

**Australian hospital statistics
2006–07**

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Foreword

I am pleased to present the fourteenth *Australian hospital statistics* publication, which provides a broad range of statistics and information about what is happening within Australia's public and private hospitals. The information presented is based on data provided by state and territory health authorities. The publication is produced with the cooperation and advice of state and territory health authorities, the Australian Government, clinicians, and representatives of the private hospital sector and private health insurers. The Institute's independence and expertise underpins our role in publishing this information for the use of policy makers, service providers and the public.

The comparison of characteristics and use of hospital services over time and across population groups is of considerable interest to readers. Where appropriate, we make comparisons between jurisdictions, areas of residence, areas of socioeconomic advantage and disadvantage, and Indigenous and other Australians. Due to data quality issues, previous publications have only presented detailed statistics on Indigenous Australians admitted in Queensland, Western Australia, South Australia and the Northern Territory. Efforts by states and territories to improve Indigenous identification have allowed inclusion of these statistics for New South Wales and Victoria in this publication for the first time.

The rate of hospitalisation for Aboriginal and Torres Strait Islander peoples is more than double that for other persons. Similarly, the rate of hospitalisation for people who live in very remote areas of Australia is almost 50% higher than that for people living in major cities.

Growth in activity and expenditure within Australia's hospitals is continuing, with the strongest growth occurring within private hospitals. Same-day separations continue to increase. The length of stay for overnight cases remains fairly constant and is comparable with other OECD countries.

The report also shows that the National Health Priority Areas were represented by high numbers of separations for some diagnoses in both the public and private sectors.

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

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

Penny Allbon

Director

May 2008

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Abbreviations

ABS	Australian Bureau of Statistics	NHCDC	National Hospital Cost Data Collection
ACHI	Australian Classification of Health Interventions	NHDC	National Health Data Committee
ACT	Australian Capital Territory	NHMBWG	National Health Ministers' Benchmarking Working Group
AIHW	Australian Institute of Health and Welfare	NHMD	National Hospital Morbidity Database
ALOS	Average length of stay	NHPA	National Health Priority Area
AR-DRG	Australian Refined Diagnosis Related Group	NHPC	National Health Performance Committee
ave	Average	NMDS	National minimum data set
Cat.	Catastrophic	NOCD	National Outpatient Care Database
CC	Complication and/or comorbidity	n.p.	Not published
DHAC	Department of Health and Aged Care	NPHEd	National Public Hospital Establishments Database
DoHA	Department of Health and Ageing	NSW	New South Wales
DRG	Diagnosis Related Group	NT	Northern Territory
exp.	Expense	OECD	Organisation for Economic Co-operation and Development
FTE	Full-time equivalent	PICQ	Performance Indicators for Coding Quality
HASAC	Health and Allied Services Advisory Council	PPH	Potentially preventable hospitalisation
HDSC	Health Data Standards Committee	Qld	Queensland
HIV	Human immunodeficiency virus	RRMA	Rural, Remote and Metropolitan Area
ICD-9-CM	International classification of diseases, 9th Revision, Clinical modification	RSI	Relative stay index
ICD-10-AM	International statistical classification of diseases and related health problems, 10th revision, Australian modification	SA	South Australia
IFRAC	Admitted patient fraction	SCRGSP	Steering Committee for the Review of Government Service Provision
MDC	Major Diagnostic Category	SEIFA	Socio-Economic Indexes for Areas
n.a.	Not available	SLA	Statistical Local Area
NAPEDC	Non-admitted patient emergency department care	SRG	Service related group
NCCH	National Centre for Classification in Health	SRR	Standardised separation rate ratio
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database	Tas	Tasmania
n.e.c.	Not elsewhere classified	Vic	Victoria
		VMO	Visiting medical officer
		WA	Western Australia
		..	Not applicable

Summary

Australian hospital statistics 2006–07 is the fourteenth annual report on the characteristics and activity of Australia's hospitals. Included in the report are public acute hospitals, public psychiatric hospitals, private free-standing day hospital facilities and other private hospitals.

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

Admitted patient care

During 2006–07, there were 7.6 million separations from Australian hospitals accounting for over 24.9 million patient days, compared to 7.3 million separations and 24.3 million patient days in 2005–06. The majority of separations (61%) and patient days (67%) were from public acute hospitals. Most separations were for same-day care (56%). The average length of stay for all hospitals decreased by 19.1% between 1997–98 and 2006–07, from 4.1 days to 3.3 days. In 2006–07 for public acute hospitals, the average length of stay was 3.6 days; in private hospitals it was 2.5 days.

In 2006–07, 37.2% of separations had a principal diagnosis that derived from one of five groups of conditions: *Diseases of the digestive system*; *Neoplasms*; *Diseases of the circulatory system*; *Pregnancy, childbirth and the puerperium*; and *Injury and poisoning*. The National Health Priority Areas were represented by some high-volume diagnoses. These included separations with a principal diagnosis of fracture (173,000), asthma (37,000), chronic obstructive pulmonary disease (55,000), arthritis (89,000), angina pectoris (75,000) and diabetes mellitus (78,000).

Females accounted for 53% of hospital separations with a separation rate of 383.5 per 1,000 compared to 345.5 per 1,000 for males. Indigenous Australians had high rates of hospitalisation with a separation rate of 868.3 per 1,000 population compared to 352.6 per 1,000 for other persons (noting that the Indigenous status data need improvement).

Waiting times for elective surgery

In 2006–07, there were almost 557,000 admissions for elective surgery in public hospitals reported to the National Elective Surgery Waiting Times Data Collection. The median waiting time for elective surgery in public hospitals was 32 days. *Cardio-thoracic surgery* had the shortest median waiting time (12 days); *Ophthalmology* had the longest median waiting time (71 days). Approximately 3.1% of people admitted for elective surgery from the elective surgery waiting lists had waited more than 365 days.

Emergency department care

In 2006–07, there were about 6.7 million accident and emergency department occasions of service provided in Australia's public hospitals. Of those presentations for which triage category and waiting times data are available (approximately 5.3 million presentations), 70% were seen within the time specified as appropriate for their triage category. In *Principal*

referral and Specialist women and children's hospitals, the proportion seen on time was 66%; in *Large hospitals* the proportion was 73%.

Outpatient activity

Excluding services in emergency departments, there were approximately 39.9 million individual and group non-admitted patient occasions of service in public hospitals during 2006–07. About 16.0 million of these occasions of service were in outpatient clinics. Of those individual outpatient episodes for which clinic-level information was available (approximately 11.5 million episodes), 2.2 million were occasions of service in *Allied health* clinics, and 2.2 million were in *Medical* clinics. Records were also provided for about 99,000 group occasions of service. Approximately 41,000 of these group sessions occurred in *Allied health* clinics.

Hospital resources and expenditure

In 2006–07, Australia had 739 public acute hospitals, 19 public psychiatric hospitals, 265 private free-standing day hospital facilities and 278 other private hospitals. In 2006–07, there were almost 83,000 available hospital beds in Australia, with almost 56,000 available beds in public acute and psychiatric hospitals and almost 27,000 in private hospitals. The number of available beds in public acute hospitals increased by an average of 1.8% annually, and the number of available beds/chairs in private hospital facilities increased by an average of 0.4% annually, between 2002–03 and 2006–07.

Between 1997–98 and 2006–07, the number of full-time equivalent staff in public acute and public psychiatric hospitals increased by an average of 3.3% per year (from 175,024 to 234,717). Over the same period, the number of salaried medical officers increased by an average of 5.3% per year (from 15,387 full-time equivalents to 24,526).

Recurrent expenditure on public acute and public psychiatric hospitals was \$26,290 million in 2006–07, 5.6% greater than expenditure in 2005–06 after adjusting for inflation. *Salary payments* accounted for 62% of total recurrent expenditure in 2006–07, and *Medical and surgical supplies* for 9%. In public acute hospitals, the average cost per separation was \$3,922 excluding depreciation and \$4,067 including depreciation.

Hospitals at a glance

Key points

Between 2005–06 and 2006–07:

- the number of separations increased
- the proportion of private hospital separations increased
- the proportion of separations that were same-day increased
- the average length of stay was stable
- the cost per casemix-adjusted separation increased.

Admitted patient separations and patient days

Separations and patient days provide useful ways to measure how many admitted patients are treated in hospitals. See *Chapter 2*.

Changes between 2005–06 and 2006–07

- There were 7,602,917 separations and 24,924,565 patient days in 2006–07, compared with 7,311,983 separations and 24,330,653 patient days in 2005–06.
- Separations increased by 3.3% for public acute hospitals and by 5.1% for private hospitals after adjusting for a change in reporting arrangements.
- With the same adjustments, the number of patient days increased by 2.1% in public acute hospitals and by 3.6% in private hospitals.
- With similar adjustments, the number of same-day separations increased by 3.9% in public acute hospitals and by 6.1% in private hospitals and overnight separations increased by 2.7% and 3.3% respectively.
- Separations increased by 2.7% for public patients and by 5.5% for private patients, and separations for which private health insurance was reported as the funding source increased by 7.2%.

Changes between 1997–98 and 2006–07

- Separations from all hospitals increased by 36.7% (not adjusted for coverage and reporting changes). Separations increased by 23.9% in public acute hospitals and by 64.1% in private hospitals (including free-standing day hospital facilities).
- Separations per 1,000 population increased by 6.8% for public acute hospitals and by 42.1% for private hospitals (Figure 1).

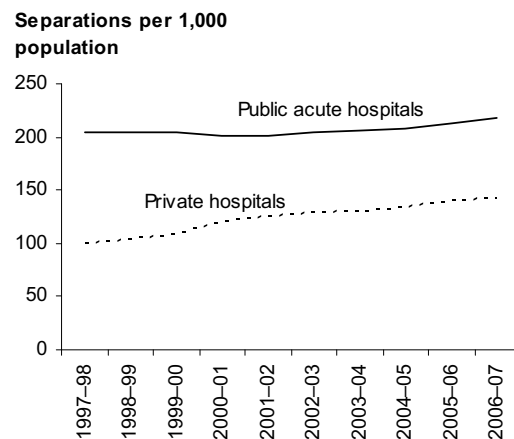


Figure 1: Separations per 1,000 population, public acute and private hospitals, Australia, 1997–98 to 2006–07

- The number of patient days in public acute hospitals increased by 10.2%. For private hospitals patient days increased by 24.9%.

- Patient days per 1,000 population decreased by 7.6% for public acute hospitals and increased by 2.4% for private hospitals (Figure 2).
- For stand-alone public psychiatric hospitals, separations per 1,000 population fell by 39.3% and there was a 58.5% fall in patient days per 1,000 population. This accompanied a fall in the number of public psychiatric hospitals.
- In 1997–98, 67.4% of separations and 67.5% of patient days were in public acute hospitals. By 2006–07, the public acute hospital share of separations had fallen to 61.1%, while the proportion of patient days was stable (67.3%).

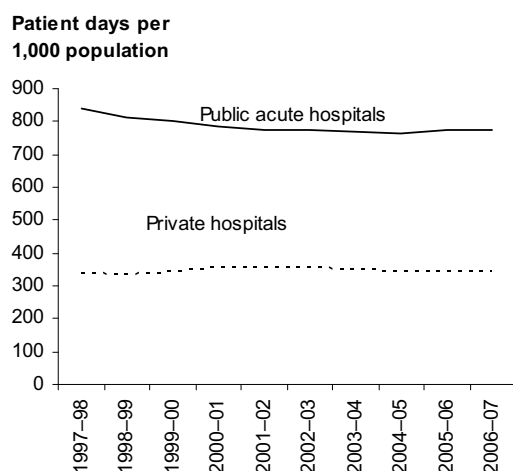


Figure 2: Patient days per 1,000 population, public acute and private hospitals, Australia, 1997–98 to 2006–07

Length of stay

The proportion of separations that are same-day is increasing, and the average length of stay in hospitals is decreasing. See *Chapter 2*.

- The proportion of same-day separations increased between 1997–98 (46.3%) and 2006–07 (55.8%).
- The number of same-day separations increased by 4.9% between 2005–06 and 2006–07 compared with a 2.8% increase in overnight separations. Same-day separations adjusted for

changes in reporting increased by 4.0% in public hospitals and by 6.1% in private hospitals.

- The average length of stay, including same-day separations, in hospitals was 3.3 days in 2005–06 and 2006–07.
- The average length of stay decreased by 19.1% between 1997–98 and 2006–07, from 4.1 days to 3.3 days. The average length of private hospital stays decreased by 23.9% to 2.5 days, and public acute hospital stays decreased 10.7% to 3.6 days (Figure 3).

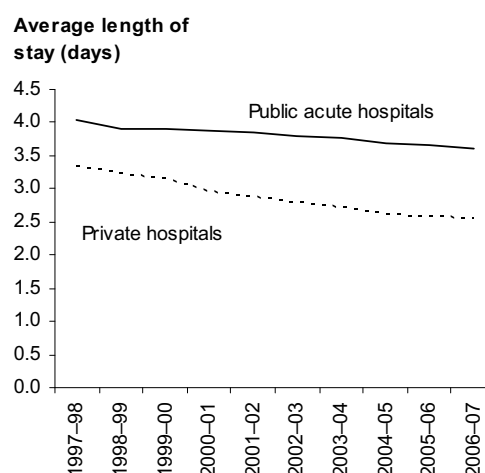


Figure 3: Average length of stay, public acute and private hospitals, Australia, 1997–98 to 2006–07

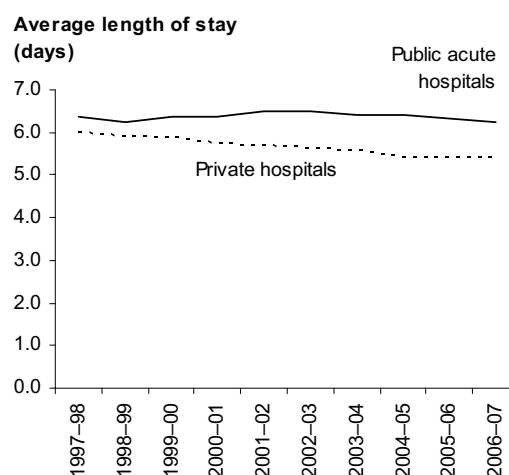
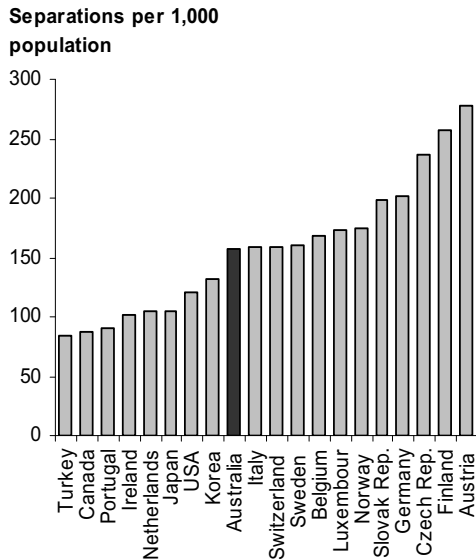


Figure 4: Average length of stay for overnight separations, public acute and private hospitals, Australia, 1997–98 to 2006–07

- For patients staying at least one night, average lengths of stay have remained

relatively constant over this period. They were 6.2 days in public acute hospitals and 5.4 days in private hospitals in 2006–07 (Figure 4).

International comparisons



Abbreviation: Rep.—Republic.

Notes

1. Data are for 2005–06 except for Australia, Belgium, Canada, Germany, Italy, Turkey and the USA which are for 2004–05.
2. Data for OECD countries vary in collection periods, from financial year, fiscal year and calendar year.

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

- The number of overnight separations per 1,000 population in Australia for 2004–05 was in the middle of the range reported by other OECD countries for recent years (Figure 5, OECD 2007).
- Comparability of international separation rates is likely to be affected by differences in definitions of hospitals, collection periods and in admission practices.

Age group and sex

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

- In 2006–07, there were 4,020,928 separations for females compared

with 3,581,515 separations for males, 52.9% and 47.1% of separations respectively.

- Overall, in 2006–07 there were 383.5 separations per 1,000 population for females, compared with 345.5 separations per 1,000 population for males (Figure 6).

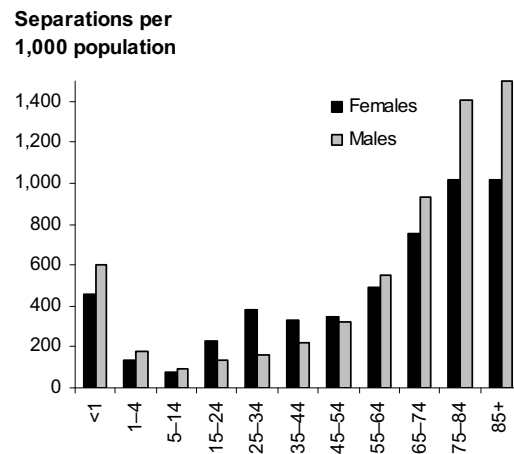


Figure 6: Separations per 1,000 population, by age group and sex, Australia, 2006–07

- The differences in the separation rates for males and females varied between age groups. The rates were higher for females than for males in all age groups between 15 and 54 years (which include child-bearing ages for women). Males had higher separation rates than females in all age groups less than 15 years old and 55 years and over.
- Separations for both males and females increased between 2002–03 and 2006–07. These increases were very marked for both males and females aged 55 and over. Most notably, separations increased by 43.7% for males aged 85 years and over and by 25.3% for females aged 55–64 years (Figure 7).
- Separations of persons aged 1–4 years decreased over this period for both males and females.

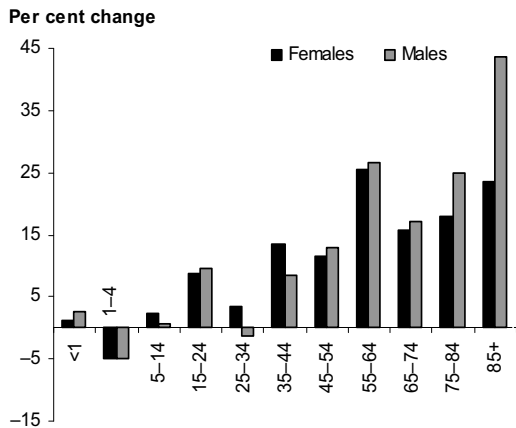


Figure 7: Change in the number of separations (per cent), by age group and sex, Australia, 2002-03 to 2006-07

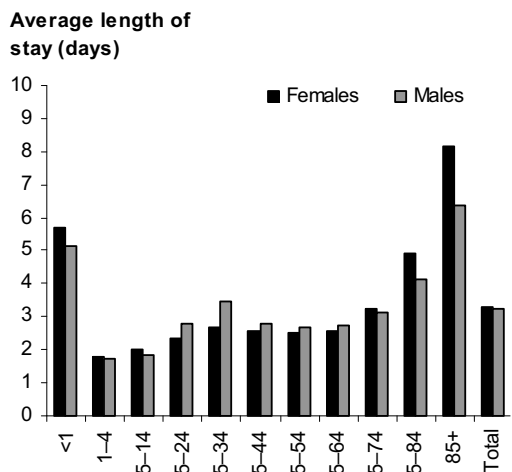


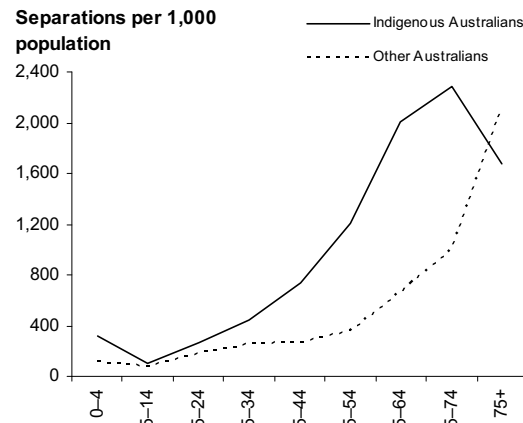
Figure 8: Average length of stay, by age group and sex, Australia, 2006-07

- Overall, the average length of stay did not vary greatly between males and females, being around 3.3 days for both. Females aged less than 15 years, and 65 years and over, had longer average lengths of stay than males in those age groups (Figure 8).

Persons identifying as Indigenous

Indigenous Australians, that is, those identifying as being of Aboriginal and/or Torres Strait Islander origin, had higher separation rates in 2006-07 than other persons. See *Chapter 8*.

- In 2006-07, the crude separation rate for Indigenous Australians (530.7 per 1,000 population) was about one and a half times the rate for Other Australians (364.2 per 1,000 population). The rates for Indigenous Australians were higher for all age groups, other than 75 years and over (Figure 9).



Notes

- Other Australians includes both non-Indigenous and not stated/inadequately described separations.
- This figure includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory.

Figure 9: Separations per 1,000 population, by Indigenous status and age group, Australia, 2006-07

Remoteness Areas

Remoteness Area categories divide Australia into areas depending on distances from population centres. See *Chapter 8*.

- The number of separations per 1,000 population varied by Remoteness Area. Overall, separation rates were highest in Very Remote and lowest in Inner Regional areas (Figure 10).
- Separation rates for public hospitals were highest for patients living in Very Remote areas and lowest for patients living in Major Cities (454.1 and 204.0 separations per 1,000 population respectively).

- Separation rates for private hospitals were highest for patients living in Major Cities and lowest for patients living in Very Remote areas (152.3 and 50.4 separations per 1,000 population respectively).
- Overall, remote areas had higher public hospital separation rates than Major Cities and regional areas. In contrast, Major Cities had higher private hospital separation rates than regional and remote areas.

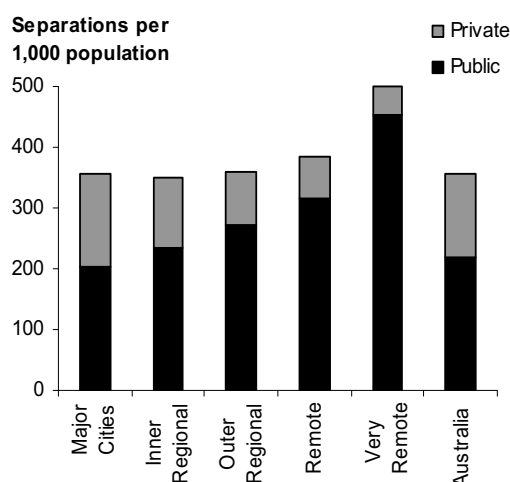


Figure 10: Separations per 1,000 population, by Remoteness Area of usual residence and hospital sector, Australia, 2006-07

Overall type of care

Separations were allocated to Australian Refined Diagnosis Related Groups (AR-DRGs) which can be used to describe whether the overall care was medical, surgical or other. Other care includes endoscopies. See *Chapter 12*.

- In public hospitals, separations with *Medical AR-DRGs* increased by 17.0% between 2002-03 and 2006-07. Separations with *Surgical AR-DRGs* increased by 8.7% and *Other AR-DRGs* increased by 6.3% in the same period (Figure 11).
- In private hospitals, separations with *Medical AR-DRGs* increased by 16.9%, those with *Surgical AR-DRGs* increased by 12.9% and those with

Other AR-DRGs increased by 13.2% (Figure 12).

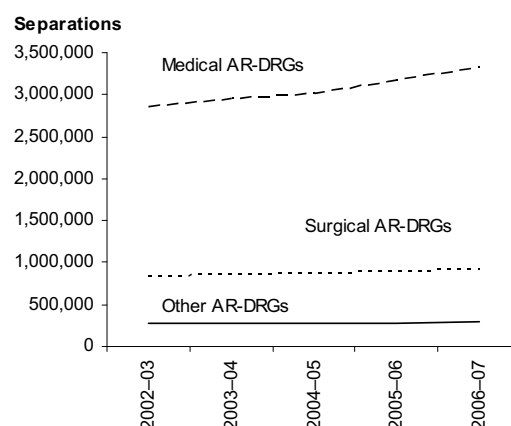


Figure 11: Separations for Medical, Surgical and Other AR-DRGs version 5.1, public hospitals, Australia, 2002-03 to 2006-07

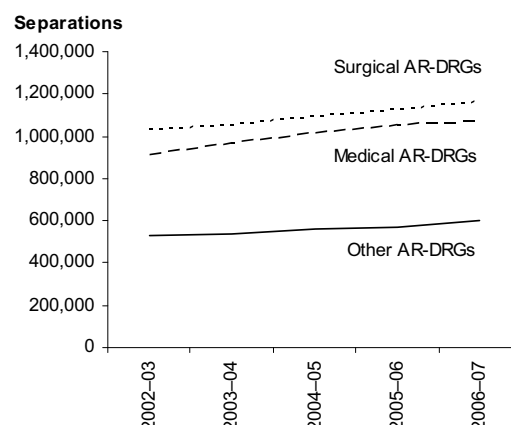


Figure 12: Separations for Medical, Surgical and Other AR-DRGs version 5.1, private hospitals, Australia, 2002-03 to 2006-07

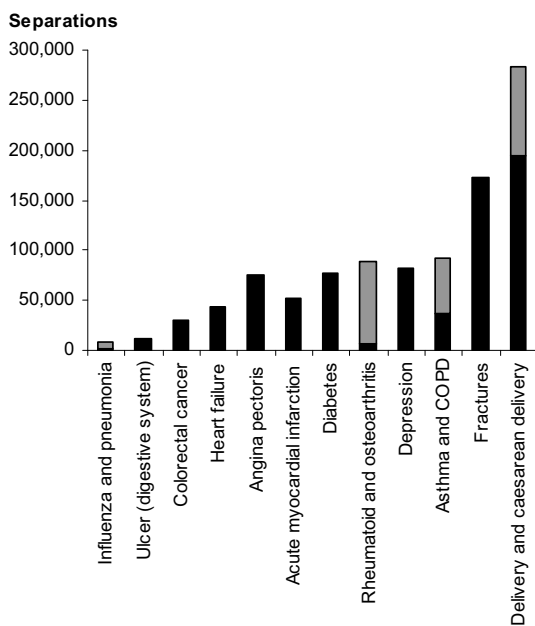
Conditions treated

The conditions (diseases or injuries and poisonings) treated in hospitals are classified using the *International statistical classification of disease and related health problems, 10th revision, Australian modification (ICD-10-AM)*. Using this classification, each separation is allocated a principal diagnosis which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care. See *Chapter 9*.

- Overall, 37.2% of separations in 2006-07 had a principal diagnosis that

derived from one of five ICD-10-AM chapters: *Diseases of the digestive system; Neoplasms; Diseases of the circulatory system; Pregnancy, childbirth and the puerperium; and Injury and poisoning.*

- The National Health Priority Areas (NHPAs) initiatives focus on chronic diseases that have a significant health burden. They are asthma, cancer control, cardiovascular health, diabetes, injury prevention and control, mental health, and arthritis and musculoskeletal conditions.



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

Figure 13: Separations, by selected principal diagnosis, Australia, 2006-07

- In 2006-07, the NHPAs were represented by some high-volume diagnoses, with principal diagnoses of:
 - fractures (173,410 separations)
 - asthma (36,588 separations)
 - chronic obstructive pulmonary disease (COPD) (54,878 separations)
 - arthritis (89,212 separations)
 - angina pectoris (75,408 separations) and

- diabetes mellitus (77,827 separations) (Figure 13).

Selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations presented in this report are thought to be avoidable if timely and adequate non-hospital care is provided. Both acute and chronic conditions are represented. Rates for potentially preventable hospitalisations are potential indicators of the effectiveness of non-hospital care. See *Chapter 4.*

- Selected potentially preventable hospitalisations represented 9.2% of all separations in 2006-07.
- Overall, the number of separations per 1,000 population for the selected potentially preventable hospitalisations increased by an average of 2.6% per year between 2002-03 and 2006-07.
- Some diseases can be prevented by vaccination. The number of separations per 1,000 population for these diseases decreased by an average of 7.2% per year between 2002-03 and 2006-07.
- For chronic conditions, excluding diabetes, potentially preventable hospitalisations per 1,000 population rose with increasing remoteness ranging from 8.1 in Major Cities to 15.6 in Very Remote regions (Figure 14).
- This pattern was also evident for acute conditions, where potentially preventable hospitalisations per 1,000 population rose with increasing remoteness from 12.3 in Major Cities to 27.1 in regions classed as Very Remote.
- For diabetes complications, potentially preventable hospitalisations per 1,000 population were markedly higher in Remote and Very Remote areas than in other areas.

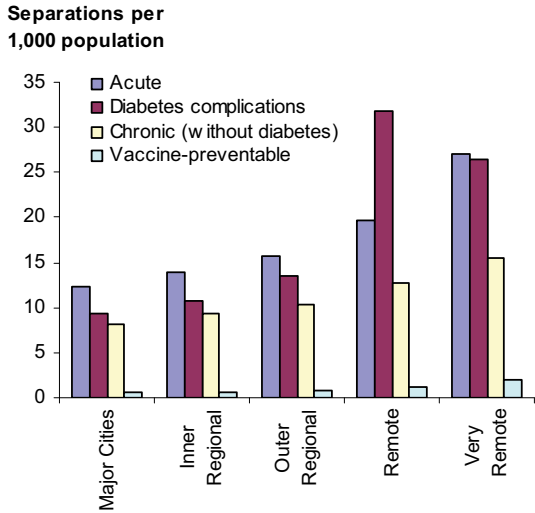


Figure 14: Selected potentially preventable hospitalisations per 1,000 population, by Remoteness Area of usual residence, Australia, 2006-07

Procedures undertaken

A procedure can be surgical or non-surgical, and can treat or diagnose a condition or be of a patient support nature such as anaesthesia. See *Chapter 10*.

- One or more procedures were reported for 82.0% of the separations in Australian hospitals in 2006-07.
- Overall, 56.2% of separations that reported a procedure occurred in the public sector. Overall, 75.1% of separations from the public sector recorded a procedure, compared with 92.8% in the private sector.
- Separations in 2006-07 for selected high-volume procedures and selected procedures that can be electively performed are shown in Figure 15.
- In 2006-07, high-volume procedures included *Haemodialysis* (943,393 separations), *Gastrointestinal endoscopy* (617,277 separations), *Chemotherapy administration* (262,500 separations), *Lens insertion* (178,866 separations) and *Arthroscopic procedures* (131,810 separations).

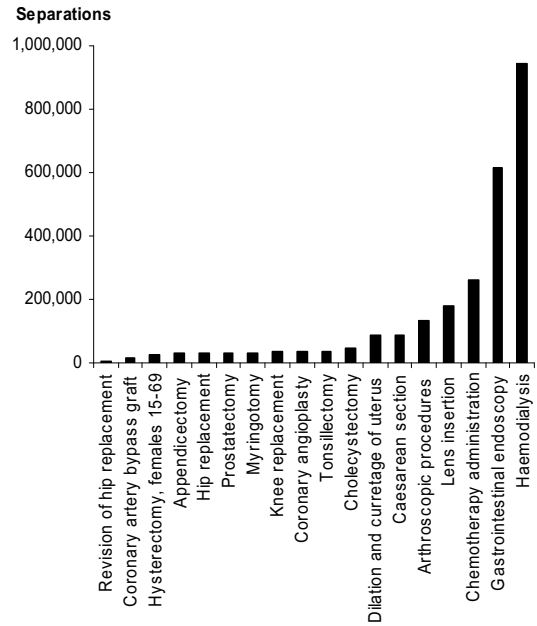


Figure 15: Separations, by selected procedure, Australia, 2006-07

- The number of separations for *Caesarean section* increased by 28.2% between 2002-03 and 2006-07. They increased by 22.3% in the private sector and by 32.0% in the public sector (Figure 16).



Figure 16: Separations for Caesarean section, by hospital sector, Australia, 2002-03 to 2006-07

- In 2006-07, 62.3% of the separations with a *Caesarean section* were in the public sector and 37.7% were in the private sector (55,327 and 33,439 respectively), compared with 60.5%

and 39.5% in 2002–03 (41,914 and 27,348 respectively).

Waiting times for elective surgery in public hospitals

The median waiting time for elective surgery in public hospitals in 2006–07 was 32 days. See *Chapter 6*.

- Ophthalmology, orthopaedic surgery, and ear, nose and throat surgery were the surgical specialties with the longest median waiting times (71, 50, and 46 days respectively) in 2006–07 (Figure 17).
- All other surgical specialties had a median waiting time of less than 30 days. Cardio-thoracic surgery had the shortest median waiting time (12 days).

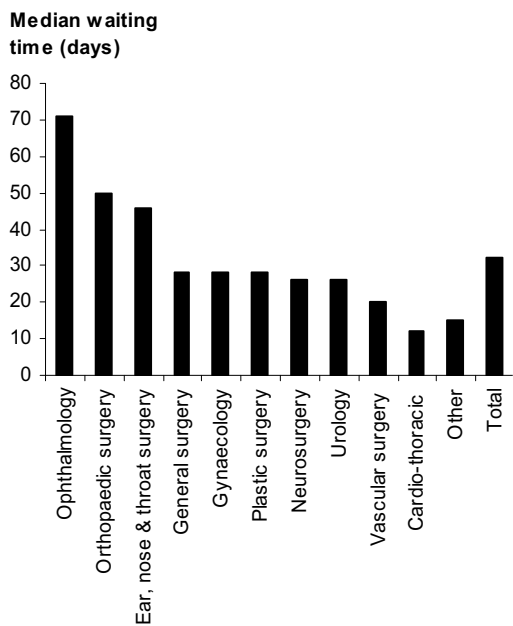


Figure 17: Public hospital median waiting time, by specialty of surgeon, Australia, 2006–07

Emergency department care in public hospitals

About 6.7 million accident and emergency presentations were provided in public hospitals in 2006–07. See *Chapter 5*.

- Data on triage category, waiting times, patient age group and sex were available for about 78% of accident

and emergency presentations, mainly those delivered in emergency departments in *Principal referral and Specialist women’s and children’s hospitals* and *Large hospitals*.

- A higher proportion of patients were seen on time (as defined in Chapter 5) in *Large hospitals* than in *Principal referral and Specialist women’s and children’s hospitals*. In *Large hospitals*, 73% of emergency department presentations were seen on time, with 99% of patients who were assigned a triage category of *Resuscitation* seen on time.
- In *Principal referral and Specialist women’s and children’s hospitals*, 66% of emergency department presentations were seen on time, with 99% of patients who were assigned a triage category of *Resuscitation* seen on time.
- In *Large hospitals*, 70% of *Urgent* patients were seen on time compared with 63% in *Principal referral and Specialist women’s and children’s hospitals* (Figure 18).

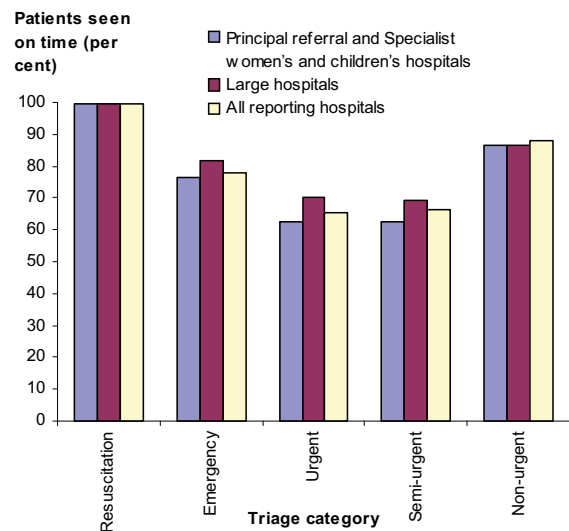


Figure 18: Public hospital emergency department presentations seen on time, by triage category and public hospital peer group, Australia, 2006–07

- Persons aged 15–24 years accounted for the largest number of emergency

department presentations (833,672, 15.8%) (Figure 19).

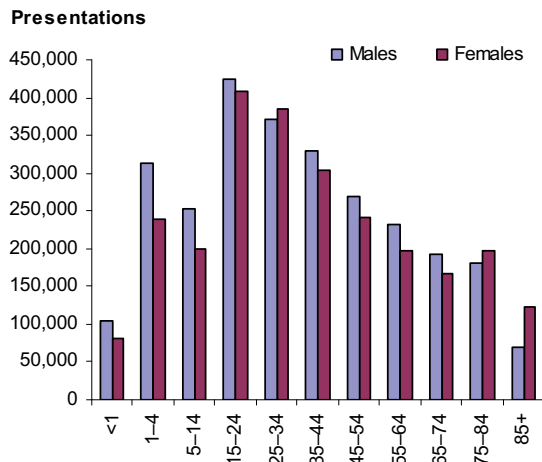


Figure 19: Emergency department presentations, by age group and sex, Australia, 2006-07

Non-admitted patient care in public hospitals

Excluding accident and emergency services, there were about 39.9 million non-admitted patient occasions of service provided by public hospitals in 2006-07. See *Chapter 2*.

- Of these, more than 15.8 million of these occasions of service were delivered in specialist outpatient clinics with the chief contributors being in *Allied health* and *Dental*. See *Chapter 5*.
- *Pharmacy, Pathology and Radiology & organ imaging* made up a further 14.9 million individual non-admitted patient occasions of service.
- There were 345,409 group session occasions of service with *Mental Health, Alcohol & Drug* and *Community health* together making up 32% of the group sessions.
- There were 157,953 occasions of service, including both individual and group sessions, delivered by public psychiatric hospitals.

Australian hospitals

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

- There were 1,301 hospitals in Australia in 2006-07.
- There were 739 public acute hospitals and 19 public psychiatric hospitals.
- There were 265 private free-standing day hospital facilities and 278 other private hospitals.
- There was an increase in the number of public acute hospitals, from 729 in 2002-03 to 739 in 2006-07.
- The number of private hospitals fell from 549 facilities in 2002-03 to 543 facilities in 2006-07.

Available beds

The number of available beds is a better indicator of the availability of hospital services than is the number of hospitals because hospital sizes vary considerably. However, comparability of hospital bed numbers can be affected by the casemix of hospitals with differing proportions of beds being available for specialised and more general purposes. See *Chapter 2*.

- In 2006-07, there were 82,662 available beds in Australia.
- There were 53,563 available beds in public acute hospitals and 2,342 in public psychiatric hospitals.
- There were an estimated 1,992 available beds in private free-standing day hospital facilities and 24,766 in other private hospitals.
- There was a 3.2% increase in available beds from 80,103 in 1997-98 to 82,662 in 2006-07, an average increase of 0.4% annually.
- The number of available beds in public acute hospitals increased by an average of 0.2% annually, from 52,801 in 1997-98 to 53,563 in 2006-07 (Figure 20).

- The number of available beds/chairs in private free-standing day hospital facilities rose by an average of 4.4% annually between 1997-98 and 2006-07 (from 1,348 to 1,992).

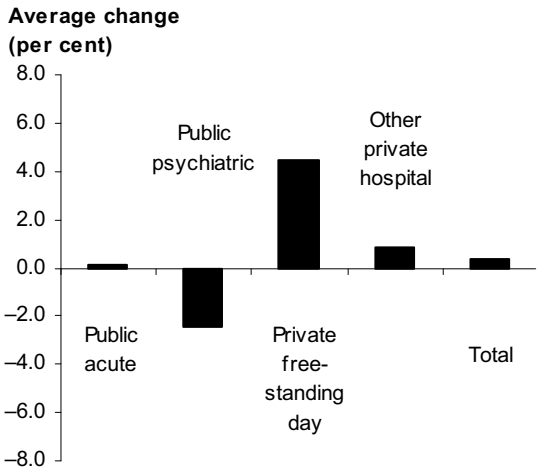


Figure 20: Average annual change in the number of available beds, by type of hospital, Australia, 1997-98 to 2006-07

Staff in Australian public hospitals

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

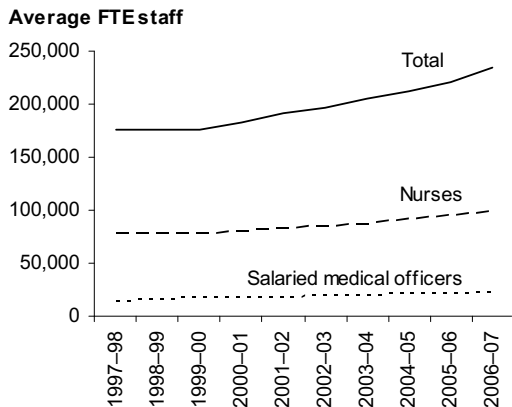


Figure 21: Average full-time equivalent staff, public hospitals, Australia, 1997-98 to 2006-07

- The number of full-time equivalent staff increased by an average of 3.3% annually between 1997-98 (175,024) and 2006-07 (234,717). The number of salaried medical officers increased by

an average of 5.3% annually over this period (from 15,387 to 24,526), and the number of nurses increased by an annual average of 3.2% (from 78,239 to 103,960).

Recurrent expenditure on public hospitals

Recurrent expenditure is expenditure on goods and services that are consumed during the year, for example, salaries. See Chapter 3.

- Recurrent expenditure on public acute and public psychiatric hospitals (excluding depreciation) was \$26,290 million in 2006-07. After adjusting for inflation, this represented an increase of 5.6% compared with 2005-06.
- The largest share of this expenditure was for salary payments, which accounted for 62% (\$16,410 million) of recurrent expenditure (Figure 22).
- The major non-salary recurrent expenses in the public sector were for medical and surgical supplies, administrative expenses and drug supplies.

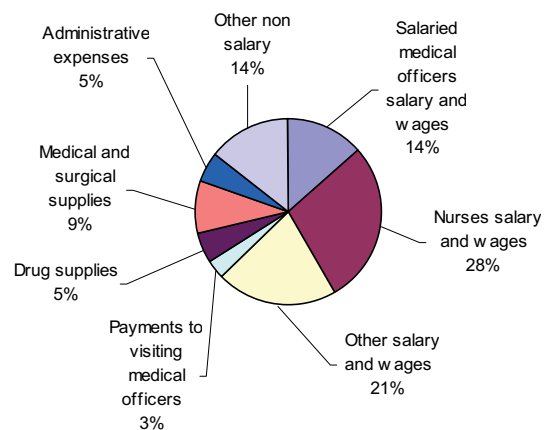


Figure 22: Recurrent expenditure, public hospitals, Australia, 2006-07

Recurrent expenditure (cost) for providing care in public hospitals

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

- The average recurrent cost of providing care per casemix-adjusted separation in public hospitals increased from \$3,184 in 2002–03 to \$3,922 in 2006–07 (not adjusted for inflation).
- This represents a total increase of 23.2% in this period, an average increase of 5.3% annually (Figure 23).
- In 2006–07 the average cost comprised \$2,027 for non-medical labour expenditure, \$803 for medical labour expenditure and \$1,093 for other recurrent expenditure. Other recurrent expenditure costs include domestic

services; repairs and maintenance; administration; and medical, drug and food supplies.

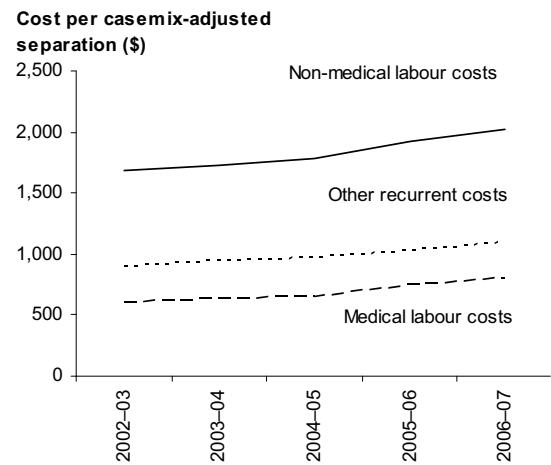


Figure 23: Cost per casemix-adjusted separation, Australia, 2002–03 to 2006–07

More information on how to interpret the data is provided in the relevant chapter quoted in each subsection. More information about the terms used is in the Glossary. Hospitals included in this report are public acute care and psychiatric hospitals, private free-standing day hospital facilities and other private hospitals (including psychiatric hospitals).

1 Introduction

Australian hospital statistics 2006–07 continues the Australian Institute of Health and Welfare's (AIHW) series of summary reports describing the characteristics and activity of Australia's hospitals. Reports have been published previously for the financial years 1993–94 to 2006–07 (AIHW 1997a, 1997b, 1998, 1999, 2000, 2001, 2002, 2003, 2004a, 2005a, 2006a, 2007a).

This series of reports has been based on data supplied to the AIHW by the state and territory health authorities. Data are provided for the AIHW's:

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

The collection and reporting of the data in this report were undertaken by the AIHW under the auspices of the Australian Health Ministers' Advisory Council through the National Health Information Agreement. Most of the data collected were as specified in the National Minimum Data Sets for Public Hospital Establishments, Admitted Patient Care, Non-admitted Patient Emergency Department Care, Elective Surgery Waiting Times and Outpatient Care. The data element definitions are as specified in the *National health data dictionary version 12* (NHDC 2003), *version 12 supplement* (AIHW 2004b) and *version 13* (HDSC 2006). Some of the terms relating to the use of hospitals are detailed in Box 1.1 and others are outlined in the Glossary.

This report

This chapter briefly describes the major data sources.

Chapter 2 presents an overview of hospitals and hospital activity in Australia. This includes a summary of the numbers of hospitals and beds and of non-admitted patient care. It also includes separation statistics for admitted patients based on the state or territory of the hospital, and whether the hospital was public or private.

Chapter 3 presents further data on the characteristics of public hospitals, including the number and type of hospitals, available beds, staff employed, specialised services, expenditure and revenue.

Chapter 4 presents hospital performance indicator data drawn from the AIHW's hospitals databases and other sources. The indicators have been presented as they relate to the National Health Performance Framework (NHPC 2001).

Chapter 5 presents information on non-admitted patient care provided in public hospital emergency departments and outpatient clinics.

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

Admitted patients

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

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

For each separation, patients are assigned a principal diagnosis, which is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care (see Chapter 9). If applicable, procedures are also reported (see Chapter 10). These can be surgical or non-surgical, and therapeutic, diagnostic or of a patient-support nature (for example anaesthesia).

Patient day means the occupancy of a hospital bed (or chair in the case of some same-day patients) by an admitted patient for all or part of a day.

The state and territory health authorities compile information on episodes of admitted patient care in public and private hospitals and supply it to the AIHW for collation into the National Hospital Morbidity Database. Data on waiting times for elective surgery in public hospitals are also provided.

Although hospital separation data are a valuable source of information about hospital care, they have limitations as indicators of ill health. Sick people who are not admitted to hospital are not counted and those who are admitted more than once are counted on each occasion. Hospital separation data are also affected by variations in admission practices, and in the availability of and access to hospitals.

Non-admitted patients

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other specialised services (see chapters 2 and 5). Summary information on these services is collated nationally for public hospitals by the AIHW and for private hospitals by the Australian Bureau of Statistics (ABS).

An occasion of service for a non-admitted patient is defined as any examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment each time the service is provided. National data are based on counts of occasions of service, categorised into broad clinic- or service-based groupings.

Definitions used for non-admitted patient hospital care are not completely uniform among the states and territories, and have varied over time. Existing national systems for counting and classifying this care are being revised with the aim of improving consistency and comparability. For example, categorisation of occasions of service data using an expanded range of clinic types began on 1 July 2005 in selected public hospitals.

More detailed information is collected on occasions of service provided in emergency departments in selected public hospitals and provided for the National Non-admitted Patient Emergency Department Care Database.

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

Chapter 7 presents administrative data for episodes of admitted patient care in public and private hospitals, including patient election status and funding source; overall type of care received; urgency of admission; and modes of admission and separation.

Chapter 8 presents demographic information on episodes of admitted patient care, including separations and patient days by age group, sex, Indigenous status, country of birth, area of usual residence and quintile of socioeconomic advantage/disadvantage.

Chapters 9 to 12 present a range of information on episodes of admitted patient care, including the principal diagnoses of the patients (Chapter 9), the procedures they underwent (Chapter 10), external causes of injury and poisoning (Chapter 11), and the Australian Refined Diagnosis Related Groups (AR-DRGs) for the hospital separations (Chapter 12).

Appendixes 1 and 2 provide technical notes on the data and analyses additional to those in the chapters. In particular, Appendix 1 includes notes on the presentation of data in the tables and the population estimates used for population rate calculations, and notes on major aspects of the quality and comparability of the hospital morbidity data. Appendix 2 provides information on the hospitals covered by each of the data sources and on the hospitals categorised as public and private.

Summary information from the Department of Health and Ageing's 2005–06 National Hospital Cost Data Collection is provided in Appendix 3. This collection is the source of AR-DRG cost weight and average cost information used in chapters 2, 4, 7 and 12.

Information on episodes of admitted patient care is presented using Service Related Groups in Appendix 4. Appendix 5 presents detailed information on potentially preventable hospitalisations. Appendix 6 relates to the Department of Health and Ageing's *State of our public hospitals report*. It notes the major differences between the analysis methods used for that report and for *Australian hospital statistics 2006–07*.

Throughout the report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category
- all private hospitals, other than private free-standing day hospital facilities, are included in the other private hospitals category.

In addition, unless otherwise specified, statistics from the National Hospital Morbidity Database exclude separations for which the care type was reported as *Newborn* and for which no qualified days were reported (see Chapter 7), and records for *Hospital boarders* and *Posthumous organ procurement* (see Appendix 1).

Although the *National health data dictionary* definitions form the basis of the databases, the actual definitions used may have varied among the data providers and over time. In addition, the detail of the scope of the data collections may vary. Comparisons between the states and territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories.

Essentially all public hospitals were included for 2006–07. However, the collection only covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (for example, some hospitals run by correctional authorities in some jurisdictions and those in offshore territories) are not included. Further information about the hospitals included in the database for 2006–07 is in Appendix 2.

The collection is based on the National Minimum Data Set for Public Hospital Establishments. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients (Box 1.1). Summary information on data quality and comparability is presented in Chapter 3.

The National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals (Box 1.1). The database contains data relating to admitted patients in almost all hospitals, including public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

All public hospitals were included for 2006–07, with minor exceptions. The great majority of private hospitals were also included, although there were a few not included, mainly free-standing day hospital facilities. Counts of private hospital separations presented in this report are therefore likely to be underestimates of the actual counts. In 2005–06, the National Hospital Morbidity Database reported 78,894 (2.8%) fewer separations than the ABS's Private Health Establishments Collection (ABS 2007), which may have wider coverage. Further information about the public and private hospitals included for 2006–07 and previous years is in Appendix 2.

The data supplied are based on the National Minimum Data Set for Admitted Patient Care and include demographic, administrative and length of stay data, and data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning. Information on the quality of the diagnosis, procedure and external cause data, classified using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM)(NCCH 2006) is included in Appendix 1.

Records for 2006–07 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2006 to 30 June 2007. Data on patients who were admitted on any date before 1 July 2006 are included, provided that they also separated between 1 July 2006 and 30 June 2007. A record is included for each separation, not for each patient, so

patients who separated more than once in the year have more than one record in the database.

Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. As the database contains records for patients separating from hospital during the reporting period (1 July 2006 to 30 June 2007), this means that not all patient days reported will have occurred in that year. It is expected, however, that patient days for patients who separated in 2006–07, but who were admitted before 1 July 2006, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2007 who will separate in future reporting periods. The numbers of separations and patient days can be a less accurate measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported. Information on some aspects of the quality and comparability of the data is presented in Appendix 1. The notes above and those in Box 1.1 should also be used to guide interpretation of the data, as should the additional notes presented in Chapter 1 of *Australian hospital statistics 2002–03* (AIHW 2004a).

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database includes episode-level data on non-admitted patients treated in the emergency departments of selected public hospitals. The selected public hospitals for each year are those that were classified as *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian hospital statistics* in the preceding year. For example, hospitals contributing the database for 2006–07 were classified as *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian hospital statistics 2005–06* (AIHW 2007a). Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 78% of emergency department occasions of service overall. More information about the coverage of this data collection (which is more complete for larger hospitals) for 2006–07 is presented in Chapter 5 and Appendix 2.

The data supplied are based on the National Minimum Data Set for Non-admitted Patient Emergency Department Care. They include data on the type and length of emergency department visit, triage category, waiting times, patient demographics, arrival mode and departure status. The data presented in this report are for patients treated between 1 July 2006 and 30 June 2007. Summary information on the quality and comparability of the data is included in Chapter 5.

All states and territories provided hospital-level data on accident and emergency occasions of service for the National Public Hospital Establishments Database. These data have wider coverage than data provided for the National Non-admitted Patient Emergency Department Care Database, as detailed in Chapter 5 and Appendix 2.

The National Elective Surgery Waiting Times Data Collection

The state and territory health authorities have provided episode-level data on elective surgery waiting times to the AIHW's National Elective Surgery Waiting Times Data Collection. The data presented in this report are for patients admitted for elective surgery between 1 July 2006 and 30 June 2007.

The National Elective Surgery Waiting Times Data Collection relates to public acute care hospitals. All public hospitals that undertake elective surgery were generally included. More detail on the coverage of this collection, including a list of hospitals in the data collection for 2006–07, is included in Appendix 2. Summary information on the quality and comparability of the data is included in Chapter 6.

The National Outpatient Care Database

The National Outpatient Care Database includes counts of individual occasions of service and group sessions by outpatient clinic type for selected public hospitals. The selected hospitals for each year are those that were classified as *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian hospital statistics* in the preceding year. For example, public hospitals classified as *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian hospital statistics 2005–06* provided 2006–07 data for the National Outpatient Care Database (AIHW 2007a). Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 76% of individual outpatient clinic occasions of service overall. More information about the coverage of this data collection (which is more complete for larger hospitals), including a list of hospitals included for 2006–07, is presented in Chapter 5 and Appendix 2.

The data supplied are based on the National Minimum Data Set for Outpatient Care. They include data on the number of individual occasions of service and group sessions, by clinic type and establishment. The data presented in this report are for patients treated between 1 July 2006 and 30 June 2007. Summary information on the quality and comparability of the data is included in Chapter 5.

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

This report and additional data on the Internet

This report is available on the Internet at <www.aihw.gov.au>. The text of the report is presented in PDF format and the tables are presented as downloadable Excel spreadsheets. This site also includes additional data, in Excel spreadsheets, on diagnoses, procedures and AR-DRGs for admitted patients, and the data used to generate graphs in this report. Some of the report's tables are presented with more detail, such as using 5-year age groups rather than 10-year age groups (see Chapter 8). More information on the Internet tables is in chapters 8, 9, 10 and 12 and in Appendixes 1, 2, 4 and 5.

After this report is published, the Internet site will also include updates for the tables in chapters 2, 4, 7 and 12 that use AR-DRG cost weight and/or average cost information. At the time of writing, 2006–07 cost weights and average costs were not available. Therefore, 2005–06 public sector cost weights based on AR-DRG version 5.0 were used for the public and private sectors in most analyses requiring the application of cost weights. In two tables, 2002–03 private cost weights based on AR-DRG version 4.2 were used for the private sector (tables 2.3 and 2.4). Updates will also be provided for the tables in chapters 2 and 4 and in Appendix 2, which use data on private hospitals, collated in the ABS's Private Health Establishments Collection. These data were also not available at the time of writing this report.

Interactive data cubes

Also included on the site are interactive cubes of data from the National Hospital Morbidity Database which allow users to specify tables and graphs as required:

- Principal diagnoses for 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)
- Principal diagnoses for 1998–99 to 2006–07 (using ICD-10-AM to classify diagnoses)
- Principal diagnoses for mental health-related separations for 2001–02 to 2004–05 (using ICD-10-AM to classify diagnoses)
- AR-DRGs version 4.0/4.1/4.2 for 1997–98 to 2004–05
- AR-DRGs version 5.0/5.1 for 1998–99 to 2006–07
- Procedures for 2000–01 and 2001–02 (using ICD-10-AM 2nd edition to classify procedures)
- Procedures for 2002–03 and 2003–04 (using ICD-10-AM 3rd edition to classify procedures)
- Procedures for 2004–05 and 2005–06 (using ICD-10-AM 4th edition to classify procedures)
- Procedures for 2006–07 (using ICD-10-AM 5th edition to classify procedures).

Each principal diagnosis and AR-DRG cube includes information on the number of separations (same-day and overnight), patient days and average length of stay, by age group and sex and year of separation for each diagnosis or AR-DRG. The cube on mental health-related care also includes data on the mental health legal status of the patient and hospital sector for each separation. The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether undertaken on a same-day basis.

2 Overview of Australian hospitals

Introduction

This chapter presents an overview of public and private hospital sectors covering the number and types of hospitals and availability of beds. Public and private hospital sector information on separations and length of stay is included. Summary information on non-admitted patient episodes is also presented.

The summary information on public hospitals is derived from the National Public Hospital Establishments Database (NPHEd). Information on private hospitals has been provided by the states and territories for 2006–07 and is preliminary. The final data are included on the AIHW's website as they become available from the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection. Summary statistics for private and public hospitals are presented at a national level for the years 2002–03 to 2006–07, and for states and territories for 2006–07.

Summary separation, patient day, average length of stay and average cost weight information is derived from the National Hospital Morbidity Database (NHMD) for public and private hospitals. National statistics for the years 2002–03 to 2006–07 and state and territory statistics for 2006–07 are presented.

The hospital sectors and types reported in this chapter are public acute hospitals, public psychiatric hospitals, private free-standing day hospital facilities and other private hospitals. Data are also presented for all public hospitals combined, all acute hospitals (that is, excluding public psychiatric hospitals), all private hospitals and all hospitals. For reasons of confidentiality, the patient-level data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed. Further information on the hospitals included is provided in Appendix 2.

There is some variation between jurisdictions in how hospitals that predominantly provide public hospital services and that are privately owned and/or operated are reported. Most of these are reported as public hospitals but some are reported as private hospitals, as detailed in Appendix 2.

As detailed in Appendix 2, there is some variation in the scope of the NHMD among the states and territories. There is also some variation in the way in which separations with *Newborn care* were reported, as described in Chapter 7 and Appendix 1. These variations should be considered when comparing states and territories, the public and private sectors, and reporting years.

Data on occasions of service for non-admitted patients in public hospitals, derived from the NPHEd, are presented, as are similar data for private hospitals from the ABS's Private Health Establishments Collection.

Hospitals and hospital beds

A range of data on hospitals, available beds, expenditure and revenue is presented in Table 2.1 for the period 2002–03 to 2006–07. Over the 4-year period, there can be changes to the reporting arrangements of jurisdictions which can affect the comparability of results across years.

There were 758 public hospitals and 543 private hospitals in 2006–07, compared with 755 public hospitals and 536 private hospitals in 2005–06 (Table 2.1). Changes in the numbers of hospitals can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings (see Appendix 2). For example, New South Wales made a number of changes to reporting arrangements between 2002–03 and 2003–04 that caused a rise in reporting units in the public sector although there was no change in the number of actual facilities.

In 2006–07, there were two new public hospital reporting units created in Western Australia which covered the substantial amount of contracted public hospital services provided by two private hospitals. In 2005–06, two hospitals in Melbourne were amalgamated resulting in one less hospital establishment for Victoria. In 2004–05, the Western Australian Department of Health purchased two private hospitals and amalgamated them with existing public hospitals. In Tasmania, one hospital that provided mainly public patient services was categorised as a private hospital until 2003–04 and has been reported as a public hospital since 2004–05. That hospital is reported as part of another public hospital for the purposes of reporting establishment-level data. The changes in Tasmania resulted in increases in the numbers of available beds reported for public hospitals, but did not increase the numbers of hospital establishments reported.

Change in the number of available beds is a more reliable indicator of shifts in the availability of hospital services than change in the number of hospitals. However, the concept of an available bed is also becoming less important, particularly in the light of increasing same-day hospitalisations and the provision of hospital-in-the-home care. The comparability of bed numbers can also be affected by the casemix of hospitals with, for example, different proportions of beds available for special and more general purposes. Public hospitals provided 55,904 beds (67.6% of the national total) in 2006–07, and 26,758 beds were provided in private hospitals (32.4% of the national total).

Public sector bed numbers are the average number of beds available through the course of the year. Private sector data for 2002–03 to 2004–05 are from the ABS's *Private hospitals Australia 2004–05* (ABS 2006) and from earlier editions of *Private hospitals Australia*, which report numbers of beds on an average available beds basis. Private sector hospital counts and bed numbers for most jurisdictions in 2005–06 and 2006–07 are based on information provided by the states and territories. Bed numbers are provided on a licensed beds basis which may overstate the number of beds available. These differences in reporting arrangements may affect the comparability of results across years.

Nationally, bed numbers in the public sector experienced an overall increase from 52,314 in 2002–03 to 55,904 in 2006–07. Over the same period, bed numbers in the private sector have fluctuated, increasing overall from 26,364 beds in 2002–03 to 26,758 in 2006–07. These figures would have been affected by changes in hospital reporting arrangements detailed above.

Information on the number of hospitals and hospital beds available by state and territory is provided in Table 2.2 for both public and private hospitals. The number of available beds in

hospitals ranged from 3.5 per 1,000 population in the Australian Capital Territory and the Northern Territory, to 4.7 per 1,000 population in Tasmania in 2006–07.

Expenditure and revenue

Recurrent expenditure for public hospitals in 2006–07 was \$26.3 billion in current price terms (not adjusted for inflation), an increase of 9.7% from 2005–06. In constant price terms (that is, adjusted for inflation) the real increase in national expenditure for public hospitals was 5.6% between 2005–06 and 2006–07 (Table 2.1).

Total revenue for public hospitals increased in constant price terms by an average of 8.4% per year between 2002–03 and 2006–07.

Admitted patients by sector and hospital type

Separations

There were 7,602,917 separations reported from public and private acute and psychiatric hospitals in 2006–07 (Table 2.4), an increase of 290,934 (4.0%) compared with 2005–06 (Table 2.3). Public hospital separations increased by 4.4% (195,204) compared with 2005–06, and there was a 3.4% (95,730) increase in separations reported for the private sector.

The private sector accounted for 38.7% of the 7.6 million separations in 2006–07 (2,941,637), almost unchanged compared with 2005–06 (38.9%). Private free-standing day hospital facilities, excluding Tasmania, the Australian Capital Territory and the Northern Territory, accounted for almost 564,000 or 19.2% of private sector separations in 2006–07, compared with about 542,000 or 19.0% in 2005–06.

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

There was no change in the coverage of private hospitals for New South Wales, Queensland, the Australian Capital Territory and the Northern Territory. In Western Australia in 2006–07, two private hospitals which provided a substantial amount of public hospital services through contract arrangements were split, resulting in the creation of two new public hospital reporting units to cover the public separations from these two hospitals. This does not represent coverage change but does represent a change in reporting arrangements that affects the comparison of the public and private sectors over time. A small number of private hospitals were missing data for short periods in 2004–05 in both Victoria and South Australia, but coverage was essentially complete for both states from 2004–05. In Tasmania in 2004–05, one hospital that provided mainly public patient services (and is separately reported in the NHMD) changed from reporting as a private hospital to reporting as a public hospital. In addition, approximately 21% of Tasmanian private hospital separations were not reported in 2004–05, equivalent to 0.5% of private hospital separations nationally. Data for Tasmania were complete from 2005–06. Coverage for Western Australian private hospitals was complete from 2004–05.

After adjusting for the public patient separations in Western Australia that were reported as for private hospitals before 2006–07, the growth between 2005–06 and 2006–07 was estimated

as 5.1% for private hospitals. Over the same period, the growth for both public acute hospitals and all public hospitals (including psychiatric) was estimated as 3.3%.

Same-day and overnight separations

The proportion of admitted patients being treated on a same-day basis, that is, admitted and separated on the same date, continued to increase in the year 2006–07 (Table 2.3). Same-day separations have been distinguished from other separations in this report to illustrate the proportions of total separations which they represent, and also to demonstrate the effect on average lengths of stay when patients receiving this type of hospital care are classified as admitted. In the Organisation for Economic Co-operation and Development (OECD) definition of admitted patients, same-day patients are not included, and therefore the reported average lengths of stay in OECD publications (OECD 2006) are greater than those presented in this publication.

In 2006–07, 4,241,509 separations were on a same-day basis, an increase of 4.9%, compared with 2005–06 (Table 2.3). There was an increase of 5.3% in public hospitals and 4.4% in private hospitals over this period. After adjusting for the change in hospital reporting arrangements in Western Australia, the increases were estimated as 3.9% in public acute hospitals, 4.0% in all public hospitals and 6.1% in private hospitals.

Same-day separations made up 55.8% of separations overall, compared with 55.3% (4,043,180) in 2005–06, and there were increases in the proportions of same-day patients in both public hospitals (from 49.6% to 50.0%) and private hospitals (from 64.2% to 64.9%).

There was some variation among the states and territories in the proportion of same-day separations in 2006–07 (Table 2.4). For public hospitals, New South Wales (43.7%) had a markedly lower proportion than the national average (50.0%), whereas the Northern Territory (60.6%), Victoria (56.1%) and the Australian Capital Territory (54.4%) had markedly higher proportions. In the private sector, New South Wales (68.0%) and Queensland (66.2%) reported higher proportions than average (64.9%).

There was a 2.8% increase in overnight separations between 2005–06 and 2006–07, from 3,268,803 to 3,361,408 (Table 2.3). There was a rise of 3.5% in public hospitals (from 2,250,330 to 2,328,472), and a 1.4% increase in the private sector (from 1,018,473 to 1,032,936). After adjusting for the change in hospital reporting arrangements in Western Australia, increases were estimated at 2.6% in public hospitals and 3.3% in private hospitals. Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z *Sleep apnoea*).

Separation rates

The age-standardised separation rate per 1,000 population rose by 2.5% between 2005–06 and 2006–07 for public acute hospitals and by 1.3% for private hospitals (Table 2.3).

Among the states and territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2006–07 (480.1 per 1,000 population; Table 2.4). Private hospital separation rates ranged from 112.9 per 1,000 population in New South Wales to 177.9 per 1,000 population in Queensland. These rates relate to resident populations, and therefore do not take into account interstate and overseas patient flows.

These rates are likely to have been affected by whether or not statistical separations and statistical admissions were made to reflect changes in the type of care (see Glossary) and the way in which hospital stays for patients aged 9 days or less on admission (*Newborn* episodes) were reported (see Chapter 7 and Appendix 1 for details). Changes over time and differences between sectors and jurisdictions can also be affected by variation in admission practices. For example, in New South Wales and the Australian Capital Territory public hospitals, there has been a reclassification over recent years of chemotherapy patients from admitted patients to non-admitted patients (outpatients). There were also changes in admission practices for some same-day procedures in South Australian public hospitals in 2004–05.

The age-standardised separation rate for public psychiatric hospitals also varied, from 0.1 per 1,000 population in Victoria and Queensland to 1.6 per 1,000 population in New South Wales. This variation reflects differences in the extent to which public psychiatric services have been provided in public acute hospitals and non-hospital facilities (AIHW 2007c). There are no public psychiatric hospitals in the Australian Capital Territory and the Northern Territory.

Average cost weight of separations

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations.

In tables 2.3 and 2.4, average cost weights are presented based on the latest available cost weights and the relevant AR-DRG versions applying to each year. Version 5.0 public cost weights (2005–06) were used for the public sector, and version 4.2 (2002–03) private cost weights were used for the private sector. In one part of Table 2.3 and of Table 2.4, public sector cost weights were used for both public and private hospitals to enable comparison between the sectors, because the public and private sector cost weights are not comparable. Further information about the AR-DRG classification and cost weights is included in Appendix 1.

Separations were included only if the care type was reported as *Acute*, or was *Not reported*, or where the care type was *Newborn* and the separation had at least one qualified day. Thus separations with care types of *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

Table 2.4 indicates that, within the public sector, most states and territories had average cost weights fairly close to the national average (1.00) for public acute hospitals. The Northern Territory was a notable exception, with an average cost weight of 0.72. This reflects the high proportion of public hospital separations in the Northern Territory that were for *Admit for renal dialysis* (AR-DRG L61Z), an AR-DRG with a low cost weight.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed, and are therefore included in the public acute hospital data. Cost weights are of less use as a measure of resource requirements for these services because the relevant AR-DRGs are less homogeneous than for other acute services (see Appendix 1 for more information).

In Table 2.4, the average public cost weight for private free-standing day hospital facilities in 2006–07 was markedly lower (0.48) than for other private hospitals (1.02) (both figures exclude Tasmania, the Australian Capital Territory and the Northern Territory), reflecting

the lower complexity and day-only nature of most admissions to these hospitals in 2006–07. Nationally, the average cost weight for private hospitals using private sector cost weights was 0.86.

Patient days

Patient days represent the number of full or partial day stays for patients who separated from hospital during the reporting period, and the aggregated length of stay for all patients (see Glossary). A total of 24,924,565 patient days was reported for 2006–07, 70.0% in the public sector and 30.0% in the private sector (Table 2.4).

There was an increase of 2.7% (449,029) in patient days for public acute hospitals in 2006–07, compared with 2005–06 (Table 2.3). For private hospitals, patient days increased by 2.0% (147,850). Patient days for public acute and private hospitals combined increased by 2.5% (596,879), and for all hospitals combined they increased by 2.4% (593,912). After adjusting for changes to reporting arrangements in Western Australia, increases were estimated at 2.1% in public acute hospitals and 3.6% for private hospitals.

Patient days in public psychiatric hospitals decreased from 660,896 in 2005–06 to 657,929 in 2006–07 (0.4%) (Table 2.4). As separations from public psychiatric hospitals can include some very long stay patients, and the pattern of these separations can vary over time, patient day counts can also fluctuate markedly for these hospitals.

Unadjusted for changes to reporting arrangements in Western Australia, the number of age-standardised patient days per 1,000 population for public acute and private hospitals combined increased by 0.3% between 2005–06 and 2006–07 (Table 2.3). Public acute hospital patient days per 1,000 population increased by 0.5%, and private hospital patient days per 1,000 population decreased by 0.3%.

The Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2006–07 (1,593.0 per 1,000 population) (Table 2.4). The highest age-standardised population rate for patient days in private hospitals was reported by Queensland (457.4 per 1,000 population).

Average length of stay

The average length of stay for public acute and private hospitals combined decreased by 1.4% between 2005–06 and 2006–07 (Table 2.3). For private hospitals, the average length of stay was 2.5 days in 2006–07. The average length of stay for public psychiatric hospitals increased from 42.5 days in 2005–06 to 43.3 days in 2006–07, reflecting the larger relative decrease in separations than patient days in 2006–07 reported for these hospitals.

With same-day separations excluded (as is the practice for OECD reporting), average lengths of stay in all hospitals combined decreased by 0.9% in 2006–07. For public psychiatric hospitals, the average length of stay increased from 48.2 days in 2005–06 to 50.3 days in 2006–07 (Table 2.3). The average lengths of stay are within the range of those reported from 2001 to 2003 for acute care for other OECD countries (OECD 2006).

Relative stay index

Relative stay index (RSI) information is presented for the period 2002–03 to 2006–07 in Table 2.3. The RSI is calculated as the actual number of patient days for separations in selected AR-DRGs (version 5.0/5.1) divided by the expected number of patient days (based on national figures for the 5 years combined) and standardised for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix of the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected. More details on the methods of calculating the RSIs are given in Chapter 4 and Appendix 1.

In public hospitals, the directly standardised RSI in 2006–07 (0.97) was 1.0% lower than in 2005–06. Directly standardised RSIs were higher in private hospitals than in public hospitals for all years. For all hospitals, the directly standardised RSI fell between 2002–03 (1.03) and 2005–06 (0.98). This corresponds to an average annual decrease over the period of 1.4%.

Non-admitted patients

Information on non-admitted patient occasions of service and group sessions provided by public acute and psychiatric hospitals for 2006–07 is presented in Table 2.5 by state and territory. Similar information from the ABS's Private Health Establishments Collection is presented for private hospitals for 2005–06 in Table 2.6. Data for private hospitals for 2006–07 were not available at the time of writing this report.

The most common non-admitted patient occasions of service delivered to individuals through public acute hospitals in 2006–07 (Table 2.5) were *Outpatient care*, followed by *Pathology* and *Accident and emergency* services. *Pharmacy, Radiology & organ imaging* and *Community health* were also frequently provided. *Pharmacy* included a large number of occasions of service for Justice Health in New South Wales which may not be typical of *Pharmacy* in other hospitals.

In addition to the services provided to individuals, group sessions were delivered through public acute hospitals. These services include group activities conducted in the same categories for which individual non-admitted patient services are recorded.

Note that there is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service data are collected. Differing admission practices between the states and territories also lead to variation among jurisdictions in the services reported in Table 2.5. States and territories may also differ in the extent to which these types of services are provided in non-hospital settings (such as community health centres), which are beyond the scope of this data collection.

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

Data on the number of non-admitted patient occasions of service provided through public psychiatric hospitals are also presented for New South Wales, Victoria, Queensland and Western Australia, the states or territories for which these data were supplied (Table 2.5).

These services include *emergency and outpatient* care and *outreach/community* care provided to individuals or groups.

In 2005–06, private hospitals reported about 1.73 million non-admitted patient occasions of service to the ABS's Private Health Establishments Collection. Nationally, there were about 423,300 non-admitted patient occasions of service reported for *Accident and emergency* in private hospitals (Table 2.6).

Remoteness Area of hospital

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

There was a total of 6,741,304 accident and emergency occasions of service reported for 2006–07, including almost 3.7 million (54.8%) in Major Cities and over 1.6 million (24.3%) in Inner Regional areas.

Table 2.7 also presents the number of occasions of service provided in the area per 1,000 residents in the area. This represents an approximation of the use of accident and emergency services by the resident population, as services provided in one area may be provided to persons residing in other Remoteness Area categories. The analysis by Remoteness Area is of less relevance to geographically smaller jurisdictions and those jurisdictions with smaller populations residing in remote areas (such as Victoria and the Australian Capital Territory). For Victoria, it was not possible to separately identify accident and emergency occasions of service in hospital campuses located in remote areas.

The rate varied from 261 per 1,000 population in Major Cities to 435 per 1,000 population in Inner Regional and Outer Regional areas combined, and 866 per 1,000 population in Remote and Very Remote areas combined. The pattern of use may reflect a number of factors including the availability of other health care services (such as primary care practitioners), patterns of occurrence of accidents causing injury, and the relatively poor health of Indigenous people who have higher population concentrations in remote areas.

Table 2.1: Summary of hospitals, Australia, 2002–03 to 2006–07

	2002–03	2003–04	2004–05	2005–06	2006–07	Change (Per cent) ^(a)	
						Ave since 2002–03	Since 2005–06
Hospitals^(b)							
Public hospitals	748	761	759	755	758	0.3	0.4
Public acute hospitals	729	741	739	736	739	0.3	0.4
Public psychiatric hospitals	19	20	20	19	19	0.0	0.0
Private hospitals	549	525	532	536	543	–0.3	1.3
Private free-standing day hospital facilities	248	234	247	252	265	1.7	5.2
Other private hospitals	301	291	285	284	278	–2.0	–2.1
Public acute and private hospitals	1,278	1,266	1,271	1,272	1,282	0.1	0.8
<i>Total</i>	<i>1,297</i>	<i>1,286</i>	<i>1,291</i>	<i>1,291</i>	<i>1,301</i>	<i>0.1</i>	<i>0.8</i>
Available or licensed beds^(c)							
Public hospitals	52,314	53,475	55,112	54,601	55,904	1.7	2.4
Public acute hospitals	49,791	50,915	52,626	52,236	53,563	1.8	2.5
Public psychiatric hospitals	2,523	2,561	2,487	2,366	2,342	–1.8	–1.0
Private hospitals	26,364	26,589	26,424	27,217	26,758	0.4	–1.7
Private free-standing day hospital facilities	1,910	1,947	2,078	1,965	1,992	1.1	1.4
Other private hospitals	24,454	24,642	24,346	25,252	24,766	0.3	–1.9
Public acute and private hospitals	76,155	77,504	79,050	79,453	80,321	1.3	1.1
<i>Total</i>	<i>78,678</i>	<i>80,064</i>	<i>81,536</i>	<i>81,818</i>	<i>82,662</i>	<i>1.2</i>	<i>1.0</i>
Beds per 1,000 population							
Public hospitals	2.65	2.67	2.72	2.66	2.68	0.3	0.9
Public acute hospitals	2.52	2.54	2.60	2.54	2.57	0.5	1.1
Public psychiatric hospitals	0.13	0.13	0.12	0.12	0.11	–3.1	–2.4
Private hospitals	1.33	1.33	1.30	1.32	1.28	–0.9	–3.1
Private free-standing day hospital facilities	0.10	0.10	0.10	0.10	0.10	–0.3	–0.1
Other private hospitals	1.24	1.23	1.20	1.23	1.19	–1.0	–3.3
Public acute and private hospitals	3.85	3.87	3.90	3.86	3.85	0.0	–0.3
<i>Total</i>	<i>3.98</i>	<i>4.00</i>	<i>4.02</i>	<i>3.98</i>	<i>3.96</i>	<i>–0.1</i>	<i>–0.4</i>
Non-admitted occasions of service^(d) ('000)							
Public acute hospitals	40,706	43,622	42,643	44,749	46,141	3.2	3.1
Other private hospitals	1,919	1,910	1,780	1,734	n.a.	–2.5	–2.6
<i>Total</i>	<i>42,625</i>	<i>45,531</i>	<i>44,424</i>	<i>46,483</i>	<i>n.a.</i>	<i>2.2</i>	<i>4.6</i>
Total recurrent expenditure, constant prices^(e) (\$ million)							
Public hospitals	20,467	21,626	22,692	23,964	25,303	5.4	5.6
Public acute hospitals	19,990	21,119	22,164	23,323	24,697	5.4	5.9
Public psychiatric hospitals	477	506	529	641	605	6.2	–5.6
Private hospitals	6,407	6,452	6,336	6,498	n.a.	0.4	2.6
Private free-standing day hospital facilities	301	311	316	338	n.a.	2.9	6.9
Other private hospitals	6,106	6,141	6,050	6,160	n.a.	0.2	1.8
<i>Total</i>	<i>26,874</i>	<i>28,078</i>	<i>29,028</i>	<i>30,462</i>	<i>n.a.</i>	<i>3.2</i>	<i>4.9</i>
Total recurrent expenditure, current prices^(f) (\$ million)							
Public hospitals	18,256	20,004	21,762	23,964	26,290	9.5	9.7
Public acute hospitals	17,831	19,535	21,255	23,323	25,661	9.5	10.0
Public psychiatric hospitals	425	468	507	641	629	10.3	–1.9
Private hospitals	5,401	5,859	6,114	6,498	n.a.	4.7	6.3
Private free-standing day hospital facilities	254	282	305	338	n.a.	7.4	10.8
Other private hospitals	5,147	5,576	5,838	6,160	n.a.	4.6	5.5
<i>Total</i>	<i>23,641</i>	<i>25,863</i>	<i>27,876</i>	<i>30,462</i>	<i>n.a.</i>	<i>6.5</i>	<i>9.3</i>

(continued)

Table 2.1 (continued): Summary of hospitals, Australia, 2002–03 to 2006–07

	2002–03	2003–04	2004–05	2005–06	2006–07	Change (Per cent) ^(a)	
						Ave since 2002–03	Since 2005–06
Total revenue, constant prices^(e) (\$ million)							
Public hospitals	1,685	1,774	1,993	2,158	2,325	8.4	7.7
Public acute hospitals	1,664	1,748	1,965	2,132	2,298	8.4	7.8
Public psychiatric hospitals	22	26	28	26	26	4.9	–0.1
Private hospitals	6,830	6,909	6,864	7,001	n.a.	0.6	2.0
Private free-standing day hospital facilities	357	375	390	410	n.a.	3.5	5.2
Other private hospitals	6,473	6,534	6,476	6,591	n.a.	0.5	1.8
<i>Total</i>	<i>8,515</i>	<i>8,683</i>	<i>8,857</i>	<i>9,159</i>	<i>n.a.</i>	<i>1.8</i>	<i>3.4</i>
Total revenue, current prices^(f) (\$ million)							
Public hospitals	1,503	1,641	1,911	2,158	2,415	12.6	11.9
Public acute hospitals	1,484	1,617	1,884	2,132	2,388	12.6	12.0
Public psychiatric hospitals	19	24	27	26	27	8.9	3.8
Private hospitals	5,758	6,273	6,624	7,001	n.a.	5.0	5.7
Private free-standing day hospital facilities	301	341	376	410	n.a.	8.0	9.0
Other private hospitals	5,456	5,933	6,249	6,591	n.a.	4.8	5.5
<i>Total</i>	<i>7,261</i>	<i>7,914</i>	<i>8,535</i>	<i>9,159</i>	<i>n.a.</i>	<i>6.0</i>	<i>7.3</i>

- (a) The average since 2002–03 is the average annual change between 2002–03 and the latest available year of data. The change since 2005–06 is the percentage change between 2005–06 and 2006–07 or the change between the two latest available years of data if the 2006–07 data are unavailable.
- (b) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.
- (c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same-day admitted patient services and other specialised services.
- (d) Excludes public psychiatric hospitals and group occasions of service. Reporting arrangements have varied significantly across years.
- (e) Constant price values referenced to 2005–06. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year. ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator used for public hospitals. ABS Household Final Consumption Expenditure Hospital Services deflator used for private hospitals.
- (f) Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts.

Source: For 2006–07, private hospital data are preliminary.

Table 2.2: Number of hospitals^(a) and available or licensed beds, by hospital sector and type, states and territories, 2006–07

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Public acute hospitals	219	143	173	94	78	24	3	5	739
Public psychiatric hospitals	9	1	4	1	1	3	0	0	19
<i>Total public hospitals</i>	228	144	177	95	79	27	3	5	758
Private free-standing day hospital facilities	89	71	51	20	23	2	9	0	265
Other private hospitals ^(c)	84	73	57	23	31	6	3	1	278
<i>Total private hospitals</i>	173	144	108	43	54	8	12	1	543
Total hospitals	401	288	285	138	133	35	15	6	1,301
Available or licensed beds^(d)									
Public acute hospitals	18,755	12,300	9,896	5,358	4,595	1,274	785	600	53,563
Public psychiatric hospitals	1,169	134	458	201	301	79	0	0	2,342
<i>Total beds available in public hospitals</i>	19,924	12,434	10,354	5,558	4,895	1,353	785	600	55,904
Private free-standing day hospital facilities	746	527	315	208	135	9	52	0	1,992
Other private hospitals ^(c)	6,136	6,148	6,028	2,858	2,158	939	349	150	24,766
<i>Total beds available in private hospitals</i>	6,882	6,675	6,343	3,066	2,293	948	401	150	26,758
Total available beds	26,806	19,109	16,697	8,624	7,188	2,301	1,186	750	82,662
Available or licensed beds per 1,000 population									
Public acute hospitals	2.7	2.4	2.4	2.6	2.9	2.6	2.3	2.8	2.6
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.2	0.2	0.0	0.0	0.1
<i>Total beds available in public hospitals</i>	2.9	2.4	2.5	2.7	3.1	2.8	2.3	2.8	2.7
Private free-standing day hospital facilities	0.1	0.1	0.1	0.1	0.1	0.0	0.2	0.0	0.1
Other private hospitals ^(c)	0.9	1.2	1.5	1.4	1.4	1.9	1.0	0.7	1.2
<i>Total beds in private hospitals</i>	1.0	1.3	1.5	1.5	1.5	1.9	1.2	0.7	1.3
Total beds per 1,000 population	3.9	3.7	4.0	4.1	4.6	4.7	3.5	3.5	4.0

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

(b) The count of public hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

(c) Includes private acute and private psychiatric hospitals.

(d) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same-day admitted patient services and other specialised services. Source: For 2006–07, private hospital data are preliminary.

Table 2.3: Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 2002–03 to 2006–07^(b)

	2002–03	2003–04	2004–05	2005–06	2006–07	Change (Per cent) ^(c)	
						Ave since 2002–03	Since 2005–06
Separations ('000)							
Public hospitals	4,091	4,201	4,276	4,466	4,661	3.3	4.4
Public acute hospitals	4,074	4,183	4,261	4,451	4,646	3.3	4.4
Public psychiatric hospitals	17	17	16	16	15	–2.7	–2.3
Private hospitals ^{(d)(e)}	2,554	2,641	2,742	2,846	2,942	3.6	3.4
Private free-standing day hospital facilities ^(e)	455	486	515	547	570	5.8	4.2
Other private hospitals ^(e)	1,991	2,043	2,134	2,298	2,371	4.5	3.2
Public acute & private hospitals ^(f)	6,629	6,824	7,003	7,296	7,588	3.4	4.0
Total	6,645	6,842	7,019	7,312	7,603	3.4	4.0
Overnight separations ('000)							
Public hospitals	2,091	2,143	2,177	2,250	2,328	2.7	3.5
Public acute hospitals	2,077	2,129	2,164	2,237	2,315	2.8	3.5
Public psychiatric hospitals	14	14	13	14	13	–1.5	–4.7
Private hospitals ^{(d)(e)}	986	986	995	1,018	1,033	1.2	1.4
Private free-standing day hospital facilities ^(e)	4	3	3	2	2	–11.5	–0.7
Other private hospitals ^(e)	951	934	952	1,016	1,031	2.0	1.4
Public acute & private hospitals ^(f)	3,063	3,116	3,158	3,255	3,348	2.3	2.9
Total	3,076	3,130	3,172	3,269	3,361	2.2	2.8
Same-day separations ('000)							
Public hospitals	2,000	2,057	2,099	2,216	2,333	3.9	5.3
Public acute hospitals	1,997	2,054	2,097	2,214	2,331	3.9	5.3
Public psychiatric hospitals	3	3	2	2	2	–6.6	14.7
Private hospitals ^{(d)(e)}	1,569	1,654	1,748	1,827	1,909	5.0	4.4
Private free-standing day hospital facilities ^(e)	451	483	512	545	568	5.9	4.2
Other private hospitals ^(e)	1,081	1,109	1,181	1,282	1,341	5.5	4.5
Public acute & private hospitals ^(f)	3,566	3,708	3,845	4,041	4,239	4.4	4.9
Total	3,569	3,711	3,847	4,043	4,242	4.4	4.9
Same-day separations as a % of total							
Public hospitals	48.9	49.0	49.1	49.6	50.0	0.6	0.9
Public acute hospitals	49.0	49.1	49.2	49.7	50.2	0.6	0.8
Public psychiatric hospitals	17.0	18.5	14.9	12.1	14.2	–4.4	17.4
Private hospitals ^{(d)(e)}	61.4	62.6	63.7	64.2	64.9	1.4	1.0
Private free-standing day hospital facilities ^(e)	99.1	99.4	99.5	99.6	99.6	0.1	0.0
Other private hospitals ^(e)	53.2	54.3	55.4	55.8	56.5	1.5	1.3
Public acute & private hospitals ^(f)	53.8	54.3	54.9	55.4	55.9	0.9	0.9
Total	53.7	54.3	54.8	55.3	55.8	1.0	0.9
Separations per 1,000 population^(g)							
Public hospitals	205.7	207.8	208.1	213.6	218.8	1.6	2.4
Public acute hospitals	204.8	206.9	207.3	212.8	218.0	1.6	2.5
Public psychiatric hospitals	0.8	0.9	0.8	0.8	0.7	–3.3	–3.4
Private hospitals ^{(d)(e)}	129.0	130.9	133.9	139.6	141.4	2.3	1.3
Private free-standing day hospital facilities ^(e)	23.9	25.1	26.1	27.3	27.9	3.9	2.2
Other private hospitals ^(e)	105.1	105.8	107.8	112.3	113.5	1.9	1.0
Public acute & private hospitals ^(f)	333.9	337.8	341.2	352.4	359.4	1.9	2.0
Total	333.5	337.3	340.2	348.2	355.1	1.6	2.0

(continued)

Table 2.3 (continued): Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 2002–03 to 2006–07^(b)

	2002–03	2003–04	2004–05	2005–06	2006–07	Change (Per cent) ^(c)	
						Ave since 2002–03	Since 2005–06
Average public cost weight of separations^(h)							
Public hospitals	1.00	1.00	1.02	1.01	1.00	0.0	–0.6
Public acute hospitals	1.00	1.00	1.02	1.00	1.00	0.0	–0.6
Public psychiatric hospitals	1.92	1.84	2.00	2.02	1.99	1.0	–1.4
Private hospitals ^{(e)(f)}	0.93	0.92	0.91	0.91	0.92	–0.2	0.3
Private free-standing day hospital facilities ^(f)	0.49	0.48	0.48	0.48	0.48	–0.2	1.6
Other private hospitals ^(f)	1.03	1.02	1.02	1.02	1.03	0.0	0.3
Public acute & private hospitals ^(f)	0.97	0.97	0.98	0.97	0.97	–0.1	–0.3
Total	0.97	0.97	0.98	0.97	0.97	–0.1	–0.3
Average private cost weight of separations⁽ⁱ⁾							
Private hospitals ^{(d)(e)}	0.86	0.85	0.85	0.85	0.86	–0.0	0.2
Private free-standing day hospital facilities ^(e)	0.37	0.37	0.37	0.37	0.38	0.1	1.8
Other private hospitals ^(e)	0.97	0.97	0.97	0.97	0.98	0.3	0.3
Patient days ('000)							
Public hospitals	16,425	16,419	16,662	16,993	17,439	1.5	2.6
Public acute hospitals	15,506	15,742	15,880	16,332	16,781	2.0	2.7
Public psychiatric hospitals ^(j)	919	677	782	661	658	–8.0	–0.4
Private hospitals ^{(d)(e)}	7,115	7,165	7,166	7,338	7,485	1.3	2.0
Private free-standing day hospital facilities ^(e)	455	486	515	548	570	5.8	4.2
Other private hospitals ^(e)	6,450	6,356	6,400	6,790	6,915	1.8	1.8
Public acute & private hospitals ^(f)	22,622	22,907	23,046	23,670	24,267	1.8	2.5
Total	23,541	23,583	23,829	24,331	24,925	1.4	2.4
Patient days per 1,000 population^(g)							
Public hospitals	821.1	805.3	802.2	804.3	808.1	–0.4	0.5
Public acute hospitals	774.7	771.7	763.5	772.3	776.5	0.1	0.5
Public psychiatric hospitals ^(j)	46.4	33.6	38.6	32.0	31.6	–9.2	–1.3
Private hospitals ^{(d)(e)}	356.9	351.4	344.0	346.1	345.1	–0.8	–0.3
Private free-standing day hospital facilities ^(e)	23.9	25.1	26.1	27.3	27.9	3.9	2.2
Other private hospitals ^(e)	331.8	325.3	319.3	328.3	326.6	–0.4	–0.5
Public acute & private hospitals ^(f)	1,131.6	1,123.1	1,107.5	1,118.4	1,121.7	–0.2	0.3
Total	1,175.6	1,154.5	1,143.9	1,148.1	1,150.8	–0.5	0.2
Average length of stay (days)							
Public hospitals	4.0	3.9	3.9	3.8	3.7	–1.8	–1.7
Public acute hospitals	3.8	3.8	3.7	3.7	3.6	–1.3	–1.6
Public psychiatric hospitals	55.1	39.6	49.4	42.5	43.3	–5.9	1.9
Private hospitals ^{(d)(e)}	2.8	2.7	2.6	2.6	2.5	–2.2	–1.3
Private free-standing day hospital facilities ^(e)	1.0	1.0	1.0	1.0	1.0	0.0	–0.0
Other private hospitals ^(e)	3.2	3.1	3.0	3.0	2.9	–2.1	–1.3
Public acute & private hospitals ^(f)	3.4	3.4	3.3	3.2	3.2	–1.6	–1.4
Total	3.5	3.4	3.4	3.3	3.3	–1.9	–1.5
Average length of stay, excluding same-day separations (days)							
Public hospitals	6.9	6.7	6.7	6.6	6.5	–1.5	–1.2
Public acute hospitals	6.5	6.4	6.4	6.3	6.2	–1.0	–1.1
Public psychiatric hospitals	66.2	48.3	57.8	48.2	50.3	–6.6	4.4
Private hospitals ^{(d)(e)}	5.6	5.6	5.4	5.4	5.4	–1.0	–0.2
Private free-standing day hospital facilities ^(e)	1.0	1.0	1.0	1.0	1.0	0.1	–4.0
Other private hospitals ^(e)	5.6	5.6	5.5	5.4	5.4	–1.1	–0.2
Public acute & private hospitals ^(f)	6.2	6.2	6.1	6.0	6.0	–1.0	–0.8
Total	6.5	6.3	6.3	6.2	6.2	–1.3	–0.9

(continued)

Table 2.3 (continued): Summary of separation^(a), patient day and average length of stay statistics, by hospital type, Australia, 2002–03 to 2006–07^(b)

	2002–03	2003–04	2004–05	2005–06	2006–07	Change (Per cent) ^(c)	
						Ave since 2002–03	Since 2005–06
Indirectly standardised relative stay index^(k)							
Public hospitals	1.01	1.00	0.97	0.97	0.96	..	..
Public acute hospitals	1.01	0.99	0.97	0.97	0.96	..	..
Public psychiatric hospitals ^(d)	1.28	1.28	1.28	1.29	1.27	..	..
Private hospitals ^{(d)(e)}	1.09	1.06	1.03	1.01	1.00	..	..
Private free-standing day hospital facilities ^(e)	0.76	0.76	0.76	0.76	0.75	..	..
Other private hospitals ^(e)	1.10	1.08	1.05	1.03	1.01	..	..
Public acute & private hospitals ^(f)	1.03	1.02	0.99	0.98	0.97	..	..
Total	1.03	1.02	0.99	0.99	0.97	..	..
Directly standardised relative stay index^(l)							
Public hospitals	1.02	1.01	0.99	0.99	0.97	–1.2	–1.0
Public acute hospitals	1.02	1.00	0.98	0.98	0.97	–1.1	–1.0
Public psychiatric hospitals ^(d)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Private hospitals ^{(d)(e)}	1.13	1.11	1.08	1.06	1.06	–1.7	–0.2
Private free-standing day hospital facilities ^(e)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals ^(e)	1.14	1.13	1.09	1.07	1.07	–1.7	–0.2
Public acute & private hospitals ^(f)	1.03	1.02	0.99	0.98	0.97	–1.4	–1.0
Total	1.03	1.02	0.99	0.99	0.98	–1.4	–1.1

- (a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
- (b) For 2002–03 to 2006–07, data on separations and patient days for public patients, private patients and other categories of patients in the public and private sector are presented in Table 7.1.
- (c) Annual average change, not adjusted for changes in coverage and recategorisation. Change for private free-standing day facilities and other private hospitals excludes Tasmania, the Northern Territory and the Australian Capital Territory.
- (d) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some states and territories. See Appendix 2 for details.
- (e) The hospital type was not specified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database for 2002–03 and 2003–04. Thus, data for those years for Tasmania, the Northern Territory and the Australian Capital Territory are included in the total for private hospitals but not the private hospital subcategories to protect the privacy of Tasmanian subcategorised data for private free-standing and other private hospitals. However, they were included in the total for private hospitals.
- (f) Excludes public psychiatric hospitals.
- (g) Figures are directly age-standardised to the June 2006 Australian population as detailed in Appendix 1.
- (h) AR-DRG version 5.0 national public sector estimated cost weights 2005–06 were applied to AR-DRG version 5.1 DRGs for all rows in this category.
- (i) AR-DRGs version 4.2 and private national cost weights for 2002–03 were used for all rows in this category.
- (j) In 2004–05, all long-stay patients in one public psychiatric hospital in New South Wales were statistically discharged and readmitted. This would have had the effect of increasing the number of patient days reported in 2004–05.
- (k) Relative stay index based on all hospitals combined for the 5-year period using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group. See Appendix 1 for details on the methodology.
- (l) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells. See Appendix 1 for details on the methodology.

Table 2.4: Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280
Public acute hospitals	1,451,371	1,313,916	784,225	449,451	388,888	96,643	75,767	85,813	4,646,074
Public psychiatric hospitals	10,758	326	405	1,445	1,759	513	..	..	15,206
Private hospitals	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637
Private free-standing day hospital facilities	184,223	119,379	173,525	44,899	41,588	n.p.	n.p.	n.p.	570,475
Other private hospitals ^(b)	624,153	642,038	568,489	244,264	187,736	n.p.	n.p.	n.p.	2,371,162
Public acute & private hospitals	2,259,747	2,075,333	1,526,239	738,614	618,212	n.p.	n.p.	n.p.	7,587,711
Total	2,270,505	2,075,659	1,526,644	740,059	619,971	n.p.	n.p.	n.p.	7,602,917
Overnight separations									
Public hospitals	823,046	576,966	398,797	214,562	198,381	48,386	34,555	33,779	2,328,472
Public acute hospitals	814,045	576,641	398,395	213,182	196,943	47,885	34,555	33,779	2,315,425
Public psychiatric hospitals	9,001	325	402	1,380	1,438	501	..	..	13,047
Private hospitals	259,010	273,481	250,906	111,257	92,906	n.p.	n.p.	n.p.	1,032,936
Private free-standing day hospital facilities	2,026	0	0	397	0	n.p.	n.p.	n.p.	2,423
Other private hospitals ^(b)	256,984	273,481	250,906	110,860	92,906	n.p.	n.p.	n.p.	1,030,513
Public acute & private hospitals	1,073,055	850,122	649,301	324,439	289,849	n.p.	n.p.	n.p.	3,348,361
Total	1,082,056	850,447	649,703	325,819	291,287	n.p.	n.p.	n.p.	3,361,408
Same-day separations									
Public hospitals	639,083	737,276	385,833	236,334	192,266	48,770	41,212	52,034	2,332,808
Public acute hospitals	637,326	737,275	385,830	236,269	191,945	48,758	41,212	52,034	2,330,649
Public psychiatric hospitals	1,757	1	3	65	321	12	..	..	2,159
Private hospitals ^(b)	549,366	487,936	491,108	177,906	136,418	n.p.	n.p.	n.p.	1,908,701
Private free-standing day hospital facilities	182,197	119,379	173,525	44,502	41,588	n.p.	n.p.	n.p.	568,052
Other private hospitals ^(b)	367,169	368,557	317,583	133,404	94,830	n.p.	n.p.	n.p.	1,340,649
Public acute & private hospitals	1,186,692	1,225,211	876,938	414,175	328,363	n.p.	n.p.	n.p.	4,239,350
Total	1,188,449	1,225,212	876,941	414,240	328,684	n.p.	n.p.	n.p.	4,241,509
Same-day separations as a % of total									
Public hospitals	43.7	56.1	49.2	52.4	49.2	50.2	54.4	60.6	50.0
Public acute hospitals	43.9	56.1	49.2	52.6	49.4	50.5	54.4	60.6	50.2
Public psychiatric hospitals	16.3	0.3	0.7	4.5	18.2	2.3	..	..	14.2
Private hospitals ^(b)	68.0	64.1	66.2	61.5	59.5	n.p.	n.p.	n.p.	64.9
Private free-standing day hospital facilities	98.9	100.0	100.0	99.1	100.0	n.p.	n.p.	n.p.	99.6
Other private hospitals ^(b)	58.8	57.4	55.9	54.6	50.5	n.p.	n.p.	n.p.	56.5
Public acute & private hospitals	52.5	59.0	57.5	56.1	53.1	n.p.	n.p.	n.p.	55.9
Total	52.3	59.0	57.4	56.0	53.0	n.p.	n.p.	n.p.	55.8

(continued)

Table 2.4 (continued): Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations per 1,000 population^(c)									
Public hospitals	206.0	246.7	190.2	218.4	232.6	188.5	244.8	480.1	218.8
Public acute hospitals	204.4	246.6	190.1	217.7	231.5	187.5	244.8	480.1	218.0
Public psychiatric hospitals	1.6	0.1	0.1	0.7	1.1	1.1	..	..	0.7
Private hospitals ^(b)	112.9	141.3	177.9	138.4	132.5	n.p.	n.p.	n.p.	141.4
Private free-standing day hospital facilities	25.8	22.4	41.6	21.5	23.8	n.p.	n.p.	n.p.	27.3
Other private hospitals ^(b)	87.1	119.0	136.3	116.8	108.6	n.p.	n.p.	n.p.	112.3
Public acute & private hospitals	317.3	388.0	368.0	356.1	364.0	n.p.	n.p.	n.p.	359.4
Total	318.9	388.0	368.1	356.8	365.1	n.p.	n.p.	n.p.	355.1
Average public cost weight of separations^(d)									
Public hospitals	1.07	0.95	1.01	0.95	1.01	1.04	1.01	0.72	1.00
Public acute hospitals	1.06	0.95	1.01	0.95	1.01	1.04	1.01	0.72	1.00
Public psychiatric hospitals	1.79	3.03	3.96	2.60	2.54	1.78	..	..	1.99
Private hospitals ^(b)	0.94	0.90	0.89	0.91	0.98	n.p.	n.p.	n.p.	0.92
Private free-standing day hospital facilities	0.54	0.41	0.49	0.41	0.47	n.p.	n.p.	n.p.	0.48
Other private hospitals ^(b)	1.07	0.99	1.01	1.01	1.09	n.p.	n.p.	n.p.	1.02
Public acute & private hospitals	1.02	0.93	0.95	0.93	1.00	n.p.	n.p.	n.p.	0.97
Total	1.02	0.93	0.95	0.94	1.00	n.p.	n.p.	n.p.	0.97
Average private cost weight of separations^(e)									
Private hospitals ^(b)	0.88	0.84	0.82	0.85	0.92	n.p.	n.p.	n.p.	0.86
Private free-standing day hospital facilities	0.45	0.30	0.37	0.31	0.36	n.p.	n.p.	n.p.	0.38
Other private hospitals ^(b)	1.02	0.95	0.97	0.95	1.04	n.p.	n.p.	n.p.	0.98
Patient days									
Public hospitals	6,015,425	4,419,117	2,872,078	1,610,062	1,598,163	406,365	260,346	257,532	17,439,088
Public acute hospitals	5,694,253	4,371,668	2,750,008	1,558,140	1,509,563	379,649	260,346	257,532	16,781,159
Public psychiatric hospitals	321,172	47,449	122,070	51,922	88,600	26,716	..	..	657,929
Private hospitals ^(b)	1,970,718	1,994,122	1,900,834	743,581	589,917	n.p.	n.p.	n.p.	7,485,477
Private free-standing day hospital facilities	184,233	119,379	173,525	44,899	41,588	n.p.	n.p.	n.p.	570,485
Other private hospitals ^(b)	1,786,485	1,874,743	1,727,309	698,682	548,329	n.p.	n.p.	n.p.	6,914,992
Public acute & private hospitals	7,664,971	6,365,790	4,650,842	2,301,721	2,099,480	n.p.	n.p.	n.p.	24,266,636
Total	7,986,143	6,413,239	4,772,912	2,353,643	2,188,080	n.p.	n.p.	n.p.	24,924,565

(continued)

Table 2.4 (continued): Summary of separation^(a), average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient days per 1,000 population^(c)									
Public hospitals	830.4	814.7	697.1	785.2	908.4	762.5	859.7	1,593.0	808.1
Public acute hospitals	783.7	805.5	667.3	760.2	852.3	712.1	859.7	1,593.0	776.5
Public psychiatric hospitals	46.8	9.2	29.8	25.1	56.1	50.4	..	..	31.6
Private hospitals ^(b)	270.2	363.9	457.4	360.3	327.8	n.p.	n.p.	n.p.	345.1
Private free-standing day hospital facilities	25.8	22.4	41.6	21.5	23.8	n.p.	n.p.	n.p.	27.3
Other private hospitals ^(b)	244.4	341.6	415.8	338.8	303.9	n.p.	n.p.	n.p.	328.3
Public acute & private hospitals	1,053.9	1,169.4	1,124.7	1,120.5	1,180.1	n.p.	n.p.	n.p.	1,121.7
Total	1,100.6	1,178.7	1,154.5	1,145.5	1,236.2	n.p.	n.p.	n.p.	1,150.8
Average length of stay (days)									
Public hospitals	4.1	3.4	3.7	3.6	4.1	4.2	3.4	3.0	3.7
Public acute hospitals	3.9	3.3	3.5	3.5	3.9	3.9	3.4	3.0	3.6
Public psychiatric hospitals ^(f)	29.9	145.5	301.4	35.9	50.4	52.1	..	..	43.3
Private hospitals ^(b)	2.4	2.6	2.6	2.6	2.6	n.p.	n.p.	n.p.	2.5
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals ^(b)	2.9	2.9	3.0	2.9	2.9	n.p.	n.p.	n.p.	3.0
Public acute & private hospitals	3.4	3.1	3.0	3.1	3.4	n.p.	n.p.	n.p.	3.2
Total	3.5	3.1	3.1	3.2	3.5	n.p.	n.p.	n.p.	3.3
Average length of stay, excluding same-day separations (days)									
Public hospitals	6.5	6.4	6.2	6.4	7.1	7.4	6.3	6.1	6.5
Public acute hospitals	6.2	6.3	5.9	6.2	6.7	6.9	6.3	6.1	6.2
Public psychiatric hospitals ^(f)	35.5	146.0	303.6	37.6	61.4	53.3	..	..	50.3
Private hospitals ^(b)	5.5	5.5	5.6	5.1	4.9	n.p.	n.p.	n.p.	5.4
Private free-standing day hospital facilities	1.0	..	..	1.0	..	n.p.	n.p.	n.p.	1.0
Other private hospitals ^(b)	5.5	5.5	5.6	5.1	4.9	n.p.	n.p.	n.p.	5.4
Public acute & private hospitals	6.0	6.0	5.8	5.8	6.1	n.p.	n.p.	n.p.	6.0
Total	6.3	6.1	6.0	6.0	6.4	n.p.	n.p.	n.p.	6.2

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

(b) Includes private psychiatric hospitals.

(c) Figures are directly age-standardised to the June 2006 Australian population as detailed in Appendix 1.

(d) Separations for which the care type was reported as *Acute*, or as *Newborn* with qualified patient days, or was *Not reported*. AR-DRG version 5.0 national public sector estimated cost weights 2005–06 were applied to AR-DRG version 5.1 DRGs for all rows in Average public cost weight of separations.

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

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

Table 2.5: Non-admitted patient occasions of service^(a), by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2006–07

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(b)	Total ^(c)
Public acute hospitals									
Individual occasions of service									
Accident & emergency	2,303,877	1,468,474	1,382,259	726,741	515,928	124,902	96,322	122,801	6,741,304
Outpatient care									
Allied health	812,920	1,067,213	533,317	930,513	196,570	92,435	17,220	9,575	3,659,763
Dental	595,152	188,335	265,265	11,116	10,841	13,447	0	0	1,084,156
Dialysis	21,892	0	0	..	0	10,906	0	0	32,798
Endoscopy & related procedures	11,867	0	9,098	..	0	1,339	2,125	0	24,429
Other medical/surgical/obstetric ^(d)	4,813,614	1,575,831	2,392,838	653,758	928,863	312,459	245,202	108,586	11,031,151
<i>Total Outpatient occasions of service</i>	6,255,445	2,831,379	3,200,518	1,595,387	1,136,274	430,586	264,547	178,161	15,832,297
Mental health	848,381	707,496	121,465	37,664	12,801	..	1,803	0	1,729,610
Alcohol & drug	1,307,495	22,852	94,960	0	0	0	0	0	1,425,307
Pharmacy ^(e)	3,292,540	438,871	574,952	190,223	0	78,178	870	33,652	4,609,286
Community health	1,473,441	250,466	177,365	801,342	9,002	..	9,420	0	2,721,036
District nursing ^(f)	1,361,175	221,709	108,112	171,813	13,758	0	0	0	1,876,567
Pathology	2,322,209	755,109	3,268,395	556,170	..	205,762	35,194	82,219	7,225,058
Radiology & organ imaging	782,283	568,491	872,786	411,248	229,220	83,274	66,940	61,059	3,075,301
Other outreach	337,919	3,964	147,193	176,258	222,473	..	17,323	0	905,130
Total individual occasions of service	20,284,765	7,268,811	9,948,005	4,666,846	2,139,456	922,702	492,419	417,892	46,140,896
Group sessions									
Outpatient care									
Allied health	18,252	20,400	6,841	14,850	5,645	n.a.	695	n.a.	66,683
Dental	54	n.a.	n.a.	n.a.	0	n.a.	..	n.a.	54
Other medical/surgical/obstetric ^(d)	51,608	2,212	4,678	n.a.	6,921	n.a.	1,466	79	66,964
<i>Total Outpatient occasions of service</i>	69,914	22,612	11,519	14,850	12,566	n.a.	2,161	n.a.	133,701
Mental health	28,854	n.a.	212	2,846	1,374	n.a.	326	n.a.	33,612
Alcohol & drug	1,980	n.a.	70	..	..	n.a.	..	n.a.	2,050
Community health	37,561	n.a.	3,245	34,920	..	n.a.	..	n.a.	75,726
District nursing	4,842	n.a.	300	3,099	..	n.a.	..	n.a.	8,241
Other outreach	4,384	n.a.	422	3,548	83,112	n.a.	74	n.a.	91,540
Other	539	n.a.	0	..	..	n.a.	..	n.a.	539
Total group sessions	148,074	22,612	15,768	59,263	97,052	n.a.	2,561	79	345,409

(continued)

Table 2.5 (continued): Non-admitted patient occasions of service^(a), by type of non-admitted patient care, public acute and psychiatric hospitals, states and territories, 2006–07

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(b)	Total ^(c)
Public psychiatric hospitals									
Emergency & outpatient individual sessions	126,949	2,801	60	16,393	n.a.	n.a.	..	..	146,203
Emergency & outpatient group sessions	9,304	0	0	2,446	n.a.	n.a.	..	..	11,750
Outreach/community individual sessions	0	0	0	0	n.a.	n.a.	..	..	0
Outreach/community group sessions	0	0	0	0	n.a.	n.a.	..	..	0
Total services	136,253	2,801	60	18,839	n.a.	n.a.	..	..	157,953

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) Radiology figures for the Northern Territory are underestimated and Pathology figures relate only to three of the five hospitals.

(c) Includes only those states and territories for which data are available.

(d) Other medical/surgical/obstetric includes the outpatient services of Gynaecology, Obstetrics, Cardiology, Endocrinology, Oncology, Respiratory, Gastroenterology, Medical, General practice primary care, Paediatric, Plastic surgery, Urology, Orthopaedic surgery, Ophthalmology, Ear, nose and throat, Chemotherapy, Paediatric surgery and Renal medical.

(e) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service for Pharmacy which may not be typical for other hospitals.

(f) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service which may not be typical of District nursing.

Table 2.6: Non-admitted patient occasions of service ('000), by type of non-admitted patient care, private hospitals, states and territories, 2005–06

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency ^(a)	51.7	106.4	138.4	67.7	37.1	n.a.	n.a.	n.a.	423.3
Outpatient services ^(b)	154.5	696.5	180.6	24.2	6.7	n.a.	n.a.	n.a.	1,064.5
Other non-admitted services ^(c)	133.8	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	182.9
Other	24.6	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	63.1
Total	364.6	802.9	319.0	91.9	43.8	n.a.	n.a.	n.a.	1,733.9

(a) Including hospitals which do not have a formal accident and emergency unit but which treated accident and emergency patients during the year.

(b) Includes *Dialysis, Radiology and organ imaging, Endoscopy, Pathology, Other medical/surgical/diagnostic, Psychiatric, Alcohol and drug, Dental, Pharmacy and Allied health services.*

(c) Includes *Community health services, District nursing services and Non-medical and social services.*

Source: ABS Private Health Establishments Collection, unpublished data.

Table 2.7: Accident and emergency non-admitted patient occasions of service, Remoteness Area of hospital, public acute hospitals, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency services									
Major Cities	1,343,543	983,429	539,348	370,169	358,950	..	96,322	..	3,691,761
Inner Regional	684,175	375,504	385,811	95,416	46,046	52,670	..	..	1,639,622
Outer Regional	234,906	109,541	331,278	116,423	73,612	64,624	..	56,064	986,448
<i>Total regional</i>	919,081	485,045	717,089	211,839	119,658	117,294	..	56,064	2,626,070
Remote	30,143	n.a.	77,531	84,732	25,375	5,950	..	46,913	270,644
Very Remote	11,110	..	48,291	60,001	11,945	1,658	..	19,824	152,829
<i>Total remote</i>	41,253	n.a.	125,822	144,733	37,320	7,608	..	66,737	423,473
Total	2,303,877	1,468,474	1,382,259	726,741	515,928	124,902	96,322	122,801	6,741,304
Rate of accident and emergency services provided in area to 1,000 population resident in area^(a)									
Major Cities	272	256	221	252	315	..	289	..	261
Inner Regional	493	362	431	373	244	166	..	..	402
Outer Regional	528	437	537	612	407	397	..	486	503
<i>Total regional</i>	502	377	474	474	324	245	..	486	435
Remote	907	n.a.	871	916	557	778	..	1,022	849
Very Remote	2,332	..	938	1,232	887	642	..	401	897
<i>Total remote</i>	1,085	n.a.	896	1,025	632	743	..	700	866
Total	338	286	338	353	329	255	288	583	326

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

3 Public hospital establishments

Introduction

This chapter describes the public hospital sector in terms of the number of hospitals, availability of hospital beds, staff employed and specialised services provided. It also provides information on public hospital expenditure and revenue. The main source of data is the National Public Hospital Establishments Database. Data on specialised services, expenditure, staffing and revenue for some small hospitals were incomplete.

Hospitals and bed numbers

Table 3.1 presents information on the numbers of hospitals and beds and the distribution of hospitals by their peer group, which classifies hospitals to broadly similar groups in terms of their range of admitted patient activity and their geographical location. There were 758 public hospitals and 55,904 beds reported for 2006–07.

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

Public hospital peer groups

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

For 2006–07, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's hospitals* group. Although the 84 hospitals in this group accounted for only 11.1% of public acute and psychiatric hospitals, they covered 55.6% of beds (Table 3.1).

The *Small acute hospitals* peer group accounted for the largest number of public hospitals in 2006–07. While the 150 *Small acute hospitals* represented 19.8% of hospitals in 2006–07, they accounted for only 6.0% of available beds.

Distribution of hospitals according to bed numbers

Grouping hospitals by number of available beds shows that there were more small hospitals, particularly in those jurisdictions that cover large geographical areas (Table 3.2). The majority of beds were in larger hospitals and in more densely populated areas. Although 71.2% of hospitals had fewer than 50 beds, these small hospitals accounted for only 17.4% of available beds. The largest hospital had 982 beds, and the median hospital size was 24 beds.

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

Geographical distribution of beds

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

On a Remoteness Area basis, the highest number of hospitals was in Outer Regional areas (224) and the largest number of beds was in Major Cities (35,147).

Nationally, there were 2.7 public hospital beds per 1,000 population. The number of public hospital beds in a jurisdiction per 1,000 population resident in the jurisdiction ranged from 2.3 in the Australian Capital Territory to 3.1 in South Australia.

The number of public hospital beds per 1,000 population ranged from 2.5 beds per 1,000 population in Major Cities, to 3.0 in Regional areas and 4.9 in Remote and Very Remote areas. This distribution of beds reflects a similar distribution to separation rates for public hospitals by Remoteness Area (see Table 8.12).

This analysis by Remoteness Area is of less relevance to geographically smaller jurisdictions and those jurisdictions with small populations residing in Remote and Very Remote areas (such as Victoria and the Australian Capital Territory). Thus, the ratio of services to the population does not necessarily indicate the accessibility of hospital services. Hospitals based in central locations can also serve patients who reside in other areas of a state or territory or in other jurisdictions. The patterns of bed availability across regions may also reflect a number of factors including patterns of availability of other health care services and patterns of disease and injury (such as the relatively poor health of Indigenous people, who have higher population concentrations in Remote areas).

Specialised services

Data relating to the availability of specialised services (such as *Intensive care unit*, *Obstetric/maternity service* and *Transplantation units*) in public acute hospitals for all states and territories are presented in Table 3.4.

Data on specialised services were not available for a few hospitals so the services may be under-enumerated. By far, the most common specialised services offered by hospitals were *Domiciliary care services* and services provided by *Obstetric/maternity* and *Nursing home care units*. In contrast, *Acute spinal cord injury unit* and *Pancreas, heart and liver transplantation services* were provided by only a few hospitals, reflecting the highly specialised nature of those services.

Most specialised services were in hospitals located in Major Cities, for example; all 9 *Acute spinal cord injury units* were located in Major Cities. However, other services were more dispersed with 24 of the 75 *Intensive care units* located in regional and remote areas, and 186 of the 250 *Obstetric/maternity services* in regional and remote areas.

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, there were some smaller hospitals with an *Obstetric/maternity service* unit that had less than one delivery a week on average. There were also a few hospitals that did not report having an obstetric unit but reported one or more deliveries a day.

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

Staffing

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

Nationally, 234,717 full-time equivalent staff were employed in the public hospital sector in 2006–07. *Nurses* constituted 44.3% (103,960) of public hospital staff; *Registered nurses* were the largest group in those states and territories that reported a breakdown of the nursing categories.

There were 24,526 *Salaried medical officers* employed in public hospitals throughout Australia, representing 10.4% of the public hospital labour force. Information on numbers of visiting medical officers (VMOs), who are contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals, is not available (see Table 3.6 for data on expenditure on VMOs).

Variation in some staffing categories (in particular, *Other personal care staff* and *Domestic and other staff*) is most likely due to different reporting practices in the states. Queensland, in particular, has noted that there is little difference between these categories, and that an employee may perform different functions within these two categories on different days. New South Wales and Victoria did not provide data on *Other personal care staff* (and Western Australia provided incomplete data) as these staff are included in the *Diagnostic and allied health* and *Domestic and other staffing* categories.

The outsourcing of services with a large labour-related component (such as food services and domestic services) can have a substantial impact on staffing figures. Differences in outsourcing may explain some of the differences in full-time equivalent staff in some staffing categories and also some of the differences between the states and territories.

The average salary for full-time equivalent *Nurses* in 2006–07 was \$70,533 nationally, an increase of 4.4% on the average salary of \$67,592 in 2005–06 (AIHW 2007a). The average salary for full-time equivalent *Salaried medical officers* was \$146,455, a 7.1% increase over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for *Nurses* ranged from \$68,295 in Queensland to \$84,055 in the Northern Territory. For

Salaried medical officers, they ranged from \$131,510 in Tasmania to \$166,013 in the Northern Territory.

Some of the variation in average salaries reported for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff* is likely to be a result of different reporting practices and use of outsourced services. The degree of outsourcing of higher paid versus lower paid staffing functions will affect the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors tends to result in higher average salaries for the domestic service staff.

Recurrent expenditure by hospitals

Information on gross recurrent expenditure, categorised into *Salary and wages expenditure* and *Non-salary expenditure*, is presented in Table 3.6. Nationally, total recurrent expenditure excluding depreciation by public acute and psychiatric hospitals was \$26.3 billion in 2006–07.

The largest share of expenditure for 2006–07 was for salary payments. Even when payments to VMOs and payments for outsourced services are excluded, salary payments accounted for 62.4% of the \$26.3 billion spent within the public hospital system. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data were available.

Medical and surgical supplies (which include consumable supplies only and not equipment purchases), *Superannuation*, *Administrative expenses* and *Drug supplies* were the major non-salary expenses for public hospitals nationally. Data for Queensland include payments for pathology provided by the state-wide pathology services.

Depreciation has also been reported in Table 3.6. The data show that there is variation between states and territories in reporting, ranging from 5.6% of total expenditure in Queensland to 0.8% in the Northern Territory. Depreciation data were incomplete for South Australia.

Hospital revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from state or territory governments) is reported in Table 3.7. Revenue is reported against three categories: *Patient revenue*, *Recoveries* (that is, income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries), and *Other revenue* (such as from charities).

Australian public hospitals received \$2.42 billion in revenue in 2006–07. This was equivalent to 9.2% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories. Public hospital revenue in Tasmania represented 11.7% of expenditure (excluding depreciation), whereas revenue in the Northern Territory represented 3.8% of expenditure.

There is some variation among the states and territories in the treatment of revenue data. For example, Victoria's *Other revenue* includes Commonwealth grants. In contrast, the Northern Territory does not include Commonwealth grants in its revenue figures.

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

Other expenditure and revenue related to hospitals

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

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

Data on the purchase (at the state or area health service level) of public hospital services provided by privately owned and/or operated hospitals has been reported by some states and territories. In 2006–07 New South Wales, Tasmania, South Australia and Victoria reported \$50.9 million, \$10.9 million, \$2.9 million and \$1.5 million expenditure, respectively. In 2006–07, Western Australia spent \$16 million on the purchase of public hospital services from private hospitals excluding Joondalup and Peel private hospitals (which was reported by the two new public hospital reporting units from 2006–07). The Australian Capital Territory and Queensland reported nil recurrent expenditure on purchasing public patient services from private hospitals and data were not available for the other states.

The reporting of expenditure is affected by how public and private hospitals are defined (see Appendix 2). For example, in 2006–07 the expenditure reported in Table 3.6 for Western Australia includes two new reporting units for Peel and Joondalup hospitals to cover the contracted provision of public services (they also report as private hospitals). Expenditure for similar hospitals in other states (for example, the Mildura Base Hospital in Victoria) is also included in Table 3.6 because they were reported as public hospitals.

Notes on financial data

Financial data reported from the National Public Hospital Establishments Database are not comparable with data reported in the annual AIHW publication of *Health expenditure Australia 2005–06* (AIHW 2007b). In the latter, trust fund expenditure is included (whereas it is not generally included in the data here), and hospital expenditure may be defined to cover activity not covered by this data collection.

Capital formation expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary* (NHDC 2003) categories and the comparability of the data may not be adequate for reporting.

Depreciation represents a significant portion of expenditure, and expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions.

Table 3.1: Number of public acute and psychiatric hospitals^(a) and available beds, by hospital peer group^(b), states and territories, 2006–07

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Principal referral: Major cities and Regional	26	18	15	4	4	3	1	2	73
Specialist women's & children's	3	2	3	2	1	0	0	0	11
<i>Total Principal referral and Specialist women's & children's hospitals</i>	29	20	18	6	5	3	1	2	84
Large: Major cities	8	7	2	2	2	0	1	0	22
Large: Regional	4	7	3	4	0	0	0	0	18
<i>Total Large hospitals</i>	12	14	5	6	2	0	1	0	40
Medium: Major cities (<10,000 acute weighted separations) and Regional (<8,000 acute weighted separations)	16	6	2	5	4	0	0	0	33
Medium: Major cities and Regional (<5,000 acute weighted separations)	23	18	10	2	7	0	0	0	60
<i>Total Medium hospitals</i>	39	24	12	7	11	0	0	0	93
Small regional acute	40	26	20	4	14	6	0	0	110
Small remote acute	4	0	16	12	4	1	0	3	40
<i>Total Small acute hospitals</i>	44	26	36	16	18	7	0	3	150
Small non-acute	25	8	21	7	22	1	0	0	84
Multi-purpose service	18	9	9	37	3	2	0	0	78
Hospice	3	0	0	0	0	1	0	0	4
Rehabilitation	5	0	0	1	2	0	0	0	8
Mothercraft	3	3	1	0	0	0	1	0	8
Other non-acute	12	0	0	0	0	0	0	0	12
<i>Total Non-acute</i>	66	20	31	45	27	4	1	0	194
Psychiatric ^(d)	9	1	4	1	1	3	0	0	19
Unpeered and other acute (includes hospitals with fewer than 200 separations)	29	39	71	14	15	10	0	0	178
Total hospitals	228	144	177	95	79	27	3	5	758

(continued)

Table 3.1 (continued): Number of public acute and psychiatric hospitals^(a) and available beds, by hospital peer group^(b), states and territories, 2006–07

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Available or licensed beds^(e)									
Principal referral: Major cities and Regional	10,201	6,590	6,350	1,947	1,719	1,085	575	490	28,958
Specialist women's & children's	533	469	386	445	313	..	..	..	2,146
<i>Total Principal referral and Specialist women's & children's hospitals</i>	<i>10,734</i>	<i>7,059</i>	<i>6,736</i>	<i>2,392</i>	<i>2,032</i>	<i>1,085</i>	<i>575</i>	<i>490</i>	<i>31,104</i>
Large: Major cities	1,346	876	324	353	442	..	200	..	3,540
Large: Regional	589	789	361	470	..	..	..	..	2,209
<i>Total Large hospitals</i>	<i>1,935</i>	<i>1,665</i>	<i>685</i>	<i>823</i>	<i>442</i>	<i>..</i>	<i>200</i>	<i>..</i>	<i>5,749</i>
Medium: Major cities (<10,000 acute weighted separations) and Regional (<8,000 acute weighted separations)	1,472	393	148	516	276	..	..	..	2,805
Medium: Major cities and Regional (<5,000 acute weighted separations)	948	942	575	101	359	..	..	..	2,925
<i>Total Medium hospitals</i>	<i>2,420</i>	<i>1,335</i>	<i>723</i>	<i>617</i>	<i>635</i>	<i>..</i>	<i>..</i>	<i>..</i>	<i>5,730</i>
Small regional acute	1,048	480	397	116	318	93	..	..	2,451
Small remote acute	94	..	327	264	102	10	..	110	907
<i>Total Small acute hospitals</i>	<i>1,142</i>	<i>480</i>	<i>724</i>	<i>380</i>	<i>420</i>	<i>103</i>	<i>..</i>	<i>110</i>	<i>3,358</i>
Small non-acute	653	349	516	205	568	22	..	..	2,313
Multi-purpose service	407	91	110	530	85	10	..	..	1,233
Hospice	188	..	..	..	..	10	..	..	198
Rehabilitation	200	..	..	187	198	..	..	..	584
Mothercraft	108	80	40	..	..	..	10	..	238
Other non-acute	462	..	..	..	..	..	..	..	462
<i>Total Non-acute</i>	<i>2,018</i>	<i>520</i>	<i>666</i>	<i>922</i>	<i>851</i>	<i>42</i>	<i>10</i>	<i>..</i>	<i>5,028</i>
Psychiatric ^(d)	1,169	134	458	201	301	79	..	..	2,341
Unpeered and other acute (includes hospitals with fewer than 200 separations)	507	1,240	362	225	215	44	..	..	2,593
Total available beds	19,924	12,434	10,354	5,558	4,895	1,353	785	600	55,904

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

(b) Definitions of peer groups can be found in Appendix 2.

(c) The count of public hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

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

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

Table 3.2: Number of public acute and psychiatric hospitals^(a) and available beds^(b), by hospital size, states and territories, 2006–07

Hospital size ^(c)	NSW	Vic ^(d)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or fewer beds	20	40	74	21	7	17	1	0	180
More than 10 to 50 beds	128	48	66	52	57	7	0	2	360
More than 50 to 100 beds	30	19	13	7	6	0	0	1	76
More than 100 to 200 beds	23	16	11	9	3	0	1	1	64
More than 200 to 500 beds	20	17	8	4	4	2	0	1	56
More than 500 beds	7	4	5	2	2	1	1	0	22
Total	228	144	177	95	79	27	3	5	758
Available beds									
10 or fewer beds	80	223	264	141	45	104	10	..	866
More than 10 to 50 beds	3,338	1,213	1,488	1,131	1,501	164	..	50	8,885
More than 50 to 100 beds	2,231	1,439	864	482	425	..	..	60	5,501
More than 100 to 200 beds	3,611	2,282	1,709	1,401	529	..	200	165	9,897
More than 200 to 500 beds	6,050	4,896	2,349	1,168	1,224	478	..	325	16,488
More than 500 beds	4,615	2,381	3,680	1,236	1,172	607	575	..	14,267
Total	19,924	12,434	10,354	5,558	4,895	1,353	785	600	55,904

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

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

(c) Size is based on the average number of available beds.

(d) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

Table 3.3: Number of hospitals^(a), available beds and number of available beds per 1,000 population resident in area^(b), by Remoteness Area, public acute and psychiatric hospitals, states and territories, 2006-07

Region	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major Cities	69	48	19	22	13	..	3	..	174
Inner Regional	76	58	26	10	16	9	0	..	195
Outer Regional	63	36	55	28	28	13	..	1	224
<i>Total regional</i>	139	94	81	38	44	22	0	1	419
Remote	14	2	34	22	16	3	..	2	93
Very Remote	6	..	43	13	6	2	..	2	72
<i>Total remote</i>	20	2	77	35	22	5	..	4	165
Total all regions	228	144	177	95	79	27	3	5	758
Available beds^(d)									
Major Cities	13,404	8,938	5,183	3,744	3,092	..	785	..	35,147
Inner Regional	4,510	2,770	2,237	478	443	996	0	..	11,433
Outer Regional	1,726	716	2,148	796	902	326	..	325	6,940
<i>Total regional</i>	6,236	3,486	4,385	1,274	1,345	1,322	0	325	18,373
Remote	247	10	363	384	349	22	..	225	1,600
Very Remote	38	..	423	157	109	9	..	50	785
<i>Total remote</i>	285	10	786	541	458	31	..	275	2,385
Total all regions	19,924	12,434	10,354	5,558	4,895	1,353	785	600	55,904
Number of available beds per 1,000 population resident in area									
Major Cities	2.7	2.3	2.1	2.5	2.7	..	2.4	..	2.5
Inner Regional	3.3	2.7	2.5	1.9	2.3	3.1	0.0	..	2.8
Outer Regional	3.9	2.9	3.5	4.2	5.0	2.0	..	2.8	3.5
<i>Total regional</i>	3.4	2.7	2.9	2.9	3.6	2.8	0.0	2.8	3.0
Remote	7.4	2.1	4.1	4.2	7.7	2.9	..	4.9	5.0
Very Remote	8.0	..	8.2	3.2	8.1	3.5	..	1.0	4.6
<i>Total remote</i>	7.5	2.1	5.6	3.8	7.8	3.0	..	2.9	4.9
Total all regions	2.9	2.4	2.5	2.7	3.1	2.8	2.3	2.8	2.7

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

(b) Rate per 1,000 population was directly age-standardised using 30 June 2006 population as detailed in Appendix 1.

(c) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

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

Table 3.4: Number of public acute hospitals^(a) with specialised services, by Remoteness Area, states and territories, 2006–07

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total
Acute renal dialysis unit	18	11	12	4	4	2	1	2	54
Major City	15	8	5	3	4	..	1	..	36
Regional	3	3	7	1	0	2	0	1	17
Remote	0	0	0	0	0	0	..	1	1
Acute spinal cord injury unit	3	2	2	1	1	0	0	0	9
Major City	3	2	2	1	1	..	0	..	9
AIDS unit	7	2	3	1	1	0	1	1	16
Major City	7	2	2	1	1	..	1	..	14
Regional	0	0	1	0	0	0	0	0	1
Remote	0	0	0	0	0	0	..	1	1
Alcohol and drug unit	73	15	14	1	3	0	1	1	108
Major City	22	8	4	1	1	..	1	..	37
Regional	50	7	8	0	2	0	0	0	67
Remote	1	0	2	0	0	0	..	1	4
Burns unit (level III)	3	2	2	2	2	1	0	0	12
Major City	3	2	2	2	2	..	0	..	11
Regional	0	0	0	0	0	1	0	0	1
Cardiac surgery unit	10	7	3	4	2	1	1	0	28
Major City	10	7	2	4	2	..	1	..	26
Regional	0	0	1	0	0	1	0	0	2
Clinical genetics unit	11	6	4	3	2	1	1	0	28
Major City	8	6	3	3	2	..	1	..	23
Regional	3	0	1	0	0	1	0	0	5
Coronary care unit	45	26	19	4	8	3	2	2	109
Major City	31	15	9	4	6	..	2	..	67
Regional	14	11	10	0	2	3	0	1	41
Remote	0	0	0	0	0	0	..	1	1
Diabetes unit	22	18	11	5	5	3	1	1	66
Major City	21	15	8	5	5	..	1	..	55
Regional	1	3	3	0	0	3	0	1	11
Domiciliary care service	157	97	41	63	45	0	0	1	404
Major City	38	28	7	10	7	..	0	..	90
Regional	108	69	12	33	25	0	0	0	247
Remote	11	0	22	20	13	0	..	1	67
Geriatric assessment unit	68	36	9	25	12	3	2	0	155
Major City	37	23	5	8	5	..	2	..	80
Regional	28	13	4	16	6	3	0	0	70
Remote	3	0	0	1	1	0	..	0	5
Hospice care unit	44	23	11	18	16	1	1	1	115
Major City	13	10	5	1	5	..	1	..	35
Regional	27	13	6	14	7	1	0	1	69
Remote	4	0	0	3	4	0	..	0	11
Infectious diseases unit	12	12	9	3	4	1	1	1	43
Major City	12	12	6	3	4	..	1	..	38
Regional	0	0	3	0	0	1	0	0	4
Remote	0	0	0	0	0	0	..	1	1
Intensive care unit (level III)	35	17	9	4	5	2	1	2	75
Major City	21	13	7	4	5	..	1	..	51
Regional	14	4	2	0	0	2	0	1	23
Remote	0	0	0	0	0	0	..	1	1
In-vitro fertilisation unit	2	5	0	0	2	0	0	0	9
Major City	2	2	0	0	2	..	0	..	6
Regional	0	3	0	0	0	0	0	0	3
Maintenance renal dialysis centre	53	58	26	13	13	2	1	4	170
Major City	22	20	7	7	6	..	1	..	63
Regional	28	38	15	4	5	2	0	1	93
Remote	3	0	4	2	2	0	..	3	14

(continued)

Table 3.4 (continued): Number of public acute hospitals^(a) with specialised services, by Remoteness Area, states and territories, 2006–07

Specialised services	NSW^(b)	Vic^(c)	Qld	WA	SA^(c)	Tas	ACT	NT	Total
Major plastic/reconstructive surgery unit	12	10	9	3	4	1	1	0	40
Major City	12	10	7	3	4	..	1	..	37
Regional	0	0	2	0	0	1	0	0	3
Neonatal intensive care unit (level III)	13	4	3	1	2	1	1	1	26
Major City	11	4	2	1	2	..	1	..	21
Regional	2	0	1	0	0	1	0	1	5
Neurosurgical unit	13	8	6	3	3	1	1	0	35
Major City	13	8	5	3	3	..	1	..	33
Regional	0	0	1	0	0	1	0	0	2
Nursing home care unit	74	78	14	38	42	0	0	0	246
Major City	2	12	1	0	0	..	0	..	15
Regional	59	66	8	22	31	0	0	0	186
Remote	13	0	5	16	11	0	..	0	45
Obstetric/maternity service	74	59	41	33	33	3	2	5	250
Major City	27	14	7	8	6	..	2	..	64
Regional	46	45	28	17	21	3	0	1	161
Remote	1	0	6	8	6	0	..	4	25
Oncology unit	41	35	11	10	8	3	2	0	110
Major City	21	16	8	6	7	..	2	..	60
Regional	20	19	3	4	1	3	0	0	50
Psychiatric unit/ward	44	35	18	18	8	3	2	2	130
Major City	27	27	9	15	8	..	2	..	88
Regional	17	8	9	3	0	3	0	1	41
Remote	0	0	0	0	0	0	..	1	1
Refractory epilepsy unit	5	6	1	3	2	0	0	0	17
Major City	5	6	1	3	2	..	0	..	17
Rehabilitation unit	56	31	19	15	8	3	2	2	136
Major City	34	18	9	9	5	..	2	..	77
Regional	22	13	10	6	3	3	0	1	58
Remote	0	0	0	0	0	0	..	1	1
Sleep centre	11	8	6	3	5	2	0	0	35
Major City	11	7	4	3	4	..	0	..	29
Regional	0	1	2	0	1	2	0	0	6
Specialist paediatric service	47	30	17	11	8	3	2	2	120
Major City	25	15	7	6	4	..	2	..	59
Regional	22	15	10	3	3	3	0	1	57
Remote	0	0	0	2	1	0	..	1	4
Transplantation unit—bone marrow	13	7	5	3	1	1	1	0	31
Major City	13	7	4	3	1	..	1	..	29
Regional	0	0	1	0	0	1	0	0	2
Transplantation unit—heart (including heart/lung)	1	2	1	1	0	0	0	0	5
Major City	1	2	1	1	0	..	0	..	5
Regional	0	0	0	0	0	0	0	0	0
Transplantation unit—liver	2	2	2	2	1	0	0	0	9
Major City	2	2	2	2	1	..	0	..	9
Transplantation unit—pancreas	1	1	0	1	0	0	0	0	3
Major City	1	1	0	1	0	..	0	..	3
Transplantation unit—renal	8	6	2	3	1	0	0	0	20
Major City	8	6	2	3	1	..	0	..	20
Regional	0	0	0	0	0	0	0	0	0

(a) Excludes psychiatric hospitals. Rows for Regional and Remote with no units omitted from table.

(b) Data for a small number of hospitals in New South Wales were not available, so the number of services is therefore slightly under-enumerated.

(c) May be a slight underestimate as some small multi-campus rural services were reported at network rather than campus level. Consequently, if two campuses within the group had a specialised type of service, they were counted as one.

Table 3.5: Average full-time equivalent staff^(a) and average salaries, public acute and psychiatric hospitals, states and territories, 2006–07

Staffing category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA	Tas ^(f)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	7,636	6,058	4,965	2,460	2,118	519	423	347	24,526
Registered nurses	n.a.	n.a.	15,077	9,092	6,932	2,008	1,468	1,072	n.a.
Enrolled nurses	n.a.	n.a.	2,444	406	1,813	237	291	141	n.a.
Student nurses	..	..	10	..	76	..	..	..	86
Total nurses	36,462	26,431	17,531	9,498	8,821	2,245	1,759	1,213	103,960
Other personal care staff	n.a.	n.a.	925	5	733	89	171	15	n.a.
Diagnostic & allied health professionals	11,680	12,223	4,464	2,739	1,919	459	455	302	34,241
Administrative & clerical staff	12,334	10,007	5,556	3,988	3,199	733	590	436	36,843
Domestic & other staff	11,477	6,724	7,110	4,237	1,977	968	170	540	33,203
Total staff	79,589	61,443	40,551	22,926	18,769	5,019	3,568	2,853	234,717
Average salaries (\$)									
Salaried medical officers	139,236	153,502	149,264	157,963	133,681	131,510	142,156	166,013	146,455
Total nurses	71,491	71,309	68,295	71,126	66,112	68,755	73,209	84,055	70,533
Other personal care staff	n.a.	n.a.	46,406	n.a.	56,968	190,468	50,916	64,116	57,457
Diagnostic & allied health professionals	63,424	46,777	62,806	68,182	57,955	74,015	71,245	72,613	57,802
Administrative & clerical staff	58,096	46,250	46,763	51,775	42,732	47,767	55,891	63,311	50,972
Domestic & other staff	41,413	57,225	43,643	46,336	38,155	41,366	44,452	50,497	45,689
Total staff	70,393	68,911	69,833	72,129	65,617	69,540	75,828	83,198	69,916

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2006 were used. Staff contracted to provide products (rather than labour) are not included.

(b) Other personal care staff are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(c) For Victoria, full-time equivalent staff numbers may be slightly understated as data were unavailable for one hospital. Other personal care staff are included in *Domestic & other staff*.

(d) Queensland pathology services provided by staff employed by the state pathology service are not reported here.

(e) Many hospitals were unable to provide a split between Nurse categories and these have been reported as *Registered nurses*.

(f) Data for two small hospitals in Tasmania were not supplied.

Table 3.6: Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2006-07

Recurrent expenditure category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT ^(g)	Total
Salary and wages expenditure									
Salaried medical officers	1,063,190	929,972	741,120	388,566	283,181	68,235	60,079	57,671	3,592,015
Registered nurses	n.a.	n.a.	1,069,091	652,894	480,881	141,154	113,906	92,798	n.a.
Enrolled nurses	n.a.	n.a.	127,683	22,624	99,964	13,285	14,895	9,162	n.a.
Student nurses	..	..	541	..	2,385	..	..	..	2,926
Trainee/pupil nurses	n.a.	..	..	n.a.	..	..	..	0	n.a.
Total nurses	2,606,732	1,884,761	1,197,315	675,519	583,229	154,758	128,801	101,960	7,333,076
Other personal care staff	n.a.	n.a.	42,906	n.a.	41,760	16,990	8,691	945	111,292
Diagnostic & allied health professionals	740,762	571,742	280,362	186,718	111,237	33,982	32,436	21,920	1,979,158
Administrative & clerical staff	716,527	462,835	259,812	206,502	136,706	35,030	32,991	27,581	1,877,984
Domestic & other staff	475,285	384,753	310,317	196,324	75,439	40,028	7,535	27,283	1,516,964
Salary expenditure category, not further categorised	..	0	..	..	..	..	..	..	0
Total salary & wages expenditure	5,602,497	4,234,063	2,831,830	1,653,629	1,231,553	349,024	270,534	237,361	16,410,490

(continued)

Table 3.6 (continued): Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2006-07

Recurrent expenditure category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT ^(g)	Total
Non-salary expenditure									
Payments to visiting medical officers	455,399	108,397	92,902	93,284	101,893	17,625	29,648	3,037	902,184
Superannuation payments	511,566	372,636	261,928	137,813	108,008	36,059	41,568	16,889	1,486,467
Drug supplies	464,049	364,640	238,835	164,977	98,225	20,916	14,877	18,020	1,384,539
Medical & surgical supplies	907,842	589,854	477,723	199,299	130,449	52,238	40,322	24,776	2,422,503
Food supplies	119,512	73,908	33,126	19,954	12,921	6,111	4,260	2,814	272,604
Domestic services	201,604	157,737	120,908	69,194	41,901	5,826	16,176	11,243	624,590
Repairs & maintenance	207,133	127,444	88,623	64,530	59,996	10,019	5,510	6,880	570,135
Patient transport	72,461	36,025	28,006	17,633	17,313	3,097	1,071	14,374	189,980
Administrative expenses	468,452	439,274	262,479	97,072	39,644	52,855	24,448	15,976	1,400,199
Interest payments	6,447	0	0	9,384	1,909	n.a.	76	n.a.	17,815
Depreciation	351,269	267,663	261,161	86,976	8,920	15,793	14,101	2,983	1,008,865
Other recurrent expenditure	115,850	212,144	2,555	58,047	139,763	52,238	15,567	12,093	608,256
Expenditure, not further categorised	..	..	..	..	..	..	..	..	..
Total non-salary expenditure excluding depreciation	3,530,313	2,482,059	1,607,083	931,188	752,022	256,983	193,523	126,101	9,879,272
Total non-salary expenditure including depreciation	3,881,582	2,749,722	1,868,244	1,018,164	760,942	272,776	207,624	129,084	10,888,137
Total expenditure excluding depreciation	9,132,810	6,716,122	4,438,913	2,584,816	1,983,575	606,006	464,057	363,462	26,289,762
Public acute hospitals	8,777,057	6,680,774	4,339,990	2,522,500	1,906,832	606,006	464,057	363,462	25,660,678
Psychiatric hospitals	355,753	35,348	98,923	62,316	76,743	0	..	..	629,084
Total expenditure including depreciation	9,484,079	6,983,785	4,700,074	2,671,792	n.a.	621,799	478,158	366,445	n.a.
Public acute hospitals	9,114,978	6,947,262	4,594,908	2,608,125	n.a.	n.a.	478,158	366,445	n.a.
Psychiatric hospitals	369,101	36,523	105,166	63,667	n.a.	n.a.	..	..	n.a.

(a) Recurrent expenditure on purchase of public hospitals services at the state or area health service level from privately owned and/or operated hospitals is not included, but is reported for some jurisdictions in the text of Chapter 3.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds is excluded. Other personal care staff are included in *Diagnostic & allied health professionals and Domestic & other staff*.

(c) Victorian data for one hospital were supplied at *Total salary, Depreciation* and *Total non-salary* level only. These data were reported as *Salary expenditure category, not further categorised* and *Expenditure, not further categorised*. *Other personal care staff* are included in *Domestic & other staff*.

(d) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees.

(e) South Australian *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*. *Depreciation* data are reported only for a subset of hospitals.

(f) Tasmanian data for four hospitals were not supplied.

(g) *Interest payments* were not reported.

Table 3.7: Revenue (\$'000), public acute and psychiatric hospitals, states and territories, 2006-07

Revenue source	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(b)	ACT	NT	Total
Patient revenue	559,332	217,644	184,980	102,997	72,042	47,206	26,223	9,786	1,220,210
Recoveries	256,115	89,409	34,547	24,368	347	20,809	6,835	4,195	436,625
Other revenue ^(c)	215,024	402,837	79,015	31,744	23,862	2,842	3,248	3	758,575
Total revenue	1,030,471	709,890	298,542	159,109	96,251	70,857	36,306	13,984	2,415,410
Public acute hospitals	1,018,274	708,074	292,400	156,541	91,616	70,857	36,306	13,984	2,388,052
Psychiatric hospitals	12,197	1,816	6,142	2,568	4,635	0	..	..	27,358

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

(b) Tasmanian data for some small hospitals were not supplied but most of these are likely to have no revenue.

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

4 Hospital performance indicators

Introduction

This chapter presents information on performance indicators that relate to the provision of hospital services. Performance indicators are defined as statistics or other units of information that reflect, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

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

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

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

The National Health Performance Framework

The NHPC describes the framework as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. It has three tiers: 'Health status and outcomes', 'Determinants of health' and 'Health system performance'. Questions are posed for each tier and a number of dimensions have been identified within each. The dimensions can guide the development and selection of performance indicators such that the indicators can be used together to answer each tier's questions. Sometimes, single indicators can provide information in several dimensions of the framework.

The third tier is most directly relevant to assessment of the provision of hospital and other health care services. It is organised into nine dimensions: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable. The questions asked for this tier are: 'How well is the health system performing in delivering quality health actions to improve the health of all Australians?' and 'Is it the same for everyone?' The latter question underlines the focus throughout the framework on equity.

Table 4.A presents the third tier from the National Health Performance Framework (NHPC 2001). Further information on the framework is included in Chapter 4 of *Australian hospital statistics 2000-01* (AIHW 2002).

Table 4.A: The National Health Performance Framework, Tier 3

Health system performance		
<i>How well is the health system performing in delivering quality health actions to improve the health of all Australians?</i>		
<i>Is it the same for everyone?</i>		
<i>Effective</i>	<i>Appropriate</i>	<i>Efficient</i>
Care, intervention or action achieves desired outcome.	Care/intervention/action provided is relevant to the client's needs and based on established standards.	Achieving desired results with most cost-effective use of resources.
<i>Responsive</i>	<i>Accessible</i>	<i>Safe</i>
Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
<i>Continuous</i>	<i>Capable</i>	<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	An individual's or service's capacity to provide a health service based on skills and knowledge.	System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPC 2001.

Performance indicators in this report

Table 4.B presents performance indicator information in this report (both in this chapter and elsewhere) for the National Health Performance Framework Tier 3 dimensions. Information relevant to the interpretation of these performance indicator data is in the text and footnotes accompanying the tables. Further discussion of how these performance indicators fit into the National Health Performance Framework is presented in *Australian hospital statistics 2002–03* (AIHW 2004a).

Table 4.B: Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Effective			
4.5, 4.6, A5.1, A5.2, A5.3	Separation rates for selected potentially preventable hospitalisations	Primary care Population health	Presented in summary by state and territory of usual residence of the patient, Remoteness Area of usual residence and quintile of socioeconomic advantage/disadvantage (Table 4.5) and as a time-series (Table 4.6) Presented in detail by state or territory of usual residence of the patient (Table A5.1), Remoteness Area of usual residence (Table A5.2) and quintile of socioeconomic advantage/disadvantage (Table A5.3)
No indicators available for acute care			

(continued)

Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Appropriate			
2.4	Separation rates	Acute care	Presented by state and territory of hospitalisation, and for the public and private sectors
7.3	Separation rates	Acute care	Presented by state and territory of hospitalisation, by admitted patient election status and funding source, and for the public and private sectors
8.7, 8.8	Separation rates	Acute care	Presented by state and territory of hospital, hospital sector and Indigenous status
8.11, 8.12, 8.13	Separation rates	Acute care	Presented by state and territory of usual residence of the patient (Table 8.11), Remoteness Area of usual residence (Table 8.12) and quintile of socioeconomic advantage/disadvantage (Table 8.13) for the public and private sectors
4.7, 4.8, 4.9	Separation rates for selected procedures	Acute care	Presented by state and territory of usual residence of the patient (Table 4.7), Remoteness Area of usual residence (Table 4.8) and quintile of socioeconomic advantage/disadvantage (Table 4.9)
Efficient			
4.1c–d, 4.2a–f	Cost per casemix-adjusted separation	Acute care	Presented by state and territory of hospital (tables 4.1c and 4.1d), and by public hospital peer group (tables 4.2a–f)
4.1c–d, 4.2a–e, 4.3, 4.11, 4.12, 12.1, 12.2	Relative stay index	Acute care	Presented by state and territory of hospital (Table 4.1c), by public hospital peer group (tables 4.2a–e and 4.3) and, for the public and private sectors, by admitted patient election status and funding source (tables 4.11, 4.12), and by MDC (tables 12.1, 12.2)
3.5	Average salary by staffing category	Acute care	Presented by state and territory of hospital
4.10	Average length of stay for a selection of AR-DRGs	Acute care	Presented by state and territory of hospital, and for the public and private sectors
Responsive			
5.2, 5.3	Emergency department waiting times (proportions waiting longer than clinically desirable, and times waited at the 50th and the 90th percentiles)	Acute care	Presented as a time series (Table 5.2) and by state and territory of hospital and by public hospital peer group (Table 5.3)

(continued)

Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Accessible			
6.1, 6.2, 6.4, 6.5	Waiting times for elective surgery (times waited at the 50th and 90th percentiles)	Acute care	Presented as a time series (Table 6.1), by state and territory of hospital, and by public hospital peer group (Table 6.2), by surgical specialty (Table 6.4) and by indicator procedure (Table 6.5) Tables based on information on the patient's area of usual residence included in other dimensions also relate to accessibility. These include the selected procedures and selected potentially preventable hospitalisations tables (tables 4.4, 4.5, 4.7 to 4.9, 8.11 to 8.13 and A5.1 to A5.3)
Safe			
4.13	Separations with adverse events	Acute care	Presented for the public and private sectors
Continuous			
7.13, 7.14	Separations with non-acute care, by mode of separation, age group, sex and patient election status	Continuing care	Presented by patient election status (Table 7.13) and age group and sex (Table 7.14).
No indicators available for acute care			
Capable			
4.4	Accreditation of hospitals and beds	Acute care	Presented by state and territory of hospital, and for the public and private sectors
Sustainable			
No indicators available for acute care			

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. It has been published in *Australian hospital statistics* since the 1996–97 reference year (AIHW 1998), and included within frameworks of indicators by the National Health Ministers' Benchmarking Working Group (NHMBWG 1999), the Steering Committee for the Review of Government Service Provision (SCRGSP 2008) and the NHPC (NHPC 2004). It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided. Details of the methods used in this analysis are presented in Appendix 1 of this report and in more detail in *Australian hospital statistics 1999–00* (AIHW 2001).

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

- The proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable.

- Capital costs are not included in numerators. Cost per casemix-adjusted separation both including and excluding have been presented. (see also Appendix 1 for SCRGSP estimates of cost per casemix-adjusted separation including capital costs).
- Only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 2% that were not acute. Appendix 1 includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for New South Wales, Victoria and Western Australia.
- The proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.

The scope of the analysis is hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of *Principal referral and Specialist women's and children's hospitals*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals* (see Appendix 2). Excluded are *Small non-acute hospitals*, *Multi-purpose services*, *Hospices*, *Rehabilitation hospitals*, *Mothercraft hospitals*, *Other non-acute hospitals*, *Psychiatric hospitals*, and hospitals in the *Unpeered and other hospitals* peer group. Also excluded are hospitals for which expenditure or separation data were incomplete, although most of these hospitals would have been excluded for other reasons (for example, they are small non-acute hospitals). The scope restrictions improve the comparability of data among the jurisdictions and increase the accuracy of the analysis. Hospitals included accounted for 96.3% of separations in public acute and psychiatric hospitals in 2006–07, and 91.9% of recurrent expenditure (excluding depreciation).

A small number of hospitals may be classified to peer groups included in the analysis in some years, but to other peer groups excluded from the analysis in other years; this applies mainly to the *Small acute hospitals* and *Non-acute* peer groups. This is because the peer grouping is largely based on hospital activity, which can change from year to year.

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

Hospital activity in the 347 selected public acute hospitals is shown in Table 4.1a (see Box 4.1 for an explanation of the hospitals included/excluded from the analysis). There were 4.5 million separations from these selected public acute hospitals in 2006–07; nearly 98% of these were acute separations. Public patients accounted for 84% of the 15.4 million patient days reported and 88% of patient days were for acute separations. Over 173,000 *Newborns* with no qualified days were reported for these selected public acute hospitals in 2006–07.

In 2006–07, for the selected public acute hospitals, total recurrent expenditure was \$25.2 billion including depreciation and \$24.3 billion excluding depreciation (Table 4.1b). Almost 34% of the total recurrent expenditure was in New South Wales (\$8.2 billion), 27% in Victoria (\$6.5 billion) and 17% in Queensland (\$4.1 billion). Expenditure in these three states accounted for 77% of the total recurrent expenditure (excluding depreciation) for the selected public acute hospitals in 2006–07.

Table 4.1c shows the cost per casemix-adjusted separation for selected acute public hospitals by state and territory for 2006–07. Nationally, the average cost per casemix-adjusted separation was \$3,922 excluding depreciation and \$4,067 including depreciation. The average cost weight for the selected public acute hospitals was 1.00, and the Relative stay index was the same as the national average (see below for more information on Relative stay indexes).

A large portion of the costs was attributed to *Non-medical* and *Medical labour* costs. Nationally these costs were \$2,027 and \$803, respectively, per casemix-adjusted separation (Table 4.1d). *Depreciation* was supplied for all jurisdictions, though only for a subset of South Australian and Tasmanian hospitals. *Depreciation* added an average of 3.7% (\$145) to the cost of each separation, with Queensland being the highest with \$213 (5.6%).

Interpretation of the cost per casemix-adjusted separation data should take into consideration other factors, such as costs incurred that are beyond the control of a jurisdiction. For example, the Northern Territory has high staffing and transport costs, and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions. The cost disabilities associated with providing hospital services in the Northern Territory have been recognised by the Commonwealth Grants Commission.

Public hospital peer groups

Public hospital peer groups have been developed for presenting data on costs per casemix-adjusted separation (see Appendix 2). The peer group classification allocates hospitals into broadly similar groups in terms of their level of admitted patient activity and their geographical location. The classification allows more meaningful comparison of cost data than comparison at the jurisdiction level would allow.

Table 4.2a provides totals for all public hospitals in the analysis including acute, non-acute, psychiatric and un-peered. These data are not considered directly comparable across states and territories. Tables 4.2a–f also present a range of other statistics about the peer groups for each state and territory, such as the number of hospitals in each, average length of stay and Relative stay index (see below and in Appendix 1). The average number of AR-DRGs with five or more acute separations reported for each hospital is also presented; this provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

For 2006–07, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's hospitals* group. The 81 hospitals in this group had an average of 40,979 separations each at a cost (excluding depreciation) of \$3,959 per separation (Table 4.2b). The 70 *Principal referral hospitals* had an average of 44,210 separations each. New South Wales has 26 hospitals, Victoria and Queensland both have 15 hospitals in this peer group, accounting for 80% of Australia's *Principal referral hospitals*. Separations ranged from 30,488 separations per hospital from Tasmania's three hospitals to 65,860 separations per hospital from the 15 hospitals in Victoria. The cost per casemix-adjusted separation (excluding depreciation) for this peer group was highest in the Northern Territory (\$4,523 per separation).

The 35 *Large hospitals* averaged 14,754 separations each at a cost (excluding depreciation) of \$3,833 per separation (Table 4.2c). The 86 *Medium hospitals* averaged 5,415 separations each at a cost (excluding depreciation) of \$3,659 per separation (Table 4.2d). The 145 *Small acute hospitals* (41.8% of acute hospitals) averaged 1,252 separations each at a cost per casemix-adjusted separation of \$4,002 (excluding depreciation) (Table 4.2e).

Table 4.3 shows a range of statistics for *Teaching hospitals*. These hospitals can be in any peer group; however, 87% are in the *Principal referral and Specialist women's and children's hospitals* peer groups. Queensland had 22 *Teaching hospitals* and New South Wales had 17. The 63 *Teaching hospitals* in Australia in 2006–07 averaged 34,998 separations each at a cost (excluding depreciation) of \$4,067 per casemix-adjusted separation.

Hospital accreditation

Hospital accreditation has been identified as an indicator of capability within the National Health Performance Framework. Table 4.4 includes accreditation through any body including the Australian Council on Healthcare Standards EQuIP, Business Excellence Australia and the Quality Improvement Council, and hospitals certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family. For private hospitals, the data have been sourced from the ABS Private Health Establishments Collection for 2005–06 and relate to accreditation by any body. Accreditation at any point in time does not assume a fixed or continuing status as accredited.

As accreditation status for public hospitals was counted as at the 30th June 2007, some New South Wales hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, were counted as *Non-accredited*.

The comparability of the accreditation data among the states and territories is limited because of the voluntary nature of participation in the award schemes for hospitals in some jurisdictions.

For Australia as a whole, 642 public hospitals with 51,730 public hospital beds (93% of all beds) were known to be accredited at 30 June 2007 (Table 4.4). These hospitals delivered 94% of separations and 93% of patient days. The proportion of public hospital patient days in accredited hospitals varied from 100% in Victoria, Western Australia, the Australian Capital Territory and the Northern Territory to 84% in New South Wales.

A total of 362 private hospitals and 22,934 private hospital beds (71% of hospitals but 91% of the beds) were accredited in 2005–06.

Separation rates for selected potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisation may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive – there are other hospital admissions which may be preventable. The ICD-10-AM code specifications and the categories included for PPHs may therefore be subject to change in future reports.

Three broad categories of PPHs have been used in this chapter. These have been sourced from *The Victorian Ambulatory Care Sensitive Conditions Study* (Department of Human Services Victoria 2002).

- **Vaccine-preventable.** These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.
- **Acute.** These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These

include complicated appendicitis, dehydration/gastroenteritis, pyelonephritis, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections and dental conditions.

- **Chronic.** The conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital care) to prevent deterioration and hospitalisation. These conditions include diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Appendix 1 (Table A1.9 accompanying this report on the Internet).

Table 4.5 presents the age-standardised separation rate for the three broad categories of PPHs for the state or territory of usual residence, the Remoteness Area of usual residence of the patient and the quintile of socioeconomic advantage/disadvantage. The quintile of socioeconomic advantage/disadvantage is determined using the ABS's Socio-Economic Indexes For Areas 2006 (termed SEIFA 2006; ABS 2008) (see Appendix 1).

There were 32.5 separations per 1,000 people in Australia for PPHs in 2006–07. The rate of PPH separations ranged from nearly 48 per 1,000 in the Northern Territory to 22 per 1,000 in the Australian Capital Territory. The rate was highest for residents of Very Remote areas (71 per 1,000 population) and lowest for residents of Major Cities (30 per 1,000 population). Residents of *Most disadvantaged* regions are more likely to be separated from hospital for a PPH than residents of other regions. The rate decreases with increased levels of advantage from 40 per 1,000 for residents of *Most disadvantaged* regions to 25 per 1,000 for residents of the *Most advantaged* regions.

Over the last five years the rate of PPH separations in most states and territories has been relatively stable (Table 4.6). The increase in the rate of PPH separations in Western Australia over this period is mainly due to the inclusion of diabetes as an additional diagnosis when a patient with diabetes is admitted for dialysis treatment. This is not done in other jurisdictions and because dialysis may be required several times per week, the number of separations which are included in *Complications of diabetes* is significantly higher than in other jurisdictions (Table A5.1).

Appendix 5 presents detailed statistics for each PPH condition. The appendix includes standardised separation rates, standardised separation rate ratio (SRR) for each PPH condition:

- for the states and territories (Table A5.1)
- for Remoteness Area of usual residence (Table A5.2)
- for quintile of socioeconomic advantage / disadvantage (Table A5.3).

Separation rates for selected procedures

Separation rates for selected procedures have been identified as indicators of appropriateness. However, several may also be indicators of accessibility or of the performance of non-hospital health services.

Most of the procedures were originally selected as indicators of appropriateness by the NHMBWG because of the frequency with which they are undertaken, because they are often

elective and discretionary, and because there are sometimes treatment alternatives available (NHMBWG 1998). ICD-10-AM codes used to define the procedures are listed in Appendix 1.

As for other separation rates, these data should be interpreted with caution. While the rates would reflect hospital system performance, they also reflect variation in underlying needs for hospitalisation, admission and data recording practices, and availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (as noted in Appendix 2). This may result in underestimation of separation rates for some of the procedures, particularly those more common for private hospitals. The separation rates are age-standardised to take into account the different age structures of the populations of the states and territories.

Information on public patients in tables 4.7, 4.8 and 4.9 relate to separations for which the patient election status was reported as *Public* (see Chapter 7). For example, the proportion of separations for public patients who had a *Hip replacement* was 39% nationally, ranging from 34% for Tasmania to 48% for the Northern Territory.

Table 4.7 presents age-standardised separation rates for each procedure for the state or territory of usual residence of the patient, accompanied by the standardised separation rate ratio (SRR) against the national total. If the SRR is greater than 1, then the rate for the state was higher than the national average and vice versa. The 95% confidence interval of the SRR is also included. If the confidence interval includes 1, then a difference between the jurisdictions rate and the national rate is considered less likely (see Appendix 1).

For example, the separation rate for *Knee replacement* for residents of Queensland was 1.51 separations per 1,000 population. The SRR was 0.98 with a 95% confidence interval of 0.96–1.00, indicating that the difference was not statistically significant. The separation rate for the Australian Capital Territory was 1.73 per 1,000 population, with an SRR of 1.13 and a 95% confidence interval of 1.03–1.23, indicating the difference was statistically significant.

Table 4.8 presents similar statistics by the Remoteness Area of usual residence of the patient. For example, the rate for *Coronary angioplasty* for residents of Major Cities was 1.68 separations per 1,000 population. The SRR was 1.06 and the 95% confidence interval was 1.05–1.07, indicating a statistically significant difference from the national rate.

Table 4.9 presents these data by the SEIFA 2006 categories (see Appendix 1). For all of the selected procedures, the *Most advantaged* quintiles had lower proportions of public patients than the *Most disadvantaged* quintiles.

The relationship between the quintile of socioeconomic advantage/disadvantage and the hospital separation rate varied among the procedures. For example, *Cholecystectomies* were more frequent in the *Most disadvantaged* and *Second most disadvantaged* quintiles, with an SRR of 1.14 and 1.07 respectively, and *Myringotomies* were most common in the *Most advantaged* quintile, with an SRR of 1.19. Although those in the *Most disadvantaged* quintile had more *Coronary artery bypass grafts* than those in the *Most advantaged* quintile, they had fewer *Coronary angioplasties*.

The number of Caesarean sections depends on the birth rate as well as the population size, so the population rate is less meaningful. The number of in-hospital births has therefore been included in the tables, and the number of Caesarean sections is reported for separations for which in-hospital birth was reported. Comparability is, however, still complicated by potential under-identification of in-hospital births in this analysis, variation in numbers of non-hospital births, and the age at which the mothers are giving birth. The *Most advantaged* quintile (36.0 Caesarean sections per 100 in-hospital births; Table 4.9), residents of *Major*

Cities (32.3 per 100; Table 4.8) and residents of Queensland (33.4 per 100; Table 4.7) had the highest rates.

Average lengths of stay for 20 selected AR-DRGs

The average length of stay for 20 selected version 5.1 AR-DRGs has been identified as an indicator of efficiency. The selected AR-DRGs (Table 4.10) were chosen on the basis of:

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

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

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

The average length of stay of the chosen AR-DRGs ranged from 15.4 days for U63B *Major affective disorders age<70 W/O catastrophic or severe CC* to 1.4 days for G09Z *Inguinal and femoral hernia procedures age>0* (Table 4.10).

The average length of stay for F62B *Heart failure and shock without catastrophic complications* was 5.7 days for all hospitals in Australia, 5.1 days for public hospitals and 7.7 days for private hospitals. There was also some variation between states and territories, with Victorian public hospitals reporting an average length of stay of 4.2 days and New South Wales public hospitals 5.9 days.

Relative stay indexes

Relative stay indexes (RSIs) have been identified as indicators of efficiency. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures), standardised for casemix. The adjustment for casemix (based on the AR-DRG version 5.1 and age of the patient for each separation) allows variation in types of services provided to be taken into account, but does not take into account other influences on length of stay.

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

The RSIs presented in this report differ from those presented in *Australian hospital statistics 2003–04* and earlier reports in that they are based on AR-DRG version 5.1 rather than AR-DRG version 4.2. See Appendix 1 for details of the current methodology.

This report uses two methods of standardisation and three comparator sets. The method used in most tables (tables 4.1c, 4.2a–f, 4.3 and 4.11, and part of tables 2.3 and 4.12) is an indirect standardisation method. Indirectly standardised RSI compares the observed LOS of each group with the expected LOS for all hospitals. The indirectly standardised rates of different groups are not strictly comparable as the different groups have different casemixes. The RSIs in tables 4.1c, 4.2a–f and 4.3 are based on comparisons with the averages for public hospitals only for 2006–07. The RSIs in tables 4.11 and 4.12 are based on comparisons with the averages for all hospitals for 2006–07. The RSIs in Table 2.3 are based on comparisons with the combined average across all hospitals for all five years presented.

In addition to the indirect method, tables 2.3 and 4.12 present a directly standardised RSI. The direct method allows comparison of RSI values across groups of hospitals. More detail on these methods is included in Appendix 1.

Tables 4.1c, 4.2a–f and 4.3 present RSI information for public hospitals, using the indirect method and public hospital data to calculate expected lengths of stay. For the hospitals included in the cost per casemix-adjusted separation analysis, the RSI was 1.00 overall, and ranged from 1.20 in the Northern Territory to 0.91 in Victoria (Table 4.1c).

Tables 4.11 and 4.12 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals was 1.03 indirectly standardised and 1.06 directly standardised, and the RSI for public hospitals was 0.99 indirectly standardised and 0.97 directly standardised (Table 4.12). According to this measure, the lower directly standardised RSI in the public sector indicates relatively shorter lengths of stay compared with the private sector.

Table 4.12 also presents RSI information for the *Medical*, *Surgical* and *Other* categories of AR-DRGs (DoHA 2002). In the public sector, the RSI for *Medical* AR-DRGs was 0.96 indirectly standardised and 0.94 directly standardised, and the RSI for *Surgical* AR-DRGs was 1.04 indirectly standardised and 1.02 directly standardised. In the private sector, the RSI for *Medical* AR-DRGs was 1.14 indirectly standardised and 1.20 directly standardised, and the RSI for *Surgical* AR-DRGs was 0.95 indirectly standardised and 0.98 directly standardised.

Separations with adverse events

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls and other injuries, and medication and medical device problems. Some of these adverse events may be preventable. Hospital separations can be used to indicate the occurrence of adverse events because they include information on ICD-10-AM diagnoses, places of occurrence, and external causes of injury and poisoning which indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other ICD-10-AM codes may also indicate that an adverse event has occurred, and some adverse events are not identifiable using these codes. The data presented in Table 4.13 can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals.

In 2006-07, there were 370,147 separations with an ICD-10-AM code for an adverse event, that is 5.1 per 100 separations. There were 261,403 separations with adverse events in the public sector (5.9 per 100 separations) and 108,744 separations in the private sector (3.8 per 100 separations). However, the data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may be different.

Procedures causing abnormal reactions/complications (Y83-Y84) were reported for 233,414 separations, 101,003 separations were reported with Adverse effects of drugs, medicaments and biological substances (Y40-Y59) and 74,653 separations were reported with Complications of internal prosthetic devices, implants and grafts (T82-T85).

Table 4.1a: Hospital activity, selected public acute hospitals^(a), states and territories, 2006–07

	Total separations ('000) ^(b)	Proportion of separations acute (per cent) ^(c)	Casemix-adjusted separations ('000) ^(d)	Total admitted patient days ('000) ^(b)	Public patient day proportion ^(e)	Proportion of bed days acute (per cent)	Newborn episodes with no qualified days ('000)
NSW	1,401	98.4	1,491	5,123	78.1	92.4	63
Vic	1,288	97.6	1,224	4,209	84.2	82.9	41
Qld	754	96.9	771	2,577	92.1	86.2	32
WA	415	97.9	402	1,315	86.6	89.0	17
SA	368	97.8	376	1,278	84.5	91.8	10
Tas	95	98.1	99	364	81.4	84.8	3
ACT	76	95.0	77	260	85.0	79.2	3
NT ^(f)	86	98.7	62	258	95.5	93.7	2
Total	4,483	97.7	4,501	15,383	83.9	88.1	173

See table notes in Box 4.1.

Table 4.1b: Expenditure, selected public acute hospitals^(a), states and territories, 2006–07

	Total recurrent expenditure excluding depreciation (\$m)	Total recurrent expenditure including depreciation (\$m)	Admitted patient recurrent expenditure excluding depreciation (\$m)	Admitted patient recurrent expenditure including depreciation (\$m)
NSW	8,153	8,471	5,742	5,966
Vic	6,505	6,764	4,582	4,764
Qld	4,145	4,382	2,870	3,034
WA	2,290	2,366	1,605	1,659
SA	1,775	1,781	1,245	1,250
Tas	582	597	415	426
ACT	462	476	328	338
NT ^(f)	363	366	282	285
Total	24,274	25,203	17,070	17,723

See table notes in Box 4.1.

Table 4.1c: Cost per casemix-adjusted separation^(b) and selected other statistics, selected public acute hospitals^(a), states and territories, 2006–07

	Average cost weight ^(g)	Total cost per casemix-adjusted separation				Admitted patient cost proportion ^(h)		Relative stay index ^(f)
		Excluding depreciation		Including depreciation		All seps	Acute seps	
		All seps	Acute seps	All seps	Acute seps			
NSW	1.06	4,042	4,242	4,192	4,408	0.70	0.69	1.06
Vic	0.95	3,853	3,483	4,002	3,619	0.70	0.62	0.91
Qld	1.02	3,786	n.a.	3,999	n.a.	0.69	n.a.	0.97
WA	0.97	4,111	4,068	4,244	4,211	0.70	0.66	0.99
SA	1.02	3,436	n.a.	3,448	n.a.	0.70	n.a.	1.06
Tas	1.04	4,354	n.a.	4,462	n.a.	0.71	n.a.	1.05
ACT	1.01	4,430	n.a.	4,561	n.a.	0.71	n.a.	0.92
NT ^(f)	0.72	4,580	n.a.	4,617	n.a.	0.78	n.a.	1.20
Total	1.00	3,922	n.a.	4,067	n.a.	0.70	n.a.	1.00

See table notes in Box 4.1.

Table 4.1d: Average cost data for selected public acute hospitals^(a), states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(f)	Total
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	1,068	1,039	972	1,005	954	1,053	1,183	1,275	1,033
Diagnostic/allied health ^(j)	310	318	236	295	182	243	301	274	285
Administrative	305	257	222	324	226	247	303	345	272
Other staff	193	210	277	286	164	374	149	353	223
Superannuation	215	207	218	208	177	248	384	211	213
<i>Total non-medical labour costs</i>	<i>2,091</i>	<i>2,032</i>	<i>1,925</i>	<i>2,118</i>	<i>1,703</i>	<i>2,165</i>	<i>2,320</i>	<i>2,458</i>	<i>2,027</i>
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	86	87	99	103	68	39	149	141	89
Repairs/maintenance	88	71	73	96	96	70	51	86	81
Medical supplies ⁽ⁱ⁾	416	337	422	326	237	374	374	310	370
Drug supplies	209	208	209	263	177	149	138	225	209
Food supplies	49	40	26	27	18	40	39	35	38
Administration	188	241	219	144	67	365	226	200	199
Other	50	138	23	126	277	396	154	331	108
<i>Total other recurrent costs excluding depreciation</i>	<i>1,086</i>	<i>1,122</i>	<i>1,071</i>	<i>1,086</i>	<i>940</i>	<i>1,434</i>	<i>1,131</i>	<i>1,327</i>	<i>1,093</i>
Depreciation ^(k)	150	149	213	133	12	108	131	37	145
<i>Total excluding medical labour costs and depreciation</i>	<i>3,177</i>	<i>3,154</i>	<i>2,996</i>	<i>3,204</i>	<i>2,642</i>	<i>3,599</i>	<i>3,451</i>	<i>3,785</i>	<i>3,119</i>
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	473	530	646	638	498	487	558	721	540
Visiting medical officer payments	202	59	81	147	173	127	275	38	133
Private patients (estimated) ^(l)	190	110	63	122	123	140	147	36	130
<i>Total medical labour costs</i>	<i>866</i>	<i>699</i>	<i>790</i>	<i>907</i>	<i>794</i>	<i>755</i>	<i>979</i>	<i>795</i>	<i>803</i>
Total cost per casemix-adjusted separation excluding depreciation	4,042	3,853	3,786	4,111	3,436	4,354	4,430	4,580	3,922
Total cost per casemix-adjusted separation including depreciation	4,192	4,002	3,999	4,244	3,448	4,462	4,561	4,617	4,067

See table notes in Box 4.1.

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

- (a) *Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 1 for further information.*
- (b) *Separations for which the care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.*
- (c) *Separations for which the care type was reported as Acute and Unspecified and Newborn with qualified days.*
- (d) *Casemix-adjusted separations is the product of Total separations and Average cost weight.*
- (e) *Eligible public patient days as a proportion of total patient days, excluding Newborns with no qualified days. Public patients defined by patient election status equal to Public.*
- (f) *These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text).*
- (g) *Average cost weight from the National Hospital Morbidity Database, using the 2005–06 AR-DRG version 5.0 cost weights (DoHA 2007) for separations for which the care type was reported as Acute, Newborn with at least one qualified day or was Not reported.*
- (h) *Of the selected hospitals, three small hospitals have had their Admitted patient cost proportion estimated by the HASAC ratio (see Appendix 1).*
- (i) *Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group (Appendix 1). Based on AR-DRG version 5.1.*
- (j) *Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees, resulting in higher medical supplies costs and lower diagnostic staff costs.*
- (k) *Depreciation reported for a subset of South Australian and Tasmanian hospitals.*
- (l) *Estimated private patient medical costs calculated as the sum of Salary/sessional and Visiting medical officer payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients, including those Self-funded and those funded by Private health insurance, Compensation and the Department of Veterans' Affairs.*

Table 4.2a: Cost per casemix-adjusted separation^(a) and other statistics, acute, non-acute and total selected public hospitals^(b), states and territories, 2006–07

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix-adjusted sep excl dep ^(f)	Cost/casemix-adjusted sep inc dep ^(g)
Total benchmarking hospitals in cost per casemix-adjusted separation analysis^(b)							
NSW	124	11,300	196	1.06	1.06	4,042	4,192
Vic	65	19,822	202	0.95	0.91	3,853	4,002
Qld	71	10,619	163	1.02	0.97	3,786	3,999
WA	35	11,844	171	0.97	0.99	4,111	4,244
SA	35	10,525	165	1.02	1.06	3,436	3,448
Tas	10	9,488	146	1.04	1.05	4,354	4,462
ACT	2	37,884	438	1.01	0.92	4,430	4,561
NT	5	17,163	224	0.72	1.20	4,580	4,617
<i>Total</i>	<i>347</i>	<i>12,919</i>	<i>185</i>	<i>1.00</i>	<i>1.00</i>	<i>3,922</i>	<i>4,067</i>
Non-acute hospitals in cost per casemix-adjusted separation analysis^(b)							
NSW	65	691	20	0.90	1.02	7,910	8,170
Vic	13	947	26	0.93	1.25	4,001	4,227
Qld	31	827	34	0.78	0.88	3,863	4,235
WA	45	728	17	0.65	0.98	5,946	6,197
SA	26	640	26	0.79	1.10	7,256	7,302
Tas	4	170	6	1.01	1.55	7,675	7,845
ACT	1	n.a.	n.a.	1.00	n.a.	n.a.	n.a.
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>185</i>	<i>719</i>	<i>23</i>	<i>0.79</i>	<i>1.02</i>	<i>6,348</i>	<i>6,607</i>
Public hospitals (including Psychiatric and unpeered) in cost per casemix-adjusted separation analysis^(b)							
NSW	227	6,441	129	1.07	1.07	4,272	4,429
Vic	91	14,409	155	0.95	0.91	3,916	4,068
Qld	174	4,509	96	1.01	0.97	3,928	4,155
WA	95	4,746	79	0.95	0.99	4,377	4,519
SA	73	5,351	94	1.01	1.07	3,684	3,700
Tas	23	4,200	79	1.04	1.06	4,424	4,536
ACT	3	25,256	438	1.01	0.92	4,430	4,560
NT	5	17,163	224	0.72	1.20	4,580	4,617
Total	691	6,740	114	1.00	1.00	4,088	4,240

See table notes in Box 4.2.

Table 4.2b: Cost per casemix-adjusted separation^(a) and selected other statistics, *Principal referral and Specialist women's & children's hospitals*, states and territories, 2006–07

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix-adjusted sep excl dep ^(f)	Cost/casemix-adjusted sep inc dep ^(g)
Principal referral hospitals: Major Cities and Regional^(h)							
NSW	26	35,120	443	1.12	1.09	4,108	4,259
Vic	15	65,860	480	0.97	0.89	3,842	3,979
Qld	15	36,681	415	1.07	1.00	3,825	4,033
WA	4	52,228	480	1.06	n.p.	n.p.	n.p.
SA	4	53,348	494	1.09	n.p.	n.p.	n.p.
Tas	3	30,488	440	1.05	1.03	4,323	4,429
ACT	1	58,168	547	1.00	n.p.	n.p.	n.p.
NT	2	35,773	399	0.76	1.22	4,523	4,557
<i>Total</i>	<i>70</i>	<i>44,210</i>	<i>450</i>	<i>1.05</i>	<i>1.00</i>	<i>3,940</i>	<i>4,081</i>
Specialist women's & children's hospitals^(h)							
NSW	3	17,800	236	1.23	1.12	4,684	4,899
Vic	2	30,801	239	1.21	0.98	3,826	4,033
Qld	3	13,322	202	1.19	0.93	4,401	4,593
WA	2	19,730	196	1.22	n.p.	n.p.	n.p.
SA	1	30,162	302	1.10	n.p.	n.p.	n.p.
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>11</i>	<i>20,417</i>	<i>226</i>	<i>1.20</i>	<i>1.05</i>	<i>4,208</i>	<i>4,375</i>
Total Principal referral and Specialist women's & children's hospitals							
NSW	29	33,328	422	1.13	1.09	4,139	4,294
Vic	17	61,735	452	0.99	0.89	3,839	3,981
Qld	18	32,788	380	1.08	1.00	3,866	4,073
WA	6	41,396	385	1.09	1.02	4,084	4,204
SA	5	48,710	456	1.09	1.09	3,478	3,484
Tas	3	30,488	440	1.05	1.03	4,323	4,429
ACT	1	58,168	547	1.00	n.p.	n.p.	n.p.
NT	2	35,773	399	0.76	1.22	4,523	4,557
Total	81	40,979	420	1.06	1.01	3,959	4,103

See table notes in Box 4.2.

Table 4.2c: Cost per casemix-adjusted separation^(a) and selected other statistics, *Large hospitals, states and territories, 2006–07*

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix-adjusted sep excl dep ^(f)	Cost/casemix-adjusted sep inc dep ^(g)
Large hospitals: Major Cities^(h)							
NSW	8	13,707	290	1.10	0.97	3,739	3,872
Vic	2	17,467	114	0.82	0.91	4,764	5,043
Qld	2	16,783	274	0.94	0.90	2,896	3,043
WA	2	18,015	276	0.76	0.96	3,778	3,875
SA	2	17,963	304	1.14	1.02	3,767	3,775
Tas	0	..	..	..	..	..	..
ACT	1	17,599	328	1.05	n.p.	n.p.	n.p.
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>17</i>	<i>15,748</i>	<i>269</i>	<i>1.00</i>	<i>0.96</i>	<i>3,794</i>	<i>3,925</i>
Large hospitals: Regional and Remote^(h)							
NSW	4	14,388	314	0.91	0.99	3,848	3,955
Vic	7	13,573	281	0.84	0.96	3,615	3,739
Qld	3	13,909	272	0.77	0.90	4,189	4,436
WA	4	13,600	264	0.76	0.92	4,142	4,282
SA	0	..	..	..	..	..	..
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>18</i>	<i>13,816</i>	<i>283</i>	<i>0.83</i>	<i>0.95</i>	<i>3,873</i>	<i>4,016</i>
Total Large hospitals							
NSW	12	13,934	298	1.03	0.98	3,773	3,898
Vic	9	14,438	244	0.83	0.95	3,876	4,044
Qld	5	15,058	273	0.84	0.90	3,554	3,751
WA	6	15,072	268	0.76	0.93	3,998	4,120
SA	2	17,963	304	1.14	1.02	3,767	3,775
Tas	0	..	..	..	..	..	..
ACT	1	17,599	328	1.05	n.p.	n.p.	n.p.
NT	0	..	..	..	..	..	..
Total	35	14,754	276	0.91	0.96	3,833	3,970

See table notes in Box 4.2.

Table 4.2d: Cost per casemix-adjusted separation^(a) and selected other statistics, *Medium hospitals, states and territories, 2006–07*

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix-adjusted sep excl dep ^(f)	Cost/casemix-adjusted sep inc dep ^(g)
Medium hospitals: Major Cities (<10,000) and Regional (<8,000)^(h)							
NSW	16	8,048	202	0.91	0.98	3,634	3,767
Vic	4	8,327	212	0.75	0.95	3,648	3,841
Qld	2	7,028	193	0.83	0.67	3,136	3,380
WA	5	8,298	143	0.85	0.96	4,414	4,579
SA	4	9,560	211	0.75	0.99	2,948	2,991
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>31</i>	<i>8,253</i>	<i>194</i>	<i>0.85</i>	<i>0.95</i>	<i>3,648</i>	<i>3,787</i>
Medium hospitals: Major Cities and Regional (<5,000 acute weighted separations)^(h)							
NSW	23	3,731	121	0.79	1.03	3,980	4,110
Vic	13	3,841	113	0.72	1.06	3,786	3,945
Qld	10	3,996	146	0.78	0.85	3,213	3,491
WA	2	3,438	125	0.82	0.92	3,864	4,031
SA	7	3,887	139	0.85	0.91	3,180	3,221
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>55</i>	<i>3,814</i>	<i>126</i>	<i>0.78</i>	<i>0.98</i>	<i>3,670</i>	<i>3,826</i>
Total Medium hospitals							
NSW	39	5,502	154	0.87	1.00	3,760	3,892
Vic	17	4,896	136	0.73	1.02	3,724	3,893
Qld	12	4,502	154	0.79	0.80	3,195	3,464
WA	7	6,909	138	0.84	0.95	4,338	4,504
SA	11	5,950	165	0.79	0.95	3,053	3,095
Tas	0	..	..	..	..	..	..
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
Total	86	5,415	151	0.82	0.97	3,659	3,805

See table notes in Box 4.2.

Table 4.2e: Cost per casemix-adjusted separation^(a) and selected other statistics, *Small acute hospitals, states and territories, 2006–07*

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix-adjusted sep excl dep ^(f)	Cost/casemix-adjusted sep inc dep ^(g)
Small regional acute hospitals^(h)							
NSW	40	1,222	57	0.81	1.04	3,843	4,042
Vic	22	1,171	42	0.73	1.22	4,740	5,029
Qld	20	1,124	49	0.76	0.89	2,921	3,135
WA	4	1,188	57	0.82	1.15	5,410	5,672
SA	13	1,342	63	0.79	0.97	3,019	3,045
Tas	6	514	21	0.88	1.51	5,379	5,505
ACT	0	..	..	..	..	..	..
NT	0	..	..	..	..	..	..
<i>Total</i>	<i>105</i>	<i>1,166</i>	<i>51</i>	<i>0.78</i>	<i>1.06</i>	<i>3,845</i>	<i>4,046</i>
Remote acute hospitals^(h)							
NSW	4	1,005	43	0.67	1.11	6,493	6,850
Vic	0	..	..	..	..	..	..
Qld	16	748	35	0.77	0.98	4,044	4,414
WA	12	1,884	72	0.82	0.87	4,159	4,401
SA	4	1,499	62	0.85	0.88	3,119	3,129
Tas	1	332	13	0.72	n.p.	n.p.	n.p.
ACT	0	..	..	..	..	..	..
NT	3	4,756	108	0.54	1.09	4,969	5,027
<i>Total</i>	<i>40</i>	<i>1,480</i>	<i>55</i>	<i>0.73</i>	<i>0.95</i>	<i>4,311</i>	<i>4,549</i>
Total Small acute hospitals							
NSW	44	1,202	55	0.80	1.04	4,016	4,226
Vic	22	1,171	42	0.73	1.22	4,740	5,029
Qld	36	957	43	0.76	0.93	3,314	3,586
WA	16	1,710	68	0.82	0.93	4,384	4,632
SA	17	1,379	63	0.81	0.95	3,046	3,067
Tas	7	488	20	0.86	1.48	5,358	5,526
ACT	0	..	..	..	..	..	..
NT	3	4,756	108	0.54	1.09	4,969	5,027
Total	145	1,252	52	0.77	1.03	4,002	4,214

See table notes in Box 4.2.

Table 4.2f: Expenditure and other statistics, *Non-acute hospitals*, states and territories, 2006–07

	Number of hospitals ^(b)	Separations per hospital ^(a)	Total exp. excl dep (\$'000) ⁽ⁱ⁾	Total exp. incl dep (\$'000) ⁽ⁱ⁾	Cost/casemix-adjusted separation excl dep ^(f)	Cost/casemix-adjusted separation incl dep ^(g)
Small non-acute hospitals^(h)						
NSW	25	659	108,108	113,310	5,506	5,763
Vic	4	737	23,396	24,704	6,076	6,410
Qld	21	864	78,622	86,493	4,034	4,426
WA	7	1,051	43,269	45,014	5,795	6,025
SA	20	569	56,431	57,019	5,127	5,177
Tas	1	256	1,833	1,946	4,718	5,007
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>78</i>	<i>725</i>	<i>311,661</i>	<i>328,486</i>	<i>5,075</i>	<i>5,339</i>
Multi-purpose service^(h)						
NSW	18	279	53,040	55,782	9,576	10,065
Vic	7	694	39,502	41,884	6,715	7,108
Qld	9	629	32,187	35,596	4,121	4,554
WA	37	246	63,447	67,026	5,480	5,773
SA	4	826	18,015	18,168	5,377	5,422
Tas	2	87	5,548	5,667	9,251	9,448
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>77</i>	<i>365</i>	<i>211,739</i>	<i>224,123</i>	<i>6,185</i>	<i>6,536</i>
Hospice^(h)						
NSW	3	1,787	54,865	56,026	6,866	7,003
Vic	0	..	..	..	..	..
Qld	0	..	..	..	..	..
WA	0	..	..	..	..	..
SA	0	..	..	..	..	..
Tas	1	250	n.p.	n.p.	n.p.	n.p.
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>4</i>	<i>1,403</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>

See table notes in Box 4.2.

(continued)

Table 4.2f (continued): Expenditure and other statistics, *Non-acute hospitals*, states and territories, 2006–07

	Number of hospitals ^(b)	Separations per hospital ^(a)	Total exp. excl dep (\$'000) ⁽ⁱ⁾	Total exp. incl dep (\$'000) ⁽ⁱ⁾	Cost/casemix-adjusted separation excl dep ^(f)	Cost/casemix-adjusted separation incl dep ^(g)
Rehabilitation^(h)						
NSW	5	540	69,975	72,583	18,280	18,944
Vic	0	..	..	..	..	..
Qld	0	..	..	..	..	..
WA	1	16,314	n.p.	n.p.	n.p.	n.p.
SA	2	976	38,071	38,071	16,175	16,175
Tas	0	..	..	..	..	..
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	8	2,621	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Mothercraft^(h)						
NSW	3	1,932	16,851	17,106	2,882	2,926
Vic	2	2,256	9,409	9,866	1,402	1,470
Qld	1	1,815	n.p.	n.p.	n.p.	n.p.
WA	0	..	..	..	..	..
SA	0	..	..	..	..	..
Tas	0	..	..	..	..	..
ACT	1	n.a.	n.p.	n.p.	n.p.	n.p.
NT	0	..	..	..	..	..
<i>Total</i>	7	1,732	32,592	33,398	2,089	2,140
Other non-acute hospitals^(h)						
NSW	11	867	137,817	140,753	7,973	8,138
Vic	0	..	..	..	..	..
Qld	0	..	..	..	..	..
WA	0	..	..	..	..	..
SA	0	..	..	..	..	..
Tas	0	..	..	..	..	..
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	11	867	137,817	140,753	7,973	8,138

See table notes in Box 4.2.

Table 4.2g: Expenditure and other statistics for selected psychiatric, un-peered, and other acute hospitals, states and territories, 2006–07

	Number of hospitals ^(b)	Separations per hospital ^(a)	Total exp. excl dep (\$'000) ^(h)	Total exp. incl dep (\$'000) ⁽ⁱ⁾	Cost per separation excl dep ^(f)	Cost per separation incl dep ^(g)
Psychiatric hospitals^{(h)(k)}						
NSW	9	1,195	355,754	369,101	13,102	13,594
Vic	1	125	n.p.	n.p.	n.p.	n.p.
Qld	4	101	98,923	105,166	n.p.	n.p.
WA	1	1,445	n.p.	n.p.	n.p.	n.p.
SA	1	1,759	n.p.	n.p.	n.p.	n.p.
Tas	0	..	..	..	..	..
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>16</i>	<i>906</i>	<i>622,514</i>	<i>645,923</i>	<i>17,195</i>	<i>17,835</i>
Unpeered and other acute^(h) (includes hospitals with fewer than 200 separations)						
NSW	29	181	183,637	188,763	10,724	10,988
Vic	12	859	75,126	78,307	10,447	10,874
Qld	68	68	80,395	86,916	7,799	8,427
WA	14	153	56,401	57,995	19,365	19,905
SA	11	350	19,562	19,803	4,369	4,422
Tas	9	117	13,846	14,466	10,008	10,456
ACT	0	..	..	..	..	..
NT	0	..	..	..	..	..
<i>Total</i>	<i>143</i>	<i>191</i>	<i>428,966</i>	<i>446,250</i>	<i>10,404</i>	<i>10,807</i>

See table notes in Box 4.2.

Table 4.3: Teaching hospitals (excluding psychiatric) – cost per casemix-adjusted separation^(a) and selected other statistics, states and territories, 2006–07

	Number of hospitals ^(b)	Separations per hospital ^(a)	AR-DRGs (5+) per hospital ^(c)	Average cost weight ^(d)	Relative stay index ^(e)	Cost/casemix -adjusted sep excl dep ^(f)	Cost/casemix -adjusted sep incl dep ^(g)
NSW	17	41,500	441	1.15	1.11	4,225	4,390
Vic	5	29,743	238	1.07	0.98	4,152	4,352
Qld	22	27,924	351	1.08	1.00	3,924	4,134
WA	6	39,259	336	1.09	1.02	4,195	4,319
SA	6	43,660	424	1.10	1.09	3,573	3,579
Tas	3	30,488	440	1.05	1.03	4,323	4,429
ACT	2	37,884	438	1.01	0.92	4,430	4,561
NT	2	35,773	399	0.76	1.22	4,523	4,557
Total	63	34,998	381	1.09	1.05	4,067	4,217

See table notes in Box 4.2.

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

- (a) *Separations for which the care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.*
- (b) *The data are based on public hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 1 for further information.*
- (c) *The number of different version 5.1 AR-DRGs provided by a hospital for which there were at least five acute separations.*
- (d) *Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and Newborn episodes of care with qualified days, using the 2005–06 AR-DRG version 5.0 cost weights (DoHA 2007).*
- (e) *Relative stay index based on observed vs expected length of stay based on age and AR-DRG version 5.1, public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 1 for details on the methodology.*
- (f) *Average cost per casemix-adjusted separation excluding depreciation.*
- (g) *Average cost per casemix-adjusted separation including depreciation. Depreciation reported for a subset of South Australian and Tasmanian hospitals.*
- (h) *Definitions of the peer groups used in this publication can be found in Appendix 2.*
- (i) *Total expenditure excluding depreciation.*
- (j) *Total expenditure including depreciation. Depreciation reported for a subset of South Australian and Tasmanian hospitals.*
- (k) *Psychiatric hospitals consist of a mix of short-term acute, long-term, psychogeriatric and forensic psychiatric hospitals.*

Table 4.4: Selected statistics^{(a)(b)}, by accreditation status, states and territories, public hospitals 2006–07, private hospitals 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals (2006–07)									
Accredited hospitals	189	141	134	93	72	5	3	5	642
Non-accredited hospitals	39	3	43	2	7	22	0	0	116
Hospitals accredited (%)	83	98	76	98	91	19	100	100	85
<i>Total public hospitals</i>	228	144	177	95	79	27	3	5	758
Accredited beds	16,852	12,380	9,694	5,545	4,752	1,122	785	600	51,730
Non-accredited beds	3,072	55	660	14	143	231	0	0	4,175
Beds accredited (%)	85	100	94	100	97	83	100	100	93
<i>Total available beds for admitted patients</i>	19,924	12,434	10,354	5,558	4,895	1,353	785	600	55,903
Separations from accredited hospitals	1,234,333	1,314,242	743,603	450,388	388,008	91,538	75,767	85,813	4,383,692
Separations from non-accredited hospitals	227,796	..	41,027	508	2,602	5,467	..	..	277,400
Separations with unknown accreditation status	..	..	..	..	37	151	..	..	188
Proportion of separations in accredited hospitals	84	99	95	100	99	94	100	100	94
<i>Total separations</i>	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280
Patient days from accredited hospitals	5,025,989	4,407,320	2,755,592	1,608,558	1,569,593	350,345	260,346	257,532	16,235,275
Patient days from non-accredited hospitals	989,436	11,797	116,486	1,504	26,481	54,747	0	0	1,200,451
Patient days with unknown accreditation status	..	..	..	..	2,089	1,273	..	..	3,362
Proportion of patient days in accredited hospitals	84	100	96	100	98	86	100	100	93
<i>Total patient days</i>	6,015,425	4,419,117	2,872,078	1,610,062	1,598,163	406,365	260,346	257,532	17,439,088
Private hospitals (2005–06)									
Accredited hospitals	112	100	n.a.	27	42	n.a.	n.a.	n.a.	362
Non-accredited hospitals	66	46	n.a.	10	14	n.a.	n.a.	n.a.	163
Hospitals accredited (%)	63	68	n.a.	73	75	n.a.	n.a.	n.a.	71
<i>Total private hospitals</i>	178	146	108	37	56	n.a.	n.a.	n.a.	525
Accredited beds	5,886	6,467	n.a.	2,522	1,906	n.a.	n.a.	n.a.	22,934
Non-accredited beds	1,286	467	n.a.	307	145	n.a.	n.a.	n.a.	2,497
Beds accredited (%)	82	93	n.a.	89	93	n.a.	n.a.	n.a.	91
<i>Total available beds for admitted patients</i>	7,172	6,934	6,098	2,829	2,051	n.a.	n.a.	n.a.	25,431
Total (estimated)									
Accredited hospitals	301	241	n.a.	120	114	n.a.	n.a.	n.a.	1,004
Non-accredited hospitals	105	49	n.a.	12	21	n.a.	n.a.	n.a.	279
Hospitals accredited (%)	74	83	n.a.	91	84	n.a.	n.a.	n.a.	78
<i>Total hospitals</i>	406	290	285	132	135	n.a.	n.a.	n.a.	1,283
Accredited beds	22,738	18,847	n.a.	8,067	6,658	n.a.	n.a.	n.a.	74,664
Non-accredited beds	4,358	522	n.a.	321	288	n.a.	n.a.	n.a.	6,672
Beds accredited (%)	84	97	n.a.	96	96	n.a.	n.a.	n.a.	92
<i>Total available beds for admitted patients</i>	27,096	19,369	16,452	8,388	6,946	n.a.	n.a.	n.a.	81,336

(a) Where average available beds for the year were not available, bed numbers at 30 June 2007 were used.

(b) Separations for which establishment-level data were not reported separately or the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(c) Accreditation status shown is as listed on the 30th of June 2006–07 for Public hospitals and 30th of June 2005–06 for Private hospitals.

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

Table 4.5: Separation rates^{(a)(b)} for potentially preventable hospitalisations^(c), by state or territory of usual residence, remoteness and socioeconomic advantage / disadvantage, 2006–07

	Vaccine-preventable conditions	Acute conditions	Chronic conditions	Potentially preventable hospitalisations ^(c)
Australia^(d)	0.59	13.01	19.05	32.49
95% CI ^(e)	0.0–1.6	8.1–17.9	13.2–24.9	24.8–40.1
State or territory of usual residence				
NSW	0.61	12.27	15.66	28.41
Vic	0.56	13.69	18.07	32.19
Qld	0.61	13.02	19.02	32.50
WA	0.52	13.13	34.25	47.70
SA	0.51	14.27	17.69	32.31
Tas	0.46	10.37	21.18	31.89
ACT	0.41	10.40	11.43	22.16
NT	1.96	19.47	27.25	47.94
Remoteness				
Major Cities	0.55	12.25	17.50	30.18
Inner Regional	0.56	13.93	20.07	34.42
Outer Regional	0.73	15.87	23.95	40.35
Remote	1.13	19.72	44.64	65.08
Very Remote	2.04	27.13	42.2	70.54
Socioeconomic advantage / disadvantage				
Most disadvantaged	0.73	14.86	24.28	39.68
Second most disadvantaged	0.59	13.83	20.27	34.54
Middle quintile	0.55	12.63	20.03	33.06
Second most advantaged	0.53	12.99	18.53	31.90
Most advantaged	0.56	11.40	12.93	24.78

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

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

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

(d) Includes unknown Remoteness Area and excludes overseas residents and unknown state of residence.

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

Table 4.6: Separations^{(a)(b)} per 1,000 population (age-standardised^(c)) for potentially preventable hospitalisations, by state or territory of usual residence, 2002–03 to 2006–07

	2002–03	2003–04	2004–05	2005–06	2006–07
State or territory of usual residence					
NSW	26.87	27.59	27.45	28.14	28.41
Vic	30.77	31.74	32.96	31.78	32.19
Qld	30.69	31.75	32.08	31.85	32.50
WA	31.67	36.00	44.92	46.80	47.70
SA	30.29	31.43	30.94	32.59	32.31
Tas	31.89	29.57	27.39	31.23	31.89
ACT	17.14	20.22	19.45	21.91	22.16
NT	47.02	48.34	45.82	47.53	47.94
Australia	29.44	30.64	31.71	32.07	32.49

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

(b) Includes unknown Remoteness Area and excludes overseas residents and unknown state of residence.

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

Table 4.7: Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Caesarean section									
Separations ^(d)	28,041	21,445	19,231	9,582	6,242	1,739	1,293	1,050	88,632
Separations not within state of residence (%)	3	0	1	0	0	1	2	2	
Proportion of separations public patients (%)	57	57	54	51	58	55	52	70	56
Separation rate ^(e)	4.26	4.25	4.86	4.79	4.43	4.20	3.63	4.36	4.43
Standardised separation rate ratio (SRR)	0.96	0.96	1.10	1.08	1.00	0.95	0.82	0.99	
95% confidence interval of SRR	0.95–0.97	0.95–0.97	1.08–1.12	1.06–1.10	0.98–1.02	0.91–0.99	0.78–0.86	0.93–1.05	
In-hospital birth separations	94,441	68,259	57,514	28,736	18,783	6,242	4,533	3,441	281,985
Proportion of births to public patients (%)	67	65	67	64	68	60	64	79	66
In-hospital birth separation rate ^(e)	14.3	13.5	14.4	14.3	13.3	15.0	12.5	14.2	14.0
Separations per 100 in-hospital birth separations ^(f)	29.7	31.4	33.4	33.3	33.2	27.9	28.5	30.5	31.4
Public hospitals	26.4	28.2	27.3	27.3	29.1	27.0	23.5	27.6	27.3
Public patients	25.1	27.7	26.9	27.0	28.5	25.2	23.1	27.2	26.5
Private patients	36.1	37.2	37.8	33.0	37.0	41.0	30.5	35.8	36.4
Private hospitals	40.0	38.7	47.5	45.8	44.5	29.8	38.6	44.2	42.0
Cholecystectomy									
Separations ^(d)	15,615	11,988	9,385	4,512	3,778	1,013	654	331	47,331
Separations not within state of residence (%)	2	1	1	0	0	1	7	8	
Proportion of separations public patients (%)	54	55	45	51	54	46	50	69	52
Separation rate ^(e)	2.21	2.25	2.26	2.15	2.26	1.95	1.98	1.80	2.22
Standardised separation rate ratio (SRR)	1.00	1.02	1.02	0.97	1.02	0.88	0.89	0.81	
95% confidence interval of SRR	0.98–1.02	1.00–1.04	1.00–1.04	0.94–1.00	0.99–1.05	0.83–0.93	0.82–0.96	0.72–0.90	
Coronary angioplasty									
Separations ^(d)	12,321	9,398	5,625	3,192	2,599	855	438	152	34,609
Separations not within state of residence (%)	9	1	2	1	1	3	5	100	
Proportion of separations public patients (%)	47	45	45	46	51	54	49	73	47
Separation rate ^(e)	1.67	1.71	1.33	1.53	1.42	1.49	1.44	1.03	1.57
Standardised separation rate ratio (SRR)	1.06	1.09	0.85	0.97	0.90	0.95	0.92	0.66	
95% confidence interval of SRR	1.04–1.08	1.07–1.11	0.83–0.87	0.94–1.00	0.87–0.93	0.89–1.01	0.83–1.01	0.56–0.76	
Coronary artery bypass graft									
Separations ^(d)	4,823	3,477	3,026	849	1,263	311	120	125	14,012
Separations not within state of residence (%)	8	1	1	0	1	6	10	100	
Proportion of separations public patients (%)	54	50	52	47	48	46	55	69	51
Separation rate ^(e)	0.66	0.63	0.73	0.41	0.68	0.54	0.42	0.93	0.64
Standardised separation rate ratio (SRR)	1.03	0.99	1.14	0.64	1.07	0.84	0.66	1.46	
95% confidence interval of SRR	1.00–1.06	0.96–1.02	1.10–1.18	0.60–0.68	1.01–1.13	0.75–0.93	0.54–0.78	1.20–1.72	

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Hip replacement									
Separations ^(d)	9,562	7,573	4,830	3,279	2,598	1,008	419	83	29,387
Separations not within state of residence (%)	6	1	2	0	0	3	7	36	
Proportion of separations public patients (%)	40	39	38	42	39	34	43	48	39
Separation rate ^(e)	1.28	1.35	1.17	1.60	1.35	1.73	1.48	0.75	1.32
Standardised separation rate ratio (SRR)	0.96	1.02	0.88	1.21	1.02	1.31	1.12	0.57	
95% confidence interval of SRR	0.94-0.98	1.00-1.04	0.86-0.90	1.17-1.25	0.98-1.06	1.23-1.39	1.01-1.23	0.45-0.69	
Revision of hip replacement									
Separations ^(d)	1,168	942	590	366	235	127	61	8	3,507
Separations not within state of residence (%)	8	2	1	0	0	6	13	75	
Proportion of separations public patients (%)	36	36	34	36	32	23	38	63	35
Separation rate ^(e)	0.16	0.17	0.14	0.18	0.12	0.22	0.22	0.06	0.16
Proportion of hip replacements	0.12	0.12	0.12	0.11	0.09	0.13	0.15	0.10	0.12
Standardised separation rate ratio (SRR)	0.98	1.06	0.90	1.12	0.78	1.39	1.36	0.38	
95% confidence interval of SRR	0.92-1.04	0.99-1.13	0.83-0.97	1.01-1.23	0.68-0.88	1.15-1.63	1.02-1.70	0.12-0.64	
Hysterectomy, females aged 15-69									
Separations ^(d)	8,717	6,207	5,471	2,861	2,487	753	457	233	27,203
Separations not within state of residence (%)	5	1	1	0	0	1	12	9	
Proportion of separations public patients (%)	41	48	36	40	42	42	28	55	42
Separation rate ^(e)	1.25	1.18	1.31	1.34	1.53	1.47	1.33	1.09	1.28
Standardised separation rate ratio (SRR)	0.98	0.92	1.02	1.04	1.19	1.15	1.04	0.85	
95% confidence interval of SRR	0.96-1.00	0.90-0.94	0.99-1.05	1.00-1.08	1.14-1.24	1.07-1.23	0.94-1.14	0.74-0.96	
Age and sex restricted adjusted separation rate ^(h)	3.6	3.4	3.7	3.8	4.3	4.2	3.8	3.1	3.6
Knee replacement									
Separations ^(d)	12,660	7,068	6,241	3,506	2,737	824	505	113	33,743
Separations not within state of residence (%)	6	2	1	0	0	3	5	58	
Proportion of separations public patients (%)	36	32	29	40	28	26	28	26	33
Separation rate ^(e)	1.71	1.28	1.51	1.72	1.47	1.42	1.73	0.79	1.54
Standardised separation rate ratio (SRR)	1.11	0.84	0.98	1.12	0.96	0.93	1.13	0.52	
95% confidence interval of SRR	1.09-1.13	0.82-0.86	0.96-1.00	1.08-1.16	0.92-1.00	0.87-0.99	1.03-1.23	0.31-0.47	
Lens insertion									
Separations ^(d)	62,135	42,088	37,608	16,318	13,499	3,558	1,663	813	177,999
Separations not within state of residence (%)	4	1	2	0	0	1	4	17	
Proportion of separations public patients (%)	31	26	11	38	30	9	52	62	26
Separation rate ^(e)	8.33	7.55	9.28	8.20	7.01	6.17	6.20	7.90	8.12
Standardised separation rate ratio (SRR)	1.03	0.93	1.14	1.01	0.86	0.76	0.76	0.97	
95% confidence interval of SRR	1.02-1.04	0.92-0.94	1.13-1.15	0.99-1.03	0.85-0.87	0.74-0.78	0.72-0.80	0.68-0.80	

(continued)

Table 4.7 (continued): Separation statistics^(a) for selected procedures^(b), by state or territory of usual residence, all hospitals^(c), 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Myringotomy (with insertion of tube)									
Separations ^(d)	8,502	7,573	5,259	3,415	4,085	532	523	136	30,044
Separations not within state of residence (%)	6	2	1	0	0	1	3	13	
Proportion of separations public patients (%)	32	42	30	33	33	39	26	71	35
Separation rate ^(e)	1.29	1.56	1.30	1.69	2.89	1.13	1.68	0.55	1.50
Standardised separation rate ratio (SRR)	0.86	1.04	0.86	1.13	1.92	0.75	1.12	0.36	
95% confidence interval of SRR	0.84–0.88	1.02–1.06	0.84–0.88	1.09–1.17	1.86–1.98	0.69–0.81	1.02–1.22	0.30–0.42	
Prostatectomy									
Separations ^(d)	9,942	8,468	5,262	2,629	2,382	806	335	97	29,974
Separations not within state of residence (%)	6	1	2	0	0	2	8	31	
Proportion of separations public patients (%)	31	35	22	32	37	28	23	52	31
Separation rate ^(e)	1.33	1.52	1.25	1.27	1.25	1.37	1.14	0.91	1.35
Standardised separation rate ratio (SRR)	0.99	1.13	0.93	0.94	0.93	1.02	0.84	0.68	
95% confidence interval of SRR	0.97–1.01	1.11–1.15	0.90–0.96	0.90–0.98	0.89–0.97	0.95–1.09	0.75–0.93	0.54–0.82	
Tonsillectomy									
Separations ^(d)	11,807	8,627	7,312	3,858	3,514	598	633	252	36,638
Separations not within state of residence (%)	5	2	1	0	1	1	3	8	
Proportion of separations public patients (%)	36	49	24	39	41	36	35	59	38
Separation rate ^(e)	1.80	1.75	1.79	1.89	2.45	1.28	1.89	1.06	1.82
Standardised separation rate ratio (SRR)	0.98	0.96	0.98	1.04	1.34	0.70	1.03	0.58	
95% confidence interval of SRR	0.96–1.00	0.94–0.98	0.96–1.00	1.01–1.07	1.30–1.38	0.64–0.76	0.95–1.11	0.51–0.65	

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

(b) The procedures and diagnoses are defined using ICD-10-AM codes in Appendix 1.

(c) Includes other territories and excludes overseas residents and unknown state of residence.

(d) Excludes multiple procedures for the same separation within the same group.

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

(f) Caesarean section separations divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(g) Females aged 15–69 years only.

Table 4.8: Separation statistics^(a) for selected procedures^(b), by Remoteness Area of usual residence, all hospitals, Australia, 2006-07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia ^(c)
Caesarean section						
Separations ^(d)	63,293	15,109	8,058	1,355	806	88,632
Proportion of separations public patients (%)	51	68	67	71	84	56
Separation rate ^(e)	4.40	4.62	4.87	4.38	4.32	4.45
Standardised separation rate ratio (SRR)	0.99	1.04	1.09	0.98	0.97	
95% confidence interval of SRR	0.98-1.00	1.02-1.11	1.07-1.11	0.93-1.03	0.90-1.04	
In-hospital birth separations	195,879	51,599	26,823	4,714	2,922	281,985
Proportion of separations public patients (%)	61.9	76.0	74.0	78.2	88.2	66.2
Separation rate ^(e)	13.51	15.78	16.26	15.35	15.55	14.10
Separations per 100 in-hospital birth separations ^(f)	32.3	29.3	30.0	28.7	27.6	31.4
Public hospitals	27.3	26.9	27.7	26.7	26.4	27.3
Public patients	26.5	26.1	27.3	26.1	26.4	26.5
Private patients	38.1	35.7	31.7	31.3	27.1	36.4
Private hospitals	42.3	41.1	40.5	44.1	39.8	42.0
Cholecystectomy						
Separations ^(d)	31,599	10,313	4,590	569	256	47,331
Proportion of separations public patients (%)	49	56	61	62	77	52
Separation rate ^(e)	2.20	2.44	2.27	1.87	1.62	2.24
Standardised separation rate ratio (SRR)	0.98	1.09	1.01	0.83	0.73	
95% confidence interval of SRR	0.97-0.99	1.07-1.11	0.98-1.04	0.76-0.90	0.64-0.82	
Coronary angioplasty						
Separations ^(d)	24,187	7,010	2,909	377	121	34,609
Proportion of separations public patients (%)	45	49	52	60	74	47
Separation rate ^(e)	1.68	1.46	1.33	1.29	0.98	1.59
Standardised separation rate ratio (SRR)	1.06	0.92	0.84	0.81	0.62	
95% confidence interval of SRR	1.05-1.07	0.90-0.94	0.81-0.87	0.73-0.89	0.51-0.73	
Coronary artery bypass graft						
Separations ^(d)	9,202	3,092	1,481	161	73	14,012
Proportion of separations public patients (%)	49	53	62	71	73	51
Separation rate ^(e)	0.65	0.64	0.68	0.57	0.57	0.65
Standardised separation rate ratio (SRR)	1.00	0.99	1.05	0.88	0.88	
95% confidence interval of SRR	0.98-1.02	0.96-1.02	1.00-1.10	0.74-1.02	0.68-1.08	

(continued)

Table 4.8 (continued): Separation statistics^(a) for selected procedures^(b), by Remoteness Area of usual residence, all hospitals, Australia, 2006–07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia ^(c)
Hip replacement						
Separations ^(e)	18,625	7,278	3,097	311	71	29,387
Proportion of separations public patients (%)	37	41	46	42	45	39
Separation rate ^(f)	1.28	1.51	1.44	1.19	0.74	1.34
Standardised separation rate ratio (SRR)	0.95	1.12	1.07	0.89	0.55	
95% confidence interval of SRR	0.94–0.96	1.09–1.15	1.03–1.11	0.79–0.99	0.42–0.68	
Revision of hip replacement						
Separations ^(d)	2,177	899	393	31	7	3,507
Proportion of separations public patients (%)	33	37	39	29	57	35
Separation rate ^(e)	0.15	0.19	0.18	0.12	0.09	0.16
Standardised separation rate ratio (SRR)	0.93	1.16	1.14	0.77	0.53	
95% confidence interval of SRR	0.89–0.97	1.08–1.24	1.03–1.25	0.50–1.04	0.14–0.92	
Hysterectomy, females aged 15–69						
Separations ^(d)	17,408	6,240	3,002	363	186	27,203
Proportion of separations public patients (%)	37	48	51	58	69	42
Separation rate ^(e)	1.22	1.50	1.48	1.11	1.16	1.29
Standardised separation rate ratio (SRR)	0.94	1.16	1.15	0.86	0.90	
95% confidence interval of SRR	0.93–0.95	1.13–1.19	1.11–1.19	0.77–0.95	0.77–1.03	
Age and sex restricted adjusted separation rate ^(g)	3.46	4.25	4.22	3.14	3.30	3.67
Knee replacement						
Separations ^(d)	20,888	8,676	3,702	359	112	33,743
Proportion of separations public patients (%)	32	34	38	33	45	33
Separation rate ^(e)	1.46	1.79	1.68	1.29	1.09	1.55
Standardised separation rate ratio (SRR)	0.94	1.15	1.08	0.83	0.70	
95% confidence interval of SRR	0.93–0.95	1.13–1.17	1.05–1.11	0.74–0.92	0.57–0.83	
Lens insertion						
Separations ^(d)	116,910	41,268	17,447	1,578	764	177,999
Proportion of separations public patients (%)	23	30	31	50	58	26
Separation rate ^(e)	8.13	8.53	8.23	6.37	7.88	8.21
Standardised separation rate ratio (SRR)	0.99	1.04	1.00	0.78	0.96	
95% confidence interval of SRR	0.98–1.00	1.03–1.05	0.99–1.01	0.74–0.82	0.89–1.03	

(continued)

Table 4.8 (continued): Separation statistics^(a) for selected procedures^(b), by Remoteness Area of usual residence, all hospitals, Australia, 2006–07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia ^(c)
Myringotomy (with insertion of tube)						
Separations ^(d)	20,687	6,121	2,675	386	174	30,044
Proportion of separations public patients (%)	28	46	51	58	78	35
Separation rate ^(e)	1.55	1.53	1.34	1.06	0.82	1.51
Standardised separation rate ratio (SRR)	1.03	1.01	0.89	0.70	0.54	
95% confidence interval of SRR	1.02–1.04	0.98–1.04	0.86–0.92	0.63–0.77	0.46–0.62	
Prostatectomy						
Separations ^(d)	19,790	6,959	2,881	262	78	29,974
Proportion of separations public patients (%)	28	35	39	42	46	31
Separation rate ^(e)	1.37	1.42	1.31	1.00	0.77	1.37
Standardised separation rate ratio (SRR)	1.00	1.04	0.96	0.73	0.56	
95% confidence interval of SRR	0.99–1.01	1.02–1.06	0.92–1.00	0.64–0.82	0.44–0.68	
Tonsillectomy						
Separations ^(d)	23,892	8,523	3,523	533	163	36,638
Proportion of separations public patients (%)	33	45	49	56	61	38
Separation rate ^(e)	1.76	2.18	1.85	1.58	0.79	1.83
Standardised separation rate ratio (SRR)	0.96	1.19	1.01	0.86	0.43	
95% confidence interval of SRR	0.95–0.97	1.16–1.22	0.98–1.04	0.79–0.93	0.36–0.50	

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

(b) The procedures are defined using ICD-10-AM codes in Appendix 1.

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

(d) Excludes multiple procedures in the same separation within the same group.

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

(f) Caesarean sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(g) Females aged 15–69 years only.

Table 4.9: Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Caesarean section						
Separations ^(e)	17,029	16,425	17,947	18,447	18,776	88,632
Proportion of separations public patients (%)	76	68	58	50	30	56
Separation rate ^(f)	4.52	4.50	4.27	4.38	4.55	4.45
Standardised separation rate ratio (SRR)	1.02	1.01	0.96	0.99	1.02	
95% confidence interval of SRR	1.00–1.04	0.99–1.03	0.95–0.97	0.98–1.00	1.01–1.03	
In-hospital birth separations	61,662	54,859	57,658	55,609	52,176	281,985
Proportion of separations public patients (%)	82.4	76.2	67.9	60.4	40.9	66.2
Separation rate ^(f)	16.24	14.97	13.66	13.19	12.65	14.10
Separations per 100 in-hospital birth separations ^(g)	27.6	29.9	31.1	33.2	36.0	31.4
Public hospitals	26.0	27.3	27.2	28.5	28.3	27.3
Public patients	25.5	26.8	26.4	27.6	26.8	26.5
Private patients	34.8	33.7	36.0	38.9	39.5	36.4
Private hospitals	39.0	42.2	42.3	42.0	42.7	42.0
Cholecystectomy						
Separations ^(e)	10,682	10,173	9,422	8,932	8,121	47,331
Proportion of separations public patients (%)	66	59	54	45	30	52
Separation rate ^(f)	2.54	2.40	2.21	2.16	1.90	2.24
Standardised separation rate ratio (SRR)	1.14	1.07	0.99	0.97	0.85	
95% confidence interval of SRR	1.12–1.16	1.05–1.09	0.97–1.01	0.95–0.99	0.83–0.87	
Coronary angioplasty						
Separations ^(e)	6,962	7,534	6,658	6,439	7,016	34,609
Proportion of separations public patients (%)	61	51	49	43	29	47
Separation rate ^(f)	1.55	1.62	1.55	1.60	1.64	1.59
Standardised separation rate ratio (SRR)	0.97	1.02	0.98	1.01	1.03	
95% confidence interval of SRR	0.95–0.99	1.00–1.04	0.96–1.00	0.99–1.03	1.01–1.05	
Coronary artery bypass graft						
Separations ^(e)	3,237	3,116	2,760	2,424	2,473	14,012
Proportion of separations public patients (%)	64	56	53	45	32	51
Separation rate ^(f)	0.71	0.67	0.65	0.61	0.59	0.65
Standardised separation rate ratio (SRR)	1.10	1.03	1.00	0.95	0.91	
95% confidence interval of SRR	1.06–1.14	0.99–1.07	0.96–1.04	0.91–0.99	0.87–0.95	

(continued)

Table 4.9 (continued): Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Hip replacement						
Separations ^(e)	5,699	6,413	5,738	5,451	6,083	29,387
Proportion of separations public patients (%)	49	46	42	35	24	39
Separation rate ^(f)	1.24	1.36	1.34	1.37	1.41	1.34
Standardised separation rate ratio (SRR)	0.93	1.01	1.00	1.02	1.05	
95% confidence interval of SRR	0.91–0.95	0.99–1.03	0.97–1.03	0.99–1.05	1.02–1.08	
Revision of hip replacement						
Separations ^(e)	668	806	693	645	695	3,507
Proportion of separations public patients (%)	42	38	40	31	21	35
Separation rate ^(f)	0.15	0.17	0.16	0.16	0.16	0.16
Standardised separation rate ratio (SRR)	0.91	1.06	1.01	1.01	1.01	
95% confidence interval of SRR	0.84–0.98	0.99–1.13	0.93–1.09	0.93–1.09	0.93–1.09	
Hysterectomy, females aged 15–69						
Separations ^(e)	5,695	5,817	5,530	5,114	5,045	27,203
Proportion of separations public patients (%)	58	49	43	35	20	42
Separation rate ^(f)	1.40	1.42	1.30	1.21	1.15	1.29
Standardised separation rate ratio (SRR)	1.08	1.10	1.00	0.94	0.89	
95% confidence interval of SRR	1.05–1.11	1.07–1.13	0.97–1.03	0.91–0.97	0.87–0.91	
Age and sex restricted standardised separation rate ^(h)	4.0	4.0	3.7	3.4	3.3	3.7
Knee replacement						
Separations ^(e)	7,057	8,072	6,738	5,827	6,045	33,743
Proportion of separations public patients (%)	42	38	36	28	18	33
Separation rate ^(f)	1.54	1.71	1.58	1.48	1.45	1.55
Standardised separation rate ratio (SRR)	0.99	1.10	1.02	0.95	0.93	
95% confidence interval of SRR	0.97–1.01	1.08–1.12	1.00–1.04	0.93–0.97	0.91–0.95	
Lens insertion						
Separations ^(e)	38,331	38,361	35,077	31,247	34,962	177,999
Proportion of separations public patients (%)	32	34	27	21	14	26
Separation rate ^(f)	8.35	8.05	8.28	8.01	8.34	8.21
Standardised separation rate ratio (SRR)	1.02	0.98	1.01	0.98	1.02	
95% confidence interval of SRR	1.01–1.03	0.97–0.99	1.00–1.02	0.97–0.99	1.01–1.03	

(continued)

Table 4.9 (continued): Separation statistics^(a) for selected procedures^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Myringotomy (with insertion of tube)						
Separations ^(e)	5,237	5,944	5,771	6,324	6,768	30,044
Proportion of separations public patients (%)	53	47	38	28	13	35
Separation rate ^(f)	1.25	1.51	1.43	1.60	1.80	1.51
Standardised separation rate ratio (SRR)	0.83	1.00	0.94	1.06	1.19	
95% confidence interval of SRR	0.81–0.85	0.97–1.03	0.92–0.96	1.03–1.09	1.16–1.22	
Prostatectomy						
Separations ^(e)	6,042	6,332	5,577	5,587	6,433	29,974
Proportion of separations public patients (%)	42	38	35	26	15	31
Separation rate ^(f)	1.31	1.33	1.30	1.41	1.51	1.37
Standardised separation rate ratio (SRR)	0.96	0.97	0.95	1.03	1.11	
95% confidence interval of SRR	0.94–0.98	0.95–0.99	0.93–0.97	1.00–1.06	1.08–1.14	
Tonsillectomy						
Separations ^(e)	7,139	7,512	7,481	7,179	7,325	36,638
Proportion of separations public patients (%)	52	49	41	30	16	38
Separation rate ^(f)	1.74	1.93	1.83	1.78	1.88	1.83
Standardised separation rate ratio (SRR)	0.95	1.05	1.00	0.97	1.02	
95% confidence interval of SRR	0.93–0.97	1.03–1.07	0.98–1.02	0.95–0.99	1.00–1.04	

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

(b) The procedures are defined using ICD-10-AM codes in Appendix 1.

(c) Based on the ABS SEIFA 2006 Index of Advantage/Disadvantage score for the statistical local area of the patient's usual residence.

(d) Includes unknown area of usual residence and excludes overseas residents and unknown state of residence.

(e) Excludes multiple procedures in the same separation within the same group.

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

(g) Caesarean section separations divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(h) Females aged 15–69 years only.

Table 4.10: Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2006–07

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E62C Respiratory infections/inflamations W/O CC										
ALOS (days)	Public	3.6	2.9	3.2	3.3	3.5	3.7	3.0	4.1	3.3
	Private	5.2	5.4	4.7	4.9	5.2	n.p.	n.p.	n.p.	5.1
	Total	3.8	3.4	3.6	3.5	3.8	n.p.	n.p.	n.p.	3.6
Separations	Public	8,768	5,489	3,689	1,933	1,640	481	310	578	22,888
	Private	643	1,279	1,301	378	394	n.p.	n.p.	n.p.	4,146
	Total	9,411	6,768	4,990	2,311	2,034	n.p.	n.p.	n.p.	27,034
E65B Chronic obstructive airway disease W/O catastrophic or severe CC										
ALOS (days)	Public	5.1	4.0	4.7	4.9	4.6	5.7	5.3	5.1	4.7
	Private	9.0	7.0	6.9	7.0	5.3	n.p.	n.p.	n.p.	7.1
	Total	5.4	4.6	5.3	5.4	4.7	n.p.	n.p.	n.p.	5.1
Separations	Public	8,841	5,198	4,197	1,924	1,923	687	202	417	23,389
	Private	651	1,223	1,503	489	530	n.p.	n.p.	n.p.	4,550
	Total	9,492	6,421	5,700	2,413	2,453	n.p.	n.p.	n.p.	27,939
E69C Bronchitis and asthma age<50 W/O CC										
ALOS (days)	Public	1.6	1.5	1.5	1.7	1.7	1.6	1.7	1.8	1.6
	Private	1.9	2.5	2.2	2.0	2.6	n.p.	n.p.	n.p.	2.3
	Total	1.6	1.5	1.6	1.7	1.8	n.p.	n.p.	n.p.	1.6
Separations	Public	10,670	6,806	3,916	2,142	2,870	496	300	271	27,471
	Private	153	214	582	121	116	n.p.	n.p.	n.p.	1,208
	Total	10,823	7,020	4,498	2,263	2,986	n.p.	n.p.	n.p.	28,679
F62B Heart failure and shock W/O catastrophic CC										
ALOS (days)	Public	5.9	4.2	4.7	5.1	5.4	6.1	5.4	3.60	5.1
	Private	8.5	7.5	7.5	8.3	6.8	n.p.	n.p.	n.p.	7.7
	Total	6.1	5.0	5.7	5.7	5.8	n.p.	n.p.	n.p.	5.7
Separations	Public	8,702	6,021	3,692	2,033	1,949	571	259	231	23,458
	Private	909	1,941	1,843	512	646	n.p.	n.p.	n.p.	6,080
	Total	9,611	7,962	5,535	2,545	2,595	n.p.	n.p.	n.p.	29,538
F71B Non-major arrhythmia and conduction disorders W/O catastrophic or severe CC										
ALOS (days)	Public	2.5	2.1	2.2	1.8	2.4	2.2	2.0	2.21	2.3
	Private	2.0	2.2	2.5	1.8	2.3	n.p.	n.p.	n.p.	2.2
	Total	2.5	2.2	2.3	1.8	2.4	n.p.	n.p.	n.p.	2.3
Separations	Public	10,807	7,568	4,950	2,285	2,387	808	500	212	29,517
	Private	1,760	2,770	2,996	1,222	1,357	n.p.	n.p.	n.p.	10,507
	Total	12,567	10,338	7,946	3,507	3,744	n.p.	n.p.	n.p.	40,024

(continued)

Table 4.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2006-07

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G07B Appendicectomy W/O Catastrophic or Severe CC	ALOS (days)									
	Public	3.0	2.7	2.5	2.6	2.9	2.7	2.7	2.9	2.8
	Private	2.5	2.7	2.3	2.5	2.7	n.p.	n.p.	n.p.	2.5
	<i>Total</i>	2.9	2.7	2.4	2.6	2.8	n.p.	n.p.	n.p.	2.7
Separations	Public	6,303	4,221	2,973	2,071	1,235	408	384	220	17,815
	Private	799	1,087	1,679	628	366	n.p.	n.p.	n.p.	4,774
	<i>Total</i>	7,102	5,308	4,652	2,699	1,601	n.p.	n.p.	n.p.	22,589
G08B Abdominal and other hernia procedures age 1 to 59 or W catastrophic or severe CC	ALOS (days)									
	Public	1.6	1.5	1.4	1.7	1.8	1.5	1.5	1.7	1.6
	Private	1.5	1.5	1.3	1.7	1.5	n.p.	n.p.	n.p.	1.5
	<i>Total</i>	1.5	1.5	1.4	1.7	1.7	n.p.	n.p.	n.p.	1.5
Separations	Public	2,248	1,825	1,387	803	557	121	91	87	7,119
	Private	2,177	1,508	1,907	791	522	n.p.	n.p.	n.p.	7,239
	<i>Total</i>	4,425	3,333	3,294	1,594	1,079	n.p.	n.p.	n.p.	14,358
G09Z Inguinal and femoral hernia procedures age>0	ALOS (days)									
	Public	1.4	1.5	1.3	1.3	1.6	1.3	1.2	1.4	1.4
	Private	1.3	1.4	1.2	1.6	1.5	n.p.	n.p.	n.p.	1.3
	<i>Total</i>	1.4	1.4	1.2	1.5	1.5	n.p.	n.p.	n.p.	1.4
Separations	Public	5,622	4,519	2,952	1,803	1,325	345	209	151	16,926
	Private	7,313	5,268	5,013	2,277	1,806	n.p.	n.p.	n.p.	22,888
	<i>Total</i>	12,935	9,787	7,965	4,080	3,131	n.p.	n.p.	n.p.	39,814
H08B Laparoscopic cholecystectomy W/O closed CDE W/O catastrophic or severe CC	ALOS (days)									
	Public	1.9	1.9	1.7	1.9	1.9	1.9	2.0	2.4	1.9
	Private	1.7	1.9	1.8	1.8	2.0	n.p.	n.p.	n.p.	1.8
	<i>Total</i>	1.8	1.9	1.8	1.9	2.0	n.p.	n.p.	n.p.	1.8
Separations	Public	6,820	4,959	3,339	1,802	1,591	328	248	140	19,227
	Private	5,067	3,761	3,873	1,581	1,211	n.p.	n.p.	n.p.	16,294
	<i>Total</i>	11,887	8,720	7,212	3,383	2,802	n.p.	n.p.	n.p.	35,521
I03C Hip replacement W/O catastrophic or severe CC	ALOS (days)									
	Public	7.1	7.2	7.3	6.1	7.0	7.2	6.4	n.p.	7.0
	Private	7.0	7.4	7.0	8.7	7.2	n.p.	n.p.	n.p.	7.3
	<i>Total</i>	7.1	7.3	7.1	7.6	7.1	n.p.	n.p.	n.p.	7.2
Separations	Public	2,505	1,652	1,145	843	595	234	181	23	7,178
	Private	3,386	3,268	2,183	1,216	1,079	n.p.	n.p.	n.p.	11,856
	<i>Total</i>	5,891	4,920	3,328	2,059	1,674	n.p.	n.p.	n.p.	19,034

(continued)

Table 4.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2006-07

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
I04Z Knee replacement and reattachment ALOS (days)	Public	7.2	8.0	7.2	7.7	6.5	7.6	6.7	n.p.	7.4
	Private	7.1	7.6	7.3	10.1	7.1	n.p.	n.p.	n.p.	7.6
	Total	7.2	7.8	7.3	9.1	7.0	n.p.	n.p.	n.p.	7.5
Separations	Public	4,584	2,393	1,934	1,421	848	220	200	27	11,627
	Private	6,728	4,554	4,209	1,946	1,905	n.p.	n.p.	n.p.	20,338
	Total	11,312	6,947	6,143	3,367	2,753	n.p.	n.p.	n.p.	31,965
I16Z Other shoulder procedures ALOS (days)	Public	1.7	1.7	1.5	1.4	1.7	1.7	1.6	n.p.	1.6
	Private	1.5	1.5	1.5	1.6	1.7	n.p.	n.p.	n.p.	1.5
	Total	1.5	1.5	1.5	1.5	1.7	n.p.	n.p.	n.p.	1.5
Separations	Public	1,692	1,331	1,021	968	494	137	111	38	5,792
	Private	6,622	6,741	5,365	4,257	2,722	n.p.	n.p.	n.p.	26,804
	Total	8,314	8,072	6,386	5,225	3,216	n.p.	n.p.	n.p.	32,596
L63B Kidney and urinary tract infections age>69 W/O catastrophic CC ALOS (days)	Public	5.7	4.2	4.8	5.3	5.5	4.9	4.4	5.3	5.1
	Private	7.5	6.8	6.4	7.0	6.2	n.p.	n.p.	n.p.	6.7
	Total	5.9	4.8	5.4	5.7	5.7	n.p.	n.p.	n.p.	5.4
Separations	Public	6,677	4,202	2,655	1,352	1,278	283	211	138	16,796
	Private	545	1,145	1,385	305	316	n.p.	n.p.	n.p.	3,847
	Total	7,222	5,347	4,040	1,657	1,594	n.p.	n.p.	n.p.	20,643
M02B Transurethral prostatectomy W/O catastrophic or severe CC ALOS (days)	Public	3.2	2.8	2.8	2.8	3.0	3.4	4.0	n.p.	3.0
	Private	3.0	3.0	3.0	3.0	3.4	n.p.	n.p.	n.p.	3.1
	Total	3.1	2.9	2.9	2.9	3.2	n.p.	n.p.	n.p.	3.0
Separations	Public	1,978	1,988	812	583	715	134	52	18	6,280
	Private	3,583	3,178	2,530	1,032	898	n.p.	n.p.	n.p.	11,714
	Total	5,561	5,166	3,342	1,615	1,613	n.p.	n.p.	n.p.	17,994
N04Z Hysterectomy for non-malignancy ALOS (days)	Public	3.9	3.9	3.5	3.8	3.7	3.5	4.2	4.4	3.8
	Private	4.1	4.6	3.8	4.3	4.3	n.p.	n.p.	n.p.	4.2
	Total	4.0	4.2	3.6	4.1	4.0	n.p.	n.p.	n.p.	4.0
Separations	Public	3,794	3,258	2,078	1,202	1,088	302	135	111	11,968
	Private	4,367	2,796	3,266	1,540	1,307	n.p.	n.p.	n.p.	14,152
	Total	8,161	6,054	5,344	2,742	2,395	n.p.	n.p.	n.p.	26,120

(continued)

Table 4.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs version 5.1, by hospital sector, states and territories, 2006–07

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
N06Z Female reproductive system reconstructive procedures	ALOS (days)									
	Public	3.0	2.6	2.3	2.7	2.8	2.7	2.6	n.p.	2.7
	Private	3.2	3.1	2.6	3.3	3.2	n.p.	n.p.	n.p.	3.0
	Total	3.1	2.9	2.5	3.0	3.1	n.p.	n.p.	n.p.	2.9
Separations	Public	2,082	1,737	1,250	740	651	158	68	23	6,709
	Private	3,270	1,939	2,525	1,053	1,090	n.p.	n.p.	n.p.	10,381
	Total	5,352	3,676	3,775	1,793	1,741	n.p.	n.p.	n.p.	17,090
O01C Caesarean delivery W moderate complicating diagnosis	ALOS (days)									
	Public	4.3	4.3	3.7	4.4	4.6	4.2	4.0	4.9	4.2
	Private	5.4	5.2	4.7	6.0	5.7	n.p.	n.p.	n.p.	5.3
	Total	4.7	4.6	4.2	5.2	5.0	n.p.	n.p.	n.p.	4.6
Separations	Public	14,354	10,222	8,268	3,759	2,856	876	635	531	41,501
	Private	7,371	6,514	7,002	3,662	1,844	n.p.	n.p.	n.p.	27,653
	Total	21,725	16,736	15,270	7,421	4,700	n.p.	n.p.	n.p.	69,154
O60B Vaginal delivery W severe complicating diagnosis	ALOS (days)									
	Public	3.0	2.7	2.5	3.0	2.9	3.0	2.6	3.2	2.8
	Private	4.3	4.2	3.9	4.9	4.5	n.p.	n.p.	n.p.	4.3
	Total	3.3	3.2	2.9	3.5	3.3	n.p.	n.p.	n.p.	3.2
Separations	Public	35,808	26,529	18,039	9,547	6,710	2,049	1,700	1,250	101,632
	Private	10,689	10,282	7,155	3,932	2,265	n.p.	n.p.	n.p.	36,428
	Total	46,497	36,811	25,194	13,479	8,975	n.p.	n.p.	n.p.	138,060
R61B Lymphoma and non-acute leukaemia W/O catastrophic CC	ALOS (days)									
	Public	5.2	4.0	5.1	4.8	4.9	5.6	7.7	n.p.	4.8
	Private	5.2	3.8	4.9	3.2	3.9	n.p.	n.p.	n.p.	4.2
	Total	5.2	3.9	5.0	3.9	4.5	n.p.	n.p.	n.p.	4.6
Separations	Public	3,028	2,341	1,041	638	735	266	161	32	8,242
	Private	738	2,247	1,784	896	521	n.p.	n.p.	n.p.	6,344
	Total	3,766	4,588	2,825	1,534	1,256	n.p.	n.p.	n.p.	14,586
U603B Major affective disorders age<70 W/O catastrophic or severe CC	ALOS (days)									
	Public	13.8	13.0	14.1	15.4	12.6	11.7	15.1	11.9	13.6
	Private	21.8	17.4	19.0	13.1	16.0	n.p.	n.p.	n.p.	18.0
	Total	16.2	15.2	16.3	14.4	13.4	n.p.	n.p.	n.p.	15.3
Separations	Public	5,828	3,802	2,726	1,882	2,313	364	260	159	17,334
	Private	2,530	3,709	2,267	1,570	766	n.p.	n.p.	n.p.	11,351
	Total	8,358	7,511	4,993	3,452	3,079	n.p.	n.p.	n.p.	28,685

(a) Separations for which the care type was reported as *Acute*, *Unknown* and *Newborn* with qualified days. Excludes separations where the length of stay was greater than 120 days. Abbreviations: ALOS—average length of stay, CC—complications and comorbidities, CDE—common duct exploration, W/O—without, W—with.

Table 4.11: Relative stay index^{(a)(b)}, by hospital sector, patient election status and funding source, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(c)	1.03	0.91	0.95	0.98	1.02	1.01	0.93	1.18	0.98
Public ^(d)	1.03	0.91	0.95	0.98	1.02	1.01	0.93	1.18	0.98
Private patients	1.08	0.94	0.99	1.02	1.06	1.05	0.96	1.32	1.03
Private health insurance	1.09	0.96	0.99	1.03	1.06	1.01	1.03	1.00	1.04
Self-funded	1.02	0.89	0.80	0.79	0.99	..	0.84	1.59	0.94
Workers compensation	1.15	1.05	1.15	1.07	1.11	1.22	0.92	1.44	1.12
Motor vehicle third party personal claim	1.21	0.88	1.25	1.12	1.31	1.34	0.89	1.79	1.09
Department of Veterans' Affairs	1.00	0.92	0.94	0.96	1.03	1.04	0.84	1.03	0.98
Other ^(e)	2.14	1.10	1.07	1.10	0.90	0.94	0.89	1.21	1.41
Patient election status not reported	0.82	1.15	..	..	..	1.04	..	..	1.13
<i>Total</i>	<i>1.04</i>	<i>0.92</i>	<i>0.95</i>	<i>0.98</i>	<i>1.02</i>	<i>1.02</i>	<i>0.93</i>	<i>1.18</i>	<i>0.99</i>
Private hospitals									
Public patients ^(c)	0.57	0.98	0.94	0.85	1.03	n.p.	n.p.	n.p.	0.89
Public ^(d)	0.57	0.98	0.94	0.85	1.03	n.p.	n.p.	n.p.	0.89
Private patients	1.04	1.02	1.03	1.06	0.99	n.p.	n.p.	n.p.	1.03
Private health insurance	1.05	1.03	1.02	1.04	0.99	n.p.	n.p.	n.p.	1.03
Self-funded	0.88	0.86	0.81	0.82	0.80	n.p.	n.p.	n.p.	0.85
Workers compensation	0.98	1.01	0.89	0.89	0.90	n.p.	n.p.	n.p.	0.95
Motor vehicle third party personal claim	0.99	1.02	1.13	1.05	1.05	n.p.	n.p.	n.p.	1.05
Department of Veterans' Affairs	1.15	1.04	1.14	1.34	1.01	n.p.	n.p.	n.p.	1.13
Other ^(e)	1.04	0.75	0.90	1.12	0.99	n.p.	n.p.	n.p.	0.96
Patient election status not reported	0.72	0.96	..	..	..	n.p.	n.p.	n.p.	0.86
<i>Total</i>	<i>1.04</i>	<i>1.02</i>	<i>1.03</i>	<i>1.06</i>	<i>0.99</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.03</i>
All hospitals									
Public patients ^(c)	1.03	0.91	0.95	0.98	1.02	n.p.	n.p.	n.p.	0.98
Public ^(d)	1.03	0.91	0.95	0.98	1.02	n.p.	n.p.	n.p.	0.98
Private patients	1.06	1.00	1.02	1.05	1.01	n.p.	n.p.	n.p.	1.03
Private health insurance	1.06	1.01	1.02	1.04	1.01	n.p.	n.p.	n.p.	1.03
Self-funded	0.93	0.87	0.81	0.82	0.83	n.p.	n.p.	n.p.	0.87
Workers compensation	1.05	1.03	1.00	0.95	0.96	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.21	0.90	1.25	1.11	1.28	n.p.	n.p.	n.p.	1.08
Department of Veterans' Affairs	1.06	0.98	1.11	1.22	1.02	n.p.	n.p.	n.p.	1.06
Other ^(e)	2.02	1.03	1.01	1.10	0.95	n.p.	n.p.	n.p.	1.28
Patient election status not reported	0.77	1.14	..	..	..	n.p.	n.p.	n.p.	1.06
Total	1.04	0.95	0.98	1.01	1.01	n.p.	n.p.	n.p.	1.00

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

(b) Relative stay index based on all hospitals using the indirect method using AR-DRG version 5.1. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(c) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care agreements*, *Reciprocal Health Care agreements*, *Other hospital or public authority*, *Other* or *Not reported*, and most patients in *Public psychiatric hospitals*.

(d) Includes patients whose funding source was reported as *Australian Health Care Agreements*, *Other hospital or public authority* and most patients in *Public psychiatric hospitals*.

(e) Includes patients whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Unknown*.

Table 4.12: Relative stay index^(a), directly and indirectly standardised by hospital sector, and medical/surgical/other type of AR-DRG, states and territories, 2006–07

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index^(b)									
Public hospitals	1.04	0.92	0.95	0.98	1.02	1.02	0.93	1.18	0.99
Medical	1.02	0.88	0.93	0.97	1.00	1.01	0.92	1.14	0.96
Surgical	1.08	0.99	1.01	1.02	1.07	1.03	0.95	1.31	1.04
Other	1.18	0.96	1.07	0.98	1.04	1.04	0.89	1.25	1.06
Private hospitals	1.04	1.02	1.03	1.06	0.99	n.p.	n.p.	n.p.	1.03
Medical	1.26	1.10	1.12	1.11	1.05	n.p.	n.p.	n.p.	1.14
Surgical	0.93	0.96	0.94	1.04	0.95	n.p.	n.p.	n.p.	0.95
Other	0.89	0.94	0.95	0.95	0.93	n.p.	n.p.	n.p.	0.93
All hospitals	1.04	0.95	0.98	1.01	1.01	n.p.	n.p.	n.p.	1.00
Medical	1.05	0.93	0.99	1.00	1.01	n.p.	n.p.	n.p.	1.00
Surgical	1.02	0.98	0.98	1.03	1.01	n.p.	n.p.	n.p.	1.00
Other	1.06	0.95	1.00	0.97	0.99	n.p.	n.p.	n.p.	1.00
Directly standardised relative stay index^(c)									
Public hospitals	1.02	0.91	0.92	0.98	1.00	0.99	0.91	1.15	0.97
Medical	1.00	0.87	0.90	0.96	0.98	0.98	0.89	1.09	0.94
Surgical	1.05	1.01	0.97	1.03	1.04	1.02	0.98	1.33	1.02
Other	1.21	1.01	1.09	0.98	1.02	1.07	0.87	1.39	1.08
Private hospitals	1.07	1.06	1.04	1.12	1.04	n.p.	n.p.	n.p.	1.06
Medical	1.28	1.17	1.16	1.21	1.15	n.p.	n.p.	n.p.	1.20
Surgical	0.96	0.99	0.95	1.09	0.98	n.p.	n.p.	n.p.	0.98
Other	0.95	0.97	0.98	0.97	0.97	n.p.	n.p.	n.p.	0.96
All hospitals	1.03	0.96	0.97	1.03	1.01	n.p.	n.p.	n.p.	1.00
Medical	1.05	0.94	0.98	1.03	1.02	n.p.	n.p.	n.p.	1.00
Surgical	1.00	1.00	0.96	1.06	1.01	n.p.	n.p.	n.p.	1.00
Other	1.03	0.98	1.01	0.97	0.99	n.p.	n.p.	n.p.	1.00

(a) Separations for which the care type was reported as *Acute* or *Newborn* with qualified days, or was *Not reported*. Relative stay index based on all hospitals using AR DRG version 5.1.

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

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

Table 4.13: Separations^(a) with an adverse event^(b), by hospital sector^(c), Australia, 2006–07

Adverse event	Public		Private		Total	
	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations	Separations with adverse events	Adverse event separations per 100 separations
External cause codes						
Y40–Y59 Adverse effects of drugs, medicaments and biological substances	81,862	1.8	19,141	0.7	101,003	1.4
Y60–Y82 Misadventures to patients during surgical and medical care	10,015	0.2	3,713	0.1	13,728	0.2
Y83–Y84 Procedures causing abnormal reactions/complications	153,487	3.4	79,927	2.8	233,414	3.2
Y88 & Y95 Other external causes of adverse events	5,444	0.1	846	0.0	6,290	0.1
Place of occurrence codes						
Y92.22 Health service area	239,960	5.4	102,303	3.6	342,263	4.7
Diagnosis codes						
E89, G97, H59, H95, I97, J95, K91, M96, N99 Selected post-procedural disorders	42,556	1.0	22,912	0.8	65,468	0.9
T81.0 Haemorrhage and haematoma complicating a procedure, n.e.c.	22,707	0.5	13,183	0.5	35,890	0.5
T81.4 Infection following a procedure, n.e.c.	22,714	0.5	10,171	0.4	32,885	0.4
T82–T85 Complications of internal prosthetic devices, implants and grafts	48,094	1.1	26,559	0.9	74,653	1.0
Other diagnoses of complications of medical and surgical care (T80 to T88 and T98.3, not including above)	38,544	0.9	15,033	0.5	53,577	0.7
<i>Total^(d)</i>	<i>261,403</i>	<i>5.9</i>	<i>108,744</i>	<i>3.8</i>	<i>370,147</i>	<i>5.1</i>

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

(b) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation. Other ICD-10-AM codes may also indicate that an adverse event has occurred, and some adverse events are not identifiable using ICD-10-AM codes. Hence these data will underestimate the total number of adverse events.

(c) The data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may also differ.

(d) Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe an adverse event.

5 Non-admitted patient care

Introduction

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

Emergency department care

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

- Detailed episode-level data for 5,287,451 non-admitted patient emergency department presentations. These records include information on waiting times, triage category and whether the patients were admitted to hospital (tables 5.2 and 5.3). The records also include information on the sex and age of the patient, the type of visit, the patient's mode of arrival, the patient's episode end status, the waiting time until treated, and the total duration of the non-admitted patient episode (tables 5.4 to 5.10).
- Summary information on the total number of accident and emergency occasions of service for all public hospitals (6,741,304 occasions of service) are presented in Table 2.7 and are used in this chapter to estimate the proportion of emergency department occasions of service for which the detailed episode-level data were available (Table 5.1). Occasions of service for which the detailed data were not available occurred mainly in hospitals not required to report to the Non-admitted patient emergency department care (NAPEDC) NMDS (or in hospitals that did not have an emergency department).

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

The detailed information presented for all episode-level records in tables 5.3 to 5.10 should be interpreted with caution as the data may not be representative of emergency department presentations for hospitals which were not required to provide data for non-admitted patient emergency department care. The proportion of accident and emergency occasions of service for which detailed episode-level data were available was almost 100% for *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* (peer group A and B hospitals), and about 78% for all hospitals (Table 5.1).

Data sources

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the National Minimum Data Set (NMDS) for

Non-admitted patient emergency department care, as defined in the *National health data dictionary version 13* (HDSC 2006).

The scope of this NMDS in 2006–07 was non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2005–06* (AIHW 2007a). The peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity. The use of this classification as an interim measure to define the scope of this collection is under review. Data were also provided by some states and territories for hospitals in peer groups other than A and B, as described below.

Limitations of the data

This is the fourth year that these episode-level data on emergency department care have been collected on a national basis and, as certain issues of definition have not been resolved, comparability across jurisdictions may be limited. For example:

- There is variation in the point at which the emergency department presentation is recorded as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital. This variation is likely to have significantly affected the comparability of data on the duration of the presentation (tables 5.9 and 5.10). For more detail see *Australian hospital statistics 2003–04* (AIHW 2005a).
- There is also some variation over time in the categorisation of presentations reported as subsequently admitted.

National Public Hospital Establishments Database

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

Variations in methods of collection and analysis

Because of differences over time in the coverage, method of collection and method of analysis for data on waiting times and proportion admitted, these data should be interpreted with caution.

For 2004–05 to 2006–07, all states and territories reported waiting times data as part of the episode-level data. For 2003–04, most states and territories reported waiting times data as part of the episode-level data. The waiting times data for South Australia for 2003–04 included aggregated data for five hospitals that were not in peer group A or B.

For 2002–03, the Emergency Department Waiting Times Data Collection did not include 1 peer group A hospital in New South Wales, and 1 peer group A and 11 peer group B hospitals in Victoria. For 2002–03, Western Australia also provided aggregate data for 74 *Medium* and *Small hospitals*, and South Australia provided data for six *Medium hospitals*. Estimated coverage overall was 71% in 2002–03 (Table 5.2).

The proportion of accident and emergency occasions of service for which detailed episode-level data were available was 78% in 2005–06 and 2006–07, 76% in 2004–05 and 75% in 2003–04.

For the data collected for 2003–04 to 2006–07, the number of patients seen on time was determined as the number of patients in each triage category whose waiting time was less than or equal to the maximum waiting time stated in the National Triage Scale definition. This analysis was restricted to records with a Type of visit of *Emergency presentation* and those for which Type of visit was not reported. In addition, records were excluded if the waiting time was missing, or the patient either did not wait for treatment, or was dead on arrival (see ‘Episode end status’ below). *Resuscitation* patients whose waiting time for treatment was less than or equal to 2 minutes were considered to have been seen on time. For 2003–04, *Resuscitation* patients for South Australia were considered to have been seen on time using a cut-off point of 1 minute.

For 2002–03, the number of patients seen on time was supplied by the states and territories as part of the summary data provided to the NPHED. For those years, the criteria for calculating the proportion of *Resuscitation* patients who were seen on time varied between jurisdictions, with a cut-off point of less than 1 minute for Tasmania and the Northern Territory, less than or equal to 1 minute for Victoria, Queensland, South Australia and the Australian Capital Territory, and less than or equal to 2 minutes for New South Wales and Western Australia.

Hence, data on the proportion of *Resuscitation* patients who were seen on time are not completely comparable between 2002–03 and later years. Also, the data for 2003–04 to 2006–07 will differ from data calculated on state-based criteria for Victoria, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory.

The median and 90th percentile waiting times to service delivery were not available in the aggregated data collection for 2002–03.

For 2004–05 to 2006–07, the estimated number of patients subsequently admitted included those presentations for which the Episode end status was reported as *Admitted to this hospital*. For 2003–04, the estimated number of patients subsequently admitted included those presentations for which the Episode end status was reported as *Admitted to this hospital*, except for South Australia, Western Australia and Victoria (for which aggregate data were used). For 2002–03, the estimated proportion of patients subsequently admitted was supplied by the states and territories as part of the aggregate data provided to the NPHED.

Triage category and other data elements reported for emergency department care

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

In 2006–07, there were 2,401,205 emergency department presentations with a *Semi-urgent* Triage category:

- they were reported by 81 *Principal referral and Specialist women’s and children’s hospitals*, 38 *Large hospitals* and 45 *Other hospitals*
- almost 51% of presentations were for males
- the most common age group was 15–24 years.
- almost 70% arrived at the emergency department between 8am and 8pm, and the number of arrivals was lowest between 4am and 6am
- about a sixth arrived by ambulance
- about a sixth were subsequently admitted to the same hospital (including admission within the emergency department)
- the median waiting time was 36 minutes, and 90% were seen within 146 minutes
- overall, 66% of these patients were seen within a clinically appropriate time.

The median length of the service episode was 2 hours and 21 minutes, ranging from 1 hour and 24 minutes for patients who presented to an emergency department in a hospital in a peer group other than A or B to 2 hours and 43 minutes for patients who presented to an emergency department in a *Principal referral and Specialist women’s and children’s hospital*.

Overview

Table 5.1 presents information on the number of emergency department presentations reported to the NNAPEDCD, by hospital peer group and state or territory. Episode-level data were provided for 81 *Principal referral and Specialist women’s and children’s hospitals*, 38 *Large hospitals*, and 45 *Other hospitals* (not classified in peer groups A or B). The table includes estimates of the coverage of the NNAPEDCD, calculated as the proportion of accident and emergency occasions of service reported to the NPHED that were also reported as episode-level data in the NNAPEDCD. This may underestimate the proportion because some accident and emergency occasions of service are for services other than emergency presentations.

For 2006–07, all states and territories were able to provide episode-level data to the NNAPEDCD for all public hospitals in peer groups A and B that have emergency departments (that is 100% of hospitals that were required to report episode-level data). For hospitals in peer groups A and B, the overall coverage was estimated as approximately 100% (Table 5.1). Some states and territories reported fewer accident and emergency occasions of service to the NPHED than the number of emergency department presentations reported to the NNAPEDCD, by peer group. For those states or territories, the coverage for the peer group has been reported as 100%.

Some states and territories also provided episode-level data for public hospitals that were classified peer groups other than A or B, and these data have been included in this chapter. The Northern Territory supplied episode-level data for all public hospitals, New South Wales provided data for 23 *Medium hospitals* and 8 *Small hospitals*, Victoria provided data for 6 *Medium hospitals*, South Australia provided data for 1 *Medium hospital* and Western Australia provided data for 2 *Medium hospitals* and 1 *Small regional hospital* and 1 *Small remote hospital*. The NNAPEDCD provides detailed information on about 78% of all public hospital accident and emergency occasions of service. The proportion for all public hospitals ranged

from 100% for the Australian Capital Territory and the Northern Territory to 64% for Queensland (Table 5.1).

Waiting times

The *National health data dictionary* definition for Emergency department waiting time to service delivery is 'The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse'. Waiting times statistics are presented in tables 5.2 and 5.3 by Triage category and hospital peer group. Emergency department waiting times are regarded as indicators of responsiveness of the acute care sector (see Chapter 4).

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2003). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- *Resuscitation*: immediate (within seconds)
- *Emergency*: within 10 minutes
- *Urgent*: within 30 minutes
- *Semi-urgent*: within 60 minutes
- *Non-urgent*: within 120 minutes.

Changes from 2002–03 to 2006–07

Table 5.2 presents national emergency department waiting times data by public hospital peer group and triage category for the years 2002–03 to 2006–07. All emergency department presentations are included in this table. However the proportions seen on time, and the median and 90th percentile waiting times include only those episodes where the Type of visit (see Table 5.4) was reported as *Emergency presentation*, or was *Not reported* (for all states for 2004–05 and 2005–06, and, for 2006–07, for South Australia only). Because of differences over time in the scope, method of collection and method of analysis, these data should be interpreted with caution.

For 2006–07, the waiting time was missing or invalid for about 9,600 records, and there were over 273,000 records with an Episode end status of *Did not wait* or *Dead on arrival*. These records are included in the counts of emergency department presentations but were excluded from the calculations of the proportions seen on time and the median and 90th percentile waiting times presented in tables 5.2 and 5.3. Details of records excluded from waiting times calculations for 2003–04 to 2005–06 are included in previous reports (AIHW 2005a, 2006a, 2007a).

The data for 2002–03 were sourced from the aggregate waiting times data provided by the states and territories as part of the NPHEd. The estimated proportion of emergency presentations for 2002–03 was calculated using the assumption that all occasions of service reported were emergency presentations (for which waiting times are applicable). This assumption was also used for the South Australian and Western Australian waiting times data for 2003–04, as the data for some hospitals were provided without information on the type of visit. Based on these estimates the coverage for hospitals in peer groups A and B increased from 92% in 2002–03 to 100% in 2006–07. Over the same period, the NNAPEDCD

data as a proportion of all public hospital accident and emergency occasions of service increased from 71% to 78%.

In 2006–07, there were over 6.7 million accident and emergency occasions of service reported for public hospitals to the NPHEd (see Table 2.7), and there were almost 5.3 million emergency presentations reported to the NNAPEDCD. Between 2002–03 and 2006–07 the number of emergency presentations reported for hospitals in peer groups A and B rose by almost 31% (6.9% per year). However, this may reflect the inclusion of non-emergency presentation occasions of service for some jurisdictions for the 2003–04 to 2006–07 data that may not have been previously provided. The total number of accident and emergency occasions of service reported to the NPHEd increased by about 15% (3.7% per year) between 2002–03 and 2006–07 (AIHW 2004a).

The proportion of emergency presentations by triage category remained fairly stable between 2002–03 and 2006–07. In 2006–07, approximately 1% of patients who presented at an emergency department were assigned a triage category of *Resuscitation*, 8% were *Emergency*, 32% were *Urgent*, 47% were *Semi-urgent* and 12% were *Non-urgent*.

For the period 2002–03 to 2006–07, for all triage categories combined, the proportion of patients seen on time for all hospitals increased from 66% to 70%. The proportion of *Resuscitation* patients seen on time was fairly stable at 99–100%, and the proportion improved for all other triage categories over the period 2003–04 to 2006–07 (for which the same cut-off points were used for the majority of the data).

The median waiting time to service delivery was 24 minutes for 2006–07 and 2005–06, compared with 25 minutes for both 2003–04 and 2004–05. The median waiting time fell for most triage categories in *Principal referral and Specialist women's and children's hospitals* and was fairly stable across all triage categories and for *Large hospitals*. For 2006–07, 90% of all emergency department patients were attended by a health care professional within 120 minutes, compared with 123 minutes in 2005–06.

The proportion of patients subsequently admitted decreased between 2002–03 and 2006–07 for all triage categories and for all hospitals. The proportion of *Resuscitation* patients subsequently admitted for *Large hospitals* showed a large decrease between the 2002–03 and 2003–04 periods, which may reflect variation over time in the method of calculating this measure. For hospitals other than *Principal referral and Specialist women's and children's hospitals*, a relatively high proportion of patients are reported with an Episode end status of *Referred to another hospital for admission*, and these were not included in the proportion admitted for 2003–04 to 2006–07. Nationally, the proportion of patients subsequently admitted fell from 29% in 2002–03 to 27% in 2006–07.

Emergency presentations, states and territories

Table 5.3 presents the number of emergency department presentations for 2006–07 where the Type of visit (see Table 5.4) was reported as *Emergency presentation* (or was *Not reported* for South Australia) by triage category, public hospital peer group and state or territory. This table also shows the proportions of these visits that were seen on time, subsequently admitted, and the median and 90th percentile waiting times to service delivery. Records with missing or invalid waiting times or with an Episode end status of *Did not wait* or *Dead on arrival* were excluded from the calculation of these measures.

There was some variation among the states and territories in the proportions of patients in each triage category. Overall, New South Wales, Victoria and the Australian Capital Territory had the lowest proportions of *Resuscitation* presentations (0.6%) and South

Australia reported the highest proportion (1.3%). For the *Non-urgent* triage category, Victoria reported the highest proportion (14.9%) followed by New South Wales (14.7%), and South Australia reported the lowest (4.3%).

For the purpose of this report, a patient with a triage category of *Resuscitation* was considered to be seen on time if the waiting time to service delivery was less than or equal to 2 minutes. There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time, therefore these data may differ from those reported by individual jurisdictions.

Overall, for all triage categories, the proportion of patients receiving emergency department care within the required time was 70%, ranging from 54% in the Australian Capital Territory to 76% in New South Wales. Nationally, approximately 99% of *Resuscitation* patients and 78% of *Emergency* patients were seen on time. There was marked variation between states and territories in the median and 90th percentile waiting times to service delivery. For New South Wales, 50% of patients were treated by a medical officer or nurse within 20 minutes, whereas for the Australian Capital Territory 50% of patients were treated within 44 minutes. The length of time by which 90% of patients were treated also varied; from 105 minutes in New South Wales to 162 minutes in the Australian Capital Territory.

The comparability of the data may be influenced by the comparability of the triage categories among the states and territories. Although the triage category is not a measure of the need for admission to hospital, the proportions of patients in each category that were admitted can be used as an indication of the comparability of the triage categorisation.

Nationally, 27% of all presentations were subsequently admitted to the hospital. Victoria had higher proportions of patients subsequently admitted than the national figures in all triage categories, and Western Australia had the lowest proportion of *Resuscitation* patients subsequently admitted.

Type of emergency department visit

Table 5.4 presents emergency department presentation statistics, by type of visit, hospital peer group and state or territory, reported to the NNAPEDCD for 2006–07. All emergency department presentations are included.

The data element Type of visit to emergency department describes the reason the patient presented to the emergency department. The Type of visit can be reported as *Emergency presentation*, *Return visit, planned*, *Pre-arranged admission*, *Patient in transit* (to another facility) or *Dead on arrival*. Not all states and territories reported presentations for all categories of Type of visit. Tasmania did not report any presentations with a type of *Pre-arranged admission*, or *Patient in transit*, the Northern Territory did not report any presentations with a type of *Pre-arranged admission*, and South Australia did not report any presentations with a type of *Patient in transit* or *Dead on arrival*. Type of visit was *Not reported* for 10% of records from South Australia.

Nationally, 96.6% of presentations were *Emergency presentations*, and 2.4% were reported as *Return visit, planned*. The proportion of presentations by Type of visit varied by hospital peer group and by state or territory. About 98% of presentations were *Emergency presentations* for hospitals in peer group A, compared with about 93% for hospitals in peer group B. The proportion reported as *Emergency presentations* ranged from 99% for the Australian Capital Territory to 88% for South Australia. For the Northern Territory 6% of presentations were reported as *Return visit, planned*.

Sex and age group

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

Data on the sex of each patient were reported as male, female, indeterminate or not stated/inadequately described. All states and territories supplied the date of birth of the patient, from which the age of the patient at the date of presentation was calculated. The 315 records for which the sex of the patient was *Not stated/indeterminate* and the 284 records for which date of birth was not provided are included in the totals of Table 5.5.

Males accounted for 51.9% of emergency department presentations, and there were more presentations for males than females in most groups from 0 to 75 years. Females accounted for more presentations than males for the 25–34 years and age groups 75 years and over. The most common age groups reported for emergency department presentations were 15–24 years (15.8%), followed by 25–34 years (14.3%) and 0–4 years (12.1%).

Aboriginal and Torres Strait Islander people

Table 5.6 presents Indigenous status data by state and territory of the hospital. All emergency department presentations are included.

The data on Indigenous status were supplied by all states and territories according to the *National health data dictionary* definition. As the coverage of this data collection is largely public hospitals which were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the coverage may not include areas where the proportion of *Indigenous Australians* (compared with *Other Australians*) may be higher than average. Therefore these data may not be indicative of the rate of use of emergency department services by Indigenous people nationally.

Nationally, 4.3% of all patients presenting to an emergency department had an Indigenous status of *Aboriginal and/or Torres Strait Islander*. The Northern Territory had the highest proportion of emergency department presentations involving *Indigenous Australians* (41.3%), and Victoria recorded the lowest proportion (1.1%).

Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2006–07 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients; the data should, therefore, be used with caution.

The New South Wales Health Department (NSW Health) undertook a review of the quality of Indigenous identification in emergency department data in 2007. NSW Health found that 3.6% of emergency department patients were identified as Indigenous (Aboriginal, Torres Strait Islander, or both), indicating a reasonably complete data collection on Indigenous status. NSW Health considers that Indigenous status identification in its emergency department data is acceptable.

For Victoria, the quality of Indigenous status data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland Health noted that for 2006–07 Indigenous status was not reported in 1.8% of cases. This is an improvement on the 2.1% of non-reported cases that existed in 2005–06 data. Efforts will continue to be made to ensure that reporting of Indigenous status is as complete and accurate as possible.

Western Australia reported that the quality of the emergency department Indigenous status data is considered to be acceptable, and to be more reliable in rural and remote areas.

The South Australian Department of Health reported that the quality of Indigenous status data is higher for admitted patients than non-admitted emergency department patients, as evidenced by the high proportion of episodes for which Indigenous status was *Not reported* (Table 5.6). However there has been an improvement in data quality. In 2006–07 Indigenous status was not reported in 6.5% of emergency department presentations, compared with 17.7% in the previous year.

The Tasmanian Department of Health and Human Services reports that the quality of Indigenous status data has improved in 2006–07 and the number of separations where Indigenous status is not stated has improved in both sectors. The department is continuing to monitor and improve the coverage and quality of Indigenous data in both the public and private sectors, through education and auditing.

The Australian Capital Territory Health Department (ACT Health) noted that the level of reporting of Indigenous status for 2006–07 appeared to be on a par with reporting to 2005–06. It is understood that Indigenous status continues to be under-reported.

The Northern Territory Department of Health and Community Services reported that the quality of its 2006–07 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another for follow up. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Arrival mode—transport

Table 5.7 presents data on the arrival mode of the patient by triage category and by state and territory. All emergency department presentations are included.

The data element Emergency department arrival mode — transport could be reported as *Ambulance, air ambulance or helicopter rescue service, Police/correctional services vehicle* or *Other*. The category *Other* includes patients who walked to the emergency department, or who came by private transport, public transport, community transport or taxi. For 2006–07, arrival mode was *Not state/Unknown* for almost 6% of Northern Territory presentations (Table 5.7).

The majority of patients who presented at an emergency department reported an arrival mode of *Other* (76.2%) (Table 5.7). However, there was variation in arrival mode by triage category. For the arrival mode *Ambulance, air ambulance or helicopter rescue service*, the proportion varied from 84.5% for *Resuscitation* patients to 4.2% for *Non-urgent* patients.

Queensland reported the highest overall proportion of presentations with an arrival mode of *Ambulance, air ambulance or helicopter rescue service* (27.6%), and the Australian Capital Territory had the highest overall proportion of presentations with an arrival mode of *Other* (82.3%) (Table 5.7).

There was also variation by triage category in the proportion arriving by ambulance among jurisdictions. For *Resuscitation* patients, Tasmania reported the highest proportion arriving by ambulance (90.4%) and New South Wales reported the lowest (81.5%). Tasmania and Queensland reported the highest proportions arriving by ambulance for *Emergency* patients (55.7% and 55.4%, respectively), while the Australian Capital Territory reported the lowest (36.4%).

Episode end status

Table 5.8 presents data on the Episode end status (formerly called Departure status) of the patient, by triage category and state and territory. All emergency department presentations are included. There is some variation among states and territories in the use of the categories for Episode end status.

For 2006–07, the majority of patients reported an Episode end status of *Non-admitted patient emergency department service episode completed – departed without being admitted or referred to another hospital* (65.2%) (Table 5.8). However, this proportion varied markedly by triage category, ranging from 10.5% of *Resuscitation* patients to 84.1% of *Non-urgent* patients. Overall, 5.2% of emergency department presentations *Did not wait to be attended by a health care professional*. The proportion that *Did not wait* also varied by triage category, ranging from 0% for *Resuscitation* patients to 9.5% for *Non-urgent* patients.

Western Australia had the highest proportion of presentations with an Episode end status of *Non-admitted patient emergency department service episode completed – departed without being admitted or referred to another hospital* (72.5%) and the lowest overall proportion of patients who did not wait (2.1%). For *Resuscitation* patients, Western Australia had the highest proportion of patients referred to another hospital for admission (13.6%). Victoria had the highest overall proportion of presentations for which the patient was either admitted to the same hospital or referred to another hospital for admission (32.4%) (Table 5.8).

Length of non-admitted patient episode

Tables 5.9 and 5.10 present summary length of presentation statistics by triage category and state and territory, including the median duration of non-admitted patient episode, the median duration of the service event, and the median total time in the emergency department, for the NNAPEDCD. Presentations are included in this table if the Type of visit was reported as *Emergency presentation*, or was *Not reported* (for South Australia only). Records were excluded where the waiting time was missing or invalid or the Episode end status was reported as *Did not wait*, *Left at own risk* or *Dead on arrival*.

The duration of the non-admitted patient episode is measured from the time of presentation to the conclusion of the non-admitted component of the presentation, and therefore includes waiting time. The duration of the service event represents a measure of the amount of time during which the patient receives service (is treated and/or observed). It is measured as the time from the commencement of service by a treating medical officer or nurse to the conclusion of the non-admitted component of the presentation (episode end). The total time in the emergency department is measured from the time of presentation to the time of physical departure of the patient. These data are presented separately for patients subsequently admitted to the same hospital (Table 5.9) and for other patients (not admitted and including those referred to another hospital) (Table 5.10).

Generally, the durations of non-admitted patient episode for patients subsequently admitted were greater than for patients not subsequently admitted (to the same hospital), indicating that these patients generally required more lengthy treatment (in the emergency department) than other patients. *Resuscitation* was the only triage category for which patients subsequently admitted had shorter durations of service event than for patients not admitted to the same hospital (tables 5.9 and 5.10).

Patients subsequently admitted to the same hospital

Table 5.9 presents summary length of presentation statistics for patients who were subsequently admitted to the same hospital. Extreme caution should be used in interpreting these data as there is some variation between jurisdictions in the recording of the time at which the non-admitted episode is completed and in the recording of the time of admission for patients who were subsequently admitted to hospital. For Victoria, Queensland, Tasmania and the Northern Territory, the conclusion of the non-admitted patient episode is also reported as the time of physical departure for patients admitted to short stay wards within the emergency department.

Overall, the median duration of presentation for patients subsequently admitted was 4 hours and 41 minutes, and the median duration of service event was 4 hours and 5 minutes. The median duration times varied by state and territory and by triage category. For *Resuscitation* patients, the median duration of presentation and the median duration of the service event were both 3 hours and 2 minutes, which reflects the short waiting times for these patients. *Non-urgent* patients who were subsequently admitted had the shortest median duration of the service event at 2 hours and 36 minutes.

The amount of time spent in the emergency department while waiting to be admitted can be indicated by the difference between the median time in emergency department and the median duration of presentation. For the states that reported separate times of physical departure and episode end for patients subsequently admitted, this difference ranged from 5 hours and 37 minutes in the Australian Capital Territory to 1 hour and 24 minutes in New South Wales.

Patients not subsequently admitted to the same hospital

Table 5.10 presents summary length of presentation statistics for patients who were not subsequently admitted to the same hospital. There is some variation between jurisdictions in the recording of the time at which the non-admitted episode is completed, and therefore these data should be used with caution. For patients not subsequently admitted to the same hospital, only New South Wales, South Australia and the Australian Capital Territory reported different times for the end of the episode and physical departure.

Overall, the median duration of presentation for patients not subsequently admitted was 2 hours and 9 minutes, and the median duration of the service event was 1 hour and 13 minutes. The median duration times varied by state and territory and by triage category. The median duration of presentation for *Resuscitation* patients was 3 hours and 9 minutes, ranging from 1 hour and 31 minutes in the Australian Capital Territory to 3 hours and 48 minutes in Queensland.

For the states that reported a separate time of physical departure and episode end, the amount of time spent in the emergency department after the conclusion of service and until physically departing the emergency department increased with the urgency of the triage category.

Time of presentation

The time of presentation at the emergency department is defined as the earliest occasion of being registered clerically or triaged. Time of presentation was reported for all non-admitted patient emergency department presentations reported to the NNAPEDCD.

Figure 5.2 presents the number of presentations by triage category and hour of presentation. This figure highlights the uneven use of emergency department resources throughout the average day. Almost three-quarters of emergency department presentations occur between the hours of 8am and 8pm. For the *Semi-urgent* and *Urgent* triage categories, the pattern of use is consistently relatively high during this period. For the *Non-urgent* triage category, the peak time of presentation is between 8am and noon.

Figure 5.3 illustrates the relative distribution of use within each triage category across the 24 hour period. It shows that for the *Resuscitation* triage category, emergency presentations are more evenly distributed throughout the day than for other triage categories, ranging from 2.3% between 5am and 6am to 5.4% between 6pm and 7pm, with almost 41% of these patients arriving overnight between 8pm and 8am. In contrast, for the *Non-urgent* triage category, the pattern of use varies from 0.7% between 4am and 5am to 8.9% between 9am and 10am, with less than a quarter of these patients arriving between 8pm and 8am.

Outpatient clinic care

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

- Clinic-level data for 11,520,358 occasions of service for individuals and 99,287 group sessions for non-admitted patient outpatient clinic care. These data were reported for 23 outpatient clinic types for selected public hospitals for compilation in the National Outpatient Care Database (NOCD) (tables 5.11 to 5.13).
- Summary information on the total number of outpatient-related occasions of service for all public hospitals (15,827,604 occasions of service). These data were presented in Table 2.5 and are used in this chapter to estimate the proportion of outpatient-related occasions of service which are covered by the Outpatient care NMDS (Table 5.11). Outpatient-related care includes *Allied health, Dental, Dialysis, Endoscopy and related procedures, and Other medical/surgical/obstetric* occasions of service.

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

The information presented in tables 5.11 to 5.13 should be interpreted with caution as the data may not be representative of outpatient clinic activity for hospitals which were not required to provide data for the NOCD. The estimated proportion of outpatient-related occasions of service for all hospitals that were also reported to the NOCD was about 73% for individual occasions of service, and about 67% for group occasions of service (Table 5.11).

Data sources

The National Outpatient Care Database

The National Outpatient Care Database (NOCD) is a compilation of summary data for outpatient clinic occasions of service in public hospitals. The database is based on the Outpatient care NMDS as defined in the *National health data dictionary version 13* (HDSC 2006). The scope for the Outpatient care NMDS for 2006–07 was for services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals that were classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2005–06* (AIHW 2007a). Data were also provided by some states and territories for hospitals in peer groups other than A and B, as described below.

These data were provided to the AIHW for 2006–07 as counts of individual occasions of service and group occasions of service by 23 outpatient clinic types as presented in tables 5.12 and 5.13.

Coverage estimates

Data for the Outpatient care NMDS are collected for 23 clinic types. For the purposes of aligning the two data sources, outpatient-related occasions of service sourced from the NPHEd refer to those occasions of service reported with a Type of non-admitted patient care of *Allied health, Dental, Dialysis, Endoscopy and related procedures* and *Other medical/surgical/obstetric*. The NPHEd data for the non-admitted patient care types *Accident and emergency, Alcohol and other drugs, Community health services, District nursing, Mental health, Other outreach services, Pathology, Pharmacy* and *Radiology and organ imaging* are not comparable to the outpatient individual and group occasions of service reported for the NOCD. Therefore, these types of non-admitted patient care are excluded from the estimates of coverage presented in Table 5.11.

Overview

Table 5.11 presents information on the number of outpatient clinic occasions of service reported to the NOCD, by hospital peer group and state or territory. Summary data were provided for 83 *Principal referral and Specialist women's and children's hospitals*, 37 *Large hospitals* and 4 *Other hospitals* (not classified in peer groups A or B). The table includes estimates of the coverage of the NOCD, calculated as the proportion of outpatient-related occasions of service reported to the NPHEd that were also reported in the NOCD.

For 2006–07, all states and territories were able to provide summary data to the NOCD for all public hospitals in peer groups A and B. Some states and territories also provided outpatient care data for public hospitals which were classified to other peer groups (in addition to the required Outpatient care NMDS scope of peer group A and B hospitals), and these data have been included in this chapter. New South Wales and South Australia each provided data for one *Medium hospital* and Western Australia provided data for one *Medium* and one *Small hospital*.

States and territories

Individual occasions of service

Table 5.12 presents the number of individual occasions of service by clinic type and state or territory for 2006–07. These data should be interpreted with caution as the comparability of the data may be influenced by variation in admission practices, the type of facility providing these services and in the allocation of outpatient services to the 23 clinic types among the states and territories.

There was some variation among the states and territories in the numbers of occasions of service reported for each clinic type:

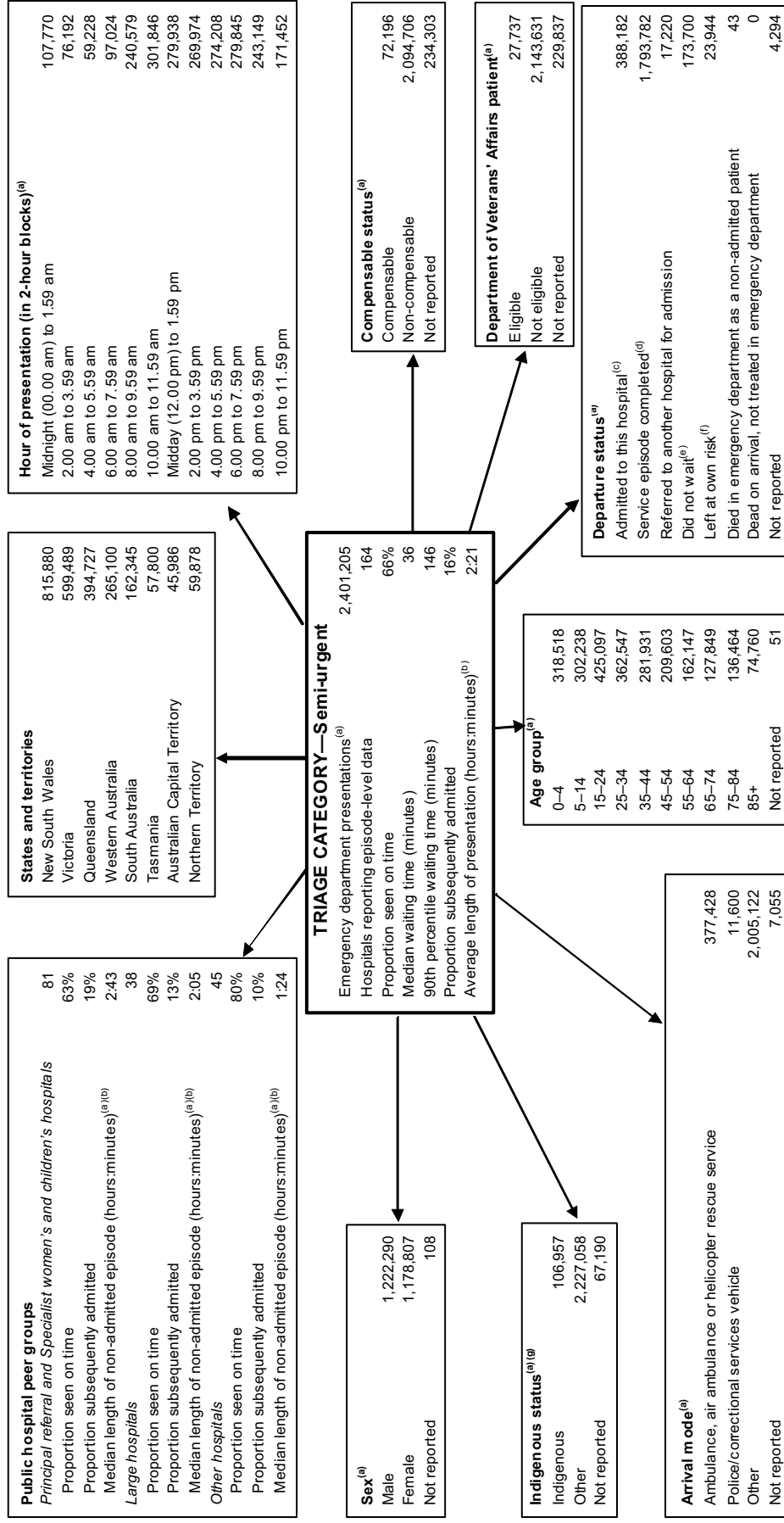
- *Dental* was not reported by the Australian Capital Territory and the Northern Territory, and there was notable variation in reporting among the other states and territories
- *General practice/primary care* was reported for New South Wales, Queensland and Western Australia only
- *Endoscopy* was not reported by Victoria and South Australia
- *Chemotherapy* was not reported by Victoria, Western Australia, South Australia and the Northern Territory
- *Dialysis* was not reported by Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory
- *Paediatric surgery* was not reported for Tasmania
- *Gastroenterology* was not reported for the Northern Territory
- There was also a marked variation among states and territories in the reporting of *Medical* occasions of service.

New South Wales reported the highest number of individual occasions of service for 14 of the 23 clinic types. Victoria reported the highest numbers for *Allied health*, *Plastic surgery*, *Urology* and *Paediatric surgery*, and Queensland reported the highest numbers for *Gynaecology*, *Gastroenterology* and *Ear, nose and throat surgery* and *Surgery*.

Group sessions

Table 5.13 presents the number of group sessions of outpatient care by clinic type and state or territory in 2006–07.

There were variations among the states and territories in the number of group sessions reported, and in the clinic types for which group sessions were reported. Victoria reported group sessions for the clinic type *Allied health* only. Western Australia reported that, due to changes in reporting systems, their figures represent a mixture of the number of individuals who attended a group session and the number of group sessions. Therefore, the data for Western Australian group sessions differ from those reported for 2005–06 (which represented the number of individuals who attended a group session), and also differ from group sessions presented for other states and territories. New South Wales reported group sessions for almost every outpatient clinic type with the exception of *Endoscopy*, *Plastic surgery* and *Ophthalmology*. *Allied health* was the most commonly reported clinic type, with over 40,000 group sessions.



(a) For the episode-level data provided to the National Non-admitted Patient Emergency Department Care Database which covers approximately 78% of accident and emergency occasions of service for all public hospitals.
 (b) The length of non-admitted patient episode is measured between the time of commencement of service and the completion of service. This measure was calculated for presentations where the waiting time to service delivery was not missing or invalid.
 (c) Includes admitted to units or beds within the emergency department.
 (d) Non-admitted patient emergency department service episode completed—departed without being admitted or referred to another hospital.
 (e) Did not wait to be attended by a health care professional.
 (f) Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed.
 (g) The quality of Indigenous status data is not acceptable for most jurisdictions; therefore these data should be treated with caution. Please see the text and Appendix 1 for more information.

Figure 5.1: Interrelationships of a Semi-urgent triage category presentation with other data elements, public hospitals, Australia, 2006–07

Table 5.1: Emergency department presentations, by public hospital peer group^(a), states and territories, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Hospitals reporting emergency department episode-level data ^(b)	28	20	16	6	5	3	1	2	81
Presentations reported with episode-level data ^(c)	1,145,200	885,621	713,175	258,054	265,938	119,451	51,133	87,769	3,526,341
Estimated proportion of presentations with episode-level data (%) ^(d)	100	100	98	100	100	100	100	100	100
Large hospitals									
Hospitals reporting emergency department episode-level data ^(b)	12	12	5	6	2	..	1	..	38
Presentations reported with episode-level data ^(c)	319,211	327,403	174,933	174,044	40,573	..	45,179	..	1,081,343
Estimated proportion of presentations with episode-level data (%) ^(d)	100	100	100	99	100	..	100	..	100
Coverage of episode-level data for hospitals in peer groups A and B									
	100	100	98	99	100	100	100	100	100
Other hospitals									
Hospitals reporting emergency department episode-level data ^(b)	31	6	0	4	1	0	0	3	45
Presentations reported with episode-level data ^(c)	412,204	92,090	..	91,868	48,784	..	..	34,821	679,767
Estimated proportion of presentations with episode-level data (%) ^(d)	49	36	..	31	23	..	..	100	32
Total									
Hospitals reporting emergency department episode-level data ^(b)	71	38	21	16	8	3	2	5	164
Presentations reported with episode-level data ^(c)	1,876,615	1,305,114	888,108	523,966	355,295	119,451	96,312	122,590	5,287,451
Estimated proportion of presentations with episode-level data (%) ^(d)	81	89	64	72	69	96	100	100	78

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

(b) Episode-level data are required for public hospitals which are classified as *Principal referral and Specialist women's and children's hospitals* and *Large hospitals*.

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

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

Table 5.2: Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2002-03 to 2006-07

Triage category and peer group	2002-03	2003-04	2004-05	2005-06	2006-07
Coverage of episode-level data for hospitals in peer groups A and B					
Hospitals reporting emergency department episode-level data	102	110	116	118	119
Presentations reported with waiting times data ^(b)	3,531,914	3,756,776	4,026,666	4,312,108	4,607,684
Estimated proportion of occasions with waiting times data ^{(c)(d)}	92	96	99	100	100
Principal referral and Specialist women's and children's hospitals					
Hospitals reporting emergency department episode-level data	65	66	73	77	81
Presentations reported with waiting times data ^(b)	2,524,598	2,579,203	2,924,659	3,202,097	3,526,341
Estimated proportion of occasions of service with waiting times data ^{(c)(d)}	97	97	99	100	100
Proportion by triage category (%)					
Resuscitation	1	1	1	1	1
Emergency	9	9	10	10	10
Urgent	34	34	35	35	35
Semi-urgent	44	45	45	45	45
Non-urgent	10	10	10	10	9
<i>Total</i>	100	100	100	100	100
Proportion seen on time^(e)					
Resuscitation	99	100	100	100	99
Emergency	75	79	75	75	76
Urgent	58	63	61	60	63
Semi-urgent	55	62	61	61	63
Non-urgent	76	85	86	86	86
<i>Total</i>	59	67	65	65	66
Median waiting time to service delivery (minutes)					
Resuscitation	n.a.	0	0	0	0
Emergency	n.a.	5	6	6	5
Urgent	n.a.	24	23	23	22
Semi-urgent	n.a.	46	44	43	41
Non-urgent	n.a.	34	33	33	33
<i>Total</i>	n.a.	28	26	27	25
90th percentile waiting time to service delivery (minutes)					
Resuscitation	n.a.	0	0	0	0
Emergency	n.a.	24	23	24	22
Urgent	n.a.	99	95	101	96
Semi-urgent	n.a.	166	161	163	158
Non-urgent	n.a.	156	144	144	142
<i>Total</i>	n.a.	134	129	132	127

(continued)

Table 5.2 (continued): Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2002–03 to 2006–07

Triage category and peer group	2002–03	2003–04	2004–05	2005–06	2006–07
Principal referral and Specialist women's and children's hospitals					
Proportion ending in admission (%) ^(b)					
Resuscitation	87	82	83	83	82
Emergency	70	67	67	67	64
Urgent	49	46	46	46	44
Semi-urgent	23	20	20	19	19
Non-urgent	8	7	6	6	6
<i>Total</i>	34	33	29	32	31
Large hospitals					
Hospitals reporting emergency department episode-level data	37	44	43	41	38
Presentations reported with waiting times data ^(b)	1,007,316	1,177,573	1,115,158	1,110,011	1,081,343
Estimated proportion of occasions of service with waiting times data (%) ^{(c)(d)}	83	93	100	100	100
Proportion by triage category (%)					
Resuscitation	<1	<1	<1	<1	<1
Emergency	5	6	6	6	6
Urgent	28	29	28	28	27
Semi-urgent	48	50	50	50	49
Non-urgent	14	15	16	16	17
<i>Total</i>	100	100	100	100	100
Proportion seen on time (%) ^(e)					
Resuscitation	97	100	99	99	99
Emergency	73	80	78	80	82
Urgent	63	70	69	70	70
Semi-urgent	65	72	70	69	69
Non-urgent	87	89	87	87	87
<i>Total</i>	68	74	73	73	73
Median waiting time to service delivery (minutes)					
Resuscitation	n.a.	0	0	0	0
Emergency	n.a.	5	6	5	5
Urgent	n.a.	19	19	18	18
Semi-urgent	n.a.	31	33	34	34
Non-urgent	n.a.	30	33	33	35
<i>Total</i>	n.a.	23	24	24	25

(continued)

Table 5.2 (continued): Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2002–03 to 2006–07

Triage category and peer group	2002–03	2003–04	2004–05	2005–06	2006–07
Large hospitals					
90th percentile waiting time to service delivery (minutes)					
Resuscitation	n.a.	0	0	0	0
Emergency	n.a.	21	20	19	18
Urgent	n.a.	75	70	72	74
Semi-urgent	n.a.	127	129	134	132
Non-urgent	n.a.	128	137	140	142
<i>Total</i>	<i>n.a.</i>	<i>109</i>	<i>111</i>	<i>115</i>	<i>116</i>
Proportion ending in admission (%) ^(f)					
Resuscitation	87	69	66	67	66
Emergency	67	58	54	57	57
Urgent	40	38	36	38	37
Semi-urgent	15	14	14	14	13
Non-urgent	4	3	3	3	3
<i>Total</i>	<i>23</i>	<i>22</i>	<i>21</i>	<i>22</i>	<i>21</i>
All hospitals^(g)					
Hospitals reporting emergency department episode-level data	195	213	148	153	164
Presentations reported with waiting times data ^(b)	4,156,790	4,390,591	4,529,412	4,914,896	5,287,451
Estimated proportion of occasions of service with waiting times data (%) ^{(c)(d)}	71	75	76	78	78
Proportion by triage category (%)					
Resuscitation	1	1	1	1	1
Emergency	7	8	8	8	8
Urgent	30	30	32	32	32
Semi-urgent	45	46	47	47	47
Non-urgent	14	15	12	12	12
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
Proportion seen on time (%) ^(e)					
Resuscitation	99	99	100	99	99
Emergency	75	76	76	77	78
Urgent	61	63	64	64	65
Semi-urgent	61	65	65	65	66
Non-urgent	85	87	88	87	88
<i>Total</i>	<i>66</i>	<i>68</i>	<i>69</i>	<i>69</i>	<i>70</i>

(continued)

Table 5.2 (continued): Non-admitted patient emergency department presentation statistics, by triage category and public hospital peer group^(a), Australia, 2002–03 to 2006–07

Triage category and peer group	2002–03	2003–04	2004–05	2005–06	2006–07
All hospitals^(g)					
Median waiting time to service delivery (minutes)					
Resuscitation	n.a.	0	0	0	0
Emergency	n.a.	5	5	5	5
Urgent	n.a.	22	21	21	20
Semi-urgent	n.a.	38	38	37	36
Non-urgent	n.a.	28	30	29	28
Total	n.a.	25	25	24	24
90th percentile waiting time to service delivery (minutes)					
Resuscitation	n.a.	0	0	0	0
Emergency	n.a.	23	22	23	21
Urgent	n.a.	90	88	93	90
Semi-urgent	n.a.	150	148	149	146
Non-urgent	n.a.	139	136	136	133
Total	n.a.	124	121	123	120
Proportion ending in admission (%) ^(f)					
Resuscitation	86	78	79	80	79
Emergency	69	63	63	64	62
Urgent	46	43	43	43	42
Semi-urgent	19	16	17	17	16
Non-urgent	6	4	5	5	5
Total	29	27	28	28	27

(a) For more information on the public hospital peer group classification see Appendix 2. Not all hospitals include an emergency department.

(b) For 2002–03, these are the number of presentations reported with waiting times data. For 2003–04, 2004–05, 2005–06 and 2006–07, these are the number of emergency department presentations and, for 2003–04, include some additional aggregate data for South Australia.

(c) The number of emergency department presentations divided by the number of accident and emergency department occasions of service. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times data are applicable.

(d) For some jurisdictions, the number of presentations reported to the Non-admitted Patient Emergency Department Care Database exceeded the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database. For these jurisdictions the coverage has been estimated as 100%.

(e) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category *Resuscitation*, the cut-off point for determining the proportion seen on time has varied both over time and among jurisdictions. See Chapter 5 for more information.

(f) For 2002–03 and for some 2003–04 data (for South Australia, Victoria and some Western Australian hospitals), these are estimates of emergency department patients 'subsequently admitted'. For other 2003–04 data and for 2004–05, 2005–06 and 2006–07 data, this proportion is based on presentations for which the departmental episode end status was reported as *Admitted to this hospital*.

(g) The total includes hospitals in peer groups other than *Principal referral* and *Specialist women's and children's hospitals* and *Large hospitals*.

Table 5.3: Emergency presentation statistics^(a), by triage category and public hospital peer group^(b), states and territories, 2006-07

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Emergency presentations									
Resuscitation	9,065	7,309	5,700	3,153	4,412	973	422	712	31,746
Emergency	106,654	79,738	64,916	33,395	34,879	9,019	4,704	5,844	339,149
Urgent	394,001	279,589	270,954	78,957	100,258	38,565	18,731	28,894	1,209,949
Semi-urgent	475,879	408,207	313,240	121,683	110,706	57,800	23,707	47,640	1,558,862
Non-urgent	141,118	88,850	43,077	16,112	12,353	8,533	3,566	2,669	316,278
<i>Total^(c)</i>	<i>1,127,056</i>	<i>863,693</i>	<i>698,542</i>	<i>253,303</i>	<i>262,608</i>	<i>114,890</i>	<i>51,130</i>	<i>85,760</i>	<i>3,456,982</i>
Proportion seen on time (%) ^(d)									
Resuscitation	100	100	98	98	99	96	n.p.	100	99
Emergency	86	81	65	64	74	72	n.p.	54	76
Urgent	67	72	55	51	58	62	n.p.	51	63
Semi-urgent	70	65	57	51	63	61	n.p.	40	63
Non-urgent	86	89	86	81	86	87	n.p.	76	86
<i>Total</i>	<i>73</i>	<i>72</i>	<i>59</i>	<i>55</i>	<i>64</i>	<i>64</i>	<i>n.p.</i>	<i>46</i>	<i>66</i>
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	n.p.	0	0
Emergency	5	5	8	8	4	7	n.p.	10	5
Urgent	21	17	27	30	24	22	n.p.	30	22
Semi-urgent	33	37	49	60	41	42	n.p.	79	41
Non-urgent	34	25	35	54	34	27	n.p.	57	33
<i>Total</i>	<i>22</i>	<i>21</i>	<i>31</i>	<i>37</i>	<i>25</i>	<i>27</i>	<i>n.p.</i>	<i>47</i>	<i>25</i>
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	1	n.p.	0	0
Emergency	16	18	31	24	23	22	n.p.	31	22
Urgent	88	81	111	97	101	97	n.p.	105	96
Semi-urgent	140	153	171	165	156	171	n.p.	208	158
Non-urgent	147	124	147	161	143	143	n.p.	196	142
<i>Total</i>	<i>115</i>	<i>121</i>	<i>138</i>	<i>134</i>	<i>121</i>	<i>138</i>	<i>n.p.</i>	<i>172</i>	<i>127</i>
Proportion ending in admission (%) ^(e)									
Resuscitation	86	93	72	76	72	82	n.p.	71	82
Emergency	66	77	56	50	61	57	n.p.	64	64
Urgent	45	57	32	41	42	38	n.p.	43	44
Semi-urgent	21	25	10	16	16	13	n.p.	14	19
Non-urgent	7	7	3	9	7	3	n.p.	3	6
<i>Total</i>	<i>32</i>	<i>39</i>	<i>23</i>	<i>29</i>	<i>32</i>	<i>25</i>	<i>n.p.</i>	<i>27</i>	<i>31</i>

(continued)

Table 5.3 (continued): Emergency presentation statistics^(a), by triage category and public hospital peer group^(b), states and territories, 2006-07

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Large hospitals									
Emergency presentations									
Resuscitation	1,649	520	446	797	249	..	195	..	3,856
Emergency	22,730	15,236	9,536	12,256	4,350	..	1,879	..	65,987
Urgent	94,175	69,957	46,971	46,411	16,377	..	12,702	..	286,593
Semi-urgent	148,749	147,589	81,487	94,157	17,908	..	22,279	..	512,169
Non-urgent	43,465	74,340	29,254	18,325	1,662	..	7,392	..	174,438
<i>Total^(c)</i>	<i>310,841</i>	<i>307,642</i>	<i>167,773</i>	<i>171,960</i>	<i>40,546</i>	..	<i>44,447</i>	..	<i>1,043,209</i>
Proportion seen on time (%) ^(d)									
Resuscitation	100	100	99	98	99	..	n.p.	..	99
Emergency	88	84	81	82	46	..	n.p.	..	82
Urgent	76	78	68	67	27	..	n.p.	..	70
Semi-urgent	74	70	70	68	43	..	n.p.	..	69
Non-urgent	90	85	87	88	81	..	n.p.	..	87
<i>Total</i>	<i>78</i>	<i>76</i>	<i>73</i>	<i>71</i>	<i>39</i>	..	<i>n.p.</i>	..	<i>73</i>
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	..	n.p.	..	0
Emergency	4	4	5	5	12	..	n.p.	..	5
Urgent	17	13	19	20	67	..	n.p.	..	18
Semi-urgent	29	33	33	35	75	..	n.p.	..	34
Non-urgent	25	42	35	30	50	..	n.p.	..	35
<i>Total</i>	<i>20</i>	<i>25</i>	<i>25</i>	<i>25</i>	<i>58</i>	..	<i>n.p.</i>	..	<i>25</i>
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	1	0	0	0	..	n.p.	..	0
Emergency	13	16	15	15	45	..	n.p.	..	18
Urgent	64	55	80	65	261	..	n.p.	..	74
Semi-urgent	123	125	128	128	261	..	n.p.	..	132
Non-urgent	124	155	134	130	167	..	n.p.	..	142
<i>Total</i>	<i>100</i>	<i>117</i>	<i>113</i>	<i>108</i>	<i>242</i>	..	<i>n.p.</i>	..	<i>116</i>
Proportion ending in admission (%) ^(e)									
Resuscitation	75	83	62	42	64	..	n.p.	..	66
Emergency	64	62	52	40	65	..	n.p.	..	57
Urgent	42	41	27	28	44	..	n.p.	..	37
Semi-urgent	17	15	8	8	17	..	n.p.	..	13
Non-urgent	4	2	2	2	4	..	n.p.	..	3
<i>Total</i>	<i>26</i>	<i>20</i>	<i>15</i>	<i>15</i>	<i>33</i>	..	<i>n.p.</i>	..	<i>21</i>

(continued)

Table 5.3 (continued): Emergency presentation statistics^(a), by triage category and public hospital peer group^(b), states and territories, 2006-07

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All hospitals reporting waiting times data^(f)									
Emergency presentations									
Resuscitation	11,933	7,961	6,146	4,260	4,700	973	617	786	37,376
Emergency	148,157	98,302	74,452	51,979	41,469	9,019	6,583	6,478	436,439
Urgent	580,799	366,321	317,925	150,511	124,899	38,565	31,433	33,672	1,644,125
Semi-urgent	815,880	599,489	394,727	265,100	162,345	57,800	45,986	59,878	2,401,205
Non-urgent	268,793	187,287	72,331	44,737	15,029	8,533	10,958	14,020	621,688
Total emergency visits^(c)	1,826,167	1,259,360	866,315	516,604	348,442	114,890	95,577	114,835	5,142,190
Proportion seen on time (%) ^(d)									
Resuscitation	100	100	98	98	99	96	100	100	99
Emergency	87	82	67	71	72	72	77	56	78
Urgent	71	73	57	59	56	62	47	54	65
Semi-urgent	74	67	60	61	63	61	49	48	66
Non-urgent	89	88	87	87	87	87	81	87	88
Total emergency visits seen on time	76	74	61	64	63	64	54	55	70
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	0	0	0
Emergency	4	4	7	6	4	7	6	9	5
Urgent	19	16	26	24	25	22	34	28	20
Semi-urgent	28	34	45	44	40	42	63	65	36
Non-urgent	24	28	35	32	34	27	53	33	28
Total	20	22	29	28	26	27	44	39	24
90th percentile waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	1	0	0	0
Emergency	15	18	29	22	26	22	26	32	21
Urgent	79	74	107	85	119	97	141	103	90
Semi-urgent	127	143	162	146	155	171	183	195	146
Non-urgent	127	131	141	137	142	143	161	138	133
Total	105	117	133	121	130	138	162	160	120
Proportion ending in admission (%) ^(e)									
Resuscitation	81	92	71	67	71	82	73	70	79
Emergency	64	74	56	46	58	57	58	64	62
Urgent	43	53	31	33	40	38	42	43	42
Semi-urgent	18	22	10	11	13	13	14	14	16
Non-urgent	5	5	3	4	6	3	4	7	5
Total proportion ending in admission (%)	28	33	22	21	32	25	25	25	27

(a) Includes records for which the Type of visit was reported as *Emergency presentation* or was *Not reported* (South Australia only). Excludes *Return visit, planned, Pre-arranged admission, Patient in transit* and *Dead on arrival*. See Table 5.4.

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

(c) The totals include records for which the triage category was not assigned or not reported.

(d) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(e) The proportion of presentations for which the emergency department departure status was reported as *Admitted to this hospital*.

(f) *All hospitals* includes data that were provided by jurisdictions for hospitals in peer groups other than *Principal referral and Specialist women's and children's hospitals* and *Large hospitals*.

Table 5.4: Non-admitted patient emergency department presentation statistics^(a), by type of visit and public hospital peer group, states and territories, 2006–07

Type of visit and peer group	NSW	Vic	Qld	WA ^(b)	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Emergency presentation	1,127,056	863,693	698,542	253,303	261,953	114,890	51,130	85,760	3,456,327
Return visit, planned	14,340	19,064	11,810	4,590	2,937	4,168	0	1,976	58,885
Pre-arranged admission	1,972	712	2,225	153	393	0	3	0	5,458
Patient in transit	65	227	147	1	0	0	0	11	451
Dead on arrival	1,689	1,925	442	n.a.	0	393	0	22	4,472
Not reported	78	0	9	7	655	0	0	0	748
Total	1,145,200	885,621	713,175	258,054	265,938	119,451	51,133	87,769	3,526,341
Large hospitals									
Emergency presentation	310,841	307,642	167,773	171,960	5,596	..	44,447	..	1,008,259
Return visit, planned	7,874	18,650	6,945	2,074	24	..	707	..	36,274
Pre-arranged admission	187	699	126	10	3	..	5	..	1,030
Patient in transit	49	58	25	0	0	..	19	..	151
Dead on arrival	254	354	64	n.a.	0	..	1	..	673
Not reported	6	0	0	0	34,950	..	0	..	34,956
Total	319,211	327,403	174,933	174,044	40,573	..	45,179	..	1,081,343
Other hospitals^(c)									
Emergency presentation	388,270	88,025	..	91,341	44,940	..	..	29,075	641,651
Return visit, planned	21,158	3,180	..	512	3,483	..	..	5,628	33,961
Pre-arranged admission	1,002	639	..	15	13	..	..	0	1,669
Patient in transit	46	141	..	0	0	..	..	11	198
Dead on arrival	252	105	..	n.a.	0	..	..	1	358
Not reported	1,476	0	..	0	348	..	..	106	1,930
Total	412,204	92,090	..	91,868	48,784	..	..	34,821	679,767
Total									
Emergency presentation	1,826,167	1,259,360	866,315	516,604	312,489	114,890	95,577	114,835	5,106,237
Return visit, planned	43,372	40,894	18,755	7,176	6,444	4,168	707	7,604	129,120
Pre-arranged admission	3,161	2,050	2,351	178	409	0	8	0	8,157
Patient in transit	160	426	172	1	0	0	19	22	800
Dead on arrival	2,195	2,384	506	n.a.	0	393	1	23	5,503
Not reported	1,560	0	9	7	35,953	0	0	106	37,634
Total presentations reported at episode-level	1,876,615	1,305,114	888,108	523,966	355,295	119,451	96,312	122,590	5,287,451

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

(b) Western Australia does not collect non-admitted patient emergency department care data for patients who were Dead on arrival at the emergency department.

(c) As the scope of the episode-level data is hospitals in peer groups A and B, data were not required for Other hospitals, but have been presented where they were provided.

Table 5.5: Non-admitted patient emergency department presentations^(a), by age group and sex, public hospitals, states and territories, 2006-07

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Males										
	0-4	130,770	84,035	61,645	37,461	23,588	5,993	5,946	7,816	357,254
	5-14	113,727	75,178	53,192	33,002	19,908	6,914	5,682	6,261	313,864
	15-24	146,578	96,297	80,369	45,346	25,983	11,026	8,973	9,836	424,408
	25-34	128,322	87,073	68,895	36,812	22,139	8,761	7,403	10,956	370,361
	35-44	114,852	78,374	57,486	33,329	20,903	7,604	5,776	11,236	329,560
	45-54	96,096	65,159	45,455	26,195	17,543	6,596	4,645	8,457	270,146
	55-64	84,284	57,205	37,802	21,652	14,868	5,804	4,273	5,688	231,576
	65-74	72,181	49,862	30,181	17,698	12,592	4,636	3,252	3,121	193,523
	75-84	70,329	48,218	24,416	16,130	13,906	4,078	2,821	1,324	181,222
	85 and over	28,207	17,705	9,609	5,826	6,008	1,396	973	265	69,989
	Total^(b)	985,507	659,603	469,050	273,451	177,438	62,808	49,744	64,964	2,742,565
Females										
	0-4	102,056	65,790	49,502	30,016	18,758	4,644	4,731	6,439	281,936
	5-14	84,942	58,028	40,416	25,081	15,882	5,468	4,381	5,251	239,449
	15-24	134,981	96,926	77,853	42,420	28,455	10,311	8,555	9,719	409,220
	25-34	121,282	107,081	64,494	37,112	28,301	7,646	7,356	11,240	384,512
	35-44	99,300	79,644	50,678	29,938	21,098	6,792	5,627	10,245	303,322
	45-54	84,731	59,701	39,923	23,822	15,616	5,981	4,816	7,191	241,781
	55-64	72,355	50,356	31,326	18,394	12,846	4,828	3,668	4,265	198,038
	65-74	62,865	44,511	24,021	15,211	11,542	4,131	2,749	1,949	166,979
	75-84	78,621	51,915	24,857	17,066	15,679	4,364	2,934	941	196,377
	85 and over	49,800	31,315	15,867	11,387	9,631	2,474	1,748	383	122,605
	Total^(b)	891,047	645,504	418,937	250,447	177,808	56,639	46,565	57,624	2,544,571
Persons^(b)										
	0-4	232,835	149,825	111,155	67,481	42,348	10,638	10,677	14,255	639,214
	5-14	198,674	133,206	93,611	58,088	35,792	12,382	10,063	11,512	553,328
	15-24	281,566	193,223	158,250	87,774	54,438	21,337	17,529	19,555	833,672
	25-34	249,610	194,156	133,424	73,928	50,442	16,407	14,759	22,198	754,924
	35-44	214,160	158,022	108,178	63,279	42,001	14,396	11,404	21,481	632,921
	45-54	180,833	124,861	85,391	50,028	33,162	12,577	9,461	15,648	511,961
	55-64	156,646	107,561	69,138	40,062	27,753	10,632	7,941	9,953	429,686
	65-74	135,049	94,373	54,206	32,913	24,134	8,769	6,001	5,070	360,515
	75-84	148,952	100,133	49,273	33,198	29,585	8,442	5,755	2,265	377,603
	85 and over	78,011	49,020	25,482	17,215	15,640	3,871	2,722	648	192,609
	Total^(b)	1,876,615	1,305,114	888,108	523,966	355,295	119,451	96,312	122,590	5,287,451

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

(b) Includes presentations for which the sex or age group of the patient was not reported.

Table 5.6: Non-admitted patient emergency department presentations^(a), by Indigenous status, public hospitals, states and territories, 2006-07

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	52,927	13,493	41,621	40,232	8,385	3,606	1,403	49,491	211,158
Torres Strait Islander but not Aboriginal origin	872	255	4,380	222	51	180	32	314	6,306
Aboriginal and Torres Strait Islander origin	1,566	979	3,217	444	91	139	180	764	7,380
<i>Indigenous Australians</i>	55,365	14,727	49,218	40,898	8,527	3,925	1,615	50,569	224,844
Not Aboriginal or Torres Strait Islander origin	1,772,856	1,287,136	822,486	429,947	323,682	111,482	93,093	71,683	4,912,365
Not reported	48,394	3,251	16,404	53,121	23,086	4,044	1,604	338	150,242
Total	1,876,615	1,305,114	888,108	523,966	355,295	119,451	96,312	122,590	5,287,451

(a) For the 78% of occasions of service for which episode-level data were available. Includes all presentations. For more information see the text of Chapter 5 and Appendix 2.
 Note: The identification of Indigenous patients is not considered to be complete and varies among jurisdictions. See the text for more information.

Table 5.7: Non-admitted patient emergency department presentations^(a), by triage category and emergency department arrival mode, public hospitals, states and territories, 2006–07

Triage category and emergency department arrival mode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation									
Ambulance, air ambulance or helicopter rescue service	9,823	6,837	5,418	3,542	4,075	886	524	651	31,756
Police/correctional services vehicle	70	117	47	42	7	5	0	11	299
Other ^(b)	2,098	1,061	678	681	617	89	91	124	5,439
Not stated/unknown	55	0	3	6	1	0	3	5	73
<i>Total</i>	<i>12,046</i>	<i>8,015</i>	<i>6,146</i>	<i>4,271</i>	<i>4,700</i>	<i>980</i>	<i>618</i>	<i>791</i>	<i>37,567</i>
Emergency									
Ambulance, air ambulance or helicopter rescue service	70,164	46,367	41,211	20,876	19,719	5,026	2,395	2,825	208,583
Police/correctional services vehicle	1,724	1,294	1,195	519	396	246	156	144	5,674
Other ^(b)	76,837	50,680	31,902	30,772	21,360	3,757	4,030	3,487	222,825
Not stated/unknown	433	0	144	53	20	0	2	72	724
<i>Total</i>	<i>149,158</i>	<i>98,341</i>	<i>74,452</i>	<i>52,220</i>	<i>41,495</i>	<i>9,029</i>	<i>6,583</i>	<i>6,528</i>	<i>437,806</i>
Urgent									
Ambulance, air ambulance or helicopter rescue service	193,946	123,389	123,664	38,785	43,248	14,207	8,561	9,349	555,149
Police/correctional services vehicle	6,112	2,968	3,710	1,794	858	497	301	1,096	17,336
Other ^(b)	384,536	241,810	191,741	110,685	80,986	24,037	22,583	22,948	1,079,326
Not stated/unknown	1,062	0	1,018	205	55	0	4	844	3,188
<i>Total</i>	<i>585,656</i>	<i>368,167</i>	<i>320,133</i>	<i>151,469</i>	<i>125,147</i>	<i>38,741</i>	<i>31,449</i>	<i>34,237</i>	<i>1,654,999</i>
Semi-urgent									
Ambulance, air ambulance or helicopter rescue service	153,183	87,062	71,698	26,967	21,116	8,400	4,646	6,997	380,069
Police/correctional services vehicle	3,421	1,593	2,084	1,641	633	459	172	1,694	11,697
Other ^(b)	669,228	523,577	327,095	239,107	144,967	50,744	41,353	51,000	2,047,071
Not stated/unknown	1,305	0	3,074	146	94	0	1	2,847	7,467
<i>Total</i>	<i>827,137</i>	<i>612,232</i>	<i>403,951</i>	<i>267,861</i>	<i>166,810</i>	<i>59,603</i>	<i>46,172</i>	<i>62,538</i>	<i>2,446,304</i>

(continued)

Table 5.7 (continued): Non-admitted patient emergency department presentations^(a), by triage category and emergency department arrival mode, public hospitals, states and territories, 2006–07

Triage category and emergency department arrival mode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Non-urgent									
Ambulance, air ambulance or helicopter rescue service	16,919	5,492	3,472	1,391	965	237	232	884	29,592
Police/correctional services vehicle	1,470	435	538	260	201	210	40	619	3,773
Other ^(b)	283,202	210,048	78,417	46,441	15,949	10,266	11,218	13,406	668,947
Not stated/unknown	394	0	234	33	28	0	0	3,586	4,275
Total	301,985	215,975	82,661	48,125	17,143	10,713	11,490	18,495	706,587
Total^(c)									
Ambulance, air ambulance or helicopter rescue service	444,158	269,198	245,544	91,566	89,123	28,762	16,358	20,707	1,205,416
Police/correctional services vehicle	12,799	6,422	7,586	4,256	2,095	1,417	669	3,564	38,808
Other ^(b)	1,416,349	1,029,494	630,487	427,700	263,879	89,272	79,275	90,965	4,027,421
Not stated/unknown	3,309	0	4,491	444	198	0	10	7,354	15,806
Total^(c)	1,876,615	1,305,114	888,108	523,966	355,295	119,451	96,312	122,590	5,287,451

(a) For the 78% of emergency department presentations for which patient-level data were available. Includes all presentations.

(b) Includes patients who walked in, came by private transport, public transport, community transport or taxi.

(c) Includes presentations where the triage category was blank.

Table 5.8: Non-admitted patient emergency department presentations^(a), by triage category and episode end status, public hospitals, states and territories, 2006–07

Triage category and episode end status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation									
Admitted to this hospital ^(b)	9,763	7,371	4,363	2,866	3,347	802	451	557	29,520
Non-admitted patient emergency department service episode completed ^(c)	1,161	407	812	444	793	73	71	177	3,938
Referred to another hospital for admission	959	96	507	581	370	39	33	2	2,587
Did not wait to be attended by a health care professional	0	0	0	1	0	0	0	0	1
Left at own risk ^(d)	70	32	55	27	23	0	2	3	212
Died in emergency department as a non-admitted patient	0	109	405	344	163	60	60	48	1,189
Dead on arrival, not treated in emergency department	76	0	4	1	0	5	1	4	91
Not reported	17	0	0	7	4	1	0	0	29
<i>Total</i>	<i>12,046</i>	<i>8,015</i>	<i>6,146</i>	<i>4,271</i>	<i>4,700</i>	<i>980</i>	<i>618</i>	<i>791</i>	<i>37,567</i>
Emergency									
Admitted to this hospital ^(b)	95,841	72,703	41,415	23,811	24,216	5,183	3,817	4,212	271,198
Non-admitted patient emergency department service episode completed ^(c)	45,944	24,257	28,231	23,472	14,089	3,552	2,580	2,201	144,326
Referred to another hospital for admission	5,312	638	3,386	4,219	2,724	205	134	26	16,644
Did not wait to be attended by a health care professional	254	148	272	68	115	23	8	9	897
Left at own risk ^(d)	1,594	568	1,035	521	272	39	36	76	4,141
Died in emergency department as a non-admitted patient	0	27	113	86	45	23	8	4	306
Dead on arrival, not treated in emergency department	10	0	0	0	0	0	0	0	10
Not reported	203	0	0	43	34	4	0	0	284
<i>Total</i>	<i>149,158</i>	<i>98,341</i>	<i>74,452</i>	<i>52,220</i>	<i>41,495</i>	<i>9,029</i>	<i>6,583</i>	<i>6,528</i>	<i>437,806</i>
Urgent									
Admitted to this hospital ^(b)	251,570	195,981	101,239	50,720	49,683	14,827	13,171	14,583	691,774
Non-admitted patient emergency department service episode completed ^(c)	302,272	162,204	197,994	91,351	67,510	22,119	16,646	18,608	878,704
Referred to another hospital for admission	11,795	1,454	6,420	6,945	4,285	618	532	67	32,116
Did not wait to be attended by a health care professional	10,831	5,996	10,514	964	2,654	1,030	926	596	33,511
Left at own risk ^(d)	8,381	2,520	3,867	1,178	791	120	162	382	17,401
Died in emergency department as a non-admitted patient	0	12	99	36	24	12	12	0	195
Dead on arrival, not treated in emergency department	37	0	0	1	0	0	0	1	39
Not reported	770	0	0	274	200	15	0	0	1,259
<i>Total</i>	<i>585,656</i>	<i>368,167</i>	<i>320,133</i>	<i>151,469</i>	<i>125,147</i>	<i>38,741</i>	<i>31,449</i>	<i>34,237</i>	<i>1,654,999</i>

(continued)

Table 5.8 (continued): Non-admitted patient emergency department presentations^(a), by triage category and episode end status, public hospitals, states and territories, 2006–07

Triage category and episode end status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Semi-urgent									
Admitted to this hospital ^(b)	147,240	133,851	40,539	30,825	21,507	7,669	6,330	8,874	396,835
Non-admitted patient emergency department service episode completed ^(c)	602,744	434,279	311,497	221,873	131,957	45,786	34,376	45,845	1,828,357
Referred to another hospital for admission	6,750	1,133	2,893	3,925	2,123	360	336	55	17,575
Did not wait to be attended by a health care professional	55,906	38,899	45,016	7,833	9,628	5,600	4,909	7,173	174,964
Left at own risk ^(d)	12,613	4,069	3,985	1,391	1,091	160	219	591	24,119
Died in emergency department as a non-admitted patient	0	1	21	11	8	2	2	0	45
Dead on arrival, not treated in emergency department	51	0	0	0	0	0	0	0	51
Not reported	1,833	0	0	2,003	496	26	0	0	4,358
<i>Total</i>	<i>827,137</i>	<i>612,232</i>	<i>403,951</i>	<i>267,861</i>	<i>166,810</i>	<i>59,603</i>	<i>46,172</i>	<i>62,538</i>	<i>2,446,304</i>
Non-urgent									
Admitted to this hospital ^(b)	15,344	10,107	2,320	2,169	1,089	366	486	1,091	32,972
Non-admitted patient emergency department service episode completed ^(c)	248,169	188,324	66,833	42,792	14,455	8,952	9,470	15,239	594,234
Referred to another hospital for admission	726	124	193	251	63	26	44	15	1,442
Did not wait to be attended by a health care professional	30,685	15,763	12,357	2,184	1,335	1,348	1,448	2,023	67,143
Left at own risk ^(d)	3,254	1,657	440	244	90	7	39	95	5,826
Died in emergency department as a non-admitted patient	0	0	13	0	2	0	3	0	18
Dead on arrival, not treated in emergency department	2,265	0	505	0	0	3	0	32	2,805
Not reported	1,542	0	0	485	109	11	0	0	2,147
<i>Total</i>	<i>301,985</i>	<i>215,975</i>	<i>82,661</i>	<i>48,125</i>	<i>17,143</i>	<i>10,713</i>	<i>11,490</i>	<i>18,495</i>	<i>706,587</i>
Total^(e)									
Admitted to this hospital ^(b)	519,847	420,014	189,924	110,398	99,842	28,847	24,255	29,318	1,422,445
Non-admitted patient emergency department service episode completed ^(c)	1,200,493	809,471	605,562	379,938	228,804	80,482	63,143	82,070	3,449,963
Referred to another hospital for admission	25,543	3,445	13,410	15,921	9,565	1,248	1,079	165	70,376
Did not wait to be attended by a health care professional	97,956	60,806	68,668	11,050	13,732	8,001	7,291	9,801	277,305
Left at own risk ^(d)	25,919	8,846	9,384	3,361	2,267	326	458	1,147	51,708
Died in emergency department as a non-admitted patient	0	149	651	478	242	97	85	52	1,754
Dead on arrival, not treated in emergency department	2,442	2,383	509	2	0	393	1	37	5,767
Not reported	4,415	0	0	2,818	843	57	0	0	8,133
Total^(e)	1,876,615	1,305,114	888,108	523,966	355,295	119,451	96,312	122,590	5,287,451

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

(b) Including to units or beds within the emergency department.

(c) Patient departed without being admitted or referred to another hospital.

(d) Patient left at own risk after being attended by a health care professional but before the non-admitted patient emergency department presentation was completed.

Table 5.9: Non-admitted patient emergency department presentation^{(a)(b)} duration (in hours and minutes) for patients subsequently admitted to hospital^(c), by triage category, public hospitals, states and territories, 2006–07

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation									
Median duration of presentation ^(d)	2:33	5:01	3:56	1:46	1:46	3:45	2:03	1:25	3:02
Median duration of service event ^(e)	2:32	5:01	3:55	1:46	1:46	3:44	2:03	1:25	3:02
Median time in emergency department ^(f)	4:00	5:01	3:56	4:00	3:39	3:45	4:18	1:25	4:07
Emergency									
Median duration of presentation ^(d)	3:45	5:37	5:31	2:26	2:31	5:21	2:40	2:01	4:13
Median duration of service event ^(e)	3:37	5:30	5:18	2:16	2:24	5:07	2:30	1:47	4:05
Median time in emergency department ^(f)	5:30	5:37	5:32	5:43	5:44	5:21	7:19	2:01	5:31
Urgent									
Median duration of presentation ^(d)	4:30	5:48	6:01	2:46	2:58	5:52	3:29	2:39	4:48
Median duration of service event ^(e)	3:58	5:19	5:20	2:12	2:10	5:08	2:36	1:55	4:14
Median time in emergency department ^(f)	5:52	5:48	6:02	5:28	6:01	5:52	9:37	2:39	5:50
Semi-urgent									
Median duration of presentation ^(d)	4:48	5:47	5:57	3:16	3:37	6:14	3:35	2:57	5:01
Median duration of service event ^(e)	3:50	4:48	4:46	2:03	2:21	4:51	2:10	1:24	4:00
Median time in emergency department ^(f)	6:01	5:47	5:57	6:01	6:33	6:14	9:28	2:57	5:55
Non-urgent									
Median duration of presentation ^(d)	3:32	4:30	3:59	2:14	2:08	5:00	2:19	1:24	3:35
Median duration of service event ^(e)	2:32	3:40	2:55	1:19	1:05	3:48	1:00	0:27	2:36
Median time in emergency department ^(f)	4:25	4:30	3:59	3:12	3:49	5:00	5:08	1:24	4:12
Total									
Median duration of presentation ^(d)	4:23	5:44	5:50	2:46	2:58	5:48	3:19	2:34	4:41
Median duration of service event ^(e)	3:49	5:08	5:10	2:09	2:14	5:01	2:25	1:41	4:05
Median time in emergency department ^(f)	5:47	5:44	5:50	5:34	5:57	5:48	8:56	2:34	5:44

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

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

(c) Includes records where the episode end status was reported as *Admitted to this hospital*.

(d) The duration of presentation is the length of time between the time of presentation to the emergency department and the end of the non-admitted patient episode.

(e) The duration of the service event is the length of time between when a health care professional first takes responsibility for the patient's care and the end of the non-admitted patient episode.

(f) The time in emergency department is the length of time between presentation and physical departure from the emergency department.

Note: There is variation in the time recorded as the time of departure from the emergency department for patients admitted subsequent to a non-admitted emergency department presentation.

Table 5.10: Non-admitted patient emergency department presentation^{(a)(b)} duration (in hours and minutes) for patients not subsequently admitted to hospital^(c), by triage category, public hospitals, states and territories, 2006–07

Triage category	NSW	Vic	Qld	WA	SA	Tas ^(d)	ACT	NT	Total
Resuscitation									
Median duration of presentation ^(e)	2:45	2:35	3:48	3:22	3:07	3:16	1:31	2:53	3:09
Median duration of service event ^(f)	2:45	2:35	3:48	3:22	3:07	3:16	1:31	2:53	3:08
Median time in emergency department ^(g)	3:33	2:35	3:48	3:22	3:40	3:16	2:49	2:53	3:27
Emergency									
Median duration of presentation ^(e)	3:07	2:45	3:16	3:02	2:44	3:24	2:52	3:10	3:01
Median duration of service event ^(f)	3:00	2:36	3:03	2:52	2:34	3:14	2:40	2:56	2:51
Median time in emergency department ^(g)	3:21	2:45	3:16	3:02	3:07	3:24	3:31	3:10	3:08
Urgent									
Median duration of presentation ^(e)	2:40	2:37	2:58	2:31	2:59	2:52	2:49	2:45	2:44
Median duration of service event ^(f)	2:06	2:05	2:11	1:55	2:12	2:11	1:55	1:57	2:06
Median time in emergency department ^(g)	2:46	2:37	2:58	2:31	3:09	2:52	3:18	2:45	2:47
Semi-urgent									
Median duration of presentation ^(e)	1:55	2:05	2:15	1:54	2:13	2:10	2:15	2:20	2:03
Median duration of service event ^(f)	1:01	1:04	1:00	0:54	1:10	1:04	0:49	0:53	1:00
Median time in emergency department ^(g)	1:57	2:05	2:15	1:54	2:14	2:10	2:25	2:20	2:04
Non-urgent									
Median duration of presentation ^(e)	1:17	1:24	1:18	1:25	1:31	1:14	1:42	1:11	1:21
Median duration of service event ^(f)	0:30	0:32	0:26	0:33	0:34	0:28	0:31	0:20	0:30
Median time in emergency department ^(g)	1:18	1:24	1:18	1:25	1:31	1:14	1:50	1:11	1:21
Total									
Median duration of presentation ^(e)	2:01	2:04	2:26	2:04	2:26	2:21	2:19	2:16	2:09
Median duration of service event ^(f)	1:11	1:09	1:20	1:09	1:30	1:21	1:00	1:00	1:13
Median time in emergency department ^(g)	2:05	2:04	2:26	2:04	2:31	2:21	2:34	2:16	2:11

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

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

(c) Includes records where the episode end status was not reported as *Admitted to this hospital*. This includes patients referred to another hospital for admission.

(d) For Tasmania, there are variations among hospitals in reporting the time of physical departure from the emergency department for patients admitted within the ED. Because of this variation, the duration of presentation and the time in the emergency department have been reported as equal for all records.

(e) The duration of presentation is the length of time between the time of presentation to the emergency department and the end of the non-admitted patient episode.

(f) The duration of the service event is the length of time between when a health care professional first takes responsibility for the patient's care and the end of the non-admitted patient episode.

(g) The time in emergency department is the length of time between presentation and physical departure from the emergency department.

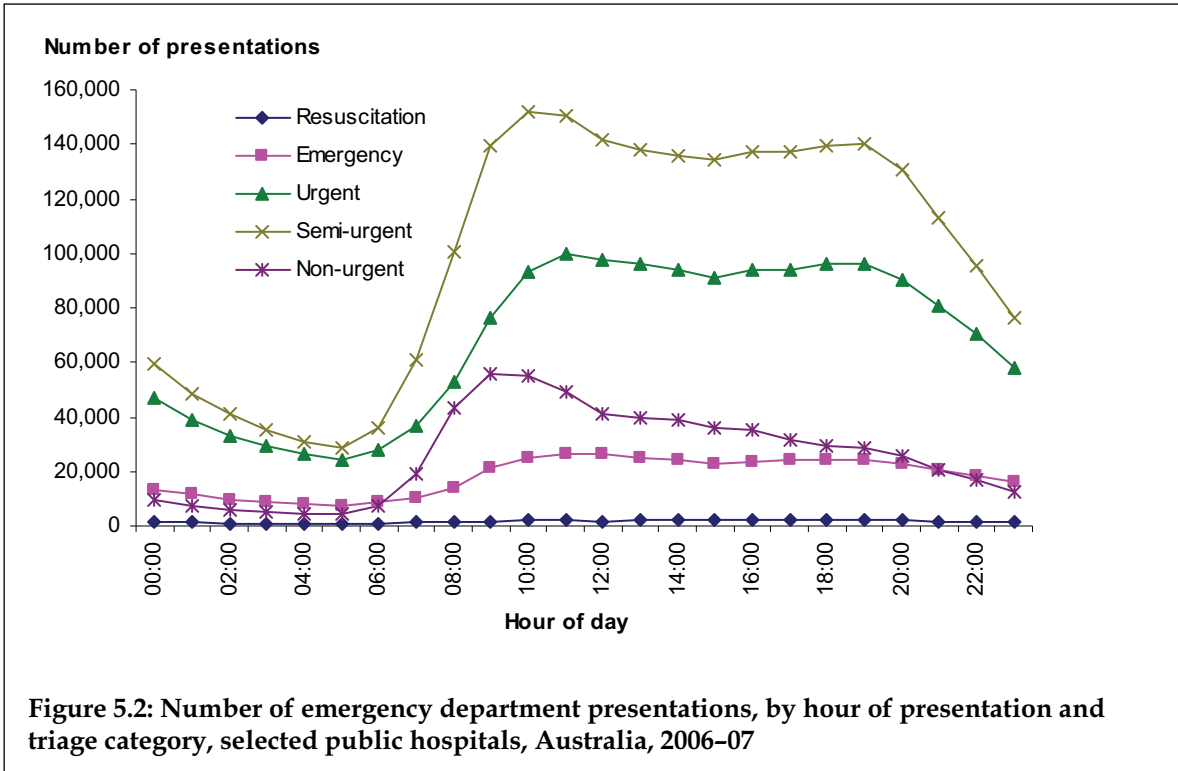


Figure 5.2: Number of emergency department presentations, by hour of presentation and triage category, selected public hospitals, Australia, 2006-07

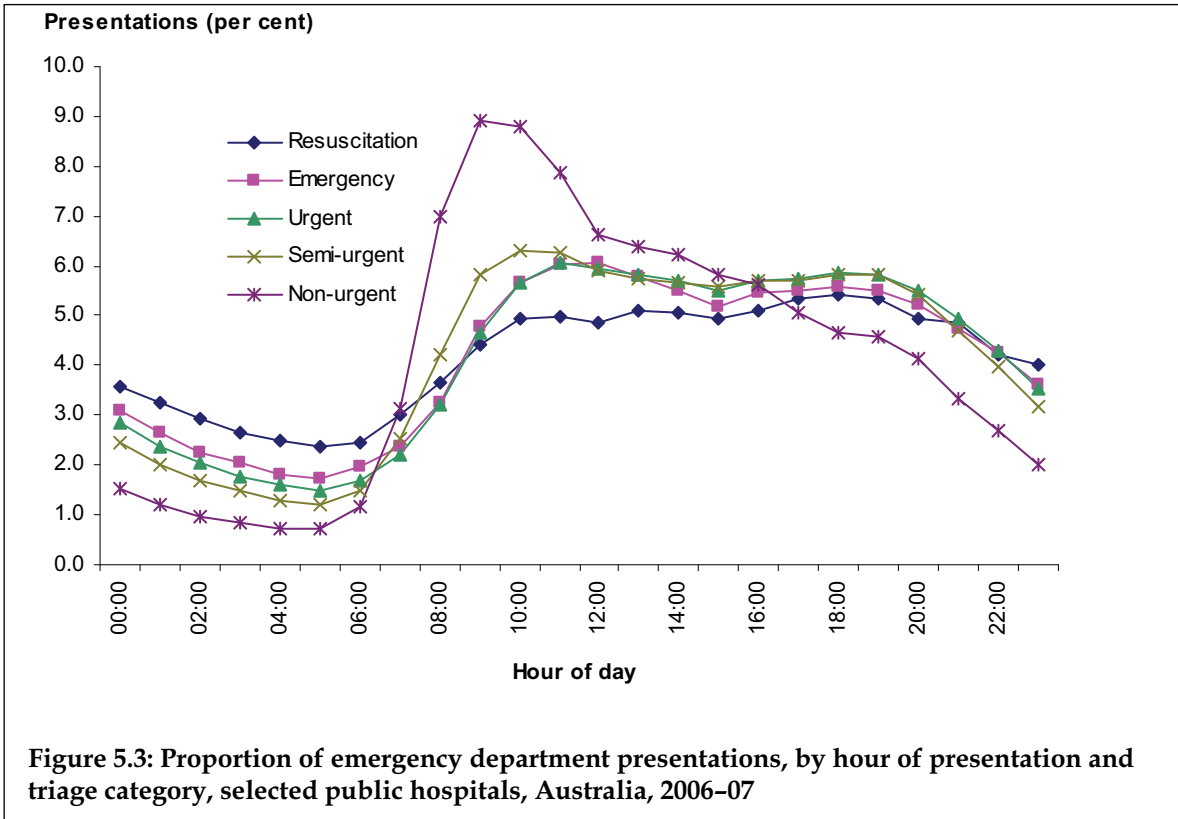


Figure 5.3: Proportion of emergency department presentations, by hour of presentation and triage category, selected public hospitals, Australia, 2006-07

Table 5.11: Outpatient occasions of service, by public hospital peer group^(a), states and territories, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	29	20	18	5	5	3	1	2	83
Group occasions of service	28	14	14	5	5	3	3	1	71
Occurrences of service reported									
Individual occasions of service	4,134,220	1,528,930	2,214,173	332,365	742,395	425,173	169,721	97,451	9,644,428
Group occasions of service	38,935	3,218	7,311	19,874	10,081	1,321	1,269	79	82,088
Large hospitals									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	12	12	5	5	2	..	1	..	37
Group occasions of service	12	7	5	3	2	..	0	..	29
Occurrences of service reported									
Individual occasions of service	576,545	419,564	219,832	52,302	139,660	..	36,404	..	1,444,307
Group occasions of service	6,570	1,404	1,208	3,026	1,584	..	..	..	13,792
Total^(b)									
Hospitals reporting outpatient occasions of service									
Individual occasions of service	42	32	23	12	8	3	2	2	124
Group occasions of service	41	21	19	8	8	3	3	1	102
Occurrences of service reported									
Individual occasions of service	4,751,356	2,315,628	2,434,005	397,989	892,631	425,173	206,125	97,451	11,520,358
Group occasions of service	46,528	6,940	8,519	22,900	11,731	1,321	1,269	79	99,287
Estimated proportion of occasions of service in NOCD ^(c)									
Individual occasions of service	76	82	76	25	79	99	78	82	73
Group occasions of service	66	31	74	100	93	100	59	100	67

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

(b) The total includes data for hospitals that were not classified as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2005-06* (AIHW 2007a).

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

Table 5.12: Outpatient care individual occasions of service^{(a)(b)}, by outpatient clinic type, selected public hospitals, states and territories, 2006-07

Clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Allied health	663,505	780,389	410,377	57,270	180,786	88,062	16,074	1,151	2,197,614
Dental	259,307	65,951	135,483	1,425	10,856	1,347	0	0	474,369
Gynaecology	52,134	48,187	67,964	7,165	32,528	13,245	4,130	4,564	229,917
Obstetrics	704,549	294,867	300,830	39,653	103,343	45,582	47,626	16,266	1,552,716
Cardiology	78,852	24,331	76,103	12,496	25,352	16,969	11,676	1,381	247,160
Endocrinology	170,890	48,941	71,542	20,329	30,338	27,654	7,378	602	377,674
Oncology	283,587	148,759	145,089	23,488	23,913	44,383	31,536	1,595	702,350
Respiratory	125,450	17,639	55,678	5,421	32,471	3,735	7,799	1,119	249,312
Gastroenterology	23,709	20,090	26,161	5,173	16,369	1,190	5,285	0	97,977
Medical	1,298,306	195,755	352,153	100,722	130,751	61,136	28,998	17,360	2,185,181
General practice/primary care	155,241	0	18,683	297	0	..	0	0	174,221
Paediatric	104,908	17,918	42,324	3,426	27,664	17,381	6,044	4,484	224,149
Endoscopy	11,788	0	8,764	7	..	1,339	2,125	428	24,451
Plastic surgery	23,701	76,677	25,070	21,289	22,297	3,775	3,343	1,540	177,692
Urology	27,534	39,794	37,755	5,551	14,613	1,741	1,094	288	128,370
Orthopaedic	264,465	162,433	244,345	41,799	55,232	18,140	9,299	10,441	806,154
Ophthalmology	138,626	97,690	68,535	21,598	56,426	8,410	16	9,127	400,428
Ear, nose and throat	26,859	41,102	42,036	9,424	17,744	1,114	602	3,978	142,859
Pre-admission and pre-anaesthesia	162,579	89,157	138,599	4,641	36,791	15,842	9,886	6,913	464,408
Chemotherapy	65,860	0	21,161	0	..	14,742	7,531	0	109,294
Dialysis	20,936	0	..	1,039	..	..	0	3,077	25,052
Surgery	80,049	133,462	136,226	15,603	71,962	39,386	4,336	12,808	493,832
Paediatric surgery	8,521	12,486	9,127	173	3,195	n.a.	1,347	329	35,178
Total	4,751,356	2,315,628	2,434,005	397,989	892,631	425,173	206,125	97,451	11,520,358

(a) Outpatient care individual occasions of service were required to be reported for public hospitals that were classified as either as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals in Australian hospital statistics 2005-06* (AIHW 2007 a).

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

Table 5.13: Outpatient care group occasions of service^{(a)(b)}, by clinic type, selected public hospitals, states and territories, 2006–07

Clinic type	NSW	Vic	Qld	WA ^(c)	SA	Tas	ACT	NT	Total
Allied health	14,735	6,940	4,979	8,155	5,043	700	0	0	40,552
Dental	13	0	0	0	0	0	0	0	13
Gynaecology	293	0	0	0	0	0	0	0	293
Obstetrics	3,345	0	1,576	1,633	1,528	150	574	0	8,806
Cardiology	2,289	0	260	634	339	100	331	0	3,953
Endocrinology	1,688	0	485	3,115	170	306	54	0	5,818
Oncology	380	0	59	282	0	0	0	0	721
Respiratory	2,520	0	2	200	45	1	10	0	2,778
Gastroenterology	114	0	0	18	107	0	0	0	239
Medical	19,591	0	1,130	2,688	2,033	59	283	79	25,863
General practice/primary care	244	0	0	0	0	0	0	0	244
Paediatric	461	0	14	0	380	0	17	0	872
Endoscopy	0	0	0	0	..	0	0	0	0
Plastic surgery	0	0	0	2,953	1,249	0	0	0	4,202
Urology	45	0	0	6	0	0	0	0	51
Orthopaedic	56	0	0	2,505	704	0	0	0	3,265
Ophthalmology	0	0	0	18	0	0	0	0	18
Ear, nose and throat	21	0	0	631	0	0	0	0	652
Pre-admission and pre-anaesthesia	295	0	3	0	2	0	0	0	300
Chemotherapy	223	0	0	0	..	0	0	0	223
Dialysis	88	0	..	0	..	0	0	0	88
Surgery	125	0	11	62	131	5	0	0	334
Paediatric surgery	2	0	0	0	0	0	0	0	2
Total	46,528	6,940	8,519	22,900	11,731	1,321	1,269	79	99,287

(a) Outpatient care group sessions were required to be reported for public hospitals that were classified as either as *Principal referral and Specialist women's and children's hospitals* or *Large hospitals* in *Australian hospital statistics 2005–06* (AIHW 2007a).

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

(c) Western Australia data represent a mixture of the number of individuals who attended a group session and the number of group sessions.

6 Waiting times for elective surgery

Introduction

This chapter presents national statistics for elective surgery waiting times for the years 2002–03 to 2006–07, and a state and territory overview of elective surgery waiting times for 2006–07. Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure.

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

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

The waiting times data presented here for patients who complete their wait and are admitted for their surgery on an elective basis are generally used as the main summary measure of elective surgery waiting times. Most patients are admitted after waiting; however, some patients are removed from waiting lists for other reasons. Other reasons for removal are that the patient: was admitted as an emergency patient for the awaited procedure; was transferred to another hospital's waiting list; had been treated elsewhere; was not contactable; had died, or had declined surgery. Information on time spent on waiting lists is therefore also presented for those reasons for removals.

The number of patients added to waiting lists and the number of patients removed from waiting lists for admission or other reasons are also presented in this chapter. This provides information about the movement of patients onto and off waiting lists.

National health data dictionary definitions (HDSC 2006) are the basis of the National Elective Surgery Waiting Times Data Collection (see Chapter 1) and are summarised in the glossary. However, some of the definitions used varied slightly among the states and territories in 2006–07 and in comparison with previous reporting periods. Comparisons between jurisdictions and between 2006–07 and previous reporting periods should therefore be made with reference to the notes on the definitions used and to previous reports (AIHW 2003, 2004a, 2005a, 2006a, 2007a).

Variation in methods to calculate waiting times

Waiting times were generally calculated by comparing the date on which a patient was added to a waiting list with the date that the patient was removed. Days on which a patient was 'not ready for care' were excluded.

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

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

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

Transfers between waiting lists

In some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the National Elective Surgery Waiting Times Data Collection. Therefore, the number of days waited in those jurisdictions reflects the waiting time on the list managed by the reporting hospital only. This has the effect of shortening the reported waiting time compared with the time actually waited by these patients.

New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory were able to report the total time waited on all waiting lists. This could have the effect of increasing the reported waiting time for admissions in these states and territories compared with other jurisdictions. Queensland has indicated that it is uncommon for patients to be transferred from a waiting list managed by one public hospital to that managed by another in those jurisdictions.

Waiting times and other data elements reported for elective surgery

Figure 6.1 presents data on patients admitted to hospital from elective surgery waiting lists for surgery performed by a doctor whose area of clinical expertise is *Plastic surgery*. The information presented by indicator procedure and public hospital peer groups is sourced from the National Elective Surgery Waiting Times Data Collection. The other information provided in Figure 6.1 was available for records where the data for elective surgery waiting times could be linked to the National Hospital Morbidity Database, thus allowing waiting times information for patients to be related to other information about their admission for elective surgery. For the 2006–07 collection year, all states and territories provided elective surgery waiting times data linkable to the National Hospital Morbidity Database. New South Wales provided 97.0% of elective surgery records linked, Victoria 95.1%, Queensland 100.0%, Western Australia 97.4 %, South Australia 99.6%, Tasmania 69.8%, the Australian Capital Territory 44.7% and the Northern Territory 62.6%.

For 2006–07, Australia-wide:

- there were 38,675 admissions from elective surgery waiting lists for surgery performed by a doctor whose area of clinical expertise is *Plastic surgery*

- the median waiting time for these patients was 28 days
- 3.6% of these patients waited more than 365 days for admission
- almost all admissions from elective surgery waiting lists for surgery performed by doctors in this surgical specialty were not for specific Indicator procedure.

For National Elective Surgery Waiting Times Data Collection data linked to the National Hospital Morbidity Database data:

- there were 38,766 admissions from elective surgery waiting lists for *Plastic surgery* and these accounted for 70,261 patient days
- the average length of stay was 1.9 days
- the most common procedure (other than *Cerebral anaesthesia*) reported to the National Hospital Morbidity Database was *Excision of lesion of skin and subcutaneous tissue* (Block 1620)
- the most common principal diagnosis reported was *Other malignant neoplasms of skin* (C44), followed by *Fracture at wrist and hand level* (S62)
- the most common AR-DRG reported was *Other skin, subcutaneous tissue and breast procedures* (J11Z)
- the age group with the highest proportion of separations was 75–84 years and there were more separations for males than females
- 98.4% of these episodes had a separation mode of *Other*, suggesting that these patients went home after separation from hospital.

State and territory overview

Coverage

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals only. However, some public patients treated under contract in private hospitals in Victoria and Tasmania are included.

The data collection covered most public hospitals that undertake elective surgery. Tables 6.1 and 6.2 show that coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and Specialist women's and children's hospitals* peer group with 82 hospitals reported in this peer group. The collection covered 30 hospitals in the *Large hospitals* peer group, and 52 hospitals in the *Medium hospitals* peer group. Hospitals that were not included may not actually undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery compared with other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

Tables 6.1 and 6.2 also present estimates of the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection. The AIHW derived these estimates from data provided by the states and territories for the National Hospital Morbidity Database as:

The number of separations with Urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with Urgency of admission reported as *Elective* and a surgical procedure for all public hospitals.

Separations for cosmetic surgery were excluded from the estimated coverage calculations. The definition of 'surgical procedure' used for these estimates is detailed in the Glossary and based on the procedures used to define 'surgical' in *Australian refined diagnosis related groups version 5.1* (DoHA 2004b). Information about 'urgency of admission' is detailed in Chapter 7.

Based on this measure, coverage was highest for the *Principal referral and Specialist women's and children's hospitals* peer group at about 98%, and was progressively lower for the *Large hospitals* and *Medium hospitals* groups (Table 6.1). Overall coverage of the National Elective Surgery Waiting Times Data Collection was about 87% in 2006–07, and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory to 64% in South Australia (Table 6.2).

Admissions from waiting lists for elective surgery

Overall, there were 556,770 admissions from waiting lists (26.7 per 1,000 population) in 2006–07, compared with 556,951 (27.2 per 1,000 population) in 2005–06 (Table 6.1).

Hospitals in the *Principal referral and Specialist women's and children's hospitals* peer group accounted for 70.9% of admissions from elective surgery waiting lists in 2006–07, compared with 69.3% in 2005–06. Another 15.9% were reported for hospitals in the *Large hospitals* peer group in 2006–07, compared with 17.6% in 2005–06. In 2006–07 and 2005–06, 11.4% of admissions were in the *Medium hospitals* peer group.

Distribution of waiting times

Overall, the median waiting time for patients who were admitted from waiting lists was 32 days in 2006–07, 32 days in 2005–06, 29 days in 2004–05 and 28 days in 2003–04 and 2002–03 (Table 6.1). In 2006–07, the median waiting time for patients admitted from waiting lists for hospitals in the *Principal referral and Specialist women's and children's hospitals* peer group (30 days) was shorter than for the *Large hospitals* and *Medium hospitals* peer groups (33 days and 39 days respectively) (Table 6.1). In 2006–07, the median waiting time ranged from 25 days in Queensland to 63 days in the Australian Capital Territory (Table 6.2).

In 2006–07, 90% of patients were admitted within 226 days, compared with 237 days in 2005–06, 217 days in 2004–05, 193 days in 2003–04 and 197 days in 2002–03. In 2006–07, the 90th percentile for waiting time ranged from 142 days in Queensland to 370 days in the Northern Territory (Table 6.2).

Proportion waiting more than 365 days

Overall, the proportion of patients admitted after waiting more than 365 days was 3.1% in 2006–07, compared with 4.6% in 2005–06, 4.8% in 2004–05, 3.9% in 2003–04 and 4.0% in 2002–03 (Table 6.1). In 2006–07, this proportion ranged from 1.9% in New South Wales to 10.2% in the Northern Territory (Table 6.2).

In the *Principal referral and Specialist women's and children's hospitals* peer group in 2006–07, 3.4% of patients were admitted after waiting more than 365 days, as were 2.7% of patients in the *Large hospitals* peer group, and 1.7% of patients in the *Medium hospitals* peer group.

Additions to and removals from waiting lists

Table 6.3 shows the movement of patients on and off waiting lists in 2006–07. This includes data on the total number of patients added to and removed from waiting lists, the distribution of days waited by patients removed from waiting lists and the proportion of patients waiting more than 365 days before being removed from waiting lists.

In 2006–07 a total of 734,715 patients were added to elective surgery waiting lists and 650,973 patients were removed from elective surgery waiting lists, whether they were admitted for the procedure they were waiting for or were removed for other reasons. In 2006–07, only Victoria, Western Australia and the Australian Capital Territory reported removals from waiting lists for transfer to another hospital's waiting list. This could have an effect of reducing the waiting times reported for overall removals for those three jurisdictions relative to others.

Elective admissions accounted for the most removals from waiting lists in 2006–07 (85.5%), ranging from 78.9% in the Northern Territory to 87.7% in Queensland. *Surgery not required or declined* accounted for 7.3% of removals following admission as elective patients. A further 3.2% of removals (21,015 patients) were *Treated elsewhere*, 1.4% (9,036) were *Not contactable/died*, and 0.9% (5,909) were *Emergency admissions*.

Distribution of waiting times

Overall, the reason for removal category with the shortest median waiting time in 2006–07 was *Emergency admission* (1 day), and the category with longest median waiting time was *Not contactable/died* (169 days) (Table 6.3).

As was the case with median waiting times, the reason for removal category with the shortest waiting time by which 90% of patients were removed was *Emergency admission* (71 days) and the category with the longest waiting time was *Not reported* (692 days). The length of time by which 90% of patients were removed from waiting lists varied substantially between states and territories in most reason for removal categories. For example, waiting times at the 90th percentile in the *Emergency admission* category ranged from 19 days in Queensland to 638 days in the Northern Territory.

Proportion waiting more than 365 days

In 2006–07 the reason for removal category with the lowest proportion of patients waiting more than 365 days before removal was *Emergency admission* (1.0%) and the category with the highest proportion was *Not reported* (24.6%) (Table 6.3).

The proportion of patients waiting more than 365 days differed substantially between states and territories in 2006–07. Overall, it ranged from 2.4% in New South Wales to 17.5% in the Northern Territory. For the removal category *Not contactable or died* it ranged from 8.0% in New South Wales to 47.1% in the Australian Capital Territory.

Specialty of surgeon

Table 6.4 shows the number of admissions from waiting lists, the distribution of days waited and the proportion of admissions where people waited more than 365 days in 2006–07. These data are presented by the specialty of the surgeon who was to perform the surgery and by state and territory.

Distribution of waiting times

Ophthalmology and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2006–07 (71 and 50 days respectively). All other surgical specialties except *Ear, nose and throat surgery* had median waiting times of less than 30 days; *Cardio-thoracic surgery* had the shortest median waiting time (12 days) (Table 6.4).

There was a marked variation between states and territories in the median waiting time for *Ophthalmology*, with 50% of patients being admitted within 34 days in Queensland and within 255 days in the Northern Territory. There was less variation between states and territories in the median waiting time for *Urology*, with waiting times ranging from 19 days in Western Australia to 52 days in the Australian Capital Territory.

The length of time by which 90% of patients had been admitted also varied by surgical specialty in 2006–07, from 66 days for *Cardio-thoracic surgery* to 318 days for both *Ophthalmology* and *Orthopaedic surgery*.

Proportion waiting more than 365 days

Orthopaedic surgery and *Ear, nose and throat surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (6.0% and 5.5% respectively) (Table 6.4). *Cardio-thoracic surgery* had the lowest proportion of patients who waited more than 365 days (0.1%).

There was marked variation among the states and territories in the proportion of patients who waited more than 365 days to be admitted for some surgical specialties. For example, 1.1% of patients admitted for *Ophthalmology* in 2006–07 waited more than 365 days in Victoria, compared with 36.3% of patients in the Northern Territory.

Admissions from waiting lists

Nationally, admissions from waiting lists were highest for the specialty of *General surgery* (139,655) and lowest for *Neurosurgery* (10,944) (Table 6.4). Admissions from waiting lists were also highest for *General surgery* across all jurisdictions. The surgical specialty with the lowest number of admissions varied across states and territories from *Neurosurgery* (New South Wales and Queensland), *Vascular surgery* (Victoria and Western Australia), *Other* (South Australia and Tasmania), *Cardio-thoracic surgery* (the Australian Capital Territory) and *Plastic surgery* (Northern Territory).

Indicator procedures

Indicator procedures are procedures which are of high volume and are often associated with long waits. Table 6.5 shows state and territory data on the distribution of days waited by

patients admitted from waiting lists by indicator procedure. These data include the proportion of patients who waited more than 365 days to be admitted from waiting lists and the total number of patients admitted from waiting lists for elective surgery in 2006–07, by Indicator procedure.

Distribution of waiting times

Nationally, the Indicator procedure with the lowest median waiting time in 2006–07 was *Coronary artery bypass graft* (17 days) and the one with the highest median waiting time was *Total knee replacement* (162 days) (Table 6.5).

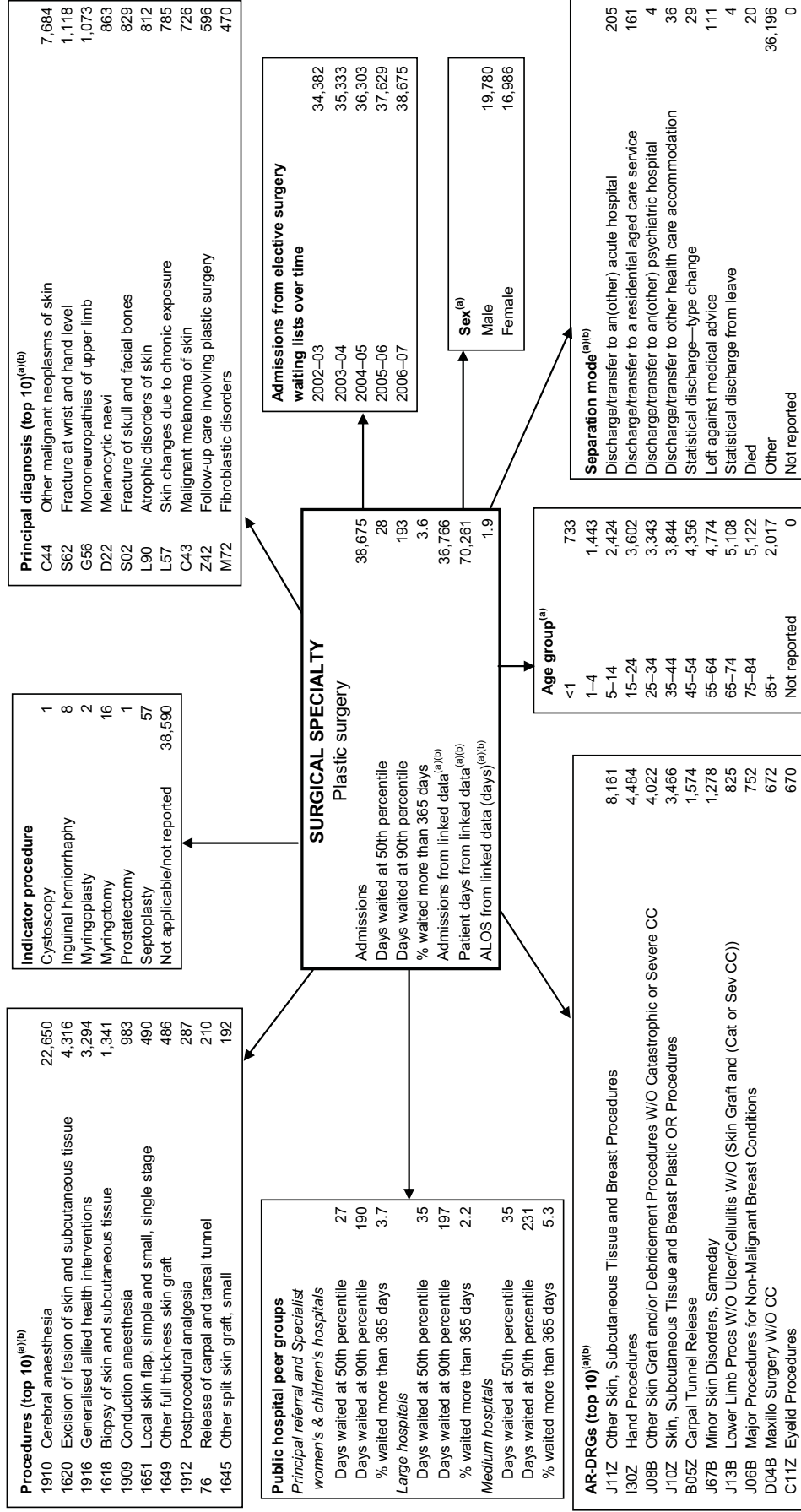
There was marked variation among the states and territories in the median waiting time for *Myringoplasty*, ranging from 62 days in both Victoria and Queensland to 440 days in the Northern Territory.

The length of time by which 90% of patients had been admitted also varied by Indicator procedure, from 88 days for *Coronary artery bypass graft* to 426 days for *Varicose veins stripping & ligation*.

Admissions from waiting lists

Overall, 32.9% of patients admitted for elective surgery had been waiting for one of the indicator procedures. There was some variation among the states and territories: the Australian Capital Territory had the highest proportion of admissions for the indicator procedures (39.0%) and the Northern Territory had the lowest proportion (20.5%).

Cataract extraction was the highest volume Indicator procedure across all jurisdictions, other than Tasmania where *Cystoscopy* was the highest. *Myringoplasty* was the lowest volume indicator procedure for New South Wales, Victoria, Queensland, South Australia and Tasmania (443, 433, 401, 115 and 14 admissions respectively). *Varicose vein stripping and ligation* was lowest for Western Australia (101 admissions) and *Haemorrhoidectomy* was lowest for the Australian Capital Territory and the Northern Territory (25 and 10 admissions respectively).



(a) These data are supplied to the National Hospital Morbidity Database.
 (b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
 Abbreviations: CC—complications and comorbidities; Cat—Catastrophic; Sev—severe; OR—operating room; W/O—without; ALOS—average length of stay.

Figure 6.1: Interrelationships of a specialty of surgeon (Plastic surgery) with other data elements, all hospitals, 2006-07

Table 6.1: Waiting time statistics for patients admitted from waiting lists for elective surgery, by public hospital peer group, Australia, 2002–03 to 2006–07

	2002–03	2003–04	2004–05	2005–06	2006–07
Principal referral and Specialist women's & children's hospitals					
Number of reporting hospitals ^(a)	69	68	75	78	82
Estimated coverage of surgical separations (%) ^(b)	99	99	99	99	98
Number of admissions ^(c)	339,370	343,430	372,085	386,203	394,831
Days waited at 50th percentile	26	27	28	30	30
Days waited at 90th percentile	182	182	203	228	225
% waited more than 365 days	3.9	3.9	4.6	4.7	3.4
Large hospitals					
Number of reporting hospitals ^(a)	41	42	36	34	30
Estimated coverage of surgical separations (%) ^(b)	82	85	82	81	77
Number of admissions ^(c)	108,742	110,284	100,916	97,816	88,433
Days waited at 50th percentile	31	30	29	35	33
Days waited at 90th percentile	213	206	227	251	224
% waited more than 365 days	4.2	4.2	4.8	4.6	2.7
Medium hospitals					
Number of reporting hospitals ^(a)	56	58	59	51	52
Estimated coverage of surgical separations (%) ^(b)	52	59	62	62	63
Number of admissions ^(c)	59,109	68,790	69,830	63,641	63,658
Days waited at 50th percentile	34	34	37	38	39
Days waited at 90th percentile	234	215	272	257	231
% waited more than 365 days	3.6	3.3	6.1	3.8	1.7
Total^(d)					
Number of reporting hospitals ^(a)	199	196	195	191	192
Estimated coverage of surgical separations (%) ^(b)	85	87	87	87	87
Number of admissions ^(c)	517,503	528,949	549,746	556,951	556,770
Admissions per 1,000 population ^(e)	26.2	26.5	27.2	27.2	26.7
Days waited at 50th percentile	28	28	29	32	32
Days waited at 90th percentile	197	193	217	237	226
% waited more than 365 days	4.0	3.9	4.8	4.6	3.1

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

(b) This is the number of separations with an Urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with an Urgency of admission reported as *Elective* and a surgical procedure for all public hospitals.

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

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

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

Table 6.2: Waiting time statistics for patients admitted from waiting lists for elective surgery, by hospital peer group, states and territories, 2006-07

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's & children's hospitals									
Number of reporting hospitals ^(b)	29	20	17	5	5	3	1	2	82
Estimated coverage of elective surgical separations (%) ^(c)	100	100	97	84	100	100	100	100	98
Number of admissions ^(d)	134,093	86,679	91,827	26,002	31,705	14,181	5,129	5,215	394,631
Days waited at 50th percentile	31	29	26	29	39	38	n.p.	31	30
Days waited at 90th percentile	259	224	149	223	207	343	n.p.	363	225
% waited more than 365 days	2.3	4.0	2.6	5.0	3.8	9.2	n.p.	9.8	3.4
Large hospitals									
Number of reporting hospitals ^(b)	12	8	5	2	2	..	1	..	30
Estimated coverage of elective surgical separations (%) ^(c)	100	70	100	42	100	..	100	..	77
Number of admissions ^(d)	24,825	33,713	11,658	8,571	5,489	..	4,177	..	88,433
Days waited at 50th percentile	39	33	22	23	43	..	n.p.	..	33
Days waited at 90th percentile	266	195	96	233	201	..	n.p.	..	224
% waited more than 365 days	1.3	2.3	1.9	3.8	4.5	..	n.p.	..	2.7
Medium hospitals									
Number of reporting hospitals ^(b)	37	4	7	4	0	..	..	..	52
Estimated coverage of elective surgical separations (%) ^(c)	100	35	81	80	0	..	..	..	63
Number of admissions ^(d)	36,573	11,277	4,090	11,718	n.a.	..	..	..	63,658
Days waited at 50th percentile	50	28	27	28	n.a.	..	..	..	39
Days waited at 90th percentile	271	137	125	209	n.a.	..	..	..	231
% waited more than 365 days	1.1	1.2	1.1	4.2	n.a.	..	..	..	1.7
Total^(e)									
Number of reporting hospitals ^(b)	99	32	31	13	7	3	2	5	192
Estimated coverage of elective surgical separations (%) ^(c)	100	79	96	67	64	100	100	100	87
Number of admissions ^(d)	201,630	131,669	107,893	48,986	37,194	14,181	9,306	5,911	556,770
Admissions per 1,000 population ^(f)	29.4	25.5	26.1	23.5	23.6	28.8	27.7	27.8	26.7
Days waited at 50th percentile	35	30	25	29	40	38	63	35	32
Days waited at 90th percentile	260	208	142	225	206	343	364	370	226
% waited more than 365 days	1.9	3.3	2.5	4.6	3.9	9.2	9.9	10.2	3.1

(a) The total number of admissions for Queensland includes 641 admissions that were removed from the waiting list for elective admission before 30 June 2006 and separated before 30 June 2007. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

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

(c) The number of separations with an Urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with an Urgency of admission reported as *Elective* and a surgical procedure for all public hospitals.

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

(e) Includes data for hospitals not included in the specified hospital peer groups.

(f) Crude rate based on the Australian estimated resident population as at 31 December 2006.

Table 6.3: Additions to waiting lists, and waiting time statistics for patients removed from waiting lists for elective surgery, by reason for removal, states and territories, 2006–07

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Additions	230,660	149,057	222,661	55,411	42,432	17,525	11,186	5,783	734,715
Removals^(b)									
Effective admission	201,630	131,669	107,893	48,986	37,194	14,181	9,306	5,911	556,770
Days waited at 50th percentile	35	30	25	29	40	38	63	35	32
Days waited at 90th percentile	260	208	142	225	206	343	364	370	226
% waited more than 365 days	1.9	3.3	2.5	4.6	3.9	9.2	9.9	10.2	3.1
Emergency admission	1,511	881	2,829	249	291	120	0	28	5,909
Days waited at 50th percentile	11	8	0	19	21	31	..	22	1
Days waited at 90th percentile	113	106	19	113	119	243	..	638	71
% waited more than 365 days	0.4	1.8	0.2	4.0	2.7	5.8	..	21.4	1.0
Not contactable/died	3,313	2,254	1,083	946	461	775	204	n.a.	9,036
Days waited at 50th percentile	129	169	143	338	116	259	339	n.a.	169
Days waited at 90th percentile	353	546	847	692	403	1,002	1,299	n.a.	572
% waited more than 365 days	8.0	21.7	30.5	46.2	14.1	36.3	47.1	n.a.	21.7
Treated elsewhere	10,264	3,634	4,221	1,274	810	489	323	n.a.	21,015
Days waited at 50th percentile	82	79	83	155	80	186	132	n.a.	86
Days waited at 90th percentile	302	366	483	491	361	585	483	n.a.	350
% waited more than 365 days	3.0	10.0	14.9	21.9	9.8	26.4	16.4	n.a.	8.8
Surgery not required or declined	17,074	14,232	7,032	4,265	2,614	1,103	964	n.a.	47,284
Days waited at 50th percentile	118	96	69	220	101	228	214	n.a.	108
Days waited at 90th percentile	345	455	466	563	407	777	732	n.a.	433
% waited more than 365 days	7.1	14.7	14.3	30.8	12.5	35.1	29.9	n.a.	14.0
Transferred to another hospital's waiting list	n.a.	2,104	n.a.	2,795	n.a.	n.a.	292	n.a.	5,191
Days waited at 50th percentile	n.a.	87	n.a.	150	n.a.	n.a.	191	n.a.	118
Days waited at 90th percentile	n.a.	278	n.a.	476	n.a.	n.a.	848	n.a.	418
% waited more than 365 days	n.a.	5.7	n.a.	19.0	n.a.	n.a.	27.1	n.a.	14.0
Not reported	3	1,275	n.a.	1,143	1,514	276	0	1,557	5,768
Days waited at 50th percentile	n.p.	40	n.a.	51	122	182	..	296	108
Days waited at 90th percentile	n.p.	335	n.a.	522	514	692	..	1,393	692
% waited more than 365 days	n.p.	7.8	n.a.	18.5	22.0	27	..	45.2	24.6
Total removals	233,795	156,049	123,058	59,658	42,884	16,944	11,089	7,496	650,973
Days waited at 50th percentile	40	35	27	37	43	49	77	52	36
Days waited at 90th percentile	280	247	175	336	250	438	451	582	269
% waited more than 365 days	2.4	4.8	3.8	8.5	5.3	12.9	13.0	17.5	4.6

(a) The total number of removals for Queensland includes 761 patients who were removed from the waiting list for elective or emergency admission before 30 June 2006 and separated before 30 June 2007. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) See the Glossary for a full description of these categories.

Table 6.4: Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2006-07

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	3,950	2,541	3,615	3,221	832	441	231	0	14,831
Days waited at 50th percentile	12	7	12	13	18	27	24	..	12
Days waited at 90th percentile	62	63	82	40	74	173	87	..	66
% waited more than 365 days	0.0	0.1	0.2	0.0	0.1	0.5	0.0	..	0.1
Ear, nose & throat surgery									
Admissions	14,432	12,507	9,628	3,607	4,111	878	914	635	46,712
Days waited at 50th percentile	69	39	23	90	54	57	105	50	46
Days waited at 90th percentile	335	204	159	431	312	521	803	546	308
% waited more than 365 days	4.1	3.5	3.6	13.5	7.4	12.9	23.1	14.8	5.5
General surgery									
Admissions	56,491	31,099	26,759	10,302	8,328	3,428	1,519	1,729	139,655
Days waited at 50th percentile	28	29	26	25	33	29	29	53	28
Days waited at 90th percentile	158	183	124	177	158	268	164	326	162
% waited more than 365 days	0.7	2.8	2.1	3.5	2.4	6.9	1.5	7.8	2.0
Gynaecology									
Admissions	28,470	14,949	16,167	3,517	5,702	2,143	1,204	1,647	73,799
Days waited at 50th percentile	29	36	24	21	32	38	39	7	28
Days waited at 90th percentile	145	143	97	94	119	238	209	81	130
% waited more than 365 days	0.7	1.2	0.8	0.2	0.3	3.7	1.8	1.2	0.9
Neurosurgery									
Admissions	3,632	2,529	1,424	2,262	631	218	248	0	10,944
Days waited at 50th percentile	23	21	15	42	21	38	29	..	26
Days waited at 90th percentile	130	162	158	169	89	505	296	..	154
% waited more than 365 days	0.9	1.7	4.0	1.1	0.2	11.9	7.7	..	1.9
Ophthalmology									
Admissions	24,740	16,472	8,927	5,851	4,225	998	1,232	670	63,115
Days waited at 50th percentile	123	36	34	77	68	54	173	255	71
Days waited at 90th percentile	339	228	268	304	278	528	510	643	318
% waited more than 365 days	3.5	1.1	4.8	6.7	4.6	23.6	27.7	36.3	4.6
Orthopaedic surgery									
Admissions	31,378	17,155	21,352	6,639	4,375	2,273	1,358	561	85,091
Days waited at 50th percentile	65	63	25	52	69	123	123	49	50
Days waited at 90th percentile	330	340	175	301	345	561	403	399	318
% waited more than 365 days	4.2	8.6	3.5	6.6	9.2	22.5	12.3	11.9	6.0

(continued)

Table 6.4 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2006–07

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Plastic surgery									
Admissions	8,821	12,090	7,802	4,037	3,954	1,411	486	74	38,675
Days waited at 50th percentile	28	23	29	29	37	22	62	42	28
Days waited at 90th percentile	167	213	135	312	182	166	371	315	193
% waited more than 365 days	1.3	4.5	2.0	8.2	4.1	3.7	10.1	8.1	3.6
Urology									
Admissions	21,020	16,041	8,168	7,156	3,921	1,938	1,052	93	59,389
Days waited at 50th percentile	28	21	27	19	44	33	52	50	26
Days waited at 90th percentile	167	151	127	133	177	148	237	407	158
% waited more than 365 days	1.4	2.7	2.3	3.1	4.1	2.1	3.4	11.8	2.3
Vascular surgery									
Admissions	4,998	2,457	2,050	1,031	884	289	376	0	12,085
Days waited at 50th percentile	17	25	20	20	12	43	27	..	20
Days waited at 90th percentile	89	273	84	103	71	242	482	..	133
% waited more than 365 days	0.5	6.3	1.6	1.1	1.5	4.2	11.4	..	2.4
Other^(b)									
Admissions	3,698	3,829	2,001	1,363	231	164	686	502	12,474
Days waited at 50th percentile	6	23	29	13	21	12	36	20	15
Days waited at 90th percentile	46	86	122	42	82	54	151	251	90
% waited more than 365 days	0.1	0.4	0.6	0.3	0.4	0.6	2.0	5.4	0.6
Total									
Admissions	201,630	131,669	107,893	48,986	37,194	14,181	9,306	5,911	556,770
Days waited at 50th percentile	35	30	25	29	40	38	63	35	32
Days waited at 90th percentile	260	208	142	225	206	343	364	370	226
% waited more than 365 days	1.9	3.3	2.5	4.6	3.9	9.2	9.9	10.2	3.1

(a) The total number of admissions for Queensland includes 641 patients who were removed from the waiting list for elective admission before 30 June 2006 and separated before 30 June 2007. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) Includes specialty of surgeon of *Not reported*.

Table 6.5: Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2006–07

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	19,730	11,226	5,915	4,223	2,462	583	1,126	467	45,732
Days waited at 50th percentile	152	50	40	85	96	111	177	320	93
Days waited at 90th percentile	343	237	292	297	288	625	516	641	330
% waited more than 365 days	3.9	0.8	5.8	6.3	3.9	35.7	29.3	40.3	5.0
Cholecystectomy									
Admissions	7,254	3,994	3,353	1,013	887	393	204	135	17,233
Days waited at 50th percentile	47	45	38	32	36	61	71	111	43
Days waited at 90th percentile	202	170	133	279	107	258	239	503	182
% waited more than 365 days	1.2	1.8	1.1	5.2	0.0	6.4	2.9	14.1	1.7
Coronary artery bypass graft									
Admissions	1,206	930	1,427	291	427	256	134	0	4,671
Days waited at 50th percentile	15	9	15	26	24	43	19	..	17
Days waited at 90th percentile	76	80	91	67	83	196	77	..	88
% waited more than 365 days	0.1	0.2	0.1	0.0	0.0	0.4	0	..	0.1
Cystoscopy									
Admissions	14,195	9,419	4,261	3,684	1,722	684	595	161	34,721
Days waited at 50th percentile	25	21	29	16	42	35	66	48	25
Days waited at 90th percentile	151	141	168	167	195	146	257	260	157
% waited more than 365 days	1.0	2.0	3.1	3.4	5.1	0.9	4.0	7.5	2.1
Haemorrhoidectomy									
Admissions	1,489	958	496	219	292	34	25	10	3,523
Days waited at 50th percentile	44	53	42	36	32	94	81	n.p.	44
Days waited at 90th percentile	237	265	201	359	158	298	160	n.p.	241
% waited more than 365 days	2.1	3.7	4.8	8.2	0.7	8.8	0.0	n.p.	3.3
Hysterectomy									
Admissions	4,080	2,236	1,743	737	476	309	136	42	9,759
Days waited at 50th percentile	45	43	36	32	52	62	53	32	43
Days waited at 90th percentile	204	146	116	118	154	241	252	129	165
% waited more than 365 days	1.0	1.1	1.2	0.4	0.4	3.2	4.4	4.8	1.1
Inguinal herniorrhaphy									
Admissions	6,140	3,331	1,931	1,140	756	382	209	105	13,994
Days waited at 50th percentile	48	45	40	32	47	77	79	77	45
Days waited at 90th percentile	231	198	168	232	141	424	224	362	217
% waited more than 365 days	1.2	2.4	2.4	5.0	1.5	13.6	1.4	9.5	2.4

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2006–07

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Myringoplasty									
Admissions	443	433	401	183	115	14	28	36	1,653
Days waited at 50th percentile	125	62	62	143	186	154	252	440	93
Days waited at 90th percentile	354	278	379	485	434	1,106	952	863	378
% waited more than 365 days	6.5	6.2	11.0	14.8	22.6	28.6	35.7	58.3	11.4
Myringotomy									
Admissions	454	2,142	1,747	618	877	76	165	20	6,099
Days waited at 50th percentile	42	28	38	68	49	37	61	13	39
Days waited at 90th percentile	232	92	150	301	133	114	321	116	152
% waited more than 365 days	1.1	0.2	1.1	5.5	0.6	0.0	6.1	5.0	1.3
Prostatectomy									
Admissions	2,648	2,048	1,052	479	506	41	98	13	6,885
Days waited at 50th percentile	44	23	28	23	55	51	30	45	35
Days waited at 90th percentile	223	225	128	122	232	83	218	441	206
% waited more than 365 days	2.6	5.2	1.9	1.9	4.3	0.0	5.1	15.4	3.4
Septoplasty									
Admissions	1,390	1,425	626	304	211	44	126	28	4,154
Days waited at 50th percentile	203	75	56	159	129	n.p.	167	205	113
Days waited at 90th percentile	370	376	545	561	354	n.p.	851	1,814	405
% waited more than 365 days	11.4	10.7	16.9	19.1	9.5	n.p.	29.4	42.9	13.6
Tonsillectomy									
Admissions	4,166	3,437	2,452	1,057	994	62	260	119	12,547
Days waited at 50th percentile	123	53	42	112	80	117	194	154	75
Days waited at 90th percentile	345	199	183	461	364	1,278	943	683	332
% waited more than 365 days	4.3	2.0	3.8	17.5	9.8	35.5	35.8	20.2	6.1
Total hip replacement									
Admissions	2,725	1,681	1,347	624	539	235	223	22	7,396
Days waited at 50th percentile	134	132	62	83	111	244	140	164	106
Days waited at 90th percentile	356	361	245	326	468	617	330	413	358
% waited more than 365 days	5.9	9.4	5.3	7.1	16.5	38.3	8.1	27.3	8.6
Total knee replacement									
Admissions	4,770	1,916	1,889	931	641	226	199	22	10,594
Days waited at 50th percentile	221	170	74	115	171	392	233	203	162
Days waited at 90th percentile	365	437	343	399	559	654	527	434	390
% waited more than 365 days	9.9	15.6	9.0	12.0	28.5	54.0	24.1	36.4	13.4

(continued)

Table 6.5 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, states and territories, 2006–07

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Varicose veins stripping & ligation									
Admissions	1,613	1,411	602	101	290	30	104	30	4,181
Days waited at 50th percentile	59	109	77	51	284	39	218	305	83
Days waited at 90th percentile	230	431	770	336	747	254	957	1,269	426
% waited more than 365 days	1.9	14.0	22.6	8.9	35.5	3.3	41.3	46.7	12.8
Not applicable/not stated									
Admissions	129,327	85,082	78,651	33,382	25,999	10,812	5,674	4,701	373,628
Days waited at 50th percentile	26	26	21	24	33	32	38	26	26
Days waited at 90th percentile	184	189	114	183	163	280	239	246	174
% waited more than 365 days	1.2	3.3	1.8	3.8	2.7	6.9	5.1	5.9	2.4
Total									
Admissions	201,630	131,669	107,893	48,986	37,194	14,181	9,306	5,911	556,770
Days waited at 50th percentile	35	30	25	29	40	38	63	35	32
Days waited at 90th percentile	260	208	142	225	206	343	364	370	226
% waited more than 365 days	1.9	3.3	2.5	4.6	3.9	9.2	9.9	10.2	3.1

(a) The total number of admissions for Queensland includes 641 patients who were removed from the waiting list for elective admission before 30 June 2006 and separated before 30 June 2007. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

7 Administrative data for admitted patients

Introduction

This chapter presents a summary of patient-level administrative information, covering admitted patient election status, funding source, cross-border flows, care type, urgency of admission, mode of admission, mode of separation, inter-hospital contracted patient status and hospital-in-the-home care. The data are derived from the AIHW's National Hospital Morbidity Database, a compilation of patient-level data for separations from public and private hospitals in Australia (see Chapter 1). Separations were included for all care types except *Newborn* episodes that did not include qualified days and records for *Hospital boarders* and *Posthumous organ procurement*. However, tables 7.11 and 7.12 also include *Newborn* episodes without qualified days.

For the purpose of reporting these data, the patient election status for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal Health Care Agreements* was categorised as public. The patient election status for patients whose funding source was reported as *Private health insurance*, *Self-funded*, *Workers compensation*, *Motor vehicle third party personal claim*, *Other compensation*, *Department of Veterans' Affairs*, *Department of Defence* or *Correctional facility* was categorised as private. For patients whose funding source was reported as *Other hospital or public authority*, *Other* or *Not reported*, the patient election status was categorised according to the reported Admitted patient election status.

Caution should be taken when making comparisons with *Australian hospital statistics* reports published before 2002–03 as the categories presented in tables 7.1 to 7.5 are not directly comparable because of changes in the data elements used (see Appendix 1 for more information).

Patient election status and funding source

Changes 2002–03 to 2006–07

Table 7.1 presents the number of separations and patient days by patient election status, funding source and hospital sector for the years 2002–03 to 2006–07. Between 2002–03 and 2006–07 the number of separations for private patients for both sectors combined increased by an annual average of 4.3%, and separations for public patients increased by an annual average of 2.7%. Between 2005–06 and 2006–07, public patient separations increased by 2.7% and private patient separations increased by 5.5%. Between 2005–06 and 2006–07 the number of separations for private patients in public hospitals increased by 6.4%. Over the same period the number of separations for public patients in private hospitals decreased by 50.9%. However, in Western Australia in 2006–07, two private hospitals which provided a substantial amount of public hospital services through contract arrangements were split, resulting in the creation of two new public hospital reporting units to cover the public

separations from these two hospitals. This represents a change in reporting arrangements that has affected the comparison of public patients in the private sector over time.

The proportion of separations for *Department of Veterans' Affairs* patients in public hospitals decreased from 3.4% in 2002–03 to 2.8% in 2006–07 of total public hospital separations. Over the same period the proportion of separations in private hospitals that were for *Department of Veterans' Affairs* patients decreased each year from 8.0% in 2002–03 to 7.1% in 2006–07.

State and territory overview

Tables 7.2 to 7.6 present data on patient election status and selected funding source categories. Accompanying tables published on the Internet present all funding source categories. The funding source categories (*National health data dictionary version 13* (HDSC 2006)) provide information about the principal source of funds for an admitted patient episode.

There may have been some variation between jurisdictions in the definitions used for the funding source categories and in the way in which state- or territory-level data were mapped to the *National health data dictionary* format. In particular, Tasmania was not able to identify separations whose funding source was *Self-funded*. Therefore, the number of separations for this category may be underestimated, whereas the number of separations in the funding source categories of *Private health insurance* and *Other private* may be overestimated.

Public patients accounted for 53.6% (4,073,412) of all hospital separations, 86.3% in public hospitals (4,024,311) and 1.7% in private hospitals (49,101) (Table 7.2). Patients whose funding source was reported as *Private health insurance* made up 60.5% of private patients in public hospitals, 81.4% of private patients in private hospitals and 35.9% of all separations. *Department of Veterans' Affairs* patients made up 4.5% of all hospital separations.

Overall, less than 1.0% of patients were funded by *Workers compensation* (73,285 separations), and 0.3% were funded by *Motor vehicle third party personal claims* (26,274 separations). For these compensable separations, 55.6% were in private hospitals.

In both sectors combined there were 191.8 separations per 1,000 population (age-standardised) for public patients, compared with 162.7 for private patients (Table 7.3). The latter figure is underestimated because data were not available for all private free-standing day hospital facilities in the Australian Capital Territory and Northern Territory (see Appendix 2 for further details). The Northern Territory recorded the highest public patient separation rate for public hospitals (464.2 per 1,000). The separation rate for public patients in private hospitals in Western Australia (11.2 per 1,000) was markedly higher than the national rate (2.2).

Table 7.4 presents the average cost weight of separations in each state and territory by hospital sector, patient election status and funding source. The table has been restricted to separations with a care type of *Acute, Newborn* (with at least one qualified patient day) or for which the care type was *Not reported*. In the public sector, the average cost weights for private patients were higher than those for public patients for all states and territories. In the public sector, patients whose funding source was reported as *Motor vehicle third party personal claim* had average cost weights markedly higher than other funding source categories. In the private sector, private patients whose funding source was reported as *Self-funded* generally had the lowest average cost weight. More detail about the Australian Refined Diagnosis Related Group classification and cost weights is included in Chapter 12.

Table 7.5 shows the number of patient days reported for each funding source category, by state or territory and hospital sector. Public patients accounted for 58.6% of total patient days, and *Private health insurance* funded patients accounted for 30.2% of patient days in all hospitals.

Age group

Table 7.6 presents the number of separations by patient election status, funding source, age group and hospital sector. For all hospitals, the most common age group for separations with an election status of *Public* was 65–74 years, accounting for 15.8% of *Public patients* in public hospitals and 20.1% of *Public patients* in private hospitals. Overall, 4.4% of separations with a funding source of *Private health insurance* were for patients aged 85 years or older, and 31.2% of all separations with a funding source of *Department of Veterans' Affairs* were for patients aged 85 years or older. Patients aged 25–34 years were in the most common age group for separations with a funding source of *Self-funded* (15.8% of separations in public hospitals and 16.5% of separations in private hospitals). About 24% of all separations with a funding source of *Motor vehicle third party personal claim* were for patients aged 15–24 years.

Funding source varied within age groups. For example, 27.0% of separations for patients aged 85+ years reported a funding source of *Department of Veterans' Affairs*, and for those aged 15–24 years, 27.5% of separations reported a funding source of *Private health insurance*.

Cross-border flows

For cross-border flow information, the state or territory of usual residence is reported as one of the six states, the Australian Capital Territory, the Northern Territory, other Australian territories (including Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory) or not elsewhere classified (including resident overseas, at sea or no fixed address) (tables 7.7 to 7.10). This information is derived from the patient's area of usual residence stored in the National Hospital Morbidity Database as the state or territory and Statistical Local Area.

Table 7.7 presents the number of separations and age-standardised separation rates per 1,000 population in each jurisdiction by the state or territory of usual residence of the patient and hospital sector. Overall, 97.4% of separations (7,408,512) were for patients who were treated in their state or territory of residence. However, in the Australian Capital Territory, only 75.3% of public hospital separations were for Australian Capital Territory residents (57,056), with most of the remainder being residents of New South Wales. This is a result of the Australian Capital Territory being a referral centre for surrounding districts which are part of New South Wales.

Table 7.8 presents the number of separations in each jurisdiction by state or territory of usual residence and patient election status, and indicates the number of patients who were treated as public patients and as private patients in hospitals in a state other than their state of usual residence. Almost 76% of separations in Queensland hospitals, where the patients' state of usual residence was New South Wales, were for private patients. For most states of usual residence, the age-standardised separation rate was higher for public patients than for private patients. However, for separations for patients whose state of residence was Queensland, the separation rate for private patients was higher than that for public patients.

The average cost weight of separations for each state and territory is presented in Table 7.9 by hospital sector, and by state or territory of usual residence, for separations with a care

type of *Acute, Newborn* (with at least one qualified patient day) or for which the care type was *Not reported*. Generally, average cost weights in both the public and private sectors were higher in all jurisdictions for interstate patients than for patients resident in the state of hospitalisation. Caution should be used in the interpretation of these data as the average cost weight for a small number of interstate patients can be inflated by the occurrence of relatively small numbers of separations with high cost weights. Public sector separations for Northern Territory residents had higher average cost weights in almost all other states and territories compared with the Northern Territory. This reflects a tendency for Northern Territory residents who require more complex treatment to attend hospitals in other states.

The notional cost of public patient separations for each state and territory of hospitalisation by state or territory of usual residence is presented in Table 7.10, based on the estimated average cost of the AR-DRG for each separation. This table has been restricted to separations for which the admitted patient election status was reported as *Public* and with a care type of *Acute, Newborn* (with at least one qualified patient day) or *Not reported*. These figures do not represent actual expenditure on these separations. These figures should also not be interpreted as an estimate of the total cost of public patients as they do not include estimates of costs for separations with non-acute care.

Nationally, using these notional estimates, approximately 97% of the estimated cost of public patients is for patients treated within their state or territory of residence. For Western Australia, more than 99% of the notional cost of public patients was for Western Australian residents.

Care type

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

Not all states and territories supplied detailed information for rehabilitation and palliative care. For rehabilitation, a category of *Rehabilitation – not further specified* was used by some states and territories and is included in tables 7.11 and 7.12. Because of the small number of separations reported in the palliative care subcategories, all palliative care separations have been reported as *Palliative care* in tables 7.11 and 7.12, without disaggregation into subcategories.

The *Newborn* care type is used for all patients aged 9 days or less at admission. *Newborn* episodes of care comprise separations with qualified days only, separations with a mixture of qualified and unqualified days, and separations with unqualified days only. Most states and territories have implemented this *Newborn* definition; however, Tasmania and the Northern Territory did not report *Newborn* separations according to the *National health data dictionary* definition (see the Glossary and Appendix 1). In South Australia, qualified and unqualified newborn care are defined as separate episodes of care. For the purpose of supplying data to the National Hospital Morbidity Database, separate episodes occurring within a single stay in hospital are joined together.

Additionally, some states and territories reported data for *Hospital boarders* and *Posthumous organ procurement*, for which categories are included in the care type data element. These activities are not considered to be admitted patient care, so records relating to these activities have been excluded from this report. See Appendix 1 for more detail.

Table 7.11 presents the number of separations for each care type. For public and private sectors combined, 93.3% of separations were classified as episodes of *Acute care*, 3.6% as *Newborn* and 2.1% as *Rehabilitation*. There was some variation among the states and territories and between the public and private sectors. For example, the proportion of public hospital separations for *Rehabilitation care* ranged from 0.5% (455) in the Northern Territory to 1.9% in South Australia (7,493).

Newborn separations without any qualified days have been included in tables 7.11 and 7.12 only in this report and, as such, will cause total separations in Table 7.11 to differ from those of other tables. They accounted for 223,218 separations, the majority (175,754 or 79%) in the public sector.

The average length of stay for episodes of *Acute care* in private hospitals (2.3 days) was shorter than that for public hospitals (3.1 days) (derived from tables 7.11 and 7.12). The patient days for *Newborn* episodes with a mixture of qualified and unqualified days are presented separately as the number of qualified days and the number of unqualified days. In the public sector, the average length of stay for these 'mixed' *Newborn* separations was 3.3 qualified days and 2.5 unqualified days, compared with 10.5 days for *Newborn* separations with qualified days only and 2.6 days for *Newborn* separations with unqualified days only. In the private sector, the average length of stay for these 'mixed' *Newborn* separations was 4.0 qualified days and 3.8 unqualified days, compared with 6.9 days for *Newborn* separations with qualified days only and 4.5 days for *Newborn* separations with unqualified days only.

Non-acute care

Table 7.13 presents information by patient election status and mode of separation (see note on variations in the data domains used for this data element below) for separations with a non-acute care type – *Rehabilitation care*, *Palliative care* and *Other non-acute care* (which comprises *Psychogeriatric care*, *Geriatric evaluation and management* and *Maintenance care*). Data on patients receiving non-acute care may provide information relevant to continuity of care.

Overall, 54% of all separations with non-acute care were in public hospitals and 44.3% of non-acute patients elected to be treated as public patients. For separations with non-acute care, the most common mode of separation was *Other*, which includes discharge to usual residence/own accommodation/welfare institution (72.5%), 6.3% reported a separation mode of *Discharge/transfer to a residential aged care service*, 6.1% reported a separation mode of *Discharge/transfer to an(other) hospital (acute or psychiatric)* and 5.9% had a separation mode of *Statistical discharge – type change* (indicating that the patient remained in the same hospital to receive other care) (see Table 7.13). There was some variation between hospital sectors in the modes of separation reported for non-acute care. For example, 9.0% of separations for non-acute care in public hospitals were transferred to another hospital (acute or psychiatric), compared with 2.8% in private hospitals. There was also variation in the mode of separation by type of non-acute care, as 85.2% of separations for *Rehabilitation care* reported a separation mode of *Other*, compared with 34.6% of separations for *Palliative care* and 50% for *Other non-acute care*.

Table 7.14 presents information by age, sex and mode of separation for separations for non-acute care. The majority of separations for patients whose care type was reported as *Rehabilitation care* were for females (56.5%), and over half of the female patients were aged 75 years and over (51.3%, 48,518 separations). For *Palliative care*, the majority of separations were reported for males (54.4%), and 86.6% of all *Palliative care* patients were aged over 55

years. For *Other non-acute care*, the majority of separations were for females (57.7%), and 67.3% (31,625) of all *Other non-acute care* separations were for people aged 75 years and over.

Mode of admission

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

In both public and private hospitals, most separations had a mode of admission of *Other* (94.2%, 7,162,461), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* (218,734 or 4.7% of public hospital separations). Public hospitals also reported higher proportions of *Statistical admission: type change* (60,444 or 1.3%) than were reported for private hospitals (87,592 or 3.0% and 19,144 or 0.7% of private hospital separations, respectively). Among the states and territories, New South Wales had the highest proportion of separations with an admission mode of *Admitted patient transferred from another hospital* (5.0%).

Mode of separation

The mode of separation records the status of the patient (discharged, transferred, care type change, died) at the time of separation and, for some categories, the place to which the person was discharged or transferred (Table 7.16). Due to changes in the *National health data dictionary* definition for some of the categories for this data element between version 9.0 in 2000–01 and version 13 in 2006–07 (HDSC 2000, 2006), and differences in the use of these definitions by jurisdictions, the use of some categories differs between jurisdictions. Consequently, the number of separations with a mode of separation of *Other* may be underestimated. As the reporting of the category *Discharge/transfer to residential aged care service* also differed over time for some jurisdictions, comparisons with mode of separation data from previous years should be treated with caution.

About 92% of separations (7,008,080) were included in the *Other* category, suggesting that most patients go home after their episode of care. This was particularly the case in the private sector, where 97.1% of separations (2,856,828) were categorised as *Other*, compared with 89.1% (4,151,252) in the public sector. The main difference between the sectors was that more public sector patients (6.1%) were transferred to other hospitals (acute and psychiatric) than was the case for private sector patients (1.8%). There were also greater proportions of separations in the public sector for the categories *Died* and *Left against medical advice/discharge at own risk*.

There is a discrepancy between the number of patients reporting a mode of separation of *Discharge/transfer to an (other) hospital* (acute and psychiatric) (334,312; see Table 7.16) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (306,326; see Table 7.15). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission, or that some patients were admitted and separated in different reporting years.

Inter-hospital contracted patient status

An episode of care for an inter-hospital contracted patient (Table 7.17) is defined in the *National health data dictionary version 13* (HDSC 2006) as an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service and for which the activity is recorded by both hospitals. These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and regional or area health services.

Contracted care was reported for 0.7% of separations (50,874). The total number of inter-hospital contracted patients was higher for private hospitals (35,921) than for public hospitals (14,953).

A small proportion (0.7%, 98 separations) of contracted care provided by public hospitals was purchased by private hospitals. Almost 92% (32,891 separations) of contracted care provided by private hospitals was purchased by public hospitals.

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double-counting of hospital activity in the National Hospital Morbidity Database.

Urgency of admission

Table 7.18 reports on urgency of admission. This data element describes whether the admission was assigned an urgency status and, if so, whether the admission occurred on an emergency (admission should occur within 24 hours) or an elective basis. The table also includes information on whether the separations were considered to be *Surgical* or *Other*. These categories have been determined based on the *Surgical*, *Medical*, *Other* partitions of the AR-DRG classification. These partitions are generally assigned on the presence of operating room procedures for the *Surgical* partition and non-operating room procedures for the *Medical* and *Other* partitions (see Chapter 12). For this table, the category *Other* includes both the *Medical* and *Other* partitions of the AR-DRG classification.

The majority of *Emergency* admissions were treated in the public sector (90.4%) and 55.9% of *Elective* admissions were treated in the private sector. For both the private and public sectors combined, 28.1% of separations (2,134,012) were assigned an *Emergency* status, 57.6% of separations (4,376,460) were assigned an *Elective* status and the status was *Not assigned* for 14.2% of separations. In the public hospital sector, 41.4% of separations that were assigned an *Elective* status and 11.2% of separations that were assigned an *Emergency* status were classified as *Surgical*. In the private sector, approximately 83.2% of separations were assigned an *Elective* status and 44.5% of these were classified as *Surgical*. An *Emergency* status was assigned for 6.9% of private hospital separations and 20.2% of these separations were classified as *Surgical*.

Hospital-in-the-home care

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

which admitted patients are provided with hospital care in the home. This care has been defined in the *National health data dictionary version 13* (HDSC 2006) as occurring in the patient's (permanent or temporary) place of residence as a substitute for hospital accommodation, and within an episode of care for an admitted patient.

For 2006–07, New South Wales and Tasmania did not report this data element. For all other states and territories, data on hospital-in-the-home care were provided as defined in the *National health data dictionary*, and separations including this care were included in the National Hospital Morbidity Database.

Several Queensland public and private hospitals conducted hospital-in-the-home programs during the 2006–07 financial year. Although the number of admitted patient separations involving hospital-in-the-home care has remained fairly steady in recent years, the number of days of care provided under these programs has been increasing. Nevertheless, hospital-in-the-home care remains a very small percentage of total admitted patient activity.

For Victoria, Queensland, Western Australia and South Australia, there were 56,763 separations that reported hospital-in-the-home care. They accounted for 490,371 patient days, of which 334,751 days (68.3%) were reported as hospital-in-the-home days. Same-day separations accounted for 20.6% of separations (11,684) reporting hospital-in-the-home care for these states.

Table 7.1: Separations and patient days^(a), by patient election status, funding source and hospital sector, Australia, 2002–03 to 2006–07

	2002–03		2003–04		2004–05		2005–06		2006–07		Change in number of separations (per cent)	
	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Separations ('000)	Patient days ('000)	Average since 2002–03	Average since 2005–06
Public hospitals												
Public patients ^(b)	3,557	13,908	3,646	13,821	3,706	13,956	3,868	14,122	4,024	14,490	3.1	4.0
Public ^(c)	3,551	13,866	3,639	13,766	3,697	13,887	3,861	14,096	4,017	14,463	3.1	4.0
Private patients	530	2,500	550	2,584	566	2,691	593	2,821	631	2,879	4.5	6.4
Private health insurance	294	1,261	308	1,335	326	1,452	351	1,559	382	1,658	6.8	8.9
Self-funded ^(d)	40	90	50	111	51	135	52	156	53	119	7.3	2.5
Workers compensation	20	70	21	71	22	75	22	78	23	79	2.5	1.3
Motor vehicle third party personal claim	20	125	21	128	20	128	21	135	22	130	1.5	1.6
Department of Veterans' Affairs	138	855	138	860	136	826	135	817	131	787	-1.3	-2.7
Other ^(e)	17	99	12	79	11	75	12	76	21	107	5.5	68.8
Patient election status not reported	5	17	4	14	5	15	5	49	6	70	5.2	11.2
Total	4,091	16,425	4,201	16,419	4,276	16,662	4,466	16,993	4,661	17,439	3.3	4.4
Private hospitals												
Public patients ^(b)	98	300	87	219	92	211	100	226	49	109	-15.9	-50.9
Public ^(c)	98	300	87	219	92	211	100	226	49	109	-15.9	-51.0
Private patients	2,437	6,755	2,551	6,942	2,643	6,940	2,741	7,103	2,886	7,367	4.3	5.3
Private health insurance	1,913	5,218	2,019	5,403	2,114	5,473	2,196	5,619	2,349	5,875	5.3	7.0
Self-funded ^(d)	243	328	255	340	260	345	274	368	261	357	1.8	-4.6
Workers compensation	54	117	51	114	50	104	52	107	51	107	-1.4	-2.8
Motor vehicle third party personal claim	6	60	5	51	5	34	5	36	5	34	-6.7	-8.2
Department of Veterans' Affairs	205	1,007	205	1,012	203	960	201	953	208	970	0.3	3.1
Other ^(e)	16	25	15	24	12	24	13	22	13	25	-4.7	5.6
Patient election status not reported	19	59	3	4	7	15	5	8	7	9	-23.6	31.3
Total	2,554	7,114	2,641	7,165	2,742	7,166	2,846	7,338	2,942	7,485	3.6	3.4
All hospitals												
Public patients ^(b)	3,655	14,208	3,733	14,039	3,798	14,167	3,968	14,349	4,073	14,599	2.7	2.7
Public ^(c)	3,649	14,167	3,726	13,984	3,790	14,098	3,961	14,322	4,066	14,572	2.7	2.7
Private patients	2,967	9,255	3,101	9,526	3,209	9,631	3,334	9,924	3,517	10,246	4.3	5.5
Private health insurance	2,207	6,478	2,327	6,738	2,440	6,925	2,547	7,178	2,731	7,533	5.5	7.2
Self-funded ^(d)	284	418	305	450	311	480	326	524	314	476	2.6	-3.5
Workers compensation	74	187	72	185	71	179	74	183	73	185	-0.3	-1.6
Motor vehicle third party personal claim	27	185	26	179	25	162	26	171	26	163	-0.2	-0.2
Department of Veterans' Affairs	342	1,862	343	1,872	339	1,786	336	1,770	338	1,756	-0.3	0.8
Other ^(e)	33	124	27	103	23	99	25	98	34	132	0.9	36.8
Patient election status not reported	24	76	7	18	11	30	10	58	12	79	-15.4	21.2
Total	6,645	23,539	6,841	23,583	7,019	23,829	7,312	24,331	7,603	24,925	3.4	4.0

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

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

Table 7.2: Separations^(a), by patient election status, funding source and hospital sector, states and territories, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1,185,567	1,150,207	718,406	399,878	339,692	79,884	67,414	83,263	4,024,311
Public ^(c)	1,182,688	1,148,968	717,212	399,462	338,430	79,743	67,363	83,117	4,016,983
Private patients	276,334	158,769	66,224	51,018	50,955	17,134	8,353	2,550	631,337
Private health insurance	186,437	94,003	27,466	27,145	30,945	11,421	4,002	666	382,085
Self-funded ^(d)	21,031	15,064	14,217	775	1,860	0	118	320	53,385
Workers compensation	7,376	5,886	4,438	1,890	1,784	494	371	311	22,550
Motor vehicle third party personal claim	4,884	8,784	2,321	2,424	1,743	794	243	471	21,664
Department of Veterans' Affairs	54,409	33,831	12,929	8,435	13,471	4,350	3,113	370	130,908
Other ^(e)	2,197	1,201	4,853	10,349	1,152	75	506	412	20,745
Patient election status not reported	228	5,266	0	0	0	138	0	0	5,632
Total	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280
Private hospitals									
Public patients ^(b)	5,989	1,439	16,071	23,358	1,354	n.p.	n.p.	n.p.	49,101
Public ^(c)	5,977	1,439	16,065	23,358	1,301	n.p.	n.p.	n.p.	49,023
Private patients	801,183	759,057	725,943	265,805	227,970	n.p.	n.p.	n.p.	2,886,015
Private health insurance	653,199	638,650	548,114	224,429	196,749	n.p.	n.p.	n.p.	2,348,872
Self-funded ^(d)	84,779	65,353	77,250	16,273	11,216	n.p.	n.p.	n.p.	260,940
Workers compensation	14,268	11,143	11,928	5,955	5,204	n.p.	n.p.	n.p.	50,735
Motor vehicle third party personal claim	286	2,783	40	663	481	n.p.	n.p.	n.p.	4,610
Department of Veterans' Affairs	47,660	40,751	81,336	16,810	13,375	n.p.	n.p.	n.p.	207,511
Other ^(e)	991	377	7,275	1,675	945	n.p.	n.p.	n.p.	13,347
Patient election status not reported	1,204	921	0	0	0	n.p.	n.p.	n.p.	6,521
Total	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637
All hospitals									
Public patients ^(b)	1,191,556	1,151,646	734,477	423,236	341,046	n.p.	n.p.	n.p.	4,073,412
Public ^(c)	1,188,665	1,150,407	733,277	422,820	339,731	n.p.	n.p.	n.p.	4,066,006
Private patients	1,077,517	917,826	792,167	316,823	278,925	n.p.	n.p.	n.p.	3,517,352
Private health insurance	839,636	732,653	575,580	251,574	227,694	n.p.	n.p.	n.p.	2,730,957
Self-funded ^(d)	105,810	80,417	91,467	17,048	13,076	n.p.	n.p.	n.p.	314,325
Workers compensation	21,644	17,029	16,366	7,845	6,988	n.p.	n.p.	n.p.	73,285
Motor vehicle third party personal claim	5,170	11,567	2,361	3,087	2,224	n.p.	n.p.	n.p.	26,274
Department of Veterans' Affairs	102,069	74,582	94,265	25,245	26,846	n.p.	n.p.	n.p.	338,419
Other ^(e)	3,188	1,578	12,128	12,024	2,097	n.p.	n.p.	n.p.	34,092
Patient election status not reported	1,432	6,187	0	0	0	n.p.	n.p.	n.p.	12,153
Total	2,270,505	2,075,659	1,526,644	740,059	619,971	n.p.	n.p.	n.p.	7,602,917

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

(b) Includes separations whose patient election status was Public and whose funding source was reported as Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other or Not reported.

(c) Includes separations whose funding source was reported as Australian Health Care Agreements and Other hospital or public authority.

(d) Some states and territories were unable to identify all patients whose funding source may have been Self-funded, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was Private and whose funding source was reported as Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other and Not reported.

Table 7.3: Separations^(a) per 1,000 population, by patient election status, funding source and hospital sector, states and territories, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	168.1	216.7	174.1	193.8	204.3	157.1	216.6	464.2	189.5
Public ^(c)	167.7	216.5	173.9	193.6	203.4	156.8	216.4	463.4	189.2
Private patients	37.9	29.0	16.0	24.6	28.3	31.3	28.2	15.9	29.0
Private health insurance	26.0	17.4	6.7	13.1	17.9	21.3	13.2	3.7	17.8
Self-funded ^(d)	3.0	2.9	3.5	0.4	1.2	0.0	0.3	1.5	2.5
Workers compensation	1.1	1.1	1.1	0.9	1.1	1.1	1.0	1.1	1.1
Motor vehicle third party personal claim	0.7	1.7	0.6	1.2	1.1	1.7	0.7	2.2	1.0
Department of Veterans' Affairs	6.7	5.6	3.1	4.1	6.2	7.1	11.6	5.5	5.6
Other ^(e)	0.3	0.2	1.2	5.0	0.7	0.2	1.4	1.8	1.0
Patient election status not reported	0.0	1.0	0.0	0.0	0.0	0.2	0.0	0.0	0.3
<i>Total</i>	<i>206.0</i>	<i>246.7</i>	<i>190.2</i>	<i>218.4</i>	<i>232.6</i>	<i>188.5</i>	<i>244.8</i>	<i>480.1</i>	<i>218.8</i>
Private hospitals									
Public patients ^(b)	0.8	0.3	3.8	11.2	0.9	n.p.	n.p.	n.p.	2.3
Public ^(c)	0.8	0.2	3.8	11.2	0.4	n.p.	n.p.	n.p.	2.2
Private patients	111.9	140.9	174.1	127.2	131.6	n.p.	n.p.	n.p.	133.7
Private health insurance	91.7	119.1	131.4	107.2	114.2	n.p.	n.p.	n.p.	109.2
Self-funded ^(d)	12.0	12.4	18.8	7.9	7.0	n.p.	n.p.	n.p.	12.3
Workers compensation	2.1	2.1	2.9	2.8	3.3	n.p.	n.p.	n.p.	2.4
Motor vehicle third party personal claim	0.0	0.5	0.0	0.3	0.3	n.p.	n.p.	n.p.	0.2
Department of Veterans' Affairs	6.0	6.8	19.2	8.2	6.2	n.p.	n.p.	n.p.	8.9
Other ^(e)	0.1	0.1	1.8	0.8	0.6	n.p.	n.p.	n.p.	0.6
Patient election status not reported	0.2	0.2	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.3
<i>Total</i>	<i>112.9</i>	<i>141.3</i>	<i>177.9</i>	<i>138.4</i>	<i>132.5</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>136.3</i>
All hospitals									
Public patients ^(b)	168.9	217.0	178.0	204.9	205.1	n.p.	n.p.	n.p.	191.8
Public ^(c)	168.5	216.7	177.7	204.7	203.8	n.p.	n.p.	n.p.	191.4
Private patients	149.8	169.9	190.1	151.8	159.9	n.p.	n.p.	n.p.	162.7
Private health insurance	117.7	136.5	138.1	120.3	132.2	n.p.	n.p.	n.p.	127.0
Self-funded ^(d)	15.0	15.2	22.2	8.2	8.2	n.p.	n.p.	n.p.	14.9
Workers compensation	3.1	3.2	3.9	3.7	4.4	n.p.	n.p.	n.p.	3.5
Motor vehicle third party personal claim	0.8	2.2	0.6	1.5	1.4	n.p.	n.p.	n.p.	1.3
Department of Veterans' Affairs	12.7	12.4	22.3	12.4	12.4	n.p.	n.p.	n.p.	14.5
Other ^(e)	0.5	0.3	2.9	5.8	1.3	n.p.	n.p.	n.p.	1.6
Patient election status not reported	0.2	1.2	0.0	0.0	0.0	n.p.	n.p.	n.p.	0.6
Total	318.9	388.0	368.1	356.8	365.1	n.p.	n.p.	n.p.	355.1

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

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements* and *Other hospital or public authority*.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

Note: These data should be interpreted with caution because of cross-border flows of patients. That is, patients may be treated in a state or territory other than their state or territory of residence, but separation rates are calculated using the Estimated Resident Populations for the state/territory of hospitalisation.

Table 7.4: Average cost weight of separations^(a), by patient election status, funding source and hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	1.04	0.92	1.01	0.91	1.00	1.03	0.98	0.71	0.97
Public ^(c)	1.04	0.92	1.01	0.92	1.00	1.03	0.98	0.71	0.98
Private patients	1.18	1.16	1.09	1.35	1.13	1.06	1.31	1.28	1.17
Private health insurance	1.15	1.16	0.96	1.33	1.05	1.00	1.55	1.15	1.14
Self-funded ^(d)	1.19	0.72	1.06	0.86	0.90	..	1.29	1.15	1.01
Workers compensation	1.30	1.21	1.39	1.16	1.20	1.24	1.75	1.15	1.28
Motor vehicle third party personal claim	1.79	2.19	2.03	3.03	2.18	2.01	2.98	1.93	2.16
Department of Veterans' Affairs	1.20	1.07	1.11	1.09	1.23	1.05	0.88	1.37	1.14
Other ^(e)	1.44	0.99	1.10	1.21	0.87	0.78	0.99	0.91	1.13
Patient election status not reported	1.27	1.29	..	..	..	1.30	..	..	1.29
Total	1.07	0.95	1.01	0.95	1.01	1.04	1.01	0.72	1.00
Private hospitals									
Public patients ^(b)	1.14	0.62	0.52	0.16	0.87	n.p.	n.p.	n.p.	0.45
Public ^(c)	1.14	0.62	0.52	0.16	0.86	n.p.	n.p.	n.p.	0.45
Private patients	0.96	0.91	0.91	0.98	0.99	n.p.	n.p.	n.p.	0.94
Private health insurance	0.96	0.92	0.92	0.97	0.98	n.p.	n.p.	n.p.	0.94
Self-funded ^(d)	0.77	0.67	0.67	0.78	0.84	n.p.	n.p.	n.p.	0.72
Workers compensation	1.23	1.21	1.13	1.17	1.27	n.p.	n.p.	n.p.	1.20
Motor vehicle third party personal claim	1.22	1.36	1.40	1.14	1.10	n.p.	n.p.	n.p.	1.27
Department of Veterans' Affairs	1.17	1.19	1.00	1.25	1.13	n.p.	n.p.	n.p.	1.11
Other ^(e)	1.16	1.15	0.73	0.87	0.88	n.p.	n.p.	n.p.	0.82
Patient election status not reported	0.82	0.49	..	..	..	n.p.	n.p.	n.p.	0.69
Total	0.96	0.91	0.90	0.92	0.99	n.p.	n.p.	n.p.	0.93

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

(b) Includes separations whose patient election status was *Public* and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes separations for which the funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations whose patient election status was *Private* and whose funding source was reported as *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

Note: Average cost weights have been calculated using AR-DRG version 5.0 public cost weights (2005–06) for both the public sector and the private sector.

Table 7.5: Patient days^(a), by patient election status, funding source and hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(b)	4,685,998	3,662,791	2,637,049	1,376,127	1,326,297	334,787	221,348	245,828	14,490,225
Public ^(c)	4,676,715	3,659,265	2,632,318	1,372,361	1,325,514	334,314	221,154	245,335	14,466,976
Private patients	1,327,875	693,469	235,029	233,935	271,866	66,180	38,998	11,704	2,879,056
Private health insurance	808,656	409,988	94,017	137,292	147,897	37,613	21,011	1,863	1,668,337
Self-funded ^(d)	63,863	21,357	22,466	3,461	5,652	0	326	1,384	118,509
Workers compensation	27,382	18,678	16,999	6,082	5,552	1,628	1,317	1,049	78,687
Motor vehicle third party personal claim	28,263	42,257	14,344	20,669	13,078	4,991	1,865	4,108	23,249
Department of Veterans' Affairs	339,838	197,784	69,329	45,149	97,577	21,806	13,005	2,136	786,624
Other ^(e)	59,873	3,405	17,874	21,282	2,110	142	1,474	1,164	107,324
Patient election status not reported	1,552	62,857	0	0	0	5,398	0	0	69,807
Total	6,015,425	4,419,117	2,872,078	1,610,062	1,598,163	406,365	260,346	257,532	17,439,088
Private hospitals									
Public patients ^(b)	7,793	3,603	45,151	46,765	3,403	n.p.	n.p.	n.p.	109,153
Public ^(c)	7,781	3,603	45,151	46,765	3,273	n.p.	n.p.	n.p.	109,004
Private patients	1,961,721	1,989,483	1,855,683	696,816	586,514	n.p.	n.p.	n.p.	7,366,921
Private health insurance	1,577,998	1,632,250	1,380,110	558,172	502,352	n.p.	n.p.	n.p.	5,874,694
Self-funded ^(d)	122,932	103,175	89,467	19,792	13,836	n.p.	n.p.	n.p.	357,010
Workers compensation	31,258	29,423	19,117	10,142	11,705	n.p.	n.p.	n.p.	106,759
Motor vehicle third party personal claim	766	28,598	127	1,605	1,431	n.p.	n.p.	n.p.	33,872
Department of Veterans' Affairs	226,551	195,454	354,185	103,408	55,302	n.p.	n.p.	n.p.	969,777
Other ^(e)	2,216	583	12,677	3,697	1,888	n.p.	n.p.	n.p.	24,809
Patient election status not reported	1,204	1,036	0	0	0	n.p.	n.p.	n.p.	9,403
Total	1,970,718	1,994,122	1,900,834	743,581	589,917	n.p.	n.p.	n.p.	7,485,477
All hospitals									
Public patients ^(b)	4,693,791	3,666,394	2,682,200	1,422,892	1,329,700	n.p.	n.p.	n.p.	14,599,378
Public ^(c)	4,684,496	3,662,868	2,677,469	1,419,126	1,328,787	n.p.	n.p.	n.p.	14,575,980
Private patients	3,289,596	2,682,952	2,090,712	930,751	858,380	n.p.	n.p.	n.p.	10,245,977
Private health insurance	2,386,654	2,042,238	1,474,127	695,464	650,249	n.p.	n.p.	n.p.	7,533,031
Self-funded ^(d)	186,795	124,532	111,933	23,253	19,488	n.p.	n.p.	n.p.	475,519
Workers compensation	58,640	48,101	36,116	16,224	17,257	n.p.	n.p.	n.p.	185,446
Motor vehicle third party personal claim	29,029	70,855	14,471	22,274	14,509	n.p.	n.p.	n.p.	57,121
Department of Veterans' Affairs	566,389	393,238	423,514	148,557	152,879	n.p.	n.p.	n.p.	1,756,401
Other ^(e)	62,089	3,988	30,551	24,979	3,998	n.p.	n.p.	n.p.	132,133
Patient election status not reported	2,756	63,893	0	0	0	n.p.	n.p.	n.p.	79,210
Total	7,986,143	6,413,239	4,772,912	2,353,643	2,188,080	n.p.	n.p.	n.p.	24,924,565

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

(b) Includes separations with a patient election status of *Public* and a funding source of *Australian Health Care Agreements*, *Reciprocal health care agreements*, *Other hospital or public authority*, *Other* or *Not reported*.

(c) Includes patients whose funding source was reported as *Australian Health Care Agreements* or *Other hospital or public authority*.

(d) Some states and territories were unable to identify all patients whose funding source may have been *Self-funded*; therefore the number of separations in this category may be underestimated and others may be overestimated.

(e) Includes separations with a patient election status of *Private* and a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority*, *Other* and *Not reported*.

Table 7.6: Separations^(a), by patient election status, funding source, age group and hospital sector, Australia, 2006-07

	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
Public hospitals												
Public patients ^(c)	107,939	118,930	159,733	323,767	473,466	449,779	474,208	564,634	636,031	542,907	172,902	4,024,311
Public ^(d)	107,632	118,255	159,575	322,111	471,615	448,999	473,738	563,903	635,209	542,445	172,786	4,016,963
Private patients	12,163	17,816	22,338	26,304	34,954	39,761	46,296	51,108	48,890	50,607	59,309	631,337
Private health insurance	10,918	14,575	17,595	17,151	16,180	17,226	25,362	31,277	30,063	33,040	42,515	382,085
Self-funded ^(e)	914	2,506	2,978	6,238	8,442	6,667	5,603	5,983	7,180	5,592	1,282	53,385
Workers compensation	0	0	14	4,426	4,855	5,236	4,810	2,678	445	76	10	22,550
Motor vehicle third party personal claim	52	314	1,249	5,671	4,068	3,476	2,469	1,796	1,179	1,056	333	21,664
Department of Veterans' Affairs	1	2	9	11	29	326	740	7,369	9,405	66,709	46,307	130,908
Other ^(f)	278	419	493	2,428	3,540	3,122	3,172	2,703	2,534	1,715	341	20,745
Patient election status not reported	158	214	221	1,560	1,543	468	275	368	385	305	134	5,632
Total	120,260	136,960	182,292	360,281	521,305	499,137	533,792	646,814	724,873	689,166	246,377	4,661,280
Private hospitals												
Public patients ^(c)	37	180	268	1,536	2,577	5,800	9,305	10,502	9,865	7,479	1,552	49,101
Public ^(d)	37	178	268	1,532	2,565	5,794	9,298	10,487	9,846	7,470	1,548	49,023
Private patients	23,185	29,314	48,901	168,032	263,491	344,246	415,020	545,888	462,647	441,932	143,359	2,886,015
Private health insurance	21,714	25,164	42,476	128,864	208,298	285,555	359,165	477,463	412,080	311,352	76,741	2,348,872
Self-funded ^(e)	1,354	4,036	6,257	33,091	43,158	40,645	34,380	33,710	30,125	27,163	7,021	260,940
Workers compensation	0	4	12	3,567	8,073	12,950	15,280	9,379	1,226	209	35	50,735
Motor vehicle third party personal claim	0	3	43	656	859	1,096	853	516	331	195	58	4,610
Department of Veterans' Affairs	3	0	12	128	508	1,509	3,432	23,082	17,288	102,190	59,359	207,511
Other ^(f)	114	107	101	1,726	2,595	2,491	1,910	1,738	1,597	823	145	13,347
Patient election status not reported	246	22	43	1,067	1,030	533	623	1,062	931	801	163	6,521
Total	23,468	29,516	49,212	170,635	267,098	350,579	424,948	557,452	473,443	450,212	145,074	2,941,637
All hospitals												
Public patients ^(c)	107,976	119,110	160,001	325,303	476,043	455,579	483,513	575,136	645,896	550,386	174,454	4,073,412
Public ^(d)	107,669	118,433	159,843	323,643	474,180	454,793	483,036	574,390	645,055	549,915	174,334	4,066,006
Private patients	35,348	47,130	71,239	194,336	298,445	384,007	461,316	596,996	511,537	492,539	202,668	3,517,352
Private health insurance	32,632	39,739	60,071	146,015	224,478	302,781	384,527	508,740	442,143	344,392	119,256	2,730,957
Self-funded ^(e)	2,268	6,542	9,235	39,329	51,600	47,312	39,983	39,693	37,305	32,755	8,303	314,325
Workers compensation	0	4	26	7,993	12,928	18,186	20,090	12,057	1,671	285	45	73,285
Motor vehicle third party personal claim	52	317	1,292	6,327	4,927	4,572	3,322	2,312	1,510	1,251	391	26,274
Department of Veterans' Affairs	4	2	21	139	537	1,835	4,172	30,451	26,693	168,899	105,666	338,419
Other ^(f)	392	526	594	4,154	6,135	5,613	5,082	4,441	4,131	2,538	486	34,092
Patient election status not reported	404	236	264	2,627	2,573	1,001	898	1,430	1,316	1,106	297	12,153
Total	143,728	166,476	231,504	530,916	788,403	849,716	958,740	1,204,266	1,198,316	1,139,378	391,451	7,602,917

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

(b) Includes separations for which the age group was not reported.

(c) Includes separations for which the patient election status was Public and the funding source was Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other or Not reported.

(d) Includes patients whose funding source was reported as Australian Health Care Agreements or Other hospital or public authority.

(e) Some states and territories were unable to identify all patients whose funding source may have been Self-funded; therefore the number of separations in this category may be underestimated and others may be overestimated.

(f) Includes separations for which the patient election status was Private and the funding source was Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority, Other and Not reported.

Table 7.7: Separations^(a), by state or territory of usual residence and hospital sector, states and territories, 2006–07

State or territory of usual residence	State or territory of hospitalisation										Total population ^(b)
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total		
Public hospitals											
New South Wales	1,426,157	18,897	9,120	583	1,659	247	18,075	345	1,475,083	207.8	
Victoria	5,868	1,285,853	1,825	522	2,204	260	275	316	1,297,123	243.5	
Queensland	12,387	1,365	768,237	443	365	193	194	367	783,551	189.9	
Western Australia	456	430	394	447,508	284	78	46	1,647	450,843	218.4	
South Australia	575	1,559	407	214	383,409	59	53	2,550	388,826	231.6	
Tasmania	338	1,415	229	70	81	96,199	19	27	98,378	191.0	
Australian Capital Territory	2,998	224	156	52	45	12	57,056	34	60,577	195.1	
Northern Territory	218	314	370	231	2,044	9	12	80,527	83,725	466.4	
Other Australian territories ^(c)	n.p.	0	4	158	0	0	1	0	n.p.	n.p.	
Not elsewhere classified ^(d)	n.p.	4,185	3,291	1,115	65	99	36	0	n.p.	n.p.	
Not reported	0	0	597	0	491	0	0	0	1,088	..	
Total	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280	218.8	
Private hospitals											
New South Wales	790,009	6,902	25,239	204	1,390	n.p.	n.p.	n.p.	831,135	116.0	
Victoria	6,523	750,610	1,555	136	1,249	n.p.	n.p.	n.p.	760,258	141.1	
Queensland	3,446	950	712,860	163	213	n.p.	n.p.	n.p.	717,753	172.1	
Western Australia	355	286	227	288,186	98	n.p.	n.p.	n.p.	289,225	138.4	
South Australia	193	403	291	57	224,718	n.p.	n.p.	n.p.	225,716	130.3	
Tasmania	273	1,120	270	30	55	n.p.	n.p.	n.p.	60,837	115.5	
Australian Capital Territory	1,996	181	150	15	56	n.p.	n.p.	n.p.	29,475	92.0	
Northern Territory	199	364	499	179	1,247	n.p.	n.p.	n.p.	13,528	13.4	
Other Australian territories ^(c)	n.p.	0	83	36	0	n.p.	n.p.	n.p.	n.p.	n.p.	
Not elsewhere classified ^(d)	n.p.	601	837	157	26	n.p.	n.p.	n.p.	n.p.	n.p.	
Not reported	0	0	3	0	272	n.p.	n.p.	n.p.	275	..	
Total	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637	136.3	

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

(b) Rates per 1,000 population were directly age-standardised as detailed in Appendix 1.

(c) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory. Records with a *State of usual residence* of *Other Australian territories* in New South Wales are currently under review.

(d) Includes resident overseas, at sea, no fixed address. Records with a *State of usual residence* of *Not elsewhere classified* in New South Wales are currently under review.

Table 7.8: Separations^(a), by state or territory of usual residence and patient election status, states and territories, 2006–07

State or territory of usual residence	State or territory of hospitalisation										Separations per 1,000 population ^(b)
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Separations per 1,000 population ^(b)	
Public patients											
New South Wales	1,162,808	15,872	8,324	507	1,357	198	16,587	307	1,205,960	170.9	
Victoria	4,699	1,129,264	1,776	478	1,828	205	247	278	1,138,775	214.5	
Queensland	11,448	1,137	720,208	364	246	150	187	316	734,056	177.9	
Western Australia	359	326	364	420,668	233	65	41	1,604	423,660	205.1	
South Australia	471	1,076	385	182	334,926	49	49	2,487	339,625	204.4	
Tasmania	265	1,152	212	68	63	79,325	16	24	81,125	159.5	
Australian Capital Territory	2,351	185	135	43	34	9	50,923	32	53,712	171.7	
Northern Territory	167	249	307	199	1,857	8	10	78,215	81,012	449.8	
Other Australian territories ^(c)	n.p.	0	2	140	0	0	1	0	n.p.	n.p.	
Not elsewhere classified ^(d)	n.p.	2,385	2,195	587	35	93	25	0	n.p.	n.p.	
Not reported	0	0	569	0	467	0	0	0	1,036	..	
Total	1,191,556	1,151,646	734,477	423,236	341,046	80,102	68,086	83,263	4,073,412	191.8	
Private patients											
New South Wales	1,051,946	9,882	26,035	280	1,692	n.p.	n.p.	n.p.	1,098,794	152.7	
Victoria	7,692	902,887	1,604	180	1,625	n.p.	n.p.	n.p.	914,277	169.2	
Queensland	4,382	1,160	760,889	242	332	n.p.	n.p.	n.p.	767,217	184.1	
Western Australia	452	387	257	315,026	149	n.p.	n.p.	n.p.	316,401	151.6	
South Australia	297	885	313	89	273,201	n.p.	n.p.	n.p.	274,913	157.6	
Tasmania	344	1,377	287	32	73	n.p.	n.p.	n.p.	75,511	141.5	
Australian Capital Territory	2,642	220	171	24	67	n.p.	n.p.	n.p.	36,339	115.3	
Northern Territory	250	429	562	211	1,434	n.p.	n.p.	n.p.	14,334	30.0	
Other Australian territories ^(c)	n.p.	0	85	54	0	n.p.	n.p.	n.p.	n.p.	n.p.	
Not elsewhere classified ^(d)	n.p.	599	1,933	685	56	n.p.	n.p.	n.p.	n.p.	n.p.	
Not reported	0	0	31	0	296	n.p.	n.p.	n.p.	327	..	
Total	1,077,517	917,826	792,167	316,823	278,925	n.p.	n.p.	n.p.	3,517,352	162.7	
Total^(e)	2,270,505	2,075,659	1,526,644	740,059	619,971	n.p.	n.p.	n.p.	7,602,917	355.1	

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

(b) Rates per 1,000 population were directly age-standardised as detailed in Appendix 1.

(c) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory. Records with a State of usual residence of *Other Australian territories* in New South Wales are currently under review.

(d) Includes resident overseas, at sea, no fixed address. Records with a State of usual residence of *Not elsewhere classified* in New South Wales are currently under review.

(e) Includes patients whose patient election status was *Not reported*.

Table 7.9: Average cost weight of separations^(a), by state or territory of usual residence and hospital sector, states and territories, 2006-07

State or territory of usual residence	State or territory of hospitalisation										Total
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT			
Public hospitals											
New South Wales	1.06	0.98	1.67	1.16	1.89	1.15	1.21	1.24	1.07		
Victoria	1.15	0.94	1.14	1.13	1.49	1.25	1.55	1.01	0.95		
Queensland	1.04	1.21	1.00	1.26	1.02	1.17	0.85	0.94	1.00		
Western Australia	1.70	1.28	1.17	0.95	1.17	1.60	0.77	0.60	0.95		
South Australia	1.41	1.65	1.47	1.14	1.00	2.04	0.66	0.61	1.00		
Tasmania	1.54	2.53	1.13	1.19	0.79	1.04	1.04	1.05	1.06		
Australian Capital Territory	1.43	1.31	0.83	1.41	0.81	0.65	0.95	0.73	0.97		
Northern Territory	1.62	2.36	1.69	1.40	2.45	0.43	2.36	0.73	0.78		
Other Australian territories ^(b)	n.p.	..	1.49	1.05	..	..	3.04	..	n.p.		
Not elsewhere classified ^(c)	n.p.	1.26	1.41	1.46	1.04	1.63	1.35	..	n.p.		
Not reported	..	..	1.42	..	1.64	..	..	..	..
Total	1.07	0.95	1.01	0.95	1.01	1.04	1.01	0.72	1.00		
Private hospitals											
New South Wales	0.95	1.12	1.05	1.08	1.22	n.p.	n.p.	n.p.	0.96		
Victoria	0.92	0.91	0.82	1.00	1.33	n.p.	n.p.	n.p.	0.91		
Queensland	0.94	1.18	0.89	1.13	1.20	n.p.	n.p.	n.p.	0.89		
Western Australia	1.46	1.15	1.10	0.92	1.20	n.p.	n.p.	n.p.	0.92		
South Australia	1.64	1.13	1.05	1.05	0.98	n.p.	n.p.	n.p.	0.98		
Tasmania	1.84	2.08	1.07	1.23	1.79	n.p.	n.p.	n.p.	1.02		
Australian Capital Territory	1.38	1.18	0.86	0.73	1.05	n.p.	n.p.	n.p.	1.02		
Northern Territory	1.29	1.13	1.20	1.08	1.73	n.p.	n.p.	n.p.	0.94		
Other Australian territories ^(b)	n.p.	..	0.99	0.89	..	n.p.	n.p.	n.p.	1.15		
Not elsewhere classified ^(c)	n.p.	0.84	1.13	0.86	0.64	n.p.	n.p.	n.p.	n.p.		
Not reported	..	..	0.73	..	1.28	n.p.	n.p.	n.p.	n.p.		
Total	0.96	0.91	0.90	0.92	0.99	n.p.	n.p.	n.p.	0.93		

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

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

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

Note: Average cost weights have been calculated using AR-DRG version 5.0 cost weights (2005-06) for both the public sector and the private sector.

Table 7.10: Notional cost (\$'000) of separations^(a), by state or territory of usual residence, public patients, all hospitals, states and territories, 2006–07

State or territory of usual residence	State or territory of hospitalisation										Total
	NSW	Vic	Qld	WA	SA	Tas	ACT ^(b)	NT			
New South Wales	3,914,686	49,803	46,203	1,566	8,566	684	n.p.	1,280			n.p.
Victoria	16,810	3,362,856	6,392	1,690	8,588	647	n.p.	913			n.p.
Queensland	37,782	4,232	2,282,282	1,415	811	626	n.p.	976			n.p.
Western Australia	2,113	1,275	1,402	1,202,234	952	285	n.p.	3,052			n.p.
South Australia	2,005	6,380	1,635	659	1,067,301	358	n.p.	4,823			n.p.
Tasmania	1,290	9,129	719	230	174	267,296	n.p.	88			n.p.
Australian Capital Territory	10,340	732	373	73	91	25	n.p.	80			n.p.
Northern Territory	801	2,191	1,644	768	15,025	11	n.p.	182,565			n.p.
Other Australian territories ^(c)	n.p.	..	5	485	..	..	n.p.	..			n.p.
Not elsewhere classified ^(d)	n.p.	10,014	9,006	2,327	150	492	n.p.	..			n.p.
Not reported	..	..	2,528	..	2,398	..	n.p.	..			n.p.
Total	4,018,646	3,446,611	2,352,187	1,211,447	1,104,055	270,423	n.p.	193,777			n.p.

(a) Separations for which the patient election status was *Public* and for which the care type was reported as *Acute*, *Newborn* with at least one qualified day, or *Not reported* have been included. These data are based on the AR-DRG for each separation multiplied by the 2005–06 AR-DRG average public cost of \$3,542. These figures do not represent actual expenditure on these separations. These figures should also not be interpreted as an estimate of the total cost of public patients as they do not include estimates of costs for separations with non-acute care.

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

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

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

Table 7.11: Separations^(a), by care type and hospital sector, states and territories, 2006–07

Care type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,406,425	1,267,763	749,127	435,356	376,441	93,812	71,094	83,777	4,483,795
Rehabilitation care—not further specified	24,686	13,475	..	7,261	7,493	984	..	455	54,354
Rehabilitation care—delivered in a designated unit	..	..	8,904	..	..	..	502	..	9,406
Rehabilitation care—according to a designated program	..	..	3,340	..	..	..	250	..	3,590
Rehabilitation care—principal clinical intent	..	..	2,378	..	..	..	1,094	..	3,472
<i>Rehabilitation total</i>	24,686	13,475	14,622	7,261	7,493	984	1,846	455	70,822
Palliative care	8,452	5,182	4,405	1,318	1,324	360	476	268	21,785
Geriatric evaluation and management	1,639	11,009	550	672	1	68	557	174	14,670
Psychogeriatric care	1,079	2,045	492	716	170	165	23	5	4,695
Maintenance care	6,008	2,190	5,525	2,259	1,484	591	868	168	19,093
Newborn—qualified days only	9,671	10,466	7,228	2,852	2,811	1,176	830	959	35,993
Newborn—qualified and unqualified days ^(c)	4,116	2,112	2,380	462	923	0	65	0	10,058
Newborn—unqualified days only	63,512	41,791	33,144	18,021	10,685	3,233	3,014	2,354	175,754
<i>Newborn total</i>	77,299	54,369	42,752	21,335	14,419	4,409	3,909	3,313	221,805
Other admitted patient care	..	0	301	0	..	0	8	7	316
Not reported	53	0	0	0	0	0	0	0	53
Total	1,525,641	1,356,033	817,774	468,917	401,332	100,389	78,781	88,167	4,837,034
Private hospitals									
Acute care	747,326	737,499	715,742	283,136	223,458	n.p.	n.p.	n.p.	2,816,475
Rehabilitation care—not further specified	56,463	13,275	..	1,093	5,093	n.p.	n.p.	n.p.	76,557
Rehabilitation care—delivered in a designated unit	..	..	12,399	..	..	n.p.	n.p.	n.p.	12,399
Rehabilitation care—according to a designated program	..	..	4,066	..	..	n.p.	n.p.	n.p.	4,066
Rehabilitation care—principal clinical intent	..	..	3,379	..	..	n.p.	n.p.	n.p.	3,379
<i>Rehabilitation total</i>	56,463	13,275	19,844	1,093	5,093	n.p.	n.p.	n.p.	96,401
Palliative care	440	508	2,083	2,459	125	n.p.	n.p.	n.p.	6,488
Geriatric evaluation and management	742	0	4	0	34	n.p.	n.p.	n.p.	780
Psychogeriatric care	0	6,052	10	75	1	n.p.	n.p.	n.p.	6,138
Maintenance care	74	51	1,308	166	16	n.p.	n.p.	n.p.	1,636
Newborn—qualified days only	2,888	4,032	1,859	821	597	n.p.	n.p.	n.p.	10,655
Newborn—qualified and unqualified days ^(c)	350	..	784	1,413	..	n.p.	n.p.	n.p.	2,591
Newborn—unqualified days only	19,774	37	15,843	7,500	367	n.p.	n.p.	n.p.	47,464
<i>Newborn total</i>	23,012	4,069	18,486	9,734	964	n.p.	n.p.	n.p.	60,710
Other admitted patient care	93	0	380	0	..	n.p.	n.p.	n.p.	473
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	0
Total	828,150	761,454	757,857	296,663	229,691	n.p.	n.p.	n.p.	2,989,101

(a) Does not include records for Hospital boarders or Posthumous organ procurement.

(b) The reporting of Newborns with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(c) Tasmania and the Northern Territory did not supply Newborn care according to the National health data dictionary definition and did not report any separations with both qualified and unqualified days.

Table 7.12: Patient days^(a), by care type and hospital sector, states and territories, 2006–07

Care type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	5,008,247	3,499,030	2,219,919	1,261,532	1,231,088	334,158	197,376	231,194	13,982,544
Rehabilitation care—not further specified	507,555	300,366	..	153,458	122,670	26,709	..	4,357	1,115,115
Rehabilitation care—delivered in a designated unit	..	..	103,323	..	..	..	6,598	..	109,921
Rehabilitation care—according to a designated program	..	..	80,237	..	..	..	5,844	..	86,081
Rehabilitation care—principal clinical intent	..	..	40,038	..	..	..	11,033	..	51,071
<i>Rehabilitation total</i>	507,555	300,366	223,598	153,458	122,670	26,709	23,475	4,357	1,362,188
Palliative care	107,394	76,673	40,279	12,448	17,557	4,056	6,151	2,757	267,315
Geriatric evaluation and management	15,150	293,980	8,602	6,332	4	1,393	6,215	4,408	336,084
Psychogeriatric care	68,451	64,295	11,363	37,724	22,433	750	463	497	205,976
Maintenance care	196,127	71,344	285,855	100,279	167,461	27,677	17,677	4,210	870,630
Newborn—qualified days only	99,143	104,410	75,548	35,945	34,314	11,622	8,527	10,097	379,606
Newborn—qualified and unqualified days (qualified days)	13,192	9,019	5,765	2,344	2,636	..	412	..	33,368
Newborn—qualified and unqualified days (unqualified days)	11,758	5,261	4,844	911	1,988	..	53	..	24,815
Newborn—unqualified days only	168,002	109,288	71,911	46,401	28,807	10,288	6,849	7,081	448,627
<i>Newborn total</i>	292,095	227,978	158,068	85,601	67,745	21,910	15,841	17,178	886,416
Other admitted patient care	..	..	1,149	..	..	..	50	12	1,211
Not reported	166	..	..	..	..	..	..	..	166
Total^(c)	6,015,425	4,419,117	2,872,078	1,610,062	1,598,163	406,365	260,346	257,532	17,439,088
Private hospitals									
Acute care	1,669,368	1,731,483	1,694,443	671,745	535,073	n.p.	n.p.	n.p.	6,570,562
Rehabilitation care—not further specified	272,685	195,633	..	24,038	48,119	n.p.	n.p.	n.p.	551,503
Rehabilitation care—delivered in a designated unit	..	..	79,389	..	..	n.p.	n.p.	n.p.	79,389
Rehabilitation care—according to a designated program	..	..	20,138	..	..	n.p.	n.p.	n.p.	20,138
Rehabilitation care—principal clinical intent	..	..	6,824	..	..	n.p.	n.p.	n.p.	6,824
<i>Rehabilitation total</i>	272,685	195,633	106,351	24,038	48,119	n.p.	n.p.	n.p.	657,854
Palliative care	5,489	6,585	21,611	26,983	1,923	n.p.	n.p.	n.p.	64,735
Geriatric evaluation and management	1,738	..	359	..	104	n.p.	n.p.	n.p.	2,201
Psychogeriatric care	..	30,968	25	2,369	2	n.p.	n.p.	n.p.	33,364
Maintenance care	2,116	6,006	48,433	8,297	655	n.p.	n.p.	n.p.	66,820
Newborn—qualified days only	14,497	23,447	22,306	6,240	4,041	n.p.	n.p.	n.p.	73,613
Newborn—qualified and unqualified days (qualified days)	4,201	..	2,047	3,909	..	n.p.	n.p.	n.p.	10,445
Newborn—qualified and unqualified days (unqualified days)	2,068	..	2,118	5,310	..	n.p.	n.p.	n.p.	9,883
Newborn—unqualified days only	92,461	13	62,088	38,686	974	n.p.	n.p.	n.p.	211,403
<i>Newborn total</i>	106,271	23,204	86,068	57,190	4,775	n.p.	n.p.	n.p.	297,562
Other admitted patient care	624	..	5,259	..	..	n.p.	n.p.	n.p.	5,883
Not reported	..	..	..	..	..	n.p.	n.p.	n.p.	..
Total^(c)	1,970,718	1,994,122	1,900,834	743,581	589,917	n.p.	n.p.	n.p.	7,485,477

(a) Does not include records for Hospital boarders or Posthumous organ procurement.

(b) The reporting of Newborns with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of patient days for this category.

(c) Excludes separations for Newborn with unqualified days only.

Table 7.13: Separations for non-acute care^(a), by patient election status, mode of separation and hospital sector, Australia, 2006–07

	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to a psychiatric hospital	Discharge/ transfer to other health care ^(c)	Statistical discharge–type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Public hospitals										
Rehabilitation care	Public patients ^(f) Private patients <i>Total</i> ^(g)	2,361 1,001 3,370	76 22 98	593 245 843	5,612 1,455 7,077	502 60 562	543 130 674	304 112 418	42,399 8,918 51,441	56,981 13,671 70,822
Palliative care	Public patients ^(f) Private patients <i>Total</i> ^(g)	437 163 600	3 0 3	155 39 194	475 74 549	36 7 43	142 55 197	9,700 2,989 12,692	5,430 1,119 6,549	17,112 4,670 21,785
Other non-acute ^(h) care	Public patients ^(f) Private patients <i>Total</i> ^(g)	7,696 1,965 9,670	360 139 500	918 300 1,218	4,052 961 5,016	156 23 179	207 19 226	1,271 401 1,674	12,964 3,090 16,074	30,672 7,746 38,458
Total	11,169	13,640	601	2,255	12,642	784	1,097	14,784	74,064	131,065
Private hospitals										
Rehabilitation care	Public patients ^(f) Private patients <i>Total</i> ^(g)	85 892 977	0 3 3	0 155 155	54 1,386 1,440	2 91 93	0 339 339	10 98 108	245 90,794 91,039	461 95,940 96,401
Palliative care	Public patients ^(f) Private patients <i>Total</i> ^(g)	26 40 66	0 0 0	1 6 7	9 17 26	2 1 3	2 1 3	812 1,786 2,598	552 2,669 3,221	1,875 4,613 6,488
Other non-acute ^(h) care	Public patients ^(f) Private patients <i>Total</i> ^(g)	208 411 619	0 0 0	2 9 11	33 96 129	0 2 2	0 1 1	29 65 94	58 7,385 7,443	357 8,197 8,554
Total	3,066	1,662	3	173	1,595	98	343	2,800	101,703	111,443

(a) Includes separations for which the care type was reported as Rehabilitation care, Palliative care, Psychogeriatric care, Geriatric evaluation and management or Maintenance care.

(b) Unless this is the usual place of residence (see text for exceptions).

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(e) Includes separations for which the mode of separation was Not reported.

(f) Includes separations for which the patient election status was Public and funding source was Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority, Other or Not reported.

(g) The total includes separations for which the patient election status was not reported.

(h) Includes separations for which the care type was reported as Psychogeriatric care, Geriatric evaluation and management or Maintenance care.

Table 7.14: Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2006-07

Rehabilitation care	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care ^(c)	Statistical discharge- type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Males										
Under 14	2	0	0	1	3	0	11	0	122	139
15-24	88	6	1	14	88	19	32	1	1,671	1,921
25-34	114	10	24	17	99	50	52	1	2,332	2,699
35-44	216	19	8	19	116	39	33	1	3,758	4,211
45-54	351	28	3	16	321	39	16	7	5,487	6,268
55-64	511	82	6	32	475	47	50	15	10,244	11,464
65-74	779	221	4	51	787	60	89	28	14,016	16,037
75-84	1,276	586	7	139	1,392	52	111	108	17,408	21,080
85 and over	651	528	8	108	779	18	60	109	6,217	8,480
Total	3,988	1,480	61	397	4,060	324	454	270	61,255	72,299
Females										
Under 14	2	0	0	0	4	0	1	0	139	146
15-24	51	2	0	2	16	7	41	1	1,918	2,038
25-34	57	5	1	3	48	18	21	0	2,303	2,458
35-44	114	13	1	7	72	23	38	2	3,429	3,699
45-54	196	31	2	10	161	14	22	8	6,556	7,002
55-64	384	58	3	14	333	38	42	8	11,675	12,555
65-74	824	225	4	67	716	36	59	31	16,172	18,138
75-84	1,667	1,035	15	202	1,601	64	187	79	26,427	31,282
85 and over	1,274	1,498	14	296	1,496	42	148	127	12,338	17,236
Total	4,569	2,867	40	601	4,447	242	559	256	80,957	94,554
Persons^(f)										
Under 14	4	0	0	1	7	0	12	0	261	285
15-24	139	8	1	16	104	26	73	2	3,589	3,959
25-34	171	15	25	20	147	68	73	1	4,635	5,157
35-44	332	32	9	26	188	151	71	3	7,455	8,269
45-54	547	59	5	26	482	53	38	15	12,043	13,270
55-64	895	140	9	46	808	85	92	23	21,919	24,019
65-74	1,604	446	8	118	1,503	96	148	59	30,188	34,176
75-84	2,943	1,621	22	341	3,003	116	298	187	43,835	52,372
85 and over	1,925	2,026	22	404	2,275	60	208	236	18,555	25,716
Total	8,560	4,347	101	998	8,517	655	1,013	526	142,480	167,223

Table 7.14 (continued): Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2006-07

Palliative care	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to an(other) psychiatric hospital	Discharge/ transfer to other health care ^(c)	Statistical discharge- type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Males										
Under 14	1	0	0	0	0	0	0	5	74	80
15-24	1	0	0	0	0	0	1	10	33	45
25-34	8	1	0	2	1	0	1	50	53	116
35-44	23	4	0	3	7	2	4	158	182	383
45-54	58	8	1	9	21	5	9	566	456	1,133
55-64	131	23	0	8	34	2	30	1,320	1,070	2,618
65-74	211	80	1	24	81	6	37	2,103	1,415	3,958
75-84	267	143	1	27	93	6	28	2,919	1,644	5,128
85 and over	178	84	0	14	41	1	6	1,237	349	1,910
Total	878	343	3	87	278	22	116	8,368	5,276	15,371
Females										
Under 14	1	0	0	0	0	0	0	5	32	38
15-24	3	0	0	0	0	0	1	15	15	34
25-34	7	0	0	1	2	1	2	43	64	120
35-44	20	5	0	7	7	2	4	167	259	471
45-54	61	4	0	12	16	5	8	550	710	1,366
55-64	109	17	0	11	45	2	20	1,021	911	2,136
65-74	110	62	0	24	72	8	19	1,508	1,047	2,850
75-84	265	132	0	32	100	5	19	2,161	1,012	3,726
85 and over	68	103	0	27	55	1	11	1,452	444	2,161
Total	644	323	0	114	297	24	84	6,922	4,494	12,902
Persons^(f)										
Under 14	2	0	0	0	0	0	0	10	106	118
15-24	4	0	0	0	0	0	2	25	48	79
25-34	15	1	0	3	3	1	3	93	117	236
35-44	43	9	0	10	14	4	8	325	441	854
45-54	119	12	1	21	37	10	17	1,116	1,166	2,499
55-64	240	40	0	19	79	4	50	2,341	1,981	4,754
65-74	321	142	1	48	153	14	56	3,611	2,462	6,808
75-84	532	275	1	59	193	11	47	5,080	2,656	8,854
85 and over	246	187	0	41	96	2	17	2,689	793	4,071
Total	1,522	666	3	201	575	46	200	15,290	9,770	28,273

(continued)

Table 7.14 (continued): Separations for non-acute care^(a), by sex, age group and mode of separation, all hospitals, Australia, 2006-07

Other non-acute care ^(b)	Discharge/ transfer to an(other) acute hospital	Discharge/ transfer to a residential aged care service ^(b)	Discharge/ transfer to psychiatric hospital	Discharge/ transfer to other health care ^(c)	Statistical discharge-type change	Left against medical advice/ discharge at own risk	Statistical discharge from leave	Died	Other ^(d)	Total ^(e)
Males										
Under 14	5	0	0	1	10	1	1	0	130	148
15-24	8	3	1	6	20	3	5	0	201	247
25-34	20	4	0	3	52	4	9	4	248	343
35-44	47	15	2	4	61	6	5	5	233	378
45-54	72	60	5	11	116	5	7	8	360	644
55-64	135	207	6	37	214	12	6	42	615	1,274
65-74	426	690	36	88	511	26	37	125	2,717	4,656
75-84	817	1,860	96	204	931	32	37	363	3,382	7,722
85 and over	422	1,388	53	169	575	13	9	378	1,466	4,473
Total	1,952	4,227	199	523	2,490	101	116	925	9,352	19,885
Females										
Under 14	3	0	0	0	10	0	0	0	121	134
15-24	9	1	0	0	9	0	1	0	159	179
25-34	7	4	1	1	28	2	4	0	194	241
35-44	22	10	0	5	36	3	0	3	302	382
45-54	53	52	6	5	47	3	5	12	352	535
55-64	93	136	4	32	155	3	9	23	549	1,004
65-74	326	562	38	55	307	15	39	72	3,807	5,221
75-84	927	2,340	109	255	991	29	34	279	5,443	10,407
85 and over	761	2,957	143	353	1,072	25	19	454	3,236	9,022
Total	2,201	6,062	301	706	2,655	80	111	843	14,163	27,125
Persons^(f)										
Under 14	8	0	0	1	20	1	1	0	251	282
15-24	17	4	1	6	29	3	6	0	360	426
25-34	27	8	1	4	80	5	13	4	443	585
35-44	69	25	2	9	97	9	5	8	535	760
45-54	125	112	11	16	163	8	12	20	712	1,179
55-64	228	343	10	69	369	15	15	65	1,164	2,278
65-74	752	1,252	74	143	818	41	76	197	6,524	9,877
75-84	1,744	4,200	205	459	1,922	61	71	642	8,826	18,130
85 and over	1,183	4,345	196	522	1,647	38	28	832	4,702	13,495
Total	4,153	10,289	500	1,229	5,145	181	227	1,768	23,517	47,012

(a) Includes separations for which the care type was reported as *Rehabilitation care*, *Palliative care*, *Psychogeriatric care*, *Geriatric evaluation and management* or *Maintenance care*.

(b) Unless this is the usual place of residence (see text for exceptions).

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(e) Includes separations for which the mode of separation was *Not reported*.

(f) The total includes separations for which the sex/age of the person was not reported.

(g) Includes separations where the care type was reported as *Psychogeriatric care*, *Geriatric evaluation and management* or *Maintenance care*.

Table 7.15: Separations^(a), by mode of admission and hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Admitted patient transferred from another hospital	82,453	58,447	27,638	27,813	16,731	3,009	2,312	331	218,734
Statistical admission: type change	19,589	10,453	13,632	7,771	3,169	1,592	3,305	933	60,444
Other ^(b)	1,320,821	1,245,016	743,360	415,312	368,536	83,408	70,150	84,549	4,331,152
Not reported	39,266	326	0	0	2,211	9,147	0	0	50,950
Total	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280
Private hospitals									
Admitted patient transferred from another hospital	30,286	25,786	16,154	5,632	5,608	n.p.	n.p.	n.p.	87,592
Statistical admission: type change	2,265	1,968	3,765	709	240	n.p.	n.p.	n.p.	19,144
Other ^(b)	775,154	733,663	722,095	282,822	223,400	n.p.	n.p.	n.p.	2,831,309
Not reported	671	0	0	0	76	n.p.	n.p.	n.p.	3,592
Total	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637
All hospitals									
Admitted patient transferred from another hospital	112,739	84,233	43,792	33,445	22,339	n.p.	n.p.	n.p.	306,326
Statistical admission: type change	21,854	12,421	17,397	8,480	3,409	n.p.	n.p.	n.p.	79,588
Other ^(b)	2,095,975	1,978,679	1,465,455	698,134	591,936	n.p.	n.p.	n.p.	7,162,461
Not reported	39,937	326	0	0	2,287	n.p.	n.p.	n.p.	54,542
Total	2,270,505	2,075,659	1,526,644	740,059	619,971	n.p.	n.p.	n.p.	7,602,917

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

(b) *Other* refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Table 7.16: Separations^(a), by mode of separation and hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an(other) acute hospital	98,426	84,446	43,193	19,127	20,854	3,523	3,552	3,215	276,336
Discharge/transfer to residential aged care service ^(b)	16,830	16,160	3,904	5,792	7,503	1,035	1,195	231	52,650
Discharge/transfer to an(other) psychiatric hospital	2,789	1,657	193	850	941	0	20	2	6,452
Discharge/transfer to other health care accommodation ^(c)	4,604	1,325	2,374	567	659	1,076	295	1,825	12,725
Statistical discharge: type change	18,671	10,485	13,698	8,050	3,155	1,618	3,442	899	60,018
Left against medical advice/discharge at own risk	15,527	4,768	6,472	3,580	2,556	466	190	2,476	36,035
Statistical discharge from leave	4,625	2	678	1,312	177	9	0	0	6,803
Died	23,241	15,070	9,121	4,032	4,623	1,537	815	467	58,906
Other ^(d)	1,277,354	1,180,329	704,997	407,586	350,139	87,892	66,257	76,698	4,151,252
Not reported	62	0	0	0	40	0	1	0	103
Total	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280
Private hospitals									
Discharge/transfer to an(other) acute hospital	16,797	14,911	12,011	2,580	4,259	n.p.	n.p.	n.p.	51,394
Discharge/transfer to residential aged care service ^(b)	1,317	2,210	1,180	1,122	1,203	n.p.	n.p.	n.p.	7,194
Discharge/transfer to an(other) psychiatric hospital	50	12	3	38	27	n.p.	n.p.	n.p.	130
Discharge/transfer to other health care accommodation ^(c)	554	0	571	7	80	n.p.	n.p.	n.p.	1,521
Statistical discharge: type change	2,211	2,169	3,775	776	285	n.p.	n.p.	n.p.	9,226
Left against medical advice/discharge at own risk	518	459	205	118	35	n.p.	n.p.	n.p.	1,338
Statistical discharge from leave	0	0	411	25	0	n.p.	n.p.	n.p.	436
Died	2,129	3,107	4,777	1,881	1,285	n.p.	n.p.	n.p.	13,534
Other ^(d)	784,800	738,549	719,081	282,616	222,114	n.p.	n.p.	n.p.	2,856,828
Not reported	0	0	0	0	36	n.p.	n.p.	n.p.	36
Total	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637

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

(b) Unless this is the usual place of residence (see text for exceptions).

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) Includes discharge to usual residence/own accommodation/Welfare institution (including prisons, hostels and group homes providing primarily welfare services).

Table 7.17: Separations^(a), by inter-hospital contracted patient status and hospital sector, states and territories, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Inter-hospital contracted patient from public sector	3,111	16	0	7,733	2,548	0	0	1,447	14,855
Inter-hospital contracted patient from private sector	0	69	0	1	0	0	0	28	98
Not inter-hospital contracted patient	1,459,018	1,313,831	784,630	443,162	388,099	97,156	75,767	84,338	4,646,001
Not reported	0	326	0	0	0	0	0	0	326
<i>Total</i>	<i>1,462,129</i>	<i>1,314,242</i>	<i>784,630</i>	<i>450,896</i>	<i>390,647</i>	<i>97,156</i>	<i>75,767</i>	<i>85,813</i>	<i>4,661,280</i>
Private hospitals									
Inter-hospital contracted patient from public sector	21,795	262	4,239	2,335	702	n.p.	n.p.	n.p.	32,891
Inter-hospital contracted patient from private sector	0	1	3,029	0	0	n.p.	n.p.	n.p.	3,030
Not inter-hospital contracted patient	786,581	760,116	734,735	286,828	228,622	n.p.	n.p.	n.p.	2,893,465
Not reported	0	1,038	11	0	0	n.p.	n.p.	n.p.	12,251
<i>Total</i>	<i>808,376</i>	<i>761,417</i>	<i>742,014</i>	<i>289,163</i>	<i>229,324</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,941,637</i>
All hospitals									
Inter-hospital contracted patient from public sector	24,906	278	4,239	10,068	3,250	n.p.	n.p.	n.p.	47,746
Inter-hospital contracted patient from private sector	0	70	3,029	1	0	n.p.	n.p.	n.p.	3,128
Not inter-hospital contracted patient	2,245,599	2,073,947	1,519,365	729,990	616,721	n.p.	n.p.	n.p.	7,539,466
Not reported	0	1,364	11	0	0	n.p.	n.p.	n.p.	12,577
Total separations	2,270,505	2,075,659	1,526,644	740,059	619,971	n.p.	n.p.	n.p.	7,602,917

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

Table 7.18: Separations^(a), by urgency of admission and hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Emergency	681,230	474,563	340,415	170,697	161,833	42,417	29,305	29,525	1,929,985
Surgical ^(b)	73,379	51,826	33,400	23,672	18,553	5,856	5,108	3,495	215,289
Other ^(b)	607,851	422,737	307,015	147,025	143,280	36,561	24,197	26,030	1,714,696
Elective	607,088	748,756	207,520	153,228	136,571	33,189	19,559	24,453	1,930,364
Surgical ^(b)	188,274	187,913	108,283	63,532	60,833	12,197	9,547	5,262	635,841
Other ^(b)	418,814	560,843	99,237	89,696	75,738	20,992	10,012	19,191	1,294,523
Not assigned	173,229	90,597	236,695	126,971	92,243	21,542	26,903	31,835	800,015
Not reported	582	326	0	0	0	8	0	0	916
<i>Total</i>	<i>1,462,129</i>	<i>1,314,242</i>	<i>784,630</i>	<i>450,896</i>	<i>390,647</i>	<i>97,156</i>	<i>75,767</i>	<i>85,813</i>	<i>4,661,280</i>
Private hospitals									
Emergency	38,617	36,877	72,165	16,636	30,480	n.p.	n.p.	n.p.	204,027
Surgical ^(b)	10,689	6,291	10,566	3,330	7,310	n.p.	n.p.	n.p.	41,296
Other ^(b)	27,928	30,586	61,599	13,306	23,170	n.p.	n.p.	n.p.	162,731
Elective	721,520	703,770	536,684	225,357	173,502	n.p.	n.p.	n.p.	2,446,096
Surgical ^(b)	326,851	263,986	253,530	110,710	90,905	n.p.	n.p.	n.p.	1,088,531
Other ^(b)	394,669	439,784	283,154	114,647	82,597	n.p.	n.p.	n.p.	1,357,565
Not assigned	48,239	20,770	133,165	47,170	25,342	n.p.	n.p.	n.p.	280,300
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	11,214
<i>Total</i>	<i>808,376</i>	<i>761,417</i>	<i>742,014</i>	<i>289,163</i>	<i>229,324</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,941,637</i>
All hospitals									
Emergency	719,847	511,440	412,580	187,333	192,313	n.p.	n.p.	n.p.	2,134,012
Surgical ^(b)	84,068	58,117	43,966	27,002	25,863	n.p.	n.p.	n.p.	256,585
Other ^(b)	635,779	453,323	368,614	160,331	166,450	n.p.	n.p.	n.p.	1,877,427
Elective	1,328,608	1,452,526	744,204	378,585	310,073	n.p.	n.p.	n.p.	4,376,460
Surgical ^(b)	515,125	451,899	361,813	174,242	151,738	n.p.	n.p.	n.p.	1,724,372
Other ^(b)	813,483	1,000,627	382,391	204,343	158,335	n.p.	n.p.	n.p.	2,652,088
Not assigned	221,468	111,367	369,860	174,141	117,585	n.p.	n.p.	n.p.	1,080,315
Not reported	582	326	0	0	0	n.p.	n.p.	n.p.	12,130
Total separations	2,270,505	2,075,659	1,526,644	740,059	619,971	n.p.	n.p.	n.p.	7,602,917

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

(b) Separations have been categorised as *Surgical* or *Other* based on the AR-DRG classification recorded for the separation. *Other* includes AR-DRGs in the *Medical* and *Other* partitions.

Table 7.19: Separations^(a) with hospital-in-the-home care, by hospital sector, states and territories, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Separations									
Same-day	n.a.	8,627	98	15	912	n.a.	0	3	9,655
Overnight	n.a.	32,239	1,027	4,087	5,668	n.a.	922	596	44,539
Hospital-in-the-home days	n.a.	193,079	11,319	46,960	48,064	n.a.	8,577	5,025	313,024
<i>Total patient days</i>	<i>n.a.</i>	<i>289,668</i>	<i>14,640</i>	<i>72,523</i>	<i>73,027</i>	<i>n.a.</i>	<i>12,206</i>	<i>7,553</i>	<i>469,617</i>
Private hospitals									
Separations									
Same-day	n.a.	462	74	3	1,493	n.a.	n.p.	n.p.	n.p.
Overnight	n.a.	1,789	81	136	52	n.a.	n.p.	n.p.	n.p.
Hospital-in-the-home days	n.a.	28,713	3,735	1,102	1,779	n.a.	n.p.	n.p.	n.p.
<i>Total patient days</i>	<i>n.a.</i>	<i>32,372</i>	<i>3,780</i>	<i>2,582</i>	<i>1,779</i>	<i>n.a.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
All hospitals									
Separations									
Same-day	n.a.	9,089	172	18	2,405	n.a.	n.p.	n.p.	n.p.
Overnight	n.a.	34,028	1,108	4,223	5,720	n.a.	n.p.	n.p.	n.p.
Hospital-in-the-home days	n.a.	221,792	15,054	48,062	49,843	n.a.	n.p.	n.p.	n.p.
Total patient days	n.a.	322,040	18,420	75,105	74,806	n.a.	n.p.	n.p.	n.p.

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

8 Demographic profile for admitted patients

Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 2006–07. Included is information on patients' sex, age, Indigenous status and country of birth, together with information on the state, remoteness and socioeconomic advantage/disadvantage of their area of usual residence.

The age-standardised rates in this chapter were derived using 30 June 2006 population estimates for Indigenous peoples and other Australians (tables 8.7 and 8.8), Remoteness Areas (Table 8.12) and quintiles of socioeconomic advantage/disadvantage (Table 8.13) because 31 December (mid-year) population estimates were not available for these population groups. Country of birth groups (Table 8.10) used 30 June 2004 population estimates. There will thus be small discrepancies between the age-standardised separation rates reported in these tables and the rates reported for state or territory of usual residence (Table 8.11) and those reported in chapters 2, 4 and 7 which were based on 31 December 2006 estimates (see Appendix 1).

Age group and sex

Data on the sex of each patient were reported to the National Hospital Morbidity Database as male, female, indeterminate or not stated/inadequately described. The AIHW calculated the age of the patient by subtracting the date of birth from the date of admission. The 474 separations for patients who were not reported as male or female and the 23 separations for which age was not reported are included in the totals of tables in this chapter.

Changes between 2002–03 and 2006–07

The increases in separations (15.2%) in private hospitals between 2002–03 and 2006–07 were attributable more to males (16.2%) than to females (14.4%) and were most heavily influenced by separation rates recorded for age groups 55 years and above (Table 8.1). Patient days increased by a similar proportion (5.2%) for both males and females (Table 8.4).

Private hospital separations increased for all age groups over 34 years. The increases in separations were most pronounced for patients aged 55 years and over, particularly for those aged 55–64 years (an increase of 31.3%) and the 85 and over group (42.7%). The increase for the 85 and over group was strongly driven by a 63.2% increase in male hospital separations for this age group. The increases in private hospital patient days were also most pronounced for patients aged 55–64 years (19.7%) and 85 and over (20.4%)(Table 8.4). Private hospital patient days were down for patients aged 1–4 (11.3%) and 5–14 (13.2%).

The smaller increase in public hospital separations (13.9%) over this period was more attributable to males (15.5%) than to females (12.5%) and to older patients, particularly those aged 55 years and over (Table 8.1). Patient days increased by 4.1% for females and by 8.5%

for males (Table 8.4). In Public hospitals, separations increased by 25.0% for patients aged 75–84 years and by 25.3% for those aged 85 years and over, but decreased by 4.3% for children aged 1 to 4 years. Patient days decreased for patients aged 1–34 years.

Sex and age profiles in 2006–07

Nationally, separations per 1,000 population were higher for females than for males in all age groups from 15 to 54 years in 2006–07 (Figure 6 in Hospitals at a glance).

Females outnumbered males in separations from public hospitals (2,401,439 separations, 51.5% of total) and from private hospitals (1,619,489 separations, 55.1% of total) in 2006–07 (tables 8.2 and 8.3). There were more public hospital separations for females than males in all age groups in the 15–44 years range, and in all age groups from 15–54 years in private hospitals. These age groups include the child-bearing ages for women. In the 85 years and over age group, there were more separations for females than males for both public and private hospitals.

Females also accounted for more patient days than did males (tables 8.5 and 8.6). In public hospitals, they accounted for 51.4% (8,961,104) of patient days, and for more patient days than males in the age range from 15 to 44 years and 75 years and over. In private hospitals, females accounted for 58.0% (4,338,035) of patient days, and for more patient days than males in age groups in the 15–64 years range and 75 years and over.

Persons aged 55 years and over accounted for a large proportion of admitted patient activity across the combined sectors in 2006–07. They accounted for 23.9% of the estimated resident population at 30 June 2006 and contributed 51.7% of separations (over 3.9 million) and 60.5% of patient days (over 15.1 million) (tables 8.2, 8.3, 8.5 and 8.6). Persons over 64 years of age also had more separations per 1,000 population than any other age. Persons aged 75 years and over had higher average lengths of stay than any age group other than children under 1 year old (figures 6 and 8 in 'Hospitals at a glance').

Indigenous status

Tables 8.7, 8.8 and 8.9 contain summary statistics on separations by Indigenous status as supplied by states and territories as defined in the *National health data dictionary* definition (HDSC 2006). Information by Indigenous status is also provided in Chapter 5 Non-admitted patient care, Chapter 9 Principal diagnoses for admitted patients and Chapter 10 Procedures for admitted patients.

The quality of Indigenous status data in the National Hospital Morbidity Database is variable, so the data in this chapter should be used with caution.

The AIHW report *Improving the quality of Indigenous identification in hospital separations data* (AIHW 2005c) recommended that when using Indigenous status information for analytical purposes, the data for only Queensland, Western Australia, South Australia, and for Public hospitals in the Northern Territory, should be used.

In 2007, an audit was performed to assess the level of identification of Indigenous patients in all states and territories. The results of the audit confirmed the inclusion of data for Queensland, Western Australia, South Australia and the Northern Territory, and also concluded that the level of identification of Indigenous patients in New South Wales and Victoria had improved to the point where data from these two states could now be included

in these analyses. The AIHW will publish details of the audit in 2008, including the methodology and results for all states and territories.

Tables 8.7 and 8.8, therefore, include an additional column which provides subtotals and separation rates for the six jurisdictions with data of sufficient quality (as above). Table 8.9 and Figure 8.1 include data from these six jurisdictions only. Data for the Northern Territory in these analyses are for public hospitals only. Note that data for the six jurisdictions are not necessarily representative of all states and territories.

The 2005 report also recommended that data for all jurisdictions be shown to provide information on the number of overnight and total separations for Indigenous patients and for monitoring data quality. Hence, data for public hospitals in Tasmania and the Australian Capital Territory are included in tables 8.7 and 8.8, although separation rates are not published for those jurisdictions. These tables present the categories *Aboriginal but not Torres Strait Islander origin*, *Torres Strait Islander but not Aboriginal origin*, *Aboriginal and Torres Strait Islander origin*, *Neither Aboriginal nor Torres Strait Islander origin*, and *Not reported*.

For the six jurisdictions, age-standardised separation rates per 1,000 population are presented for the three Indigenous categories in aggregate and for *Other Australians* (including those whose status was *Not reported*). Also presented are rate ratios for the age-standardised separation rates for persons identified as *Indigenous Australian* compared with those for *Other Australians*. A rate ratio greater than 1.0 indicates a higher separation rate for *Indigenous Australians* than for *Other Australians*. These rates are influenced by the quality of the data on Indigenous status, which varied among the states and territories, as described below.

For 2006–07, there were 258,611 separations for patients reported as *Indigenous Australian*. About 99% of these separations were reported for the six jurisdictions with data of sufficient quality. The six-jurisdictions-only data show that 92.0% of separations for *Indigenous Australians* were reported as *Aboriginal but not Torres Strait Islander origin*, 4.9% were reported as *Torres Strait Islander but not Aboriginal origin* and 3.1% were reported as *Aboriginal and Torres Strait Islander origin*. Over 94% of separations of *Indigenous Australians* in 2006–07 were from the public sector (239,586), whereas 60.1% of separations for *Other Australians* were from the public sector.

For the six jurisdictions combined, there were 868.3 separations per 1,000 population of *Indigenous Australians* reported in 2006–07. This was almost two and a half times the separation rate for *Other Australians* (352.6). About four-fifths of the difference between these rates was attributable to higher separation rates for *Indigenous Australians* with a principal diagnosis of *Care involving dialysis (Z49)* or with a procedure of *Haemodialysis (Block 1060)* (see tables 9.22 and 10.20). The Northern Territory reported the largest number of separations of *Indigenous Australians* per 1,000 Indigenous population (1,584.8), followed by Western Australia (1,101.1). The Northern Territory also reported the largest rate ratio for separations (6.8), indicating that the separation rate for *Indigenous Australians* was 6.8 times the rate for *Other Australians*.

For the six jurisdictions, 41.7% of separations for patients reported as *Indigenous Australians* in 2006–07 were for overnight stays (105,957) (Table 8.8), and 1.3% of overnight separations of *Indigenous Australians* were from the private sector (1,349). There were 298.6 overnight separations of *Indigenous Australians* reported per 1,000 Indigenous population. This was almost twice the rate for *Other Australians* (156.8). The Northern Territory reported the highest rate of overnight separations for *Indigenous Australians* per 1,000 Indigenous population (380.6) along with the largest separation rate ratio for overnight separations (3.0).

Table 8.9 contains separation data for the six jurisdictions by Indigenous status, age group and sex in 2006–07. The proportion of separations for *Indigenous Australian* females (56.6%) was higher than that for *Other Australian* females (52.8%). A higher proportion of separations reported for *Indigenous Australians* in 2006–07 were for those aged 64 years and under, compared with separations for *Other Australians*. Only 11.2% of separations for *Indigenous Australians* were reported among those aged 65 years and over, compared with 36.9% of separations for *Other Australians*.

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

Quality of Indigenous status data

Overall, the quality of the data provided for Indigenous status in 2006–07 is considered to be in need of some improvement, being considered acceptable by New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. Data on Indigenous status in this chapter should therefore be interpreted with some caution.

As mentioned above, New South Wales conducted an audit of the admitted patient data collection in March/April 2007. The audit covered 20 hospitals drawn from metropolitan, inner regional, outer regional and remote locations, and involved a face to face interview of some 3,000 patients. The audit resulted in a completeness rating of Indigenous identification of 82% in metropolitan hospitals to 100% in remote hospitals, with a state average of 89%. The outcome of the audit has resulted in a decision to include New South Wales Indigenous hospital data in national publications from 2004–05 onwards.

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Indigenous status data for 2006–07 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. Since 2004–05, additional Aboriginal Hospital Liaison Officers and Policy/Planning Officers have been employed and at many hospitals the quality of Indigenous status data has improved. As noted above, the recent audit of Indigenous identification in hospital separations data found that the quality of identification in Victoria had improved sufficiently to be included in national reporting from 2004–05 onwards.

Queensland Health notes that for the 2006–07 financial year, Indigenous status was not reported for 6.4 per cent of admitted patient separations (1.8 per cent of public hospital separations and 11.3 per cent of private hospital separations). The level of non-reporting of Indigenous status in public hospitals remained virtually the same as that reported in the 2005–06 financial year, but for private hospitals the level of non-reporting increased slightly. Available evidence continues to suggest that the number of Indigenous separations is significantly understated in the Queensland hospital morbidity data due to non-reporting as well as misreporting of Indigenous status. Queensland Health is committed to continuing to address these issues.

The Western Australian Department of Health regards its Indigenous status data as being of a good quality. Quality improvement activities, including cross-referencing between metropolitan and country hospitals, continue to enhance the accuracy of this data element.

The South Australian Department of Health regards its 2006–07 Indigenous status data as suitable for inclusion in national statistical reports. It is known that standards for identification are better in country hospitals than metropolitan hospitals, and that adoption of the national standard is variable amongst health care units. As a result the Department initiated a project to improve compliance with the national standard. Greater compliance was achieved in 2006–07, and is expected to increase further in 2007–08. For a number of years a 30% loading has been applied to casemix payments for Indigenous separations in public hospitals, which acts as an incentive for improved identification.

The Tasmanian Department of Health and Human Services reports that the quality of Indigenous status data improved in 2006–07 and the number of separations where Indigenous status was not stated improved in both sectors. The Department is continuing to monitor and implement actions to improve the coverage and quality of Indigenous data in both the public and private sectors.

The Australian Capital Territory Department of Health notes that the level of reporting of Indigenous status for 2006–07 appears to be on a par with reporting to 2005–06. It is understood that Indigenous status continues to be under-reported.

The Northern Territory Department of Health and Community Services reported that the quality of its 2006–07 Indigenous status data is considered to be acceptable. The Department retains historical reporting of Indigenous status and individual client systems receive a report (for follow up) of individuals who have reported their Indigenous status as *Aboriginal* on one occasion and as *Torres Strait Islander* on another. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Country of birth

In 2006–07, all states and territories supplied country of birth details coded to the Australian Bureau of Statistics' Standard Australian Classification of Countries (SACC) as specified in the *National health data dictionary, version 12 supplement* (AIHW 2004b).

Australian-born patients accounted for 72.7% (5,528,772) of total separations, 71.5% in the public sector and 74.7% in the private sector (Table 8.10). The age-standardised separation rate for the Australian-born population was higher (379.6 per 1,000 population) than that for the overseas-born population (315.9 per 1,000). Persons born in North-East Asia had the lowest separation rate at 242.4 per 1,000 population.

Country of birth groups differed markedly in the proportion of their total separations within the public sector. Some 60% of separations of Australian-born patients were in the public sector, as were over 75% of separations for patients born in Fiji, Samoa, Croatia, Greece, Lebanon, Philippines and Vietnam. Fewer than 50% of separations for patients born in Hong Kong and Macau, the United States of America and South Africa were in the public sector.

Area of usual residence

The *National health data dictionary* specifies that data on the usual residence of patients should be provided as the state or territory and the Statistical Local Area (SLA) of usual residence. Patients' SLAs have been assigned to Remoteness Areas to enable reporting of hospital separations by Remoteness Area of usual residence. Details of the data provided by states

and territories and the mapping process conducted by the AIHW to assign 2006 SLA codes and Remoteness Area categories to separation records can be found in Appendix 1.

Patients' SLAs have also been assigned to categories of the Index of Advantage/Disadvantage, one of a set of Socio-Economic Indexes for Areas 2006 (termed 'SEIFA 2006') constructed by the Australian Bureau of Statistics based on data from the 2006 population census (ABS 2008). SEIFA 2006 is discussed in more detail in Appendix 1.

Tables 8.11, 8.12 and 8.13 present selected separation statistics by hospital sector and same-day status for each state or territory of usual residence, Remoteness Area of usual residence and quintile of socioeconomic advantage/disadvantage. The age-standardised separation rates presented in these tables take into account the different age structures of the populations of the states and territories, Remoteness Areas and quintiles of socioeconomic advantage/disadvantage.

State or territory of usual residence

Table 8.11 presents the number of separations, the separation rate per 1,000 population, the standardised separation rate ratio (SRR) and the 95% confidence interval of the SRR for each state and territory of usual residence. The SRR is the separation rate for the population of interest divided by the separation rate for Australia as a whole. Appendix 1 provides more information on the SRR.

Residents of the Northern Territory had the highest separation rate for public hospitals, 467.4 per 1,000 population. The SRR for residents of the Northern Territory in public hospitals was 2.15, that is, persons usually resident in the Northern Territory had a total separation rate in public hospitals that was 115% higher than the national rate. Among those jurisdictions for which information was published, residents of Queensland had the highest separation rate for private hospitals, 172.1 per 1,000 population. Residents of the Northern Territory had the highest overnight separation rate, 214.4 per 1,000 population.

Remoteness Areas

Table 8.12 presents the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR for each Remoteness Area. Persons usually resident in Very Remote areas had 504.5 separations per 1,000 population, compared with 357.0 separations per 1,000 population nationwide. The SRR of 1.41 for persons usually resident in Very Remote areas indicates that their separation rate was 41% higher than the national separation rate. The 95% confidence interval applying to this SRR indicates that the difference in the separation rates was statistically significant.

The separation rate for public hospitals was also highest for usual residents of Very Remote areas (454.1 separations per 1,000 population), and the separation rate for private hospitals was highest for usual residents of Major Cities (152.3 separations per 1,000 population) and lowest for Very Remote areas (50.4 separations per 1,000 population).

Socioeconomic advantage/disadvantage

The Index of Advantage/Disadvantage (from SEIFA 2006) used in this report is categorised into quintiles containing approximately 20% of the total Australian population. Table 8.13

presents for each quintile the number of separations, the separation rate per 1,000, the SRR and the 95% confidence interval of the SRR.

Each quintile accounted for between 18.7% and 21.8% of total hospital separations. However, SRRs were statistically different among the quintiles, ranging from 1.08 for the *Most disadvantaged* to 0.97 for the *Most advantaged*.

Use of the public and private hospital sectors was also not evenly spread across the quintiles. The *Most disadvantaged* quintile accounted for 26.9% of separations from public hospitals and 13.8% of separations from private hospitals. In contrast, the *Most advantaged* quintile accounted for 13.1% of separations from public hospitals and 29.5% of separations from private hospitals. Reflecting this, the SRRs for separations from public hospitals decreased progressively from 1.33 for the *Most disadvantaged* quintile to 0.66 for the *Most advantaged* quintile. For private hospitals, the SRRs increased progressively from 0.68 for the *Most disadvantaged* quintile to 1.48 for the *Most advantaged* quintile. The 95% confidence intervals applying to these SRRs indicate that the differences in separation rates from the national rate were statistically significant in all cases.

These relationships are evident in the proportion of public hospital patients within the separations of each quintile. Public hospital patients accounted for 75.5% of separations in the *Most disadvantaged* quintile and 41.4% of separations in the *Most advantaged* quintile.

The SRRs for same-day separations and overnight separations were also unevenly spread across the quintiles. In particular, the SRRs for overnight separations ranged between 1.14 for the *Most disadvantaged* quintile and 0.88 for the *Most advantaged* quintile.

Additional data

Accompanying tables on the Internet at <www.aihw.gov.au> provide information on separations and patient days by 5-year age group, sex, hospital sector and state/territory.

Table 8.1: Separations^(a), by age group, sex and hospital sector, Australia, 2002-03 to 2006-07

Sex	Age group	Private hospitals											Public hospitals											Change 2002-03 to 2006-07 (per cent)
		2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07			
Females	Under 1	9,596	9,258	8,549	8,617	9,208	50,388	50,915	47,708	50,547	51,473	50,388	50,915	47,708	50,547	51,473	59,431	59,733	56,511	57,760	57,430	2.2		
	1-4	13,056	12,058	11,902	11,767	11,513	-4.0	-11.8	-11.8	59,431	59,733	59,431	59,733	56,511	57,760	57,430	72,801	73,408	74,422	75,277	76,854	-3.4		
	5-14	24,468	23,379	23,384	23,498	22,709	-7.2	7.7	7.7	205,778	208,857	205,778	208,857	212,048	218,744	224,352	341,094	342,996	345,143	357,690	360,874	5.6		
	15-24	97,724	97,019	98,920	103,046	105,216	0.9	12.8	12.8	245,903	248,933	245,903	248,933	255,842	266,199	280,725	229,325	235,139	239,259	247,949	257,045	9.0		
	25-34	198,321	194,978	195,885	196,946	196,449	-0.9	10.7	10.7	242,064	252,550	242,064	252,550	254,879	269,403	290,579	285,697	294,868	298,652	306,785	323,299	5.8		
	35-44	205,990	207,170	218,718	225,395	232,398	12.8	31.5	31.5	229,325	235,139	229,325	235,139	239,259	247,949	257,045	294,868	298,652	306,785	323,299	327,023	14.2		
	45-54	219,913	225,615	230,407	234,971	243,382	10.7	19.3	19.3	285,697	294,868	285,697	294,868	298,652	306,785	323,299	314,400	327,023	339,456	351,881	362,105	18.2		
	55-64	210,069	228,225	240,426	259,411	276,141	17.2	28.2	28.2	125,113	129,222	125,113	129,222	131,679	142,336	151,781	2,134,266	2,188,007	2,215,998	2,307,093	2,401,439	21.3		
	65-74	188,927	197,423	206,536	214,537	225,418	14.4	2.1	2.1	1,415,954	1,458,449	1,415,954	1,458,449	1,510,034	1,566,552	1,619,489	2,134,266	2,188,007	2,215,998	2,307,093	2,401,439	12.5		
	75-84	188,606	201,097	210,725	217,958	221,080	28.2	14.4	14.4	1,415,954	1,458,449	1,415,954	1,458,449	1,510,034	1,566,552	1,619,489	2,134,266	2,188,007	2,215,998	2,307,093	2,401,439	12.5		
	85 and over	59,283	62,226	64,582	70,406	75,975	14.4	2.1	2.1	1,415,954	1,458,449	1,415,954	1,458,449	1,510,034	1,566,552	1,619,489	2,134,266	2,188,007	2,215,998	2,307,093	2,401,439	12.5		
Total^(b)		1,415,954	1,458,449	1,510,034	1,566,552	1,619,489	14.4	2.1	2.1	1,415,954	1,458,449	1,510,034	1,566,552	1,619,489	2,134,266	2,188,007	2,215,998	2,307,093	2,401,439	12.5				
Males	Under 1	14,559	14,546	14,147	13,732	14,254	-2.1	-5.5	-5.5	66,300	68,181	66,300	68,181	63,576	66,427	68,782	69,490	79,184	79,490	79,530	3.7			
	1-4	19,051	18,469	18,777	18,239	18,003	-5.5	-7.6	-7.6	83,661	83,513	83,661	83,513	79,184	79,490	79,530	102,365	102,632	104,201	105,436	-4.9			
	5-14	28,679	27,490	27,249	27,423	26,502	-7.6	5.6	5.6	102,365	123,883	102,365	123,883	125,517	132,231	135,928	121,613	123,883	125,517	132,231	135,928	3.0		
	15-24	61,937	61,253	62,871	65,118	65,410	5.6	-3.4	-3.4	160,929	197,798	160,929	197,798	202,215	210,167	160,425	160,929	197,798	202,215	210,167	160,425	11.8		
	25-34	73,136	70,142	70,551	70,775	70,639	-3.4	6.3	6.3	235,611	243,517	235,611	243,517	247,860	264,058	276,744	235,611	243,517	247,860	264,058	276,744	17.5		
	35-44	115,008	114,299	116,798	118,227	118,177	2.8	31.2	31.2	288,891	300,081	288,891	300,081	314,858	334,406	356,235	300,081	300,081	314,858	334,406	356,235	23.3		
	45-54	170,738	172,517	175,977	177,177	181,562	6.3	24.4	24.4	355,593	358,241	355,593	358,241	365,658	380,032	401,573	358,241	358,241	365,658	380,032	401,573	12.9		
	55-64	214,389	231,790	249,529	266,680	281,310	24.4	15.2	15.2	274,878	298,531	274,878	298,531	318,299	339,456	362,105	298,531	298,531	318,299	339,456	362,105	31.7		
	65-74	199,299	212,264	222,816	236,289	248,024	15.2	63.2	63.2	71,580	74,792	71,580	74,792	78,855	86,881	94,596	74,792	74,792	78,855	86,881	94,596	32.2		
	75-84	198,885	212,448	222,460	225,822	229,131	16.2	16.2	16.2	1,956,492	2,012,473	1,956,492	2,012,473	2,060,353	2,158,917	2,259,407	2,012,473	2,012,473	2,060,353	2,158,917	2,259,407	15.5		
	85 and over	42,345	47,001	51,208	59,849	69,096	63.2	-2.9	-2.9	116,696	119,100	116,696	119,100	111,287	116,978	120,260	119,100	119,100	111,287	116,978	120,260	3.1		
Total^(b)		1,138,028	1,182,219	1,232,383	1,279,331	1,322,108	16.2	-8.1	-8.1	143,094	143,246	143,094	143,246	135,696	137,252	136,960	143,246	143,246	135,696	137,252	136,960	-4.3		
Persons^(b)	Under 1	24,171	23,831	22,700	22,360	23,468	-2.9	-7.4	-7.4	175,124	176,775	175,124	176,775	177,056	179,478	182,292	176,775	176,775	177,056	179,478	182,292	4.1		
	1-4	32,108	30,530	30,679	30,006	29,516	-8.1	6.9	6.9	327,398	332,741	327,398	332,741	337,566	350,976	360,281	332,741	332,741	337,566	350,976	360,281	10.0		
	5-14	53,147	50,873	50,633	50,922	49,212	-7.4	-1.6	-1.6	502,026	503,568	502,026	503,568	506,836	519,258	521,305	503,568	503,568	506,836	519,258	521,305	3.8		
	15-24	159,662	158,273	161,791	168,170	170,635	6.9	9.2	9.2	441,062	446,743	441,062	446,743	458,062	476,366	499,137	446,743	446,743	458,062	476,366	499,137	13.2		
	25-34	271,459	265,121	266,436	267,721	267,098	-1.6	8.8	8.8	464,939	478,657	464,939	478,657	487,124	512,012	533,792	478,657	478,657	487,124	512,012	533,792	14.8		
	35-44	321,001	321,469	335,517	343,624	350,579	9.2	31.3	31.3	530,957	552,635	530,957	552,635	569,746	603,812	646,814	552,635	552,635	569,746	603,812	646,814	21.8		
	45-54	390,654	398,133	406,384	412,149	424,948	8.8	21.9	21.9	641,300	653,112	641,300	653,112	664,323	686,819	724,873	653,112	653,112	664,323	686,819	724,873	13.0		
	55-64	424,461	460,015	489,956	526,092	557,452	31.3	16.2	16.2	551,500	589,925	551,500	589,925	618,162	653,856	689,166	589,925	589,925	618,162	653,856	689,166	25.0		
	65-74	388,228	409,689	429,352	450,828	473,443	21.9	42.7	42.7	196,694	204,014	196,694	204,014	210,547	229,217	246,377	204,014	204,014	210,547	229,217	246,377	25.3		
	75-84	387,492	413,546	433,187	443,780	450,212	16.2	15.2	15.2	2,554,015	2,640,708	2,554,015	2,640,708	2,742,425	2,845,907	2,941,637	2,640,708	2,640,708	2,742,425	2,845,907	2,941,637	13.9		
	85 and over	101,629	109,227	115,790	130,255	145,074	42.7	15.2	15.2	2,554,015	2,640,708	2,554,015	2,640,708	2,742,425	2,845,907	2,941,637	2,640,708	2,640,708	2,742,425	2,845,907	2,941,637	13.9		

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

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

Table 8.2: Separations^(a), by age group and sex, public hospitals, states and territories, 2006-07

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	16,264	14,842	9,309	3,994	4,094	1,007	748	1,215	51,473
	1-4	20,328	13,278	10,959	5,130	5,011	849	688	1,187	57,430
	5-14	25,346	19,021	15,404	7,228	6,105	1,437	1,129	1,184	76,854
	15-24	67,292	54,344	47,871	22,490	18,893	5,132	3,256	5,074	224,352
	25-34	112,659	101,912	66,057	34,015	27,218	7,142	5,619	6,252	360,874
	35-44	81,691	81,028	47,951	28,519	23,282	5,946	4,685	7,623	280,725
	45-54	69,257	73,180	44,260	27,932	22,726	6,134	3,581	9,975	257,045
	55-64	82,197	84,857	49,282	29,961	23,141	7,076	4,710	9,355	290,579
	65-74	104,602	94,648	50,341	29,389	27,540	7,017	5,398	4,364	323,299
	75-84	116,434	94,050	43,740	31,354	29,605	5,969	4,565	1,306	327,023
85 and over	59,418	41,162	19,346	13,952	12,702	2,921	1,982	298	151,781	
Total^(b)		755,492	672,322	404,520	233,964	200,317	50,630	36,361	47,833	2,401,439
Males	Under 1	22,095	19,996	12,109	5,560	5,342	1,300	979	1,401	68,782
	1-4	27,788	18,527	15,059	7,364	6,948	1,296	1,004	1,544	79,530
	5-14	36,299	25,510	20,371	10,164	8,039	2,003	1,575	1,475	105,436
	15-24	43,499	34,187	27,033	13,318	10,589	2,763	2,394	2,145	135,928
	25-34	49,406	43,269	29,439	15,398	12,577	3,869	3,142	3,325	160,425
	35-44	63,909	59,968	37,290	23,693	18,240	4,052	3,771	7,125	218,048
	45-54	79,856	76,915	49,419	28,088	22,913	5,624	5,016	8,913	276,744
	55-64	102,675	103,977	61,708	36,003	30,985	7,714	6,958	6,215	356,235
	65-74	124,344	122,981	64,158	36,725	33,576	8,563	6,990	4,236	401,573
	75-84	121,369	110,538	51,091	32,455	31,588	7,111	6,537	1,416	362,105
85 and over	34,964	26,051	12,432	8,164	9,531	2,230	1,040	184	94,596	
Total^(b)		706,209	641,979	380,109	216,932	190,328	46,525	39,406	37,979	2,259,407
Persons^(b)	Under 1	38,361	34,838	21,419	9,554	9,438	2,307	1,727	2,616	120,260
	1-4	48,116	31,805	26,018	12,494	11,959	2,145	1,692	2,731	136,960
	5-14	61,646	44,531	35,775	17,392	14,144	3,441	2,704	2,659	182,292
	15-24	110,792	88,531	74,904	35,808	29,482	7,895	5,650	7,219	360,281
	25-34	162,070	145,181	95,496	49,413	39,795	11,011	8,761	9,578	521,305
	35-44	145,963	140,997	85,241	52,212	41,522	9,998	8,456	14,748	499,137
	45-54	149,116	150,095	93,679	56,020	45,639	11,758	8,597	18,888	533,792
	55-64	184,872	188,834	110,990	65,964	54,126	14,790	11,668	15,570	646,814
	65-74	228,947	217,629	114,499	66,114	61,116	15,580	12,388	8,600	724,873
	75-84	237,841	204,588	94,831	63,809	61,193	13,080	11,102	2,722	689,166
85 and over	94,382	67,213	31,778	22,116	22,233	5,151	3,022	482	246,377	
Total^(b)		1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280

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

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

Table 8.3: Separations^(a), by age group and sex, private hospitals, states and territories, 2006-07

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	2,044	2,693	2,017	1,695	399	n.p.	n.p.	n.p.	9,208
	1-4	3,445	2,038	3,013	1,480	1,128	n.p.	n.p.	n.p.	11,513
	5-14	6,986	4,870	5,256	2,771	1,857	n.p.	n.p.	n.p.	22,709
	15-24	27,323	29,414	25,571	12,198	6,379	n.p.	n.p.	n.p.	105,216
	25-34	54,847	52,483	47,813	20,947	11,604	n.p.	n.p.	n.p.	196,449
	35-44	63,427	66,322	53,866	23,945	15,043	n.p.	n.p.	n.p.	232,398
	45-54	63,219	64,462	58,100	27,301	19,820	n.p.	n.p.	n.p.	243,382
	55-64	74,927	70,766	69,698	27,190	22,805	n.p.	n.p.	n.p.	276,141
	65-74	63,816	57,987	58,400	19,398	18,366	n.p.	n.p.	n.p.	225,418
	75-84	63,912	57,852	57,230	15,690	19,036	n.p.	n.p.	n.p.	221,080
85 and over	18,944	21,334	20,462	5,506	7,290	n.p.	n.p.	n.p.	75,975	
Total^(b)	442,890	430,221	401,426	158,121	123,727	n.p.	n.p.	n.p.	n.p.	1,619,489
Males	Under 1	3,374	3,942	3,062	2,543	869	n.p.	n.p.	n.p.	14,254
	1-4	5,723	3,170	4,448	2,309	1,615	n.p.	n.p.	n.p.	18,003
	5-14	8,350	5,281	6,534	3,156	2,016	n.p.	n.p.	n.p.	26,502
	15-24	18,632	16,287	13,842	8,388	5,525	n.p.	n.p.	n.p.	65,410
	25-34	20,330	19,125	15,371	7,610	5,299	n.p.	n.p.	n.p.	70,639
	35-44	33,514	30,524	27,310	12,984	9,315	n.p.	n.p.	n.p.	118,177
	45-54	49,846	45,805	44,495	19,479	14,809	n.p.	n.p.	n.p.	181,562
	55-64	78,026	66,035	76,501	27,946	22,050	n.p.	n.p.	n.p.	281,310
	65-74	69,058	61,401	66,452	22,895	19,750	n.p.	n.p.	n.p.	248,024
	75-84	62,056	61,305	60,941	18,530	19,011	n.p.	n.p.	n.p.	229,131
85 and over	16,577	18,315	21,632	5,202	5,332	n.p.	n.p.	n.p.	69,096	
Total^(b)	365,486	331,190	340,588	131,042	105,591	n.p.	n.p.	n.p.	n.p.	1,322,108
Persons^(b)	Under 1	5,418	6,640	5,079	4,238	1,269	n.p.	n.p.	n.p.	23,468
	1-4	9,168	5,208	7,461	3,789	2,743	n.p.	n.p.	n.p.	29,516
	5-14	15,336	10,151	11,790	5,927	3,873	n.p.	n.p.	n.p.	49,212
	15-24	45,955	45,701	39,413	20,586	11,904	n.p.	n.p.	n.p.	170,635
	25-34	75,177	71,608	63,184	28,557	16,903	n.p.	n.p.	n.p.	267,098
	35-44	96,941	96,846	81,176	36,929	24,360	n.p.	n.p.	n.p.	350,579
	45-54	113,065	110,268	102,595	46,780	34,630	n.p.	n.p.	n.p.	424,948
	55-64	152,953	136,801	146,199	55,136	44,856	n.p.	n.p.	n.p.	557,452
	65-74	132,874	119,388	124,852	42,293	38,116	n.p.	n.p.	n.p.	473,443
	75-84	125,968	119,157	118,171	34,220	38,048	n.p.	n.p.	n.p.	450,212
85 and over	35,521	39,649	42,094	10,708	12,622	n.p.	n.p.	n.p.	145,074	
Total^(b)	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	n.p.	2,941,637

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

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

Table 8.4: Patient days^(a), by age group, sex and hospital sector, Australia, 2002-03 to 2006-07

Sex	Age group	Private hospitals										Public hospitals										Change 2002-03 to 2006-07 (per cent)
		2002-03					2005-06					2002-03					2005-06					
		2002-03	2003-04	2004-05	2005-06	2006-07	Change 2002-03 to 2006-07 (per cent)	2002-03	2003-04	2004-05	2005-06	2006-07	Change 2002-03 to 2006-07 (per cent)	2002-03	2003-04	2004-05	2005-06	2006-07	Change 2002-03 to 2006-07 (per cent)			
Females	Under 1	49,151	49,177	47,763	47,673	51,310	4.4	271,859	280,205	270,901	291,960	294,930	8.5	271,859	280,205	270,901	291,960	294,930	8.5			
	1-4	16,970	16,040	14,645	14,148	14,479	-14.7	116,727	114,982	107,880	110,996	109,558	-6.1	116,727	114,982	107,880	110,996	109,558	-6.1			
	5-14	33,681	31,400	31,608	31,436	28,972	-14.0	160,671	162,721	166,293	173,794	170,396	6.1	160,671	162,721	166,293	173,794	170,396	6.1			
	15-24	180,455	177,254	177,585	179,809	182,295	1.0	573,454	573,838	568,779	572,545	591,585	3.2	573,454	573,838	568,779	572,545	591,585	3.2			
	25-34	527,068	510,133	499,691	496,960	495,407	-6.0	1,008,187	967,886	987,771	1,006,466	995,924	-1.2	1,008,187	967,886	987,771	1,006,466	995,924	-1.2			
	35-44	465,047	458,873	470,918	482,241	503,727	8.3	735,511	714,611	762,779	761,862	801,480	9.0	735,511	714,611	762,779	761,862	801,480	9.0			
	45-54	467,408	468,396	466,712	469,698	479,444	2.6	666,266	666,458	700,059	730,096	767,239	15.2	666,266	666,458	700,059	730,096	767,239	15.2			
	55-64	485,562	512,783	524,649	553,419	578,683	19.2	792,097	805,906	823,883	868,799	890,718	12.5	792,097	805,906	823,883	868,799	890,718	12.5			
	65-74	553,953	562,764	556,337	563,172	583,062	5.3	1,176,840	1,183,186	1,188,437	1,165,281	1,197,270	1.7	1,176,840	1,183,186	1,188,437	1,165,281	1,197,270	1.7			
	75-84	876,398	887,512	889,197	893,400	886,431	1.1	1,827,795	1,859,712	1,806,945	1,839,409	1,819,933	-0.4	1,827,795	1,859,712	1,806,945	1,839,409	1,819,933	-0.4			
85 and over	466,717	480,428	466,175	509,331	534,225	14.5	1,274,883	1,275,783	1,236,896	1,276,478	1,322,023	3.7	1,274,883	1,275,783	1,236,896	1,276,478	1,322,023	3.7				
	Total ^(b)	4,122,411	4,154,761	4,145,280	4,241,287	4,338,035	5.2	8,604,419	8,605,288	8,620,631	8,797,689	8,961,104	4.1	8,604,419	8,605,288	8,620,631	8,797,689	8,961,104	4.1			
Males	Under 1	60,888	61,258	60,582	59,652	61,154	0.4	338,272	343,032	340,994	352,775	364,900	7.9	338,272	343,032	340,994	352,775	364,900	7.9			
	1-4	22,865	21,735	22,202	20,887	20,861	-8.8	154,853	152,965	144,126	145,785	149,051	-3.7	154,853	152,965	144,126	145,785	149,051	-3.7			
	5-14	38,579	36,315	34,596	34,495	33,769	-12.5	220,909	206,389	204,490	207,996	207,215	-6.2	220,909	206,389	204,490	207,996	207,215	-6.2			
	15-24	105,756	103,628	103,728	107,438	107,213	1.4	479,999	437,876	464,355	464,774	458,370	-4.5	479,999	437,876	464,355	464,774	458,370	-4.5			
	25-34	131,605	121,139	119,576	120,983	122,673	-6.8	665,698	619,246	688,529	637,289	671,960	0.9	665,698	619,246	688,529	637,289	671,960	0.9			
	35-44	211,615	198,561	198,407	203,694	203,896	-3.6	663,592	665,111	690,705	700,486	744,345	12.2	663,592	665,111	690,705	700,486	744,345	12.2			
	45-54	339,306	327,112	319,784	321,309	322,336	-5.0	772,764	791,617	815,616	866,065	898,072	16.2	772,764	791,617	815,616	866,065	898,072	16.2			
	55-64	476,169	497,966	521,415	552,290	572,373	20.2	988,063	1,016,713	1,053,267	1,091,723	1,157,819	17.2	988,063	1,016,713	1,053,267	1,091,723	1,157,819	17.2			
	65-74	539,436	550,144	557,523	573,366	587,252	8.9	1,426,385	1,408,282	1,402,415	1,428,595	1,456,721	2.1	1,426,385	1,408,282	1,402,415	1,428,595	1,456,721	2.1			
	75-84	795,370	809,116	791,399	777,833	762,937	-4.1	1,488,149	1,557,536	1,604,242	1,655,534	1,678,851	12.8	1,488,149	1,557,536	1,604,242	1,655,534	1,678,851	12.8			
85 and over	269,832	282,775	291,930	324,283	352,874	30.8	615,756	614,192	631,750	644,004	688,389	11.8	615,756	614,192	631,750	644,004	688,389	11.8				
	Total ^(b)	2,991,423	3,009,749	3,021,142	3,096,230	3,147,338	5.2	7,814,558	7,812,960	8,040,503	8,195,033	8,475,698	8.5	7,814,558	7,812,960	8,040,503	8,195,033	8,475,698	8.5			
Persons ^(b)	Under 1	110,207	110,674	108,375	107,421	112,529	2.1	610,179	623,241	611,913	644,803	659,839	8.1	610,179	623,241	611,913	644,803	659,839	8.1			
	1-4	39,836	37,778	36,847	35,035	35,340	-11.3	271,584	267,947	252,007	256,784	258,609	-4.8	271,584	267,947	252,007	256,784	258,609	-4.8			
	5-14	72,260	67,719	66,204	65,932	62,742	-13.2	381,581	369,112	370,785	381,790	377,619	-1.0	381,581	369,112	370,785	381,790	377,619	-1.0			
	15-24	286,212	280,883	281,313	287,253	289,517	1.2	1,053,482	1,011,723	1,033,135	1,037,320	1,049,956	-0.3	1,053,482	1,011,723	1,033,135	1,037,320	1,049,956	-0.3			
	25-34	658,676	631,273	619,267	617,943	618,090	-6.2	1,673,947	1,587,140	1,676,303	1,643,775	1,667,911	-0.4	1,673,947	1,587,140	1,676,303	1,643,775	1,667,911	-0.4			
	35-44	676,665	657,434	669,326	685,937	707,629	4.6	1,399,261	1,379,931	1,453,518	1,462,348	1,547,425	10.6	1,399,261	1,379,931	1,453,518	1,462,348	1,547,425	10.6			
	45-54	806,717	795,509	786,496	791,009	801,785	-0.6	1,439,033	1,458,076	1,515,682	1,596,173	1,665,331	15.7	1,439,033	1,458,076	1,515,682	1,596,173	1,665,331	15.7			
	55-64	961,734	1,010,749	1,046,065	1,105,710	1,151,057	19.7	1,780,167	1,822,629	1,877,176	1,960,532	2,048,537	15.1	1,780,167	1,822,629	1,877,176	1,960,532	2,048,537	15.1			
	65-74	1,093,391	1,112,910	1,113,860	1,136,540	1,170,315	7.0	2,603,264	2,591,474	2,590,974	2,593,908	2,654,001	1.9	2,603,264	2,591,474	2,590,974	2,593,908	2,654,001	1.9			
	75-84	1,671,769	1,696,629	1,680,598	1,671,233	1,649,371	-1.3	3,315,944	3,417,292	3,411,835	3,494,943	3,499,354	5.5	3,315,944	3,417,292	3,411,835	3,494,943	3,499,354	5.5			
85 and over	736,559	763,203	758,105	833,614	887,102	20.4	1,890,640	1,889,975	1,868,802	1,920,482	2,010,412	6.3	1,890,640	1,889,975	1,868,802	1,920,482	2,010,412	6.3				
	Total ^(b)	7,114,029	7,164,762	7,166,456	7,337,627	7,485,477	5.2	16,425,349	16,418,541	16,662,156	16,993,026	17,439,088	6.2	16,425,349	16,418,541	16,662,156	16,993,026	17,439,088	6.2			

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

Table 8.5: Patient days^(a), by age group and sex, public hospitals, states and territories, 2006–07

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	87,398	78,989	53,437	26,505	25,759	7,427	5,685	9,730	294,930
	1–4	39,990	23,521	19,920	10,000	8,674	1,368	1,295	4,790	109,558
	5–14	56,940	39,918	34,466	16,405	12,854	2,961	2,561	4,291	170,396
	15–24	190,962	131,328	117,347	65,277	50,351	13,604	8,574	14,142	591,585
	25–34	350,314	250,646	169,291	95,190	77,279	18,774	15,838	18,592	995,924
	35–44	265,678	202,739	137,799	77,362	67,858	17,074	14,233	14,233	801,480
	45–54	233,703	186,916	136,616	78,066	80,554	19,235	11,274	20,875	767,239
	55–64	298,264	228,809	149,174	84,441	73,972	23,819	14,212	18,027	890,718
	65–74	419,992	317,342	187,153	103,209	109,527	31,358	17,778	10,911	1,197,270
	75–84	663,959	496,525	239,359	160,759	185,823	44,663	22,345	6,500	1,819,933
	85 and over	510,159	341,066	171,203	119,898	136,793	26,772	13,158	2,974	1,322,023
	<i>Total^(b)</i>	<i>3,117,407</i>	<i>2,297,799</i>	<i>1,415,765</i>	<i>837,112</i>	<i>829,444</i>	<i>207,055</i>	<i>126,953</i>	<i>129,569</i>	<i>8,961,104</i>
Males	Under 1	110,074	96,255	68,341	33,713	29,746	9,141	7,413	10,217	364,900
	1–4	53,330	30,618	26,548	14,058	11,478	2,777	4,536	5,706	149,051
	5–14	70,418	46,744	39,290	22,685	15,295	4,082	3,556	5,145	207,215
	15–24	152,499	99,113	95,826	50,665	38,248	8,227	6,616	7,176	458,370
	25–34	235,318	148,521	137,566	63,059	52,235	13,372	9,322	12,567	671,960
	35–44	241,061	181,688	137,550	71,867	68,200	13,689	10,104	20,186	744,345
	45–54	296,690	212,550	173,405	79,663	75,399	24,384	14,573	21,408	898,072
	55–64	380,078	287,393	206,505	108,366	106,620	28,650	20,854	19,353	1,157,819
	65–74	491,494	382,058	244,322	133,991	125,595	41,202	22,461	15,598	1,456,721
	75–84	601,603	457,626	240,583	140,550	164,293	38,840	26,473	8,883	1,678,851
	85 and over	263,177	178,751	86,376	54,333	81,605	14,939	7,485	1,723	688,389
	<i>Total^(b)</i>	<i>2,895,747</i>	<i>2,121,317</i>	<i>1,456,312</i>	<i>772,950</i>	<i>768,714</i>	<i>199,303</i>	<i>133,393</i>	<i>127,962</i>	<i>8,475,698</i>
Persons^(b)	Under 1	197,475	175,244	121,779	60,218	55,510	16,568	13,098	19,947	659,839
	1–4	93,320	54,139	46,468	24,058	20,152	4,145	5,831	10,496	258,609
	5–14	127,359	86,662	73,756	39,090	28,149	7,050	6,117	9,436	377,619
	15–24	343,462	230,441	213,173	115,942	88,599	21,831	15,190	21,318	1,049,956
	25–34	585,658	399,167	306,857	158,249	129,514	32,146	25,160	31,160	1,667,911
	35–44	508,338	384,428	275,349	149,229	136,058	30,763	24,337	24,337	1,547,425
	45–54	530,413	399,466	310,021	157,729	155,953	43,619	25,847	42,283	1,665,331
	55–64	678,342	516,202	355,679	192,807	180,592	52,469	35,066	37,380	2,048,537
	65–74	911,496	699,400	431,475	237,200	235,122	72,560	40,239	26,509	2,654,001
	75–84	1,266,132	954,151	479,942	301,309	350,116	83,503	48,818	15,383	3,499,354
	85 and over	773,336	519,817	257,579	174,231	218,398	41,711	20,643	4,697	2,010,412
	6,015,425	4,419,117	2,872,078	1,610,082	1,598,163	406,365	260,346	257,532	17,439,088	

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

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

Table 8.6: Patient days^(a), by age group and sex, private hospitals, states and territories, 2006-07

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Females	Under 1	10,797	15,373	14,514	5,789	2,330	n.p.	n.p.	n.p.	51,310	
	1-4	4,630	2,274	4,169	1,769	1,145	n.p.	n.p.	n.p.	14,479	
	5-14	9,906	5,830	6,951	3,199	2,011	n.p.	n.p.	n.p.	28,972	
	15-24	50,191	49,839	40,994	21,814	10,145	n.p.	n.p.	n.p.	182,295	
	25-34	137,151	133,906	111,460	57,146	30,974	n.p.	n.p.	n.p.	495,407	
	35-44	132,893	150,646	108,301	55,564	33,277	n.p.	n.p.	n.p.	503,727	
	45-54	121,283	131,860	110,506	53,841	39,962	n.p.	n.p.	n.p.	479,444	
	55-64	155,240	152,085	140,368	56,699	50,753	n.p.	n.p.	n.p.	578,683	
	65-74	156,953	152,822	148,232	53,297	50,727	n.p.	n.p.	n.p.	583,062	
	75-84	235,878	240,080	229,520	74,225	77,239	n.p.	n.p.	n.p.	886,431	
	85 and over	129,859	148,700	144,924	49,323	46,531	n.p.	n.p.	n.p.	534,225	
	<i>Total^(b)</i>	<i>1,144,781</i>	<i>1,183,415</i>	<i>1,059,939</i>	<i>432,666</i>	<i>345,094</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,338,035</i>
	Males	Under 1	12,496	17,812	17,405	7,992	2,842	n.p.	n.p.	n.p.	61,154
1-4		6,480	3,492	5,727	2,721	1,644	n.p.	n.p.	n.p.	20,861	
5-14		12,039	6,249	8,470	3,517	2,211	n.p.	n.p.	n.p.	33,769	
15-24		29,223	30,858	21,858	12,102	8,652	n.p.	n.p.	n.p.	107,213	
25-34		34,646	36,834	25,266	12,282	8,497	n.p.	n.p.	n.p.	122,673	
35-44		57,434	55,725	45,574	21,081	15,580	n.p.	n.p.	n.p.	203,896	
45-54		87,653	85,347	77,598	32,745	25,951	n.p.	n.p.	n.p.	322,336	
55-64		159,411	133,328	156,880	55,075	46,486	n.p.	n.p.	n.p.	572,373	
65-74		154,566	146,816	160,753	56,404	47,736	n.p.	n.p.	n.p.	587,252	
75-84		188,187	203,045	213,740	72,409	59,627	n.p.	n.p.	n.p.	762,937	
85 and over		83,802	91,146	107,624	34,587	25,579	n.p.	n.p.	n.p.	352,874	
<i>Total^(b)</i>		<i>825,937</i>	<i>810,652</i>	<i>840,895</i>	<i>310,915</i>	<i>244,805</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,147,338</i>
Persons^(b)		Under 1	23,293	33,239	31,919	13,781	5,183	n.p.	n.p.	n.p.	112,529
	1-4	11,110	5,766	9,896	4,490	2,789	n.p.	n.p.	n.p.	35,340	
	5-14	21,945	12,079	15,421	6,716	4,222	n.p.	n.p.	n.p.	62,742	
	15-24	79,414	80,697	62,852	33,916	18,797	n.p.	n.p.	n.p.	289,517	
	25-34	171,797	170,740	136,726	69,428	39,471	n.p.	n.p.	n.p.	618,090	
	35-44	190,327	206,371	153,875	76,645	48,859	n.p.	n.p.	n.p.	707,629	
	45-54	208,936	217,208	188,104	86,586	65,914	n.p.	n.p.	n.p.	801,785	
	55-64	314,651	285,413	297,248	111,774	97,240	n.p.	n.p.	n.p.	1,151,057	
	65-74	311,519	299,638	308,985	109,701	98,463	n.p.	n.p.	n.p.	1,170,315	
	75-84	424,065	443,125	443,260	146,634	136,869	n.p.	n.p.	n.p.	1,649,371	
	85 and over	213,661	239,846	252,548	83,910	72,110	n.p.	n.p.	n.p.	887,102	
	<i>Total^(b)</i>	<i>1,970,718</i>	<i>1,994,122</i>	<i>1,900,834</i>	<i>743,581</i>	<i>589,917</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>7,485,477</i>

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

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

Table 8.7: Separations^(a), by Indigenous status^(b) and hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Sub-total		
									—NSW, Vic, Qld, WA,	SA, NT ^(c)	Total
Public hospitals											
Aboriginal but not Torres Strait Islander origin	47,992	10,375	48,431	41,554	16,985	2,575	1,438	56,645	221,982	225,995	
Torres Strait Islander but not Aboriginal origin	1,447	354	9,100	108	219	108	19	180	11,408	11,535	
Aboriginal and Torres Strait Islander origin	1,118	715	2,662	589	74	105	72	1,038	6,196	6,373	
<i>Indigenous Australians</i>	50,557	11,444	60,193	42,251	17,278	2,788	1,529	57,863	239,586	243,903	
Neither Aboriginal nor Torres Strait Islander origin	1,394,539	1,296,086	710,634	408,645	362,120	91,205	73,200	27,914	4,199,938	4,364,343	
Not reported	17,033	6,712	13,803	0	11,249	3,163	1,038	36	48,833	53,034	
<i>Total</i>	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,873	4,488,357	4,661,280	
Private hospitals											
Aboriginal but not Torres Strait Islander origin	470	358	2,351	8,084	248	n.p.	n.p.	n.p.	11,511	11,837	
Torres Strait Islander but not Aboriginal origin	103	39	748	51	172	n.p.	n.p.	n.p.	1,113	1,139	
Aboriginal and Torres Strait Islander origin	565	83	756	159	37	n.p.	n.p.	n.p.	1,600	1,732	
<i>Indigenous Australians</i>	1,138	480	3,855	8,294	457	n.p.	n.p.	n.p.	14,224	14,708	
Neither Aboriginal nor Torres Strait Islander origin	797,112	755,411	654,547	280,869	225,520	n.p.	n.p.	n.p.	2,713,459	2,797,267	
Not reported	10,126	5,526	83,612	0	3,347	n.p.	n.p.	n.p.	102,611	129,662	
<i>Total</i>	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,830,294	2,941,637	
All hospitals											
Aboriginal but not Torres Strait Islander origin	48,462	10,733	50,782	49,638	17,233	n.p.	n.p.	n.p.	233,493	237,832	
Torres Strait Islander but not Aboriginal origin	1,550	393	9,848	159	391	n.p.	n.p.	n.p.	12,521	12,674	
Aboriginal and Torres Strait Islander origin	1,683	798	3,418	748	111	n.p.	n.p.	n.p.	7,796	8,105	
<i>Indigenous Australians</i>	51,695	11,924	64,048	50,545	17,735	n.p.	n.p.	n.p.	253,810	258,611	
Neither Aboriginal nor Torres Strait Islander origin	2,191,651	2,051,497	1,365,181	689,514	587,640	n.p.	n.p.	n.p.	6,913,397	7,161,610	
Not reported	27,159	12,238	97,415	0	14,596	n.p.	n.p.	n.p.	151,444	182,696	
Total	2,270,505	2,075,659	1,526,644	740,059	619,971	n.p.	n.p.	n.p.	7,318,651	7,602,917	
Separation rate ^(d) for Indigenous Australians per 1,000	545.3	657.2	816.2	1,101.1	962.6	n.p.	n.p.	1,584.8	868.3	n.p.	
Separation rate ^(d) for Other Australians per 1,000	318.8	391.0	365.6	345.7	361.2	n.p.	n.p.	233.0	352.6	n.p.	
Separation rate ^(d) for all persons per 1,000	321.7	391.8	373.0	361.7	367.8	n.p.	n.p.	490.0	359.6	n.p.	
Rate ratio ^(e)	1.7	1.7	2.2	3.2	2.7	n.p.	n.p.	6.8	2.5	n.p.	

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

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of this chapter for further detail.

(c) The subtotal includes data only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.

(d) The rates were directly age-standardised, using estimated resident populations as at 30 June 2006, as detailed in Appendix 1, and separation rate for *Other Australians* includes Indigenous status *Not reported*.

(e) The rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians*.

Table 8.8: Overnight separations^(a), by Indigenous status^(b) and hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Sub-total		Total
									—NSW, Vic, Qld, WA, SA, NT ^(c)		
Public hospitals											
Aboriginal but not Torres Strait Islander origin	25,748	4,470	21,162	20,049	7,254	1,167	528	18,582		97,265	98,960
Torres Strait Islander but not Aboriginal origin	511	122	3,468	72	54	64	11	72		4,299	4,374
Aboriginal and Torres Strait Islander origin	759	316	1,426	233	44	51	58	266		3,044	3,153
<i>Indigenous Australians</i>	27,018	4,908	26,056	20,354	7,352	1,282	597	18,920		104,608	106,487
Neither Aboriginal nor Torres Strait Islander origin	785,804	568,404	365,318	194,208	185,961	45,219	33,240	14,834		2,114,529	2,192,988
Not reported	10,224	3,654	7,423	0	5,068	1,885	718	25		26,394	28,997
<i>Total</i>	823,046	576,966	398,797	214,562	198,381	48,386	34,555	33,779		2,245,531	2,328,472
Private hospitals											
Aboriginal but not Torres Strait Islander origin	134	82	366	130		n.p.	n.p.	n.p.		842	1,017
Torres Strait Islander but not Aboriginal origin	40	24	209	3	11	n.p.	n.p.	n.p.		287	300
Aboriginal and Torres Strait Islander origin	67	39	70	26	18	n.p.	n.p.	n.p.		220	279
<i>Indigenous Australians</i>	241	145	645	159	159	n.p.	n.p.	n.p.		1,349	1,596
Neither Aboriginal nor Torres Strait Islander origin	256,210	271,856	229,609	111,098	91,846	n.p.	n.p.	n.p.		960,619	997,413
Not reported	2,559	1,480	20,652	0	901	n.p.	n.p.	n.p.		25,592	33,927
<i>Total</i>	259,010	273,481	250,906	111,257	92,906	n.p.	n.p.	n.p.		987,560	1,032,936
All hospitals											
Aboriginal but not Torres Strait Islander origin	25,882	4,552	21,528	20,179	7,384	n.p.	n.p.	n.p.		98,107	99,977
Torres Strait Islander but not Aboriginal origin	551	146	3,677	75	65	n.p.	n.p.	n.p.		4,586	4,674
Aboriginal and Torres Strait Islander origin	826	355	1,496	259	62	n.p.	n.p.	n.p.		3,264	3,432
<i>Indigenous Australians</i>	27,259	5,053	26,701	20,513	7,511	n.p.	n.p.	n.p.		105,957	108,083
Neither Aboriginal nor Torres Strait Islander origin	1,042,014	840,260	594,927	305,306	277,807	n.p.	n.p.	n.p.		3,075,148	3,190,401
Not reported	12,783	5,134	28,075	0	5,969	n.p.	n.p.	n.p.		51,986	62,924
Total	1,082,056	850,447	649,703	325,819	291,287	n.p.	n.p.	n.p.		3,233,091	3,361,408
Separation rate ^(d) for Indigenous Australians per 1,000	252.6	221.4	284.8	366.4	354.7	n.p.	n.p.	380.6		298.6	n.p.
Separation rate ^(d) for Other Australians per 1,000	152.1	160.4	156.9	154.6	170.7	n.p.	n.p.	125.6		156.8	n.p.
Separation rate ^(d) for all persons per 1,000	153.8	160.7	159.8	160.7	173.3	n.p.	n.p.	186.9		159.5	n.p.
Rate ratio ^(e)	1.7	1.4	1.8	2.4	2.1	n.p.	n.p.	3.0		1.9	n.p.

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

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of this chapter for further detail.

(c) The subtotal includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.

(d) The rates were directly age-standardised, using estimated resident populations as at 30 June 2006, as detailed in Appendix 1, and separation rate for *Other Australians* includes Indigenous status *Not reported*.

(e) The rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians*.

Table 8.9: Separations^(a), by Indigenous status^(b), age group and sex, all hospitals, selected states and territories^(c), 2006–07

Age group	Indigenous Australians			Other Australians ^(d)			Total		
	Males	Females	Persons ^(e)	Males	Females	Persons ^(e)	Males	Females	Persons ^(e)
Under 1	5,114	3,947	9,061	75,179	54,619	129,809	80,293	58,566	138,870
1–4	5,519	4,298	9,817	88,976	62,699	151,675	94,495	66,997	161,492
5–14	6,265	5,093	11,358	120,930	90,935	211,866	127,195	96,028	223,224
15–24	7,567	18,926	26,493	185,878	297,923	483,802	193,445	316,849	510,295
25–34	10,937	20,719	31,656	210,212	515,088	725,306	221,149	535,807	756,962
35–44	20,962	23,622	44,584	302,910	469,075	772,351	323,872	492,697	816,935
45–54	23,466	25,460	48,926	417,072	454,772	871,849	440,538	480,232	920,775
55–64	17,392	26,110	43,502	594,729	518,069	1,112,799	612,121	544,179	1,156,301
65–74	9,979	11,815	21,794	615,597	517,036	1,132,634	625,576	528,851	1,154,428
75 and over	2,928	3,691	6,619	725,756	746,932	1,472,727	728,684	750,623	1,479,346
Total^{(e)(f)}	110,129	143,681	253,810	3,337,244	3,727,152	7,064,841	3,447,373	3,870,833	7,318,651

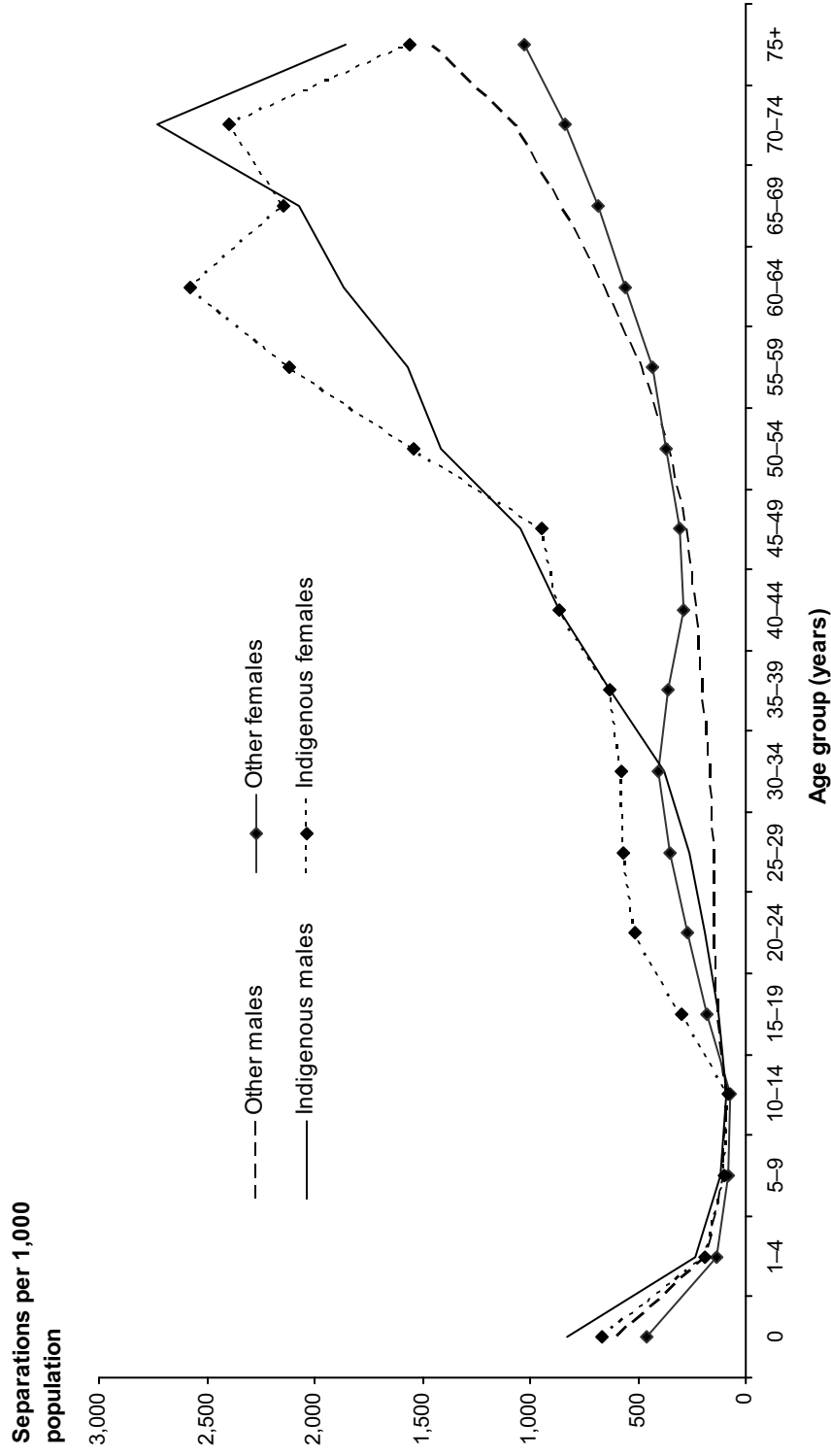
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of this chapter for further detail.

(c) The table includes data only for New South Wales, Queensland, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data due to jurisdictional differences in data quality.

(d) The *Other Australians* category includes separations for which Indigenous status was not reported.

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



Notes

1. Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
2. Separations per 1,000 population for *Other males* and *Other females* include separations for which Indigenous status was *Not reported*.
3. The figure includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data due to jurisdictional differences in data quality.
4. The figure contains crude rates based on 30 June 2006 estimated resident populations.

Figure 8.1: Separations per 1,000 population, by age group, sex and reported Indigenous status, all hospitals, selected states and territories, 2006-07

Table 8.10: Separations^(a), by selected country/region of birth and hospital sector, Australia, 2006–07

Country/region	Separations			Separations per 1,000 population ^(b)		
	Public hospitals	Private hospitals	All hospitals	Public hospitals	Private hospitals	All hospitals
<i>Oceania (total)</i>	3,461,415	2,252,276	5,713,691	686.4	151.6	378.7
Australia	3,330,602	2,198,170	5,528,772	226.2	153.4	379.6
New Zealand	86,193	41,898	128,091	214.9	98.4	313.2
Fiji	16,736	4,761	21,497	383.0	96.5	479.4
Samoa	10,200	377	10,577	686.4	21.7	708.1
<i>North-West Europe (total)</i>	403,540	249,940	653,480	193.8	110.4	304.2
United Kingdom & Ireland	315,435	196,608	512,043	191.8	109.8	301.6
Germany	36,441	21,556	57,997	202.3	110.0	312.3
Netherlands	29,734	16,735	46,469	191.4	106.9	298.4
<i>Southern and Eastern Europe (total)</i>	352,159	137,043	489,202	228.4	89.1	317.5
Italy	107,428	55,990	163,418	238.4	113.9	352.3
Greece	69,390	19,121	88,511	255.0	89.8	344.8
Poland	21,539	10,860	32,399	194.1	98.6	292.7
Malta	22,218	7,799	30,017	238.1	84.6	322.7
Croatia	20,819	6,532	27,351	234.3	76.0	310.3
<i>Middle East and North Africa (total)</i>	90,135	27,098	117,233	322.4	89.5	411.9
Lebanon	33,665	7,814	41,479	386.2	75.7	461.8
Egypt	15,260	7,614	22,874	279.1	116.9	396.0
<i>South-East Asia (total)</i>	105,686	43,147	148,833	204.7	74.6	279.3
Vietnam	35,068	9,974	45,042	214.5	50.5	265.0
Philippines	26,281	7,120	33,401	255.0	57.4	312.4
Malaysia	11,710	11,285	22,995	141.7	119.0	260.7
<i>North-East Asia (total)</i>	50,032	34,376	84,408	148.5	93.9	242.4
China	32,274	16,225	48,499	161.9	77.5	239.4
Hong Kong & Macau	7,076	8,992	16,068	127.8	150.7	278.5
<i>Southern and Central Asia (total)</i>	54,887	25,766	80,653	228.0	101.9	329.9
India	27,668	14,890	42,558	207.4	106.2	313.6
Sri Lanka	14,618	7,714	22,332	216.1	101.3	317.4
<i>The Americas (total)</i>	37,237	25,121	62,358	213.3	129.2	342.5
USA	9,757	10,196	19,953	177.3	167.3	344.6
Canada	5,620	5,324	10,944	207.3	163.9	371.2
Chile	7,021	2,412	9,433	251.2	77.2	328.3
<i>Sub-Saharan Africa (total)</i>	37,181	26,633	63,814	216.3	141.3	357.7
South Africa	14,423	15,906	30,329	154.4	152.6	307.0
Overseas (total)	1,261,670	623,230	1,884,900	217.1	98.8	315.9
Not stated or inadequately described	69,008	120,237	189,245	...	...	...
Total	4,661,280	2,941,637	7,602,917	228.2	142.6	370.8

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

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

... Not applicable.

Table 8.11: Selected separation statistics^(a), by same-day status, hospital sector, and state and territory of usual residence, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
All separations									
Separations	2,306,218	2,057,381	1,501,304	740,068	614,542	n.p.	n.p.	n.p.	7,570,847
Separations not within state of residence (%)	4	1	1	1	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	52	55	49	57	55	n.p.	n.p.	n.p.	54
Separation rate ^(c)	323.8	384.6	362.0	356.8	361.8	n.p.	n.p.	n.p.	353.6
Standardised separation rate ratio (SRR)	0.92	1.09	1.02	1.01	1.02	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.92–0.92	1.09–1.09	1.02–1.02	1.01–1.01	1.02–1.02	n.p.	n.p.	n.p.	
Same-day separations									
Separations	1,212,589	1,214,826	862,641	415,032	327,128	n.p.	n.p.	n.p.	4,226,375
Separations not within state of residence (%)	4	1	1	1	1	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	45	53	42	56	52	n.p.	n.p.	n.p.	49
Separation rate ^(c)	170.1	227.4	207.4	199.0	192.6	n.p.	n.p.	n.p.	197.2
Standardised separation rate ratio (SRR)	0.86	1.15	1.05	1.01	0.98	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.86–0.86	1.15–1.15	1.05–1.05	1.01–1.01	0.98–0.98	n.p.	n.p.	n.p.	
Overnight separations									
Separations	1,093,629	842,555	638,663	325,036	287,414	75,287	40,685	39,082	3,344,472
Separations not within state of residence (%)	4	1	2	1	1	3	7	8	
Proportion of separations public patients (%)	60	59	58	58	59	56	60	82	59
Separation rate ^(c)	153.6	157.2	154.7	157.8	169.2	146.3	128.8	214.4	156.5
Standardised separation rate ratio (SRR)	0.98	1.00	0.99	1.01	1.08	0.93	0.82	1.37	
95% confidence interval of SRR	0.98–0.98	1.00–1.00	0.99–0.99	1.01–1.01	1.08–1.08	0.92–0.94	0.81–0.83	1.36–1.38	
Public hospitals									
Separations	1,475,083	1,297,123	783,551	450,843	388,826	98,378	60,577	83,725	4,638,798
Separations not within state of residence (%)	3	1	2	1	1	2	6	4	
Proportion of separations public patients (%)	81	88	92	89	87	82	88	97	86
Separation rate ^(c)	207.8	243.5	189.9	218.4	231.5	191.0	195.1	467.4	217.7
Standardised separation rate ratio (SRR)	0.95	1.12	0.87	1.00	1.06	0.88	0.90	2.15	
95% confidence interval of SRR	0.95–0.95	1.12–1.12	0.87–0.87	1.00–1.00	1.06–1.06	0.87–0.89	0.89–0.91	2.14–2.16	
Private hospitals									
Separations	831,135	760,258	717,753	289,225	225,716	n.p.	n.p.	n.p.	2,932,049
Separations not within state of residence (%)	5	1	1	0	0	n.p.	n.p.	n.p.	
Proportion of separations public patients (%)	1	0	2	8	1	n.p.	n.p.	n.p.	2
Separation rate ^(c)	116.0	141.1	172.1	138.4	130.3	n.p.	n.p.	n.p.	135.9
Standardised separation rate ratio (SRR)	0.85	1.04	1.27	1.02	0.96	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.85–0.85	1.04–1.04	1.27–1.27	1.02–1.02	0.96–0.96	n.p.	n.p.	n.p.	

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

(b) Includes other territories and excludes overseas residents and unknown state of residence.

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

Table 8.12: Selected separation statistics^(a), by same-day status, hospital sector, and Remoteness Area of usual residence, all hospitals, Australia, 2006–07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(b)
All separations						
Separations	5,119,133	1,516,741	738,564	117,190	76,089	7,570,847
Proportion of separations public patients (%)	50	57	65	77	89	54
Separation rate ^(c)	356.3	351.0	365.9	387.0	504.5	357.0
Standardised separation rate ratio (SRR)	1.00	0.98	1.02	1.08	1.41	
95% confidence interval of SRR	1.00–1.00	0.98–0.98	1.02–1.02	1.07–1.09	1.40–1.42	
Same-day separations						
Separations	2,966,900	789,360	375,092	56,305	37,612	4,226,375
Proportion of separations public patients (%)	46	53	62	78	89	49
Separation rate ^(c)	207.1	180.7	183.2	181.3	251.1	199.0
Standardised separation rate ratio (SRR)	1.04	0.91	0.92	0.91	1.26	
95% confidence interval of SRR	1.04–1.04	0.91–0.91	0.92–0.92	0.90–0.92	1.25–1.27	
Overnight separations						
Separations	2,152,233	727,381	363,472	60,885	38,477	3,344,472
Proportion of separations public patients (%)	56	61	67	77	89	59
Separation rate ^(c)	149.2	170.3	182.7	205.7	253.5	158.0
Standardised separation rate ratio (SRR)	0.94	1.08	1.16	1.30	1.60	
95% confidence interval of SRR	0.94–0.94	1.08–1.08	1.16–1.16	1.29–1.31	1.58–1.62	
Public hospitals						
Separations	2,920,720	1,002,612	548,502	95,188	69,020	4,638,798
Proportion of separations public patients (%)	87	85	86	90	96	86
Separation rate ^(c)	204.0	235.1	273.2	314.6	454.1	219.8
Standardised separation rate ratio (SRR)	0.93	1.07	1.24	1.43	2.07	
95% confidence interval of SRR	0.93–0.93	1.07–1.07	1.24–1.24	1.42–1.44	2.05–2.09	
Private hospitals						
Separations	2,198,413	514,129	190,062	22,002	7,069	2,932,049
Proportion of separations public patients (%)	1	2	4	24	16	2
Separation rate ^(c)	152.3	115.9	92.6	72.4	50.4	137.3
Standardised separation rate ratio (SRR)	1.11	0.84	0.67	0.53	0.37	
95% confidence interval of SRR	1.11–1.11	0.84–0.84	0.67–0.67	0.52–0.54	0.36–0.38	

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

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

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

Table 8.13: Selected separation statistics^(a), by same-day status, hospital sector and quintile of socioeconomic advantage/disadvantage^(b), all hospitals, Australia, 2006-07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(c)
All separations						
Separations	1,650,331	1,545,707	1,485,785	1,413,524	1,474,064	7,570,847
Proportion of separations public patients (%)	68	60	56	48	34	54
Separation rate ^(d)	385.8	358.3	349.6	346.3	347.5	357.0
Standardised separation rate ratio (SRR)	1.08	1.00	0.98	0.97	0.97	
95% confidence interval of SRR	1.08-1.08	1.00-1.00	0.98-0.98	0.97-0.97	0.97-0.97	
Same-day separations						
Separations	880,515	819,580	830,888	810,171	884,767	4,226,375
Proportion of separations public patients (%)	65	56	52	44	30	49
Separation rate ^(d)	205.0	188.9	195.6	198.7	209.0	199.0
Standardised separation rate ratio (SRR)	1.03	0.95	0.98	1.00	1.05	
95% confidence interval of SRR	1.03-1.03	0.95-0.95	0.98-0.98	1.00-1.00	1.05-1.05	
Overnight separations						
Separations	769,816	726,127	654,897	603,353	589,297	3,344,472
Proportion of separations public patients (%)	72	64	60	54	39	59
Separation rate ^(d)	180.8	169.3	154.0	147.6	138.5	158.0
Standardised separation rate ratio (SRR)	1.14	1.07	0.97	0.93	0.88	
95% confidence interval of SRR	1.14-1.14	1.07-1.07	0.97-0.97	0.93-0.93	0.88-0.88	
Public hospitals						
Separations	1,245,606	1,061,432	939,173	781,979	609,539	4,638,798
Proportion of separations public patients (%)	90	86	86	86	81	86
Separation rate ^(d)	292.3	247.8	221.6	192.4	145.0	219.8
Standardised separation rate ratio (SRR)	1.33	1.13	1.01	0.88	0.66	
95% confidence interval of SRR	1.33-1.33	1.13-1.13	1.01-1.01	0.88-0.88	0.66-0.66	
Private hospitals						
Separations	404,725	484,275	546,612	631,545	864,525	2,932,049
Proportion of separations public patients (%)	3	2	3	1	0	2
Separation rate ^(d)	93.6	110.5	128.0	153.9	202.5	137.3
Standardised separation rate ratio (SRR)	0.68	0.80	0.93	1.12	1.48	
95% confidence interval of SRR	0.68-0.68	0.80-0.80	0.93-0.93	1.12-1.12	1.48-1.48	

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

(b) Based on the Australian Bureau of Statistics' SEIFA 2006 Index of Relative Advantage/Disadvantage score for the Statistical Local Area of the patient's area of usual residence.

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

(d) Rates per 1,000 population were directly age-standardised as detailed in Appendix 1.

9 Principal diagnoses for admitted patients

Introduction

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

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

Principal diagnoses for 2006–07 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2006). Information about the quality of the ICD-10-AM coded data is presented in Appendix 1.

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes). Most of the 3-character disease groupings can be divided into an even larger number of very specific disease categories represented by 4- and 5-character codes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM disease classification. Full descriptions of the categories are available in the ICD-10-AM publication (NCCH 2006).

Most of the information is presented using two methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (tables 9.1 to 9.4 and Table 9.22)
- 3-character ICD-10-AM groupings – 2,067 categories describe the diseases at a specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (tables 9.5 to 9.11 and tables 9.13 to 9.18). Summary information is provided for all the groups (for which separations were reported) on the Internet at <www.aihw.gov.au> (tables S9.1 to S9.4).

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

Tables are presented with summary separation, patient day and length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented, as well as separation statistics by Indigenous status. Information on *Public* patients in tables 9.1 and 9.2 and tables 9.7 to 9.12 relates to separations for which the patient election status was reported as *Public* (see Chapter 7).

Principal diagnosis and other data elements reported for separations

The information on principal diagnosis reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 9.1 demonstrates this using the example of the principal diagnosis S00–S09 *Injuries to the head*.

In 2006–07:

- there were 75,106 separations with the principal diagnoses, with an average length of stay of 2.8 days
- 65.9% of head injury separations were for males
- just over 91% of separations with these principal diagnoses were in the public sector
- 99.7% had a care type of *Acute care*
- a majority of patients (82.3%) with these diagnoses had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital
- a substantial proportion (10.7%) were discharged/transferred to an(other) acute hospital and 1.4% died
- *Assault by bodily force* (Y04) and *Unspecified fall* (W19) were the leading external causes of injury
- the most common procedure performed was *Computerised tomography of the brain* (Block 1952) and the most commonly reported AR-DRG was *Other Head Injury* (B80Z)
- the most common additional diagnosis was *Open wound of head* (S01).

ICD-10-AM chapters

Sector

Tables 9.1 and 9.2 provide a summary of the separations and patient days reported for each of the ICD-10-AM disease chapters.

In the public sector (Table 9.1), *Factors influencing health status and contact with health services* (Z00–Z99) stands out as a high-volume group (1.2 million separations, 582.3 separations per 10,000 population) and for its high use of beds (1,675.6 patient days per 10,000 population), although the average length of stay was low (2.9 days). This is attributable to the large number of same-day separations for *Care involving dialysis* (Z49) and *Other medical care* (Z51) which includes chemotherapy (Table 9.9). Although having relatively small numbers of separations, *Mental and behavioural disorders* (F00–F99) (176,128 separations, 84.5 separations per 10,000 population) had a high rate of bed days (953.3 patient days per 10,000 population) and had a relatively long average length of stay (11.3 days).

In the private sector (Table 9.2), *Factors influencing health status and contact with health services* (Z00–Z99) recorded the highest number of separations (0.66 million). High numbers of separations were also reported for *Diseases of the digestive system* (K00–K93) (0.45 million) and *Neoplasms* (C00–D48) (0.27 million). The highest numbers of patient days were recorded for *Factors influencing health status and contact with health services* (Z00–Z99) (1.36 million),

Neoplasms (C00–D48) (0.80 million), and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (0.73 million).

The chapters with the highest proportions of separations in the public sector were *Certain infectious and parasitic diseases* (A00–B99) (87.2%, 83,950) and *Injury, poisoning and certain other consequences of external causes* (S00–T98) (82.1%, 414,496). The groups with the highest proportions of separations in the private sector were *Diseases of the eye and adnexa* (H00–H59) (69.2%, 147,538) and *Diseases of the musculoskeletal system and connective tissue* (M00–M99) (59.8%, 243,074) (derived from tables 9.1 and 9.2).

The highest proportion of *Public* patients in public hospitals was for *Mental and behavioural disorders* (F00–F99) (93.3%), and the lowest was for *Diseases of the eye and adnexa* (H00–H59) (79.6%). The highest proportion of *Public* patients in private hospitals was for *Factors influencing health status and contact with health services* (Z00–Z99) (5.0%).

States and territories

Tables 9.3 and 9.4 contain detail on the pattern of hospital use in the states and territories for the diagnosis chapters, in both the public and private sectors. These tables enable comparisons of overall hospital use by state for the different diagnosis groups. The tables also show the share of separations between the private and public sectors. For example, the proportions of separations for *Diseases of the respiratory system* (J00–J99) in public hospitals (rather than private hospitals) was higher in New South Wales (82.0%, 90,090) than in Queensland (66.3%, 40,158).

High-volume diagnoses

Changes from 2002–03 to 2006–07

Table 9.5 presents the 30 principal diagnoses at the 3-character level of the ICD-10-AM classification with the largest changes in the numbers of separations for public or private hospitals (or both) between 2002–03 and 2006–07. The principal diagnoses in this table recorded either increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors.

The number of separations for 27 of the 30 principal diagnoses rose in both public and private sectors over the 5-year period. The principal diagnosis with the greatest increase in separations between 2002–03 and 2006–07 was *Care involving dialysis* (Z49), which rose by 199,879 in public hospitals and 41,681 in private hospitals. In private hospitals, the principal diagnosis of *Care involving use of rehabilitation procedures* (Z50) had the greatest increase in separations over that period (48,322).

There was a rise in the number of separations in the private sector and a decrease in the number of separations in the public sector for the principal diagnosis *Other retinal disorders* (H35). For this diagnosis there were 1,405 separations in private hospitals in 2002–03 compared with 8,591 in 2006–07, an overall rise of 511%. Public hospital separations for this diagnosis fell over the same period.

The number of separations for the principal diagnosis *Angina pectoris* (I20) fell in both public (9.1%) and private hospitals (11.4%) between 2002–03 and 2006–07.

Table 9.6 presents the 30 principal diagnoses at the 3-character level of the ICD-10-AM classification with the largest changes in the total number of separations for either *Public* or *Private* patients (or both), for all hospitals between 2002–03 and 2006–07.

The number of separations rose over the 5-year period, for 29 of the principal diagnoses for *Private* patients and 24 diagnoses for *Public* patients.

There was a rise in the number of separations for *Private* patients and a fall in the number of separations for *Public* patients for five of the principal diagnoses presented in Table 9.6. For example, there were 60,659 separations for *Care involving use of rehabilitation procedures (Z50)* for *Private* patients in 2002–03 compared with 112,115 separations in 2006–07, a rise of 85%. For *Public* patients the number of separations for this principal diagnosis fell by 4.8% from 61,909 in 2002–03 to 58,917 in 2006–07.

The number of separations fell for both *Private* and *Public* patients between 2002–03 and 2006–07 for the principal diagnosis *Angina pectoris (I20)* (by 11.0% and 8.4% respectively).

Sector

Tables 9.7 to 9.11 contain summary separation, patient day and average length of stay statistics for the 30 principal diagnoses with the most separations in public, private and private free-standing day hospitals at the 3-character level of the ICD-10-AM classification. Tables 9.7 to 9.10 also provide information on the top 30 diagnoses for overnight and same-day separations in the public and private sectors.

In the public sector, the principal diagnoses with the highest number of overnight separations was *Care involving use of rehabilitation procedures (Z50)* (56,475), followed by *Pain in throat and chest (R07)* (54,564) (Table 9.7). The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures (Z50)* (1.42 million), for which the average length of stay was 25.1 days.

In the private sector (Table 9.8), the most frequently reported principal diagnosis for overnight separations was *Care involving use of rehabilitation procedures (Z50)* (37,004). *Sleep disorders (G47)* (35,487) was the next most frequently reported principal diagnosis. The highest number of patient days and the longest average length of stay were reported for *Care involving use of rehabilitation procedures (Z50)* (0.6 million and 16.1 days).

Table 9.9 reports the principal diagnoses with the highest number of same-day separations in the public sector. It shows that the top principal diagnosis was *Care involving dialysis (Z49)* (0.79 million), followed by *Other medical care (Z51)* (143,209). Comparing this table with Table 9.7, it can be seen that the top 30 principal diagnoses for overnight separations and same-day separations are different, suggesting that there are differences in the types of principal diagnoses that are most commonly treated on a same-day basis compared with those that are not. In the private sector (Table 9.10), *Other medical care (Z51)* (171,547) had the highest number of same-day separations, followed by *Care involving dialysis (Z49)* (145,133).

Of the top 30 principal diagnoses in public hospitals, the highest proportion of same-day separations that were for *Public* patients was for *Care involving use of rehabilitation procedures (Z50)* (93.7%), and the lowest was for *Other cataract (H26)* (80.1%). In private hospitals, the highest proportion of same-day separations that were for *Public* patients was for *Care involving dialysis (Z49)* (19.0%).

The most common principal diagnoses groups in private free-standing day hospitals were *Care involving dialysis (Z49)* (52,420) and *Other medical care (Z51)* (38,127) (Table 9.11). Of the

top 30 principal diagnoses in private free-standing day hospital facilities, the proportion for *Public* patients was highest for *Care involving dialysis* (Z49) (31.9%).

Table 9.12 presents information on public psychiatric hospitals. About 96.6% of separations in public psychiatric hospitals were for *Public* patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00–F99) (89.1%). *Schizophrenia* (F20) was the most common principal diagnosis reported (3,038) and accounted for more patient days than any other group (237,253). The average length of stay was high for most of the disease groups and only 14.2% of separations (2,162) were same-day separations, compared with 50.0% in public hospitals overall (Table 9.1).

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence, the average length of stay data should be interpreted with caution, taking into consideration the inclusion of some very long stay and non-acute separations.

States and territories

There was some variation between the states and territories in the relative number of separations for the most common diagnoses (tables 9.13 and 9.14). For example, *Care involving dialysis* (Z49) accounted for 17.0% of public sector separations nationally, but 41.8% of separations in the Northern Territory. In the private sector, *Care involving use of rehabilitation procedures* (Z50) accounted for 3.3% of separations nationally, but 7.0% of separations in NSW. Average length of stay for separations for the most common diagnoses also varied across states and territories (tables 9.15 and 9.16). For example, in the public sector, the average length of stay for *Care involving use of rehabilitation procedures* (Z50) ranged from 9.5 days in the Northern Territory to 27.0 days in Tasmania. The average length of stay in the private sector for *Care involving use of rehabilitation procedures* (Z50) ranged from 4.8 days in New South Wales to 22.0 days in Western Australia.

Age group and sex

In tables 9.17 and 9.18, information is presented on the number of separations for the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification by age group and sex. These tables show a number of different patterns in the age distributions of separations for the various groups. For example, patients admitted for *Angina pectoris* (I20) were mostly in the older age groups. Other groups of diseases peaked in different age groups. For example *Single spontaneous delivery* (O80) peaked in the 25–34 years age group for females, *Internal derangement of knee* (M23) in the 45–54 years age group for males, and *Embedded and impacted teeth* (K01) in the 15–24 years age group for both females and males.

These tables also indicate the relative importance of the disease groups as causes of hospitalisation for each sex and age group. For example, *Care involving dialysis* (Z49) and *Other medical care* (Z51) were common in most age groups. In males aged over 75 years other common diagnoses were *Other cataract* (H26) and *Other malignant neoplasms of the skin* (C44). For females in the 1–4 age group, *Pneumonia, organism unspecified* (J18) and *Other disorders of the urinary system* (N39) were relatively common diagnoses.

Renal failure

Data for separations relating to renal failure are presented in tables 9.19 to 9.21, illustrating the impact of this condition on hospitals in Australia. These tables present data on *Acute renal failure*, *Chronic and unspecified renal failure* and *Care involving dialysis* separations for the states and territories (Table 9.19), Remoteness Area of usual residence of the patient (Table 9.20), and the quintile of socioeconomic advantage/disadvantage of the area of usual residence (see Appendix 1) (Table 9.21). These tables also include the standardised separation rate ratio (SRR) against the national total as well as the 95% confidence interval of the SRR. The dialysis separations do not include dialysis occasions of service reported as non-admitted patient occasions of service (tables 2.5 and 5.11) or dialysis performed at non-hospital facilities.

Table 9.19 shows that there were 6,539 separations for *Acute renal failure*, 8,730 for *Chronic and unspecified renal failure* and almost 936,000 for *Care involving dialysis* (12.3% of separations overall, 17.0% for public hospitals and 4.9% for private hospitals (Table 9.5)). The highest rates for all of these in public hospitals were in the Northern Territory.

Table 9.20 highlights that separation rates were higher for the more remote areas for each category. In the public sector, the Remoteness Area of usual residence with the highest separation rate for *Acute renal failure*, *Chronic and unspecified renal failure*, and *Care involving dialysis* was Very Remote (0.4, 1.3 and 133.5 separations per 1,000 population respectively).

In the private sector, Major Cities and Inner Regional areas had the highest separation rates for *Acute renal failure* (0.04 each); Inner Regional areas had the highest rate for *Chronic and unspecified renal failure* (0.08); and Remote areas had the highest for *Care involving dialysis* (16.31).

Table 9.21 presents these data by quintile of socioeconomic advantage/disadvantage. The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage. The *Most advantaged* quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage. The *Most disadvantaged* quintile had the highest separation rates for *Acute renal failure* and *Chronic renal failure* for both sectors combined. With different patterns in the public and private sector, *Care involving dialysis* had the highest separation rates in the *Second most advantaged* and *Most disadvantaged* quintiles.

Aboriginal and Torres Strait Islander people

Table 9.22 reports separation statistics by Indigenous status. These statistics are presented for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see Chapter 8 for more information). Data from New South Wales and Victoria have been included in the publication for the first time this year.

The most common principal diagnosis chapter for patients identified as *Indigenous Australians* was *Factors influencing health status and contact with health services*, of which *Care involving dialysis* (Z49) accounted for 105,228 separations. This was consistent with previous years and represented approximately 41.5% of all separations for patients identified as *Indigenous Australians*, compared with 11.3% for *Other Australians* separations. The next most common diagnosis chapter was *Injury, poisoning and certain other consequences of external causes* (S00–T98) (19,761), followed closely by *Pregnancy, childbirth and the puerperium*

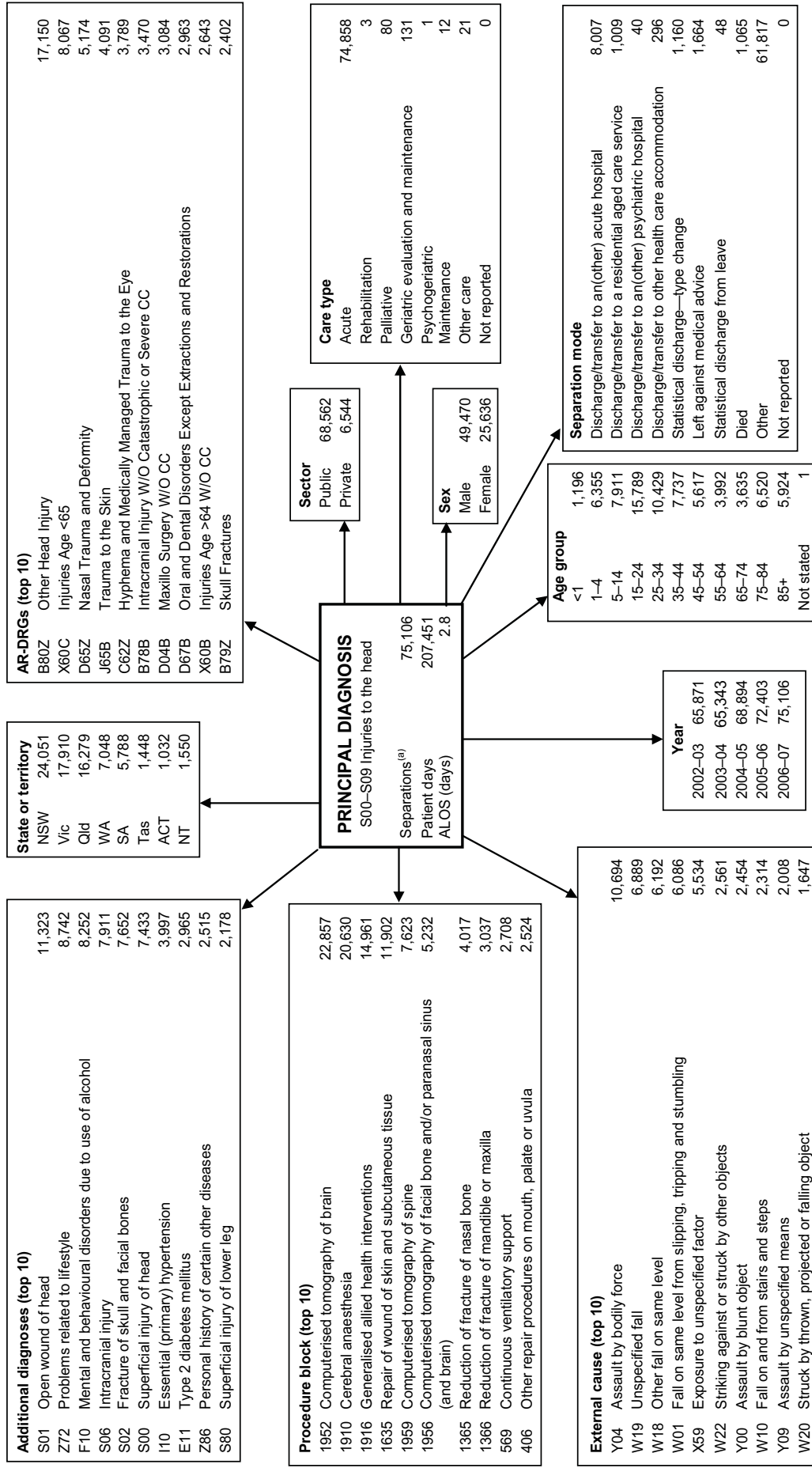
(O00-O99) (18,974). These two principal diagnoses represent 7.8% and 7.5% respectively of all separations for patients identified as *Indigenous Australians*.

The age-standardised separation rates for persons identified as *Indigenous Australians* were relatively high for the majority of the principal diagnosis chapters. As indicated in the rate ratios, *Indigenous* people were almost 12 times more likely than *Other Australians* to be hospitalised with a principal diagnosis of *Care involving dialysis*.

Additional data

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

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



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

Abbreviations: ALOS—average length of stay; CC—complication or comorbidity; W/O—without.

Figure 9.1: Interrelationships of a principal diagnosis (S00-S09 Injuries to the head) with other data elements, all hospitals, Australia, 2006-07

Table 9.1: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, public hospitals, Australia, 2006–07

Principal diagnosis	Separations		Same-day separations		Public patient separations		Separations per 10,000 population ^(b)		Patient days	Patient days per 10,000 population ^(b)		ALOS (days) excluding same day
	Separations	Separations	separations	separations	separations	separations	per 10,000 population ^(b)	per 10,000 population ^(b)		ALOS (days)	ALOS (days)	
A00–B99 Certain infectious and parasitic diseases	83,950		20,032	73,232	40.3	332,476	159.4	4.0	4.9			
C00–D48 Neoplasms	257,022		117,335	215,014	123.3	1,278,613	613.2	5.0	8.3			
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	66,631		43,701	56,394	32.0	162,662	78.0	2.4	5.2			
E00–E90 Endocrine, nutritional and metabolic diseases	90,327		35,470	77,456	43.3	442,576	212.2	4.9	7.4			
F00–F99 Mental and behavioural disorders	176,128		42,361	164,380	84.5	1,987,893	953.3	11.3	14.5			
G00–G99 Diseases of the nervous system	103,231		43,435	88,539	49.5	438,043	210.1	4.2	6.6			
H00–H59 Diseases of the eye and adnexa	65,636		55,110	52,266	31.5	83,691	40.1	1.3	2.7			
H60–H95 Diseases of the ear and mastoid process	27,754		16,144	24,199	13.3	46,274	22.2	1.7	2.6			
I00–I99 Diseases of the circulatory system	311,764		69,787	255,255	149.5	1,600,667	767.6	5.1	6.3			
J00–J99 Diseases of the respiratory system	251,046		41,506	216,178	120.4	1,073,807	515.0	4.3	4.9			
K00–K93 Diseases of the digestive system	395,577		176,185	335,719	189.7	1,151,267	552.1	2.9	4.4			
L00–L99 Diseases of the skin and subcutaneous tissue	84,302		30,499	74,350	40.4	345,905	165.9	4.1	5.9			
M00–M99 Diseases of the musculoskeletal system and connective tissue	163,670		68,448	141,163	78.5	634,243	304.2	3.9	5.9			
N00–N99 Diseases of the genitourinary system	206,371		95,023	181,404	99.0	560,718	268.9	2.7	4.2			
O00–O99 Pregnancy, childbirth and the puerperium	336,930		80,548	311,882	161.6	907,325	435.1	2.7	3.2			
P00–P96 Certain conditions originating in the perinatal period	44,507		6,023	41,355	21.3	415,444	199.2	9.3	10.6			
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	23,998		11,294	19,648	11.5	91,105	43.7	3.8	6.3			
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	340,604		152,335	295,729	163.3	739,658	354.7	2.2	3.1			
S00–T98 Injury, poisoning and certain other consequences of external causes	414,496		140,063	334,679	198.8	1,623,829	778.7	3.9	5.4			
Z00–Z99 Factors influencing health status and contact with health services	1,214,253		1,086,098	1,062,699	582.3	3,494,012	1,675.6	2.9	18.8			
Not reported	3,083		1,411	2,770	1.5	28,880	13.8	9.4	16.4			
Total	4,661,280		2,332,808	4,024,311	2,235.4	17,439,088	8,363.3	3.7	6.5			

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

(b) Crude rate based on Australian population as at 31 December 2006.

Abbreviation: ALOS—average length of stay.

Table 9.2: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, private hospitals, Australia, 2006-07

Principal diagnosis	Separations		Same-day separations		Public patient separations		Separations per 10,000 population ^(b)		Patient days per 10,000 population ^(b)		ALOS (days)	
	Separations	Public patient separations	Separations	Public patient separations	Separations per 10,000 population ^(b)	Public patient separations per 10,000 population ^(b)	Patient days per 10,000 population ^(b)	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same day		
A00-B99 Certain infectious and parasitic diseases	12,358	111	3,168	111	5.9	5.9	60,002	28.8	4.9	6.2		
C00-D48 Neoplasms	271,783	2,769	167,755	2,769	130.3	130.3	796,289	381.9	2.9	6.0		
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	29,539	163	21,819	163	14.2	14.2	57,336	27.5	1.9	4.6		
E00-E90 Endocrine, nutritional and metabolic diseases	49,714	382	24,469	382	23.8	23.8	142,828	68.5	2.9	4.7		
F00-F99 Mental and behavioural disorders	128,849	247	96,430	247	61.8	61.8	672,738	322.6	5.2	17.8		
G00-G99 Diseases of the nervous system	71,766	288	23,025	288	34.4	34.4	143,690	68.9	2.0	2.5		
H00-H59 Diseases of the eye and adnexa	147,538	1,051	136,277	1,051	70.8	70.8	150,835	72.3	1.0	1.3		
H60-H95 Diseases of the ear and mastoid process	23,739	62	17,643	62	11.4	11.4	30,259	14.5	1.3	2.1		
I00-I99 Diseases of the circulatory system	158,053	3,072	52,646	3,072	75.8	75.8	616,328	295.6	3.9	5.3		
J00-J99 Diseases of the respiratory system	78,396	471	13,624	471	37.6	37.6	300,274	144.0	3.8	4.4		
K00-K93 Diseases of the digestive system	449,457	2,723	346,489	2,723	215.5	215.5	693,868	332.8	1.5	3.4		
L00-L99 Diseases of the skin and subcutaneous tissue	39,637	292	26,396	292	19.0	19.0	116,879	56.1	2.9	6.8		
M00-M99 Diseases of the musculoskeletal system and connective tissue	243,074	506	104,981	506	116.6	116.6	728,012	349.1	3.0	4.5		
N00-N99 Diseases of the genitourinary system	160,327	1,566	90,628	1,566	76.9	76.9	326,898	156.8	2.0	3.4		
O00-O99 Pregnancy, childbirth and the puerperium	145,094	42	53,553	42	69.6	69.6	470,128	225.5	3.2	4.6		
P00-P96 Certain conditions originating in the perinatal period	10,978	10	416	10	5.3	5.3	82,108	39.4	7.5	7.7		
Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities	10,532	43	5,986	43	5.1	5.1	21,374	10.3	2.0	3.4		
R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	152,767	1,408	100,738	1,408	73.3	73.3	286,199	137.3	1.9	3.6		
S00-T98 Injury, poisoning and certain other consequences of external causes	90,584	823	25,443	823	43.4	43.4	416,259	199.6	4.6	6.0		
Z00-Z99 Factors influencing health status and contact with health services	664,334	33,061	594,839	33,061	318.6	318.6	1,363,151	653.7	2.1	11.1		
Not reported	3,118	11	2,376	11	1.5	1.5	10,022	4.8	3.2	10.3		
Total	2,941,637	49,101	1,908,701	49,101	1,410.7	1,410.7	7,485,477	3,589.8	2.5	5.4		

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

(b) Crude rate based on Australian population as at 31 December 2006.

Abbreviation: ALOS—average length of stay.

Table 9.3: Separations^(a), by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2006-07

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-B99 Certain infectious and parasitic diseases	31,825	20,287	14,094	6,719	6,457	1,422	1,120	2,026	83,950
C00-D48 Neoplasms	79,006	73,614	45,692	23,878	23,410	6,193	3,558	1,671	257,022
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	19,259	21,401	9,165	7,187	6,807	1,325	1,020	467	66,631
E00-E90 Endocrine, nutritional and metabolic diseases	26,515	26,466	14,515	9,496	7,935	2,325	1,348	1,727	90,327
F00-F99 Mental and behavioural disorders	66,261	41,146	27,830	16,625	16,429	4,731	1,593	1,513	176,128
G00-G99 Diseases of the nervous system	29,578	34,230	16,792	8,918	8,695	2,521	1,710	787	103,231
H00-H59 Diseases of the eye and adnexa	22,479	18,855	8,370	7,614	5,972	651	1,055	640	65,636
H60-H95 Diseases of the ear and mastoid process	7,225	7,724	6,050	2,648	2,929	418	372	388	27,754
I00-I99 Diseases of the circulatory system	108,895	81,612	53,431	25,925	26,717	7,263	5,262	2,659	311,764
J00-J99 Diseases of the respiratory system	90,090	63,414	40,158	21,626	22,826	4,915	3,272	4,745	251,046
K00-K93 Diseases of the digestive system	129,690	107,093	64,695	41,487	34,256	8,534	5,543	4,279	395,577
L00-L99 Diseases of the skin and subcutaneous tissue	25,568	20,483	15,718	8,303	8,838	1,801	1,011	2,560	84,302
M00-M99 Diseases of the musculoskeletal system and connective tissue	51,536	45,012	25,479	17,941	14,775	4,477	3,112	1,338	163,670
N00-N99 Diseases of the genitourinary system	67,956	58,310	35,140	18,862	16,561	4,283	3,072	2,187	206,371
O00-O99 Pregnancy, childbirth and the puerperium	109,800	85,254	65,269	31,636	26,952	6,723	4,894	6,402	336,930
P00-P96 Certain conditions originating in the perinatal period	11,976	14,864	8,385	3,343	3,477	854	880	728	44,507
Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities	7,863	6,885	4,360	2,116	1,734	444	413	183	23,998
R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	114,220	102,891	54,271	26,923	28,129	6,453	4,060	3,657	340,604
S00-T98 Injury, poisoning and certain other consequences of external causes	140,261	103,749	80,070	36,689	30,493	9,018	6,978	7,238	414,496
Z00-Z99 Factors influencing health status and contact with health services	319,043	380,952	195,146	132,960	97,255	22,805	25,494	40,598	1,214,253
Not reported	3,083	0	0	0	0	0	0	0	3,083
Total	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280

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

Table 9.4: Separations^(a), by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2006-07

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-B99 Certain infectious and parasitic diseases	2,461	3,033	4,385	1,041	1,040	n.p.	n.p.	n.p.	12,358
C00-D48 Neoplasms	72,777	60,906	76,812	26,446	24,086	n.p.	n.p.	n.p.	271,783
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	5,764	8,971	8,850	2,583	2,345	n.p.	n.p.	n.p.	29,539
E00-E90 Endocrine, nutritional and metabolic diseases	12,809	12,262	12,510	5,589	4,173	n.p.	n.p.	n.p.	49,714
F00-F99 Mental and behavioural disorders	35,307	43,098	29,634	11,493	2,378	n.p.	n.p.	n.p.	128,849
G00-G99 Diseases of the nervous system	19,046	19,276	17,866	6,850	6,280	n.p.	n.p.	n.p.	71,766
H00-H59 Diseases of the eye and adnexa	51,732	30,151	36,573	11,313	10,418	n.p.	n.p.	n.p.	147,538
H60-H95 Diseases of the ear and mastoid process	7,111	4,953	4,600	2,783	3,188	n.p.	n.p.	n.p.	23,739
I00-I99 Diseases of the circulatory system	44,512	42,798	39,060	13,947	12,306	n.p.	n.p.	n.p.	158,053
J00-J99 Diseases of the respiratory system	19,822	19,157	20,407	7,733	7,978	n.p.	n.p.	n.p.	78,396
K00-K93 Diseases of the digestive system	129,888	122,043	107,799	42,770	32,358	n.p.	n.p.	n.p.	449,457
L00-L99 Diseases of the skin and subcutaneous tissue	10,699	10,419	8,891	3,689	4,137	n.p.	n.p.	n.p.	39,637
M00-M99 Diseases of the musculoskeletal system and connective tissue	63,880	63,944	46,580	32,147	24,504	n.p.	n.p.	n.p.	243,074
N00-N99 Diseases of the genitourinary system	50,182	37,631	37,269	15,166	12,362	n.p.	n.p.	n.p.	160,327
O00-O99 Pregnancy, childbirth and the puerperium	36,623	42,208	37,945	15,255	6,745	n.p.	n.p.	n.p.	145,094
P00-P96 Certain conditions originating in the perinatal period	1,787	3,730	2,561	1,906	605	n.p.	n.p.	n.p.	10,978
Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities	3,417	2,463	2,327	1,128	779	n.p.	n.p.	n.p.	10,532
R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	35,432	46,714	38,201	14,847	11,931	n.p.	n.p.	n.p.	152,767
S00-T98 Injury, poisoning and certain other consequences of external causes	22,232	21,796	23,910	9,889	8,879	n.p.	n.p.	n.p.	90,584
Z00-Z99 Factors influencing health status and contact with health services	182,895	162,751	185,834	62,588	52,832	n.p.	n.p.	n.p.	664,334
Not reported	0	3,113	0	0	0	n.p.	n.p.	n.p.	3,118
Total	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637

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

Table 9.5: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations for sectors combined, by hospital sector, Australia, 2002-03 to 2006-07

Principal diagnosis	Private hospitals										Public hospitals										
	Change 2002-03 to 2006-07										Change 2002-03 to 2006-07										
	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	
Z49 Care involving dialysis	103,852	134,025	144,505	154,066	145,533	41,681	628,331	670,323	734,184	792,270	592,391	628,331	670,323	734,184	792,270	199,879					
Z50 Care involving use of rehabilitation procedures	49,778	55,820	69,996	85,061	98,100	48,322	74,389	68,459	70,027	73,103	194										
Z51 Other medical care	139,660	148,923	158,814	164,744	171,854	32,194	137,182	137,271	138,474	144,657	6,779										
R07 Pain in throat and chest	18,188	19,597	20,932	20,608	21,231	3,043	63,587	68,760	75,061	80,956	28,122										
Z45 Adjustment and management of implanted device	15,848	21,719	25,626	32,195	37,165	21,317	17,008	20,374	21,286	22,709	8,652										
E11 Type 2 diabetes mellitus	12,843	14,096	17,898	19,752	21,789	8,946	27,286	30,182	32,976	35,507	11,640										
Z31 Procreative management	25,296	28,686	34,885	36,929	41,206	15,910	3,680	4,613	4,701	4,290	610										
Z12 Special screening examination for neoplasms	16,444	18,224	21,390	23,851	29,714	13,270	6,566	7,095	7,839	8,109	2,658										
H26 Other cataract	67,135	67,996	72,193	73,859	77,169	10,034	35,243	35,548	38,423	39,477	3,998										
R10 Abdominal and pelvic pain	40,759	40,919	42,358	43,872	45,224	4,465	57,515	56,961	59,962	62,686	8,847										
K92 Other diseases of digestive system	21,796	23,888	24,771	25,980	27,986	6,190	22,295	24,038	24,443	25,797	5,559										
C61 Malignant neoplasm of prostate	10,674	13,705	15,604	17,393	19,741	9,067	6,479	6,842	7,739	8,781	2,302										
K52 Other noninfective gastroenteritis and colitis	13,391	13,947	13,603	15,019	15,737	2,346	22,732	25,996	24,945	28,143	8,808										
G47 Sleep disorders	27,886	30,801	33,309	33,911	36,342	8,456	11,873	12,611	13,665	14,358	2,413										
O34 Maternal care for known or suspected abnormality of pelvic organs	9,290	10,151	11,117	12,247	13,150	3,860	12,170	13,462	14,537	16,479	6,325										
D12 Benign neoplasm of colon, rectum, anus and anal canal	27,680	28,392	30,842	31,501	35,706	8,026	10,348	10,029	10,589	12,041	1,693										
F10 Mental and behavioural disorders due to use of alcohol	12,713	14,435	15,150	15,756	16,159	3,446	18,315	18,992	20,002	22,366	6,242										
R19 Other symptoms and signs involving the digestive system and abdomen	12,177	12,426	12,610	14,266	19,033	6,856	4,335	4,936	4,778	6,974	2,639										
M17 Gonarthrosis [arthrosis of knee]	28,076	29,379	31,123	31,547	33,831	5,755	14,296	14,857	15,740	17,794	3,498										
D50 Iron deficiency anaemia	8,427	9,067	10,304	10,574	11,196	2,769	11,789	12,957	14,242	15,564	6,353										
I48 Atrial fibrillation and flutter	11,000	10,987	12,033	12,868	14,246	3,246	25,656	25,204	26,263	28,642	5,717										
I20 Angina pectoris	24,354	23,305	22,963	22,451	21,579	-2,775	58,858	58,604	57,266	54,791	-5,328										
N39 Other disorders of urinary system	12,760	12,429	13,258	13,083	13,295	535	28,070	29,034	31,505	34,080	7,508										
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	22,202	23,979	25,726	26,943	30,038	7,836	15,390	15,543	15,010	15,459	69										
I21 Acute myocardial infarction	8,396	8,591	8,602	9,229	9,142	746	35,371	38,294	39,031	40,305	7,154										
Z34 Supervision of normal pregnancy	48	55	343	279	316	268	277	477	5,469	7,538	7,261										
H35 Other retinal disorders	1,405	1,771	2,265	3,355	8,591	7,186	1,127	1,030	882	993	-102										
R55 Syncope and collapse	4,076	4,256	4,615	4,943	5,021	945	19,122	20,367	21,753	23,269	5,476										
L03 Cellulitis	5,588	5,616	5,545	5,982	5,904	316	25,509	26,626	27,694	29,443	5,563										
O70 Perineal laceration during delivery	14,633	14,468	14,448	14,717	14,495	-138	33,343	35,415	36,513	38,869	5,526										

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Postinpatient organ procurement* have been excluded.
 Note: Principal diagnoses have been ordered by the sum of the absolute values of the changes in the number of separations in the public and private sectors combined between 2002-03 and 2006-07.

Table 9.6: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the largest changes in the total numbers of separations, by patient election status, Australia, 2002-03 to 2006-07

Principal diagnosis	Private patients										Public patients										Change						
	2002-03					2003-04					2004-05					2005-06					2006-07					2002-03 to 2006-07	
	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2003-04	2004-05	2005-06	2006-07	2002-03	2006-07					
Z49	139,932	166,009	176,229	193,547	208,868	68,936	556,009	638,546	694,669	728,745	172,736	595,995	638,546	694,669	728,745	172,736	595,995	638,546	694,669	728,745	172,736	694,669	728,745				
Z50	60,659	67,466	82,144	98,334	112,115	51,456	61,909	62,723	56,706	58,917	-2,992	62,723	56,280	56,706	58,917	-2,992	62,723	56,280	56,706	58,917	-2,992	56,706	58,917				
Z51	149,742	158,650	170,306	175,536	185,543	35,801	126,906	124,811	126,653	129,749	2,843	126,906	124,811	126,653	129,749	2,843	126,906	124,811	126,653	129,749	2,843	126,653	129,749				
R07	24,455	26,855	28,197	28,274	31,027	6,572	57,015	61,381	73,149	81,750	24,735	57,015	61,381	73,149	81,750	24,735	57,015	61,381	73,149	81,750	24,735	73,149	81,750				
Z45	17,535	24,107	28,024	34,778	39,627	22,092	15,231	17,964	18,763	23,083	7,852	15,231	17,964	18,763	23,083	7,852	15,231	17,964	18,763	23,083	7,852	18,763	23,083				
E11	15,535	17,609	21,507	24,076	26,876	11,341	24,448	26,636	31,083	33,643	9,195	24,448	26,636	29,213	31,083	33,643	24,448	26,636	29,213	31,083	33,643	29,213	31,083				
Z31	26,835	31,229	37,073	39,217	43,429	16,594	1,483	2,020	1,763	2,008	525	1,483	2,020	2,430	1,763	2,008	1,483	2,020	2,430	1,763	2,008	1,763	2,008				
Z12	16,851	18,808	22,120	24,776	31,473	14,622	6,112	6,510	7,099	7,464	1,352	6,112	6,510	7,099	7,464	1,352	6,112	6,510	7,099	7,464	1,352	7,099	7,464				
H26	72,352	74,715	78,477	80,575	83,313	10,961	29,463	28,813	32,580	32,277	2,814	29,463	28,813	32,580	32,277	2,814	29,463	28,813	32,580	32,277	2,814	32,580	32,277				
R10	44,738	45,454	46,866	48,715	51,588	6,850	53,118	52,280	57,689	59,816	6,698	53,118	52,280	57,689	59,816	6,698	53,118	52,280	57,689	59,816	6,698	57,689	59,816				
K92	24,063	26,687	27,608	29,231	32,198	8,135	19,831	21,223	21,568	23,622	3,791	19,831	21,223	21,568	23,622	3,791	19,831	21,223	21,568	23,622	3,791	21,568	23,622				
C61	11,786	14,973	17,045	18,873	21,323	9,537	5,271	5,568	6,280	7,169	1,898	5,271	5,568	6,280	7,169	1,898	5,271	5,568	6,280	7,169	1,898	6,280	7,169				
K52	15,358	16,696	16,099	18,027	19,699	4,341	20,612	23,182	22,371	25,065	6,873	20,612	23,182	22,371	25,065	6,873	20,612	23,182	22,371	25,065	6,873	22,371	25,065				
G47	28,481	31,963	35,010	35,949	38,597	10,116	11,034	11,437	11,897	12,261	961	11,034	11,437	11,897	12,261	961	11,034	11,437	11,897	12,261	961	11,897	12,261				
O34	10,238	11,357	12,355	13,632	14,996	4,758	11,140	12,232	13,229	15,017	5,426	11,140	12,232	13,229	15,017	5,426	11,140	12,232	13,229	15,017	5,426	13,229	15,017				
F10	13,063	15,143	15,908	16,425	17,031	3,968	17,668	18,265	19,220	21,648	5,975	17,668	18,265	19,220	21,648	5,975	17,668	18,265	19,220	21,648	5,975	19,220	21,648				
D12	28,396	29,277	31,795	32,629	37,455	9,059	9,580	9,141	9,627	10,291	711	9,580	9,141	9,627	10,291	711	9,580	9,141	9,627	10,291	711	9,627	10,291				
R19	12,414	12,928	13,090	14,866	20,421	8,007	4,015	4,429	4,568	5,581	1,566	4,015	4,429	4,568	5,581	1,566	4,015	4,429	4,568	5,581	1,566	4,568	5,581				
M17	28,653	30,397	32,168	32,407	35,160	6,507	13,660	13,835	14,689	16,447	2,787	13,660	13,835	14,689	16,447	2,787	13,660	13,835	14,689	16,447	2,787	14,689	16,447				
D50	9,550	10,482	11,813	12,343	13,558	4,008	10,582	11,533	12,721	13,789	5,185	10,582	11,533	12,721	13,789	5,185	10,582	11,533	12,721	13,789	5,185	12,721	13,789				
I48	15,204	15,485	16,651	17,999	20,354	5,150	21,257	20,686	21,598	25,239	3,982	21,257	20,686	21,598	25,239	3,982	21,257	20,686	21,598	25,239	3,982	21,598	25,239				
Z09	23,428	25,438	27,194	28,484	31,971	8,543	14,092	14,077	13,529	13,513	-579	14,092	14,077	13,529	13,513	-579	14,092	14,077	13,529	13,513	-579	13,529	13,513				
N39	15,791	16,018	17,317	17,631	18,738	2,947	24,918	25,401	27,388	30,076	5,158	24,918	25,401	27,388	30,076	5,158	24,918	25,401	27,388	30,076	5,158	27,388	30,076				
I21	13,865	14,828	15,141	16,036	16,561	2,696	29,695	31,912	32,344	33,558	5,309	29,695	31,912	32,344	33,558	5,309	29,695	31,912	32,344	33,558	5,309	32,344	33,558				
I20	33,205	32,168	31,907	30,345	29,540	-3,665	49,666	49,640	48,181	45,480	-4,186	49,666	49,640	48,181	45,480	-4,186	49,666	49,640	48,181	45,480	-4,186	48,181	45,480				
Z34	57	80	446	462	571	514	268	450	5,277	7,198	6,930	268	450	5,277	7,198	6,930	268	450	5,277	7,198	6,930	5,277	7,198				
H35	1,716	2,151	2,542	3,684	8,914	7,198	809	647	581	659	-150	7,198	809	647	581	659	-150	7,198	809	647	581	644	659				
R55	7,121	7,817	8,375	8,854	9,543	2,422	15,991	16,782	17,954	20,048	4,057	15,991	16,782	17,954	20,048	4,057	15,991	16,782	17,954	20,048	4,057	17,954	20,048				
Z41	11,247	12,453	15,227	15,694	15,746	4,499	4,942	4,232	4,159	3,042	-1,900	4,942	4,232	4,159	3,042	-1,900	4,942	4,232	4,159	3,042	-1,900	3,042	3,042				
K21	39,498	39,295	40,447	40,863	43,921	4,423	18,679	17,758	17,448	17,359	-1,559	18,679	17,758	17,448	17,359	-1,559	18,679	17,758	17,448	17,359	-1,559	17,448	17,359				

(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Postinpatient organ procurement* have been excluded. Note: Principal diagnoses have been ordered by the sum of the absolute values of the changes in the number of separations for public and private patients combined between 2002-03 and 2006-07.

Table 9.7: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, public hospitals, Australia, 2006–07

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)		Patient days	Patient days per 10,000 population ^(b)		ALOS (days)
			Separations	Public patient separations		Patient days	Patient days per 10,000 population ^(b)	
Z50 Care involving use of rehabilitation procedures	56,475	42,882	27.1	1,416,819	679.5	25.1		
R07 Pain in throat and chest	54,564	47,205	26.2	101,488	48.7	1.9		
I20 Angina pectoris	40,650	34,016	19.5	147,419	70.7	3.6		
J44 Other chronic obstructive pulmonary disease	40,313	34,067	19.3	288,176	138.2	7.1		
J18 Pneumonia, organism unspecified	40,037	32,727	19.2	252,345	121.0	6.3		
O70 Perineal laceration during delivery	37,753	34,651	18.1	108,090	51.8	2.9		
I21 Acute myocardial infarction	37,007	29,790	17.7	224,343	107.6	6.1		
K80 Cholelithiasis	32,448	28,806	15.6	110,610	53.0	3.4		
R10 Abdominal and pelvic pain	31,631	27,954	15.2	74,724	35.8	2.4		
I50 Heart failure	31,370	24,855	15.0	248,662	119.3	7.9		
L03 Cellulitis	27,517	23,403	13.2	156,769	75.2	5.7		
N39 Other disorders of urinary system	27,382	22,598	13.1	152,287	73.0	5.6		
O80 Single spontaneous delivery	24,341	23,140	11.7	53,487	25.7	2.2		
E11 Type 2 diabetes mellitus	23,966	20,719	11.5	224,923	107.9	9.4		
J45 Asthma	23,237	21,025	11.1	53,297	25.6	2.3		
I48 Atrial fibrillation and flutter	22,663	17,693	10.9	93,571	44.9	4.1		
F20 Schizophrenia	22,631	21,794	10.9	678,970	325.6	30.0		
S52 Fracture of forearm	21,664	17,275	10.4	56,132	26.9	2.6		
S72 Fracture of femur	20,897	15,302	10.0	243,297	116.7	11.6		
T81 Complications of procedures, not elsewhere classified	19,118	15,792	9.2	129,984	62.3	6.8		
S82 Fracture of lower leg, including ankle	18,087	13,357	8.7	116,676	56.0	6.5		
O34 Maternal care for known or suspected abnormality of pelvic organs	18,035	16,157	8.6	70,149	33.6	3.9		
K35 Acute appendicitis	17,477	14,756	8.4	58,867	28.2	3.4		
K52 Other noninfective gastroenteritis and colitis	17,237	14,357	8.3	61,356	29.4	3.6		
Z75 Problems related to medical facilities and other health care	17,163	14,155	8.2	666,983	319.9	38.9		
F10 Mental and behavioural disorders due to use of alcohol	17,098	16,349	8.2	94,289	45.2	5.5		
F32 Depressive episode	16,712	15,621	8.0	189,230	90.7	11.3		
R55 Syncope and collapse	16,452	12,861	7.9	54,838	26.3	3.3		
P07 Disorders related to short gestation and low birth weight, not elsewhere classified	15,266	13,624	7.3	290,247	139.2	19.0		
K40 Inguinal hernia	14,982	12,965	7.2	27,183	13.0	1.8		
Other	1,522,627	1,295,299	730.2	8,633,600	4,140.4	5.7		
Not reported	1,672	1,440	0.8	27,469	13.2	16.4		
Total	2,328,472	1,976,635	1,116.7	15,106,280	7,244.5	6.5		

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

(b) Crude rate based on Australian population as at 31 December 2006.

Table 9.8: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of overnight separations, private hospitals, Australia, 2006-07

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)
Z50 Care involving use of rehabilitation procedures	37,004	454	17.7	596,910	286.3	16.1
G47 Sleep disorders	35,487	32	17.0	38,916	18.7	1.1
M17 Gonarthrosis [arthrosis of knee]	22,908	83	11.0	153,785	73.8	6.7
K40 Inguinal hernia	20,289	73	9.7	30,135	14.5	1.5
M75 Shoulder lesions	19,009	26	9.1	32,308	15.5	1.7
I20 Angina pectoris	17,493	81	8.4	73,193	35.1	4.2
K80 Cholelithiasis	17,219	138	8.3	43,393	20.8	2.5
J35 Chronic diseases of tonsils and adenoids	15,688	27	7.5	16,774	8.0	1.1
O70 Perineal laceration during delivery	14,467	1	6.9	60,628	29.1	4.2
R07 Pain in throat and chest	13,568	125	6.5	29,911	14.3	2.2
I25 Chronic ischaemic heart disease	13,330	25	6.4	45,560	21.8	3.4
O34 Maternal care for known or suspected abnormality of pelvic organs	13,021	0	6.2	65,808	31.6	5.1
M16 Coxarthrosis [arthrosis of hip]	13,002	63	6.2	97,783	46.9	7.5
M23 Internal derangement of knee	10,481	32	5.0	14,670	7.0	1.4
N40 Hyperplasia of prostate	10,307	44	4.9	35,033	16.8	3.4
C50 Malignant neoplasm of breast	10,062	92	4.8	36,240	17.4	3.6
C61 Malignant neoplasm of prostate	9,940	71	4.8	52,848	25.3	5.3
I48 Atrial fibrillation and flutter	9,475	35	4.5	37,424	17.9	3.9
M51 Other intervertebral disc disorders	9,444	2	4.5	50,530	24.2	5.4
J34 Other disorders of nose and nasal sinuses	9,250	11	4.4	10,473	5.0	1.1
N81 Female genital prolapse	9,090	23	4.4	36,026	17.3	4.0
T81 Complications of procedures, not elsewhere classified	8,994	42	4.3	57,384	27.5	6.4
I50 Heart failure	8,791	64	4.2	83,650	40.1	9.5
J18 Pneumonia, organism unspecified	8,481	75	4.1	70,901	34.0	8.4
C44 Other malignant neoplasms of skin	8,182	57	3.9	29,074	13.9	3.6
I21 Acute myocardial infarction	8,158	87	3.9	53,851	25.8	6.6
N39 Other disorders of urinary system	8,055	47	3.9	41,911	20.1	5.2
I83 Varicose veins of lower extremities	7,984	38	3.8	15,125	7.3	1.9
R10 Abdominal and pelvic pain	7,941	55	3.8	24,851	11.9	3.1
E11 Type 2 diabetes mellitus	7,373	38	3.5	56,231	27.0	7.6
Other	627,701	4,492	301.0	3,577,804	1,715.8	5.7
Not reported	742	9	0.4	7,646	3.7	10.3
Total	1,032,936	6,442	495.4	5,576,776	2,674.5	5.4

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

(b) Crude rate based on Australian population as at 31 December 2006.

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

Table 9.9: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same-day separations, public hospitals, Australia, 2006–07

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)
Z49 Care involving dialysis	788,829	697,986	378.3
Z51 Other medical care	143,209	125,351	68.7
H26 Other cataract	37,264	29,840	17.9
R07 Pain in throat and chest	37,145	34,124	17.8
R10 Abdominal and pelvic pain	34,731	31,684	16.7
Z45 Adjustment and management of implanted device	23,886	21,323	11.5
C44 Other malignant neoplasms of skin	20,631	18,353	9.9
Z08 Follow-up examination after treatment for malignant neoplasms	17,722	15,864	8.5
K92 Other diseases of digestive system	17,154	14,829	8.2
Z50 Care involving use of rehabilitation procedures	16,628	15,575	8.0
E11 Type 2 diabetes mellitus	14,960	12,688	7.2
K21 Gastro-oesophageal reflux disease	14,862	12,447	7.1
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	14,521	12,552	7.0
K29 Gastritis and duodenitis	14,447	12,565	6.9
K52 Other noninfective gastroenteritis and colitis	14,303	13,043	6.9
I20 Angina pectoris	12,880	10,973	6.2
K02 Dental caries	12,634	11,011	6.1
Z30 Contraceptive management	11,772	10,602	5.6
D50 Iron deficiency anaemia	11,759	10,278	5.6
S01 Open wound of head	11,358	10,105	5.4
O04 Medical abortion	11,321	9,367	5.4
G56 Mononeuropathies of upper limb	11,221	10,180	5.4
Z47 Other orthopaedic follow-up care	10,516	9,012	5.0
M54 Dorsalgia	10,359	8,865	5.0
D12 Benign neoplasm of colon, rectum, anus and anal canal	9,908	8,290	4.8
M23 Internal derangement of knee	9,848	8,591	4.7
I84 Haemorrhoids	9,785	8,373	4.7
S52 Fracture of forearm	9,711	8,546	4.7
N92 Excessive, frequent and irregular menstruation	9,702	8,831	4.7
F32 Depressive episode	9,529	7,731	4.6
Other	958,802	837,367	459.8
Not reported	1,411	1,330	0.7
Total	2,332,808	2,047,676	1,118.7

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

(b) Crude rate based on Australian population as at 31 December 2006.

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

Table 9.10: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same-day separations, private hospitals, Australia, 2006-07

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)
Z51 Other medical care	171,547	3,158	82.3
Z49 Care involving dialysis	145,133	27,505	69.6
H26 Other cataract	71,056	844	34.1
Z50 Care involving use of rehabilitation procedures	61,096	6	29.3
K01 Embedded and impacted teeth	58,621	11	28.1
C44 Other malignant neoplasms of skin	45,406	220	21.8
Z31 Procreative management	40,750	460	19.5
K21 Gastro-oesophageal reflux disease	38,924	129	18.7
O04 Medical abortion	38,785	n.p.	18.6
R10 Abdominal and pelvic pain	37,283	123	17.9
Z45 Adjustment and management of implanted device	34,634	212	16.6
M23 Internal derangement of knee	33,096	43	15.9
D12 Benign neoplasm of colon, rectum, anus and anal canal	33,094	107	15.9
Z12 Special screening examination for neoplasms	29,463	139	14.1
H25 Senile cataract	29,295	68	14.0
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	29,239	94	14.0
K29 Gastritis and duodenitis	25,381	109	12.2
K92 Other diseases of digestive system	24,983	106	12.0
I84 Haemorrhoids	23,971	38	11.5
Z08 Follow-up examination after treatment for malignant neoplasms	23,898	334	11.5
K63 Other diseases of intestine	22,233	75	10.7
K57 Diverticular disease of intestine	21,386	68	10.3
F32 Depressive episode	21,047	0	10.1
R19 Other symptoms and signs involving the digestive system and abdomen	18,377	33	8.8
K02 Dental caries	17,418	21	8.4
F33 Recurrent depressive disorder	15,694	0	7.5
G56 Mononeuropathies of upper limb	15,368	55	7.4
K62 Other diseases of anus and rectum	14,977	68	7.2
E11 Type 2 diabetes mellitus	14,416	198	6.9
K22 Other diseases of oesophagus	14,321	34	6.9
Other	735,433	8,398	352.7
Not reported	2,376	n.p.	1.1
Total	1,908,701	42,659	915.4

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

(b) Crude rate based on Australian population as at 31 December 2006.

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

Table 9.11: Selected separation statistics^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia, 2006–07

Principal diagnosis	Separations	Public patient separations	Separations per 10,000 population ^(b)
Z49 Care involving dialysis	52,420	16,719	25.1
Z51 Other medical care	38,127	1,259	18.3
O04 Medical abortion	36,601	0	17.6
H26 Other cataract	28,722	572	13.8
H25 Senile cataract	25,067	38	12.0
Z31 Procreative management	19,211	460	9.2
C44 Other malignant neoplasms of skin	18,139	168	8.7
K21 Gastro-oesophageal reflux disease	17,230	0	8.3
R10 Abdominal and pelvic pain	15,582	n.p.	7.5
D12 Benign neoplasm of colon, rectum, anus and anal canal	13,463	0	6.5
K01 Embedded and impacted teeth	12,564	n.p.	6.0
K29 Gastritis and duodenitis	12,153	0	5.8
K63 Other diseases of intestine	11,000	0	5.3
Z12 Special screening examination for neoplasms	10,911	n.p.	5.2
I84 Haemorrhoids	10,396	n.p.	5.0
K57 Diverticular disease of intestine	9,929	n.p.	4.8
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	9,713	0	4.7
H35 Other retinal disorders	7,223	0	3.5
K92 Other diseases of digestive system	6,619	0	3.2
K62 Other diseases of anus and rectum	6,507	39	3.1
E11 Type 2 diabetes mellitus	6,067	93	2.9
K02 Dental caries	5,964	0	2.9
R19 Other symptoms and signs involving the digestive system and abdomen	5,925	n.p.	2.8
K30 Dyspepsia	5,837	0	2.8
K22 Other diseases of oesophagus	5,579	0	2.7
Z41 Procedures for purposes other than remedying health state	5,118	n.p.	2.5
H02 Other disorders of eyelid	4,864	21	2.3
K59 Other functional intestinal disorders	4,256	0	2.0
N97 Female infertility	4,166	28	2.0
Z08 Follow-up examination after treatment for malignant neoplasms	4,107	0	2.0
Other	155,273	4,041	74.5
Not reported	1,742	0	0.8
Total	570,475	23,450	273.6

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

(b) Crude rate based on Australian population as at 31 December 2006.

Table 9.12: Selected separation statistics^(a), by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2006-07

Principal diagnosis	Separations	Same-day separations		Public patient separations		Separations per 10,000 population ^(b)		Patient days	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same day
		Separations	separations	Public patient separations	separations	population ^(b)	population ^(b)				
A00-B99	1	0	1	0.0	0.0	28	0.0	28.0	0.0		
C00-D48	2	0	2	0.0	0.0	136	0.1	68.0	0.0		
D50-D89	0	0	0	0.0	0.0	0	0.0	0.0	0.0		
E00-E90	2	0	2	0.0	0.0	26	0.0	13.0	13.0		
F00-F03	180	4	170	0.1	10.1	21,162	10.1	117.6	120.2		
F04-F09	135	2	131	0.1	3.1	6,515	3.1	48.3	49.0		
F10	897	69	888	0.4	11.6	24,290	11.6	27.1	29.3		
F11-F19	1,368	35	1,361	0.7	5.6	11,664	5.6	8.5	8.7		
F20	3,038	60	2,769	1.5	113.8	237,253	113.8	78.1	79.6		
F21-F29	1,618	30	1,553	0.8	23.5	49,040	23.5	30.3	30.9		
F30	69	1	65	0.0	0.5	1,082	0.5	15.7	15.9		
F31	1,097	110	1,077	0.5	13.5	28,093	13.5	25.6	28.4		
F32-F33	1,397	257	1,379	0.7	12.6	26,254	12.6	18.8	22.8		
F34-F39	155	8	154	0.1	0.7	1,553	0.7	10.0	10.5		
F40-F48	1,819	429	1,799	0.9	4.5	9,472	4.5	5.2	6.5		
F50	7	0	7	0.0	0.1	231	0.1	33.0	33.0		
F51-F59											
F60-F69	12	0	12	0.0	0.1	187	0.1	15.6	15.6		
F70-F79	581	30	576	0.3	3.1	6,525	3.1	11.2	11.8		
F80-F89	46	3	46	0.0	5.7	11,902	5.7	258.7	276.7		
F90-F98	125	94	123	0.1	0.5	987	0.5	7.9	28.8		
F99	913	814	913	0.4	0.7	1,483	0.7	1.6	6.8		
G00-G99	87	1	17	0.0	1.4	2,890	1.4	33.2	33.6		
H00-H95	116	0	107	0.1	8.7	18,209	8.7	157.0	157.0		
I00-I99	1	1	2	3.0	5.0	4	5.0	0.0	0.0		
J00-L99	1	0	1	0.0	0.0	26	0.0	26.0	26.0		
M00-M99	0	0	0	0.0	0.0	0	0.0	0.0	0.0		
N00-N99	1	0	1	0.0	0.0	2	0.0	2.0	0.0		
O00-O99	0	1	2	3.0	5.0	4	5.0	0.0	0.0		
P00-P96	4	0	4	0.0	0.0	35	0.0	8.8	8.8		
Q00-Q99	0	0	0	0.0	0.0	0	0.0	0.0	0.0		
R00-R99	61	3	59	0.0	0.8	1,611	0.8	26.4	27.7		
S00-T98	4	1	4	0.0	0.0	15	0.0	3.8	4.7		
Z03.2, Z81, Z86.5	0	1	2	3.0	5.0	4	5.0	0.0	0.0		
Z00-Z99 ^(c)	1,294	84	1,287	0.6	89.7	186,966	89.7	144.5	154.4		
Not reported	176	124	176	0.1	4.9	10,292	4.9	58.5	195.5		
Total	15,206	2,162	14,690	16.3	330.5	657,941	330.5	43.3	50.3		

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

(b) Crude rate based on Australian population as at 31 December 2006.

(c) Excluding Z03.2, Z81 and Z86.5 from the above row.

Table 9.13: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2006–07

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	237,850	229,147	118,956	82,388	54,656	13,243	20,134	35,896	792,270
Z51 Other medical care	5,013	70,714	23,166	22,459	17,882	3,171	633	1,619	144,657
R07 Pain in throat and chest	31,315	23,869	17,398	6,945	8,465	1,495	1,119	1,103	91,709
Z50 Care involving use of rehabilitation procedures	23,869	16,825	14,622	7,261	7,252	988	1,833	453	73,103
R10 Abdominal and pelvic pain	20,469	21,894	10,307	5,850	5,044	1,233	860	705	66,362
I20 Angina pectoris	16,536	13,302	11,544	5,051	4,296	1,490	918	393	53,530
J18 Pneumonia, organism unspecified	16,215	11,926	6,372	3,549	3,458	924	622	1,294	44,360
J44 Other chronic obstructive pulmonary disease	16,376	10,858	7,405	3,299	4,128	1,094	391	593	44,144
I21 Acute myocardial infarction	15,308	11,290	7,499	3,214	3,413	870	544	387	42,525
H26 Other cataract	13,831	11,567	4,983	3,998	3,271	373	840	378	39,241
E11 Type 2 diabetes mellitus	11,416	11,317	6,248	4,222	3,356	879	591	897	38,926
O70 Perineal laceration during delivery	16,576	7,213	6,979	3,303	2,901	615	870	412	38,869
K80 Cholelithiasis	13,514	10,178	6,616	3,351	3,062	893	602	383	38,599
N39 Other disorders of urinary system	12,962	9,543	5,912	3,060	2,654	590	474	383	35,578
I50 Heart failure	12,585	9,441	5,307	2,920	2,897	738	408	324	34,620
K52 Other noninfective gastroenteritis and colitis	9,806	10,362	4,582	2,705	2,884	584	367	240	31,540
S52 Fracture of forearm	11,507	7,549	5,941	2,645	2,010	583	651	489	31,375
I48 Atrial fibrillation and flutter	11,572	8,109	4,867	2,584	2,737	756	519	229	31,373
L03 Cellulitis	10,908	7,584	5,811	2,719	2,139	578	430	903	31,072
J45 Asthma	10,002	8,537	4,414	2,464	3,145	574	374	389	29,899
K92 Other diseases of digestive system	10,322	7,885	3,878	2,604	2,051	572	212	330	27,854
O80 Single spontaneous delivery	10,263	3,415	7,342	2,237	1,617	622	579	473	26,548
F32 Depressive episode	9,358	7,110	3,735	2,317	2,536	932	151	102	26,241
C44 Other malignant neoplasms of skin	6,814	6,931	6,402	2,309	2,750	610	243	146	26,205
Z45 Adjustment and management of implanted device	1,918	13,862	6,146	1,526	724	921	479	84	25,660
F20 Schizophrenia	8,045	6,843	4,999	2,325	2,165	561	269	321	25,528
R55 Syncope and collapse	9,182	6,772	3,925	1,422	2,449	448	245	155	24,598
F10 Mental and behavioural disorders due to use of alcohol	10,439	4,624	4,005	2,457	1,992	527	185	328	24,557
T81 Complications of procedures, not elsewhere classified	7,647	6,048	4,306	2,268	1,825	488	408	477	23,467
S72 Fracture of femur	8,745	5,681	3,866	1,987	1,945	491	377	143	23,235
Other	858,683	733,846	457,097	255,457	230,943	59,303	39,439	35,784	2,670,552
Not reported	3,083	0	0	0	0	0	0	0	3,083
Total	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280

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

Table 9.14: Separations^(a) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2006–07

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	31,758	45,345	53,489	18,651	15,082	n.p.	n.p.	n.p.	171,854
Z49 Care involving dialysis	21,202	34,719	52,260	20,398	16,926	n.p.	n.p.	n.p.	145,533
Z50 Care involving use of rehabilitation procedures	56,463	15,018	19,844	1,094	5,053	n.p.	n.p.	n.p.	98,100
H26 Other cataract	29,076	17,542	14,165	6,085	5,751	n.p.	n.p.	n.p.	77,169
K01 Embedded and impacted teeth	17,000	16,173	10,997	9,077	4,779	n.p.	n.p.	n.p.	59,963
C44 Other malignant neoplasms of skin	15,434	10,589	15,116	4,114	6,167	n.p.	n.p.	n.p.	53,588
R10 Abdominal and pelvic pain	10,434	15,671	11,559	4,096	2,194	n.p.	n.p.	n.p.	45,224
M23 Internal derangement of knee	12,466	10,003	8,690	4,631	5,503	n.p.	n.p.	n.p.	43,577
Z31 Procreative management	13,447	9,773	9,858	2,710	3,443	n.p.	n.p.	n.p.	41,206
K21 Gastro-oesophageal reflux disease	11,290	11,558	10,603	3,683	2,584	n.p.	n.p.	n.p.	40,858
O04 Medical abortion	7,356	14,524	13,910	2,963	184	n.p.	n.p.	n.p.	39,028
Z45 Adjustment and management of implanted device	5,665	14,934	10,629	2,576	2,428	n.p.	n.p.	n.p.	37,165
G47 Sleep disorders	10,698	10,008	8,642	2,640	3,192	n.p.	n.p.	n.p.	36,342
D12 Benign neoplasm of colon, rectum, anus and anal canal	12,369	6,307	10,459	3,194	2,555	n.p.	n.p.	n.p.	35,706
M17 Gonarthrosis [arthrosis of knee]	10,211	8,383	6,906	3,586	3,118	n.p.	n.p.	n.p.	33,831
Z09 malignant neoplasms	9,900	8,178	6,848	2,572	1,855	n.p.	n.p.	n.p.	30,038
H25 Senile cataract	7,255	5,479	13,114	1,678	1,836	n.p.	n.p.	n.p.	29,757
Z12 Special screening examination for neoplasms	8,730	7,684	7,996	3,538	791	n.p.	n.p.	n.p.	29,714
I84 Haemorrhoids	9,084	7,942	5,815	2,827	1,928	n.p.	n.p.	n.p.	28,594
K92 Other diseases of digestive system	9,417	7,016	6,861	2,064	1,786	n.p.	n.p.	n.p.	27,986
F32 Depressive episode	8,740	7,944	6,177	3,219	208	n.p.	n.p.	n.p.	27,690
K57 Diverticular disease of intestine	6,892	7,296	8,104	1,906	1,540	n.p.	n.p.	n.p.	26,465
K29 Gastritis and duodenitis	8,529	8,245	5,817	2,053	1,442	n.p.	n.p.	n.p.	26,453
Z08 Follow-up examination after treatment for malignant neoplasms	8,503	6,481	5,670	2,020	1,539	n.p.	n.p.	n.p.	25,262
K40 Inguinal hernia	7,888	5,628	5,635	2,419	1,895	n.p.	n.p.	n.p.	24,729
K63 Other diseases of intestine	9,288	6,090	4,920	1,282	1,166	n.p.	n.p.	n.p.	23,169
E11 Type 2 diabetes mellitus	6,217	5,286	5,608	2,076	1,731	n.p.	n.p.	n.p.	21,789
I20 Angina pectoris	5,617	5,319	6,512	1,998	1,513	n.p.	n.p.	n.p.	21,579
R07 Pain in throat and chest	3,272	5,785	6,185	2,181	3,137	n.p.	n.p.	n.p.	21,231
I25 Chronic ischaemic heart disease	8,474	5,046	4,071	1,415	1,183	n.p.	n.p.	n.p.	21,163
Other	425,701	418,338	385,554	166,417	126,815	n.p.	n.p.	n.p.	1,593,756
Not reported	0	3,113	0	0	0	n.p.	n.p.	n.p.	3,118
Total	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637

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

Table 9.15: Average length of stay^(a) (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, states and territories, 2006–07

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z51 Other medical care	1.9	1.0	1.2	1.0	1.0	1.1	1.1	1.1	1.1
R07 Pain in throat and chest	1.7	1.3	1.5	1.3	1.7	1.5	1.2	1.7	1.5
Z50 Care involving use of rehabilitation procedures	20.9	23.0	15.3	21.1	16.0	27.0	12.7	9.5	19.6
R10 Abdominal and pelvic pain	1.8	1.5	1.6	1.7	1.8	1.6	1.6	1.9	1.6
I20 Angina pectoris	3.4	2.6	3.0	2.4	3.2	3.1	2.7	3.2	3.0
J18 Pneumonia, organism unspecified	6.1	5.7	5.1	5.1	6.5	6.2	6.5	5.3	5.8
J44 Other chronic obstructive pulmonary disease	6.9	6.2	6.5	6.6	6.6	7.3	7.0	7.0	6.6
I21 Acute myocardial infarction	5.8	5.3	5.3	4.6	5.8	4.0	3.9	5.9	5.4
H26 Other cataract	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
E11 Type 2 diabetes mellitus	6.6	5.6	6.7	5.5	6.1	6.6	5.0	8.1	6.2
O70 Perineal laceration during delivery	2.9	2.7	2.5	3.0	3.0	2.9	2.5	3.3	2.8
K80 Cholelithiasis	3.1	3.0	2.8	3.2	3.1	3.0	2.7	3.4	3.0
N39 Other disorders of urinary system	5.0	4.1	4.1	4.2	4.9	4.3	4.4	4.4	4.5
I50 Heart failure	8.1	6.8	6.7	6.8	7.1	7.7	7.3	6.1	7.3
K52 Other noninfective gastroenteritis and colitis	2.7	2.0	2.4	2.1	2.9	2.8	1.9	3.7	2.4
S52 Fracture of forearm	2.1	2.2	1.9	1.9	2.6	2.0	2.1	3.8	2.1
I48 Atrial fibrillation and flutter	3.6	3.3	2.9	2.5	3.4	2.9	2.3	3.0	3.3
L03 Cellulitis	5.4	5.5	4.6	4.8	5.1	5.9	5.1	4.2	5.2
J45 Asthma	2.1	1.9	1.8	2.0	2.0	1.9	2.0	2.1	2.0
K92 Other diseases of digestive system	2.3	2.1	2.3	1.8	2.3	2.3	2.8	2.4	2.2
O80 Single spontaneous delivery	2.2	2.2	1.8	2.2	2.1	2.2	1.9	2.6	2.1
F32 Depressive episode	7.8	6.9	7.0	9.3	8.7	5.1	12.6	6.7	7.6
C44 Other malignant neoplasms of skin	2.5	1.9	1.6	1.8	1.8	2.1	1.8	1.6	1.9
Z45 Adjustment and management of implanted device	1.3	1.1	1.1	1.1	1.2	1.0	1.0	1.4	1.1
F20 Schizophrenia	27.9	24.0	32.1	27.5	16.7	42.6	18.1	14.7	26.7
R55 Syncope and collapse	2.7	2.3	2.4	2.5	2.8	2.5	1.8	3.6	2.6
F10 Mental and behavioural disorders due to use of alcohol	4.9	3.2	4.0	3.5	3.5	5.1	2.0	3.0	4.1
T81 Complications of procedures, not elsewhere classified	5.7	5.9	5.4	6.0	5.9	6.5	5.5	4.4	5.7
S72 Fracture of femur	10.6	11.7	10.3	8.0	9.6	10.6	9.2	17.9	10.6
Other	4.3	3.7	3.9	3.9	4.6	4.4	4.2	4.5	4.1
Total	4.1	3.4	3.7	3.6	4.1	4.2	3.4	3.0	3.7

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

Table 9.16: Average length of stay^(a) (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, states and territories, 2006-07

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z50 Care involving use of rehabilitation procedures	4.8	13.1	5.4	22.0	9.5	n.p.	n.p.	n.p.	6.7
H26 Other cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K01 Embedded and impacted teeth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C44 Other malignant neoplasms of skin	1.5	1.5	1.3	1.6	1.2	n.p.	n.p.	n.p.	1.4
R10 Abdominal and pelvic pain	1.2	1.3	1.4	1.5	1.7	n.p.	n.p.	n.p.	1.4
M23 Internal derangement of knee	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
Z31 Procreative management	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K21 Gastro-oesophageal reflux disease	1.1	1.1	1.1	1.1	1.2	n.p.	n.p.	n.p.	1.1
O04 Medical abortion	1.0	1.0	1.0	1.0	1.1	n.p.	n.p.	n.p.	1.0
Z45 Adjustment and management of implanted device	1.1	1.0	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
G47 Sleep disorders	1.0	1.2	1.0	1.3	1.1	n.p.	n.p.	n.p.	1.1
D12 Benign neoplasm of colon, rectum, anus and anal canal	1.2	1.4	1.2	1.2	1.3	n.p.	n.p.	n.p.	1.2
M17 Gonarthrosis [arthrosis of knee]	5.0	4.4	4.8	6.1	4.6	n.p.	n.p.	n.p.	4.9
Z09 Follow-up examination after treatment for conditions other than maligna	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
H25 Senile cataract	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z12 Special screening examination for neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
I84 Haemorrhoids	1.1	1.2	1.2	1.3	1.3	n.p.	n.p.	n.p.	1.2
K92 Other diseases of digestive system	1.1	1.4	1.4	1.3	1.5	n.p.	n.p.	n.p.	1.3
F32 Depressive episode	5.7	4.4	6.2	5.0	14.8	n.p.	n.p.	n.p.	5.4
K57 Diverticular disease of intestine	1.7	1.8	1.9	2.5	2.5	n.p.	n.p.	n.p.	1.9
K29 Gastritis and duodenitis	1.0	1.1	1.2	1.2	1.2	n.p.	n.p.	n.p.	1.1
Z08 Follow-up examination after treatment for malignant neoplasms	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
K40 Inguinal hernia	1.4	1.4	1.3	1.6	1.5	n.p.	n.p.	n.p.	1.4
K63 Other diseases of intestine	1.1	1.2	1.2	1.2	1.3	n.p.	n.p.	n.p.	1.1
E11 Type 2 diabetes mellitus	2.4	3.8	3.6	3.5	3.5	n.p.	n.p.	n.p.	3.2
I20 Angina pectoris	3.2	3.6	4.0	3.1	4.1	n.p.	n.p.	n.p.	3.6
R07 Pain in throat and chest	1.7	1.7	1.9	1.8	1.7	n.p.	n.p.	n.p.	1.8
I25 Chronic ischaemic heart disease	2.3	2.6	3.0	2.1	3.8	n.p.	n.p.	n.p.	2.5
Other	2.9	3.2	3.4	3.2	3.2	n.p.	n.p.	n.p.	3.2
Total	2.4	2.6	2.6	2.6	2.6	n.p.	n.p.	n.p.	2.5

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

Table 9.17: Separations^(a) for males for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2006-07

Principal diagnosis	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
Z49 Care involving dialysis	1	86	279	6,758	18,831	48,294	80,140	114,829	136,988	131,562	18,603	556,371
Z51 Other medical care	203	960	2,137	2,634	3,352	6,317	18,340	40,182	43,119	23,827	3,232	144,303
Z50 Care involving use of rehabilitation procedures	3	6	112	1,889	2,687	4,258	6,305	11,543	16,448	21,754	8,763	73,768
R07 Pain in throat and chest	1	13	149	1,083	3,344	8,917	12,915	13,481	9,748	6,896	1,775	58,322
H26 Other cataract	3	25	60	95	130	485	2,073	6,286	13,845	20,140	4,650	47,792
I20 Angina pectoris	0	0	0	27	252	1,927	6,491	12,501	13,356	10,475	2,571	47,600
C44 Other malignant neoplasms of skin	0	5	15	68	461	1,800	4,828	9,307	11,159	14,063	5,542	47,248
K40 Inguinal hernia	1,416	959	971	1,644	2,838	4,443	6,682	8,643	7,388	4,931	1,067	40,982
R10 Abdominal and pelvic pain	109	294	2,438	3,247	4,210	5,759	6,365	6,434	4,793	3,360	927	37,936
M23 Internal derangement of knee	0	1	304	4,658	5,398	7,291	7,656	6,278	2,696	806	75	35,163
I21 Acute myocardial infarction	1	0	0	45	294	1,877	5,631	8,149	7,774	7,251	2,876	33,898
G47 Sleep disorders	2,117	2,524	1,743	629	1,907	4,658	6,837	7,377	3,956	1,790	180	33,718
E11 Type 2 diabetes mellitus	0	0	20	73	247	1,016	2,851	6,575	10,020	10,044	2,262	33,108
Z45 Adjustment and management of implanted device	48	272	495	595	618	1,583	4,096	8,589	8,501	4,569	751	30,117
K92 Other diseases of digestive system	75	102	152	873	2,272	4,318	5,536	6,165	4,710	3,949	1,318	29,470
K21 Gastro-oesophageal reflux disease	734	236	359	1,155	2,908	5,151	6,084	6,426	4,049	1,905	365	29,372
Z08 Follow-up examination after treatment for malignant neoplasms	4	67	67	46	155	619	2,219	5,826	9,054	8,865	1,789	28,711
J44 Other chronic obstructive pulmonary disease	5	17	23	20	42	332	1,146	4,079	8,020	11,223	3,639	28,546
C61 Malignant neoplasm of prostate	3	18	0	5	1	90	2,029	8,869	9,544	6,215	1,747	28,521
J18 Pneumonia, organism unspecified	552	1,940	1,116	752	1,061	1,739	1,989	3,136	4,514	7,146	4,315	28,260
D12 Benign neoplasm of colon, rectum, anus and anal canal	0	0	16	87	279	1,258	4,119	8,166	8,436	4,746	617	27,724
K01 Embedded and impacted teeth	0	10	1,577	15,607	5,881	2,413	979	500	183	74	17	27,241
I25 Chronic ischaemic heart disease	1	1	2	10	44	652	3,065	7,444	8,144	5,272	668	25,303
N40 Hyperplasia of prostate	0	0	0	5	13	159	1,445	6,568	8,967	6,682	1,387	25,226
I48 Atrial fibrillation and flutter	3	0	17	242	605	1,337	3,330	6,117	6,471	5,347	1,441	24,910
F10 Mental and behavioural disorders due to use of alcohol	0	1	163	2,536	3,441	5,364	5,584	4,378	1,748	627	63	23,905
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	46	138	156	332	639	1,690	3,989	6,754	5,991	3,421	423	23,579
M17 Gonarthrosis [arthrosis of knee]	0	0	12	187	553	1,724	3,532	6,469	6,413	4,143	541	23,574
I84 Haemorrhoids	0	6	27	540	2,359	4,898	6,058	5,430	2,699	1,154	177	23,348
I50 Heart failure	20	7	10	50	151	303	858	2,405	4,714	8,849	5,035	22,402
Other	77,587	89,796	119,308	155,289	165,920	205,193	234,819	288,145	265,663	249,745	86,776	1,938,246
Not reported	104	49	210	157	171	360	315	494	486	405	100	2,851
Total	83,036	97,533	131,938	201,338	231,064	336,225	458,306	637,545	649,597	591,236	163,692	3,581,515

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

(b) Includes separations for which age was not reported.

Table 9.18: Separations^(a) for females for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2006–07

Principal diagnosis	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
Z49 Care involving dialysis	0	12	335	4,374	14,966	31,649	53,243	82,079	103,156	82,344	9,273	381,431
Z51 Other medical care	180	914	1,362	1,685	4,578	17,695	38,022	50,709	36,413	18,247	2,402	172,207
Z50 Care involving use of rehabilitation procedures	1	20	112	1,990	2,457	3,705	7,048	12,816	18,677	32,526	18,071	97,423
R10 Abdominal and pelvic pain	79	208	3,241	10,885	11,516	12,047	11,868	10,488	6,872	4,829	1,617	73,650
H26 Other cataract	3	15	40	45	118	419	2,115	7,384	20,170	30,615	7,690	68,614
R07 Pain in throat and chest	0	8	139	1,021	2,340	6,140	11,097	12,525	9,882	8,309	3,157	54,618
O70 Perineal laceration during delivery	0	0	16	10,540	32,565	10,200	42	1	0	0	0	53,364
O04 Medical abortion	0	0	184	22,437	19,147	9,423	294	1	0	0	0	51,486
Z31 Procreative management	0	0	1	503	17,043	25,609	853	2	0	0	0	44,011
K01 Embedded and impacted teeth	0	9	2,382	25,281	8,246	2,636	1,149	508	158	81	21	40,471
K80 Cholelithiasis	4	2	110	3,172	6,661	6,968	6,712	6,135	4,357	3,329	1,360	38,810
F32 Depressive episode	0	0	274	4,585	5,510	6,894	6,789	4,412	2,749	2,589	696	34,498
N39 Other disorders of urinary system	944	1,017	781	1,667	1,694	2,639	3,802	4,228	4,385	7,364	5,845	34,366
Z45 Adjustment and management of implanted device	51	258	427	724	1,182	3,190	6,626	9,510	6,929	3,157	654	32,708
C44 Other malignant neoplasms of skin	1	3	11	71	533	1,892	4,248	5,633	6,332	8,838	4,983	32,545
K21 Gastro-oesophageal reflux disease	647	145	293	1,153	2,120	4,198	6,858	7,925	5,106	2,668	664	31,677
O34 Maternal care for known or suspected abnormality of pelvic	0	0	1	2,400	18,480	10,697	66	0	0	0	0	31,644
O80 Single spontaneous delivery	0	0	17	8,326	18,259	4,962	20	0	0	0	0	31,584
K52 Other noninfective gastroenteritis and colitis	34	66	86	3,048	4,066	3,529	3,614	4,213	3,741	4,234	2,306	28,937
M17 Gonarthrosis [arthrosis of knee]	0	0	7	110	296	1,124	3,672	7,241	8,309	6,257	1,035	28,051
E11 Type 2 diabetes mellitus	0	0	19	106	273	778	2,089	4,098	7,744	9,734	2,764	27,605
I20 Angina pectoris	0	0	0	12	105	818	2,825	5,077	6,962	8,248	3,460	27,507
K29 Gastritis and duodenitis	36	101	310	1,780	2,458	3,812	5,102	5,436	4,202	2,901	662	26,800
O99 Other maternal diseases classifiable elsewhere but	0	0	22	8,135	14,264	4,219	40	0	0	0	0	26,680
K92 Other diseases of digestive system	69	57	135	946	1,845	3,221	4,740	5,362	4,169	3,789	2,036	26,369
N92 Excessive, frequent and irregular menstruation	0	0	62	625	2,718	10,839	10,745	358	4	1	0	25,352
K57 Diverticular disease of intestine	0	0	1	31	174	978	3,523	6,406	6,610	5,527	1,593	24,843
J18 Pneumonia, organism unspecified	353	1,647	963	677	1,162	1,665	1,855	2,592	3,091	5,637	5,185	24,827
M54 Dorsalgia	0	12	115	704	1,573	3,194	4,366	4,474	3,776	4,023	1,796	24,034
J44 Other chronic obstructive pulmonary disease	0	14	15	15	52	361	1,593	3,983	6,478	7,800	2,723	23,034
Other	58,201	64,390	88,001	212,239	360,398	317,177	294,998	302,851	268,006	284,641	147,541	2,398,446
Not reported	78	45	101	281	524	445	413	373	439	415	222	3,336
Total	60,681	68,943	99,563	329,568	557,323	513,123	500,427	566,720	548,717	548,103	227,756	4,020,928

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

(b) Includes separations for which age was not reported.

Table 9.19: Separation statistics^(a) relating to renal failure^(b), by state or territory of usual residence, all hospitals, Australia, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Acute renal failure									
Separations	2,376	1,779	1,200	408	547	n.p.	n.p.	n.p.	6,539
Separations not within state of residence (%)	3	1	1	0	1	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	0.29	0.26	0.21	0.18	0.25	0.19	0.22	0.27	0.25
Private hospitals	0.02	0.05	0.07	0.03	0.04	n.p.	n.p.	n.p.	0.04
Total	0.31	0.31	0.29	0.20	0.28	n.p.	n.p.	n.p.	0.29
Standardised separation rate ratio (SRR)	1.07	1.07	0.99	0.69	0.97	n.p.	n.p.	n.p.	
95% confidence interval of SRR	1.03-1.11	1.02-1.12	0.93-1.04	0.62-0.76	0.89-1.05	n.p.	n.p.	n.p.	
Chronic and unspecified renal failure									
Separations	3,252	1,801	1,799	717	707	n.p.	n.p.	n.p.	8,730
Separations not within state of residence (%)	4	1	1	2	1	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	0.39	0.26	0.34	0.27	0.36	0.28	0.21	0.90	0.33
Private hospitals	0.05	0.06	0.10	0.07	0.04	n.p.	n.p.	n.p.	0.07
Total	0.44	0.33	0.44	0.35	0.40	n.p.	n.p.	n.p.	0.40
Standardised separation rate ratio (SRR)	1.10	0.82	1.09	0.86	1.00	n.p.	n.p.	n.p.	
95% confidence interval of SRR	1.07-1.14	0.78-0.85	1.04-1.14	0.80-0.93	0.92-1.07	n.p.	n.p.	n.p.	
Care involving dialysis^(e)									
Separations	269,843	259,636	167,792	103,763	72,666	n.p.	n.p.	n.p.	935,494
Separations not within state of residence (%)	6	0	1	1	2	n.p.	n.p.	n.p.	
Separation rate ^(d)									
Public hospitals	33.89	41.53	28.91	40.25	31.78	24.21	50.21	194.68	36.57
Private hospitals	3.30	6.31	11.67	9.69	9.33	n.p.	n.p.	n.p.	6.62
Total	37.19	47.84	40.58	49.94	41.11	n.p.	n.p.	n.p.	43.19
Standardised separation rate ratio (SRR)	0.86	1.11	0.94	1.16	0.95	n.p.	n.p.	n.p.	
95% confidence interval of SRR	0.86-0.86	1.10-1.11	0.94-0.94	1.15-1.16	0.94-0.96	n.p.	n.p.	n.p.	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

(c) Includes other territories and excludes overseas residents and unknown state of residence.

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

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.20: Separation statistics^(a) relating to renal failure^(b), by Remoteness Area of usual residence, all hospitals, Australia, 2006–07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(c)
Acute renal failure						
Separations	4,476	1,354	594	60	51	6,539
Separation rate ^(d)						
Public hospitals	0.26	0.25	0.27	0.22	0.43	1.01
Private hospitals	0.04	0.04	0.02	0.00	0.02	0.04
Total	0.30	0.29	0.28	0.22	0.45	0.30
Standardised separation rate ratio (SRR)	1.00	0.97	0.93	0.73	1.50	
95% confidence interval of SRR	0.97–1.03	0.92–1.02	0.86–1.01	0.55–0.92	1.09–1.91	
Chronic and unspecified renal failure						
Separations	4,600	2,385	1,330	225	185	8,730
Separation rate ^(d)						
Public hospitals	0.25	0.44	0.57	0.74	1.34	0.34
Private hospitals	0.06	0.08	0.05	0.04	0.05	0.34
Total	0.32	0.51	0.63	0.79	1.39	0.40
Standardised separation rate ratio (SRR)	0.80	1.28	1.58	1.98	3.48	
95% confidence interval of SRR	0.78–0.82	1.22–1.33	1.49–1.66	1.72–2.23	2.97–3.98	
Care involving dialysis^(e)						
Separations	655,713	149,228	87,221	22,327	20,807	935,494
Separation rate ^(d)						
Public hospitals	37.65	29.80	37.86	53.88	133.53	36.95
Private hospitals	8.29	2.63	2.97	16.31	7.37	6.69
Total	45.94	32.43	40.83	70.19	140.90	43.64
Standardised separation rate ratio (SRR)	1.05	0.74	0.94	1.61	3.23	
95% confidence interval of SRR	1.05–1.06	0.74–0.75	0.93–0.94	1.59–1.63	3.18–3.27	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

(c) Includes separations for which the area of usual residence was unknown and excludes overseas residents and unknown state of residence.

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

(e) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.21: Separation statistics^(a) relating to renal failure^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, Australia, 2006-07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Acute renal failure						
Separations	1,518	1,322	1,271	1,241	1,187	6,539
Separation rate ^(e)						
Public hospitals	0.30	0.25	0.26	0.26	0.21	0.26
Private hospitals	0.04	0.03	0.03	0.05	0.06	0.04
Total	0.34	0.28	0.29	0.30	0.27	0.30
Standardised separation rate ratio (SRR)	1.13	0.95	0.99	1.03	0.90	
95% confidence interval of SRR	1.07-1.19	0.90-1.00	0.94-1.05	0.97-1.09	0.84-0.95	
Chronic and unspecified renal failure						
Separations ^(d)	2,469	2,217	1,556	1,342	1,145	8,730
Separation rate ^(e)						
Public hospitals	0.50	0.41	0.32	0.26	0.19	0.34
Private hospitals	0.06	0.07	0.05	0.08	0.08	0.07
Total	0.56	0.49	0.36	0.33	0.27	0.40
Standardised separation rate ratio (SRR)	1.38	1.20	0.90	0.82	0.66	
95% confidence interval of SRR	1.32-1.43	1.15-1.25	0.86-0.95	0.78-0.87	0.62-0.69	
Care involving dialysis^(f)						
Separations ^(d)	206,192	192,967	189,746	189,356	157,205	935,494
Separation rate ^(e)						
Public hospitals	43.41	37.26	38.59	38.80	27.17	36.95
Private hospitals	3.39	5.56	6.09	8.73	10.31	6.69
Total	46.80	42.82	44.68	47.53	37.48	43.64
Standardised separation rate ratio (SRR)	1.07	0.98	1.02	1.09	0.86	
95% confidence interval of SRR	1.07-1.08	0.98-0.99	1.02-1.03	1.08-1.09	0.85-0.86	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

(c) Based on the Australian Bureau of Statistics SEIFA 2001 Index of Advantage/Disadvantage score for the statistical local area of the patient's area of usual residence.

(d) Includes separations for which the area of usual residence was unknown and excludes overseas residents and unknown state of residence.

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

(f) Does not include non-admitted patient occasions of service or dialysis in non-hospital facilities or patient homes.

Table 9.22: Separation statistics^(a), by principal diagnosis in ICD-10-AM chapters, by Indigenous status^(b), selected states and territories^(c), 2006-07

Principal diagnosis	Separations		Separations for patients identified as		Separations per 1,000 population ^(d)			Rate ratio ^(e)
	Indigenous Australians	Other Australians	Indigenous (%)	Other (%)	Indigenous Australians	Australians	Other Australians	
A00-B99 Certain infectious and parasitic diseases	5,052	88,316	2.0	9.8	4.6	2.1		
C00-D48 Neoplasms	3,730	504,568	1.5	16.0	24.6	0.6		
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1,258	91,541	0.5	4.9	4.5	1.1		
E00-E90 Endocrine, nutritional and metabolic diseases	5,167	128,830	2.0	21.2	6.4	3.3		
F00-F99 Mental and behavioural disorders	10,914	280,800	4.3	26.4	14.2	1.9		
G00-G99 Diseases of the nervous system	3,489	164,829	1.4	10.1	8.2	1.2		
H00-H59 Diseases of the eye and adnexa	1,279	202,838	0.5	6.7	9.8	0.7		
H60-H95 Diseases of the ear and mastoid process	1,763	47,836	0.7	2.9	2.5	1.2		
I00-I99 Diseases of the circulatory system	8,013	443,849	3.2	36.4	21.5	1.7		
J00-J99 Diseases of the respiratory system	15,115	302,841	6.0	43.3	15.4	2.8		
K00-K93 Diseases of the digestive system	13,251	803,107	5.2	39.1	40.2	1.0		
L00-L99 Diseases of the skin and subcutaneous tissue	5,772	113,553	2.3	13.8	5.7	2.4		
M00-M99 Diseases of the musculoskeletal system and connective tissue	4,271	382,865	1.7	14.1	18.9	0.7		
N00-N99 Diseases of the genitourinary system	6,329	345,297	2.5	20.2	17.3	1.2		
O00-O99 Pregnancy, childbirth and the puerperium	18,974	445,115	7.5	34.0	23.7	1.4		
P00-P96 Certain conditions originating in the perinatal period	2,732	50,630	1.1	3.1	2.8	1.1		
Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities	925	32,330	0.4	1.2	1.7	0.7		
R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	11,074	466,142	4.4	34.9	23.2	1.5		
S00-T98 Injury, poisoning and certain other consequences of external causes	19,761	465,445	7.8	46.5	23.6	2.0		
Z00-Z99 Factors influencing health status and contact with health services	114,895	1,697,959	45.3	483.7	83.3	5.8		
Care involving dialysis	105,228	799,170	41.5	451.6	39.0	11.6		
Other	9,667	898,789	3.8	32.1	44.3	0.7		
Not reported	46	6,150	0.0	0.2	0.3	0.5		
Total (excluding care involving dialysis)	148,536	6,259,521	58.5	416.5	313.3	1.3		
Total (including care involving dialysis)	253,810	7,064,841	100.0	868.3	352.6	2.5		

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

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 8 for further detail.

(c) This table includes data for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in Northern Territory. Caution should be used in the interpretation of these data due to jurisdictional differences in data quality.

(d) The rates were directly age-standardised as detailed in Appendix 1. The separation rate for *Other Australians* includes Indigenous status *Not reported*.

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

10 Procedures for admitted patients

Introduction

The *National health data dictionary, version 13* (HDSC 2006) defines a procedure as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Procedures for 2006–07 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories, using the fifth edition of the *Australian classification of health interventions* (ACHI) and the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2006). Information about the quality of the ACHI/ICD-10-AM coded data is presented in Appendix 1.

One or more procedures can be reported for each separation in the National Hospital Morbidity Database, but procedures are not undertaken for all hospital admissions, so only some of the separation records include procedure data.

There are two types of data on procedures presented in this chapter:

- Data on the separations for which one or more procedures were reported within the group of procedures (an ACHI procedure block or chapter) being considered. A separation is counted only once for each group of procedures, regardless of the number of procedures reported within the group. Because more than one procedure can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows. These counts are of separations, rather than of procedures.
- Data on the total number of procedures reported. For these data, all procedures within a group of procedures being considered are counted, even if there is more than one reported for a separation.

The procedure classification is divided into chapters by anatomical site and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These sub-chapters are further divided into more specific procedure blocks, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes. The tables and figures in this chapter use blocks and abbreviated descriptions. Full descriptions of the categories are available in the ICD-10-AM/ACHI publication (NCCH 2006).

Most of the information is presented using two methods of grouping procedures based on the ACHI procedure classification:

- ACHI procedure chapters – these 20 groups provide information aggregated at the ACHI chapter level (tables 10.1 to 10.4, 10.7, 10.8 and 10.20).

- ACHI procedure blocks – these 1,598 categories describe procedures at a specific level. Detailed information is presented for the 30 groups with the highest number of separations (tables 10.9 to 10.19) and summary information is provided for all the groups (for which separations were reported) on the Internet at <www.aihw.gov.au> (tables S10.1 and S10.2).

In addition, tables 10.5 and 10.6 present time series information on separations for selected procedures.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals and for public patients, nationally and by state and territory. National information on age group and sex distributions is presented in Table 10.18 and 10.19. The 30 ACHI procedure blocks with the highest number of separations are also presented. Information on ‘public’ patients in tables 10.1 to 10.2 and tables 10.9 to 10.13 relates to separations for which the patient election status was reported as public (see Chapter 7).

Information on procedure statistics by Indigenous status is presented in Table 10.20 and Figure 10.2, and is restricted to include data from New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory only. See Chapter 8 for more information on the quality of Indigenous status data.

Overall in 2006–07, there were approximately 6.2 million separations for which a procedure was reported, 82.0% of total separations. Almost 20.9 million patient days were reported for separations with a procedure, accounting for 83.8% of the total (tables 10.1 and 10.2).

Procedures and other data elements reported for separations

The information on procedures reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 10.1 demonstrates this using the example of procedure block 1952 *Computerised tomography of brain* and other data elements in the National Hospital Morbidity Database.

For 2006–07:

- there were 192,023 separations for which this procedure was reported, with an average length of stay of 10.1 days
- there were 89.8% of these separations were admitted to public hospitals
- there were 66.3% of separations with this procedure had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital, whereas 15.0% were transferred to another acute hospital.
- the principal diagnosis mostly associated with this procedure was *Essential (primary) hypertension (I10)* with 50,692 separations, and the most common additional diagnosis was *Cerebral infarction (I63)*
- the most common cause of injury associated with these separations was *Unspecified fall (W19, 8,965)*, and other specified falls were also in the top ten external causes
- the most commonly reported AR-DRG was *Headache (B77Z)* with 8,195 separations
- there were more separations for males than females, with males accounting for 52.1% of separations

- separations for patients aged 55 years and over accounted for 67.4% of the total.

ACHI chapters

Tables 10.1 to 10.4 provide separation and procedure statistics reported for each of the ACHI procedure chapters. Tables 10.1 and 10.2 present statistics by hospital sector, and tables 10.3 and 10.4 present separations reported for each ACHI procedure chapter by sector, states and territories. If a separation had two procedures reported from within the same chapter, it was counted only once.

Sector

Public hospitals accounted for 56.2% of the separations for which a procedure was reported, although they accounted for 61.3% of the separations overall. Similarly, although 70.0% of overall patient days were in public hospitals, 67.5% of patient days associated with procedures were in public hospitals. In public hospitals, 75.1% of total separations involved a procedure (3,500,936) and these separations were associated with 80.8% of total patient days (Table 10.1). In contrast, 92.8% of total separations in private hospitals involved a procedure (2,731,023), and these separations were associated with 90.6% of total patient days (Table 10.2). About 85.5% of separations with a procedure in public hospitals were for public patients, in contrast to 1.7% in private hospitals.

The private sector reported a higher proportion of separations for same-day procedures than the public sector. About 54.2% (1,899,175) of separations for which a procedure was reported were same-day in public hospitals, compared with 66.9% (1,828,340) in private hospitals (tables 10.1 and 10.2).

The highest numbers of separations in both the public and private sectors were for *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (Table 10.1 and Table 10.2). This chapter also accounted for the highest numbers of patient days in the public sector and the private sector.

In public hospitals, after *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (2,243,051), the chapter that accounted for the largest number of separations was *Procedures on urinary system* (Blocks 1040–1129), which includes *Haemodialysis*. There were 913,674 separations for which procedures in this chapter were reported, accounting for 1,476,755 patient days. This group of procedures also accounted for a large number of same-day separations (842,389) and public patient separations (806,855). Other chapters that accounted for a large number of separations in public hospitals were *Imaging services* (Blocks 1940–2016) with 464,049 separations and *Procedures on digestive system* (Blocks 850–1011) with 406,743 separations.

Within the private sector, *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) were reported for 2,276,557 separations. *Procedures on digestive system* (Blocks 850–1011), which includes colonoscopy, accounted for the next highest number of separations (634,559) with 1,119,252 patient days. This group of procedures also accounted for a large number of same-day separations (497,771). Other chapters that accounted for a large number of separations in private hospitals were *Procedures on musculoskeletal system* (Blocks 1360–1579) with 269,037 separations and *Procedures on urinary system* (Blocks 1040–1129) with 252,657 separations.

States and territories

Tables 10.3 and 10.4 describe the pattern of hospital use in the states and territories by procedure chapter, in both the public and private sectors. These tables enable state by state comparisons of overall hospital use for the different procedure chapters and the share of separations between the private and public sectors. For example, the proportion of total separations for *Procedures on urinary system* (Blocks 1040–1129) performed in public hospitals was higher in New South Wales and Victoria (83.3% and 83.0% of separations, respectively) than in Queensland (63.1% of separations). The proportion of total separations for *Procedures on eye and adnexa* (Blocks 160–256) performed in private hospitals was higher in Queensland (40,179 private sector separations, representing 79.8% of combined separations) than in Western Australia (9,322 private sector separations, or 57.2%).

Selected procedures, 2002–03 to 2006–07

Tables 10.5 and 10.6 present the number of separations for selected procedures from 2002–03 to 2006–07 and the change in separations over this period, by hospital sector and patient election status. The selected procedures have been identified as performance indicators relating to appropriateness and may also be indicators of accessibility. TheACHI codes used to define the procedures are listed in Appendix 1. More information and statistics on the selected procedures and other hospital performance indicators can be found in Chapter 4.

Changes in separations reported for each of the selected procedures between 2002–03 and 2006–07 varied between the hospital sectors. For example, the number of private sector separations for *Cholecystectomy* decreased by 5.2% (1,110 separations) between 2002–03 and 2006–07, compared with an increase of 10.7% (2,633 separations) in the public sector over the same period (Table 10.5). Overall, the reported number of separations increased for 8 of the 12 selected procedures in the private sector and 9 of the 12 selected procedures in the public sector between 2002–03 and 2006–07. Decreases in the number of separations over the 5-year period for *Coronary artery bypass graft*, *Hysterectomy* and *Myringotomy* were reported for both sectors.

Table 10.6 presents the number of separations and change in separations for selected procedures from 2002–03 to 2006–07, by patient election status, for all hospitals. The overall changes by selected procedure in Table 10.6 are slightly different from those presented in Table 10.5, partly owing to a small proportion of separations whose patient election status was not reported (less than 5% of all separations in each year).

Over the period 2002–03 to 2006–07, changes in separations for the selected procedures varied between public and private patients. These variations were similar to those identified between hospital sectors. For example, both public and private patient separations increased for 9 of the 12 selected procedures between 2002–03 and 2006–07. A notable difference between private and public patients was for *Tonsillectomy*, with private patient separations increasing by 16.6% (3,253 separations) between 2002–03 and 2006–07, compared with an increase in public patient separations of 2.7% (365 separations) over the same period.

Total procedures

Tables 10.7 and 10.8 provide counts of all the procedures reported for 2006–07, by state and territory for the public and private sectors. The totals are the total number of procedures,

rather than the total number of separations for which a procedure was reported, as presented elsewhere in this chapter. In all, 15.2 million procedures were reported, 8.3 million in the public sector and 6.9 million in the private sector. The most commonly reported procedure chapter in both public and private hospitals was *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922) (7,078,856 procedures in total). A block which accounted for many of these procedures was *Cerebral anaesthesia* (Block 1910), 41.4% of the chapter overall (2,932,409 procedures) (tables 10.9 to 10.12). The next most common procedure chapters for both sectors combined were *Procedures on digestive system* (Blocks 850–1011) (1,409,239) and *Procedures on urinary system* (Blocks 1040–1129) (1,245,278).

After *Non-invasive, cognitive and other interventions, not elsewhere classified* (Blocks 1820–1922), the most commonly reported procedure chapter in public hospitals was *Procedures on urinary system* (Blocks 1040–1129) with 952,401 procedures. In private hospitals, it was *Procedures on digestive system* (Blocks 850–1011) with 852,361 procedures.

High-volume procedures

Tables 10.9 to 10.19 present information on the most common procedures (at the block level of theACHI classification).

Sector

Tables 10.9 and 10.10 contain summary separation, patient day and average length of stay statistics for the 30 blocks with the highest number of overnight separations in public and private hospitals. Tables 10.11 and 10.12 contain summary separation statistics for same-day separations. Table 10.13 contains summary separation, patient day and average length of stay statistics for the procedure blocks with the most separations in private free-standing day hospitals only.

In the public sector, the most common procedure blocks for overnight separations were *Generalised allied health interventions* (Block 1916) (860,930) and *Cerebral anaesthesia* (Block 1910) (595,540) (Table 10.9). The average length of stay for separations reporting each of these procedure blocks was 11.2 and 6.3 days respectively. Both these procedure blocks also accounted for the highest number of patient days for separations with procedures, with 9,654,617 patient days for *Generalised allied health interventions* (Block 1916) and 3,775,710 patient days for *Cerebral anaesthesia* (Block 1910). *Haemodialysis* (Block 1060) was the most frequently reported procedure for same-day separations in the public sector (784,181), followed by *Cerebral anaesthesia* (Block 1910) (572,924) (Table 10.11).

Cerebral anaesthesia (Block 1910) was the most frequently reported procedure for overnight separations in private hospitals (542,573) (Table 10.10), and also the most frequently reported procedure for same-day separations in private hospitals (1,105,548) (Table 10.12).

Cerebral anaesthesia (Block 1910) was also the most frequently reported procedure group in private free-standing day hospitals (332,806 separations), followed by *Fibreoptic colonoscopy* (Block 905) (72,877 separations) (Table 10.13). Public patient separations accounted for 31.9% (16,745) of the separations for *Haemodialysis* (Block 1060) in private free-standing day hospitals.

States and territories

There was some variation between the states and territories in the relative number of separations for the most common procedure blocks (tables 10.14 and 10.15). In the public sector, for example, the proportion of separations for which *Haemodialysis* (Block 1060) was reported was greatest for the Northern Territory (43.1%, 36,956) and lowest in Tasmania (13.8%, 13,444). In the private sector, Victoria had relatively high numbers of separations with *Panendoscopy* (Block 1005) (22,313).

There was also some variation between the states and territories in the average length of stay for separations reporting the most common procedure blocks (tables 10.16 and 10.17). For example, in the public sector, the average length of stay for separations with *Coronary angiography* (Block 668) ranged from 2.1 days in the Australian Capital Territory to 5.9 days in New South Wales and 7.5 days in the Northern Territory (Table 10.16). There was a much smaller overall variation in average lengths of stay within the private sector for those blocks, but there were still some differences across the states and territories. For example, the average length of stay for separations with *Psychological/psychosocial therapies* (Block 1873) ranged from 2.9 days in Queensland to 16.4 days in Victoria (Table 10.17).

Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with 82.8% for males (2,965,612) and 81.2% for females (3,265,911) (tables 10.18 and 10.19). Apart from the sex-specific procedures such as *Caesarean section* (Block 1340) and *Postpartum suture* (Block 1344), many of the top 30 procedures were common to both sexes. For both males and females, the group of procedures with the most separations was *Cerebral anaesthesia* (Block 1910), with the most separations for this group of procedures in the 55–64 years age group for both males and females.

For males, the highest number of separations with procedures was reported for the 65–74 years age group which accounted for 576,765 (19.4%) separations with a procedure. For females, the highest number of separations with procedures was reported for the 55–64 years age group which accounted for 501,131 (15.3%) separations with a procedure (tables 10.18 and 10.19).

Aboriginal and Torres Strait Islander people

Table 10.20 contains a comparison between patients identified as Aboriginal and Torres Strait Islander and patients not so identified for each of the ACHI procedure chapters, including information on procedures per 1,000 population. These data are presented for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see Chapter 8 for more information) and may not be representative of data for Tasmania and the Australian Capital Territory.

Procedures on urinary system (Blocks 1040–1129) was the most frequently reported procedure chapter for Indigenous patients (111,331). For *Haemodialysis* (Block 1060), the number of procedures per 1,000 population for *Indigenous Australians* was about 11.8 times that for *Other Australians*. For *Procedures on respiratory system* (Blocks 520–569), the rate for *Indigenous Australians* was 1.9 times that for *Other Australians*, and for *Procedures on cardiovascular system* (Blocks 600–767) the rate was 1.2 times as high. Some chapters for which the rate for

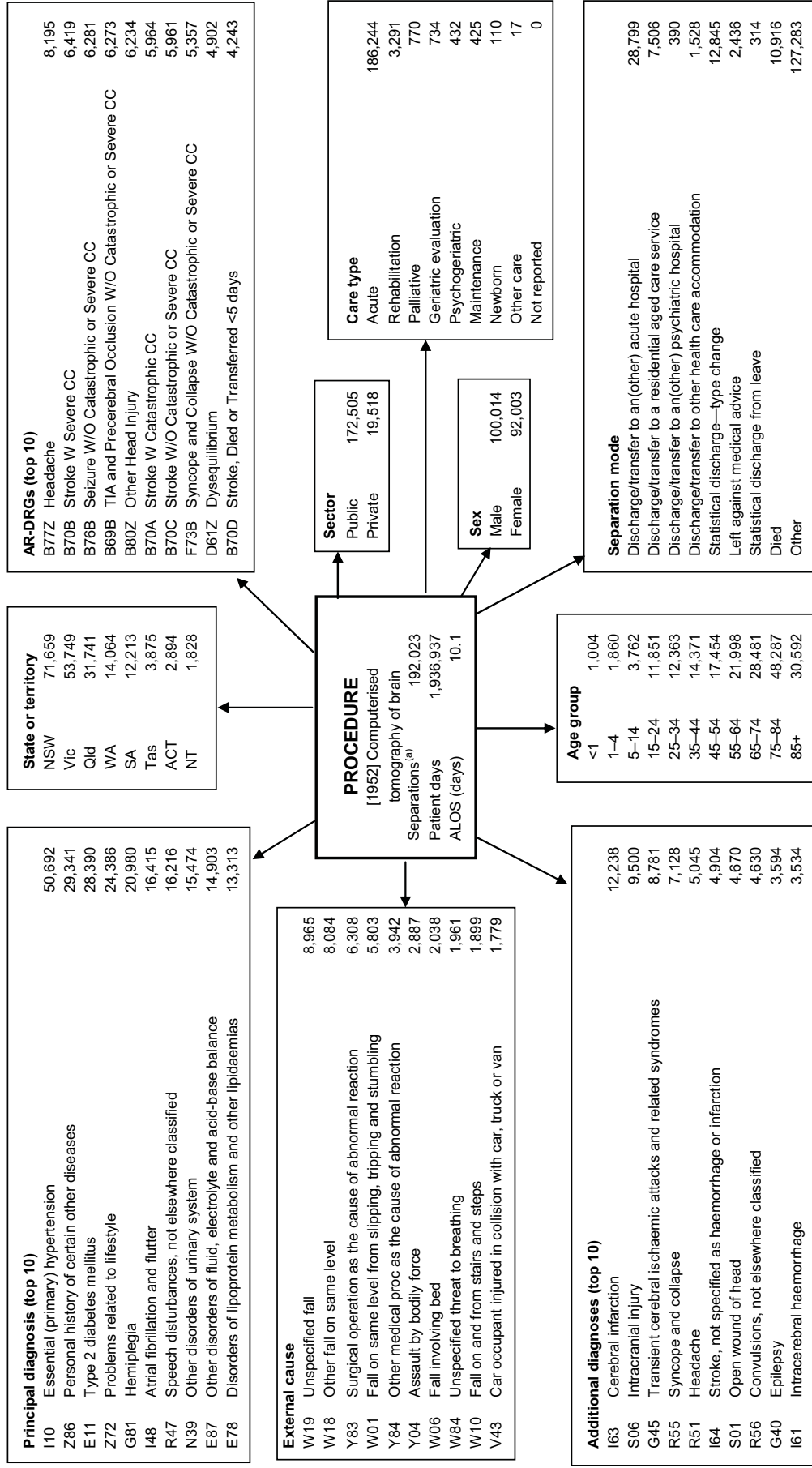
Indigenous Australians was less than that for *Other Australians* included *Procedures on nervous system* (Blocks 1–86), *Procedures on nose, mouth and pharynx* (Blocks 370–422), *Procedures on male genital organs* (Blocks 1160–1203), *Gynaecological procedures* (Blocks 1240–1299) and *Procedures on breast* (Blocks 1740–1759).

Although total procedures per 1,000 population were higher for *Indigenous Australians*, Figure 10.2 shows that the proportion of separations with a procedure by ICD-10-AM diagnosis chapter was lower for *Indigenous Australians* than for *Other Australians* for all but two of the diagnosis chapters. For example, for *Diseases of the nervous system* (G00–G99), 44.4% of separations for *Indigenous Australians* had a procedure reported, compared with 81.6% of separations for *Other Australians*. *Certain conditions originating in the perinatal period* (P00–P96) and *Factors influencing health status and contact with health services* (Z00–Z99) were the two chapters for which the proportion of separations with procedures was higher for *Indigenous Australians*. These differences may reflect differences in the pattern of principal diagnoses reported within chapters.

Additional data

Information on the number of procedures reported per separation can be found in Appendix 1 of this report. The accompanying tables on the Internet at <www.aihw.gov.au> provide information on the number of separations by 5-year age group and ACHI procedure block for males and females. There are also national summary statistics for public and private hospitals for each procedure block, and for overnight and same-day separations (as presented for the top 30 procedure blocks in tables 10.9 to 10.12).

For access to more procedure data, the AIHW's website also contains an Interactive National Hospital Morbidity Data page which contains links to a number of data cubes containing information on the procedures performed on patients admitted to Australian hospitals. Data in the form of counts of procedures are available on all procedures performed by age group, sex and same-day status. Procedure information is available at the broader ACHI chapter level through to the more specific seven-digit procedure code level. The source of these data is the National Hospital Morbidity Database.



Note: Main abbreviations: ALOS—average length of stay; Proc—procedure; W—with; W/O—without; Cat—catastrophic; CC—complication or comorbidity; Imp—implantation; Sev—severe; AMI—acute myocardial infarction.
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Figure 10.1: Interrelationships of a procedure (Block 1952 Computerised tomography of brain) with other data elements, all hospitals, Australia, 2006–07

Table 10.1: Separation^(a) and procedure statistics, by procedure in ACHI chapters, public hospitals, Australia, 2006–07

Procedure chapters	Separations		Same-day separations		Public patient separations		Separations per 10,000 population ^(b)		Patient days per 10,000 population ^(b)		ALOS (days)	
	Separations	Public patient separations	Separations	Public patient separations	Separations per 10,000 population ^(b)	Public patient separations per 10,000 population ^(b)	Separations per 10,000 population ^(b)	Public patient separations per 10,000 population ^(b)	Patient days per 10,000 population ^(b)	Patient days per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same-day
1–86	69,018	56,332	26,821	56,332	33.1	465,328	223.2	6.7	10.4			
110–129	6,448	5,669	250	5,669	3.1	29,511	14.2	4.6	4.7			
160–256	77,534	61,733	65,353	61,733	37.2	114,827	55.1	1.5	4.1			
300–333	23,979	20,745	15,528	20,745	11.5	53,098	25.5	2.2	4.4			
370–422	51,580	43,816	15,209	43,816	24.7	119,883	57.5	2.3	2.9			
450–490	29,063	22,649	23,376	22,649	13.9	87,824	42.1	3.0	11.3			
520–569	83,521	68,503	17,406	68,503	40.1	1,107,138	531.0	13.3	16.5			
600–767	194,390	161,023	53,602	161,023	93.2	1,772,430	850.0	9.1	12.2			
800–817	30,724	25,328	11,407	25,328	14.7	230,689	110.6	7.5	11.4			
850–1011	406,743	344,437	212,083	344,437	195.1	1,650,606	791.6	4.1	7.4			
1040–1129	913,674	842,389	842,389	842,389	438.2	1,476,755	708.2	1.6	8.9			
1160–1203	38,430	20,719	20,719	32,866	18.4	92,374	44.3	2.4	4.0			
1240–1299	136,123	87,270	87,270	119,686	65.3	260,010	124.7	1.9	3.5			
1330–1347	185,471	169,974	8,653	169,974	88.9	651,362	312.4	3.5	3.6			
1360–1579	235,387	70,612	70,612	193,606	112.9	1,266,463	607.4	5.4	7.3			
1600–1718	178,140	84,977	84,977	150,385	85.4	983,823	471.8	5.5	9.6			
1740–1759	18,913	8,413	8,413	17,015	9.1	49,657	23.8	2.6	3.9			
1786–1799	10,655	2,804	2,804	8,290	5.1	95,892	46.0	9.0	11.9			
1820–1922	2,243,051	899,239	899,239	1,884,443	1,075.7	12,239,179	5,869.5	5.5	8.4			
1940–2016	464,049	373,944	74,388	373,944	222.5	4,174,631	2,002.0	9.0	10.5			
Procedures reported ^(c)	3,500,936	1,899,175	1,899,175	2,991,931	1,678.9	14,099,557	6,761.7	4.0	7.6			
No procedure or not reported	1,160,344	433,633	433,633	1,032,380	556.5	3,339,531	1,601.5	2.9	4.0			
Total^(c)	4,661,280	2,332,808	2,332,808	4,024,311	2,235.4	17,439,088	8,363.3	3.7	6.5			

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

(b) Crude rate based on Australian population as at 31 December 2006.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table. ALOS—average length of stay.

Table 10.2: Separation^(a) and procedure statistics, by procedure in ACHI chapters, private hospitals, Australia, 2006–07

Procedure chapters	Separations		Same-day separations		Public patient separations		Separations per 10,000 population ^(b)		Patient days per 10,000 population ^(b)		ALOS (days)	
	Separations	Separations	separations	separations	separations	separations	per 10,000 population ^(b)	Patient days	per 10,000 population ^(b)	ALOS (days)	ALOS (days) excluding same-day	
1–86	77,546	39,807	96	266,965	37.2	128.0	3.4	6.0				
110–129	6,434	97	37	18,244	3.1	8.7	2.8	2.9				
160–256	160,857	148,416	1,162	166,519	77.1	79.9	1.0	1.5				
300–333	25,938	18,721	60	30,680	12.4	14.7	1.2	1.7				
370–422	65,983	23,643	123	81,942	31.6	39.3	1.2	1.4				
450–490	96,759	92,662	45	100,902	46.4	48.4	1.0	2.0				
520–569	26,305	6,755	119	211,092	12.6	101.2	8.0	10.5				
600–767	149,166	54,708	3,129	682,715	71.5	327.4	4.6	6.6				
800–817	20,189	5,876	36	93,952	9.7	45.1	4.7	6.2				
850–1011	634,559	497,771	2,082	1,119,252	304.3	536.8	1.8	4.5				
1040–1129	252,657	204,651	29,333	455,401	121.2	218.4	1.8	5.2				
1160–1203	61,224	35,972	306	135,843	29.4	65.1	2.2	4.0				
1240–1299	190,386	149,486	810	298,778	91.3	143.3	1.6	3.7				
1330–1347	78,589	983	3	378,804	37.7	181.7	4.8	4.9				
1360–1579	269,037	113,116	585	857,444	129.0	411.2	3.2	4.8				
1600–1718	169,886	121,802	866	350,769	81.5	168.2	2.1	4.8				
1740–1759	34,155	14,372	65	65,488	16.4	31.4	1.9	2.6				
1786–1799	3,170	554	74	28,278	1.5	13.6	8.9	10.6				
1820–1922	2,276,557	1,466,015	16,673	6,056,563	1,091.8	2,904.5	2.7	5.7				
1940–2016	136,331	34,279	796	1,031,405	65.4	494.6	7.6	9.8				
<i>Procedures reported^(c)</i>	2,731,023	1,828,340	45,541	6,779,273	1,309.7	3,251.1	2.5	5.5				
No procedure or not reported	210,614	80,361	3,560	706,204	101.0	338.7	3.4	4.8				
Total^(c)	2,941,637	1,908,701	49,101	7,485,477	1,410.7	3,589.8	2.5	5.4				

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

(b) Crude rate based on Australian population as at 31 December 2006.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

ALOS—average length of stay.

Table 10.3: Separations^(a), by procedure in ACHI chapters, public hospitals, states and territories, 2006–07

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	21,003	19,859	10,127	8,164	6,348	1,776	1,053	688	69,018
110–129	2,246	1,781	1,224	549	396	130	83	39	6,448
160–256	25,754	22,684	10,146	9,322	6,961	701	1,262	704	77,534
300–333	5,269	6,675	6,038	2,410	2,526	358	345	358	23,979
370–422	13,584	16,131	9,604	4,979	5,051	821	863	547	51,580
450–490	7,254	8,973	5,755	3,277	2,549	559	260	436	29,063
520–569	26,582	22,021	15,687	7,949	6,803	2,077	1,311	1,091	83,521
600–767	59,031	55,341	34,049	18,207	16,319	5,089	4,292	2,062	194,390
800–817	8,522	9,353	5,313	3,048	2,863	616	775	234	30,724
850–1011	130,128	113,470	58,056	49,814	37,744	8,029	5,439	4,063	406,743
1040–1129	274,077	262,660	137,149	98,611	65,690	15,660	21,992	37,835	913,674
1160–1203	10,418	12,816	5,123	4,818	3,617	874	388	376	38,430
1240–1299	39,098	41,243	23,603	10,998	14,695	2,648	1,658	2,180	136,123
1330–1347	61,801	44,689	36,748	20,492	12,669	3,689	3,118	2,265	185,471
1360–1579	75,914	61,634	40,402	25,544	18,166	5,980	4,766	2,981	235,387
1600–1718	48,973	48,489	36,842	18,169	16,258	3,436	2,317	3,656	178,140
1740–1759	5,569	5,378	2,907	2,774	1,530	366	248	141	18,913
1786–1799	3,180	2,723	3,017	687	637	209	202	0	10,655
1820–1922	697,469	659,841	346,574	233,897	199,299	47,941	34,861	23,169	2,243,051
1940–2016	182,265	124,345	66,607	36,336	31,413	10,303	7,768	5,012	464,049
<i>Procedures reported^(b)</i>	1,065,420	1,018,384	557,630	366,269	293,952	71,861	62,302	65,118	3,500,936
No procedure or not reported	396,709	295,858	227,000	84,627	96,695	25,295	13,465	20,695	1,160,344
Total^(b)	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.4: Separations^(a), by procedure in ACHI chapters, private hospitals, states and territories, 2006–07

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	19,147	20,175	14,678	12,338	8,150	n.p.	n.p.	n.p.	77,546
110–129	2,236	1,330	1,550	700	390	n.p.	n.p.	n.p.	6,434
160–256	56,052	32,633	40,179	12,468	11,459	n.p.	n.p.	n.p.	160,857
300–333	8,232	5,020	5,021	3,223	3,300	n.p.	n.p.	n.p.	25,338
370–422	21,933	13,498	13,308	7,530	6,822	n.p.	n.p.	n.p.	65,983
450–490	27,753	24,725	18,703	13,919	8,288	n.p.	n.p.	n.p.	96,759
520–569	6,514	5,901	7,128	2,353	3,679	n.p.	n.p.	n.p.	26,305
600–767	39,767	42,956	38,164	12,105	10,598	n.p.	n.p.	n.p.	149,166
800–817	4,995	4,685	6,132	1,853	1,690	n.p.	n.p.	n.p.	20,189
850–1011	190,221	175,030	154,053	54,433	41,363	n.p.	n.p.	n.p.	634,559
1040–1129	55,116	53,865	80,302	31,806	25,627	n.p.	n.p.	n.p.	252,657
1160–1203	20,280	14,931	12,231	6,363	4,415	n.p.	n.p.	n.p.	61,224
1240–1299	56,992	50,742	47,859	15,764	11,764	n.p.	n.p.	n.p.	190,386
1330–1347	21,835	20,353	17,613	9,550	5,063	n.p.	n.p.	n.p.	78,589
1360–1579	76,126	68,055	54,006	31,668	26,260	n.p.	n.p.	n.p.	269,037
1600–1718	48,235	38,747	39,669	16,959	19,019	n.p.	n.p.	n.p.	169,886
1740–1759	9,326	7,699	8,461	4,401	2,693	n.p.	n.p.	n.p.	34,155
1786–1799	838	881	906	104	393	n.p.	n.p.	n.p.	3,170
1820–1922	684,383	557,233	562,721	216,524	172,946	n.p.	n.p.	n.p.	2,276,557
1940–2016	30,962	39,477	36,589	14,788	9,900	n.p.	n.p.	n.p.	136,331
Imaging services	778,973	682,397	686,089	271,684	214,681	n.p.	n.p.	n.p.	2,731,023
Procedures reported ^(b)	29,403	79,020	55,925	17,479	14,643	n.p.	n.p.	n.p.	210,614
No procedure or not reported	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.5: Separations^{(a)(b)} for selected procedures^(c), by hospital sector, Australia, 2002-03 to 2006-07

Procedure	Private hospitals										Public hospitals														
	2002-03		2003-04		2004-05		2005-06		2006-07		Change 2002-03 to 2006-07		2002-03		2003-04		2004-05		2005-06		2006-07		Change 2002-03 to 2006-07		
Caesarean section	27,348	28,486	30,202	31,920	33,439	6,091	41,914	44,807	47,469	50,790	55,327	13,413	41,914	44,807	47,469	50,790	55,327	13,413	41,914	44,807	47,469	50,790	55,327	13,413	
Cholecystectomy	21,257	20,996	20,936	20,593	20,147	-1,110	24,627	25,322	25,753	26,153	27,260	2,633	24,627	25,322	25,753	26,153	27,260	2,633	24,627	25,322	25,753	26,153	27,260	2,633	
Coronary artery bypass graft	6,780	6,588	6,058	5,811	6,000	-780	9,142	8,885	8,470	8,411	8,185	-957	9,142	8,885	8,470	8,411	8,185	-957	9,142	8,885	8,470	8,411	8,185	-957	
Coronary angioplasty	13,943	15,674	15,928	16,371	16,041	2,098	13,598	15,530	17,401	18,334	19,001	5,403	13,598	15,530	17,401	18,334	19,001	5,403	13,598	15,530	17,401	18,334	19,001	5,403	
Hip replacement	15,003	15,660	15,385	15,117	15,685	682	12,274	12,818	13,145	13,477	13,753	1,479	12,274	12,818	13,145	13,477	13,753	1,479	12,274	12,818	13,145	13,477	13,753	1,479	
Revision of hip replacement	1,986	2,111	2,114	2,092	2,063	77	1,284	1,404	1,375	1,382	1,446	162	1,284	1,404	1,375	1,382	1,446	162	1,284	1,404	1,375	1,382	1,446	162	
Hysterectomy, aged 15-69	16,262	15,587	15,281	14,722	14,489	-1,773	13,483	13,624	13,213	12,907	12,730	-753	13,483	13,624	13,213	12,907	12,730	-753	13,483	13,624	13,213	12,907	12,730	-753	
Knee replacement	17,579	18,812	19,944	20,510	21,727	4,148	8,851	9,476	10,457	11,865	12,036	3,185	8,851	9,476	10,457	11,865	12,036	3,185	8,851	9,476	10,457	11,865	12,036	3,185	
Lens insertion	105,660	109,324	118,379	121,372	123,632	17,972	46,379	47,001	51,642	54,241	55,234	8,855	46,379	47,001	51,642	54,241	55,234	8,855	46,379	47,001	51,642	54,241	55,234	8,855	
Myringotomy	17,922	17,855	18,129	17,548	17,745	-177	14,691	14,122	13,807	12,920	12,381	-2,310	14,691	14,122	13,807	12,920	12,381	-2,310	14,691	14,122	13,807	12,920	12,381	-2,310	
Prostatectomy	15,020	16,225	17,685	18,519	19,500	4,480	9,214	9,359	9,880	10,163	10,505	1,291	9,214	9,359	9,880	10,163	10,505	1,291	9,214	9,359	9,880	10,163	10,505	1,291	
Tonsillectomy	17,661	17,430	18,129	19,138	20,348	2,687	15,428	15,163	15,537	16,162	16,313	885	15,428	15,163	15,537	16,162	16,313	885	15,428	15,163	15,537	16,162	16,313	885	

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

(b) Excludes multiple procedures for the same separation within the same group.

(c) The procedures are defined using ACHI codes. See Appendix 1.

Table 10.6: Separations^{(a)(b)} for selected procedures^(c), by patient election status, Australia, 2002-03 to 2006-07

Procedure	Private patients										Public patients				
											Change				
	2002-03	2003-04	2004-05	2005-06	2006-07	2006-07	2006-07	2006-07	2006-07	2006-07	2002-03 to 2006-07	2002-03 to 2006-07	2002-03 to 2006-07	2002-03 to 2006-07	
Caesarean section	31,010	32,676	34,422	36,503	38,971	38,971	7,961	37,935	40,519	42,996	45,966	49,542	11,607		
Cholecystectomy	22,567	22,762	22,741	22,627	22,668	22,668	101	23,129	23,545	23,924	24,107	24,716	1,587		
Coronary artery bypass graft	8,036	7,696	7,169	6,853	6,981	6,981	-1,055	7,875	7,759	7,347	7,355	7,199	-676		
Coronary angioplasty	16,041	18,356	18,771	19,062	18,834	18,834	2,793	11,343	12,833	14,529	15,629	16,175	4,832		
Hip replacement	16,450	17,546	17,270	17,054	17,863	17,863	1,413	10,740	10,927	11,249	11,535	11,569	829		
Revision of hip replacement	2,153	2,308	2,311	2,267	2,291	2,291	138	1,100	1,207	1,178	1,207	1,218	118		
Hysterectomy, aged 15-69	17,411	17,140	16,619	16,049	15,883	15,883	-1,528	12,196	12,066	11,864	11,574	11,334	-862		
Knee replacement	17,834	19,465	20,545	20,987	22,542	22,542	4,708	8,542	8,822	9,852	11,387	11,218	2,676		
Lens insertion	111,885	116,916	125,353	129,679	131,885	131,885	20,000	39,389	39,377	43,999	45,626	45,904	6,515		
Myringotomy	20,024	19,966	20,316	19,431	19,695	19,695	-329	12,488	12,002	11,613	11,023	10,425	-2,063		
Prostatectomy	15,728	17,179	18,668	19,563	20,675	20,675	4,947	8,404	8,399	8,895	9,111	9,327	923		
Tonsillectomy	19,592	19,650	20,528	21,567	22,845	22,845	3,253	13,449	12,942	13,126	13,730	13,814	365		

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

(b) Excludes multiple procedures for the same separation within the same group.

(c) The procedures are defined using ACHI codes. See Appendix 1.

Table 10.7. Number of procedures^{(a)(b)}, by ACHI chapter, public hospitals, states and territories, 2006–07

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	26,701	24,948	13,422	10,640	7,127	2,289	1,382	749	87,258
110–129	2,430	1,896	1,325	637	409	137	97	41	6,972
160–256	29,833	26,425	12,397	11,119	8,078	804	1,349	818	90,823
300–333	6,181	7,895	6,856	2,816	2,875	427	426	411	27,887
370–422	20,124	24,924	12,374	7,245	7,791	1,158	1,428	714	75,758
450–490	42,196	37,546	36,023	16,384	13,157	3,206	1,089	2,158	151,759
520–569	47,178	39,692	27,472	14,282	11,632	3,494	2,435	2,059	148,244
600–767	101,489	92,792	57,342	31,155	26,361	9,401	6,952	3,068	328,560
800–817	9,164	9,768	5,727	3,266	2,971	644	809	243	32,592
850–1011	186,023	151,257	78,688	66,390	50,553	10,861	7,684	5,422	556,878
1040–1129	289,109	271,013	143,650	102,808	68,580	16,311	22,758	38,172	952,401
1160–1203	11,252	13,616	5,568	5,198	3,834	937	437	405	41,247
1240–1299	62,248	67,393	36,528	17,611	21,497	3,681	2,705	2,776	214,439
1330–1347	111,480	82,848	73,052	45,873	25,018	6,584	5,931	3,758	354,544
1360–1579	99,413	91,438	56,539	36,937	24,084	8,377	6,609	4,327	327,724
1600–1718	73,577	74,417	58,871	28,521	26,104	5,102	3,484	5,642	275,718
1740–1759	7,342	6,894	3,892	4,132	1,889	440	273	162	25,024
1786–1799	3,531	3,751	3,045	925	1,208	262	206	0	12,928
1820–1922	1,302,168	1,173,369	601,794	394,162	316,855	84,746	62,087	36,369	3,971,550
1940–2016	255,616	172,648	89,819	47,551	40,767	14,160	10,244	6,557	637,362
Total procedures	2,687,055	2,374,530	1,324,384	847,652	660,790	173,021	138,385	113,851	8,319,668

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

(b) This is a count of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Table 10.8. Number of procedures^{(a)(b)}, by ACHI chapter, private hospitals, states and territories, 2006-07

Procedure chapters	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-86	28,569	34,066	24,522	23,944	10,829	n.p.	n.p.	n.p.	126,781
110-129	2,487	1,418	1,658	774	414	n.p.	n.p.	n.p.	6,993
160-256	66,417	36,427	47,779	16,429	13,491	n.p.	n.p.	n.p.	189,609
300-333	9,633	5,612	5,737	3,658	3,763	n.p.	n.p.	n.p.	29,657
370-422	43,426	23,769	25,564	14,127	15,626	n.p.	n.p.	n.p.	128,492
450-490	97,718	83,862	78,564	66,116	35,677	n.p.	n.p.	n.p.	377,344
520-569	9,497	9,009	10,886	3,489	5,488	n.p.	n.p.	n.p.	39,384
600-767	74,028	77,461	66,874	21,345	19,099	n.p.	n.p.	n.p.	267,198
800-817	5,405	4,838	6,513	2,027	1,797	n.p.	n.p.	n.p.	21,458
850-1011	267,319	226,206	203,789	73,934	55,323	n.p.	n.p.	n.p.	862,361
1040-1129	70,990	60,357	89,091	35,546	28,661	n.p.	n.p.	n.p.	292,877
1160-1203	21,459	15,724	13,128	6,642	4,650	n.p.	n.p.	n.p.	64,789
1240-1299	86,524	76,182	67,884	23,709	19,008	n.p.	n.p.	n.p.	284,520
1330-1347	44,603	40,194	33,107	22,107	10,455	n.p.	n.p.	n.p.	158,248
1360-1579	109,516	106,615	75,117	47,513	39,471	n.p.	n.p.	n.p.	396,775
1600-1718	91,797	75,946	85,081	33,060	37,092	n.p.	n.p.	n.p.	337,164
1740-1759	12,263	9,960	11,054	6,024	3,420	n.p.	n.p.	n.p.	44,628
1786-1799	964	934	1,204	115	595	n.p.	n.p.	n.p.	3,860
1820-1922	960,375	763,291	736,222	295,758	244,611	n.p.	n.p.	n.p.	3,107,306
1940-2016	39,317	50,975	47,200	18,924	12,266	n.p.	n.p.	n.p.	174,255
Total procedures	2,042,307	1,702,846	1,630,974	715,241	561,736	n.p.	n.p.	n.p.	6,903,699

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

(b) This is a count of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Table 10.9: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of overnight separations, public hospitals, Australia, 2006-07

Procedure block	Separations	Public patient separations	Patient days	ALOS (days)	Total procedures reported
1916 Generalised allied health interventions	860,930	705,988	9,654,617	11.2	1,709,566
1910 Cerebral anaesthesia	595,540	501,916	3,775,710	6.3	676,291
1952 Computerised tomography of brain	146,363	114,421	1,667,002	11.4	149,636
1893 Transfusion of blood and gamma globulin	121,314	97,155	1,671,442	13.8	150,639
1909 Conduction anaesthesia	109,520	93,782	745,916	6.8	111,765
1920 Administration of pharmacotherapy	77,073	64,130	1,044,738	13.6	100,597
1912 Postprocedural analgesia	64,429	53,814	530,749	8.2	65,906
1963 Computerised tomography of abdomen and pelvis	63,493	50,984	684,151	10.8	64,874
1344 Postpartum suture	58,680	53,804	183,897	3.1	60,109
1340 Caesarean section	55,170	49,429	271,922	4.9	55,202
738 Venous catheterisation	51,587	42,005	1,124,519	21.8	57,754
1334 Medical or surgical induction of labour	47,853	43,735	184,582	3.9	48,762
1335 Medical or surgical augmentation of labour	46,055	42,776	146,560	3.2	46,116
1333 Analgesia and anaesthesia during labour and delivery procedure	41,889	37,904	169,861	4.1	41,958
2015 Magnetic resonance imaging	41,845	32,644	625,984	15.0	45,948
1966 Other computerised tomography	41,735	33,287	502,834	12.0	43,646
668 Coronary angiography	35,153	28,771	222,370	6.3	35,527
569 Continuous ventilatory support	30,389	24,530	649,001	21.4	57,938
1962 Computerised tomography of abdomen	29,616	24,179	304,398	10.3	30,101
965 Cholecystectomy	26,683	24,069	114,126	4.3	26,730
1959 Computerised tomography of spine	25,192	16,037	260,458	10.3	27,753
1960 Computerised tomography of chest	24,498	19,292	361,560	14.8	24,922
926 Appendectomy	22,732	19,314	87,851	3.9	22,842
607 Examination procedures on ventricle	22,039	18,025	131,558	6.0	22,092
1566 Excision procedures on other musculoskeletal sites	20,782	15,241	253,281	12.2	28,139
1343 Other procedures associated with delivery	20,767	18,664	74,016	3.6	21,023
1336 Spontaneous vertex delivery	20,423	19,641	57,354	2.8	20,489
986 Division of abdominal adhesions	20,105	17,310	186,065	9.3	20,377
1008 Panendoscopy with excision	19,929	16,765	188,295	9.4	20,240
957 Examination of gallbladder or biliary tract	19,206	17,251	82,525	4.3	19,603
Other	1,419,243	1,172,847	14,687,173	10.3	1,526,384
No procedure or not reported	725,560	633,143	2,868,985	4.0	..
Total^(b)	2,328,472	1,976,635	15,106,280	6.5	5,332,929

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

ALOS — average length of stay.

Note: A similar listing of all procedures in ACHI blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.10: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of overnight separations, private hospitals, Australia, 2006–07

Procedure block	Public patient		Total procedures reported	
	Separations	Public patient separations	Patient days	ALOS (days)
1910 Cerebral anaesthesia	542,573	1,400	2,178,008	4.0
1916 Generalised allied health interventions	334,863	2,080	3,191,186	9.5
1909 Conduction anaesthesia	110,581	281	614,778	5.6
1912 Postprocedural analgesia	56,566	75	367,929	6.5
1893 Transfusion of blood and gamma globulin	55,445	232	631,341	11.4
668 Coronary angiography	36,535	51	149,814	4.1
1340 Caesarean section	33,403	n.p.	186,654	5.6
1828 Sleep study	32,861	n.p.	36,730	1.1
607 Examination procedures on ventricle	29,212	50	115,884	4.0
1333 Analgesia and anaesthesia during labour and delivery procedure	26,387	0	129,292	4.9
1920 Administration of pharmacotherapy	25,651	87	250,056	9.7
1334 Medical or surgical induction of labour	22,856	n.p.	108,480	4.7
1344 Postpartum suture	22,663	n.p.	98,880	4.4
990 Repair of inguinal hernia	20,256	65	31,484	1.6
965 Cholecystectomy	19,887	126	57,983	2.9
412 Tonsillectomy or adenoidectomy	19,387	53	20,822	1.1
1952 Computerised tomography of brain	19,234	258	243,509	12.7
1518 Arthroplasty of knee	18,716	82	141,687	7.6
1915 Other client support interventions	18,100	684	193,695	10.7
986 Division of abdominal adhesions	17,516	37	117,410	6.7
957 Examination of gallbladder or biliary tract	15,779	98	42,472	2.7
1620 Excision of lesion of skin and subcutaneous tissue	15,506	62	55,067	3.6
1335 Medical or surgical augmentation of labour	15,444	0	69,647	4.5
1489 Arthroplasty of hip	15,022	66	127,983	8.5
738 Venous catheterisation	14,457	32	273,951	18.9
671 Transluminal coronary angioplasty with stenting	14,130	44	44,489	3.1
1963 Computerised tomography of abdomen and pelvis	14,117	42	153,094	10.8
1089 Examination procedures on bladder	13,532	36	56,594	4.2
1165 Transurethral prostatectomy	13,259	53	54,696	4.1
1566 Excision procedures on other musculoskeletal sites	12,947	16	98,527	7.6
Other	1,023,035	3,332	6,417,268	6.3
No procedure or not reported	129,833	2,406	624,707	4.8
Total^(b)	1,032,936	6,442	5,576,776	5.4

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

ALOS — average length of stay.

Note: A similar listing of all procedures in ACHI blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.11: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of same-day separations, public hospitals, Australia, 2006–07

Procedure block	Separations	Public patient separations	Separations per 10,000 population ^(b)	Total procedures reported
1060 Haemodialysis	784,181	693,856	376.1	784,599
1910 Cerebral anaesthesia	572,924	481,492	274.8	573,769
1920 Administration of pharmacotherapy	163,161	142,568	78.2	165,345
905 Fiberoptic colonoscopy	63,479	52,910	30.4	63,526
1008 Panendoscopy with excision	63,134	52,531	30.3	63,517
1893 Transfusion of blood and gamma globulin	60,609	50,702	29.1	62,912
1909 Conduction anaesthesia	52,695	42,232	25.3	52,820
911 Fiberoptic colonoscopy with excision	51,937	43,236	24.9	54,620
197 Extracapsular crystalline lens extraction by phacoemulsification	49,499	40,519	23.7	49,506
1620 Excision of lesion of skin and subcutaneous tissue	44,197	39,219	21.2	65,149
1916 Generalised allied health interventions	36,167	32,486	17.3	44,328
1265 Curettage of uterus	32,474	29,204	15.6	32,501
1089 Examination procedures on bladder	28,397	25,015	13.6	28,403
1952 Computerised tomography of brain	26,142	23,080	12.5	26,194
1259 Examination procedures on uterus	24,131	21,703	11.6	24,145
1267 Evacuation of gravid uterus	24,023	20,974	11.5	24,130
1921 Loading of drug delivery device	21,947	19,248	10.5	23,034
1005 Panendoscopy	21,314	17,739	10.2	21,329
766 Vascular infusion device and pump	14,857	13,573	7.1	14,969
668 Coronary angiography	14,114	11,179	6.8	14,126
1635 Repair of wound of skin and subcutaneous tissue	12,978	11,319	6.2	14,284
1890 Therapeutic interventions on cardiovascular system	12,682	11,404	6.1	12,837
1907 Electroconvulsive therapy	12,412	12,001	6.0	12,424
458 Surgical removal of tooth	11,485	7,264	5.5	38,309
607 Examination procedures on ventricle	11,376	8,997	5.5	11,390
457 Nonsurgical removal of tooth	11,090	9,611	5.3	44,192
1554 Other application, insertion or removal procedures on other musculoskeletal sites	10,760	9,183	5.2	11,376
76 Release of carpal and tarsal tunnel	10,684	9,687	5.1	11,186
1888 Hyperbaric oxygen therapy	10,515	6,729	5.0	10,521
309 Myringotomy	9,822	8,259	4.7	9,906
Other	557,718	477,004	267.5	621,392
No procedure or not reported	432,643	399,237	207.5	..
Total^(c)	2,332,808	2,047,676	1,118.7	2,986,739

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

(b) Crude rate based on the Australian estimated resident population as at 31 December 2006.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ACHI blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.12: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of same-day separations, private hospitals, Australia, 2006–07

Procedure block	Separations	Public patient separations	Separations per 10,000 population ^(b)	Total procedures reported
1910 Cerebral anaesthesia	1,105,548	5,320	530.2	1,106,407
905 Fiberoptic colonoscopy	181,049	526	86.8	181,172
1008 Panendoscopy with excision	174,726	538	83.8	176,586
911 Fiberoptic colonoscopy with excision	162,470	449	77.9	170,171
1920 Administration of pharmacotherapy	147,072	4,909	70.5	148,268
1060 Haemodialysis	140,117	27,525	67.2	140,123
197 Extracapsular crystalline lens extraction by phacoemulsification	108,781	992	52.2	108,811
1620 Excision of lesion of skin and subcutaneous tissue	83,282	391	39.9	135,199
1909 Conduction anaesthesia	78,437	1,696	37.6	78,682
458 Surgical removal of tooth	75,909	13	36.4	237,188
1916 Generalised allied health interventions	73,715	49	35.4	90,185
1921 Loading of drug delivery device	51,806	222	24.8	57,901
1267 Evacuation of gravid uterus	47,237	19	22.7	47,295
1005 Panendoscopy	45,836	77	22.0	45,875
1297 Procedures for reproductive medicine	42,945	453	20.6	43,958
1089 Examination procedures on bladder	37,545	565	18.0	37,550
1265 Curettage of uterus	35,411	121	17.0	35,440
1873 Psychological/psychosocial therapies	32,812	n.p.	15.7	38,879
1517 Arthroscopic meniscectomy of knee with repair	29,561	33	14.2	30,248
1259 Examination procedures on uterus	28,781	105	13.8	28,793
1893 Transfusion of blood and gamma globulin	27,446	84	13.2	28,387
766 Vascular infusion device and pump	22,192	185	10.6	22,801
668 Coronary angiography	19,822	2,146	9.5	19,828
1651 Local skin flap, simple and small, single stage	19,458	130	9.3	21,740
1880 Therapies using agents, not elsewhere classified	18,715	5	9.0	18,723
941 Procedures for haemorrhoids	17,624	28	8.5	18,797
309 Myringotomy	15,518	37	7.4	15,634
607 Examination procedures on ventricle	15,458	1,041	7.4	15,460
1163 Closed biopsy of prostate or seminal vesicle	15,019	109	7.2	15,412
76 Release of carpal and tarsal tunnel	14,789	56	7.1	16,199
Other	688,291	6,601	330.1	824,614
No procedure or not reported	79,801	1,154	38.3	..
Total^(c)	1,908,701	42,659	915.4	3,956,326

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

(b) Crude rate based on the Australian estimated resident population as at 31 December 2006.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ACHI blocks is provided on the Internet at <www.aihw.gov.au>

Table 10.13: Separation^(a) and procedure statistics for the 30 ACHI procedure blocks with the highest number of separations, private free-standing day hospitals, Australia, 2006-07

Procedure block	Separations	Public patient separations	Separations per 10,000 population ^(b)	Total procedures reported
1910 Cerebral anaesthesia	332,806	1,108	159.6	333,138
905 Fibreoptic colonoscopy	72,877	n.p.	34.9	72,909
1008 Panendoscopy with excision	72,734	n.p.	34.9	73,404
911 Fibreoptic colonoscopy with excision	61,329	n.p.	29.4	63,476
197 Extracapsular crystalline lens extraction by phacoemulsification	57,572	613	27.6	57,587
1060 Haemodialysis	52,446	16,745	25.2	52,446
1267 Evacuation of gravid uterus	36,755	17	17.6	36,793
1909 Conduction anaesthesia	34,936	1,189	16.8	35,089
1620 Excision of lesion of skin and subcutaneous tissue	30,862	292	14.8	48,761
1920 Administration of pharmacotherapy	29,196	1,357	12.1	25,650
1005 Panendoscopy	23,069	n.p.	11.1	23,077
1297 Procedures for reproductive medicine	22,053	453	10.6	22,972
458 Surgical removal of tooth	16,799	n.p.	8.1	50,490
1921 Loading of drug delivery device	15,595	0	7.5	15,867
1893 Transfusion of blood and gamma globulin	8,715	n.p.	4.2	9,197
209 Application, insertion or removal procedures on retina, choroid or posterior chamber	7,158	n.p.	3.4	7,208
1651 Local skin flap, simple and small, single stage	6,782	118	3.3	7,505
457 Nonsurgical removal of tooth	4,341	n.p.	2.1	11,322
1884 Immunisation	4,247	n.p.	2.0	4,248
1888 Hyperbaric oxygen therapy	3,965	1,416	1.9	3,965
941 Procedures for haemorrhoids	3,808	n.p.	1.8	4,021
1649 Other full thickness skin graft	3,769	55	1.8	3,932
1265 Curettage of uterus	3,640	15	1.7	3,654
668 Coronary angiography	3,598	1,759	1.7	3,601
1089 Examination procedures on bladder	3,518	0	1.7	3,519
466 Tooth-coloured resubration	3,224	0	1.5	12,576
1517 Arthroscopic meniscectomy of knee with repair	3,139	n.p.	1.5	3,203
766 Vascular infusion device and pump	2,894	43	1.4	2,894
1259 Examination procedures on uterus	2,884	27	1.4	2,884
207 Vitrectomy	2,687	n.p.	1.3	2,730
Other	159,024	156,341	76.3	195,545
No procedure or not reported	3,424	7	1.6	..
Total^(c)	570,475	23,450	273.6	1,193,663

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

(b) Crude rate based on the Australian estimated resident population as at 31 December 2006.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.14: Separations^(a) for the 30 ACHI procedure blocks with the highest number of separations, public hospitals, states and territories, 2006-07

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	375,222	332,936	177,959	121,963	103,764	25,026	18,939	12,655	1,168,464
1916 Generalised allied health interventions	323,840	234,895	142,059	85,527	69,326	18,071	14,976	8,403	897,097
1060 Haemodialysis	240,789	231,537	119,568	83,627	55,482	13,444	20,302	36,956	801,705
1920 Administration of pharmacotherapy	40,147	96,535	37,255	30,342	24,028	5,476	3,904	2,547	240,234
1893 Transfusion of blood and gamma globulin	58,809	53,936	27,088	17,656	16,501	3,621	2,787	1,525	181,923
1952 Computerised tomography of brain	68,604	48,199	24,598	12,325	10,706	3,448	2,801	1,824	172,505
1909 Conduction anaesthesia	50,337	51,883	24,386	15,430	12,424	2,876	2,598	2,281	162,215
1008 Panendoscopy with excision	27,400	22,224	9,789	12,226	8,074	1,341	1,090	919	83,063
905 Fiberoptic colonoscopy	25,502	22,467	9,370	10,234	7,706	1,513	581	680	78,053
1963 Computerised tomography of abdomen and pelvis	31,112	20,969	8,937	2,986	4,594	1,671	616	924	71,809
1912 Postprocedural analgesia	29,736	9,484	7,863	10,101	5,167	1,790	368	205	64,714
911 Fibreoptic colonoscopy with excision	21,719	16,356	7,439	10,693	6,002	1,060	830	572	64,671
1344 Postpartum suture	23,333	14,001	10,029	5,477	3,989	1,152	1,382	687	60,050
738 Venous catheterisation	18,729	13,045	11,634	5,412	4,015	1,443	1,225	1,019	56,522
1340 Caesarean section	18,641	13,750	10,832	5,277	4,022	1,132	890	783	55,327
1620 Excision of lesion of skin and subcutaneous tissue	14,560	16,672	10,867	5,297	5,463	1,201	533	363	54,956
197 Extracapsular crystalline lens extraction by phacoemulsification	18,071	15,051	6,189	6,314	4,685	442	1,122	460	52,334
668 Coronary angiography	16,594	12,491	7,449	5,428	4,474	1,306	1,140	385	49,267
1334 Medical or surgical induction of labour	16,202	11,723	9,168	5,154	4,034	1,028	708	619	48,636
1335 Medical or surgical augmentation of labour	16,704	10,792	9,470	4,401	3,259	982	964	635	47,207
1966 Other computerised tomography	17,474	11,823	7,464	4,214	3,506	1,197	914	591	47,183
2015 Magnetic resonance imaging	17,470	12,921	6,775	4,062	3,293	974	791	373	46,659
1333 Analgesia and anaesthesia during labour and delivery procedure	13,774	9,505	7,454	5,741	3,800	862	767	261	42,164
1089 Examination procedures on bladder	9,271	11,664	5,690	5,614	3,905	837	498	174	37,653
1265 Curettage of uterus	12,077	12,915	5,445	2,953	2,727	431	512	281	37,341
1005 Panendoscopy	9,764	11,839	5,143	4,092	4,079	820	237	341	36,315
1962 Computerised tomography of abdomen	12,776	6,039	5,909	4,450	2,315	368	1,348	364	33,569
607 Examination procedures on ventricle	9,093	9,737	4,847	4,192	3,385	909	999	253	33,415
569 Continuous ventilatory support	10,950	8,774	6,006	2,870	2,703	750	611	562	33,226
1635 Repair of wound of skin and subcutaneous tissue	7,991	7,132	9,481	3,142	1,595	401	478	848	31,068
Other	695,862	615,802	382,027	226,168	185,154	49,982	33,329	23,468	2,211,792
No procedure or not reported	396,709	295,858	227,000	84,627	96,695	25,295	13,465	20,695	1,160,344
Total^(b)	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	4,661,280

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.15: Separations^(a) for the 30 ACHI procedure blocks with the highest number of separations, private hospitals, states and territories, 2006-07

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	505,483	409,682	385,664	156,699	125,921	n.p.	n.p.	n.p.	1,648,121
1916 Generalised allied health interventions	135,549	100,839	90,007	31,381	39,814	n.p.	n.p.	n.p.	408,578
905 Fibreoptic colonoscopy	62,142	56,129	44,632	12,286	12,478	n.p.	n.p.	n.p.	193,156
1909 Conduction anaesthesia	66,933	48,117	37,062	16,480	13,175	n.p.	n.p.	n.p.	189,018
1008 Panendoscopy with excision	61,004	48,459	47,511	15,798	9,909	n.p.	n.p.	n.p.	186,995
911 Fibreoptic colonoscopy with excision	56,606	42,790	41,693	18,829	9,133	n.p.	n.p.	n.p.	173,290
1920 Administration of pharmacotherapy	33,358	52,537	42,212	20,585	16,049	n.p.	n.p.	n.p.	172,723
1060 Haemodialysis	21,382	29,984	52,871	20,446	16,973	n.p.	n.p.	n.p.	141,688
197 Extracapsular crystalline lens extraction by phacoemulsification	40,767	22,615	29,517	8,945	8,765	n.p.	n.p.	n.p.	116,125
1620 Excision of lesion of skin and subcutaneous tissue	27,826	21,758	24,809	9,328	10,499	n.p.	n.p.	n.p.	98,788
1893 Transfusion of blood and gamma globulin	16,445	21,738	26,218	8,200	7,468	n.p.	n.p.	n.p.	82,891
458 Surgical removal of tooth	23,449	20,249	16,196	10,799	6,364	n.p.	n.p.	n.p.	79,464
1912 Postprocedural analgesia	21,361	7,275	11,567	9,541	5,552	n.p.	n.p.	n.p.	56,906
668 Coronary angiography	18,107	14,701	13,265	4,215	4,006	n.p.	n.p.	n.p.	56,357
1921 Loading of drug delivery device	5,554	12,914	26,385	6,248	3,678	n.p.	n.p.	n.p.	55,760
1005 Panendoscopy	11,466	22,313	10,604	2,585	4,867	n.p.	n.p.	n.p.	52,911
1089 Examination procedures on bladder	13,962	11,512	12,683	6,007	4,215	n.p.	n.p.	n.p.	51,077
1267 Evacuation of gravid uterus	10,204	16,709	15,967	3,986	855	n.p.	n.p.	n.p.	48,328
607 Examination procedures on ventricle	12,245	12,420	11,344	3,890	3,325	n.p.	n.p.	n.p.	44,670
1297 Procedures for reproductive medicine	16,329	9,469	9,454	2,468	3,354	n.p.	n.p.	n.p.	43,002
1873 Psychological/psychosocial therapies	20,403	3,419	13,578	5,156	238	n.p.	n.p.	n.p.	42,904
1265 Curettage of uterus	12,667	11,884	8,510	3,196	2,409	n.p.	n.p.	n.p.	40,498
1517 Arthroscopic meniscectomy of knee with repair	9,281	8,271	7,230	3,783	5,253	n.p.	n.p.	n.p.	35,627
1340 Caesarean section	8,828	8,063	8,430	4,298	2,255	n.p.	n.p.	n.p.	33,439
1828 Sleep study	9,668	9,039	7,937	1,886	3,237	n.p.	n.p.	n.p.	32,912
1259 Examination procedures on uterus	9,501	9,351	7,089	2,860	2,505	n.p.	n.p.	n.p.	32,868
1333 Analgesia and anaesthesia during labour and delivery procedure	8,428	6,390	4,521	3,947	2,196	n.p.	n.p.	n.p.	26,409
412 Tonsillectomy or adenoidectomy	9,145	4,519	5,891	2,782	2,052	n.p.	n.p.	n.p.	25,540
990 Repair of inguinal hernia	7,980	5,631	5,613	2,497	1,950	n.p.	n.p.	n.p.	24,957
766 Vascular infusion device and pump	3,446	8,309	8,873	1,832	1,366	n.p.	n.p.	n.p.	24,712
Other	588,320	465,257	444,696	218,346	169,035	n.p.	n.p.	n.p.	1,967,578
No procedure or not reported	29,403	79,020	55,925	17,479	14,643	n.p.	n.p.	n.p.	210,614
Total^(b)	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	2,941,637

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

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.16: Average length of stay^(a) (days) for the 30 ACHI procedure blocks with the highest number of separations, public hospitals, states and territories, 2006–07

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	4.1	3.3	3.9	3.4	3.7	4.0	3.9	4.6	3.7
1916 Generalised allied health interventions	10.9	10.5	10.9	10.9	11.1	11.0	10.1	11.3	10.8
1060 Haemodialysis	1.3	1.2	1.3	1.2	1.3	1.2	1.2	1.3	1.2
1920 Administration of pharmacotherapy	8.4	3.9	6.0	3.8	3.5	5.2	6.5	5.1	5.0
1893 Transfusion of blood and gamma globulin	10.8	8.1	9.7	9.1	8.8	9.9	11.6	13.8	9.5
1952 Computerised tomography of brain	9.9	8.0	10.8	11.7	12.7	10.5	9.3	10.1	9.8
1909 Conduction anaesthesia	5.0	4.3	5.1	6.0	4.7	6.6	4.3	7.0	4.9
1008 Panendoscopy with excision	3.5	2.6	3.4	2.2	3.1	3.6	3.7	3.7	3.0
905 Fiberoptic colonoscopy	2.6	2.2	2.8	1.9	2.3	3.1	3.1	2.9	2.4
1963 Computerised tomography of abdomen and pelvis	9.8	9.1	9.5	9.8	11.7	9.4	7.5	10.5	9.6
1912 Postprocedural analgesia	8.2	8.7	7.9	7.0	9.9	9.1	8.3	11.2	8.2
911 Fiberoptic colonoscopy with excision	2.9	2.4	3.3	2.0	2.6	3.2	3.1	2.5	2.6
1344 Postpartum suture	3.2	3.0	2.8	3.3	3.3	3.2	2.8	3.7	3.1
738 Venous catheterisation	20.6	20.2	18.2	20.6	21.9	17.8	18.3	20.6	20.0
1340 Caesarean section	5.0	5.0	4.2	5.1	5.6	4.7	4.7	6.3	4.9
1620 Excision of lesion of skin and subcutaneous tissue	2.5	1.9	1.9	2.2	1.9	1.8	1.7	3.7	2.1
197 Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.0	1.0	1.1	1.0	1.2	1.0	2.4	1.1
668 Coronary angiography	5.9	4.4	5.0	3.6	3.9	3.5	2.1	7.5	4.8
1334 Medical or surgical induction of labour	3.9	3.7	3.5	3.9	4.2	3.7	3.5	4.9	3.8
1335 Medical or surgical augmentation of labour	3.2	3.1	2.7	3.4	3.2	3.1	3.0	3.8	3.1
1966 Other computerised tomography	11.5	9.4	10.9	10.2	12.1	10.6	10.4	11.9	10.8
2015 Magnetic resonance imaging	13.8	12.1	13.7	13.3	16.1	15.9	14.1	17.4	13.5
1333 Analgesia and anaesthesia during labour and delivery procedure	4.1	4.0	3.7	4.1	4.2	4.0	3.8	4.8	4.0
1089 Examination procedures on bladder	2.6	2.0	2.1	2.5	2.1	2.9	7.2	3.8	2.4
1265 Curettage of uterus	1.2	1.1	1.2	1.2	1.2	1.2	1.1	1.6	1.2
1005 Panendoscopy	7.1	5.3	6.2	4.9	4.8	6.5	9.6	7.7	5.9
1962 Computerised tomography of abdomen	9.8	7.3	9.2	9.8	9.5	8.1	9.2	10.0	9.2
607 Examination procedures on ventricle	5.5	4.1	4.3	3.2	3.5	3.2	2.0	6.8	4.3
569 Continuous ventilatory support	19.7	18.9	18.7	20.8	22.7	19.3	18.4	18.7	19.6
1635 Repair of wound of skin and subcutaneous tissue	4.7	3.8	4.3	5.4	3.9	5.0	5.2	4.8	4.4
Total	4.1	3.4	3.7	3.6	4.1	4.2	3.4	3.0	3.7

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

Table 10.17: Average length of stay^(a) (days) for the 30 ACHI procedure blocks with the highest number of separations, private hospitals, states and territories, 2006–07

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 Cerebral anaesthesia	1.8	2.0	2.1	2.1	2.1	n.p.	n.p.	n.p.	2.0
1916 Generalised allied health interventions	6.8	8.7	8.6	9.8	7.0	n.p.	n.p.	n.p.	8.0
905 Fiberoptic colonoscopy	1.1	1.3	1.4	1.5	1.4	n.p.	n.p.	n.p.	1.3
1909 Conduction anaesthesia	2.9	3.9	4.0	5.3	3.7	n.p.	n.p.	n.p.	3.7
1008 Panendoscopy with excision	1.2	1.4	1.5	1.6	1.6	n.p.	n.p.	n.p.	1.4
911 Fiberoptic colonoscopy with excision	1.1	1.3	1.4	1.3	1.4	n.p.	n.p.	n.p.	1.3
1920 Administration of pharmacotherapy	2.1	2.3	2.7	2.3	2.1	n.p.	n.p.	n.p.	2.3
1060 Haemodialysis	1.2	1.2	1.2	1.1	1.1	n.p.	n.p.	n.p.	1.2
197 Extracapsular crystalline lens extraction by phacoemulsification	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1620 Excision of lesion of skin and subcutaneous tissue	1.4	1.4	1.4	1.5	1.2	n.p.	n.p.	n.p.	1.4
1893 Transfusion of blood and gamma globulin	8.7	8.1	6.8	9.1	8.5	n.p.	n.p.	n.p.	7.9
458 Surgical removal of tooth	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1912 Postprocedural analgesia	6.0	7.1	6.8	6.7	6.3	n.p.	n.p.	n.p.	6.5
668 Coronary angiography	2.4	3.3	3.5	2.9	3.6	n.p.	n.p.	n.p.	3.0
1921 Loading of drug delivery device	1.2	1.4	1.5	1.5	1.6	n.p.	n.p.	n.p.	1.4
1005 Panendoscopy	1.7	1.8	3.1	3.3	1.9	n.p.	n.p.	n.p.	2.1
1089 Examination procedures on bladder	1.7	1.8	1.8	2.3	1.8	n.p.	n.p.	n.p.	1.8
1267 Evacuation of gravid uterus	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
607 Examination procedures on ventricle	2.5	3.1	3.3	2.8	3.4	n.p.	n.p.	n.p.	2.9
1297 Procedures for reproductive medicine	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
1873 Psychological/psychosocial therapies	4.9	16.4	2.9	4.8	12.9	n.p.	n.p.	n.p.	5.3
1265 Curettage of uterus	1.1	1.1	1.1	1.1	1.2	n.p.	n.p.	n.p.	1.1
1517 Arthroscopic meniscectomy of knee with repair	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
1340 Caesarean section	5.6	5.6	5.1	6.3	5.9	n.p.	n.p.	n.p.	5.6
1828 Sleep study	1.0	1.1	1.3	1.3	1.0	n.p.	n.p.	n.p.	1.1
1259 Examination procedures on uterus	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
1333 Analgesia and anaesthesia during labour and delivery procedure	4.9	4.8	4.5	5.4	5.1	n.p.	n.p.	n.p.	4.9
412 Tonsillectomy or adenoidectomy	1.0	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.1
990 Repair of inguinal hernia	1.4	1.4	1.4	1.7	1.6	n.p.	n.p.	n.p.	1.4
766 Vascular infusion device and pump	1.7	1.5	2.1	2.6	2.1	n.p.	n.p.	n.p.	1.9
Total	2.4	2.6	2.6	2.6	2.6	n.p.	n.p.	n.p.	2.5

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

Table 10.18: Separations^(a) for males for the 30 ACHI procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2006–07

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
1910 Cerebral anaesthesia	10,558	42,946	71,903	102,730	99,591	138,116	181,500	240,791	218,921	166,436	37,098	1,310,591
1916 Generalised allied health interventions	10,017	6,291	13,117	30,659	34,116	43,722	58,616	90,705	109,192	133,646	58,778	588,870
1060 Haemodialysis	10	62	294	6,807	19,014	48,747	80,425	115,319	138,294	132,143	18,678	559,793
1920 Administration of pharmacotherapy	19,243	3,649	5,299	5,705	6,335	10,675	22,026	42,057	45,594	30,099	5,299	195,981
1909 Conduction anaesthesia	1,894	2,749	3,217	5,827	5,572	7,153	12,416	25,592	36,143	37,156	8,967	146,686
1893 Transfusion of blood and gamma globulin	2,023	1,719	3,672	4,248	4,304	6,563	12,744	22,774	30,157	33,990	11,967	134,162
905 Fiberoptic colonoscopy	7	27	119	1,810	6,330	15,311	25,434	30,754	23,669	15,031	2,661	121,153
911 Fiberoptic colonoscopy with excision	38	161	529	2,615	5,434	11,306	21,697	31,913	28,018	16,073	2,403	120,187
1008 Panendoscopy with excision	146	675	1,622	4,408	8,627	15,216	21,456	26,754	21,979	14,794	2,990	118,667
1952 Computerised tomography of brain	586	1,107	2,378	7,680	7,440	8,074	9,615	12,839	16,096	23,278	10,921	100,014
1620 Excision of lesion of skin and subcutaneous tissue	198	707	1,652	2,159	3,240	6,072	10,306	15,819	16,158	18,384	6,864	81,559
197 Extracapsular crystalline lens extraction by phacoemulsification	0	7	17	98	158	636	2,996	9,878	21,540	29,271	6,154	70,755
668 Coronary angiography	26	28	28	132	541	3,274	10,866	19,975	19,491	13,029	1,620	69,010
1089 Examination procedures on bladder	103	173	335	677	1,168	2,419	5,092	10,855	14,470	14,079	3,741	53,112
607 Examination procedures on ventricle	52	43	32	85	420	2,470	8,161	15,028	14,056	8,891	1,019	50,257
1912 Postprocedural analgesia	262	300	1,465	3,315	3,028	4,025	5,840	10,355	10,645	6,692	1,085	47,012
1963 Computerised tomography of abdomen and pelvis	16	66	459	2,634	3,518	5,050	6,397	7,668	7,829	7,881	2,754	44,272
1005 Panendoscopy	24	103	209	1,063	2,219	4,127	6,761	8,967	8,600	7,479	2,214	41,766
738 Venous catheterisation	3,619	528	848	1,620	1,918	2,904	4,851	7,677	8,445	6,957	1,589	40,956
990 Repair of inguinal hernia	1,450	1,605	1,233	1,555	2,714	4,305	6,495	8,441	6,993	4,458	887	40,136
458 Surgical removal of tooth	0	564	3,159	17,827	7,619	3,922	2,664	2,086	1,117	705	204	39,867
1921 Loading of drug delivery device	29	395	544	658	695	1,722	5,487	12,376	10,990	4,353	348	37,597
1566 Excision procedures on other musculoskeletal sites	39	642	1,534	4,585	4,233	4,691	4,997	5,026	3,294	2,504	850	32,395
2015 Magnetic resonance imaging	1,081	1,442	1,769	1,616	1,898	2,777	3,767	5,130	5,212	4,795	1,158	30,645
1966 Other computerised tomography	56	49	122	1,028	1,580	2,482	3,707	5,534	6,675	6,286	1,634	29,153
1828 Sleep study	193	556	681	579	1,797	4,331	6,439	7,009	3,747	1,710	185	27,227
1517 Arthroscopic meniscectomy of knee with repair	0	0	60	1,207	2,173	4,503	6,775	6,410	2,820	896	89	24,933
671 Transluminal coronary angioplasty with stenting	0	0	1	7	99	1,155	4,375	7,575	6,817	4,205	553	24,787
569 Continuous ventilatory support	3,159	364	381	1,510	1,504	1,769	2,455	3,357	3,979	3,734	719	22,932
412 Tonsillectomy or adenoidectomy	52	7,985	8,991	3,106	1,252	650	249	146	64	22	4	22,521
Other	47,396	55,327	99,549	137,924	144,071	190,004	240,814	337,406	318,955	261,679	71,555	1,904,687
Procedures reported	43,702	54,178	93,613	152,214	181,940	270,408	389,644	560,377	576,765	515,840	133,864	2,965,612
No procedure or not reported	39,334	43,355	38,325	49,124	56,058	65,817	68,662	77,168	72,832	75,396	29,828	615,903
Total^(c)	83,036	97,533	131,938	201,338	231,064	336,225	458,306	637,545	649,597	591,236	163,692	3,581,515

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

(b) Includes separations for which age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.19: Separations^(a) for females for the 30 ACHI procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2006–07

Procedure block	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
1910 Cerebral anaesthesia	5,143	27,354	52,714	130,833	171,192	218,020	233,280	239,791	205,244	172,912	49,469	1,506,952
1916 Generalised allied health interventions	7,940	4,828	10,499	39,765	80,605	62,418	59,402	80,991	103,241	160,546	106,541	1,716,776
1060 Haemodialysis	2	26	347	4,426	15,159	31,880	53,511	82,346	103,592	82,877	9,433	383,599
1920 Administration of pharmacotherapy	14,903	3,120	4,244	5,172	9,315	21,788	38,996	50,091	39,739	24,474	5,132	216,974
1909 Conduction anaesthesia	243	462	1,027	10,220	43,055	25,814	11,498	21,416	34,424	42,885	13,497	204,541
1008 Panendoscopy with excision	99	472	1,655	7,989	11,489	20,007	30,132	32,693	24,965	17,524	4,364	151,389
905 Fibreoptic colonoscopy	6	16	85	3,061	7,528	18,612	33,234	37,728	27,919	18,256	3,611	150,056
1893 Transfusion of blood and gamma globulin	1,424	1,078	2,486	4,633	8,408	9,692	13,206	18,327	24,231	30,364	16,799	130,648
911 Fibreoptic colonoscopy with excision	27	92	418	4,285	7,210	12,808	21,877	28,391	24,125	15,618	2,923	117,774
197 Extracapsular crystalline lens extraction by phacoemulsification	1	4	13	65	161	567	3,044	11,180	29,737	42,793	10,135	97,700
1952 Computerised tomography of brain	418	753	1,384	4,171	4,923	6,297	7,839	9,159	12,385	25,003	19,671	92,003
1340 Caesarean section	0	0	9	10,857	52,567	25,074	257	1	0	0	0	88,765
1344 Postpartum suture	0	0	32	16,261	50,350	16,056	73	3	0	0	0	82,775
1267 Evacuation of gravid uterus	0	0	189	25,577	32,363	19,433	555	4	0	0	0	78,125
1265 Curettage of uterus	0	1	44	4,349	13,813	22,787	22,398	8,875	3,726	1,578	2	77,838
1912 Postprocedural analgesia	167	271	1,120	4,887	15,541	12,482	9,154	10,499	10,617	8,181	1,686	74,605
1620 Excision of lesion of skin and subcutaneous tissue	185	689	1,829	2,655	4,466	7,673	11,197	12,377	10,961	13,222	6,931	72,185
1334 Medical or surgical induction of labour	0	0	25	13,300	43,007	15,266	101	0	0	0	0	71,699
1333 Analgesia and anaesthesia during labour and delivery procedure	0	0	20	12,476	42,348	13,664	64	0	0	0	0	68,573
1335 Medical or surgical augmentation of labour	0	0	25	15,009	37,034	10,564	47	0	0	0	0	62,679
1259 Examination procedures on uterus	0	2	42	3,134	11,459	18,092	17,536	6,166	2,578	1,144	212	60,365
458 Surgical removal of tooth	1	420	3,875	27,749	9,924	4,371	3,134	2,093	1,017	811	288	53,683
1005 Panendoscopy	24	87	165	1,540	2,578	4,824	7,912	9,813	9,208	8,391	2,917	47,459
1297 Procedures for reproductive medicine	0	0	0	504	18,086	27,358	956	2	0	0	0	46,907
1921 Loading of drug delivery device	56	293	593	588	1,157	4,371	10,083	13,896	8,840	3,360	324	43,561
1963 Computerised tomography of abdomen and pelvis	14	53	266	2,381	3,468	4,777	5,729	6,079	6,468	8,301	4,428	41,964
668 Coronary angiography	20	31	29	54	181	1,219	4,406	8,765	10,680	9,789	1,440	36,614
1089 Examination procedures on bladder	68	137	229	657	1,463	4,033	6,906	8,076	6,985	5,634	1,429	35,617
1343 Other procedures associated with delivery	0	0	16	6,053	21,128	6,265	30	0	0	0	0	33,495
965 Cholecystectomy	3	6	83	2,418	5,421	6,254	6,275	5,835	3,860	2,219	497	32,871
Other	36,526	45,421	82,282	154,399	269,946	296,506	314,350	328,436	285,792	265,143	100,194	2,178,996
Procedures reported ^(c)	28,843	36,011	69,678	228,692	417,364	419,749	430,602	501,131	486,056	468,457	179,327	3,265,911
No procedure or not reported	31,838	32,932	29,885	100,876	139,959	93,374	69,825	65,589	62,661	79,646	48,429	755,017
Total^(c)	60,681	68,943	99,563	329,568	557,323	513,123	500,427	566,720	548,717	548,103	227,756	4,020,928

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

(b) Includes separations for which a age was not reported.

(c) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 10.20: Procedure^(a) statistics in ACHI chapters, by Indigenous status^(b), all hospitals, selected states and territories^(c), 2006–07

Procedure chapter	Count of procedures		Proportion of total procedures for patients identified as		Procedures per 1,000 population ^(d)		Rate ratio ^(e)
	Indigenous Australians	Other Australians	Indigenous (%)	Other Australians	Indigenous Australians	Other Australians	
1–86	2,079	203,438	0.6	10.1	5.5	10.1	0.5
110–129	152	13,337	0.0	0.7	0.5	0.7	0.8
160–256	2,209	267,004	0.7	13.0	12.0	13.0	0.9
300–333	1,999	53,438	0.6	2.9	3.0	2.9	1.1
370–422	2,078	193,606	0.6	10.0	4.1	10.0	0.4
450–490	14,024	495,377	4.3	26.3	20.0	26.3	0.8
520–569	6,039	174,645	1.8	8.7	16.4	8.7	1.9
600–767	9,698	561,316	3.0	27.3	34.2	27.3	1.2
800–817	484	51,235	0.1	2.5	1.7	2.5	0.7
850–1011	11,843	1,353,061	3.6	66.8	41.3	66.8	0.6
1040–1129	111,331	1,086,646	34.0	53.0	476.8	53.0	9.0
1060	107,405	803,294	32.8	39.2	461.0	39.2	11.8
	3,926	283,352	1.2	13.8	15.8	13.8	1.1
<i>Other than haemodialysis in procedure block 1040–1128</i>							
1160–1203	843	100,633	0.3	5.1	2.1	5.1	0.4
1240–1299	6,576	474,784	2.0	24.6	15.9	24.6	0.6
1330–1347	14,918	477,577	4.6	25.5	26.2	25.5	1.0
1360–1579	11,393	679,577	3.5	34.1	27.7	34.1	0.8
1600–1718	11,580	578,528	3.5	28.8	28.2	28.8	1.0
1740–1759	493	66,539	0.2	3.3	1.7	3.3	0.5
1786–1799	192	16,080	0.1	0.8	0.8	0.8	1.0
1820–1922	104,340	6,720,634	31.9	333.0	323.4	333.0	1.0
1940–2016	15,113	766,527	4.6	37.7	51.4	37.7	1.4
Total (excluding haemodialysis)	219,979	13,530,688	67.2	637.1	580.5	637.1	0.9
Total (including haemodialysis)	327,384	14,333,982	100.0	714.0	1,092.9	714.0	1.5

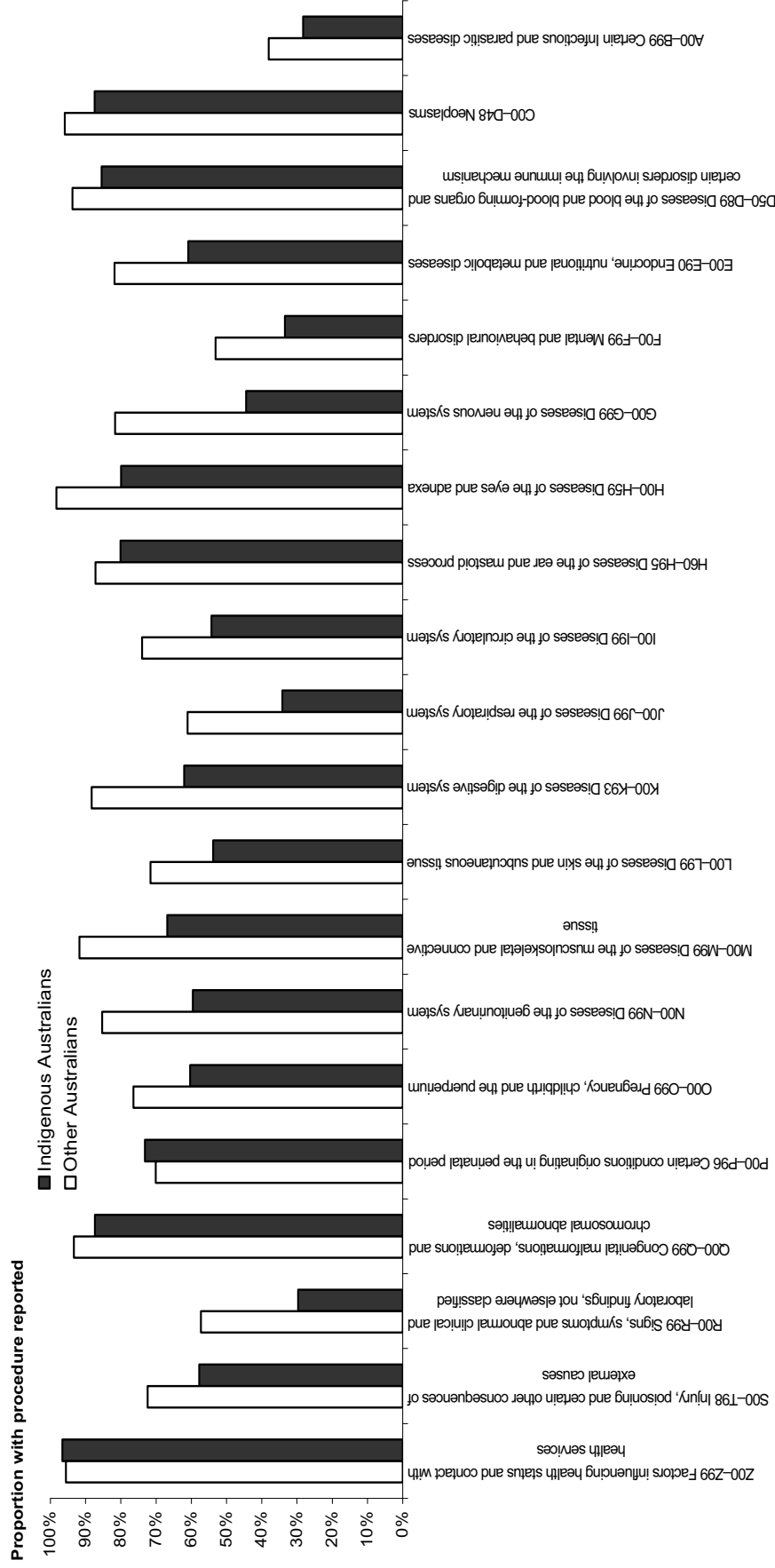
(a) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among jurisdictions. See the text of Chapter 8 for further detail.

(c) This table includes data only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only). Caution should be used in the interpretation of these data due to differences in data quality. It should also be noted that the data presented here are not necessarily representative of the jurisdictions excluded.

(d) The rates were directly age-standardised as detailed in Appendix 1. The rate for *Other Australians* includes *Indigenous status not reported*.

(e) The rate ratio is equal to the rate for *Indigenous Australians* divided by the rate for *Other Australians*.



Notes
 1. Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
 2. This table includes data only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only). Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.

Figure 10.2: Proportion of separations with a procedure reported, by principal diagnosis and Indigenous status, all hospitals, selected states and territories, 2006-07

11 External causes for admitted patients

Introduction

An external cause is defined in the *National health data dictionary, version 13* (HDSC 2006) as the environmental event, circumstance or condition as the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded and, for most records, the activity of the person at the time of the event should be recorded.

External causes for 2006–07 were classified, coded and reported to the National Hospital Morbidity Database by all states and territories using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2006). Information about the quality of the ICD-10-AM coded data is presented in Appendix 1.

External causes can be reported for diagnoses other than those in the ICD-10-AM injury and poisoning chapter. Hence, data on external causes for this report are presented as the separations for which there was at least one external cause reported within the group of external causes being considered. One or more external causes of injury or poisoning may be reported for each separation and therefore the counts for these data are not additive, that is, the totals in the tables will not necessarily equal the sum of counts in the rows.

The external cause classification (Chapter XX of ICD-10-AM) is hierarchical, consisting of 373 three-character categories. The information in this chapter is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM external cause classification. Full descriptions of the categories are available in the ICD-10-AM publication.

The tables in this chapter present national summaries of separation, patient day and average length of stay statistics for public and private hospitals and for public patients, as well as summary separation data by state and territory. Also provided are national summaries on the age group and sex of the patient, place of occurrence, and the activity of the patient when injured. Information on public patients in Table 11.1 relates to separations for which the patient election status was reported as *Public* (see Chapter 7).

External cause data and other data elements reported for separations

The information on external causes reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 11.1 demonstrates this using the external cause code of V00–V99 *Transport accidents*. These data should be interpreted with caution as more than one external cause, place of occurrence and activity when injured can be reported for a separation. Consequently the external cause is not necessarily related to the place of occurrence, activity when injured or principal diagnosis in Figure 11.1.

In 2006–07:

- there were 68,413 separations which reported *Transport accidents* as an external cause (compared to 58,201 in 2002–03) with an average length of stay of 5.3 days
- between 2002–03 and 2006–07, the number of separations that reported *Transport accidents* as an external cause increased from 58,201 separations in 2002–03
- the majority of these separations (68.0%) were for male patients
- almost 42% (28,708) of these separations were for patients aged 15–34 years
- the majority of separations (90.5%) were admitted to a public hospital
- almost 81% had a separation mode of *Other*, suggesting that these patients went home at the end of their episode of care and over 14% were transferred to another acute hospital, suggesting continued care
- injury-related codes constituted nine of the top ten principal diagnoses. The most common principal diagnosis was for *Fracture of forearm* (S52, 5,881)
- the most common Diagnosis Related Group was *Injuries Age <65* (X60C, 7,921)
- the most common place of occurrence was *Street and highway, roadway* (Y92.40, 37,025)
- the activity while injured was either *Unspecified* or *Other specified* for almost 73.4% of separations, with the most common specified activity being *Motorcycling* (U65.1, 3,268).

Sector

In 2006–07 there were 878,061 separations which reported an external cause and these separations accounted for 6.1 million patient days (Table 11.1). This represented 11.5% of all separations and 24.4% of all patient days. The majority of separations (0.68 million, 78.0%) and patient days (4.69 million, 77.1%) were reported for the public sector. Overall, the average length of stay was similar in the public sector (6.8 days) and the private sector (7.2 days).

The most frequently reported external cause group in both the public sector and the private sector was *Complications of medical and surgical care* (Y40–Y84), with a total of 335,796 separations (38.2%), followed by *Falls* (W00–W19, 222,126). However, there were differences in the external cause groups reported by the public and private sectors. *Transport accidents* (V00–V99) accounted for 9.0% of external cause separations for public hospitals (61,922), but only 3.4% for private hospitals (6,471). *Intentional self-harm* (X60–X84) and *Assault* (X85–Y09) combined accounted for 8.5% of external cause separations from public hospitals (30,504 and 27,399 respectively), but less than 1.0% (combined) of external cause separations from private hospitals (581 and 497 respectively).

Average length of stay was highest for *Other accidental threats to breathing* (W75–W84) in the public sector (15.3 days) and for *Intentional self-harm* in the private sector (17.0 days).

States and territories

External causes were reported for between 10.5% and 12.5% of all separations for the states and territories (Table 11.2). Differences in coding and data recording practices and in the capacity to report external causes among the jurisdictions and between the public and private sectors may have slightly affected the comparability of these external cause data.

The distributions of separations among the external cause groups were generally similar among the states and territories for combined sectors (Table 11.2), with *Complications of medical and surgical care* (Y40–Y84), *Falls* (W00–W19), *Transport accidents* (V00–V99) and *Exposure to mechanical forces* (W20–W64) among the most common in nearly every state. For public hospitals, *Assault* (X85–Y09) accounted for about 19.7% of all separations with an external cause reported in the Northern Territory, compared with the national figure of 4.0%.

Age group and sex

The number of separations with an external cause varied by age group and sex (tables 11.3 and 11.4). For females, 10.1% (0.40 million) of all separations had an external cause of injury or poisoning compared with 13.2% (0.48 million) of all separations for males.

For these separations, the most common external cause group for both sexes was *Complications of medical and surgical care* (Y40–Y84), which accounted for 35.7% of separations for males and 41.2% of separations for females. *Falls* (W00–W19) was the next most common external cause group, accounting for 20.0% of male and 31.5% of female separations with an external cause reported. *Exposure to mechanical forces* (W20–W64) was reported for 13.4% of male separations and 5.8% of female separations that reported an external cause.

For females, the highest number of separations with an external cause of injury or poisoning was in the 75–84 years age group (19.4%), whereas for males the highest numbers were reported in the 15–24 years age group (13.6%).

In the age groups under 14 years, *Falls* (W01–W19) were the most commonly reported external causes for both males and females, followed by *Exposure to mechanical forces* (W20–W64). *Exposure to mechanical forces* was also the most commonly reported external cause for males aged 15–34 years. *Assault* (X85–Y09) was reported for 20,497 males and 7,399 females, with the most common age groups for both males and females being 15–34 years.

Place of occurrence

In ICD-10-AM, the place of occurrence of the external cause is required to be reported for the external causes *Transport accidents*, *Intentional self-harm*, *Assault*, *Events of undetermined intent*, *Legal intervention and operations of war*, *Complications of medical and surgical care* and for some external causes within the group *Sequelae and supplementary factors* (Table 11.5). Of the records with an external cause code reported in the range V00–Y98 (0.88 million separations), 99.9% also had a place of occurrence code reported. Place of occurrence was, however, reported for some separations for which it was not required. In addition to the records for which the place of occurrence was *Not reported* (0.1%), the place of occurrence was *Unspecified place* for approximately 27.4% of separations that required a place of occurrence to be reported, which indicates that these data are in need of improvement.

Health service area was the most commonly reported specified place of occurrence (342,263), with 90.9% of separations with this place of occurrence having an external cause of *Complications of medical and surgical care* (Y40–Y84). The next most commonly reported specified place of occurrence was *Home* (154,489), and this was the most frequently reported place of occurrence for *Falls* (W00–W19, 83,741, 37.7% of total separations for *Falls*), *Intentional self-harm* (X60–X84, 17,187), and *Exposure to smoke, fire, flames, hot substances* (X00–X19, 4,298). *Falls* (W00–W19) was the most common external cause group for

separations which reported *Residential institution* as the place of occurrence (24,015, 82.4% of these separations).

Activity when injured

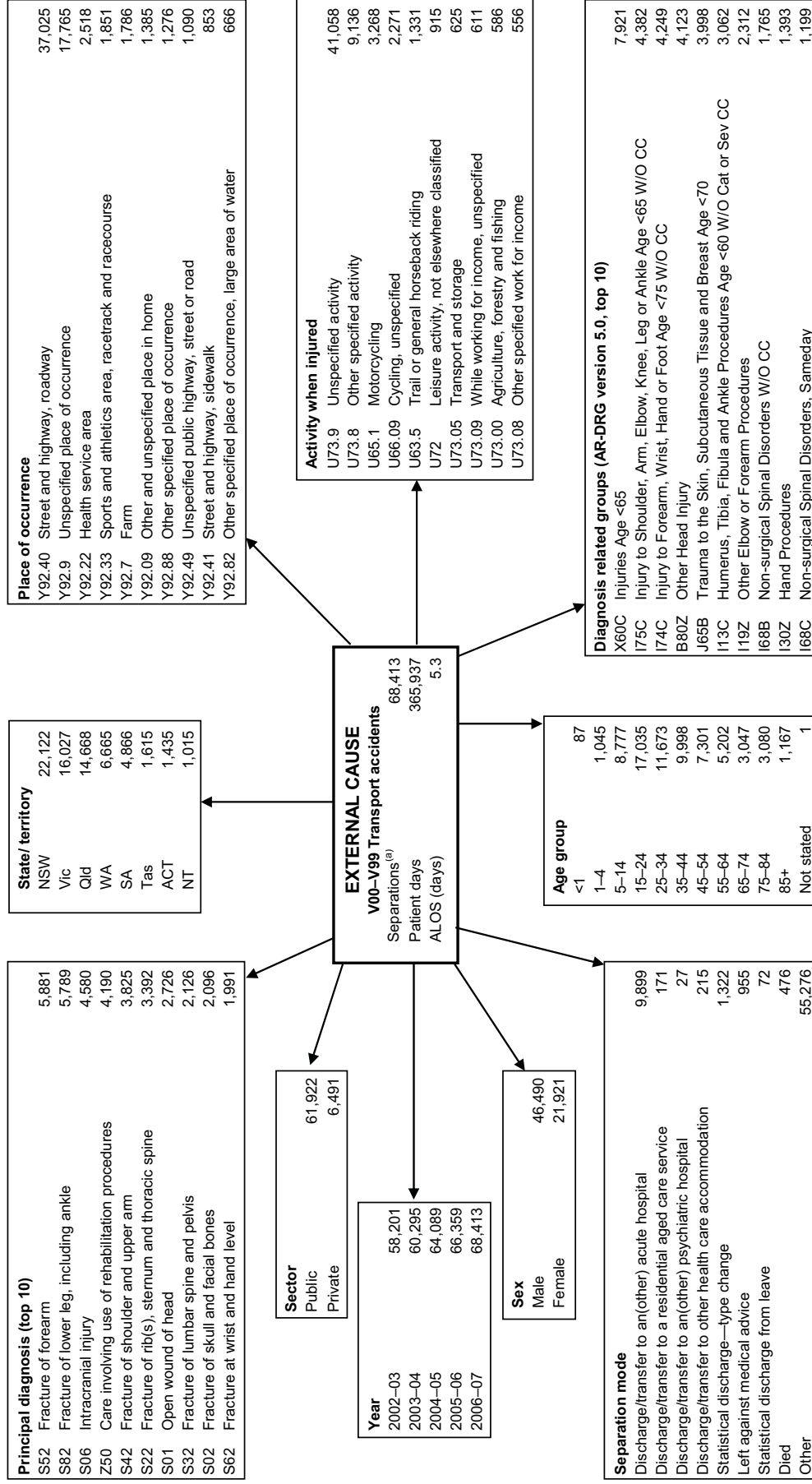
The activity of the injured person at the time of occurrence of the external cause is required to be reported for external cause codes for *Transport accidents*, *Intentional self-harm*, *Assault* and *Events of undetermined intent*. Of the records with external cause codes V00–Y34 (0.55 million separations), 99.8% also had an activity when injured code reported (Table 11.6). Activity when injured was, however, reported for some separations for which it was not required.

ICD-10-AM includes 24 three-character categories of activity when injured codes, including 19 for sports. Table 11.6 presents the sports-related activities as *Football* (U50.00–U50.09) and *Other sporting activity* (U50.10–U71), and the non-sports-related activities as *Leisure activity*, *Working for income*, *Other types of work*, *Resting, sleeping, eating and other vital activities*, *Other specified activities* and *Unspecified activity*. The two most commonly reported categories were *Other specified* and *Unspecified/Not reported* (12.9% and 70.7% of the separations which required an activity when injured to be reported, respectively) which indicates that there is a need for improvement in both the specificity of the classification and in the reporting of these data. Sports-related activities, comprising *Football* and *Other sporting activity*, were the most commonly reported specific activity at the time of injury (5.1%, 44,974 of all external cause separations), followed by *Resting, sleeping, eating and other vital activities* (4.2%, 37,303).

Principal diagnosis

Table 11.7 presents data showing the external causes reported for separations with an injury or poisoning as the principal diagnosis, and for other principal diagnoses. Although data reported on external causes and data reported on diagnoses cannot generally be unequivocally linked, it is likely that the reported external cause is related to the principal diagnosis when the latter is an injury or poisoning. In contrast, if the principal diagnosis is not an injury or poisoning, the external cause is more likely to relate to an additional diagnosis. External causes were reported for 373,368 separations for which the principal diagnosis was not an injury or poisoning.

Injuries to upper and lower limbs (S40–S99) (230,561, 26.3%) and *Injuries to head and neck* (S00–S19) (84,296, 9.6%) were the most common types of injuries associated with external causes. The most common causes of these injuries combined were *Falls* (W00–W19) and *Exposure to mechanical forces* (W20–W64). The most common injuries (S00–T98) resulting from *Falls* (W00–W19) were *Injuries to upper and lower limbs* (S40–S99) (101,300, 45.6%) and *Injuries to head and neck* (S00–S19) (32,799, 14.8%). These were also the most common injuries associated with *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V00–V99).



Abbreviations: ALOS—average length of stay; CC—complications or comorbidity; W—with, W/O—without.

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* or *Posthumous organ procurement* have been excluded.

Figure 11.1: Interrelationships of an external cause (V00-V99 Transport accidents) with other data elements, all hospitals, Australia, 2006-07

Table 11.1: Selected separation statistics^(a), by external cause in ICD-10-AM groupings and hospital sector, Australia, 2006-07

External cause	Separations	Same-day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same-day
Public hospitals						
V00-V99 Transport accidents	61,922	18,974	36,518	302,234	4.9	6.6
W00-W19 Falls	183,150	42,169	147,185	1,500,009	8.2	10.3
W20-W64 Exposure to mechanical forces	77,388	32,942	62,245	233,176	3.0	4.5
W65-W74 Accidental drowning and submersion	600	156	535	1,791	3.0	3.7
W75-W84 Other accidental threats to breathing	9,474	596	7,804	144,839	15.3	16.2
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	1,169	678	790	3,336	2.9	5.4
X00-X19 Exposure to smoke, fire, flames, hot substances	8,076	2,971	7,122	49,437	6.1	9.1
X20-X39 Exposure to venomous plants, animals, forces of nature	5,347	2,080	4,581	16,998	3.2	4.6
X40-X49 Accidental poisoning	12,730	4,373	11,521	44,476	3.5	4.8
X50-X59 Other external causes of accidental injury	35,526	13,258	30,024	200,678	5.6	8.4
X60-X84 Intentional self-harm	30,504	7,675	29,157	135,194	4.4	5.6
X85-Y09 Assault	27,399	11,759	26,082	79,287	2.9	4.3
Y10-Y34 Events of undetermined intent	6,036	2,320	5,674	20,215	3.3	4.8
Y35-Y36 Legal intervention and operations of war	121	36	110	755	6.2	8.5
Y40-Y84 Complications of medical and surgical care	235,684	43,090	194,838	2,333,790	9.9	11.9
Y85-Y98 Sequelae and supplementary factors	23,492	5,607	19,290	260,826	11.1	14.3
Total^(b)	684,755	185,693	556,947	4,685,812	6.8	9.0
Private hospitals						
V00-V99 Transport accidents	6,491	1,633	56	63,703	9.8	12.8
W00-W19 Falls	38,976	6,515	399	420,329	10.8	12.7
W20-W64 Exposure to mechanical forces	9,434	3,947	119	34,666	3.7	5.6
W65-W74 Accidental drowning and submersion	20	3	2	259	13.0	15.1
W75-W84 Other accidental threats to breathing	1,369	71	30	22,614	16.5	17.4
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	212	141	23	670	3.2	7.5
X00-X19 Exposure to smoke, fire, flames, hot substances	414	77	12	5,239	12.7	15.3
X20-X39 Exposure to venomous plants, animals, forces of nature	276	49	15	1,492	5.4	6.4
X40-X49 Accidental poisoning	621	56	20	4,863	7.8	8.5
X50-X59 Other external causes of accidental injury	32,363	13,263	112	94,385	2.9	4.2
X60-X84 Intentional self-harm	581	44	25	9,898	17.0	18.4
X85-Y09 Assault	497	203	28	1,611	3.2	4.8
Y10-Y34 Events of undetermined intent	336	71	11	3,060	9.1	11.3
Y35-Y36 Legal intervention and operations of war	5	0	0	n.p.	n.p.	n.p.
Y40-Y84 Complications of medical and surgical care	100,112	20,542	2,009	800,426	8.0	9.8
Y85-Y98 Sequelae and supplementary factors	7,254	2,378	45	39,020	5.4	7.5
Total^(b)	193,306	48,532	2,853	1,390,951	7.2	9.3

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

Table 11.2: Separations^(a), by external cause in ICD-10-AM groupings and hospital sector, states and territories, 2006-07

External cause	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
V00-V99 Transport accidents	20,279	14,185	13,148	6,084	4,400	1,458	1,396	972	61,922
W00-W19 Falls	70,136	47,812	29,602	15,624	11,744	3,437	3,112	1,683	183,150
W20-W64 Exposure to mechanical forces	23,771	18,846	17,641	7,297	5,118	1,719	1,234	1,762	77,388
W65-W74 Accidental drowning and submersion	227	88	173	49	37	8	3	15	600
W75-W84 Other accidental threats to breathing	2,856	2,526	1,948	1,106	653	154	56	175	9,474
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	357	242	272	128	85	61	10	14	1,169
X00-X19 Exposure to smoke, fire, flames, hot substances	2,437	1,554	1,876	765	930	168	68	278	8,076
X20-X39 Exposure to venomous plants, animals, forces of nature	1,672	1,030	1,062	677	634	103	70	99	5,347
X40-X49 Accidental poisoning	4,165	2,902	2,542	1,096	1,412	271	163	179	12,730
X50-X59 Other external causes of accidental injury	11,404	9,943	6,549	3,417	2,296	750	681	486	35,526
X60-X84 Intentional self-harm	10,451	6,641	5,684	3,376	2,615	848	481	408	30,504
X85-Y09 Assault	8,057	5,096	5,647	3,457	2,054	538	405	2,145	27,399
Y10-Y34 Events of undetermined intent	1,697	2,453	912	390	219	210	103	52	6,036
Y35-Y36 Legal intervention and operations of war	33	26	20	17	12	3	2	8	121
Y40-Y84 Complications of medical and surgical care	69,729	65,951	40,642	24,319	21,191	6,401	4,516	2,935	235,684
Y85-Y98 Sequelae and supplementary factors	7,695	4,287	4,739	2,688	2,374	581	335	793	23,492
Total^(b)	223,708	175,387	126,422	66,952	53,405	15,952	12,025	10,904	684,755
Private hospitals									
V00-V99 Transport accidents	1,843	1,842	1,520	581	466	n.p.	n.p.	n.p.	6,491
W00-W19 Falls	11,612	9,175	10,763	2,922	3,375	n.p.	n.p.	n.p.	38,976
W20-W64 Exposure to mechanical forces	2,018	2,241	2,776	1,227	765	n.p.	n.p.	n.p.	9,434
W65-W74 Accidental drowning and submersion	1	6	10	2	0	n.p.	n.p.	n.p.	20
W75-W84 Other accidental threats to breathing	165	305	630	168	82	n.p.	n.p.	n.p.	1,369
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	37	11	84	26	48	n.p.	n.p.	n.p.	212
X00-X19 Exposure to smoke, fire, flames, hot substances	63	118	126	38	49	n.p.	n.p.	n.p.	414
X20-X39 Exposure to venomous plants, animals, forces of nature	51	34	96	43	35	n.p.	n.p.	n.p.	276
X40-X49 Accidental poisoning	103	141	227	67	54	n.p.	n.p.	n.p.	621
X50-X59 Other external causes of accidental injury	10,010	7,296	6,851	3,652	3,193	n.p.	n.p.	n.p.	32,363
X60-X84 Intentional self-harm	107	170	154	102	24	n.p.	n.p.	n.p.	581
X85-Y09 Assault	174	85	128	60	31	n.p.	n.p.	n.p.	497
Y10-Y34 Events of undetermined intent	63	92	124	24	15	n.p.	n.p.	n.p.	336
Y35-Y36 Legal intervention and operations of war	4	0	1	0	0	n.p.	n.p.	n.p.	5
Y40-Y84 Complications of medical and surgical care	25,196	21,631	29,224	9,695	10,084	n.p.	n.p.	n.p.	100,112
Y85-Y98 Sequelae and supplementary factors	2,229	1,280	1,901	777	723	n.p.	n.p.	n.p.	7,254
Total^(b)	52,158	43,203	52,932	18,872	18,452	n.p.	n.p.	n.p.	193,306

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Postinfectious organ procurement* have been excluded.

(b) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

Table 11.3: Separations^(a) for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2006-07

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
V00-V99 Transport accidents	42	681	6,240	12,116	8,391	7,238	4,971	3,231	1,686	1,424	469	46,490
W00-W19 Falls	611	4,508	11,997	7,709	5,567	5,939	6,927	8,304	10,054	18,892	13,968	94,476
W20-W64 Exposure to mechanical forces	258	3,438	7,092	14,511	11,172	9,119	7,071	5,310	2,918	1,761	621	63,271
W65-W74 Accidental drowning and submersion	23	137	47	56	44	43	13	30	25	8	0	426
W75-W84 Other accidental threats to breathing	148	163	117	235	264	342	448	706	1,013	1,889	1,370	6,695
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	4	8	32	192	228	166	132	74	84	69	18	1,007
X00-X19 Exposure to smoke, fire, flames, hot substances	205	1,123	643	837	600	614	424	318	243	203	88	5,298
X20-X39 Exposure to venomous plants, animals, forces of nature	8	139	371	440	523	590	540	365	240	191	116	3,523
X40-X49 Accidental poisoning	150	1,212	311	858	979	787	632	542	474	478	194	6,618
X50-X59 Other external causes of accidental injury	174	777	2,786	9,713	7,461	6,386	5,109	3,791	2,275	2,128	1,080	41,681
X60-X84 Intentional self-harm	0	3	129	2,752	3,138	2,890	1,791	784	320	239	83	12,129
X85-Y09 Assault	163	140	410	7,144	5,662	3,852	1,980	737	253	118	38	20,497
Y10-Y34 Events of undetermined intent	12	52	94	682	845	572	329	245	115	98	38	3,082
Y35-Y36 Legal intervention and operations of war	0	0	0	28	31	26	11	7	0	0	0	103
Y40-Y84 Complications of medical and surgical care	1,453	2,290	3,948	6,539	7,556	11,075	17,822	31,221	37,888	37,485	11,309	168,586
Y85-Y98 Sequelae and supplementary factors	27	202	571	2,707	3,044	3,506	3,272	2,658	1,753	1,478	458	19,677
Total^(c)	3,214	14,643	34,281	64,050	53,111	50,792	49,248	56,032	56,760	62,607	27,575	472,317

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

Table 11.4: Separations^(a) for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2006-07

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
V00-V99 Transport accidents	45	364	2,537	4,918	3,281	2,760	2,330	1,971	1,361	1,656	698	21,921
W00-W19 Falls	553	3,233	7,161	2,861	3,334	4,090	6,154	9,674	14,780	37,378	38,425	127,643
W20-W64 Exposure to mechanical forces	184	2,471	3,239	3,256	2,699	2,802	2,500	1,960	1,373	1,784	1,283	23,551
W65-W74 Accidental drowning and submersion	12	88	29	19	9	7	11	9	7	3	0	194
W75-W84 Other accidental threats to breathing	152	164	82	112	138	153	244	335	442	1,144	1,181	4,147
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	3	4	11	48	102	51	45	53	20	26	11	374
X00-X19 Exposure to smoke, fire, flames, hot substances	127	788	370	332	322	296	245	183	152	205	172	3,192
X20-X39 Exposure to venomous plants, animals, forces of nature	14	76	184	224	229	285	275	213	144	249	207	2,100
X40-X49 Accidental poisoning	114	893	283	1,048	899	799	694	540	466	651	346	6,733
X50-X59 Other external causes of accidental injury	127	617	1,483	2,681	2,754	2,961	3,007	2,954	2,657	3,925	3,042	26,208
X60-X84 Intentional self-harm	0	2	590	5,823	3,930	4,157	2,757	972	350	272	100	18,953
X85-Y09 Assault	132	91	244	1,851	2,033	1,783	790	226	80	124	45	7,399
Y10-Y34 Events of undetermined intent	13	37	110	870	701	592	373	214	154	141	85	3,290
Y35-Y36 Legal intervention and operations of war	0	0	1	7	6	2	2	1	2	1	1	23
Y40-Y84 Complications of medical and surgical care	1,001	1,420	2,849	6,668	11,074	16,418	20,822	26,253	29,918	34,800	15,979	167,202
Y85-Y98 Sequelae and supplementary factors	20	117	377	950	1,359	1,702	1,833	1,341	1,080	1,373	917	11,069
Total^(c)	2,451	10,204	19,300	30,677	31,877	37,598	40,772	45,400	50,758	78,801	57,886	405,724

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Postnursing organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

(c) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

Table 11.5: Separations^(a), by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2006–07

External cause	School, other public area						Street and highway
	Home	Residential institution	School	Health service area	Other	Sports and athletics area	
V00–V99 Transport accidents	1,871	90	69	72	19	2,696	39,425
W00–W19 Falls	83,741	24,015	5,163	17,572	960	6,701	7,459
W20–W64 Exposure to mechanical forces	16,123	630	1,718	2,245	168	5,914	727
W65–W74 Accidental drowning and submersion	231	1	1	2	0	34	2
W75–W84 Other accidental threats to breathing	1,705	1,344	11	4,329	12	5	24
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	218	7	11	207	3	6	12
X00–X19 Exposure to smoke, fire, flames, hot substances	4,298	73	35	292	17	16	89
X20–X39 Exposure to venomous plants, animals, forces of nature	1,426	53	53	155	9	75	128
X40–X49 Accidental poisoning	5,966	253	63	1,809	28	16	65
X50–X59 Other external causes of accidental injury	5,250	813	534	2,811	109	6,547	423
X60–X84 Intentional self-harm	17,187	454	121	2,014	58	15	464
X85–Y09 Assault	4,478	366	208	215	119	156	2,023
Y10–Y34 Events of undetermined intent	2,045	89	19	525	21	22	85
Y35–Y36 Legal intervention and operations of war	19	2	0	9	4	0	17
Y40–Y84 Complications of medical and surgical care	9,108	921	52	311,092	90	30	118
Y85–Y98 Sequelae and supplementary factors	1,418	114	108	2,736	37	693	4,487
Total^(b)	154,489	29,127	8,163	342,263	1,659	22,951	55,464

External cause	Industrial and construction area			Unspecified place/Not reported		Total ^(b)
	Trade and service area	Farm	Other specified places	Farm	Other specified places	
V00–V99 Transport accidents	381	1,771	3,839	17,471	17,471	68,413
W00–W19 Falls	7,034	482	6,348	60,989	60,989	222,126
W20–W64 Exposure to mechanical forces	2,466	1,743	3,076	46,897	46,897	86,822
W65–W74 Accidental drowning and submersion	10	1	276	45	45	620
W75–W84 Other accidental threats to breathing	44	1	56	2,998	2,998	10,843
W85–W99 Exposure to electricity, radiation, extreme temperature/pressure	50	8	326	391	391	1,381
X00–X19 Exposure to smoke, fire, flames, hot substances	202	66	361	2,777	2,777	8,490
X20–X39 Exposure to venomous plants, animals, forces of nature	61	112	693	2,661	2,661	5,623
X40–X49 Accidental poisoning	395	179	208	4,140	4,140	13,351
X50–X59 Other external causes of accidental injury	757	169	1,653	47,677	47,677	67,889
X60–X84 Intentional self-harm	384	10	650	9,852	9,852	31,085
X85–Y09 Assault	3,032	14	945	16,002	16,002	27,896
Y10–Y34 Events of undetermined intent	181	4	120	3,155	3,155	6,372
Y35–Y36 Legal intervention and operations of war	5	1	4	63	63	126
Y40–Y84 Complications of medical and surgical care	157	9	116	13,602	13,602	335,796
Y85–Y98 Sequelae and supplementary factors	318	144	780	12,650	12,650	30,746
Total^(b)	15,438	4,573	19,401	240,583	240,583	878,061

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) As more than one external cause and place of occurrence can be reported for each separation, the totals are not the sum of the rows/columns of the table.

Table 11.6: Separations^(a), by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2006–07

External cause	Football	Other sporting activity	Leisure activity	Working for income	Other types of work	Resting, sleeping, eating, other vital activities		Other specified activities	Unspecified activity/Not reported ^(b)	Total ^(c)
						Resting, sleeping, eating, other vital activities	Other specified activities			
V00–V99 Transport accidents	7	10,086	935	3,142	304	199	9,359	43,883	68,413	
W00–W19 Falls	5,078	7,851	3,990	5,044	8,242	24,381	27,054	138,690	222,126	
W20–W64 Exposure to mechanical forces	5,380	3,586	963	13,831	5,848	4,537	10,126	41,472	86,822	
W65–W74 Accidental drowning and submersion	0	207	39	6	5	40	86	218	620	
W75–W84 Other accidental threats to breathing	0	24	7	11	4	2,431	1,022	7,072	10,843	
W85–W99 Exposure to electricity, radiation, extreme	1	250	6	397	94	44	135	438	1,381	
X00–X19 Exposure to smoke, fire, flames, hot substances	2	34	85	547	772	1,061	1,315	4,570	8,490	
X20–X39 Exposure to venomous plants, animals, forces of nature	9	299	104	361	347	234	519	3,652	5,623	
X40–X49 Accidental poisoning	0	20	106	423	188	1,840	3,658	6,907	13,351	
X50–X59 Other external causes of accidental injury	5,117	4,974	390	5,166	1,029	1,685	3,602	44,799	67,889	
X60–X84 Intentional self-harm	1	6	26	30	21	101	21,373	9,441	31,085	
X85–Y09 Assault	51	53	663	502	47	265	3,311	22,656	27,896	
Y10–Y34 Events of undetermined intent	6	17	77	40	12	70	2,036	4,000	6,372	
Y35–Y36 Legal intervention and operations of war	0	0	0	3	0	0	24	86	126	
Y40–Y84 Complications of medical and surgical care	9	24	9	137	25	361	30,205	272,022	335,796	
Y85–Y98 Sequelae and supplementary factors	64	176	32	386	32	43	1,253	22,561	30,746	
Total^(c)	15,745	29,229	7,428	30,028	16,941	37,303	113,524	620,418	878,061	

(a) Separations without an external cause and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) An activity when injured is required to be reported for records where the external cause of injury was in the range V01–Y34. Therefore for external cause groups Y35–Y36, Y40–Y84 and Y85–Y98, an activity when injured was not required.

(c) As more than one external cause can be reported for each separation and more than one activity can be reported, the totals are not the sums of the rows/columns of the table.

Table 11.7: Separations^(a), by external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2006-07

External cause	Injuries to										Total ^(b)
	Injuries to head & neck (S00-S19)	Injuries to thorax, abdomen, back, spine & pelvis (S20-S39)	Injuries to upper & lower limbs (S40-S99)	Injuries to multi- or unspecified region; foreign body effects (T00-T19)	Burns & frostbite (T20-T35)	Poisoning & toxic effects (T36-T65)	Other & unspecified external causes (T66-T79)	Complications of medical & surgical care (T80-T88)	Other trauma complications; external cause sequelae (T89-T98)	All other diagnoses (A00-R99, Z00-Z99)	
V00-V99 Transport accidents	16,701	12,532	29,209	583	312	44	163	100	8	8,679	68,331
W00-W19 Falls	32,799	20,054	101,300	918	73	272	367	621	15	65,707	222,126
W20-W64 Exposure to mechanical forces	11,632	3,230	52,455	7,188	593	428	534	156	113	10,493	86,822
W65-W74 Accidental drowning and submersion	51	12	36	6	0	2	442	0	0	71	620
W75-W84 Other accidental threats to breathing	228	103	279	866	11	294	75	83	0	8,904	10,843
W85-W99 Exposure to electricity, radiation, extreme temperature/pressure	23	17	24	2	184	3	700	12	0	416	1,381
X00-X19 Exposure to smoke, fire, flames, hot substances	37	21	111	1	6,038	306	45	24	0	1,907	8,490
X20-X39 Exposure to venomous plants, animals, forces of nature	73	59	632	36	30	2,620	800	6	3	1,364	5,623
X40-X49 Accidental poisoning	93	37	109	39	418	8,589	996	43	0	3,027	13,351
X50-X59 Other external causes of accidental injury	6,231	3,548	39,906	537	58	153	2,567	299	13	14,577	67,889
X60-X84 Intentional self-harm	581	523	2,877	174	115	20,557	369	14	2	5,873	31,085
X85-Y09 Assault	16,732	2,521	4,902	194	93	166	396	26	5	2,861	27,896
Y10-Y34 Events of undetermined intent	114	68	398	17	121	4,202	58	12	1	1,381	6,372
Y35-Y36 Legal intervention and operations of war	18	18	37	0	0	3	3	0	0	47	126
Y40-Y84 Complications of medical and surgical care	1,403	2,081	6,545	206	377	651	2,392	82,013	5	240,123	335,796
Y85-Y98 Sequelae and supplementary factors	1,517	503	1,853	65	74	244	137	711	9	25,633	30,746
Total^(c)	84,296	42,426	230,561	10,529	7,986	36,708	9,674	82,336	167	373,368	878,061

(a) Separations without an external cause and an injury or poisoning principal diagnosis, and those for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarder* or *Posthumous organ procurement* have been excluded.

(b) The total includes records for which the principal diagnosis was not reported.

(c) As more than one external cause can be reported for each separation, the column totals are not the sum of the rows of the table.

12 Australian Refined Diagnosis Related Groups for admitted patients

Introduction

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources expected to be used by the hospital. This classification system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected use of hospital resources based on information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 5.1 (DoHA 2004b) to classify separations, as it is expected that the 2006–07 cost weights (to be released after this report) will be based on this version.

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into *Surgical DRG*, *Medical DRG* and *Other DRG* partitions, and then into 665 individual AR-DRGs.

The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource-intensive may be assigned to the Pre-MDC category (AR-DRGs A01Z–A41B), irrespective of the MDC that would have been assigned on the basis of the principal diagnosis. Records for these episodes have been categorised separately in tables based on MDCs in this chapter. Episodes that contain clinically atypical or invalid information are assigned ‘Error DRGs’ (AR-DRGs 901Z–903Z, 961Z–963Z and 960Z, see Glossary), even if they were assigned to an MDC. (Note that *Error DRGs* are included within *Other DRG* in the *Surgical/Medical/Other DRG* partition.)

Episodes are assigned to AR-DRGs within MDCs, mainly on the basis of the procedure codes (in the *Surgical DRG* partition) or the diagnosis codes (in the *Medical DRG* partition). When more than one AR-DRG is associated with a cluster of closely related procedures or diagnoses, other variables are used for AR-DRG assignment. These additional variables include the patient’s age, complicating diagnoses/procedures and/or patient clinical complexity level, the length of stay, and the mode of separation.

Following receipt of the data from states and territories, the AIHW regrouped the data to ensure that the same grouping was used for all data. The AR-DRGs that resulted from this regrouping are reported here. They may differ from AR-DRGs derived by states and territories because of data updates applied to the National Hospital Morbidity Database (NHMD).

The information in this chapter is presented using the three levels of the AR-DRG classification:

- MDCs – these 23 groups are used to provide information at a high level of aggregation (tables 12.1 to 12.4)
- the *Surgical/Medical/Other DRG* partitions are included in tables 12.1 to 12.6

- AR-DRGs—detailed information is presented for the 30 of the 665 AR-DRGs having the largest number of separations (tables 12.5 to 12.18).

All tables in this chapter include separations for which the care type was reported as *Acute*, *Newborn* (with at least one qualified day) or was *Not reported*. Separations for other care types (*Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care* and *Newborn care* (with unqualified days only)) were therefore excluded where they were able to be identified (see Table 7.11). Of all admitted patient separations, 96.8% were reported as *Acute* (4.5 million of the 4.6 million in the public sector and 2.8 million of the 2.9 million in the private sector).

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals, nationally and by state and territory. National information on age group and sex distributions is also presented. Information on 'public patient separations' in tables 12.1 and 12.2, and tables 12.6 to 12.12, relates to separations for which the patient election status was *Public* (see Chapter 7).

The average length of stay figures were calculated using all acute separations. That is, the data were not trimmed of separations with unusually long or short lengths of stay. A relative stay index (RSI) is also included in tables 12.1 and 12.2 to provide a more accurate measure of the relative length of stay for each MDC in the public and private sectors. The RSI is defined as the actual number of acute patient days divided by the expected number of acute patient days adjusted for casemix (as more complex patients will have relatively longer lengths of stay). An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix distribution. An RSI of less than 1 indicates that the number of patient days reported was less than would have been expected (see Appendix 1 for more details).

Cost weights and costs by volume

The cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs, such that the average cost weight for all separations is 1.00.

This chapter presents information using version 5.1 AR-DRGs. For each AR-DRG, 2005–06 cost weights and cost estimates based on AR-DRG version 5.0 were used for the public sector. The 2005–06 cost weights were estimated by the Department of Health and Ageing through the National Hospital Cost Data Collection (NHCDC) (DoHA 2007). Separate cost weights are estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals. Average costs have not been presented for the private sector in this chapter as the most recent available for private hospitals are the 2002–03 cost weights for AR-DRG version 4.2. Cost weights for 2006–07 were not available at the time of writing of this report. The tables for both public and private hospitals will be updated on the Internet once more up-to-date cost weights are available.

The NHCDC also provided estimates of average costs for each separation for an AR-DRG with a cost weight of 1.00—\$3,542 in the public sector (including depreciation) (DoHA 2007).

The cost by volume figures in this chapter using version 5.1 AR-DRGs were derived for each AR-DRG by multiplying the estimated average cost in version 5.0 for that AR-DRG by the number of separations for the AR-DRG. The cost estimates for all of the AR-DRGs within a given MDC were then summed to produce an estimated cost for the MDC.

The cost by volume figures are only approximations of the relative costs of hospital services during 2006–07. They should be used with caution in any comparisons between the states and territories. They are not derived from, or comparable to, the expenditure and cost per casemix-adjusted separation information presented in chapters 3 and 4.

Information based on the average cost weights of separations is also included in chapters 2, 4 and 7. Appendix 3 includes further information on the NHCDC.

AR-DRGs and other data elements reported for separations

The information on AR-DRGs reported in this chapter is compiled in the NHMD with a range of other data. Figure 12.1 demonstrates this using the example of AR-DRG A06Z *Tracheostomy or ventilation >95 hours*.

In 2006–07:

- there were 9,955 separations with an AR-DRG of A06Z
- the average length of stay for these separations was 32.3 days
- the number of separations reporting this AR-DRG has increased from 8,976 separations in 2002–03, an average annual increase of 2.6%
- over 87% of these separations received treatment in the public sector
- males accounted for over 63% of these separations
- almost 66% of these separations were aged 55 years and over
- almost 41% of these separations had a separation mode of *Other* (indicating that they were discharged home), 25% died in hospital and 23% were transferred to another acute hospital.

There was a great deal of variety in the principal and additional diagnoses reported for these separations. The top ten principal diagnoses included cardiovascular and respiratory conditions, such as *Acute myocardial infarction* (I21) and *Pneumonia, unspecified* (J18), injuries (*Intracranial injury* (S06)), infection (*Other sepsis* (A41)) and cancer (*Malignant neoplasm of larynx* (C32)). The most common additional diagnosis was *Other disorders of fluid, electrolyte and acid-base balance* (E87), and the top ten also included respiratory and cardiovascular conditions, infections, and *Acute renal failure* (N17).

A relatively high number of procedures were reported for these separations. The most common procedure was *Generalised allied health intervention* (Block 1916, 9,297), followed by *Continuous ventilatory support* (Block 569, 8,868).

Major Diagnostic Categories

Sector

Tables 12.1 and 12.2 present summary separation, patient day and average length of stay statistics for each of the MDCs for public and private hospitals.

The MDCs accounting for the largest numbers of separations in the public sector were *Diseases and disorders of the kidney and urinary tract* (20.7%, 0.94 million) and *Diseases and disorders of the digestive system* (10.5%, 0.47 million). Those accounting for the largest numbers of separations in the private sector were *Diseases and disorders of the digestive system* (17.4%, 0.49 million) and *Diseases and disorders of the musculoskeletal system and connective tissue* (10.8%, 0.30 million). *Diseases and disorders of the kidney and urinary tract* accounted for the most separations over the combined public and private sectors (15.8%, 1.2 million).

The MDCs accounting for the largest numbers of patient days in the public sector were *Mental diseases and disorders* (10.0%, 1.44 million) and *Diseases and disorders of the musculoskeletal system and connective tissue* (9.9%, 1.42 million). In the private sector it was *Diseases and disorders of the musculoskeletal system and connective tissue* (15.2%, 1.01 million) and *Diseases and disorders of the digestive system* (12.5%, 0.83 million). *Diseases and disorders of the musculoskeletal system and connective tissue* accounted for the most patient days over the combined public and private sectors (11.5%, 2.4 million).

The average lengths of stay varied by MDC and hospital sector. In the public sector, they ranged from 1.3 days for *Diseases and disorders of the eye* to 28.1 days for the *Pre-MDC* group. In the private sector, they ranged from 1.0 day for *Diseases and disorders of the eye* to 29.6 days for the *Pre-MDC* group.

Differences in average length of stay between hospital sectors were notable for *Mental diseases and disorders*, where the average length of stay was higher for public hospitals (11.0 days) than for private hospitals (5.1 days); and *Newborns and other neonates*, where the average length of stay was higher for public hospitals (8.3 days) than for private hospitals (6.2 days). A variety of factors could be responsible for such differences, including differences in the underlying patient populations, AR-DRG profiles of the MDCs, patterns of service provision, available facilities, treatment regimes and reporting practices.

The RSI data provide length of stay comparisons adjusted for differences in patient age profiles and differences in the AR-DRG profiles of MDCs. The RSI data presented in tables 12.1 and 12.2 is indirectly standardised and allows comparison of the hospital group with the national average (1.00) based on the casemix of that group (see Chapter 4 and Appendix 1 for more information on interpreting RSI data). In the public sector the RSI ranged from 0.84 for *Alcohol/drug use and alcohol/drug induced organic mental disorders* to 1.12 for *Diseases and disorders of the eye*. In the private sector the RSI ranged from 0.84 for *Burns* to 1.42 for *Alcohol/drug use and alcohol/drug induced organic mental disorders*.

Public patients accounted for 86.5% of separations from public hospitals and 1.6% of separations from private hospitals. The highest proportion of public patients in public hospitals was for *Alcohol/drug use and alcohol/drug induced organic mental disorders* (96.2%), and the smallest was for *Diseases and disorders of the eye* (80.7%). The largest proportions of public patients in private hospitals were for *Diseases and disorders of the kidney and urinary tract* (12.7%) and *Burns* (5.1%).

Medical DRGs accounted for 73.4% of separations (3.3 million) from public hospitals and 37.7% of separations (1.1 million) from private hospitals. *Surgical* DRGs accounted for 20.0% of separations (0.9 million) from public hospitals and 41.1% of separations (1.2 million) from private hospitals.

Table 12.1 shows that the highest cost by volume MDC in the public sector was *Diseases and disorders of the musculoskeletal system and connective tissue* (over \$1,930 million), followed by *Diseases and disorders of the circulatory system* (over \$1,860 million). *Medical* DRGs accounted for over 53% and *Surgical* DRGs for over 42% of the estimated costs in public hospitals.

States and territories

Tables 12.3 to 12.4 present state and territory counts of hospital separations in MDC categories by sector, and enable jurisdictional comparisons to be made about overall hospital use among MDC categories.

The distributions of separations by MDC within the states and territories were broadly consistent with those at the national level. A notable exception in the public sector was *Diseases and disorders of the kidney and urinary tract* in the Northern Territory and in the Australian Capital Territory (44.1% and 31.1% of total separations respectively, compared with 20.7% nationally). *Neoplastic disorders (haematological and solid neoplasms)* varied from 1.2% in New South Wales to 6.6% in Victoria, compared with 4.1% nationally.

Variation in the distributions of separations by MDC also occurred in the private sector. For example, *Mental diseases and disorders* accounted for 0.9% of total separations in South Australia, compared with 3.7% nationally, and *Neoplastic disorders (haematological and solid neoplasms)* varied from 4.7% in New South Wales to 9.0% in Queensland, compared with 6.9% nationally.

Public hospitals in the Northern Territory featured relatively large proportions of *Medical DRGs* (85.1% of total separations, compared with 73.4% nationally).

Private hospitals in New South Wales featured a relatively small proportion of *Medical DRGs* (28.6% of total separations, compared with 37.7% nationally).

In Queensland, a larger proportion of total separations were contributed by private hospitals than in the other jurisdictions for which private hospital data were published. In particular, 77.0% of the Queensland's total separations for *Diseases and disorders of the eye* were in private hospitals, compared with 65.7% nationally.

Australian Refined Diagnosis Related Groups

Changes, 2002–03 to 2006–07

Table 12.5 presents the 30 AR-DRGs versions 5.0/5.1 with the largest changes in the numbers of separations in either public or private hospitals (or both) between 2002–03 and 2006–07. For this analysis, data for 2002–03 to 2006–07 were grouped to versions 5.0 and 5.1 AR-DRGs. The regrouping of data for 2004–05, 2005–06 and 2006–07 required data to be mapped to third edition ICD-10-AM codes from the ICD-10-AM fourth and fifth editions, and therefore the data may not be completely comparable between years.

Some of the changes in the private sector may reflect changes in the scope of the NHMD, as described in Chapter 2 and Appendix 2 and should therefore be treated with caution. In particular, the re-categorisation of two Western Australian hospitals and two New South Wales hospitals have affected the reporting of data by sector. For New South Wales, the two hospitals were reported as private hospitals for 2002–03 and as public hospitals for 2003–04 to 2006–07. For Western Australia, the two hospitals were reported as private hospitals from 2002–03 to 2005–06, and as two public and two private hospitals for 2006–07.

Between 2002–03 and 2006–07, the number of separations increased in both the public and private sectors for 22 of the listed AR-DRGs. The increases for private hospitals were proportionally larger in most of these AR-DRGs. For example:

- Separations for *Admit for renal dialysis (L61Z)* increased by 40.6% (41,842) in private hospitals and by 34.4% (200,810) in public hospitals. However, changes in the reporting of two Western Australian hospitals from private to public may have masked a more substantial increase in this activity in private hospitals. After adjusting for reporting changes, separations for *Admit for renal dialysis (L61Z)* increased by 52.2% in private hospitals and by 32.4% in public hospitals.
- Separations for *Other factors influencing health status, sameday (Z64B)* increased by 93.9% (32,676) in private hospitals and by 25.7% (8,832) in public hospitals.
- Separations for *Retinal procedures (C03Z)* increased by 215.9% in private hospitals (from 4,277 in 2002–03 to 13,513 in 2006–07) and remained fairly stable in public hospitals, increasing by 17.8% between 2002–03 and 2006–07.

There was an increase in the private sector and a decrease in the public sector between 2002–03 and 2006–07 for three of the AR-DRGs listed in Table 12.5. For example, separations for *Mental health treatment, sameday, without electroconvulsive therapy (U60Z)* increased by 9,854 separations in private hospitals and decreased by 3,676 separations in public hospitals.

The AR-DRG with the largest combined decrease in both sectors was *Other gastroscopy for non-major digestive disease, sameday (G45B)* which decreased by 10.3% overall. Separations for *Endoscopic procedures for female reproductive system (N08Z)* showed the greatest relative decrease overall (26.2%).

In private hospitals, the number of separations in the *Surgical DRG, Medical DRG* and *Other DRG* partitions increased by 12.9%, 16.9% and 13.2% respectively between 2002–03 and 2006–07. Over the same period, in public hospital separations in the *Surgical DRG, Medical DRG* and *Other DRG* partitions increased by 8.7%, 17.0% and 6.3% respectively.

Table 12.6 presents the 30 AR-DRGs with the largest changes in the numbers of separations for public patients and private patients for all hospitals between 2002–03 and 2006–07. Owing to a small proportion of separations whose patient election status was not reported (less than 5% in each year), the overall changes by AR-DRG in Table 12.6 are slightly different from those presented in Table 12.5.

Between 2002–03 and 2006–07, the number of separations increased for both public and private patients for 23 of the listed AR-DRGs. The increases for private patients were larger in most cases. For example:

- Separations for *Retinal procedures (C03Z)* increased by 155.3% (9,068) for private patients and by 27.4% (825) for public patients.
- Separations for *Complex gastroscopy, sameday (G46C)* increased by 48.2% (28,002) for private patients and by 24.0% (3,945) for public patients.

There was an increase in the number of separations for private patients and a decrease for public patients for four of the AR-DRGs listed in Table 12.6. For example, separations for *Other colonoscopy, sameday (G44C)* increased by 26,167 for private patients and decreased by 2,520 for public patients between 2002–03 and 2006–07.

The number of separations decreased for both public and private patients for three of the AR-DRGs listed. The AR-DRG with the largest combined decrease for both private and public patients was *Other gastroscopy for non-major digestive disease, sameday (G45B)* which decreased by 3,747 separations for private patients and 11,124 separations for public patients.

For private patients, the number of separations in the *Surgical DRG, Medical DRG* and *Other DRG* partitions of AR-DRGs increased by 13.9%, 22.5% and 15.3% respectively

between 2002–03 and 2006–07. Over the same period, the number of separations for public patients in the *Surgical DRG*, *Medical DRG* and *Other DRG* partitions of AR-DRGs increased by 7.0%, 14.7% and 1.7% respectively.

Sector

Tables 12.7 and 12.8 present summary statistics for the 30 AR-DRGs with the most overnight separations in public and private hospitals respectively.

In the public sector in 2006–07, *Vaginal delivery without catastrophic or severe complications or comorbidities* (O60B) was the most frequent AR-DRG with 4.5% (98,771) of total overnight separations (Table 12.7). This was also the most frequent AR-DRG in the private sector, with 3.7% (36,353) of total overnight separations (Table 12.8). Of the 30 AR-DRGs with the most overnight separations for the public sector, only six were also included in the top 30 for the private sector.

The average length of stay for the top 30 AR-DRGs in the public sector ranged from 1.7 days for *Gastroenteritis age <10 without complications or comorbidities* (G68B) to 31.9 days for *Schizophrenia disorders with mental health legal status* (U61A). The latter also accounted for the most overnight patient days in public hospitals (4.2%).

The length of stay for the top 30 AR-DRGs in the private sector ranged from 1.0 day for *Sleep apnoea* (E63Z) to 18.5 days for *Major affective disorders age <70 without catastrophic or severe complications or comorbidities* (U63B). The latter AR-DRG also accounted for the most overnight patient days in private hospitals (4.4%).

For the top 30 AR-DRGs, the highest proportion of public patient separations from public hospitals occurred for *Schizophrenia disorders with mental health legal status* (U61A, 97.9%) and the lowest was for *Non-surgical spinal disorders without complications or comorbidities* (I68B, 76.7%). The highest proportion of public patients in separations from private hospitals for the top 30 AR-DRGs occurred for *Chest pain* (F74Z, 1.4%).

Tables 12.9 and 12.10 contain summary statistics for the 30 AR-DRGs with the most same-day separations in public and private hospitals respectively. Of the 30 AR-DRGs with the most same-day separations for the public sector, 21 were also included in the top 30 AR-DRGs for the private sector.

In the public sector in 2006–07, *Admit for renal dialysis* (L61Z) was the most frequent AR-DRG with 33.8% of total same-day separations (0.78 million) (Table 12.9). The highest proportion of same-day separations for public patients from public hospitals occurred for *Mental health treatment, sameday, with electroconvulsive therapy* (U40Z, 97.0%), and the lowest occurred for *Dental extractions and restorations* (D40Z, 74.7%).

The most frequent AR-DRG in the private sector was *Chemotherapy* (R63Z) with 9.1% of total same-day separations (0.17 million) (Table 12.10). The highest proportion of same-day separations for public patients from private hospitals occurred for *Admit for renal dialysis* (L61Z, 19.0%).

Private free-standing day hospitals

Table 12.11 presents summary statistics for the 30 AR-DRGs with the most separations from private free-standing day hospital facilities. *Other colonoscopy, sameday* (G44C) was the most frequent AR-DRG, accounting for 65,712 separations. The highest proportion of separations

from private free-standing day hospitals for public patients occurred for *Admit for renal dialysis* (L61Z, 31.9%).

Public psychiatric hospitals

Most of the separations from public psychiatric hospitals involved AR-DRGs within the MDCs covering *Mental diseases and disorders*, and *Alcohol/drug use and alcohol/drug induced organic mental disorders* (AR-DRGs beginning with U or V, respectively) (Table 12.12). *Schizophrenia disorders with mental health legal status* (U61A) accounted for the most separations (2,890, 20.9%) and the most patient days (167,040, 48.8%).

The average length of stay was fairly long for most of these AR-DRGs and only 15.5% (2,147) of separations were same-day separations, compared with 50.0% in public hospitals overall (see Chapter 2).

When interpreting average lengths of stay, note that separation records from public psychiatric hospitals include some with very long individual lengths of stay, some as long as several years. The median lengths of stay were markedly shorter than the average lengths of stay for *Schizophrenia disorders with mental health legal status* (U61A) (median—22 days, average—57.8 days), *Dementia and other chronic disturbances of cerebral function* (B63Z) (median—32 days, average—73.5 days) and *Schizophrenia disorders without mental health legal status* (U61B) (median—11 days, average—42.2 days) (AIHW unpublished data).

States and territories

Tables 12.13 and 12.14 present information for the 30 AR-DRGs with the highest number of separations nationally. These tables therefore do not represent the top 30 AR-DRGs in each individual state and/or territory.

The most frequent AR-DRGs varied between the states and territories in both the public and private sectors. Some of this variation may be due to differences in admission practices between jurisdictions—for example, in New South Wales and the Australian Capital Territory most chemotherapy patients are not treated as admitted patients.

For public hospitals:

- In the Northern Territory and the Australian Capital Territory, *Admit for renal dialysis* (L61Z) accounted for a markedly greater proportion of separations from the public sector than occurred nationally (42.0% and 27.7%, respectively, compared with 17.3% nationally) (Table 12.13).
- New South Wales reported a much lower number of separations for *Chemotherapy* (R63Z, 3,495) for public hospitals than other states, such as Victoria (67,373) and Western Australia (21,447).

For the private sector, *Lens procedures, sameday* (C16B) accounted for 5.2% of separations (38,872) in New South Wales and only 2.5% of separations (7,262) in Western Australia. (Table 12.14).

For the 30 AR-DRGs with the highest number of separations nationally, average lengths of stay were similar among the states and territories (tables 12.15 and 12.16), with some exceptions. In the public sector, for example, the average length of stay for *Heart failure and shock without catastrophic complications and comorbidities* (F62B) ranged from 3.6 days in the Northern Territory to 6.5 days in Tasmania. For *Chronic obstructive airways disease without*

catastrophic or severe complications and co-morbidities (E65B), the average length of stay ranged from 4.0 days in Victoria to 5.7 days in Tasmania.

In the private sector, the average length of stay for *Caesarean delivery without catastrophic or severe complications or comorbidities (O01C)* ranged from 4.7 days in Queensland to 6.0 days in Western Australia, and *Knee replacement and reattachment (I04Z)* ranged from 7.1 days in South Australia to 10.2 days in Western Australia. However, caution should be used in interpreting these data as the reporting of hospital-in-the-home days included in the length of stay also varies by state and territory, and by hospital sector.

Age group and sex

Tables 12.17 and 12.18 present the age profiles of males and females for the 30 most common AR-DRGs. Fifteen of these AR-DRGs were common to both sexes, but some were sex-specific (13 of the top 30 AR-DRGs for females were female-specific, such as *Vaginal delivery without catastrophic or severe complications or comorbidities (O60B)*).

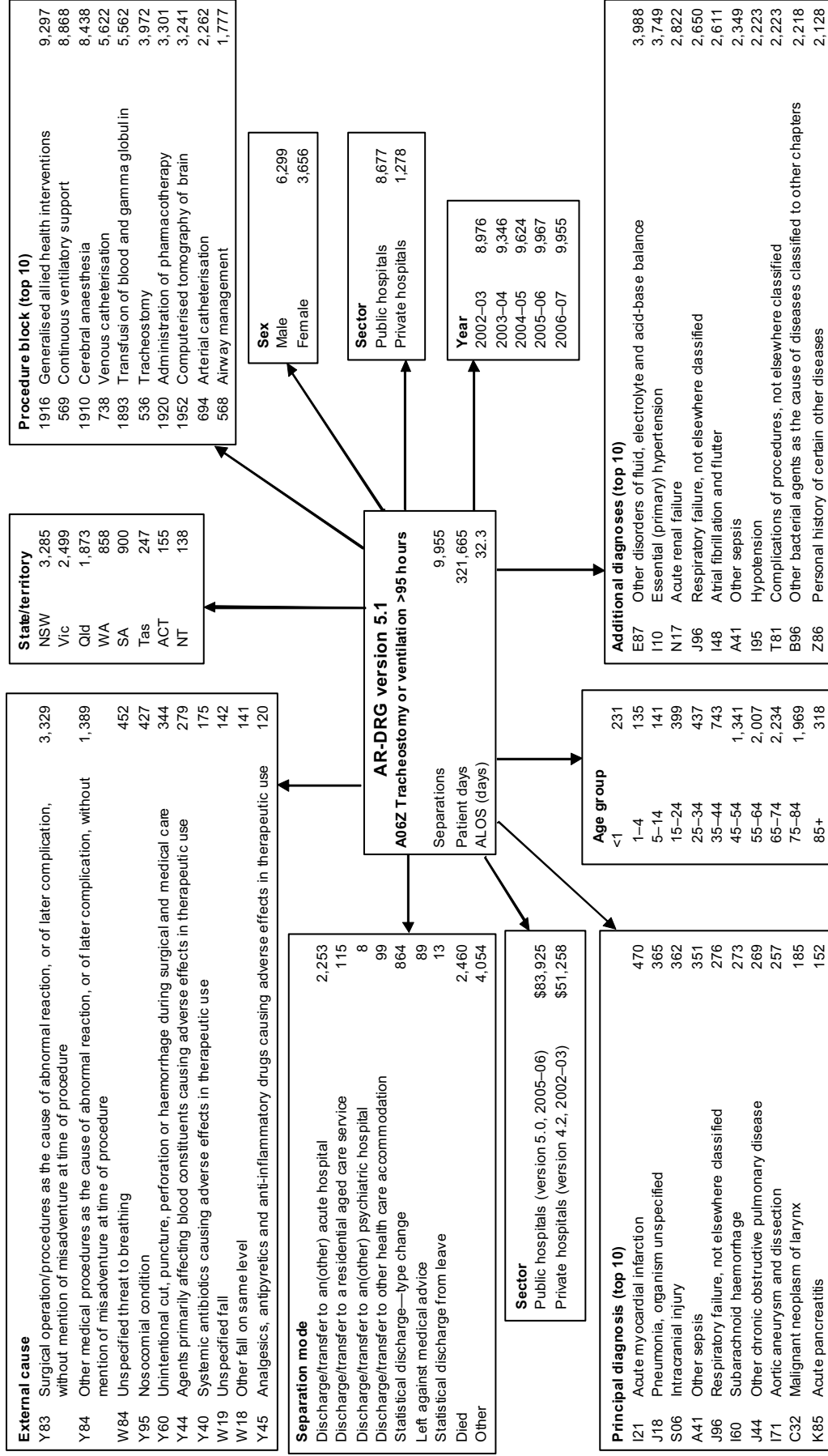
For both males and females, *Admit for renal dialysis (L61Z)* was the most frequent AR-DRG and *Chemotherapy (R63Z)* was the next most frequent.

Age distributions differed markedly among the 30 most common AR-DRGs. Over 90% of separations for *Lens procedures, sameday (C16B)* and over 70% of separations for *Follow up with endoscopy (Z40Z)* were for persons aged 55 years and over. For *Dental extractions and restorations (D40Z)*, over 70% of males and over 80% of females were aged between 5 and 34 years.

Additional data

Accompanying tables are included on the Internet at <www.aihw.gov.au>. These tables provide national and state and territory summary statistics for public and private hospitals for each AR-DRG (based on version 5.1 AR-DRGs), as presented for the top 30 AR-DRGs in tables 12.7, 12.8, 12.9 and 12.10. The Internet tables include quartile information on length of stay. For reasons of confidentiality, data for some AR-DRGs in the private sector have been suppressed.

For access to more data on AR-DRGs, the AIHW website also includes an interactive National Hospital Morbidity Data page with a link to data cubes that provide information on the MDCs and AR-DRGs of patients admitted to Australian hospitals. Data in the form of counts of separations, patient days and average lengths of stay are available on all MDCs and AR-DRGs of patients by age group, sex and same-day status. The source of these data is the NHMD.



(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.
Note: Main abbreviations: ALOS—average length of stay.

Figure 12.1: Interrelationships of an AR-DRG (A06Z Tracheostomy or ventilation >95 hours) with other data elements, all hospitals, Australia, 2006–07

Table 12.1: Selected separation^(a) and cost statistics, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, public hospitals, 2006–07

Major Diagnostic Category	Separations			Public patient separations	Separations per 10,000 population ^(b)	Patient days population ^(b)	Patient days per 10,000 population ^(b)	ALOS		Cost by volume (\$'000) ^(c)	Relative stay index
	Separations	Same-day separations	Separations per 10,000 population ^(b)					ALOS excluding same-day	ALOS (days)		
PR Pre-MDC (tracheostomies, transplants, ECMO)	12,214	364	9,854	5.9	343,776	164.9	28.1	29.0	875,153	1.00	
01 Diseases and disorders of the nervous system	220,206	80,894	184,620	105.6	1,068,884	512.6	4.9	7.1	1,069,081	0.98	
02 Diseases and disorders of the eye	89,252	72,975	72,058	42.8	117,419	56.3	1.3	2.7	218,250	1.12	
03 Diseases and disorders of the ear, nose, mouth and throat	168,300	79,161	144,485	80.7	276,392	132.5	1.6	2.2	407,975	1.01	
04 Diseases and disorders of the respiratory system	243,075	40,326	204,771	116.6	1,171,752	561.9	4.8	5.6	1,132,622	0.97	
05 Diseases and disorders of the circulatory system	389,795	107,077	325,694	186.9	1,413,660	677.9	3.6	4.6	1,859,595	1.00	
06 Diseases and disorders of the digestive system	474,143	224,543	407,283	227.4	1,241,275	595.3	2.6	4.1	1,477,616	1.01	
07 Diseases and disorders of the hepatobiliary system and pancreas	85,100	16,684	73,758	40.8	356,931	171.2	4.2	5.0	450,940	1.02	
08 Diseases and disorders of the musculoskeletal system and connective tissue	345,696	127,176	285,128	165.8	1,420,017	681.0	4.1	5.9	1,930,273	1.02	
09 Diseases and disorders of the skin, subcutaneous tissue and breast	168,034	83,683	146,275	80.6	496,679	238.2	3.0	4.9	518,875	1.01	
10 Endocrine, nutritional and metabolic diseases and disorders	65,231	17,802	55,637	31.3	318,565	152.8	4.9	6.3	344,378	1.00	
11 Diseases and disorders of the kidney and urinary tract	938,702	849,332	828,358	450.2	1,281,425	614.5	1.4	4.8	904,650	0.99	
12 Diseases and disorders of the male reproductive system	45,046	24,451	38,442	21.6	101,082	48.5	2.2	3.7	146,172	1.03	
13 Diseases and disorders of the female reproductive system	113,064	69,033	99,699	54.2	210,515	101.0	1.9	3.2	359,177	1.02	
14 Pregnancy, childbirth and puerperium	357,330	92,691	331,507	171.4	942,185	451.8	2.6	3.2	1,265,631	0.93	
15 Newborns and other neonates	57,312	7,200	53,134	27.5	477,512	229.0	8.3	9.4	499,974	0.99	
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	75,903	50,963	64,456	36.4	171,756	82.4	2.3	4.8	173,716	1.02	
17 Neoplastic disorders (haematological and solid neoplasms)	184,764	164,849	157,826	88.6	331,636	159.0	1.8	8.4	384,208	1.03	
18 Infectious and parasitic diseases	55,174	10,973	46,919	26.5	287,377	137.8	5.2	6.3	307,636	1.00	
19 Mental diseases and disorders	130,527	33,909	122,352	62.6	1,437,391	689.3	11.0	14.5	800,528	0.92	
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	34,409	9,027	33,105	16.5	133,300	63.9	3.9	4.9	98,923	0.84	
21 Injuries, poisoning and toxic effects of drugs	136,139	53,279	112,673	65.3	392,214	188.1	2.9	4.1	484,816	0.99	
22 Burns	7,290	2,431	6,168	3.5	37,332	17.9	5.1	7.2	54,997	1.01	
23 Factors influencing health status and other contacts with health services	125,349	91,882	108,348	60.1	293,207	140.6	2.3	6.0	222,153	1.04	
ED Error DRGs ^(d)	7,844	2,565	6,700	3.8	73,402	35.2	9.4	13.4	78,639	1.33	
Surgical DRG	907,193	346,272	770,080	435.1	3,695,904	1,772.4	4.1	6.0	6,751,578	1.04	
Medical DRG	3,323,310	1,735,829	2,899,319	1,593.8	10,104,402	4,845.8	3.0	5.3	8,563,263	0.96	
Other DRG	299,396	231,169	249,851	143.6	595,378	285.5	2.0	5.3	751,137	1.06	
Total	4,529,899	2,313,270	3,919,250	2,172.4	14,395,684	6,903.7	3.2	5.5	16,065,978	0.99	

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

(b) Crude rate based on the Australian population as at 31 December 2006.

(c) Based on the 2005–06 AR-DRG version 5.1 cost estimates.

(d) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: ALOS—average length of stay; MDC—Major Diagnostic Category; DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation.

Table 12.2: Selected separation^(a) statistics, by Major Diagnostic Category version 5.1 and medical/surgical/other partition, private hospitals, 2006–07

Major Diagnostic Category	Separations			Public		Patient		ALOS		Relative stay index
	Separations	Same-day	Public	Separations	Patient	Patient	ALOS	ALOS		
	separations	separations	patient	per 10,000	days	per 10,000	(days)	(days)		
			separations	population ^(b)		population ^(b)				
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,461	19	6	0.7	43,215	20.7	29.6	30.0	1.01	
01 Diseases and disorders of the nervous system	59,435	26,601	364	28.5	271,439	130.2	4.6	7.5	1.08	
02 Diseases and disorders of the eye	170,682	156,994	1,231	81.9	175,991	84.4	1.0	1.4	0.89	
03 Diseases and disorders of the ear, nose, mouth and throat	192,567	135,276	1,379	92.3	227,135	108.9	1.2	1.6	0.98	
04 Diseases and disorders of the respiratory system	80,257	6,475	472	38.5	352,062	168.8	4.4	4.7	1.11	
05 Diseases and disorders of the circulatory system	155,862	38,390	3,481	74.7	582,325	279.3	3.7	4.6	1.01	
06 Diseases and disorders of the digestive system	491,427	382,304	1,962	235.7	832,319	399.2	1.7	4.1	0.98	
07 Diseases and disorders of the hepatobiliary system and pancreas	32,204	3,464	263	15.4	110,723	53.1	3.4	3.7	0.95	
08 Diseases and disorders of the musculoskeletal system and connective tissue	305,245	125,601	911	146.4	1,008,463	483.6	3.3	4.9	0.98	
09 Diseases and disorders of the skin, subcutaneous tissue and breast	163,918	113,018	760	78.6	314,483	150.8	1.9	4.0	0.98	
10 Endocrine, nutritional and metabolic diseases and disorders	33,602	9,336	239	16.1	114,344	54.8	3.4	4.3	1.00	
11 Diseases and disorders of the kidney and urinary tract	226,676	190,128	28,882	108.7	340,046	163.1	1.5	4.1	1.02	
12 Diseases and disorders of the male reproductive system	60,982	36,731	374	29.2	130,360	62.5	2.1	3.9	0.97	
13 Diseases and disorders of the female reproductive system	144,124	103,944	921	69.1	240,849	115.5	1.7	3.4	0.99	
14 Pregnancy, childbirth and puerperium	148,456	54,932	48	71.2	481,443	230.9	3.2	4.6	1.15	
15 Newborns and other neonates	15,209	1,726	12	7.3	94,290	45.2	6.2	6.9	1.05	
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	32,687	24,492	180	15.7	61,454	29.5	1.9	4.5	0.95	
17 Neoplastic disorders (haematological and solid neoplasms)	196,532	184,640	3,243	94.3	262,223	125.8	1.3	6.5	0.93	
18 Infectious and parasitic diseases	11,646	1,276	79	5.6	78,706	37.7	6.8	7.5	1.00	
19 Mental diseases and disorders	103,791	78,518	163	49.8	526,269	252.4	5.1	17.7	1.27	
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	19,762	14,386	15	9.5	91,228	43.8	4.6	14.3	1.42	
21 Injuries, poisoning and toxic effects of drugs	19,716	6,546	331	9.5	71,503	34.3	3.6	4.9	1.05	
22 Burns	276	78	14	0.1	1,503	0.7	5.4	7.2	0.84	
23 Factors influencing health status and other contacts with health services	155,448	142,559	1,053	74.5	208,381	99.9	1.3	5.1	0.93	
ED Error DRGs ^(c)	7,756	4,910	24	3.7	33,866	16.2	4.4	10.2	0.68	
Surgical DRG	1,161,895	627,601	5,471	557.2	2,756,845	1,322.1	2.4	4.0	0.95	
Medical DRG	1,067,191	662,301	36,916	511.8	3,196,457	1,532.9	3.0	6.3	1.14	
Other DRG	600,635	552,442	4,020	288.0	701,318	336.3	1.2	3.1	0.93	
Total	2,829,721	1,842,344	46,407	1,357.1	6,654,620	3,191.4	2.4	4.9	1.03	

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

(b) Crude rate based on Australian population as at 31 December 2006.

(c) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 12.3: Separations^(a), by Major Diagnostic Category version 5.1 and medical/surgical/other partition, public hospitals, states and territories, 2006–07

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	4,057	3,246	2,202	1,035	1,052	268	187	167	12,214
01 Diseases and disorders of the nervous system	73,052	61,353	36,760	20,075	17,838	5,274	3,620	2,234	220,206
02 Diseases and disorders of the eye	29,633	25,463	12,706	10,365	7,804	894	1,443	944	89,252
03 Diseases and disorders of the ear, nose, mouth and throat	49,363	48,027	31,613	15,875	15,423	3,171	2,409	2,419	168,300
04 Diseases and disorders of the respiratory system	86,858	62,954	38,541	20,155	22,203	5,260	2,756	4,348	243,075
05 Diseases and disorders of the circulatory system	135,365	102,142	69,825	30,254	34,281	8,383	5,976	3,569	389,795
06 Diseases and disorders of the digestive system	158,500	129,697	74,199	48,626	41,859	9,849	6,261	5,152	474,143
07 Diseases and disorders of the hepatobiliary system and pancreas	29,699	22,504	14,157	7,689	6,801	1,849	1,346	1,055	85,100
08 Diseases and disorders of the musculoskeletal system and connective tissue	115,754	89,479	60,137	33,847	27,326	8,583	6,760	3,810	345,696
09 Diseases and disorders of the skin, subcutaneous tissue and breast	50,810	43,363	31,885	16,585	16,230	3,704	1,952	3,505	168,034
10 Endocrine, nutritional and metabolic diseases and disorders	19,828	18,548	11,290	6,007	5,768	1,659	968	1,163	65,231
11 Diseases and disorders of the kidney and urinary tract	285,787	271,183	141,964	96,420	67,268	16,385	22,359	37,336	938,702
12 Diseases and disorders of the male reproductive system	12,876	14,034	6,298	5,665	4,074	1,037	581	481	45,046
13 Diseases and disorders of the female reproductive system	34,169	34,317	21,063	9,028	9,295	2,427	1,516	1,249	113,064
14 Pregnancy, childbirth and puerperium	115,578	90,395	70,165	33,760	28,137	7,157	5,018	7,120	357,330
15 Newborns and other neonates	16,638	17,338	11,043	4,226	4,578	1,300	1,038	1,151	57,312
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	21,365	24,824	10,313	8,437	7,540	1,679	1,104	641	75,903
17 Neoplastic disorders (haematological and solid neoplasms)	16,617	84,019	29,709	25,772	22,003	3,646	1,202	1,796	184,764
18 Infectious and parasitic diseases	20,424	14,372	9,344	4,540	3,779	898	727	1,090	55,174
19 Mental diseases and disorders	45,202	33,478	21,656	11,605	12,709	3,655	1,208	1,014	130,527
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	15,300	5,756	5,459	3,671	2,718	825	247	433	34,409
21 Injuries, poisoning and toxic effects of drugs	44,696	35,809	26,299	11,590	10,263	3,076	1,888	2,518	136,139
22 Burns	2,274	1,386	1,637	692	755	222	52	272	7,290
23 Factors influencing health status and other contacts with health services	31,974	45,394	19,915	11,929	9,956	3,663	1,341	1,177	125,349
ED Error DRGs ^(b)	4,446	1,260	555	822	515	124	30	92	7,844
Surgical DRG	287,435	254,862	149,073	90,027	81,351	19,069	15,278	10,098	907,193
Medical DRG	1,046,930	937,883	566,503	309,385	268,189	69,715	52,637	72,068	3,323,310
Other DRG	85,900	87,596	43,159	39,258	30,635	6,204	4,074	2,570	299,396
Total	1,420,265	1,280,341	758,735	438,670	380,175	94,988	71,989	84,736	4,529,899

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

(b) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 12.4: Separations^(a), by Major Diagnostic Category version 5.1 and medical/surgical/other partition, private hospitals, states and territories, 2006–07

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	292	342	511	119	163	n.p.	n.p.	n.p.	1,461
01 Diseases and disorders of the nervous system	13,490	15,321	17,018	6,314	5,180	n.p.	n.p.	n.p.	59,435
02 Diseases and disorders of the eye	59,621	34,403	42,609	13,414	12,137	n.p.	n.p.	n.p.	170,682
03 Diseases and disorders of the ear, nose, mouth and throat	56,326	45,522	39,569	24,741	18,737	n.p.	n.p.	n.p.	192,567
04 Diseases and disorders of the respiratory system	17,501	22,764	23,145	6,400	7,776	n.p.	n.p.	n.p.	80,257
05 Diseases and disorders of the circulatory system	40,435	42,591	40,092	13,604	13,987	n.p.	n.p.	n.p.	155,862
06 Diseases and disorders of the digestive system	142,354	137,107	124,042	40,545	32,387	n.p.	n.p.	n.p.	491,427
07 Diseases and disorders of the hepatobiliary system and pancreas	8,160	8,146	8,449	3,104	2,810	n.p.	n.p.	n.p.	32,204
08 Diseases and disorders of the musculoskeletal system and connective tissue	80,814	78,693	62,298	38,824	29,993	n.p.	n.p.	n.p.	305,245
09 Diseases and disorders of the skin, subcutaneous tissue and breast	44,604	37,871	41,104	15,899	17,109	n.p.	n.p.	n.p.	163,918
10 Endocrine, nutritional and metabolic diseases and disorders	7,811	8,496	8,571	4,175	3,013	n.p.	n.p.	n.p.	33,602
11 Diseases and disorders of the kidney and urinary tract	43,692	53,665	72,881	28,230	23,645	n.p.	n.p.	n.p.	226,676
12 Diseases and disorders of the male reproductive system	19,243	14,823	13,016	6,790	4,214	n.p.	n.p.	n.p.	60,982
13 Diseases and disorders of the female reproductive system	46,491	34,320	33,263	12,050	11,252	n.p.	n.p.	n.p.	144,124
14 Pregnancy, childbirth and puerperium	37,820	43,200	38,394	15,522	6,785	n.p.	n.p.	n.p.	148,456
15 Newborns and other neonates	3,830	4,276	3,089	2,456	948	n.p.	n.p.	n.p.	15,209
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	6,255	10,051	10,009	2,779	2,443	n.p.	n.p.	n.p.	32,687
17 Neoplastic disorders (haematological and solid neoplasms)	34,956	51,816	64,336	20,894	16,889	n.p.	n.p.	n.p.	196,532
18 Infectious and parasitic diseases	2,289	2,980	3,617	1,069	1,162	n.p.	n.p.	n.p.	11,646
19 Mental diseases and disorders	27,298	32,650	24,522	10,839	2,098	n.p.	n.p.	n.p.	103,791
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	7,967	5,517	4,621	942	192	n.p.	n.p.	n.p.	19,762
21 Injuries, poisoning and toxic effects of drugs	4,121	4,897	5,668	2,232	1,898	n.p.	n.p.	n.p.	19,716
22 Burns	45	69	87	30	34	n.p.	n.p.	n.p.	276
23 Factors influencing health status and other contacts with health services	43,479	47,834	36,664	13,976	8,663	n.p.	n.p.	n.p.	155,448
ED Error DRGs ^(b)	1,670	4,177	810	422	540	n.p.	n.p.	n.p.	7,756
Surgical DRG	355,415	275,372	265,445	115,316	98,296	n.p.	n.p.	n.p.	1,161,895
Medical DRG	214,867	299,292	312,326	115,788	85,322	n.p.	n.p.	n.p.	1,067,191
Other DRG	180,282	166,867	140,614	54,266	40,437	n.p.	n.p.	n.p.	600,635
Total	750,564	741,531	718,385	285,370	224,055	n.p.	n.p.	n.p.	2,829,721

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

(b) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 12.5: Separations^(a) for the 30 AR-DRGs versions 5.0/5.1 with the largest changes^(b) in the total numbers of separations, by hospital sector, Australia, 2002–03 to 2006–07

AR-DRG	Private hospitals										Public hospitals																
	2002–03					2003–04					2004–05					2005–06					2006–07					Change 2002–03 to 2006–07	
	2002–03	2003–04	2004–05	2005–06	2006–07	2002–03	2003–04	2004–05	2005–06	2006–07	2002–03	2003–04	2004–05	2005–06	2006–07	2002–03	2003–04	2004–05	2005–06	2006–07	2002–03	2006–07					
L61Z Admit for Renal Dialysis	103,153	133,618	144,042	153,456	144,995	41,842	583,296	620,652	663,403	725,926	784,106	200,810															
Z64B Other Factors Influencing Health Status, Sameday	34,788	42,275	49,121	57,607	67,464	32,676	34,372	36,488	37,676	38,893	43,204	8,832															
R63Z Chemotherapy	135,523	144,145	155,369	160,381	167,713	32,190	127,360	128,708	130,973	134,572	7,212																
G46C Complex Gastrosopy, Sameday	56,531	60,844	67,956	72,761	82,142	25,611	18,143	18,250	20,024	21,614	24,357	6,214															
C16B Lens Procedures, Sameday	91,999	97,247	107,230	111,124	113,398	21,399	42,304	43,237	47,826	50,373	51,211	8,907															
F74Z Chest Pain	10,983	11,678	12,733	12,436	12,534	1,551	58,921	63,753	69,470	75,375	85,621	26,700															
G44C Other Colonoscopy, Sameday	137,993	139,705	143,149	146,031	158,689	20,696	52,296	50,098	49,118	48,959	54,708	2,412															
O60B Vaginal Delivery W/O Cat or Sev CC	35,934	35,173	34,848	35,746	36,428	494	83,716	90,081	91,892	96,546	101,634	17,918															
G67B Oesophagitis, Gastroent and Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	10,736	10,870	10,408	11,588	11,379	643	53,400	58,589	57,639	65,128	69,444	16,044															
G45B Other Gastroscopy for Non-Major Digestive Disease,	101,588	102,820	102,243	100,276	95,300	-6,288	48,042	44,499	42,143	40,818	38,970	-9,072															
O01C Caesarean Delivery W/O Cat or Sev CC	22,535	23,565	24,768	26,314	27,653	5,118	31,294	33,239	34,843	37,697	41,501	10,207															
U60Z Mental Health Treatment, Sameday, W/O ECT	65,136	65,394	73,110	73,915	74,990	9,854	25,312	26,366	25,134	23,101	21,636	-3,676															
O66B Antenatal and Other Obstetric Admission, Sameday	2,789	3,113	3,459	3,221	3,526	737	34,581	37,050	43,397	48,132	46,650	12,069															
Q61C Red Blood Cell Disorders W/O Cat or Sev CC	15,074	16,380	18,043	18,977	20,063	4,989	30,947	33,187	32,229	34,995	38,559	7,592															
D40Z Dental Extractions and Restorations	78,006	78,749	81,504	84,051	88,053	10,047	21,997	24,568	24,914	24,899	23,859	1,862															
C03Z Retinal Procedures	4,277	4,789	5,977	7,677	13,513	9,236	4,609	4,826	4,608	4,885	5,428	819															
E63Z Sleep Apnoea	24,404	26,256	29,096	30,038	31,969	7,565	4,821	4,891	5,323	6,044	6,693	1,872															
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	36,496	37,684	40,841	42,375	45,416	8,920	19,323	18,942	19,216	18,609	18,913	-410															
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	12,478	13,209	18,135	18,767	20,592	8,114	1,615	1,667	1,499	1,396	1,222	-393															
N08Z Endoscopic Procedures for Female Reproductive System	14,394	13,064	11,891	11,358	10,654	-3,740	17,481	16,050	14,732	13,740	12,889	-4,612															
I18Z Other Knee Procedures	54,652	55,549	57,975	58,640	61,331	6,679	16,717	16,452	16,966	17,826	18,352	1,635															
I16Z Other Shoulder Procedures	21,055	22,454	22,962	24,823	26,804	5,749	4,478	4,482	4,545	5,059	5,792	1,314															
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	28,476	29,648	30,979	30,983	32,655	4,179	17,021	16,993	17,742	18,568	19,841	2,820															
I04Z Knee Replacement and Reattachment	16,383	17,628	18,689	19,212	20,342	3,959	8,603	9,174	10,129	11,434	11,628	3,025															
J64B Cellulitis (Age >59 W/O Cat or Sev CC) or Age <60	6,112	6,063	5,962	6,178	6,087	-25	31,550	32,565	33,614	36,343	38,505	6,955															
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	6,017	5,684	5,719	5,533	5,053	-964	35,697	35,384	36,440	39,011	41,519	5,822															
E62C Respiratory Infections/Inflammations W/O CC	5,768	5,661	5,221	5,050	4,146	-1,622	27,928	28,885	25,683	25,730	22,891	-5,037															
L41Z Cystourethroscopy, Sameday	20,508	21,059	22,779	23,737	24,776	4,268	17,884	17,830	18,500	18,722	20,060	2,176															
G11B Anal and Stomal Procedures W/O Cat or Sev CC	21,471	22,734	23,382	23,307	25,601	4,130	17,420	17,550	17,395	18,382	19,650	2,230															
Z40Z Follow Up W Endoscopy	55,167	55,157	57,551	58,461	60,825	5,658	29,571	28,872	28,375	28,957	30,086	515															
Surgical DRG	1,029,330	1,048,831	1,087,859	1,120,202	1,161,895	132,565	834,971	841,924	860,677	882,101	907,193	72,222															
Medical DRG	913,302	964,321	1,012,600	1,051,873	1,067,191	153,889	2,841,146	2,940,304	3,004,665	3,172,634	3,323,310	482,164															
Other DRG	530,736	539,162	558,513	569,926	600,635	69,899	281,609	280,392	280,525	284,765	299,396	17,787															

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

(b) AR-DRGs have been ordered by the sum of the absolute values of the changes in number of separations in the public and private sectors between 2002–03 and 2006–07.

Abbreviations: AMI—acute myocardial infarction; CC—complications and comorbidities; Cat/Sev—catastrophic or severe; DX—diagnosis; ECT—electroconvulsive therapy; Gastroent—gastroenterology; Inves—investigation; Misc—miscellaneous; O.R.—operating room; Proc/Pr—procedure; Sys—system; W—with; W/O—without.

Table 12.6: Separations^(a) for the 30 AR-DRGs versions 5.0/5.1 with the largest changes^(b) in the total numbers of separations, by patient election status^(c), Australia, 2002–03 to 2006–07

AR-DRG	Private patients										Public patients				Change	
															2002–03 to	
	2002–03	2003–04	2004–05	2005–06	2006–07	2006–07	2006–07	2002–03	2003–04	2004–05	2005–06	2006–07	2006–07	2006–07	2006–07	
L61Z	138,286	164,776	174,924	192,118	207,350	69,064	547,884	589,148	632,468	687,237	721,562	173,678				
Z64B	37,607	45,834	52,884	61,779	72,832	35,225	31,358	32,891	33,744	34,538	37,707	6,349				
R63Z	144,422	152,647	165,295	170,161	179,728	35,306	117,596	117,844	117,838	120,177	121,360	3,764				
G46C	58,097	62,752	70,037	75,213	86,099	28,002	16,445	16,331	17,929	19,147	20,390	3,945				
C16B	97,533	104,081	113,494	118,842	121,049	23,516	36,023	36,373	40,922	42,378	42,570	6,547				
G44C	141,343	143,782	147,289	150,772	167,510	26,167	48,384	45,999	44,917	44,200	45,864	-2,520				
F74Z	16,564	18,155	19,243	19,403	21,421	4,857	53,150	57,212	62,877	68,338	76,618	23,488				
O60B	40,083	40,545	40,051	41,356	43,340	3,257	78,853	84,522	86,126	90,390	94,088	15,235				
G67B	15,827	16,853	16,098	17,984	18,953	3,126	48,103	52,483	51,787	58,589	61,676	13,573				
O01C	25,109	26,462	27,716	29,508	31,658	6,549	28,472	30,271	31,692	34,313	37,298	8,826				
G45B	105,366	107,461	106,748	104,911	101,619	-3,747	43,727	39,797	37,546	36,138	32,603	-11,124				
U60Z	66,961	68,217	75,909	76,698	77,852	10,891	22,056	23,526	22,312	20,293	18,756	-3,300				
O61C	18,069	20,221	21,498	22,529	24,845	6,776	27,805	29,322	28,730	31,402	33,694	5,889				
O66B	4,204	4,393	4,693	4,116	5,116	912	32,908	35,703	41,797	46,186	44,637	11,729				
D40Z	83,172	84,430	87,677	90,313	93,613	10,441	16,697	18,869	18,680	18,590	18,215	1,518				
C03Z	5,840	6,387	7,372	8,999	14,908	9,068	3,015	3,216	3,081	3,393	3,840	825				
E63Z	24,557	26,773	29,821	31,155	33,410	8,853	4,441	4,362	4,563	4,872	5,218	777				
N07Z	40,379	41,560	44,284	45,958	48,957	8,578	14,981	15,018	15,720	15,001	15,330	349				
I18Z	56,125	57,295	59,727	60,483	63,486	7,361	15,071	14,689	15,205	15,966	16,093	1,022				
N11B	12,833	13,889	18,537	19,168	20,952	8,119	903	967	1,051	995	828	-75				
N08Z	15,525	14,352	13,040	12,329	11,733	-3,792	16,185	14,753	13,573	12,763	11,786	-4,399				
Z40Z	57,280	57,526	59,650	60,801	64,108	6,828	27,250	26,496	26,246	26,609	26,780	-470				
F42B	31,518	32,546	33,431	32,752	35,326	3,808	13,466	13,767	14,917	16,349	16,771	3,305				
I04Z	16,687	18,246	19,259	19,712	21,125	4,438	8,249	8,555	9,555	10,933	10,842	2,593				
I16Z	21,358	22,809	23,273	25,221	27,316	5,958	4,130	4,122	4,227	4,658	5,188	1,058				
J64B	8,906	9,126	9,162	9,503	10,154	1,248	28,630	29,466	30,358	32,961	34,353	5,723				
E62C	9,134	9,321	8,440	8,387	7,518	-1,616	24,488	25,188	22,394	22,349	19,451	-5,037				
L41Z	21,242	22,169	23,661	24,696	26,802	5,560	16,935	16,712	17,589	17,749	17,972	1,037				
G11B	22,818	24,353	24,851	24,918	27,644	4,826	16,002	15,908	15,886	16,747	17,568	1,566				
K04Z	2,308	3,208	4,728	6,125	7,999	5,691	268	262	427	586	693	425				
Surgical DRG	1,132,136	1,163,398	1,202,290	1,238,178	1,289,638	157,502	724,634	725,374	742,790	761,537	775,551	50,917				
Medical DRG	1,181,036	1,256,792	1,371,854	1,371,230	1,447,087	266,051	2,560,077	2,643,539	2,698,429	2,846,745	2,936,235	376,158				
Other DRG	559,863	572,191	590,697	603,133	645,298	85,435	249,669	246,691	247,452	250,725	253,871	4,202				

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or *Not reported*.
 (b) AR-DRGs have been ordered by the sum of the absolute values of the changes in number of separations in the public and private patients between 2002–03 and 2006–07.
 (c) The table excludes separations for which patient election status was not reported. There were 11,940 such separations in 2006–07.
 Abbreviations: AMI—acute myocardial infarction; CC—complications and comorbidities; Cat/Sev—catastrophic or severe; DX—diagnosis; ECT—electroconvulsive therapy; Inves—investigation; Misc—miscellaneous; O.R.—operating room; Proc/Pr—procedure; Sys—system; W—with; W/O—without.

Table 12.7: Selected separation^(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of overnight separations, public hospitals, Australia, 2006-07

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	ALOS (days)	Cost by volume (\$'000) ^(c)
O60B	98,771	91,517	47.4	284,927	136.6	403,282
F74Z	51,540	44,767	24.7	91,645	44.0	75,455
O01C	41,406	37,235	19.9	174,839	83.8	284,459
G67B	41,201	34,925	19.8	102,464	49.1	63,532
O66A	35,107	32,873	16.8	80,933	38.8	74,111
J64B	32,709	28,938	15.7	140,752	67.5	102,117
O60C	24,308	23,107	11.7	53,383	25.6	85,078
G66B	22,767	20,156	10.9	41,720	20.0	30,531
E69C	20,912	18,914	10.0	37,279	17.9	38,018
F62B	20,517	16,200	9.8	117,543	56.4	84,304
E65A	20,490	16,961	9.8	164,729	79.0	129,579
E65B	19,914	17,120	9.6	108,016	51.8	74,040
F71B	19,622	15,445	9.4	57,356	27.5	38,557
U67Z	19,291	18,629	9.3	104,815	50.3	81,177
E62C	19,110	16,037	9.2	73,246	35.1	57,559
H08B	18,702	17,082	9.0	35,896	17.2	89,695
E62B	18,189	14,875	8.7	114,408	54.9	97,057
G07B	17,742	15,032	8.5	49,158	23.6	87,291
U63B	17,382	16,728	8.3	253,162	121.4	152,562
D63B	17,164	15,434	8.2	32,716	15.7	28,630
G68B	16,982	14,998	8.1	28,920	13.9	31,179
I68B	16,338	12,526	7.8	63,699	30.5	55,958
U61A	16,102	15,759	7.7	513,152	246.1	225,879
X60C	15,667	12,580	7.5	30,721	14.7	21,934
B76B	14,854	13,173	7.1	37,927	18.2	32,114
K60B	14,656	12,716	7.0	64,221	30.8	49,640
X62B	14,551	13,798	7.0	26,376	12.6	20,415
O60A	14,420	13,426	6.9	64,478	30.9	81,761
F72B	14,394	11,928	6.9	36,670	17.6	31,883
L63B	14,262	11,239	6.8	83,466	40.0	57,419
Other	1,487,559	1,245,620	713.4	9,013,797	4,322.7	10,044,685
Total	2,216,629	1,889,738	1,063.0	12,082,414	5,794.4	12,729,898

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

(b) Crude rate based on Australian population as at 31 December 2006.

(c) Based on the 2005-06 AR-DRG version 5.0 cost weights.

Abbreviations: ALOS—average length of stay; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; CDE—common bile duct exploration; Gastroent—gastroenteritis; Misc—miscellaneous; Sys—system;

URI—upper respiratory tract infection; W—with; W/O—without.

Note: Similar tables for all AR-DRGs are provided on the Internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.8: Selected separation^(a) statistics for the 30 AR-DRGs version 5.1 with the largest number of overnight separations, private hospitals, Australia, 2006–07

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	n.p.	17.4	156,132	74.9	4.3
E63Z	Sleep Apnoea	n.p.	15.2	32,188	15.4	1.0
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	n.p.	13.3	145,740	69.9	5.3
I16Z	Other Shoulder Procedures	29	11.9	38,712	18.6	1.6
I04Z	Knee Replacement and Reattachment	86	9.7	154,450	74.1	7.6
G09Z	Inguinal and Femoral Hernia Procedures Age>0	67	9.0	26,824	12.9	1.4
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	n.p.	7.8	31,293	15.0	1.9
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	101	7.7	28,893	13.9	1.8
D11Z	Tonsillectomy and/or Adenoidectomy	18	7.4	16,552	7.9	1.1
N04Z	Hysterectomy for Non-Malignancy	42	6.8	58,772	28.2	4.2
I03C	Hip Replacement W/O Catastrophic or Severe CC	57	5.7	86,376	41.4	7.3
M02B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	52	5.5	35,981	17.3	3.1
I18Z	Other Knee Procedures	18	5.5	18,016	8.6	1.6
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	75	5.5	211,244	101.3	18.5
F15Z	Percutaneous Coronary Intervention W/O AMI W Stent Implantation	n.p.	5.2	25,216	12.1	2.3
D10Z	Nasal Procedures	13	4.7	11,044	5.3	1.1
N06Z	Female Reproductive System Reconstructive Procedures	25	4.5	30,461	14.6	3.2
D06Z	Sinus, Mastoid and Complex Middle Ear Procedures	9	4.5	11,533	5.5	1.2
I20Z	Other Foot Procedures	27	4.5	19,576	9.4	2.1
G67B	Oesophagitis, Gastroent and Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	98	4.5	33,777	16.2	3.6
I10B	Other Back and Neck Procedures W/O Catastrophic or Severe CC	n.p.	4.5	43,542	20.9	4.6
J06B	Major Procedures for Non-Malignant Breast Conditions	n.p.	4.3	15,660	7.5	1.8
F74Z	Chest Pain	122	4.2	19,960	9.6	2.3
I29Z	Knee Reconstruction Or Revision	19	4.1	11,969	5.7	1.4
I68B	Non-surgical Spinal Disorders W/O CC	28	4.0	43,803	21.0	5.2
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	54	3.8	15,440	7.4	1.9
K04Z	Major Procedures for Obesity	n.p.	3.7	13,910	6.7	1.8
I30Z	Hand Procedures	8	3.5	10,083	4.8	1.4
O66A	Antenatal and Other Obstetric Admission	7	3.5	19,663	9.4	2.7
F20Z	Vein Ligation and Stripping	34	3.5	10,306	4.9	1.4
Other		3,229	277.9	3,435,160	1,647.4	5.9
Total		4,234	473.5	4,812,276	2,307.8	4.9

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

(b) Crude rate based on Australian population as at 31 December 2006.

Abbreviations: ALOS—average length of stay; AMI—acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; CDE—common bile duct exploration; DX/Pr—diagnosis/procedure; Gastroent—gastroenteritis; Invest—investigative; Misc—miscellaneous; Sys—system; Proc—procedure; W—with; W/O—without.

Note: Similar tables for all AR-DRGs are provided on the Internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.9: Selected separation^(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of same-day separations, public hospitals, Australia, 2006-07

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)	Cost by volume (\$'000) ^(c)
L61Z	Admit for Renal Dialysis	691,969	375.0	369,080
R63Z	Chemotherapy	134,370	64.4	123,217
G44C	Other Colonoscopy, Sameday	54,708	26.2	61,875
C16B	Lens Procedures, Sameday	51,211	24.6	112,101
O66B	Antenatal and Other Obstetric Admission, Sameday	46,650	22.4	22,672
Z64B	Other Factors Influencing Health Status, Sameday	37,394	20.7	33,915
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	38,970	18.7	39,009
F74Z	Chest Pain	34,081	16.3	49,895
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	29,330	15.8	55,397
G61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	30,304	14.5	37,547
Z40Z	Follow Up W Endoscopy	28,750	13.8	29,440
G67B	Oesophagitis, Gastroent and Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	28,243	13.5	43,551
G46C	Complex Gastroscopy, Sameday	24,357	11.7	31,956
O05Z	Abortion W O.R. Procedure	24,271	11.6	42,814
D40Z	Dental Extractions and Restorations	21,701	10.4	40,125
U60Z	Mental Health Treatment, Sameday, W/O ECT	21,636	10.4	17,374
X60C	Injuries Age <65	21,417	10.3	29,984
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	20,614	9.9	18,285
L41Z	Cystourethroscopy, Sameday	20,060	9.6	23,550
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	18,752	9.0	25,146
I68C	Non-surgical Spinal Disorders, Sameday	17,632	8.5	21,952
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	16,779	8.0	31,628
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	16,482	7.9	28,267
I18Z	Other Knee Procedures	14,342	6.9	41,678
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	14,135	6.8	25,726
I30Z	Hand Procedures	13,755	6.6	45,570
I74C	Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	13,749	6.6	22,177
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	13,702	6.6	42,010
G60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	13,081	6.3	15,750
U40Z	Mental Health Treatment, Sameday, W ECT	12,273	5.9	8,235
	Other	605,967	330.5	1,846,154
Total		2,029,512	1,109.4	3,336,080

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

(b) Crude rate based on Australian population as at 31 December 2006.

(c) Based on the 2005-06 AR-DRG version 5.0 cost weights.

Abbreviations: Cat—catastrophic; CC—complications and comorbidities; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; Misc—miscellaneous; O.R.—operating room; Sev—severe; Sys—system; W—with; W/O—without.

Note: Similar tables for all AR-DRGs are provided on the internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.10: Selected separation^(a) statistics for the 30 AR-DRGs version 5.1 with the largest number of same-day separations, private hospitals, Australia, 2006–07

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)
R63Z	Chemotherapy	3,158	80.4
G44C	Other Colonoscopy, Sameday	471	76.1
L61Z	Admit for Renal Dialysis	27,503	69.5
C16B	Lens Procedures, Sameday	1,018	54.4
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	313	45.7
D40Z	Dental Extractions and Restorations	34	41.1
G46C	Complex Gastroscopy, Sameday	180	39.4
U60Z	Mental Health Treatment, Sameday, W/O ECT	10	36.0
Z64B	Other Factors Influencing Health Status, Sameday	313	32.4
Z40Z	Follow Up W Endoscopy	332	28.4
I18Z	Other Knee Procedures	55	23.9
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	96	23.3
O05Z	Abortion W O.R. Procedure	19	22.7
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	517	19.2
L41Z	Cystourethroscopy, Sameday	345	11.9
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	162	10.2
N11B	Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	n.p.	9.8
I68C	Non-surgical Spinal Disorders, Sameday	13	8.9
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	30	8.5
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	89	8.3
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1,312	7.9
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	70	7.9
G61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	50	7.7
I30Z	Hand Procedures	40	7.7
B05Z	Capal Tunnel Release	49	6.6
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	27	6.3
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	52	5.9
C03Z	Retinal Procedures	7	5.5
D13Z	Myringotomy W Tube Insertion	31	5.5
V62B	Alcohol Use Disorder and Dependence, Sameday	0	5.4
Other		5,875	167.1
Total	1,842,344	42,173	883.5

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

(b) Crude rate based on Australian population as at 31 December 2006.

Abbreviations: CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Inves—investigation; O.R.—operating room; Procs—procedure; W—with; W/O—without.

Note: Similar tables for all AR-DRGs are provided on the Internet at <www.aihw.gov.au> for Australia and each state and territory.

Table 12.11: Selected separation^(a) statistics for the 30 AR-DRGs version 5.1 with the largest number of separations, private free-standing day hospitals, Australia, 2006–07

AR-DRG	Separations	Public patient separations	Separations per 10,000 population ^(b)
G44C	Other Colonoscopy, Sameday	n.p.	31.5
C16B	Lens Procedures, Sameday	605	28.6
L61Z	Admit for Renal Dialysis	16,718	25.1
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	0	21.9
R63Z	Chemotherapy	1,259	17.7
O05Z	Abortion W/O R. Procedure	17	17.6
G46C	Complex Gastroscopy, Sameday	n.p.	16.6
D40Z	Dental Extractions and Restorations	n.p.	9.9
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	36	8.7
Z40Z	Follow Up W Endoscopy	0	8.1
Z64B	Other Factors Influencing Health Status, Sameday	n.p.	7.9
N11B	Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	n.p.	5.6
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	453	5.6
C03Z	Retinal Procedures	n.p.	4.7
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	150	4.1
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	68	3.2
G61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	n.p.	2.7
C11Z	Eyelid Procedures	32	2.6
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	n.p.	2.3
I68C	Non-surgical Spinal Disorders, Sameday	0	2.3
I18Z	Other Knee Procedures	n.p.	2.2
G42B	Other Gastroscopy for Major Digestive Disease, Sameday	0	2.0
C14Z	Other Eye Procedures	12	1.8
J06B	Major Procedures for Non-Malignant Breast Conditions	19	1.7
C12Z	Other Corneal, Scleral and Conjunctival Procedures	26	1.5
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	0	1.3
M63Z	Sterilisation, Male	0	1.2
I30Z	Hand Procedures	12	1.1
L41Z	Cystourethroscopy, Sameday	n.p.	1.0
D14Z	Mouth and Salivary Gland Procedures	n.p.	1.0
Other		4,018	30.9
Total		23,450	272.7

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

(b) Crude rate based on Australian population as at 31 December 2006.

Abbreviations: CC—complications and comorbidities; O.R.—operating room; P roc—procedure; W—with; W/O—without.

Table 12.12: Selected separation^(a) and cost statistics for the 30 AR-DRGs version 5.1 with the largest number of separations, public psychiatric hospitals, Australia, 2006–07

AR-DRG	Separations	Same-day separations	Public patient separations	Separations per 10,000 population ^(b)	Patient days	Patient days per 10,000 population ^(b)	ALOS (days)	Cost by volume (\$'000) ^(c)
U61A	2,890	0	2,610	1.4	167,040	80.1	57.8	40,541
U67Z	1,825	0	1,804	0.9	13,494	6.5	7.4	7,680
U63B	1,617	0	1,578	0.8	34,852	16.7	21.6	14,192
U60Z	1,456	1,456	1,446	0.7	1,456	0.7	1.0	1,169
U61B	885	0	883	0.4	37,383	17.9	42.2	6,860
V61Z	730	18	723	0.4	7,541	3.6	10.3	3,107
U62A	462	0	422	0.2	12,230	5.9	26.5	4,766
Z64A	434	0	427	0.2	4,509	2.2	10.4	1,630
U64Z	410	0	338	0.2	7,096	3.4	17.3	2,022
V62A	409	0	407	0.2	4,518	2.2	11.0	1,915
V60B	379	52	377	0.2	1,604	0.8	4.2	502
U40Z	370	370	370	0.2	370	0.2	1.0	248
U63A	305	0	302	0.1	9,034	4.3	29.6	4,433
V64Z	288	8	288	0.1	1,839	0.9	6.4	837
B63Z	285	n.p.	275	0.1	20,953	10.0	73.5	2,573
V63A	273	5	273	0.1	1,660	0.8	6.1	1,220
U62B	85	0	83	<0.1	1,141	0.5	13.4	423
Z64B	83	83	83	<0.1	83	<0.1	1.0	65
V63B	65	n.p.	65	<0.1	252	0.1	3.9	173
V60A	61	n.p.	58	<0.1	451	0.2	7.4	199
U65Z	57	0	55	<0.1	671	0.3	11.8	215
U68Z	55	0	53	<0.1	908	0.4	16.5	598
B64B	52	n.p.	50	<0.1	988	0.5	19.0	241
B81B	42	n.p.	42	<0.1	824	0.4	19.6	123
U66Z	29	0	29	<0.1	439	0.2	15.1	536
V62B	14	14	14	<0.1	14	<0.1	1.0	13
O61Z	12	0	12	<0.1	187	<0.1	15.6	24
B67A	10	0	8	<0.1	997	0.5	99.7	112
B67C	7	0	7	<0.1	257	0.1	36.7	14
B81A	5	0	5	<0.1	57	<0.1	11.4	40
Total	13,833	2,147	13,323	6.6	342,499	164.3	24.8	97,600

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

(b) Crude rate based on Australian population as at 31 December 2006.

(c) Based on the 2005–06 AR-DRG version 5.0 cost estimates.

Abbreviations: ALOS—average length of stay; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; ECT—electroconvulsive therapy; Psych—psychological; O.R.—operating room; W—with; W/O—without.

Table 12.13: Separations^(a) for the 30 AR-DRGs version 5.1 with the largest number of separations, public hospitals, states and territories, 2006-07

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	235,056	227,752	116,784	81,652	54,276	13,083	19,954	35,549	784,106
R63Z Chemotherapy	3,495	67,373	20,768	21,447	16,894	2,515	491	1,589	134,572
O60B Vaginal Delivery W/O Catastrophic or Severe CC	35,810	26,529	18,039	9,547	6,710	2,049	1,700	1,250	101,634
F74Z Chest Pain	29,567	22,558	16,371	6,124	7,622	1,372	940	1,067	85,621
G67B Oesophagitis, Gastroent and Misc Digestive System Disorders Age>9 W/O Cat/Sev C	24,209	19,760	12,162	4,931	5,566	1,465	852	499	69,444
G44C Other Colonoscopy, Sameday	16,192	14,692	6,775	9,395	5,661	949	538	506	54,708
C16B Lens Procedures, Sameday	18,092	14,773	5,902	6,082	4,446	421	1,048	447	51,211
O66B Antenatal and Other Obstetric Admission, Sameday	12,450	13,572	11,939	4,176	2,325	917	172	1,099	46,650
Z64B Other Factors Influencing Health Status, Sameday	7,082	19,076	7,758	4,773	1,915	1,500	657	443	43,204
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	13,669	13,235	7,016	2,809	2,978	884	578	350	41,519
O01C Caesarean Delivery W/O Catastrophic or Severe CC	14,354	10,222	8,268	3,759	2,856	876	635	531	41,501
G45B Other Gastrosocopy for Non-Major Digestive Disease, Sameday	9,751	11,782	5,280	6,081	4,479	794	384	419	38,970
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	10,210	14,458	4,048	4,275	3,902	996	365	285	38,539
J64B Cellulitis (Age >69 W/O Catastrophic or Severe CC) or Age <60	12,465	8,445	7,914	3,856	2,723	678	501	1,923	38,505
X60C Injuries Age <65	11,998	8,922	9,384	2,574	2,026	541	382	1,257	37,084
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	8,686	11,963	7,680	3,930	3,225	805	318	277	36,884
O66A Antenatal and Other Obstetric Admission	12,132	7,071	7,274	4,008	2,493	776	432	921	35,107
Z40Z Follow Up W Endoscopy	7,778	8,556	5,291	3,671	3,829	532	275	154	30,086
O05Z Abortion W O.R. Procedure	7,583	9,025	3,265	2,242	5,915	519	306	1,104	29,959
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	10,807	7,568	4,950	2,285	2,387	808	500	212	29,517
E69C Bronchitis and Asthma Age <50 W/O CC	10,670	6,806	3,916	2,142	2,870	496	300	271	27,471
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	10,235	3,412	7,340	2,236	1,617	622	579	472	26,513
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	8,993	6,311	5,875	1,800	1,318	459	434	434	25,624
I30Z Hand Procedures	7,766	6,797	3,850	2,708	2,117	770	527	300	24,835
D63B Otitis Media and URI W/O CC	9,147	5,247	4,854	2,097	1,960	481	373	407	24,566
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age <60 W/O CC	7,669	6,247	4,738	2,260	2,193	727	396	208	24,438
G46C Complex Gastrosocopy, Sameday	9,298	5,680	2,526	3,833	2,254	311	222	233	24,357
D40Z Dental Extractions and Restorations	5,877	7,721	4,732	2,610	1,962	464	216	277	23,859
F62B Heart Failure and Shock W/O Catastrophic CC	8,702	6,021	3,692	2,033	1,949	572	299	231	23,459
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	8,842	5,198	4,198	1,924	1,924	687	202	417	23,392
Other	831,680	683,569	426,146	227,410	217,783	56,919	37,453	31,604	2,512,564
Total	1,420,265	1,280,341	758,735	438,670	380,175	94,988	71,989	84,736	4,529,899

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

Abbreviations: Cat/Sev—catastrophic or severe; CC—complications and comorbidities; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; misc—miscellaneous; O.R.—operating room; URI—upper respiratory tract infection; W—with; W/O—without.

Table 12.14: Separations^(a) for the 30 AR-DRGs version 5.1 with the largest number of separations, private hospitals, states and territories, 2006–07

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z Chemotherapy	31,138	44,909	51,074	18,605	15,013	n.p.	n.p.	n.p.	167,713
G44C Other Colonoscopy, Sameday	45,904	45,400	39,961	13,531	9,418	n.p.	n.p.	n.p.	158,689
L61Z Admit for Renal Dialysis	21,059	34,563	52,115	20,364	16,894	n.p.	n.p.	n.p.	144,995
C16B Lens Procedures, Sameday	38,872	24,389	29,908	7,262	7,857	n.p.	n.p.	n.p.	113,398
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	24,069	33,959	23,230	6,033	5,645	n.p.	n.p.	n.p.	95,300
D40Z Dental Extractions and Restorations	24,832	23,130	16,871	12,804	7,350	n.p.	n.p.	n.p.	88,053
G46C Complex Gastroscopy, Sameday	31,839	19,113	18,581	6,843	4,425	n.p.	n.p.	n.p.	82,142
U60Z Mental Health Treatment, Sameday, W/O ECT	20,310	24,520	17,584	7,598	30	n.p.	n.p.	n.p.	74,990
Z64B Other Factors Influencing Health Status, Sameday	12,683	24,206	19,053	6,685	2,950	n.p.	n.p.	n.p.	67,464
I18Z Other Knee Procedures	16,663	15,496	11,629	6,758	7,602	n.p.	n.p.	n.p.	61,331
Z40Z Follow Up W Endoscopy	20,264	16,527	13,313	4,643	4,367	n.p.	n.p.	n.p.	60,825
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	14,571	11,546	11,896	6,103	5,392	n.p.	n.p.	n.p.	51,982
O05Z Abortion W O.R. Procedure	10,295	16,691	16,021	3,989	857	n.p.	n.p.	n.p.	48,471
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	15,275	11,553	9,767	3,477	3,452	n.p.	n.p.	n.p.	45,416
O60B Vaginal Delivery W/O Catastrophic or Severe CC	10,689	10,282	7,155	3,932	2,265	n.p.	n.p.	n.p.	36,428
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	10,800	8,196	7,215	2,584	2,416	n.p.	n.p.	n.p.	32,655
E63Z Sleep Apnoea	9,560	9,102	7,687	1,793	2,791	n.p.	n.p.	n.p.	31,969
O01C Caesarean Delivery W/O Catastrophic or Severe CC	7,371	6,514	7,002	3,662	1,844	n.p.	n.p.	n.p.	27,653
I16Z Other Shoulder Procedures	6,622	6,741	5,365	4,257	2,722	n.p.	n.p.	n.p.	26,804
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	8,347	5,611	6,742	1,128	3,869	n.p.	n.p.	n.p.	26,720
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	10,508	5,374	5,237	1,807	1,539	n.p.	n.p.	n.p.	25,601
L41Z Cystourethroscopy, Sameday	7,729	5,663	5,052	2,837	1,952	n.p.	n.p.	n.p.	24,776
I30Z Hand Procedures	6,424	5,437	5,227	2,763	2,499	n.p.	n.p.	n.p.	23,359
G09Z Inguinal and Femoral Hernia Procedures Age>0	7,313	5,268	5,013	2,277	1,806	n.p.	n.p.	n.p.	22,888
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,477	5,039	6,316	2,204	2,286	n.p.	n.p.	n.p.	22,461
N11B Other Female Reproductive System O.R. Procs Age <65 W/O Malignancy W/O CC	8,451	4,186	4,649	813	1,390	n.p.	n.p.	n.p.	20,592
D11Z Tonsillectomy and/or Adenoidectomy	7,270	3,806	4,764	2,055	1,766	n.p.	n.p.	n.p.	20,522
I04Z Knee Replacement and Reattachment	6,730	4,554	4,210	1,947	1,905	n.p.	n.p.	n.p.	20,342
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	4,510	7,157	4,641	1,525	1,477	n.p.	n.p.	n.p.	20,063
I68C Non-surgical Spinal Disorders, Sameday	2,931	6,016	2,170	4,214	2,246	n.p.	n.p.	n.p.	18,565
Other	302,058	296,583	298,937	120,877	98,030	n.p.	n.p.	n.p.	1,167,554
Total	750,564	741,531	718,385	285,370	224,055	n.p.	n.p.	n.p.	2,829,721

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

Abbreviations: AMI—acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Inves—investigation; Proc—procedure; O.R.—operating room; W—with; W/O—without.

n.p. Not published.

Table 12.15: Average length of stay (days) for the 30 AR-DRGs version 5.1 with the largest number of separations^(a), public hospitals, states and territories, 2006–07

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O60B Vaginal Delivery W/O Catastrophic or Severe CC	3.0	2.7	2.5	3.0	2.9	3.0	2.6	3.2	2.8
F74Z Chest Pain	1.6	1.2	1.5	1.3	1.6	1.4	1.2	1.6	1.5
G67B Oesophagitis, Gastroent and Misc Digestive System Disorders Age>9 W/O Cat/Sev C	2.1	1.6	1.8	2.1	2.0	2.0	1.7	2.0	1.9
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
C16B Lens Procedures, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O66B Antenatal and Other Obstetric Admission, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z64B Other Factors Influencing Health Status, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	1.5	1.3	1.4	1.7	1.6	1.4	1.3	1.5	1.5
O01C Caesarean Delivery W/O Catastrophic or Severe CC	4.3	4.3	3.7	4.4	4.6	4.2	4.0	4.9	4.2
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.6	1.2	1.5	1.2	1.4	1.5	1.2	1.6	1.4
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	3.8	4.1	3.3	3.8	4.4	4.4	3.8	3.3	3.8
X60C Injuries Age <65	1.5	1.3	1.3	1.6	1.6	1.5	1.5	1.6	1.4
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.3	1.2	1.2	1.3	1.2	1.2	1.1	2.3	1.2
O66A Antenatal and Other Obstetric Admission	2.4	2.4	2.0	2.0	2.5	2.2	3.2	2.6	2.3
Z40Z Follow Up W Endoscopy	1.0	1.1	1.0	1.0	1.0	1.0	1.1	1.0	1.0
O05Z Abortion W O.R. Procedure	1.1	1.0	1.1	1.1	1.0	1.1	1.1	1.1	1.1
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	2.5	2.1	2.2	1.8	2.4	2.2	2.0	2.2	2.3
E69C Bronchitis and Asthma Age <50 W/O CC	1.6	1.5	1.5	1.7	1.7	1.6	1.7	1.8	1.6
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	2.2	2.2	1.8	2.2	2.1	2.2	1.9	2.6	2.1
I74C Injury to Forearm, Wrist, Hand or Foot Age <75 W/O CC	1.2	1.1	1.1	1.2	1.2	1.2	1.2	2.3	1.2
I30Z Hand Procedures	1.4	1.3	1.5	1.4	1.4	1.4	1.3	2.6	1.4
D63B Otitis Media and URI W/O CC	1.7	1.5	1.5	1.6	1.8	2.0	1.4	1.8	1.6
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age <60 W/O CC	1.7	1.2	1.5	1.3	1.7	1.5	1.5	1.5	1.5
G46C Complex Gastroscopy, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
D40Z Dental Extractions and Restorations	1.1	1.0	1.1	1.1	1.1	1.1	1.2	1.2	1.1
F62B Heart Failure and Shock W/O Catastrophic CC	5.9	4.2	4.7	5.1	5.4	6.5	5.4	3.6	5.1
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	5.1	4.0	4.7	4.9	4.7	5.7	5.3	5.1	4.8
Other	5.0	4.1	4.3	4.4	4.7	5.0	4.3	5.4	4.5
Total	3.6	2.8	3.0	3.0	3.3	3.6	2.9	2.8	3.2

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or Not reported.
Abbreviations: Cat—catastrophic; CC—complications and comorbidities; Gastroent—gastroenteritis; Misc—miscellaneous; O.R.—operating room; Sev—severe; URI—Upper respiratory tract infection; W—with; W/O—without.

Table 12.16: Average length of stay (days) for the 30 AR-DRGs version 5.1 with the largest number of separations^(a), private hospitals, states and territories, 2006–07

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R63Z	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G44C	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
L61Z	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
C16B	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G45B	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
D40Z	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
G46C	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
U60Z	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Z64B	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
I18Z	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
Z40Z	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
J11Z	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
O05Z	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
N07Z	1.1	1.1	1.1	1.2	1.1	n.p.	n.p.	n.p.	1.1
O60B	4.3	4.2	3.9	4.9	4.5	n.p.	n.p.	n.p.	4.3
F42B	1.3	1.6	1.6	1.4	1.6	n.p.	n.p.	n.p.	1.5
E63Z	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.p.	1.0
O01C	5.4	5.2	4.7	6.0	5.7	n.p.	n.p.	n.p.	5.3
I16Z	1.5	1.5	1.5	1.6	1.7	n.p.	n.p.	n.p.	1.5
J08B	1.3	1.4	1.2	1.6	1.1	n.p.	n.p.	n.p.	1.3
G11B	1.1	1.4	1.3	1.7	1.4	n.p.	n.p.	n.p.	1.3
L41Z	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
I30Z	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.p.	1.1
G09Z	1.3	1.4	1.2	1.6	1.5	n.p.	n.p.	n.p.	1.3
J10Z	1.2	1.2	1.1	1.3	1.1	n.p.	n.p.	n.p.	1.2
N11B	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
D11Z	1.0	1.1	1.0	1.1	1.1	n.p.	n.p.	n.p.	1.1
I04Z	7.2	7.6	7.3	10.2	7.1	n.p.	n.p.	n.p.	7.6
Q61C	1.3	1.3	1.4	1.5	1.5	n.p.	n.p.	n.p.	1.4
I68C	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other	3.7	4.0	4.0	3.8	3.8	n.p.	n.p.	n.p.	3.9
Total	2.2	2.4	2.4	2.4	2.4	n.p.	n.p.	n.p.	2.4

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

Abbreviation s: AMI—acute myocardial infarction; CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Inves—investigation; O.R.—operating room; Proc—procedure; W—with; W/O—without.

Table 12.17: Separations^(a) for males for the 30 AR-DRGs version 5.1 with the largest number of separations, by age group, all hospitals, Australia, 2006–07

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	1	51	274	6,594	18,607	47,832	79,199	113,707	135,576	130,625	18,543	551,009
R63Z Chemotherapy	28	829	1,301	2,387	2,999	5,774	17,247	38,432	41,647	22,933	3,122	136,699
G44C Other Colonoscopy, Sameday	5	35	141	2,096	5,770	11,952	20,393	28,039	22,960	11,942	1,375	104,708
C16B Lens Procedures, Sameday	7	23	43	132	195	707	3,178	10,017	21,281	28,517	5,747	69,847
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	108	508	996	2,971	5,855	9,218	10,520	11,554	8,919	5,713	1,105	57,467
Z64B Other Factors Influencing Health Status, Sameday	346	825	984	1,049	1,554	4,848	10,678	14,980	11,465	4,852	424	52,005
F74Z Chest Pain	1	10	133	1,036	3,190	8,151	11,115	11,317	8,333	6,208	1,713	51,207
Z40Z Follow Up W Endoscopy	2	27	60	276	771	2,735	6,989	12,722	14,298	11,141	1,937	50,958
D40Z Dental Extractions and Restorations	8	4,414	9,134	17,443	7,520	3,902	2,529	1,832	989	609	191	48,571
I18Z Other Knee Procedures	1	3	519	4,506	5,507	9,209	10,950	9,532	4,279	1,411	133	46,050
G46C Complex Gastroscopy, Sameday	18	86	304	1,292	2,835	5,478	9,081	11,993	9,427	4,901	616	46,031
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	169	728	1,727	2,087	2,876	4,748	6,690	8,721	7,803	7,663	2,384	45,596
U60Z Mental Health Treatment, Sameday, W/O ECT	911	230	2,744	2,655	4,395	5,503	5,981	10,384	1,980	2,103	1,030	37,916
G09Z Inguinal and Femoral Hernia Procedures Age>0	0	851	899	1,510	2,640	4,060	6,046	7,741	6,498	4,228	830	35,303
G67B Oesophagitis, Gastro and Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,606	3,733	4,436	4,580	4,198	4,480	4,170	4,366	1,923	33,492
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	0	0	12	194	394	1,622	4,934	9,402	9,281	5,648	616	32,103
I30Z Hand Procedures	77	429	1,217	7,166	5,338	4,255	3,874	4,158	2,716	1,324	184	30,738
L41Z Cystourethroscopy, Sameday	126	163	262	584	1,120	2,387	3,952	5,779	6,174	5,410	1,288	27,245
E63Z Sleep Apnoea	86	456	506	481	1,664	4,298	6,481	7,182	3,848	1,748	174	26,924
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	227	73	141	1,032	3,129	5,595	6,580	5,786	2,883	1,161	171	26,778
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	103	258	705	875	1,543	2,009	3,092	4,228	4,964	6,078	1,942	25,797
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	300	1,152	1,634	3,774	3,715	3,725	3,470	2,987	2,139	1,821	771	25,488
X60C Injuries Age <65	65	1,311	2,911	6,067	4,897	4,188	3,179	2,314	0	0	0	24,932
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	21	27	85	307	676	1,349	3,026	5,195	5,386	4,320	1,135	21,527
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	5	65	196	804	728	1,073	2,093	3,844	4,372	5,760	2,489	21,429
L64Z Urinary Stones and Obstruction	21	35	67	609	1,906	3,924	5,089	5,046	2,906	1,322	236	21,161
R61C Lymphoma and Non-Acute Leukaemia, Sameday	4	30	90	230	358	710	2,033	4,736	5,467	5,589	1,512	20,759
I16Z Other Shoulder Procedures	1	4	43	2,370	1,976	2,931	4,532	5,327	2,721	761	46	20,712
L67C Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	161	318	492	505	603	1,034	1,840	3,989	4,568	4,915	1,856	20,281
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC	0	0	0	1	2	36	589	4,047	6,607	5,564	1,148	17,994
Other	80,205	84,495	102,453	124,353	130,694	163,396	190,659	252,645	261,222	258,616	94,148	1,742,891
Total	83,007	97,436	131,679	199,119	227,893	331,229	450,217	622,116	624,879	557,249	148,789	3,473,618

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

(b) Includes separations for which age was not reported.

Abbreviations: AMI—acute myocardial infarction; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; Inves—investigation; Misc—miscellaneous; Proc—procedure; Systm—system; W—with; W/O—without.

Table 12.18: Separations^(a) for females for the 30 AR-DRGs version 5.1 with the largest number of separations, by age group, all hospitals, Australia, 2006–07

AR-DRG	<1	1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	0	8	324	4,270	14,770	31,175	52,704	81,339	102,296	81,951	9,254	378,091
R63Z Chemotherapy	54	824	984	1,362	4,264	17,001	36,911	49,022	35,343	17,613	2,208	165,586
O60B Vaginal Delivery W/O Catastrophic or Severe CC	0	0	51	28,641	82,718	26,510	142	0	0	0	0	138,062
G44C Other Colonoscopy, Sameday	2	23	117	3,227	6,618	12,601	21,670	28,410	22,297	12,220	1,504	108,689
C16B Lens Procedures, Sameday	2	14	33	72	203	630	3,372	11,432	29,327	40,551	9,122	94,758
O05Z Abortion W O.R. Procedure	0	0	189	25,606	32,520	19,557	556	2	0	0	0	78,430
G45B Other Gastrosopy for Non-Major Digestive Disease, Sameday	75	339	1,102	4,830	6,704	10,785	15,111	16,486	12,010	7,649	1,711	76,802
O01C Caesarean Delivery W/O Catastrophic or Severe CC	0	0	4	8,264	41,398	19,322	166	0	0	0	0	69,154
N07Z Other Uterine and Adnexa P Procedures for Non-Malignancy	6	4	152	3,665	18,305	26,883	9,671	3,594	1,427	552	70	64,329
D40Z Dental Extractions and Restorations	3	3,700	9,397	27,985	10,165	4,662	3,295	2,118	961	758	285	63,329
G46C Complex Gastrosopy, Sameday	16	48	231	2,723	4,413	7,720	12,770	15,093	10,934	5,744	776	60,468
U60Z Mental Health Treatment, Sameday, W/O ECT	672	214	992	9,277	10,019	12,849	13,076	8,331	1,787	1,221	271	58,709
Z64B Other Factors Influencing Health Status, Sameday	310	682	744	1,339	3,106	7,266	14,080	16,731	10,349	3,709	347	58,663
O66B Antenatal and Other Obstetric Admission, Sameday	0	0	28	14,333	27,152	8,579	83	0	0	0	0	50,176
G67B Oesophagitis, Gastroent and Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	0	0	1,473	5,583	6,205	5,343	5,596	6,161	5,965	7,092	3,912	47,330
F74Z Chest Pain	1	6	126	961	2,254	5,727	9,589	10,034	7,910	7,281	3,059	46,948
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	150	790	1,985	2,543	3,585	5,849	7,508	7,411	5,558	5,400	2,491	43,270
O66A Antenatal and Other Obstetric Admission	0	0	45	11,877	22,783	7,593	90	5	0	0	0	42,393
Z40Z Follow Up W Endoscopy	5	24	56	489	1,137	3,065	6,844	10,262	9,889	7,027	1,154	39,952
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	2	24	715	3,363	9,350	12,916	4,857	2,054	939	179	34,399
I18Z Other Knee Procedures	0	8	398	2,136	2,436	4,474	7,758	8,626	5,297	2,264	236	33,633
N09Z Conisation, Vagina, Cervix and Vulva Procedures	25	88	208	6,379	9,361	7,003	5,117	2,584	1,286	630	190	32,871
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	56	168	558	1,396	2,428	4,214	5,305	3,741	5,466	6,517	2,956	32,805
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	0	0	17	8,319	18,234	4,955	20	0	0	0	0	31,545
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	67	204	2,897	6,369	5,709	4,713	3,473	2,431	1,767	1,603	738	29,971
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1	2	63	2,032	4,656	5,328	5,239	4,607	2,715	1,264	213	26,120
N04Z Hysterectomy for Non-Malignancy	0	0	5	17	1,248	8,226	10,218	3,473	1,946	885	102	26,120
N08Z Endoscopic Procedures for Female Reproductive System	3	2	98	3,492	8,679	8,721	1,959	375	116	71	7	23,523
O61Z Postpartum and Post Abortion W/O O.R. Procedure	0	0	14	4,395	13,363	5,185	59	0	0	0	0	23,016
N11B Other Female Reproductive System O.R. Proc Age <65 W/O Malignancy W/O CC	0	3	8	235	8,350	12,597	587	34	0	0	0	21,814
Other	59,216	61,751	76,955	134,730	178,296	200,635	225,601	253,830	245,759	289,648	158,519	1,884,944
Total	60,665	68,904	99,278	327,262	554,442	508,518	491,486	550,989	522,459	502,589	199,304	3,885,900

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

(b) Includes separations for which age was not reported.

Abbreviations: Cat Sev—catastrophic or severe; CC—complications and comorbidities; CDE—common bile duct exploration; DX/Pr—diagnosis/procedure; ECT—electroconvulsive therapy; Gastroent—gastroenteritis; Inves—investigation; Misc—miscellaneous; Proc—procedure; systm—system; W—with; W/O—without.

Appendix 1: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2006–07 definitions in the *National health data dictionary* versions 12, 12 supplement and 13 (NHDC 2003; AIHW 2004b; HDSC 2006) (summarised in the Glossary).

Data presentation

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables. For example, for some tables and figures dealing with Indigenous status, data have been presented only for selected states and territories, and the totals in these tables do not include the data for the other states and territories (tables 8.9, 9.22 and 10.20, and figures 9 and 8.1).

Other exceptions relate to tables in which data were not published for confidentiality reasons (for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory), or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful.

Private hospital data are suppressed for a particular diagnosis, procedure or AR-DRG where:

- there are fewer than three reporting units,
- there are three or more reporting units and one contributed more than 85% of the total separations, or
- there are three or more reporting units and two contributed more than 90% of the total separations.

Data on the length of stay have been suppressed if there were fewer than 10 separations in the category being presented (50 separations in Table 4.11). Data on elective surgery waiting times were suppressed if there were fewer than 10 elective surgery admissions in the category being presented. The abbreviation 'n.p.' has been used in these tables to denote these suppressions. For these tables, the totals include the suppressed information.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Conventions used in this report

Data presented by states and territories

For the majority of tables in this report, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exceptions are tables 4.5, 4.6, 4.7, 8.11, 9.19 and A5.1, which are based on data on the state or territory of

usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in tables 7.7, 7.8, 7.9 and 7.10.

For tables presented by the state or territory of usual residence of the patient, the totals include unknown residence area (within a known state) but exclude overseas residents and unknown state of residence. Therefore the totals in those tables do not necessarily match other tables in the publication.

Counts

Counts of separations

For tables with counts of separations by groups of diagnoses, procedures or external causes, a separation is counted once for the group if it has at least one diagnosis/procedure/external cause reported within the group. As more than one diagnosis, procedure or external cause can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

Counts of procedures

For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation.

Standard admitted patient care data analyses

For chapters 7, 8, 9, 10 and 11 and relevant tables in Chapter 2, the counts of separations do not include separations for *Newborns* without qualified days and records for *Hospital boarders* or *Posthumous organ procurement*, and the patient days were also not included for those records. In addition, patient days for *Newborns* that were not 'qualified days' are excluded from the counts of patient days. For more information on these exclusions, see below.

AR-DRG-based admitted patient care data analyses

For Chapter 12, and for tables elsewhere in the report that include cost weight information, separations are included only for *Acute care*, *Newborns* with at least one qualified day and where care type was not reported. Patient days for *Newborns* that were not 'qualified days' are excluded from the counts of patient days. Thus separations for *Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* without qualified days were excluded.

Medical/Surgical/Other split

Separations have been categorised as *Medical*, *Surgical* or *Other* based on the AR-DRG classification recorded for the separation. *Surgical* DRGs are those with a second character of 0, 1, 2, or 3, *Medical* DRGs are those with a second character of 6, 7, 8, or 9 and *Other* is assigned for DRGs with a second character of 4 or 5. For Table 7.18, 'Other' includes AR-DRGs in the *Medical* and *Other* partitions.

Public/private patient analyses

Throughout the report, the category *Public patients* includes separations for patients whose funding source was reported as *Australian Health Care Agreements* and *Reciprocal health care agreements*. *Private patients* includes separations for patients whose funding source was

reported as *Private health insurance, Self-funded, Workers compensation, Motor vehicle third party personal claim, Other compensation, Department of Veterans' Affairs, Department of Defence or Correctional facility*. For patients whose funding source was reported as *Other hospital or public authority, Other or Not reported*, the category to which they belonged was determined by the reported Admitted patient election status. For 2006–07, the Admitted patient election status was not reported for 11,940 separations that could also not be classified as *Public or Private patients* using the reported funding source.

Indigenous status

For statistical analyses (for example age-standardised separation rates and rate ratios), data are included only for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purpose of analysis. Further information on the quality of Indigenous identification in hospital data is included in chapters 5 and 8.

Population rates

Unless noted otherwise (see below), population rates (separation rates) presented in this report are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 30 June 2006 and for 31 December 2006 were used for the observed rates as detailed below (see tables A1.1, A1.2, A1.3 and A1.4 accompanying this report on the Internet).

Crude population rates in chapters 2, 3, 6, 9, 10 and 12 were calculated using the population estimates for 31 December 2006.

Age-standardisation

Standard separation rates (by hospital state and by residence state) were directly age-standardised, using the estimated resident populations as at 31 December 2006.

Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2006 and the estimated resident populations as at 30 June 2006 (tables 8.7, 8.8, 9.22 and 10.20 and figures 9 and 8.1).

Separation rates by Remoteness Areas and socioeconomic categories (for more information, see SEIFA below) were directly age-standardised, using the estimated resident populations as at 30 June 2006 (tables 4.5, 4.8, 4.9, 8.11, 8.12, 8.13, 9.20, 9.21, A5.2, A5.3 and Figure 10) .

Separation rates by country of birth (Table 8.10) were directly age-standardised, using the estimated resident populations as at 30 June 2004 (the most recent year available).

Standardised separation rate ratios

For some tables reporting comparative separation rates (tables 4.7, 4.8, 4.9, 8.7, 8.8, 8.11 to 8.13, 9.19 to 9.22 and A5.1 to A5.3), standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison

population (the expected rate). In these tables a 95% confidence interval for the SRR has also been presented.

The calculations are as follows:

Standardised separation rate ratio = observed rate/expected rate

Standard error (SRR) = $\sqrt{\text{observed rate/expected rate}}$

95% confidence interval (SRR) = SRR \pm 1.96 \times Standard error (SRR)

A confidence interval for the separation rate can be obtained by multiplying the upper and lower 95% confidence levels for the SRR by the crude rate for the population.

Thus a standardised separation ratio of 1 indicates that the population of interest (for example, *Indigenous Australians*) had a separation rate similar to that of the comparison group (for example, *Other Australians*). An SRR of 1.2 indicates that the population of interest had a rate that was 20% greater than that of the comparison population and an SRR of 0.8 indicates a rate 20% smaller. If the 95% confidence interval of the SRR contains 1, the rate for the population of interest is not significantly different (at the 95% confidence level) from that of the comparison population. Similarly, if the 95% confidence interval does not contain 1, then there is a significant difference (at the 95% confidence level).

The populations used for the observed and expected rates vary in this report, for example:

- For Indigenous status, the rate ratio is equal to the separation rate for *Indigenous Australians* divided by the separation rate for *Other Australians* (*Other Australians* includes Indigenous status not reported).
- For residence state, Remoteness Areas and socioeconomic categories, the rate ratio is equal to the separation rate for the residence state/Remoteness Area/SEIFA category divided by the separation rate for Australia

Newborn episodes of care

The *Newborn* care type was introduced in 1998–99 for the hospital morbidity data to report a single episode of care for all patients aged 9 days or less at admission, regardless of their qualification status and whether they changed qualification status during their hospital stay. Thus these episodes can include qualified days only, a mixture of qualified days and unqualified days, or only unqualified days. Qualified days are considered to be the equivalent of acute care days and *Newborn* episodes with qualified days only are considered to be equivalent to *Acute* care episodes. In this report, *Newborn* episodes with at least one qualified day have been included in all tables reporting separations. Records for *Newborn* episodes with no qualified days do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in Chapter 7. The number of patient days reported in this publication for *Newborn* episodes is equal to the number of qualified days, so for newborns with a mixture of qualified and unqualified days the number of patient days reported is less than the actual length of stay for the episode.

Hospitals in Tasmania and the Northern Territory and private hospitals in South Australia did not report any *Newborn* episodes with a mixture of qualified and unqualified days (Table 7.11), and private hospitals in Victoria did not report most *Newborn* episodes with no qualified days. In South Australia, qualified and unqualified newborn care are defined as separate episodes of care, but for the purpose of supplying data to the National Hospital

Morbidity Database (NHMD) separate episodes occurring within a single stay in hospital are bundled together. The practice of generating a new episode on a care change within a single stay in hospital is followed by public but not private hospitals in South Australia. For Tasmania, where a newborn's qualification status was considered qualified at any point during the episode of care, the entire episode was reported as qualified days. As a consequence of the reporting method used, the number of *Newborn* episodes with qualified days only includes those who may have had an unqualified component in their stay. For this reason the average length of stay for *Newborn* episodes with qualified days only in Tasmanian public hospitals is not directly comparable with that in other states.

Information on reporting practices for *Newborn* episodes before 2006–07 is available in previous *Australian hospital statistics* publications (AIHW 2002, 2003, 2004a, 2005a, 2006a, 2007a).

Hospital boarders and posthumous organ procurement

For some states and territories, the data provided to the NHMD included records for *Hospital boarders* and for *Posthumous organ procurement* activity (see Glossary). These records were provided on an optional basis as they do not represent admitted patient care.

The records for *Hospital boarders* were excluded from this report. There were 35,564 such records reported to the NHMD in 2006–07, mainly from Western Australia, Queensland and the Northern Territory.

Records for *Posthumous organ procurement* activity were also excluded from this report. There were 81 such records reported to the NHMD in 2006–07. Most of these records were from Queensland and Western Australia, with small numbers from New South Wales, Tasmania and the Northern Territory.

ICD-10-AM/ACHI coded data

Quality of coded data

Diagnosis, procedure and external cause data for 2006–07 were reported to the NHMD by all states and territories using the fifth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM/ACHI) (NCCH 2006), incorporating the *Australian classification of health interventions* (ACHI).

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis.

The quality and comparability of the coded data can, however, be gauged by information provided by the states and territories on the quality of the data, by the numbers of diagnosis and procedure codes reported and by assessment of apparent variation in the reporting of additional diagnoses. The comparability of the data can also be influenced by state-specific coding standards.

State and territory comments on the quality of the data

The following information has been provided by the states and territories to provide some insight into the quality of the coded data in the NHMD.

No statewide audit was performed on New South Wales data in 2006–07. Hospitals perform formal audits on ICD-10-AM coded data at a local level. Data edits are monitored regularly and consistent errors are identified and rectified by individual hospitals.

For Victoria, a state-wide external audit of 2005–06 data was finalised during 2006–07. This audit reviewed the ICD-10-AM/ACHI coding and the application of Australian Coding Standards along with some key demographic data. A total of 10,000 cases were audited. The overall result showed a change in DRGs of 9.01% indicating a high quality of coding, and representing an improvement on the 9.8% change reported following completion of the previous three year audit in 2000–01.

Hospitals in Queensland conduct their own coding quality checks on a regular basis, and ICD-10-AM validations are automatically conducted as part of the general processing of morbidity data in the corporate data collection. In addition, the Coding Auditing and Education Unit (CAEU) carries out audits of clinical coding that allows for corporate level understanding of coding quality. The CAEU is currently in the midst of an approximately three year cycle of clinical coding audits of all casemix funded Queensland hospitals.

The Western Australian Department of Health conducts regular audits of hospital medical records and inpatient data-reporting processes. This Clinical Information Audit Program aims to provide assurances of data quality and integrity, promoting confidence in the use of health information by hospitals and throughout the system. The results of these audits for 2006–07 admitted patient cases from teaching and non-teaching hospitals indicate that the quality of the coded data is very good. The National Centre for Classification in Health's Performance Indicators for Coding Quality (PICQ) software and in-house quality activities were also applied to all cases received by the department.

The Department of Health, South Australia, performed a major audit of coding practices in major metropolitan hospitals on random samples of 2004–05 data. The purpose of the audit was to ascertain the level of coding accuracy and the impact on DRG assignment. The audit found that coding practices in major metropolitan hospitals had improved significantly since the last major audit (conducted in 2002), with almost all hospitals reporting a reduction in their DRG error rate. In addition to this the Department conducts regular targeted desktop audits of coded data. Results are reported to all South Australian Coders in a quarterly newsletter, and individual hospitals are notified if a problem exists, and where coding needs to be corrected

In Tasmania, hospitals continue to conduct coding quality improvement activities using the Australian Coding Benchmark Audit tool and PICQ. Validation of ICD-10-AM data also occurs routinely as the data are processed from the hospitals. A Statewide Recoding Study Working Group was formed to implement recommendations from a previous statewide recoding study and a coding audit was conducted in 2006.

For 2006–07, the Australian Capital Territory Health Department (ACT Health) reported that the ICD-10-AM/ACHI coded data quality is excellent. ACT Health also reported that ongoing validation checks performed on extracts from data sources have confirmed that the collection of coded data conformed to standards. The number of episodes grouping to the 901Z, 902Z and 903Z DRGs had fallen from 92 records in 2005–06 to 41 records in 2006–07.

ACT Health noted that the improvement is not related to any particular hospital but is a general improvement in quality.

The Northern Territory maintained coding quality activities through the Coders' Forum, internal coding auditing, and the use of DRG error reporting.

Number of diagnosis codes

The NHMD contains data on principal diagnoses and additional diagnoses. Additional diagnoses include comorbidities (coexisting conditions) and/or complications which may contribute to longer lengths of stay, more intensive treatment or the use of greater resources. Ideally, the number of additional diagnoses recorded for a patient should be related to the person's clinical condition and not be restricted by administrative or technical limitations. The AIHW requested that the states and territories report a maximum of 50 diagnosis codes, but some report more.

Table A1.5 presents information on the number of diagnosis codes (principal and additional) reported to the NHMD. There are differences between the states and territories in the maximum number of diagnoses reported; for example, in the public sector, 65 for Queensland and 29 for South Australia. For both public and private sectors, the average number of diagnosis codes per separation varied little among the jurisdictions, but there was some variation in the reporting of additional diagnoses as discussed below.

Overall, the average number of codes reported for the public sector was slightly higher than for the private sector. In the public sector 19.7% of records had five or more diagnosis codes, but in the private sector only 11.0% of records fell into this category. It may be that more complicated cases were treated in public hospitals, or there may have been differences in coding practices.

Number of procedure codes

Table A1.6 presents information on the number of procedure codes reported to the NHMD. Ideally, the number of procedures recorded for a patient should reflect the procedures undertaken and not be restricted by administrative or technical limitations. There were marked differences between the states and territories in the maximum number of procedures reported, ranging from 25 for South Australia to 93 for Western Australia. However, with the exception of the Northern Territory, the average number of procedure codes per separation in the public sector varied little among the jurisdictions, as was the case in the private sector. The AIHW requested a maximum of 50 codes, so this may have restricted the number of codes reported by New South Wales, Queensland and Tasmania. The proportion of separations for which no procedures were reported was higher in the public sector (24.9%) than in the private sector (6.7%).

In recent years the reporting of five or more procedure codes for a separation has increased in both sectors. In the public sector, 7.9% of records had five or more procedure codes in 2006–07, compared with 7.8% in 2005–06 and 7.2% in 2003–04 (AIHW 2007a, 2005a). In the private sector, 9.0% of records had five or more procedure codes in 2006–07, compared with 8.9% in 2005–06, 8.6% in 2004–05 and 8.2% in 2003–04. The higher rate of recording five or more procedures in the private sector than in the public sector may be due to differences in coding practices between the sectors.

Apparent variation in reporting of additional diagnoses

A measure of apparent variation among Australian states and territories in the reporting and coding of additional diagnoses is the proportion of separations in the lowest resource split for adjacent AR-DRGs, standardised to the national distribution of adjacent AR-DRGs to take into account differing casemixes (Coory & Cornes 2005).

An adjacent AR-DRG is a set of AR-DRGs that is split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping. For many adjacent AR-DRGs this split is based on the inclusion of significant additional diagnoses, also known as complications or comorbidities (CCs). Adjacent AR-DRGs are signified in the AR-DRG classification by having the first three characters in common. For example, A08A *Autologous bone marrow transplant with catastrophic CC* and A08B *Autologous bone marrow transplant without catastrophic CC* are considered adjacent and the adjacent AR-DRG can be referred to as A08 *Autologous bone marrow transplant*. The allocation of a fourth character code is hierarchical, with the highest resource use level being assigned an A and the lowest resource use level being assigned the lowest letter in the sequence.

The underlying assumption is that variation in the proportions of separations assigned to individual AR-DRGs within an adjacent AR-DRG is caused by variation in the reporting and coding of additional diagnoses that are relevant to the split of the adjacent AR-DRG. A corollary of this assumption is that any variation seen was not caused by age, diagnosis, socioeconomic or other effects. This assumption is less likely to be valid when comparing hospital sectors which have differing casemixes, or the smaller jurisdictions because of differing population profiles and the limitations of the standardisation method.

The data were directly standardised by scaling the distribution of adjacent AR-DRGs in each jurisdiction/sector to the same distribution as the national total. The resulting proportions of separations in the lowest resource AR-DRG within the adjacent AR-DRG are therefore comparable.

This analysis concentrates on differences in the reporting of additional diagnoses that are significant in AR-DRG assignment within the adjacent AR-DRG groupings. Therefore this analysis excludes adjacent AR-DRGs where the partitioning involved other factors such as age, malignancy, mental health legal status, birth weight, mode of separation (including transfers, left against medical advice and death) or types of procedures.

The analysis covers five groups of adjacent AR-DRGs:

1. all applicable adjacent AR-DRGs (that is, excluding adjacent AR-DRGs with other factors affecting partitioning)
2. adjacent DRGs where the lowest split was without CCs
3. adjacent DRGs where the lowest split was without severe or catastrophic CCs
4. major medical conditions: adjacent AR-DRGs E61 *Pulmonary embolism*, F62 *Heart failure and shock*, T60 *Septicaemia* – these adjacent AR-DRGs are selected because admission for these conditions is seen to be relatively non-discretionary and less likely than for other AR-DRGs to be influenced by variation in admission practices
5. vaginal and caesarean deliveries.

The above categories overlap; in particular, *Vaginal and caesarean deliveries* is a subset of the second category, and *Major medical conditions* is a subset of the third category.

Table A1.7 shows that there is variation among jurisdictions in the proportion of separations that are grouped to the lowest resource split for adjacent AR-DRGs. In the private sector

there was slightly less variation between the highest and the lowest proportions than in the public sector.

For the Northern Territory, data for some measures were suppressed because of limitations with direct standardisation for groups that report a limited range of AR-DRGs (see the discussion of relative stay indexes below).

See Table A1.8 (accompanying this report on the Internet) for the list of AR-DRGs included.

State-specific coding standards

The Australian Coding Standards were developed for use in both public and private hospitals with the aim of satisfying sound coding convention according to the ICD-10-AM/ACHI. Although all states and territories instruct their coders to follow the Australian Coding Standards, some jurisdictions also apply state-specific coding standards to deal with state-specific reporting requirements. These standards may be in addition to or instead of the relevant Australian Coding Standard, and may affect the comparability of ICD-10-AM coded data.

For example, there are variations in coding standards between jurisdictions with regard to the reporting of external cause codes and place of occurrence codes. The Australian Coding Standard requires a place of occurrence code to be reported if an external cause code in the range V00–Y89 has been reported, and requires an activity when injured code to be recorded if the external cause code is in the range V00–Y34. The Western Australian coding standard requires the mandatory recording of a place of occurrence and activity when injured code for all records with a diagnosis code in the range S00–T98, regardless of the external cause code reported. The Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured if the care type is rehabilitation.

ICD-10-AM codes used for selected analyses

A number of tables in this report use ICD-10-AM codes to define diagnoses and procedures. The codes are presented in Table A1.9 (accompanying this report on the Internet) and relate to:

- figures 13, 14, 15 and 16 in the 'Hospitals at a glance' section
- tables 4.7, 4.8 and 4.9, which present statistics on selected procedures
- tables 4.5, 4.6, A5.1, A5.2 and A5.3, which present statistics on selected potentially preventable hospitalisations
- tables 9.19, 9.20 and 9.21, which present statistics on renal failure hospitalisations.

AR-DRG versions, cost weights and cost estimates

Information based on AR-DRGs is presented in chapters 2, 4, 7, 12 and in this appendix.

AR-DRG versions

For 2006–07 each separation in the NHMD was classified to AR-DRG version 5.1 (DoHA 2004b) on the basis of demographic and clinical characteristics of the patient.

Each AR-DRG version is based on a specific edition of the ICD-10-AM/ACHI. The ICD coded data for 1998–99 and 1999–2000 were reported using the first edition of the ICD-10-AM to which AR-DRG version 4.1 applies. For 2000–01 and 2001–02 the data were reported using the second edition of the ICD-10-AM to which AR-DRG version 4.2 applies. For 2002–03 and 2003–04 the data were reported using the third edition of the ICD-10-AM to which AR-DRG version 5.0 applies, and AR-DRG version 5.1 was relevant for the 2004–05 and 2005–06 data which were reported using the fourth edition of the ICD-10-AM. For 2006–07 the data were reported using the fifth edition of the ICD-10-AM/ACHI to which AR-DRG version 5.2 applies. However, the data provided for 2006–07 were reported in AR-DRG version 5.1.

For time series comparisons, AR-DRG-based data in tables 12.5 and 12.6 use AR-DRG version 5.0 for 2002–03 to 2005–06 and AR-DRG version 5.1 for 2006–07. For the purpose of this analysis, the ICD coded data for 2004–05 and 2005–06 were mapped backward to the third edition of the ICD-10-AM and then grouped to AR-DRG version 5.0 and the ICD coded data for 2006–07 were mapped backward to the fourth edition of the ICD-10-AM and then grouped to AR-DRG version 5.1. Due to the mapping necessary to generate the AR-DRG versions, the data presented in these tables may not be comparable for a small number of AR-DRGs.

Similarly, the AIHW's AR-DRG online data cubes (<www.aihw.gov.au>) present AR-DRG versions 4.0, 4.1 and 4.2 based on the relevant AR-DRG versions for 1997–98 to 2001–02, and for the years 2002–03 to 2004–05 the supplied third and fourth edition ICD-10-AM codes were mapped backwards to second edition codes to group the data for those years to AR-DRG version 4.2. Similarly, for the AR-DRG version 5.0/5.1 cube, which covers the years 1998–99 to 2006–07, the data for 1998–99 to 2001–02 based on earlier editions of the ICD-10-AM were mapped forwards to the third edition codes and then grouped to AR-DRG version 5.0.

AR-DRG cost weights and cost estimates

Cost weights and cost estimates are prepared each year by the Department of Health and Ageing through the National Hospital Cost Data Collection (NHCCDC) (DoHA 2007). The average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations. The NHCCDC essentially estimates the average cost of each AR-DRG each year and the cost weight is the average cost for that AR-DRG divided by the average cost across all AR-DRGs (\$3,542 for the public sector in 2005–06). Separate cost weights are usually estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The latest available cost weights (at the time of publication of this report) were for version 5.1 AR-DRGs for 2005–06 for public hospitals (DoHA 2007a), and version 4.2 AR-DRGs for 2002–03 for private hospitals (DoHA 2004a). When the NHCCDC 2006–07 results become available updated information using those data will be provided in the tables accompanying this report on the Internet at <www.aihw.gov.au>.

In tables 2.3, 2.4, 4.1a–d, 4.2a–f, 4.3, 7.10, Chapter 12 and in this appendix, average cost weights using public cost weights are based on the AR-DRG version 5.0 2005–06 national public sector estimated cost weights. These were applied to AR-DRG version 5.0 DRGs for 2002–03 to 2005–06 and to AR-DRG version 5.1 DRGs for 2006–07. In tables 2.3 and 2.4,

average cost weights for the private sector are presented based on AR-DRG version 4.2 2002–03 national private sector estimated cost weights.

The cost by volume estimates for public hospitals presented in Table 7.10, Chapter 12 and the supplementary Chapter 12 tables (accompanying this report on the Internet) are calculated by applying the AR-DRG version 5.0 2005–06 national public sector estimated average costs to the AR-DRG version 5.1 data for 2006–07. Cost by volume estimates have not been presented for the private sector in Chapter 12 as the most recent AR-DRG cost estimates available for private hospitals were for 2002–03.

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation (tables 4.1a–d, 4.2a–f and 4.3) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. A synopsis of the methods used in this analysis is presented below, and more detail is available in *Australian hospital statistics 2000–01* (AIHW 2002).

Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where:

- recurrent expenditure is as defined by the recurrent expenditure data elements in the *National health data dictionary* (HDSC 2006)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates to admitted patients
- total separations excludes *Newborns* without qualified days and records that do not relate to admitted patients (*Hospital boarders* and *Posthumous organ procurement*)
- average cost weight is a single number representing the relative expected resource use for the separations.

Recurrent expenditure

For the medical labour cost category, data are available only for public patients, as private patients are charged directly by their doctor for medical services, and these charges are not included in the recurrent expenditure figures. The proportion of patients other than public patients can vary; therefore, medical costs for these patients are estimated, and the expenditure is increased to resemble what it would be if all patients had been public patients. The estimate is based on the salary/sessional and VMO expenditure per patient day for public patients, applied to all patients.

Costs per casemix-adjusted separation for states and territories were calculated excluding depreciation, as previously, and also including depreciation (for those jurisdictions for which depreciation was available).

Admitted patient cost proportion

To determine the costs associated with admitted patients, an admitted patient cost proportion (or inpatient fraction, IFRAC) is used. The IFRAC was provided to the AIHW for most hospitals by the states and territories and is the proportion of total hospital expenditure that related to the provision of care for admitted patients. For a few small hospitals where the IFRAC was not available, the admitted patient costs were estimated using the Health and Allied Services Advisory Council (HASAC) ratio.

Total separations

The formula used to calculate the cost per casemix-adjusted separation includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise almost 98% of the total for the hospitals included in the analysis (Table A1.10), as cost weights are available for them. However, the 2% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This method may affect the estimates of cost-weighted separations (see below) for each state and territory, depending on the proportion of non-acute separations for the state or territory. The non-acute admitted patients (including rehabilitation patients) generally have higher costs per separation than acute care patients because, although their daily costs are lower, these patients typically have longer lengths of stay.

Comparisons between the states and territories should therefore take into consideration the uncertainty introduced by these episodes for which the cost weights were unavailable. There is variation in the number and length of stay for the non-acute care separations between jurisdictions (Table A1.10).

To refine the method to remove this anomaly would require estimates of expenditure for acute care for admitted patients (acute care IFRACs). For 2006–07, such estimates were available for some jurisdictions, as presented below.

There is also some variation between states and territories in the ways in which periods of hospitalisation are split into episodes of care (for example, newborn care). In states or territories where there is a clear delineation in funding arrangements between acute and non-acute services, splitting episodes into acute and other components may be different from where there is no such funding delineation.

Average cost weights

Admitted patient data provided to the NHMD were used to estimate average cost weights for the hospitals reported in this analysis.

The average cost weight for a hospital or group of hospitals (tables 4.2a–f, for example) is calculated as the number of casemix-adjusted separations divided by the number of separations. It represents in a single number the overall relative expected use of resources by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (by design equal to 1.00).

The average cost weight for a group of hospitals is multiplied by the total number of separations for that group to produce the number of casemix-adjusted separations (the denominator). The term ‘cost per casemix-adjusted separation’ derives from this use of the number of separations adjusted by relative costliness.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's psychiatric care services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed into acute hospital services, and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric care because the relevant AR-DRGs are less homogeneous than for other acute care.

Cost per acute care and non-psychiatric acute care casemix-adjusted separation

Because cost weights are available only for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. The methodology would be refined if cost weights became available for other care types, or if the analysis were to be restricted to acute care activity and expenditure. As AR-DRG cost weights are likely to be less useful as measures of resource requirements for psychiatric acute care than for other acute care, a further refinement would be to restrict the analysis to non-psychiatric acute care activity and expenditure.

Restriction to acute care activity requires the states and territories to make estimates of expenditure on acute care admitted patients (supplied as acute care IFRACs), and for separations relating to non-acute care patients to be excluded from the analysis. Restriction to non-psychiatric acute care activity requires the states and territories to make estimates of expenditure on non-psychiatric acute care admitted patients (supplied as non-psychiatric acute care IFRACs), and for separations relating to non-acute care patients and to psychiatric acute care patients to be excluded from the analysis. Psychiatric acute care activity is excluded from the admitted patient data by excluding separations if one or more psychiatric care days were reported for the separation (indicating that care was provided in a specialised psychiatric unit).

New South Wales, Victoria and Western Australia provided estimates of expenditure on acute care admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A1.11). Separations were included only if their care type was acute, newborn with at least one qualified day or for which the care type was not reported.

The reported acute care and non-psychiatric acute care IFRACs were the same as the IFRACs for all care types for some hospitals that had reported non-acute admitted patient care activity. Those hospitals were excluded from the analysis if they reported more than 1,000 patient days for non-acute separations. Several hospitals reported acute care IFRACs that gave an estimated cost per day of over \$1,000, which was considered an unreasonably high estimate for non-acute care types.

The analysis excludes 50 hospitals for New South Wales, 5 hospitals for Victoria and 3 hospitals for Western Australia.

The estimated cost per acute care casemix-adjusted separation for the hospitals included was \$4,242 in New South Wales, \$3,483 in Victoria and \$4,069 in Western Australia. The cost per casemix-adjusted separation for all separations in these hospitals was \$4,225, \$3,854 and \$4,243 respectively (Table A1.11), so the effect of restricting the analysis to acute care admitted patients was to decrease the estimated cost by 0.4% in New South Wales and to increase the estimated cost by 9.6% in Victoria and 4.1% in Western Australia.

The estimated cost per acute non-psychiatric casemix-adjusted separation for the selected hospitals was \$4,389 in New South Wales, \$3,433 in Victoria and \$4,071 in Western Australia. The effect of restricting the analysis to acute non-psychiatric admitted patients was to decrease the estimated cost by 3.9% in New South Wales and to increase the estimated cost by 10.9% in Victoria and 4.1% in Western Australia.

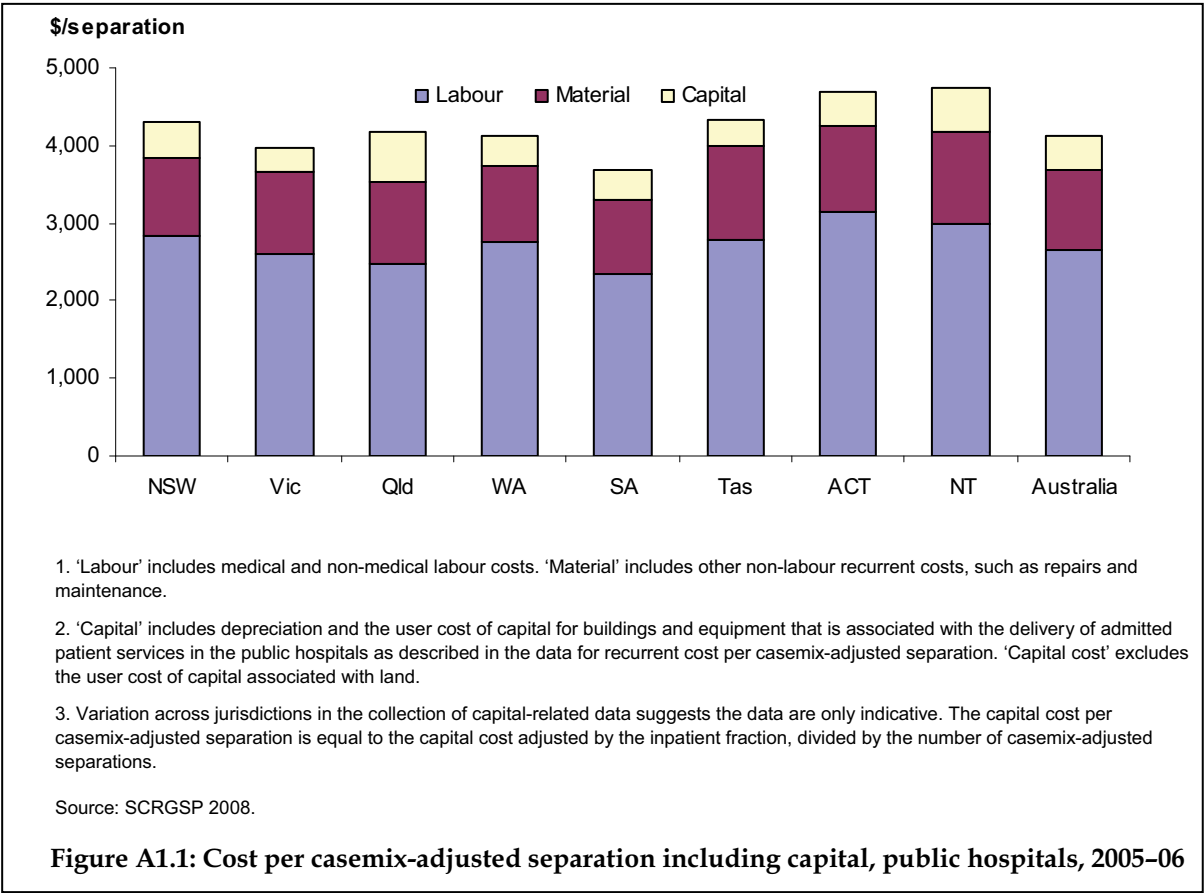
The estimated cost per acute care casemix-adjusted separation, including depreciation for the selected hospitals, was \$4,408 in New South Wales, \$3,619 in Victoria and \$4,213 in Western Australia (Table A1.11). The estimated cost per acute non-psychiatric casemix-adjusted separation, including depreciation for the selected hospitals was \$4,560 in New South Wales, \$3,567 in Victoria and \$4,214 in Western Australia.

These analyses would be further improved if all jurisdictions increased their capacity to separate costs for psychiatric services, other acute services, sub-acute services (for example, rehabilitation) and non-acute services.

Cost per casemix-adjusted separation, including capital

The cost per casemix-adjusted separation analysis includes recurrent expenditure and depreciation for those states that reported it (see above, and Chapter 4).

The Steering Committee for the Review of Government Service Provision (SCRGSP) reported 'total costs per casemix-adjusted separation' by state and territory for 2005-06 (SCRGSP 2008). It was defined as the recurrent cost per casemix-adjusted separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix-adjusted separation.



'Depreciation is defined as the cost of consuming an asset's services. It is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital invested in an asset, and is equivalent to the return foregone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs in all jurisdictions to avoid double counting' (SCRGSP 2008).

The total cost per casemix-adjusted separation by jurisdiction (including capital costs), as published by SCRGSP for 2005–06, is presented in Figure A1.1. The data exclude the user cost of capital associated with land. Excluding the user cost of capital for land, the total cost per casemix-adjusted separation ranged from \$4,735 in the Northern Territory to \$3,684 in South Australia (SCRGSP 2008).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the *Report on government services 2008* (SCRGSP 2008).

Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in tables 2.3, 2.4, 4.1a–d, 4.2a–f, 4.12, 4.13, 12.1 and 12.2. They are calculated as the observed (actual) number of patient days for separations in selected AR-DRGs, divided by the number of expected patient days (based on national figures), standardised for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than expected.

The standardisation for casemix (based on AR-DRG version 5.1 and age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status.

The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or with length of stay greater than 120 days. Excluded from the analysis were:

- AR-DRGs for rehabilitation (such as Z60A *Rehabilitation with catastrophic/severe complications or comorbidities*)
- predominantly same-day AR-DRGs (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*)
- AR-DRGs with a length of stay component in the definition (see Table A1.13 accompanying this report on the Internet)
- and *Error* AR-DRGs.

The analysis using AR-DRG versions 5.0/5.1 results in the exclusion of a greater number of AR-DRGs with a length of stay component in the definition than in AR-DRG version 4. In addition, some AR-DRGs no longer exist, and for some AR-DRGs which are named identically in both versions there are notable differences in the number of separations that are assigned to the AR-DRG when the data are grouped to both versions. For example in 2006–07, 297,739 separations were assigned to G44C *Other colonoscopy, sameday* in AR-DRG version 4.2 and 213,397 separations were assigned to G44C *Other colonoscopy, sameday* in AR-DRG version 5.1.

Comparisons with *Australian hospital statistics 2003–04* (AIHW 2005a) and earlier reports should be made with caution, because (in general) the exclusion of additional AR-DRGs with a length of stay in the definition results in ratios slightly further from 1 than were produced by the AR-DRG version 4-based method. This results, for example, in slight increases in private hospital RSIs (0.5% overall) and slight decreases in public hospital RSIs (–0.1% overall).

RSI standardisation methods

Two methods are used for standardisation of the length of stay data, and are analogous to direct and indirect age-standardisation methods. The method used generally in this report is analogous to indirect standardisation where the national rates (average length of stay (ALOS)) for each AR-DRG (version 5.0/5.1) are applied to the relevant population of interest (number of separations for each AR-DRG in the hospital group) to derive the expected number of patient days. Indirect standardisation methods are generally used when rate information for the population of interest (ALOS for each AR-DRG in this analysis) is unknown or subject to fluctuation because of small population sizes. This method provides a measure of efficiency for a hospital, or group of hospitals, based on their actual activity. However, an indirectly standardised rate compares a group with a 'standard population rate' so, using this method, rates for different groups are not strictly comparable because each group has a different casemix to which the national ALOS data have been applied. Therefore, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

The second method is analogous to direct standardisation where the rate (ALOS) of each AR-DRG for the group of interest is multiplied by the national population (total number of separations in each AR-DRG) to derive the expected number of patient days. This method provides a measure of efficiency for a hospital, or group of hospitals, and is suitable if all or most AR-DRGs are represented in a hospital group. Direct standardisation methods are generally used where the populations and their characteristics are stable and reasonably similar, for example for total separations for New South Wales and Victoria.

Groups can be compared using directly standardised rates as the activity of each group is weighted using the same set of weights, namely the national casemix. However, the ALOS data for AR-DRGs which are not represented in a group need to be estimated. The method in this report uses an assumption that the missing AR-DRGs for the hospital group had a relative length of stay that was the same as that for the reported AR-DRGs for the hospital group, weighted by the national distribution of the reported AR-DRGs in the group. Another weakness of direct standardisation is that this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group. This weakness can be particularly problematic if the low-volume AR-DRGs are atypical.

Because of the weaknesses of the direct standardised method, this report mainly presents RSI information using the indirect standardised method. However, the direct standardised method has also been presented in Table 2.3 as a time series and in Table 4.12 by state and territory. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented. Data for the direct standardised method in the public sector in the Northern Territory are suppressed in Table 4.12, because of problems with using the direct standardisation for hospital groups that reported a limited range of AR-DRGs. For public hospitals in the Northern Territory

fewer than 600 of the 635 DRGs used in the national RSI analysis are represented, so results are likely to have been affected by estimation of the missing ALOS data.

Table A1.12 shows the number of AR-DRGs represented in each cell in Table 4.12, so that the number of AR-DRGs for which ALOS was estimated can be derived. For those jurisdictions and sectors for which RSI statistics are presented in Table 4.12, there were between 604 and 635 AR-DRGs represented, meaning that ALOS data was estimated for up to 31 AR-DRGs.

Data on geographical location

Data on geographical location are collected on hospitals in the National Public Hospital Establishments Database and on the area of usual residence of patients in the NHMD. These data have been provided as state or territory and Statistical Local Area (SLA, a small area unit within the Australian Bureau of Statistics Australian Standard Geographic Classification, ASGC) and/or postcode, and have been aggregated to Remoteness Areas.

The ASGC's remoteness structure categorises geographical areas in Australia into Remoteness Areas, described in detail on the ABS website <www.abs.gov.au>.

The classification is as follows:

- Major Cities
- Inner Regional
- Outer Regional
- Remote
- Very Remote.

Geographical location of hospital

The Remoteness Area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of its SLA, postcode or other location information as detailed in *Australian hospital statistics 2002–03* (AIHW 2004a).

Data on the Remoteness Area of hospitals are presented in Chapter 2 (Table 2.7) and Chapter 3 (Table 3.3).

Geographical location of usual residence

Data on the Remoteness Area of usual residence of admitted patients are presented in Figure 10 in the 'Hospitals at a glance' section and in tables 4.9, 8.12, 9.21 and A5.2. Data on the state or territory of usual residence are reported in Chapter 4 (tables 4.5, 4.6 and 4.7), Chapter 7 (tables 7.7, 7.8, 7.9 and 7.10), Chapter 9 (Table 9.20) and Appendix 5 (Table A5.1).

The data used for these tables were derived from data supplied by the states and territories for the NHMD on the area of usual residence of the patients. The *National health data dictionary* specifies that these data should be provided as the state or territory and the SLA of usual residence. Although most separations included data on the state or territory of usual residence, not all states and territories were able to provide information on the area of usual residence in the form of an SLA code. New South Wales, Victoria, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory were able to provide

SLA codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction.

Where necessary, the AIHW mapped the supplied area of residence data for each separation to 2006 SLA codes and to Remoteness Area categories. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by postcode, Remoteness Areas and SLAs (2006 and previous years). The mapping process identified some missing or invalid codes, but about 99.5% of records were assigned 2006 SLA codes. For the remaining 0.5% of records, about 33% were for overseas residents, 10% were of no fixed abode, and the remainder not reported. Because of the probabilistic nature of this mapping, the SLA and Remoteness Area data for individual separations may not be accurate; however, the overall distribution of separations by geographical areas is considered useful.

Socioeconomic advantage/disadvantage

The Socio-Economic Indexes For Areas 2006 (termed SEIFA 2006 (ABS 2008)) are generated by the ABS using a combination of 2006 Census data such as 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. However, they are also compiled for higher levels of aggregation including SLA. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

The SEIFA Index of Relative Advantage and Disadvantage was generated by the ABS using a combination of Census data, including variables measuring both advantage and disadvantage. The relative advantage and 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.

Separation rates by quintile of advantage/disadvantage were generated by the AIHW by using the SEIFA scores for this index for the SLA of usual residence of the patient reported for each separation. The most disadvantaged quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage, and the most advantaged quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage.

Patient election status and funding source categories

From 2002–03 to 2005–06, Table 7.1 was based on Admitted patient election status, Medicare eligibility status and Funding source for hospital patient. For 2006–07, the data for Table 7.1 was based on Admitted patient election status and Funding source for hospital patient.

Tables 7.2 to 7.5 have been based on the data elements Admitted patient election status and Funding source for hospital patient for 2006–07.

For *Australian hospital statistics* from 2002–03 to this report, *Public patients* and *Private patients* have been categorised as detailed previously in the conventions section.

Due to changes in the data elements used for these tables over time, caution should be used when making comparisons over time (tables 7.1, 9.6, 10.6 and 12.6) as the categories presented are not directly comparable. In particular, before 2002–03, there was some variation between jurisdictions in the use of the data element Admitted patient election status, with some states and territories using this element to reflect the patient’s choice of room or doctor and others to reflect the funding source.

Table A1.5: Separations^(a), by number of diagnosis codes^(b) reported and hospital sector, states and territories, 2006-07

Hospital sector	Number										Total
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT			
Public hospitals											
Separations ^(b)	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813			4,661,280
One diagnosis code only	419,335	367,743	220,552	92,436	115,086	24,072	35,440	8,948			1,283,612
Two diagnosis codes only	401,510	424,827	217,291	120,444	108,113	29,704	14,599	47,004			1,363,492
Three diagnosis codes only	195,721	182,778	117,736	92,838	55,226	15,932	8,456	7,958			676,645
Four diagnosis codes only	132,759	109,688	72,090	47,414	34,996	8,358	5,391	5,950			416,646
Five or more diagnosis codes	309,727	229,206	156,961	97,764	77,226	19,090	11,881	15,953			917,808
Mean diagnosis codes per separation	3.2	3.0	3.2	3.4	3.1	3.1	2.7	3.3			3.1
Maximum number of diagnosis codes	48	40	65	61	29	52	43	43			..
Private hospitals											
Separations ^(b)	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.			2,941,637
One diagnosis code only	283,712	272,876	228,932	95,607	76,592	n.p.	n.p.	n.p.			1,000,853
Two diagnosis codes only	216,847	239,226	221,363	83,945	72,886	n.p.	n.p.	n.p.			868,229
Three diagnosis codes only	141,468	119,161	128,330	54,038	33,808	n.p.	n.p.	n.p.			493,397
Four diagnosis codes only	73,749	58,250	69,961	23,302	18,439	n.p.	n.p.	n.p.			252,139
Five or more diagnosis codes	92,600	68,791	93,428	32,271	27,599	n.p.	n.p.	n.p.			323,905
Mean diagnosis codes per separation	2.5	2.4	2.6	2.6	2.6	n.p.	n.p.	n.p.			2.5
Maximum number of diagnosis codes	20	38	56	44	30	n.p.	n.p.	n.p.			..
Per cent											
Public hospitals											
One diagnosis code only	28.7	28.0	28.1	20.5	29.5	24.8	46.8	10.4			27.6
Two diagnosis codes only	27.5	32.3	27.7	26.7	27.7	30.6	19.3	54.8			29.3
Three diagnosis codes only	13.4	13.9	15.0	20.6	14.1	16.4	11.2	9.3			14.5
Four diagnosis codes only	9.1	8.3	9.2	10.5	9.0	8.6	7.1	6.9			8.9
Five or more diagnosis codes	21.2	17.4	20.0	21.7	19.8	19.6	15.7	18.6			19.7
Private hospitals											
One diagnosis code only	35.1	36.0	30.9	33.1	33.4	n.p.	n.p.	n.p.			34.1
Two diagnosis codes only	26.8	31.5	29.8	29.0	31.8	n.p.	n.p.	n.p.			29.5
Three diagnosis codes only	17.5	15.7	17.3	18.7	14.7	n.p.	n.p.	n.p.			16.8
Four diagnosis codes only	9.1	7.7	9.4	8.1	8.0	n.p.	n.p.	n.p.			8.6
Five or more diagnosis codes	11.5	9.1	12.6	11.2	12.0	n.p.	n.p.	n.p.			11.0

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

(b) Codes reporting external causes of injury and poisoning were not included.

(c) Includes separations for which no diagnosis codes were reported.

Note: The Institute requested up to 50 diagnosis codes to be reported.

Table A1.6: Separations^(a), by number of procedure codes reported and hospital sector, states and territories, 2006-07

Hospital sector	Number										Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	NT	Total		
Public hospitals												
Separations ^(b)	1,462,129	1,314,242	784,630	450,896	390,647	97,156	75,767	85,813	85,813	4,661,280		
No procedure reported	396,685	295,858	227,000	84,627	96,695	25,295	13,465	20,695	20,695	1,160,320		
One procedure code only	437,681	481,910	258,126	168,735	134,329	32,987	31,666	45,136	45,136	1,590,570		
Two procedure codes only	259,869	237,302	133,561	89,681	76,525	17,330	13,151	9,931	9,931	837,350		
Three procedure codes only	160,983	127,970	71,249	48,394	39,529	9,114	7,883	4,555	4,555	469,677		
Four procedure codes only	81,287	65,290	36,253	23,950	18,097	4,672	3,783	2,071	2,071	235,403		
Five or more procedure codes	125,624	105,912	58,441	35,509	25,472	7,758	5,819	3,425	3,425	367,960		
Mean procedure codes per separation	2.5	2.3	2.4	2.3	2.2	2.4	2.2	1.7	1.7	2.4		
Maximum number of procedure codes	50	40	50	93	25	50	48	30	30	..		
Private hospitals												
Separations ^(b)	808,376	761,417	742,014	289,163	229,324	n.p.	n.p.	n.p.	n.p.	2,941,637		
No procedure reported	29,403	79,020	55,925	17,479	14,643	n.p.	n.p.	n.p.	n.p.	196,470		
One procedure code only	158,618	180,358	213,896	77,427	55,227	n.p.	n.p.	n.p.	n.p.	706,140		
Two procedure codes only	294,313	256,918	251,704	89,460	74,356	n.p.	n.p.	n.p.	n.p.	1,006,054		
Three procedure codes only	185,882	130,002	119,457	49,450	42,867	n.p.	n.p.	n.p.	n.p.	547,954		
Four procedure codes only	64,882	48,960	43,084	22,393	18,074	n.p.	n.p.	n.p.	n.p.	205,126		
Five or more procedure codes	75,278	66,159	57,948	32,954	24,157	n.p.	n.p.	n.p.	n.p.	265,749		
Mean procedure codes per separation	2.6	2.5	2.4	2.6	2.6	n.p.	n.p.	n.p.	n.p.	2.5		
Maximum number of procedure codes	20	40	50	50	25	n.p.	n.p.	n.p.	n.p.	..		
	Per cent											
Public hospitals												
No procedure reported	27.1	22.5	28.9	18.8	24.8	26.0	17.8	24.1	24.1	24.9		
One procedure code only	29.9	36.7	32.9	37.4	34.4	34.0	41.8	52.6	52.6	34.1		
Two procedure codes only	17.8	18.1	17.0	19.9	19.6	17.8	17.4	11.6	11.6	18.0		
Three procedure codes only	11.0	9.7	9.1	10.7	10.1	9.4	10.4	5.3	5.3	10.1		
Four procedure codes only	5.6	5.0	4.6	5.3	4.6	4.8	5.0	2.4	2.4	5.1		
Five or more procedure codes	8.6	8.1	7.4	7.9	6.5	8.0	7.7	4.0	4.0	7.9		
Private hospitals												
No procedure reported	3.6	10.4	7.5	6.0	6.4	n.p.	n.p.	n.p.	n.p.	6.7		
One procedure code only	19.6	23.7	28.8	26.8	24.1	n.p.	n.p.	n.p.	n.p.	24.0		
Two procedure codes only	36.4	33.7	33.9	30.9	32.4	n.p.	n.p.	n.p.	n.p.	34.2		
Three procedure codes only	23.0	17.1	16.1	17.1	18.7	n.p.	n.p.	n.p.	n.p.	18.6		
Four procedure codes only	8.0	6.4	5.8	7.7	7.9	n.p.	n.p.	n.p.	n.p.	7.0		
Five or more procedure codes	9.3	8.7	7.8	11.4	10.5	n.p.	n.p.	n.p.	n.p.	9.0		

(a) Separations for which the care type was reported as *Meibom* with no qualified days, and records for *Hospita/boards* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which no procedure codes were reported.

Note: The AIHW requested up to 50 procedure codes to be reported.

Table A1.7: Separation^(a) statistics for selected adjacent AR-DRGs^(b), by hospital sector, states and territories, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(c)	Total
All adjacent AR-DRGs split by complications only									
Public hospitals									
Separations	464,314	358,293	239,092	120,023	109,984	31,597	20,654	18,400	1,362,357
Raw proportion in lowest resource level AR-DRG	0.64	0.65	0.66	0.65	0.64	0.70	0.66	0.57	0.65
Standardised proportion in lowest resource level AR-DRG	0.66	0.64	0.67	0.66	0.64	0.70	0.67	0.58	0.66
95% confidence interval of proportion	0.65-0.66	0.64-0.65	0.67-0.68	0.65-0.66	0.64-0.64	0.69-0.71	0.66-0.68	0.58-0.59	0.66-0.66
Private hospitals									
Separations	144,118	143,492	143,995	55,476	47,945	n.p.	n.p.	n.p.	558,913
Raw proportion in lowest resource level AR-DRG	0.76	0.73	0.74	0.75	0.74	n.p.	n.p.	n.p.	0.74
Standardised proportion in lowest resource level AR-DRG	0.70	0.70	0.69	0.70	0.67	n.p.	n.p.	n.p.	0.70
95% confidence interval of proportion	0.70-0.70	0.69-0.70	0.69-0.70	0.69-0.70	0.66-0.68	n.p.	n.p.	n.p.	0.69-0.70
Adjacent AR-DRGs with a moderate complication as the lowest resource level AR-DRG									
Public hospitals									
Separations	175,265	129,463	92,979	44,641	38,717	11,196	8,023	7,734	508,018
Standardised proportion in lowest resource level AR-DRG	0.54	0.52	0.57	0.53	0.52	0.58	0.57	n.p.	0.54
95% confidence interval of proportion	0.54-0.55	0.51-0.52	0.57-0.58	0.53-0.54	0.52-0.53	0.57-0.59	0.55-0.58	n.p.	0.54-0.54
Private hospitals									
Separations	33,981	37,642	36,361	15,421	11,609	n.p.	n.p.	n.p.	142,149
Standardised proportion in lowest resource level AR-DRG	0.53	0.53	0.54	0.54	0.50	n.p.	n.p.	n.p.	0.53
95% confidence interval of proportion	0.53-0.54	0.52-0.53	0.53-0.54	0.53-0.55	0.49-0.51	n.p.	n.p.	n.p.	0.53-0.54
Adjacent DRGs with a severe or catastrophic complication as the lowest resource level AR-DRG									
Public hospitals									
Separations	289,049	228,830	146,113	75,382	71,267	20,401	12,631	10,666	854,339
Standardised proportion in lowest resource level AR-DRG	0.71	0.71	0.73	0.72	0.70	0.77	0.73	n.p.	0.72
95% confidence interval of proportion	0.71-0.72	0.71-0.71	0.72-0.73	0.71-0.72	0.69-0.70	0.75-0.78	0.71-0.74	n.p.	0.72-0.72
Private hospitals									
Separations	110,137	105,850	107,634	40,055	36,336	n.p.	n.p.	n.p.	416,764
Standardised proportion in lowest resource level AR-DRG	0.79	0.78	0.77	0.78	0.76	n.p.	n.p.	n.p.	0.78
95% confidence interval of proportion	0.78-0.79	0.78-0.79	0.77-0.78	0.77-0.79	0.75-0.76	n.p.	n.p.	n.p.	0.78-0.78

(continued)

Table A1.7 (continued): Separation^(a) statistics for selected adjacent AR-DRGs^(b), by hospital sector, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(c)	Total
Adjacent AR-DRGs classified as major medical conditions									
Public hospitals									
Separations	19,012	13,524	7,667	4,030	3,944	1,026	636	654	50,493
Standardised proportion in lowest resource level AR-DRG	0.62	0.59	0.62	0.64	0.60	0.67	0.63	n.p.	0.62
95% confidence interval of proportion	0.61–0.63	0.58–0.60	0.61–0.64	0.62–0.66	0.58–0.62	0.63–0.72	0.58–0.68	n.p.	0.61–0.62
Private hospitals									
Separations	1,734	3,611	3,482	950	1,213	n.p.	n.p.	n.p.	11,420
Standardised proportion in lowest resource level AR-DRG	0.65	0.67	0.65	0.63	0.65	n.p.	n.p.	n.p.	0.66
95% confidence interval of proportion	0.62–0.68	0.65–0.70	0.63–0.67	0.59–0.67	0.61–0.69	n.p.	n.p.	n.p.	0.65–0.67
Adjacent AR-DRGs for vaginal and caesarean delivery									
Public hospitals									
Separations	69,224	47,540	38,614	18,856	13,466	4,120	3,415	2,816	198,051
Standardised proportion in lowest resource level AR-DRG	0.38	0.31	0.42	0.34	0.34	0.39	0.38	0.38	0.37
95% confidence interval of proportion	0.38–0.39	0.30–0.31	0.42–0.43	0.34–0.35	0.34–0.35	0.38–0.40	0.37–0.40	0.36–0.39	0.37–0.37
Private hospitals									
Separations	21,805	20,585	17,508	9,218	5,005	n.p.	n.p.	n.p.	78,487
Standardised proportion in lowest resource level AR-DRG	0.34	0.32	0.36	0.36	0.32	n.p.	n.p.	n.p.	0.34
95% confidence interval of proportion	0.33–0.34	0.32–0.33	0.36–0.37	0.35–0.36	0.31–0.33	n.p.	n.p.	n.p.	0.34–0.34

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

(b) AR-DRG version 5.1, using AR-DRGs as detailed in the text of Appendix 1.

(c) Northern Territory data for some cells were suppressed due to limitations of the method when applied to cells with underrepresentation of some AR-DRGs.

Table A1.10: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis^(a) and data for excluded hospitals, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total separations ('000)	1,401	1,288	754	415	368	95	76	86	4,483
Total patient days ('000)	5,123	4,209	2,577	1,315	1,278	364	260	258	15,383
Acute separations^(b)									
Separations ('000)	1,378	1,258	730	406	360	93	72	85	4,382
Patient days ('000)	4,736	3,488	2,222	1,170	1,173	308	206	241	13,545
Acute care psychiatric separations^(c)									
Separations ('000)	25	16	19	6	8	3	1	1	79
Average cost weight ^(d)	1.79	2.46	1.90	1.99	2.01	1.40	2.05	2.07	1.98
Patient days ('000)	328	271	238	93	90	29	15	11	1,074
Acute care non-psychiatric separations									
Separations ('000)	1,353	1,242	711	399	353	90	71	84	4,303
Patient days ('000)	4,408	3,217	1,984	1,078	1,083	279	191	231	12,471
Separations other than acute									
Rehabilitation separations ('000)	13.2	16.2	14.2	5.7	5.5	1.0	1.8	0.5	58.1
Patient days ('000)	252.1	373.1	189.4	102.2	35.3	27.0	23.5	4.4	1,006.8
Palliative care separations ('000)	4.0	3.5	4.0	1.0	1.3	0.0	0.5	0.3	14.5
Patient days ('000)	40.7	47.6	33.7	8.1	16.8	0.3	6.2	2.8	156.1
Geriatric evaluation and management separations ('000)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Patient days ('000)	1.4	7.2	0.5	0.7	0.0	0.1	0.6	0.2	10.5
Psychogeriatric separations	0.3	1.9	0.5	0.0	0.2	0.1	0.0	0.0	3.1
Patient days ('000)	8.6	57.9	11.3	0.6	22.4	0.1	0.5	0.5	102.0
Maintenance separations ('000)	4.2	1.9	4.2	1.5	1.0	0.5	0.9	0.2	14.4
Patient days ('000)	75.1	54.0	110.7	27.7	30.8	26.6	17.7	4.2	346.9
Other separations ('000)	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.3
Patient days ('000)	0.0	0.0	0.8	0.0	0.0	0.0	0.1	0.0	0.9
Total separations other than acute									
Separations ('000)	23.0	30.7	23.7	8.9	8.0	1.8	3.8	1.1	100.9
Patient days	387.0	720.8	354.4	144.8	105.3	55.4	54.0	16.2	1,838.0
Psychiatric separations^(c)									
Separations ('000)	26	18	20	6	8	3	1	1	83
Patient days ('000)	341	329	294	94	113	29	16	11	1,228
Data for excluded hospitals^(a)									
Separations for excluded hospitals ('000) ^(b)	61	23	31	36	22	2	0	0	175
Per cent of all separations	4.2	1.7	3.9	8.1	5.7	1.8	0.0	0.0	3.8
Expenditure for excluded hospitals (\$m)	980	176	294	295	209	24	2	. .	1,981
Inpatient fraction for excluded hospitals	0.63	0.78	0.68	0.75	0.75	0.57	1.00	. .	0.68
Unadjusted cost per separation	10,077	6,023	6,516	6,064	7,086	7,864	n.a.	. .	7,685

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multipurpose services are excluded from this table, as are some small hospitals with incomplete expenditure information. See Appendix 2 for further information.

(b) Separations for which the care type was reported as *Acute*, *Newborn* with at least one qualified day, or *Not reported*. Includes same-day separations.

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the National Hospital Morbidity Database, based on separations with a care type of *Acute*, *Newborn* with at least one qualified day, or *Not reported*, using the 2005–06 AR-DRG v 5.1 cost weights (DoHA 2006).

Table A1.11: Cost per acute, and acute non-psychiatric, casemix-adjusted separation, subset of selected public acute hospitals^(a), New South Wales, Victoria and Western Australia, 2006–07

	NSW	Vic	WA
Total separations ('000) ^(b)	720	1,232	256
Total patient days ('000) ^(b)	2,620	4,035	801
Proportion of total benchmarking hospitals ^(c) separations	51.4%	96%	62%
Cost per casemix-adjusted separation excluding depreciation	4,225	3,854	4,243
Cost per casemix-adjusted separation including depreciation	4,390	4,005	4,393
Total recurrent expenditure excluding depreciation (\$m)	4,498	6,275	1,450
Proportion of benchmarking hospitals ^(c)	55%	96%	63%
Total admitted patient expenditure excluding depreciation(\$m)	3,143	4,385	1,019
Proportion of benchmarking hospitals ^(c)	54.7%	95.7%	63.5%
Total recurrent expenditure including depreciation (\$m)	4,683	6,527	1,503
Proportion of benchmarking hospitals ^(c)	55%	96%	64%
Total admitted patient expenditure including depreciation (\$m)	3,272	4,562	1,056
Proportion of benchmarking hospitals ^(c)	54.8%	95.8%	63.7%
Cost per casemix-adjusted acute separation			
Acute separations ('000) ^(d)	712	1,201	250
Proportion of separations acute	98.9%	97.6%	97.9%
Acute patient days ('000) ^(d)	2,517	3,325	718
Proportion of patient days acute	96.1%	82.4%	89.6%
Average cost weight ^(e)	1.09	0.95	0.97
Casemix-adjusted acute separations ('000)	776	1,143	244
Acute IFRAC ^(f)	0.694	0.619	0.661
Total acute patient recurrent expenditure excluding depreciation (\$m)	3,123	3,882	958
Total acute patient recurrent expenditure including depreciation (\$m)	3,251	4,038	993
Cost per casemix-adjusted acute separation excluding depreciation^(g)	4,242	3,483	4,069
Percentage this exceeds cost per casemix-adjusted separation for subset hospitals	-0.4%	9.6%	4.1%
Cost per casemix-adjusted acute separation including depreciation^(g)	4,408	3,619	4,213
Percentage this exceeds cost per casemix-adjusted separation for subset hospitals	3.8%	3.8%	3.4%
Cost of non-acute separations in subset excluding depreciation (\$m)	20	503	61
Per separation (\$)	2,566	16,701	11,317
Per patient day (\$)	195	709	731
Cost of non-acute separations in subset including depreciation (\$m)	21	523	63
Per separation (\$)	2,671	17,372	11,731
Per patient day (\$)	204	737	758
Cost per casemix-adjusted acute non-psychiatric separation			
Acute non-psychiatric separations ('000) ^(d)	697	1,186	247
Acute non-psychiatric patient days ('000) ^(d)	2,354	3,065	678
Average cost weight ^(e)	1.09	0.95	0.97
Casemix-adjusted acute non-psychiatric separations ('000)	760	1,129	241
Acute non-psychiatric IFRAC ^(h)	0.694	0.589	0.644
Total acute non-psychiatric patient recurrent expenditure excluding depreciation (\$m)	3,123	3,697	934
Total acute non-psychiatric patient recurrent expenditure including depreciation (\$m)	3,252	3,845	968
Cost per casemix-adjusted acute non-psychiatric separation excluding depreciation⁽ⁱ⁾	4,389	3,433	4,071
Percentage this exceeds cost per casemix-adjusted separation for subset hospitals	-3.9%	10.9%	4.1%
Cost per casemix-adjusted acute non-psychiatric separation including depreciation⁽ⁱ⁾	4,560	3,567	4,214
Percentage this exceeds cost per casemix-adjusted separation for subset hospitals	7.9%	3.8%	6.4%
Cost of non-acute non-psychiatric separations in subset excluding depreciation (\$m)	20	689	86
Per separation (\$)	885	15,222	10,206
Per patient day (\$)	74	710	698
Cost of non-acute non-psychiatric separations in subset including depreciation (\$m)	20	716	89
Per separation (\$)	921	15,834	10,579
Per patient day (\$)	77	739	724

- (a) Excludes psychiatric hospitals, sub-acute, non-acute and unpeered hospitals or services. This subset excludes hospitals where the IFRAC was equal to the acute IFRAC and more than 1,000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded \$1,000 per day and more than \$1,000,000 of expenditure on non-acute patients days was reported.
- (b) Separations for which the care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded. Details of acute and non-acute separations and patient days are presented in Table A1.10
- (c) For a description of benchmarking hospitals see the text and Tables 4.1a–d in Chapter 4.
- (d) Separations where the care type is *Acute*, *Newborn* with qualified days, or *Not reported*. Psychiatric separations are those with psychiatric care days.
- (e) Average cost weight from the National Hospital Morbidity Database, based on separations for which the care type was reported as *Acute*, *Newborn* with at least one qualified day, or *Not reported*, using the 2005–06 AR-DRG version 5.0 cost weights (DoHA 2007).
- (f) The acute IFRAC is that portion of recurrent costs which is for acute admitted patients.
- (g) Includes adjustment for private patient medical costs: \$217 for New South Wales, \$112 for Victoria and \$148 for Western Australia.
- (h) The acute non-psychiatric IFRAC is that portion of recurrent costs which is for acute non-psychiatric admitted patients.
- (i) Includes adjustment for private patient medical costs: \$241 for New South Wales, \$92 for Victoria and \$143 for Western Australia.

Table A1.12: Count of AR-DRGs version 5.1 contributing to the relative stay index, by sector, and medical/surgical/other type of AR-DRG, states and territories, 2006-07

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	635	635	634	635	631	619	618	588	635
Medical	324	324	324	324	324	321	322	321	324
Surgical	279	279	278	279	276	269	265	238	279
Other	32	32	32	32	31	29	31	29	32
Private hospitals	616	624	625	605	604	n.p.	n.p.	n.p.	626
Medical	319	320	322	313	314	n.p.	n.p.	n.p.	322
Surgical	267	272	272	265	261	n.p.	n.p.	n.p.	272
Other	30	32	31	27	29	n.p.	n.p.	n.p.	32
All hospitals	635	635	635	635	635	n.p.	n.p.	n.p.	635
Medical	324	324	324	324	324	n.p.	n.p.	n.p.	324
Surgical	279	279	279	279	279	n.p.	n.p.	n.p.	279
Other	32	32	32	32	32	n.p.	n.p.	n.p.	32

Appendix 2: Hospitals contributing to this report and public hospital peer groups

Introduction

This appendix includes information on the public and private hospitals contributing to the National Hospital Morbidity Database (NHMD), the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection, the Non-admitted Patient Emergency Department Care Data Collection and the National Outpatient Care Database. Also included is information on the coverage of private hospitals in the NHMD that can assist interpretation of the data on private hospital activity. Information on the public hospital peer group classification used in chapters 2, 4, 5 and 6 is also included.

The entities that are reported as hospitals in the databases and in this report vary, depending on the type of information being reported. Explanatory information is therefore included on this variation, with a summary table on the counts of public hospitals presented for different analyses.

Throughout this report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category
- all private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

Public and private hospitals

There is currently some variation between jurisdictions in whether hospitals that predominantly provide public hospital services, and that are privately owned and/or operated, are reported as public or private hospitals. A selection of these hospitals is listed in Table A2.1 with information on whether they are reported as public or private hospitals.

These categorisations are the practices for this report, and reports produced by other agencies may categorise these hospitals differently. For example, Peel and Joondalup hospitals are private hospitals that treat predominantly public patients under contract to the Department of Health (Western Australia). In 2006–07, two new reporting units (public hospitals) were created to cover the public health services of these two hospitals, whereas in previous years all activity was reported for the private hospitals. Hawkesbury District Health Service and Port Macquarie Base hospital were categorised as private hospitals in *The state of our public hospitals, June 2005* report (DoHA 2005) and *Australian hospital statistics 2002–03* (AIHW 2004a), but they were categorised as public hospitals in AIHW reports since

2003–04 and in *The state of our public hospitals*, since the June 2006 report (DoHA 2006b). Southern Districts War Memorial Hospital is a private hospital that treats public patients under contract to the Department of Health (South Australia). Expenditure under the contract is treated as ‘Purchase of services for public patients from private hospitals under contract’ in *Health expenditure Australia 2003–04* (AIHW 2005b) and *Health expenditure Australia 2004–05* (AIHW 2006b). Since 2003–04 the AIHW has categorised Southern Districts War Memorial as a public hospital for services provided under the contract and as a private hospital for services provided to private patients.

Table A2.1: Selected hospitals included in this report that predominantly provide public hospital services, that are privately owned and/or operated, 2006–07

State	Hospital	How reported
NSW	Hawkesbury District Health Service	Public hospital
Vic	Mildura Base	Public hospital
Qld	Noosa	Private hospital
WA	Joondalup	Public hospital for services provided under the contract and a private hospital for services provided to private patients
WA	Peel	Public hospital for services provided under the contract and a private hospital for services provided to private patients
SA	Southern Districts War Memorial Private Hospital	Public hospital for services provided under the contract and a private hospital for services provided to private patients
Tas	May Shaw District Nursing Centre	Public hospital (does not provide financial information)
Tas	Toosey	Public hospital

Other changes in hospital ownership or management arrangements can also affect whether hospital activity is reported as public or private. For example, between 2003–04 and 2004–05 two private hospitals in Western Australia were purchased by the Western Australian Department of Health and were amalgamated with two existing public hospitals. Hence the activity associated with the former private hospitals is now included in the activity reporting of the two public hospitals. The Mersey Community Hospital in Tasmania which operated as a private hospital before 2004–05 (providing predominantly public services on a contracted basis), merged with the Northwest Regional Hospital and was categorised as a public hospital in 2004–05, 2005–06 and 2006–07.

The National Hospital Morbidity Database

The National Hospital Morbidity Database includes data relating to admitted patients from almost all hospitals: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories). In addition, for 2006–07, data were not supplied for a mothercraft hospital in the Australian Capital Territory.

Within the private sector, data were not provided for 2006–07 for private day hospital facilities in the Australian Capital Territory, for the single private free-standing day hospital facility in the Northern Territory and for a very small private hospital in Victoria. Victoria estimated that its data were essentially complete. For Tasmania, some private hospital data were not available for some periods in 2004–05, resulting in an under-enumeration of approximately 21% for Tasmanian private hospitals. Data for private hospitals in Tasmania were essentially complete in 2005–06 and 2006–07.

Table A2.2: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, states and territories, 2006–07

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Complete	Complete	Complete	Complete
Qld	Complete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Complete	Complete
Tas	Complete	Complete	Complete	Complete
ACT	Incomplete	Not applicable	Incomplete	Complete
NT	Complete	Not applicable	Incomplete	Complete

Note: Complete—all facilities reported data to the National Hospital Morbidity Database. Incomplete—some facilities did not provide data to the National Hospital Morbidity Database; see text for more details. Not applicable—there are no facilities in this sector for this state or territory.

Table A2.2 summarises this coverage information by state and territory and by hospital sector, and tables A2.3 and A2.4 (accompanying this report on the Internet at <www.aihw.gov.au>) list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2006–07. For public hospitals, also included in the Internet tables is information on their average available bed numbers, their peer group (see below) and the Statistical Local Area and Remoteness Area of their location. The list of private hospitals includes information on whether each was a private free-standing day hospital facility.

There is some variation between states in what is regarded as a hospital and how facilities are licensed and how this affects the collection. For example, in recent years the coverage of the Queensland and Victorian collections expanded to include facilities providing same-day services not previously included. The apparent increase for some types of separations in the private sector would have been affected by the registration of relevant facilities as hospitals for the first time in Queensland in 2001 and in Victoria in 2002–03. These facilities had previously been categorised as non-hospital facilities and were therefore out of scope for the National Hospital Morbidity Database.

Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations presented in this report slightly underestimate actual counts.

Over recent years, at the national level there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics (ABS) Private Health Establishments Collection (ABS 2007) (Table A2.5). The latter collection includes all private acute and psychiatric hospitals licensed by state and territory health authorities and all private free-standing day hospital facilities approved by the Department of Health and Ageing. In 2005–06, the difference was 78,894 separations (2.8%).

Table A2.5: Differences between private hospital separations on the National Hospital Morbidity Database and reported to the ABS Private Health Establishments Collection, 2000–01 to 2005–06

Year	Private free-standing day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
2000–01 ^(a)	56,816	14.6	21,649	1.1	80,655	3.4
2001–02 ^(b)	41,002	9.8	52,727	2.6	118,064	4.6
2002–03 ^(b)	2,094	0.5	32,942	1.6	47,755	1.8
2003–04 ^(b)	4,348	0.9	28,268	1.4	47,279	1.8
2004–05	1,214	0.2	40,286	1.8	39,072	1.4
2005–06	32,437	5.9	46,457	2.0	78,894	2.8

(a) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database. The differences for private free-standing day hospital facilities and other private hospitals exclude Tasmania but the total for all private hospitals includes Tasmania.

(b) The type of private hospital establishment was unspecified for Tasmanian private hospitals reporting to the National Hospital Morbidity Database and the ABS suppressed data for Tasmania, the Australian Capital Territory and the Northern Territory. The difference for private free-standing day hospital facilities and other private hospitals exclude Tasmania, the Australian Capital Territory and the Northern Territory but the total for all private hospitals includes Tasmania, the Australian Capital Territory and the Northern Territory.

Source: ABS, unpublished Private Health Establishments Collection data.

For individual states (tables A2.6a to A2.6m accompanying this report on the Internet at <www.aihw.gov.au>), the patterns of differences between number of separations reported to the National Hospital Morbidity Database compared with the ABS Private Health Establishments Collection varied. This reflects the omission of some private hospitals from the National Hospital Morbidity Database. However, there are differences even when both collections are reported to be complete. For example, for 2005–06, more separations were reported to the National Hospital Morbidity Database than to the ABS for private free-standing day hospital facilities in Western Australia. The discrepancies may have been due to the use of differing definitions (for example, differing counting rules for *Newborn* episodes of care) or different interpretations of definitions, differing definitions of what is a hospital, or differences in the quality of the data provided for different purposes.

At the time of writing of this report, Private Health Establishments Collection data for 2006–07 were not available. When they become available, an estimate will be made of the under-enumeration of separations in the National Hospital Morbidity Database for 2005–06 by comparing it with the 2005–06 Private Health Establishments Collection data. This estimate will be included with *Australian hospital statistics 2006–07* on the Internet.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals, and dental hospitals in all states and territories. The collection covers hospitals within the jurisdiction of the state and territory health authorities only. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories) are not included. Public hospitals are categorised by the AIHW into peer groups, as described below.

Table A2.3 (accompanying this report on the Internet) lists the public hospitals that contributed to the National Public Hospital Establishments Database for 2006–07. Also included is information on their average available bed numbers, their peer group and the Statistical Local Area and Remoteness Area of their location.

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database covers public hospitals that were classified as peer groups A (*Principal referral and Specialist Women's and children's hospitals*) and B (*Large hospitals*) in *Australian hospital statistics 2005–06* (AIHW 2007a). Data were also provided for hospitals in other peer groups for some states and territories.

For 2006–07, all states and territories were able to provide data for all public hospitals in peer groups A and B that have emergency departments. The Northern Territory supplied episode-level data for all public hospitals, New South Wales provided data for 21 *Medium hospitals* and 8 *Small hospitals*; Victoria provided data for 6 *Medium hospitals*; South Australia provided data for 1 *Medium hospital*; and Western Australia provided data for 2 *Medium hospitals* and 2 *Small remote hospitals*. Overall coverage was estimated as about 78% of all public hospitals accident and emergency occasions of service.

Table 5.1 provides further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A2.2 accompanying this report on the Internet) includes information on which hospitals were also included in the National Non-admitted Patient Emergency Department Care Database for 2006–07.

The National Outpatient Care Database

The National Outpatient Care Database covers public hospitals that were classified in the public hospital peer groups of *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* in *Australian hospital statistics 2005–06* (AIHW 2007a).

Some states and territories were also able to provide data for hospitals in other peer groups, so that coverage was about 73% of outpatient clinic occasions of service overall.

More information about the coverage of the National Outpatient Care Data collection (which is more complete for larger hospitals) is presented in Chapter 5. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A2.3 accompanying this report on the Internet) includes information on which hospitals were also included in the National Outpatient Care Database for 2006–07.

The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals. However, some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included, but some are not. Based on the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection, national coverage was about 87%, and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to about 64% in South Australia (Table 6.2). Coverage was highest for *Principal referral and Specialist women's and children's hospitals* at 98%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

Tables 6.1 and 6.2 provide further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A2.3 accompanying this report on the Internet) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2006–07.

Counting public hospitals

Different counts of hospitals are used this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database and the National Public Hospital Establishments Database. In summary, two counts of hospitals are used (Table A2.7):

- In chapters 2 and 3, hospitals are counted generally as they were reported to the National Public Hospital Establishments Database. These entities are generally 'physical hospitals' (buildings or campuses) but may encompass some outpost locations such as dialysis units. Conversely, however, hospitals on the one 'campus' can be reported as separate entities to this database if, for example, they are managed separately and have separate purposes, such as specialist women's services and specialist children's services. Although most of the hospitals counted in this way report separations to the National Hospital Morbidity Database, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Table 4.2a), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the National Public Hospital Establishments Database with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were available only for these networks, so the networks are the entities counted as hospitals for those jurisdictions for these tables.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements rather than changes in the number of hospital campuses or buildings.

Counts of private hospitals can also vary, depending on the source of the information. Thus, there may be discrepancies between counts of private hospitals from the ABS Private Health Establishments Collection presented in Table 2.1 and the lists of private hospitals contributing to the National Hospital Morbidity Database. The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

Table A2.7: Numbers of public hospitals reported in this report, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Chapter 2 and 3	228	144	177	95	79	27	3	5	758
Table 4.2a (Expenditure data)	227	91	174	95	73	23	3	5	691

Public hospital peer groups

The AIHW worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A2.8. Details of the derivation of the peer groups are in Appendix 11 of *Australian hospital statistics 1998–99* (AIHW 2000). From 2001–02, the method was adjusted slightly, by replacing the RRMA classification with the Remoteness Area classification for the geographical component of the peer grouping.

A flow chart can be found in *Australian hospital statistics 2002–03* (Figure A4.1 in that report) (AIHW 2004a) to illustrate the assignment of peer groups for almost all hospitals. However, on the advice of jurisdictions, hospitals may be assigned without using this logic, usually in special circumstances such as the opening or closing of a hospital during the year.

Selected characteristics of the hospitals assigned to each peer group for 2006–07 are presented in tables 4.2a–f (for each state and territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see Appendix 3), emergency department occasions of service data in Chapter 5 and elective surgery waiting times data in Chapter 6. They have also been used to specify the scopes for

national minimum data sets, for example, as noted above for the Non-Admitted Patient Emergency Department Care NMDS and the Outpatient Care NMDS although the use of the peer groups for these purposes is under review.

The peer group to which each public hospital was assigned for 2006–07 is included in Table A2.2 (accompanying this report on the Internet). In some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data or those defined for counts of hospitals presented in chapters 2 and 3. In these cases, their peer groups may also differ, and these differences are indicated in Table A2.3 (accompanying this report on the Internet).

Table A2.8: Public hospital peer group classification^(a)

Peer group	Subgroup	Definition
Principal referral and Specialist women's & children's hospitals	Principal referral	Major City hospitals with >20,000 acute casemix-adjusted separations, and Regional hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Major City	Major City acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Regional and Remote	Regional acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and Remote hospitals with >5,000 casemix-adjusted separations.
Medium hospitals	Group 1	Medium acute hospitals in Regional and Major City areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.
	Group 2	Medium acute hospitals in Regional and Major City areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Regional	Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	Small Remote hospitals (<5,000 acute casemix-adjusted separations but not 'multi-purpose services' and not 'small non-acute'). Most are <2,000 separations.
Sub-acute and non-acute hospitals	Small non-acute	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	
	Hospices	
	Rehabilitation	
	Mothercraft	
	Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care, with a small number of acute patients.
Unpeered and other hospitals		Prison medical services, dental hospitals, special circumstance hospitals, Major City hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations, etc.
Psychiatric hospitals		

(a) Only the peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in Chapter 4.

Appendix 3: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Group (AR-DRG) cost weights and estimated average costs, as incorporated into tables in chapters 2, 4, 7 and 12. The NHCDC is a voluntary collection of hospital cost and activity data covering the financial year before the collection period, and is coordinated by the Department of Health and Ageing. Both public and private hospital data are included, with the results separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2005–06 financial year (Round 10) for public hospitals (DoHA 2007) and the 2002–03 financial year (Round 7) for private hospitals (DoHA 2004a).

This report uses the cost data for acute admitted patients only. Unless otherwise specified, the cost weight data in this report for public hospitals use AR-DRG version 5.1 and cost weight data for AR-DRG version 5.0 (DoHA 2002). Private cost weight data, presented in Chapter 2 of this report, is based on AR-DRG version 4.2 (DHAC 2000).

The NHCDC involves arrangements whereby the hospital data are collected by the individual hospitals, and checked and validated by state/territory/private sector coordinators before being passed on to the Department of Health and Ageing. The production and publication of the final cost weights and associated tables follow extensive quality assurance procedures undertaken by the department, and endorsement of the results by the states and territories. The participating hospitals include both patient costing and cost modelling sites. Cost modelling refers to a process where estimates of costs are produced at the level of each AR-DRG. Cost modelling is a 'top down' approach where costs from the hospitals' general ledgers are allocated to acute admitted patients using a series of allocation statistics. Patient costing is a 'bottom up' approach where the costs of each service provided to an individual patient are measured or estimated to obtain the total cost of treating individual patients.

In 2006–07, 232 public hospitals were included in the collection. Although the coverage of public hospitals was approximately 46% of all public hospitals, the total number of separations was approximately 91% of total acute separations within the year (DoHA 2007). The average cost per separation was estimated at \$3,542 for public hospitals for 2005–06. This estimate includes an estimate for depreciation.

Further information is provided in the NHCDC report for 2005–06 (DoHA 2007). Cost weights and associated tables for each round of the NHCDC can be obtained from the Department of Health and Ageing on the Casemix website at <www.health.gov.au>.

Appendix 4: Service Related Groups

Introduction

The Service Related Group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in the planning of services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. For this purpose the AR-DRG system was not considered appropriate as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD-10-AM chapters, MDCs and SRGs.

Procedure	ICD-10-AM chapter	MDC	SRG
Extraction of wisdom teeth	Diseases of the digestive system	MDC 3 Ear nose and throat	Dentistry
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of the digestive system	MDC 6 Digestive system	Gastroenterology
Excision of haemorrhoids	Diseases of the digestive system	MDC 6 Digestive system	Colorectal surgery

For the *Australian hospital statistics* 2001–02 to 2004–05 reports, this analysis used a method based on AR-DRG version 4.2, originally developed by the New South Wales Department of Health and the Commonwealth Department of Health and Ageing.

The methodology used in *Australian hospital statistics* 2005–06 (AIHW 2007a) and this report for assigning SRGs based on AR-DRG versions 5.0 and 5.1 was developed by the New South Wales Department of Health (unpublished). For more information on the methodology used to assign SRGs, see Table A4.6 in the Internet version of this report.

SRGs were allocated using the data in the National Hospital Morbidity Database. The method largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SRG categories according to the type of care because the main service type of these separations cannot be ascertained from their diagnoses or procedures. Separations may also have been assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the National Public Hospital Establishments Database (see Chapter 3). An ‘unallocated’ SRG is assigned for separations with an *Error DRG* (see Chapter 12). The classification also incorporates non-specialist SRGs, which are used for smaller hospitals that do not have the specialist services or specialist equipment. There are 50 SRGs as presented in Table A4.1.

State and territory overview

Table A4.1 contains the number of establishments with more than 50 separations and the number of establishments with more than 360 patient days in each SRG by state and territory and by Remoteness Area for public hospitals only. This has been included as an indicative measure of the number of specialty units. The best indicative measure of the number of units varies between SRGs and between uses of the measure. For example, for *Maintenance* (SRG 87), 89 hospitals provided more than 50 separations a year and 329 hospitals provided more than 360 patient days, and for *Gastroenterology* (SRG 15) these measures were 347 and 205 hospitals respectively. *Cardiothoracic surgery* (SRG 42) showed no difference between the two different measures, with 27 units under both measures.

Cardiology (SRG 11) and *Surgery, no definitive specialty* (SRG 54) had the greatest number of establishments, with more than 50 separations at 388 and 381 hospitals respectively. *Maintenance* (SRG 87) and *Respiratory medicine* (SRG 24) had the greatest number of establishments with more than 360 patient days a year, with 366 and 314 hospitals respectively.

Tables A4.2 and A4.3 (accompanying this report on the Internet at <www.aihw.gov.au>) contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with 784,106, followed by *Obstetrics* (SRG 72) with 317,116. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations with 314,375, followed by *Orthopaedics* (SRG 49) with 256,802.

Tables A4.4 and A4.5 in the Internet version of this publication summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Acute psychiatry* (SRG 82) recorded the highest number of patient days with 1,475,123, and *Orthopaedics* (SRG 49) recorded the highest in the private sector with 748,309 days.

Table A4.1: Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, states and territories, 2006–07

Service Related Group	NSW			Vic			Qld			WA			SA			Tas			ACT			NT			Total				
	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days		
	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	Septs	Days	
11 Cardiology	141	103	72	58	83	44	34	21	45	27	6	3	2	2	2	5	3	368	261										
Major City	38	38	22	21	13	12	6	7	8	8	..	..	2	2	2	..	..	89	88										
Regional	93	64	50	37	57	31	19	11	31	17	5	3	0	0	0	1	1	256	164										
Remote	10	1	0	0	13	1	9	3	6	2	2	0	..	..	..	4	2	43	9										
12 Interventional Cardiology	30	31	15	14	6	6	4	3	4	4	4	2	1	1	1	1	1	63	62										
Major City	25	26	12	12	4	4	4	3	4	4	..	..	1	1	1	..	..	50	50										
Regional	5	5	3	2	2	2	0	0	0	0	2	0	0	0	0	1	1	13	12										
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
13 Dermatology	32	12	22	10	19	6	10	4	6	4	3	2	1	1	1	2	1	96	40										
Major City	27	12	19	10	9	5	6	4	6	4	..	..	2	2	2	1	1	69	36										
Regional	5	0	3	0	9	1	4	0	0	0	3	2	0	0	0	1	1	25	4										
Remote	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
14 Endocrinology	64	55	37	30	30	24	15	11	14	13	3	3	2	2	2	3	2	168	140										
Major City	34	33	21	19	12	12	7	6	8	8	..	..	2	2	2	..	..	84	80										
Regional	30	22	16	11	17	10	7	5	5	4	3	3	0	0	0	1	1	79	56										
Remote	0	0	0	0	1	2	1	0	1	1	0	0	..	..	..	2	1	5	4										
15 Gastroenterology	116	80	74	48	66	35	38	18	40	16	6	3	2	2	2	5	3	347	205										
Major City	38	37	26	24	13	12	10	8	8	8	..	..	2	2	2	..	..	97	91										
Regional	74	43	48	24	45	22	19	9	28	8	6	3	0	0	0	1	1	221	110										
Remote	4	0	0	0	8	1	9	1	4	0	0	0	..	..	..	4	2	29	4										
16 Diagnostic GI Endoscopy	81	51	61	35	38	22	29	15	27	13	3	3	2	2	2	4	2	245	143										
Major City	34	34	21	18	12	11	10	9	8	8	..	..	2	2	2	..	..	87	82										
Regional	47	17	40	17	23	11	14	6	17	5	3	3	0	0	0	1	1	145	60										
Remote	0	0	0	0	3	0	5	0	2	0	0	0	..	..	..	3	1	13	1										
17 Haematology	52	32	39	21	25	14	11	5	11	7	3	3	2	1	1	2	1	145	84										
Major City	26	24	20	15	11	7	6	4	8	7	..	..	2	1	1	..	..	73	58										
Regional	26	8	19	6	13	7	5	1	3	0	3	3	0	0	0	1	1	70	26										
Remote	0	0	0	0	1	0	0	0	0	0	0	0	..	..	..	1	0	2	0										
18 Immunology & Infections	86	69	46	41	56	31	26	17	17	12	3	3	2	2	2	5	5	241	180										
Major City	37	37	23	23	13	12	7	6	8	8	..	..	2	2	2	..	..	90	88										
Regional	47	32	23	18	35	17	9	7	8	4	3	3	0	0	0	4	4	126	82										
Remote	2	0	0	0	8	2	10	4	1	0	0	0	..	..	..	2	2	25	10										
19 Medical Oncology	60	61	41	40	28	22	13	8	14	12	3	5	2	2	2	2	2	163	152										
Major City	31	33	22	20	13	11	8	6	8	8	..	..	2	2	2	..	..	84	80										
Regional	29	28	19	20	14	10	5	2	5	4	3	5	0	0	0	1	1	76	70										
Remote	0	0	0	0	1	1	0	0	1	0	0	0	..	..	..	1	1	3	2										

(continued)

Table A4.1 (continued): Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, states and territories, 2006-07

Service Related Group	NSW			Vic			Qld			WA			SA			Tas			ACT			NT			Total			
	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	50	360	Days	
	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days	Seps	Days
20 Chemotherapy	13	2	39	28	21	11	8	14	8	11	5	8	7	1	1	2	0	2	0	2	0	2	0	1	1	103	59	
Major City	11	2	19	14	6	4	5	8	7	6	5	7	7	1	1	2	0	2	0	2	0	2	0	1	1	52	32	
Regional	2	0	20	14	14	7	3	6	1	5	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	49	27	
Remote	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	
21 Neurology	107	87	59	44	59	33	20	35	18	26	20	8	8	5	3	2	2	2	2	2	2	2	2	3	298	210		
Major City	38	43	23	22	13	12	8	8	8	8	8	8	8	3	2	2	2	2	2	2	2	2	2	3	92	95		
Regional	66	44	36	22	43	20	13	11	23	13	11	8	8	5	3	0	0	0	0	0	0	0	0	1	187	110		
Remote	3	0	0	0	3	1	5	4	1	5	1	4	1	0	0	0	0	0	0	0	0	0	0	1	1	187	110	
22 Renal Medicine	69	51	44	33	31	23	12	9	12	12	9	8	8	3	3	2	2	2	2	2	2	2	2	2	2	176	131	
Major City	37	33	28	25	13	12	6	8	8	6	6	6	6	3	3	2	2	2	2	2	2	2	2	2	2	94	86	
Regional	32	18	16	8	17	10	6	4	4	6	3	4	0	0	0	0	0	0	0	0	0	0	0	0	1	79	43	
Remote	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
23 Renal Dialysis	48	39	58	47	16	15	11	13	11	11	11	6	6	2	2	1	1	1	1	1	1	1	1	1	4	153	130	
Major City	14	14	20	20	7	6	6	7	6	6	4	4	3	2	2	0	0	0	0	0	0	0	0	0	1	1	88	70
Regional	30	24	38	27	9	9	4	4	4	4	4	3	3	2	2	0	0	0	0	0	0	0	0	0	1	1	88	70
Remote	4	1	0	0	0	0	1	2	2	1	1	2	2	0	0	0	0	0	0	0	0	0	0	0	3	10	7	
24 Respiratory Medicine	131	124	74	70	74	49	34	29	39	34	29	30	30	7	5	2	2	2	2	2	2	2	2	5	5	366	314	
Major City	38	41	24	23	13	12	7	8	8	7	8	8	8	7	8	2	2	2	2	2	2	2	2	5	5	92	94	
Regional	86	79	50	47	50	34	17	13	27	17	13	27	19	6	5	0	0	0	0	0	0	0	0	1	1	237	198	
Remote	7	4	0	0	11	3	10	8	4	4	3	3	3	1	1	0	0	0	0	0	0	0	0	4	4	37	22	
25 Rheumatology	17	13	11	7	10	5	5	3	6	5	3	6	5	1	1	2	1	1	1	1	1	1	1	1	1	0	53	35
Major City	16	13	9	7	5	3	4	3	6	4	3	6	5	1	1	2	1	1	1	1	1	1	1	1	1	0	42	32
Regional	1	0	2	0	5	2	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	3
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26 Pain Management	43	11	34	14	21	4	10	5	9	2	5	2	2	3	1	2	0	0	0	0	0	0	0	0	0	0	124	37
Major City	29	11	20	13	11	3	8	6	6	2	5	2	2	3	1	2	0	0	0	0	0	0	0	0	0	0	76	34
Regional	14	0	14	1	10	1	2	0	2	0	2	0	0	3	1	0	0	0	0	0	0	0	0	1	1	0	46	3
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
27 Medicine, No Definitive	107	92	72	59	54	35	31	18	29	29	19	19	19	4	7	2	2	2	2	2	2	2	2	5	3	304	235	
Major City	45	46	31	27	14	13	11	10	8	9	9	9	9	4	7	0	0	0	0	0	0	0	0	1	1	111	107	
Regional	61	46	41	32	36	21	12	7	19	9	9	9	9	4	7	0	0	0	0	0	0	0	0	1	1	174	123	
Remote	1	0	0	0	4	1	8	1	2	1	2	1	1	0	0	0	0	0	0	0	0	0	0	4	2	19	5	
41 Breast Surgery	33	5	26	11	14	5	2	4	2	4	2	4	2	3	0	1	0	1	1	1	1	1	1	1	1	0	87	25
Major City	21	5	16	11	6	4	4	2	4	2	4	2	4	3	0	1	0	1	1	1	1	1	1	1	1	0	52	24
Regional	12	0	10	0	8	1	1	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	35	1
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42 Cardiothoracic Surgery	10	10	6	6	3	3	4	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	27	27
Major City	10	10	6	6	2	2	4	4	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	1	25	25
Regional	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2	2

(continued)

Table A4.1 (continued): Number of hospitals with more than 50 separations^(a) and with more than 360 patient days in each Service Related Group, by Service Related Group and Remoteness Area, public hospitals, states and territories, 2006-07

Service Related Group	NSW			Vic			Qld			WA			SA			Tas			ACT			NT			Total					
	50	360	Total	50	360	Total	50	360	Total	50	360	Total	50	360	Total	50	360	Total	50	360	Total	50	360	Total	50	360	Total			
	Seps	Days	Days	Seps	Days	Days	Seps	Days	Days	Seps	Days	Days	Seps	Days	Days	Seps	Days	Days	Seps	Days	Days	Seps	Days	Days	Seps	Days	Days			
53 Vascular Surgery	46	41	30	31	16	7	8	7	6	4	3	3	4	2	1	2	2	1	2	1	2	2	2	119	107	67				
Major City	31	29	18	21	8	5	7	6	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	76
Regional	15	12	12	10	8	2	0	1	1	3	4	0	0	0	0	1	1	0	0	0	1	1	1	1	1	42	38			
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2			
54 Surgery, No Definitive Subspecialty	127	85	54	71	45	39	44	19	8	3	4	3	2	2	2	5	5	2	2	2	5	5	381	240	102	97				
Major City	39	38	26	28	12	11	8	8	11	11	16	11	11	10	3	3	3	0	0	0	1	1	231	131	102	97				
Regional	81	47	28	43	31	16	29	10	8	102	97			
Remote	7	0	0	0	0	12	5	7	1	1	1	1	0	0	0	4	4	0	0	0	4	4	48	12	48	12	12			
61 Transplantation	3	4	4	3	2	1	1	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	9	14	9	14			
Major City	3	4	4	3	2	1	1	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	9	14	9	14			
Regional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
62 Extensive Burns	3	4	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	0	0	0	1	1	13	14	13	14	0	0		
Major City	3	3	2	2	2	2	2	2	2	2	2	2	2	2	0	0	0	11	11	11	11	11	11		
Regional	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	1	1	2	3	2	3	0	0		
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
63 Tracheostomy & ECMO	17	32	13	13	16	4	3	5	2	3	2	3	5	2	2	1	2	1	2	1	2	1	2	51	83	51	83			
Major City	17	23	13	13	10	4	4	4	4	4	4	3	5	2	3	3	1	2	1	2	1	2	44	57	44	57				
Regional	0	9	6	0	6	0	0	0	0	0	0	0	0	0	..	..	..	0	0	0	..	..	7	25	7	25
Remote	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
66 Social admissions	0	3	1	3	1	0	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	8	6	8			
Major City	0	2	1	1	1	0	1	1	1	0	0	0	0	0	..	..	..	0	0	0	..	..	3	4	3	4
Regional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Remote	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71 Gynaecology	73	47	37	63	20	28	24	14	8	3	3	3	3	2	2	4	2	2	2	2	4	2	233	138	233	138				
Major City	33	28	19	27	9	11	5	8	8	8	8	8	8	8	..	..	..	0	0	0	..	..	90	71	90	71
Regional	40	19	18	36	10	11	7	6	6	3	3	3	3	3	3	3	3	0	0	0	3	3	130	64	130	64				
Remote	0	0	0	0	0	6	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
72 Obstetrics	82	74	45	58	34	31	28	19	4	3	4	3	2	2	2	5	4	2	2	2	5	4	254	209	254	209				
Major City	29	26	17	19	7	9	4	4	4	4	4	4	4	4	..	..	..	0	0	0	..	..	72	64	72	64
Regional	52	48	28	39	24	15	13	20	14	3	3	3	3	3	3	3	3	0	0	0	3	3	164	131	164	131				
Remote	1	0	0	0	0	7	7	7	1	0	0	0	0	0	..	..	..	0	0	0	..	..	1	14	1	14
73 Qualified Neonate	43	39	26	29	20	13	7	9	6	2	2	2	2	2	3	3	3	2	2	2	3	3	122	105	122	105				
Major City	24	24	14	15	10	7	5	4	4	4	4	4	4	4	..	..	..	0	0	0	..	..	61	59	61	59
Regional	19	15	12	14	9	4	1	5	2	2	2	2	2	2	3	3	3	0	0	0	3	3	56	42	56	42				
Remote	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	5	2	5				
74 Unqualified Neonate	74	0	0	51	0	28	0	24	0	0	3	0	0	0	0	4	0	0	0	0	0	0	225	0	225	0				
Major City	25	0	0	14	0	7	0	3	0	0	3	0	0	0	..	..	..	0	0	0	..	..	58	0	58	0
Regional	48	0	0	37	0	14	0	20	0	0	3	0	0	0	0	0	0	0	0	0	0	0	150	0	150	0				
Remote	1	0	0	0	0	7	0	1	0	0	0	0	0	0	..	..	..	0	0	0	..	..	3	0	3	0

(continued)

Appendix 5: Potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisation may indicate an increased prevalence of the conditions in the community or poorer functioning of the non-hospital care system. On the other hand it may indicate an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive – there are other hospital admissions which may be preventable. The ICD-10-AM code specifications and the categories included for PPHs may therefore be subject to change in future reports.

The three broad categories of PPHs that have been used in this report include *Vaccine-preventable*, *Acute* and *Chronic* (see Chapter 4 for descriptions of these categories). PPH categories have been sourced from *The Victorian ambulatory care sensitive conditions study* (Department of Human Services Victoria 2002):

A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Table A1.9 accompanying this report on the Internet.

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

There were almost 700,000 selected PPHs in Australia in 2006–07 (Table A5.1), 9.2% of all separations, which translates to a rate of 32.5 per 1,000 population. The rates ranged from 22.2 per 1,000 population in the Australian Capital Territory to 47.9 per 1,000 population in the Northern Territory. The separation rate for *Vaccine-preventable* PPHs in the Northern Territory was 3.3 times the national rate, and the separation rate for the Australian Capital Territory was 0.7 times the national rate.

Table A5.2 highlights that separation rates were higher for the more remote areas for most PPHs. For example, the rate for *Chronic obstructive pulmonary disease* in Major Cities was 2.4 per 1,000 separations, 2.7 for Inner Regional, 3.3 for Outer Regional, 4.9 for Remote and 6.1 for Very Remote areas.

Table A5.3 presents these data by quintile of socioeconomic advantage/disadvantage using the SEIFA 2006 Index of Socio-Economic Advantage/Disadvantage (ABS 2008) of the statistical local area of the patient's usual residence (see Appendix 1). The *Most disadvantaged* quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the *Most advantaged* quintile represents the areas containing the 20% of the population with the most advantage /least disadvantage.

For most PPHs the *Most disadvantaged* quintile has around 1.2 times the hospital separation rate of the *Most advantaged* quintile, with the ratio of *Most disadvantaged* to *Most advantaged* being 1.6 for the total of all PPHs. Of the PPH categories, hospitalisation rates for *Angina*, *Chronic obstructive pulmonary disease*, *Diabetes complications* and *Hypertension* were at least twice as common for the *Most disadvantaged* quintile than for the *Most advantaged* quintile. There was little difference in separation rates for *Other vaccine-preventable conditions*, *Iron deficiency anaemia*, *Dental conditions* and *Appendicitis with generalised peritonitis* between the *Most advantaged* and *Most disadvantaged* quintiles.

Table A5.1: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Vaccine-preventable conditions									
Influenza and pneumonia									
Separations ^(d)	3,408	1,869	1,958	825	652	231	112	235	9,292
Separations not within state of residence (%)	3	3	2	1	4	3	4	7	
Separation rate ^(e)	0.47	0.35	0.47	0.40	0.38	0.43	0.37	1.27	0.43
Standardised separation rate ratio (SRR)	1.09	0.80	1.09	0.93	0.88	0.98	0.85	2.94	
95% confidence interval of SRR	1.06–1.13	0.76–0.84	1.04–1.14	0.87–0.99	0.81–0.94	0.86–1.11	0.69–1.01	2.56–3.32	
Other vaccine-preventable conditions									
Separations ^(d)	959	1,131	560	235	223	14	17	133	3,272
Separations not within state of residence (%)	3	0	0	1	1	40	31	8	
Separation rate ^(e)	0.14	0.21	0.13	0.11	0.13	0.03	0.05	0.70	0.15
Standardised separation rate ratio (SRR)	0.89	1.39	0.87	0.73	0.87	0.19	0.30	4.54	
95% confidence interval of SRR	0.83–0.94	1.31–1.47	0.80–0.94	0.64–0.82	0.76–0.99	0.09–0.29	0.16–0.45	3.76–5.31	
Total vaccine-preventable conditions									
Separations ^(d)	4,357	2,997	2,513	1,060	874	245	129	366	12,543
Proportion of total separations ^(d) (%)	0.2	0.1	0.2	0.1	0.1	n.p.	n.p.	n.p.	0.2
Separations not within state of residence (%)	3	0	0	1	1	40	31	8	
Separation rate ^(e)	0.61	0.56	0.61	0.52	0.51	0.46	0.41	1.96	0.59
Standardised separation rate ratio (SRR)	1.04	0.95	1.03	0.88	0.88	0.78	0.71	3.34	
95% confidence interval of SRR	1.01–1.07	0.92–0.99	0.99–1.07	0.83–0.93	0.82–0.93	0.68–0.87	0.58–0.83	3.00–3.68	
Acute conditions									
Appendicitis with generalised peritonitis									
Separations ^(d)	1,129	947	597	439	261	72	72	51	3,569
Separations not within state of residence (%)	4	2	2	1	3	3	7	0	
Separation rate ^(e)	0.17	0.19	0.14	0.21	0.17	0.14	0.22	0.23	0.17
Standardised separation rate ratio (SRR)	0.96	1.08	0.84	1.24	0.96	0.82	1.26	1.35	
95% confidence interval of SRR	0.91–1.02	1.01–1.15	0.77–0.90	1.12–1.35	0.85–1.08	0.63–1.01	0.97–1.55	0.98–1.73	
Cellulitis									
Separations ^(d)	11,382	8,698	7,148	2,966	2,777	722	443	839	34,980
Separations not within state of residence (%)	3	2	2	1	3	4	4	2	
Separation rate ^(e)	1.58	1.61	1.72	1.44	1.59	1.37	1.39	4.53	1.63
Standardised separation rate ratio (SRR)	0.97	0.99	1.06	0.88	0.98	0.84	0.86	2.79	
95% confidence interval of SRR	0.95–0.99	0.97–1.01	1.04–1.09	0.85–0.91	0.94–1.02	0.78–0.90	0.78–0.94	2.60–2.97	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Convulsions and epilepsy									
Separations ^(d)	11,649	7,457	6,371	2,910	2,476	756	422	682	32,724
Separations not within state of residence (%)	2	2	3	2	2	5	11	3	
Separation rate ^(e)	1.71	1.45	1.55	1.41	1.59	1.55	1.30	3.31	1.58
Standardised separation rate ratio (SRR)	1.08	0.92	0.98	0.90	1.00	0.98	0.83	2.10	
95% confidence interval of SRR	1.06-1.10	0.89-0.94	0.96-1.01	0.86-0.93	0.97-1.04	0.91-1.05	0.75-0.90	1.94-2.26	
Dehydration and gastroenteritis									
Separations ^(d)	15,666	16,713	9,936	4,538	4,688	1,107	578	330	53,571
Separations not within state of residence (%)	3	1	2	1	1	2	8	10	
Separation rate ^(e)	2.18	3.10	2.39	2.18	2.70	2.09	1.82	2.06	2.49
Standardised separation rate ratio (SRR)	0.88	1.25	0.96	0.88	1.09	0.84	0.73	0.83	
95% confidence interval of SRR	0.86-0.89	1.23-1.27	0.94-0.98	0.85-0.90	1.06-1.12	0.79-0.89	0.67-0.79	0.74-0.92	
Dental conditions									
Separations ^(d)	15,416	14,172	11,114	7,241	4,712	874	526	453	54,549
Separations not within state of residence (%)	3	1	1	0	0	2	3	6	
Separation rate ^(e)	2.28	2.79	2.71	3.51	3.06	1.81	1.64	1.95	2.65
Standardised separation rate ratio (SRR)	0.86	1.05	1.02	1.32	1.15	0.68	0.62	0.74	
95% confidence interval of SRR	0.85-0.87	1.04-1.07	1.00-1.04	1.29-1.35	1.12-1.19	0.64-0.73	0.57-0.67	0.67-0.80	
Ear, nose and throat infections									
Separations ^(d)	10,881	7,126	6,716	3,085	3,544	603	405	547	32,909
Separations not within state of residence (%)	3	2	2	1	1	1	6	4	
Separation rate ^(e)	1.62	1.42	1.64	1.51	2.44	1.28	1.22	2.28	1.62
Standardised separation rate ratio (SRR)	1.00	0.88	1.02	0.94	1.51	0.79	0.75	1.41	
95% confidence interval of SRR	0.98-1.02	0.86-0.90	0.99-1.04	0.90-0.97	1.46-1.56	0.73-0.85	0.68-0.83	1.29-1.53	
Gangrene									
Separations ^(d)	1,052	1,380	864	491	384	79	39	111	4,403
Separations not within state of residence (%)	5	1	0	1	2	4	11	5	
Separation rate ^(e)	0.14	0.25	0.21	0.24	0.21	0.15	0.13	0.73	0.20
Standardised separation rate ratio (SRR)	0.70	1.24	1.03	1.17	1.06	0.72	0.62	3.62	
95% confidence interval of SRR	0.66-0.75	1.18-1.31	0.96-1.10	1.06-1.27	0.95-1.16	0.56-0.88	0.43-0.82	2.95-4.30	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Pelvic inflammatory disease									
Separations ^(d)	1,565	1,311	1,091	476	370	95	88	116	5,113
Separations not within state of residence (%)	3	1	3	1	2	2	9	4	
Separation rate ^(e)	0.23	0.25	0.27	0.23	0.24	0.21	0.25	0.50	0.25
Standardised separation rate ratio (SRR)	0.93	1.03	1.08	0.93	0.98	0.84	1.01	2.00	
95% confidence interval of SRR	0.89–0.98	0.97–1.08	1.02–1.15	0.84–1.01	0.88–1.08	0.67–1.01	0.80–1.22	1.64–2.37	
Perforated/bleeding ulcer									
Separations ^(d)	1,632	1,369	865	554	446	124	72	41	5,105
Separations not within state of residence (%)	5	2	2	0	1	3	3	5	
Separation rate ^(e)	0.22	0.25	0.21	0.27	0.24	0.22	0.24	0.29	0.23
Standardised separation rate ratio (SRR)	0.95	1.06	0.90	1.17	1.02	0.95	1.03	1.26	
95% confidence interval of SRR	0.91–1.00	1.01–1.12	0.84–0.96	1.07–1.27	0.92–1.11	0.78–1.12	0.79–1.27	0.87–1.64	
Pyelonephritis									
Separations ^(d)	15,774	13,071	9,001	4,380	3,640	843	655	562	47,939
Separations not within state of residence (%)	2	1	2	1	2	2	4	4	
Separation rate ^(e)	2.14	2.39	2.18	2.14	2.04	1.56	2.20	3.62	2.20
Standardised separation rate ratio (SRR)	0.97	1.08	0.99	0.97	0.93	0.71	1.00	1.64	
95% confidence interval of SRR	0.96–0.99	1.06–1.10	0.97–1.01	0.94–1.00	0.90–0.96	0.66–0.76	0.92–1.08	1.51–1.78	
Total acute conditions									
Separations ^(d)	86,109	72,201	53,666	27,065	23,277	5,274	3,298	3,728	274,702
Proportion of total separations ^(d) (%)	3.7	3.5	3.6	3.7	3.8	n.p.	n.p.	n.p.	3.6
Separations not within state of residence (%)	3	1	2	1	1	3	6	4	
Separation rate ^(e)	12.27	13.69	13.02	13.13	14.27	10.37	10.40	19.47	13.01
Standardised separation rate ratio (SRR)	0.94	1.05	1.00	1.01	1.10	0.80	0.80	1.50	
95% confidence interval of SRR	0.94–0.95	1.04–1.06	0.99–1.01	1.00–1.02	1.08–1.11	0.78–0.82	0.77–0.83	1.45–1.55	
Chronic conditions									
Angina									
Separations ^(d)	11,565	9,743	10,570	3,320	2,907	983	320	322	39,738
Separations not within state of residence (%)	3	1	2	1	3	2	5	4	
Separation rate ^(e)	1.55	1.75	2.53	1.61	1.52	1.71	1.14	2.36	1.79
Standardised separation rate ratio (SRR)	0.86	0.98	1.41	0.90	0.85	0.95	0.64	1.32	
95% confidence interval of SRR	0.85–0.88	0.96–0.99	1.38–1.44	0.87–0.93	0.82–0.88	0.89–1.01	0.57–0.70	1.17–1.46	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2006-07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Asthma									
Separations ^(d)	13,182	9,387	5,847	2,870	3,755	675	368	349	36,433
Separations not within state of residence (%)	2	2	3	1	2	3	9	1	
Separation rate ^(e)	1.96	1.88	1.42	1.40	2.56	1.41	1.15	1.50	1.79
Standardised separation rate ratio (SRR)	1.10	1.05	0.80	0.78	1.43	0.79	0.64	0.84	
95% confidence interval of SRR	1.08-1.12	1.03-1.07	0.78-0.82	0.75-0.81	1.39-1.48	0.73-0.85	0.58-0.71	0.75-0.93	
Chronic obstructive pulmonary disease									
Separations ^(d)	18,881	14,042	11,142	4,520	5,354	1,397	451	796	56,593
Separations not within state of residence (%)	3	1	1	0	1	2	2	3	
Separation rate ^(e)	2.52	2.51	2.70	2.24	2.81	2.43	1.65	5.52	2.56
Standardised separation rate ratio (SRR)	0.98	0.98	1.05	0.88	1.10	0.95	0.64	2.16	
95% confidence interval of SRR	0.97-1.00	0.96-1.00	1.03-1.07	0.85-0.90	1.07-1.13	0.90-1.00	0.58-0.70	2.01-2.31	
Congestive cardiac failure									
Separations ^(d)	14,394	12,211	8,028	3,797	3,834	936	510	351	44,063
Separations not within state of residence (%)	2	2	2	2	2	2	2	3	
Separation rate ^(e)	1.85	2.11	1.94	1.88	1.89	1.58	1.91	2.53	1.94
Standardised separation rate ratio (SRR)	0.95	1.08	1.00	0.97	0.97	0.81	0.98	1.30	
95% confidence interval of SRR	0.94-0.97	1.07-1.10	0.98-1.02	0.93-1.00	0.94-1.00	0.76-0.87	0.90-1.07	1.16-1.43	
Diabetes complications									
Separations ^(d)	54,353	49,416	42,006	55,021	15,437	7,456	1,559	2,249	227,620
Separations not within state of residence (%)	7	9	10	26	8	13	5	15	
Separation rate ^(e)	7.38	8.98	10.15	26.43	8.35	13.36	5.28	15.34	10.43
Standardised separation rate ratio (SRR)	0.71	0.86	0.97	2.54	0.80	1.28	0.51	1.47	
95% confidence interval of SRR	0.70-0.71	0.85-0.87	0.96-0.98	2.51-2.56	0.79-0.81	1.25-1.31	0.48-0.53	1.41-1.53	
Hypertension									
Separations ^(d)	2,329	1,443	1,459	426	531	143	59	37	6,430
Separations not within state of residence (%)	2	2	2	2	2	1	7	6	
Separation rate ^(e)	0.31	0.26	0.35	0.21	0.29	0.26	0.20	0.24	0.29
Standardised separation rate ratio (SRR)	1.07	0.89	1.20	0.71	0.98	0.88	0.69	0.83	
95% confidence interval of SRR	1.03-1.12	0.84-0.94	1.13-1.26	0.64-0.77	0.90-1.07	0.74-1.02	0.51-0.87	0.56-1.10	

(continued)

Table A5.1 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by state or territory of usual residence, all hospitals, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Iron deficiency anaemia									
Separations ^(d)	7,025	9,001	3,983	2,876	2,331	656	211	176	26,267
Separations not within state of residence (%)	3	0	1	0	0	0	3	3	
Separation rate ^(e)	0.96	1.65	0.96	1.41	1.28	1.19	0.69	1.10	1.21
Standardised separation rate ratio (SRR)	0.79	1.37	0.80	1.17	1.06	0.98	0.58	0.91	
95% confidence interval of SRR	0.78–0.81	1.34–1.39	0.77–0.82	1.12–1.21	1.02–1.11	0.91–1.06	0.50–0.65	0.78–1.05	
Nutritional deficiencies									
Separations ^(d)	0	0	0	0	0	0	0	0	148
Separations not within state of residence (%)	35	27	30	26	8	4	1	17	0
Separation rate ^(e)	0.00	0.00	0.01	0.01	0.00	0.01	0.00	0.06	0.01
Standardised separation rate ratio (SRR)	0.72	0.71	1.01	1.81	0.63	0.99	0.62	9.26	
95% confidence interval of SRR	0.48–0.95	0.44–0.97	0.65–1.38	1.12–2.51	0.19–1.07	n.a.	-0.60–1.84	4.86–13.66	
Rheumatic heart disease^(f)									
Separations ^(d)	678	503	685	248	149	45	26	177	2,511
Separations not within state of residence (%)	11	2	1	0	3	18	18	37	0
Separation rate ^(e)	0.09	0.09	0.17	0.12	0.08	0.08	0.09	0.82	0.12
Standardised separation rate ratio (SRR)	0.80	0.79	1.43	1.03	0.71	0.68	0.74	7.05	
95% confidence interval of SRR	0.74–0.86	0.72–0.86	1.33–1.54	0.90–1.16	0.59–0.82	0.48–0.87	0.46–1.02	6.01–8.09	
Total chronic conditions									
Separations ^(d)	115,077	99,288	78,743	70,964	32,154	11,816	3,315	4,174	415,679
Proportion of total separations ^(d) (%)	5.0	4.8	5.2	9.6	5.2	n.p.	n.p.	n.p.	5.5
Separations not within state of residence (%)	4	1	1	0	1	1	10	11	0
Separation rate ^(e)	15.66	18.07	19.02	34.25	17.69	21.18	11.43	27.25	19.05
Standardised separation rate ratio (SRR)	0.82	0.95	1.00	1.80	0.93	1.11	0.60	1.43	
95% confidence interval of SRR	0.82–0.83	0.94–0.95	0.99–1.01	1.79–1.81	0.92–0.94	1.09–1.13	0.58–0.62	1.39–1.47	
Total selected potentially preventable hospitalisations									
Separations ^(d)	204,673	173,770	134,293	98,682	56,006	17,271	6,717	8,142	699,788
Proportion of total separations ^(d) (%)	8.9	8.4	8.9	13.3	9.1	n.p.	n.p.	n.p.	9.2
Separations not within state of residence (%)	3	1	2	0	1	2	8	8	0
Separation rate ^(e)	28.41	32.19	32.50	47.70	32.31	31.89	22.16	47.94	32.49
Standardised separation rate ratio (SRR)	0.87	0.99	1.00	1.47	0.99	0.98	0.68	1.48	
95% confidence interval of SRR	0.87–0.88	0.99–1.00	0.99–1.01	1.46–1.48	0.99–1.00	0.97–1.00	0.67–0.70	1.44–1.51	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

(c) Includes other territories and excludes overseas residents and unknown state of residence.

(d) Excludes multiple diagnoses for the same separation within the same group.

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

(f) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

Table A5.2: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2006–07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(c)
Vaccine-preventable conditions						
Influenza and pneumonia						
Separations ^(d)	5,497	2,128	1,153	274	231	9,292
Separation rate ^(e)	0.38	0.48	0.57	0.93	1.46	0.44
Standardised separation rate ratio (SRR)	0.88	1.10	1.29	2.11	3.34	
95% confidence interval of SRR	0.86–0.90	1.05–1.15	1.22–1.36	1.86–2.36	2.91–3.77	
Other vaccine-preventable conditions						
Separations ^(d)	2,451	343	309	69	95	3,272
Separation rate ^(e)	0.17	0.08	0.16	0.21	0.59	0.16
Standardised separation rate ratio (SRR)	1.10	0.54	1.06	1.36	3.77	
95% confidence interval of SRR	1.06–1.14	0.48–0.60	0.94–1.18	1.04–1.68	3.01–4.53	
Total vaccine-preventable						
Separations ^(d)	7,935	2,468	1,459	342	325	12,543
Proportion of total separations(%)	0.2	0.2	0.2	0.3	0.4	0.2
Separation rate ^(e)	0.55	0.56	0.73	1.13	2.04	0.59
Standardised separation rate ratio (SRR)	0.93	0.95	1.24	1.92	3.46	
95% confidence interval of SRR	0.91–0.95	0.91–0.99	1.17–1.30	1.71–2.12	3.08–3.83	
Acute conditions						
Appendicitis with generalised peritonitis						
Separations ^(d)	2,321	751	379	63	53	3,569
Separation rate ^(e)	0.17	0.18	0.20	0.19	0.32	0.17
Standardised separation rate ratio (SRR)	1.00	1.06	1.18	1.12	1.88	
95% confidence interval of SRR	0.96–1.04	0.98–1.13	1.06–1.29	0.84–1.39	1.38–2.39	
Cellulitis						
Separations ^(d)	21,126	7,616	4,354	1,025	835	34,980
Separation rate ^(e)	1.46	1.75	2.17	3.33	5.41	1.64
Standardised separation rate ratio (SRR)	0.89	1.07	1.32	2.03	3.30	
95% confidence interval of SRR	0.88–0.90	1.04–1.09	1.28–1.36	1.91–2.15	3.08–3.52	
Convulsions and epilepsy						
Separations ^(d)	20,523	6,670	3,771	1,025	705	32,724
Separation rate ^(e)	1.46	1.67	1.95	3.18	4.18	1.59
Standardised separation rate ratio (SRR)	0.92	1.05	1.23	2.00	2.63	
95% confidence interval of SRR	0.91–0.93	1.03–1.08	1.19–1.27	1.88–2.12	2.43–2.82	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2006–07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(c)
Dehydration and gastroenteritis						
Separations ^(d)	34,338	11,506	6,216	949	543	53,571
Separation rate ^(e)	2.36	2.68	3.13	3.33	4.09	2.51
Standardised separation rate ratio (SRR)	0.94	1.07	1.25	1.33	1.63	
95% confidence interval of SRR	0.93–0.95	1.05–1.09	1.22–1.28	1.24–1.41	1.49–1.77	
Dental conditions						
Separations ^(d)	34,490	12,129	6,293	975	647	54,549
Separation rate ^(e)	2.49	3.03	3.22	2.86	3.28	2.67
Standardised separation rate ratio (SRR)	0.93	1.13	1.21	1.07	1.23	
95% confidence interval of SRR	0.92–0.94	1.11–1.16	1.18–1.24	1.00–1.14	1.13–1.32	
Ear, nose and throat infections						
Separations ^(d)	19,983	7,126	4,265	899	617	32,909
Separation rate ^(e)	1.45	1.82	2.23	2.70	3.09	1.63
Standardised separation rate ratio (SRR)	0.89	1.12	1.37	1.66	1.90	
95% confidence interval of SRR	0.88–0.90	1.09–1.14	1.33–1.41	1.55–1.76	1.75–2.05	
Gangrene						
Separations ^(d)	2,671	966	468	140	157	4,403
Separation rate ^(e)	0.18	0.21	0.23	0.47	1.09	0.20
Standardised separation rate ratio (SRR)	0.90	1.05	1.15	2.35	5.45	
95% confidence interval of SRR	0.87–0.93	0.98–1.12	1.05–1.25	1.96–2.74	4.60–6.30	
Pelvic inflammatory disease						
Separations ^(d)	3,310	1,016	516	126	144	5,113
Separation rate ^(e)	0.23	0.27	0.29	0.40	0.81	0.25
Standardised separation rate ratio (SRR)	0.92	1.08	1.16	1.60	3.24	
95% confidence interval of SRR	0.89–0.95	1.01–1.15	1.06–1.26	1.32–1.88	2.71–3.77	
Perforated/bleeding ulcer						
Separations ^(d)	3,442	1,073	492	64	32	5,105
Separation rate ^(e)	0.24	0.23	0.23	0.23	0.24	0.24
Standardised separation rate ratio (SRR)	1.00	0.96	0.96	0.96	1.00	
95% confidence interval of SRR	0.97–1.03	0.90–1.02	0.87–1.04	0.72–1.19	0.65–1.35	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2006–07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(c)
Pyelonephritis						
Separations ^(d)	32,592	9,339	4,492	865	635	47,939
Separation rate ^(e)	2.23	2.09	2.23	3.06	4.64	2.23
Standardised separation rate ratio (SRR)	1.00	0.94	1.00	1.37	2.08	0
95% confidence interval of SRR	0.99–1.01	0.92–0.96	0.97–1.03	1.28–1.46	1.92–2.24	
Total acute conditions						
Separations ^(d)	174,695	58,162	31,229	6,122	4,365	274,702
Proportion of total separations(%)	3.4	3.8	4.2	5.2	5.7	3.6
Separation rate ^(e)	12.25	13.93	15.87	19.72	27.13	13.12
Standardised separation rate ratio (SRR)	0.93	1.06	1.21	1.50	2.07	
95% confidence interval of SRR	0.93–0.94	1.05–1.07	1.20–1.22	1.47–1.54	2.01–2.13	
Chronic conditions						
Angina						
Separations ^(d)	22,705	10,928	5,001	760	334	39,738
Separation rate ^(e)	1.56	2.28	2.33	2.70	2.69	1.82
Standardised separation rate ratio (SRR)	0.86	1.25	1.28	1.48	1.48	
95% confidence interval of SRR	0.85–0.87	1.23–1.28	1.24–1.32	1.38–1.59	1.32–1.64	
Asthma						
Separations ^(d)	24,514	7,034	3,818	629	425	36,433
Separation rate ^(e)	1.80	1.75	1.93	1.92	2.48	1.80
Standardised separation rate ratio (SRR)	1.00	0.97	1.07	1.07	1.38	
95% confidence interval of SRR	0.99–1.01	0.95–0.99	1.04–1.11	0.98–1.15	1.25–1.51	
Chronic obstructive pulmonary disease						
Separations ^(d)	34,329	13,261	6,963	1,329	698	56,593
Separation rate ^(e)	2.36	2.74	3.25	4.89	6.12	2.59
Standardised separation rate ratio (SRR)	0.91	1.06	1.25	1.89	2.36	
95% confidence interval of SRR	0.90–0.92	1.04–1.08	1.23–1.28	1.79–1.99	2.19–2.54	
Congestive cardiac failure						
Separations ^(d)	28,210	9,863	4,753	752	478	44,063
Separation rate ^(e)	1.88	2.01	2.26	2.99	4.17	1.98
Standardised separation rate ratio (SRR)	0.95	1.02	1.14	1.51	2.11	
95% confidence interval of SRR	0.94–0.96	1.00–1.04	1.11–1.17	1.40–1.62	1.92–2.29	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2006-07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(c)
Diabetes complications						
Separations ^(d)	134,496	50,415	29,247	9,852	3,565	227,620
Separation rate ^(e)	9.38	10.71	13.62	31.84	26.58	10.55
Standardised separation rate ratio (SRR)	0.89	1.02	1.29	3.02	2.52	
95% confidence interval of SRR	0.88-0.89	1.01-1.02	1.28-1.31	2.96-3.08	2.44-2.60	
Hypertension						
Separations ^(d)	3,093	1,670	1,301	241	123	6,430
Separation rate ^(e)	0.21	0.36	0.62	0.91	1.08	0.30
Standardised separation rate ratio (SRR)	0.70	1.20	2.07	3.03	3.60	
95% confidence interval of SRR	0.68-0.72	1.14-1.26	1.95-2.18	2.65-3.42	2.96-4.24	
Iron deficiency anaemia						
Separations ^(d)	18,181	5,563	2,169	216	135	26,267
Separation rate ^(e)	1.26	1.21	1.04	0.78	0.95	1.22
Standardised separation rate ratio (SRR)	1.03	0.99	0.85	0.64	0.78	
95% confidence interval of SRR	1.02-1.05	0.97-1.02	0.82-0.89	0.55-0.72	0.65-0.91	
Nutritional deficiencies						
Separations ^(d)	93	25	8	11	11	148
Separation rate ^(e)	0.01	0.01	0.00	0.03	0.05	0.01
Standardised separation rate ratio (SRR)	1.00	1.00	0.00	3.00	5.00	
95% confidence interval of SRR	0.80-1.20	0.61-1.39	..	1.23-4.77	2.05-7.95	
Rheumatic heart disease^(f)						
Separations ^(d)	1,436	546	277	100	150	2,511
Separation rate ^(e)	0.10	0.12	0.13	0.31	0.83	0.12
Standardised separation rate ratio (SRR)	0.83	1.00	1.08	2.58	6.92	
95% confidence interval of SRR	0.79-0.88	0.92-1.08	0.96-1.21	2.08-3.09	5.81-8.02	
Total chronic conditions						
Separations ^(d)	251,759	93,960	50,879	13,418	5,571	415,679
Proportion of total separations(%)	4.9	6.2	6.9	11.4	7.3	5.5
Separation rate ^(e)	17.50	20.07	23.95	44.64	42.20	19.27
Standardised separation rate ratio (SRR)	0.91	1.04	1.24	2.32	2.19	
95% confidence interval of SRR	0.90-0.91	1.03-1.05	1.23-1.25	2.28-2.36	2.13-2.25	

(continued)

Table A5.2 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by Remoteness Area of usual residence, all hospitals, 2006-07

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(c)
Total potentially preventable hospitalisations						
Separations ^(d)	432,546	153,951	83,162	19,755	10,139	699,788
Proportion of total separations(%)	8.4	10.2	11.3	16.9	13.3	9.2
Separation rate ^(e)	30.18	34.42	40.35	65.08	70.54	32.84
Standardised separation rate ratio (SRR)	0.92	1.05	1.23	1.98	2.15	
95% confidence interval of SRR	0.92-0.92	1.04-1.05	1.22-1.24	1.95-2.01	2.11-2.19	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

(c) Includes unknown Remoteness Area and excludes overseas residents and unknown state of residence.

(d) Excludes multiple diagnoses for the same separation within the same group.

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

(f) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

Table A5.3: Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Vaccine-preventable conditions						
Influenza and pneumonia						
Separations ^(e)	2,368	2,034	1,779	1,496	1,613	9,292
Separation rate ^(f)	0.55	0.47	0.42	0.37	0.39	0.44
Standardised separation rate ratio (SRR)	1.25	1.07	0.96	0.84	0.88	
95% confidence interval of SRR	1.20–1.30	1.02–1.11	0.91–1.00	0.80–0.88	0.84–0.92	
Other vaccine-preventable conditions						
Separations ^(e)	772	520	575	662	742	3,272
Separation rate ^(f)	0.19	0.12	0.14	0.16	0.17	0.16
Standardised separation rate ratio (SRR)	1.20	0.80	0.87	1.03	1.12	
95% confidence interval of SRR	1.11–1.28	0.73–0.87	0.80–0.94	0.95–1.10	1.04–1.20	
Total vaccine-preventable						
Separations ^(e)	3,133	2,549	2,353	2,157	2,348	12,543
Proportion of total separations (%)	0.2	0.2	0.2	0.2	0.2	0.2
Separation rate ^(f)	0.73	0.59	0.55	0.53	0.56	0.59
Standardised separation rate ratio (SRR)	1.23	1.00	0.94	0.89	0.94	
95% confidence interval of SRR	1.19–1.28	0.96–1.04	0.90–0.97	0.85–0.93	0.91–0.98	
Acute conditions						
Appendicitis with generalised peritonitis						
Separations ^(e)	728	691	690	736	723	3,569
Separation rate ^(f)	0.18	0.17	0.16	0.18	0.17	0.17
Standardised separation rate ratio (SRR)	1.01	0.99	0.95	1.03	1.01	
95% confidence interval of SRR	0.94–1.09	0.91–1.06	0.88–1.02	0.96–1.11	0.94–1.08	
Cellulitis						
Separations ^(e)	8,643	7,251	6,797	6,363	5,919	34,980
Separation rate ^(f)	2.02	1.68	1.60	1.55	1.37	1.64
Standardised separation rate ratio (SRR)	1.23	1.02	0.97	0.94	0.84	
95% confidence interval of SRR	1.20–1.25	1.00–1.05	0.95–1.00	0.92–0.97	0.82–0.86	
Convulsions and epilepsy						
Separations ^(e)	7,885	7,061	6,401	6,038	5,324	32,724
Separation rate ^(f)	1.91	1.75	1.53	1.48	1.30	1.59
Standardised separation rate ratio (SRR)	1.20	1.10	0.96	0.93	0.82	
95% confidence interval of SRR	1.18–1.23	1.07–1.13	0.94–0.99	0.91–0.95	0.80–0.84	

(continued)

Table A5.3 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Dehydration and gastroenteritis						
Separations ^(e)	12,648	10,984	9,585	10,757	9,592	53,571
Separation rate ^(f)	2.95	2.56	2.24	2.61	2.23	2.51
Standardised separation rate ratio (SRR)	1.17	1.02	0.89	1.04	0.89	
95% confidence interval of SRR	1.15–1.19	1.00–1.04	0.87–0.91	1.02–1.06	0.87–0.90	
Dental conditions						
Separations ^(e)	10,631	11,805	11,056	10,786	10,265	54,549
Separation rate ^(f)	2.57	2.96	2.67	2.65	2.51	2.67
Standardised separation rate ratio (SRR)	0.97	1.11	1.00	0.99	0.94	
95% confidence interval of SRR	0.95–0.98	1.09–1.13	0.98–1.02	0.97–1.01	0.92–0.96	
Ear, nose and throat infections						
Separations ^(e)	8,098	7,249	6,613	6,045	4,901	32,909
Separation rate ^(f)	1.96	1.84	1.61	1.49	1.24	1.63
Standardised separation rate ratio (SRR)	1.20	1.13	0.99	0.92	0.76	
95% confidence interval of SRR	1.17–1.23	1.10–1.16	0.96–1.01	0.89–0.94	0.74–0.78	
Gangrene						
Separations ^(e)	1,054	904	781	883	781	4,403
Separation rate ^(f)	0.24	0.20	0.18	0.22	0.18	0.20
Standardised separation rate ratio (SRR)	1.17	0.99	0.89	1.07	0.89	
95% confidence interval of SRR	1.10–1.24	0.93–1.06	0.83–0.96	1.00–1.14	0.83–0.95	
Pelvic inflammatory disease						
Separations ^(e)	1,098	1,034	1,059	1,039	883	5,113
Separation rate ^(f)	0.28	0.27	0.25	0.25	0.21	0.25
Standardised separation rate ratio (SRR)	1.12	1.07	1.00	0.99	0.83	
95% confidence interval of SRR	1.05–1.19	1.01–1.14	0.94–1.06	0.93–1.05	0.78–0.89	
Perforated/bleeding ulcer						
Separations ^(e)	1,164	1,055	986	1,011	888	5,105
Separation rate ^(f)	0.26	0.23	0.23	0.25	0.20	0.24
Standardised separation rate ratio (SRR)	1.12	0.98	0.98	1.06	0.87	
95% confidence interval of SRR	1.05–1.18	0.92–1.04	0.92–1.04	1.00–1.13	0.81–0.93	

(continued)

Table A5.3 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Pyelonephritis						
Separations ^(e)	10,933	9,659	9,291	9,433	8,622	47,939
Separation rate ^(f)	2.50	2.18	2.17	2.32	1.98	2.23
Standardised separation rate ratio (SRR)	1.12	0.98	0.98	1.04	0.89	
95% confidence interval of SRR	1.10–1.14	0.96–1.00	0.96–1.00	1.02–1.06	0.87–0.91	
Total acute conditions						
Separations ^(e)	62,843	57,661	53,218	53,064	47,877	274,702
Proportion of total separations (%)	3.8	3.7	3.6	3.8	3.2	3.6
Separation rate ^(f)	14.86	13.83	12.63	12.99	11.40	13.12
Standardised separation rate ratio (SRR)	1.13	1.05	0.96	0.99	0.87	
95% confidence interval of SRR	1.12–1.14	1.05–1.06	0.95–0.97	0.98–1.00	0.86–0.88	
Chronic conditions						
Angina						
Separations ^(e)	11,958	9,616	7,514	6,635	4,013	39,738
Separation rate ^(f)	2.64	2.06	1.75	1.64	0.92	1.82
Standardised separation rate ratio (SRR)	1.46	1.14	0.96	0.91	0.50	
95% confidence interval of SRR	1.43–1.48	1.11–1.16	0.94–0.98	0.88–0.93	0.49–0.52	
Asthma						
Separations ^(e)	8,774	7,641	7,696	6,850	5,470	36,433
Separation rate ^(f)	2.10	1.92	1.87	1.71	1.40	1.80
Standardised separation rate ratio (SRR)	1.17	1.06	1.04	0.95	0.78	
95% confidence interval of SRR	1.14–1.19	1.04–1.09	1.02–1.06	0.93–0.97	0.76–0.80	
Chronic obstructive pulmonary disease						
Separations ^(e)	16,375	12,593	10,964	9,424	7,235	56,593
Separation rate ^(f)	3.58	2.66	2.57	2.39	1.69	2.59
Standardised separation rate ratio (SRR)	1.38	1.02	0.99	0.92	0.65	
95% confidence interval of SRR	1.36–1.40	1.01–1.04	0.97–1.01	0.90–0.94	0.64–0.67	
Congestive cardiac failure						
Separations ^(e)	10,994	9,395	8,452	7,757	7,465	44,063
Separation rate ^(f)	2.39	1.95	1.95	1.92	1.64	1.98
Standardised separation rate ratio (SRR)	1.21	0.99	0.99	0.97	0.83	
95% confidence interval of SRR	1.18–1.23	0.97–1.01	0.97–1.01	0.95–0.99	0.81–0.85	

(continued)

Table A5.3 (continued): Separation statistics^(e) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Diabetes complications						
Separations ^(e)	59,024	51,400	49,106	40,744	27,337	227,620
Separation rate ^(f)	13.15	11.19	11.53	10.18	6.52	10.55
Standardised separation rate ratio (SRR)	1.25	1.06	1.09	0.97	0.62	
95% confidence interval of SRR	1.24–1.26	1.05–1.07	1.08–1.10	0.96–0.97	0.61–0.63	
Hypertension						
Separations ^(e)	2,059	1,518	970	988	895	6,430
Separation rate ^(f)	0.46	0.33	0.23	0.24	0.21	0.30
Standardised separation rate ratio (SRR)	1.56	1.12	0.77	0.82	0.70	
95% confidence interval of SRR	1.50–1.63	1.06–1.17	0.72–0.81	0.77–0.87	0.65–0.74	
Iron deficiency anaemia						
Separations ^(e)	5,641	5,331	4,885	5,483	4,925	26,267
Separation rate ^(f)	1.28	1.19	1.14	1.36	1.14	1.22
Standardised separation rate ratio (SRR)	1.05	0.97	0.94	1.11	0.93	
95% confidence interval of SRR	1.02–1.08	0.95–1.00	0.91–0.96	1.08–1.14	0.91–0.96	
Nutritional deficiencies						
Separations ^(e)	43	22	28	33	22	148
Separation rate ^(f)	0.01	0.00	0.01	0.01	0.01	0.01
Standardised separation rate ratio (SRR)	1.41	0.71	0.95	1.15	0.73	
95% confidence interval of SRR	0.99–1.84	0.41–1.00	0.60–1.30	0.76–1.55	0.42–1.03	
Rheumatic heart disease^(g)						
Separations ^(e)	683	541	468	439	380	2,511
Separation rate ^(f)	0.16	0.12	0.11	0.11	0.09	0.12
Standardised separation rate ratio (SRR)	1.34	1.01	0.93	0.94	0.77	
95% confidence interval of SRR	1.24–1.44	0.93–1.10	0.85–1.02	0.85–1.03	0.70–0.85	
Total chronic conditions						
Separations ^(e)	108,751	92,609	85,242	74,272	54,789	415,679
Proportion of total separations (%)	6.6	6.0	5.7	5.3	3.7	5.5
Separation rate ^(f)	24.28	20.27	20.03	18.53	12.93	19.27
Standardised separation rate ratio (SRR)	1.26	1.05	1.04	0.96	0.67	
95% confidence interval of SRR	1.25–1.27	1.05–1.06	1.03–1.05	0.95–0.97	0.67–0.68	

(continued)

Table A5.3 (continued): Separation statistics^(a) for selected potentially preventable hospitalisations^(b), by quintile of socioeconomic advantage/disadvantage^(c), all hospitals, 2006–07

	Most disadvantaged	Second most disadvantaged	Middle quintile	Second most advantaged	Most advantaged	Total ^(d)
Total potentially preventable hospitalisations						
Separations ^(e)	173,903	152,128	140,196	128,931	104,572	699,788
Proportion of total separations (%)	10.5	9.8	9.4	9.1	7.1	9.2
Separation rate ^(f)	39.68	34.54	33.06	31.90	24.78	32.84
Standardised separation rate ratio (SRR)	1.21	1.05	1.01	0.97	0.75	
95% confidence interval of SRR	1.20–1.21	1.05–1.06	1.00–1.01	0.97–0.98	0.75–0.76	

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

(b) These conditions are defined using ICD-10-AM codes in Appendix 1.

(c) Based on the Australian Bureau of Statistics SEIFA 2006 Index of Advantage/Disadvantage score for the statistical local area of the patients usual residence.

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

(e) Excludes multiple diagnoses for the same separation within the same group.

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

(g) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

Appendix 6: The state of our public hospitals, June 2008 report

The state of our public hospitals, June 2008 report is to be published by the Australian Government Department of Health and Ageing. This report is a requirement of the Australian Health Care Agreements 2003–2008 that the Australian Government has signed with each of the states and territories. The report is expected to present a range of data on public hospitals relating to the years 1998–99 to 2006–07, using data supplied to the Department by the states and territories, and some previously published data, including data in *Australian hospital statistics*.

Some of the statistics on public hospitals in *The state of our public hospitals, June 2008 report* may differ from statistics presented in *Australian hospital statistics 2006–07*. Although they are both based largely on the same national minimum data sets specified in the *National health data dictionary*, some differences result from minor variations in the analysis methods used to derive particular statistics.

Further notes on differences between the two reports will be published on the *Australian hospital statistics 2006–07* Internet site after *The state of our public hospitals, June 2008 report* is published.

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Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National health data dictionary* version 12, version 12 supplement and version 13 (NHDC 2003, AIHW 2004b, HDSC 2006). Each definition contains an identification number from the METeOR Metadata Online Registry. METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics, and specifications for related national minimum data sets (NMDSs), such as the NMDSs which form the basis of this report. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

<i>Accident and emergency occasion of service</i>	A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a <i>Type of non-admitted patient occasion of service</i> type of <i>Emergency services</i> .
<i>Activity when injured</i>	The type of activity being undertaken by a person at the time of injury. METeOR identifier: 333849
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care</i>	See <i>Care type</i> .
<i>Acute care hospitals</i>	See <i>Establishment type</i> .
<i>Additional diagnosis</i>	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care. METeOR identifier: 333832
<i>Adjustment</i>	A summarising procedure for a statistical measure in which the effects of differences in composition of the populations being compared have been minimised by statistical methods.
<i>Administrative and clerical staff</i>	See <i>Full-time equivalent staff</i> .
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation). METeOR identifier: 270107
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR identifier: 268957
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction or <i>IFRAC</i> .
<i>Adverse event</i>	An incident in which harm resulted to a person receiving health care.
<i>Age-standardisation</i>	A set of techniques used to remove as far as possible the effects of differences in age when comparing two or more populations.
<i>Alcohol and drug treatment centre</i>	See <i>Establishment type</i> .
<i>Arrival mode—transport</i>	The mode of transport by which the person arrives at the emergency department. METeOR identifier: 270000
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services. METeOR identifier: 270195

<i>Available beds</i>	Beds immediately available for use by admitted patients as required. METeOR identifier: 270133
<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of 1 day.
<i>Capital expenditure</i>	Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years). METeOR identifier: 270516
<i>Care type</i>	The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care). Admitted patient care consists of the following categories: Acute care Rehabilitation care Palliative care Geriatric evaluation and management Psychogeriatric care Maintenance care Newborn care Other care Other care is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following: Organ procurement—posthumous Hospital boarder METeOR identifier: 270174
<i>Casemix</i>	The range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.
<i>Chronic</i>	Persistent and long-lasting.
<i>Clinical urgency</i>	A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR identifier: 270008
<i>Compensable patients</i>	An individual who is entitled to receive or has received a compensation payment with respect to an injury or disease. METeOR identifier: 270100
<i>Cost weights</i>	The costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0, therefore, on average, costs 10 times as much as a separation with a cost weight of 0.5. There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. In this report, average cost weights using public cost weights are based on AR-DRG version 5.0 2005–06 public sector estimated cost weights (DoHA 2007). These were applied to AR-DRG version 5.1 DRGs for 2002–02 to 2006–07 reference years. Average private cost weights for the private sector (presented in tables 2.3 and 2.4 in this report) use the most recent private sector estimated cost weights are based on the AR-DRG version 4.2 2002–03 (DoHA 2004a) applied to AR-DRG version 4.2 DRGs.
<i>Department of Veterans' Affairs patient</i>	A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the Department of Veterans' Affairs. METeOR identifier: 270092

<i>Diagnosis related group (DRG)</i>	A widely used casemix classification system, used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals, Australian refined DRGs are used. METeOR identifier: 270195
<i>Diagnostic and allied health professionals</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic and other staff</i>	See <i>Full-time equivalent staff</i> .
<i>Domestic services expenditure</i>	The cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs. METeOR identifier: 270283
<i>Drug supplies expenditure</i>	The cost of all drugs, including the cost of containers. METeOR identifier: 270282
<i>Elective care</i>	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR identifier: 335023
<i>Elective surgery</i>	Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. METeOR identifier: 270589
<i>Emergency department waiting time to service delivery</i>	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event. METeOR identifier: 270007
<i>Enrolled nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Episode end status</i>	The status of the patient at the end of the non-admitted patient emergency department occasion of service. METeOR identifier: 322641
<i>Episode of care</i>	The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>). METeOR identifier: 270174 (Care type) METeOR identifier: 268956 (Episode of admitted patient care)
<i>Error DRGs</i>	AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.
<i>Establishment type</i>	Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. Establishment types include: Acute care hospitals Psychiatric hospitals Alcohol and drug treatment centres Hospices METeOR identifier: 269971
<i>External cause</i>	The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect. METeOR identifier: 333853

<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Staffing categories include:</p> <ul style="list-style-type: none"> Salaried medical officers Registered nurses Enrolled nurses Student nurses Other personal care staff Diagnostic and allied health professionals Administrative and clerical staff Domestic and other staff <p>METeOR identifier: 270543</p>
<i>Funding source for hospital patient</i>	<p>Expected principal source of funds for an admitted patient episode or non-admitted patient service event.</p> <p>METeOR identifier: 270103</p>
<i>Geriatric evaluation and management</i>	<p>See <i>Care type</i>.</p>
<i>Group session</i>	<p>A service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual.</p> <p>METeOR identifier: 269119</p>
<i>HASAC (Health and Allied Services Advisory Council) ratio</i>	<p>For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by the HASAC ratio (see Appendix 1).</p>
<i>Hospice</i>	<p>See <i>Establishment type</i>.</p>
<i>Hospital</i>	<p>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.</p> <p>METeOR identifier: 268971</p>
<i>Hospital boarder</i>	<p>See <i>Care type</i>.</p>
<i>Hospital-in-the-home care</i>	<p>Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary.</p> <p>METeOR identifier: 270305</p>
<i>IFRAC (inpatient fraction)</i>	<p>A measure used to calculate the cost per casemix-adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion ratio (see Appendix 1).</p>
<i>Indicator procedure</i>	<p>A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision.</p> <p>METeOR identifier: 334984</p>
<i>Indigenous status</i>	<p>A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:</p> <p style="padding-left: 40px;">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.</p> <p>METeOR identifier: 291036</p>
<i>Inpatient</i>	<p>Another term for admitted patient.</p> <p>METeOR identifier: 268957</p>
<i>Interactive data cubes</i>	<p>A multidimensional representation of data which provides fast retrieval from multiple layers of information.</p>

<i>Inter-hospital contracted care</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals. METeOR identifier: 270409
<i>International Classification of Diseases (ICD)</i>	The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th revision, Australian modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.
<i>Length of stay</i>	The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. METeOR identifier: 269982
<i>Licensed bed</i>	A bed in a private hospital, licensed by the relevant state or territory health authority.
<i>Maintenance care</i>	See <i>Care type</i> .
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body. METeOR identifier: 270400
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. METeOR identifier: 270358
<i>Mode of admission</i>	The mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976
<i>Mode of separation</i>	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable). METeOR identifier: 270094
<i>National health data dictionary (NHDD)</i>	A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.
<i>Newborn care</i>	See <i>Care type</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service. METeOR identifier: 270506
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital. METeOR identifier: 268973
<i>Number of days of hospital-in-the-home care</i>	The number of hospital-in-the-home days occurring within an episode of care for an admitted patient. METeOR identifier: 270305
<i>Occasion of service</i>	Non-admitted patient occasion of service.
<i>Organ procurement—posthumous</i>	See <i>Care type</i> .
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. METeOR identifier: 270126
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 270128

<i>Outpatient</i>	Another term for non-admitted patient. METeOR identifier: 268973
<i>Outpatient clinic service</i>	An examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital. METeOR identifier: 327310
<i>Outpatient clinic type</i>	The nature of services which are provided by outpatient clinic services. METeOR identifier: 291073
<i>Overnight-stay patients</i>	A patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night (that is, who is admitted to and separated from the hospital on different dates).
<i>Palliative care</i>	See <i>Care type</i> .
<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated 1 patient day. METeOR identifier: 270045
<i>Patient election status</i>	Accommodation chargeable status elected by patient on admission. The categories are: Public (receives public hospital services free of charge) Private (does not receive hospital services free of charge) METeOR identifier: 270044
<i>Patient presentation at emergency department</i>	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged. METeOR identifier: 270393
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 270047
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. METeOR identifier: 270048
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis. METeOR identifier: 270049
<i>Peer group</i>	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
<i>Percentile</i>	Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.
<i>Performance indicator</i>	A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 333874
<i>Potentially preventable hospitalisation (selected)</i>	Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.
<i>Pre-MDC (Pre-major diagnostic category)</i>	Twelve AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extracorporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. METeOR identifier: 333838

<i>Private hospital</i>	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See also <i>Establishment type</i> .
<i>Private patients</i>	Patients admitted to a hospital who decide to choose the doctor(s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in the acute care setting. METeOR identifier: 333828
<i>Psychogeriatric care</i>	See <i>Care type</i> .
<i>Public hospital</i>	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
<i>Public patient</i>	A patient admitted to a hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared accommodation. This means the patient is not charged.
<i>Qualified days</i>	The number of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are 9 days old or less. A newborn day is qualified (acute) when a newborn meets at least one of the following criteria: <ul style="list-style-type: none"> is the second or subsequent liveborn infant of a multiple birth, whose mother is currently an admitted patient is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care remains in hospital without its mother is admitted to the hospital without its mother. METeOR identifier: 268957 (Admitted patient) and METeOR identifier: 270033 (Newborn qualification status)
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This includes income from provision of meals and accommodation to hospital staff, income from the use of hospital facilities for private practice and some recoveries relating to inter-hospital services. METeOR identifier: 269974
<i>Recurrent expenditure</i>	Expenditure on goods and services which are used up during the year, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. METeOR identifier: 269132
<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative stay index (RSI)</i>	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See Appendix 1 for further information.
<i>Remoteness Area</i>	A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility /Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The categories are: <ul style="list-style-type: none"> Major Cities Inner Regional Outer Regional Remote Very Remote Migratory.

<i>Removal from waiting list</i>	<p>The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are:</p> <ol style="list-style-type: none"> 1 Admitted as an elective patient for awaited procedure in this hospital or another hospital 2 Admitted as an emergency patient for awaited procedure in this hospital or another hospital 3 Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) 4 Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list 5 Surgery not required or declined 6 Transferred to another hospital's waiting list 9 Not known. <p>METeOR identifier: 269959</p>
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings and minor additional works.</p> <p>METeOR identifier: 269970</p>
<i>Salaried medical officers</i>	See <i>Full-time equivalent staff</i> .
<i>Same-day patients</i>	Admitted patients who are admitted and separate on the same date.
<i>Separation</i>	An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.
<i>Separation rate ratio</i>	The separation rate for one population divided by the separation rate of another.
<i>Separations</i>	<p>The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period.</p> <p>METeOR identifier: 270407</p>
<i>Service Related Group (SRG)</i>	A classification based on Australian Refined Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.
<i>Specialised service</i>	<p>A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as an intensive care unit.</p> <p>METeOR identifier: 269612</p>
<i>Superannuation employer contributions</i>	<p>Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority.</p> <p>METeOR identifier: 270371</p>
<i>Surgical procedure</i>	A procedure used to define surgical Australian Refined Diagnosis Related Groups version 5.0 (DoHA 2002).
<i>Surgical specialty</i>	<p>The area of clinical expertise held by the doctor who will perform the surgery of interest.</p> <p>METeOR identifier: 270146</p>
<i>Triage category</i>	<p>Used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner.</p> <p>METeOR identifier: 270078</p>
<i>Type of non-admitted patient occasion of service</i>	<p>A broad classification of services provided to non-admitted patients, including emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing, and other outreach.</p> <p>METeOR identifier: 270395, 270502–270514 (Type of non-admitted patient occasion of service)</p>

Visiting medical officer A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.

METeOR identifier: 270049

Waiting time at admission The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure.

METeOR identifier: 269477

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