier 2 allied health and/or clinical nurse specialist clinic categories, states and territories, 2014–15

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
40.08 Primary health care	1,827,786	772	202,909	57,106	117	0	156,555	100	2,245,345
40.28 Midwifery and maternity	879,627	373,271	363,853	196,389	107,644	38,906	56,912	26,253	2,042,855
40.34 Specialist mental health	1,389,431	0	17,487	0	2,238	0	314,129	1,870	1,725,155
40.09 Physiotherapy	381,455	196,969	303,579	168,426	108,478	54,753	32,928	7,348	1,253,936
40.30 Alcohol and other drugs	747,179	629	42,354	0	0	250	8,778	1,215	800,405
40.12 Rehabilitation	95,879	610,224	19,841	58,674	4,026	1,419	7,254	7	797,324
40.13 Wound management	642,403	14,804	60,748	23,985	1,244	2,323	536	0	746,043
40.59 Post acute care	155,614	269,480	50,582	75,102	3,009	832	0	0	554,619
40.35 Palliative care	92,973	171,019	27,399	73,311	165,420	0	14,088	267	544,477
40.58 Hospital avoidance programs	85,007	260,367	8,115	76,085	41,190	4,186	0	355	475,305
Other	2,343,693	637,005	927,649	502,768	248,119	115,147	114,539	62,147	4,951,067
Total (all allied health and/or clinical nurse specialist clinics)	8,641,047	2,534,540	2,024,516	1,231,846	681,485	217,816	705,719	99,562	16,136,531

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 6.4: Non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by principal source of funding, states and territories, 2014–15

Principal source of funding	NSW	Vic	Qld ^(a)	WA	SA ^(b)	Tas ^(b)	ACT	NT	Total
Medicare Benefits Schedule	115,292	30,418	..	2,857	n.a.	n.a.	9,923	808	159,298
Compensable	18,470	26,574	6,869	4,683	n.a.	n.a.	57	653	57,306
Department of Veterans' Affairs	59,873	31,922	5,909	2,331	n.a.	n.a.	120	19	100,174
Other	8,447,412	2,445,626	2,011,738	1,221,975	n.a.	n.a.	695,619	98,082	14,920,452
Not reported	0	0	0	0	681,485	217,816	0	0	899,301
Total	8,641,047	2,534,540	2,024,516	1,231,846	681,485	217,816	705,719	99,562	16,136,531

(a) Medicare Benefits Schedule-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D as these patients are not considered to be patients of the hospital.

(b) South Australia and Tasmania were not able to provide information on funding source.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Appendix A: Data Quality Statement summaries

This appendix includes data quality summaries and additional detailed information relevant to interpretation of the information on non-admitted patient care activity provided for the:

- the National Non-admitted Patient Care (aggregate) Database (NNAPC(agg)D)
- the National Non-admitted Patient (episode-level) Database (NNAP(el)D).

Complete data quality statements for the NNAPC(agg)D and the NNAP(el)D are available online at <meteor.aihw.gov.au>.

National Non-admitted Patient Care (aggregate) Database

The NNAPC(agg)D is based on data provided for the Non-admitted patient care National Minimum Data Set (NAPC NMDS) and the Non-admitted patient care local hospital network Data Set Specification (NAPCLHN DSS).

It holds clinic-level data on the type of outpatient clinic, counts of individual and group service events and group sessions and the principal source of funding for the service events.

The reference period for this data set is 2014–15. The data set includes records for non-admitted patient service events provided between 1 July 2014 and 30 June 2015.

Summary of key issues

- For 2014–15, the NNAPC(agg)D included data for essentially all public hospitals that provided non-admitted patient care in Australia (with the exception of an early parenting centre in the Australian Capital Territory). In addition, non-admitted patient care information based on data provided for the NAPCLHN DSS was reported for:
 - 17 LHNs in New South Wales and Western Australia
 - state health authority level for Victoria and Queensland
 - 2 private hospitals in Western Australia that provide non-admitted patient services for public patients
 - 8 other public health facilities in South Australia.
- Although the NNAPC(agg)D is a valuable source of information on services provided to non-admitted patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- Victoria and the Northern Territory did not provide any non-admitted patient service events for *Stand-alone diagnostic clinics* although these services were provided
- Funding source information was not available for South Australia and Tasmania.
- Queensland did not report any non-admitted patient service events with a funding source of *Medicare Benefits Schedule*. MBS-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the

NNAPC(agg)D, as these patients are not considered by Queensland to be patients of the hospital.

Increased scope between 2013–14 and 2014–15

Between 2013–14 and 2014–15, the scope of the NAPC NMDS changed – from a focus on activity-based funded hospitals to all public hospitals.

In addition, for 2014–15, information was also provided for non-admitted patient service events at the LHN level, at state/territory health authority-level and by private hospitals providing public patient non-admitted patient services under contract (Table A1). These changes in scope between 2013–14 and 2014–15, resulted in increases in the number of hospitals and other services reporting for the NNAPC(agg)D.

In 2013–14, 350 public hospitals (including all activity-based funded hospitals) and 8 other services provided data for the NNAPC(agg)D (Table A1). In 2014–15, 610 public hospitals and 41 other services provided data for the NNAPC(agg)D (Table A2). Therefore, changes in the numbers of service events reported between 2013–14 and 2014–15 should be treated with caution.

Table A1: Non-admitted patient service events and numbers of public hospitals and other services reporting to the NNAPC(aggregate-level)D by IHPA funding designation, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Activity-based funded hospitals									
Non-admitted patient service events	16,045,224	5,677,869	3,733,468	1,977,835	1,822,948	461,532	979,258	275,585	30,973,719
Number of hospitals that provided data to the NNAPC(agg)D	95	72	35	22	18	3	2	4	251
Block-funded hospitals									
Non-admitted patient service events	2,015,238	59,265	329,055	187,481	103,688	0	0	3,910	2,698,637
Number of hospitals that provided data to the NNAPC(agg)D	125	30	82	66	53	0	0	1	357
Funding not designated^(a)									
Non-admitted patient service events	343,301	174,660	211,395	216,099	261,920	25,604	0	0	1,232,979
Number of hospitals that provided data to the NNAPC(agg)D	28	2	1	4	7	1	0	0	43
Total									
Non-admitted patient service events	18,403,763	5,911,794	4,273,918	2,381,415	2,188,556	487,136	979,258	279,495	34,905,335
Number of hospitals that provided data to the NNAPC(agg)D	248	104	118	92	78	4	2	5	651

(a) Includes hospitals for which the funding designation had not been assigned and other services (including LHNs and services provided at a state wide-level).

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table A2: Number of non-admitted patient service events (aggregate data) and number of hospitals and other services reporting, states and territories, 2013–14 and 2014–15

	2013–14	2014–15
New South Wales		
Non-admitted patient service events	11,899,093	18,403,763
Public hospitals reporting	82	220
Other services ^(a)	1	28
Victoria		
Non-admitted patient service events	5,591,877	5,911,794
Public hospitals reporting	66	103
Other services ^(a)	1	1
Queensland		
Non-admitted patient service events	3,258,610	4,273,918
Public hospitals reporting	34	117
Other services ^(a)	0	1
Western Australia		
Non-admitted patient service events	2,489,252	2,381,415
Public hospitals reporting	87	88
Other services ^(a)	4	4
South Australia		
Non-admitted patient service events	1,911,798	2,188,556
Public hospitals reporting	72	71
Other services ^(a)	2	7
Tasmania		
Non-admitted patient service events	483,790	487,136
Public hospitals reporting	4	4
Other services ^(a)	0	0
Australian Capital Territory		
Non-admitted patient service events	885,262	979,258
Public hospitals reporting	2	2
Other services ^(a)	0	0
Northern Territory		
Non-admitted patient service events	190,500	279,495
Public hospitals reporting	3	5
Other services ^(a)	0	0
Total		
Non-admitted patient service events	26,710,182	34,905,335
Public hospitals reporting	350	610
Other services^(a)	8	41

(a) This is the count of services that provided data to the NNAPC(agg)D that were not public hospitals and includes private hospitals that provide non-admitted patient services for public patients, LHNS and state/territory health authority-level reporting.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC (agg)D.

National Non-admitted Patient (episode-level) Database

The NNAP(el)D is based on the Non-admitted patient Data Set Specification (NAP DSS).

It holds episode-level data including selected patient characteristics; the type of outpatient clinic; whether the episode was an individual or a group service event; the source of the request for service; the service delivery setting; the service delivery mode and the principal source of funding.

For 2014–15, the scope of the NNAP(el)D was non-admitted patient service events in activity-based funded hospitals. However, data were also supplied for some ‘block-funded’ hospitals in New South Wales and Western Australia (Table A3).

The reference period for this data set is 2014–15. The data set includes records for non-admitted patient service events provided between 1 July 2014 and 30 June 2015.

For the NNAP(el)D, a record is included for each service event, not for each patient, so patients who receive more than one non-admitted patient service event in the year have more than one record in the NNAP(el)D.

Summary of key issues

- For 2014–15, these data were provided to the AIHW on a ‘best-efforts’ basis by 7 jurisdictions – New South Wales, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (Table A3).
- For 2014–15, the NNAP(el)D included data for all activity-based funded public hospitals in Queensland, Western Australia, Tasmania and the Australian Capital Territory and for most activity-based funded public hospitals in New South Wales. In addition, NNAP(el)D information was reported for 6 other services in New South Wales.
- For 2014–15, Queensland and the Australian Capital Territory reported a greater number of non-admitted patient service events to the NNAP(el)D for activity-based funded hospitals, than were reported for the NNAPC(agg)D.
- For 2014–15, the proportion of non-admitted patient service events reported to the NNAP(el)D for activity-based funded hospitals was estimated as 63% of the non-admitted patient service events provided for the NNAPC(agg)D. The proportion varied among jurisdictions, ranging from 0% in Victoria to 66% for New South Wales to 100% for Queensland, Tasmania and the Australian Capital Territory.
- The proportion of non-admitted patient service events reported to the NNAP(el)D for all services was estimated as 55% of the non-admitted patient service events provided for the NNAPC(agg)D.
- The NNAP(el)D is a valuable source of information on services provided to non-admitted patients. However, it should be noted that there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- Sex was not reported for more than 88,000 records.
- For 23,000 records, the date of birth was missing and so the age of the patient could not be calculated.

- As the scope of the NAP DSS is activity-based funded hospitals, most of the data relate to hospitals in *Major cities*. Consequently, data for non-admitted patient service events may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregations by socioeconomic status and remoteness area of usual residence should also be interpreted with caution.
- The quality of the data reported for Indigenous status in non-admitted patient settings has not been formally assessed, so caution should be used when interpreting these data.
- For the NNAP(el)D, about 99% of records included data on the area of usual residence in the form of a Statistical Area Level 2 (SA2) or Statistical Local Area (SLA, New South Wales only). A valid area of usual residence was not provided for about 120,000 records and therefore the remoteness area and socioeconomic status of the area of usual residence could not be determined for those records.
- There were large numbers of records for which the service request source was not reported.

Increased coverage between 2013–14 and 2014–15

Although the scope of the NAP DSS did not change between 2013–14 and 2014–15, there was an increase in the number of hospitals reporting for the NNAP(el)D (Table A4). Therefore, changes in the numbers of service events reported between 2013–14 and 2014–15 should be treated with caution.

In 2013–14, 183 public hospitals (including 2 private hospitals in Western Australia) and 1 other service provided data for the NNAP(el)D (Table A3). In 2014–15, 316 public hospitals and 6 other services provided data for the NNAP(el)D.

For activity-based funded hospitals, 116 hospitals provided data for the NNAP(el)D in 2013–14 and 167 hospitals provided data in 2014–15.

Table A3: Non-admitted patient service events and numbers of public hospitals and other services reporting to the NNAP(episode-level)D by IHPA funding designation, states and territories, 2014–15

	NSW	Vic ^(a)	Qld ^(b)	WA	SA	Tas	ACT ^(b)	NT	Total
Activity-based funded hospitals									
Non-admitted patient service events	10,563,794	n.a.	3,924,461	1,784,165	1,226,576	461,532	1,056,336	269,666	19,286,530
Number of hospitals that provided data to the NNAP(e)D	93	0	35	22	9	3	2	3	167
Number of hospitals that provided data to the NNAPC(agg)D	95	72	35	22	18	3	2	4	251
Block-funded hospitals									
Non-admitted patient service events	396,430	0	0	187,481	0	0	0	0	583,911
Number of hospitals that provided data to the NNAP(e)D	82	0	0	66	0	0	0	0	148
Number of hospitals that provided data to the NNAPC(agg)D	125	30	82	66	53	0	0	1	357
Funding type not designated^(c)									
Non-admitted patient service events	20,447	0	0	0	0	25,604	0	0	46,051
Number of services that provided data to the NNAP(e)D	6	0	0	0	0	1	0	0	7
Number of services that provided data to the NNAPC(agg)D	28	2	1	4	7	1	0	0	43
All services									
Non-admitted patient service events	10,980,671	0	3,924,461	1,971,646	1,226,576	487,136	1,056,336	269,666	19,916,492
Number of services that provided data to the NNAP(e)D	181	0	35	88	9	4	2	3	322
Number of services that provided data to the NNAPC(agg)D	248	104	118	92	78	4	2	5	651

(a) Episode-level data were not available for Victoria.

(b) For Queensland and the Australian Capital Territory, a larger number of non-admitted patient service events were reported for the episode-level database by activity-based funded hospitals than were reported for the aggregate data base in 2014–15.

(c) Includes hospitals for which the funding designation had not been assigned and other services (including LHNs and services provided at the state/territory health authority level).

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Sources: the NNAPC(agg)D and the NNAP(e)D.

Table A4: Number of non-admitted patient service events (episode-level data) and number of hospitals and other services reporting, states and territories, 2013–14 to 2014–15

	2013–14	2014–15
New South Wales		
Non-admitted patient service events	6,904,994	10,980,671
Public hospitals reporting	77	175
Other services reporting ^(a)	1	6
Victoria		
Non-admitted patient service events	n.a.	n.a.
Public hospitals reporting	n.a.	n.a.
Queensland		
Non-admitted patient service events	n.a.	3,924,461
Public hospitals reporting	n.a.	35
Western Australia		
Non-admitted patient service events	2,155,160	1,971,646
Public hospitals reporting	87	88
South Australia		
Non-admitted patient service events	1,173,744	1,226,576
Public hospitals reporting	10	9
Tasmania		
Non-admitted patient service events	480,562	487,136
Public hospitals reporting	4	4
Australian Capital Territory		
Non-admitted patient service events	885,264	1,056,336
Public hospitals reporting	2	2
Northern Territory		
Non-admitted patient service events	190,500	269,666
Public hospitals reporting	3	3
Total		
Non-admitted patient service events	11,790,224	19,916,492
Public hospitals reporting	183	316
Other services reporting	1	6

(a) This is the count of reporting at LHN level, state/territory health authority level and private hospitals providing non-admitted services for public patients.

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

Appendix B: Technical information

This appendix covers:

- definitions and classifications used
- presentation of data in this report.

Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary* (versions 16, 16.1 and 16.2) (AIHW 2012, 2015d and 2015e) (summarised in the Glossary).

Data element definitions for each National Minimum Data Set (NMDS) and Data Set Specification (DSS) are also available online for the:

- Non-admitted patient care hospital aggregate NMDS 2014–15 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/547686>
- Non-admitted patient care Local Hospital Network aggregate DSS 2014–15 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/557824>
- Non-admitted patient DSS 2014–15 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/548176>.

Hospital peer groups

In some tables, hospitals have been presented using the AIHW's hospital peer group classification.

Principal referral hospitals provide a very broad range of services and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an Infectious diseases unit and a 24-hour emergency department.

Women's and children's hospitals provide specialised treatment for women and/or children.

Public acute group A hospitals provide a wide range of services (but narrower than the *Principal referral* group) to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department and a range of specialist units.

Public acute group B hospitals provide a narrower range of services than the *Principal referral* and *Public acute group A* hospitals. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units.

Other public hospitals include a range of different types of hospitals that are generally smaller than the *Public acute group B* hospitals. This group may include small and very small hospitals providing acute care, hospitals specialising in subacute and non-acute care, psychiatric hospitals and outpatient hospitals.

For more information about public hospital peer groups, see *Australian hospital peer groups* (AIHW 2015a).

Geographical classifications

Data on geographical location are collected on the area of usual residence of patients in the NNAP(el)D. These data are specified in the DSS as state or territory of residence and by Statistical Area Level 2 (SA2), which is a small area unit within the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS).

Remoteness areas

Data on remoteness area of usual residence are defined using the ABS's ASGS Remoteness Structure 2011 (ABS 2011).

The ABS's ASGS Remoteness Structure 2011 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* – for example, Sydney, Melbourne, Brisbane, Adelaide, Perth, Canberra and Newcastle
- *Inner regional* – for example, Hobart, Launceston, Wagga Wagga, Bendigo and Murray Bridge
- *Outer regional* – for example, Darwin, Moree, Mildura, Cairns, Charters Towers, Whyalla and Albany
- *Remote* – for example, Port Lincoln, Esperance, Queenstown and Alice Springs
- *Very remote* – for example, Mount Isa, Cobar, Coober Pedy, Port Hedland and Tennant Creek.

Reporting data on area of usual residence of the patient

In 2014–15, New South Wales provided SLA codes for area of usual residence. All other states and territories that provided data for the NNAP(el)D provided SA2 codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction.

For New South Wales, the AIHW mapped SLA to SA2 using ABS correspondence information. The AIHW then mapped the SA2 of area of usual residence for each service event to remoteness area categories based on the ABS's ASGS Remoteness Structure 2011. These mappings were undertaken on a probabilistic basis as necessary, using ABS correspondence information describing the distribution of the population by remoteness areas and SA2s. Because of the probabilistic nature of this mapping, the SA2 and remoteness area data for individual records may not be accurate; however, the overall distribution of records by geographical areas is considered useful.

Socioeconomic status

Data on socioeconomic status groups are defined using the ABS's Socio-Economic Indexes for Areas 2011 (SEIFA 2011) (ABS 2013).

The SEIFA 2011 data are generated by the ABS using a combination of 2011 Census data, including income; education; health problems/disability; access to Internet; 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. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

The SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) is one of the ABS's SEIFA indexes. The relative disadvantage scores indicate the collective socioeconomic status of the people living in an area, with reference to the situation and standards applying in the wider community at a given point in time. A relatively disadvantaged area is likely to have a high proportion of relatively disadvantaged people. However, such an area is also likely to contain people who are not disadvantaged, as well as people who are relatively advantaged.

Counts of non-admitted patient service events by socioeconomic status were generated by the AIHW using the IRSD scores for the SA2 of usual residence of the patient reported for each service event. The '1 – Lowest' group represents the areas containing the 20% of the national population with the most disadvantage, and the '5 – Highest' group represents the areas containing the 20% of the national population with the least disadvantage (Table B1). These SES groups do not necessarily represent 20% of the population in each jurisdiction.

Table B1: Labels used for socioeconomic groups in this report

Label	Socioeconomic status group
1—Lowest	Most disadvantaged
2	Second most disadvantaged
3	Middle
4	Second least disadvantaged
5—Highest	Least disadvantaged

Presentation of data

Data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The totals in tables include data only for those states and territories for which data were available, as indicated in the tables.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages printed as 0.0 or 0 generally indicate a zero. The symbol '<0.1' denotes less than 0.05 but greater than 0.

Suppression of data

The AIHW operates under a strict privacy regime which has its basis in Section 29 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). Section 29 requires that confidentiality of data relating to persons (living and deceased) and organisations be maintained. The Privacy Act governs confidentiality of information about living individuals.

The AIHW is committed to reporting that maximises the value of information released for users while being statistically reliable and meeting legislative requirements described above.

The abbreviation 'n.p.' is used in tables to denote the suppression of data. Data (cells) in tables may be suppressed in order to maintain the privacy or confidentiality of a person or organisation, or because a proportion or other measure is related to a small number of events and may therefore not be reliable.

Data may also be suppressed to avoid attribute disclosure.

Where necessary, other cells in the table may also be suppressed to prevent calculation of the confidential information. Unless otherwise noted, the totals in these tables include the suppressed information.

Glossary

Most definitions in this glossary contain an identification number from the AIHW's Metadata Online Registry (METeOR). It provides definitions for data for health and community services-related topics and specifications for related national minimum data sets (NMDs). METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

activity-based funding: A method of funding health services based on the amount and type of activity. METeOR identifier: 496325.

allied health and/or clinical nurse specialist clinic: A clinic in which services are provided by an allied health professional or clinical nurse specialist (IHPA 2014a).

block-funding: A method of funding health services for which activity-based funding is not applicable due to low volumes, the absence of 'economies of scale' or the inability to satisfy the technical requirements of activity-based funding (IHPA 2014b).

clinic type: The type of service through which an establishment provides health care to a non-admitted patient in a non-admitted setting. METeOR identifier: 548189.

funding source: The source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 553314.

group session status: An indicator of whether a non-admitted patient service event was delivered in a group. A group must have two or more persons attending in the capacity of patients in their own right. One service event is recorded for each patient who attends a group session. METeOR identifier: 400662.

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.

Independent Hospital Pricing Authority funding designation: The designation given to an establishment by the Independent Hospital Pricing Authority relating to the type of funding the establishment receives. METeOR identifier: 548713. See **activity-based funding** and **block-grant funding**.

Index of Relative Socio-Economic Disadvantage (IRSD): One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

Indigenous status: A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. METeOR identifier: 291036. This is in accord with the first 2 of 3 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.

local hospital network: Local hospital networks directly manage single or small groups of public hospital services and their budgets, and are directly responsible for hospital performance. METeOR id. 491016.

medical consultation clinic: A clinic in which services are provided by a general physician or medical specialist (IHPA 2014a).

Medicare Benefits Schedule: The funding source reported for Medicare eligible non-admitted patients presenting at a public hospital outpatient department for whom services are billed to Medicare. Includes both bulk-billed patients and patients with out-of-pocket expenses.

non-admitted patient: A patient who does not undergo a hospital's formal admission process. METeOR identifier: 268973.

peer group: Groupings of hospitals into broadly similar groups in terms of characteristics.

procedural clinic: A clinic in which services are provided by a surgeon or other medical specialist (IHPA 2014a).

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.

remoteness area: A classification of the remoteness of a location using the ASGS Remoteness Structure (ABS 2011), based on the Accessibility/Remoteness Index of Australia which measures the remoteness of a point based on the physical road distance to the nearest urban centre.

service delivery mode: The method of communication between a non-admitted patient and a health-care provider during a service event. METeOR identifier: 410953.

service delivery setting: The setting in which a service is provided to a non-admitted patient during a service event. METeOR identifier: 403593.

service event: An interaction between one or more health-care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in dated entry in the patient's medical record. METeOR identifier: 400604.

stand-alone diagnostic clinic: A clinic in which diagnostic services are provided, within a specific field of medicine or condition (IHPA 2014a).

Tier 2: The Tier 2 non-admitted services classification is an hierarchical classification comprising 2 levels, namely the clinic classes and clinic types (the most detailed level of the classification) (IHPA 2014a).

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List of tables

Table 1.1:	Non-admitted patient service events reported to the NNAP(episode-level)D and estimated proportion of service events reported, states and territories, 2014–15.....	5
Table 2.1:	Non-admitted patient service events by type of service provider, states and territories, 2014–15.....	11
Table 2.2:	Non-admitted patient service events (episode-level), by public hospital peer group, states and territories, 2014–15	12
Table 2.3:	Individual and group service events by Tier 2 clinic classes, states and territories, 2014–15	14
Table 2.4:	Non-admitted patient service events (episode-level) by Indigenous status, states and territories, 2014–15	18
Table 2.5:	Non-admitted patient service events (episode-level), by remoteness of area of usual residence, 2014–15	19
Table 2.6:	Non-admitted patient service events (episode-level), by socioeconomic status of area of usual residence, 2014–15	19
Table 2.7:	Individual and group service events (episode-level), by service delivery setting, 2014–15.....	20
Table 2.8:	Individual and group service events (episode-level), by service delivery mode, 2014–15.....	21
Table 2.9:	Individual and group service events (episode-level), by service request source, 2014–15.....	22
Table 2.10:	Individual and group service events, by principal source of funding, public hospitals, states and territories, 2014–15	23
Table 3.1:	Number of public hospitals and other services reporting non-admitted patient service events in procedural clinics, by type of service provider, 2014–15.....	26
Table 3.2:	Non-admitted patient service events in procedural clinics, by type of service provider, states and territories, 2014–15.....	26
Table 3.3:	Non-admitted patient service events for the 10 most common Tier 2 procedural clinic categories, states and territories, 2014–15	28
Table 3.4:	Non-admitted patient service events in procedural clinics, by principal source of funding, states and territories, 2014–15	29
Table 4.1:	Number of public hospitals and other services reporting non-admitted patient service events in medical consultation clinics, by type of service provider, 2014–15	32
Table 4.2:	Non-admitted patient service events in medical consultation clinics, by type of service provider, states and territories, 2014–15.....	32
Table 4.3:	Non-admitted patient service events for the 10 most common Tier 2 medical consultation clinic categories, states and territories, 2014–15.....	34
Table 4.4:	Non-admitted patient service events in medical consultation clinics, by principal source of funding, states and territories, 2014–15	35
Table 5.1:	Number of public hospitals and other services reporting non-admitted patient service events in stand-alone diagnostic clinics, by type of service provider, 2014–15	38

Table 5.2:	Non-admitted patient service events in stand-alone diagnostic clinics, by type of service provider, states and territories, 2014–15.....	38
Table 5.3:	Non-admitted patient service events in stand-alone diagnostic clinics, by Tier 2 categories, states and territories, 2014–15.....	40
Table 5.4:	Non-admitted patient service events in stand-alone diagnostic clinics, by principal source of funding, states and territories, 2014–15	41
Table 6.1:	Number of public hospitals and other services reporting non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by type of service provider, 2014–15	44
Table 6.2:	Non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by type of service provider, states and territories, 2014–15.....	44
Table 6.3:	Non-admitted patient service events for the 10 most common Tier 2 allied health and/or clinical nurse specialist clinic categories, states and territories, 2014–15	46
Table 6.4:	Non-admitted patient service events in allied health and/or clinical nurse specialist clinics, by principal source of funding, states and territories, 2014–15.....	47
Table A1:	Non-admitted patient service events and numbers of public hospitals and other services reporting to the NNAPC(aggregate-level)D, by IHPA funding designation, states and territories, 2014–15	50
Table A2:	Number of non-admitted patient service events (aggregate data) and number of hospitals and other services reporting, states and territories, 2013–14 and 2014–15	51
Table A3:	Non-admitted patient service events and numbers of public hospitals and other services reporting to the NNAP(episode-level)D, by IHPA funding designation, states and territories, 2014–15	54
Table A4:	Number of non-admitted patient service events (episode-level data) and number of hospitals and other services reporting, states and territories, 2013–14 to 2014–15.....	55
Table B1:	Labels used for socioeconomic groups in this report	58

List of figures

Figure 2.1:	Non-admitted patient service events, by age group and sex, 2014–15.....	15
-------------	---	----

List of boxes

Box 1.1:	Changes affecting the interpretation of non-admitted patient care data.....	6
Box 1.2:	What are the limitations of the data?	7

Related publications

This report, *Non-admitted patient care 2014–15*, is part of the *Australian hospital statistics* annual series. AIHW has previously published comprehensive reports for the financial years 1993–94 to 2012–13 (AIHW 2014 and earlier). For the financial year 2013–14, smaller focussed reports were produced. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

Accompanying the release of *Non-admitted patient care 2014–15* is *Hospital resources 2014–15: Australian hospital statistics* and *Australia's hospitals 2014–15: at a glance*.

The following AIHW publications relating to hospitals, hospital service utilisation and hospital resources might also be of interest:

- AIHW (Australian Institute of Health and Welfare) 2015. Australian hospital peer groups. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW.
- AIHW 2015. Elective surgery waiting times 2014–15: Australian hospital statistics. Health services series no. 64. Cat. no. HSE 166. Canberra: AIHW.
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- AIHW 2016. Hospital resources 2014–15: Australian hospital statistics. Health services series no. 71. Cat. no. HSE 176. Canberra: AIHW.

In addition, selected hospitals-related information, for individual hospitals is available at <www.myhospitals.gov.au>.

Please see <www.aihw.gov.au/publications-catalogue/> to access a complete list of AIHW publications relating to Australia's health and welfare.



In 2014–15, about 34.9 million non-admitted patient service events were provided by Australia's public hospitals.

About 46% of non-admitted patient service events occurred in Allied health and/or clinical nurse specialist clinics, 30% were in Medical consultation clinics, 13% in Procedural clinics and 10% in Stand-alone diagnostic clinics.