Australian Government
Australian Institute of Health and Welfare

Hospital resources 2013–14

Australian hospital statistics

Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

HEALTH SERVICES SERIES
Number 63

Hospital resources 2013–14

Australian hospital statistics

Australian Institute of Health and Welfare
Canberra
Cat. no. HSE 160

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is *authoritative information and statistics to promote better health and wellbeing*.

This publication is part of the Australian Institute of Health and Welfare's Health Services series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISSN 1036-613X
ISBN 978-1-74249-755-6 (PDF)
ISBN 978-1-74249-756-3 (Print)

Suggested citation
Australian Institute of Health and Welfare 2015. Hospital resources 2013–14: Australian hospital statistics. Health services series no. 63. Cat. no. HSE 160. Canberra: AIHW.

Any enquiries about copyright or comments on this publication should be directed to:
Digital and Media Communications Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1000
Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

This publication is printed in accordance with ISO 14001 (Environmental Management Systems) and ISO 9001 (Quality Management Systems). The paper is sourced from sustainably managed certified forests.

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Foreword

I am pleased to present *Hospital resources 2013–14: Australian hospital statistics*, an authoritative annual report that provides information about Australia's public and private hospitals. This report presents information for public hospitals for the period 1 July 2013 to 30 June 2014.

A report on care provided for admitted patients was released in *Admitted patient care 2013–14: Australian hospital statistics* in March 2015. A report on non-admitted patient care for 2013–14, and a shorter companion report—*Australia's hospitals 2013–14: at a glance*—will also be released on the same day as this report.

The *Australian hospital statistics* reports are based on the AIHW's comprehensive national hospitals databases. These databases are also the source of data for nationally agreed hospital performance indicators reported by the National Health Performance Authority. As well, the Steering Committee for the Review of Government Service Provision uses these data for its *Report on Government Services*.

The Institute is committed to working with stakeholders to improve the national statistical information on hospitals and its relevance to contemporary public policy debate on hospital service delivery. It is committed to better understanding how the whole health system works together to inform policy development and service delivery which will improve health outcomes for Australians. We look forward to continuing to work with data users and data providers to further improve the timeliness, quality and usefulness of the national data collections and on further enhancing the presentation of information in our *Australian hospital statistics* products.

Kerry Flanagan PSM

Acting Director

June 2015

Contents

Acknowledgments

This report would not have been possible without the valued cooperation and efforts of the data providers—the state and territory health authorities and individual public and private hospitals. The Australian Institute of Health and Welfare (AIHW) thanks them for their timely supply of data, and their assistance with data validation and the preparation of this report.

The AIHW's Australian Hospital Statistics Advisory Committee has been of great assistance to this project. Committee members are:

- Jenny Hargreaves (AIHW) (Chair)
- Tomi Adejoro (South Australian Department for Health and Ageing)
- Andrew Bailey (Australian Capital Territory Health Directorate)
- Sue Cornes (Queensland Department of Health)
- Bruce Cutting (Independent Hospital Pricing Authority)
- Troy Delbridge (Private Healthcare Australia)
- James Eynstone-Hinkins (Australian Bureau of Statistics)
- Martin McNamara (National Health Performance Authority)
- Peter Mansfield (Tasmanian Department of Health and Human Services)
- Rosangela Merlo (Victorian Department of Health and Human Services)
- Julie Mitchell (Northern Territory Department of Health)
- Lisa Murphy (Australian Commission on Safety and Quality in Health Care)
- George Neale (Australian Private Hospitals Association)
- Julie Price (Department of Veterans' Affairs)
- Elisabeth Sallur (Western Australian Department of Health)
- Paul Tridgell (Australian Healthcare and Hospitals Association)
- Allan Went (New South Wales Ministry of Health)
- Kerryn Wilde (Australian Government Department of Health).

Within the AIHW, Katrina Burgess, Robin Guda, Brett Henderson, Nick Thompson and George Bodilsen prepared the report, with expert advice from Jenny Hargreaves.

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AR-DRG	Australian Refined Diagnosis Related Group
ASGS	Australian Statistical Geography Standard
FTE	full-time equivalent
HED	Health Expenditure Database
MDC	Major Diagnostic Category
METeOR	Metadata Online Registry
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHDD	National health data dictionary
NHMD	National Hospital Morbidity Database
NHPF	National Health Performance Framework
NMDS	National Minimum Data Set
NNAPEDCD	National Non-admitted Patient Emergency Care Database
NNAPC(agg)D	National Non-admitted Patient Care Database
NPHED	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
PHEC	Private Health Establishments Collection
Qld	Queensland
SA	South Australia
SRG	Service Related Group
Tas	Tasmania
Vic	Victoria
VMO	visiting medical officer
WA	Western Australia

Symbols

. .	not applicable
n.a.	not available
n.p.	not published

Summary

Numbers of hospitals

In 2013–14, there were approximately 1,359 hospitals in Australia. There were 747 public hospitals, which accounted for about 65% of hospital beds (58,600). In 2013–14, there were 612 private hospitals, which accounted for about 35% of beds (31,000).

How diverse were public hospitals?

In 2013–14, the 747 public hospitals were very diverse in size and type of services they provided. They ranged from *Principal referral* hospitals to *Outpatient* hospitals, *Early parenting centres* and *Psychiatric* hospitals. The 29 *Principal referral* hospitals accounted for almost 2 million separations or 35% of all public hospital separations in 2013–14. There were 42 *Outpatient* hospitals, all in regional and remote areas, which provided a range of non-admitted patient services.

What services were provided?

Public hospitals provide a range of services for admitted and non-admitted patients, including emergency services.

In 2013–14, the most common specialised services offered by public hospitals were domiciliary care, followed by nursing home care. There were 82 intensive care units (level III), and 30 neonatal intensive care units (level III).

The most common service related group in public hospitals was *Renal dialysis* with almost 1.1 million separations, followed by *General Medicine* (424,000). In the private sector, *Diagnostic gastrointestinal* and *Orthopaedics* were the most common service related groups.

How were hospitals funded?

Between 2008–09 and 2012–13, funding for public hospitals increased by 4.3% on average each year (after adjusting for inflation). Between 2008–09 and 2012–13, funding for private hospitals increased by 4.3% on average each year.

How much did hospitals spend?

Recurrent expenditure was more than $44 billion for public hospitals in 2013–14**.** Between 2009–10 and 2013–14, recurrent expenditure by public hospitals increased by 4.4% on average each year (after adjusting for inflation). Recurrent expenditure for private hospitals was more than $11 billion in 2013–14.

How much revenue did hospitals receive?

Between 2009–10 and 2013–14, public hospital revenue increased by an average of 10.6% per year (adjusted for inflation)—from $3.8 billion to $5.6 billion.

How many people were employed in public hospitals?

Nationally, public hospitals employed more than 287,000 full-time equivalent staff in 2013–14. More than 130,000 *Nurses* accounted for 45% of public hospital staff, while more than 37,000 *Salaried medical officers* represented about 13% of the public hospital labour force. Between 2009–10 and 2013–14, the average salary for public hospital staff increased by an average of 3.4% each year.

1 Introduction

Hospital resources 2013–14: Australian hospital statistics presents information about public and private hospitals in Australia. It continues the Australian Institute of Health and Welfare's (AIHW) *Australian hospital statistics* reports describing the characteristics and activity of Australia's hospitals.

The report presents an overview of public hospitals and private hospitals in 2013–14, covering the number and types of hospitals and availability of beds. It also describes public hospitals in terms of expenditure and revenue, the number of full-time equivalent staff employed and specialised services provided.

The AIHW has previously published comprehensive reports on hospitals for the financial years 1993–94 to 2012–13 (AIHW 2014a and earlier).

More detailed reports on some aspects of Australia's hospitals for 2013–14 have also been published in *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a), *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014b), *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c), Staphylococcus aureus *bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics* (AIHW 2014d) and *Non-admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015b).

A shorter companion report—*Australia's hospitals 2013–14: at a glance* (AIHW 2015c)—accompanies this report and provides a summary of all hospitals-related information for 2013–14 in a form accessible to a general readership.

The AIHW also reports information on hospital funding and expenditure in its *Health expenditure Australia* series (AIHW 2014e and earlier).

This chapter presents information on what's in this report, what data are reported and where to go for more information.

What's in this report?

Structure of this report

This introduction covers questions about the information presented in the following chapters including:

- What data are reported?—outlining the data sources used.
- What are the limitations of the data?—including caveat information that should be considered when interpreting the data presented.
- What methods were used?—outlining issues such as inclusions and exclusions of establishments and calculation methods, with references to more detailed information in the technical appendix.

Chapters 2 to 5 contain short, self-contained sections on specific topics within the broad chapter topic. The data presented address, where possible, the following matters:

- How have resources changed over time?
- How many resources were there in 2013–14?
- Where to go for more information in this report.

Most chapters contain data for both public and private hospitals.

The chapters are:

- Chapter 2—How many hospitals were there?—presenting information on the overall numbers of hospitals and available beds.
- Chapter 3—How diverse were hospitals?—presenting information on the different types of hospitals and the range of services provided by these hospitals.
- Chapter 4—Who paid for hospitals and how much did hospitals spend?—presenting information on expenditure, revenue and funding.
- Chapter 5—How many people were employed in Australia's hospitals?—presenting information on the numbers and types of hospital staff.

Appendix A provides summary information on the National Public Hospital Establishments Database and issues affecting the quality or comparability of the data.

Appendix B includes notes on definitions and classifications, the presentation of data, the population estimates used to calculate population rates and analysis methods.

Appendix C presents information on episodes of admitted patient care using the Service Related Group classification.

What data are reported?

This report draws on data from the National Public Hospital Establishments Database (NPHED) to present an overview of Australia's public hospitals. The NPHED is based on data provided by state and territory health authorities for the National Minimum Data Set (NMDS) for Public hospital establishments.

The AIHW has undertaken the collection and reporting of the data in this report under the auspices of the Australian Health Ministers' Advisory Council, through the National Health Information Agreement.

More information about the NPHED is in Appendix A, and in the Data Quality Statement accompanying this report, which is available at <www.aihw.gov.au>.

Information on private hospitals, private hospital beds, expenditure and revenue was sourced from *Private Hospitals Australia 2013–14* (ABS 2015), which is based on the ABS's Private Health Establishments Collection (PHEC). Caution should be used in comparing the data for private hospitals and public hospitals as there are variations in the data definitions used between these collections.

In this report, financial data presented on the funding of hospitals are sourced from the AIHW's Health Expenditure Database (HED).

Financial data reported from the HED are not directly comparable with data reported from the NPHED. Hospital expenditure reported for the purpose of the HED collection may cover activity that is not covered by the NPHED. The HED financial data include trust fund expenditure, whereas the NPHED does not.

Terms relevant to hospital resources data are summarised in Box 1.1.

Box 1.1: Summary of terms relating to hospital resources

Statistics on public hospital establishments are establishment-level data for public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans' Affairs, and alcohol and drug treatment centres.

Similar data for private hospitals and free-standing day hospital facilities are collected by the Australian Bureau of Statistics in the Private Health Establishments Collection.

Beds

Average available beds for same-day patients are the number of beds, chairs or trolleys exclusively or predominantly available to provide accommodation for same-day patients, averaged over the counting period.

Average available beds for overnight-stay patients are the number of beds exclusively or predominantly available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period.

Local hospital networks

Local hospital networks (LHNs) consist of small groups of local hospitals, or an individual hospital, linking services within a region or through specialist networks across a state or territory (Health 2014).

Public hospital peer groups

Public hospital peer groups are a method of categorisation of hospitals into peer groups, based on logical groupings of hospitals according to available data. The peer groups are intended to be multi-purpose and are defined according to common criteria. The grouping is intended to be stable over time (see Chapter 3 for more information).

Specialised service

A specialised service is a facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as an intensive care unit.

Service related group

The service related group classification is based on AR-DRG aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.

Expenditure

Capital expenditure is not reported in this publication.

Recurrent expenditure in this report was largely expenditure by hospitals and may not include all expenditure spent on hospital services by each state or territory government. For example, recurrent expenditure on purchase of public hospital services at the state or at the Local hospital network level from privately owned and/or operated hospitals may not be included.

Full-time equivalent staff

Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee, where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee, where applicable) under the relevant award or agreement for the staff member (or contract employee occupation, where applicable).

(continued)

Box 1.1 (continued): Summary of terms relating to hospital resources

Public hospital revenue

Revenue in this report was largely revenue received by individual hospitals, and may not necessarily include all revenue received by each state or territory government for the provision of public hospital services.

See Appendix B and the Glossary for more information and more terms relating to hospital resources.

What are the limitations of the data?

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

Data limitations relevant to hospital resources are summarised in Box 1.2.

Box 1.2: What are the limitations of the data?

Variation in data on hospital resources

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

The comparability of data on hospital resources over time may be affected by changes in coverage and in administrative and reporting arrangements.

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

See appendixes A and B for more information.

What methods are used?

This section gives a brief description of methods. For more information see Appendix B.

Types of hospitals

In some sections of this report, hospital types have been aggregated to hospital sector, where:

- public hospitals includes public acute and public psychiatric hospitals
- private hospitals include private free-standing day hospital facilities and other private hospitals (that can provide overnight care for admitted patients.

Peer groups

This report uses a hospital peer groups classification developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee and the Australian Private Hospital Statistics Advisory Committee in 2013 and 2014.

Changes over time

For public and private hospitals, time series data in this report show average annual changes from 2009–10 to 2013–14, and annual change between 2012–13 and 2013–14, unless otherwise stated.

Annual change rates are not adjusted for any changes in data coverage and/or re-categorisation of the hospital as public or private, except where noted in the text.

Where to go for more information

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

Updates

Online tables will be updated in the event of errors being found in this report after publication, or if data are resupplied by states and territories after its release.

2 How many hospitals were there?

This chapter presents an overview of public hospitals and private hospitals in 2013–14, covering the overall numbers of hospitals, available beds, and changes over time.

Information on public hospitals was sourced from the NPHED (see Appendix A). Information on private hospitals was sourced from the ABS's PHEC (*Private hospitals Australia 2013–14*, ABS 2015). Caution should be used in comparing the data for private hospitals and public hospitals as there are variations in the data definitions used between the NPHED and the PHEC (see boxes 1.1 and 1.2).

The information in the chapter includes:

- the number of Australian public hospitals and average available beds, over time and for 2013–14, by state and territory and remoteness area. This information is presented by types of public hospitals (acute and psychiatric hospitals).
- the number of Australian private hospitals, over time and for 2013–14, by state and territory. This information is presented for private free-standing day hospital facilities and other private hospitals (acute and psychiatric hospitals). Information on private hospital beds by type of private hospitals, and by state and territory is presented for 2013–14. However, information on private hospital beds over time and by state and territory is only available for *Other private hospitals*.
- an international comparison is presented using the OECD average for the number of hospital beds per 1,000 population, by state and territory for 2013–14.
- the number of public and private hospitals accredited to the National Safety and Quality Health Service (NSQHS) standards.
- the number of Local hospital networks in Australia in 2013–14, by state and territory.

Key findings

How many hospitals?

In 2013–14, there were approximately 1,359 hospitals in Australia. There were 747 public hospitals (compared with 753 in 2009–10) and 612 private hospitals (compared with 581 in 2009–10).

How many hospital beds?

Between 2009–10 and 2013–14, public hospital bed numbers rose overall, by an average of 0.7% per year, from 56,900 to about 58,600 beds.

Over the same period, private hospital bed numbers rose by an average of 3.7% per year from 27,700 to about 31,000.

2.1 How many hospitals were there?

This section presents information on the changes in the numbers of public and private hospitals in Australia over time, as well as more detailed information on the numbers of public and private hospitals in 2013–14.

Changes over time

In 2013–14, there were 747 public hospitals compared with 753 in 2009–10, and there were 612 private hospitals, compared with 581 in 2009–10 (Table 2.1).

Between 2011–12 and 2012–13, the decrease in the number of *Public acute hospitals* was due to the amalgamation of 5 small public hospitals within parent campuses in Western Australia and the closure of 2 small outpatient hospitals in Victoria (see Box 2.1).

Between 2009–10 and 2013–14, the number of private hospitals rose by an average of 1.3% per year.

Box 2.1: What are the limitations of the data on numbers of hospitals?

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 (see Appendix B).

Table 2.1: Public and private hospitals, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
Public hospitals[(a)]							
Public acute hospitals	735	734	735	728	728	–0.2	0.0
Public psychiatric hospitals[(b)]	18	18	18	18	19	1.4	5.6
Total	*753*	*752*	*753*	*746*	*747*	*–0.2*	*0.1*
Private hospitals[(c)]							
Private free-standing day hospital facilities	302	314	311	319	326	1.9	2.2
Other private hospitals	279	279	281	282	286	0.6	1.4
Total	*581*	*593*	*592*	*601*	*612*	*1.3*	*1.8*
Total	**1,334**	**1,345**	**1,345**	**1,347**	**1,359**	**0.5**	**0.9**

(a) Public hospital information was sourced from the NPHED.

(b) In this report, 1 New South Wales establishment that was previously counted as a *Public acute hospital* has been reclassified to a *Public psychiatric hospital.*

(c) Private hospital information was sourced from *Private hospitals Australia* reports (ABS 2011a, 2012, 2013, 2014, 2015).

Note: See Box 2.1 for notes on data limitations.

Public hospitals

Between 2009–10 and 2013–14, the number of public hospitals was stable or varied slightly within states and territories (Table 2.2).

Changes in the numbers of hospitals over time can reflect the opening of new hospitals, the closure of older hospitals or the amalgamation of existing hospitals.

Three states and territories (Queensland, Western Australia and Tasmania) reported public hospital amalgamations or other changes to reporting arrangements that affected counts of hospitals over this period.

Table 2.2: Public hospitals, states and territories, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
New South Wales	226	226	225	225	225	–0.1	0.0
Victoria	150	151	151	150	151	0.2	0.7
Queensland[(a)]	170	170	170	170	169	–0.1	–0.6
Western Australia[(b)]	95	94	96	90	91	–1.1	1.1
South Australia	80	80	80	80	80	0.0	0.0
Tasmania[(c)]	24	23	23	23	23	–1.1	0.0
Australian Capital Territory	3	3	3	3	3	0.0	0.0
Northern Territory	5	5	5	5	5	0.0	0.0
Total	**753**	**752**	**753**	**746**	**747**	**–0.2**	**0.1**

(a) From 2012–13, the Robina Hospital in Queensland has reported data as a separate facility, whereas it had previously been reported with the Gold Coast Hospital. For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(b) Between 2011–12 and 2012–13, the apparent decrease in the number of public hospitals for Western Australia was mainly due to the amalgamation of 5 small public hospitals within parent campuses.

(c) From 2009–10, Tasmania's Statewide Mental Health Services commenced reporting data for a drug and alcohol treatment facility that had previously reported separately. Therefore, the number of reporting units changed between 2009–10 and 2010–11, but the number of public hospital campuses remained the same.

Note: See Box 2.1 for notes on data limitations.

Source: NPHED.

Private hospitals

In 2013–14, there were 612 private hospitals, compared with 581 in 2009–10. New South Wales and Western Australia accounted for the majority of this increase (Table 2.3).

Table 2.3: Private hospitals, states and territories, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
New South Wales	179	183	185	192	193	1.9	0.5
Victoria[(a)]	161	167	164	165	165	0.6	0.0
Queensland	106	107	107	106	108	0.5	1.9
Western Australia	55	56	57	57	62	3.0	8.8
South Australia	57	56	54	55	55	–0.9	0.0
Tasmania, Australian Capital Territory and Northern Territory[(b)]	23	24	25	26	29	6.0	11.5
Total	**581**	**593**	**592**	**601**	**612**	**1.3**	**1.8**

(a) The classification of private hospital facilities reported by the ABS differs to the type of registered facility recorded by the Victorian Department of Health and Human Services.

(b) Tasmania, the Australian Capital Territory and the Northern Territory and are aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

Note: See Box 2.1 for notes on data limitations.

Sources: Private hospitals Australia (ABS 2011a, 2012, 2013, 2014, 2015).

How many hospitals were there in 2013–14?

Table 2.4 presents the number of public and private hospitals by state and territory for 2013–14. The largest three states accounted for almost 75% (1,011) of all reported hospitals.

Table 2.4: Public and private hospitals, states and territories, 2013–14

	NSW[(a)]	Vic[(b)(c)]	Qld[(d)]	WA	SA	Tas	ACT	NT	Total
Public hospitals[(e)]									
Public acute hospitals	217	150	165	88	78	22	3	5	728
Public psychiatric hospitals	8	1	4	3	2	1	0	0	19
Private hospitals[(f)]									
Private free-standing day hospital facilities	102	86	52	40	27	n.p.	n.p.	n.p.	326
Other private hospitals	91	79	56	22	28	n.p.	n.p.	n.p.	286
Total	**418**	**316**	**277**	**153**	**135**	**n.p.**	**n.p.**	**n.p.**	**1,359**

(a) In this report, 1 New South Wales establishment that was previously counted as a *Public acute hospital* has been reclassified to *Public psychiatric hospitals*.

(b) The number of public acute hospitals in Victoria is reported as a count of the campuses that reported data separately to the National Hospital Morbidity Database in 2013–14. The public psychiatric hospital is reported at the Health Service level.

(c) The classification of private hospital facilities reported by the ABS differs to the type of registered facility recorded by the Victorian Department of Health and Human Services.

(d) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

(e) Public hospital information was sourced from the NPHED.

(f) The numbers of private hospitals were sourced from *Private hospitals Australia* (ABS 2015).

Note: See Box 2.1 for notes on data limitations.

Where were public hospitals located?

A hospital can provide services for patients who usually live in other areas of the state or territory, or in other jurisdictions.

The greatest number of public hospitals was reported for *Outer regional* areas (227) (Table 2.5).

Table 2.5: Public hospitals, by remoteness area, states and territories, 2013–14

	NSW	Vic	Qld[(a)]	WA	SA	Tas	ACT	NT	Total
Major cities	68	53	20	19	15	. .	3	. .	178
Total regional	*139*	*96*	*79*	*37*	*44*	*19*	. .	*1*	*415*
Inner regional	75	58	25	11	14	5	. .		188
Outer regional	64	38	54	26	30	14	. .	1	227
Total remote	*18*	*2*	*70*	*35*	*21*	*4*	. .	*4*	*154*
Remote	10	2	22	21	12	2	. .	2	71
Very remote	8	. .	48	14	9	2	. .	2	83
Total	**225**	**151**	**169**	**91**	**80**	**23**	**3**	**5**	**747**

(a) For 2013–14, the Gold Coast Hospital closed in September 2013, and the Gold Coast University Hospital subsequently opened. For the purposes of this report, the data for both hospitals have been combined.

Note: See Box 2.1 for notes on data limitations.

Source: NPHED.

Where to go for more information

More information on hospitals is available in:

- Chapter 3 'How diverse were hospitals?'
- Chapter 4 'Who paid for hospitals and how much did hospitals spend?'
- Chapter 5 'How many people were employed in Australia's hospitals?'
- the Australian Bureau of Statistics' report *Private hospitals Australia 2013–14* at <www.abs.gov.au/ausstats/abs@.nsf/mf/4390.0>.

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

2.2 How many hospital beds were there?

This section presents information on the numbers of public and private hospital beds and beds per 1,000 population in Australia over time, as well as detailed information for public hospitals and private hospitals in 2013–14.

There are differences in the measures of beds used between public and private hospitals, and these should be considered when interpreting the information presented (see Box 2.2).

Changes over time

Between 2009–10 and 2013–14, public hospital bed numbers rose overall, by an average of 0.7% per year, from 56,900 to around 58,600 beds (Table 2.6). Over that period, public hospital beds per 1,000 population decreased (an average of 0.9% per year).

From 2009–10, the number of available beds has been reported separately as the number of same-day and overnight admitted patient beds. Same-day beds/chairs accounted for about 11% of available public hospital beds in 2009–10, and this increased to about 12% of available public hospital beds in 2013–14.

Between 2009–10 and 2013–14, private hospital bed numbers rose by an average of 2.7% per year (from 27,700 to about 31,000) and the number of beds per 1,000 population increased by an average of 1.1% per year.

Box 2.2: What are the limitations of the data on bed numbers?

Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix). For example, hospitals may have different proportions of beds available for special and more general purposes, for same-day care only or for overnight care.

Public and private hospital bed numbers presented in this chapter are based on different definitions. Public hospital bed numbers are for average available beds—the average number of beds immediately available for use (with staffing). Private hospital bed numbers represent the number of licenced or registered beds.

The number of average available beds presented in this report may differ from the counts published elsewhere. For example, counts based on a specified date, such as 30 June, may differ from the average available beds for the reporting period.

The ratio of available beds to the population does not necessarily indicate the accessibility of hospital services.

In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Australian Government multi-purpose service places. This resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

Table 2.6: Average available beds and beds per 1,000 population, public and private hospitals, 2009–10 to 2013–14

						Change (%)[a]	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
Public hospitals[b]							
Public acute hospitals	54,557	55,525	56,366	56,193	56,461	0.9	0.5
Same-day beds/chairs	6,235	6,566	7,022	7,195	7,308	4.0	1.6
Overnight beds	48,309	48,893	49,219	48,998	49,153	0.4	0.3
Public psychiatric beds[c]	2,356	2,313	2,179	2,118	2,107	–2.8	–0.5
Total	*56,912*	*57,838*	*58,545*	*58,311*	*58,567*	*0.7*	*0.4*
Beds per 1,000 population[d]	2.6	2.6	2.6	2.6	2.5	–0.9	–1.3
Private hospitals[e][f]							
Private free-standing day hospital facilities	2,822	2,957	2,973	2,938	2,977	1.3	1.3
Other private hospitals	24,926	25,394	26,031	26,889	27,943	2.9	3.9
Total	*27,748*	*28,351*	*29,004*	*29,827*	*30,920*	*2.7*	*3.7*
Beds per 1,000 population[d]	1.3	1.3	1.3	1.3	1.3	1.1	1.9
All hospitals							
Average available beds	**84,660**	**86,189**	**87,549**	**88,138**	**89,487**	**1.4**	**1.5**
Beds per 1,000 population[d]	**3.9**	**3.9**	**3.9**	**3.9**	**3.9**	**–0.2**	**–0.2**

(a) Rates of available beds per 1,000 population have been presented rounded to 1 decimal place. However, the average change is calculated from the unrounded value.

(b) Public hospital information was sourced from the NPHED.

(c) In this report, 1 New South Wales establishment that was previously counted as a *Public acute hospital* has been reclassified to *Public psychiatric hospitals*.

(d) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June of the relevant year.

(e) Private hospital information was sourced from *Private hospitals Australia* reports (ABS 2011a, 2012, 2013, 2014, 2015).

(f) For private hospitals, bed numbers represent the number of licenced or registered beds.

Note: See Box 2.2 for notes on data limitations.

Public hospitals

Between 2009–10 and 2013–14, the number of public hospital beds increased for most states and territories, but the number of beds per 1,000 population declined overall (Table 2.7).

The number of beds per 1,000 population in the Australian Capital Territory increased between 2012–13 and 2013–14.

Table 2.7: Average available beds, public hospitals, states and territories, 2009–10 to 2013–14

						Change (%)[a]	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
Average available beds							
New South Wales	19,608	19,931	20,073	20,181	20,242	0.8	0.3
Victoria[b]	13,198	13,474	13,495	13,449	13,583	0.7	1.0
Queensland[c]	10,911	11,117	11,245	11,273	11,508	1.3	2.1
Western Australia	5,376	5,492	5,677	5,648	5,477	0.5	–3.0
South Australia[d]	4,859	5,040	5,232	4,922	4,876	0.1	–0.9
Tasmania[e]	1,359	1,196	1,188	1,188	1,187	–3.3	–0.1
Australian Capital Territory	907	926	939	986	1,030	3.2	4.5
Northern Territory	694	662	696	664	664	–1.1	0.0
Total	**56,912**	**57,838**	**58,545**	**58,311**	**58,567**	**0.7**	**0.4**
Available beds per 1,000 population[f]							
New South Wales	2.8	2.8	2.8	2.8	2.7	–0.4	–1.1
Victoria[b]	2.5	2.5	2.4	2.4	2.4	–0.9	–0.8
Queensland[c]	2.5	2.5	2.5	2.5	2.5	–0.5	0.2
Western Australia	2.4	2.4	2.4	2.3	2.2	–2.4	–6.2
South Australia[d]	3.0	3.1	3.2	3.0	2.9	–0.8	–1.8
Tasmania[e]	2.7	2.4	2.3	2.3	2.3	–3.7	–0.3
Australian Capital Territory	2.6	2.6	2.6	2.6	2.7	1.4	2.8
Northern Territory	3.1	2.9	3.0	2.8	2.7	–2.8	–2.7
Total	**2.6**	**2.6**	**2.6**	**2.6**	**2.5**	**–0.9**	**–1.3**

(a) Rates of available beds per 1,000 population have been presented rounded to 1 decimal place. However, the average change is calculated from the unrounded value.

(b) For Victoria for 2009–10 to 2011–12, the numbers of available beds have been adjusted to correct reporting anomalies and to include Secure Extended Care Unit beds. These beds meet the definition of an available bed but were incorrectly excluded from the submissions of some health services to the NPHED. Comparisons of bed numbers published in previous Australian hospital statistics reports are not valid for Victoria.

(c) The count of beds in Queensland was based on data as at 30 June 2014.

(d) In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Australian Government multi-purpose service places. This resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

(e) In 2010–11, Tasmania reclassified 76 beds from 'acute mental health beds' to 'residential care beds', decreasing the number of beds reported for public psychiatric hospitals in Tasmania.

(f) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June of the relevant year.

Note: See Box 2.2 for notes on data limitations.

Source: NPHED.

Private hospitals

Between 2009–10 and 2013–14, the number of licensed beds in overnight private hospitals increased by an average of 2.9% per year (Table 2.8).

The number of licensed beds per 1,000 population was relatively stable at around 1.2 beds per 1,000 between 2009–10 and 2013–14.

Table 2.8: Licensed beds and beds per 1,000 population, other private hospitals, states and territories, 2009–10 to 2013–14

						Change (%)[a]	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
Licensed beds							
New South Wales	n.a.	6,704	6,995	7,143	7,326	n.a.	2.6
Victoria	n.a.	6,629	6,841	7,214	7,496	n.a.	3.9
Queensland	n.a.	6,000	6,017	6,108	6,480	n.a.	6.1
Western Australia	n.a.	3,138	3,284	3,486	n.p.	n.a.	n.a.
South Australia	n.a.	1,911	n.p.	1,861	1,863	n.a.	0.1
Tasmania, Australian Capital Territory, and Northern Territory[b]	n.a.	1,012	n.p.	1,077	n.p.	n.a.	n.a.
Total other private hospitals	**24,926**	**25,394**	**26,031**	**26,889**	**27,943**	**2.9**	**3.9**
Licensed beds per 1,000 population[c]							
New South Wales	n.a.	0.9	1.0	1.0	1.0	n.a.	1.1
Victoria	n.a.	1.2	1.2	1.3	1.3	n.a.	2.1
Queensland	n.a.	1.3	1.3	1.3	1.4	n.a.	4.2
Western Australia	n.a.	1.4	1.4	1.4	n.p.	n.a.	n.a.
South Australia	n.a.	1.2	n.p.	1.1	1.1	n.a.	–0.8
Tasmania, Australian Capital Territory, and Northern Territory[b]	n.a.	0.9	n.p.	1.0	n.p.	n.a.	n.a.
Total other private hospitals	**1.1**	**1.2**	**1.2**	**1.2**	**1.2**	**1.3**	**2.1**

(a) Rates of available beds per 1,000 population have been presented rounded to 1 decimal place. However, the average change is calculated from the unrounded value.

(b) Tasmania, the Australian Capital Territory and the Northern Territory are aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Licensed beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June of the relevant year.

Note: See Box 2.2 for notes on data limitations.

Source: Private hospitals Australia 2013–14 (ABS 2015).

How many hospital beds in 2013–14?

In 2013–14, there were about 58,600 available beds in public hospitals, with 2,100 of these located in public psychiatric hospitals.

Almost 31,000 licensed beds were reported for private hospitals in 2013–14.

In 2013–14 nationally, about 87% of beds in *Public acute hospitals* were available for overnight stay patients. The proportion of beds in *Public acute hospitals* that were available for same-day patients ranged from 5.1% in the Northern Territory to 17.8% in Queensland. For *Public psychiatric hospitals*, states and territories did not report any available beds for same-day patients (Table 2.9).

The number of available beds per 1,000 population in *Public acute hospitals* ranged from 2.1 per 1,000 in Western Australia, to 2.8 per 1,000 in South Australia.

Table 2.9: Average available or licensed beds[a] and beds per 1,000 population, public and private hospitals, states and territories, 2013–14

	NSW[b]	Vic	Qld[c]	WA	SA	Tas	ACT	NT	Total
Average available beds									
Public hospitals[d]	20,242	13,583	11,508	5,477	4,876	1,187	1,030	664	58,567
Public acute hospitals	*19,072*	*13,431*	*11,109*	*5,251*	*4,727*	*1,177*	*1,030*	*664*	*56,461*
Same-day beds/chairs	1,696	2,117	1,981	623	538	168	152	34	7,308
Overnight beds	17,377	11,314	9,128	4,628	4,189	1,009	878	630	49,153
Public psychiatric hospitals	1,171	152	399	226	149	10	. .	. .	2,107
Private hospitals[e]	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*30,920*
Private free-standing day hospital facilities	n.a.	n.a	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,977
Other private hospitals	7,326	7,496	6,480	n.p.	1,863	n.a.	n.a.	n.a.	27,943
Total beds[a]	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**89,487**
Available or licensed beds per 1,000 population[f]									
Public hospitals[d]	*2.7*	*2.4*	*2.5*	*2.2*	*2.9*	*2.3*	*2.7*	*2.7*	*2.5*
Public acute hospitals	2.6	2.3	2.4	2.1	2.8	2.3	2.7	2.7	2.4
Public psychiatric hospitals	0.2	0.0	0.1	0.1	0.1	0.0	. .	. .	0.1
Private hospitals[e]	*n.a.*	*n.a*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*1.3*
Private free-standing day hospital facilities	n.a.	n.a	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	*0.1*
Other private hospitals	*1.0*	*1.3*	*1.4*	*n.a.*	*1.1*	n.a.	n.a.	n.a.	*1.2*
Total beds per 1,000 population[f]	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**3.9**

(a) The number of average available beds presented here may differ from the counts published elsewhere. For example, counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period. For private hospitals, the counts are of either available or licenced beds and are not directly comparable to Public hospital Average available beds.

(b) In this report, 1 New South Wales establishment that was previously counted as a *Public acute hospital* has been reclassified to *Public psychiatric hospital*.

(c) The count of beds in Queensland was based on data as at 30 June 2014.

(d) Public hospital information was sourced from the NPHED.

(e) Private hospital information was sourced from *Private hospitals Australia 2013–14* (ABS 2015).

(f) Average available beds or licensed beds per 1,000 population are reported as a crude rate based on the estimated resident population as at 30 June 2013.

Note: See Box 2.2 for notes on data limitations.

Where were public hospital beds located?

More than two-thirds of public hospital beds were located in *Major cities* (39,800 beds) (Table 2.10).

A hospital can provide services for patients who usually live in other areas of the state or territory, or in other jurisdictions. The patterns of bed availability across regions may also reflect a number of factors including the availability of other health-care services and patterns of disease and injury.

The ratio of available beds to the population does not necessarily indicate the accessibility of hospital services.

In 2013–14, the number of public hospital beds per 1,000 population varied across remoteness areas, from 2.4 beds per 1,000 population in *Major cities* to 3.5 beds per 1,000

population in *Remote* areas. New South Wales had the highest average available beds per 1,000 population in *Remote* areas (5.0 beds per 1,000 population) and Tasmania had the lowest (1.5 beds per 1,000 population).

Table 2.10: Average available beds and beds per 1,000 population[(a)], by remoteness area[(b)], public hospitals, states and territories, 2013–14

	NSW	Vic	Qld[(c)]	WA	SA	Tas	ACT	NT	Total
Average available beds									
Major cities	14,375	9,950	6,931	4,169	3,371	. .	1,030	. .	39,826
Total regional	*5,667*	*3,625*	*4,054*	*927*	*1,220*	*1,165*	*0*	*367*	*17,025*
Inner regional	4,127	2,871	1,958	360	369	850	0	. .	10,535
Outer regional	1,540	754	2,096	567	851	315	. .	367	6,490
Total remote	*200*	*8*	*523*	*381*	*285*	*22*	. .	*297*	*1,716*
Remote	154	8	236	260	209	12	. .	243	1,121
Very remote	47	. .	287	121	76	10	. .	54	594
Total	**20,242**	**13,583**	**11,508**	**5,477**	**4,876**	**1,187**	**1,030**	**664**	**58,567**
Available beds per 1,000 population in resident area[(a)]									
Major cities	2.6	2.3	2.4	2.2	2.7	. .	2.7	. .	2.4
Total regional	*3.0*	*2.7*	*2.5*	*2.2*	*3.2*	*2.3*	*0.0*	*2.7*	*2.7*
Inner regional	2.9	2.6	2.1	1.6	2.0	2.5	0.0	. .	2.5
Outer regional	3.5	3.1	3.1	3.0	4.2	1.9	. .	2.7	3.1
Total remote	*5.1*	*1.7*	*3.8*	*2.2*	*4.7*	*2.1*	. .	*2.8*	*3.2*
Remote	5.0	1.7	3.0	2.5	4.6	1.5	. .	4.9	3.5
Very remote	5.5	. .	4.8	1.8	5.1	4.2	. .	1.0	2.8
Total	**2.7**	**2.4**	**2.5**	**2.2**	**2.9**	**2.3**	**2.7**	**2.8**	**2.5**

(a) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2013.

(b) The remoteness area of hospital was based on the ABS 2011 remoteness area classification.

(c) The count of beds in Queensland was based on data as at 30 June 2014.

Note: See Box 2.2 for notes on data limitations.

Source: NPHED.

How does Australia compare?

In 2013–14, Australia had 3.7 public and private hospital beds per 1,000 population, compared with an average of 4.8 beds per 1,000 population for other OECD countries (Table 2.11).

Among the OECD countries, the number of hospital beds per 1,000 population ranged from 2.2 per 1,000 in Chile to more than 13.4 per 1,000 in Japan. Compared with Australia, there were fewer beds per 1,000 population in New Zealand (2.8), the United Kingdom (2.8), the United States (3.1) and Canada (2.7). There were more beds per 1,000 in Germany (8.3), France (6.3) and Greece (4.8) (OECD 2014).

Table 2.11: Hospital beds, per 1,000 population[(a)], states and territories 2013–14, OECD average (2012)[(b)]

	Hospital beds (per 1,000 population)		
	Public hospitals	**Private hospitals (excludes same-day facilities)**	**Total**
New South Wales	2.7	1.0	3.7
Victoria	2.4	1.3	3.7
Queensland	2.5	1.4	3.9
Western Australia	2.2	n.a.	n.a.
South Australia	2.9	1.1	4.0
Tasmania	2.3	n.a.	n.a.
Australian Capital Territory	2.7	n.a.	n.a.
Northern Territory	2.8	n.a.	n.a.
Australia	**2.5**	**1.2**	**3.7**
OECD average	**. .**	**. .**	**4.8**
OECD interquartile range[(c)]			2.8–6.3
Number of OECD countries			34

(a) Hospital beds per 1,000 population for Australia is reported as a crude rate based on the estimated resident population as at 30 June 2013.

(b) For some OECD countries, the data relate to a year other than 2012.

(c) The interquartile range is a measure of statistical dispersion, being equal to the difference between the upper and lower quartiles.

Source: OECD 2014.

2.3 How many accredited hospitals were there?

This section presents information on hospital accreditation statistics. Hospital accreditation is a National Health Performance Framework (NHPF) performance indicator related to effectiveness. *Effectiveness* is defined as:

> 'Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.'

Hospital accreditation is also related to safety and quality.

The information in this section has been compiled using 2 sources of accreditation data:

- the number of hospitals accredited to the National Safety and Quality Health Service (NSQHS) Standards (ACSQHC 2013), based on unpublished data supplied by the Australian Commission on Safety and Quality in Health Care (ACSQHC). For public hospitals, this has been limited to those facilities that also reported to the NPHED.
- the number of hospitals reported to the NPHED as being accredited.

The NSQHS Standards

From January 2013, public and private hospital accreditation has included assessment against the NSQHS Standards.

The NSQHS Standards were developed by the ACSQHC with the aim to improve the quality of health care in Australia through the implementation of safety and quality systems. The 10 NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health service organisations. The NSQHS Standards are:

- Standard—Governance for safety and quality in health service organisations
- Standard 2—Partnering with consumers
- Standard 3—Preventing and controlling healthcare associated infections
- Standard 4—Medication safety
- Standard 5—Patient identification and procedure matching
- Standard 6—Clinical handover
- Standard 7—Blood and blood products
- Standard 8—Preventing and managing pressure injuries
- Standard 9—Recognising and responding to clinical deterioration in acute health care
- Standard 10—Preventing falls and harm from falls.

Before the introduction of the NSQHS Standards, hospitals were accredited through different schemes, such as the Australian Council on Healthcare Standards. While the NSQHS Standards started from January 2013, the proportion of hospitals that have been assessed to date varies between jurisdictions, as not all hospitals were due to be assessed as part of the routine 3-4 year cycle.

How many hospitals were accredited to the NSQHS Standards?

Overall, about 78% of public and private hospitals had been assessed to either the NSQHS Standards 1 to 3, or to all NSQHS Standards (1 to 10) as at 30 June 2014 (Table 2.12).

Across Australia, a total of 583 public hospitals were accredited to the NSQHS Standards. There were 260 public hospitals accredited to NSQHS Standards 1 to 3, 323 public hospitals accredited to NSQHS Standards 1 to 10 and 164 public hospitals had not been assessed as at 30 June 2014.

There were a total of 483 private hospitals accredited to the NSQHS Standards. There were 245 private hospitals accredited to NSQHS Standards 1 to 3, 238 private hospitals accredited to NSQHS Standards 1 to 10 and 129 private hospitals had not been assessed as at 30 June 2014.

How many hospitals were reported as accredited to the NPHED?

In 2013–14, 696 public hospitals (93%) were reported as accredited to the NPHED (Table 2.12).

The accreditation status reported to the NPHED is a measure of accreditation, taken as at 30 June 2014. Accreditation is provided by a number of bodies, including the Australian Healthcare Standards' Evaluation and Quality Improvement Program, Business Excellence Australia, and the Quality Improvement Council. Hospitals can also be certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family.

Some hospitals may have had their accreditation lapse just before the end of the financial year, and may have been in the process of undergoing assessment for re-accreditation. Therefore, this information should be interpreted with caution.

Where to go for more information

More information on the NSQHS Standards and accreditation is available from the ACSQHC web site <http://www.safetyandquality.gov.au>.

More information on the safety and quality of admitted patient care was reported in *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a).

Table 2.12: Selected accreditation statistics, by state and territory, public and private hospitals, 2013–14

	NSW	Vic[a]	Qld	WA	SA[b]	Tas	ACT	NT	Total
Public hospitals									
Number of hospitals[c]	225	151	169	91	80	23	3	5	747
Accredited to standards 1 to 3[d]	73	48	27	68	39	5	0	0	260
Accredited to standards 1 to 10[d]	121	77	97	8	7	8	2	3	323
Not assessed as at 30 June 2014[d]	31	26	45	15	34	10	1	2	164
Proportion assessed at 30 June 2014[d] (%)	86.2	82.8	73.4	83.5	57.5	56.5	66.7	60.0	78.0
Accredited hospitals reported to NPHED [c]	209	151	154	91	79	4	3	5	696
Proportion of hospitals accredited reported to NPHED[c] (%)	92.9	100	91.1	100	98.8	17.4	100	100	93.2
Private free-standing day facilities									
Number of hospitals[e]	102	86	52	40	27	n.p.	n.p.	n.p.	326
Accredited to standards 1 to 3[d]	36	31	20	15	8	n.p.	n.p.	n.p.	115
Accredited to standards 1 to 10[d]	40	29	16	7	16	n.p.	n.p.	n.p.	117
Not assessed as at 30 June 2014[d]	26	26	16	18	3	n.p.	n.p.	n.p.	94
Proportion assessed at 30 June 2014[d] (%)	78.4	76.9	70.6	88.0	88.9	n.p.	n.p.	n.p.	79.5
Other private hospitals									
Number of hospitals[e]	91	79	56	22	28	n.p.	n.p.	n.p.	286
Accredited to standards 1 to 3[d]	36	34	33	9	13	n.p.	n.p.	n.p.	130
Accredited to standards 1 to 10[d]	43	39	14	10	11	n.p.	n.p.	n.p.	121
Not assessed as at 30 June 2014[d]	12	6	9	3	4	n.p.	n.p.	n.p.	35
Proportion assessed at 30 June 2014[d] (%)	89.8	91.3	87.0	90.5	80.0	n.p.	n.p.	n.p.	88.1
Total									
Number of hospitals	418	316	277	153	135	n.p.	n.p.	n.p.	1,359
Accredited to standards 1 to 3[d]	145	113	80	92	60	n.p.	n.p.	n.p.	505
Accredited to standards 1 to 10[d]	204	145	127	25	34	n.p.	n.p.	n.p.	561
Not assessed as at 30 June 2014[d]	69	58	70	36	41	n.p.	n.p.	n.p.	293
Proportion assessed at 30 June 2014[d] (%)	83.5	81.6	74.7	76.5	69.6	n.p.	n.p.	n.p.	78.4

(a) The classification of private hospital facilities reported by the ABS differs to the type of registered facility recorded by the Victorian Department of Health and Human Services.

(b) South Australia advised that, the total number of public hospitals reported included 1 hospital which was not eligible for accreditation and that all eligible public hospitals in South Australia were accredited in 2013–14.

(c) Information sourced from the NPHED.

(d) Information sourced from the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service (NSQHS) Standards (unpublished data).

(e) Information on the numbers of private hospitals was sourced from the *Private hospitals Australia 2013–14* report (ABS 2015).

2.4 Local hospital networks

Local hospital networks form a new layer of the health sector architecture in Australia and are provided for under the National Health Reform Agreement signed in 2011 (CoFFR 2011). Each LHN consists of small groups of local hospitals, or an individual hospital, linking services within a region or through specialist networks across a state or territory (Health 2014).

The LHNs vary greatly in location, size and in the types of hospitals that they contain. Table 2.13 shows the number of LHNs in each state and territory, and includes a count of networks according to the type of 'major hospital' in each LHN. This table groups the hospitals by public hospital peer groups. The 'major hospital' was identified as the hospital with either the largest amount of admitted patient activity or with the greatest range of services. For more information on the peer group classification, see Chapter 3.

How many Local hospital networks were there in 2013–14?

In 2013–14, there were 138 LHNs, including 88 LHNs in Victoria, and 1 LHN in the Australian Capital Territory (Table 2.13).

Many LHNs, particularly in Victoria, consist of a single hospital. Other networks consist of a *Principal referral* or *Public acute group A* hospital accompanied by a range of smaller and/or more specialised hospitals.

Table 2.13: Local hospital networks, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total Local hospital networks	**18**	**88**	**17**	**4**	**5**	**3**	**1**	**2**	**138**
Major hospital in network									
Principal referral	9	6	4	2	2	1	1	1	26
Women's and children's	1	3	2	1	1	0	0	0	8
Public acute group A	5	13	7	0	1	2	0	1	29
Public acute group B	2	1	1	1	1	0	0	0	6
Public acute group C	0	29	4	0	0	0	0	0	33
Public acute group D	0	19	0	0	0	0	0	0	19
Very small	0	11	0	0	0	0	0	0	11
Psychiatric	1	1	0	0	0	0	0	0	2
Subacute and non-acute	0	1	0	0	0	0	0	0	1
Other	0	5	0	0	0	0	0	0	5
LHNs that consist of a single hospital	1	56	0	1	1	0	0	0	59
Total hospitals	**225**	**151**	**169**	**91**	**80**	**23**	**3**	**5**	**747**

Note: See Box 2.1 for notes on data limitations.

Source: NPHED.

Where to go for more information

More information on the Local hospital networks is available from the National Health Reform Public Hospital Funding website <www.publichospitalfunding.gov.au/>

3 How diverse were hospitals?

This chapter presents information on the diversity of Australian hospitals. The diversity of hospitals can be described in various ways. The information in this chapter includes:

- public hospital peer groups—which classify public hospitals into groups of similar hospitals—by state and territory, by the location (remoteness area) of the hospital, and the types of services provided for 2013–14
- hospital size—the number of public hospitals by size (based on the number of average available beds), by state and territory and by the location of the hospital for 2013–14
- the number of public acute hospitals that provided specialised services by state and territory and by public hospital peer groups for 2013–14
- the 20 most common service related groups—representing clinical divisions of hospital activity—provided by public hospitals, by remoteness area of hospitals and public hospital peer groups for 2013–14.

This chapter also presents information on the diversity of private hospitals including a summary of AIHW's new private hospital peer groups, the specialised facilities available, hospital location and activity for 2012–13. More detailed information about the diversity of private hospitals is available in *Australian hospital statistics 2012–13: private hospitals* (AIHW 2014f).

Key findings

How diverse were public hospitals?

In 2013–14, the 747 public hospitals were very diverse in size and type of services they provided. They ranged from *Principal referral hospitals* to *Outpatient hospitals*, *Early parenting centres* and *Psychiatric hospitals*. The 29 *Principal referral hospitals* accounted for almost 2 million separations or 35% of all public hospital separations in 2013–14. There were 42 *Outpatient hospitals*, all in regional and remote areas, which provided a range of non-admitted patient services.

How diverse were private hospitals?

The private hospital sector was also diverse in the size of hospitals and the types of services they provided. *Private acute Group A hospitals* provided same-day and overnight care, and largely acute medical and surgical care. *Very small private hospitals* provided few admitted patient services.

What services were provided in public hospitals?

In 2013–14, the most common specialised services offered by hospitals were *Domiciliary care*, followed by *Nursing home care* and *Obstetric/maternity services*. There were 82 *Intensive care units (level III)*, and 30 *Neonatal intensive care units (level III)*.

3.1 How diverse were public hospitals?

This section presents information on public hospital peer groups, location by remoteness area of hospitals, size of the hospitals, and the services provided.

The diversity of public hospitals is presented in Table 3.1 by hospital peer groups. The table includes the average number of AR-DRGs reported for each group of hospital, which is a gauge of the range of admitted patient services. Other statistics are presented by peer groups in chapters 2, 4 and 5.

In 2013–14, the 747 public hospitals were very diverse in size and type of services they provided for admitted and non-admitted patients. In 2013–14, there were:

- 29 *Principal referral hospitals*—mainly in *Major cities*, with at least 1 in each state and territory. They provided a very broad range of services, including some very sophisticated services, and had very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an infectious diseases unit and a 24-hour emergency department (Table 3.1). These hospitals accounted for almost 2 million separations, or 35% of the total for public hospitals, and they accounted for 6.6 million days, or 35% of the total for public hospitals.
- 13 *Women's and children's hospitals*—specialising in maternity and other specialist services for women, and/or specialist paediatric services and located in Sydney, Melbourne, Brisbane, Perth and Adelaide. They delivered an average of 20,952 separations per hospital.
- 62 *Public acute group A hospitals*—33 in *Major cities*, 29 in *Regional and remote* areas. They provided a wide range of services to a large number of patients and were usually situated in metropolitan centres or inner regional areas. Most had an intensive care unit, a 24-hour emergency department and a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units. They provided emergency department, outpatient and admitted patient services, generally with a range of activities less than for the *Principal referral hospitals* (5 or more separations for 406 AR-DRGs), with an average of 30,750 separations per hospital.
- 45 *Public acute group B hospitals*—24 in *Major cities* and 21 in *Regional* and *Remote* areas. Most had a 24-hour emergency department and performed elective surgery. They provided a narrower range of services than the *Principal referral* and *Public acute group A hospitals*. They had a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units. They provided an average of 15,895 separations per hospital.
- 143 *Public acute group C hospitals*—mostly in *Regional* and *Remote* areas. These hospitals usually provided an obstetric unit, surgical services and some form of emergency facility. Generally smaller than the *Public acute group B hospitals*, they delivered mainly acute care for admitted patients, with an average of 3,560 separations per hospital in the year, with a relatively narrow range of services.
- 191 *Public acute group D hospitals*—often situated in regional and remote areas, offered a smaller range of services relative to the other public acute hospitals (groups A–C). Hospitals in this group tend to have a greater proportion of non-acute separations compared with the larger acute public hospitals. They provided an average of 603 separations per hospital.

- 136 *Very small hospitals* in *Regional* and *Remote* areas delivered a very narrow range of services. On average, they provided fewer than 100 separations each year.
- 19 *Psychiatric hospitals*—specialising in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability. They were located in Sydney, Melbourne, Brisbane, Perth, Adelaide and Hobart, with 3 in regional Queensland centres and 1 in regional New South Wales.
- 39 *Subacute and non-acute hospitals* – including hospitals that primarily provided *Rehabilitation care and geriatric evaluation and management*, as well as *Mixed subacute and non-acute hospitals*, that provided palliative care, geriatric evaluation and management, psychogeriatric care and non-acute (maintenance) care. They provided an average of 1,582 separations per hospital.
- 42 *Outpatient hospitals*—in *Regional* and *Remote* areas. They provided a range of non-admitted patient services. Generally, they do not admit patients.
- 28 *Other hospitals*, this group is too diverse to be considered a peer group for comparison purposes.

States and territories

The distribution of hospital services across remoteness areas varies between jurisdictions. Average available beds per hospital varied between jurisdictions, ranging from 343 in the Australian Capital Territory to 52 in Tasmania (Table 3.2).

Where to go for more information

More information on public hospital peer groups by states and territories is in the tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

Information on the public hospital peer group assigned to each public hospital is available in Table AS.1 accompanying this report online at <www.aihw.gov.au/hospitals/>. Information on data limitations and methods is available in appendixes A and B.

Table 3.1: The diversity of public hospitals, 2013–14

	Number of hospitals													
	Location				Services provided									
Hospital type	Major cities	Regional	Remote	Total	Emergency departments[a]	Emergency services[b]	Non-admitted patient clinics[c]	Elective surgery[d]	Average available beds	Separations (average)[e]	Average length of stay (days)	Non-acute care patient days (%)	AR-DRGs(5+)[f]	Intensive care units[g]
Principal referral	26	3	0	**29**	29	29	29	29	647	68,931	3.3	8.3	596	29
Specialist women's and children's	13	0	0	**13**	10	10	12	12	194	20,952	3.0	1.1	227	11
Public acute group A	33	28	1	**62**	60	60	61	58	262	30,750	3.0	11.3	406	50
Public acute group B	24	20	1	**45**	45	45	45	43	130	15,895	2.7	18.1	257	9
Public acute group C	11	114	18	**143**	55	111	74	88	40	3,560	2.8	24.8	102	2
Public acute group D	4	135	52	**191**	59	164	43	9	16	603	4.3	34.8	25	0
Very small	0	86	50	**136**	25	101	50	0	7	92	8.5	45.8	2	0
Psychiatric	15	4	0	**19**	0	0	2	0	111	617	51.1	58.3	8	1
Subacute and non-acute	28	11	0	**39**	0	3	26	0	67	1,582	13.9	92.3	22	0
Outpatient	0	10	32	**42**	5	30	1	0	0	4	1.3	0.4	0	0
Other	24	4	0	**28**	1	1	9	5	31	3,822	2.4	19.6	22	1
Total	**178**	**415**	**154**	**747**	**289**	**554**	**352**	**244**	**78**	**7,645**	**3.3**	**17.7**	**105**	**103**

(a) This is the number of hospitals reporting episode-level emergency department presentations data to the NNAPEDCD.

(b) This is the number of hospitals reporting establishment-level emergency occasions of service data to the NPHED.

(c) This is the number of hospitals reporting non-admitted service events to the NNAPC(agg)D.

(d) This is the number of hospitals reporting data to the NESWTDC.

(e) Separations for which the care type was reported as *Newborn* (without qualified days), and records for *Hospital boarders* and *Posthumous organ procurement* are excluded.

(f) This is the average number of AR-DRGs for which there were at least 5 separations as reported to the NHMD.

(g) This is the number of hospitals that reported hours of intensive care to the NHMD and includes both *Intensive care units (level III)* and *Neonatal intensive care units (level III)*.

Note: See boxes 2.1 and 2.2 for notes on data limitations.

Table 3.2: The diversity of public hospitals, states and territories, 2013–14

	Number of hospitals													
	Location				Services provided									
	Major cities	Regional	Remote	Total	Emergency departments[a]	Emergency services[b]	Non-admitted patient clinics[c]	Elective surgery[d]	Average available beds	Separations (average)[e]	Average length of stay (days)	Non-acute care patient days (%)	AR-DRGs(5+)[f]	Intensive care units[g]
New South Wales	68	139	18	**225**	180	185	83	96	90	7,854	3.6	16.9	118	41
Victoria	53	96	2	**151**	40	40	65	32	90	9,998	3.1	18.3	119	27
Queensland	20	79	70	**169**	27	155	34	33	68	6,432	3.0	21.5	89	11
Western Australia	19	37	35	**91**	17	81	87	34	60	6,548	3.1	16.1	85	9
South Australia	15	44	21	**80**	14	70	74	38	61	5,197	3.6	15.7	84	9
Tasmania	. .	19	4	**23**	4	16	4	4	52	4,958	3.3	15.0	80	2
Australian Capital Territory	3	. .	. .	**3**	2	2	2	2	343	32,323	3.4	15.3	336	2
Northern Territory	. .	1	4	**5**	5	5	3	5	133	24,769	2.5	6.9	253	2
Total	**178**	**415**	**154**	**747**	**289**	**554**	**352**	**244**	**78**	**7,645**	**3.3**	**17.7**	**105**	**103**

(a) This is the number of hospitals reporting episode-level emergency department presentations data to the NNAPEDCD.

(b) This is the number of hospitals reporting establishment-level emergency occasions of service data to the NPHED.

(c) This is the number of hospitals reporting non-admitted service events to the NNAPC(agg)D.

(d) This is the number of hospitals reporting data to the NESWTDC.

(e) Separations for which the care type was reported as *Newborn* (without qualified days), and records for *Hospital boarders* and *Posthumous organ procurement* are excluded.

(f) This is the average number of AR-DRGs for which there were at least 5 separations as reported to the NHMD.

(g) This is the number of hospitals that reported hours of intensive care to the NHMD and includes both *Intensive care units (level III)* and *Neonatal intensive care units (level III)*.

Note: See boxes 2.1 and 2.2 for notes on data limitations.

How did public hospitals differ in size?

Grouping hospitals by the number of available beds showed that the majority of hospitals were very small, particularly in jurisdictions that covered large geographical areas (Table 3.3). The majority of beds were in larger hospitals and in more densely populated areas. The largest hospital had more than 1,000 available beds and was located in Brisbane. More than 71% of hospitals had 50 or fewer beds.

The proportion of hospital beds in different sized hospitals varied by jurisdiction. The Northern Territory did not have any public hospitals with either more than 500 beds or 10 beds or fewer. For Victoria, a higher proportion of hospital beds were in hospitals with more than 200 to 500 beds (35%) than in hospitals with more than 500 beds (23%) (Table 3.3).

Table 3.3: Public acute and psychiatric hospitals, by hospital size, states and territories, 2013–14

	NSW	Vic[a]	Qld[b]	WA	SA	Tas	ACT	NT	Total
				Number of hospitals					
Hospital size[c]									
10 or fewer beds	33	39	76	44	22	14	1	0	229
More than 10 to 50 beds	118	52	60	28	41	5	0	2	306
More than 50 to 100 beds	23	22	8	3	8	1	0	1	66
More than 100 to 200 beds	23	18	8	9	3	1	0	1	63
More than 200 to 500 beds	19	15	11	5	4	2	1	1	58
More than 500 beds	9	5	6	2	2	0	1	0	25
All hospitals	**225**	**151**	**169**	**91**	**80**	**23**	**3**	**5**	**747**
				Average available beds					
Hospital size[c]									
10 or fewer beds	112	234	238	219	135	80	10	0	1,029
More than 10 to 50 beds	3,053	1,225	1,413	689	1,014	85	0	54	7,533
More than 50 to 100 beds	1,657	1,675	609	222	564	81	0	60	4,867
More than 100 to 200 beds	3,366	2,588	1,319	1,386	417	117	0	183	9,377
More than 200 to 500 beds	5,987	4,799	3,411	1,646	1,259	824	258	367	18,551
More than 500 beds	6,068	3,062	4,518	1,314	1,487	0	762	0	17,211
All hospitals	**20,242**	**13,583**	**11,508**	**5,477**	**4,876**	**1,187**	**1,030**	**664**	**58,567**

(a) The count of hospitals in Victoria is a count of the campuses that report data separately to the NHMD.

(b) The count of beds in Queensland was based on data as at 30 June 2014.

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

Note: See boxes 2.1 and 2.2 for notes on data limitations.

Source: NPHED.

Where to go for more information

More information on hospital peer groups by state and territory is in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

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

3.2 How diverse were private hospitals?

Information on the diversity of private hospitals, using the AIHW's new private hospital peer groups is available in *Australian hospital statistics 2012–13: private hospitals* (AIHW 2014f). The AIHW's new private hospital peer group classification includes separate peer groups for private acute hospitals, specialist overnight hospitals and for subacute and non-acute hospitals.

Private acute hospitals

Private acute care hospitals provide same-day and overnight care; and largely acute medical and surgical care. The private acute hospitals were divided into groups A, B, C and D as follows:

- 22 *Private acute Group A hospitals*, with 21 located in *Major cities*. These hospitals had the broadest range of AR-DRGs for which 5 or more separations were reported—381 AR-DRGs on average in 2012–13—and had the largest average number of separations per hospital (33,234).
- 36 *Private acute Group B hospitals*, with 29 located in *Major cities*. These hospitals had the second largest average number of separations (22,045) and the second broadest range of AR-DRGs for which 5 or more separations were reported—281 AR-DRGs.
- 49 *Private acute Group C hospitals*, with 30 located in *Major cities*. These hospitals had the third largest average number of separations (12,426) and the third broadest range of AR-DRGs for which 5 or more separations were reported—176 AR-DRGs.
- 71 *Private acute Group D hospitals*, with 45 located in *Major cities*. In comparison to other private acute hospitals these hospitals tended to have fewer separations (4,811) and a smaller range of AR-DRGs for which 5 or more separations were reported—78 AR-DRGs.

Specialist overnight hospitals

Specialist overnight hospitals are hospitals that provide care on a same-day and overnight basis to a specific target population or for a specific group of conditions. These hospitals exclude those that provide specialised care on a same-day basis only. They include:

- 27 private hospitals in the *Psychiatric hospitals* peer group, of which most were located in *Major cities* and had the average of 5,547 separations.
- 2 *Women's and children's hospitals*
- 16 *Other acute specialised hospitals*.

Subacute and non-acute hospitals

Subacute and non-acute hospitals provide mostly subacute and non-acute care on a same-day and overnight basis. They excluded those hospitals that provide care on a same-day basis only. They include:

- 23 private *Rehabilitation hospitals*, mostly located in *Major cities* with an average of 5,709 separations.
- 5 private *Mixed subacute and non-acute hospitals*—4 of the 5 hospitals were located in *Major cities*.

Very small hospitals have few beds, a limited casemix and offer few admitted patient services. Most do not perform surgery. The *Very small hospitals* group is not considered suitable for comparison purposes due to the low volumes of separations.

Day hospitals are private hospitals with a same-day licensing arrangement with states and territories, with all (or virtually all) separations being same-day separations. There are 10 different day hospital peer groups (each based on the provision of specific related procedures) and 1 mixed day procedure hospital peer group.

Unpeered hospitals are those same-day and overnight hospitals with unique characteristics that could not be assigned to one of the other peer groups.

Where to go for more information

More information on private hospitals is available in:

- the AIHW report *Australian hospital statistics 2012–13: private hospitals* (AIHW 2014f)
- the Australian Bureau of Statistics' report *Private hospitals Australia 2013–14* at <www.abs.gov.au/ausstats/abs@.nsf/mf/4390.0>.

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

3.3 What services were provided?

This section presents an overview of the services provided by hospitals for both admitted and non-admitted patients.

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other services. Hospitals also provide services for admitted patients.

What specialised services did public hospitals provide in 2013–14?

In 2013–14, the most common specialised services offered by public hospitals were *Domiciliary care*, followed by *Nursing home care* and *Obstetric/maternity services* (Table 3.4).

Overall, there were 82 *Intensive care units (level III)*, and 30 *Neonatal intensive care units (level III)* in public hospitals in 2013–14. Twenty-five of the *Intensive care units (level III)* and 5 of the *Neonatal intensive care units (level III)* were located 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.

Table 3.5 presents the specialised service units by public hospital peer group. All *Principal referral hospitals* had *Oncology units* and *Intensive care units (level III)*. More than half of the *Domiciliary care* service units are located in *Public acute group C* and *Public acute group D* hospitals (101 and 104 respectively).

Data on specialised services by state and territory are presented in Table 3.6. Data were not available for a few hospitals so the services may be undercounted.

Table 3.4 Public acute hospitals with selected specialised services by remoteness area of hospital, 2013–14

	Remoteness area of hospital			
Specialised service unit	**Major cities**	**Regional**	**Remote**	**Total**[(a)]
Domiciliary care service	76	249	57	**382**
Nursing home care unit	14	208	55	**277**
Obstetric/maternity service	68	145	21	**234**
Maintenance renal dialysis centre	77	92	17	**186**
Rehabilitation unit	89	64	2	**155**
Oncology unit	69	63	4	**136**
Intensive care unit (level III)	57	24	1	**82**
Major plastic/reconstructive surgery unit	43	4	1	**48**
Neonatal intensive care unit (level III)	25	5	0	**30**
In-vitro fertilisation unit	8	1	0	**9**

(a) The total includes specialised services reported for hospital networks in Victoria, for which the remoteness was not specified.

Note: See Box 2.1 for notes on data limitations. Additional information for states and territories is in Table 3.6.

Source: NPHED.

Table 3.5: Number of public acute hospitals with selected specialised services, by public hospital peer group, 2013–14

Specialised service unit	Principal referral	Specialist women's and children's	Public acute group A	Public acute group B	Public acute group C	Public acute group D	Very small	Psychiatric	Subacute and non-acute	Outpatient	Other	Total
Domiciliary care service	18	6	33	26	101	104	66	0	15	8	5	382
Nursing home care unit	1	0	4	4	52	98	100	0	14	3	1	277
Obstetric/maternity service	17	7	50	35	113	9	0	0	0	0	3	234
Maintenance renal dialysis centre	26	6	46	32	45	24	0	0	4	0	3	186
Rehabilitation unit	20	5	41	28	26	4	0	0	28	0	3	155
Oncology unit	29	10	54	16	22	0	0	0	1	0	4	136
Intensive care unit (level III)	29	7	38	7	0	0	0	0	0	0	1	82
Major plastic/reconstructive surgery unit	26	7	12	2	1	0	0	0	0	0	0	48
Neonatal intensive care unit (level III)	15	10	3	1	1	0	0	0	0	0	0	30
In-vitro fertilisation unit	5	3	1	0	0	0	0	0	0	0	0	9
Total hospitals[(a)]	**29**	**13**	**62**	**45**	**143**	**191**	**136**	**19**	**39**	**42**	**28**	**747**

(a) As a hospital may have more than one specialised service unit the rows do not sum to the total hospitals.

Note: See Box 2.1 for notes on data limitations.

Source: NPHED.

Table 3.6: Number of public acute hospitals[a] with specialised services, states and territories, 2013–14

Specialised services	NSW[b]	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
Acute renal dialysis unit	26	18	18	4	5	2	1	2	**76**
Acute spinal cord injury unit	4	2	1	2	1	0	0	0	**10**
AIDS unit	10	1	3	1	2	0	1	0	**18**
Alcohol and drug unit	86	11	11	3	3	0	1	0	**115**
Burns unit (level III)	3	2	2	2	2	1	0	0	**12**
Cardiac surgery unit	12	8	5	4	2	1	1	0	**33**
Clinical genetics unit	16	10	2	3	3	1	1	0	**36**
Coronary care unit	43	23	20	6	7	3	2	2	**106**
Diabetes unit	21	20	13	6	6	3	1	3	**73**
Domiciliary care service	127	92	50	58	54	0	0	1	**382**
Geriatric assessment unit	63	43	9	22	13	3	2	2	**157**
Hospice care unit	43	25	10	33	10	1	1	1	**124**
Infectious diseases unit	12	15	11	4	3	1	1	2	**49**
Intensive care unit (level III)	39	17	11	4	5	3	1	2	**82**
In-vitro fertilisation unit	3	1	1	1	2	0	0	1	**9**
Maintenance renal dialysis centre	60	65	23	15	16	2	1	4	**186**
Major plastic/reconstructive surgery unit	13	12	10	5	4	1	1	2	**48**
Neonatal intensive care unit (level III)	12	5	5	3	2	1	1	1	**30**
Neurosurgical unit	13	8	6	3	3	1	1	2	**37**
Nursing home care unit	80	88	9	48	42	10	0	0	**277**
Obstetric/maternity service	75	54	40	27	28	3	2	5	**234**
Oncology unit	43	41	18	15	12	3	2	2	**136**
Psychiatric unit/ward	42	33	19	15	10	3	2	2	**126**
Refractory epilepsy unit	7	5	2	3	2	0	0	0	**19**
Rehabilitation unit	58	42	18	18	11	3	2	3	**155**
Sleep centre	12	11	7	3	4	2	0	2	**41**
Specialist paediatric service	42	28	21	11	7	4	2	4	**119**
Transplantation unit-bone marrow	12	7	4	3	1	1	1	0	**29**
Transplantation unit-heart (including heart/lung)	1	2	1	2	0	0	0	0	**6**
Transplantation unit-liver	2	2	2	2	1	0	0	0	**9**
Transplantation unit-pancreas	1	3	0	1	0	0	0	0	**5**
Transplantation unit-renal	7	6	2	3	1	0	0	0	**19**

(a) Excludes psychiatric hospitals.

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

(c) Data for Victoria may underestimate the number of specialised services as some small multi-campus rural services were reported at a Local hospital network level rather than campus level. Consequently, if 2 campuses within the network had a specialised type of service, then only 1 service was counted.

Note: See Box 2.1 for notes on data limitations.

Source: NPHED.

Service Related Groups in 2013–14

This section presents information on admitted patient care, presented by service related groups. The Service Related Group (SRG) classification categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services.

The method to assign records to SRGs 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. For public hospitals, separations may also have been assigned to the specialist *Perinatology* SRG depending on whether or not the hospital had a neonatal intensive care unit (level III), as reported to the NPHED.

The number of public hospitals reporting more than 360 patient days in an SRG can be used as an indicative measure of the number of specialty units. The availability of specialty units varied by the remoteness area of the hospital (Table 3.7) and by the peer group of the hospital (Table 3.8).

All *Principal referral hospitals* and most *Public acute group A hospitals* reported separations and patient days for *General medicine*, *Respiratory medicine*, *Cardiology*, *Gastroenterology*, *Orthopaedics*, *General surgery*, *Neurology* and *Haematology* SRGs (Table 3.8).

Table 3.7: Number of public hospitals reporting more than 360 patient days for the 20 most common Service Related Groups[a], by remoteness area[b] of hospital, 2013–14

	Remoteness area of hospital			
Service Related Group	**Major cities**	**Regional**	**Remote**	**Total[c]**
General medicine	126	231	34	**391**
Respiratory medicine	102	191	20	**313**
Cardiology	96	145	8	**249**
Gastroenterology	101	123	10	**234**
Orthopaedics	104	120	8	**232**
Maintenance	70	130	26	**226**
Rehabilitation	112	111	1	**224**
General surgery	103	87	8	**198**
Neurology	102	85	4	**191**
Obstetrics	66	102	12	**180**
Renal dialysis	74	81	9	**164**
Psychiatry/mental health—acute	98	54	3	**155**
Diagnostic gastrointestinal	87	62	3	**152**
Urology	91	53	2	**146**
Gynaecology	82	56	4	**142**
Palliative care	68	70	3	**141**
Haematology	88	50	1	**139**
Upper gastrointestinal surgery	84	48	1	**133**
Plastic and reconstructive surgery	85	41	3	**129**
Colorectal surgery	80	42	1	**123**

(a) Service Related Group information was sourced from the NHMD, and not all hospitals provide admitted patient care.

(b) Information on remoteness area of hospital was sourced from the NPHED, and was based on the ABS 2011 remoteness area classification.

(c) The total includes services reported for hospital networks in Victoria, for which the remoteness was not specified.

Note: See Box 2.1 for notes on data limitations. Additional information for states and territories is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 3.8: Number of public hospitals reporting more than 360 patient days for the 20 most common Service Related Groups[a], by public hospital peer group[b], 2013–14

Service Related Group	Principal referral	Specialist women's and children's	Public acute group A	Public acute group B	Public acute group C	Public acute group D	Very small	Psychiatric	Subacute and non-acute	Other	Total
General medicine	29	10	62	44	140	79	5	6	7	9	**391**
Respiratory medicine	29	7	62	44	116	47	1	1	1	5	**313**
Cardiology	29	7	61	44	90	14	1	1	1	1	**249**
Gastroenterology	29	9	62	43	81	6	0	1	0	3	**234**
Orthopaedics	29	7	62	45	69	15	1	0	1	3	**232**
Maintenance	20	0	37	21	46	58	25	1	17	1	**226**
Rehabilitation	24	7	51	38	51	14	2	0	35	2	**224**
General surgery	29	11	62	44	47	2	0	0	0	3	**198**
Neurology	29	7	62	43	42	1	0	2	2	3	**191**
Obstetrics	18	8	51	34	68	0	0	0	0	1	**180**
Renal dialysis	28	3	50	31	41	5	0	0	2	4	**164**
Psychiatry/mental health—acute	29	8	53	25	13	0	0	11	9	7	**155**
Diagnostic gastrointestinal	29	6	60	29	23	1	0	0	0	4	**152**
Urology	29	8	59	32	16	0	0	0	0	2	**146**
Gynaecology	23	6	56	35	18	0	0	0	0	4	**142**
Palliative care	22	1	34	16	33	12	1	0	22	0	**141**
Haematology	29	6	61	34	5	1	0	0	0	3	**139**
Upper gastrointestinal surgery	29	7	60	32	4	0	0	0	0	1	**133**
Plastic and reconstructive surgery	29	7	55	23	14	0	0	0	0	1	**129**
Colorectal surgery	29	6	60	23	4	0	0	0	0	1	**123**
Total	**29**	**13**	**62**	**45**	**143**	**191**	**136**	**19**	**39**	**70**	**747**

(a) Service Related Group information was sourced from the NHMD, and not all hospitals provide admitted patient care.

(b) Information on public hospital peer groups was sourced from the NPHED.

Note: See Box 2.1 for notes on data limitations.

Where to go for more information

More information on services provided for non-admitted patients is available in:

- *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014b).
- *Non-admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015b).

More information on services provided for admitted patients is available in:

- *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a).

More information on the method used to allocate admitted patient records to SRGs is available in Appendix C. More information on service related groups by state and territory for both public and private hospitals is available in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

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

4 Who paid for hospitals and how much did hospitals spend?

This chapter presents information on funding for Australia's hospitals, hospital expenditure and revenue, and changes over time.

Information on hospital funding was sourced from the AIHW's Health Expenditure Database (HED), which comprises a wide range of information about health expenditure in Australia, compiled from a wide range of government and non-government sources, including the Government health expenditure National Minimum Data Set (NMDS).

Information on public hospital expenditure and revenue was sourced from the NPHED. Private hospital information on the expenditure and revenue was sourced from the ABS's PHEC.

The information in this chapter includes:

- funding for public and private hospitals, over time and for 2012–13
- recurrent expenditure by public and private hospitals by state and territory, for 2013–14 and over time
- recurrent expenditure by public acute and public psychiatric hospitals, by state and territory and public hospital peer groups, for 2013–14
- revenue for public and private hospitals by state and territory, for 2013–14 and over time
- revenue for public acute and public psychiatric hospitals, by state and territory and public hospital peer groups, for 2013–14.

Key findings

Hospital funding

Between 2008–09 and 2012–13, funding for public hospitals increased by 4.3% on average each year (after adjusting for inflation). Over the same period, funding for private hospitals also increased by 4.3% on average each year.

Hospital expenditure

In 2013–14, public hospital recurrent expenditure was more than $44 billion and recurrent expenditure by private hospitals was more than $11 billion.

In constant price terms (adjusted for inflation), the average annual increase in recurrent expenditure by public hospitals was 4.4% between 2009–10 and 2013–14.

Hospital revenue

Between 2009–10 and 2013–14, public hospital revenue increased by an average of 10.6% per year (adjusted for inflation), from $3.8 billion to $5.7 billion.

Between 2012–13 and 2013–14, revenue in public hospitals declined in some jurisdictions. The largest decrease occurred in Queensland (26.6%). South Australia had the largest increase of 16.1%.

4.1 How were hospitals funded?

This section presents information on who funded public and private hospitals in 2012–13. It includes information on expenditure over time, expressed in both current and constant prices (see Box 4.1).

A summary measure of the significance of Australia's hospitals is the amount that is spent on them—an estimated $55.9 billion in 2012–13, which represented about 3.7% of Australia's gross domestic product, or about $2,410 per person (AIHW 2014e).

Public and private hospitals are funded from a range of different sources, reflecting the types of patients they treat and the services they provide. Governments mainly fund emergency department and outpatient services, whereas both private (non-government) and government sources commonly fund admitted patient services.

The original sources of funds are reported here rather than immediate sources. Therefore, the Australian Government is regarded as the source of funds for the contributions that it made for public hospitals via intergovernmental agreements and for the contributions it made to private hospitals via the private health insurance premium rebates.

The financial data presented in Table 4.1 are sourced from the AIHW's HED. Financial data reported from the HED are not directly comparable with data reported from the NPHED. Hospital expenditure reported for the purpose of the HED collection is different in scope to that covered by the NPHED. The HED financial data include trust fund expenditure and central office costs, whereas the NPHED does not. The HED data reflect only that part of public hospitals' expenses that are used in providing hospital services. That is, they exclude expenses incurred in providing community and public health services, dental care, patient transport services and health research undertaken by public hospitals.

Box 4.1: What methods were used?

This chapter presents both current and constant prices for recurrent expenditure and revenue. The constant prices were derived from the current prices using a set of 'deflators'.

The constant prices reported from the HED in Table 4.1 used the ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator for both public and private hospitals, expressed in terms of prices in the reference year 2012–13.

For tables 4.3, 4.4, 4.7 and 4.8, the constant prices were derived from the current price data:

- for public hospitals, the ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator was used, expressed in terms of prices in the reference year 2013–14
- for private hospitals, the ABS Household Final Consumption Expenditure deflator was used, expressed in terms of prices in the reference year 2013–14.

Changes over time

Funding for public hospitals has increased by 4.3% each year on average (adjusted for inflation), between 2008–09 and 2012–13.

The sources of funding for public hospitals are the Australian Government, state and territory governments and non-government sources (including private health insurance, injury compensation insurers, self-funded patients and other sources of private revenue). Between 2008–09 and 2012–13, after adjusting for inflation, public hospital funding from

non-government sources increased by an average of 7.6% per year (Table 4.1), funding from the Australian Government increased by an average of 1.0% per year and funding from state and territory governments increased by 6.3% per year. Between 2011–12 and 2012–13, funding for public hospitals from the Australian Government decreased by 2.2%.

Between 2008–09 and 2012–13, funding for private hospitals increased by an average of 4.3% per year. Between 2011–12 and 2012–13, funding from the Australian Government decreased by 7.4% and funding from state and territory governments decreased by 10.5%.

In 2012–13, about 66% of private hospital funding was non-government and about 30% was provided by the Australian Government.

Table 4.1: Funding sources for public and private hospitals, constant prices[(a)] ($ million), 2008–09 to 2012–13

						Change (%)	
	2008–09	2009–10	2010–11	2011–12	2012–13	Average since 2008–09	Since 2011–12
Public hospitals							
Australian Government	15,601	14,835	16,285	16,600	16,242	1.0	–2.2
State/territory government	18,551	20,881	21,373	23,085	23,655	6.3	2.5
Non-government	2,957	3,024	3,450	3,602	3,963	7.6	10.0
Total	**37,110**	**38,740**	**41,108**	**43,288**	**43,860**	**4.3**	**1.3**
Private hospitals							
Australian Government	3,211	3,544	3,667	3,925	3,635	3.1	–7.4
State/territory government	403	412	479	511	457	3.2	–10.5
Non-government	6,603	6,797	7,215	7,382	7,991	4.9	8.2
Total	**10,217**	**10,753**	**11,361**	**11,818**	**12,083**	**4.3**	**2.2**

(a) Expressed in terms of prices in the reference year 2013–14. The ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator was used for both public and private hospitals.

Sources: Health expenditure Australia 2012–13 (AIHW 2014e) and the AIHW's online health expenditure data cubes.

How were hospitals funded in 2012–13?

In 2012–13, the state and territory governments and the Australian Government provided most of the funds for public hospitals (Table 4.2). Private health insurance (including funding from both health insurance funds and the Australian Government rebate on health insurance premiums) and out-of-pocket payments by patients mainly fund private hospitals (AIHW 2014e).

Table 4.2: Expenditure on public and private hospitals, by source of funds ($ million), 2012–13

	Public hospitals		Private hospitals	
	$ million	% of total	$ million	% of total
Australian Government	*16,242*	*37.0*	*3,635*	*30.1*
Rebates of health insurance premiums	393	0.9	2,489	20.6
Department of Veterans' Affairs	785	1.8	879	7.3
Other	15,065	34.3	266	2.2
State/territory government	23,655	53.9	457	3.8
Health insurance funds	904	2.1	5,733	47.4
Individuals	1,305	3.0	1,497	12.4
Other	1,754	4.0	760	6.3
Total	**43,860**	**100.0**	**12,083**	**100.0**

Source: Health expenditure Australia, 2012–13 (AIHW 2014e).

4.2 How much did hospitals spend?

This section presents information on public and private hospital expenditure for 2013–14. It includes information on expenditure over time, in both current and constant prices.

Public hospital recurrent expenditure

Public hospital recurrent expenditure can be categorised into salary and non-salary expenditure:

- **Salary expenditure** includes 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.
- **Non-salary expenditure** includes items such as payments to *Visiting medical officers*, superannuation payments, drug supplies, medical and surgical supplies (which includes consumable supplies only and not equipment purchases), food supplies, domestic services, repairs and maintenance, patient transport, administrative expenses, interest payments, depreciation and other recurrent expenditure.

Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions. See Box 4.2 for other issues related to hospital expenditure.

Box 4.2: What are the limitations of the data on hospital expenditure?

A small number of public hospital establishments in 2013–14 did not report any financial data, or reported incomplete financial data.

Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary: version 16.2* (AIHW 2015d) categories and the comparability of the data may not be adequate for reporting.

Recurrent expenditure reported for public hospitals in this chapter was largely expenditure by hospitals and may not necessarily include all expenditure spent on hospital services by each state or territory government. For example, recurrent expenditure on purchase of public hospital services at the state or at the Local hospital networks level from privately owned and/or operated hospitals may not be included.

Variation in expenditure on visiting medical officers (VMOs) may reflect differences in outsourcing arrangements. For example, this may be reflected in the proportion of total expenditure that was reported as being for VMOs—who were contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis (Table 4.5). Variations in the outsourcing arrangements may also be reflected in variations in other recurrent expenditure categories reported in Table 4.5.

Changes over time

Recurrent expenditure by public hospitals in 2013–14 was more than $44 billion (Table 4.3). In constant price terms (adjusted for inflation), the average annual increase in recurrent expenditure by public hospitals was 4.4% between 2009–10 and 2013–14.

Recurrent expenditure for private hospitals in 2013–14 was more than $11 billion. In constant price terms (adjusted for inflation), the average annual increase in recurrent expenditure by private hospitals was 3.4% between 2009–10 and 2013–14.

Between 2009–10 and 2013–14, the public hospital recurrent expenditure in the Australian Capital Territory had the highest increase by an average of 9.9% per year in constant price terms (adjusted for inflation) (Table 4.4). The average annual increase in public hospital recurrent expenditure was lowest for Tasmania (2.6%).

Table 4.3: Recurrent expenditure ($ million) (excluding depreciation), public and private hospitals, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13[a]	2013–14	Average since 2009–10	Since 2012–13
Public hospitals[b]							
Constant prices[c]	37,369	39,514	42,555	42,943	44,435	4.4	3.5
Current prices	33,706	36,985	40,384	41,741	44,435	7.2	6.5
Private hospitals[d]							
Constant prices[e]	9,915	10,262	10,586	10,941	11,351	3.4	3.7
Current prices	8,946	9,610	10,043	10,630	11,351	6.1	6.8
All hospitals							
Constant prices	47,273	49,758	53,151	53,905	55,786	4.2	3.5
Current prices	42,653	46,595	50,428	52,370	55,786	6.9	6.5

(a) For 2012–13, expenditure data were missing for 3 public hospitals in Queensland, which reported about $560 million of recurrent expenditure in 2011–12 and about $540 million expenditure in 2013–14.

(b) Public hospital information was sourced from the NPHED.

(c) Expressed in terms of prices in the reference year 2013–14. The ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator was used for public hospitals.

(d) Private hospital information was sourced from the *Private hospitals Australia* reports (ABS 2011a, 2012, 2013a, 2014, 2015).

(e) Expressed in terms of prices in the reference year 2013–14. The ABS Household Final Consumption Expenditure—Hospital Services deflator was used for private hospitals.

Note: See boxes 1.2, 4.1 and 4.2 for notes on data limitations and methods.

How much expenditure on public hospitals in 2013–14?

Excluding payments to *Visiting medical officers* and payments for outsourced services, salary payments accounted for 62% of the total $44 billion (excluding depreciation) spent within the public hospital system (Table 4.5).

In 2013–14, depreciation ranged from 0.7% of total expenditure in the Northern Territory to about 6.2% in Victoria (Table 4.5).

In 2013–14, *Principal referral hospitals* accounted for almost a third of public hospital recurrent expenditure and *Public acute group A hospitals* accounted for over one-fifth of public hospital recurrent expenditure (Table 4.6).

Salaries and wages expenditure represented more than half of total recurrent expenditure for all public hospital peer groups. *Public acute group C* and *Outpatient hospitals* had the lowest proportion of expenditure on salaries and wages (54.5% and 54.9% respectively). *Specialist women's and children's hospitals* had the highest proportion of recurrent expenditure on salaries and wages (65.6%).

Expenditure on *Medical and surgical supplies* accounted for 0.7% of expenditure in *Psychiatric hospitals* and 10% of expenditure in *Principal referral hospitals*.

Table 4.4: Recurrent expenditure ($ million, constant prices[a]) (excluding depreciation), public hospitals, states and territories, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
New South Wales[b]	11,709	12,305	13,599	13,856	14,062	4.7	1.5
Victoria	9,301	9,762	10,153	10,341	10,666	3.5	3.1
Queensland[c]	7,313	7,859	8,154	7,893	8,545	4.0	8.3
Western Australia	3,994	4,258	4,715	4,969	4,997	5.8	0.6
South Australia[d]	2,921	3,129	3,410	3,286	3,518	4.8	7.1
Tasmania	903	936	963	984	1,002	2.6	1.8
Australian Capital Territory	703	748	993	1,025	1,025	9.9	<0.1
Northern Territory	518	549	599	625	621	4.6	–0.7
Total	**37,369**	**39,514**	**42,555**	**42,943**	**44,435**	**4.4**	**3.5**

(a) Expressed in terms of prices in the reference year 2013–14. The ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator was used for public hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds was not included. Professional Indemnity expense was included for the first time in 2011–12.

(c) For 2012–13, expenditure and revenue data were missing for 3 public hospitals in Queensland, which reported about $560 million of recurrent expenditure in 2011–12 and about $540 million expenditure in 2013–14. For all years, pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

(d) For South Australia, between 2011–12 to 2013–14, there have been significant movements in leave revaluations in other employee-related expenditure. In time series data this may result in 2012–13 appearing to have an artificial reduction in expenditure.

Note: See boxes 1.2, 4.1 and 4.2 for notes on data limitations and methods.

Source: NPHED.

Where to go for more information:

More information on hospital expenditure will be reported in *Health expenditure Australia 2013–14* (AIHW forthcoming).

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

Table 4.5: Recurrent expenditure ($'000)[a], public acute and psychiatric hospitals, states and territories, 2013–14

Recurrent expenditure category	NSW[b]	Vic[c]	Qld[d]	WA	SA[e]	Tas[f]	ACT	NT	Total
Salary and wages expenditure									
Salaried medical officers	1,776,319	1,688,629	1,544,946	932,969	596,104	160,005	172,772	118,656	6,990,401
Registered nurses	n.a.	2,806,192	2,052,769	1,265,210	849,967	226,825	261,714	182,430	7,645,108
Enrolled nurses	n.a.	n.a.	195,992	0	142,549	23,797	22,312	7,884	392,535
Student nurses	. .	. .	2,511	. .	3,481	10,710	. .	. .	16,702
Total nurses	3,842,206	2,806,192	2,251,328	1,265,210	995,998	261,333	284,032	190,314	11,896,612
Other personal care staff	0	0	77,889	0	43,278	0	30,458	519	152,145
Diagnostic and allied health professionals	1,141,746	956,855	596,401	355,468	182,681	58,653	103,325	39,536	3,434,665
Administrative and clerical staff[g]	1,039,689	737,677	573,038	358,147	207,238	78,892	79,877	39,426	3,113,984
Domestic and other staff	439,959	572,224	481,524	318,330	71,689	63,696	1,475	44,492	1,993,388
Total salary and wages expenditure	**8,239,919**	**6,761,576**	**5,525,126**	**3,230,121**	**2,096,989**	**622,580**	**671,939**	**432,943**	**27,581,193**
Non-salary expenditure									
Payments to visiting medical officers	666,724	156,957	82,388	159,474	143,608	391	46,555	1,098	1,257,196
Superannuation payments	742,375	591,098	479,879	279,677	185,198	72,773	65,470	0	2,416,470
Drug supplies	604,540	542,582	365,420	241,345	171,689	52,588	23,253	24,840	2,026,257
Medical and surgical supplies	1,467,126	919,325	853,143	328,996	218,473	91,442	76,516	49,603	4,004,625
Food supplies	249,582	102,194	49,683	34,898	28,989	8,972	6,325	5,151	485,794
Domestic services	358,956	255,075	219,428	135,802	103,659	21,922	33,301	19,091	1,147,233
Repairs and maintenance	326,500	210,602	187,392	134,027	84,884	13,677	10,302	17,266	984,651
Patient transport	114,218	62,948	71,850	19,108	22,411	9,306	1,553	28,148	329,542
Administrative expenses	949,452	669,193	694,697	288,384	105,581	44,522	67,708	17,795	2,837,332
Interest payments	59,341	0	0	1,689	1,702	0	161	0	62,893
Depreciation	516,616	667,214	361,174	123,814	133,814	36,020	27,934	4,632	1,871,219
Other recurrent expenditure	283,098	401,057	16,067	143,499	354,912	63,490	21,851	24,634	1,308,609
Total non-salary expenditure excluding depreciation	**5,821,913**	**3,904,416**	**3,019,949**	**1,766,901**	**1,421,105**	**379,083**	**352,994**	**187,626**	**16,853,986**
Total non-salary expenditure including depreciation	**6,338,529**	**4,571,630**	**3,381,123**	**1,890,715**	**1,554,920**	**415,104**	**380,927**	**192,258**	**18,725,205**

(continued)

Table 4.5 (continued): Recurrent expenditure ($'000)[a], public acute and psychiatric hospitals, states and territories, 2013–14

Recurrent expenditure category	NSW[b]	Vic[c]	Qld[d]	WA	SA[e]	Tas[f]	ACT	NT	Total
Total expenditure excluding depreciation	**14,061,832**	**10,665,992**	**8,545,075**	**4,997,022**	**3,518,094**	**1,001,663**	**1,024,933**	**620,569**	**44,435,179**
Public acute hospitals	5,395,063	3,852,307	2,897,537	1,659,488	1,344,316	358,228	352,994	187,626	16,047,559
Psychiatric hospitals	426,849	52,109	122,412	107,413	76,789	20,855	. .	. .	806,428
Total expenditure including depreciation	**14,578,448**	**11,333,206**	**8,906,249**	**5,120,836**	**3,651,909**	**1,037,683**	**1,052,867**	**625,201**	**46,306,398**
Public acute hospitals	14,138,843	11,279,391	8,778,820	5,011,487	3,569,621	1,016,825	1,052,867	625,201	45,473,055
Psychiatric hospitals	439,604	53,815	127,429	109,349	82,288	20,858	. .	. .	833,343

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or local hospital network level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds is not included. Professional Indemnity expense was included for the first time in 2011–12. *Other personal care staff* are included in *Diagnostic and allied health professionals* and *Domestic and other staff*. New South Wales was unable to provide information for each nurse category, although data on *Total nurses* were provided.

(c) For Victoria, *Other personal care staff* are included in *Domestic and other staff*. Victoria was unable to provide information for each nurse category, although data on *Total nurses* were provided.

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

(e) South Australian *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*.

(f) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for 2 small hospitals in Tasmania were not supplied. Tasmania's reported depreciation for 2013–14 rose following a revaluation of assets.

(g) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 1.2 and 4.2 for notes on data limitations.

Source: NPHED.

Table 4.6: Recurrent expenditure ($'000)[(a)], by public hospital peer group, 2013–14

Recurrent expenditure category	Principal referral	Specialist women's and children's	Public acute group A	Public acute group B	Public acute group C	Public acute group D	Very small	Psychiatric	Subacute and non-acute	Outpatient	Other	Total
Salary and wages expenditure												
Salaried medical officers	2,505,216	548,331	1,639,369	458,267	218,604	69,513	5,886	79,340	31,309	1,598	1,432,968	6,990,401
Registered nurses	1,994,524	489,922	1,508,401	454,795	459,247	174,471	75,876	133,550	28,065	15,199	2,311,059	7,645,108
Enrolled nurses	136,936	6,601	103,688	33,020	40,798	36,599	9,537	15,807	9,006	101	443	392,535
Student nurses	5,102	863	8,506	681	251	542	226	517	16	0	0	16,702
Total nurses	3,635,571	672,546	2,729,842	861,247	725,414	337,607	120,503	318,321	141,113	18,533	2,335,914	11,896,612
Other personal care staff	81,274	6,799	34,800	10,627	5,874	6,641	992	1,774	3,286	78	0	152,145
Diagnostic and allied health professionals	1,223,753	235,146	641,304	171,061	141,855	41,420	6,804	54,840	62,731	1,013	854,739	3,434,665
Administrative and clerical staff	996,747	231,003	690,611	213,958	193,093	68,589	20,701	65,538	28,092	3,560	602,091	3,113,984
Domestic and other staff	526,895	88,873	396,301	145,285	162,790	97,380	37,511	43,645	25,597	7,773	461,339	1,993,388
Total salary and wages expenditure	*8,969,456*	*1,782,697*	*6,132,227*	*1,860,446*	*1,447,630*	*621,149*	*192,396*	*563,458*	*292,127*	*32,555*	*5,687,052*	*27,581,193*
Non-salary expenditure												
Payments to visiting medical officers	286,996	29,243	388,055	175,850	204,497	48,503	9,567	12,107	2,919	210	99,249	1,257,196
Superannuation payments	787,854	158,627	537,809	161,714	123,415	54,921	17,027	51,288	22,601	2,599	498,614	2,416,470
Drug supplies	844,674	103,761	424,681	86,333	58,407	12,973	3,916	17,722	5,277	1,223	467,291	2,026,257
Medical and surgical supplies	1,581,334	170,943	977,808	272,224	157,825	36,771	6,049	6,071	11,186	1,386	783,026	4,004,625
Food supplies	134,554	18,824	112,704	38,643	34,951	23,281	6,956	17,799	10,904	240	86,938	485,794
Domestic services	362,228	50,018	263,869	78,958	82,559	37,548	14,243	20,712	12,081	1,650	223,366	1,147,233
Repairs and maintenance	330,371	51,172	193,606	56,537	95,198	40,263	11,808	19,030	9,916	1,807	174,944	984,651
Patient transport	51,077	4,499	76,949	25,622	72,003	35,369	10,270	1,251	2,336	4,160	46,006	329,542
Total non-salary expenditure[(a)]	*6,103,443*	*933,821*	*4,214,973*	*1,325,191*	*1,208,111*	*476,304*	*136,569*	*269,885*	*218,729*	*26,754*	*3,811,425*	*18,725,205*
Total expenditure excluding depreciation	**14,529,531**	**2,607,686**	**10,025,468**	**3,082,263**	**2,529,558**	**1,029,066**	**305,174**	**806,428**	**498,930**	**54,109**	**8,966,968**	**44,435,179**
Total expenditure including depreciation	**15,072,900**	**2,716,518**	**10,347,200**	**3,185,638**	**2,655,741**	**1,097,453**	**328,965**	**833,343**	**510,856**	**59,309**	**9,498,476**	**46,306,398**

(a) Total non-salary expenditure also includes administrative expenses, interest payments, depreciation, and other recurrent expenditure.

Note: See boxes 1.2 and 4.2 for notes on data limitations.

Source: NPHED.

4.3 How much revenue did hospitals receive?

This section presents information on public and private hospital revenue for 2013–14. It includes information on revenue over time, expressed in both current and constant prices.

For public hospitals, revenue is reported against 3 categories: *Patient revenue*, *Recoveries*, and *Other revenue*. *Recoveries* are income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries. *Other revenue* includes investment income, income from charities, bequests and accommodation provided to visitors (see Box 4.3).

Box 4.3: What are the limitations of the data on hospital revenue?

Revenue reported for public hospitals in this section was largely revenue received by individual hospitals, and may not necessarily include all revenue received by each state or territory government for the provision of public hospital services.

Changes over time

Between 2009–10 and 2013–14, public hospital revenue increased by an average of 10.6% per year (adjusted for inflation), from $3.8 billion to almost $5.7 billion (Table 4.7).

Between 2009–10 and 2013–14, private hospital revenue increased by an average of 4.1% per year (adjusted for inflation), from $10.8 billion to $12.7 billion.

Public hospital revenue increased for all states and territories between 2009–10 and 2013–14, with average annual increases (adjusted for inflation) ranging from 4.0% per year for Queensland to 16.2% per year for South Australia (Table 4.8).

Between 2012–13 and 2013–14, revenue in public hospitals decreased for some jurisdictions and increased for others. The largest decrease in revenue between 2012–13 and 2013–14 was reported for Queensland (26.6%) and the largest increase in revenue was reported for South Australia (16.1%).

Table 4.7: Revenue ($ million), public and private hospitals, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13[a]	2013–14	Average since 2009–10	Since 2012–13
Public hospitals[b]							
Constant prices[c]	3,791	4,194	4,865	5,936	5,674	10.6	–4.4
Current prices	3,420	3,925	4,617	5,769	5,674	13.5	–1.6
Private hospitals[d]							
Constant prices[e]	10,850	11,373	11,834	12,148	12,731	4.1	4.8
Current prices	9,790	10,650	11,228	11,803	12,731	6.8	7.9
All hospitals							
Constant prices	14,640	15,565	16,700	18,087	18,405	5.9	1.8
Current prices	13,210	14,575	15,845	17,572	18,405	8.6	4.7

(a) For 2012–13, revenue data were missing for 3 public hospitals in Queensland.

(b) Public hospital information was sourced from the NPHED.

(c) Expressed in terms of prices in the reference year 2013–14. The ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator was used for public hospitals.

(d) Private hospital information was sourced from the *Private hospitals Australia* reports (ABS 2011a, 2012, 2013a, 2014, 2015).

(e) Expressed in terms of prices in the reference year 2013–14. The ABS Household Final Consumption Expenditure—Hospital Services deflator was used for private hospitals.

Note: See boxes 1.2, 4.1, 4.2 and 4.3 for notes on data limitations and methods.

Table 4.8: Revenue ($ million, constant prices[a]), public hospitals, states and territories, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
New South Wales	1,468	1,821	2,035	2,480	2,361	12.6	–4.8
Victoria	1,075	1,155	1,351	1,556	1,631	11.0	4.9
Queensland[b]	669	581	747	1,066	782	4.0	–26.6
Western Australia	232	259	321	337	355	11.2	5.4
South Australia	192	227	244	302	350	16.2	16.1
Tasmania	63	61	70	87	81	6.3	–6.9
Australian Capital Territory	59	58	64	72	70	4.7	–3.0
Northern Territory	25	27	29	38	43	14.8	12.7
Total	**3,791**	**4,194**	**4,865**	**5,936**	**5,674**	**10.6**	**–4.4**

(a) Expressed in terms of prices in the reference year 2013–14. The ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator was used for public hospitals.

(b) For 2012–13, expenditure and revenue data were missing for 3 public hospitals in Queensland. In 2012–13, Queensland reported departmental grants for some LHNs in establishment revenue.

Note: See boxes 1.2, 4.1, 4.2 and 4.3 for notes on data limitations and methods.

Source: NPHED.

How much revenue did public hospitals receive in 2013–14?

In 2013–14, public hospital revenue was equivalent to 13% of total recurrent expenditure (excluding depreciation) (tables 4.9 and 4.5). Revenue as a proportion of total expenditure (excluding depreciation) varied among the states and territories, ranging from 6.8% in the Australian Capital Territory to 16.8% in New South Wales.

Principal referral hospitals received more than one-third of public hospital revenue (36%), while *Other public hospitals* received almost one-quarter (24%) of public hospital revenue (Table 4.10). *Outpatient* and *Psychiatric hospitals* both received less than 1% of public hospital revenue (<0.1% and 0.7% respectively).

Table 4.9: Revenue ($ million), public acute and psychiatric hospitals, states and territories, 2013–14

	NSW	Vic	Qld[(a)]	WA	SA	Tas	ACT	NT	Total
Patient revenue	1,092	432	404	268	282	56	41	20	2,594
Recoveries	522	160	120	52	12	12	20	22	920
Other revenue	747	1,039	258	35	57	13	10	0	2,160
Total	**2,361**	**1,631**	**782**	**355**	**350**	**81**	**70**	**43**	**5,674**
Public acute hospitals	2,335	1,631	774	353	347	80	70	43	5,632
Public psychiatric hospitals	26	1	9	3	3	1	. .	. .	42

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

Note: See boxes 1.2, 4.2 and 4.3 for notes on data limitations.

Source: NPHED.

Table 4.10: Revenue ($ million), by public hospital peer group, 2013–14

	Principal referral	Specialist women's and children's	Public acute group A	Public acute group B	Public acute group C	Public acute group D	Very small	Psychiatric	Subacute and non-acute	Outpatient	Other	Total
Patient revenue	1,011	103	557	141	168	110	36	20	81	1	366	2,594
Recoveries	335	99	160	34	28	25	5	7	79	0	148	920
Other revenue	677	87	280	60	120	56	18	16	10	4	831	2,160
Total revenue	**2,023**	**290**	**997**	**235**	**316**	**191**	**59**	**42**	**170**	**5**	**1,345**	**5,674**

Note: See boxes 1.2, 4.2 and 4.3 for notes on data limitations.

Source: NPHED.

Where to go for more information:

More information on private hospital revenue is available in:

- the Australian Bureau of Statistics' report *Private hospitals Australia 2013–14* at <www.abs.gov.au/ausstats/abs@.nsf/mf/4390.0 >.

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

5 How many people were employed in Australia's hospitals?

This chapter presents information on the number of full-time equivalent (FTE) staff employed in Australia's public hospitals in 2013–14, and over time.

Information on FTE staff in public hospitals and average salaries is sourced from the NPHED. The information in this chapter includes the:

- number of FTE staff, by staffing category for public hospitals and their average salaries, by state and territory, over time and for 2013–14
- number of FTE staff, by staffing category and public hospital peer group for 2013–14.

This chapter also includes summary information on FTE staff employed in private hospitals in 2013–14, sourced from *Private hospitals Australia* (ABS 2015).

Key findings

Staff in public hospitals

Nationally, more than 287,000 FTE staff were employed in Australia's public hospitals in 2013–14.

More than 130,000 FTE *Nurses* accounted for 45% of public hospital staff, while more than 37,000 FTE *Salaried medical officers*, represented about 13% of the public hospital labour force.

Almost one-third of FTE staff (90,000) in the public hospital sector were employed in *Principal referral hospitals*.

Average salaries

The average salary for FTE *Nurses* in 2013–14 was about $91,200, nationally—an increase of 1.4% from 2012–13.

In 2013–14, the average salary for FTE *Salaried medical officers* was about $188,500—a 3.2% increase from the previous year.

5.1 How many staff worked in public hospitals?

This section presents information on FTE staff employed in public hospitals over time and for 2013–14.

Notes on data limitations relating to hospital staffing are summarised in Box 5.1.

Box 5.1: What are the limitations of the data on hospital staffing?

The collection of data by staffing category for public hospitals was not consistent among states and territories—for some jurisdictions, best estimates were reported for some staffing categories. There was variation in the reporting of *Other personal care staff* and *Domestic and other staff*.

Different reporting practices and the use of outsourcing services with a large labour-related component (such as food services, domestic services and information technology) can have a substantial impact on staffing figures and may also explain some of the variation in average salaries reported between jurisdictions. The degree of outsourcing of higher paid versus lower paid staffing functions affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors tends to result in higher average salaries for the domestic service staff.

Information was not available on numbers of visiting medical officers (VMOs) who were contracted by public hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals.

Changes over time

Between 2009–10 and 2013–14, the numbers of FTE staff employed in public hospitals in Australia increased by an average of 3.4% each year.

The relative size and direction of change across staff categories varied during this period (Table 5.1), with the greatest rise for being for the *Salaried medical officers* category (4.9%).

How many staff in public hospitals in 2013–14?

Nationally, more than 287,200 FTE staff were employed in public hospitals in 2013–14.

Nurses accounted for 45% of public hospital staff. There were more than 37,000 FTE *Salaried medical officers*, who represented about 13% of the public hospital labour force (Table 5.2).

Almost one-third, of FTE staff (90,300) in the public hospital sector were employed in *Principal referral hospitals*, including almost 40,000 FTE *Nurses* (Table 5.3).

The proportion of FTE staff that were *Nurses* ranged from 42% in *Specialist women's and children's hospitals* to 57% *Psychiatric hospitals*.

Table 5.1: Full-time equivalent staff, by staffing category, public hospitals, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13[a]	2013–14	Average since 2009–10	Since 2012–13
Salaried medical officers	30,576	32,514	34,293	35,124	37,086	4.9	5.6
Nurses	113,938	119,126	123,368	124,584	130,399	3.4	4.7
Diagnostic and allied health professionals	35,456	36,993	37,175	38,753	41,074	3.7	6.0
Administrative and clerical staff[b]	38,158	41,073	42,339	42,839	44,336	3.8	3.5
Other personal care staff, domestic and other staff	33,289	33,921	33,675	33,403	34,341	0.8	2.8
Total	**251,417**	**263,626**	**270,851**	**274,703**	**287,236**	**3.4**	**4.6**

(a) For 2012–13, staffing data were missing for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12 and about 3,700 full-time equivalent staff in 2013–14.

(b) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See Box 5.1 for notes on data limitations.

Source: NPHED.

Table 5.2: Average full-time equivalent staff[a], by staffing category, public hospitals, states and territories, 2013–14

	NSW[b]	Vic[c]	Qld	WA	SA	Tas[d]	ACT	NT	Total
Salaried medical officers	11,130	8,963	7,898	3,884	2,975	848	886	502	37,086
Nurses	42,809	32,771	23,485	12,831	11,106	2,807	2,886	1,703	130,399
Diagnostic and allied health professionals	12,427	14,854	5,910	3,776	1,885	656	1,164	402	41,074
Administrative and clerical staff[e]	13,735	12,504	7,567	4,351	3,357	1,188	1,139	496	44,336
Other personal care staff, domestic and other staff	8,704	7,369	8,938	4,467	2,487	1,109	585	683	34,341
Total	**88,806**	**76,460**	**53,798**	**29,309**	**21,809**	**6,607**	**6,660**	**3,786**	**287,236**

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2014 were used. Staff contracted to provide products (rather than labour) are not included.

(b) In New South Wales, *Other personal care staff* were included in *Diagnostic and allied health professionals*, *Domestic and other staff* and *Nurses*.

(c) For Victoria, *Other personal care staff* were included in *Domestic and other staff*.

(d) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for 2 small hospitals in Tasmania were not supplied.

(e) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See Box 5.1 for notes on data limitations.

Source: NPHED.

Table 5.3: Average full-time equivalent staff, by staffing category and public hospital peer group, public hospitals, 2013–14

	Principal referral	Specialist women's and children's	Public acute group A	Public acute group B	Public acute group C	Public acute group D	Very small	Psychiatric	Subacute and non-acute	Outpatient	Other	Total
Salaried medical officers	13,826	2,579	9,009	2,372	762	292	17	396	164	5	7,664	37,086
Nurses	39,430	7,227	29,654	9,216	7,711	3,670	1,241	3,314	1,518	152	27,266	130,399
Diagnostic and allied health professionals	13,133	2,856	6,827	1,892	1,658	460	72	572	743	8	12,853	41,074
Administrative and clerical staff[(a)]	13,419	3,305	9,288	2,852	2,659	959	279	820	350	46	10,360	44,336
Other personal care staff, domestic and other staff	10,453	1,209	7,478	2,650	2,934	1,928	655	703	451	123	5,757	34,341
Total staff	**90,261**	**17,176**	**62,256**	**18,981**	**15,725**	**7,309**	**2,264**	**5,805**	**3,225**	**333**	**63,900**	**287,236**

(a) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See Box 5.1 for notes on data limitations.

Source: NPHED.

Where to go for more information:

More information on health workforce is available online at <www.aihw.gov.au/workforce/>.

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

5.2 What was the average salary for staff in public hospitals?

This section presents information on average salaries for FTE staff in public hospitals. Due to differences among jurisdictions in the outsourcing of staffing, caution should be used when interpreting this information. See Box 5.1 for more information.

Changes over time

Between 2009–10 and 2013–14, the average salary for FTE staff in public hospitals increased by an average of 3.4% each year (Table 5.4).

The average salary for FTE *Nurses* in 2013–14 was about $91,200 nationally, which was an average increase of 2.7% each year compared with the average salary for FTE *Nurses* in 2009–10.

In 2013–14, the average salary for FTE *Salaried medical officers* was about $188,500 which was a 3.2% increase compared with 2012–13.

Table 5.4: Average salaries ($, current prices), public hospitals, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10	Since 2012–13
Salaried medical officers	168,026	170,009	181,950	182,609	188,493	2.9	3.2
Nurses	81,974	83,705	89,235	89,971	91,232	2.7	1.4
Diagnostic and allied health professionals	69,996	77,112	80,094	79,961	83,622	4.5	4.6
Administrative and clerical staff[(a)]	58,737	60,715	66,205	68,122	70,235	4.6	3.1
Other personal care staff, domestic and other staff	57,035	62,310	62,868	63,209	62,478	2.3	–1.2
Average salary ($)	**83,921**	**87,089**	**92,841**	**93,742**	**96,023**	**3.4**	**2.4**

(a) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See Box 5.1 for notes on data limitations.

Source: NPHED.

What were the average salaries in public hospitals in 2013–14?

In 2013–14, the overall average FTE salary ranged from around $88,400 in Victoria to over $114,300 in the Northern Territory.

The average salary for FTE *Nurses*, ranged from around $85,600 in Victoria to about $111,700 in the Northern Territory. For FTE *Salaried medical officers*, the average salary ranged from about $159,600 in New South Wales to $236,200 in the Northern Territory (Table 5.5).

Table 5.5: Average salaries ($), full-time equivalent staff[a], public acute and psychiatric hospitals, states and territories, 2013–14

	NSW[b]	Vic[c]	Qld	WA	SA	Tas[d]	ACT	NT	Total
Salaried medical officers	159,597	188,404	195,621	240,208	200,385	188,674	195,003	236,169	188,493
Nurses	89,752	85,631	95,862	98,605	89,681	93,094	98,404	111,744	91,232
Diagnostic and allied health professionals	91,875	64,415	100,906	94,144	96,939	89,471	88,790	98,310	83,622
Administrative and clerical staff[e]	75,695	58,997	75,726	82,305	61,742	66,429	70,148	79,505	70,235
Other personal care staff, domestic and other staff	50,546	77,657	62,589	71,267	46,229	57,444	54,595	65,926	62,478
Total staff	**92,786**	**88,432**	**102,701**	**110,209**	**96,154**	**94,227**	**100,896**	**114,343**	**96,023**

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2014 were used. Staff contracted to provide products (rather than labour) are not included.

(b) In New South Wales, *Other personal care staff* were included in *Diagnostic and allied health professionals*, *Domestic and other staff* and *Nurses*.

(c) For Victoria, *Other personal care staff* were included in *Domestic and other staff*.

(d) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for 2 small hospitals in Tasmania were not supplied.

(e) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See Box 5.1 for notes on data limitations.

Source: NPHED.

5.3 How many staff worked in private hospitals in 2013–14?

Information on the staff employed in Australian private hospitals in 2013–14 was published in *Private hospitals Australia* (ABS 2015), which found:

- between 2009–10 and 2013–14, the number of FTE staff in private hospitals increased by 2.5% on average each year
- the number of FTE staff in private hospitals increased by 3.4% from 60,387 FTEs in 2012–13 to 62,413 in 2013–14.

In 2013–14:

- 93% of private hospital staff (58,170 FTEs) worked in other private hospitals.
- 1,243 FTEs for *Salaried medical professionals* were reported by private hospitals. As a proportion of all staff employed by private hospitals, *Salaried medical professionals* made up 3% of FTE staff in private free-standing day hospital facilities and 2% of FTE staff in other private hospitals.
- 35,407 FTE *Nurses* were reported by private hospitals. As a proportion of all staff employed by private hospitals, *Nurses* made up 52% of FTE staff in private free-standing day hospital facilities and 57% of FTE staff in other private hospitals.
- For private free-standing day hospital facilities, other staff included:
  - *Administrative and clerical staff* (26%)
  - *Clinical support staff* (8%)
  - *Diagnostic and allied health staff* (6%)
  - *Domestic and other staff* (5%).
- For other private hospitals, other staff included:
  - *Administrative and clerical staff* (13% of FTE staff)
  - *Domestic and other staff* (15%)
  - *Clinical support staff* (7%)
  - *Diagnostic and allied health professionals* (5%).

Where to go for more information:

More information on private hospitals is available in:

- the AIHW report *Australian hospital statistics 2012–13: private hospitals* (AIHW 2014f)
- the Australian Bureau of Statistics' report *Private hospitals Australia 2013–14* at <www.abs.gov.au/ausstats/abs@.nsf/mf/4390.0>.

Appendix A: Database quality statement summary

This appendix includes a data quality summary and additional detailed information relevant to interpretation of the National Public Hospital Establishments Database (NPHED).

This appendix also contains information on other changes that may affect interpretation of the data presented in this report, including variations in reporting and in the categorisation of hospitals as public or private.

A complete data quality statement for the NPHED is available online at <meteor.aihw.gov.au>.

Information relevant to interpretation of the Australian Bureau of Statistics' *Private hospitals Australia* (ABS 2015) is available on the ABS website at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4390.0>.

National Public Hospital Establishments Database

The National Public Hospital Establishments Database (NPHED) is based on the National Minimum Data Set (NMDS) for Public hospital establishments. It 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. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients.

The reference period for this data set is 2013–14.

Summary of key issues

- In 2013–14, the NPHED included essentially all public hospitals in Australia.
- Differences in accounting, counting and classification practices across jurisdictions and over time may affect the comparability of these data. There was variation between states and territories in the reporting of expenditure, depreciation, revenue, available beds, staffing categories and outpatient occasions of service.
- 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.
- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes.

- Recurrent expenditure reported to the NPHED is largely expenditure by hospitals, and may not necessarily include all expenditure on hospital services by each state or territory government.
- The collection of data by staffing category is not consistent among states and territories.
- The outsourcing of services with a large labour related component (such as food services and domestic services) can have a substantial impact on estimates of costs.
- For 2012–13, Queensland was not able to provide complete data for the three privately-managed Mater public hospitals in Brisbane. Data were not available for expenditure and staffing categories. In 2011–12, these hospitals reported a total of about $560 million for recurrent expenditure and about 3,800 full time equivalent staff. In 2013–14, these hospitals reported about $540 million in recurrent expenditure and about 3,700 full-time equivalent staff.

Public and private hospitals

There is some variation between jurisdictions as to whether hospitals that predominantly provide public hospital services, but are privately owned and/or operated, are reported as public or private hospitals. A list of such hospitals is in Table A1 with information on how they are reported. The categorisations listed are those used for this report; reports produced by other agencies may categorise these hospitals differently.

For example, Peel and Joondalup hospitals are private hospitals that predominantly treat public patients under contract to the Western Australian Department of Health. From 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.

Another example is the Hawkesbury District Health Service, which was categorised as a private hospital until 2002–03 and has been categorised as a public hospital in AIHW reports since 2003–04.

Lists of all public and private hospitals contributing to this report are in tables A.S1 and A.S2 accompanying this report online at <www.aihw.gov.au/hospitals>.

Table A1: Hospitals included in this report that predominantly provide public hospital services that were privately owned and/or operated, 2013–14

Hospital	How reported
Hawkesbury District Health Service, NSW	Public hospital
Mildura Base Hospital, Victoria	Public hospital
Mater Adult Hospital, Qld	Public hospital
Mater Children's Hospital, Qld	Public hospital
Mater Mother's Hospital, Qld	Public hospital
Joondalup Health Campus, WA	Public hospital for services provided under contract and a private hospital for services provided to private patients
Peel Health Campus, WA	Public hospital for services provided under contract and a private hospital for services provided to private patients
McLaren Vale and Districts War Memorial Private Hospital, SA	Public hospital for services provided under contract and a private hospital for services provided to private patients
May Shaw District Nursing Centre, Tas	Public hospital
Toosey Hospital, Tas	Public hospital
Mersey Community Hospital	Public hospital

Appendix B: Technical Appendix

This appendix covers:

- Definitions and classifications
- The presentation of data in this report
- Analysis methods.

Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary: version 16.2* (NHDD) (AIHW 2015d) and NHDD updates (AIHW forthcoming) (summarised in the Glossary).

Geographical classifications

Information on the location of each public hospital is reported to the NPHED. The remoteness area of each public hospital was determined based on its street address. Data on the remoteness area of hospitals are presented in chapters 2 and 3.

Data on the remoteness of the hospital location are defined using the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS) remoteness structure 2011 (ABS 2011c). The ABS's ASGS Remoteness Structure 2011 categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website <www.abs.gov.au>. The classification is as follows:

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

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRG) is an Australian admitted patient classification system that 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 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 admitted patient record.

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into *Surgical*, *Medical* and *Other* partitions, and then into 771 individual AR-DRGs (version 7.0).

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 to A41B), irrespective of the principal diagnosis (including most organ and bone marrow transplants). Episodes that contain clinically atypical or invalid information are assigned *Error DRGs* (AR-DRGs 801A–801C and 960Z–963Z), even if they were assigned to an MDC (*Error DRGs* are included within the *Other* DRGs 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). Additional variables are also used for AR-DRG assignment, including the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, the length of stay, and the mode of separation.

AR-DRG versions

Following receipt of admitted patient care data from states and territories, the AIHW regrouped the data (using the mapping facility in the DRGroup™ software) to ensure that the same grouping method was used for all data. The AR-DRGs that resulted from this regrouping are reported here, and may differ slightly from the AR-DRGs derived by the states and territories.

For 2013–14, each separation in the NHMD was classified to AR-DRG versions 6.0x (DoHA 2010) and AR-DRG version 7.0 (NCCC 2012) 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 (Table B1). However, AR-DRGs can be mapped from other ICD-10-AM/ACHI editions.

This report uses AR-DRG version 7.0 in tables presenting counts of AR-DRGs for which a hospital reported at least 5 separations, and for tables presenting information on Service Related Groups (see Appendix C for more information).

Table B1: ICD-10-AM and AR-DRG versions, 2009–10 to 2013–14

Year	ICD-10-AM edition	Relevant AR-DRG version	AR-DRG version reported in *Australian hospital statistics*
2009–10	Sixth edition	Version 6.0	Version 5.2
2010–11[(a)]	Seventh edition	Version 6.0	Version 6.0
2011–12	Seventh edition	Version 6.0	Version 6.0x
2012–13	Seventh edition	Version 6.0x	Version 6.0x
2013–14[(b)]	Eighth edition	Version 7.0	Version 7.0

(a) For *Australian hospital statistics 2010–11* in analyses where cost weights were required, AR-DRG version 5.2 Round 13 cost weights (2008–09) were applied to AR-DRG version 5.2.

(b) For *Admitted patient care 2013–14: Australian hospital statistics*, in analyses where cost weights were required, AR-DRG version 6.0x Round 16 cost weights (2011–12) were applied to AR-DRG version 6.0x.

Presentation of data

Suppression of data

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

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

Data (cells) in tables may be suppressed in order to maintain the privacy or confidentiality of an organisation, or because a proportion or other measure related to a small number of events and may therefore not be reliable.

Analysis methods

Counting public hospitals

Hospitals are generally counted as they were reported to the NPHED. These entities are usually 'physical hospitals' (buildings or campuses) but may encompass some outpost locations such as dialysis units. Conversely 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. 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. For example, for 2012–13, Western Australia reported 6 fewer hospitals than in 2011–12, due to the amalgamation of reporting for 5 small campuses with their respective parent hospitals.

Counts of private hospitals can also vary, depending on the source of the information. Therefore, there may be discrepancies between counts of private hospitals from the ABS Private Health Establishments Collection and the lists of private hospitals contributing to the NHMD. The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the ABS's Private Health Establishments Collection.

Counting activity

Counts of separations and patient days presented in tables 3.1, 3.2 and 3.7 and in Appendix C were sourced from admitted patient care data provided for the National Hospital Morbidity Database (NHMD) for 2013–14.

Records for 2013–14 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2013 to 30 June 2014. Data on patients who were admitted on any date before 1 July 2013 are included, provided that they also separated between 1 July 2013 and 30 June 2014. 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 NHMD.

Records for *Newborn* episodes without qualified days and records for *Hospital boarders* and *Posthumous organ procurement* were excluded from counts of separations.

A patient day (or day of patient care) 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 length of stay for 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.

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 2013 to 30 June 2014), 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 2013–14, but who were admitted before 1 July 2013, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2014 who will separate in future reporting periods.

Crude population rates

All populations are based on the estimated resident population as at 30 June (at the beginning of the reporting period), based on the 2011 Census data.

The crude population rates presented for 2013–14 in some tables (for example, average available beds per 1,000 population) were calculated using the population estimates for 30 June 2013.

Constant prices

Constant price expenditure adjusts current prices for the effects of inflation, that is, it aims to remove the effects of inflation. Hence, expenditures in different years can be compared on a dollar-for-dollar basis, using this measure of changes in the volume of health goods and services.

The constant prices were derived from the current prices using a set of 'deflators'.

Funding

The constant prices reported from the HED in Table 4.1 used the ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator for both public and private hospitals, expressed in terms of prices in the reference year 2012–13.

Expenditure and revenue

For tables 4.3, 4.4, 4.7 and 4.8, the constant prices were derived from the current price using:

- the ABS Government Final Consumption Expenditure, State and Local—Hospitals & Nursing Homes deflator, expressed in terms of prices in the reference year 2013–14—for public hospitals
- the ABS Household Final Consumption Expenditure deflator, expressed in terms of prices in the reference year 2013–14—for private hospitals.

Appendix C: Service Related Groups

Introduction

The Service Related Group (SRG) classification categorises admitted patient episodes into groups representing clinical divisions of hospital activity, based on aggregations of AR-DRGs. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services.

The AR-DRG system was not considered appropriate for this purpose 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	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 circulatory system	MDC 6: Digestive system	Colorectal surgery

For the *Australian hospital statistics* 2001–02 to 2004–05 reports, the SRG analysis used a method based on AR-DRG version 4.2, originally developed by the former New South Wales Department of Health and the former Australian Government Department of Health and Ageing.

Between 2005–06 to 2009–10, a different methodology was used in *Australian hospital statistics*, which assigned SRGs based on AR-DRG versions 5.0, 5.1 and 5.2 and was developed by the former New South Wales Department of Health.

The SRG version 4.0 used for *Australian hospital statistics* 2010–11 to 2012–13 reports assigned SRGs based mostly on AR-DRG version 6.0, developed by the New South Wales Ministry of Health (adapted for AR-DRG version 6.0x).

This report uses SRG version 5.0, which assigns SRGs based on AR-DRG version 7.0, which was also developed by the New South Wales Ministry of Health.

SRGs were allocated using the data in the NHMD. 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.

For public hospitals, separations may have been assigned to the *Perinatology* SRG depending on whether or not the hospital had a specialist neonatal intensive care unit, as reported to the NPHED. For private hospitals, the *Perinatology* SRG was not assigned as the available data

do not indicate whether the hospital had a specialist neonatal intensive care unit. Therefore, all private hospital *Newborns* with qualified days were assigned to *Qualified neonate*. An 'unallocated' SRG was assigned for separations with an *Error DRG*.

There are 46 SRGs, with the 20 most common for public hospitals by remoteness area of the hospital and by hospital peer group presented in Chapter 3.

How much activity in 2013–14?

Table C1 contains the number of separations and patient days in each SRG for public and private hospitals. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with almost 1.1 million. This was followed by *General Medicine* (SRG 27) with 424,000. In the private sector, *Diagnostic gastrointestinal* (SRG 16) recorded the highest number of separations with over 365,000, followed by *Orthopaedics* (SRG 49) with 354,000.

Rehabilitation (SRG 84) recorded the highest number of patient days with 1.93 million days in public hospitals, followed by *Psychiatry – acute* (SRG 82) with 1.46 million days. For private hospitals, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1.13 million days, followed by *Orthopaedics* (SRG 49) with 925,000 days.

Table C1: Separations[(a)] and patient days by service related group based on AR-DRG version 7.0, public and private hospitals, 2013–14

	Public hospitals		Private hospitals	
Service Related Group	**Separations**	**Patient days**	**Separations**	**Patient days**
11 Cardiology	319,592	814,325	59,154	232,329
12 Interventional cardiology	72,224	235,911	80,282	178,935
13 Dermatology	23,506	55,355	4,485	13,533
14 Endocrinology	31,816	112,888	4,323	18,821
15 Gastroenterology	288,211	749,793	206,543	348,861
16 Diagnostic gastrointestinal	138,544	223,822	365,386	396,449
17 Haematology	133,069	403,708	73,613	159,292
18 Immunology and infections	34,576	76,075	15,172	19,552
20 Chemotherapy	137,238	137,247	254,832	254,857
21 Neurology	219,179	677,396	42,144	154,319
22 Renal medicine	32,313	131,057	35,242	64,725
23 Renal dialysis	1,077,671	1,077,808	236,148	236,148
24 Respiratory medicine	293,865	1,186,027	99,308	342,371
25 Rheumatology	31,673	80,777	30,380	47,433
26 Pain management	8,056	26,738	5,431	21,158
27 General medicine	424,831	1,454,485	104,488	374,812
41 Breast surgery	21,523	51,889	39,694	71,604
42 Cardiothoracic surgery	16,320	171,648	11,598	123,710
43 Colorectal surgery	37,780	247,552	31,561	144,640
44 Upper gastrointestinal surgery	81,559	315,632	48,002	138,962
46 Neurosurgery	60,835	339,658	47,681	266,425
47 Dentistry	23,928	25,622	100,664	100,955
48 Ear, nose and throat; head and neck	92,006	140,954	122,245	136,638
49 Orthopaedics	357,022	1,256,044	353,645	924,610

(continued)

Table C1 (continued): Separations[(a)] and patient days by service related group based on AR-DRG version 7.0, public and private hospitals, 2013–14

	Public hospitals		Private hospitals	
Service Related Group	**Separations**	**Patient days**	**Separations**	**Patient days**
50 Ophthalmology	106,159	131,087	255,628	259,389
51 Plastic and reconstructive surgery	100,372	223,007	154,892	223,630
52 Urology	198,781	377,797	175,229	290,368
53 Vascular surgery	47,976	281,118	35,563	130,039
54 General surgery	291,571	721,086	201,117	352,876
61 Transplantation	1,332	22,338	22	237
62 Extensive burns	1,698	17,830	50	513
63 Tracheostomy and ventilation	9,056	263,940	1,068	35,485
71 Gynaecology	157,173	242,344	223,718	303,147
72 Obstetrics	335,667	839,701	98,241	403,785
73 Qualified neonate	65,844	287,622	16,163	103,843
74 Unqualified neonate	180,269	73,132	48,878	13,079
75 Perinatology[(b)]	9,789	223,966	0	0
81 Drug and alcohol	78,352	248,114	38,030	166,211
82 Psychiatry/mental health—acute	138,230	1,463,609	138,226	693,185
83 Psychiatry/mental health—sub-acute	3,752	499,311	12	80
84 Rehabilitation	133,561	1,931,330	256,024	1,132,119
85 Psychogeriatric care	2,385	99,765	7,110	44,427
86 Palliative care	32,489	341,558	6,389	72,470
87 Maintenance	23,857	454,469	1,785	38,387
99 Unallocated	8,448	88,537	4,590	27,304
Total	**5,884,098**	**18,824,072**	**4,034,756**	**9,061,713**

(a) Separations exclude records for *Hospital boarders* and *Posthumous organ procurement*. *Newborns* without qualified days are included, and are allocated to SRG 74 *Unqualified neonate*.

(b) All private hospital *Newborns* with qualified days were assigned to *Qualified neonate*.

Source: NHMD.

Tables C.S1 to C.S5 (which accompany this report online) present more detailed SRG information by state and territory. Table C.S1 contains the number of public hospitals establishments that, in 2013–14, reported more than 50 separations or more than 360 patient days for each SRG by state and territory and by remoteness area. 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), 104 hospitals provided more than 50 separations per year and 226 hospitals provided more than 360 patient days (reflecting the longer lengths of stay associated with maintenance care), while for *Gastroenterology* (SRG 15) these measures were 367 and 234 hospitals respectively. *Cardiothoracic surgery* (SRG 42) showed very little difference between the two different measures, with 36 hospitals providing more than 50 separations per year and 39 hospitals providing more than 360 patient days.

General medicine (SRG 27) had the greatest number of establishments, with 452 hospitals with more than 50 separations per year and 391 hospitals with more than 360 patient days per year.

Glossary

Definitions in the Glossary contain an identification number from the Metadata Online Registry (METeOR). 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. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

acute care hospital: See **establishment type**.

administrative and clerical staff: Staff engaged in administrative and clerical duties. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded. Civil engineers and computing staff are included in this category. METeOR identifier: 270496.

administrative expenditure: All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance (including workers compensation). METeOR identifier: 270107.

admitted patient: A patient who undergoes a hospital's 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.

alcohol and drug treatment centre: See **establishment type**.

Australian Refined Diagnosis Related Groups (AR-DRGs): An Australian system of diagnosis related groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.

average available beds for overnight-stay patients: The number of beds available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period. METeOR identifier: 374151.

average available beds for same-day patients: The number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period. METeOR identifier: 373966.

average length of stay: The average number of patient days for admitted patient episodes. Patients admitted and separated on the same date are allocated a length of stay of 1 day.

care type: The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (care other than admitted care). METeOR identifier: 491557.

capital expenditure: Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years). METeOR identifier: 270516.

casemix: The range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.

constant prices: Constant price expenditure adjusts current prices for the effects of inflation, that is, it aims to remove the effects of inflation. Hence, expenditures in different years can be compared on a dollar–for–dollar basis, using this measure of changes in the volume of health goods and services.

current prices: Expenditures reported for a particular year, unadjusted for inflation.

diagnostic and allied health professionals: Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff). METeOR identifier: 270495.

domestic and other staff: Domestic staff are staff engaged in the provision of food and cleaning services including those primarily engaged in administrative duties such as food services manager. Dieticians are excluded. This category also includes all staff not elsewhere included (primarily maintenance staff, trades people and gardening staff). METeOR identifier: 270498.

domestic services expenditure: The cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs. METeOR identifier: 270283.

domiciliary care service: a facility/service dedicated to the provision of nursing or other professional paramedical care or treatment and non-qualified domestic assistance to patients in their own homes or in residential institutions not part of the establishment is provided by the establishment, as represented by a code. METeOR identifier: 270430.

drug supplies expenditure: The cost of all drugs, including the cost of containers. METeOR identifier: 270282.

enrolled nurses: Enrolled nurses are division 2 nurses who are registered with the Australian Health Practitioner Regulation Agency–Nursing and Midwifery Board of Australia. Includes general enrolled nurses and specialist enrolled nurses (for example, mothercraft nurses in some states). METeOR identifier: 270497.

establishment type: Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. METeOR identifier: 269971.

full-time equivalent staff: Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee, where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee, where applicable) under the relevant award or agreement for the staff member (or contract employee occupation, where applicable). METeOR identifier: 270543. For more detailed information see the glossary entries for the staffing categories:

- 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.

hospice: See **establishment type**.

hospital: A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR identifier: 268971.

inpatient: See **admitted patient**. METeOR identifier: 268957.

intensive care unit (level III): A specialised facility dedicated to the care of paediatric and adult patients requiring intensive care and sophisticated technological support services is provided within an establishment, as represented by a code. METeOR identifier: 270426.

in-vitro fertilisation unit: A specialised facility dedicated to the investigation of infertility provision of in-vitro fertilisation services is provided within an establishment, as represented by a code. METeOR identifier: 270441.

length of stay: The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. METeOR identifier: 269982.

licensed bed: A bed in a private hospital, licensed by the relevant state or territory health authority.

major plastic/reconstructive surgery unit: A specialised facility dedicated to general purpose plastic and specialised reconstructive surgery, including maxillofacial, microsurgery and hand surgery, is provided within an establishment, as represented by a code. METeOR identifier: 270439.

maintenance renal dialysis centre: A specialised facility dedicated to maintenance dialysis of renal failure patients, as represented by a code. It may be a separate facility (possibly located on hospital grounds) or known as a satellite centre or a hospital-based facility but is not a facility solely providing training services. METeOR identifier: 270437.

medical and surgical supplies expenditure: The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. METeOR identifier: 270358.

National health data dictionary: A biennial publication of all the standardised and accepted terms and protocols used for the collection of health information.

neonatal intensive care unit (level III): A specialised facility dedicated to the care of neonates requiring care and sophisticated technological support, is provided within an establishment, as represented by a code. Patients usually require intensive cardiorespiratory monitoring, sustained assistance ventilation, long-term oxygen administration and parenteral nutrition. METeOR identifier 270436.

non-admitted patient: A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient;

outpatient; and other non-admitted patient (treated by hospital employees off the hospital site—includes community/outreach services). METeOR identifier: 268973.

non-salary expenditure: Includes items such as payments to visiting medical officers, superannuation payments, drug supplies, medical and surgical supplies (which includes consumable supplies only and not equipment purchases), food supplies, domestic services, repairs and maintenance, patient transport, administrative expenses, interest payments, depreciation and other recurrent expenditure.

nursing home care unit: A facility dedicated to the provision of nursing home care is provided within an establishment, as represented by a code. METeOR identifier: 270428.

obstetric/maternity service: A specialised facility dedicated to the care of obstetric/maternity patients is provided within an establishment, as represented by a code. METeOR identifier: 270150.

other personal care staff: Includes attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents; they are not formally qualified or undergoing training in nursing or allied health professions. METeOR identifier: 270171.

other recurrent expenditure: Expenditure incurred by organisations on a recurring basis, for the provision of health goods and services that excludes salary and wages; payments to visiting medical officers; superannuation payments; drug supplies; medical and surgical supplies; food supplies; domestic services; repairs and maintenance; patient transport; administrative expenses; interest payments and depreciation. METeOR identifier: 270126.

other revenue: All other revenue received by the establishment that is not included under **patient revenue** or **recoveries** (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 364799.

oncology unit: A specialised facility dedicated to multidisciplinary investigation, management, rehabilitation and support services for cancer patients, is provided within an establishment, as represented by a code. Treatment services include surgery, chemotherapy and radiation. METeOR identifier: 270440.

outpatient: See **non-admitted patient**. METeOR identifier: 268973.

patient revenue: Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 364797.

patient transport cost: The direct cost of transporting patients, excluding salaries and wages of transport staff where payment is made by an establishment. METeOR identifier: 270048.

payments to visiting medical officers: All payments made by an institutional health care establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. METeOR identifier: 270049.

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

performance indicator: A statistic or other unit of information that directly or indirectly, reflect either the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.

private hospital: A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See also **establishment type**.

psychiatric hospital: See **establishment type**.

public hospital: A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients. See also **establishment type**.

recoveries: All revenue received that is in the nature of a recovery of expenditure incurred. This includes income from provision of meals and accommodation to hospital staff, income from the use of hospital facilities for private practice and some recoveries relating to inter-hospital services. METeOR identifier: 364805.

recurrent expenditure: Expenditure incurred by organisations on a recurring basis, for the provision of health goods and services. This includes, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. This excludes capital expenditure. METeOR identifier: 269132.

registered nurses: Registered nurses must be registered as division 1 nurses with the Australian Health Practitioner Regulation Agency–Nursing and Midwifery Board of Australia. METeOR identifier: 270500.

This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, psychiatric nurse, senior nurse, charge nurse (now unit manager), supervisory nurse and nurse educator. It may also include registered midwives (including pupil midwife). This category also includes nurses engaged in administrative duties no matter what the extent of their engagement, for example, directors of nursing and assistant directors of nursing.

rehabilitation unit: Dedicated units within recognised hospitals which provide post-acute rehabilitation and are designed as such by the State health authorities (see metadata item Type of episode of care) are provided within an establishment, as represented by a code. METeOR identifier: 270450.

remoteness area: A classification of the remoteness of a location using the Australian Statistical Geography Standard Remoteness Structure (2011), based on the Accessibility /Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The categories are:

- Major cities
- Inner regional
- Outer regional
- Remote
- Very remote
- Migratory.

repairs and maintenance expenditure: The costs incurred in maintaining, repairing, replacing and providing additional equipment; maintaining and renovating buildings and minor additional works. METeOR identifier: 269970.

salaried medical officers: Medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical offices engaged on an honorary, sessional or fee-for-service basis. This category includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example, clinical superintendent and medical superintendent). METeOR identifier: 270494.

salary expenditure: Includes 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.

separations: The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death) or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period. METeOR identifier: 270407.

Service Related Group (SRG): A classification based on AR-DRG aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity.

specialised service: A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as an intensive care unit. METeOR identifier: 269612.

student nurses: A person employed by a health establishment who is currently studying in years one to three of a three-year certificate course. This includes any person commencing or undertaking a three-year course of training leading to registration as a nurse by the state or territory registration board. This includes full-time general student nurse and specialist student nurse (such as mental deficiency nurse) but excludes practising nurses enrolled in post-basic training courses. METeOR identifier: 270499.

superannuation employer contributions: Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority, to a superannuation fund providing retirement and related benefits to establishment employees. METeOR identifier: 270371.

trainee nurse: Includes any person commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse by the state/territory registration board. METeOR identifier: 270493.

visiting medical officer: A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. METeOR identifier: 327170.

References

ABS (Australian Bureau of Statistics) 2011a. Private hospitals Australia 2009–10. ABS cat. no. 4390.0. Canberra: ABS.

ABS 2011b. Australian Statistical Geography Standard (ASGS): Volume 1—Main Structure and Greater Capital City Statistical Areas, ABS cat. no. 1270.0.55.001. Canberra: ABS.

ABS 2012. Private hospitals Australia 2010–11. ABS cat. no. 4390.0. Canberra: ABS.

ABS 2013. Private hospitals, Australia 2011–12. ABS cat. no. 4390.0. Canberra: ABS.

ABS 2014. Private hospitals Australia 2012–13. ABS cat. no. 4390.0. Canberra: ABS.

ABS 2015. Private hospitals Australia 2013–14. ABS cat. no. 4390.0. Canberra: ABS.

ACSQHC 2013. National standards and accreditation. Viewed 29 March 2013, <http://www.safetyandquality.gov.au/>.

AIHW (Australian Institute of Health and Welfare) 2014a. Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.

AIHW 2014b. Australian hospital statistics 2013–14: emergency department care. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.

AIHW 2014c. Australian hospital statistics 2013–14: elective surgery waiting times. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW.

AIHW 2014d. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.

AIHW 2014e. Health expenditure Australia 2012–13. Health and welfare expenditure series no. 50. Cat. no. HWE 59. Canberra: AIHW.

AIHW 2014f. Australian hospital statistics 2012–13: private hospitals. Health services series no. 57. Cat. no. HSE 152.Canberra: AIHW.

AIHW 2015a. Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW

AIHW 2015b. Non-admitted patient care 2013–14: Australian hospital statistics. Health services series no. 62. Cat. no. HSE 159. Canberra. AIHW

AIHW 2015c. Australia's hospitals 2013–14: at a glance. Health services series no. 61. Cat. no. HSE 157. Canberra: AIHW.

AIHW 2015d. National health data dictionary: version 16.2. National health data dictionary no.18. Cat. no. HWI 131. Canberra: AIHW. Viewed 1 May 2015 <www.aihw.gov.au/publication-detail/?id=60129550408>.

AIHW (forthcoming). Health expenditure Australia 2013–14. Canberra: AIHW.

CoFFR (Council on Federal Financial Relations) 2011. National Health Reform Agreement—National Partnership Agreement on Improving Public hospital Services. Canberra: CoFFR. Viewed 22 May 2015, <www.federalfinancialrelations.gov.au/content/national_health_reform.aspx>

DoHA (Australian Government Department of Health and Ageing) 2010. Australian Refined Diagnosis Related Groups, version 6.0x. Canberra: DoHA.

Health (Australian Government Department of Health) 2014. Local Hospital Networks. Canberra: Health. Viewed 31 March 2014, <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/lochospnetwork>.

NCCC (National Casemix and Classification Centre) 2012. Australian Refined Diagnosis Related Groups, version 7.0. Wollongong: University of Wollongong.

OECD (Organisation for Economic Co-operation and Development) 2014. OECD Health Data 2014: Frequently requested data. Paris: OECD. Viewed 20 April 2015, <www.oecd.org/health/healthdata>.

List of tables

List of boxes

Related publications

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

Statistics reported in the hard copy are more concise than those presented in the report prior to 2008–09, with smaller tables, and graphs and figures interspersed in the text. More detailed statistics can be found in the supplementary tables presented as additional tables online. See <www.aihw.gov.au/hospitals/>.

More detailed reports on some aspects of Australia's hospitals for 2013–14 have already been published in *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a), *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014b), *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c) and *Non-admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015b).

Accompanying the release of *Hospital resources 2013–14* is *Australia's hospitals 2013–14: at a glance*.

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

- AIHW 2015 (forthcoming). Australian hospital peer groups 2015. Canberra: AIHW.
- AIHW 2015. Non-admitted patient care 2013–14: Australian hospital statistics. Health services series no. 62. Cat. no. HSE 159. Canberra: AIHW.
- AIHW 2015. Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.
- AIHW 2014. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.
- AIHW 2014. Australian hospital statistics 2013–14: emergency department care. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.
- AIHW 2014. Australian hospital statistics 2013–14: elective surgery waiting times. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW.
- AIHW 2014. Australian hospital statistics 2012–13: private hospitals. Health services series no. 57. Cat. no. HSE 152. Canberra: AIHW.
- AIHW 2014. Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.
- AIHW 2014. Health expenditure Australia 2012–13: analysis by sector. Health and welfare expenditure series no. 53. Cat. no. HWE 62. Canberra: AIHW.
- AIHW 2014. Health expenditure Australia 2012–13. Health and welfare expenditure series no. 52. Cat. no. HWE 61. Canberra: AIHW.

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

Hospital resources 2013–14: Australian hospital statistics presents a detailed overview of public and private hospital resources in Australia.

In 2013–14, there were:

- 747 public hospitals: with over 58,600 beds that accounted for more than $44 billion of expenditure
- 612 private hospitals with almost 31,000 beds that accounted for more than $11 billion of expenditure.