Australian Government

Australian Institute of Health and Welfare

Non-admitted patient care

2015–16

Australian hospital statistics

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Contents

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ASGS	Australian Statistical Geography Standard
DSS	Data Set Specification
GP	general practitioner
IHPA	Independent Hospital Pricing Authority
LHN	local hospital network
MBS	Medicare Benefits Schedule
METeOR	Metadata Online Registry
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
NPHED	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SA2	Statistical Area Level 2
SEIFA	Socio-Economic Indexes for Areas
SES	socioeconomic status
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 2015–16.

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.

For the Australian Capital Territory, non-admitted patient care data for 2015–16 were not available at the time of publication.

How much non-admitted patient activity was reported?

In 2015–16, about 33.4 million non-admitted patient care service events were reported for 604 public hospitals (excluding the Australian Capital Territory) and 19 other services that provided non-admitted patient care for public patients (including local hospital networks and some private hospitals in Western Australia).

What types of services were provided?

In 2015–16:

- 46% of service events were in allied health and/or clinical nurse specialist clinics—*Midwifery and maternity* and *Primary health care* were the most commonly reported clinics (2.1 million and 1.8 million service events, respectively)

- 29% were in medical consultation clinics—*Orthopaedics* and *Medical oncology (consultation)* were the most commonly reported clinics (1.0 million and 632,000 service events, respectively)

- 16% were for diagnostic services—*Pathology (microbiology, haematology, biochemistry)* and *General imaging* were the most commonly reported services (2.8 million and 1.8 million, respectively)

- 8% were in procedural clinics—*Dental* and *Radiation oncology (treatment)* were the most commonly reported clinics (920,000 and 756,000 service events, respectively).

Who used these services?

Information on the characteristics of patients who used non-admitted patient services was available for about 48% of in-scope service events. In 2015–16:

- 56% of service events were for females (the age range that includes the most services for *Obstetrics* and *Midwifery and Maternity*)

- 32% of service events were for people aged 65 and over

- 5% of service events were for Indigenous Australians.

How were services funded?

In 2015–16, most non-admitted patient care (about 85%) in public hospitals was funded by the jurisdiction's health service budget. About 15% were funded by the *Medicare Benefits Schedule* (MBS) and smaller numbers were funded through compensation schemes and the Department of Veterans' Affairs.

1   Introduction

Non-admitted patient care 2015–16: 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.

Australia's public hospitals provide a range of services for:

- non-admitted patients, including:
  - outpatient clinics—33.4 million service events reported in 2015–16, (this report)
  - emergency department services—7.5 million presentations in 2015–16 (AIHW 2016b)
  - dispensing of medicines
  - district nursing
  - community health services.
- admitted patients—including maternity services, and medical and surgical services—6.3 million separations in 2015–16 (AIHW 2017a).

The information presented in this report is for non-admitted patient care provided in 2015–16 by public hospital 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.

Information about non-admitted patient care provided in emergency departments, the dispensing of medicines to patients not admitted to the hospital, and district nursing and community health services 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 and 2014–15 financial years (AIHW 2015d, 2016c).

More detailed reports on some aspects of Australia's hospitals for 2015–16 have already been published:

- *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a)
- *Elective surgery waiting times 2015–16: Australian hospital statistics* (AIHW 2016a)
- *Emergency department care 2015–16: Australian hospital statistics* (AIHW 2016b)
- Staphylococcus aureus *bacteraemia in Australian public hospitals 2015–16: Australian hospital statistics* (AIHW 2017b).

A report on hospital resources—*Hospital resources 2015–16: Australian hospital statistics* (AIHW, forthcoming 2017c) and a summary of all hospitals-related information for 2015–16 *Australia's hospitals 2015–16 at a glance* (AIHW, forthcoming 2017d) will be released later in 2017.

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.
- 'What data could not be reported?'—outlining the changes over time in data sources, definitions, scope and counting rules that preclude the reporting of time series information.
- 'Where to go for more information'.

The chapters contain short, self-contained sections on specific topics within the broad chapter topic. 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 Diagnostic services'—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 terms commonly 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) and 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. Tables in this report that present numbers of non-admitted patient service events, include both individual and group service events.

Apart from some home delivered non-admitted patient services (see Box 1.1), 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 140 clinic types at which the service events were provided. They are categorised into 4 major classes:

- Procedural clinics
- Medical consultation clinics
- Diagnostic services
- Allied health and/or clinical nurse specialist clinics.

More information on the 140 clinic types is available in *Tier 2 Non-admitted services definitions manual 2015–16 Version 4.0 February 2015* (IHPA 2015a).

National Non-admitted Patient Care (aggregate) Database

For 2015–16, 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 National Minimum Data Set (NAPC NMDS) and for the Non-admitted patient care local hospital network aggregate Data Set Specification 2015–16 (NAPCLHN DSS), as defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015b, 2015c) and in the AIHW's Metadata Online Registry (METeOR)—METeOR identifier 593190.

Non-admitted patient care NMDS

For 2015–16, the scope of the NAPC NMDS was non-admitted patient service events in all public hospitals—including service events in both activity-based funded hospitals and block-funded hospitals.

Data for 2015–16 for the Australian Capital Territory were not available at the time of publication.

For 2015–16, Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic). Therefore, the counts of service events for *Diagnostic services* are likely to be underestimated.

It should be noted that, for the purposes of activity-based funding, diagnostic service events are not counted as non-admitted patient service events.

Due to changes in the scope and coverage of the NNAPC(agg)D between 2013–14 and 2015–16, time series are not presented. For more information, see 'Section 1.3 What data could not be reported?' and Appendix A.

Non-admitted patient care Local Hospital Network aggregate DSS 2015–16

For 2015–16, the scope of the NAPCLHN DSS is non-admitted patient service events provided by:

- local hospital networks (LHNs)—a legal entity established by the state/territory government in order to devolve operational management for public hospitals, and accountability for local service delivery, to the local level. LHNs directly manage single or small groups of public hospital services and their budgets, and are directly responsible for hospital performance under the Performance and Accountability Framework outlined in Schedule D of the National Health Reform Agreement 2012 (COAG 2011) (METeOR identifier 491016).

- 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 LHNs and other public hospital services (for example, some private hospitals in Western Australia that provided public hospital services for non-admitted patient patients, and for which data were reported to the NAPCLHN DSS for 2015–16).

Data for 2015–16 for the Australian Capital Territory were not available at the time of publication.

National Non-admitted Patient (episode-level) Database

The 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 584108).

Non-admitted patient Data Set Specification

In 2015–16, the scope of the NAP DSS was defined as non-admitted patient service events in activity-based funded hospitals only. However, some states and territories provided data for hospitals that were not activity-based funded (that is, block-funded hospitals) and for other services.

For 2015–16, it is estimated that approximately 48% of non-admitted patient service events in activity-based funded hospitals (excluding the Australian Capital Territory) were reported to the NNAP(el)D at the episode level (Table 1.1)—this estimate excludes out-of-scope service events in block-funded hospitals and other services.

Five jurisdictions (excludes Victoria, Queensland and the Australian Capital Territory) provided episode-level non-admitted patient data for the NAP DSS. For activity-based funded hospitals, all non-admitted patient service events reported to the NNAPC(agg)D were also reported to the NNAP(el)D at the episode-level for Tasmania and the Northern Territory. For Western Australia, about 95% of service events reported to the NNAPC(agg)D were also reported at the episode-level, South Australia reported about 75% of service events at the episode-level and New South Wales reported about 66% of service events at the episode-level.

In 2015–16, there were about 646,000 service events provided at the episode-level by service providers other than activity-based funded public hospitals—these were formally out-of-scope for the collection, but were incorporated into the AIHW's database and are reported in tables 1.1 and A2. Overall, episode-level data were provided for about 46% of total activity (both in-scope and out-of-scope non-admitted service events, excluding the Australian Capital Territory).

The episode-level data presented in Chapter 2 include only the data reported for activity-based funded hospitals (that is, the tables exclude the out-of-scope activity.

Due to changes in the scope and coverage of the NAP DSS between 2013–14 and 2015–16, time series are not presented. For more information, see 'Section 1.3 What data could not be reported?' and Appendix A.

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 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 1.1 for more information.

Box 1.1: 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 (see Section 1.3).

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.

(continued)

Box 1.1 (continued): Limitations of the data

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.

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 endoscopies).

Where possible, variations in admission practices 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, footnotes to tables, and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time.

For 2015–16:

- Data were not available for the Australian Capital Territory at the time of publication.

- Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non‑admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic). Therefore, the national counts of service events for *Diagnostic services* are likely to be underestimated.

- In Queensland, patients receiving non-admitted patient services provided by private practitioners and funded by the Medicare Benefits Schedule (MBS) are not included as they are not considered by Queensland to be patients of the hospital.

- Western Australia did not provide specialist mental health service events for the 2015–16 NAPC NMDS, the LHNNAP NMDS and the NAP DSS. Western Australia was also not able to provide data for selected *Diagnostic services*.

- The Northern Territory did provide group service events for patients, but they were not reported to the AIHW.

As the scope of the episode-level NAP DSS is activity-based funded hospitals, most of the data relate to hospitals in *Major cities*. Many hospitals located in *Remote* and *Very remote* areas are likely to be block-funded and therefore data for those hospitals are not included. Consequently, data 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.

See appendixes A and B for more information.

Table 1.1: Non-admitted patient service events reported to the NNAP(episode-level)D and the NNAP(aggregate)D and estimated proportion of service events reported at the episode-level, states and territories, 2015–16

	NSW	Vic[a]	Qld[a]	WA	SA	Tas[b]	ACT[a] [c]	NT	Total
Activity-based funded hospitals									
Non-admitted patient service events provided for the NNAP(el)D	10,323,203	0	0	2,047,884	1,380,173	490,443	n.a.	397,866	14,639,569
Non-admitted patient service events provided for the NNAPC(agg)D[d]	15,771,487	4,982,035	4,742,322	2,155,382	1,834,414	491,441	n.a.	397,866	30,374,947
Proportion of service events provided at episode-level (%) (in-scope for the NNAP(el)D)	66	0	0	95	75	100	. .	100	48
Block-funded hospitals									
Non-admitted patient service events provided for the NNAP(el)D	460,899	0	0	148,764	0	0	n.a.	6,536	616,199
Non-admitted patient service events provided for the NNAPC(agg)D[d]	981,207	38,699	356,911	148,966	93,924	0	n.a.	6,536	1,626,243
Proportion of service events provided at episode-level (%)	47	0	0	100	0	. .	n.a.	100	38
Funding not designated[e]									
Non-admitted patient service events provided for the NNAP(el)D	350	0	0	0	0	29,881	n.a.	0	30,231
Non-admitted patient service events provided for the NNAPC(agg)D[d]	427,119	154,512	274,236	243,802	308,983	29,881	n.a.	0	1,438,533
Proportion of service events provided at episode-level (%)	<1	0	0	0	0	100	n.a.	. .	2
Total									
Non-admitted patient service events provided for the NNAP(el)D	**10,784,452**	**0**	**0**	**2,196,648**	**1,380,173**	**520,324**	**n.a.**	**404,402**	**15,285,999**
Non-admitted patient service events provided for the NNAPC(agg)D	**17,179,813**	**5,175,246**	**5,373,469**	**2,548,150**	**2,237,321**	**521,322**	**n.a.**	**404,402**	**33,439,723**
Proportion of service events provided at episode-level (%)	**63**	**0**	**0**	**86**	**62**	**100**	**. .**	**100**	**46**

(a)   Episode-level data were not available for Victoria, Queensland and the Australian Capital Territory.

(b)   For Tasmania, the Mersey Community Hospital's funding is not designated as this hospital is owned and funded by the Australian Government.

(c)   Aggregate data were not available for the Australian Capital Territory at the time of publication.

(d)   The NNAPC(agg)D includes data provided for the Non-admitted patient care National minimum data set and for the Non-admitted patient care Local Hospital Network aggregate Data set specification.

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

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

1.3 What data could not be reported?

Data reported for 2015–16 that are not included in this report

Information on the *Multiple health care provider indicator* is not reported in this publication. For 2015–16, for the first time, data were collected on whether the non-admitted service event involved 3 or more health-care providers. About 15% of records did not contain this information as not all jurisdictions were able to report these data. In addition, due to the way services are provided and the data are collected, the proportion of service events that involved more than 3 health-care providers is likely to be underestimated.

Changes over time that affect the interpretation of non-admitted patient care data

This section presents information about changes to the collection of non-admitted patient care over time that mean that these data are not comparable over time.

Before 2013–14, information on non-admitted patient care was reported using different clinic categories and counting units. See 'Information no longer collected'.

Due to changes in the scope of the NAPC NMDS, changes in the coverage the NAPCLHN DSS and the NAP DSS between 2013–14 and 2015–16, and differences in definitions and counting rules for non-admitted patient care since 2013–14, time series are not presented. For more information, see Appendix A.

Information no longer collected

Occasions of service for non-admitted patients

Between 1993–94 and 2013–14, the AIHW reported aggregated 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 than is collected for the NNAPC(agg)D and NNAP(el)D. From 2014–15 onwards, 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 2015–16: Australian hospital statistics* (AIHW 2016b)

- *Pharmacy* occasions of service

- 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 for the NNAPC(agg)D and NNAP(el)D, 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 NNAPC(agg)D and NNAP(el)D.

Outpatient care occasions of service

Between 2007–08 and 2012–13, the AIHW reported aggregated outpatient clinic occasions of service data from the National Outpatient Care Database (NOCD) which was based on the

Outpatient Care NMDS. The NOCD included counts of occasions of service for 24 types of outpatient clinics, in public hospitals classified as *Principal referral*, *Specialist women's and children's hospitals* and *Large hospitals* using the AIHW's previous peer group classification.

The NOCD covered a narrower range of non-admitted patient care than is collected for the NNAPC(agg)D and NNAP(el)D.

Differences in scope and coverage of the non-admitted patient care database between 2013–14 and 2014–15

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.

For 2014–15 and 2015–16, the scope of the NAPC NMDS was non-admitted patient service events in all public hospitals—including service events in both activity-based funded hospitals and block-funded hospitals.

Non-admitted patient care Local Hospital Network aggregate DSS

In 2013–14, 12 LHNs or other services provided aggregate data for the NAPCLHN DSS. This increased to 43 in 2014–15 and then decreased to 19 in 2015–16.

Non-admitted patient DSS

Coverage of the NAP DSS has changed between 2013–14 and 2015–16. The proportion of service events reported at the episode-level (for the NAP DSS) changed between 2013–14 and 2015–16:

- In 2013–14, about 10.2 million service events—accounting for about 39% of total activity—were provided for the NNAP(el)D by 5 jurisdictions (excludes Victoria, Queensland and South Australia).

- In 2014–15, about 19.3 million service events in activity-based funded hospitals—accounting for about 63% of events in activity-based funded hospitals and 55% of total activity—were provided for the NNAP(el)D by 7 jurisdictions (excludes Victoria).

- In 2015–16, about 14.6 million service events in activity-based funded hospitals—accounting for about 48% of events in activity-based funded hospitals and 46% of total activity—were provided for the NNAP(el)D by 5 jurisdictions (excludes Victoria, Queensland and the Australian Capital Territory).

Differences in definitions of non-admitted patient care

For the NAPC NMDS, the NAPCLHN DSS and the NAP DSS, 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 reports sourced from the NPHED for the 2012–13 year and earlier, 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 patient service events in this report are not comparable with data reported for non-admitted patient occasions of service in reports for the 2012–13 reference year and earlier periods.

In addition, the activity of the clinic 40.01 *Aboriginal and Torres Strait Islander people's health clinic* (which was considered in-scope for 2013–14 and 2014–15) was considered out-of-scope for 2015–16.

Differences in counting rules for non-admitted patient care

In 2013–14 and 2014–15, for the NAPC NMDS, the NAPCLHN DSS and the NAP DSS, each session of renal dialysis, total parenteral and enteral nutrition, and ventilation performed by the patient in their own home was counted as a non-admitted patient service event.

For 2015–16, the counting rules for some home-delivered non-admitted patient services changed to 'temporal care bundling'. Temporal care bundling means that all non-admitted patient sessions performed per month are 'bundled' and counted as one non-admitted patient service event per patient per calendar month regardless of the number of sessions (IHPA 2015b).

This has resulted in a marked decrease in reporting of non-admitted patient services events in total, for *Procedural clinics*, and for the following Tier 2 clinics:

- 10.15 *Renal dialysis–haemodialysis–home delivered*
- 10.16 *Renal dialysis–peritoneal dialysis–home delivered*
- 10.17 *Total parenteral nutrition–home delivered*
- 10.18 *Enteral nutrition–home delivered*
- 10.19 *Ventilation–home delivered*.

1.4 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.

MyHospitals website

Selected information about services provided by individual public hospitals is available on the AIHW's *MyHospitals* website at <www.myhospitals.gov.au/>.

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 2015–16. It includes summary information on non-admitted patient service events provided in procedural clinics; medical consultation clinics; diagnostic services; 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 2015–16 (data were not available for the Australian Capital Territory at the time of publication)
- episode-level data for 48% 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 (data were not available for Victoria, Queensland and the Australian Capital Territory).

For the first time, information is included on the type of care provided (whether rehabilitation, palliative care, psychogeriatric care, geriatric evaluation and management, mental health or other).

Key findings

How much activity was there in 2015–16?

About 33.4 million non-admitted patient service events were provided by 604 public hospitals and 19 other services (including local hospital networks and 2 private hospitals in Western Australia). Data were not available for the Australian Capital Territory at the time of publication.

About 87% of non-admitted patient service events occurred on the hospital campus, some services were provided at other locations, including in the patient's home.

What overall types of clinics provided services?

In 2015–16:

- about 46% (15.3 million) of non-admitted patient service events occurred in *Allied health and/or clinical nurse specialist clinics*
- 29% (9.7 million) were in *Medical consultation clinics*
- 16% (5.5 million) were for *Diagnostic services*
- 8% (2.6 million) were in *Procedural clinics*.

What were the most common individual clinic types?

In 2015–16, the most commonly reported clinics were:

- in allied health and/or clinical nurse specialist clinics—*Midwifery and maternity* and *Primary health care* (2.1 million and 1.8 million service events, respectively)
- in medical consultation clinics—*Orthopaedics* and *Medical oncology (consultation)* (1 million and 632,000 service events, respectively)
- in diagnostic clinics—*Pathology (microbiology, haematology, biochemistry)* and *General imaging* (2.8 million and 1.8 million, respectively)
- in procedural clinics—*Dental* and *Radiation oncology (treatment)* (920,000 and 756,000 service events, respectively).

In 2015–16, the majority (93%) of non-admitted patient service events were for *Other care*. About 4% were for *Rehabilitation care* and 1% were for *Mental health care*.

Who used these services?

In 2015–16, information on the patient's characteristics was available for about 14.6 million non-admitted patient service events (48% of in-scope services). This information showed that:

- about 56% of service events were for females (the age range that includes the most services for *Obstetrics* and *Midwifery and Maternity*)
- 32% were for people aged 65 and over (who account for about 15% of the population)
- about 5.0% of service events were for Aboriginal and/or Torres Strait Islanders
- people living in *Major cities* accounted for about 69% of service events (for which area of residence information was available).

2.1 How many non-admitted patient service events occurred in 2015–16?

This section presents information on the number of non-admitted patient service events provided in 2015–16 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. Data were not available for the Australian Capital Territory at the time of publication.

How many service events were reported in 2015–16?

Table 2.1 presents the number of hospitals in each jurisdiction that reported non-admitted patient care activity to the NNAPC(agg)D in 2015–16.

In 2015–16, about 33.4 million non-admitted patient service events were provided by 604 public hospitals and 19 other services (Table 2.1). Reporting by public hospitals included 256 activity-based funded hospitals, 347 block-funded hospitals and 1 hospital for which funding was not designated (see Appendix A).

Principal referral and women's and children's hospitals provided about 44% of non-admitted patient service events and *Public acute group A* hospitals accounted for a further 27%.

Other services, which includes LHNs and other public hospital services (including some private hospitals in Western Australia), accounted for another 1.4 million (4%) service events.

How many service events were reported at the episode-level by activity-based funded hospitals in 2015–16?

In 2015–16, 14.6 million episode-level non-admitted patient service events were reported by activity-based funded hospitals to the NNAP(el)D by 5 jurisdictions (Table 2.2). This accounted for about 48% of in-scope service events reported for activity-based funded hospitals and 46% of total activity.

Principal referral and women's and children's hospitals reported about 44% of episode-level non-admitted patient service events and *Public acute group A* hospitals accounted for a further 27%.

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 2015–16*: *Australian hospital statistics* (AIHW 2016a)

- *Emergency department care 2015–16*: *Australian hospital statistics* (AIHW 2016b)

- *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

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

Table 2.1: Non-admitted patient service events (aggregate data)[a] by type of service provider, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT[b]	NT	Total
Principal referral and women's and children's hospitals									
Non-admitted patient service events	8,142,352	1,837,391	2,101,882	1,282,249	1,003,018	241,121	n.a.	258,737	14,866,750
Number of public hospitals	14	10	7	5	3	1	n.a.	1	41
Public acute group A hospitals									
Non-admitted patient service events	4,499,043	1,257,989	2,005,377	401,952	565,596	250,320	n.a.	107,407	9,087,684
Number of public hospitals	22	16	12	5	4	2	n.a.	1	62
Public acute group B hospitals									
Non-admitted patient service events	1,644,841	475,755	518,771	231,580	110,781	29,881	. .	. .	3,011,609
Number of public hospitals	17	9	8	6	4	1	. .	. .	45
Other public hospitals									
Non-admitted patient service events	2,464,440	1,449,599	473,203	388,567	248,943	0	. .	38,258	5,063,010
Number of public hospitals	164	68	90	71	60	0	. .	3	456
Total public hospitals									
Non-admitted patient service events	*16,750,676*	*5,020,734*	*5,099,233*	*2,304,348*	*1,928,338*	*521,322*	*n.a.*	*404,402*	*32,029,053*
Number of public hospitals	*217*	*103*	*117*	*87*	*71*	*4*	*n.a.*	*5*	*604*
Other services									
Non-admitted patient service events	429,137	154,512	274,236	243,802	308,983	0	n.a.	0	1,410,670
Number of other services reporting	8	1	1	3	6	0	n.a.	0	19
Total									
Non-admitted patient service events	**17,179,813**	**5,175,246**	**5,373,469**	**2,548,150**	**2,237,321**	**521,322**	**n.a.**	**404,402**	**33,439,723**
Number of public hospitals/services	**225**	**104**	**118**	**90**	**77**	**4**	**n.a.**	**5**	**623**

(a)   The NNAPC(agg)D includes data provided for the Non-admitted patient care National minimum data set and for the Non-admitted patient care Local Hospital Network aggregate Data set specification.

(b)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 2.2: Non-admitted patient service events (episode-level)[a], by public hospital peer group, states and territories, 2015–16

Public hospital peer group	NSW	Vic	Qld	WA	SA	Tas	ACT[b]	NT	Total
Principal referral and women's and children's hospitals									
Number of service events (episode-level data)	5,128,774	n.a.	n.a.	1,198,431	756,148	240,123	n.a.	258,737	7,582,213
Number of public hospitals	14	n.a.	n.a.	5	3	1	n.a.	1	24
Public acute group A hospitals									
Number of service events (episode-level data)	3,122,328	n.a.	n.a.	395,902	449,537	250,320	n.a.	107,407	4,325,494
Number of public hospitals	22	n.a.	n.a.	5	4	2	n.a.	1	34
Public acute group B hospitals									
Number of service events (episode-level data)	959,369	n.a.	n.a.	213,975	110,302	0	. .	. .	1,283,646
Number of public hospitals	17	n.a.	n.a.	6	4	0	. .	. .	27
Other public hospitals									
Number of service events (episode-level data)	1,112,732	n.a.	n.a.	239,576	64,186	0	. .	31,722	1,448,216
Number of public hospitals	40	n.a.	n.a.	9	5	0	. .	2	56
Total public hospitals									
Number of service events (episode-level data)	**10,323,203**	**n.a.**	**n.a.**	**2,047,884**	**1,380,173**	**490,443**	**n.a.**	**397,866**	**14,639,569**
Number of public hospitals	**93**	**n.a.**	**n.a.**	**25**	**16**	**3**	**n.a.**	**4**	**141**

(a) Episode-level data were provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b) Victoria, Queensland and the Australian Capital Territory did not report data for 2015–16.

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

Source: NNAP(el)D.

2.2 What type of care was provided?

This section presents information on the types of non-admitted patient care provided by public hospitals and other services in 2015–16. It includes information by Tier 2 clinic categories and the type of care provided (mental health care, rehabilitation, palliative care, psychogeriatric care, geriatric evaluation and management or other). Data were not available for the Australian Capital Territory at the time of publication.

Non-admitted patient clinics

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 2015b). 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
- *Diagnostic services*—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 2015–16, non-admitted patient service events were provided in the following clinic classes:

- about 15.3 million (46%) in *Allied health and/or clinical nurse specialist clinics* (Table 2.3)
- about 9.7 million (29%) in *Medical consultation clinics*
- 5.5 million (16%) for *Diagnostic services*—New South Wales accounted for 69% of all service events reported
- 2.6 million (8%) in *Procedural clinics*.

The majority (94%) of group service events occurred in *Allied health and/or clinical nurse specialist clinics*.

There were some gaps in reporting by Tier 2 clinic categories among jurisdictions, which should be considered when interpreting these data. For example:

- For 2015–16, Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic).
- Western Australia was not able to provide data for the clinics: 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging*, and 30.06 *Positron emission tomography*. Western Australia also did not provide data for specialist mental health clinics such as 20.45 *Psychiatry*, 20.50 *Psychogeriatric*, 40.34 *Specialist mental health* and 40.37 *Psychogeriatric*.

Therefore, the counts of service events for some clinics are likely to be underestimated.

Type of care

The care type describes the overall nature of care delivered during a non-admitted patient episode of care (METeOR identifier 652569). This is the first year that these data have been presented.

The non-admitted patient care type can be classified as:

- Subacute:
    - Rehabilitation care
    - Palliative care
    - Geriatric evaluation and management
    - Psychogeriatric care
- Mental health care
- Other (any care provided that does not fall within the categories above, for example, maintenance care and acute care).

This information is based on the 14.6 million non-admitted patient service events provided for the NNAP(el)D by 5 jurisdictions. There was some variation in the ability of jurisdictions to provide information on the type of care:

- Tasmania was not able to assign type of care for the patient, and so all records had a type of care of *Other*.

- Western Australia did not report specialist mental health service events for the 2015–16 NAPC NMDS, the LHNNAP NMDS and the NAP DSS, and therefore the numbers of non-admitted patient service events for *Mental health care*, *Geriatric evaluation and management* and *Psychogeriatric care* are underestimated.

- South Australia assigned the type of care for a service event according to the main activity of the clinic. For example, all service events in a rehabilitation clinic (20.47 *Rehabilitation*, 40.12 *Rehabilitation*, 40.21 *Cardiac rehabilitation* and 40.60 *Pulmonary rehabilitation*), were assigned a type of care of *Rehabilitation*, while in a clinic such as 20.29 *Orthopaedics* (where some events may involve rehabilitation), all records were assigned an *Other* type of care.

Therefore, these data should be interpreted with caution.

In 2015–16, the majority (93%) of non-admitted patient service events were for *Other care* (Table 2.4). About 4% were for *Rehabilitation care* and *Mental health care* and *Palliative care* both accounted for about 1% of service events.

Table 2.3: Individual and group service events (aggregate data), by Tier 2 clinic classes, states and territories, 2015–16

	NSW	Vic[a]	Qld	WA[b]	SA	Tas	ACT[c]	NT[d]	Total
Individual service events									
Procedures	1,814,405	279,158	143,351	153,777	179,606	37,206	n.a.	20,279	2,627,782
Medical consultations	3,338,576	2,393,890	1,649,302	937,857	995,622	188,263	n.a.	154,402	9,657,912
Diagnostic	3,759,608	0	1,328,010	35,776	235,067	7,044	n.a.	92,324	5,457,829
Allied health and/or clinical nurse specialist interventions	7,254,876	2,329,078	2,110,186	1,359,588	767,973	261,178	n.a.	137,396	14,220,275
Not reported	330,479	0	0	0	0	0	n.a.	1	330,480
Total	**16,497,944**	**5,002,126**	**5,230,849**	**2,486,998**	**2,178,268**	**493,691**	**n.a.**	**404,402**	**32,294,278**
Group service events									
Procedures	723	3	9	0	30	0	n.a.	n.a.	765
Medical consultations	47,979	3,755	7,447	1,249	1,431	1,025	n.a.	n.a.	62,886
Diagnostic	426	0	0	1	22	0	n.a.	n.a.	449
Allied health and/or clinical nurse specialist interventions	622,485	169,362	135,164	59,902	57,570	26,606	n.a.	n.a.	1,071,089
Not reported	10,256	0	0	0	0	0	n.a.	n.a.	10,256
Total	**681,869**	**173,120**	**142,620**	**61,152**	**59,053**	**27,631**	**n.a.**	**n.a.**	**1,145,445**
Total service events									
Procedures	1,815,128	279,161	143,360	153,777	179,636	37,206	n.a.	20,279	2,628,547
Medical consultations	3,386,555	2,397,645	1,656,749	939,106	997,053	189,288	n.a.	154,402	9,720,798
Diagnostic	3,760,034	0	1,328,010	35,777	235,089	7,044	n.a.	92,324	5,458,278
Allied health and/or clinical nurse specialist interventions	7,877,361	2,498,440	2,245,350	1,419,490	825,543	287,784	n.a.	137,396	15,291,364
Not reported	340,735	0	0	0	0	0	n.a.	1	340,736
Total	**17,179,813**	**5,175,246**	**5,373,469**	**2,548,150**	**2,237,321**	**521,322**	**n.a.**	**404,402**	**33,439,723**

(a)   For 2015–16, Victoria did not collect information for Diagnostic services that could not be linked to services provided at another clinic. All diagnostic services for non‑admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic).

(b)   Western Australia was not able to provide data for the diagnostic services: 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging*, and 30.06 *Positron emission tomography*. In addition, Western Australia did not provide data for specialist mental health clinics 20.45 *Psychiatry*, 20.50 *Psychogeriatric*, 40.34 *Specialist mental health* and 40.37 *Psychogeriatric*.

(c)   Data were not available for the Australian Capital Territory at the time of publication.

(d)   The Northern Territory did provide group service events for patients, but they were not reported to the AIHW.

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

Source: NNAPC(agg)D.

Table 2.4: Number of non-admitted patient service events (episode-level)[a], by type of care, public hospitals, 2015-16

Type of care	Individual service events	Group service events	Total[b]
Rehabilitation care	452,418	140,859	593,277
Palliative care	157,487	2,024	159,511
Geriatric evaluation and management	46,526	289	46,815
Psychogeriatric care	2,365	2	2,367
Mental health care[c]	175,239	13,845	189,084
Other care[d]	13,203,634	444,881	13,648,515
Total	**14,037,669**	**601,900**	**14,639,569**

(a)   Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b)   The number of service events with a type of care of *Mental health care* is likely to be underestimated as Western Australia did not report this activity for the NAP NMDS and NAP DSS in 2015–16.

(c)   The total does not include Victoria, Queensland and the Australian Capital Territory, for which data for 2015–16 were not reported.

(d)   Other care includes any care provided that does not fall within the categories above, for example, maintenance care and acute care.

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

Source: NNAP(el)D.

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 Diagnostic services'
- 'Chapter 6 Allied health and/or clinical nurse specialist clinics'.

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

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 patients and the remoteness area and socioeconomic status of their usual residence.

This information is based on the 14.6 million non-admitted patient service events provided for the NNAP(el)D by 5 jurisdictions (see Table 1.1).

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

A number of data quality issues should be noted when interpreting these data:

- the sex of the patient was not reported for more than 293,000 records
- the patient's date of birth was not reported for almost 252,000 service events and therefore the age of the patient could not be determined
- the Indigenous status of the patient was not reported for about 11% of service events
- the patient's area of usual residence was not reported for about 9% of service events, and therefore, the patient's remoteness area and socioeconomic status group could not be determined for those records
- for South Australia, the date of birth, sex of patient, Indigenous status and area of usual residence information were missing for the majority of service events (227,000) from one hospital—these accounted for about 10% of South Australia's service events.

Age and sex of patient

In 2015–16, there were 8.1 million non-admitted patient service events for females, compared with 6.3 million for males (Figure 2.1 and Table S2.1, accompanying this report online). Women accounted for 73% of service events for people aged 15–44 (the age range that includes most services for *Obstetrics* and *Midwifery and maternity*).

Boys accounted for 56% of service events for children aged 0–14.

People aged 65 and over (who make up about 15% of the population) accounted for more than 32% of service events in 2015–16.

Figure 2.1: Non-admitted patient service events[a][b]**, by age group and sex, 2015–16**
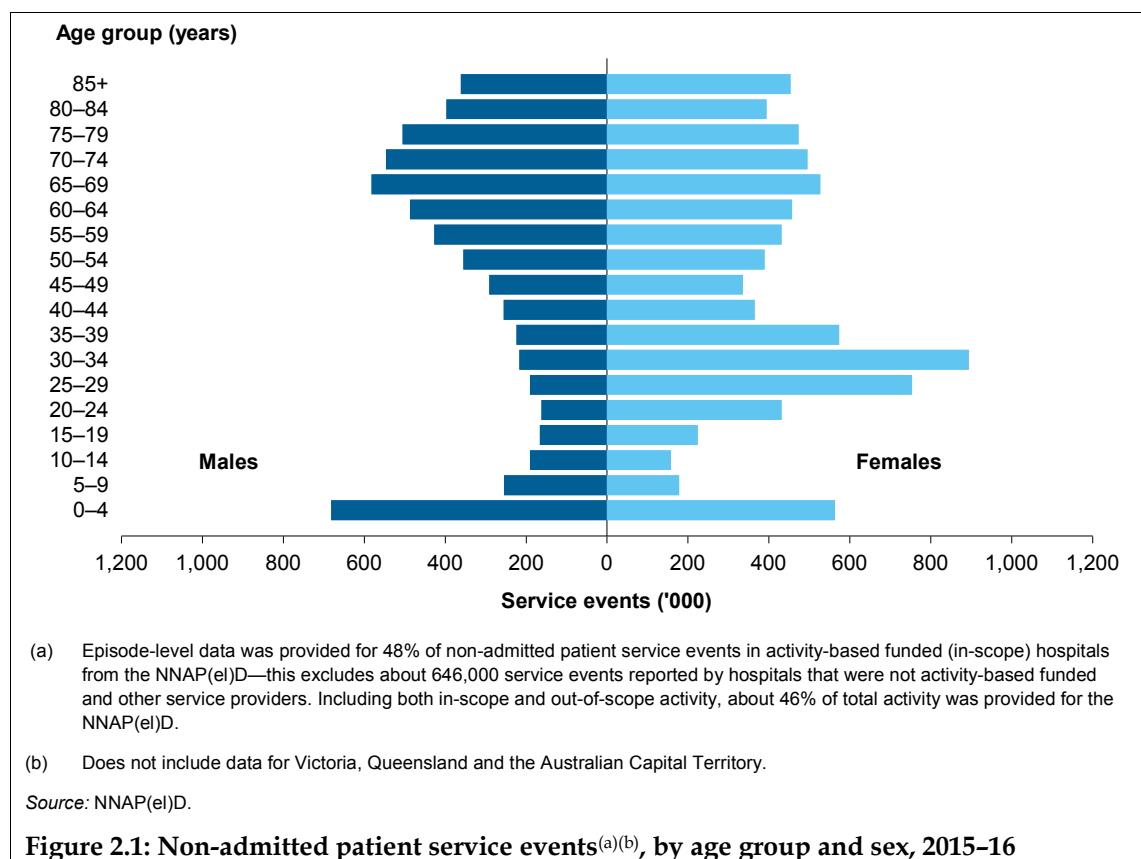
Aboriginal and Torres Strait Islander people

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*. Many hospitals located in *Remote* and *Very remote* areas are likely to be block-funded and therefore data for those hospitals are not included. Consequently, data for non-admitted patient service events may not be included for some areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.

In 2015–16, about 743,000 non-admitted patient service events were reported for Aboriginal and Torres Strait Islander people (for the 5 jurisdictions that provided data to the NNAP(el)D) (Table 2.5). Non-admitted patient service events for Indigenous Australians accounted for about 5.0% 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 (43%).

About 93% of non-admitted patient service events for people reported as Indigenous Australians were for people of *Aboriginal but not Torres Strait Islander origin*, more than 1% were for people of *Torres Strait Islander but not Aboriginal origin* and about 5% were for people of *Aboriginal and Torres Strait Islander origin*.

For about 11% 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 its remoteness category.

In 2015–16, about 69% of service events reported to the NNAP(el)D by activity-based funded hospitals (for which remoteness could be assigned) were provided to people who lived in *Major cities*, 19% in *Inner regional* areas, 9% in *Outer regional* areas and 2% in *Remote* and *very remote* areas combined (Table 2.6). 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 70% 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*. Many hospitals located in *Remote* and *Very remote* areas are block-funded, and therefore data for those hospitals are not included. 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 about 9% of non-admitted patient service events reported at the episode level.

Socioeconomic status

In 2015–16, about 22% 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 14% in the second highest (second least disadvantaged) SES group (Table 2.7).

For *Procedural clinics*, about 25% 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 about 9% of non-admitted patient service events reported at the episode level.

Table 2.5: Non-admitted patient service events (episode-level)[a] by Indigenous status, states and territories, 2015–16

Indigenous status	NSW	Vic[b]	Qld[b]	WA	SA	Tas	ACT[b]	NT	Total
Aboriginal but not Torres Strait Islander origin	404,778	n.a.	n.a.	79,694	26,983	15,919	n.a.	165,646	693,020
Torres Strait Islander but not Aboriginal origin	7,971	n.a.	n.a.	745	392	536	n.a.	1,181	10,825
Aboriginal and Torres Strait Islander origin	33,556	n.a.	n.a.	1,653	465	1,160	n.a.	2,504	39,338
Indigenous people	*446,305*	*n.a.*	*n.a.*	*82,092*	*27,840*	*17,615*	*n.a.*	*169,331*	*743,183*
Neither Aboriginal nor Torres Strait Islander origin	8,854,826	n.a.	n.a.	1,907,613	883,022	455,215	n.a.	227,064	12,327,740
Not reported	1,022,072	n.a.	n.a.	58,179	469,311	17,613	n.a.	1,471	1,568,646
Total	**10,323,203**	**n.a.**	**n.a.**	**2,047,884**	**1,380,173**	**490,443**	**n.a.**	**397,866**	**14,639,569**

(a)   Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b)   Victoria, Queensland and the Australian Capital Territory did not report data for 2015–16.

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

Source: NNAP(el)D.

Table 2.6: Non-admitted patient service events (episode-level)[a], by remoteness of area of usual residence, 2015–16

Tier 2 clinic class	Remoteness area of usual residence						Total[b]
	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	
Procedures	649,858	235,619	100,979	11,777	3,789	119,788	1,121,810
Medical consultation	3,176,574	606,986	400,535	108,552	55,406	776,053	5,124,106
Diagnostic	198,977	31,229	49,329	27,681	21,414	2,011	330,641
Allied health and/or clinical nurse specialist intervention	5,166,710	1,619,314	689,465	68,476	26,642	420,385	7,990,992
Not reported	49,511	19,628	2,411	219	8	243	72,020
Total	**9,241,630**	**2,512,776**	**1,242,719**	**216,705**	**107,259**	**1,318,480**	**14,639,569**
Proportion of total (%)	**63**	**17**	**8**	**2**	**1**	**9**	**100**

(a) Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b) The total does not include Victoria, Queensland and the Australian Capital Territory, for which data for 2015–16 were not reported.

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

Source: NNAP(el)D.

Table 2.7: Non-admitted patient service events (episode-level)[a], by socioeconomic status of area of usual residence, 2015–16

Tier 2 clinic class	Socioeconomic status of area of usual residence						Total[b]
	1—Lowest	2	3	4	5—Highest	Not reported	
Procedures	289,495	232,988	192,568	142,935	143,993	119,831	1,121,810
Medical consultation	1,085,682	919,364	856,078	671,575	814,949	776,458	5,124,106
Diagnostic	82,174	49,448	67,811	56,981	72,199	2,028	330,641
Allied health and/or clinical nurse specialist intervention	1,985,710	1,732,487	1,413,217	1,156,961	1,281,829	420,788	7,990,992
Not reported	16,537	19,676	19,660	8,096	7,808	243	72,020
Total	**3,459,598**	**2,953,963**	**2,549,334**	**2,036,548**	**2,320,778**	**1,319,348**	**14,639,569**
Proportion of total (%)	**24**	**20**	**17**	**14**	**16**	**9**	**100**

(a) Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b) The total does not include Victoria, Queensland and the Australian Capital Territory, for which data for 2015–16 were not reported.

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

Source: NNAP(el)D.

2.4 Who requested the service?

This section presents information on whether the request for the non-admitted patient service came from within the hospital (for example from the emergency department) or from elsewhere (for example, from the patient's general practitioner).

This information is based on the 14.6 million non-admitted patient service events provided for the NNAP(el)D by 5 jurisdictions.

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 individual non-admitted patient service events for which the service request source was reported, 20% were requested from within the same hospital, 29% were requested by either the patient's GP or a specialist, and 11% were requested by the patient (*Self*).

For 2015–16, the service request source was not reported for about 3.8 million individual service events (27%) and for 106,000 group service events (17%) that were reported at the episode level (Table 2.8).

Table 2.8: Individual and group service events (episode-level)[a], by service request source, 2015–16

Service request source	Individual service events	Group service events	Total[b]
This hospital			
Other outpatient clinic	790,986	30,382	821,368
Emergency department	231,960	519	232,479
Elsewhere in this hospital	1,059,661	78,034	1,137,695
Total this hospital	*2,082,607*	*108,935*	*2,191,542*
Other			
Other hospital	322,370	17,782	340,152
General practice	721,188	9,729	730,917
Specialist practice	2,354,611	54,026	2,408,637
Other non-hospital	3,771,730	225,227	3,996,957
Self	942,705	80,201	1,022,906
Not reported	3,842,458	106,000	3,948,458
Total	**14,037,669**	**601,900**	**14,639,569**

(a)   Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b)   The total does not include Victoria, Queensland and the Australian Capital Territory, for which data for 2015–16 were not reported.

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

Source: NNAP(el)D.

2.5 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.

For 2015–16, for the first time, states and territories collected information on the number of health-care providers involved in each individual service event. However, these data are not presented in this report due to apparent variation in provision among jurisdictions (for more information see Appendix A).

This information is based on the 14.6 million non-admitted patient service events provided for the NNAP(el)D by 5 jurisdictions (see Table 1.1).

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). Off campus locations can include:

- community health or day centres, or other community facilities
- general practice surgeries or clinics
- residential aged care facilities
- private residences (including the patient's residence)
- other hospitals.

In 2015–16, about 80% of individual service events and 94% of group service events were provided on the hospital campus (Table 2.9).

The majority (94%) of service events that were provided off campus were in *Allied health and/or clinical nurse specialist clinics*, and accounted for about 22% of service events reported for these clinics (Table 2.10).

The *Procedural clinics* included non-admitted patient services provided at the patient's home. *Renal dialysis — home delivered* (haemodialysis or peritoneal dialysis) and *Enteral nutrition — home delivered* (tube feeding) are examples of service events that can be provided off the hospital campus.

Table 2.9: Individual and group service events (episode-level)[(a)], by service delivery setting, 2015–16

Service delivery setting	Individual service events	Group service events	Total[(b)]
On the hospital campus of the healthcare provider	12,127,287	570,689	12,697,976
Off the hospital campus of the healthcare provider	1,910,382	31,211	1,941,593
Total	**14,037,669**	**601,900**	**14,639,569**

(a)   Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b)   The total does not include Victoria, Queensland and the Australian Capital Territory, for which data for 2015–16 were not reported.

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

Source: NNAP(el)D.

Table 2.10: Number of non-admitted patient service events (episode-level)(a), by Tier 2 Clinic class and service delivery setting, public hospitals, 2015–16

Tier 2 clinic class	On the hospital campus	Off the hospital campus	Total(b)
Procedure clinics	1,086,884	34,926	1,121,810
Medical consultation clinics	5,036,768	87,338	5,124,106
Diagnostic services	330,622	19	330,641
Allied health and/or clinical nurse specialist interventions clinics	6,172,496	1,818,496	7,990,992
Not reported	71,206	814	72,020
Total	**12,697,976**	**1,941,593**	**14,639,569**

(a) Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b) The total does not include Victoria, Queensland and the Australian Capital Territory, for which data for 2015–16 were not reported.

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

Source: NNAP(el)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 2015–16, 88% of individual service events and more than 99% of group service events were delivered in person (Table 2.11). About 11% of individual service events were delivered by telephone.

Table 2.11: Individual and group service events (episode-level)(a), by service delivery mode, 2015–16

Service delivery mode	Individual service events	Group service events	Total(b)
In person	12,507,673	599,492	13,107,165
Telephone	1,416,553	1,629	1,418,182
Videoconference	14,002	372	14,374
Electronic mail	58,069	0	58,069
Other	41,372	407	41,779
Total	**14,037,669**	**601,900**	**14,639,569**

(a) Episode-level data was provided for 48% of non-admitted patient service events in activity-based funded (in-scope) hospitals from the NNAP(el)D—this excludes about 646,000 service events reported by hospitals that were not activity-based funded and other service providers. Including both in-scope and out-of-scope activity, about 46% of total activity was provided for the NNAP(el)D.

(b) The total does not include Victoria, Queensland and the Australian Capital Territory, for which data for 2015–16 were not reported.

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

Source: NNAP(el)D.

2.6 How were the services funded?

Non-admitted patient services are funded through a range of channels including the health service budget (including both state/territory and Australian Government contributions), 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*.

This information is based on the 33.4 million non-admitted patient service events provided for the NNAPC(agg)D by 7 jurisdictions. Data were not available for the Australian Capital Territory at the time of publication.

There are 4 funding sources that can be assigned for the aggregated non-admitted patient service events data reported for the NNAPC(agg)D:

- *Medicare Benefits Schedule*
- *Department of Veterans' Affairs*
- *Compensable* which includes service events for which the episode-level funding source was reported as:
  - *Worker's compensation*
  - *Motor vehicle third party personal claim*
  - *Other compensation*.
- *Other* which includes service events for which the episode-level funding source was reported as:
  - *Health service budget* (including where there is eligibility under a *Reciprocal Health Care Agreement*, or where no charge was raised due to hospital decision)
  - *Other hospital or public authority* (contracted care)
  - *Department of Defence*
  - *Correctional facilities*
  - *Private health insurance*
  - *Self-funded*.

For 2015–16, about 15% of individual service events were funded by the MBS and fewer than 1% were funded by either the *Department of Veterans' Affairs* or *Compensable* sources (Table 2.12). The *Other* funding category applied to 85% of non-admitted patient individual service events.

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 Diagnostic services'
- 'Chapter 6 Allied health and/or clinical nurse specialist clinics'.

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

Table 2.12: Individual and group service events (aggregate data), by principal source of funding, public hospitals, states and territories, 2015–16

Principal source of funding	NSW	Vic	Qld[a]	WA	SA	Tas	ACT[b]	NT[c]	Total
Individual service events									
Medicare Benefits Schedule	2,852,802	1,113,517	. .	115,559	477,793	80,964	n.a.	63,221	4,703,856
Compensable[d]	50,804	67,310	21,592	17,351	1,728	2,716	n.a.	3,148	164,649
Department of Veterans' Affairs	80,076	16,862	15,021	4,823	2,711	2,100	n.a.	602	122,195
Other[e]	13,514,262	3,804,437	5,194,236	2,349,265	1,696,036	407,911	n.a.	337,431	27,303,578
Total	*16,497,944*	*5,002,126*	*5,230,849*	*2,486,998*	*2,178,268*	*493,691*	*n.a.*	*404,402*	*32,294,278*
Group service events									
Medicare Benefits Schedule	2,680	425	. .	0	795	0	n.a.	n.a.	3,900
Compensable[d]	1,509	1,425	202	2	18	0	n.a.	n.a.	3,156
Department of Veterans' Affairs	3,944	17,636	442	97	0	148	n.a.	n.a.	22,267
Other[e]	673,736	153,634	141,976	61,053	58,240	27,483	n.a.	n.a.	1,116,122
Total	*681,869*	*173,120*	*142,620*	*61,152*	*59,053*	*27,631*	*n.a.*	*n.a.*	*1,145,445*
All service events									
Medicare Benefits Schedule	2,855,482	1,113,942	. .	115,559	478,588	80,964	n.a.	63,221	4,707,756
Compensable[d]	52,313	68,735	21,794	17,353	1,746	2,716	n.a.	3,148	167,805
Department of Veterans' Affairs	84,020	34,498	15,463	4,920	2,711	2,248	n.a.	602	144,462
Other[e]	14,187,998	3,958,071	5,336,212	2,410,318	1,754,276	435,394	n.a.	337,431	28,419,700
Total	**17,179,813**	**5,175,246**	**5,373,469**	**2,548,150**	**2,237,321**	**521,322**	**n.a.**	**404,402**	**33,439,723**

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

(b) Data were not available for the Australian Capital Territory at the time of publication.

(c) The Northern Territory did provide group service events for patients, but they were not reported to the AIHW.

(d) For data reported for the NNAPC(agg)D, the funding source *Compensable* was used for service events for which the original funding source was reported as Worker's compensation, Motor vehicle third party personal claim or Other compensation.

(e) For data reported for the NNAPC(agg)D, the funding source *Other* was used for service events for which the funding source was reported as Health service budget (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), Other hospital or public authority (contracted care), Department of Defence, Correctional facilities, Private health insurance or Self-funded.

Note: See Box 1.1 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 2015–16. It includes information on:

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

Data were not available for the Australian Capital Territory at the time of publication, and therefore the national number of service events in procedural clinics is likely to be underestimated.

See Box 1.1 for more information.

3.1 How many hospitals provided non-admitted patient services in procedural clinics?

In 2015–16, data for non-admitted patient service events in procedural clinics were provided by 348 public hospitals and 3 other services, including:

- 39 of the 41 reporting *Principal referral and women's and children's* hospitals (Table 3.1). Together they accounted for 44% of such events (1.1 million) (Table 3.2)
- 61 of the 62 reporting *Public acute group A* hospitals reported procedural clinic service events. They accounted for 28% of such events (739,000)
- 40 of the 45 *Public acute group B* hospitals, which provided 6% of these events
- 208 of the 459 *Other public* hospitals, which provided about 17% of these events
- 3 other services, which provided about 5% of procedural clinic service events.

Table 3.1: Number of public hospitals and other services reporting non-admitted patient service events (aggregate data) in procedural clinics, by type of service provider, 2015–16

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT[(a)]	NT	Total
Principal referral and women's and children's hospitals	14	9	6	5	3	1	n.a.	1	39
Public acute group A hospitals	22	16	12	4	4	2	n.a.	1	61
Public acute group B hospitals	17	6	7	5	4	1	n.a.	. .	40
Other public hospitals	70	26	30	24	56	0	n.a.	2	208
Total public hospitals	*123*	*57*	*55*	*38*	*67*	*4*	*n.a.*	*4*	*348*
Other services	2	0	1	0	0	0	n.a.	0	3
Total	**125**	**57**	**56**	**38**	**67**	**4**	**n.a.**	**4**	**351**

(a)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

3.2 How many service events occurred in 2015–16?

In 2015–16, more than 2.6 million non-admitted patient service events in procedural clinics were reported (Table 3.2). New South Wales reported more than 1.8 million service events in procedural clinics, or about 69% of the national total.

Nationally, 43% of service events in procedural clinics were in *Principal referral and women's and children's* hospitals.

3.3 What types of clinics provided services?

In 2015–16, the Tier 2 procedural clinic with the most service events was *Dental* clinics (35%, 921,000 service events) (Table 3.3).

There were more than 1.1 million oncology-related service events in *Radiation oncology (treatment)* and *Medical oncology (treatment)* clinics combined (756,000 and 360,000 service events, respectively).

3.4 How were service events funded?

About 72% of procedural clinic service events were funded by *Other* funding sources—which includes the jurisdictional health service budget (see Section 2.6). The majority of the remainder (about 28%) were funded by the MBS (Table 3.4).

There were variations among jurisdictions in the proportions of procedural clinic service events that were funded by the MBS (excluding Queensland); they ranged from 4% in Tasmania to 74% in Victoria. In Queensland, about 1% of procedural clinic service events were funded by the Department of Veterans' Affairs, compared with 0.3% nationally.

Where to go for more information

Additional information on non-admitted patient service events provided in all procedural 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 3.2: Non-admitted patient service events (aggregate data) in procedural clinics, by type of service provider, states and territories, 2015–16

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT[a]	NT	Total
Principal referral and women's and children's hospitals	686,680	125,709	78,399	125,701	88,250	21,181	n.a.	18,313	1,144,233
Public acute group A hospitals	611,556	15,368	54,718	4,665	35,800	15,530	n.a.	1,034	738,671
Public acute group B hospitals	129,639	3,292	5,697	17,669	13,133	495	. .	. .	169,925
Other public hospitals	248,850	134,792	3,717	5,742	42,453	0	. .	932	436,486
Total public hospitals	*1,676,725*	*279,161*	*142,531*	*153,777*	*179,636*	*37,206*	*n.a.*	*20,279*	*2,489,315*
Other services	138,403	0	829	0	0	0	n.a.	0	139,232
Total	**1,815,128**	**279,161**	**143,360**	**153,777**	**179,636**	**37,206**	**n.a.**	**20,279**	**2,628,547**

(a)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC (agg)D.

Table 3.3: Non-admitted patient service events (aggregate data) for the 10 most common Tier 2 procedural clinic categories, states and territories, 2015–16

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT[a]	NT	Total
10.04 Dental	874,660	18,714	1,621	12,030	8,853	0	n.a.	4,792	920,670
10.12 Radiation oncology (treatment)	373,896	170,622	48,523	93,375	31,915	31,025	n.a.	6,977	756,333
10.11 Medical oncology (treatment)	289,254	5,024	20,673	2,685	37,114	189	n.a.	5,263	360,202
10.06 Endoscopy – gastrointestinal	74,939	5,275	6,432	544	27,144	68	n.a.	37	114,439
10.13 Minor medical procedures	60,842	6,068	12,744	13,806	10,047	1,186	n.a.	0	104,693
10.18 Enteral nutrition – home delivered	12,900	21,565	21,078	16,581	8,678	1,236	n.a.	1,141	83,179
10.03 Minor surgical	10,701	6,723	7,293	2,532	43,797	122	n.a.	501	71,669
10.20 Radiation therapy – simulation and planning	25,075	19,773	3,044	0	2,006	1	n.a.	0	49,899
10.16 Renal dialysis – peritoneal dialysis – home delivered	11,887	8,161	5,899	2,795	3,124	426	n.a.	322	32,614
10.07 Endoscopy – urological/gynaecological	12,742	5,340	4,428	5,079	2,470	2,448	n.a.	0	32,507
Total for 10 most common clinics	*1,746,896*	*267,265*	*131,735*	*149,427*	*175,148*	*36,700*	*n.a.*	*19,033*	*2,526,205*
Other clinics	68,232	11,896	11,625	4,350	4,488	505	n.a.	1,246	102,342
Total	**1,815,128**	**279,161**	**143,360**	**153,777**	**179,636**	**37,206**	**n.a.**	**20,279**	**2,628,547**

(a)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 3.4: Non-admitted patient service events (aggregate data) in procedural clinics, by principal source of funding, states and territories, 2015–16

Principal source of funding	NSW	Vic	Qld[a]	WA	SA	Tas	ACT[b]	NT	Total
Medicare Benefits Schedule	334,992	206,550	0	70,291	101,130	1,435	n.a.	8,948	723,346
Compensable[c]	4,328	1,809	61	88	13	3	n.a.	3	6,305
Department of Veterans' Affairs	4,085	1,680	1,360	1,055	186	4	n.a.	25	8,395
Other[d]	1,471,723	69,122	141,939	82,343	78,307	35,764	n.a.	11,303	1,890,501
Total	**1,815,128**	**279,161**	**143,360**	**153,777**	**179,636**	**37,206**	**n.a.**	**20,279**	**2,628,547**

(a)   Medicare Benefits Schedule-funded non-admitted patient activity for doctors practising right of private practice in Queensland 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)   Data were not available for the Australian Capital Territory at the time of publication.

(c)   For data reported for the NNAPC(agg)D, the funding source *Compensable* was used for service events for which the original funding source was reported as Worker's compensation, Motor vehicle third party personal claim or Other compensation.

(d)   For data reported for the NNAPC(agg)D, the funding source *Other* was used for service events for which the funding source was reported as Health service budget (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), Other hospital or public authority (contracted care), Department of Defence, Correctional facilities, Private health insurance or Self-funded.

Note: See Box 1.1 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 typically provided by a medical or nurse practitioner. There may also be input from allied health personnel and/or clinical nurse specialists (IHPA 2015a). 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 2015–16. It includes information on:

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

It should be noted that:

- data were not available for the Australian Capital Territory at the time of publication
- Western Australia did not report specialist mental health service events for the 2015–16 NAPC NMDS, the NAPCLHN NMDS and the NAP DSS. Therefore, counts of service events for the clinics 20.45 *Psychiatry* and 20.50 *Psychogeriatric* are likely to be underestimated.

4.1 How many hospitals provided non-admitted patient services in medical consultation clinics?

In 2015–16, data for non-admitted patient service events in medical consultation clinics were provided by 459 public hospitals and 8 other services, including:

- all 41 reporting *Principal referral and women's and children's* hospitals (Table 4.1). They accounted for 5.3 million service events in medical consultation clinics (54%) (Table 4.2)
- all 62 reporting *Public acute group A* hospitals reported medical consultation clinic service events. They accounted for 27% of these events (2.6 million)
- 44 of the 45 *Public acute group B* hospitals, which provided 8% of these events
- 312 of the 459 *Other public* hospitals, which provided about 10% of these events
- 8 other services, which accounted for less than 1% of medical consultation clinic service events.

Table 4.1: Number of public hospitals and other services reporting non-admitted patient service events (aggregate data) in medical consultation clinics, by type of service provider, 2015–16

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT(a)	NT	Total
Principal referral and women's and children's hospitals	14	10	7	5	3	1	n.a.	1	41
Public acute group A hospitals	22	16	12	5	4	2	n.a.	1	62
Public acute group B hospitals	16	9	8	6	4	1	n.a.	. .	44
Other public hospitals	85	37	82	47	58	0	n.a.	3	312
Total public hospitals	137	72	109	63	69	4	n.a.	5	459
Other services	2	1	1	3	1	0	n.a.	0	8
Total	**139**	**73**	**110**	**66**	**70**	**4**	**n.a.**	**5**	**467**

(a)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)*D.*

4.2 How many service events occurred in 2015–16?

In 2015–16, about 9.7 million non-admitted patient service events in medical consultation clinics were reported (Table 4.3).

Nationally, 54% of medical consultation clinic service events were in *Principal referral and women's and children's* hospitals, but the proportion of these events that occurred in different types of hospitals varied across jurisdictions.

For Tasmania, about 41% of these events occurred in *Public acute group A* hospitals.

4.3 What types of clinics provided services?

In 2015–16, the 3 most common Tier 2 medical consultation clinic categories were *Orthopaedics, Medical oncology (consultation)* and *Obstetrics*—with about 1.0 million, 630,000 and 520,000 service events, respectively (Table 4.3).

There were also about 720,000 service events in *Obstetrics–management of complex pregnancy* and *Gynaecology* clinics combined (400,000 and 320,000 service events, respectively).

In 2015–16, New South Wales hospitals reported almost 3.4 million medical consultation clinic service events or about 35% of the national total.

There were notable variations in proportions of service events by Tier 2 clinic categories among jurisdictions. For example, New South Wales provided about 53% of service events reported for *Medical oncology (consultation)* clinics, while Victoria provided the highest proportion of service events for *General surgery* (31%).

4.4 How were service events funded?

About 73% of medical consultation clinic service events were funded by *Other* sources— which includes the jurisdictional health service budget (see Section 2.6). About 26% of these events were funded by the MBS (Table 4.4).

There were variations among jurisdictions in the proportions of medical consultation clinic service events that were funded by the MBS (excluding Queensland); they ranged from 4% in Western Australia to 38% in New South Wales.

Table 4.2: Non-admitted patient service events (aggregate data) in medical consultation clinics, by type of service provider, states and territories, 2015–16

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT[a]	NT	Total
Principal referral and women's and children's hospitals	2,051,513	1,083,875	775,707	633,668	549,590	94,919	n.a.	98,520	5,287,792
Public acute group A hospitals	742,204	715,760	604,000	136,462	297,887	77,344	n.a.	42,322	2,615,979
Public acute group B hospitals	331,858	177,086	136,840	63,909	59,954	17,025	n.a.	. .	786,672
Other public hospitals	246,631	411,898	103,243	103,210	88,330	0	n.a.	13,560	966,872
Total public hospitals	*3,372,206*	*2,388,619*	*1,619,790*	*937,249*	*995,761*	*189,288*	*n.a.*	*154,402*	*9,657,315*
Other services	14,349	9,026	36,959	1,857	1,292	0	n.a.	0	63,483
Total	**3,386,555**	**2,397,645**	**1,656,749**	**939,106**	**997,053**	**189,288**	**n.a.**	**154,402**	**9,720,798**

(a)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 4.3: Non-admitted patient service events (aggregate data) for the 10 most common Tier 2 medical consultation clinic categories, states and territories, 2015–16

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA(a)	SA	Tas	ACT(b)	NT	Total
20.29 Orthopaedics	271,658	228,141	298,128	116,910	75,788	27,848	n.a.	16,330	1,034,803
20.42 Medical oncology (consultation)	335,501	153,513	46,644	47,171	43,745	1,869	n.a.	3,843	632,286
20.40 Obstetrics	177,814	137,766	92,508	46,012	43,057	9,953	n.a.	10,815	517,925
20.17 Ophthalmology	140,141	109,399	92,832	57,955	80,715	6,306	n.a.	13,822	501,170
20.07 General surgery	44,562	125,001	120,858	39,568	54,855	13,872	n.a.	11,131	409,847
20.53 Obstetrics - management of complex pregnancy	172,990	154,644	17,671	34,863	15,465	2,137	n.a.	5,748	403,518
20.34 Endocrinology	164,204	111,545	39,607	24,582	24,303	8,167	n.a.	3,024	375,432
20.38 Gynaecology	98,616	67,570	66,901	26,666	42,096	9,467	n.a.	6,918	318,234
20.22 Cardiology	94,237	71,276	55,853	24,076	45,499	6,753	n.a.	3,701	301,395
20.43 Radiation oncology (consultation)	121,167	82,894	34,913	25,591	19,739	4,987	n.a.	4,296	293,587
Total for 10 most common clinics	*1,620,890*	*1,241,749*	*865,915*	*443,394*	*445,262*	*91,359*	*n.a.*	*79,628*	*4,788,197*
Other clinics	1,765,665	1,155,896	790,834	495,712	551,791	97,929	n.a.	74,774	4,932,601
Total	**3,386,555**	**2,397,645**	**1,656,749**	**939,106**	**997,053**	**189,288**	**n.a.**	**154,402**	**9,720,798**

(a)   Western Australia did not provide specialist mental health service events for the 2015–16 NAPC NMDS, the LHNNAP NMDS and the NAP DSS. Therefore, counts of service events for medical consultation clinics are likely to be underestimated.

(b)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 4.4: Non-admitted patient service events (aggregate data) in medical consultation clinics, by principal source of funding, states and territories, 2015–16

Principal source of funding	NSW	Vic	Qld[a]	WA	SA	Tas	ACT[b]	NT	Total
Medicare Benefits Schedule	1,275,832	873,322	0	35,926	250,866	66,232	n.a.	29,081	2,531,259
Compensable[c]	23,902	37,307	8,885	10,105	790	1,859	n.a.	1,018	83,866
Department of Veterans' Affairs	12,713	3,191	4,727	1,824	1,958	791	n.a.	207	25,411
Other[d]	2,074,108	1,483,825	1,643,137	891,251	743,439	120,406	n.a.	124,096	7,080,262
Total	**3,386,555**	**2,397,645**	**1,656,749**	**939,106**	**997,053**	**189,288**	**n.a.**	**154,402**	**9,720,798**

(a)   Medicare Benefits Schedule-funded non-admitted patient activity for doctors practising right of private practice in Queensland 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)   Data were not available for the Australian Capital Territory at the time of publication.

(c)   For data reported for the NNAPC(agg)D, the funding source *Compensable* was used for service events for which the original funding source was reported as Worker's compensation, Motor vehicle third party personal claim or Other compensation.

(d)   For data reported for the NNAPC(agg)D, the funding source *Other* was used for service events for which the funding source was reported as Health service budget (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), Other hospital or public authority (contracted care), Department of Defence, Correctional facilities, Private health insurance or Self-funded.

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

Source: NNAPC(agg)D.

Where to go for more information

Additional information on non-admitted patient service events in all medical consultation clinics, 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.

5   Diagnostic services

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

For activity-based funding purposes, diagnostic services are considered as inputs to non-admitted patient service events (for example, to inform a medical consultation or procedural service) and therefore (for the purposes of activity-based funding), are not counted or reported as non-admitted patient service events (IHPA 2015b).

This chapter presents an overview of diagnostic service events provided to non-admitted patients in public hospitals for 2015–16. It includes information on:

- the numbers of public hospitals and other services that provided diagnostic services for non-admitted patients
- the numbers of services events by public hospital peer group/other service, and by state and territory
- the numbers of service events by Tier 2 clinic categories
- the principal source of funding for diagnostic service events.

It should be noted that:

- Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic)
- Western Australia did not provide data for the services: 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging*, and 30.06 *Positron emission tomography*
- data were not available for the Australian Capital Territory at the time of publication.

Therefore, the counts of service events for *Diagnostic services* are likely to be underestimated.

5.1   How many hospitals provided diagnostic services for non-admitted patients?

In 2015–16, data for non-admitted patient service events for diagnostic services were provided for 284 public hospitals and 4 other services, including:

- 31 of the 41 reporting *Principal referral and women's and children's* hospitals (Table 5.1). Together they accounted for 51% of such events (2.8 million) (Table 5.2)
- 41 of the 62 reporting *Public acute group A* hospitals accounted for 1.5 million of these events (27%)
- 25 of the 45 *Public acute group B* hospitals, which provided 11% of these events
- 187 of the 459 *Other public* hospitals, which provided about 6% of these events
- 4 other services, which accounted for about 5% of diagnostic service events.

Table 5.1: Number of public hospitals and other services reporting non-admitted patient service events (aggregate data) for diagnostic services, by type of service provider, 2015–16

Public hospital peer group/other service	NSW	Vic[a]	Qld	WA	SA	Tas	ACT[b]	NT	Total
Principal referral and women's and children's hospitals	14	n.a.	7	5	3	1	n.a.	1	31
Public acute group A hospitals	21	n.a.	12	2	4	1	n.a.	1	41
Public acute group B hospitals	15	n.a.	8	0	2	0	n.a.	. .	25
Other public hospitals	82	n.a.	80	7	15	0	n.a.	3	187
Total public hospitals	132	n.a.	107	14	24	2	n.a.	5	284
Other services	3	n.a.	1	0	0	0	n.a.	0	4
Total	**135**	**n.a.**	**108**	**14**	**24**	**2**	**n.a.**	**5**	**288**

(a)   For 2015–16, Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic).

(b)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

5.2 How many service events occurred in 2015–16?

In 2015–16, about 5.5 million non-admitted patient service events for diagnostic services were reported (Table 5.2).

New South Wales public hospitals reported about 3.8 million service events for diagnostic services, or about 69% of the national total.

Nationally, 54% of diagnostic service events were in *Principal referral and women's and children's* hospitals.

5.3 What types of services were provided?

In 2015–16, the most common Tier 2 diagnostic service was *Pathology (microbiology, haematology, biochemistry)* (2.8 million service events), with almost all of these reported by New South Wales (more than 99%) (Table 5.3).

For Western Australia and Tasmania, the majority of diagnostic service events were for *Clinical measurement* (90% and 99%, respectively).

For Queensland, South Australia and the Northern Territory, the majority of events were for *General imaging* (75%, 53% and 84%, respectively).

5.4 How were service events funded?

About 76% of diagnostic service events were funded by *Other* sources—which includes the jurisdictional health service budget (see Section 2.6)—and about 23% were funded by the MBS (Table 5.4).

There were variations among jurisdictions in the proportions of diagnostic service events that were funded by the MBS (excluding Queensland); they ranged from about 16% in Western Australia to 49% in Tasmania.

Table 5.2: Non-admitted patient service events (aggregate data) for diagnostic services by type of service provider, states and territories, 2015–16

Public hospital peer group/other service	NSW	Vic[a]	Qld	WA	SA	Tas	ACT[b]	NT	Total
Principal referral and women's and children's hospitals	2,085,341	n.a.	495,326	35,009	133,665	6,817	n.a.	52,414	2,808,572
Public acute group A hospitals	823,575	n.a.	561,697	277	52,359	227	n.a.	29,803	1,467,938
Public acute group B hospitals	416,375	n.a.	190,576	0	4,443	0	n.a.	. .	611,394
Other public hospitals	169,531	n.a.	79,938	491	44,622	0	n.a.	10,107	304,689
Total public hospitals	*3,494,822*	*n.a.*	*1,327,537*	*35,777*	*235,089*	*7,044*	*n.a.*	*92,324*	*5,192,593*
Other services	265,212	n.a.	473	0	0	0	n.a.	0	265,685
Total	**3,760,034**	**n.a.**	**1,328,010**	**35,777**	**235,089**	**7,044**	**n.a.**	**92,324**	**5,458,278**

(a) For 2015–16, Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic).

(b) Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 5.3: Non-admitted patient service events (aggregate data) for diagnostic services, by Tier 2 categories, states and territories, 2015–16

Tier 2 outpatient clinic type	NSW	Vic[a]	Qld	WA[b]	SA	Tas	ACT[c]	NT	Total
30.05 Pathology (microbiology, haematology, biochemistry)	2,817,440	n.a.	0	305	0	65	n.a.	0	2,817,810
30.01 General imaging	640,786	n.a.	998,161	2,745	124,748	3	n.a.	77,136	1,843,579
30.08 Clinical measurement	112,134	n.a.	87,300	32,125	87,615	6,973	n.a.	4,740	330,887
30.03 Computerised tomography	41,428	n.a.	190,805	4	12,387	0	n.a.	9,532	254,156
30.07 Mammography screening	103,206	n.a.	2,703	n.a.	0	0	n.a.	346	106,255
30.02 Magnetic resonance imaging	13,395	n.a.	35,830	n.a.	6,492	1	n.a.	273	55,991
30.04 Nuclear medicine	22,008	n.a.	8,829	598	3,847	0	n.a.	209	35,491
30.06 Positron emission tomography	9,637	n.a.	4,382	n.a.	0	2	n.a.	88	14,109
Total	**3,760,034**	**n.a.**	**1,328,010**	**35,777**	**235,089**	**7,044**	**n.a.**	**92,324**	**5,458,278**

(a) For 2015–16, Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic).

(b) Western Australia did not report data for the clinics: 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging*, and 30.06 *Positron emission tomography*.

(c) Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 5.4: Non-admitted patient service events (aggregate data) for diagnostic services, by principal source of funding, states and territories, 2015–16

Principal source of funding	NSW	Vic[(a)]	Qld[(b)]	WA	SA	Tas	ACT[(c)]	NT	Total
Medicare Benefits Schedule	1,129,760	n.a.	0	5,863	93,764	3,486	n.a.	24,927	1,257,800
Compensable[(d)]	7,634	n.a.	6,774	19	16	5	n.a.	1,775	16,223
Department of Veterans' Affairs	14,531	n.a.	3,498	33	22	63	n.a.	347	18,494
Other[(e)]	2,608,109	n.a.	1,317,738	29,862	141,287	3,490	n.a.	65,275	4,165,761
Total	**3,760,034**	**n.a.**	**1,328,010**	**35,777**	**235,089**	**7,044**	**n.a.**	**92,324**	**5,458,278**

(a)   For 2015–16, Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic).

(b)   Medicare Benefits Schedule funded non-admitted patient activity for doctors practising right of private practice in Queensland 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)   Data were not available for the Australian Capital Territory at the time of publication.

(d)   For data reported for the NNAPC(agg)D, the funding source *Compensable* was used for service events for which the original funding source was reported as Worker's compensation, Motor vehicle third party personal claim or Other compensation.

(e)   For data reported for the NNAPC(agg)D, the funding source *Other* was used for service events for which the funding source was reported as Health service budget (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), Other hospital or public authority (contracted care), Department of Defence, Correctional facilities, Private health insurance or Self-funded.

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

Source: NNAPC(agg)D.

Where to go for more information

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

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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 2015–16. It includes information on:

- the numbers of public hospitals and other services that provided service events in allied health and/or clinical nurse specialist clinics

- the numbers of allied health and/or clinical nurse specialist clinic service events, 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 allied health and/or clinical nurse specialist clinic service events.

It should also be noted that:

- Data were not available for the Australian Capital Territory at the time of publication, and therefore the national number of service events in allied health and/or clinical nurse specialist clinics is likely to be underestimated.

- Western Australia did not provide specialist mental health service events for the 2015–16 NAPC NMDS, the LHNNAP NMDS and the NAP DSS. Therefore, national counts of service events for the clinics 40.34 *Specialist mental health* and 40.37 *Psychogeriatric* are likely to be underestimated.

6.1 How many hospitals provided allied health and/or clinical nurse specialist clinics?

In 2015–16, data for non-admitted patient service events in allied health and/or clinical nurse specialist clinics (aggregate data) were provided by 574 public hospitals and 15 other services, including:

- all of the 41 reporting *Principal referral and women's and children's* hospitals (Table 6.1). Together they accounted for 35% (5.4 million) of allied health and/or clinical nurse specialist clinic service events (35%) (Table 6.2)

- all of the 62 reporting *Public acute group A* hospitals; they accounted for 4.2 million of these events (27%)

- all 45 *Public acute group B* hospitals, which provided 9% of these events

- 426 of the 459 *Other public* hospitals, which provided about 22% of these events

- 15 other services, which accounted for about 6% of service events.

Table 6.1: Number of public hospitals and other services reporting non-admitted patient service events (aggregate data) in allied health and/or clinical nurse specialist clinics, by type of service provider, 2015–16

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT[a]	NT	Total
Principal referral and women's and children's hospitals	14	10	7	5	3	1	n.a.	1	41
Public acute group A hospitals	22	16	12	5	4	2	n.a.	1	62
Public acute group B hospitals	17	9	8	6	4	1	n.a.	. .	45
Other public hospitals	160	67	88	66	42	0	n.a.	3	426
Total public hospitals	*213*	*102*	*115*	*82*	*53*	*4*	*n.a.*	*5*	*574*
Other services	4	1	1	3	6	0	n.a.	0	15
Total	**217**	**103**	**116**	**85**	**59**	**4**	**n.a.**	**5**	**589**

(a)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

6.2 How many service events occurred in 2015–16?

In 2015–16, about 15.3 million allied health and/or clinical nurse specialist clinic service events were reported (Table 6.2).

Nationally, 35% of these events were in *Principal referral and women's and children's* hospitals, but the proportion of service events that occurred in different types of hospitals varied across jurisdictions. For Queensland, Western Australia and South Australia, large proportions of these service events (11%, 17% and 37%, respectively) were reported by *Other services*, indicating that they were provided either by private hospitals or by LHNs or at state/territory health authority level.

For Victoria, about 36% of allied health and/or clinical nurse specialist clinic service events occurred in *Other public* hospitals.

6.3 What types of clinics provided services?

In 2015–16, about 14% of allied health and/or clinical nurse specialist clinic service events occurred in *Midwifery and maternity* clinics (2.1 million service events), followed by *Primary health care* clinics (1.8 million service events) (Table 6.3).

Other common clinic types were *Physiotherapy* clinics (1.2 million service events), *Alcohol and other drugs* clinics (861,000 service events), *Wound management* clinics (823,000 service events) and *Rehabilitation clinics* (810,000 service events).

In 2015–16, New South Wales hospitals reported 7.9 million of these service events, or about 52% of the national total.

6.4 How were service events funded?

In 2015–16, the majority (98%) of allied health and/or clinical nurse specialist clinic service events were funded by *Other* 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 (see Section 2.6) (Table 6.4).

About 1% of service events in allied health and/or clinical nurse specialist clinics were funded by MBS.

Table 6.2: Non-admitted patient service events (aggregate data) in allied health and/or clinical nurse specialist clinics, by type of service provider, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT[a]	NT	Total
Principal referral and women's and children's hospitals	3,083,065	627,807	752,450	487,871	231,513	118,204	n.a.	89,489	5,390,399
Public acute group A hospitals	2,257,691	526,861	784,962	260,548	179,550	157,219	n.a.	34,248	4,201,079
Public acute group B hospitals	757,028	295,377	185,658	150,002	33,251	12,361	n.a.	. .	1,433,677
Other public hospitals	1,768,404	902,909	286,305	279,124	73,538	0	n.a.	13,659	3,323,939
Total public hospitals	*7,866,188*	*2,352,954*	*2,009,375*	*1,177,545*	*517,852*	*287,784*	*n.a.*	*137,396*	*14,349,094*
Other services	11,173	145,486	235,975	241,945	307,691	0	n.a.	. .	942,270
Total	**7,877,361**	**2,498,440**	**2,245,350**	**1,419,490**	**825,543**	**287,784**	**n.a.**	**137,396**	**15,291,364**

(a)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 6.3: Non-admitted patient service events (aggregate data) for the 10 most common Tier 2 allied health and/or clinical nurse specialist clinic categories, states and territories, 2015–16

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA[a]	SA	Tas	ACT[b]	NT	Total
40.28 Midwifery and maternity	832,991	397,175	434,031	235,635	128,571	40,348	n.a.	34,435	2,103,186
40.08 Primary health care	1,621,928	0	134,849	21,485	182	0	n.a.	1,436	1,779,880
40.09 Physiotherapy	333,431	191,320	334,602	168,675	117,152	89,755	n.a.	6,151	1,241,086
40.30 Alcohol and other drugs	799,893	291	40,697	125	0	414	n.a.	19,352	860,772
40.13 Wound management	703,620	14,452	71,049	27,946	1,311	1,739	n.a.	2,557	822,674
40.12 Rehabilitation	119,128	599,815	18,573	58,475	10,629	1,535	n.a.	1,137	809,292
40.59 Post acute care	305,300	284,222	68,606	98,305	13,351	703	n.a.	0	770,487
40.35 Palliative care	110,156	182,671	32,158	83,937	205,806	1,071	n.a.	1,823	617,622
40.58 Hospital avoidance programs	126,826	265,654	26,401	96,442	45,846	4	n.a.	1,154	562,327
40.07 Pre-admission and pre-anaesthesia	195,348	64,223	113,627	80,864	39,296	14,669	n.a.	0	508,027
Total for 10 most common clinics	*5,148,621*	*1,999,823*	*1,274,593*	*871,889*	*562,144*	*150,238*	*n.a.*	*68,045*	*10,075,353*
Other clinics	2,728,740	498,617	970,757	547,601	263,399	137,546	n.a.	69,351	5,216,011
Total	**7,877,361**	**2,498,440**	**2,245,350**	**1,419,490**	**825,543**	**287,784**	**n.a.**	**137,396**	**15,291,364**

(a)   Western Australia did not provide specialist mental health service events for the 2015–16 NAPC NMDS, the LHNNAP NMDS and the NAP DSS. Therefore, national counts of service events for allied health and/or clinical nurse specialist clinics are likely to be underestimated.

(b)   Data were not available for the Australian Capital Territory at the time of publication.

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

Source: NNAPC(agg)D.

Table 6.4: Non-admitted patient service events (aggregate data) in allied health and/or clinical nurse specialist clinics, by principal source of funding, states and territories, 2015–16

Principal source of funding	NSW	Vic	Qld[a]	WA	SA	Tas	ACT[b]	NT	Total
Medicare Benefits Schedule	114,758	34,070	0	3,479	32,828	9,811	n.a.	265	195,211
Compensable[c]	16,447	29,619	6,074	7,141	927	849	n.a.	352	61,409
Department of Veterans' Affairs	47,075	29,627	5,878	2,008	545	1,390	n.a.	23	86,546
Other[d]	7,699,081	2,405,124	2,233,398	1,406,862	791,243	275,734	n.a.	136,756	14,948,198
Total	**7,877,361**	**2,498,440**	**2,245,350**	**1,419,490**	**825,543**	**287,784**	**n.a.**	**137,396**	**15,291,364**

(a)   Medicare Benefits Schedule-funded non-admitted patient activity for doctors practising 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)   Data were not available for the Australian Capital Territory at the time of publication.

(c)   For data reported for the NNAPC(agg)D, the funding source *Compensable* was used for service events for which the original funding source was reported as Worker's compensation, Motor vehicle third party personal claim or Other compensation.

(d)   For data reported for the NNAPC(agg)D, the funding source *Other* was used for service events for which the funding source was reported as Health service budget (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), Other hospital or public authority (contracted care), Department of Defence, Correctional facilities, Private health insurance
or Self-funded.

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

Source: NNAPC(agg)D.

Where to go for more information

Additional information on all allied health and/or clinical nurse specialist clinics provided for non-admitted patients, 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.

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:

- National Non-admitted Patient Care (aggregate) Database (NNAPC(agg)D)
- 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 2015–16. The data set includes records for non-admitted patient service events provided between 1 July 2015 and 30 June 2016.

Summary of key issues

- For 2015–16, the NNAPC(agg)D included data for most public hospitals that provided non-admitted patient care in Australia (with the exception of all hospitals in the Australian Capital Territory). In addition, non-admitted patient care information based on data provided for the NAPCLHN DSS was reported for:
  - 7 LHNs in New South Wales and Western Australia
  - the state health authorities in Victoria and Queensland
  - 2 private hospitals in Western Australia that provide non-admitted patient services for public patients
  - 8 other public health facilities in New South Wales and 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 did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic). Therefore, the national counts of service events for *Diagnostic services* are likely to be underestimated.

- 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 practising 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.

- Western Australia did not provide specialist mental health service events for the 2015–16 NAPC NMDS, the LHNNAP NMDS and the NAP DSS clinics 20.45 *Psychiatry*, 20.50 *Psychogeriatric*, 40.34 *Specialist mental health* and 40.37 *Psychogeriatric.* Western Australia was also not able to provide data for the clinics: 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging*, and 30.06 *Positron emission tomography*. Therefore, national counts of service events for these clinics are likely to be underestimated.

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.

For both 2014–15 and 2015–16, information was also provided for non-admitted patient service events at the LHN-level, at state/territory health authority-level, for other public hospital services and by some private hospitals providing public patient non-admitted patient services under contract. These changes in scope resulted in increases in the number of hospitals and other services reporting for the NNAPC(agg)D between 2013–14 and 2014–15.

Table A1 illustrates how difficult it is to compare the data provided for the NNAPC(agg)D between 2013–14 and 2015–16:

- In 2013–14, 350 public hospitals (including all activity-based funded hospitals) and 8 other services provided data for the NNAPC(agg)D.

- In 2014–15, 610 public hospitals (including all activity-based funded hospitals) and 41 other services provided data for the NNAPC(agg)D.

- In 2015–16, 604 public hospitals and 19 other services provided data for the NNAPC(agg)D.

Due to changes between 2013–14 and 2015–16 in the scope, definitions and counting rules, time series information has not been included in this report and these data are not comparable with data presented in earlier reports.

Table A1: Number of hospitals and other services reporting service events (aggregate data), 2013–14 to 2015–16

	2013–14	2014–15	2015–16[(a)]
Non-admitted patient service events	26,710,182	34,911,563	33,439,723
Public hospitals reporting[(b)]	350	610	604
Other services reporting[(b)]	8	41	19

(a) The Australian Capital Territory did not provide data for 2015–16.

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

Note: See Box 1.1 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, the type of care provided, the number of health-care providers and the principal source of funding.

For 2015–16, 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, Western Australia, and the Northern Territory (Table A3).

The reference period for this data set is 2015–16. The data set includes records for non-admitted patient service events provided between 1 July 2015 and 30 June 2016.

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 2015–16, these data were provided to the AIHW on a 'best-efforts' basis by 5 jurisdictions—New South Wales, Western Australia, South Australia, Tasmania, and the Northern Territory. Episode-level data were not available for Victoria, Queensland and the Australian Capital Territory.

- For 2015–16, the NNAP(el)D included data for all activity-based funded public hospitals in Tasmania, the Northern Territory and for most activity-based funded public hospitals in New South Wales, Western Australia and South Australia. In addition, NNAP(el)D information was reported for 6 other services in New South Wales.

- For 2015–16, episode-level non-admitted patient service events data reported to the NNAP(el)D for activity-based funded (in-scope) hospitals was estimated as 48% of the non-admitted patient service events provided for the NNAPC(agg)D. The proportion varied among jurisdictions, ranging from 0% in Victoria, Queensland and the Australian Capital Territory to 66% for New South Wales, 75% for South Australia, 95% for Western Australia and 100% for Tasmania and the Northern Territory.

- About 46% of the non-admitted patient service events provided for the NNAPC(agg)D were also reported to the NNAP(el)D for all services (both in-scope and out-of-scope services).

- 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.

- 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 Indigenous status, socioeconomic status and remoteness area of usual residence should be interpreted with caution.

- The sex of the patient was not reported for more than 293,000 records.

- The date of birth was missing for about 226,000 records, and so the age of the patient could not be calculated.

- 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 91% 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). The patient's area of usual residence was not reported for about 9% (1.3 million) of non-admitted patient service events reported at the episode-level. Therefore, the patient's remoteness area and socioeconomic status of the area of usual residence could not be determined for those records.

- Service request source was not reported for about 4.3 million service events.

- Information on the *Multiple health care provider indicator* is not reported in this publication. For 2015–16 about 15% of records did not contain this information as not all jurisdictions were able to report these data. In addition, due to the way services are provided and the data are collected, the proportion of service events that involved more than 3 health care providers is likely to be underestimated.

Fluctuating coverage between 2013–14 and 2015–16

Although the scope of the NAP DSS did not change between 2013–14 and 2015–16, coverage of the NNAP(el)D fluctuated (Table A2):

- In 2013–14, about 11.8 million service events were provided for the NNAP(el)D by 5 jurisdictions (excludes Victoria, Queensland and South Australia). These service events accounted for about 39% of total activity reported to the NNAPC(agg)D.

- In 2014–15, about 19.9 million service events in activity-based funded hospitals were provided for the NNAP(el)D by 7 jurisdictions (excludes Victoria). These service events accounted for about 63% of service events in activity-based funded hospitals and 55% of total activity reported to the NNAPC(agg)D.

- In 2015–16, about 15.3 million service events in activity-based funded hospitals were provided for the NNAP(el)D by 5 jurisdictions (excludes Victoria, Queensland and the Australian Capital Territory). These service events accounted for 48% of service events in activity-based funded hospitals and about 46% of total activity reported to the NNAPC(agg)D.

Table A2 illustrates how difficult it is to compare the data provided for the NNAP(el)D between 2013–14 and 2015–16. Therefore, changes in the numbers of service events reported between 2013–14 and 2015–16 should be treated with caution.

Table A2: Number of public hospitals and other services reporting non-admitted patient service events (episode-level data), 2013–14 to 2015–16

	2013–14[a]	2014–15[b]	2015–16[c]
Non-admitted patient service events	11,790,224	19,916,492	15,285,999
Public hospitals reporting	183	316	293
Other services reporting[d]	1	6	1
Proportion of service events reported at episode-level (%)	39	55	46

(a) Victoria, Queensland and South Australia did not report data for the NNAP(el)D in 2013–14.

(b) Victoria, did not report data for the NNAP(el)D in 2014–15.

(c) Victoria, Queensland and the Australian Capital Territory did not report data for the NNAP(el)D in 2015–16.

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

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

Source: NNAP(el)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, 2015b and 2015c) (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 2015–16 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/593190>
- Non-admitted patient care Local Hospital Network aggregate DSS 2015–16 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/583966>
- Non-admitted patient DSS 2015–16 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/584108>.

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 2015–16, 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 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 (NMDSs). 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 2015a).

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 2015b).

care type: The overall nature of care delivered during a non-admitted patient service event, derived from other service characteristics. Can be assigned as rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care, mental health care and other care (which includes any care provided that does not fall within the preceding categories, for example, maintenance care and acute care). METeOR identifier: 584081.

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: 584030.

compensable: An event for which compensation was used as the funding source. Compensation sources include Motor vehicle third party personal claim, Worker's compensation and other compensation. METeOR identifier: 327420.

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: 584085.

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-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 identifier: 491016.

medical consultation clinic: A clinic in which services are provided by a general physician or medical specialist (IHPA 2015a).

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 2015a).

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: 584098.

service delivery setting: The setting in which a service is provided to a non-admitted patient during a service event. METeOR identifier: 584105.

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: 583996.

diagnostic clinic: A clinic in which diagnostic services are provided, within a specific field of medicine or condition (IHPA 2015a).

Tier 2: The Tier 2 non-admitted services classification is a hierarchical classification comprising 2 levels, namely the clinic classes (4 broad categories) and clinic types (the most detailed level of the classification) (IHPA 2015a).

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AIHW 2016a. Elective surgery waiting times 2015–16: Australian hospital statistics. Health services series no. 73. Cat. no. HSE 183. Canberra: AIHW.

AIHW 2016b. Emergency department care 2015–16: Australian hospital statistics. Health services series no. 72. Cat. no. HSE 182. Canberra: AIHW.

AIHW 2016c. Non-admitted patient care 2014–15: Australian hospital statistics. Health services series no. 69. Cat. no. HSE 174. Canberra: AIHW.

AIHW 2017a. Admitted patient care 2015–16: Australian hospital statistics. Health services series no. 75. Cat. no. HSE 185. Canberra: AIHW.

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List of tables

List of figures

List of boxes

Related publications

This report, *Non-admitted patient care 2015–16*, 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 data since the 2013–14 financial year, 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.

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 2016. Elective surgery waiting times 2015–16: Australian hospital statistics. Health services series no. 73. Cat. no. HSE 183. Canberra: AIHW.

* AIHW 2016. Emergency department care 2015–16: Australian hospital statistics. Health services series no. 72. Cat. no. HSE 182. Canberra: AIHW.

* AIHW 2016. Health expenditure Australia 2014–15. Health and welfare expenditure series no. 57. Cat. no. HWE 67. Canberra: AIHW.

* AIHW 2017. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2015–16: Australian hospital statistics. Health services series no. 74. Cat. no. HSE 184. Canberra: AIHW.

* AIHW 2017. Admitted patient care 2015–16: Australian hospital statistics. Health services series no. 75. Cat. no. HSE 185. Canberra: AIHW.

* AIHW, forthcoming 2017. Australia's hospitals 2015–16: at a glance. Canberra: AIHW.

* AIHW, forthcoming 2017. Hospital resources 2015–16: Australian hospital statistics. 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 2015–16, about 33.4 million non-admitted patient service events were provided by 604 public hospitals, including:

• 15.3 million service events in allied health and/or clinical nurse specialists clinics

• 9.7 million service events in medical consultation clinics

• 2.6 million service events in procedural clinics.