Australian Government
Australian Institute of Health and Welfare

Admitted patient care

2014–15

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 68

Admitted patient care 2014–15

Australian hospital statistics

Australian Institute of Health and Welfare
Canberra
Cat. no. HSE 172

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 2205-5096 (PDF)
ISSN 1036-613X (Print)
ISBN 978-1-74249-904-8 (PDF)
ISBN 978-1-74249-905-5 (Print)

Suggested citation

Australian Institute of Health and Welfare 2016. Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. no. HSE 172. Canberra: AIHW.

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

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 *Admitted patient care 2014–15: Australian hospital statistics*, an authoritative annual report that provides a comprehensive range of performance information and other statistics about activity in Australia's public and private hospitals.

This report presents information on admitted patient care for the period 1 July 2014 to 30 June 2015. Timely provision of this information by state and territory health authorities has allowed it to be reported within 9 months of the end of the reference period.

Reports on some other aspects of Australia's hospitals for 2014–15 have already been published in *Emergency department care 2014–15: Australian hospital statistics*, *Elective surgery waiting times 2014–15: Australian hospital statistics* and Staphylococcus aureus *bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics*.

Reports on care provided for non-admitted patients and hospital resources for 2014–15, and a shorter companion report—*Australia's hospitals 2014–15 at a glance*—will be released later in 2016.

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. To this end, for the first time, this report presents trend information about urgency of admission, procedures performed and sources of funding.

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.

Andrew Kettle

Acting Director

March 2016

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, 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)
- James Downie (Independent Hospital Pricing Authority)
- Troy Delbridge (Private Healthcare Australia)
- James Eynstone-Hinkins (Australian Bureau of Statistics)
- Martin MacNamara (National Health Performance Authority)
- Peter Mansfield (Tasmanian 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)
- Lynda Ross (Victorian Department of Health and Human Services)
- Elisabeth Sallur (Western Australian Department of Health)
- Cheryl Titheridge (Department of Veterans' Affairs)
- Linc Thurecht (Australian Healthcare and Hospitals Association)
- Allan Went (New South Wales Ministry of Health)
- Kerryn Wilde (Australian Government Department of Health).

Within the AIHW, the report was prepared by Katrina Burgess, Caleb Leung, Jane McIntyre, Tony Mole and Danling Zhou. Data compilation and validation were undertaken by Katrina Hicks and Andy Ransom. The contributions of Jenny Hargreaves, Liz Clout and George Bodilsen are gratefully acknowledged.

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standard
AIHW	Australian Institute of Health and Welfare
ALOS	average length of stay
AMI	acute myocardial infarction
AR-DRG	Australian Refined Diagnosis Related Group
ASGS	Australian Statistical Geography Standard
ASNHC DSS	Admitted subacute and non-acute hospital care Data Set Specification
CC	complications and/or comorbidities
CCC	catastrophic complications and/or comorbidities
CDE	common bile duct exploration
COF	condition onset flag
CSCC	catastrophic or severe complications and/or comorbidities
CVS	continuous ventilatory support
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
ECMO	extracorporeal membrane oxygenation
ECT	electroconvulsive therapy
g	grams
HITH	hospital-in-the-home
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICU	intensive care unit
IHPA	Independent Hospital Pricing Authority
IRSD	Index of Relative Socioeconomic Disadvantage
ISO	International Organization for Standardization
MDC	Major Diagnostic Category
METeOR	Metadata Online Registry
NCCC	National Casemix and Classification Centre
NHA	National Healthcare Agreement

NHCDC	National Hospital Cost Data Collection
NHDD	National Health Data Dictionary
NHMD	National Hospital Morbidity Database
NHPA	National Health Performance Authority
NHPC	National Health Performance Committee
NHPF	National Health Performance Framework
NMDS	National minimum data set
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
OR	operating room
PICQ	Performance Indicators for Coding Quality
PPH	potentially preventable hospitalisation
Qld	Queensland
RSI	relative stay index
SA	South Australia
SA2	Statistical Area level 2
SEIFA	Socio-Economic Indexes for Areas
SES	socioeconomic status
SRR	separation rate ratio
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

. .	not applicable
n.a.	not available
n.e.c.	not elsewhere classified
n.p.	not published

Summary

How much admitted patient care was provided?

In 2014–15, there were about 10.2 million separations (episodes of care) in Australia's public and private hospitals. About 59% of separations (6.0 million) occurred in public hospitals.

Between 2010–11 and 2014–15, the number of separations increased by 3.5% on average each year, by 3.2% for public hospitals and by 4.0% for private hospitals. This was greater than the average increase in population over this period (1.6%).

Almost 29 million days of patient care were reported for admitted patients—19.4 million in public hospitals and 9.4 million in private hospitals. Between 2010–11 and 2014–15, the number of days of patient care increased by about 1.7% on average each year.

Who used these services?

In 2014–15, 53% of separations were for women and girls. About 41% of separations were for people aged 65 and over.

About 4% of separations (443,000) were for Indigenous Australians, who were hospitalised at more than twice the rate for other Australians (950 and 393 per 1,000 people, respectively).

Why did people receive care?

In 2014–15, about 94% of separations were for acute care and 4% for rehabilitation care.

The most common single reason for care was dialysis for kidney disease (over 1.3 million separations). Between 2010–11 and 2014–15, separations for dialysis increased by 3.6% on average each year.

What services were provided?

In 2014–15, about 57% of separations were for medical care, 24% were for surgical care and about 3% each were for childbirth and specialised mental health care. Public hospitals accounted for the majority of childbirth separations (75%), medical separations (73%) and emergency admissions (92%). Private hospitals accounted for 60% of surgical separations.

In 2014–15, about 2% of public hospital separations involved a stay in an intensive care unit. About 9.5 million hours of intensive care were reported for public hospitals.

How many procedures were performed?

In 2014–15, about 20.3 million procedures were reported, with about 10.4 million procedures performed in public hospitals and 9.9 million in private hospitals.

Between 2010–11 and 2014–15, elective admissions involving surgery rose by an average of 2.4% per year, by 1.3% for public hospitals and by 3.0% for private hospitals.

How was the care funded?

Between 2010–11 and 2014–15, the number of separations with a funding source of *Public patient* increased by an average of 2.7% each year, compared with 5.9% per year for separations with a funding source of *Private health insurance*.

What was the safety and quality of the care?

In 2014–15, about 793,000 separations (8.8%) recorded a condition with onset during the hospital stay. The most commonly reported hospital-acquired conditions included *Hypotension*, *Nausea and vomiting* and *Urinary tract infections*.

1 Introduction

Admitted patient care 2014–15: Australian hospital statistics focuses on care provided by public and private hospitals for admitted patients. It continues the Australian Institute of Health and Welfare's (AIHW) series of *Australian hospital statistics* reports describing the characteristics and activity of Australia's hospitals.

The AIHW has previously published comprehensive reports for the financial years 1993–94 to 2013–14 (AIHW 2015a and earlier).

Reports on some other aspects of Australia's hospitals for 2014–15 have already been published in *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015b), *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015c) and Staphylococcus aureus *bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics* (AIHW 2015d).

Reports on care provided for non-admitted patients and on hospital resources for 2014–15 will be published later in 2016. A shorter companion report, aimed at a general readership—*Australia's hospitals 2014–15: at a glance*—will also be released, providing a summary of all hospitals-related information for 2014–15.

The AIHW also reports information on hospital funding and expenditure in its *Health expenditure Australia* series (AIHW 2015e and earlier).

This introductory chapter presents information on what's covered 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 addresses questions concerning the data sources for this report, including:

- What data are reported?—outlining the source of information.
- What are the limitations of the data?—providing caveats that should be considered when interpreting the data presented.
- What methods were used?—outlining issues such as inclusions and exclusions of records and calculation methods, with references to more detailed information in the technical appendix (Appendix B).

Chapters 2 to 8 contain short, self-contained sections on specific topics within the broad chapter topic. The data presented address, where possible, the following issues:

- How has activity changed over time?
- How much activity was there in 2014–15?
- Where to go for more information.

Most chapters contain data for both public and private hospitals, allowing comparisons to be made, including on the numbers of separations, patient days and separations per 1,000 population.

The chapters address broad topics about admitted patient care:

- Chapter 2—How much activity was there?—presents information on the overall numbers of separations and patient days.
- Chapter 3—Who used these services?—presents information on the age, sex and Indigenous status of the patients and the remoteness and socioeconomic status of their area of usual residence.
- Chapter 4—Why did people receive care?—presents information on the patients' mode of arrival, urgency of admission and diagnoses.
- Chapter 5—What services were provided?—presents information on the type of care provided to the patient, including the broad categories of service, diagnosis related groups, intensive care, rehabilitation care and palliative care.
- Chapter 6—What procedures were performed?—presents information on procedures or other interventions carried out, with a focus on surgery.
- Chapter 7—Costliness and funding—presents estimates of the relative costs of care and information about who paid for the care.
- Chapter 8—What was the safety and quality of the care?—presents information on selected aspects of safety and quality.

Appendix A provides summary information on the National Hospital Morbidity Database (NHMD) and issues affecting the quality and 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 the performance indicators included in this report.

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

National hospital performance indicators

Performance measurement is essential to assessing the population's health and the success of health services and the health system more broadly, as well as highlighting where improvements need to be made (AIHW 2014).

This report presents selected performance indicators specified in the National Health Performance Framework (NHPF) and the National Healthcare Agreement (NHA). Further information on the NHPF and NHA hospital performance indicators is available in Appendix C.

Which hospitals-related performance indicators are included in this report?

This report presents hospital performance indicator information for:

- Average length of stay for selected AR-DRGs—see Chapter 2 'How much activity was there?'
- Relative stay index—see Chapter 2 'How much activity was there?'
- Rates of services: hospital procedures—see Chapter 6 'What procedures were performed?'
- Adverse events treated in hospitals—see Chapter 8 'What was the safety and quality of the care?'

- Falls resulting in patient harm in hospitals—see Chapter 8 'What was the safety and quality of the care?'
- Unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital)—see Chapter 8 'What was the safety and quality of the care?'.

Other performance indicators

Information is also presented for the following indicators in Chapter 4 'Why did people receive care?' that are not related to hospital performance, but are based on hospital data:

- Hospitalisations for injury or poisoning
- Selected potentially preventable hospitalisations
- Hospital patient days used by those eligible and waiting for residential aged care.

International hospital performance indicators

This report presents selected international indicators that are reported by the Organisation for Economic Co-operation and Development (OECD) (OECD 2015) including:

- Length of hospital stay—see Chapter 2 'How much activity was there?'
- Hospital discharge rates—see Chapter 2 'How much activity was there?'
- Proportion of cataract surgeries that were performed on a same-day basis—see Chapter 6 'What procedures were performed?'
- Proportion of tonsillectomies that were performed on a same-day basis—see Chapter 6 'What procedures were performed?'
- Caesarean sections per 100 live births—see Chapter 6 'What procedures were performed?'
- Cardiac procedures per 100,000 population—see Chapter 6 'What procedures were performed?'
- Hip and knee replacements per 100,000 population—see Chapter 6 'What procedures were performed?'.

What data are reported?

This report draws on data from the National Hospital Morbidity Database (NHMD) to present an overview of admitted patient care in Australia's hospitals.

The NHMD is based on data provided to the AIHW by state and territory health authorities for the National minimum data set (NMDS) for Admitted patient care. The AIHW has undertaken the collection and reporting of the NHMD under the auspices of the Australian Health Ministers' Advisory Council, through the National Health Information Agreement. The NHMD contains episode-level records from admitted patient morbidity data collection systems in Australian public and private hospitals and include administrative, demographic and clinical data.

Administrative data provide information on:

- how patients were admitted
- how patient care ended
- length of stay in hospital

- source of funding.

Demographic data provide information about the patient, including their:

- age
- sex
- Indigenous status
- remoteness area of usual residence
- socioeconomic status (SES) of area of usual residence.

Clinical data provide information on:

- why patients required care, including the principal and additional diagnoses, and external causes of injury or poisoning
- the types of care provided, including overall care type, procedures or interventions performed and the diagnosis related group for each separation.

Most of the data collected were as specified in the NMDS for Admitted patient care. Terms relevant to admitted patient care data are summarised in Box 1.1. See Appendix B and the Glossary for more information and more terms relating to admitted patient care.

More information about the NHMD is in Appendix A and in the Data Quality Statement accompanying this report online at <www.aihw.gov.au>.

For 2014–15, additional information on subacute and non-acute care in activity-based funded hospitals (based on the Admitted subacute and non-acute hospital care Data Set Specification) was also provided by states and territories for inclusion in the NHMD, on a best efforts basis.

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.

Where possible, variations in reporting 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.

For specific limitations of the data see Box 1.2.

Box 1.1: Summary of terms and classifications relating to admitted patient care

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

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

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 (number of patient days) 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 (for example, went home for part of a day with the intention of return). A same-day patient is allocated a length of stay of 1 day.

A **same-day separation** occurs when a patient is admitted to and separated from the hospital on the same date.

An **overnight** separation occurs when a patient is admitted to and separated from the hospital on different dates.

The **principal diagnosis** is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. An **additional diagnosis** is a condition or complaint that either coexists with the principal diagnosis or arises during the episode of care. An additional diagnosis is reported if the condition affects patient management. In 2014–15, diagnoses and external causes of injury were recorded using the 8th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCC 2012a).

A **procedure** is a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included. In 2014–15, procedures were recorded using the 8th edition of the *Australian Classification of Health Interventions* (ACHI) (NCCC 2012a).

Australian Refined Diagnosis Related Groups (AR-DRGs) is a classification system developed to 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 resources.

Box 1.2: Limitations of the data

Variation in data on hospital services

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

For example, there is variation in admission practices for some services, such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals, and as non-admitted patients in other hospitals.

In addition, some services are provided by hospitals in some jurisdictions, and by non-hospital health services in other jurisdictions. The national data on hospital care does not include care provided by non-hospital providers, such as community health centres.

Changes in coverage and in administrative and reporting arrangements may affect the comparability of data on admitted patient care activity over time. For example, between 2010–11 and 2014–15, there were changes in coverage, data supply or policy over this period for New South Wales, Victoria, Queensland and Western Australia that may affect the interpretation of these data. See Appendix A for more information.

Other issues to consider

When interpreting the data presented, the following should be noted:

- Data on state or territory of hospitalisation should be interpreted with caution because of cross-border flows of patients (that is, for patients not usually resident in that state or territory). This is particularly important for the Australian Capital Territory. In 2014–15, about 18% of separations in Australian Capital Territory public hospitals were for patients who lived in New South Wales.
- The information presented for Victoria includes Albury Base Hospital (in New South Wales) as part of the Albury Wodonga Health Service.
- Revised definitions for care types were implemented from 1 July 2013. Therefore, information presented by care type for 2013–14 and 2014–15 may not be comparable with data presented for earlier periods.
- In 2011–12, it was estimated that 88% of Indigenous patients were correctly identified in Australian public hospitals (AIHW 2013). The overall quality of the data provided for Indigenous status in 2014–15 varied between states and territories.

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* include *Public acute* and *Public psychiatric hospitals*
- *Private hospitals* include *Private free-standing day hospital facilities* and *Other private hospitals* (which also include private psychiatric hospitals).

Hospitals are also presented using the AIHW's hospital peer group classification (AIHW 2015e).

Changes over time

Time series data in this report show average annual changes from 2010–11 to 2014–15, and annual change between 2013–14 and 2014–15.

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

Indigenous status

In tables presenting information on Indigenous status, *Other Australians* includes separations for which the Indigenous status of the patient was not reported.

Age-standardised rates

Age-standardisation of rates enables valid comparison across years and/or jurisdictions without being affected by the differences in age distributions.

Separations per 1,000 population and patient days per 1,000 population are reported as directly age-standardised rates based on the Australian population as at 30 June of the year of interest. The Australian population as at 30 June 2001 was used as the reference population. See Appendix B for more information.

In some tables, separation rates are accompanied by the standardised separation rate ratio (SRR). If the SRR is greater than 1, then the rate for the category was higher than the national average (or, in the case of Indigenous status, than other Australians).

Suppression of private hospital information

The data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed to preserve commercial confidentiality. Therefore, any comparisons of private hospital activity by jurisdiction in the text do not include Tasmania, the Australian Capital Territory and the Northern Territory.

AR-DRG versions used

Information by AR-DRGs is presented using 2 versions of the AR-DG classification. For counts of separations, AR-DRG version 7.0 was used as this is the version relevant to reporting using the 8th edition of ICD-10-AM/ACHI. For tables presenting information using cost weights, AR-DRG version 6.0x was used as cost weights were not available for AR-DRG version 7.0. See Appendix B for more information.

What is not reported?

Records for newborn episodes that did not have qualified days (see Glossary) do not meet admission criteria for all purposes, and there is variation in the reporting of this activity among jurisdictions. Therefore, *Newborns without qualified days* have been excluded from this report, except as noted in Chapter 4 'Why did people receive care?'.

For some states and territories, the data provided for the NHMD include records for other hospital activity such as *Hospital boarders* (for example, when a child accompanies a parent in hospital, but does not require care) and for *Posthumous organ procurement*. These records were

provided on an optional basis as they do not represent admitted patient care, and are excluded from counts of separations in this report.

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 spread sheets.

The website also includes additional information in Excel spread sheets on diagnoses, procedures and AR-DRGs for admitted patients. Some of the information presented in this report is presented in more detail online. For example, counts of separations presented in 10-year age groups in this report may be presented in 5-year age groups in the online table.

Interactive data cubes

The website also has interactive cubes of data from the NHMD, which allow users to specify tables and graphs as required. These include:

- Principal diagnoses, for 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses) and for 1998–99 to 2014–15 (using ICD-10-AM to classify diagnoses)
- AR-DRGs, from 1997–98 to 2014–15, presented using the relevant version of AR-DRGs for each reporting period.

Each principal diagnosis and AR-DRG cube includes information on the number of separations (same-day and overnight), patient days and average length of stay, by age group, sex and year of separation for each principal diagnosis or AR-DRG.

- Procedures, from 1997–98 to 2014–15, presented using the relevant ACHI edition to classify procedures for each reporting period.

The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether the procedure was undertaken on a same-day basis.

Updates

Online tables and interactive data cubes 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 release.

2 How much activity was there?

This chapter presents an overview of admitted patient care provided in Australia's public and private hospitals. The main measure of activity is the number of separations, or episodes of admitted patient care. Because episodes can vary in length from 'same-day' to many days or weeks, another useful measure of activity is patient days, or the total number of days of care provided to patients—it is a measure of activity that is independent of length of stay. The information in the chapter includes:

- number of separations in Australian public and private hospitals, and by state and territory, over time and for 2014–15. This information is presented by same-day/overnight status, by broad type of care and by state of usual residence. The number of separations per 1,000 population (age-standardised) is also presented—to enable comparisons across years and/or jurisdictions without being affected by the differences in age distributions
- number of patient days—for public and private hospitals, and by state and territory, over time and for 2014–15. Patient days per 1,000 population are also presented
- average length of stay (ALOS). The proportion of same-day separations affects the overall ALOS, so the ALOS for overnight separations is presented separately. Two related performance indicators are also presented: *Average length of stay for selected AR-DRGs* (that compares ALOS for specific types of care), and *Relative stay index* (that compares length of stay overall, taking into account the different casemixes of states and territories and the public and private sectors).

International comparisons are presented using OECD indicators for hospital separation rates and ALOS.

Key findings

Separations

In 2014–15 there were about 10.2 million separations in Australia's public and private hospitals. About 59% of separations (6.0 million) occurred in public hospitals.

Private hospitals accounted for about 46% of same-day acute separations (2.7 million).

Between 2010–11 and 2014–15, the number of separations increased by 3.5% on average each year; by 3.2% for public hospitals and by 4.0% for private hospitals. This was greater than the average increase in population over this period (1.6%).

In 2014–15 there were 405 separations per 1,000 population, of which 164 separations per 1,000 population were for overnight care.

Patient days

Almost 29 million days of patient care were reported for admitted patients—19.4 million in public hospitals and 9.4 million in private hospitals. Between 2010–11 and 2014–15, the number of days of patient care increased by about 1.7% on average each year.

In 2014–15, the average length of stay for an overnight separation was 5.5 days, overall. It was 5.7 days in public hospitals and 5.2 days in private hospitals.

Public hospital peer groups

In 2014–15, about 36% of separations and patient days in public hospitals occurred in the 30 *Principal referral hospitals*.

2.1 Separations

This section presents information on the number of separations for admitted patient care in Australia's public and private hospitals by type of hospital and by type of care, over time and in 2014–15.

Counts of separations are presented separately for same-day and overnight separations. The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices, which lead to variation, in particular, in the number of same-day admissions.

Changes over time

Between 2010–11 and 2014–15, the overall number of hospital separations rose by an average of 3.5% per year from 8.8 million to 10.2 million (Table 2.1). Over this period, the average annual rate of growth in separations was higher for private hospitals (4.0%) than for public hospitals (3.2%). There were changes in coverage, policies or practices between 2010–11 and 2014–15 for New South Wales, Victoria, Queensland and Western Australia that may affect the interpretation of these data. See Appendix A for more information.

Private hospitals accounted for between 40% and 41% of separations from 2010–11 to 2014–15.

From 2013–14 to 2014–15, separations rose by 4.7%. The increase in separations was higher in private hospitals (4.7%) than in public hospitals (4.6%).

Between 2013–14 and 2014–15, separations in *Private free-standing day hospital facilities* increased by 7.4%.

Table 2.1: Separations, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Public acute hospitals	5,269,011	5,501,713	5,519,941	5,705,480	5,970,515	3.2	4.6
Public psychiatric hospitals	10,121	9,779	10,255	9,390	9,823	–0.7	4.6
Total public hospitals	*5,279,132*	*5,511,492*	*5,530,196*	*5,714,870*	*5,980,338*	*3.2*	*4.6*
Private hospitals							
Private free-standing day hospital facilities	809,158	843,930	854,843	875,529	940,703	3.8	7.4
Other private hospitals	2,759,976	2,896,742	2,984,218	3,106,376	3,229,326	4.0	4.0
Total private hospitals	*3,569,134*	*3,740,672*	*3,839,061*	*3,981,905*	*4,170,029*	*4.0*	*4.7*
All hospitals	**8,848,266**	**9,252,164**	**9,369,257**	**9,696,775**	**10,150,367**	**3.5**	**4.7**

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

States and territories

Between 2010–11 and 2014–15, the number of public hospital separations increased at a greater rate than the national average (3.2%) in New South Wales, Queensland, Tasmania and the Northern Territory (Table 2.2). Over the same period, above-average increases in the

number of private hospital separations were recorded in Queensland (4.7% per year, compared with the national average of 4.0%).

Between 2013–14 and 2014–15, public hospital separations in Queensland increased by 10.6%, in part reflecting a change in admission practices for chemotherapy patients at some hospitals.

The decrease in the number of same-day separations for public hospitals between 2011–12 and 2012–13 mostly reflects a change in Victoria's public hospital emergency department admission policy (AIHW 2015a).

Changes in same-day and overnight separations

Between 2010–11 and 2014–15, the number of same-day separations increased at a greater rate than overnight separations (4.3% and 2.4% average per year, respectively) (Table 2.3), with the rate of increase for same-day separations being higher in private hospitals (4.8%) than in public hospitals (3.8%).

In 2014–15, same-day separations accounted for 60% of all separations, and this proportion had increased over the 5-year period.

For overnight separations, the average annual rate of increase was higher for public hospitals (2.5%), than for private hospitals (2.2%).

Changes in type of care

This section presents changes in the numbers of separations by type of care over time to provide more information on which types of care are increasing, by hospital sector.

For acute care, the largest increases in separations between 2010–11 and 2014–15 were for same-day other (non-surgical) separations in both public and private hospitals (4.0% and 4.3% per year, respectively) (Table 2.4). For private hospitals, subacute and non-acute separations increased by an average of 10.8% per year between 2010–11 and 2014–15.

Revised definitions for care types were implemented from 1 July 2013, with the aim to improve the identification of subacute and non-acute services. Therefore, information presented by care type for 2013–14 and 2014–15 may not be comparable with data presented for earlier periods.

Table 2.2: Separations for public and private hospitals, states and territories, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
New South Wales							
Public hospitals	1,582,804	1,660,602	1,716,790	1,771,521	1,813,998	3.5	2.4
Private hospitals	1,011,887	1,070,140	1,082,499	1,099,811	1,184,539	4.0	7.7
All hospitals	*2,594,691*	*2,730,742*	*2,799,289*	*2,871,332*	*2,998,537*	*3.7*	*4.4*
Victoria[(a)]							
Public hospitals	1,496,041	1,543,773	1,429,453	1,509,766	1,587,951	1.5	5.2
Private hospitals	875,470	917,810	943,381	978,912	1,009,337	3.6	3.1
All hospitals	*2,371,511*	*2,461,583*	*2,372,834*	*2,488,678*	*2,597,288*	*2.3*	*4.4*
Queensland[(a)]							
Public hospitals	964,349	1,001,215	1,044,011	1,087,073	1,202,798	5.7	10.6
Private hospitals	859,202	901,188	933,661	984,057	1,032,957	4.7	5.0
All hospitals	*1,823,551*	*1,902,403*	*1,977,672*	*2,071,130*	*2,235,755*	*5.2*	*7.9*
Western Australia[(a)]							
Public hospitals	548,272	588,143	606,809	595,884	600,723	2.3	0.8
Private hospitals	413,477	432,314	447,673	468,986	480,740	3.8	2.5
All hospitals	*961,749*	*1,020,457*	*1,054,482*	*1,064,870*	*1,081,463*	*3.0*	*1.6*
South Australia							
Public hospitals	390,154	407,315	413,756	415,778	422,295	2.0	1.6
Private hospitals	283,281	289,980	298,159	309,836	315,856	2.8	1.9
All hospitals	*673,435*	*697,295*	*711,915*	*725,614*	*738,151*	*2.3*	*1.7*
Tasmania							
Public hospitals	99,333	99,632	106,358	114,033	119,506	4.7	4.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	93,745	97,455	94,712	96,968	100,784	1.8	3.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	104,434	113,357	118,307	123,847	132,283	6.1	6.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**5,279,132**	**5,511,492**	**5,530,196**	**5,714,870**	**5,980,338**	**3.2**	**4.6**
Private hospitals	**3,569,134**	**3,740,672**	**3,839,061**	**3,981,905**	**4,170,029**	**4.0**	**4.7**
All hospitals	**8,848,266**	**9,252,164**	**9,369,257**	**9,696,775**	**10,150,367**	**3.5**	**4.7**

(a) There were changes in coverage, policies or practices between 2010–11 and 2014–15 for New South Wales, Victoria, Queensland and Western Australia that may affect the interpretation of these data. See Appendix A for more information.

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

Table 2.3: Same-day and overnight separations ('000), public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Same-day separations							
Public acute hospitals	2,684,502	2,806,146	2,783,144	2,933,583	3,121,795	3.8	6.4
Public psychiatric hospitals[(a)]	646	647	536	502	612	–1.3	21.9
Total public hospitals	*2,685,148*	*2,806,793*	*2,783,680*	*2,934,085*	*3,122,407*	*3.8*	*6.4*
Private free-standing day hospital facilities	807,795	842,699	853,412	873,915	938,817	3.8	7.4
Other private hospitals	1,623,190	1,725,357	1,789,245	1,884,102	1,988,489	5.2	5.5
Total private hospitals	*2,430,985*	*2,568,056*	*2,642,657*	*2,758,017*	*2,927,306*	*4.8*	*6.1*
All hospitals	**5,116,133**	**5,374,849**	**5,426,337**	**5,692,102**	**6,049,713**	**4.3**	**6.3**
Overnight separations							
Public acute hospitals	2,584,509	2,695,567	2,736,797	2,771,897	2,848,720	2.5	2.8
Public psychiatric hospitals	9,475	9,132	9,719	8,888	9,211	–0.7	3.6
Total public hospitals	*2,593,984*	*2,704,699*	*2,746,516*	*2,780,785*	*2,857,931*	*2.5*	*2.8*
Private free-standing day hospital facilities[(a)]	1,363	1,231	1,431	1,614	1,886	8.5	16.9
Other private hospitals	1,136,786	1,171,385	1,194,973	1,222,274	1,240,837	2.2	1.5
Total private hospitals	*1,138,149*	*1,172,616*	*1,196,404*	*1,223,888*	*1,242,723*	*2.2*	*1.5*
All hospitals	**3,732,133**	**3,877,315**	**3,942,920**	**4,004,673**	**4,100,654**	**2.4**	**2.4**

(a) Due to the low and variable numbers of same-day separations in *Public psychiatric hospitals* and overnight separations in *Private free-standing day hospital facilities*, caution should be used in interpreting the average rates of change.

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

Table 2.4: Separations, by type of care, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Acute[(a)]	*5,114,373*	*5,329,166*	*5,334,794*	*5,523,256*	*5,783,039*	*3.1*	*4.7*
Same-day	*2,660,640*	*2,777,380*	*2,751,061*	*2,899,623*	*3,086,074*	*3.8*	*6.4*
Surgical[(b)]	373,252	380,885	384,515	400,038	410,873	2.4	2.7
Other[(c)]	2,287,388	2,396,495	2,366,546	2,499,585	2,675,201	4.0	7.0
Overnight	*2,453,733*	*2,551,786*	*2,583,733*	*2,623,633*	*2,696,965*	*2.4*	*2.8*
Surgical[(b)]	556,447	569,746	573,039	588,745	598,216	1.8	1.6
Other[(c)]	1,897,286	1,982,040	2,010,694	2,034,888	2,098,749	2.6	3.1
Subacute and non-acute[(d)]	164,499	181,926	195,323	191,536	197,222	4.6	3.0
Total public hospitals[(e)]	**5,279,132**	**5,511,492**	**5,530,196**	**5,714,870**	**5,980,338**	**3.2**	**4.6**
Private hospitals							
Acute[(a)]	*3,353,682*	*3,498,822*	*3,583,706*	*3,710,951*	*3,844,817*	*3.5*	*3.6*
Same-day	*2,278,559*	*2,395,166*	*2,458,748*	*2,561,321*	*2,682,155*	*4.2*	*4.7*
Surgical[(b)]	761,808	805,846	818,006	837,319	885,421	3.8	5.7
Other[(c)]	1,516,751	1,589,320	1,640,742	1,724,002	1,796,734	4.3	4.2
Overnight	*1,075,123*	*1,103,656*	*1,124,958*	*1,149,630*	*1,162,662*	*2.0*	*1.1*
Surgical[(b)]	565,565	581,538	593,192	613,253	623,043	2.4	1.6
Other[(c)]	509,558	522,118	531,766	536,377	539,619	1.4	0.6
Subacute and non-acute[(d)]	215,393	241,791	255,351	270,949	325,211	10.8	20.0
Total private hospitals[(e)]	**3,569,134**	**3,740,672**	**3,839,061**	**3,981,905**	**4,170,029**	**4.0**	**4.7**
All hospitals	**8,848,266**	**9,252,164**	**9,369,257**	**9,696,775**	**10,150,367**	**3.5**	**4.7**

(a) *Acute* admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported.

(b) *Surgical* separations are defined as acute care separations with a surgical procedure reported, based on the procedures used to define 'surgical' DRGs in AR-DRG, version 7.0 (NCCC 2012b).

(c) *Other* separations are those classified as acute care but not involving a surgical (or operating room) procedure. This can include non-operating room procedures such as endoscopy.

(d) *Subacute and non-acute* care includes *Rehabilitation*, *Palliative*, *Geriatric evaluation and management*, *Psychogeriatric* and *Maintenance* care types.

(e) The totals include separations with a care type of *Other* admitted patient care.

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

How much activity was there in 2014–15?

In 2014–15, about 59% of separations (6 million) occurred in public hospitals (Table 2.5). Public hospitals accounted for about 70% of overnight separations and 52% of same-day separations.

For the 4.2 million separations from private hospitals, about 23% of separations (941,000) occurred in *Private free-standing day hospital facilities* and the remainder were in other private hospitals (that can provide overnight care).

In 2014–15, overnight separations made up almost 48% of separations in public hospitals and 30% in private hospitals.

The proportion of overnight separations that were in public hospitals varied among states and territories, ranging from 64% in Queensland to 76% in New South Wales.

The proportion of separations that were for same-day care varied among states and territories and between public and private hospitals.

For public hospitals, the proportion of same-day separations ranged from 46% in New South Wales to 69% in the Northern Territory.

For private free-standing day hospitals and other private hospitals combined, it ranged from 67% in Victoria to 74% in New South Wales.

Cross-border flows

For 2014–15, about 98% of separations (9.9 million) were for people who were hospitalised in their state or territory of residence (Table 2.6). However, in the Australian Capital Territory, almost 81% of hospital separations were for Australian Capital Territory residents, with most of the remainder (18%) being for residents of New South Wales.

Where to go for more information:

More information on separations is available in:

- Section 2.8 'What types of public hospitals provide admitted patient care?'
- Section 2.9 'Separations for acute admitted patient care'.

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

Table 2.5: Separation statistics, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals									
Public acute hospitals	1,808,679	1,587,510	1,202,496	599,474	420,870	118,419	100,784	132,283	5,970,515
Public psychiatric hospitals	5,319	441	302	1,249	1,425	1,087	. .	. .	9,823
Total public hospitals	*1,813,998*	*1,587,951*	*1,202,798*	*600,723*	*422,295*	*119,506*	*100,784*	*132,283*	*5,980,338*
Private hospitals									
Private free-standing day hospital facilities	254,859	223,434	228,431	143,825	76,091	n.p.	n.p.	n.p.	940,703
Other private hospitals	929,680	785,903	804,526	336,915	239,765	n.p.	n.p.	n.p.	3,229,326
Total private hospitals	*1,184,539*	*1,009,337*	*1,032,957*	*480,740*	*315,856*	n.p.	n.p.	n.p.	*4,170,029*
Public acute and private hospitals	*2,993,218*	*2,596,847*	*2,235,453*	*1,080,214*	*736,726*	n.p.	n.p.	n.p.	*10,140,544*
All hospitals	**2,998,537**	**2,597,288**	**2,235,755**	**1,081,463**	**738,151**	**n.p.**	**n.p.**	**n.p.**	**10,150,367**
Overnight separations									
Public hospitals									
Public acute hospitals	978,234	671,847	558,108	275,409	221,688	54,875	47,316	41,243	2,848,720
Public psychiatric hospitals	5,118	439	302	1,237	1,044	1,071	. .	. .	9,211
Total public hospitals	*983,352*	*672,286*	*558,410*	*276,646*	*222,732*	*55,946*	*47,316*	*41,243*	*2,857,931*
Private hospitals									
Private free-standing day hospital facilities	69	4	0	1,813	0	n.p.	n.p.	n.p.	1,886
Other private hospitals	310,023	332,192	316,233	139,249	91,852	n.p.	n.p.	n.p.	1,240,837
Total private hospitals	*310,092*	*332,196*	*316,233*	*141,062*	*91,852*	n.p.	n.p.	n.p.	*1,242,723*
Public acute and private hospitals	*1,288,326*	*1,004,043*	*874,341*	*416,471*	*313,540*	n.p.	n.p.	n.p.	*4,091,443*
All hospitals	**1,293,444**	**1,004,482**	**874,643**	**417,708**	**314,584**	**n.p.**	**n.p.**	**n.p.**	**4,100,654**

(continued)

Table 2.5 (continued): Separation statistics, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Same-day separations									
Public hospitals									
Public acute hospitals	830,445	915,663	644,388	324,065	199,182	63,544	53,468	91,040	3,121,795
Public psychiatric hospitals	201	2	0	12	381	16	. .	. .	612
Total public hospitals	*830,646*	*915,665*	*644,388*	*324,077*	*199,563*	*63,560*	*53,468*	*91,040*	*3,122,407*
Private hospitals									
Private free-standing day hospital facilities	254,790	223,430	228,431	142,012	76,091	n.p.	n.p.	n.p.	938,817
Other private hospitals	619,657	453,711	488,293	197,666	147,913	n.p.	n.p.	n.p.	1,988,489
Total private hospitals	*874,447*	*677,141*	*716,724*	*339,678*	*224,004*	n.p.	n.p.	n.p.	*2,927,306*
Public acute and private hospitals	*1,704,892*	*1,592,804*	*1,361,112*	*663,743*	*423,186*	n.p.	n.p.	n.p.	*6,049,101*
All hospitals	**1,705,093**	**1,592,806**	**1,361,112**	**663,755**	**423,567**	**n.p.**	**n.p.**	**n.p.**	**6,049,713**
Same-day separations as % of total									
Public hospitals									
Public acute hospitals	45.9	57.7	53.6	54.1	47.3	53.7	53.1	68.8	52.3
Public psychiatric hospitals	3.8	0.5	0.0	1.0	26.7	1.5	. .	. .	6.2
Total public hospitals	*45.8*	*57.7*	*53.6*	*53.9*	*47.3*	*53.2*	*53.1*	*68.8*	*52.2*
Private hospitals									
Private free-standing day hospital facilities	100.0	100.0	100.0	98.7	100.0	n.p.	n.p.	n.p.	99.8
Other private hospitals	66.7	57.7	60.7	58.7	61.7	n.p.	n.p.	n.p.	61.6
Total private hospitals	*73.8*	*67.1*	*69.4*	*70.7*	*70.9*	n.p.	n.p.	n.p.	*70.2*
Public acute and private hospitals	*57.0*	*61.3*	*60.9*	*61.4*	*57.4*	n.p.	n.p.	n.p.	*59.7*
All hospitals	**56.9**	**61.3**	**60.9**	**61.4**	**57.4**	**n.p.**	**n.p.**	**n.p.**	**59.6**

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

Table 2.6: Separations, by state or territory of usual residence, public and private hospitals, states and territories, 2014–15

State or territory of usual residence	State or territory of hospitalisation									Separations per 1,000 population
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public hospitals										
New South Wales	1,781,294	32,744	12,460	682	1,825	252	17,940	395	1,847,592	226.7
Victoria	4,145	1,541,375	3,038	731	2,080	378	317	372	1,552,436	249.1
Queensland	12,113	1,689	1,177,069	678	494	263	203	735	1,193,244	244.7
Western Australia	622	688	795	594,432	334	72	43	3,462	600,448	230.9
South Australia	771	2,317	631	333	414,846	70	57	3,014	422,039	225.4
Tasmania	308	2,226	393	114	72	118,318	19	47	121,497	212.1
Australian Capital Territory	3,537	260	245	30	58	28	81,717	25	85,900	227.8
Northern Territory	241	348	552	220	1,883	8	6	123,926	127,184	572.9
Other Australian territories[(a)]	1,230	1,590	0	293	0	0	0	3	3,116	n.p.
Not elsewhere classified/Not reported[(b)]	9,737	4,714	7,615	3,210	703	117	482	304	26,882	. .
Total public hospitals	*1,813,998*	*1,587,951*	*1,202,798*	*600,723*	*422,295*	*119,506*	*100,784*	*132,283*	*5,980,338*	*240.2*
Private hospitals										
New South Wales	1,160,016	10,285	37,252	228	1,828	n.p.	n.p.	n.p.	1,218,177	146.8
Victoria	8,583	993,317	1,693	226	1,628	n.p.	n.p.	n.p.	1,005,689	159.6
Queensland	4,384	1,197	991,070	386	260	n.p.	n.p.	n.p.	997,487	200.4
Western Australia	467	622	397	479,387	109	n.p.	n.p.	n.p.	481,100	184.0
South Australia	264	713	394	124	310,367	n.p.	n.p.	n.p.	312,097	157.7
Tasmania	300	1,908	362	46	70	n.p.	n.p.	n.p.	91,041	152.7
Australian Capital Territory	2,700	231	288	19	42	n.p.	n.p.	n.p.	38,517	102.4
Northern Territory	373	479	804	151	1,296	n.p.	n.p.	n.p.	16,721	79.7
Other Australian territories[(a)]	6,531	25	0	134	0	n.p.	n.p.	n.p.	6,690	n.p.
Not elsewhere classified/Not reported[(b)]	921	560	697	39	256	n.p.	n.p.	n.p.	2,510	. .
Total private hospitals	*1,184,539*	*1,009,337*	*1,032,957*	*480,740*	*315,856*	n.p.	n.p.	n.p.	*4,170,029*	*164.4*
All hospitals	**2,998,537**	**2,597,288**	**2,235,755**	**1,081,463**	**738,151**	**n.p.**	**n.p.**	**n.p.**	**10,150,367**	**404.6**

(a) Includes Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory.
(b) Includes *Resident overseas*, *At sea* and *No fixed address*.
Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

2.2 Separation rates

This section presents separation rates (separations per 1,000 population) for public and private hospitals, over time and for 2014–15.

The separation rates presented in this report are age-standardised to eliminate the effect of differences in population age structures over periods of time or across geographic areas.

Changes over time

The number of separations per 1,000 population increased from 385 in 2010–11 to 405 in 2014–15, an average increase of 1.3% per year. The rates increased for most types of hospitals, with the exception of *Public psychiatric hospitals* (Table 2.7). The highest increase in separation rates was for *Other private hospitals* (1.7% on average per year).

The number of overnight separations per 1,000 population was relatively stable between 2010–11 and 2014–15. The number of same-day separations per 1,000 population increased in both public and private hospitals.

Table 2.7: Separations per 1,000 population, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Public acute hospitals	230.1	235.7	231.3	234.0	239.8	1.0	2.5
Public psychiatric hospitals	0.5	0.4	0.5	0.4	0.4	–2.3	3.3
Total public hospitals	*230.6*	*236.2*	*231.8*	*234.4*	*240.2*	*1.0*	*2.5*
Same-day separations	117.2	120.1	116.4	120.1	125.1	1.6	6.7
Overnight separations	113.4	116.1	115.4	114.3	115.1	0.4	0.7
Private hospitals							
Private free-standing day hospital facilities	35.0	35.7	35.3	35.2	37.0	1.4	5.1
Other private hospitals	118.9	122.2	123.1	125.3	127.4	1.7	1.7
Total private hospitals	*153.9*	*157.9*	*158.4*	*160.5*	*164.4*	*1.7*	*2.4*
Same-day separations	104.9	108.5	109.1	111.2	115.5	2.4	10.1
Overnight separations	49.0	49.4	49.3	49.3	48.9	0.0	–0.7
All hospitals	**384.5**	**394.1**	**390.2**	**394.9**	**404.6**	**1.3**	**2.5**
Same-day separations	222.1	228.6	225.5	231.3	240.6	2.0	8.3
Overnight separations	162.4	165.5	164.7	163.6	164.0	0.2	0.3

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

Separation rates in 2014–15

In 2014–15, there were about 240 separations per 1,000 population in public hospitals and 164 per 1,000 in private hospitals (Table 2.8).

Separations per 1,000 population in public hospitals ranged from 208 in Tasmania to 598 in the Northern Territory.

For private hospitals, separations per 1,000 population ranged from 143 in New South Wales to 207 in Queensland.

Table 2.8: Separations per 1,000 population, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	221.9	254.8	246.6	230.5	224.8	206.1	267.2	598.0	239.8
Public psychiatric hospitals	0.7	0.1	0.1	0.5	0.9	2.1	. .	. .	0.4
Total public hospitals	*222.6*	*254.9*	*246.7*	*231.0*	*225.6*	*208.3*	*267.2*	*598.0*	*240.2*
Private hospitals									
Private free-standing day hospital facilities	30.8	35.5	45.6	55.3	36.8	n.p.	n.p.	n.p.	37.0
Other private hospitals	112.2	124.6	161.8	128.5	122.9	n.p.	n.p.	n.p.	127.4
Total private hospitals	*143.0*	*160.2*	*207.4*	*183.9*	*159.7*	*n.p.*	*n.p.*	*n.p.*	*164.4*
All hospitals	**365.5**	**415.0**	**454.0**	**414.9**	**385.3**	**n.p.**	**n.p.**	**n.p.**	**404.6**

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

Same-day separations

As noted in Section 2.1, the number of same-day separations may not be comparable among the states and territories due to variations in admission practices. Therefore, these data should be interpreted with caution.

In 2014–15, there were about 241 same-day separations per 1,000 population (Table 2.9). Public hospitals accounted for about 125 same-day separations per 1,000 population and private hospitals accounted for 116 per 1,000.

Rates of same-day separations in public hospitals ranged from 102 per 1,000 in New South Wales to 408 per 1,000 in the Northern Territory.

For private hospitals, rates of same-day separations ranged from 105 per 1,000 in New South Wales to 144 per 1,000 in Queensland.

Table 2.9: Same-day separations per 1,000 population, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	101.5	147.0	131.7	124.6	106.6	108.2	143.1	408.3	125.1
Private hospitals	105.2	108.3	143.7	130.0	112.9	n.p.	n.p.	n.p.	115.5
All hospitals	**206.7**	**255.3**	**275.4**	**254.6**	**219.5**	**n.p.**	**n.p.**	**n.p.**	**240.6**

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

Overnight separations

In 2014–15, there were about 164 overnight separations per 1,000 population (Table 2.10). Public hospitals accounted for about 115 overnight separations per 1,000 population and private hospitals accounted for about 49 per 1,000.

Rates of overnight separations in public hospitals ranged from 100 per 1,000 in Tasmania to 190 per 1,000 in the Northern Territory.

For private hospitals, rates of overnight separations ranged from 38 per 1,000 in New South Wales to 64 per 1,000 in Queensland.

Table 2.10: Overnight separations per 1,000 population, states and territories, 2014–15

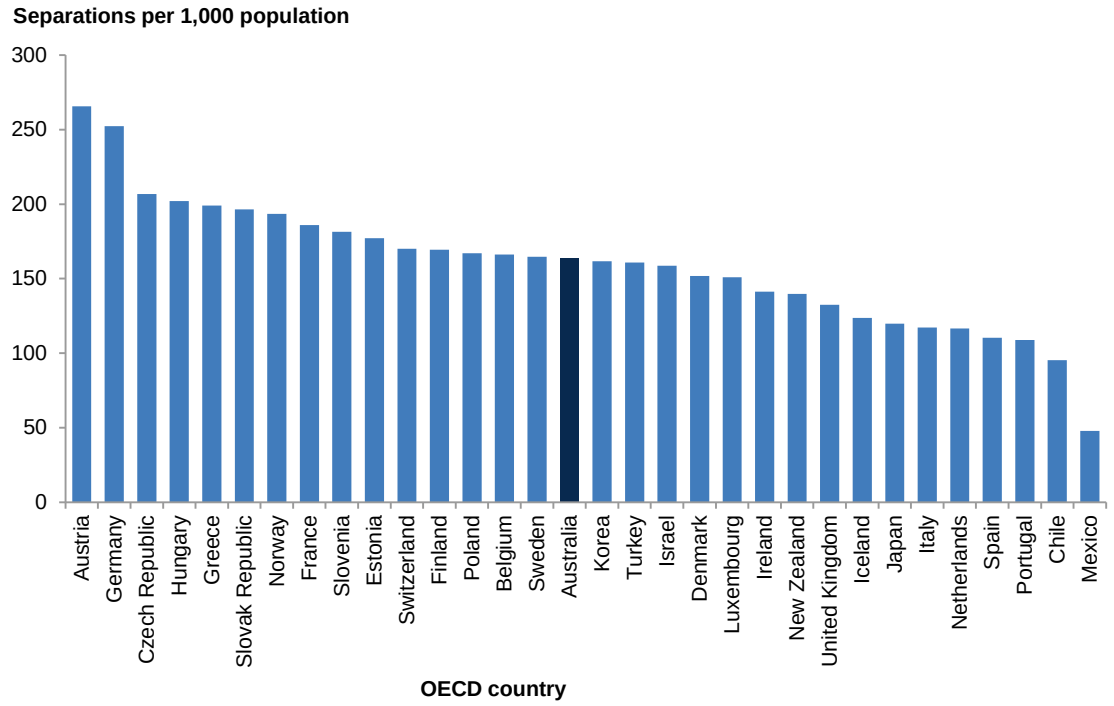
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	121.1	107.9	115.0	106.4	119.0	100.1	124.1	189.7	115.1
Private hospitals	37.7	51.9	63.6	53.9	46.8	n.p.	n.p.	n.p.	48.9
All hospitals	**158.9**	**159.8**	**178.6**	**160.3**	**165.8**	**n.p.**	**n.p.**	**n.p.**	**164.0**

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

How does Australia compare?

OECD indicator: Hospital discharge rates

The number of overnight separations per 1,000 population in Australia for 2014–15 was in the middle of the range reported for other OECD countries in recent years (Figure 2.1) (OECD 2013). The comparability of international separation rates is likely to be affected by differences in definitions of hospitals, collection periods and admission practices.



Note: Data collection periods vary for OECD countries (2013/2012/2010).

Figure 2.1: Overnight separations per 1,000 population, Australia (2014–15) and selected OECD countries

Where to go for more information:

More information on separation rates is available in:

- Chapter 3 'Who used these services?'—by Indigenous status, remoteness area of usual residence and socioeconomic status of area of usual residence
- Chapter 4 'Why did people receive care?'—for potentially preventable hospitalisations
- Chapter 5 'What services were provided?'—for *Rehabilitation care*, *Palliative care* and selected procedures
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

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

2.3 Patient days

This section presents information on the number of days of patient care (patient days) provided to admitted patients in Australia's public and private hospitals, over time and in 2014–15.

Changes over time

Between 2010–11 and 2014–15, the number of patient days increased by 1.7% from 26.9 million to 28.8 million (Table 2.11). Over this period, the number of patient days in private hospitals increased by 2.8%, and the proportion of patient days that were in private hospitals increased from 31.3% to 32.7%.

Patient days for *Public psychiatric hospitals* fluctuated between 2010–11 and 2014–15. However, it should be noted that separation records from public psychiatric hospitals include some with very long individual lengths of stay, including some as long as several years. The pattern of these separations from public psychiatric hospitals can vary over time and patient day counts can therefore vary markedly for these hospitals.

Table 2.11: Patient days, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Public acute hospitals	17,894,256	18,312,923	18,241,912	18,267,487	18,787,150	1.2	2.8
Public psychiatric hospitals[(a)]	592,763	678,113	580,944	556,585	576,548	–0.7	3.6
Total public hospitals	*18,487,019*	*18,991,036*	*18,822,856*	*18,824,072*	*19,363,698*	*1.2*	*2.9*
Private hospitals							
Private free-standing day hospital facilities	809,368	843,930	854,933	875,545	940,870	3.8	7.5
Other private hospitals	7,594,161	7,897,279	8,013,743	8,180,639	8,448,971	2.7	3.3
Total private hospitals	*8,403,529*	*8,741,209*	*8,868,676*	*9,056,184*	*9,389,841*	*2.8*	*3.7*
All hospitals	**26,890,548**	**27,732,245**	**27,691,532**	**27,880,256**	**28,753,539**	**1.7**	**3.1**

(a) Due to the low and variable numbers of separations for Public psychiatric hospitals, which can include some very long stay patients for whom relatively large numbers of patient days are reported, caution should be used in interpreting the average rates of change.

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

States and territories

Between 2010–11 and 2014–15, the numbers of public hospital patient days increased in most states and territories; however they decreased in South Australia by 1.6% on average each year (Table 2.12).

For private hospitals, the numbers of patient days increased at a higher rate than the national average (2.8%) for New South Wales, Victoria and Queensland over the same period.

The decrease in patient days for Victorian public hospitals between 2011–12 and 2012–13 reflects a change in Victoria's emergency department admission policy.

Similarly, the decrease in patient days for Western Australia's public hospitals between 2012–13 and 2013–14 reflects a change in emergency department admission policy.

Between 2013–14 and 2014–15, the increase in public hospital patient days in Queensland may, in part reflecting a change in admission practices for chemotherapy patients at some hospitals.

Patient days in 2014–15

In 2014–15, public hospitals accounted for 59% of separations (6.0 million) and 67% of patient days (19.4 million) (Tables 2.5 and 2.13).

Where to go for more information:

More information on patient days is available in:

- Section 2.8 'What types of public hospitals provide admitted patient care?'
- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

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

Table 2.12: Patient days for public and private hospitals, states and territories, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
New South Wales							
Public hospitals	6,192,497	6,434,979	6,387,047	6,465,446	6,616,974	1.7	2.3
Private hospitals	2,330,294	2,452,877	2,464,339	2,487,934	2,651,820	3.3	6.6
All hospitals	*8,522,791*	*8,887,856*	*8,851,386*	*8,953,380*	*9,268,794*	*2.1*	*3.5*
Victoria[(a)]							
Public hospitals	4,722,672	4,782,281	4,629,716	4,690,977	4,840,236	0.6	3.2
Private hospitals	2,166,659	2,261,615	2,310,738	2,376,811	2,432,231	2.9	2.3
All hospitals	*6,889,331*	*7,043,896*	*6,940,454*	*7,067,788*	*7,272,467*	*1.4*	*2.9*
Queensland[(a)]							
Public hospitals	3,206,398	3,262,934	3,295,250	3,308,998	3,524,825	2.4	6.5
Private hospitals	2,093,296	2,177,232	2,219,627	2,282,019	2,378,372	3.2	4.2
All hospitals	*5,299,694*	*5,440,166*	*5,514,877*	*5,591,017*	*5,903,197*	*2.7*	*5.6*
Western Australia[(a)]							
Public hospitals	1,779,052	1,856,812	1,920,265	1,828,364	1,807,878	0.4	–1.1
Private hospitals	881,719	901,524	906,675	938,189	947,984	1.8	1.0
All hospitals	*2,660,771*	*2,758,336*	*2,826,940*	*2,766,553*	*2,755,862*	*0.9*	*–0.4*
South Australia							
Public hospitals	1,614,514	1,679,153	1,600,110	1,508,854	1,513,227	–1.6	0.3
Private hospitals	625,664	634,321	639,419	642,097	644,376	0.7	0.4
All hospitals	*2,240,178*	*2,313,474*	*2,239,529*	*2,150,951*	*2,157,603*	*–0.9*	*0.3*
Tasmania							
Public hospitals	372,761	353,640	359,760	380,908	392,138	1.3	2.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	311,607	326,778	327,728	332,798	344,014	2.5	3.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	287,518	294,459	302,980	307,727	324,406	3.1	5.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**18,487,019**	**18,991,036**	**18,822,856**	**18,824,072**	**19,363,698**	**1.2**	**2.9**
Private hospitals	**8,403,529**	**8,741,209**	**8,868,676**	**9,056,184**	**9,389,841**	**2.8**	**3.7**
All hospitals	***26,890,548***	***27,732,245***	***27,691,532***	***27,880,256***	***28,753,539***	***1.7***	***3.1***

(a) There were changes in coverage, policies or practices over this period for New South Wales, Victoria, Queensland and Western Australia that affect the interpretation of these data. See Appendix A for more information.

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

Table 2.13: Patient days, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	6,353,198	4,793,975	3,376,608	1,751,969	1,474,755	368,225	344,014	324,406	18,787,150
Public psychiatric hospitals	263,776	46,261	148,217	55,909	38,472	23,913	. .	. .	576,548
Total public hospitals	*6,616,974*	*4,840,236*	*3,524,825*	*1,807,878*	*1,513,227*	*392,138*	*344,014*	*324,406*	*19,363,698*
Private hospitals									
Private free-standing day hospital facilities	254,861	223,599	228,431	143,825	76,091	n.p.	n.p.	n.p.	940,870
Other private hospitals	2,396,959	2,208,632	2,149,941	804,159	568,285	n.p.	n.p.	n.p.	8,448,971
Total private hospitals	*2,651,820*	*2,432,231*	*2,378,372*	*947,984*	*644,376*	n.p.	n.p.	n.p.	*9,389,841*
Public acute and private hospitals	*9,005,018*	*7,226,206*	*5,754,980*	*2,699,953*	*2,119,131*	*n.p.*	*n.p.*	*n.p.*	*28,176,991*
All hospitals	**9,268,794**	**7,272,467**	**5,903,197**	**2,755,862**	**2,157,603**	**n.p.**	**n.p.**	**n.p.**	**28,753,539**

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

2.4 Patient day rates

This section presents patient day rates for public and private hospitals, over time and for 2014–15.

The patient day rates presented in this report (patient days per 1,000 population) are age-standardised to eliminate the effect of differences in population age structures over periods of time or across geographic areas (for example, for states and territories).

Changes over time

Between 2010–11 and 2014–15, overall patient days per 1,000 population fluctuated for *Public acute hospitals* (with an overall tendency to fall over time) and for *Other private hospitals.* Over the same period, patient days per 1,000 population rose by about 1.4% per year for *Private free-standing day hospitals* (Table 2.14).

Table 2.14: Patient days per 1,000 population, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Public acute hospitals	768.2	769.8	749.9	734.4	738.8	–1.0	0.6
Public psychiatric hospitals	26.7	30.4	25.4	23.7	24.6	–2.1	4.0
Total public hospitals	*795.0*	*800.2*	*775.3*	*758.1*	*763.5*	*–1.0*	*0.7*
Private hospitals							
Private free-standing day hospital facilities	35.0	35.7	35.3	35.2	37.0	1.4	5.1
Other private hospitals	321.6	326.9	323.8	323.0	326.0	0.3	0.9
Total private hospitals	*356.6*	*362.6*	*359.1*	*358.3*	*363.0*	*0.4*	*1.3*
All hospitals	**1,151.6**	**1,162.9**	**1,134.4**	**1,116.3**	**1,126.5**	**–0.5**	**0.9**

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

Patient day rates in 2014–15

In 2014–15, there were 1,127 patient days per 1,000 population overall (Table 2.15). The patient day rate varied among states and territories.

For public hospitals, it ranged from 660 days per 1,000 in Tasmania to 1,615 per 1,000 in the Northern Territory.

For private hospitals, it ranged from 313 per 1,000 in New South Wales to 474 per 1,000 in Queensland.

Table 2.15: Patient days per 1,000 population, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	757.0	750.0	687.7	672.6	746.3	619.1	915.4	1,615.0	738.8
Public psychiatric hospitals	35.2	8.2	32.3	21.0	22.5	40.7	. .	. .	24.6
Total public hospitals	*792.2*	*758.2*	*719.9*	*693.6*	*768.8*	*659.8*	*915.4*	*1,615.0*	*763.5*
Private hospitals									
Private free-standing day hospital facilities	30.8	35.6	45.6	55.3	36.8	n.p.	n.p.	n.p.	37.0
Other private hospitals	282.3	339.7	428.6	306.7	278.3	n.p.	n.p.	n.p.	326.0
Total private hospitals	*313.1*	*375.3*	*474.2*	*362.0*	*315.1*	n.p.	n.p.	n.p.	*363.0*
All hospitals	**1,105.4**	**1,133.5**	**1,194.1**	**1,055.7**	**1,083.9**	**n.p.**	**n.p.**	**n.p.**	**1,126.5**

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

Where to go for more information:

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

2.5 Length of stay

This section presents information on the average length of stay (ALOS) for admitted patient care in Australia's public and private hospitals, over time and in 2014–15.

The ALOS is calculated as the total number of patient days reported for the hospital (or group of hospitals), divided by the number of separations. This section presents two measures for ALOS—the ALOS for all separations and the ALOS excluding same-day separations.

Changes over time

Between 2010–11 and 2014–15, ALOS for public and private hospitals decreased (Table 2.16), from 3.0 days to 2.8 days, overall.

For overnight separations, the ALOS in all hospitals combined fell from 5.8 days to 5.5 days, an average annual decrease of 1.3%.

For public acute hospitals, the ALOS excluding same-day separations decreased by an average of 1.7% per year.

Table 2.16: Average length of stay, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Average length of stay (days)							
Public acute hospitals	3.4	3.3	3.3	3.2	3.1	–1.9	–1.7
Public psychiatric hospitals[(a)]	58.6	69.3	56.6	59.3	58.7	0.1	–1.0
Total public hospitals	*3.5*	*3.4*	*3.4*	*3.3*	*3.2*	*–1.9*	*–1.7*
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	0.0	0.0
Other private hospitals	2.8	2.7	2.7	2.6	2.6	–1.3	–0.7
Total private hospitals	*2.4*	*2.3*	*2.3*	*2.3*	*2.3*	*–1.1*	*–1.0*
All hospitals	**3.0**	**3.0**	**3.0**	**2.9**	**2.8**	**–1.7**	**–1.5**
Average length of stay, excluding same-day separations (days)							
Public acute hospitals	5.9	5.8	5.6	5.5	5.5	–1.7	–0.6
Public psychiatric hospitals[(a)]	62.5	74.2	59.7	62.6	62.5	0.0	–0.1
Total public hospitals	*6.1*	*6.0*	*5.8*	*5.7*	*5.7*	*–1.7*	*–0.5*
Private free-standing day hospital facilities[(b)]	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals	5.3	5.3	5.2	5.2	5.2	–0.2	1.1
Total private hospitals	*5.2*	*5.3*	*5.2*	*5.1*	*5.2*	*–0.2*	*1.1*
All hospitals	**5.8**	**5.8**	**5.6**	**5.5**	**5.5**	**–1.3**	**–0.1**

(a) Separations from *Public psychiatric hospitals* include some with very long individual lengths of stay, including some as long as several years. The pattern of these separations can vary over time and the average length of stay can therefore fluctuate markedly for these hospitals.

(b) Average length of stay, excluding same-day separations for *Private free-standing day hospital facilities* is not shown as it is based on a small number of records.

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

Length of stay in 2014–15

In 2014–15, the overall ALOS was 2.8 days. The overall ALOS was longer in public hospitals than in private hospitals (3.2 days and 2.3 days, respectively) (Table 2.17).

The ALOS for overnight separations was also longer in public hospitals (5.7 days) than in private hospitals (5.2 days). The ALOS for overnight separations varied across states and territories, for public hospitals, it ranged from 5.2 days in Queensland to 6.1 days in the Australian Capital Territory.

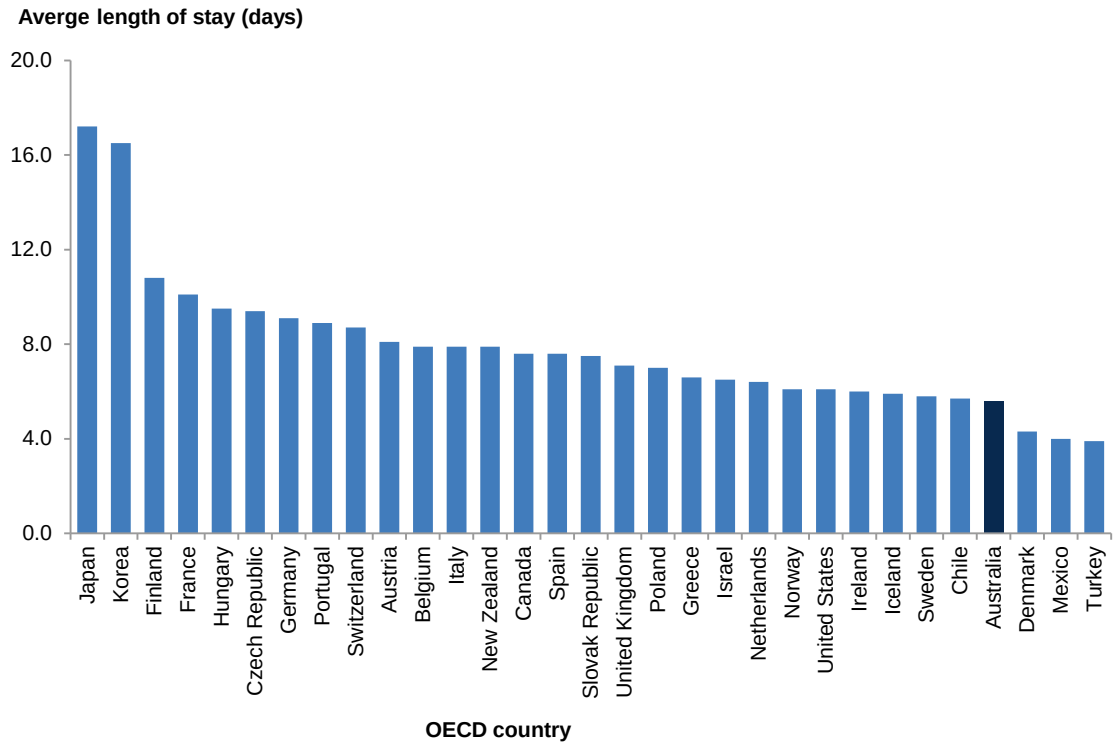
How does Australia compare?

OECD indicator: Length of stay

The OECD presents comparative information on the ALOS for overnight separations as an indicator of efficiency.

The ALOS for overnight separations in Australia for 2014–15 was 5.5 days, which was lower than the OECD average length of stay of 8.1 days (Figure 2.2) (OECD 2013).

The comparability of international ALOS may be affected by differences in definitions of hospitals, collection periods and admission practices.



Note: Data collection periods vary for OECD countries (2013/2012/2011).

Figure 2.2: Overnight length of stay, Australia, 2014–15 and selected OECD countries

Table 2.17: Average length of stay statistics, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (days)									
Public hospitals									
Public acute hospitals	3.5	3.0	2.8	2.9	3.5	3.1	3.4	2.5	3.1
Public psychiatric hospitals[(a)]	49.6	104.9	490.8	44.8	27.0	22.0	. .	. .	58.7
Total public hospitals	*3.6*	*3.0*	*2.9*	*3.0*	*3.6*	*3.3*	*3.4*	*2.5*	*3.2*
Private hospitals									
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
Other private hospitals	2.6	2.8	2.7	2.4	2.4	n.p.	n.p.	n.p.	2.6
Total private hospitals	*2.2*	*2.4*	*2.3*	*2.0*	*2.0*	*n.p.*	*n.p.*	*n.p.*	*2.3*
Public acute and private hospitals	*3.0*	*2.8*	*2.6*	*2.5*	*2.9*	*n.p.*	*n.p.*	*n.p.*	*2.8*
All hospitals	**3.1**	**2.8**	**2.6**	**2.5**	**2.9**	n.p.	n.p.	n.p.	**2.8**
Average length of stay, excluding same-day separations (days)									
Public hospitals									
Public acute hospitals	5.6	5.8	4.9	5.2	5.8	5.6	6.1	5.7	5.5
Public psychiatric hospitals[(a)]	51.5	105.4	. .	45.2	36.5	22.3	. .	. .	62.5
Total public hospitals	*5.9*	*5.8*	*5.2*	*5.4*	*5.9*	*5.9*	*6.1*	*5.7*	*5.7*
Private hospitals									
Private free-standing day hospital facilities[(b)]	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals	5.7	5.3	5.3	4.4	4.6	n.p.	n.p.	n.p.	5.2
Total private hospitals	*5.7*	*5.3*	*5.3*	*4.3*	*4.6*	*n.p.*	*n.p.*	*n.p.*	*5.2*
Public acute and private hospitals	*5.7*	*5.6*	*5.0*	*4.9*	*5.4*	*n.p.*	*n.p.*	*n.p.*	*5.4*
All hospitals	**5.8**	**5.7**	**5.2**	**5.0**	**5.5**	**n.p.**	**n.p.**	**n.p.**	**5.5**

(a) Separations from *Public psychiatric hospitals* include some with very long individual lengths of stay, including some as long as several years.

(b) Average length of stay, excluding same-day separations for *Private free-standing day hospital facilities* is not shown as it is based on a small number of records.

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

Where to go for more information:

More information on average length of stay is available in:

- Section 2.6 in this chapter—for 'Performance indicator: Average length of stay for selected AR-DRGs'
- Section 2.7 in this chapter 'Performance indicator: Relative stay indexes'
- Section 2.8 in this chapter 'What types of public hospitals provide admitted patient care?'
- Chapter 4 'Why did people receive care?'—by care type
- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

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

2.6 Performance indicator: Average length of stay for selected AR-DRGs

'Average length of stay (ALOS) for selected AR-DRGs' is presented as an indicator of *Efficiency and sustainability* under the National Health Performance Framework (NHPF) (see Appendix C).

The selected AR-DRGs (Table 2.18) were chosen on the basis of:

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

Due to changes in the AR-DRG classification between versions 5.2, 6.0, 6.0x and 7.0, the data presented here are not comparable with the data presented in previous reports. For more information, see *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a).

There were notable differences (more than 1 day) in the ALOS between public and private hospitals for 8 of the 20 selected AR-DRGs (Table 2.18). For example, the ALOS for E65B *Chronic obstructive airways disease without catastrophic complications or comorbidities* was 3.9 days for public hospitals and 7.1 days for private hospitals.

There were some notable differences in ALOS among states and territories. For example, for F62B *Heart failure and shock without catastrophic complications or comorbidities*, the ALOS in public hospitals ranged from 3.7 days in Queensland to 5.0 days in Tasmania (Table 2.18). For private hospitals, the ALOS for F62B ranged from 6.7 days in Queensland and South Australia to 7.5 days in New South Wales.

Where to go for more information:

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

Table 2.18: Average length of stay (days)[a] for selected AR-DRGs[b] version 7.0, public and private hospitals, states and territories, 2014–15

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
C03Z	**Retinal procedures**										
	ALOS (days)	Public	1.5	1.1	1.2	1.3	1.7	1.0	1.4	n.p.	1.3
		Private	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
		Total	*1.0*	*1.0*	*1.0*	*1.0*	*1.1*	*n.p.*	*n.p.*	*n.p.*	*1.0*
	Separations	Public	2,268	3,035	2,826	1,039	774	246	271	85	10,544
		Private	25,029	11,004	13,106	12,135	6,998	n.p.	n.p.	n.p.	74,661
		Total	*27,297*	*14,039*	*15,932*	*13,174*	*7,772*	*n.p.*	*n.p.*	*n.p.*	*85,205*
D11Z	**Tonsillectomy and/or adenoidectomy**										
	ALOS (days)	Public	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.3	1.1
		Private	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
		Total	*1.0*	*1.0*	*1.1*	*1.0*	*1.1*	*n.p.*	*n.p.*	*n.p.*	*1.0*
	Separations	Public	5,151	5,959	3,118	1,740	1,698	308	275	243	18,492
		Private	10,646	5,893	7,136	3,338	2,070	n.p.	n.p.	n.p.	30,525
		Total	*15,797*	*11,852*	*10,254*	*5,078*	*3,768*	*n.p.*	*n.p.*	*n.p.*	*49,017*
E62C	**Respiratory infections/Inflammations without CC**										
	ALOS (days)	Public	2.9	2.2	2.0	2.5	2.8	3.1	2.8	2.6	2.5
		Private	5.3	4.6	4.4	4.4	4.2	n.p.	n.p.	n.p.	4.5
		Total	*3.1*	*2.6*	*2.5*	*2.8*	*3.0*	*n.p.*	*n.p.*	*n.p.*	*2.8*
	Separations	Public	10,030	5,938	6,619	2,880	2,346	469	495	546	29,323
		Private	511	1,350	1,606	448	497	n.p.	n.p.	n.p.	4,592
		Total	*10,541*	*7,288*	*8,225*	*3,328*	*2,843*	*n.p.*	*n.p.*	*n.p.*	*33,915*
E65B	**Chronic obstructive airways disease without catastrophic CC**										
	ALOS (days)	Public	4.3	3.6	3.2	3.8	4.1	4.2	4.5	3.6	3.9
		Private	7.8	7.1	7.0	7.0	6.2	n.p.	n.p.	n.p.	7.1
		Total	*4.5*	*4.4*	*4.0*	*4.2*	*4.3*	*n.p.*	*n.p.*	*n.p.*	*4.3*
	Separations	Public	15,503	7,879	9,218	3,774	3,911	1,048	489	1,008	42,830
		Private	932	2,141	2,594	618	531	n.p.	n.p.	n.p.	6,990
		Total	*16,435*	*10,020*	*11,812*	*4,392*	*4,442*	*n.p.*	*n.p.*	*n.p.*	*49,820*

(continued)

Table 2.18 (continued): Average length of stay (days)[a] for selected AR-DRGs[b] version 7.0, public and private hospitals, states and territories, 2014–15

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E69B	**Bronchitis and asthma without CC**										
	ALOS (days)	Public	1.6	1.3	1.3	1.6	1.6	1.3	1.6	1.5	1.5
		Private	3.7	2.7	3.1	3.6	3.9	n.p.	n.p.	n.p.	3.1
		Total	*1.6*	*1.4*	*1.6*	*1.8*	*1.8*	*n.p.*	*n.p.*	*n.p.*	*1.6*
	Separations	Public	11,176	8,101	6,312	2,163	2,771	574	415	354	31,866
		Private	177	919	893	151	185	n.p.	n.p.	n.p.	2,369
		Total	*11,353*	*9,020*	*7,205*	*2,314*	*2,956*	*n.p.*	*n.p.*	*n.p.*	*34,235*
F62B	**Heart failure and Shock without catastrophic CC**										
	ALOS (days)	Public	4.5	3.9	3.7	3.8	4.7	5.0	4.8	3.9	4.2
		Private	7.5	6.9	6.7	7.0	6.7	n.p.	n.p.	n.p.	7.0
		Total	*4.8*	*4.8*	*4.7*	*4.6*	*5.2*	*n.p.*	*n.p.*	*n.p.*	*4.8*
	Separations	Public	7,878	4,608	3,841	2,158	1,956	551	253	269	21,514
		Private	900	1,930	1,984	700	631	n.p.	n.p.	n.p.	6,438
		Total	*8,778*	*6,538*	*5,825*	*2,858*	*2,587*	*n.p.*	*n.p.*	*n.p.*	*27,952*
F76B	**Arrhythmia, cardiac arrest and conduction disorders without CSCC**										
	ALOS (days)	Public	2.4	2.2	2.0	2.0	2.3	2.0	2.3	2.5	2.2
		Private	2.8	2.8	2.7	2.5	2.4	n.p.	n.p.	n.p.	2.7
		Total	*2.4*	*2.4*	*2.2*	*2.1*	*2.3*	*n.p.*	*n.p.*	*n.p.*	*2.3*
	Separations	Public	9,666	4,405	5,155	1,783	1,911	468	350	279	24,017
		Private	1,172	2,123	2,920	777	872	n.p.	n.p.	n.p.	8,107
		Total	*10,838*	*6,528*	*8,075*	*2,560*	*2,783*	*n.p.*	*n.p.*	*n.p.*	*32,124*
G07B	**Appendicectomy without malignancy or peritonitis without CSCC**										
	ALOS (days)	Public	2.2	1.8	1.9	1.9	2.0	2.1	2.0	2.3	2.0
		Private	1.8	2.0	1.7	1.8	2.2	n.p.	n.p.	n.p.	1.9
		Total	*2.2*	*1.9*	*1.8*	*1.9*	*2.0*	*n.p.*	*n.p.*	*n.p.*	*2.0*
	Separations	Public	6,459	3,893	3,849	2,305	1,252	515	524	248	19,045
		Private	543	986	1,598	518	285	n.p.	n.p.	n.p.	4,116
		Total	*7,002*	*4,879*	*5,447*	*2,823*	*1,537*	*n.p.*	*n.p.*	*n.p.*	*23,161*

(continued)

Table 2.18 (continued): Average length of stay (days)[a] for selected AR-DRGs[b] version 7.0, public and private hospitals, states and territories, 2014–15

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G10B	**Hernia procedures without CC**										
	ALOS (days)	Public	1.3	1.3	1.2	1.2	1.3	1.2	1.3	1.3	1.3
		Private	1.3	1.3	1.2	1.3	1.3	n.p.	n.p.	n.p.	1.2
		Total	*1.3*	*1.3*	*1.2*	*1.2*	*1.3*	*n.p.*	*n.p.*	*n.p.*	*1.3*
	Separations	Public	9,408	7,018	5,406	2,842	2,116	647	364	236	28,037
		Private	10,436	8,337	9,000	4,137	2,442	n.p.	n.p.	n.p.	36,305
		Total	*19,844*	*15,355*	*14,406*	*6,979*	*4,558*	*n.p.*	*n.p.*	*n.p.*	*64,342*
I03B	**Hip replacement without catastrophic CC**										
	ALOS (days)	Public	5.8	4.8	5.1	5.5	6.5	5.6	7.0	n.p.	5.5
		Private	5.6	5.5	5.4	5.0	5.9	n.p.	n.p.	n.p.	5.5
		Total	*5.7*	*5.3*	*5.3*	*5.2*	*6.1*	*n.p.*	*n.p.*	*n.p.*	*5.5*
	Separations	Public	4,180	2,896	1,842	1,255	927	355	170	46	11,671
		Private	5,189	5,658	3,765	2,165	1,962	n.p.	n.p.	n.p.	20,188
		Total	*9,369*	*8,554*	*5,607*	*3,420*	*2,889*	*n.p.*	*n.p.*	*n.p.*	*31,859*
I04B	**Knee replacement without CSCC**										
	ALOS (days)	Public	5.0	4.5	4.5	5.5	5.1	4.9	4.9	n.p.	4.9
		Private	5.6	5.3	5.0	5.2	5.4	n.p.	n.p.	n.p.	5.3
		Total	*5.3*	*5.1*	*4.9*	*5.3*	*5.3*	*n.p.*	*n.p.*	*n.p.*	*5.2*
	Separations	Public	4,477	2,257	2,195	1,061	798	216	121	42	11,167
		Private	6,910	5,582	5,977	3,236	2,652	n.p.	n.p.	n.p.	25,818
		Total	*11,387*	*7,839*	*8,172*	*4,297*	*3,450*	*n.p.*	*n.p.*	*n.p.*	*36,985*
I16Z	**Other shoulder procedures**										
	ALOS (days)	Public	1.4	1.3	1.3	1.2	1.5	1.5	n.p.	n.p.	1.3
		Private	1.2	1.2	1.2	1.2	1.3	n.p.	n.p.	n.p.	1.2
		Total	*1.3*	*1.2*	*1.2*	*1.2*	*1.3*	*n.p.*	*n.p.*	*n.p.*	*1.2*
	Separations	Public	2,276	1,741	1,219	1,325	605	105	97	66	7,434
		Private	8,691	8,331	7,713	6,329	3,224	n.p.	n.p.	n.p.	35,865
		Total	*10,967*	*10,072*	*8,932*	*7,654*	*3,829*	*n.p.*	*n.p.*	*n.p.*	*43,299*

(continued)

Table 2.18 (continued): Average length of stay (days)[a] for selected AR-DRGs[b] version 7.0, public and private hospitals, states and territories, 2014–15

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L63B	**Kidney and urinary tract infections without CSCC**										
	ALOS (days)	Public	2.7	2.1	1.8	2.3	2.6	2.4	2.5	2.4	2.3
		Private	4.3	4.2	3.9	4.0	4.4	n.p.	n.p.	n.p.	4.1
		Total	*2.8*	*2.5*	*2.2*	*2.5*	*2.9*	*n.p.*	*n.p.*	*n.p.*	*2.5*
	Separations	Public	12,704	8,075	10,901	4,257	2,906	688	622	487	40,640
		Private	893	1,776	2,665	632	493	n.p.	n.p.	n.p.	6,714
		Total	*13,597*	*9,851*	*13,566*	*4,889*	*3,399*	*n.p.*	*n.p.*	*n.p.*	*47,354*
M02B	**Transurethral prostatectomy without CSCC**										
	ALOS (days)	Public	2.7	2.3	2.3	2.2	2.5	n.p.	n.p.	n.p.	2.4
		Private	2.5	2.4	2.3	2.0	2.7	n.p.	n.p.	n.p.	2.4
		Total	*2.5*	*2.4*	*2.3*	*2.1*	*2.7*	*n.p.*	*n.p.*	*n.p.*	*2.4*
	Separations	Public	1,621	1,354	936	432	351	58	55	15	4,822
		Private	3,060	2,993	2,482	974	742	n.p.	n.p.	n.p.	10,704
		Total	*4,681*	*4,347*	*3,418*	*1,406*	*1,093*	*n.p.*	*n.p.*	*n.p.*	*15,526*
N04B	**Hysterectomy for non-malignancy without CSCC**										
	ALOS (days)	Public	2.8	2.8	2.4	2.5	2.7	2.7	2.9	n.p.	2.7
		Private	3.2	3.3	2.7	2.8	3.4	n.p.	n.p.	n.p.	3.1
		Total	*3.0*	*3.1*	*2.6*	*2.7*	*3.1*	*n.p.*	*n.p.*	*n.p.*	*2.9*
	Separations	Public	2,821	2,364	1,826	868	876	184	120	61	9,120
		Private	3,858	3,028	3,465	1,796	954	n.p.	n.p.	n.p.	13,769
		Total	*6,679*	*5,392*	*5,291*	*2,664*	*1,830*	*n.p.*	*n.p.*	*n.p.*	*22,889*
N06Z	**Female reproductive system reconstructive procedures**										
	ALOS (days)	Public	2.2	2.2	1.9	2.0	2.1	2.0	n.p.	n.p.	2.1
		Private	2.6	2.5	2.0	2.3	2.8	n.p.	n.p.	n.p.	2.4
		Total	*2.4*	*2.4*	*2.0*	*2.2*	*2.5*	*n.p.*	*n.p.*	*n.p.*	*2.3*
	Separations	Public	2,052	1,695	1,089	442	601	178	51	15	6,123
		Private	3,159	2,507	2,405	1,164	780	n.p.	n.p.	n.p.	10,615
		Total	*5,211*	*4,202*	*3,494*	*1,606*	*1,381*	*n.p.*	*n.p.*	*n.p.*	*16,738*

(continued)

Table 2.18 (continued): Average length of stay (days)[(a)] for selected AR-DRGs[(b)] version 7.0, public and private hospitals, states and territories, 2014–15

AR-DRG		Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
O01C	**Caesarean delivery without CSCC**										
	ALOS (days)	Public	3.6	3.5	3.2	3.5	3.6	3.5	3.5	4.4	3.5
		Private	5.1	4.9	4.6	4.7	5.2	n.p.	n.p.	n.p.	4.9
		Total	*4.1*	*4.0*	*3.8*	*4.0*	*4.0*	*n.p.*	*n.p.*	*n.p.*	*4.0*
	Separations	Public	14,961	12,232	8,862	4,959	3,392	847	1,026	655	46,934
		Private	7,716	6,807	6,578	3,948	1,494	n.p.	n.p.	n.p.	27,753
		Total	*22,677*	*19,039*	*15,440*	*8,907*	*4,886*	*n.p.*	*n.p.*	*n.p.*	*74,687*
O60C	**Vaginal delivery single, uncomplicated**										
	ALOS (days)	Public	2.3	2.2	1.9	2.2	2.0	2.2	1.8	2.7	2.2
		Private	4.1	4.1	3.7	3.5	4.2	n.p.	n.p.	n.p.	3.9
		Total	*2.6*	*2.6*	*2.3*	*2.5*	*2.5*	*n.p.*	*n.p.*	*n.p.*	*2.5*
	Separations	Public	38,879	28,687	24,687	11,589	7,776	2,287	2,617	1,644	118,166
		Private	8,350	6,827	5,975	3,155	1,816	n.p.	n.p.	n.p.	27,630
		Total	*47,229*	*35,514*	*30,662*	*14,744*	*9,592*	*n.p.*	*n.p.*	*n.p.*	*145,796*
P68D	**Neonate, admission weight >=2500g without significant OR procedure >=37 completed weeks gestation**										
	ALOS (days)	Public	2.0	2.5	1.8	2.1	2.0	2.2	2.3	2.1	2.1
		Private	4.3	1.9	2.8	3.1	2.3	n.p.	n.p.	n.p.	3.7
		Total	*2.4*	*2.3*	*1.9*	*2.3*	*2.0*	*n.p.*	*n.p.*	*n.p.*	*2.4*
	Separations	Public	24,681	3,000	2,931	1,427	969	226	513	375	34,122
		Private	5,177	1,036	477	455	215	n.p.	n.p.	n.p.	7,447
		Total	*29,858*	*4,036*	*3,408*	*1,882*	*1,184*	*n.p.*	*n.p.*	*n.p.*	*41,569*
R61B	**Lymphoma and non-acute leukaemia without catastrophic CC**										
	ALOS (days)	Public	4.8	4.7	4.0	4.3	5.2	4.5	6.1	n.p.	4.7
		Private	5.2	4.2	5.9	3.4	4.6	n.p.	n.p.	n.p.	4.6
		Total	*4.8*	*4.4*	*5.1*	*3.8*	*5.0*	*n.p.*	*n.p.*	*n.p.*	*4.7*
	Separations	Public	2,400	2,000	986	671	946	227	112	63	7,405
		Private	446	1,994	1,433	933	387	n.p.	n.p.	n.p.	5,298
		Total	*2,846*	*3,994*	*2,419*	*1,604*	*1,333*	*n.p.*	*n.p.*	*n.p.*	*12,703*

CC—complications and comorbidities; CSCC—catastrophic or severe complications or comorbidities; OR—operating room; >=—greater than or equal to.

(a) Includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported. Excludes separations where the length of stay was greater than 120 days. Average length of stay suppressed for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory, or if fewer than 100 separations were reported.

(b) For more information on the selected AR-DRGs, see Appendix B and tables accompanying this report online.

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

2.7 Performance indicator: Relative stay index

'Relative stay index' is presented as an indicator of *Efficiency and sustainability* under the NHPF (see Appendix C).

Relative stay indexes (RSIs) are calculated as the observed number of patient days for separations in selected AR-DRGs, divided by the expected number of patient days, standardised for casemix (based on national figures). The adjustment for casemix allows variation in the types of services provided to be taken into account. However, it does not take into account other influences on length of stay, such as Indigenous status or the remoteness area of the patient's residence or of the hospital.

An RSI greater than 1 indicates that the average episode's length of stay is higher than would be expected, given the casemix for the category of interest (for example, by hospital sector or jurisdiction). An RSI of less than 1 indicates that the length of stay was less than would have been expected.

The directly standardised RSI is comparable between cells and is therefore more appropriate to use when comparing between groups and over time. The indirectly standardised RSI is not technically comparable between cells but provides a comparison of the hospital group with the 5-year average based on the casemix of that group.

RSIs are calculated using separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported.

Changes over time

The directly standardised RSI for public hospitals was consistently lower than that for private hospitals between 2010–11 and 2014–15 (Table 2.19).

When interpreting RSI information, it should be noted that patient day counts can fluctuate markedly for public psychiatric hospitals.

Relative stay indexes in 2014–15

Overall, the directly standardised RSI for private hospitals was 1.17, compared with 1.14 for public hospitals, indicating relatively shorter lengths of stay in the public sector (Table 2.20).

There were relatively shorter lengths of stay for *Medical* and *Other* separations in public hospitals (compared with these categories in private hospitals), and for *Surgical* separations in private hospitals (compared with *Surgical* separations in public hospitals) (Table 2.20).

Separations for which the funding source was reported as *Self-funded* had lower lengths of stay than expected in both public and private hospitals (0.95) (Table 2.21).

Separations for which the funding source was reported as *Department of Veterans' Affairs* had relatively lower lengths of stay than expected in public hospitals (0.93) and relatively higher lengths of stay than expected in private hospitals (1.25).

Table 2.19: Relative stay index, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Indirectly standardised relative stay index[(a)]							
Public hospitals							
Public acute hospitals	1.04	1.01	0.97	0.94	0.91	. .	. .
Public psychiatric hospitals	1.33	1.34	1.35	1.28	1.26	. .	. .
Total public	*1.04*	*1.01*	*0.97*	*0.94*	*0.92*	. .	. .
Private hospitals							
Private free-standing day hospital facilities	0.82	0.82	0.82	0.80	0.81	. .	. .
Other private hospitals	1.12	1.11	1.09	1.06	1.05	. .	. .
Total private	*1.09*	*1.09*	*1.07*	*1.04*	*1.03*	. .	. .
All hospitals	**1.06**	**1.03**	**1.00**	**0.97**	**0.95**	. .	. .
Directly standardised relative stay index[(b)]							
Public hospitals							
Public acute hospitals	1.07	1.02	0.98	0.95	0.93	–3.3	–2.4
Public psychiatric hospitals	1.96	2.39	4.47	2.09	2.51	6.4	20.3
Total public	*1.07*	*1.03*	*0.99*	*0.96*	*0.93*	*–3.3*	*–2.4*
Private hospitals							
Private free-standing day hospital facilities	0.46	0.46	0.44	0.44	0.51	2.5	15.1
Other private hospitals	1.20	1.19	1.16	1.14	1.12	–1.8	–2.0
Total private	*1.19*	*1.18*	*1.15*	*1.13*	*1.11*	*–1.7*	*–2.0*
All hospitals	**1.07**	**1.04**	**1.00**	**0.97**	**0.95**	**–2.9**	**–2.2**

(a) Relative stay index based on all hospitals combined for the 5-year period using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group. AR-DRG version 6.0x used for all years.

(b) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells. AR-DRG version 6.0x used for all years.

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

Where to go for more information:

See Appendix B for detail on methods used in calculating RSI.

Table 2.20: Relative stay index by medical/surgical/other type of AR-DRG[(a)], public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index									
Public hospitals	*1.03*	*0.91*	*0.87*	*0.95*	*1.04*	*0.98*	*1.05*	*1.13*	*0.96*
Medical	1.00	0.90	0.83	0.93	1.01	0.97	1.03	1.05	0.94
Surgical	1.10	0.93	0.96	1.00	1.09	1.01	1.07	1.33	1.01
Other	1.11	0.92	0.95	0.96	1.12	0.97	1.16	1.23	1.02
Private hospitals	*1.13*	*1.08*	*1.11*	*1.03*	*1.01*	*n.p.*	*n.p.*	*n.p.*	*1.09*
Medical	1.38	1.23	1.25	1.16	1.03	n.p.	n.p.	n.p.	1.25
Surgical	0.99	0.97	0.99	0.95	0.99	n.p.	n.p.	n.p.	0.98
Other	0.90	0.96	1.02	1.00	0.95	n.p.	n.p.	n.p.	0.97
All hospitals	**1.05**	**0.96**	**0.95**	**0.98**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Medical	**1.06**	**0.97**	**0.94**	**0.98**	**1.02**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Surgical	**1.05**	**0.95**	**0.98**	**0.97**	**1.04**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Other	**1.06**	**0.94**	**0.98**	**0.98**	**1.05**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Directly standardised relative stay index									
Public hospitals	*1.05*	*0.93*	*0.89*	*0.97*	*1.05*	*1.00*	*1.10*	*1.20*	*0.97*
Medical	1.01	0.90	0.82	0.94	1.01	0.97	1.06	1.03	0.94
Surgical	1.11	0.96	0.99	1.03	1.11	1.05	1.17	1.48	1.03
Other	1.14	0.95	0.99	0.98	1.12	1.00	1.14	1.29	1.04
Private hospitals	*1.28*	*1.16*	*1.18*	*1.13*	*1.14*	*n.p.*	*n.p.*	*n.p.*	*1.17*
Medical	1.45	1.27	1.28	1.23	1.21	n.p.	n.p.	n.p.	1.28
Surgical	1.00	0.98	1.02	0.95	1.03	n.p.	n.p.	n.p.	0.99
Other	1.05	1.06	1.10	1.16	1.05	n.p.	n.p.	n.p.	1.07
All hospitals	**1.06**	**0.97**	**0.96**	**0.98**	**1.04**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Medical	**1.06**	**0.98**	**0.94**	**0.99**	**1.02**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Surgical	**1.05**	**0.96**	**0.98**	**0.98**	**1.05**	**n.p.**	**n.p.**	**n.p.**	**1.00**
Other	**1.06**	**0.94**	**0.98**	**0.98**	**1.07**	**n.p.**	**n.p.**	**n.p.**	**1.00**

(a) The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group, using AR-DRG version 7.0.

(b) The directly standardised relative stay index is comparable between cells. Casemix-adjusted, based on AR-DRG version 7.0.

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

Table 2.21: Relative stay index (indirectly standardised)[a], by funding source, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patient[b]	1.03	0.91	0.86	0.94	1.02	0.96	1.05	1.12	0.95
Private health insurance	1.03	0.93	0.91	1.00	1.16	1.07	1.14	1.22	1.00
Self-funded	0.97	0.94	0.87	0.89	0.92	1.00	0.68	1.03	0.95
Workers compensation	1.08	1.00	1.03	1.14	1.12	0.84	1.05	1.19	1.05
Motor vehicle third party personal claim	1.21	0.90	1.03	1.12	1.27	1.09	1.32	1.72	1.07
Department of Veterans' Affairs	0.96	0.88	0.79	0.86	1.14	1.02	0.86	1.04	0.93
Other[c]	2.93	0.94	0.94	1.05	1.14	0.94	0.98	1.14	1.24
Total	*1.03*	*0.91*	*0.87*	*0.95*	*1.04*	*0.98*	*1.05*	*1.13*	*0.96*
Private hospitals									
Public patient[b]	1.27	1.44	1.08	1.28	1.30	n.p.	n.p.	n.p.	1.11
Private health insurance	1.13	1.08	1.11	1.03	1.01	n.p.	n.p.	n.p.	1.09
Self-funded	1.00	0.96	0.87	0.87	0.85	n.p.	n.p.	n.p.	0.95
Workers compensation	1.10	1.04	1.01	0.88	0.84	n.p.	n.p.	n.p.	1.01
Motor vehicle third party personal claim	1.06	1.02	1.30	0.89	1.26	n.p.	n.p.	n.p.	1.04
Department of Veterans' Affairs	1.32	1.16	1.29	1.21	1.15	n.p.	n.p.	n.p.	1.25
Other[c]	1.08	1.13	1.17	0.96	0.86	n.p.	n.p.	n.p.	1.01
Total	*1.13*	*1.08*	*1.11*	*1.03*	*1.01*	*n.p.*	*n.p.*	*n.p.*	*1.09*
All hospitals									
Public patient[b]	1.03	0.91	0.86	0.95	1.02	n.p.	n.p.	n.p.	0.96
Private health insurance	1.09	1.04	1.07	1.02	1.04	n.p.	n.p.	n.p.	1.06
Self-funded	0.99	0.95	0.87	0.87	0.86	n.p.	n.p.	n.p.	0.95
Workers compensation	1.09	1.02	1.02	0.95	0.89	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.20	0.92	1.04	1.10	1.27	n.p.	n.p.	n.p.	1.07
Department of Veterans' Affairs	1.09	1.04	1.18	1.07	1.14	n.p.	n.p.	n.p.	1.11
Other[c]	2.84	0.97	1.10	1.04	1.07	n.p.	n.p.	n.p.	1.16
Total	**1.05**	**0.96**	**0.95**	**0.98**	**1.03**	**n.p.**	**n.p.**	**n.p.**	**1.00**

(a) The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group, using AR-DRG version 7.0.

(b) Includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(c) Includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

2.8 What types of public hospitals provide admitted patient care?

This section presents summary information on separations, patient days and average length of stay by the peer group of the public hospital. Peer groups classify public hospitals into groups of similar hospitals by the types of services provided.

In 2014–15, admitted patient care data was provided by 681 public hospitals.

The highest proportion of public hospital separations (36%) were accounted for by the 30 *Principal referral hospitals* (2.1 million separations) and these also accounted for 36% of public hospital patient days (6.9 million). *Principal referral hospitals* provide a broad range of services, including some very specialised services that are not available in other types of hospitals.

The 62 *Public acute group A hospitals* accounted for a further 33% of separations and 30% of patient days.

There were 114 *Very small hospitals* that accounted for less than 1% of both separations and patient days.

The 39 *Subacute and non-acute hospitals* accounted for about 1% of separations and about 5% of patient days, with an average length of stay of 14.5 days.

Table 2.22: Count of hospitals, separations and patient days by hospital peer group, public hospitals, 2014–15

Public hospital peer group	Number of hospitals	Separations	Patient days	Average length of stay
Principal referral hospitals	30	2,125,790	6,906,152	3.2
Women's and children's hospitals	14	271,664	811,631	3.0
Public acute group A hospitals	62	1,994,858	5,834,319	2.9
Public acute group B hospitals	45	764,082	2,039,139	2.7
Public acute group C hospitals	143	514,098	1,394,235	2.7
Public acute group D hospitals	190	112,830	490,057	4.3
Very small hospitals	114	10,958	111,280	10.2
Psychiatric hospitals	19	11,986	619,477	51.7
Subacute and non-acute hospitals	39	60,278	871,490	14.5
Other	25	113,794	285,918	2.5
All public hospitals	**681**	**5,980,338**	**19,363,698**	**3.2**

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

Where to go for more information:

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

Detailed information on the public hospital peer group classification is available in *Australian hospital peer groups* (AIHW 2015e).

2.9 Separations for acute admitted patient care

This section presents information on separations for acute admitted patient care, over time and for 2014–15.

Acute admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported. See Box 4.1 for more information.

Changes over time

Same-day acute care

From 2013–14 to 2014–15, same-day acute separations increased by 5.6% to 5.8 million (Table 2.23). This was higher than the average annual increase per year between 2010–11 and 2014–15 (4.0%).

Between 2010–11 and 2014–15, same-day acute separations increased at a similar rate in both public acute (3.8% on average per year) and private hospitals (4.2% per year). The greatest increase in same-day acute separations occurred in *Other private hospitals* (4.3% on average each year), increasing from almost 1.5 million in 2010–11 to more than 1.7 million in 2014–15.

Table 2.23: Same-day acute separations, public and private hospitals, 2010–11 to 2014–15[(a)]

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Public acute hospitals	2,660,010	2,776,747	2,750,608	2,899,171	3,085,477	3.8	6.4
Public psychiatric hospitals	630	633	453	452	597	–1.3	32.1
Total public hospitals	*2,660,640*	*2,777,380*	*2,751,061*	*2,899,623*	*3,086,074*	*3.8*	*6.4*
Private hospitals							
Private free-standing day hospital facilities	806,409	841,327	852,073	872,579	937,405	3.8	7.4
Other private hospitals	1,472,150	1,553,839	1,606,675	1,688,742	1,744,750	4.3	3.3
Total private hospitals	*2,278,559*	*2,395,166*	*2,458,748*	*2,561,321*	*2,682,155*	*4.2*	*4.7*
All hospitals	**4,939,199**	**5,172,546**	**5,209,809**	**5,460,944**	**5,768,229**	**4.0**	**5.6**

(a) There were changes in coverage, policies or practices over this period for New South Wales, Victoria, Queensland and Western Australia that affect the interpretation of these data. See Appendix A for more information.

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

States and territories

Between 2010–11 and 2014–15, the highest annual average increases in public hospital same-day acute separations occurred in the Northern Territory (8.4% per year) (Table 2.24).

For private hospitals, Queensland recorded the highest annual average increase in the number of same-day acute separations between 2010–11 and 2014–15 (5.0% per year).

Between 2013–14 and 2014–15, public hospital separations in Queensland increased by 17.0%, in part reflecting a change in admission practices for chemotherapy patients at some hospitals.

Large single-year rises in same-day acute separations between 2013–14 and 2014–15 were also recorded for public hospitals in the Northern Territory (8.7%) and for private hospitals in New South Wales (6.6%).

Table 2.24: Same-day acute separations, public and private hospitals, states and territories, 2010–11 to 2014–15[(a)]

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014-15	Average since 2010–11	Since 2013–14
New South Wales							
Public hospitals	697,804	726,434	757,835	791,347	816,110	4.0	3.1
Private hospitals	618,824	651,662	654,772	661,856	705,566	3.3	6.6
All hospitals	*1,316,628*	*1,378,096*	*1,412,607*	*1,453,203*	*1,521,676*	*3.7*	*4.7*
Victoria[(a)]							
Public hospitals	849,798	882,687	787,362	867,584	915,407	1.9	5.5
Private hospitals	573,363	601,695	618,398	648,742	671,479	4.0	3.5
All hospitals	*1,423,161*	*1,484,382*	*1,405,760*	*1,516,326*	*1,586,886*	*2.8*	*4.7*
Queensland[(a)]							
Public hospitals	482,271	492,281	509,595	539,253	631,178	7.0	17.0
Private hospitals	556,567	586,929	609,674	643,747	677,780	5.0	5.3
All hospitals	*1,038,838*	*1,079,210*	*1,119,269*	*1,183,000*	*1,308,958*	*5.9*	*10.6*
Western Australia[(a)]							
Public hospitals	292,117	316,669	326,687	317,427	323,921	2.6	2.0
Private hospitals	282,876	298,557	309,715	326,328	337,777	4.5	3.5
All hospitals	*574,993*	*615,226*	*636,402*	*643,755*	*661,698*	*3.6*	*2.8*
South Australia							
Public hospitals	173,794	183,019	185,094	188,818	192,223	2.6	1.8
Private hospitals	172,395	180,672	189,061	200,123	204,857	4.4	2.4
All hospitals	*346,189*	*363,691*	*374,155*	*388,941*	*397,080*	*3.5*	*2.1*
Tasmania							
Public hospitals	49,606	50,462	55,765	60,011	63,507	6.4	5.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	49,304	51,505	49,298	51,540	52,774	1.7	2.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	65,946	74,323	79,425	83,643	90,954	8.4	8.7
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**2,660,640**	**2,777,380**	**2,751,061**	**2,899,623**	**3,086,074**	**3.8**	**6.4**
Private hospitals	**2,278,559**	**2,395,166**	**2,458,748**	**2,561,321**	**2,682,155**	**4.2**	**4.7**
All hospitals	**4,939,199**	**5,172,546**	**5,209,809**	**5,460,944**	**5,768,229**	**4.0**	**5.6**

(a) There were changes in coverage, policies or practices over this period for New South Wales, Victoria, Queensland and Western Australia that affect the interpretation of these data. See Appendix A for more information.

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

Overnight acute care

Between 2010–11 and 2014–15, the number of overnight acute separations (in both public and private hospitals combined) increased by an average of 2.3% per year, comprising an average annual increase of 2.4% in public hospitals and 2.0% in private hospitals (Table 2.25).

Table 2.25: Overnight acute separations, public and private hospitals, 2010–11 to 2014–15[(a)]

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Public acute hospitals	2,445,577	2,544,092	2,576,352	2,616,868	2,689,515	2.4	2.8
Public psychiatric hospitals	8,156	7,694	7,381	6,765	7,450	–2.2	10.1
Total public hospitals	*2,453,733*	*2,551,786*	*2,583,733*	*2,623,633*	*2,696,965*	*2.4*	*2.8*
Private hospitals							
Private free-standing day hospital facilities[(b)]	1,363	1,231	1,431	1,614	1,885	n.p.	n.p.
Other private hospitals	1,073,760	1,102,425	1,123,527	1,148,016	1,160,777	2.0	1.1
Total private hospitals	*1,075,123*	*1,103,656*	*1,124,958*	*1,149,630*	*1,162,662*	*2.0*	*1.1*
All hospitals	**3,528,856**	**3,655,442**	**3,708,691**	**3,773,263**	**3,859,627**	**2.3**	**2.3**

(a) There were changes in coverage, policies or practices over this period for New South Wales, Victoria, Queensland and Western Australia that affect the interpretation of these data. See Appendix A for more information.

(b) Due to the low and variable numbers of overnight separations in *Private free-standing day hospital facilities*, caution should be used in interpreting the average rates of change.

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

States and territories

Between 2010–11 and 2014–15, the greatest annual average rises in the rate of overnight acute public hospital separations occurred in Queensland (4.2% on average each year) (Table 2.26).

Over the same period, above average increases in the rate of overnight acute private hospital separations were recorded in Victoria and Queensland (2.4% and 3.0%, respectively).

Above average single-year increases (between 2013–14 and 2014–15) in public hospital overnight acute separations were recorded for Victoria (4.8%), Queensland (4.4%), Tasmania (3.0%) and the Australian Capital Territory (4.7%). For private hospitals, above average single-year increases occurred in Queensland (2.8%) and Victoria (1.7%).

Table 2.26: Overnight acute separations, public and private hospitals, states and territories, 2010–11 to 2014–15[(a)]

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
New South Wales							
Public hospitals	828,898	874,293	893,396	910,355	926,904	2.8	1.8
Private hospitals	270,018	276,770	279,584	285,186	283,711	1.2	–0.5
All hospitals	*1,098,916*	*1,151,063*	*1,172,980*	*1,195,541*	*1,210,615*	*2.4*	*1.3*
Victoria[(a)]							
Public hospitals	608,894	621,425	601,095	600,472	629,019	0.8	4.8
Private hospitals	278,660	290,786	298,661	301,561	306,830	2.4	1.7
All hospitals	*887,554*	*912,211*	*899,756*	*902,033*	*935,849*	*1.3*	*3.7*
Queensland[(a)]							
Public hospitals	447,294	466,393	486,426	504,747	527,038	4.2	4.4
Private hospitals	267,591	275,689	281,780	293,255	301,348	3.0	2.8
All hospitals	*714,885*	*742,082*	*768,206*	*798,002*	*828,386*	*3.8*	*3.8*
Western Australia[(a)]							
Public hospitals	242,507	254,810	262,872	264,118	263,446	2.1	–0.3
Private hospitals	124,923	127,610	131,053	134,568	134,978	2.0	0.3
All hospitals	*367,430*	*382,420*	*393,925*	*398,686*	*398,424*	*2.0*	*–0.1*
South Australia							
Public hospitals	202,226	208,710	213,145	210,988	212,999	1.3	1.0
Private hospitals	88,376	87,252	86,755	87,068	86,853	–0.4	–0.2
All hospitals	*290,602*	*295,962*	*299,900*	*298,056*	*299,852*	*0.8*	*0.6*
Tasmania							
Public hospitals	47,803	47,009	47,877	51,277	52,807	2.5	3.0
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	38,795	41,051	40,940	42,389	44,372	3.4	4.7
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory							
Public hospitals	37,316	38,095	37,982	39,287	40,380	2.0	2.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**2,453,733**	**2,551,786**	**2,583,733**	**2,623,633**	**2,696,965**	**2.4**	**2.8**
Private hospitals	**1,075,123**	**1,103,656**	**1,124,958**	**1,149,630**	**1,162,662**	**2.0**	**1.1**
All hospitals	***3,528,856***	***3,655,442***	***3,708,691***	***3,773,263***	***3,859,627***	***2.3***	***2.3***

(a) There were changes in coverage, policies or practices over this period for New South Wales, Victoria, Queensland and Western Australia that affect the interpretation of these data. See Appendix A for more information.

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

How much acute care was there in 2014–15?

In 2014–15, in total there were about 9.6 million same-day and overnight acute separations, accounting for 94% of all separations (tables 2.27 and 2.28).

Overall, about 60% of acute separations were same-day separations. A higher proportion of acute separations were same-day in private hospital compared with public hospitals (70% and 53%, respectively). For the Northern Territory, 69% of public hospital acute separations were provided on a same-day basis, reflecting a relatively high volume of separations for dialysis care.

Same-day acute care

In 2014–15, there were about 5.8 million same-day acute separations (Table 2.27).

About 95% of all same-day separations were acute separations, with a higher proportion in the public sector (97%) than in the private sector (92%) (see Table 2.4).

The proportion of acute care that was for same-day separations also varied among states and territories. For private hospitals in New South Wales, 71% of acute separations were same-day separations (tables 2.27 and 2.28).

Overnight acute care

In 2014–15, there were about 3.9 million overnight acute separations (Table 2.28).

Of all overnight separations, 94% were acute separations in both public and private hospitals (see tables 2.3 and 2.4).

The Northern Territory had the highest proportion of public hospital overnight separations that were for acute care (98%).

Where to go for more information:

More information on acute care is available in:

- Chapter 4 'Why did people receive care?'—by care type
- Chapter 5 'What services were provided?'—by broad categories of service.

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

Table 2.27: Same-day acute separations, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	815,918	915,405	631,178	323,909	191,842	63,497	52,774	90,954	3,085,477
Public psychiatric hospitals	192	2	0	12	381	10	. .	. .	597
Total public hospitals	*816,110*	*915,407*	*631,178*	*323,921*	*192,223*	*63,507*	*52,774*	*90,954*	*3,086,074*
Separations per 1,000 population	99.8	146.9	129.0	124.5	103.0	108.1	141.3	407.8	123.7
Private hospitals									
Private free-standing day hospital facilities	254,790	223,430	227,021	142,010	76,091	n.p.	n.p.	n.p.	937,405
Other private hospitals	450,776	448,049	450,759	195,767	128,766	n.p.	n.p.	n.p.	1,744,750
Total private hospitals	*705,566*	*671,479*	*677,780*	*337,777*	*204,857*	*n.p.*	*n.p.*	*n.p.*	*2,682,155*
Separations per 1,000 population	86.4	107.5	136.0	129.3	104.0	n.p.	n.p.	n.p.	106.3
All hospitals									
Same-day acute separations	**1,521,676**	**1,586,886**	**1,308,958**	**661,698**	**397,080**	**n.p.**	**n.p.**	**n.p.**	**5,768,229**
Separations per 1,000 population	**186.2**	**254.4**	**265.0**	**253.8**	**206.9**	**n.p.**	**n.p.**	**n.p.**	**230.0**

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

Table 2.28: Overnight acute separations, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	922,404	628,580	527,023	262,231	211,997	52,528	44,372	40,380	2,689,515
Public psychiatric hospitals	4,500	439	15	1,215	1,002	279	. .	. .	7,450
Total public hospitals	*926,904*	*629,019*	*527,038*	*263,446*	*212,999*	*52,807*	*44,372*	*40,380*	*2,696,965*
Separations per 1,000 population	115.0	101.7	108.8	101.4	114.8	95.2	115.9	183.9	109.2
Private hospitals									
Private free-standing day hospital facilities	69	4	0	1,812	0	n.p.	n.p.	n.p.	1,885
Other private hospitals	283,642	306,826	301,348	133,166	86,853	n.p.	n.p.	n.p.	1,160,777
Total private hospitals	*283,711*	*306,830*	*301,348*	*134,978*	*86,853*	*n.p.*	*n.p.*	*n.p.*	*1,162,662*
Separations per 1,000 population	34.9	48.2	60.8	51.5	44.7	n.p.	n.p.	n.p.	46.0
All hospitals									
Overnight acute separations	**1,210,615**	**935,849**	**828,386**	**398,424**	**299,852**	**n.p.**	**n.p.**	**n.p.**	**3,859,627**
Separations per 1,000 population	**149.9**	**149.9**	**169.6**	**152.9**	**159.4**	**n.p.**	**n.p.**	**n.p.**	**155.2**

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

3 Who used these services?

This chapter presents information on people who received admitted patient care. The NHMD contains information on the patient's age, sex, Indigenous status, remoteness area of usual residence and socioeconomic status (SES) of area of usual residence. This information can be used to assess the accessibility of admitted patient services—and to answer the question 'Is access the same for everyone?'.

The information in this chapter includes:

- age group and sex of the patient
- Indigenous status of the patient
- remoteness area of usual residence of the patient
- socioeconomic status of the area of usual residence of the patient.

Key findings

Sex of patient

In 2014–15, 53% of separations were for women and girls.

Age of patient

In 2014–15, people aged 65 and over accounted for 41% of separations.

For people aged 65 to 74, separations increased by 27% overall, an average increase of 6.0% each year. This was faster than the population growth for this age group of about 4.6% each year over the same period.

Aboriginal and Torres Strait Islander people

In 2014–15, there were about 443,000 separations reported for Aboriginal and Torres Strait Islander people. About 90% of separations for Indigenous Australians were from public hospitals, compared with 57% of separations for other Australians.

Indigenous Australians were hospitalised at about 2.4 times the rate for other Australians (950 and 393 separations per 1,000 population, respectively).

Remoteness

For public hospitals, separation rates were highest for patients living in *Very remote* areas and lowest for patients living in *Major cities* (585 and 220 per 1,000, respectively).

For private hospitals, separation rates were highest for patients living in *Major cities* and lowest for patients living in *Very remote* areas (180 and 92 per 1,000, respectively).

Socioeconomic status

For public hospitals, separation rates were highest for patients living in areas classified as being the lowest SES group (320 separations per 1,000 population).

For private hospitals, separation rates were highest for patients living in areas classified as being the highest SES group (230 per 1,000).

3.1 Age group and sex

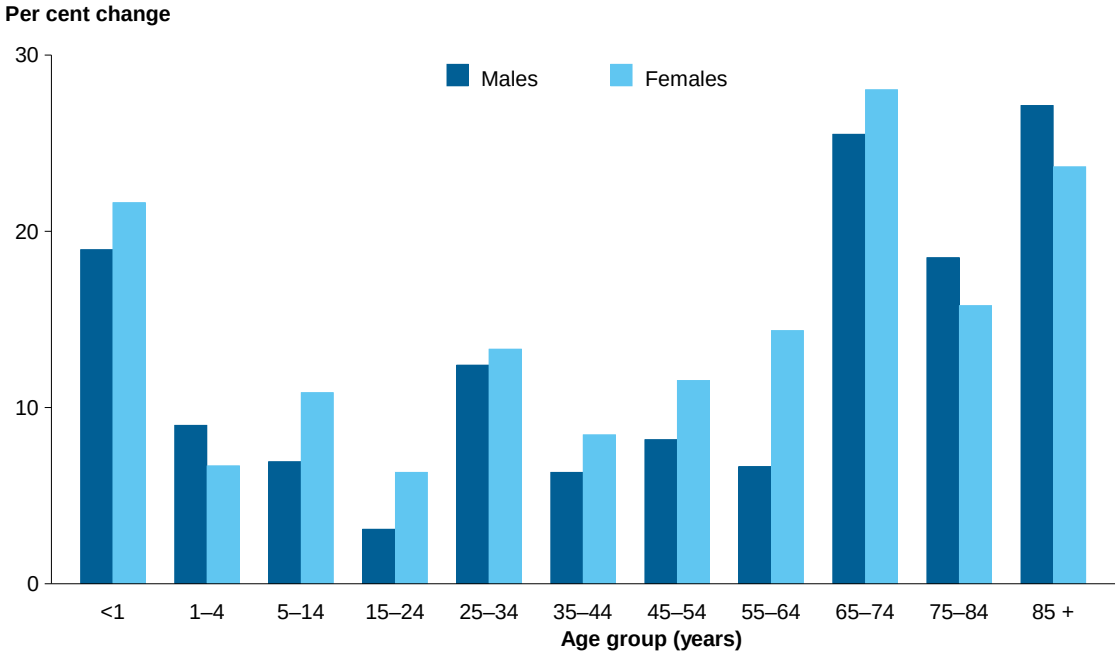
This section presents information on the age group and sex of the patient, including the numbers of separations and patient days in public and private hospitals, over time and for 2014–15.

Changes over time

Between 2010–11 and 2014–15, there were large increases in separations for people aged 65 to 74 and for those aged 85 and over:

- For people aged 65 to 74, separations increased by 27% overall (Figure 3.1), an average increase of 6.0% each year. This was faster than the population growth for this age group of about 4.6% each year over the same period.
- For people aged 85 and over, separations increased by 25% overall, an average increase of 5.8% each year, compared with the population growth for this age group of about 4.1% each year over the same period.

The increase in separations for patients aged less than 1 mostly reflects changes in the reporting of *Newborn* episodes of care with qualified days in New South Wales between 2010–11 and 2011–12 (see Appendix B for more information). The total number of patient days per 1,000 population for this group declined by an average of 1.6% each year (similar to the overall decrease in patient days per 1,000), indicating that the rate of care provision for this group was relatively stable (see tables accompanying this report online).



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

Figure 3.1: Percentage change in separations by age group and sex, all hospitals, 2010–11 to 2014–15

Age group and sex, 2014–15

In 2014–15, overall there were over 5.3 million separations for females, compared with about 4.8 million separations for males (Table 3.1). In particular, women accounted for 65% of separations for people aged 15 to 44 (the age range that includes most separations for childbirth). Females also accounted for more patient days than males (15.2 million and 13.6 million patient days, respectively).

People aged 65 and over (who make up about 15% of the population) accounted for 41% of separations and 49% of patient days in 2014–15. People aged 85 and over accounted for about 7% of separations and 13% of patient days in 2014–15.

Information on separations and patient days by age group and sex for each state and territory is in tables 3.2 and 3.3.

Table 3.1: Separations and patient days, by age group and sex, all hospitals, 2014–15

	Separations			Patient days		
Age group (years)	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
0–4	219,720	159,389	379,117	676,746	538,567	1,215,359
5–9	84,680	63,642	148,323	130,481	100,350	230,832
10–14	64,532	55,277	119,811	119,825	119,752	239,583
15–19	101,356	139,281	240,640	234,719	331,471	566,206
20–24	124,197	231,036	355,237	349,992	501,704	851,795
25–29	127,805	300,140	427,946	388,299	715,378	1,103,678
30–34	150,466	359,946	510,414	449,280	890,928	1,340,210
35–39	165,743	312,328	478,071	478,181	767,095	1,245,276
40–44	216,614	302,106	518,720	569,595	683,730	1,253,325
45–49	250,427	292,103	542,535	634,240	659,974	1,294,220
50–54	319,136	350,723	669,860	773,310	783,345	1,556,660
55–59	370,644	372,601	743,248	901,259	853,899	1,755,161
60–64	448,671	410,311	858,985	1,103,734	974,989	2,078,726
65–69	537,433	458,878	996,312	1,368,543	1,163,734	2,532,278
70–74	493,250	426,272	919,525	1,316,016	1,197,705	2,513,758
75–79	461,650	395,739	857,390	1,357,846	1,314,180	2,672,027
80–84	361,038	332,447	693,486	1,251,830	1,380,710	2,632,541
85+	310,456	380,202	690,658	1,471,907	2,199,902	3,671,809
Total[(a)]	**4,807,825**	**5,342,450**	**10,150,367**	**13,575,816**	**15,177,442**	**28,753,539**

(a) Total includes separations for which the date of birth was not reported.

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

Table 3.2: Separations, by age group and sex, public hospitals, states and territories, 2014–15

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	34,528	18,820	16,079	7,832	5,278	1,290	1,511	1,680	87,018
	1–4	28,447	22,328	21,043	9,684	6,826	1,473	1,298	1,518	92,617
	5–14	34,350	27,638	26,179	12,095	8,158	2,003	1,976	1,824	114,223
	15–24	45,386	37,873	34,635	14,599	10,283	2,699	2,714	2,459	150,648
	25–34	53,534	46,813	41,659	20,395	12,403	3,089	3,341	5,139	186,373
	35–44	67,871	62,114	53,307	26,490	14,776	5,019	4,370	8,751	242,698
	45–54	98,315	88,476	73,728	39,244	24,859	6,680	5,383	13,469	350,154
	55–64	135,929	125,363	95,988	45,005	31,463	11,352	7,451	11,785	464,336
	65–74	165,057	157,871	108,333	56,758	36,339	12,213	10,956	5,540	553,067
	75–84	160,164	145,048	83,310	45,421	40,109	9,898	7,719	2,385	494,054
	85 and over	67,048	49,248	29,995	18,195	16,939	3,188	2,991	350	187,954
	Total[(a)]	*890,630*	*781,592*	*584,256*	*295,718*	*207,435*	*58,904*	*49,710*	*54,904*	*2,923,149*
Females	Under 1	28,583	14,005	12,405	5,782	4,061	827	1,168	1,270	68,101
	1–4	20,051	16,013	15,159	6,362	4,381	850	841	1,188	64,845
	5–14	25,879	21,488	20,569	8,982	6,527	1,753	1,413	1,488	88,099
	15–24	68,953	58,839	65,577	25,064	18,498	5,132	4,266	5,664	251,993
	25–34	124,780	113,253	92,182	42,124	29,865	8,025	8,312	9,573	428,114
	35–44	91,688	92,367	69,360	32,903	22,158	5,931	6,429	11,902	332,738
	45–54	87,760	91,079	73,642	38,835	23,890	7,053	5,433	17,571	345,263
	55–64	105,043	103,970	79,126	41,872	25,706	9,491	5,276	17,068	387,552
	65–74	137,955	121,310	83,376	44,661	28,298	10,084	7,340	9,005	442,029
	75–84	142,917	118,124	70,314	37,984	31,846	7,825	6,778	2,168	417,956
	85 and over	89,695	55,907	36,827	20,436	19,629	3,628	3,818	453	230,393
	Total[(a)]	*923,304*	*806,355*	*618,537*	*305,005*	*214,860*	*60,599*	*51,074*	*77,378*	*3,057,112*
Total[(a)(b)]		**1,813,998**	**1,587,951**	**1,202,798**	**600,723**	**422,295**	**119,506**	**100,784**	**132,283**	**5,980,338**

(a) Totals include separations for which the date of birth was not reported.

(b) Total includes separations for which the sex was not reported as male or female.

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

Table 3.3: Separations, by age group and sex, private hospitals, states and territories, 2014–15

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	5,016	3,667	2,593	1,542	730	n.p.	n.p.	n.p.	13,965
	1–4	8,279	5,425	5,726	3,681	2,006	n.p.	n.p.	n.p.	26,120
	5–14	10,322	8,187	8,209	4,613	2,317	n.p.	n.p.	n.p.	34,989
	15–24	20,544	19,884	16,768	9,099	5,798	n.p.	n.p.	n.p.	74,905
	25–34	25,862	23,235	21,461	11,516	6,431	n.p.	n.p.	n.p.	91,898
	35–44	39,217	34,454	33,146	19,538	8,522	n.p.	n.p.	n.p.	139,659
	45–54	60,040	52,463	53,858	30,887	14,665	n.p.	n.p.	n.p.	219,409
	55–64	99,267	82,647	90,910	41,427	28,334	n.p.	n.p.	n.p.	354,979
	65–74	136,673	105,268	127,240	52,388	39,359	n.p.	n.p.	n.p.	477,616
	75–84	90,718	76,984	83,826	38,608	28,142	n.p.	n.p.	n.p.	328,634
	85 and over	34,859	29,855	30,422	12,560	10,738	n.p.	n.p.	n.p.	122,502
	Total[(a)]	*530,797*	*442,069*	*474,159*	*225,859*	*147,042*	*n.p.*	*n.p.*	*n.p.*	*1,884,676*
Females	Under 1	3,510	2,530	1,778	1,016	446	n.p.	n.p.	n.p.	9,548
	1–4	5,251	3,431	3,793	2,396	1,381	n.p.	n.p.	n.p.	16,895
	5–14	9,105	7,153	7,138	4,155	2,013	n.p.	n.p.	n.p.	30,820
	15–24	31,006	32,326	30,061	13,596	7,005	n.p.	n.p.	n.p.	118,324
	25–34	63,753	62,474	55,536	29,145	12,660	n.p.	n.p.	n.p.	231,972
	35–44	79,915	78,595	64,708	33,229	15,647	n.p.	n.p.	n.p.	281,696
	45–54	78,229	76,473	74,289	37,861	20,002	n.p.	n.p.	n.p.	297,563
	55–64	111,935	94,621	95,730	46,256	32,126	n.p.	n.p.	n.p.	395,360
	65–74	135,462	100,363	110,001	44,884	36,534	n.p.	n.p.	n.p.	443,121
	75–84	92,703	72,357	77,131	29,880	27,368	n.p.	n.p.	n.p.	310,230
	85 and over	42,861	36,944	38,633	12,463	13,630	n.p.	n.p.	n.p.	149,809
	Total[(a)]	*653,730*	*567,267*	*558,798*	*254,881*	*168,812*	*n.p.*	*n.p.*	*n.p.*	*2,285,338*
Total[(a)(b)]		**1,184,539**	**1,009,337**	**1,032,957**	**480,740**	**315,856**	**n.p.**	**n.p.**	**n.p.**	**4,170,029**

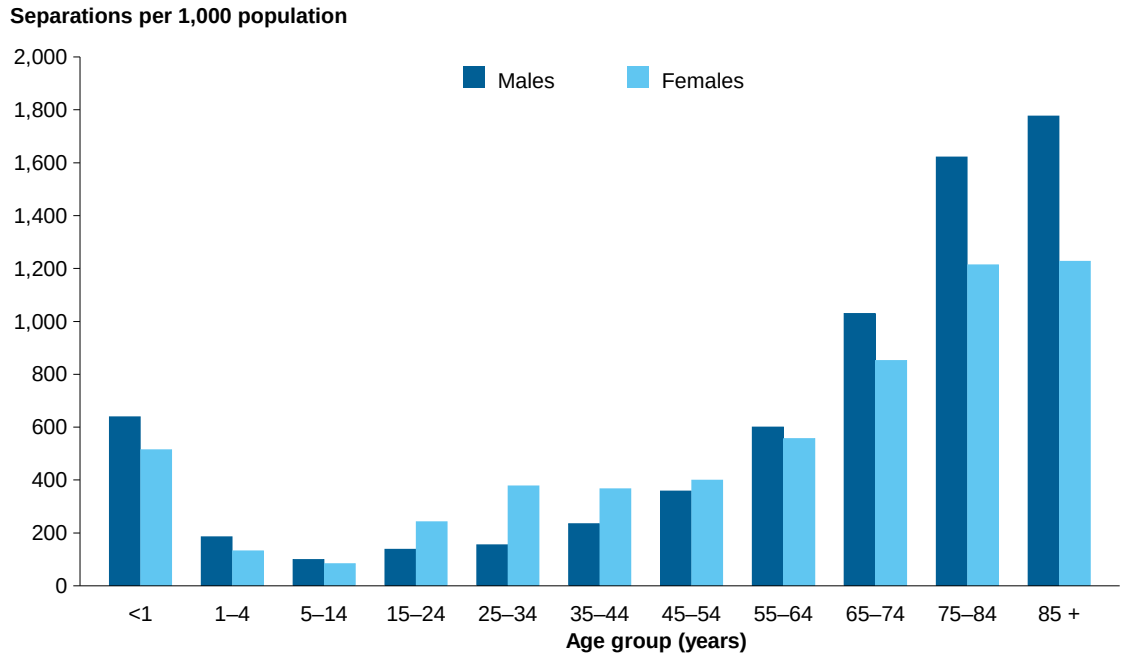
(a) Totals include separations for which the date of birth was not reported.

(b) Total includes separations for which the sex was not reported as male or female.

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

Separation rates

In 2014–15, there were more separations per 1,000 population for females than for males in the age groups from 15 to 54 (Figure 3.2). Separation rates increased markedly with age for both males and females aged 55 and over.



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

Figure 3.2: Separations per 1,000 population by age group and sex, all hospitals, 2014–15

Same-day acute separations

Just over half (51%) of same-day acute separations were for females (Table 3.4). However, there were more same-day separations for boys than girls aged 0 to 14 and also more for men aged 55 and over than women. People aged 55 and over accounted for more than half (58%) of all same-day acute separations.

Overnight acute separations

Males accounted for fewer than half (46%) of overnight acute separations (Table 3.4). There were, however, more overnight separations for males than females in the age groups 0 to 14 and 50 to 79. People aged 55 and over accounted for half of all overnight acute separations.

Table 3.4: Acute separations, by age group, sex and same-day/overnight status, all hospitals, 2014–15

	Same-day acute separations			Overnight acute separations		
Age group (years)	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**
0–4	78,321	51,292	129,614	141,129	107,915	249,051
5–9	47,811	34,281	82,092	36,532	29,043	65,576
10–14	34,011	27,564	61,576	30,297	27,396	57,694
15–19	53,245	71,676	124,921	47,043	66,493	113,539
20–24	66,074	118,210	184,285	56,629	111,488	168,120
25–29	68,923	135,283	204,207	56,798	163,488	220,286
30–34	84,197	164,247	248,445	63,595	193,727	257,323
35–39	96,850	168,386	265,236	66,154	141,058	207,212
40–44	130,282	189,967	320,249	81,947	107,469	189,416
45–49	157,002	189,110	346,115	87,306	96,681	183,989
50–54	202,203	233,183	435,386	107,117	106,359	213,477
55–59	236,076	247,232	483,311	120,636	109,042	229,678
60–64	287,489	265,041	552,533	139,409	119,176	258,585
65–69	340,413	286,595	627,009	165,268	133,816	299,084
70–74	308,493	258,069	566,564	152,886	128,995	281,881
75–79	285,202	224,387	509,590	144,114	130,700	274,814
80–84	205,272	163,014	368,287	124,995	129,077	254,072
85+	133,094	125,633	258,727	140,324	195,499	335,823
Total[(a)]	**2,814,961**	**2,953,198**	**5,768,229**	**1,762,183**	**2,097,423**	**3,859,627**

(a) The total includes separations for which the date of birth was not reported.

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

Where to go for more information:

More information on the patient's sex and age group is available in:

- Section 3.2—for Aboriginal and Torres Strait Islander people
- Chapter 5 'What services were provided?'—for *Rehabilitation care*
- Chapter 6 'What procedures were performed?'—for elective and emergency admissions involving surgery.

Additional tables for separations by age group and sex for principal diagnosis and AR-DRGs accompany this report online.

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

3.2 Aboriginal and Torres Strait Islander people

This section presents information on separations for Aboriginal and Torres Strait Islanders and compares this information with separations for other Australians. It includes the numbers of separations and separation rates for 2014–15 in public and private hospitals, and by state and territory.

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. See Appendix A and Box 3.1 for more information.

Age group and sex

In 2014–15, there were about 443,000 separations reported for Aboriginal and Torres Strait Islander people (Table 3.5):

- 58% of separations for Indigenous Australians were for females, compared with 52% for other Australians
- 10% of separations for Indigenous Australians were for children aged 0 to 14, compared with 6% of separations for other Australians
- 14% of separations for Indigenous Australians were for people aged 65 and over, compared with 42% of separations for other Australians.

Table 3.5: Separations by Indigenous status, age group and sex, all hospitals, 2014–15

	Indigenous Australians			Other Australians		
Age group (years)	Males	Females	Persons	Males	Females	Persons
0–4	15,124	11,337	26,461	204,596	148,052	352,656
5–9	5,063	4,019	9,082	79,617	59,623	139,241
10–14	3,659	3,631	7,290	60,873	51,646	112,521
15–19	5,249	10,770	16,019	96,107	128,511	224,621
20–24	6,528	16,170	22,698	117,669	214,866	332,539
25–29	7,006	15,396	22,402	120,799	284,744	405,544
30–34	8,915	13,870	22,785	141,551	346,076	487,629
35–39	9,863	14,800	24,663	155,880	297,528	453,408
40–44	18,355	20,907	39,262	198,259	281,199	479,458
45–49	22,581	24,027	46,609	227,846	268,076	495,926
50–54	22,715	29,047	51,762	296,421	321,676	618,098
55–59	18,695	27,802	46,497	351,949	344,799	696,751
60–64	18,294	25,673	43,967	430,377	384,638	815,018
65+	25,223	38,344	63,567	2,138,604	1,955,194	4,093,804
Total[(a)]	**187,275**	**255,821**	**443,097**	**4,620,550**	**5,086,629**	**9,707,270**

(a) Total includes separations for which the date of birth was not reported.

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

For separations for persons reported as Indigenous Australians, 92.7% were reported as *Aboriginal but not Torres Strait Islander origin*, 3.8% were reported as *Torres Strait Islander but not Aboriginal origin* and 3.6% were reported as *Aboriginal and Torres Strait Islander origin* (Table 3.6).

About 90% of separations for Indigenous Australians were from public hospitals (399,000), compared with 57% of separations for other Australians.

Separation rates

In 2014–15, there were 950 separations per 1,000 population for Indigenous Australians, about 2.4 times the separation rate for other Australians.

The Northern Territory had the highest separation rate for Indigenous Australians in public hospitals (2,004 separations per 1,000), over 6 times the rate for other Australians (Table 3.6).

For Indigenous Australians, there were 283 overnight separations per 1,000 population, which was about 76% higher than the rate for other Australians (161 per 1,000) (Table 3.7).

Box 3.1: Under-identification of Indigenous people

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013) found that, nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported. It is unknown to what extent Indigenous Australians might be under-identified in private hospital admissions data.

The report recommended applying a national correction factor of 1.09 to determine the 'true' number of separations for Indigenous Australians. Using this factor, it is estimated that there were about 483,000 separations for Indigenous Australians for 2014–15. As other Australians may include unidentified Aboriginal and Torres Strait Islander people, the 'true' number of separations for other Australians would be reduced and could be estimated at about 9,667,000 separations.

Using the same method (and assuming that the age distributions for unidentified and identified Indigenous Australians is similar), the 'true' separation rates for Indigenous Australians and other Australians for 2014–15 could be estimated as about 1,035 per 1,000 population and 392 per 1,000, respectively. These rates indicate that, after adjusting for under-identification, Indigenous Australians were hospitalised at about 2.6 times the rate for other Australians.

Same-day acute separations

In 2014–15, 5% of all same-day acute separations were for Indigenous Australians.

The same-day acute separation rate for Indigenous Australians was 3 times the rate for other Australians (664 and 221 per 1,000 population, respectively) (Table 3.8). The Northern Territory had the highest rate of overall same-day acute separations for Indigenous Australians (1,618 per 1,000).

Care involving dialysis accounted for a large proportion of same-day separations, particularly for Indigenous Australians, who were admitted for dialysis at 12 times the rate for other Australians. Excluding separations for dialysis, Indigenous Australians had

lower same-day acute separation rates than other Australians in New South Wales, Victoria, Queensland, Western Australia and South Australia.

Overnight acute separations

Nationally, 4% of overnight acute separations were for Indigenous Australians.

In 2014–15, the overnight acute separation rate for Indigenous Australians (272 per 1,000 population) was almost 79% higher than the rate for other Australians (152 per 1,000 population). The Northern Territory (2.4) and Western Australia (2.3) had the highest separation rate ratios for overnight acute separations for Indigenous Australians compared with other Australians (Table 3.7).

Where to go for more information:

More information on separations by Indigenous status is available in:

- Chapter 4 'Why did people receive care?'—for separations by principal diagnosis in ICD-10-AM chapters, and for injury or poisoning
- Chapter 5 'What services were provided?'—for separations for *Rehabilitation care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

For detailed information on under-identification of Indigenous persons, see the AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013).

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

Table 3.6: Separations, by Indigenous status, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]
Public hospitals									
Aboriginal but not Torres Strait Islander origin	82,095	19,708	83,178	65,540	23,262	3,973	2,014	92,984	372,754
Torres Strait Islander but not Aboriginal origin	1,578	329	11,726	364	92	162	17	440	14,708
Aboriginal and Torres Strait Islander origin	1,993	1,850	6,681	865	113	297	95	712	12,606
Indigenous Australians	*85,666*	*21,887*	*101,585*	*66,769*	*23,467*	*4,432*	*2,126*	*94,136*	*400,068*
Neither Aboriginal nor Torres Strait Islander origin	1,722,156	1,551,182	1,089,619	533,954	383,319	113,372	97,165	38,146	5,528,913
Not reported	6,176	14,882	11,594	0	15,509	1,702	1,493	1	51,357
Total	*1,813,998*	*1,587,951*	*1,202,798*	*600,723*	*422,295*	*119,506*	*100,784*	*132,283*	*5,980,338*
Private hospitals									
Aboriginal but not Torres Strait Islander origin	3,671	676	3,833	27,313	709	n.p.	n.p.	n.p.	37,843
Torres Strait Islander but not Aboriginal origin	177	208	1,169	226	97	n.p.	n.p.	n.p.	1,972
Aboriginal and Torres Strait Islander origin	670	401	1,283	536	112	n.p.	n.p.	n.p.	3,214
Indigenous Australians	*4,518*	*1,285*	*6,285*	*28,075*	*918*	n.p.	n.p.	n.p.	*43,029*
Neither Aboriginal nor Torres Strait Islander origin	1,144,224	1,000,996	931,020	452,665	291,449	n.p.	n.p.	n.p.	3,947,923
Not reported	35,797	7,056	95,652	0	23,489	n.p.	n.p.	n.p.	179,077
Total	*1,184,539*	*1,009,337*	*1,032,957*	*480,740*	*315,856*	*n.p.*	*n.p.*	*n.p.*	*4,170,029*
All hospitals									
Indigenous Australians	90,184	23,172	107,870	94,844	24,385	n.p.	n.p.	n.p.	443,097
Other Australians	2,908,353	2,574,116	2,127,885	986,619	713,766	n.p.	n.p.	n.p.	9,707,270
Total	**2,998,537**	**2,597,288**	**2,235,755**	**1,081,463**	**738,151**	**n.p.**	**n.p.**	**n.p.**	**10,150,367**
Separations per 1,000 population									
Indigenous Australians	587.2	698.1	835.8	1,649.7	921.1	294.7	578.1	2,003.6	949.6
Other Australians	361.0	412.7	441.5	385.8	377.8	359.1	377.6	319.3	393.2
Total	**365.2**	**414.1**	**451.1**	**412.8**	**385.4**	**356.1**	**379.6**	**668.4**	**403.4**
Separation rate ratio[c]	1.6	1.7	1.9	4.3	2.4	0.8	1.5	6.3	2.4

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separations per 1,000 population are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

(c) The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

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

Table 3.7: Overnight separations, by Indigenous status, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]
Public hospitals									
Aboriginal but not Torres Strait Islander origin	41,357	7,644	33,013	24,943	8,592	2,069	1,156	21,890	140,664
Torres Strait Islander but not Aboriginal origin	639	188	4,129	148	67	81	12	121	5,385
Aboriginal and Torres Strait Islander origin	1,070	793	2,819	366	72	142	64	268	5,594
Indigenous Australians	*43,066*	*8,625*	*39,961*	*25,457*	*8,731*	*2,292*	*1,232*	*22,279*	*151,643*
Neither Aboriginal nor Torres Strait Islander origin	936,698	657,325	512,185	251,189	206,027	52,880	45,445	18,964	2,680,713
Not reported	3,588	6,336	6,264	0	7,974	774	639	0	25,575
Total	*983,352*	*672,286*	*558,410*	*276,646*	*222,732*	*55,946*	*47,316*	*41,243*	*2,857,931*
Private hospitals									
Aboriginal but not Torres Strait Islander origin	1,138	268	1,244	275	177	n.p.	n.p.	n.p.	3,698
Torres Strait Islander but not Aboriginal origin	74	64	223	14	32	n.p.	n.p.	n.p.	452
Aboriginal and Torres Strait Islander origin	177	135	282	64	59	n.p.	n.p.	n.p.	806
Indigenous Australians	*1,389*	*467*	*1,749*	*353*	*268*	n.p.	n.p.	n.p.	*4,956*
Neither Aboriginal nor Torres Strait Islander origin	301,415	329,218	291,088	140,709	90,058	n.p.	n.p.	n.p.	1,199,433
Not reported	7,288	2,511	23,396	0	1,526	n.p.	n.p.	n.p.	38,334
Total	*310,092*	*332,196*	*316,233*	*141,062*	*91,852*	*n.p.*	*n.p.*	*n.p.*	*1,242,723*
All hospitals									
Indigenous Australians	44,455	9,092	41,710	25,810	8,999	n.p.	n.p.	n.p.	156,599
Other Australians	1,248,989	995,390	832,933	391,898	305,585	n.p.	n.p.	n.p.	3,944,055
Total	**1,293,444**	**1,004,482**	**874,643**	**417,708**	**314,584**	**n.p.**	**n.p.**	**n.p.**	**4,100,654**
Separations per 1,000 population									
Indigenous Australians	253.6	231.3	282.8	348.5	293.0	135.2	299.9	374.7	282.5
Other Australians	157.3	160.1	174.0	153.9	164.7	148.5	164.7	156.0	161.2
Total	**159.6**	**160.7**	**177.5**	**159.7**	**167.2**	**147.8**	**166.2**	**211.4**	**164.3**
Separation rate ratio[c]	1.6	1.4	1.6	2.3	1.8	0.9	1.8	2.4	1.8

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separations per 1,000 population are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

(c) The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

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

Table 3.8: Same-day and overnight acute separations per 1,000 population, by Indigenous status, all hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]
Indigenous Australians									
Same-day acute separations	45,280	14,077	65,769	69,028	15,321	2,138	864	71,825	285,462
Same-day separations per 1,000 population	329.7	466.7	549.7	1,301.0	625.7	123.4	221.1	1,617.6	664.4
Excluding dialysis separations per 1,000 population	116.8	172.2	174.4	121.3	142.4	81.3	129.4	157.7	144.4
Overnight acute separations	43,299	8,833	40,658	25,361	8,804	2,196	1,197	21,921	152,981
Overnight separations per 1,000 population	243.5	219.4	271.0	338.5	283.4	108.5	248.4	362.0	272.1
Other Australians									
Same-day acute separations	1,476,396	1,572,809	1,243,189	592,670	381,759	61,369	51,910	19,129	5,482,767
Same-day separations per 1,000 population	183.0	251.7	257.1	231.1	200.5	107.6	138.6	117.9	221.4
Excluding dialysis separations per 1,000 population	142.8	201.9	217.1	175.0	163.0	79.4	78.4	89.9	177.6
Overnight acute separations	1,167,316	927,016	787,728	373,063	291,048	50,611	43,175	18,459	3,706,646
Overnight separations per 1,000 population	148.1	150.0	165.2	146.6	158.0	94.4	113.2	114.6	152.4
Total									
Same-day acute separations	1,521,676	1,586,886	1,308,958	661,698	397,080	63,507	52,774	90,954	5,768,229
Same-day separations per 1,000 population	185.1	252.5	263.4	252.3	205.7	107.6	139.3	419.0	228.6
Excluding dialysis separations per 1,000 population	142.4	201.7	216.3	174.0	162.7	79.4	78.9	106.9	177.1
Overnight acute separations	1,210,615	935,849	828,386	398,424	299,852	52,807	44,372	40,380	3,859,627
Overnight separations per 1,000 population	150.4	150.5	168.6	152.4	160.5	94.6	114.8	176.5	155.4

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separations per 1,000 population are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

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

3.3 Remoteness

This section presents information on separations by remoteness area of usual residence and compares rates across remoteness areas. It includes the numbers of separations and separation rates in public and private hospitals for 2014–15.

Remoteness area categories divide Australia into areas depending on distances from population centres. The patient's area of usual residence is used to derive the remoteness area of usual residence.

Separation rates

The number of separations per 1,000 population varied by remoteness area. Overall, separation rates were highest for people residing in *Very remote* and *Remote* areas (677 and 461 per 1,000 population, respectively) (Table 3.9).

The separation rates for the public and private sectors varied across remoteness areas.

For public hospitals, the highest separation rates were for patients living in *Very remote* areas and the lowest for patients living in *Major cities* (585 and 220 per 1,000, respectively).

For private hospitals, the highest separation rates were for patients living in *Major cities* and the lowest for patients living in *Very remote* areas (180 and 92 per 1,000, respectively). In part this may reflect the distribution of private hospitals across remoteness areas.

Table 3.9: Separations per 1,000 population, by remoteness area of usual residence, public and private hospitals, 2014–15

	Remoteness area of usual residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[(a)]
Public hospitals						
Separations	3,795,177	1,235,751	682,486	117,937	111,489	5,980,338
Separations per 1,000 population	219.8	260.5	301.5	362.2	585.0	240.4
Separation rate ratio	0.9	1.1	1.3	1.5	2.4	
Private hospitals						
Separations	3,138,101	720,833	250,424	32,420	17,135	4,170,029
Separations per 1,000 population	180.3	143.1	106.7	98.6	92.3	164.7
Separation rate ratio	1.1	0.9	0.6	0.6	0.6	
All hospitals						
Separations	**6,933,278**	**1,956,584**	**932,910**	**150,357**	**128,624**	**10,150,367**
Separations per 1,000 population	**400.1**	**403.6**	**408.2**	**460.8**	**677.4**	**405.1**
Separation rate ratio	**1.0**	**1.0**	**1.0**	**1.1**	**1.7**	

(a) Total includes separations for which the remoteness area was not able to be categorised.

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

Same-day acute separations

In 2014–15, people who lived in *Very remote* areas had 422 same-day acute separations per 1,000 population, compared with about 230 per 1,000 nationally (Table 3.10). The standardised separation rate ratio (SRR) for *Very remote* areas was 1.8, indicating that the separation rate was 80% higher than the national same-day acute separation rate.

Overnight acute separations

In 2014–15, people living in *Very remote* areas of Australia had 246 overnight acute separations per 1,000 population, compared with 155 per 1,000 nationally (Table 3.10).

The SRR of 1.6 for this area indicates that the overnight acute separation rate in *Very remote* areas was 60% higher than the national rate.

Table 3.10: Selected separation statistics, for same-day and overnight acute separations, by remoteness area of usual residence, all hospitals, 2014–15

	Remoteness area of usual residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[(a)]
Same-day acute separations						
Separations	3,975,940	1,093,647	513,332	83,306	80,787	5,768,229
Separations per 1,000 population	230.6	222.9	221.7	250.8	421.6	230.4
Separation rate ratio	1.0	1.0	1.0	1.1	1.8	
Overnight acute separations						
Separations	2,542,348	784,361	396,422	64,880	46,528	3,859,627
Separations per 1,000 population	146.6	166.7	177.5	202.7	246.3	155.3
Separation rate ratio	0.9	1.1	1.1	1.3	1.6	

(a) Total includes separations for which the remoteness area was not able to be categorised.

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

Where to go for more information:

More information on separations by remoteness area of usual residence is available in:

- Chapter 4 'Why did people receive care?'—for potentially preventable hospitalisations
- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

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

3.4 Socioeconomic status

This section presents information on separations by SES of area of usual residence and compares rates across SES groups. It includes the numbers of separations and separation rates in public and private hospitals for 2014–15. The information is presented by SES quintiles. The lowest SES group represents the areas containing the 20% of the population with the most disadvantage and the highest SES group represents the areas containing the 20% of the population with the least disadvantage.

Separation rates

In 2014–15, separation rates varied across SES groups and between public and private hospitals. For public hospitals, the highest separation rates were for patients living in areas classified as being the lowest (most disadvantaged) SES group (320 separations per 1,000 population) (Table 3.11). For private hospitals, the highest separation rates were for patients living in areas classified as being the highest (least disadvantaged) SES group (230 per 1,000). See Appendix B for more information on SES groups.

Table 3.11: Separations per 1,000 population by socioeconomic status of area of usual residence, public and private hospitals, 2014–15

	Socioeconomic status of area of usual residence					
	1—Lowest	2	3	4	5—Highest	Total[(a)]
Public hospitals						
Separations	1,631,794	1,374,514	1,183,569	985,647	766,342	5,980,338
Separations per 1,000 population	320.2	268.9	237.3	206.3	159.3	240.4
Separation rate ratio	1.3	1.1	1.0	0.9	0.7	
Private hospitals						
Separations	580,565	697,032	832,916	923,537	1,124,244	4,170,029
Separations per 1,000 population	109.9	132.8	163.5	191.6	230.4	164.7
Separation rate ratio	0.7	0.8	1.0	1.2	1.4	
All hospitals						
Separations	**2,212,359**	**2,071,546**	**2,016,485**	**1,909,184**	**1,890,586**	**10,150,367**
Separations per 1,000 population	**430.1**	**401.6**	**400.8**	**397.9**	**389.6**	**405.2**
Separation rate ratio	**1.1**	**1.0**	**1.0**	**1.0**	**1.0**	

(a) Total includes separations for which the SES group was not able to be categorised.

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

Same-day acute separations

Each SES group accounted for between 19% and 21% of total same-day acute separations. The separation rates varied from 222 per 1,000 population for people living in areas classified as having the second lowest SES group to 241 per 1,000 for the lowest SES group (Table 3.12).

Overnight acute separations

Each SES group accounted for between 17% and 23% of total overnight acute separations. Separation rates varied from 134 per 1,000 population for patients living in areas classified as being the highest SES group to 175 per 1,000 for the lowest SES group (Table 3.12).

The SRR of 0.9 for the highest and second highest SES groups indicates that the overnight acute separation rates for these groups were 10% lower than the national rate.

Table 3.12: Selected separation statistics, for same-day and overnight acute separations, by socioeconomic status of area of usual residence, all hospitals, 2014–15

	Socioeconomic status of area of usual residence					
	1—Lowest	2	3	4	5—Highest	Total[(a)]
Same-day acute separations						
Separations	1,237,869	1,148,835	1,155,467	1,111,387	1,092,526	5,768,229
Separations per 1,000 population	240.7	222.3	229.6	232.3	225.2	230.4
Separation rate ratio	1.0	1.0	1.0	1.0	1.0	
Overnight acute separations						
Separations	889,432	832,616	766,868	697,150	647,873	3,859,627
Separations per 1,000 population	174.6	163.6	153.7	145.0	134.3	155.3
Separation rate ratio	1.1	1.1	1.0	0.9	0.9	

(a) Total includes separations for which SES group was not able to be categorised.

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

Where to go for more information:

More information on separations by SES of area of usual residence is available in:

- Chapter 4 'Why did people receive care?'—for potentially preventable hospitalisations
- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

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

4 Why did people receive care?

This chapter presents information on the reasons patients were admitted to hospital. The reason that a patient receives admitted patient care can be described in various ways. The information in this chapter includes:

- the mode of admission—which can indicate a new admission to hospital, a transfer from another hospital, or a change in the type of care the patient required
- the urgency of admission—whether as an emergency admission, an elective admission or other planned admission (for example, for childbirth)
- the type of care required—whether for acute, subacute or non-acute care
- the principal diagnosis—the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for occasioning the episode of admitted patient care
- whether the admission could potentially have been avoided (for example, potentially preventable hospitalisations (PPHs), and injuries and poisoning)
- whether the patient was waiting for residential aged care.

Key findings

Mode and urgency of admission

In 2014–15, most separations (95%) commenced as a new admission to hospital. About 5% of separations in public hospitals and 3% in private hospitals commenced as a transfer from another hospital.

About 27% of separations were emergency admissions, with most of these occurring in public hospitals (92%).

Care type

In 2014–15, about 94% of separations were for acute care and 4% for rehabilitation care. About 41,000 separations (0.4%) were for palliative care, and the remainder were for other subacute and non-acute types of care.

Public hospitals accounted for about 60% of acute care, while private hospitals accounted for about 75% of rehabilitation care.

Principal diagnosis

In 2014–15, about 28% of separations (over 2.8 million) had a principal diagnosis in the ICD-10-AM chapter *Factors influencing health status and contact with health services*—which includes dialysis, rehabilitation, radiotherapy, chemotherapy and palliative care.

The most common single reason for care was dialysis for kidney disease (over 1.3 million separations). Between 2010–11 and 2014–15, separations for dialysis increased by 3.6% on average each year.

Potentially preventable hospitalisations

In 2014–15, PPHs, accounted for about 6% of all separations. *Urinary tract infection* was the most common PPH condition (73,300 hospitalisations).

4.1 Mode and urgency of admission

This section presents information on the mechanism by which an admitted patient begins an episode of care (the mode of admission) and the urgency with which they were admitted (urgency of admission).

Mode of admission

Patients may have the following modes of admission:

- *Admitted patient transferred from another hospital*
- *Statistical admission: care type change*—where a new admitted patient episode is created as a result of a change in the clinical intent of care (for example, a patient's care may move from a focus on acute care to a focus on rehabilitation or palliative care), within the same hospital
- *New admission to hospital*—this term refers to all other planned and unplanned admissions (that is, the patient was not transferred from another hospital or had a *Statistical admission* in the same hospital).

In 2014–15, most separations in both public and private hospitals had a mode of admission of *New admission to hospital* (94% and 96%, respectively) (Table 4.1).

Public hospitals had a higher proportion of patients transferred from another hospital than private hospitals (4.7% and 3.0%, respectively). For public hospitals, Western Australia had the highest proportion of patients transferred from another hospital and the Northern Territory had the lowest (6.3% and 0.1%, respectively).

Public hospitals also reported higher proportions of *Statistical admissions: care type change* than private hospitals (1.6% and 0.6%, respectively). For public hospitals, the Australian Capital Territory had the highest proportion of patients with a statistical admission.

Same-day acute separations

In both public and private hospitals, most same-day acute separations had a mode of admission of *New admission to hospital* (99% overall) (Table 4.2). Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals (1.2% and 0.3%, respectively).

Overnight acute separations

For both public and private hospitals, the majority of overnight acute separations had a mode of admission of *New admission to hospital* (93% overall) (Table 4.2).

Higher proportions of overnight acute separations had an admission mode of *Admitted patient transferred from another hospital* compared with same-day acute separations. For public hospitals, 6.9% of overnight acute separations had this admission mode, compared with 5.7% for private hospitals.

Table 4.1: Separations by mode of admission, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
New admission to hospital[(a)]	1,673,721	1,496,384	1,135,367	555,553	396,114	113,267	94,519	130,465	5,595,390
Admitted patient transferred from another hospital	96,949	75,239	42,316	37,559	20,886	3,157	3,439	196	279,741
Statistical admission: care type change	35,065	15,849	25,115	7,611	4,288	1,975	2,826	1,622	94,351
Not reported	8,263	479	0	0	1,007	1,107	0	0	10,856
Total public hospitals	*1,813,998*	*1,587,951*	*1,202,798*	*600,723*	*422,295*	*119,506*	*100,784*	*132,283*	*5,980,338*
Private hospitals									
New admission to hospital[(a)]	1,134,239	970,013	998,018	469,438	308,854	n.p.	n.p.	n.p.	4,001,858
Admitted patient transferred from another hospital	43,556	35,171	25,686	8,438	6,337	n.p.	n.p.	n.p.	123,647
Statistical admission: care type change	5,412	4,153	9,253	2,864	533	n.p.	n.p.	n.p.	23,646
Not reported	1,332	0	0	0	132	n.p.	n.p.	n.p.	20,878
Total private hospitals	*1,184,539*	*1,009,337*	*1,032,957*	*480,740*	*315,856*	*n.p.*	*n.p.*	*n.p.*	*4,170,029*
All hospitals									
New admission to hospital[(a)]	2,807,960	2,466,397	2,133,385	1,024,991	704,968	n.p.	n.p.	n.p.	9,597,248
Admitted patient transferred from another hospital	140,505	110,410	68,002	45,997	27,223	n.p.	n.p.	n.p.	403,388
Statistical admission: care type change	40,477	20,002	34,368	10,475	4,821	n.p.	n.p.	n.p.	117,997
Not reported	9,595	479	0	0	1,139	n.p.	n.p.	n.p.	31,734
Total	**2,998,537**	**2,597,288**	**2,235,755**	**1,081,463**	**738,151**	**n.p.**	**n.p.**	**n.p.**	**10,150,367**

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

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

Table 4.2: Acute separations, by mode of admission and same-day/overnight status, public and private hospitals, 2014–15

Mode of admission	Public hospitals	Private hospitals	Total
Same-day acute separations			
New admission to hospital[(a)]	3,042,144	2,659,601	5,701,745
Admitted patient transferred from another hospital	36,174	8,311	44,485
Statistical admission: care type change	716	388	1,104
Not reported	7,040	13,855	20,895
Total	**3,086,074**	**2,682,155**	**5,768,229**
Overnight acute separations			
New admission to hospital[(a)]	2,496,468	1,087,270	3,583,738
Admitted patient transferred from another hospital	186,374	66,027	252,401
Statistical admission: care type change	10,529	2,412	12,941
Not reported	3,594	6,953	10,547
Total	**2,696,965**	**1,162,662**	**3,859,627**

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

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

How urgent was the care?

Admissions to hospital were categorised in 2014–15 as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is *Not assigned* for some admissions (for example, obstetric care and planned care, such as dialysis).

Between 2010–11 and 2014–15, emergency admissions in public hospitals rose from 2,198,000 to 2,515,000, an average increase of 3.4% per year, compared with 2.2% for private hospitals (Table 4.3). Over this period, elective admissions in private hospitals increased by an average of 4.1% per year, which was greater than the increase in public hospitals (2.5%).

Table 4.3: Separations by urgency of admission, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Emergency	2,197,636	2,304,185	2,283,421	2,383,578	2,514,638	3.4	5.5
Elective	2,157,948	2,211,277	2,253,439	2,328,197	2,384,343	2.5	2.4
Not assigned	918,920	992,305	990,199	1,002,098	1,080,644	4.1	7.8
Not reported[(a)]	4,628	3,725	3,137	997	713	n.p.	n.p.
Total	**5,279,132**	**5,511,492**	**5,530,196**	**5,714,870**	**5,980,338**	**3.2**	**4.6**
Private hospitals							
Emergency	196,320	203,645	205,825	205,300	213,810	2.2	4.1
Elective	2,929,818	3,064,862	3,162,304	3,292,873	3,441,036	4.1	4.5
Not assigned	422,649	453,387	466,880	479,587	508,984	4.8	6.1
Not reported[(a)]	20,347	18,778	4,052	4,145	6,199	n.p.	n.p.
Total	**3,569,134**	**3,740,672**	**3,839,061**	**3,981,905**	**4,170,029**	**4.0**	**4.7**

(a) The percentage changes for *Not reported* are not shown as they are based on small numbers of records and reflect data quality rather than changes in practices or admission rates.

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

Same-day acute care

In 2014–15, about 12% of same-day acute separations were emergency admissions, 97% were in public hospitals. About 70% of same-day acute separations were elective admissions, and more than half of these occurred in private hospitals (56%) (Table 4.4).

Overnight acute care

In 2014–15, about half of all overnight acute separations were emergency admissions, 90% were in public hospitals. Just over 37% of overnight acute separations were elective admissions, and about 63% of these were in private hospitals (Table 4.4).

Table 4.4: Acute separations, by same-day/overnight status and urgency of admission, public and private hospitals, 2014–15

Urgency of admission	Public hospitals	Private hospitals	Total
Same-day acute separations			
Emergency	683,755	20,865	704,620
Elective	1,789,588	2,269,624	4,059,212
Not assigned	612,561	387,073	999,634
Total	**3,086,074**	**2,682,155**	**5,768,229**
Overnight acute separations			
Emergency	1,817,729	191,069	2,008,798
Elective	529,281	888,132	1,417,413
Not assigned	349,422	81,932	431,354
Total	**2,696,965**	**1,162,662**	**3,859,627**

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

Where to go for more information:

More information on separations by mode and urgency of admission is available in:

- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B. Information on urgency (triage category) and admissions from public hospital emergency departments is available in *Australian hospital statistics 2014–15: emergency department care* (AIHW 2015b).

4.2 Care type

This section presents information on the types of care patients received in hospital. It includes information on the numbers of separations, over time and in 2014–15. Information on patient days and average length of stay are for 2014–15.

The care type describes the overall nature of a clinical service provided to an admitted patient during an episode of care.

The care type can be classified as:

- *Acute* (see Box 4.1)
- *Newborn*
- *Subacute—Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management* and *Psychogeriatric care*
- *Non-acute—Maintenance care*
- *Other admitted patient care*.

Revised definitions for care types were implemented from 1 July 2013, with the aim to improve consistency in reporting of subacute and non-acute care types. Hence, data reported from 2013–14 onwards will not be entirely comparable with data reported for earlier years.

Box 4.1: Acute care

An episode of acute care for an admitted patient is one in which the principal clinical intent is to do one or more of the following:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of illness or injury
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal functions
- perform diagnostic or therapeutic procedures.

Changes over time

Between 2010–11 and 2014–15, the number of separations for *Acute care* increased by 3.0% on average per year for public hospitals and by 3.5% per year for private hospitals (Table 4.5).

Between 2010–11 and 2014–15, the number of separations for subacute and non-acute care rose from about 380,000 to about 522,000, an average increase of 8.3% per year.

Over this period, *Rehabilitation care* accounted for an increasing proportion of all subacute and non-acute care separations, rising from 76% in 2010–11 to 79% in 2014–15. It accounted for about 53% of subacute and non-acute care separations for public hospitals and 94% for private hospitals.

Table 4.5: Separations by care type, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average[(a)] since 2010–11	Since 2013–14
Public hospitals							
Acute	5,063,825	5,255,045	5,259,399	5,447,244	5,705,939	3.0	4.7
Subacute and non-acute care	*164,499*	*181,926*	*195,323*	*191,536*	*197,222*	*4.6*	*3.0*
Rehabilitation care	86,426	95,562	103,220	99,091	102,815	4.4	3.8
Palliative care	28,255	31,260	33,272	32,585	34,594	5.2	6.2
Geriatric evaluation and management	26,484	30,451	33,284	34,321	32,446	5.2	–5.5
Psychogeriatric care	2,445	2,382	2,485	2,416	1,895	–6.2	–21.6
Maintenance care	20,889	22,271	23,062	23,123	25,472	5.1	10.2
Newborn (at least 1 qualified day)	50,406	74,072	75,354	75,953	77,093	11.2	1.5
Newborn (unqualified)	181,012	163,206	166,742	169,228	170,762	–1.4	0.9
Other[(c)]	402	449	120	137	84	–32.4	–79.1
Total public hospitals[(b)]	*5,279,132*	*5,511,492*	*5,530,196*	*5,714,870*	*5,980,338*	*3.2*	*4.6*
Private hospitals							
Acute	3,336,145	3,480,963	3,565,913	3,694,442	3,828,761	3.5	3.6
Subacute and non-acute care	*215,393*	*241,791*	*255,351*	*270,949*	*325,211*	*10.8*	*20.0*
Rehabilitation care	200,808	226,887	240,519	255,567	309,862	11.5	21.2
Palliative care	5,507	5,877	6,007	6,392	6,217	3.1	–2.7
Geriatric evaluation and management	77	125	204	211	119	11.5	54.5
Psychogeriatric care	6,336	6,204	6,321	7,116	7,216	3.3	1.4
Maintenance care	2,665	2,698	2,300	1,663	1,797	–9.4	8.1
Newborn (at least 1 qualified day)	17,506	17,859	17,431	16,174	15,680	–2.7	–3.1
Newborn (unqualified)	45,089	46,726	48,138	47,322	45,013	0.0	–4.9
Other[(c)]	90	59	366	340	377	43.1	318.9
Total private hospitals[(b)]	*3,569,134*	*3,740,672*	*3,839,061*	*3,981,905*	*4,170,029*	*4.0*	*4.7*
All hospitals	**8,848,266**	**9,252,164**	**9,369,257**	**9,696,775**	**10,150,367**	**3.5**	**4.7**

(a) Annual average change.

(b) Totals exclude separations for *Newborns without qualified days*.

(c) Due to the low numbers of separations for *Other*, caution should be used in interpreting the average rates of change.

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

How much activity in 2014–15?

In 2014–15, for the public and private sectors combined, 94% of separations were classified as episodes of *Acute care*, 4.0% as *Rehabilitation care* and 0.9% as *Newborn* (with qualified days) (Table 4.6).

The proportions of separations for each care type varied by hospital sector. Public hospitals accounted for 60% of separations for *Acute care*. Private hospitals accounted for 75% of separations for *Rehabilitation care*.

The proportion of separations that were classified as *Rehabilitation care* in public hospitals ranged from 0.2% in the Northern Territory to 2.6% in South Australia (Table 4.6). In private hospitals, the proportion of separations that were classified as *Rehabilitation care* ranged from 1.2% in Western Australia to 16.2% in New South Wales.

Patient days

In 2014–15, for the public and private sectors combined, *Acute care* accounted for 81% of patient days and *Rehabilitation care* (the largest component of subacute and non-acute care) accounted for 10% of patient days (Table 4.7).

Public hospitals accounted for 66% of patient days for *Acute care* and 57% of patient days for *Rehabilitation care*.

Length of stay

The ALOS for episodes of *Acute care* was longer in public hospitals (2.7 days) than in private hospitals (2.1 days) (tables 4.6 and 4.7).

The ALOS for *Rehabilitation care* episodes was 16.5 days in public hospitals, and 4.1 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in private hospitals, as well as a number of very long stays for rehabilitation separations in public hospitals.

Where to go for more information:

More information on separations by care type is available in:

- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*.

Definitions for care types are available online at <http://meteor.aihw.gov.au/content/index.phtml/itemId/491557>.

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

Table 4.6: Separations, by care type, public and private hospitals, states and territories, 2014–15

Care type	NSW	Vic[a]	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,705,432	1,530,126	1,147,041	581,455	400,864	115,269	95,516	130,236	5,705,939
Subacute and non-acute care									
Rehabilitation care	38,950	17,855	25,052	6,381	11,245	1,061	1,955	316	102,815
Palliative care	13,429	7,387	8,379	1,792	1,989	669	639	310	34,594
Geriatric evaluation and management	6,136	17,495	4,075	2,675	1,481	270	227	87	32,446
Psychogeriatric care	803	0	318	597	20	142	10	5	1,895
Maintenance care	11,666	788	6,757	1,911	2,338	1,047	807	158	25,472
Subacute and non-acute care total	*70,984*	*43,525*	*44,581*	*13,356*	*17,073*	*3,189*	*3,638*	*876*	*197,222*
Newborn care									
Newborn—qualified days only	34,372	12,121	8,821	4,679	2,954	958	1,331	1,058	66,294
Newborn—qualified and unqualified days	3,204	2,179	2,354	1,233	1,404	86	299	40	10,799
Newborn—unqualified days only	41,649	48,656	37,262	20,303	12,397	3,605	3,996	2,894	170,762
Newborn total	*79,225*	*62,956*	*48,437*	*26,215*	*16,755*	*4,649*	*5,626*	*3,992*	*247,855*
Total[b]	*1,855,647*	*1,636,607*	*1,240,060*	*621,026*	*434,692*	*123,111*	*104,780*	*135,177*	*6,151,100*

(continued)

Table 4.6 (continued): Separations, by care type, public and private hospitals, states and territories, 2014–15

Care type	NSW	Vic[(a)]	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals									
Acute care	982,523	974,835	976,720	471,049	290,859	n.p.	n.p.	n.p.	3,828,761
Subacute and non-acute care									
Rehabilitation care	194,471	23,075	50,125	5,784	23,781	n.p.	n.p.	n.p.	309,862
Palliative care	470	702	2,396	2,024	348	n.p.	n.p.	n.p.	6,217
Geriatric evaluation and management	1	0	89	3	9	n.p.	n.p.	n.p.	119
Psychogeriatric care	41	7,100	0	75	0	n.p.	n.p.	n.p.	7,216
Maintenance care	279	151	1,219	99	8	n.p.	n.p.	n.p.	1,797
Subacute and non-acute care total	*195,262*	*31,028*	*53,829*	*7,985*	*24,146*	*n.p.*	*n.p.*	*n.p.*	*325,211*
Newborn care									
Newborn—qualified days only	6,313	3,211	1,967	1,242	851	n.p.	n.p.	n.p.	13,887
Newborn—qualified and unqualified days	441	263	441	464	0	n.p.	n.p.	n.p.	1,793
Newborn—unqualified days only	14,971	2,438	14,762	9,008	760	n.p.	n.p.	n.p.	45,013
Newborn total	*21,725*	*5,912*	*17,170*	*10,714*	*1,611*	n.p.	n.p.	n.p.	*60,693*
Total[(a)]	*1,199,510*	*1,011,775*	*1,047,719*	*489,748*	*316,616*	*n.p.*	*n.p.*	*n.p.*	*4,215,042*

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(b) Total separations include records for *Newborn* (without qualified days).

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

Table 4.7: Patient days, by care type, public and private hospitals, states and territories, 2014–15

Care type	NSW	Vic[a]	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	5,301,926	3,811,975	2,701,487	1,479,314	1,235,926	317,598	275,742	287,667	15,411,635
Subacute and non-acute care									
Rehabilitation care	656,843	358,569	358,660	143,338	114,717	31,541	24,841	8,048	1,696,557
Palliative care	138,279	92,040	68,994	16,009	20,097	5,230	6,984	3,210	350,843
Geriatric evaluation and management	81,407	392,200	68,126	36,689	27,757	3,704	2,492	1,651	614,026
Psychogeriatric care	36,740	0	9,509	27,020	460	9,584	102	18	83,433
Maintenance care	229,531	52,766	228,650	56,430	75,206	12,419	20,524	13,591	689,117
Subacute and non-acute care total	*1,142,800*	*895,575*	*733,939*	*279,486*	*238,237*	*62,478*	*54,943*	*26,518*	*3,433,976*
Newborn care									
Newborn—qualified days	172,242	132,686	89,398	49,078	39,064	11,984	13,329	9,955	517,736
Newborn—unqualified days	107,302	115,952	75,501	47,149	28,536	7,963	8,319	7,691	398,413
Newborn total	*279,544*	*248,638*	*164,899*	*96,227*	*67,600*	*19,947*	*21,648*	*17,646*	*916,149*
Total[b]	*6,616,974*	*4,840,236*	*3,524,825*	*1,807,878*	*1,513,227*	*392,138*	*344,014*	*324,406*	*19,363,698*

(continued)

Table 4.7 (continued): Patient days, by care type, public and private hospitals, states and territories, 2014–15

Care type	NSW	Vic[(a)]	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals									
Acute care	2,026,060	2,059,742	2,081,372	847,409	560,591	n.p.	n.p.	n.p.	7,859,783
Subacute and non-acute care									
Rehabilitation care	582,985	308,224	209,842	61,550	71,540	n.p.	n.p.	n.p.	1,276,534
Palliative care	6,538	7,826	30,565	23,414	5,384	n.p.	n.p.	n.p.	77,370
Geriatric evaluation and management	1	0	1,621	3	672	n.p.	n.p.	n.p.	2,417
Psychogeriatric care	41	32,897	0	3,606	0	n.p.	n.p.	n.p.	36,544
Maintenance care	996	1,139	29,937	2,378	36	n.p.	n.p.	n.p.	34,592
Subacute and non-acute care total	*590,561*	*350,086*	*271,965*	*90,951*	*77,632*	*n.p.*	*n.p.*	*n.p.*	*1,427,457*
Newborn care									
Newborn—qualified days	35,199	22,403	25,035	9,624	6,153	n.p.	n.p.	n.p.	102,136
Newborn—unqualified days	65,495	10,869	57,988	35,960	3,496	n.p.	n.p.	n.p.	186,538
Newborn total	*100,694*	*33,272*	*83,023*	*45,584*	*9,649*	n.p.	n.p.	n.p.	*288,674*
Total[(b)]	*2,651,820*	*2,432,231*	*2,378,372*	*947,984*	*644,376*	*n.p.*	*n.p.*	*n.p.*	*9,389,841*

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low numbers of days in this category.

(b) Total patient days exclude unqualified days for *Newborns*.

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

4.3 Principal diagnosis

This section presents information on the reasons for patients' hospital admissions, described by the principal diagnosis, that is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for occasioning the episode of admitted patient care. In some cases, the principal diagnosis is described in terms of a treatment for an ongoing condition (for example, care involving dialysis).

It includes the numbers of separations by ICD-10-AM chapters (broad diagnosis groups), and the 20 most common detailed principal diagnoses (at the 3-character level) for public and private hospitals in 2014–15.

ICD-10-AM disease chapters

In 2014–15, more than one-quarter of separations in public and private hospitals had a principal diagnosis in the ICD-10-AM chapter *Factors influencing health status and contact with health services* – which includes *Care involving dialysis* (over 1.3 million separations), *Care involving use of rehabilitation procedures*, radiotherapy, chemotherapy and palliative care (Table 4.8).

Table 4.8: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	125,953	24,284	150,237
C00–D48	Neoplasms	292,316	348,034	640,350
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	102,411	58,872	161,283
E00–E89	Endocrine, nutritional and metabolic diseases	97,936	58,849	156,785
F00–F99	Mental and behavioural disorders	204,767	190,846	395,613
G00–G99	Diseases of the nervous system	156,787	119,100	275,887
H00–H59	Diseases of the eye and adnexa	103,378	279,692	383,070
H60–H95	Diseases of the ear and mastoid process	33,148	30,726	63,874
I00–I99	Diseases of the circulatory system	339,253	150,866	490,119
J00–J99	Diseases of the respiratory system	338,772	99,193	437,965
K00–K93	Diseases of the digestive system	463,856	544,265	1,008,121
L00–L99	Diseases of the skin and subcutaneous tissue	117,422	47,032	164,454
M00–M99	Diseases of the musculoskeletal system and connective tissue	207,396	326,791	534,187
N00–N99	Diseases of the genitourinary system	271,558	199,016	470,574
O00–O99	Pregnancy, childbirth and the puerperium	353,721	136,954	490,675
P00–P96	Certain conditions originating in the perinatal period	54,605	11,141	65,746
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	27,187	11,352	38,539
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	517,019	240,540	757,559
S00–T98	Injury, poisoning and certain other consequences of external causes	532,237	118,393	650,630
Z00–Z99	Factors influencing health status and contact with health services	1,638,320	1,174,076	2,812,396
	Not reported	2,296	7	2,303
Total		**5,980,338**	**4,170,029**	**10,150,367**

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

The relative distribution of separations by ICD-10-AM chapter varied across public and private hospitals. For example, about 84% of separations for *Certain infectious and parasitic diseases* and 82% of separations for *Injury, poisoning and certain other consequences of external causes* were from public hospitals. For *Diseases of the eye and adnexa*, about 73% of separations were from private hospitals.

Aboriginal and Torres Strait Islander people

More than half of separations for Indigenous Australians in 2014–15 had a principal diagnosis in the ICD-10-AM chapter *Factors influencing health status and contact with health services*, compared with 27% for other Australians (Table 4.9). This category includes care involving dialysis which accounts for a large proportion of same-day separations for Indigenous Australians (see Chapter 3).

The ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes* was the second most common principal diagnosis among Indigenous Australians, accounting for 6.6% of separations.

In general, Indigenous Australians had higher rates of separations per 1,000 population compared with other Australians. Separation rates for Indigenous Australians were at least twice the rates for other Australians for *Factors influencing health status and contact with health services* (which includes *Care involving dialysis*), *Diseases of the respiratory system*, *Endocrine, nutritional and metabolic diseases* (which includes *Diabetes mellitus*), *Diseases of the skin and subcutaneous tissue* and *Certain infectious and parasitic diseases*.

Table 4.9: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, all hospitals, 2014–15

Principal diagnosis		Indigenous Australians		Other Australians		Total	
		Separations	Per 1,000 population	Separations	Per 1,000 population	Separations	Per 1,000 population
A00–B99	Certain infectious and parasitic diseases	7,326	11.9	142,911	6.0	150,237	6.1
C00–D48	Neoplasms	6,632	17.0	633,718	24.5	640,350	24.4
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2,709	6.2	158,574	6.3	161,283	6.3
E00–E89	Endocrine, nutritional and metabolic diseases	6,920	14.5	149,865	6.2	156,785	6.3
F00–F99	Mental and behavioural disorders	16,941	28.3	378,672	16.3	395,613	16.6
G00–G99	Diseases of the nervous system	5,843	10.6	270,044	11.2	275,887	11.2
H00–H59	Diseases of the eye and adnexa	3,373	10.5	379,697	14.2	383,070	14.1
H60–H95	Diseases of the ear and mastoid process	2,657	3.1	61,217	2.7	63,874	2.7
I00–I99	Diseases of the circulatory system	12,520	31.8	477,599	18.1	490,119	18.4
J00–J99	Diseases of the respiratory system	22,960	41.1	415,005	17.3	437,965	17.7
K00–K93	Diseases of the digestive system	21,441	39.2	986,680	40.9	1,008,121	40.9
L00–L99	Diseases of the skin and subcutaneous tissue	8,750	14.3	155,704	6.5	164,454	6.7
M00–M99	Diseases of the musculoskeletal system and connective tissue	8,398	17.7	525,789	21.1	534,187	21.1
N00–N99	Diseases of the genitourinary system	12,038	23.8	458,536	19.1	470,574	19.2
O00–O99	Pregnancy, childbirth and the puerperium	23,831	29.7	466,844	21.2	490,675	21.6
P00–P96	Certain conditions originating in the perinatal period	4,473	3.5	61,273	2.8	65,746	2.8
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,557	1.4	36,982	1.7	38,539	1.7
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	21,644	42.4	735,915	29.9	757,559	30.2
S00–T98	Injury, poisoning and certain other consequences of external causes	29,237	47.0	621,393	26.1	650,630	26.7
Z00–Z99	Factors influencing health status and contact with health services	223,264	552.1	2,589,132	100.6	2,812,396	108.0
	Not reported	583	1.1	1,720	0.1	2,303	0.1
Total		**443,097**	**946.9**	**9,707,270**	**392.7**	**10,150,367**	**402.9**

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

Same-day acute separations

In 2014–15, almost half (47%) of same-day acute separations in public hospitals and 31% in private hospitals had a principal diagnosis in the ICD-10-AM chapter *Factors influencing health status and contact with health services* (tables 4.10 and 4.11). The major contributors to the *Factors influencing health status and contact with health services* separations were the 3-character principal diagnoses *Care involving dialysis* and *Other medical care* (which includes chemotherapy).

The relative distribution of same-day acute separations by ICD-10-AM chapter varied between public and private hospitals. For example, about 63% of same-day acute separations for *Factors influencing health status and contact with health services* were from public hospitals, while about 75% of same-day acute separations for *Diseases of the eye and adnexa* were from private hospitals.

Most common principal diagnoses

The most common principal diagnosis (at the 3-character level) reported for same-day acute separations was *Care involving dialysis,* which accounted for 36% of same-day acute separations in public hospitals (Table 4.12).

Between 2010–11 and 2014–15, same-day acute separations for dialysis rose by 3.6% on average each year (see tables 6.1 and 6.2).

Private hospitals provided the majority of same-day acute separations for *Other malignant neoplasms of skin* (71%), *Other cataract* (70%) and *Other medical care* (60%, which includes chemotherapy) (Table 4.12).

Overnight acute separations

Overall, almost half of all overnight acute separations in 2014–15 had a principal diagnosis from one of the following 5 ICD-10-AM chapters:

- *Diseases of the digestive system*
- *Diseases of the respiratory system*
- *Diseases of the circulatory system*
- *Pregnancy, childbirth and the puerperium*
- *Injury and poisoning.*

The relative distribution of overnight acute separations by ICD-10-AM chapter varied across public and private hospitals. For *Certain infectious and parasitic diseases*, 88% of overnight separations were from public hospitals (Table 4.13). For *Diseases of the musculoskeletal system and connective tissue*, 61% of separations were from private hospitals (Table 4.14).

Table 4.10: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2014–15

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	8,773	9,587	11,587	2,954	1,829	442	508	518	36,198
C00–D48	Neoplasms	32,470	45,341	26,433	14,714	11,405	3,816	1,165	991	136,335
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	15,476	28,639	11,950	7,945	4,360	1,598	1,037	429	71,434
E00–E89	Endocrine, nutritional and metabolic diseases	7,583	13,816	7,077	5,364	1,698	1,913	522	907	38,880
F00–F99	Mental and behavioural disorders	13,318	11,879	12,928	3,347	4,267	979	388	1,145	48,251
G00–G99	Diseases of the nervous system	17,276	29,378	17,637	6,395	4,813	2,434	1,427	577	79,937
H00–H59	Diseases of the eye and adnexa	25,294	26,515	12,295	12,919	8,355	2,006	1,516	931	89,831
H60–H95	Diseases of the ear and mastoid process	3,991	4,967	4,802	1,622	1,686	261	277	288	17,894
I00–I99	Diseases of the circulatory system	21,086	20,553	17,434	6,381	6,415	1,489	1,489	734	75,581
J00–J99	Diseases of the respiratory system	15,602	18,005	20,023	3,647	3,936	1,182	675	1,176	64,246
K00–K93	Diseases of the digestive system	54,507	59,301	38,739	21,612	10,563	5,330	3,593	2,682	196,327
L00–L99	Diseases of the skin and subcutaneous tissue	9,053	10,786	8,924	3,356	4,654	1,412	505	528	39,218
M00–M99	Diseases of the musculoskeletal system and connective tissue	20,288	25,513	17,791	7,628	6,665	1,951	1,987	945	82,768
N00–N99	Diseases of the genitourinary system	33,624	36,984	28,354	10,858	8,473	2,490	1,784	1,304	123,871
O00–O99	Pregnancy, childbirth and the puerperium	22,268	16,779	21,599	5,574	8,218	1,156	1,198	2,562	79,354
P00–P96	Certain conditions originating in the perinatal period	784	616	619	208	124	29	33	54	2,467
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	4,060	3,541	2,291	1,142	1,034	245	233	75	12,621
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	69,717	78,101	65,563	25,221	15,268	4,161	4,636	2,873	265,540
S00–T98	Injury, poisoning and certain other consequences of external causes	53,012	44,055	51,857	14,832	11,982	3,130	4,454	3,335	186,657
Z00–Z99	Factors influencing health status and contact with health services	387,670	431,051	253,275	168,202	76,478	27,483	25,347	68,865	1,438,371
	Not reported	258	0	0	0	0	0	0	35	293
Total		**816,110**	**915,407**	**631,178**	**323,921**	**192,223**	**63,507**	**52,774**	**90,954**	**3,086,074**

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

Table 4.11: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2014–15

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	3,315	2,699	3,110	1,370	847	n.p.	n.p.	n.p.	11,758
C00–D48	Neoplasms	63,175	52,872	64,631	24,890	24,323	n.p.	n.p.	n.p.	236,884
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	8,774	11,649	20,633	3,107	3,881	n.p.	n.p.	n.p.	49,479
E00–E89	Endocrine, nutritional and metabolic diseases	4,829	7,822	7,170	4,334	1,838	n.p.	n.p.	n.p.	26,846
F00–F99	Mental and behavioural disorders	56,105	28,355	47,030	1,537	706	n.p.	n.p.	n.p.	141,652
G00–G99	Diseases of the nervous system	9,677	9,384	13,061	5,891	2,526	n.p.	n.p.	n.p.	41,740
H00–H59	Diseases of the eye and adnexa	88,016	52,966	65,944	29,116	19,697	n.p.	n.p.	n.p.	270,245
H60–H95	Diseases of the ear and mastoid process	7,383	5,813	4,075	2,912	2,534	n.p.	n.p.	n.p.	23,817
I00–I99	Diseases of the circulatory system	14,912	7,635	7,846	4,878	3,241	n.p.	n.p.	n.p.	41,213
J00–J99	Diseases of the respiratory system	7,151	4,920	5,859	1,526	1,832	n.p.	n.p.	n.p.	21,941
K00–K93	Diseases of the digestive system	122,314	129,492	97,531	38,460	30,412	n.p.	n.p.	n.p.	432,053
L00–L99	Diseases of the skin and subcutaneous tissue	7,503	8,416	6,017	3,660	5,346	n.p.	n.p.	n.p.	31,984
M00–M99	Diseases of the musculoskeletal system and connective tissue	34,845	34,428	29,418	18,963	15,253	n.p.	n.p.	n.p.	139,001
N00–N99	Diseases of the genitourinary system	37,800	30,589	24,358	12,333	6,681	n.p.	n.p.	n.p.	115,628
O00–O99	Pregnancy, childbirth and the puerperium	9,328	17,859	14,042	8,295	784	n.p.	n.p.	n.p.	50,910
P00–P96	Certain conditions originating in the perinatal period	77	137	60	81	25	n.p.	n.p.	n.p.	391
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	2,072	1,597	1,699	864	551	n.p.	n.p.	n.p.	6,980
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	50,557	51,392	36,888	20,900	9,956	n.p.	n.p.	n.p.	174,226
S00–T98	Injury, poisoning and certain other consequences of external causes	9,290	7,876	7,343	4,140	6,011	n.p.	n.p.	n.p.	35,895
Z00–Z99	Factors influencing health status and contact with health services	168,443	205,578	221,065	150,520	68,413	n.p.	n.p.	n.p.	829,508
	Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	4
Total		**705,566**	**671,479**	**677,780**	**337,777**	**204,857**	**n.p.**	**n.p.**	**n.p.**	**2,682,155**

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

Table 4.12: Same-day acute separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
Z49	Care involving dialysis	1,105,915	143,757	100,512	1,350,184
Z51	Other medical care	178,717	76,520	192,623	447,860
H26	Other cataract	61,933	77,490	67,691	207,114
R10	Abdominal and pelvic pain	55,012	22,687	36,219	113,918
C44	Other malignant neoplasms of skin	26,457	29,239	36,899	92,595
R07	Pain in throat and chest	70,294	1,278	7,195	78,767
D12	Benign neoplasm of colon, rectum, anus and anal canal	14,324	24,989	39,067	78,380
K01	Embedded and impacted teeth	7,323	19,185	49,271	75,779
Z45	Adjustment and management of drug delivery or implanted device	21,428	6,609	42,586	70,623
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	20,456	16,492	33,658	70,606
Z31	Procreative management	4,637	39,120	24,091	67,848
H35	Other retinal disorders	2,956	52,415	8,982	64,353
K21	Gastro-oesophageal reflux disease	14,780	18,354	31,041	64,175
R19	Other symptoms and signs involving the digestive system and abdomen	20,041	12,405	30,169	62,615
Z12	Special screening examination for neoplasms	12,219	17,959	29,259	59,437
K92	Other diseases of digestive system	21,257	8,578	23,049	52,884
Z08	Follow-up examination after treatment for malignant neoplasms	21,689	4,541	25,836	52,066
M23	Internal derangement of knee	10,120	2,753	36,299	49,172
F32	Depressive episode	9,383	127	39,068	48,578
O04	Medical abortion	7,844	33,852	1,280	42,976
M54	Dorsalgia	14,114	5,200	20,832	40,146
	Other	1,385,175	323,855	869,123	2,578,153
Total		**3,086,074**	**937,405**	**1,744,750**	**5,768,229**

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

Most common principal diagnoses

The most common principal diagnosis (at the 3-character level) reported for overnight acute separations was *Single spontaneous delivery*, which accounted for 4.2% of overnight acute separations in public hospitals and 2.4% in private hospitals. The 20 most common principal diagnoses included several childbirth-related and heart-related conditions, as well as respiratory conditions (Table 4.15). Private hospitals accounted for 77% of overnight acute separations for *Sleep disorders*.

Comparison of Table 4.15 with Table 4.12 shows that there are differences in the types of conditions that are most commonly treated on an overnight basis compared with those receiving same-day treatment.

Table 4.13: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2014–15

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	30,997	20,468	17,167	8,697	5,898	1,496	1,323	2,196	88,242
C00–D48	Neoplasms	41,746	37,149	25,988	12,448	11,472	2,851	2,243	958	134,855
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	10,977	7,402	5,322	2,532	3,035	558	401	283	30,510
E00–E89	Endocrine, nutritional and metabolic diseases	17,904	13,782	12,228	5,428	5,042	1,172	768	1,594	57,918
F00–F99	Mental and behavioural disorders	52,928	32,515	27,049	17,556	14,060	2,980	2,069	1,557	150,714
G00–G99	Diseases of the nervous system	22,251	22,009	13,577	6,718	5,932	1,632	1,045	747	73,911
H00–H59	Diseases of the eye and adnexa	4,905	3,349	2,355	1,461	885	116	253	185	13,509
H60–H95	Diseases of the ear and mastoid process	4,951	3,547	2,875	1,705	1,273	271	232	315	15,169
I00–I99	Diseases of the circulatory system	87,747	59,601	51,249	23,407	21,097	5,694	4,522	3,102	256,419
J00–J99	Diseases of the respiratory system	95,178	60,457	50,840	25,112	23,137	4,912	4,050	4,932	268,618
K00–K93	Diseases of the digestive system	90,272	63,245	51,956	26,210	19,480	5,595	4,771	3,309	264,838
L00–L99	Diseases of the skin and subcutaneous tissue	25,693	16,166	17,723	8,298	4,894	1,345	1,101	2,186	77,406
M00–M99	Diseases of the musculoskeletal system and connective tissue	41,099	30,653	22,873	12,863	8,804	2,529	1,779	1,349	121,949
N00–N99	Diseases of the genitourinary system	47,944	33,516	31,202	13,890	11,598	2,599	2,662	2,021	145,432
O00–O99	Pregnancy, childbirth and the puerperium	88,741	67,234	54,482	29,521	18,551	5,268	5,883	4,644	274,324
P00–P96	Certain conditions originating in the perinatal period	17,399	13,100	9,536	5,139	3,674	998	1,407	880	52,133
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	5,582	3,613	2,441	1,354	964	244	214	123	14,535
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	89,638	54,216	49,562	21,812	20,803	4,751	3,119	2,878	246,779
S00–T98	Injury, poisoning and certain other consequences of external causes	117,142	73,939	67,416	35,489	25,380	6,785	5,846	6,145	338,142
Z00–Z99	Factors influencing health status and contact with health services	32,054	12,981	11,197	3,806	7,020	1,010	684	923	69,675
	Not reported	1,756	77	0	0	0	1	0	53	1,887
Total		**926,904**	**629,019**	**527,038**	**263,446**	**212,999**	**52,807**	**44,372**	**40,380**	**2,696,965**

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

Table 4.14: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2014–15

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	1,633	3,689	4,966	994	675	n.p.	n.p.	n.p.	12,411
C00–D48	Neoplasms	26,394	29,844	26,502	11,537	8,552	n.p.	n.p.	n.p.	106,782
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1,536	3,038	2,560	1,034	903	n.p.	n.p.	n.p.	9,350
E00–E89	Endocrine, nutritional and metabolic diseases	8,465	7,131	7,931	5,269	2,004	n.p.	n.p.	n.p.	31,952
F00–F99	Mental and behavioural disorders	13,466	10,639	10,947	4,555	1,653	n.p.	n.p.	n.p.	42,728
G00–G99	Diseases of the nervous system	18,765	19,921	21,484	9,349	4,302	n.p.	n.p.	n.p.	76,399
H00–H59	Diseases of the eye and adnexa	2,701	1,690	1,445	2,293	937	n.p.	n.p.	n.p.	9,438
H60–H95	Diseases of the ear and mastoid process	2,034	1,474	1,673	799	639	n.p.	n.p.	n.p.	6,905
I00–I99	Diseases of the circulatory system	25,191	31,381	30,597	11,042	7,721	n.p.	n.p.	n.p.	109,230
J00–J99	Diseases of the respiratory system	18,877	19,469	21,421	7,648	6,201	n.p.	n.p.	n.p.	76,859
K00–K93	Diseases of the digestive system	25,107	29,588	31,285	11,635	8,907	n.p.	n.p.	n.p.	111,845
L00–L99	Diseases of the skin and subcutaneous tissue	2,921	4,118	4,986	1,415	918	n.p.	n.p.	n.p.	15,008
M00–M99	Diseases of the musculoskeletal system and connective tissue	46,568	48,670	40,696	25,748	16,174	n.p.	n.p.	n.p.	187,647
N00–N99	Diseases of the genitourinary system	20,459	21,822	21,231	8,778	6,927	n.p.	n.p.	n.p.	83,208
O00–O99	Pregnancy, childbirth and the puerperium	24,241	21,506	19,431	11,605	4,900	n.p.	n.p.	n.p.	86,040
P00–P96	Certain conditions originating in the perinatal period	2,631	3,103	2,268	1,501	767	n.p.	n.p.	n.p.	10,750
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,328	1,073	955	526	344	n.p.	n.p.	n.p.	4,359
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	10,917	20,582	20,956	5,739	5,306	n.p.	n.p.	n.p.	66,094
S00–T98	Injury, poisoning and certain other consequences of external causes	17,380	20,886	23,916	10,241	6,897	n.p.	n.p.	n.p.	82,331
Z00–Z99	Factors influencing health status and contact with health services	13,097	7,206	6,098	3,270	2,126	n.p.	n.p.	n.p.	33,324
	Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	2
Total		**283,711**	**306,830**	**301,348**	**134,978**	**86,853**	**n.p.**	**n.p.**	**n.p.**	**1,162,662**

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

Table 4.15: Overnight acute separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
O80	Single spontaneous delivery	113,528	27,997	141,525
O82	Single delivery by caesarean section	60,891	32,508	93,399
G47	Sleep disorders	17,081	60,566	78,453
R07	Pain in throat and chest	52,582	12,068	64,650
J18	Pneumonia, organism unspecified	53,293	9,535	62,828
J44	Other chronic obstructive pulmonary disease	50,700	7,368	58,068
K80	Cholelithiasis	37,995	18,702	56,702
M17	Gonarthrosis [arthrosis of knee]	16,771	35,285	52,056
R10	Abdominal and pelvic pain	41,268	9,152	50,421
I50	Heart failure	38,404	10,980	49,384
L03	Cellulitis	41,770	7,129	48,899
N39	Other disorders of urinary system	36,706	10,008	46,714
I21	Acute myocardial infarction	38,370	7,464	45,834
I48	Atrial fibrillation and flutter	26,777	14,597	41,374
O81	Single delivery by forceps and vacuum extractor	25,781	11,762	37,543
K40	Inguinal hernia	15,449	20,472	35,923
T81	Complications of procedures, not elsewhere classified	25,363	10,073	35,442
I20	Angina pectoris	21,914	10,703	32,617
K35	Acute appendicitis	27,604	4,869	32,473
J35	Chronic diseases of tonsils and adenoids	12,234	20,103	32,357
M16	Coxarthrosis [arthrosis of hip]	10,154	20,267	30,421
	Other	1,932,330	799,169	2,732,544
Total		**2,696,965**	**1,160,777**	**3,859,627**

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

Where to go for more information:

More information on principal diagnosis is available in:

- Section 4.5 'How many separations were due to injury and poisoning?'
- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

Additional information on separations for the 20 most common principal diagnoses by state and territory is available in tables accompanying this report online.

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

4.4 How many separations were due to injury and poisoning?

This section presents information for 2014–15 on the numbers of separations with a principal diagnosis in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes* for public and private hospitals and by Indigenous status. It also presents information on the external cause of injury and poisoning.

Some hospitalisations for injury or poisoning may be considered potentially avoidable. It should be noted that the admitted patient care data provide only a partial picture of the overall burden of injury because the data do not include injuries not medically treated, injuries treated by general practitioners and injuries treated in emergency departments that do not require admission to hospital.

Where a patient has a diagnosis related to injury and poisoning, additional information is also available on the cause of the injury (for example, a traffic accident or fall).

Separations for injury and poisoning in 2014–15

In 2014–15, about 650,000 separations (about 27 per 1,000 population) had a principal diagnosis that was in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes*. The majority (82%) of these were treated in public hospitals (Table 4.16).

About 44% of these separations, in public and private hospitals combined, had a principal diagnosis in the ICD-10-AM subchapter *Injuries to upper and lower limbs*.

Table 4.16: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
S00–S19	Injuries to head and neck	100,438	7,728	108,166
S20–S39	Injuries to thorax, abdomen, back, spine and pelvis	53,660	6,422	60,082
S40–S99	Injuries to upper and lower limbs	227,050	60,018	287,068
T00–T19	Injuries to multi or unspecified region; foreign body effects	9,910	1,282	11,192
T20–T35	Burns and frostbite	7,944	221	8,165
T36–T65	Poisoning and toxic effects	40,397	477	40,874
T66–T79	Other and unspecified effects of external causes	15,597	999	16,596
T80–T88	Complications of medical and surgical care	77,178	41,221	118,399
T89–T98	Other trauma complications; external cause sequelae	63	25	88
Total		**532,237**	**118,393**	**650,630**
Separations per 1,000 population		**21.8**	**4.7**	**26.5**

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

Aboriginal and Torres Strait Islander people

Indigenous Australians were hospitalised with a principal diagnosis of injury and poisoning at almost twice the rate of other Australians (47 per 1,000 and 26 per 1,000, respectively) (Table 4.17).

Injuries to upper and lower limbs accounted for 40% of these separations for Indigenous Australians and 44% for other Australians, while *Injuries to the head and neck* accounted for 24% of separations for Indigenous Australians and 16% for other Australians.

Table 4.17: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, all hospitals, 2014–15

Principal diagnosis		Indigenous Australians		Other Australians		Total	
		Separations	Per 1,000 population	Separations	Per 1,000 population	Separations	Per 1,000 population[(a)]
S00–S19	Injuries to head and neck	6,942	10.6	101,224	4.3	108,166	4.5
S20–S39	Injuries to thorax, abdomen, back, spine and pelvis	2,190	3.9	57,892	2.3	60,082	2.4
S40–S99	Injuries to upper and lower limbs	11,629	17.8	275,439	11.7	287,068	11.8
T00–T19	Injuries to multi or unspecified region; foreign body effects	547	0.7	10,645	0.5	11,192	0.5
T20–T35	Burns and frostbite	710	1.0	7,455	0.3	8,165	0.3
T36–T65	Poisoning and toxic effects	2,537	3.8	38,337	1.7	40,874	1.8
T66–T79	Other and unspecified effects of external causes	790	1.3	15,806	0.7	16,596	0.7
T80–T88	Complications of medical and surgical care	3,885	8.0	114,514	4.6	118,399	4.7
T89–T98	Other trauma complications; external cause sequelae	7	0.0	81	0.0	88	0.0
Total		**29,237**	**47.0**	**621,393**	**26.1**	**650,630**	**26.7**

(a) The total separations per 1,000 population differs from that presented in table 4.16 due to differences in the age groups used to calculate age-standardised rates by Indigenous status.

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

What were the causes of injury and poisoning?

An external cause is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. External causes may also be required for other selected diagnoses.

The ICD-10-AM subchapter groups *Falls* (33%, 217,000 separations) and *Complications of medical and surgical care* (19%, 125,000 separations) were the most frequently reported external causes of injury or poisoning (Table 4.18). Public hospitals had notably higher proportions (more than 97%) of separations with external causes of *Intentional self-harm, Assault*, *Accidental poisoning, Exposure to smoke, fire, flames, hot substances* and *Exposure to venomous plants, animals, forces of nature* than private hospitals.

Table 4.18: Separations, by external cause in ICD-10-AM sub-chapter groupings[(a)], public and private hospitals, 2014–15

External cause		Public hospitals	Private hospitals	Total
V01–V99	Transport accidents	59,712	4,126	63,838
W00–W19	Falls	190,993	26,348	217,341
W20–W64	Exposure to mechanical forces	86,572	9,647	96,219
W65–W74	Accidental drowning and submersion	608	20	628
W75–W84	Other accidental threats to breathing	738	62	800
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	695	39	734
X00–X19	Exposure to smoke, fire, flames, hot substances	6,390	168	6,558
X20–X39	Exposure to venomous plants, animals, forces of nature	4,384	130	4,514
X40–X49	Accidental poisoning	10,336	255	10,591
X50–X59	Other external causes of accidental injury	32,275	33,708	65,983
X60–X84	Intentional self-harm	29,449	146	29,595
X85–Y09	Assault	19,874	215	20,089
Y10–Y34	Events of undetermined intent	4,853	217	5,070
Y35–Y36	Legal intervention and operations of war	98	2	100
Y40–Y84	Complications of medical and surgical care	84,142	40,623	124,765
Y85–Y98	Sequelae and supplementary factors	355	124	479
	Not reported	763	2,563	3,326
Total		**532,237**	**118,393**	**650,630**

(a) A separation is counted once for the external cause subchapter if it has at least 1 external cause reported within the subchapter. As more than 1 external cause can be reported for a separation, the totals may not equal the sums of the rows.

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

Aboriginal and Torres Strait Islander people

The ICD-10-AM subchapter groups *Falls* (20%) and *Assault* (19%) were the most commonly reported external cause of injury and poisoning for hospitalisations for Indigenous Australians, accounting for almost two-fifths (39%) of all reported external causes of injury and poisoning (Table 4.19). *Falls* was also the most commonly reported external cause for other Australians (34%), followed by *Complications of medical and surgical care* (19%).

Transport accidents accounted for a similar proportion of external causes for both Indigenous Australians and other Australians (9% and 10%, respectively).

Table 4.19: Separations, by external cause in ICD-10-AM groupings[(a)] and Indigenous status, all hospitals, 2014–15

External cause		Indigenous Australians	Other Australians	Total
V01–V99	Transport accidents	2,604	61,234	63,838
W00–W19	Falls	5,735	211,606	217,341
W20–W64	Exposure to mechanical forces	5,089	91,130	96,219
W65–W74	Accidental drowning and submersion	29	599	628
W75–W84	Other accidental threats to breathing	31	769	800
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	28	706	734
X00–X19	Exposure to smoke, fire, flames, hot substances	580	5,978	6,558
X20–X39	Exposure to venomous plants, animals, forces of nature	212	4,302	4,514
X40–X49	Accidental poisoning	692	9,899	10,591
X50–X59	Other external causes of accidental injury	1,827	64,156	65,983
X60–X84	Intentional self-harm	2,215	27,380	29,595
X85–Y09	Assault	5,601	14,488	20,089
Y10–Y34	Events of undetermined intent	441	4,629	5,070
Y35–Y36	Legal intervention and operations of war	14	86	100
Y40–Y84	Complications of medical and surgical care	4,079	120,686	124,765
Y85–Y98	Sequelae and supplementary factors	19	460	479
	Not reported	41	3,285	3,326
Total		**29,237**	**621,393**	**650,630**

(a) A separation is counted once for the external cause subchapter if it has at least 1 external cause reported within the subchapter. As more than 1 external cause can be reported for a separation, the totals may not equal the sums of the rows.

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

4.5 Performance indicator: Potentially preventable hospitalisations

The rate of PPHs is a National Healthcare Agreement (NHA) performance indicator, relating to the outcome *Australians receive appropriate high quality and affordable primary and community health services*. The proportion of total separations that were for PPHs is an NHA benchmark:

> 'By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006–07 baseline to 8.5 per cent of total hospital admissions.'

PPHs are those conditions where hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals). Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need.

There are 3 broad categories of PPHs:

- *Vaccine-preventable*. These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, hepatitis, tetanus, diphtheria, pertussis (whooping cough), chicken pox, measles, mumps, rubella, polio and haemophilus meningitis. The conditions are considered to be preventable, rather than the hospitalisation.
- *Acute*. These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include eclampsia; pneumonia (not vaccine-preventable); pyelonephritis; perforated ulcer; cellulitis; urinary tract infections; pelvic inflammatory disease; ear, nose and throat infections; and dental conditions.
- *Chronic*. These conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes complications, asthma, angina, hypertension, congestive heart failure, nutritional deficiencies and chronic obstructive pulmonary disease.

The specification for this indicator was revised during 2014, and this new specification has been applied to all years of data presented in Table 4.20. The data presented here are comparable with the data presented in *Admitted patient care 2013–14: Australian hospital statistics*, but not comparable with data presented in earlier reports. Caution should be used in making comparisons over time using different specifications. See Appendix C for more information on performance indicators.

How have rates of PPHs changed over time?

Between 2010–11 and 2014–15, overall rates of PPHs fluctuated between 23.9 per 1,000 population and 25.2 per 1,000 (Table 4.20). Over this period, PPHs accounted for about 6.2% of total separations.

For *Chronic conditions*, the rate fluctuated around 11 per 1,000 between 2010–11 and 2014–15.

Between 2013–14 and 2014–15, rates of *Vaccine-preventable* PPHs rose by 37%. Changes to the coding standards that relate to the reporting of additional diagnoses for hepatitis implemented from 1 July 2013 may be responsible for the majority of this increase. See Appendix A for more information.

Table 4.20: Selected potentially preventable hospitalisations per 1,000 population, by PPH category, all hospitals, 2010–11 to 2014–15

						Change (%)	
PPH category	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Vaccine-preventable conditions[(a)]	0.7	0.7	0.9	1.3	1.8	27.8	36.5
Acute conditions	11.9	12.2	11.9	12.0	12.2	0.6	1.8
Chronic conditions[(b)]	*11.4*	*11.4*	*11.3*	*11.2*	*11.4*	*0.1*	*2.0*
Diabetes complications	1.6	1.6	1.7	1.7	1.7	2.0	4.9
Chronic conditions (excluding diabetes)	9.8	9.8	9.6	9.6	9.7	–0.2	1.5
Total	**23.9**	**24.2**	**23.9**	**24.4**	**25.2**	**1.4**	**3.5**

(a) Changes in coding standards for the recording of hepatitis took effect from 1 July 2013 and may be responsible for most of the increase in vaccine-preventable PPHs between 2012–13 and 2014–15. See Appendix A for more information.

(b) As more than 1 chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

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

How many PPHs were there in 2014–15?

In 2014–15, more than 634,000 separations in public and private hospitals were classified as PPHs (Table 4.21).

PPHs accounted for 6.2% of all hospital separations, 8.2% of public hospital separations and 3.4% of private hospital separations. More than three-quarters of PPHs (78%) were reported for public hospitals. *Diabetes complications* accounted for about 15% of separations that were classified as *Chronic condition* PPHs.

Table 4.21: Separations for potentially preventable hospitalisations, public and private hospitals, 2014–15

PPH category	Public hospitals	Private hospitals	Total
Vaccine-preventable conditions	39,144	4,704	43,848
Acute conditions	223,118	74,302	297,420
Chronic conditions[(a)]	236,130	62,368	298,498
Diabetes complications	34,984	8,753	43,737
Chronic conditions (excluding diabetes)	201,146	53,615	254,761
Total	**493,347**	**140,953**	**634,300**
Proportion of total separations (%)	**8.2**	**3.4**	**6.2**

(a) As more than 1 chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

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

How do rates of PPHs vary across jurisdictions?

For *Vaccine-preventable* conditions, rates ranged from 0.8 per 1,000 population in Tasmania to 8.4 per 1,000 in the Northern Territory (Table 4.22).

For *Acute* conditions, rates ranged from 9.4 per 1,000 population in the Australian Capital Territory to 21.3 per 1,000 in the Northern Territory. *Urinary tract infections* (25%) and *Dental conditions* (22%) accounted for almost half of *Acute* condition PPHs.

For *Chronic* conditions (excluding *Diabetes*), rates ranged from 7.2 per 1,000 population in the Australian Capital Territory to 19.2 per 1,000 in the Northern Territory. *Chronic obstructive pulmonary disease* was the most common *Chronic* condition PPH in all states and territories, except in Victoria and Western Australia. *Rheumatic heart disease* accounted for over 7% of chronic PPHs in the Northern Territory.

There was some variation among states and territories in the proportion of all separations that were PPHs, ranging from 5.7% in the Australian Capital Territory to 7.4% in the Northern Territory.

How do rates of PPHs differ by population groups?

Indigenous status

For Indigenous Australians, the rate of overall PPHs per 1,000 population was around 3 times the rate for other Australians (Table 4.23). The rate of PPHs for *Vaccine-preventable* conditions for Indigenous Australians was almost 6 times the rate for other Australians.

Remoteness

For 2014–15, the overall rate of PPHs was highest for residents of *Remote* and *Very remote* areas (40 and 59 per 1,000 population, respectively) and lowest for residents of *Major cities* (24 per 1,000) (Table 4.23).

Residents of *Remote* and *Very remote* areas had the highest rates of PPHs across the 3 PPH categories.

Socioeconomic status

The rate of PPHs generally fell with increasing levels of socioeconomic advantage, ranging from 20 per 1,000 for residents of areas classified as being in the highest SES group to 31 per 1,000 for residents of areas classified as being in the lowest SES group (Table 4.23).

Where to go for more information

More information about individual PPH conditions by state of residence, remoteness area of residence and SES of area of residence is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Information about the specification used for this performance indicator is available at <http://meteor.aihw.gov.au/content/index.phtml/itemId/559032>.

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

Table 4.22: Separations for selected potentially preventable hospitalisations[a], by state or territory of usual residence, all hospitals, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
Vaccine-preventable conditions									
Pneumonia and vaccine-preventable influenza	6,620	3,974	4,586	1,381	2,837	274	279	485	20,553
Other vaccine-preventable conditions	6,448	6,298	4,829	2,293	1,557	174	264	1,437	23,472
Total vaccine-preventable conditions[c]	*13,014*	*10,231*	*9,395*	*3,662*	*4,367*	*448*	*541*	*1,903*	*43,848*
Vaccine-preventable PPH separations per 1,000 population	*1.6*	*1.6*	*1.9*	*1.4*	*2.3*	*0.8*	*1.4*	*8.4*	*1.8*
Acute conditions									
Pneumonia (not vaccine-preventable)	840	438	612	272	259	24	21	40	2,522
Cellulitis	18,340	11,787	15,871	5,274	4,433	1,314	670	1,210	59,466
Convulsions and epilepsy	11,198	7,939	8,790	3,281	2,799	711	491	764	36,273
Eclampsia	17	17	17	7	6	2	3	3	72
Dental conditions	17,281	15,844	13,446	9,343	6,076	1,558	753	743	65,194
Ear, nose and throat infections	12,209	8,413	10,099	3,997	3,156	648	439	776	40,051
Gangrene	2,076	3,696	2,204	1,366	600	315	111	395	10,837
Pelvic inflammatory disease	1,090	1,109	1,217	493	323	97	64	170	4,604
Perforated/bleeding ulcer	1,733	1,335	1,057	592	489	136	75	36	5,494
Urinary tract infections including pyelonephritis	22,088	16,002	18,720	7,365	5,602	1,301	930	766	73,277
Total acute conditions[c]	*86,806*	*66,471*	*71,945*	*31,936*	*23,717*	*6,102*	*3,553*	*4,886*	*297,420*
Acute PPH separations per 1,000 population	*11.0*	*10.9*	*14.9*	*12.4*	*13.1*	*11.3*	*9.4*	*21.3*	*12.2*

(continued)

Table 4.22 (continued): Separations for selected potentially preventable hospitalisations[a], by state or territory of usual residence, all hospitals, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
Chronic conditions									
Angina	11,532	6,869	9,712	3,897	3,135	676	388	610	36,978
Asthma	9,160	7,627	7,286	2,171	2,377	609	389	349	30,111
Chronic obstructive pulmonary disease	22,072	14,882	14,846	5,352	5,799	1,438	700	1,001	66,250
Congestive cardiac failure	17,394	14,580	10,997	5,355	4,536	1,295	614	572	55,511
Diabetes complications	11,660	10,968	10,120	4,892	3,714	1,119	443	643	43,737
Diabetes complications per 1,000 population	1.4	1.7	2.1	1.9	1.9	1.9	1.2	3.1	1.7
Hypertension	2,729	2,207	2,521	582	682	131	65	53	9,008
Iron deficiency anaemia	12,645	16,224	8,281	4,384	3,166	1,302	369	280	46,730
Nutritional deficiencies	156	140	169	49	26	13	7	23	583
Rheumatic heart disease[d]	688	619	801	357	348	53	33	317	3,261
Bronchiectasis	1,853	1,393	1,725	541	319	113	54	334	6,341
Total chronic conditions[c]	*89,889*	*75,509*	*66,446*	*27,580*	*24,102*	*6,749*	*3,062*	*4,182*	*298,498*
Chronic PPH separations per 1,000 population	*10.3*	*11.6*	*13.2*	*10.6*	*11.6*	*10.5*	*8.4*	*22.4*	*11.4*
Total chronic conditions, excluding diabetes[c]	*78,229*	*64,541*	*56,326*	*22,688*	*20,388*	*5,630*	*2,619*	*3,539*	*254,761*
Chronic PPH (excluding diabetes) separations per 1,000 population	*8.9*	*9.8*	*11.2*	*8.7*	*9.6*	*8.6*	*7.2*	*19.2*	*9.7*
Total selected potentially preventable hospitalisations[c]	**188,306**	**151,017**	**146,536**	**62,729**	**51,575**	**13,233**	**7,084**	**10,578**	**634,300**
Total PPH separations per 1,000 population	**22.7**	**23.9**	**29.8**	**24.3**	**26.6**	**22.5**	**19.0**	**50.2**	**25.2**
Proportion of all separations (%)	**6.1**	**5.9**	**6.7**	**5.8**	**7.0**	**6.2**	**5.7**	**7.4**	**6.2**

PPH—potentially preventable hospitalisation.

(a) These conditions are defined using ICD-10-AM codes in Appendix B tables accompanying this report online.

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

(c) Excludes multiple diagnoses for the same separation within the same group.

(d) Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease.

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

Table 4.23: Separations per 1,000 population for selected potentially preventable hospitalisations, by Indigenous status, remoteness area and socioeconomic status of area of usual residence, all hospitals, 2014–15

	Vaccine-preventable conditions	Acute conditions	*Total chronic conditions*[(a)]	Diabetes complications	Chronic conditions (excluding diabetes)	Total
Indigenous status[(b)]						
Indigenous Australians	9.4	28.2	*34.8*	6.7	28.2	70.7
Other Australians	1.6	11.8	*11.0*	1.6	9.4	24.3
Remoteness area of residence						
Major cities	1.9	11.3	*10.7*	1.6	9.1	23.7
Inner regional	1.1	12.8	*11.9*	1.8	10.1	25.7
Outer regional	1.4	14.6	*13.5*	2.2	11.3	29.3
Remote	3.0	20.2	*17.1*	3.0	14.2	39.8
Very remote	8.5	27.4	*25.0*	5.0	20.0	59.1
Socioeconomic status of area of residence						
1—Lowest	2.6	14.3	*14.7*	2.3	12.3	31.3
2	1.7	12.8	*12.5*	1.9	10.5	26.8
3	1.6	12.1	*11.3*	1.8	9.5	24.7
4	1.6	11.2	*10.1*	1.5	8.6	22.7
5—Highest	1.2	10.3	*8.2*	1.1	7.0	19.5
Total	**1.8**	**12.2**	***11.4***	**1.7**	**9.7**	**25.2**

(a) As more than 1 chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

(b) Age-standardised separation rates by Indigenous status are not comparable to separation rates by remoteness area and socioeconomic area due to differences in the age groups used.

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

4.6 Performance indicator: Waiting for residential aged care

This section presents the number of hospital patient days (per 1,000 patient days) for overnight separations with a care type of *Maintenance* and any diagnosis of *Person awaiting admission to residential aged care service*.

The 'Number of hospital patient days used by those eligible and waiting for residential aged care' is an NHA performance indicator related to the outcome area of *Older Australians receive appropriate high quality and affordable health and aged services*. The indicator is specified under the NHA as a 'proxy' measure as it requires data development to ensure that the analysis is better suited to the intent of the indicator.

This indicator is intended to report the number of hospital patient days taken up by Australians waiting for a residential aged care place. However, the current data collected do not identify whether an aged care assessment has been made and there may also be variations in the use of the care type *Maintenance* between jurisdictions.

Number of patient days used by those eligible and waiting for residential aged care in 2014–15

In 2014–15, about 10.0 patient days per 1,000 patient days were for patients waiting for a residential aged care place (Table 4.24). There were large variations in the rates between states and territories, across remoteness areas and SES groups. The highest rates of patient days were reported for persons residing in *Outer regional* and *Remote* areas, and those residing in areas in the 2 lowest SES groups.

Table 4.24: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care[(a)], all hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous status									
Indigenous	2.2	. .	23.7	1.0	36.3	1.9	13.6	12.1	11.5
Other Australians	7.7	1.2	20.0	11.2	16.9	11.1	23.1	29.5	10.0
Remoteness area of usual residence									
Major cities	7.7	0.0	13.3	7.1	17.9	. .	26.8	. .	7.7
Inner regional	7.2	1.7	18.1	11.4	4.5	11.3	n.p.	. .	8.7
Outer regional	6.7	15.6	52.0	32.2	13.2	10.7	. .	26.1	26.3
Remote	0.8	. .	22.2	32.3	51.6	. .	. .	40.7	29.1
Very remote	1.0	. .	24.9	1.2	96.2	7.9	. .	2.1	13.8
Socioeconomic status of area of usual residence									
1—Lowest	8.8	0.6	31.9	10.9	16.6	13.7	6.1	8.0	13.4
2	8.7	1.9	22.3	19.8	18.7	8.7	7.8	42.2	12.1
3	8.7	3.3	15.3	9.7	23.7	9.5	5.5	25.0	9.9
4	7.3	0.0	13.1	6.0	16.1	7.8	40.5	35.3	7.9
5—Highest	4.0	0.1	12.7	6.8	9.3	1.8	20.4	9.9	5.6
Total	**7.6**	**1.2**	**20.2**	**10.5**	**17.5**	**10.9**	**22.9**	**19.5**	**10.0**

(a) Includes patient days for overnight separations with a care type of *Maintenance*, for which the separation mode was not *Other* (was not discharged to their place of usual residence) and for which there was a diagnosis of Z75.11 *Person awaiting admission to residential aged care service*.

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

Where to go for more information:

Information about the specification used for this performance indicator is available at <http://meteor.aihw.gov.au/content/index.phtml/itemId/559012>.

More information on performance indicators is available in Appendix C.

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

5 What services were provided?

This chapter presents information on the overall nature of the services provided for admitted patients. The services provided can be described using a variety of classifications. The information in this chapter includes:

- the broad category of service—including the numbers of separations for *Childbirth*, *Specialist mental health care*, *Medical*, *Surgical* or *Other* care
- Australian Refined Diagnosis Related Groups (AR-DRGs)—including the numbers of separations by Major Diagnostic Category (MDC) and AR-DRGs
- intensive care—information is included on the numbers of hours that patients stayed in an intensive care unit (ICU) or were assisted by a breathing machine
- the intent of care—information for *Rehabilitation care* and *Palliative care* includes who used these services, why they received care, who paid for the care and how care ended.

Information is also included for hospital-in-the-home care and how the admitted patient episode ended.

Chapter 6 provides more information on services provided, with a focus on surgery and other procedures performed.

Key findings

Broad categories of service

In 2014–15, about 57% of separations were for medical care, 24% were for surgical care and about 3% each were for childbirth and specialised mental health care. The majority of childbirth separations (75%), medical separations (73%) and emergency admissions (92%) occurred in public hospitals. Private hospitals accounted for 60% of surgical separations, 58% of specialised mental health care separations and 54% of non-emergency admissions.

Intensive care

In 2014–15, about 2% of public hospital separations involved a stay in an ICU. About 9.5 million hours of intensive care were reported for public hospitals.

Rehabilitation care

In 2014–15, over 413,000 separations were reported for *Rehabilitation care*, with 75% occurring in private hospitals. The most common reasons for rehabilitation were for osteoarthritis (arthrosis) of the knee and hip.

About 80% of separations for *Rehabilitation care* were for people aged over 60. The majority of separations for *Rehabilitation care* (82%) were reported for people usually resident in *Major cities*.

Palliative care

In 2014–15, there were almost 41,000 separations for *Palliative care* in public and private hospitals.

About 59% of *Palliative care* separations had a principal diagnosis that was cancer-related.

5.1 Broad category of service

This section presents information by broad category of service, over time and for 2014–15. It includes counts of separations, and for overnight care also includes counts of patient days and average length of stay.

The broad categories of service are:

- *Childbirth:* separations for which the AR-DRG was associated with childbirth (does not include newborn care).
- *Specialist mental health care:* separations for which specialised psychiatric care days were reported, excluding separations for childbirth.
- *Surgical:* separations for which the AR-DRG belonged to the *Surgical* partition of the AR-DRG classification (involving an operating room procedure).
- *Medical:* separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure).
- *Other:* separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy).

The information is also presented by the urgency of admission, as either *Emergency* or *Non-emergency*. See Appendix B for more information.

Changes over time

Between 2010–11 and 2014–15, *Emergency surgical* separations in public hospitals increased by an average of 2.9% each year and *Emergency medical* separations in public hospitals increased by an average of 3.4% each year (Table 5.1).

For private hospitals, *Specialist mental health* separations rose by an average of 7.2% each year.

How much activity in 2014–15?

In 2014–15, about 57% of separations were for *Medical* care, 24% were for *Surgical* care and about 3% each were for *Childbirth* and *Specialised mental health care* (Table 5.2).

There was some variation in the proportion of separations in public hospitals that were for *Medical* care among states and territories, ranging from 67% in Tasmania to 85% in the Northern Territory. The majority of *Childbirth* separations (75%), *Medical* separations (73%) and *Emergency* admissions (92%) occurred in public hospitals.

Private hospitals accounted for 60% of *Surgical* separations and 54% of *Non-emergency* admissions.

There were about 287,000 separations for *Specialist mental health* care, the majority (58%) in private hospitals.

Same-day acute care

In 2014–15, nationally about 44% of same-day acute separations were for *Non-emergency medical* care (Table 5.3).

Public hospitals provided most (98%) of *Emergency medical* same-day acute separations and 66% of *Non-emergency* medical separations.

Private hospitals provided about 89% of *Specialist mental health care* separations and 70% of *Non-emergency surgical* same-day acute separations.

Overnight acute care

In 2014–15, nationally about 40% of overnight acute separations were for *Emergency medical* care (Table 5.4), and 91% of these occurred in public hospitals.

Public hospitals also provided about 74% of *Childbirth* overnight acute separations.

Private hospitals provided about 63% of *Non-emergency surgical* overnight acute separations.

Table 5.1: Separations by broad category of service, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average Since 2010–11	Since 2013–14
Public hospitals							
Childbirth	213,454	218,903	223,814	225,323	226,997	1.5	0.7
Specialist mental health	101,173	109,410	113,706	115,142	120,870	4.5	5.0
Emergency							
Surgical	243,841	256,880	260,880	265,762	272,883	2.9	2.7
Medical	1,812,229	1,902,150	1,869,786	1,957,198	2,073,544	3.4	5.9
Other	57,451	59,964	63,431	68,399	71,123	5.5	4.0
Total emergency	*2,113,521*	*2,218,994*	*2,194,097*	*2,291,359*	*2,417,550*	*3.4*	*5.5*
Non-emergency							
Surgical	687,115	695,239	698,500	714,041	726,172	1.4	1.7
Medical	1,882,496	1,991,141	2,024,868	2,057,148	2,155,918	3.4	4.8
Other	281,373	277,805	275,211	311,857	332,831	4.3	6.7
Total non-emergency	*2,850,984*	*2,964,185*	*2,998,579*	*3,083,046*	*3,214,921*	*3.0*	*4.3*
Total public hospitals	*5,279,132*	*5,511,492*	*5,530,196*	*5,714,870*	*5,980,338*	*3.2*	*4.6*
Private hospitals							
Childbirth	80,006	80,782	81,872	78,865	75,650	–1.4	–4.1
Specialist mental health	125,806	136,086	139,476	154,859	165,955	7.2	7.2
Emergency							
Surgical	36,617	38,678	39,432	39,178	41,486	3.2	5.9
Medical	144,549	146,399	147,663	147,303	152,655	1.4	3.6
Other	13,967	15,692	15,835	16,142	16,679	4.5	3.3
Total emergency	*195,133*	*200,769*	*202,930*	*202,623*	*210,820*	*2.0*	*4.0*
Non-emergency							
Surgical	1,291,089	1,349,008	1,371,995	1,391,078	1,445,553	2.9	3.9
Medical	1,147,340	1,227,888	1,289,029	1,330,424	1,412,975	5.3	6.2
Other	729,760	746,139	753,759	824,056	859,076	4.2	4.2
Total non-emergency	*3,168,189*	*3,323,035*	*3,414,783*	*3,545,558*	*3,717,604*	*4.1*	*4.9*
Total private hospitals	*3,569,134*	*3,740,672*	*3,839,061*	*3,981,905*	*4,170,029*	*4.0*	*4.7*
Total separations	**8,848,266**	**9,252,164**	**9,369,257**	**9,696,775**	**10,150,367**	**3.5**	**4.7**

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

Table 5.2: Separations by broad category of service, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	72,924	57,619	44,609	23,583	15,450	4,347	5,181	3,284	226,997
Specialist mental health	42,409	24,878	25,944	13,009	9,282	3,079	1,305	964	120,870
Emergency									
Surgical	89,111	66,817	48,222	30,373	21,140	6,477	5,950	4,793	272,883
Medical	665,382	455,249	501,558	189,042	158,681	34,893	32,498	36,241	2,073,544
Other	24,935	15,887	13,198	7,699	5,061	1,828	1,445	1,070	71,123
Non-emergency									
Surgical	212,753	217,003	126,410	73,411	63,447	14,654	11,691	6,803	726,172
Medical	614,954	635,037	393,530	218,069	135,227	45,527	37,480	76,094	2,155,918
Other	91,530	115,461	49,327	45,537	14,007	8,701	5,234	3,034	332,831
Total public hospitals	*1,813,998*	*1,587,951*	*1,202,798*	*600,723*	*422,295*	*119,506*	*100,784*	*132,283*	*5,980,338*
Private hospitals									
Childbirth	21,320	19,453	16,550	10,267	4,394	n.p.	n.p.	n.p.	75,650
Specialist mental health	57,422	42,280	51,215	5,833	2,086	n.p.	n.p.	n.p.	165,955
Emergency									
Surgical	3,526	11,681	13,169	4,804	7,506	n.p.	n.p.	n.p.	41,486
Medical	13,711	42,256	61,112	17,352	15,008	n.p.	n.p.	n.p.	152,655
Other	1,063	4,489	5,197	1,383	4,286	n.p.	n.p.	n.p.	16,679
Non-emergency									
Surgical	424,494	353,587	320,675	173,252	110,343	n.p.	n.p.	n.p.	1,445,553
Medical	417,462	288,787	369,339	179,492	116,586	n.p.	n.p.	n.p.	1,412,975
Other	245,541	246,804	195,700	88,357	55,647	n.p.	n.p.	n.p.	859,076
Total private hospitals	*1,184,539*	*1,009,337*	*1,032,957*	*480,740*	*315,856*	*n.p.*	*n.p.*	*n.p.*	*4,170,029*

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

Table 5.3: Same-day acute separations by broad category of service, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	3,120	1,368	2,395	873	778	276	427	155	9,392
Specialist mental health	6,161	1,418	5,688	613	1,310	15	60	0	15,265
Emergency									
Surgical	8,295	6,602	2,981	2,447	1,648	593	459	136	23,161
Medical	164,205	160,632	206,307	46,108	42,028	8,139	10,647	11,960	650,026
Other	1,733	1,470	1,306	1,164	234	274	130	24	6,335
Non-emergency									
Surgical	105,422	116,787	59,911	40,733	36,153	7,952	5,604	4,117	376,679
Medical	443,353	518,981	308,524	188,154	98,030	37,984	30,449	71,832	1,697,307
Other	83,821	108,149	44,066	43,829	12,042	8,274	4,998	2,730	307,909
Total public hospitals	*816,110*	*915,407*	*631,178*	*323,921*	*192,223*	*63,507*	*52,774*	*90,954*	*3,086,074*
Private hospitals									
Childbirth	23	28	28	14	5	n.p.	n.p.	n.p.	118
Specialist mental health	46,297	25,743	42,126	1,508	655	n.p.	n.p.	n.p.	122,251
Emergency									
Surgical	250	561	527	402	3,415	n.p.	n.p.	n.p.	5,281
Medical	736	3,056	3,810	1,399	1,911	n.p.	n.p.	n.p.	10,965
Other	175	325	357	146	3,056	n.p.	n.p.	n.p.	4,085
Non-emergency									
Surgical	259,931	209,445	192,304	98,779	63,859	n.p.	n.p.	n.p.	859,716
Medical	163,005	198,871	254,835	150,086	79,448	n.p.	n.p.	n.p.	863,974
Other	235,149	233,450	183,793	85,443	52,508	n.p.	n.p.	n.p.	815,765
Total private hospitals	*705,566*	*671,479*	*677,780*	*337,777*	*204,857*	*n.p.*	*n.p.*	*n.p.*	*2,682,155*

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

Table 5.4: Overnight acute separations by broad category of service, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	69,803	56,251	42,214	22,710	14,672	4,071	4,754	3,116	217,591
Specialist mental health	34,225	23,202	19,276	11,593	7,899	2,270	1,236	957	100,658
Emergency									
Surgical	80,787	60,198	45,233	27,917	19,479	5,884	5,490	4,651	249,639
Medical	496,582	292,925	293,116	141,005	115,148	26,399	21,802	24,186	1,411,163
Other	23,188	14,414	11,884	6,533	4,818	1,554	1,315	1,045	64,751
Non-emergency									
Surgical	107,118	99,159	66,347	32,605	27,240	6,683	6,068	2,663	347,883
Medical	107,560	75,576	43,762	19,387	21,783	5,521	3,477	3,465	280,531
Other	7,641	7,294	5,206	1,696	1,960	425	230	297	24,749
Total public hospitals	*926,904*	*629,019*	*527,038*	*263,446*	*212,999*	*52,807*	*44,372*	*40,380*	*2,696,965*
Private hospitals									
Childbirth	21,297	19,422	16,522	10,253	4,389	n.p.	n.p.	n.p.	75,529
Specialist mental health	11,120	9,437	9,081	4,250	1,431	n.p.	n.p.	n.p.	36,516
Emergency									
Surgical	3,275	11,120	12,623	4,399	4,090	n.p.	n.p.	n.p.	36,179
Medical	12,729	39,108	56,645	15,469	12,914	n.p.	n.p.	n.p.	139,883
Other	888	4,164	4,822	1,236	1,228	n.p.	n.p.	n.p.	12,571
Non-emergency									
Surgical	164,503	144,088	128,334	74,457	46,459	n.p.	n.p.	n.p.	585,627
Medical	59,695	66,165	61,429	22,002	13,208	n.p.	n.p.	n.p.	233,287
Other	10,204	13,326	11,892	2,912	3,134	n.p.	n.p.	n.p.	43,070
Total private hospitals	*283,711*	*306,830*	*301,348*	*134,978*	*86,853*	*n.p.*	*n.p.*	*n.p.*	*1,162,662*

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

Patient days and length of stay

The lengths of stay for overnight acute separations varied by broad category of service and between public and private hospitals.

Non-emergency separations had longer stays in public hospitals compared with private hospitals. *Childbirth, Specialist mental health* care and *Emergency* separations for *Surgical* and *Medical* care had longer stays in private hospitals than in public hospitals (Table 5.5).

Table 5.5: Patient days and average length of stay, for overnight acute separations, by broad category of service, public and private hospitals, 2014–15

	Public hospitals		Private hospitals		Total	
Broad category of service	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Childbirth	653,716	3.0	350,062	4.6	1,003,778	3.4
Specialist mental health	1,581,489	15.7	700,587	19.2	2,282,076	16.6
Emergency						
Surgical	1,881,944	7.5	281,920	7.8	2,163,864	7.6
Medical	5,342,035	3.8	805,840	5.8	6,147,875	4.0
Other	408,294	6.3	71,945	5.7	480,239	6.2
Total emergency	*7,632,273*	*4.4*	*1,159,705*	*6.1*	*8,791,978*	*4.6*
Non-emergency						
Surgical	1,404,059	4.0	1,844,055	3.1	3,248,114	3.5
Medical	1,485,417	5.3	1,116,554	4.8	2,601,971	5.1
Other	86,356	3.5	109,265	2.5	195,621	2.9
Total non-emergency	*2,975,832*	*4.6*	*3,069,874*	*3.6*	*6,045,706*	*4.0*
Total	**12,843,310**	**4.8**	**5,280,228**	**4.5**	**18,123,538**	**4.7**

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

Where to go for more information:

More information about broad categories of service by state and territory is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

More information on urgency of admission is available in Chapter 4 'Why did people receive care?'.

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

5.2 Diagnosis related groups

This section presents information on the numbers of separations by Major Diagnostic Categories (MDCs) and Australian Refined Diagnosis Related Groups (AR-DRGs) for 2014–15. It includes counts of separations for MDCs by hospital sector for acute care. It also includes counts of separations for MDCs by hospital sector and state or territory, and for the 20 most common AR-DRGs by hospital sector for same-day acute and overnight acute separations.

The AR-DRG is a classification system developed to provide a clinically meaningful way of relating the number and type of patients treated in a hospital to the resources required by the hospital. Separations are assigned to MDCs and AR-DRGs mostly based on the diagnoses and procedures reported (NCCC 2012b).

The AR-DRG classification is partly hierarchical, with 23 MDCs, divided into *Surgical*, *Medical* and *Other* partitions, and then into 771 individual AR-DRGs (AR-DRG version 7.0). Therefore, the AR-DRG classification provides a more detailed picture of the care provided than MDCs. The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. See Appendix B for more information.

MDCs, 2014–15

This section presents counts for all acute separations for MDCs by hospital sector for 2014–15. The MDC *Diseases and disorders of the kidney and urinary tract* accounted for 23% of acute separations for public hospitals and *Diseases and disorders of the digestive system* was the most common MDC for private hospitals (17%). About 71% of acute separations for *Diseases and disorders of the eye* were from private hospitals.

In 2014–15, for public hospitals, *Medical DRGs* accounted for about 74% of acute separations (4.3 million), and *Surgical DRGs* accounted for about 19% (1.1 million) (Table 5.6).

For private hospitals, *Medical DRGs* accounted for about 37% of acute separations (1.4 million), and *Surgical DRGs* accounted for about 40% (1.5 million).

Same-day acute care

MDCs

In 2014–15, the most common MDC reported for same-day acute separations was *Diseases and disorders of the kidney and urinary tract* which accounted for more than one-quarter (26%) of separations, with 79% of these occurring in public hospitals (tables 5.7 and 5.8).

About 76% of same-day acute separations for the MDC *Mental diseases and disorders* and 74% for *Diseases and disorders of the eye* were from private hospitals (tables 5.7 and 5.8).

AR-DRGs

In 2014–15, the 20 most common AR-DRGs accounted for just over two-thirds (68%) of same-day acute separations (Table 5.9).

Almost one-quarter of same-day acute separations were for *Haemodialysis*, with *Chemotherapy* the next most common AR-DRG. Public hospitals provided the majority (82%) of same-day separations for *Haemodialysis*.

Private hospitals provided about 92% of separations for *Retinal procedures*.

Table 5.6: Acute separations by Major Diagnostic Category version 7.0 and medical/surgical/other partition, public and private hospitals, 2014–15

Major Diagnostic Category		Public hospitals	Private hospitals	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	12,432	4,064	16,496
01	Diseases and disorders of the nervous system	307,777	82,401	390,178
02	Diseases and disorders of the eye	114,020	285,753	399,773
03	Diseases and disorders of the ear, nose, mouth and throat	206,867	234,731	441,598
04	Diseases and disorders of the respiratory system	335,938	116,154	452,092
05	Diseases and disorders of the circulatory system	461,494	182,219	643,713
06	Diseases and disorders of the digestive system	591,832	641,737	1,233,569
07	Diseases and disorders of the hepatobiliary system and pancreas	106,728	36,731	143,459
08	Diseases and disorders of the musculoskeletal system and connective tissue	420,147	403,465	823,612
09	Diseases and disorders of the skin, subcutaneous tissue and breast	220,429	210,238	430,667
10	Endocrine, nutritional and metabolic diseases and disorders	85,536	56,880	142,416
11	Diseases and disorders of the kidney and urinary tract	1,339,692	370,015	1,709,707
12	Diseases and disorders of the male reproductive system	46,298	65,835	112,133
13	Diseases and disorders of the female reproductive system	122,440	182,073	304,513
14	Pregnancy, childbirth and puerperium	371,797	140,338	512,135
15	Newborns and other neonates	87,619	16,988	104,607
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	115,376	65,165	180,541
17	Neoplastic disorders (haematological and solid neoplasms)	227,137	296,524	523,661
18	Infectious and parasitic diseases	77,639	16,124	93,763
19	Mental diseases and disorders	139,572	144,793	284,365
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	42,956	37,420	80,376
21	Injuries, poisoning and toxic effects of drugs	179,155	26,430	205,585
22	Burns	8,348	256	8,604
23	Factors influencing health status and other contacts with health services	154,525	224,824	379,349
ED	Error DRGs[(a)]	7,285	3,659	10,944
	Surgical	*1,071,783*	*1,522,300*	*2,594,083*
	Medical	*4,302,854*	*1,440,063*	*5,742,917*
	Other	*408,402*	*882,454*	*1,290,856*
Total		**5,783,039**	**3,844,817**	**9,627,856**

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

DRG—diagnosis related group; ECMO—extracorporeal membranous oxygenation.

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

Table 5.7: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 7.0, public hospitals, state and territories, 2014–15

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	78	45	37	120	50	11	0	1	342
01	Diseases and disorders of the nervous system	30,448	41,078	32,890	9,922	8,404	3,047	2,205	1,236	129,230
02	Diseases and disorders of the eye	26,963	27,979	13,894	13,458	8,877	2,097	1,666	1,069	96,003
03	Diseases and disorders of the ear, nose, mouth and throat	23,116	28,454	25,141	8,451	8,144	1,580	1,683	1,584	98,153
04	Diseases and disorders of the respiratory system	15,768	16,981	18,044	4,163	3,779	1,486	634	951	61,806
05	Diseases and disorders of the circulatory system	42,814	43,318	40,966	12,782	13,016	2,664	3,688	1,522	160,770
06	Diseases and disorders of the digestive system	83,330	85,633	61,384	33,195	11,340	6,528	4,579	3,399	289,388
07	Diseases and disorders of the hepatobiliary system and pancreas	5,585	6,524	4,612	2,008	1,128	763	382	278	21,280
08	Diseases and disorders of the musculoskeletal system and connective tissue	41,926	41,972	35,678	12,990	10,716	3,175	4,201	1,901	152,559
09	Diseases and disorders of the skin, subcutaneous tissue and breast	25,248	29,022	25,046	8,880	10,648	2,825	1,193	1,269	104,131
10	Endocrine, nutritional and metabolic diseases and disorders	6,163	9,634	6,276	4,111	1,529	1,028	423	340	29,504
11	Diseases and disorders of the kidney and urinary tract	367,791	325,016	202,239	128,809	72,971	20,313	24,148	67,340	1,208,627
12	Diseases and disorders of the male reproductive system	6,565	7,653	5,026	3,961	2,185	582	386	265	26,623
13	Diseases and disorders of the female reproductive system	20,448	24,431	14,924	5,831	6,227	1,667	946	920	75,394
14	Pregnancy, childbirth and puerperium	26,006	17,955	27,412	5,722	8,560	1,217	1,252	3,377	91,501
15	Newborns and other neonates	3,690	907	1,070	316	200	48	62	115	6,408
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	16,917	33,670	12,966	9,506	4,620	2,455	1,081	732	81,947
17	Neoplastic disorders (haematological and solid neoplasms)	9,168	107,880	42,981	37,541	3,315	4,383	756	740	206,764
18	Infectious and parasitic diseases	3,585	4,342	5,095	1,026	766	287	148	287	15,536
19	Mental diseases and disorders	10,558	9,527	8,762	1,787	3,265	866	205	451	35,421
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	2,469	2,072	3,703	1,513	923	97	166	703	11,646
21	Injuries, poisoning and toxic effects of drugs	19,791	16,969	18,891	6,132	4,835	1,192	1,479	1,368	70,657
22	Burns	1,447	473	643	251	163	118	23	86	3,204
23	Factors influencing health status and other contacts with health services	25,563	33,529	23,398	11,129	6,484	5,070	1,456	945	107,574
ED	Error DRGs[(a)]	673	343	100	317	78	8	12	75	1,606
Total		**816,110**	**915,407**	**631,178**	**323,921**	**192,223**	**63,507**	**52,774**	**90,954**	**3,086,074**

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membranous oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

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

Table 5.8: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 7.0, private hospitals, state and territories, 2014–15

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	200	83	140	11	61	n.p.	n.p.	n.p.	509
01	Diseases and disorders of the nervous system	10,634	10,509	15,305	5,813	3,050	n.p.	n.p.	n.p.	46,629
02	Diseases and disorders of the eye	89,125	53,950	67,497	30,416	19,975	n.p.	n.p.	n.p.	275,682
03	Diseases and disorders of the ear, nose, mouth and throat	47,522	42,071	33,388	22,628	15,048	n.p.	n.p.	n.p.	167,045
04	Diseases and disorders of the respiratory system	2,259	2,861	2,938	1,338	1,231	n.p.	n.p.	n.p.	10,804
05	Diseases and disorders of the circulatory system	18,405	11,018	10,950	6,637	4,492	n.p.	n.p.	n.p.	54,644
06	Diseases and disorders of the digestive system	153,893	153,937	125,348	42,789	33,705	n.p.	n.p.	n.p.	524,208
07	Diseases and disorders of the hepatobiliary system and pancreas	1,379	1,521	1,815	400	840	n.p.	n.p.	n.p.	6,129
08	Diseases and disorders of the musculoskeletal system and connective tissue	43,244	40,059	34,733	22,152	17,495	n.p.	n.p.	n.p.	164,642
09	Diseases and disorders of the skin, subcutaneous tissue and breast	38,716	37,130	35,842	18,944	18,792	n.p.	n.p.	n.p.	153,659
10	Endocrine, nutritional and metabolic diseases and disorders	4,693	6,223	5,905	3,367	1,678	n.p.	n.p.	n.p.	22,380
11	Diseases and disorders of the kidney and urinary tract	55,523	57,919	77,706	95,494	28,546	n.p.	n.p.	n.p.	317,923
12	Diseases and disorders of the male reproductive system	12,605	9,586	8,148	6,448	3,161	n.p.	n.p.	n.p.	41,419
13	Diseases and disorders of the female reproductive system	41,753	43,190	26,864	13,494	7,900	n.p.	n.p.	n.p.	137,724
14	Pregnancy, childbirth and puerperium	10,160	18,628	14,458	8,346	835	n.p.	n.p.	n.p.	53,051
15	Newborns and other neonates	235	292	170	110	110	n.p.	n.p.	n.p.	939
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	9,354	13,753	22,773	3,459	4,085	n.p.	n.p.	n.p.	55,248
17	Neoplastic disorders (haematological and solid neoplasms)	52,378	74,148	90,712	34,653	26,930	n.p.	n.p.	n.p.	286,073
18	Infectious and parasitic diseases	237	476	647	111	2,341	n.p.	n.p.	n.p.	3,838
19	Mental diseases and disorders	42,871	20,258	40,527	1,527	703	n.p.	n.p.	n.p.	112,717
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	13,104	8,077	6,384	12	0	n.p.	n.p.	n.p.	28,661
21	Injuries, poisoning and toxic effects of drugs	2,103	2,564	2,117	1,166	1,144	n.p.	n.p.	n.p.	9,435
22	Burns	14	22	24	4	15	n.p.	n.p.	n.p.	89
23	Factors influencing health status and other contacts with health services	54,615	62,784	53,188	18,335	12,600	n.p.	n.p.	n.p.	207,270
ED	Error DRGs[(a)]	544	420	201	123	120	n.p.	n.p.	n.p.	1,437
Total		**705,566**	**671,479**	**677,780**	**337,777**	**204,857**	**n.p.**	**n.p.**	**n.p.**	**2,682,155**

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membranous oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

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

Table 5.9: Separations for the 20 most common AR-DRGs version 7.0 for same-day acute separations, public and private hospitals, 2014–15

AR-DRG		Public hospitals	Private free-standing day facilities	Other private hospitals	Total
L61Z	Haemodialysis	1,098,252	142,995	100,333	1,341,580
R63Z	Chemotherapy	174,020	74,585	191,651	440,256
G48C	Colonoscopy, same-day	75,547	88,015	132,978	296,540
C16Z	Lens procedures	67,916	93,499	71,287	232,702
G46C	Complex endoscopy, same-day	37,334	62,034	89,638	189,006
Z40Z	Other contacts with health services with endoscopy, same-day	45,648	38,689	79,452	163,789
G47C	Gastroscopy, same-day	41,121	50,700	63,431	155,252
U60Z	Mental health treatment without ECT, same-day	22,913	252	105,181	128,346
Z64B	Other factors influencing health status, same-day	47,322	16,663	61,227	125,212
D40Z	Dental extractions and restorations	21,341	30,087	69,353	120,781
J11Z	Other skin, subcutaneous tissue and breast procedures	36,380	25,577	36,221	98,178
Q61C	Red blood cell disorders, same-day	54,777	12,198	22,530	89,505
C03Z	Retinal procedures	6,568	60,457	11,993	79,018
N07B	Other uterus and adnexa procedures for non-malignancy, same-day	16,558	22,395	34,165	73,118
F74B	Chest pain, <2 days	67,306	711	3,301	71,318
I18Z	Other knee procedures	13,932	3,605	51,430	68,967
L41Z	Cystourethroscopy for urinary disorder, same-day	30,348	4,008	32,734	67,090
O05Z	Abortion with OR Procedures	19,827	34,469	8,931	63,227
I82Z	Other same-day treatment for musculoskeletal disorders	41,153	3,412	17,575	62,140
O66C	Antenatal and other obstetric admissions, same-day	54,124	41	7,568	61,733
	Other	1,113,687	173,013	553,771	1,840,471
Total		**3,086,074**	**937,405**	**1,744,750**	**5,768,229**

ECT—electroconvulsive therapy; OR—operating room.

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

Overnight acute care

MDCs

In 2014–15, the most common MDC reported for overnight acute separations was *Diseases and disorders of the musculoskeletal system and connective tissue* which accounted for about 13% of separations (tables 5.10 and 5.11).

For the MDC *Injuries, poisoning and toxic effects of drugs*, around 86% of the overnight acute separations were from public hospitals (tables 5.10 and 5.11).

About 55% of overnight acute separations for the MDC *Diseases and disorders of the male reproductive system* and 49% for *Diseases and disorders of the female reproductive system* were from private hospitals (tables 5.10 and 5.11).

Table 5.10: Overnight acute separations by Major Diagnostic Category AR-DRG version 7.0, public hospitals, states and territories, 2014–15

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	3,974	3,236	2,337	1,009	911	236	236	151	12,090
01	Diseases and disorders of the nervous system	61,442	41,971	34,558	17,813	13,988	3,805	2,860	2,110	178,547
02	Diseases and disorders of the eye	6,524	4,310	3,296	1,899	1,211	171	322	284	18,017
03	Diseases and disorders of the ear, nose, mouth and throat	34,231	27,180	21,257	10,850	9,527	2,031	1,708	1,930	108,714
04	Diseases and disorders of the respiratory system	96,164	63,920	50,752	25,963	23,196	5,498	4,041	4,598	274,132
05	Diseases and disorders of the circulatory system	104,467	64,933	64,961	25,831	26,095	5,999	4,652	3,786	300,724
06	Diseases and disorders of the digestive system	105,264	70,989	60,115	28,543	22,872	6,281	5,021	3,359	302,444
07	Diseases and disorders of the hepatobiliary system and pancreas	28,634	21,555	16,220	8,344	6,268	1,741	1,539	1,147	85,448
08	Diseases and disorders of the musculoskeletal system and connective tissue	90,832	65,505	50,138	27,947	19,451	5,678	4,533	3,504	267,588
09	Diseases and disorders of the skin, subcutaneous tissue and breast	38,300	25,240	25,652	12,173	8,319	2,093	1,659	2,862	116,298
10	Endocrine, nutritional and metabolic diseases and disorders	17,875	13,488	11,596	5,367	4,791	1,144	742	1,029	56,032
11	Diseases and disorders of the kidney and urinary tract	42,710	30,452	26,919	12,025	11,971	2,200	2,489	2,299	131,065
12	Diseases and disorders of the male reproductive system	6,313	4,972	4,012	1,923	1,495	356	383	221	19,675
13	Diseases and disorders of the female reproductive system	14,429	12,417	9,761	4,336	3,776	1,009	731	587	47,046
14	Pregnancy, childbirth and puerperium	90,774	68,520	55,611	30,218	19,026	5,354	6,003	4,790	280,296
15	Newborns and other neonates	37,211	15,838	12,439	6,828	4,782	1,180	1,750	1,183	81,211
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	11,838	8,035	5,916	2,924	3,223	616	454	423	33,429
17	Neoplastic disorders (haematological and solid neoplasms)	6,233	6,262	3,152	1,877	1,934	454	327	134	20,373
18	Infectious and parasitic diseases	21,970	14,957	11,871	6,177	3,540	1,168	953	1,467	62,103
19	Mental diseases and disorders	34,576	24,067	18,519	12,099	10,771	2,041	1,152	926	104,151
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	12,846	4,495	6,011	4,008	2,110	580	714	546	31,310
21	Injuries, poisoning and toxic effects of drugs	39,098	22,125	21,655	11,208	8,499	2,136	1,751	2,026	108,498
22	Burns	1,337	984	1,002	800	618	128	28	247	5,144
23	Factors influencing health status and other contacts with health services	16,953	12,488	8,654	2,854	4,293	822	265	622	46,951
ED	Error DRGs[(a)]	2,909	1,080	634	430	332	86	59	149	5,679
Total		**926,904**	**629,019**	**527,038**	**263,446**	**212,999**	**52,807**	**44,372**	**40,380**	**2,696,965**

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

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

Table 5.11: Overnight acute separations by Major Diagnostic Category AR-DRG version 7.0, private hospitals, states and territories, 2014–15

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	804	905	1,091	329	341	n.p.	n.p.	n.p.	3,555
01	Diseases and disorders of the nervous system	8,127	10,173	10,578	3,676	2,162	n.p.	n.p.	n.p.	35,772
02	Diseases and disorders of the eye	2,842	1,844	1,597	2,428	975	n.p.	n.p.	n.p.	10,071
03	Diseases and disorders of the ear, nose, mouth and throat	20,910	14,882	14,897	7,431	6,204	n.p.	n.p.	n.p.	67,686
04	Diseases and disorders of the respiratory system	21,756	29,509	31,930	12,060	6,683	n.p.	n.p.	n.p.	105,350
05	Diseases and disorders of the circulatory system	27,797	36,806	37,023	12,614	9,618	n.p.	n.p.	n.p.	127,575
06	Diseases and disorders of the digestive system	24,338	32,010	34,737	11,825	9,188	n.p.	n.p.	n.p.	117,529
07	Diseases and disorders of the hepatobiliary system and pancreas	7,102	8,331	8,389	3,086	2,339	n.p.	n.p.	n.p.	30,602
08	Diseases and disorders of the musculoskeletal system and connective tissue	57,921	61,365	55,338	31,855	20,783	n.p.	n.p.	n.p.	238,823
09	Diseases and disorders of the skin, subcutaneous tissue and breast	13,483	15,432	15,030	6,095	4,118	n.p.	n.p.	n.p.	56,579
10	Endocrine, nutritional and metabolic diseases and disorders	9,478	7,417	8,626	5,350	2,330	n.p.	n.p.	n.p.	34,500
11	Diseases and disorders of the kidney and urinary tract	11,362	15,395	13,686	4,807	4,256	n.p.	n.p.	n.p.	52,092
12	Diseases and disorders of the male reproductive system	7,085	6,296	5,735	2,467	1,763	n.p.	n.p.	n.p.	24,416
13	Diseases and disorders of the female reproductive system	12,355	10,323	10,554	5,290	3,755	n.p.	n.p.	n.p.	44,349
14	Pregnancy, childbirth and puerperium	24,565	21,914	19,590	11,673	4,934	n.p.	n.p.	n.p.	87,287
15	Newborns and other neonates	6,926	3,488	2,534	1,731	832	n.p.	n.p.	n.p.	16,049
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	1,638	3,239	2,701	1,100	945	n.p.	n.p.	n.p.	9,917
17	Neoplastic disorders(haematological and solid neoplasms)	1,526	3,369	3,027	1,505	785	n.p.	n.p.	n.p.	10,451
18	Infectious and parasitic diseases	2,155	3,361	4,399	1,165	767	n.p.	n.p.	n.p.	12,286
19	Mental diseases and disorders	9,877	7,803	8,511	3,386	1,331	n.p.	n.p.	n.p.	32,076
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	3,122	2,261	1,896	997	231	n.p.	n.p.	n.p.	8,759
21	Injuries, poisoning and toxic effects of drugs	3,049	4,492	5,069	2,437	1,262	n.p.	n.p.	n.p.	16,995
22	Burns	24	55	49	18	10	n.p.	n.p.	n.p.	167
23	Factors influencing health status and other contacts with health services	4,984	5,431	3,800	1,429	1,059	n.p.	n.p.	n.p.	17,554
ED	Error DRGs[(a)]	485	729	561	224	182	n.p.	n.p.	n.p.	2,222
Total		**283,711**	**306,830**	**301,348**	**134,978**	**86,853**	**n.p.**	**n.p.**	**n.p.**	**1,162,662**

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

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

AR-DRGs

In 2014–15, the 2 most common AR-DRGs for overnight acute separations were both childbirth-related, followed by *Sleep apnoea* (Table 5.12).

Public hospitals provided the majority of overnight separations for *Vaginal delivery, single uncomplicated* (80%) and *Chest pain* (90%).

Private hospitals provided almost 88% of overnight separations for *Sleep apnoea* and 83% of overnight separations for *Other shoulder procedures*.

Table 5.12: Separations for the 20 most common AR-DRGs version 7.0 for overnight acute separations, public and private hospitals, 2014–15

AR-DRG		Public hospitals	Private hospitals	Total
O60C	Vaginal delivery, single uncomplicated	109,487	27,569	137,056
O01C	Caesarean delivery without CSCC	46,829	27,732	74,561
E63Z	Sleep apnoea	7,191	52,239	59,430
G70B	Other digestive system disorders without CSCC	43,683	8,781	52,464
J64B	Cellulitis without CSCC	43,475	5,902	49,377
G10B	Hernia procedures without CC	18,879	27,523	46,402
E65B	Chronic obstructive airways disease without catastrophic CC	37,732	6,578	44,310
F74B	Chest pain, <2 days	38,186	4,185	42,371
G66A	Abdominal pain and mesenteric adenitis	37,089	5,135	42,224
I16Z	Other shoulder procedures	6,837	33,057	39,894
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	20,997	16,440	37,437
P68D	Neonate, admission weight >=2500g without significant OR procedure >=37 completed weeks gestation without problem	30,278	6,857	37,135
I04B	Knee replacement without CSCC	11,144	25,795	36,939
O60B	Vaginal delivery without CSCC	24,978	10,388	35,366
O66B	Antenatal and other obstetric admissions without CSCC	28,989	6,136	35,125
L63B	Kidney and urinary tract infections without CSCC	29,194	5,674	34,868
F42B	Circulatory disorders, not admitted for AMI with invasive cardiac investigation without CSCC	12,135	22,344	34,479
D11Z	Tonsillectomy and/or adenoidectomy	13,776	20,467	34,243
U63B	Major affective disorders age <70 without CSCC	18,686	15,084	33,770
G67B	Oesophagitis and gastroenteritis without CSCC	28,563	4,096	32,659
	Other	2,088,837	830,680	2,919,517
Total		**2,696,965**	**1,162,662**	**3,859,627**

AMI—acute myocardial infarction; CC—complications and comorbidities; CDE—common duct exploration; CSCC—catastrophic or severe complications or comorbidities; OR—operating room.

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

Where to go for more information:

More information about diagnosis related groups is in data cubes and tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

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

5.3 Intensive care

This section presents information on the numbers of hours that patients stayed in an intensive care unit (ICU) and the number of hours of continuous ventilatory support (CVS) received.

Box 5.1: Intensive care and continuous ventilatory support

Intensive care

Data for hours in an ICU are required to be reported by public hospitals that have either an approved level 3 adult ICU or an approved paediatric ICU. Information on ICU hours was not available for private hospitals in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory.

A level 3 adult ICU must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for patients in need of intensive care services and have extensive backup laboratory and clinical service facilities to support the tertiary referral role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period; or care of a similar nature.

A paediatric ICU must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for children needing intensive care; and have extensive backup laboratory and clinical service facilities to support this tertiary role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children aged less than 16; or care of a similar nature.

If a patient's episode involves more than 1 period in an ICU, then the total number of hours in ICU are summed for reporting.

Continuous ventilatory support

CVS, also known as invasive ventilatory support or mechanical ventilation) refers to the use of a machine to assist breathing.

If a patient undergoes CVS on more than one occasion during their admitted patient episode, then the CVS hours are summed for reporting. For example, if a patient is on CVS on the first day of their admission, then again on the fourth day of their admission, the two periods of ventilation are added together for reporting.

Periods of ventilatory support that are associated with anaesthesia during surgery, and which are considered an integral part of the surgical procedure are not included.

Information on CVS hours was not available for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory.

Hours in intensive care

In 2014–15, almost 11 million hours in ICU were reported for about 131,000 separations (Table 5.13).

Almost 9.5 million hours (395,000 patient days) were spent in an ICU for about 101,000 separations in public hospitals. In public hospitals, about 1.7% of separations involved time in an ICU and the average period was 94 hours per separation (just under 4 days).

For private hospitals in Victoria, Queensland, Western Australia and South Australia, about 1.5 million hours (61,300 patient days) were spent in an ICU for about 30,000 separations (about 0.7% of separations), with an average period in ICU of 48 hours (2 days).

Hours of continuous ventilatory support

In 2014–15, about 4.1 million hours of CVS were reported for almost 48,000 separations (Table 5.14).

Almost 3.6 million hours (150,000 patient days) of CVS was provided for about 39,000 separations in public hospitals. In public hospitals, about 1 in 150 separations (0.7%) involved CVS and the average duration of CVS was 92 hours per separation (just under 4 days).

For private hospitals in New South Wales, Victoria, Queensland, Western Australia and South Australia, about 460,000 hours (19,200 patient days) of CVS was provided for about 9,000 separations (about 0.22% of separations), with an average duration of CVS of 51 hours (more than 2 days).

Table 5.13: Separations involving time in an intensive care unit, public and private hospitals, states and territories, 2014–15

	NSW	Vic[a]	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Number of hospitals reporting separations involving time in an ICU	41	28	11	10	7	2	2	2	103
Separations involving time in an ICU	31,864	31,260	11,802	9,361	8,997	2,882	3,054	1,601	100,821
Hours in ICU	2,688,823	3,169,234	991,672	961,278	778,262	419,365	314,445	156,095	9,479,174
Average duration in ICU (hours)[b]	84.4	101.4	84.0	102.7	86.5	145.5	103.0	97.5	94.0
Separations that involved time in an ICU per 1,000 separations	17.6	19.7	9.8	15.6	21.3	24.1	30.3	12.1	16.9
Private hospitals									
Separations involving time in an ICU	n.a.	13,621	6,630	5,664	4,500	n.a.	n.a.	n.a.	30,415
Hours in ICU	n.a.	683,821	292,552	232,730	262,714	n.a.	n.a.	n.a.	1,471,817
Average duration in ICU (hours)[b]	n.a.	50.2	44.1	41.1	58.4	n.a.	n.a.	n.a.	48.4
Separations that involved time in an ICU per 1,000 separations[c]	n.a.	13.5	6.4	11.8	14.3	n.a.	n.a.	n.a.	7.3

ICU—intensive care unit; n.a.—not available.

(a) For Victoria, ICU hours were provided for all public hospitals with an ICU or a Neonatal ICU, including for ICUs that were not level 3.

(b) For separations involving time in an ICU.

(c) For private hospitals, the total number of separations that involved a stay in ICU per 1,000 separations excludes separations for New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory.

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

Table 5.14: Separations involving continuous ventilatory support, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Number of hospitals reporting separations involving CVS	89	28	63	26	34	6	1	4	251
Separations involving CVS	11,189	12,313	6,939	3,341	3,421	1,069	254	445	38,971
Hours of CVS	1,172,082	938,123	718,627	334,456	289,164	85,649	18,297	39,580	3,595,978
Average duration of CVS[(a)]	104.8	76.2	103.6	100.1	84.5	80.1	72.0	88.9	92.3
Separations that involved CVS per 1,000 separations	6.2	7.8	5.8	5.6	8.1	9.0	2.5	3.4	6.5
Private hospitals									
Separations involving CVS	3,201	3,279	1,239	234	1,027	n.a.	n.a.	n.a.	8,980
Hours of CVS	142,464	92,184	141,890	19,326	64,633	n.a.	n.a.	n.a.	460,497
Average duration of CVS[(a)]	44.5	28.1	114.5	82.6	62.9	n.a.	n.a.	n.a.	51.3
Separations that involved CVS per 1,000 separations[(b)]	2.7	3.3	1.2	0.5	3.3	n.a.	n.a.	n.a.	2.2

CVS—continuous ventilatory support; n.a.—not available.

(a) For separations involving CVS.

(b) For private hospitals, the total number of separations that involved a CVS per 1,000 separations excludes separations for Tasmania, the Australian Capital Territory and the Northern Territory.

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

Overlap between ICU and CVS

CVS is usually, but not always, provided within an intensive care unit. Some stays in intensive care units do not involve ventilatory support.

In 2014–15, about 131,000 separations reported a stay in ICU and about 48,000 separations reported periods of CVS (Table 5.15).

For 2014–15, overall, about 28% of separations (37,000) that reported hours in an ICU also reported hours of CVS (Table 5.13), about 32% for public hospitals (32,476 of 100,821) and about 16% for private hospitals (4,813 of 30,415). About 78% of separations that reported hours of CVS also reported hours in an ICU (37,289 of 47,951).

Table 5.15: Numbers of separations reporting time in an intensive care unit or involving continuous ventilatory support, public and private hospitals, 2014–15

	Separations that involved a stay in ICU	Separations that did not involve a stay ICU	ICU hours not reported	Total
Public hospitals				
Separations that involved CVS	32,476	6,495	0	38,971
Separations that did not involve CVS	68,345	5,873,022	0	5,941,367
Total public hospitals	*100,821*	*5,879,517*	*0*	*5,980,338*
Private hospitals				
Separations that involved CVS	4,813	966	3,201	8,980
Separations that did not involve CVS	25,602	2,807,509	1,181,338	4,014,449
CVS hours not reported	0	0	146,600	146,600
Total private hospitals	*30,415*	*2,808,475*	*1,331,139*	*4,170,029*
All hospitals				
Separations that involved CVS	**37,289**	**7,461**	**3,201**	**47,951**
Separations that did not involve CVS	**93,947**	**8,680,531**	**1,181,338**	**9,955,816**
CVS hours not reported	**0**	**0**	**146,600**	**146,600**
Total	**131,236**	**8,687,992**	**1,331,139**	**10,150,367**

Abbreviations: CVS—continuous ventilatory support; ICU—intensive care unit.

Note: See Boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

5.4 Rehabilitation care

This section presents an overview of *Rehabilitation care* provided for admitted patients in both public and private hospitals in Australia. It includes counts of separations over time and, for 2014–15, includes information about who used these services, why they received care, who paid for the care and how the episode ended. This section also refers to information in Chapter 4 for changes over time.

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

Changes over time

Between 2010–11 and 2014–15, *Rehabilitation care* rose by an average of 11.5% per year in private hospitals and by 4.4% per year in public hospitals (Table 4.5).

For private hospitals, the number of separations for *Rehabilitation care* increased by 21.2% between 2013–14 and 2014–15.

Between 2013–14 and 2014–15, the number of separations for *Rehabilitation care* in public hospitals fell by 10% in Western Australia and by less than 1% in New South Wales. It increased in other states and territories (AIHW 2015a).

From 1 July 2013, care types have been reported using revised definitions, with the aim to improve consistency in reporting for the subacute and non-acute care types. Therefore, changes in the care type definitions should be considered when interpreting changes over time.

How much activity in 2014–15?

In 2014–15, there were almost 413,000 separations for *Rehabilitation care.* The majority (75%) of *Rehabilitation care* separations occurred in private hospitals, accounting for over 95% of subacute and non-acute separations for private hospitals and just over half for public hospitals.

There was some variation among states and territories in the proportion of admitted patient care that was *Rehabilitation care*, ranging from 1% of all separations in Western Australia to about 8% of separations in New South Wales (Table 4.6).

Who used these services?

This section presents information by the patient's sex, age group, Indigenous status and for the remoteness and SES of the patient's area of usual residence.

Age group and sex

Females accounted for more than half (57%) of all *Rehabilitation care* separations (Table 5.16). There were more separations for males than for females in the age groups 20 to 34 years. People aged 60 and over accounted for around 80% of all *Rehabilitation care* separations.

Table 5.16: Separations for *Rehabilitation care*, by age group and sex, all hospitals, 2014–15

Age group (years)	Male	Female	Total
0–4	159	107	266
5–9	246	256	502
10–14	181	267	448
15–19	958	1,010	1,968
20–24	1,362	1,226	2,588
25–19	1,914	1,229	3,143
30–34	2,458	1,760	4,218
35–39	2,398	2,616	5,014
40–44	3,857	4,114	7,971
45–49	5,360	5,469	10,829
50–54	8,513	9,983	18,496
55–59	11,798	14,665	26,463
60–64	18,740	23,731	42,471
65–69	26,101	32,959	59,060
70–74	25,456	33,221	58,677
75–79	24,806	32,292	57,098
80–84	21,158	30,306	51,464
85 and over	23,349	38,652	62,001
Total	**178,814**	**233,863**	**412,677**

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

Aboriginal and Torres Strait Islanders

In 2014–15, Indigenous Australians had lower separation rates for *Rehabilitation care* than other Australians (7 per 1,000 and 15 per 1,000, respectively) (Table 5.17). *Rehabilitation care* also accounted for a smaller proportion of all separations for Indigenous Australians compared with other Australians (0.6% and 4.2%, respectively).

Table 5.17: Separations for *Rehabilitation care*, by Indigenous status, all hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]	Per 1,000 population
Indigenous Australians										
Separations	1,044	162	777	236	202	27	45	175	2,741	7.1
Proportion of all hospital separations (%)	1.2	0.7	0.7	0.2	0.8	0.6	2.1	0.2	0.6	
Other Australians										
Separations	232,377	40,768	74,400	11,929	34,824	1,034	1,910	141	409,936	15.4
Proportion of all hospital separations (%)	8.0	1.6	3.5	1.2	4.9	0.9	1.9	0.4	4.2	
Total	**233,421**	**40,930**	**75,177**	**12,165**	**35,026**	**1,061**	**1,955**	**316**	**412,677**	**15.3**

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

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

Remoteness

Overall in 2014–15, people usually resident in *Major cities* had much higher rates for *Rehabilitation care* than people usually resident in other remoteness areas (19 separations per 1,000 population, compared with 15 per 1,000 nationwide) (Table 5.18).

The separation rate ratios (SRRs) (see Glossary) also indicate notable differences in the separation rates for *Rehabilitation care* across remoteness areas for both public and private hospitals.

For public hospitals, the rate of *Rehabilitation care* varied from 2.6 per 1,000 population for people residing in *Remote* areas to 4.3 per 1,000 for people residing in *Major cities*. There were more marked variations for private hospitals, with the rate of *Rehabilitation care* ranging from 1.7 per 1,000 for people residing in *Remote* areas to 14.4 per 1,000 for people residing in *Major cities*.

Table 5.18: Separation statistics for *Rehabilitation care*, by remoteness area of usual residence, public and private hospitals, 2014–15

	Remoteness area of usual residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[a]
Public hospitals						
Separations	76,830	17,510	6,703	780	462	102,815
Separations per 1,000	4.3	3.3	2.7	2.6	3.1	3.9
Separation rate ratio	1.1	0.8	0.7	0.7	0.8	
Private hospitals						
Separations	261,156	39,999	6,545	433	198	309,862
Separations per 1,000	14.4	7.1	2.6	1.7	1.8	11.5
Separation rate ratio	1.3	0.6	0.2	0.2	0.2	

(a) *Total* includes separations for which the remoteness area was not able to be categorised.

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

Socioeconomic status

Separation rates for *Rehabilitation care* varied from 27 per 1,000 population for patients living in areas classified as being the highest SES group (least disadvantaged) to 11 per 1,000 for the lowest SES group (most disadvantaged) (Table 5.19).

For public hospitals, the rate of *Rehabilitation care* was broadly similar across all SES groups.

The SRRs indicate notable differences in the separation rates for *Rehabilitation care* across SES groups for private hospitals. For private hospitals, the rate varied from 7 per 1,000 population for people living in areas classified as the lowest SES group to 23 per 1,000 for people living in areas classified as the highest SES group.

Table 5.19: Separation statistics for *Rehabilitation care*, by socioeconomic status of area of residence, public and private hospitals, 2014–15

	Socioeconomic status of area of usual residence					
	1—Lowest	2	3	4	5—Highest	Total[(a)]
Public hospitals						
Separations	20,817	21,803	20,609	20,652	18,381	102,815
Separations per 1,000	3.7	3.9	3.9	4.3	3.7	3.9
Separation rate ratio	1.0	1.0	1.0	1.1	1.0	
Private hospitals						
Separations	38,939	44,770	52,154	58,985	113,452	309,862
Separations per 1,000	6.9	7.9	9.7	12.1	22.8	11.6
Separation rate ratio	0.6	0.7	0.8	1.0	2.0	

(a) *Total* includes separations for which the socioeconomic status group was not able to be categorised.

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

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in various ways including the mode of admission, the urgency of admission and the diagnoses reported.

Mode of admission

About two-thirds of *Rehabilitation care* separations were a *New admission to hospital*, which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 5.20).

Statistical admission: care type change was the second most common admission mode for *Rehabilitation care* separations in public hospitals, accounting for 32% of *Rehabilitation care* separations. This indicates that the clinical intent of the patient's care had changed (for example, from *Acute care* to *Rehabilitation care*) within the same hospital. Public hospitals recorded a higher proportion (31%) of *Admitted patient transferred from another hospital* than private hospitals (15%).

Table 5.20: Separations for *Rehabilitation care*, by mode of admission, public and private hospitals, 2014–15

Admission mode	Public hospitals	Private hospitals	Total
New admission to hospital[(a)]	37,803	243,992	281,795
Admitted patient transferred from another hospital	31,969	46,323	78,292
Statistical admission: care type change	32,939	19,478	52,417
Not reported	104	69	173
Total	**102,815**	**309,862**	**412,677**

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

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

How urgent was the care?

In 2014–15, 75% of separations for *Rehabilitation care* were reported as *Elective* admissions (treatment could be delayed by at least 24 hours). The proportion of *Elective* admissions varied between public and private hospitals, accounting for 87% of *Rehabilitation care* separations in private hospitals and 39% in public hospitals. About 24% of *Rehabilitation care* separations had a *Not assigned* urgency of admission (Table 5.21).

Table 5.21: Separations for *Rehabilitation care*, by urgency of admission, public and private hospitals, 2014–15

Urgency of admission	Public hospitals	Private hospitals	Total
Emergency	3,227	823	4,050
Elective	40,573	270,714	311,287
Not assigned	59,009	38,284	97,293
Total[(a)]	**102,815**	**309,862**	**412,677**

(a) The totals include separations for which the urgency of admission was not reported.

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

Diagnoses

Care involving use of rehabilitation procedures is required to be reported as the principal diagnosis for *Rehabilitation care*.

For *Rehabilitation care*, the first additional diagnosis is usually the reason for that care.

The 10 most common first additional diagnoses reported for *Rehabilitation care* separations included 7 musculoskeletal conditions or injuries (Table 5.22). Over one-half of rehabilitation separations in private hospitals and over one-quarter of rehabilitation separations in public hospitals reported 1 of these 10 first additional diagnoses.

Table 5.22: Separations for the 10 most common first additional diagnoses in 3-character ICD-10-AM groupings for *Rehabilitation care* separations, public and private hospitals, 2014–15

First additional diagnosis		Public hospitals	Private hospitals	Total
M17	Gonarthrosis [arthrosis of knee]	4,327	74,575	78,902
M16	Coxarthrosis [arthrosis of hip]	1,940	29,382	31,322
S72	Fracture of femur	7,509	9,643	17,152
M54	Dorsalgia	1,205	11,475	12,680
Z96	Presence of other functional implants	2,377	9,926	12,303
M25	Other joint disorders, not elsewhere classified	611	10,648	11,259
I63	Cerebral infarction	6,909	4,328	11,237
S32	Fracture of lumbar spine and pelvis	2,503	4,859	7,362
M48	Other spondylopathies	674	6,482	7,156
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	822	6,237	7,059
	Other	73,938	142,307	216,245
Total		**102,815**	**309,862**	**412,677**

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

Procedures

The majority of *Rehabilitation care* separations (98%) reported at least one procedure.

In 2014–15, allied health interventions (which lie within the ACHI chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*) were the most frequently reported procedures for *Rehabilitation care* separations (Table 5.23). The 10 most common procedures reported accounted for 87% of procedures reported. They included physiotherapy, occupational therapy and social work. Some procedures were mostly performed in private hospitals, such as hydrotherapy and exercise therapy.

Table 5.23: The 10 most common ACHI procedures for *Rehabilitation care*, public and private hospitals, 2014–15

Procedure code and description		Public hospitals	Private hospitals	Total
95550-03	Allied health intervention, physiotherapy	82,413	311,867	394,280
95550-02	Allied health intervention, occupational therapy	62,315	140,971	203,286
96153-00	Hydrotherapy	7,124	116,392	123,516
96129-00	Exercise therapy, total body	1,960	71,321	73,281
95550-01	Allied health intervention, social work	41,983	21,043	63,026
95550-00	Allied health intervention, dietetics	29,534	19,378	48,912
95550-05	Allied health intervention, speech pathology	21,154	13,621	34,775
95550-11	Allied health intervention, other	7,590	26,378	33,968
95550-09	Allied health intervention, pharmacy	16,867	5,416	22,283
95550-10	Allied health intervention, psychology	7,444	6,452	13,896
	Other	35,649	111,773	147,422
Total procedures		**314,033**	**844,612**	**1,158,645**

ACHI—Australian Classification of Health Interventions.

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

Length of stay

In 2014–15, the average length of stay for *Rehabilitation care* episodes was 16.5 days in public hospitals, and 4.1 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in private hospitals, as well as a number of very long stays for rehabilitation separations in public hospitals (tables 4.6 and 4.7).

Who paid for the care?

About 72% of *Rehabilitation care* separations from public hospitals were for *Public patients*, and *Private health insurance* funded 87% of *Rehabilitation care* separations from private hospitals (Table 5.24). The *Department of Veterans' Affairs* funded 3% of *Rehabilitation care* separations in public hospitals and 9% in private hospitals. See Chapter 7 'Costliness and funding' for similar information for all separations.

Table 5.24: Separations for *Rehabilitation care*, by principal source of funds, public and private hospitals, 2014–15

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients[(a)]	74,250	1,166	75,416
Private health insurance	23,172	269,611	292,783
Self-funded	261	4,517	4,778
Workers compensation	481	5,789	6,270
Motor vehicle third party personal claim	1,422	1,464	2,886
Department of Veterans' Affairs	3,039	26,369	29,408
Other[(b)]	190	946	1,136
Total	**102,815**	**309,862**	**412,677**

(a) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) *Other* includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

How was the care completed?

In 2014–15, the most common mode of separation for *Rehabilitation care* separations was *Discharged home* (90%) (Table 5.25).

About 9% of *Rehabilitation care* separations in public hospitals and 1% in private hospitals, ended with a *Discharge/transfer to an (other) acute hospital*, indicating that the patient's care continued at another hospital. A further 8% of *Rehabilitation care* separations in public hospitals ended with a *Statistical discharge: type change* (indicating that the patient remained in hospital but the intent of care had changed, for example to acute care).

Table 5.25: Separations for *Rehabilitation care*, by mode of separation, public and private hospitals, 2014–15

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home[(a)]	79,539	293,391	372,930
Discharge/transfer to an (other) acute hospital	9,172	3,749	12,921
Discharge/transfer to residential aged care service[(b)]	3,030	1,130	4,160
Discharge/transfer to an (other) psychiatric hospital	61	2	63
Discharge/transfer to other health care accommodation	1,096	8,367	9,463
Statistical discharge: type change	8,177	2,789	10,966
Left against medical advice/discharge at own risk	842	224	1,066
Statistical discharge from leave	488	92	580
Died	369	110	479
Not reported	41	8	49
Total[(c)]	**102,815**	**309,862**	**412,677**

(a) *Discharged home* is equivalent to *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services) in the mode of separation definition.

(b) The separation mode *Discharge/transfer to residential aged care service* excludes where this was the usual place of residence.

(c) *Total* includes records where the mode of separation was not reported.

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

Where to go for more information:

More information about *Rehabilitation care* is in Chapter 4 'Why did people receive care'. Information on data limitations and methods is available in appendixes A and B.

5.5 Palliative care

This section presents an overview of *Palliative care* provided for admitted patients in both public and private hospitals in Australia. It includes information for 2014–15 covering who used these services, why they received care, who paid for the care and how the episode ended. This section also refers to information in Chapter 4 for changes over time.

Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care, and
- evidenced by an individualised multidisciplinary assessment and management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

Changes over time

Between 2010–11 and 2014–15, *Palliative care* increased by an average of 3.1% per year for private hospitals and by 5.2% per year for public hospitals (see Table 4.5 in 'Why did people receive care?'). *Palliative care* accounted for less than 0.5% of all hospital separations over the 5-year period.

Between 2013–14 and 2014–15, public hospital *Palliative care* separations decreased for New South Wales, Queensland and the Australian Capital Territory; they increased in South Australia.

From 1 July 2013, care types have been reported using revised definitions, with the aim to improve consistency in reporting for the subacute and non-acute care types. Therefore, changes in the care type definitions should be considered when interpreting changes over time.

How much activity in 2014–15?

In 2014–15, there were almost 41,000 separations with a care type of *Palliative care*. These 41,000 separations are the focus of this section and are presented in tables 5.27 to 5.35.

However, there were almost 65,000 separations identified as providing some form of palliative care regardless of the care type specified (Table 5.26). These separations are identified by either the assignment of the ICD-10-AM code Z51.5 *Palliative care* as an additional diagnosis, or by the assignment of the *Palliative care* type.

The diagnosis code of Z51.5 is assigned when the intent of care at admission is for palliation, or if at any time during the admission the intent of care becomes for palliation. The care provided to the patient is care in which the 'clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family' (NCCC 2012a).

Table 5.26: *Palliative care* separations as identified by care type and/or any (principal or additional) diagnosis of Z51.5, all hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]
Care type	13,899	8,089	10,775	3,816	2,337	669	639	310	40,811
Diagnosis	18,187	21,028	10,775	3,818	5,539	1,864	988	662	63,450
Care type and/or diagnosis	19,414	21,031	10,775	3,818	5,661	1,902	1,017	709	64,939

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.

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

Who used these services?

This section presents information by the patient's Indigenous status and for the remoteness and SES of the patient's area of usual residence.

Aboriginal and Torres Strait Islander people

In 2014–15, Indigenous Australians had higher separation rates for *Palliative care* than other Australians (2.6 and 1.5 per 1,000 population, respectively) (Table 5.27).

Table 5.27: Separations for *Palliative care*, by Indigenous status, all hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas[a]	ACT[a]	NT[a]	Total[b]	Per 1,000 population
Indigenous Australians										
Separations	318	46	273	97	32	21	3	59	851	2.6
Proportion of all hospital separations (%)	0.4	0.2	0.3	0.1	0.1	0.5	0.1	0.1	0.2	
Other Australians										
Separations	13,581	8,043	10,502	3,719	2,305	648	636	251	39,960	1.5
Proportion of all hospital separations (%)	0.5	0.3	0.5	0.4	0.3	0.6	0.6	0.7	0.4	
Total	**13,899**	**8,089**	**10,775**	**3,816**	**2,337**	**669**	**639**	**310**	**40,811**	**1.5**

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

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

Remoteness

Overall, separation rates for *Palliative care* were similar across remoteness areas for both public and private hospitals.

For public hospitals, the rate of *Palliative care* varied from 1.2 per 1,000 population for people residing in *Major cit*ies to 1.6 per 1,000 for people residing in *Outer regional*, *Remote* and *Very remote* areas (Table 5.28).

Table 5.28: Separation statistics for *Palliative care*, by remoteness area of usual residence, public and private hospitals, 2014–15

	Remoteness area of usual residence					
	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[(a)]
Public hospitals						
Separations	21,738	8,100	4,090	413	192	34,594
Separations per 1,000 population	1.2	1.4	1.6	1.6	1.6	1.3
Separation rate ratio	0.9	1.1	1.2	1.2	1.2	
Private hospitals						
Separations	4,336	1,371	462	35	9	6,217
Separations per 1,000 population	0.2	0.3	0.3	0.3	0.2	0.3
Separation rate ratio	1.0	1.1	1.1	1.1	0.6	

(a) *Total* includes separations for which the remoteness area was not able to be categorised.

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

Socioeconomic status

The separation rates varied from 1.3 per 1,000 population for people living in areas classified in the highest SES group to 1.7 per 1,000 for the lowest SES group (Table 5.29).

The SRRs indicate notable differences in the separation rates across SES groups for both public and private hospitals.

For public hospitals, the rate of *Palliative care* varied from 0.9 per 1,000 population for people living in areas classified in the highest SES group to 1.5 per 1,000 for people living in areas classified in the lowest SES group.

Table 5.29: Separation statistics for *Palliative care*, by socioeconomic status of area of residence, public and private hospitals, 2014–15

	Socioeconomic status of area of usual residence					
	1—Lowest	2	3	4	5—Highest	Total[(a)]
Public hospitals						
Separations	8,960	8,260	7,023	5,625	4,660	34,594
Separations per 1,000 population	1.5	1.4	1.3	1.2	0.9	1.3
Separation rate ratio	1.2	1.1	1.0	0.9	0.7	
Private hospitals						
Separations	903	1,045	1,145	1,434	1,685	6,217
Separations per 1,000 population	0.2	0.2	0.2	0.3	0.4	0.3
Separation rate ratio	0.7	0.8	0.9	1.2	1.4	

(a) *Total* includes separations for which the socioeconomic status group was not able to be categorised.

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

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in various ways including the mode of admission, the urgency of admission and the diagnoses reported.

Mode of admission

About 43% of *Palliative care* separations were a *New admission to hospital*, which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 5.30).

Statistical admission: care type change accounted for 34% of *Palliative care* separations in public hospitals. This indicates that the clinical intent of the patient's care had changed (for example, from *Acute care*) within the same hospital.

Private hospitals recorded a higher proportion (33%) of *Admitted patient transferred from another hospital* than public hospitals (21%).

Table 5.30: Separations for *Palliative care* by mode of admission, public and private hospitals, 2014–15

Admission mode	Public hospitals	Private hospitals	Total
New admission to hospital[(a)]	14,257	3,358	17,615
Admitted patient transferred from another hospital	7,303	2,036	9,339
Statistical admission: care type change	12,933	822	13,755
Not reported	101	1	102
Total	**34,594**	**6,217**	**40,811**

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

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

How urgent was the care?

In 2014–15, 21% of patients admitted for *Palliative care* were reported as *Emergency* admissions. The proportion of *Elective* admissions varied between public and private hospitals, accounting for 65% of *Palliative care* separations in private hospitals and 28% in public hospitals. About 46% of *Palliative care* separations had a *Not assigned* urgency of admission (Table 5.31).

Table 5.31: Separations for *Palliative care* by urgency of admission, public and private hospitals, 2014–15

Urgency of admission	Public hospitals	Private hospitals	Total
Emergency	7,440	1,024	8,464
Elective	9,661	4,054	13,715
Not assigned	17,493	1,139	18,632
Total[(a)]	**34,594**	**6,217**	**40,811**

(a) The totals include separations for which the urgency of admission was not reported.

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

Principal diagnosis

Neoplasm-related conditions accounted for 59% of principal diagnoses reported for *Palliative care* separations. The 5 most common neoplasm-related principal diagnoses (at the 3-character level) are presented in Table 5.32, as are the top 5 non-neoplasm-related principal diagnoses for *Palliative care*, which included heart failure and respiratory disorders.

Table 5.32: Separations for the 5 most common neoplasm-related and the 5 most common other principal diagnoses in 3-character ICD-10-AM groupings for *Palliative care* separations, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
Neoplasm-related				
C34	Malignant neoplasm of bronchus and lung	3,455	670	4,125
C79	Secondary malignant neoplasm of other and unspecified sites	1,964	406	2,370
C78	Secondary malignant neoplasm of respiratory and digestive organs	1,647	376	2,023
C25	Malignant neoplasm of pancreas	1,191	265	1,456
C50	Malignant neoplasm of breast	969	218	1,187
	Other neoplasm-related principal diagnosis	10,669	2,321	12,990
Other				
I50	Heart failure	972	176	1,148
J44	Other chronic obstructive pulmonary disease	954	123	1,077
J18	Pneumonia, organism unspecified	757	63	820
J69	Pneumonitis due to solids and liquids	703	47	750
A41	Other sepsis	650	66	716
	Other (excludes neoplasm-related principal diagnoses)	10,663	1,486	12,149
	Total *Palliative care* separations	**34,594**	**6,217**	**40,811**

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

Procedures

About 27% of *Palliative care* separations did not report a procedure.

For *Palliative care*, 9 of the 10 most commonly reported procedures were allied health interventions and included social work, physiotherapy and pastoral care (Table 5.33).

Length of stay

The average length of stay for *Palliative care* episodes was 10.1 days in public hospitals, and 12.4 days in private hospitals (see tables 4.6 and 4.7 in Chapter 4 'Why did people receive care').

Table 5.33: The 10 most common ACHI procedures for *Palliative care*, public and private hospitals, 2014–15

Procedure code and description		Public hospitals	Private hospitals	Total
95550-01	Allied health intervention, social work	14,362	1,412	15,774
95550-03	Allied health intervention, physiotherapy	13,261	2,142	15,403
95550-02	Allied health intervention, occupational therapy	8,058	653	8,711
95550-00	Allied health intervention, dietetics	6,744	693	7,437
95550-12	Allied health intervention, pastoral care	5,778	1,320	7,098
95550-05	Allied health intervention, speech pathology	5,377	377	5,754
95550-09	Allied health intervention, pharmacy	4,428	235	4,663
96027-00	Prescribed/self-selected medication assessment	2,133	3	2,136
13706-02	Administration of packed cells	1,000	406	1,406
96104-00	Music therapy	802	298	1,100
	Other	7,663	3,399	11,062
Total procedures		**69,606**	**10,938**	**80,544**

ACHI—Australian Classification of Health Interventions.

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

Who paid for the care?

About 75% of *Palliative care* separations from public hospitals were for *Public patients*, and *Private health insurance* funded 58% of *Palliative care* separations from private hospitals (Table 5.34). The *Department of Veterans' Affairs* funded 4% of *Palliative care* separations in public hospitals and 8% in private hospitals. For private hospitals, about 29% of *Palliative care* separations were *Public patients*.

Table 5.34: Separations for *Palliative care*, by principal source of funds, public and private hospitals, 2014–15

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients[(a)]	25,781	1,825	27,606
Private health insurance	7,237	3,597	10,834
Self-funded	67	41	108
Workers compensation	40	3	43
Motor vehicle third party personal claim	13	58	71
Department of Veterans' Affairs	1,423	487	1,910
Other[(b)]	33	206	239
Total	**34,594**	**6,217**	**40,811**

(a) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) *Other* includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

How was the care completed?

In 2014–15, the most common mode of separation for palliative care separations was *Died* (63%) (Table 5.35). About 25% had a mode of separation of *Discharged home*—indicating that these patients were discharged to their place of usual residence.

Table 5.35: Separations for *Palliative care*, by mode of separation, public and private hospitals, 2014–15

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home[(a)]	8,521	1,843	10,364
Discharge/transfer to an (other) acute hospital	2,128	225	2,353
Discharge/transfer to residential aged care service[(b)]	1,164	106	1,270
Discharge/transfer to an (other) psychiatric hospital	9	0	9
Discharge/transfer to other health care accommodation	256	19	275
Statistical discharge: type change	531	73	604
Left against medical advice/discharge at own risk	87	12	99
Statistical discharge from leave	213	9	222
Died	21,640	3,930	25,570
Not reported	45	0	45
Total[(c)]	**34,594**	**6,217**	**40,811**

(a) *Discharged home* is equivalent to *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services) in the mode of separation definition.

(b) The separation mode *Discharge/transfer to residential aged care service* excludes where this was the usual place of residence.

(c) *Total* includes records where the mode of separation was not reported.

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

Where to go for more information:

More information about *Palliative care* in the admitted patient care setting is in Chapter 4 'Why did people receive care?'.

Additional information on *Palliative care* is also available in the AIHW's *Palliative care services in Australia* series.

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

5.6 How much hospital care was provided in the patient's home?

This section presents information on whether the patient received 'hospital-in-the-home' care, by state and territory and by hospital sector.

Most states and territories have hospital-in-the-home (HITH) programs under which admitted patients are provided with hospital care in their home. However, there is variation in reporting of this information.

This care has been defined as occurring in the patient's (permanent or temporary) place of residence as a substitute for hospital accommodation and within an episode of care for an admitted patient (AIHW 2012). HITH days are counted as patient days in the data presented in this report.

In 2014–15, over 596,000 days of HITH care were reported for almost 100,000 separations (Table 5.36).

Overall, for separations that reported HITH days, the average length of the episode of care was 9.0 days, of which an average of 6.0 days were HITH days.

Table 5.36: Separations with hospital-in-the-home care, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Same-day separations	3,050	3,926	379	40	342	0	3,634	15	11,386
Overnight separations	17,573	24,405	8,578	6,432	7,002	80	1,281	1,117	66,468
Total patient days[(a)]	*178,725*	*338,672*	*88,437*	*92,718*	*86,468*	*1,048*	*19,738*	*20,131*	*825,937*
Hospital in the home days	127,855	210,372	59,020	57,140	60,824	734	14,630	12,779	543,354
Average length of stay	8.7	12.0	9.9	14.3	11.8	13.1	4.0	17.8	10.6
Average number of hospital-in-the-home days	6.2	7.4	6.6	8.8	8.3	9.2	3.0	11.3	7.0
Private hospitals									
Same-day separations	0	551	4,532	0	n.p.	n.p.	n.p.	n.p.	19,233
Overnight separations	0	1,837	264	395	n.p.	n.p.	n.p.	n.p.	2,496
Total patient days[(a)]	*0*	*38,754*	*7,010*	*8,086*	n.p.	n.p.	n.p.	n.p.	*68,000*
Hospital in the home days	0	26,636	6,714	5,065	n.p.	n.p.	n.p.	n.p.	52,565
Average length of stay	. .	16.2	1.5	20.5	n.p.	n.p.	n.p.	n.p.	3.1
Average number of hospital-in-the-home days	. .	11.2	1.4	12.8	n.p.	n.p.	n.p.	n.p.	2.4
All hospitals									
Same-day separations	3,050	4,477	4,911	40	n.p.	n.p.	n.p.	n.p.	30,619
Overnight separations	17,573	26,242	8,842	6,827	n.p.	n.p.	n.p.	n.p.	68,964
Total patient days[(a)]	*178,725*	*377,426*	*95,447*	*100,804*	n.p.	n.p.	n.p.	n.p.	*893,937*
Hospital in the home days	127,855	237,008	65,734	62,205	n.p.	n.p.	n.p.	n.p.	595,919
Average length of stay	8.7	12.3	6.9	14.7	n.p.	n.p.	n.p.	n.p.	9.0
Average number of hospital-in-the-home days	6.2	7.7	4.8	9.1	**n.p.**	**n.p.**	**n.p.**	**n.p.**	6.0

(a) Patient days reported for separations that involved hospital-in-the-home care.

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

5.7 How was care completed?

This section presents information on how the admitted patient episode ended. It presents counts of separations by the mode of separation, overall and for acute care, for 2014–15.

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

Separations

In 2014–15, about 92% of separations (9.4 million) had a mode of separation of *Discharged home*—indicating that these patients were discharged to their place of usual residence (Table 5.37). This was particularly the case in the private sector, where 96% of separations (4.0 million) were reported as *Discharged home*, compared with 89% (5.3 million) in the public sector.

About 5.6% of public hospital separations and 1.6% of private hospital separations had a mode of separation of *Discharge/transfer to an (other) hospital*, indicating that their care continued at another hospital.

The number of separations with a mode of separation of *Discharge/transfer to an (other) hospital* (acute and psychiatric) (405,000) does not match the number of separations with a mode of admission of *Admitted patient transferred from another hospital* (403,000; see Table 4.1 in 'Why did people receive care?'). This may indicate that not all patients who are transferred to a hospital from another are having this recorded as their mode of admission. There may also be discrepancies because some patients were admitted and separated in different reporting years.

Same-day acute separations

About 97% of same-day acute separations had a mode of separation of *Discharged home*, and the proportion was higher for private hospitals compared with public hospitals (99% and 95%, respectively) (Table 5.38). A higher proportion of public hospital same-day separations ended with a *Discharge/transfer to an (other) hospital* compared with private hospital same-day separations (3.8% and 0.6%, respectively).

Overnight acute separations

About 87% of overnight acute separations had a mode of separation of *Discharged home* (Table 5.39). This was particularly the case in private hospitals, where 92% of separations reported a mode of separation of *Discharged home* compared with 85% in public hospitals. A higher proportion of public hospital overnight separations ended with a *Discharge/transfer to an (other) hospital* compared with private hospital overnight separations (7.5% and 4.0%, respectively).

Table 5.37: Separations, by mode of separation, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharged home[(a)]	1,596,711	1,437,173	1,072,201	548,064	369,383	108,628	92,209	120,280	5,344,649
Discharge/transfer to an (other) acute hospital	109,346	82,380	74,468	26,501	27,624	4,973	3,528	3,496	332,316
Discharge/transfer to residential aged care service[(b)]	19,110	22,398	5,144	6,511	8,592	902	419	356	63,432
Discharge/transfer to an (other) psychiatric hospital	1,925	1,634	178	600	1,274	507	27	13	6,158
Discharge/transfer to other health care accommodation[(c)]	3,409	4,144	2,133	1,070	1,807	361	183	2,272	15,379
Statistical discharge: type change	35,056	16,415	25,135	7,552	4,318	2,102	2,896	1,291	94,765
Left against medical advice/discharge at own risk	19,889	8,559	11,774	4,925	3,400	490	492	3,865	53,394
Statistical discharge from leave	2,938	20	659	1,094	163	0	0	1	4,875
Died	23,859	15,228	11,106	4,406	5,048	1,542	1,029	558	62,776
Not reported	1,755	0	0	0	686	1	1	151	2,594
Total	*1,813,998*	*1,587,951*	*1,202,798*	*600,723*	*422,295*	*119,506*	*100,784*	*132,283*	*5,980,338*
Private hospitals									
Discharged home[(a)]	1,117,983	975,326	1,007,988	471,634	305,839	n.p.	n.p.	n.p.	4,021,512
Discharge/transfer to an (other) acute hospital	24,190	22,644	8,481	2,910	6,841	n.p.	n.p.	n.p.	66,622
Discharge/transfer to residential aged care service[(b)]	1,354	2,794	1,188	908	514	n.p.	n.p.	n.p.	6,976
Discharge/transfer to an (other) psychiatric hospital	42	31	1	21	26	n.p.	n.p.	n.p.	122
Discharge/transfer to other health care accommodation[(c)]	30,948	34	863	83	933	n.p.	n.p.	n.p.	33,031
Statistical discharge: type change	6,179	4,414	9,308	2,931	571	n.p.	n.p.	n.p.	24,782
Left against medical advice/discharge at own risk	1,001	626	500	160	44	n.p.	n.p.	n.p.	2,375
Statistical discharge from leave	659	0	56	13	0	n.p.	n.p.	n.p.	729
Died	2,183	3,468	4,572	2,080	1,009	n.p.	n.p.	n.p.	13,801
Not reported	0	0	0	0	79	n.p.	n.p.	n.p.	79
Total	*1,184,539*	*1,009,337*	*1,032,957*	*480,740*	*315,856*	*n.p.*	*n.p.*	*n.p.*	*4,170,029*

(a) *Discharged home* is equivalent to *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services) in the mode of separation definition.

(b) Unless this is the usual place of residence.

(c) Includes Mothercraft hospitals, except in jurisdictions where Mothercraft facilities are considered acute.

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

Table 5.38: Same-day acute separations, by mode of separation, public and private hospitals, 2014–15

	Public hospitals	Private free-standing day hospital facilities	Other private hospitals	Total
Discharged home	2,928,347	926,232	1,722,600	5,577,179
Discharge/transfer to an (other) acute hospital	115,463	11,010	5,673	132,146
Discharge/transfer to residential aged care service	11,104	10	223	11,337
Discharge/transfer to an (other) psychiatric hospital	1,365	1	14	1,380
Discharge/transfer to other health care accommodation	2,114	62	14,521	16,697
Statistical discharge: type change	2,142	0	387	2,529
Left against medical advice/discharge at own risk	18,703	32	681	19,416
Statistical discharge from leave	377	56	354	787
Died	5,169	0	255	5,424
Not reported	1,290	2	42	1,334
Total	**3,086,074**	**937,405**	**1,744,750**	**5,768,229**

Notes

1. See Table 5.37 for footnotes for this table.
2. See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.39: Overnight acute separations, by mode of separation, public and private hospitals, 2014–15

	Public hospitals	Private hospitals	Total
Discharged home	2,301,275	1,069,163	3,370,438
Discharge/transfer to an (other) acute hospital	197,802	45,848	243,650
Discharge/transfer to residential aged care service	35,403	5,027	40,430
Discharge/transfer to an (other) psychiatric hospital	4,610	102	4,712
Discharge/transfer to other health care accommodation	8,976	10,038	19,014
Statistical discharge: type change	76,602	21,375	97,977
Left against medical advice/discharge at own risk	33,368	1,418	34,786
Statistical discharge from leave	3,672	218	3,890
Died	34,107	9,446	43,553
Not reported	1,150	27	1,177
Total	**2,696,965**	**1,162,662**	**3,859,627**

Notes

1. See Table 5.37 for footnotes for this table.
2. See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about mode of separation is available in:

- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for admissions involving surgery.

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

6 What procedures were performed?

This chapter presents information on the procedures and other interventions provided for admitted patients.

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

The information in this chapter includes:

- an overview of procedures, including changes over time
- how Australia compares with other countries (OECD) for selected procedures
- rates of service for selected procedures—a performance indicator related to accessibility for 15 selected procedures
- emergency surgery (a subset of all procedures)—including information on who used these services, why they required care, what services were provided and who paid for the care
- elective surgery (a subset of all procedures)—including information on who used these services, why they required care, what services were provided and who paid for the care
- elective surgery waiting times for patients admitted from public hospital elective surgery waiting lists—including information on Indigenous status, remoteness and SES area of usual residence.

Key findings

Procedures

In 2014–15, about 20.3 million procedures were reported, with about 10.4 million procedures performed in public hospitals and 9.9 million in private hospitals.

Surgery

About 1 in 5 hospitalisations involved surgery and 60% of these occurred in private hospitals.

In 2014–15, there were 314,000 emergency admissions involving surgery and 87% of these occurred in public hospitals. The most common emergency surgery performed was appendicectomy.

Between 2010–11 and 2014–15, elective admissions involving surgery rose by an average of 2.4% per year; by 1.3% for public hospitals and by 3.0% for private hospitals.

Waiting times

In 2014–15, median waiting times for elective surgery varied by remoteness area of usual residence, ranging from 31 days in *Remote* areas to 40 days in *Inner regional* areas.

Patients with a cancer-related principal diagnosis had shorter median waiting times compared with patients waiting for surgery for other reasons (17 days and 40 days, respectively).

6.1 Overview of procedures

This section presents an overview of the procedures performed in public and private hospitals in Australia. It presents information on procedures at the Australian Classification of Health Interventions (ACHI) chapter-level for public and private hospitals and, for same-day and overnight acute care, by states and territories. It also presents information on the 20 most common procedures (at the more detailed block-level) by change in the number of procedures over time, and for same-day acute and overnight acute separations.

Changes over time

Tables 6.1 and 6.2 present the 20 procedure blocks with the largest increases between 2010–11 and 2014–15 for public hospitals and for private hospitals.

Between 2010–11 and 2014–15, the number of *Generalised allied health interventions* procedures in public hospitals increased from 2.3 million to 3.0 million, an average annual increase of 7.0% each year (Table 6.1). The number of *Cerebral anaesthesia* (general anaesthesia) procedures reported increased by an average of 2.4% each year, less than the increase in public hospital separations (3.2% each year).

For private hospitals between 2010–11 and 2014–15, the number of *Generalised allied health interventions* increased from 860,000 to 1.2 million, an average annual increase of 9.2% each year (Table 6.2). There were also large average annual increases in the numbers of procedures reported for psychological therapies and other therapies (including skills training, counselling or education) and for procedures on the eye, especially for the retina, choroid or posterior chamber.

For public and private hospitals combined, the number of procedures reported for *Haemodialysis* increased by an average of 3.6% each year.

How many procedures were reported in 2014–15?

About 75% (4.5 million) of public hospital separations and 95% (4.0 million) of private hospital separations involved a procedure.

In 2014–15, about 20.3 million procedures were reported, with about 10.4 million procedures performed in public hospitals and 9.9 million in private hospitals (Table 6.3).

Public hospitals accounted for 73% of procedures in the ACHI chapter *Procedures on the urinary system* (mainly for dialysis), 76% of *Radiation oncology procedures*, 75% of *Procedures on the respiratory system* and 74% of *Obstetric procedures* (which includes childbirth).

Private hospitals accounted for 71% of *Dental services* procedures and 75% of *Procedures on the eye and adnexa* (which includes cataract extractions).

Information on procedures for same-day and overnight acute separations at the ACHI chapter level for public and private hospitals by states and territories is available in tables 6.4, 6.5, 6.7 and 6.8.

Table 6.1: The 20 procedure blocks with the largest change in the total number of procedures reported, public hospitals, 2010–11 to 2014–15

Procedure block		2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) average since 2010–11
1916	Generalised allied health interventions	2,295,687	2,501,374	2,645,465	2,805,301	3,004,043	7.0
1822	Assessment of personal care and other activities of daily/independent living	8,180	8,795	38,410	112,529	159,792	110.2[(a)]
1060	Haemodialysis	990,887	1,040,453	1,056,470	1,096,159	1,127,965	3.3
1910	Cerebral anaesthesia	1,366,711	1,396,156	1,413,494	1,454,704	1,502,737	2.4
1920	Administration of pharmacotherapy	313,225	329,692	333,730	347,506	403,137	6.5
1909	Conduction anaesthesia	182,661	188,625	192,319	201,984	210,816	3.6
1893	Administration of blood and blood products	258,411	269,118	270,272	271,104	285,163	2.5
570	Non-invasive ventilatory support	31,386	36,570	43,054	49,252	56,335	15.7
1620	Excision of lesion(s) of skin and subcutaneous tissue	73,948	72,013	72,146	90,671	96,649	6.9
1628	Other debridement of skin and subcutaneous tissue	37,192	43,022	45,710	50,174	56,783	11.2
911	Fibreoptic colonoscopy with excision	82,844	83,290	83,265	88,310	101,021	5.1
1334	Medical or surgical induction of labour	53,468	56,505	60,214	63,138	66,340	5.5
1008	Panendoscopy with excision	87,241	87,936	88,724	92,939	100,009	3.5
1067	Endoscopic insertion, replacement or removal of ureteric stent	20,539	23,193	25,922	29,064	32,061	11.8
1341	Fetal monitoring	24,683	26,770	29,474	31,681	34,463	8.7
986	Division of abdominal adhesions	28,746	31,102	33,003	35,328	37,653	7.0
197	Extracapsular crystalline lens extraction by phacoemulsification	61,213	63,248	65,300	67,585	70,017	3.4
1333	Analgesia and anaesthesia during labour and delivery procedure	48,443	51,119	54,385	56,306	57,155	4.2
1566	Excision procedures on other musculoskeletal sites	38,864	39,774	41,679	43,731	47,316	5.0
1089	Examination procedures on bladder	44,742	47,004	48,240	50,903	52,539	4.1

(a) The large increase in reporting of *Assessment of personal care and other activities of daily/independent living* is mainly due to the recording of medication reviews as a quality measure in some hospitals in one state.

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

Same-day acute care

About 79% of same-day acute separations in public hospitals and 97% of same-day acute separations in private hospitals involved a procedure.

In 2014–15, 9.3 million procedures were reported for same-day acute separations (Table 6.6).

In 2014–15, *Cerebral anaesthesia* (general anaesthesia) was the most common procedure block for same-day acute separations, reflecting that it is a companion procedure for many other procedures (Table 6.6). Apart from *Cerebral anaesthesia*, the most frequently reported procedure groups were *Haemodialysis* (1.3 million procedures), *Administration of pharmacotherapy* (including chemotherapy) and *Fibreoptic colonoscopy with excision*.

Table 6.2: The 20 procedure blocks with the largest change in the total number of procedures reported, private hospitals, 2010–11 to 2014–15

Procedure block		2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) average since 2010–11
1916	Generalised allied health interventions	860,181	945,533	990,370	1,060,062	1,223,721	9.2
1910	Cerebral anaesthesia	2,011,293	2,091,755	2,134,268	2,221,060	2,292,439	3.3
1920	Administration of pharmacotherapy	306,863	327,689	345,557	371,534	402,044	7.0
911	Fibreoptic colonoscopy with excision	245,923	259,046	268,854	287,956	331,813	7.8
1876	Skills training in movement	33,283	31,293	41,544	72,386	110,651	35.0
1620	Excision of lesion(s) of skin and subcutaneous tissue	148,589	152,240	151,739	194,800	208,849	8.9
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	34,161	44,115	54,116	59,498	89,415	27.2
197	Extracapsular crystalline lens extraction by phacoemulsification	134,693	142,816	146,673	154,300	189,771	8.9
1008	Panendoscopy with excision	229,984	244,189	249,804	260,838	284,149	5.4
1880	Therapies using agents, not elsewhere classified	71,492	83,535	81,743	91,924	120,919	14.0
1060	Haemodialysis	213,487	224,537	235,160	243,261	258,372	4.9
1873	Psychological/psychosocial therapies	61,842	75,326	81,860	91,344	103,316	13.7
1909	Conduction anaesthesia	238,357	249,304	251,832	264,874	275,407	3.7
72	Percutaneous neurotomy of other peripheral nerve	30,987	36,066	41,999	54,141	63,579	19.7
1297	Procedures for reproductive medicine	57,547	65,155	63,184	57,255	82,743	9.5
905	Fibreoptic colonoscopy	231,712	233,435	230,934	235,449	255,881	2.5
1869	Other counselling or education	12,594	14,220	15,159	19,229	31,302	25.6
1867	Counselling or education relating to personal care and other activities of daily/independent living	11,262	16,395	19,906	22,741	26,473	23.8
458	Surgical removal of tooth	115,722	121,777	124,205	124,259	130,256	3.0
1893	Administration of blood and blood products	119,168	127,008	126,806	130,394	132,335	2.7

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

Overnight acute care

In 2014–15, almost 9.5 million procedures were reported for overnight acute separations (Table 6.9).

About 69% of overnight acute separations in public hospitals and 89% of overnight acute separations in private hospitals involved a procedure.

In 2014–15, *Generalised allied health interventions*, which includes physiotherapy and other rehabilitation procedures or interventions, was the most common procedure block reported for overnight acute separations. *Cerebral anaesthesia* (general anaesthesia) was the next most frequently reported procedure block, reflecting the fact that it is a companion procedure for many other procedures (Table 6.9).

Table 6.3: Number of procedures, by ACHI chapter, public and private hospitals, 2014–15

Procedure chapter		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	106,395	251,967	358,362
110–129	Procedures on endocrine system	9,470	10,060	19,530
160–256	Procedures on eye and adnexa	119,985	363,621	483,606
300–333	Procedures on ear and mastoid process	30,995	42,924	73,919
370–422	Procedures on nose, mouth and pharynx	97,565	189,716	287,281
450–490	Dental services	108,798	263,369	372,167
520–571	Procedures on respiratory system	164,095	53,621	217,716
600–777	Procedures on cardiovascular system	290,203	270,362	560,565
800–817	Procedures on blood and blood-forming organs	41,716	29,653	71,369
850–1011	Procedures on digestive system	700,488	1,250,305	1,950,793
1040–1129	Procedures on urinary system	1,332,160	474,344	1,806,504
1160–1203	Procedures on male genital organs	44,229	76,064	120,293
1240–1299	Gynaecological procedures	227,602	378,235	605,837
1330–1347	Obstetric procedures	441,131	154,383	595,514
1360–1580	Procedures on musculoskeletal system	386,795	558,195	944,990
1600–1718	Dermatological and plastic procedures	349,131	454,517	803,648
1740–1759	Procedures on breast	26,226	58,580	84,806
1786–1799	Radiation oncology procedures	13,202	4,132	17,334
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	5,849,498	5,017,699	10,867,197
1940–2016	Imaging services	59,148	44,811	103,959
Total procedures reported		**10,398,835**	**9,946,581**	**20,345,416**

ACHI—Australian Classification of Health Interventions; n.e.c—not elsewhere classified.
Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information on procedures is available in:

- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Section 6.3 in this chapter for selected procedures
- Sections 6.4 and 6.5 in this chapter—for emergency and elective admissions involving surgery.

Additional information is available 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.

Table 6.4: Procedures[a] reported for same-day acute separations, by ACHI chapter, public hospitals, states and territories, 2014–15

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	7,019	8,151	4,954	3,041	3,021	571	255	168	27,180
110–129	Procedures on endocrine system	77	444	31	22	7	5	5	5	596
160–256	Procedures on eye and adnexa	24,551	26,075	11,800	12,654	8,374	1,983	1,521	890	87,848
300–333	Procedures on ear and mastoid process	3,049	3,861	3,978	1,525	1,512	227	221	232	14,605
370–422	Procedures on nose, mouth and pharynx	4,946	7,024	6,683	1,508	1,457	219	262	160	22,259
450–490	Dental services	5,081	7,450	4,341	2,631	2,650	505	481	388	23,527
520–571	Procedures on respiratory system	5,246	6,224	4,538	1,772	932	737	133	169	19,751
600–777	Procedures on cardiovascular system	12,501	17,934	6,842	6,094	3,477	2,125	1,116	483	50,572
800–817	Procedures on blood and blood-forming organs	2,624	6,515	1,984	1,422	1,726	232	46	83	14,632
850–1011	Procedures on digestive system	77,053	84,287	34,769	37,796	6,034	6,759	2,678	2,404	251,780
1040–1129	Procedures on urinary system	362,523	318,470	191,202	127,483	71,506	19,578	23,916	66,957	1,181,635
1160–1203	Procedures on male genital organs	5,744	6,822	3,710	3,472	2,039	511	288	178	22,764
1240–1299	Gynaecological procedures	22,033	28,800	13,519	7,082	9,780	1,691	1,037	1,404	85,346
1330–1347	Obstetric procedures	2,705	1,960	1,681	1,096	803	213	296	131	8,885
1360–1580	Procedures on musculoskeletal system	25,003	22,603	13,509	8,441	6,315	1,586	1,761	772	79,990
1600–1718	Dermatological and plastic procedures	25,100	28,438	20,360	9,623	10,156	1,905	1,456	989	98,027
1740–1759	Procedures on breast	2,652	2,501	1,263	609	474	187	77	45	7,808
1786–1799	Radiation oncology procedures	583	1,314	298	190	147		1		2,533
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	271,242	414,521	213,372	145,433	68,835	32,100	17,220	9,601	1,172,324
1940–2016	Imaging services	6,631	5,258	3,230	2,628	2,097	821	294	119	21,078
Total same-day acute separations[b]		**816,110**	**915,407**	**631,178**	**323,921**	**192,223**	**63,507**	**52,774**	**90,954**	**3,086,074**

ACHI—Australian Classification of Health Interventions; n.e.c.— not elsewhere classified.

(a) These are counts of separations that reported at least 1 procedure within the ACHI procedure chapter.

(b) The number of separations for which the preceding procedures were reported.

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

Table 6.5: Procedures[a] reported for same-day acute separations, by ACHI chapter, private hospitals, state and territories, 2014–15

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	16,099	16,783	15,784	10,741	5,508	n.p.	n.p.	n.p.	67,305
110–129	Procedures on endocrine system	74	47	30	12	4	n.p.	n.p.	n.p.	178
160–256	Procedures on eye and adnexa	86,290	52,123	65,366	29,379	19,214	n.p.	n.p.	n.p.	266,712
300–333	Procedures on ear and mastoid process	8,102	6,152	4,623	3,521	2,584	n.p.	n.p.	n.p.	26,188
370–422	Procedures on nose, mouth and pharynx	13,236	7,787	8,019	5,063	3,194	n.p.	n.p.	n.p.	38,532
450–490	Dental services	29,770	28,931	21,589	16,399	9,931	n.p.	n.p.	n.p.	110,837
520–571	Procedures on respiratory system	2,142	2,236	3,073	912	862	n.p.	n.p.	n.p.	9,424
600–777	Procedures on cardiovascular system	17,552	12,460	12,139	5,171	3,427	n.p.	n.p.	n.p.	54,008
800–817	Procedures on blood and blood-forming organs	1,352	2,042	3,466	600	738	n.p.	n.p.	n.p.	8,504
850–1011	Procedures on digestive system	200,752	199,253	159,646	59,917	41,623	n.p.	n.p.	n.p.	680,052
1040–1129	Procedures on urinary system	63,132	63,941	81,504	99,853	29,771	n.p.	n.p.	n.p.	342,081
1160–1203	Procedures on male genital organs	13,600	9,618	7,310	5,462	3,006	n.p.	n.p.	n.p.	40,438
1240–1299	Gynaecological procedures	48,408	57,973	38,156	20,529	7,937	n.p.	n.p.	n.p.	177,871
1330–1347	Obstetric procedures	289	437	443	147	59	n.p.	n.p.	n.p.	1,413
1360–1580	Procedures on musculoskeletal system	39,766	34,216	28,575	17,479	14,690	n.p.	n.p.	n.p.	141,177
1600–1718	Dermatological and plastic procedures	43,208	40,846	35,240	20,974	18,659	n.p.	n.p.	n.p.	163,902
1740–1759	Procedures on breast	5,826	3,281	5,779	1,826	1,070	n.p.	n.p.	n.p.	18,136
1786–1799	Radiation oncology procedures	1,309	37	31	3	99	n.p.	n.p.	n.p.	1,490
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	595,735	533,306	557,498	199,149	143,953	n.p.	n.p.	n.p.	2,096,819
1940–2016	Imaging services	6,536	3,124	4,380	1,708	1,300	n.p.	n.p.	n.p.	17,398
Total same-day acute separations[b]		**705,566**	**671,479**	**677,780**	**337,777**	**204,857**	**n.p.**	**n.p.**	**n.p.**	**2,682,155**

ACHI—Australian Classification of Health Interventions; n.e.c.— not elsewhere classified.

(a) These are counts of separations that reported at least 1 procedure within the ACHI procedure chapter.

(b) The number of separations for which the preceding procedures were reported.

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

Table 6.6: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for same-day acute separations, public and private hospitals, 2014–15

Procedure block		Public hospitals	Private free-standing day hospital facilities	Other private hospitals	Total
1910	Cerebral anaesthesia	690,980	487,465	1,058,148	2,236,593
1060	Haemodialysis	1,099,506	149,181	100,150	1,348,837
1920	Administration of pharmacotherapy	275,816	84,270	237,672	597,758
911	Fibreoptic colonoscopy with excision	79,040	106,061	176,299	361,400
1008	Panendoscopy with excision	79,075	96,229	160,167	335,471
905	Fibreoptic colonoscopy	75,067	92,381	136,345	303,793
197	Extracapsular crystalline lens extraction by phacoemulsification	67,197	93,058	69,073	229,328
1909	Conduction anaesthesia	72,528	72,305	61,769	206,602
1620	Excision of lesion(s) of skin and subcutaneous tissue	52,049	41,814	66,027	159,890
1893	Administration of blood and blood products	95,608	22,086	39,286	156,980
1265	Curettage and evacuation of uterus	54,091	39,802	49,409	143,302
458	Surgical removal of tooth	10,995	25,308	64,059	100,362
1916	Generalised allied health interventions	63,281	340	34,302	97,923
1089	Examination procedures on bladder	40,883	6,124	48,183	95,190
1005	Panendoscopy	20,957	35,302	27,937	84,196
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	3,691	57,344	10,805	71,840
1259	Examination procedures on uterus	29,691	3,962	33,399	67,052
1873	Psychological/psychosocial therapies	846	0	66,094	66,940
1297	Procedures for reproductive medicine	4,511	38,997	23,298	66,806
1922	Other procedures related to pharmacotherapy	9,847	7,188	32,423	49,458
	Other	760,849	260,653	846,973	1,868,475
Total procedures reported		**3,743,487**	**1,960,688**	**3,642,217**	**9,346,392**

ACHI—Australian Classification of Health Interventions.

(a) A procedure is counted once for the group if it has at least 1 procedure reported within the group. As more than 1 procedure can be reported for each separation, the data are not additive and therefore the totals in the table may not equal the sum of counts in the rows.

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

Table 6.7: Procedures[a] reported for overnight acute separations by ACHI chapter, public hospitals, states and territories, 2014–15

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	17,440	13,209	8,884	4,867	3,964	1,287	957	490	51,098
110–129	Procedures on endocrine system	2,817	2,389	1,461	749	510	154	103	61	8,244
160–256	Procedures on eye and adnexa	4,585	3,127	2,048	1,343	906	88	224	141	12,462
300–333	Procedures on ear and mastoid process	2,537	2,642	1,861	1,225	1,009	173	179	228	9,854
370–422	Procedures on nose, mouth and pharynx	12,411	13,840	7,228	4,384	4,313	749	791	498	44,214
450–490	Dental services	1,299	1,396	1,202	865	503	102	128	286	5,781
520–571	Procedures on respiratory system	35,409	26,878	20,296	9,534	6,992	2,578	2,077	1,527	105,291
600–777	Procedures on cardiovascular system	37,270	28,609	22,153	11,082	9,509	2,353	2,652	1,199	114,827
800–817	Procedures on blood and blood-forming organs	7,683	6,408	4,796	2,328	1,974	490	435	196	24,310
850–1011	Procedures on digestive system	76,050	60,247	43,504	22,562	17,107	5,028	4,245	2,436	231,179
1040–1129	Procedures on urinary system	25,062	21,645	15,726	7,441	7,758	1,341	1,871	2,560	83,404
1160–1203	Procedures on male genital organs	5,403	5,067	3,384	1,747	1,311	333	304	165	17,714
1240–1299	Gynaecological procedures	15,010	12,950	10,265	4,958	3,993	1,105	816	618	49,715
1330–1347	Obstetric procedures	63,504	51,029	37,614	23,208	13,535	3,689	4,362	2,826	199,767
1360–1580	Procedures on musculoskeletal system	65,038	46,040	35,847	20,311	13,961	4,611	3,621	2,927	192,356
1600–1718	Dermatological and plastic procedures	35,281	30,264	23,467	12,462	9,481	2,100	2,058	3,564	118,677
1740–1759	Procedures on breast	3,784	3,313	2,821	1,517	1,280	282	239	146	13,382
1786–1799	Radiation oncology procedures	3,108	1,820	1,559	691	570	179	217	45	8,189
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	542,222	427,713	346,291	170,598	136,857	36,218	28,833	22,111	1,710,843
1940–2016	Imaging services	11,168	5,838	5,387	2,711	1,655	742	751	175	28,427
Total overnight acute separations[b]		**926,904**	**629,019**	**527,038**	**263,446**	**212,999**	**52,807**	**44,372**	**40,380**	**2,696,965**

ACHI—Australian Classification of Health Interventions; n.e.c.— not elsewhere classified.

(a) These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

(b) The number of separations for which the preceding procedures were reported.

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

Table 6.8: Procedures[a] reported for overnight acute separations by ACHI chapter, private hospitals, states and territories, 2014–15

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	15,231	14,323	13,078	7,817	3,648	n.p.	n.p.	n.p.	56,555
110–129	Procedures on endocrine system	3,127	2,076	1,807	1,057	582	n.p.	n.p.	n.p.	8,925
160–256	Procedures on eye and adnexa	2,677	1,547	1,374	2,303	942	n.p.	n.p.	n.p.	9,183
300–333	Procedures on ear and mastoid process	3,243	1,911	2,077	1,504	863	n.p.	n.p.	n.p.	10,088
370–422	Procedures on nose, mouth and pharynx	18,143	12,251	10,846	7,764	4,880	n.p.	n.p.	n.p.	56,882
450–490	Dental services	1,125	862	572	340	455	n.p.	n.p.	n.p.	3,506
520–571	Procedures on respiratory system	6,926	7,980	11,843	2,668	2,663	n.p.	n.p.	n.p.	32,945
600–777	Procedures on cardiovascular system	24,020	27,390	24,062	9,455	5,822	n.p.	n.p.	n.p.	93,272
800–817	Procedures on blood and blood-forming organs	5,112	4,638	4,649	1,927	1,845	n.p.	n.p.	n.p.	18,871
850–1011	Procedures on digestive system	38,542	41,102	43,785	18,066	12,659	n.p.	n.p.	n.p.	161,102
1040–1129	Procedures on urinary system	14,423	15,788	13,895	5,480	4,891	n.p.	n.p.	n.p.	57,193
1160–1203	Procedures on male genital organs	8,721	7,984	6,348	2,858	2,005	n.p.	n.p.	n.p.	29,372
1240–1299	Gynaecological procedures	12,765	10,506	11,234	5,314	3,821	n.p.	n.p.	n.p.	45,714
1330–1347	Obstetric procedures	20,992	18,852	16,133	10,304	4,341	n.p.	n.p.	n.p.	74,061
1360–1580	Procedures on musculoskeletal system	51,372	54,018	47,881	28,313	18,727	n.p.	n.p.	n.p.	210,742
1600–1718	Dermatological and plastic procedures	15,101	16,419	13,556	7,276	4,379	n.p.	n.p.	n.p.	59,218
1740–1759	Procedures on breast	6,501	5,756	4,980	3,478	2,092	n.p.	n.p.	n.p.	23,861
1786–1799	Radiation oncology procedures	595	1,054	295	53	183	n.p.	n.p.	n.p.	2,209
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	245,958	257,397	250,762	114,440	75,878	n.p.	n.p.	n.p.	984,686
1940–2016	Imaging services	6,526	5,609	5,461	1,586	1,328	n.p.	n.p.	n.p.	20,831
Total overnight acute separations[b]		**283,711**	**306,830**	**301,348**	**134,978**	**86,853**	**n.p.**	**n.p.**	**n.p.**	**1,162,662**

ACHI—Australian Classification of Health Interventions; n.e.c.— not elsewhere classified.

(a) These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

(b) The number of separations for which the preceding procedures were reported.

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

Table 6.9: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for overnight acute separations, public and private hospitals, 2014–15

Procedure block		Public hospitals	Private hospitals	Total
1916	Generalised allied health interventions	1,192,463	447,291	1,639,754
1910	Cerebral anaesthesia	713,064	695,481	1,408,545
1909	Conduction anaesthesia	135,384	137,391	272,775
1893	Administration of blood and blood products	139,583	52,884	192,467
1822	Assessment of personal care and other activities of daily/independent living	136,599	6,885	143,484
1340	Caesarean section	66,759	34,430	101,189
1920	Administration of pharmacotherapy	71,454	26,835	98,289
1344	Postpartum suture	71,455	21,305	92,760
668	Coronary angiography	47,188	39,769	86,957
1334	Medical or surgical induction of labour	63,177	23,225	86,402
1333	Analgesia and anaesthesia during labour and delivery procedure	56,618	26,992	83,610
570	Non-invasive ventilatory support	54,210	17,238	71,448
1828	Sleep study	11,081	56,621	67,702
986	Division of abdominal adhesions	34,401	31,828	66,229
1335	Medical or surgical augmentation of labour	43,933	12,362	56,295
965	Cholecystectomy	31,260	20,858	52,118
607	Examination procedures on ventricle	23,991	27,924	51,915
412	Tonsillectomy or adenoidectomy	20,569	30,560	51,129
1566	Excision procedures on other musculoskeletal sites	29,150	20,163	49,313
1518	Arthroplasty of knee	15,061	31,085	46,146
	Other	1,602,591	1,329,806	2,932,397
Total procedures reported		**6,088,463**	**3,451,137**	**9,539,600**

ACHI—Australian Classification of Health Interventions.

(a) A procedure is counted once for the group if it has at least 1 procedure reported within the group. As more than 1 procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

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

6.2 How does Australia compare?

This section presents comparisons of procedures reported for Australian admitted patient care with other OECD countries. It includes information on:

- the proportion of cataract surgeries that were performed on a same-day basis
- the proportion of tonsillectomies that were performed on a same-day basis
- the number of caesarean sections per 100 live births
- the number of coronary revascularisation procedures per 100,000 population, and the proportion of those that were coronary angioplasties
- the number of hip replacement surgeries per 100,000 population
- the number of knee replacement surgeries per 100,000 population.

The indicators were sourced from the OECD (OECD 2015).

It should be noted that these statistics may be affected by variation in admission practices both within Australia and internationally.

OECD indicator: Proportion of cataract surgeries that were performed on a same-day basis

Australia's proportion of cataract surgeries that were performed on a same-day basis was higher than the OECD average (96.7% and 83.4%, respectively) (Table 6.10).

In 2014–15, all states and territories had higher rates of cataract surgeries performed as same-day surgery than the OECD average. Queensland had the highest rate (97.5%) and the Northern Territory the lowest (90.9%).

OECD indicator: Proportion of tonsillectomies that were performed on a same-day basis

Australia's proportion of tonsillectomies that were performed on a same-day basis was lower than the OECD average (10.7% and 34.1%, respectively) (Table 6.10).

In 2014–15, all states and territories had lower rates of tonsillectomies performed as same-day surgery than the OECD average. The Australian Capital Territory had the highest rate (18.2%) and the Northern Territory the lowest (1.6%).

Table 6.10: Proportion of cataract and tonsillectomy surgeries undertaken as same-day separations, all hospitals, states and territories (2014–15) and OECD statistics (2013)[(a)]

State or territory of hospitalisation	Proportion of cataract surgeries undertaken as same-day separations (%)	Proportion of tonsillectomies undertaken as same-day separations (%)
New South Wales	96.9	9.8
Victoria	97.3	12.2
Queensland	97.5	16.5
Western Australia	94.3	3.3
South Australia	95.1	4.1
Tasmania[(b)]	97.3	5.2
Australian Capital Territory[(b)]	97.3	18.2
Northern Territory[(b)]	90.9	1.6
Australia[(c)]	**96.7**	**10.7**
OECD average	**83.4**	**34.1**
OECD interquartile range[(d)]	77.2–97.6	11.0–50.4
Number of OECD countries	27	23

(a) For some OECD countries, the data relate to a year other than 2013.

(b) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(c) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Australia row.

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

Source: OECD Health Statistics 2015 (OECD 2015).

OECD indicator: Number of caesarean sections per 100 live births

Australia's rate of *Caesarean sections* was higher than the OECD average (33.5 and 27.6 per 100 births, respectively) and was also above the interquartile range for the OECD (20.1–32.5 per 100) (Table 6.11).

Western Australia had the highest rate of *Caesarean sections* (35.2 per 100 births).

OECD indicator: Number of coronary revascularisation procedures per 100,000 population

In 2014–15, the *Coronary revascularisation procedure* rate for Australia was below the 2013 OECD average (198.6 and 219.3 per 100,000 population, respectively), and within the interquartile range (Table 6.11).

The Northern Territory had the lowest population rates for *Coronary revascularisation* procedures and 100% of these were for *Coronary angioplasty*. It should be noted that Northern Territory patients who require a coronary artery bypass graft receive treatment in another jurisdiction.

Coronary angioplasty accounted for 76.1% of all revascularisation procedures in Australia, compared to 78.1% across OECD countries (interquartile range 74.9%–84.9%). The Australian Capital Territory had the highest proportion of revascularisation procedures that were coronary angioplasties (83.3%).

OECD indicator: Number of hip and knee replacement surgeries per 100,000 population

Australia's rate of *Hip replacement surgery* was similar to the 2013 OECD average (158.1 and 161.2 per 100,000 population, respectively) (Table 6.11).

Australia's rate of *Knee replacement surgery* was above the 2013 OECD average (192.9 and 120.6 per 100,000 population, respectively), and was also above the interquartile range.

The Australian Capital Territory had the highest population rates for *Hip replacement surgery* and *Knee replacement surgery*. However, these rates should be interpreted with caution due to the high proportion of interstate patients treated in the Australian Capital Territory.

Table 6.11: Selected indicators, all hospitals, states and territories (2014–15) and OECD statistics (2013)[a]

State or territory of hospitalisation	Caesarean sections (per 100 live births)	Coronary revascularisation procedures (per 100,000 population)[b]	Coronary angioplasty (% of coronary revascularisation procedures)	Hip replacement surgery (per 100,000 population)	Knee replacement surgery (per 100,000 population)
New South Wales	32.5	195.5	77.0	140.2	188.1
Victoria	33.7	200.8	73.7	174.3	173.0
Queensland	33.9	210.5	74.9	147.2	208.2
Western Australia	35.2	188.0	80.7	167.4	213.8
South Australia	34.3	181.8	72.6	172.0	209.0
Tasmania[c]	30.8	151.4	80.4	214.8	190.4
Australian Capital Territory[c]	33.7	377.8	83.3	246.1	266.9
Northern Territory[c]	34.1	93.9	100.0	78.9	71.1
Australia[d]	**33.5**	**198.6**	**76.1**	**158.1**	**192.9**
OECD average	**27.6**	**219.3**	**78.1**	**161.2**	**120.6**
OECD interquartile range[e]	20.1–32.5	181.0–256.1	74.9–84.9	106.5–226.7	88.5–170.8
Number of OECD countries	31	30	30	32	29

(a) For some OECD countries, the data relate to a year other than 2013.

(b) Revascularisation procedures include coronary bypass and angioplasty.

(c) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(d) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Australia row.

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

Source: OECD Health Statistics 2015 (OECD 2015).

Where to go for more information:

More information about how Australia's hospitals compare is in Chapter 2 'How much activity was there?'—for overnight separation rates (hospital discharges) and average length of stay.

More information on OECD comparisons is available at <http://www.oecd.org/els/health-systems/Health-at-a-Glance-2015.pdf>.

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

6.3 Performance indicator: Rates of selected hospital procedures

'Rates of service—hospital procedures' is an NHPF indicator related to accessibility of hospital services. It may also relate to the appropriateness of hospital care (see Appendix C).

Generally, the procedures were selected because of the frequency with which they are undertaken, because they are often elective and discretionary and because alternative treatments are sometimes available.

Table 6.12 presents separations per 1,000 population for selected hospital procedures. *Cataract extraction* was the most common procedure (9.3 per 1,000 population). The rates for *Cataract extraction* varied between public and private sectors (2.8 and 6.5 per 1,000 population, respectively) but were fairly similar by Indigenous status and by SES status. Persons usually resident in *Inner regional* and *Outer regional* areas had the highest separation rates for *Cataract extraction* (9.9 per 1,000).

There was some variation in the numbers of separations per 1,000 population for the selected procedures among states and territories. For example, separations for *Cataract extraction* ranged from 8.0 per 1,000 population in South Australia to 10.9 per 1,000 in Tasmania (Table 6.13). As data are not included for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory, the separation rates presented in Table 6.13 are likely to be an underestimate for these jurisdictions.

Variation in separation rates can reflect the numbers of interstate patients receiving treatment. For example, for the Australian Capital Territory, 43% of *Coronary angioplasty* and 50% of *Coronary artery bypass graft* procedures were provided to patients resident in a different state/territory (Table 6.13). For South Australia and Queensland, there were also relatively large proportions of these procedures provided to patients usually resident in a different state.

Any interpretation of this information should take into consideration the limitations of the data from which they are derived. While variation in separation rates could be interpreted as reflecting hospital system performance, they may also reflect variation in underlying needs for hospitalisation, admission and data recording practices, and availability of non-hospital services.

Where to go for more information

More information about these procedures by states and territories is in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

For selected relevant international comparisons, see Section 6.2 'How does Australia compare?'

Information on data limitations and methods is available in appendixes A and B. Information on performance indicators is in Appendix C.

Table 6.12: Rates of service: selected hospital procedures[a], all hospitals, 2014–15

	Cataract extraction	Cholecystectomy	Coronary angioplasty	Coronary artery bypass graft	Cystoscopy	Haemorrhoidectomy	Hip replacement	Hysterectomy[b]
Hospital sector				**Separations per 1,000 population**				
Public	2.8	1.3	0.9	0.3	2.3	0.7	0.7	1.0
Private	6.5	0.9	0.6	0.2	3.1	1.3	0.9	1.3
Indigenous status[c]								
Indigenous	7.5	2.9	2.3	0.8	3.5	1.0	0.8	2.0
Other Australians	9.0	2.2	1.5	0.5	5.4	2.0	1.6	2.2
Remoteness of area of usual residence								
Major cities	8.9	2.1	1.5	0.5	5.5	1.8	1.5	2.2
Inner regional	9.9	2.6	1.4	0.5	5.4	2.7	1.8	3.0
Outer regional	9.9	2.3	1.5	0.5	4.9	2.0	1.7	2.7
Remote	8.6	2.1	1.4	0.5	4.6	1.4	1.6	2.2
Very remote	8.6	1.8	1.6	0.6	3.7	0.7	1.2	1.9
Socioeconomic status of area of usual residence								
1—Lowest	9.3	2.6	1.6	0.5	5.0	2.2	1.5	2.4
2	9.5	2.3	1.5	0.5	5.3	2.2	1.6	2.5
3	9.4	2.2	1.5	0.5	5.6	1.9	1.6	2.5
4	9.0	2.1	1.4	0.5	5.8	1.9	1.6	2.3
5—Highest	9.0	1.8	1.5	0.4	5.5	1.8	1.6	2.0
Total	**9.3**	**2.2**	**1.5**	**0.5**	**5.4**	**2.0**	**1.6**	**2.3**

(continued)

Table 6.12 (continued): Rates of service: selected hospital procedures[a], all hospitals, 2014–15

	Inguinal herniorrhaphy	Knee replacement	Myringotomy	Prostatectomy[d]	Septoplasty	Tonsillectomy	Varicose veins stripping and ligation
Hospital sector				**Separations per 1,000 population**			
Public	0.9	0.6	0.6	0.8	0.3	1.0	0.2
Private	1.1	1.3	1.2	1.7	0.8	1.5	0.4
Indigenous status[c]							
Indigenous	1.2	1.3	1.2	1.4	0.4	1.6	0.2
Other Australians	2.0	1.9	1.7	2.5	1.1	2.6	0.6
Remoteness of area of usual residence							
Major cities	2.0	1.8	1.7	2.6	1.1	2.4	0.6
Inner regional	2.2	2.3	1.8	2.5	1.0	3.1	0.7
Outer regional	2.1	2.2	1.4	2.3	0.9	2.6	0.5
Remote	1.8	1.9	1.5	1.6	0.6	2.3	0.4
Very remote	1.4	1.4	1.1	1.3	0.4	1.3	0.3
Socioeconomic status of area of usual residence							
1—Lowest	2.0	2.0	1.4	2.3	0.9	2.3	0.5
2	2.0	2.1	1.6	2.4	1.0	2.6	0.6
3	2.1	1.9	1.7	2.5	1.0	2.6	0.6
4	2.1	1.9	1.9	2.7	1.2	2.6	0.6
5—Highest	2.1	1.8	2.1	2.8	1.2	2.5	0.6
Total	**2.0**	**1.9**	**1.7**	**2.5**	**1.1**	**2.5**	**0.6**

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes as detailed in tables accompanying this report online in Appendix B.

(b) For *Hysterectomy*, the rate per 1,000 population was calculated for the estimated resident female population aged 15 to 69 years.

(c) Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2014, based on the 2011 Census data. As the projected estimates use a highest age group of 65 and over, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented elsewhere.

(d) For *Prostatectomy*, the rate per 1,000 population was calculated for the estimated resident male population.

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

Table 6.13: Rates of service: selected hospital procedures[a] and other selected statistics, all hospitals, states and territories, 2014–15

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Separations	76,693	58,938	55,055	26,903	17,640	7,578	1,971	1,235	246,013
Separations not within state of residence (%)	3	2	2	<1	2	<1	22	1	2
Proportion of separations public patients (%)	27	31	21	40	36	19	65	54	29
Separations per 1,000 population	8.6	8.8	10.8	10.5	8.0	10.9	5.7	8.4	9.3
Standardised separation rate ratio	0.9	1.0	1.2	1.1	0.9	1.2	0.6	0.9	
Cholecystectomy									
Separations	16,309	14,074	11,520	5,113	3,965	1,343	866	400	53,590
Separations not within state of residence (%)	2	2	2	1	2	1	24	3	2
Proportion of separations public patients (%)	54	56	51	49	58	57	54	69	54
Separations per 1,000 population	2.1	2.3	2.4	1.9	2.2	2.5	2.2	1.7	2.2
Standardised separation rate ratio	0.9	1.0	1.1	0.9	1.0	1.1	1.0	0.8	
Coronary angioplasty									
Separations	13,159	9,701	8,084	4,000	2,737	816	1,151	191	39,839
Separations not within state of residence (%)	2	4	8	2	8	<1	43	6	5
Proportion of separations public patients (%)	45	46	45	47	52	48	47	73	46
Separations per 1,000 population	1.5	1.5	1.6	1.5	1.3	1.2	3.1	0.9	1.5
Standardised separation rate ratio	1.0	1.0	1.0	1.0	0.9	0.8	2.1	0.6	
Coronary artery bypass graft									
Separations	4,007	3,526	2,744	970	1,046	203	236	. .	12,732
Separations not within state of residence (%)	4	5	9	1	11	0	50	. .	7
Proportion of separations public patients (%)	49	50	52	46	54	49	56	. .	50
Separations per 1,000 population	0.5	0.5	0.5	0.4	0.5	0.3	0.7	. .	0.5
Standardised separation rate ratio	1.0	1.1	1.1	0.8	1.0	0.6	1.4	. .	

(continued)

Table 6.13 (continued): Rates of service: selected hospital procedures[a] and other selected statistics, all hospitals, states and territories, 2014–15

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cystoscopy									
Separations	33,383	40,141	28,816	20,664	11,622	3,332	2,126	594	140,678
Separations not within state of residence (%)	2	2	3	<1	1	1	28	3	2
Proportion of separations public patients (%)	37	45	36	38	39	32	49	54	40
Separations per 1,000 population	3.9	6.2	5.7	7.9	5.7	5.1	5.7	3.4	5.4
Standardised separation rate ratio	0.7	1.1	1.1	1.5	1.0	0.9	1.1	0.6	
Haemorrhoidectomy									
Separations	21,811	11,260	8,642	2,686	2,884	1,290	366	456	49,395
Separations not within state of residence (%)	2	2	2	<1	1	1	16	3	2
Proportion of separations public patients (%)	29	42	27	38	23	26	32	29	32
Separations per 1,000 population	2.7	1.8	1.8	1.0	1.5	2.3	1.0	2.0	2.0
Standardised separation rate ratio	1.4	0.9	0.9	0.5	0.8	1.1	0.5	1.0	
Hip replacement									
Separations	12,594	11,738	7,607	4,403	3,792	1,488	898	115	42,635
Separations not within state of residence (%)	2	3	5	1	3	1	35	3	3
Proportion of separations public patients (%)	38	36	35	36	33	28	44	48	36
Separations per 1,000 population	1.4	1.7	1.5	1.7	1.7	2.1	2.5	0.8	1.6
Standardised separation rate ratio	0.9	1.1	0.9	1.1	1.1	1.4	1.6	0.5	
Hysterectomy, females aged 15–69[b]									
Separations	7,869	6,874	6,517	3,134	2,244	660	395	187	27,880
Separations not within state of residence (%)	2	3	4	<1	3	<1	26	1	3
Proportion of separations public patients (%)	41	46	38	33	46	37	37	48	41
Separations per 1,000 population	2.1	2.3	2.7	3.7	1.7	2.5	3.5	1.0	2.3
Standardised separation rate ratio	0.9	1.0	1.2	1.6	0.7	1.1	1.5	0.4	

(continued)

Table 6.13 (continued): Rates of service: selected hospital procedures[a] and other selected statistics, all hospitals, states and territories, 2014–15

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Inguinal herniorrhaphy									
Separations	16,179	12,856	10,762	5,488	3,562	1,351	831	382	51,411
Separations not within state of residence (%)	2	2	3	<1	1	1	21	3	2
Proportion of separations public patients (%)	42	43	38	39	41	36	37	46	41
Separations per 1,000 population	2.0	2.1	2.2	2.1	1.9	2.2	2.2	1.9	2.0
Standardised separation rate ratio	1.0	1.0	1.1	1.0	0.9	1.1	1.1	0.9	
Knee replacement									
Separations	16,829	11,570	10,971	5,699	4,503	1,352	997	129	52,050
Separations not within state of residence (%)	2	4	5	<1	4	<1	32	1	3
Proportion of separations public patients (%)	35	31	28	27	23	21	36	39	30
Separations per 1,000 population	1.9	1.7	2.1	2.1	2.1	1.9	2.7	0.7	1.9
Standardised separation rate ratio	1.0	0.9	1.1	1.1	1.1	1.0	1.4	0.4	
Myringotomy (with insertion of tube)									
Separations	11,058	10,228	6,665	5,011	4,210	728	1,021	222	39,143
Separations not within state of residence (%)	1	2	4	<1	2	<1	20	1	2
Proportion of separations public patients (%)	25	34	29	27	32	32	21	49	29
Separations per 1,000 population	1.5	1.8	1.4	2.0	2.7	1.5	2.7	0.8	1.7
Standardised separation rate ratio	0.9	1.1	0.8	1.2	1.6	0.9	1.6	0.5	
Prostatectomy[c]									
Separations	10,337	9,121	6,814	2,747	2,187	814	517	59	32,596
Separations not within state of residence (%)	2	2	4	<1	2	1	31	n.p.	3
Proportion of separations public patients (%)	30	31	28	29	29	21	25	n.p.	29
Separations per 1,000 population	2.4	2.9	2.7	2.7	1.7	2.4	7.4	n.p.	2.5
Standardised separation rate ratio	1.0	1.1	1.1	1.1	0.7	0.9	2.9	n.p.	

(continued)

Table 6.13 (continued): Rates of service: selected hospital procedures[(a)] and other selected statistics, all hospitals, states and territories, 2014–15

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Separations	7,888	7,997	4,242	2,404	2,285	245	352	157	25,570
Separations not within state of residence (%)	3	2	5	<1	3	<1	24	0	3
Proportion of separations public patients (%)	26	32	18	21	29	28	41	29	27
Separations per 1,000 population	1.1	1.4	0.9	0.9	1.3	0.5	0.9	0.6	1.1
Standardised separation rate ratio	1.0	1.3	0.8	0.8	1.2	0.4	0.8	0.6	
Tonsillectomy									
Separations	17,058	14,516	10,967	6,495	4,126	1,036	1,501	392	56,091
Separations not within state of residence (%)	2	3	3	<1	2	<1	24	1	3
Proportion of separations public patients (%)	34	47	33	30	38	35	24	49	37
Separations per 1,000 population	2.4	2.7	2.4	2.6	2.7	2.2	4.0	1.5	2.5
Standardised separation rate ratio	1.0	1.1	0.9	1.0	1.1	0.9	1.6	0.6	
Varicose veins stripping and ligation									
Separations	4,486	4,649	2,295	1,439	1,165	288	333	81	14,736
Separations not within state of residence (%)	1	1	2	<1	1	<1	30	n.p.	2
Proportion of separations public patients (%)	30	37	14	23	32	11	31	n.p.	29
Separations per 1,000 population	0.6	0.8	0.5	0.5	0.6	0.5	0.8	n.p.	0.6
Standardised separation rate ratio	0.9	1.3	0.8	0.9	1.1	0.8	1.4	n.p.	

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes as detailed in tables accompanying this report online in Appendix B.

(b) For *Hysterectomy*, the rate per 1,000 population was calculated for the estimated resident female population aged 15 to 69 years.

(c) For *Prostatectomy*, the rate per 1,000 population was calculated for the estimated resident male population.

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

6.4 Emergency surgery

This section presents an overview of care provided for emergency admissions involving surgery in both public and private hospitals, over time and for 2014–15. It includes information covering who used these services (and whether this is the same for elective surgery), why they received care, who paid for the care and how the episode ended.

Emergency admissions involving surgery are identified as acute care separations with a 'surgical procedure' reported, based on the procedures used to define 'surgical' DRGs in AR-DRG version 7.0 (NCCC 2012b) and for which the urgency of admission was reported as *Emergency*—indicating that the patient required admission within 24 hours.

Changes over time

Between 2010–11 and 2014–15, the number of emergency admissions involving surgery increased by an average of 2.9% per year (Table 6.14).

Over this period, the number of emergency admissions involving surgery increased for public hospitals in most states and territories (Table 6.14). Public hospitals accounted for the majority (87%) of emergency admissions involving surgery. The number of emergency admissions involving surgery in private hospitals also rose in most states and territories.

For public hospitals, Queensland had the highest increase in emergency admissions involving surgery (4.9%) between 2010–11 and 2014–15, while Victoria recorded the highest increase in the past year (5.8%).

For private hospitals, Victoria had the highest increase in emergency admissions involving surgery (6.8%) between 2010–11 and 2014–15, with Queensland reporting the greatest rise in the past 12 months (15.7%).

How much activity was there in 2014–15?

In 2014–15, there were about 314,000 emergency admissions involving surgery in Australian hospitals (Table 6.15).

Nationally, there were 13 emergency admissions involving surgery per 1,000 population. There was some variation among states and territories, ranging from 12 per 1,000 in New South Wales to 15 per 1,000 in South Australia.

The Northern Territory had the highest rate of emergency admissions involving surgery in public hospitals (21 per 1,000 population).

For private hospitals, the rates of emergency admissions involving surgery ranged from less than 1 per 1,000 in New South Wales to 4 per 1,000 in South Australia.

Table 6.14: Emergency admissions involving surgery, public and private hospitals, states and territories, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
New South Wales							
Public hospitals	79,858	84,980	86,019	87,486	89,082	2.8	1.8
Private hospitals	4,046	4,296	4,175	3,756	3,525	–3.4	–6.2
All hospitals	*83,904*	*89,276*	*90,194*	*91,242*	*92,607*	*2.5*	*1.5*
Victoria							
Public hospitals	59,997	62,528	61,784	63,124	66,800	2.7	5.8
Private hospitals	8,964	9,988	10,574	10,629	11,681	6.8	9.9
All hospitals	*68,961*	*72,516*	*72,358*	*73,753*	*78,481*	*3.3*	*6.4*
Queensland							
Public hospitals	39,814	42,632	45,608	46,998	48,214	4.9	2.6
Private hospitals	11,241	11,047	11,162	11,363	13,150	4.0	15.7
All hospitals	*51,055*	*53,679*	*56,770*	*58,361*	*61,364*	*4.7*	*5.1*
Western Australia							
Public hospitals	28,025	29,296	29,945	30,536	30,364	2.0	–0.6
Private hospitals	5,501	5,433	5,441	5,206	4,801	–3.3	–7.8
All hospitals	*33,526*	*34,729*	*35,386*	*35,742*	*35,165*	*1.2*	*–1.6*
South Australia							
Public hospitals	19,531	20,238	20,675	20,500	21,127	2.0	3.1
Private hospitals	6,233	7,331	7,207	7,284	7,505	4.8	3.0
All hospitals	*25,764*	*27,569*	*27,882*	*27,784*	*28,632*	*2.7*	*3.1*
Tasmania							
Public hospitals	5,770	5,902	5,819	6,244	6,477	2.9	3.7
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	6,377	6,600	6,522	5,886	5,949	–1.7	1.1
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory[(a)]							
Public hospitals	4,399	4,628	4,431	4,843	4,787	2.1	–1.2
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**243,771**	**256,804**	**260,803**	**265,617**	**272,800**	**2.9**	**2.7**
Private hospitals	**36,556**	**38,634**	**39,173**	**39,124**	**41,460**	**3.2**	**6.0**
All hospitals	**280,327**	**295,438**	**299,976**	**304,741**	**314,260**	**2.9**	**3.1**

(a) For 2012–13, urgency of admission was missing for all records from private hospitals in the Northern Territory. All Northern Territory private hospital separations involving surgery were categorised as elective admissions. Therefore, the counts of emergency admissions involving surgery are likely to be underestimated.

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

Table 6.15: Emergency admissions involving surgery per 1,000 population, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[(a)]
Public hospitals									
Separations	89,082	66,800	48,214	30,364	21,127	6,477	5,949	4,787	272,800
Separations per 1,000 population	11.3	11.0	10.1	11.7	11.6	12.0	15.7	20.7	11.2
Private hospitals									
Separations	3,525	11,681	13,150	4,801	7,505	n.p.	n.p.	n.p.	41,460
Separations per 1,000 population	0.4	1.8	2.7	1.8	3.6	n.p.	n.p.	n.p.	1.6
All hospitals									
Separations	**92,607**	**78,481**	**61,364**	**35,165**	**28,632**	**n.p.**	**n.p.**	**n.p.**	**314,260**
Separations per 1,000 population	**11.7**	**12.8**	**12.7**	**13.6**	**15.3**	**n.p.**	**n.p.**	**n.p.**	**12.8**

(a) The total includes private hospital data for Tasmania, Australian Capital Territory and Northern Territory.

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

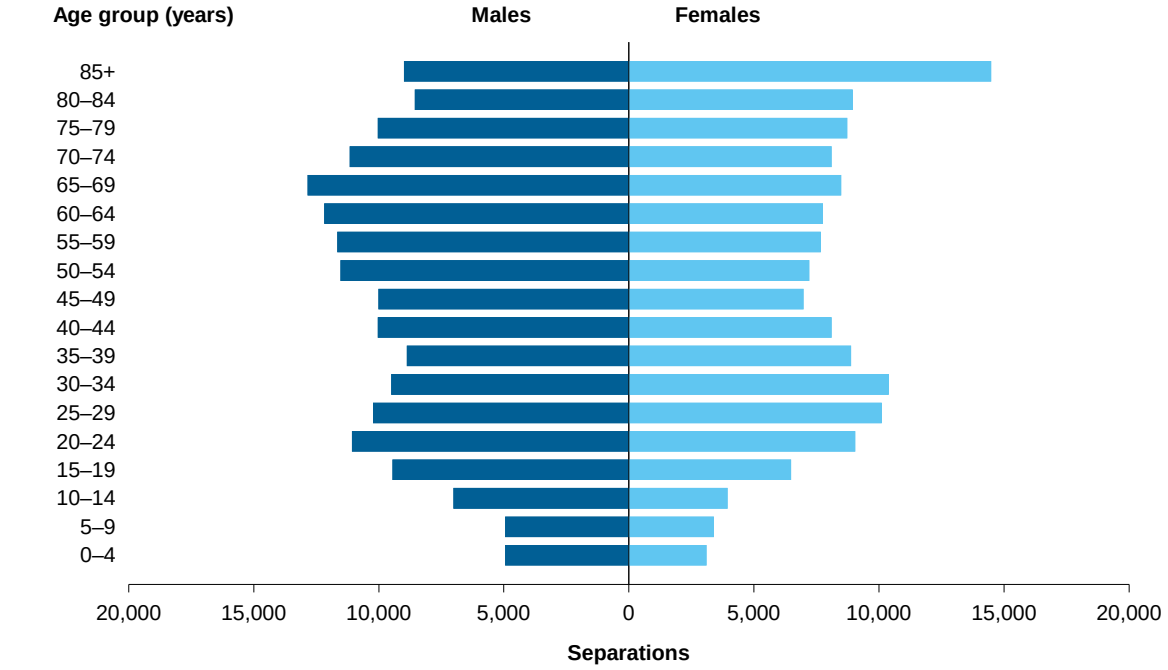
Who used these services?

This section presents information by the patient's sex, age group, Indigenous status and for the remoteness and SES of the patient's area of usual residence.

Sex and age group

Males accounted for more than half (55%) of emergency admissions involving surgery (Figure 6.1). There were more emergency admissions involving surgery for males than females in almost all age groups except 30 to 39 and those aged 80 and over. Persons aged 15 to 29 accounted for about 18% of all emergency admissions involving surgery.

For children aged 10 to 14, there were almost twice as many emergency admissions for boys as for girls.



Note: See boxes 1.1 and 1.2 for notes on definitions and data limitations.

Figure 6.1: Emergency admissions involving surgery, by sex and age group, all hospitals, 2014–15

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-counted. The quality of the data provided for Indigenous status in 2014–15 for admitted patient care varied by jurisdiction. See Chapter 3 'Who used these services?' and Appendix A for more information on the quality of Indigenous data in the NHMD.

There were almost 14,000 emergency admissions involving surgery for Indigenous Australians in 2014–15. The rate of emergency admissions involving surgery for Indigenous Australians was almost twice the rate for other Australians (24 per 1,000 and 13 per 1,000 population, respectively) (Table 6.16).

Remoteness

In 2014–15, the separation rate for emergency admissions involving surgery was highest for those living in *Very remote* areas (21 per 1,000) and fell with decreasing remoteness (Table 6.16).

Socioeconomic status

The separation rate for emergency admissions involving surgery was highest for those living in areas in the lowest SES group (14 per 1,000) and dropped with decreasing disadvantage (Table 6.16).

Table 6.16: Emergency admissions involving surgery per 1,000 population, Indigenous status, remoteness and socioeconomic status of area of usual residence, public and private hospitals, 2014–15

	Separations per 1,000 population			
	Public hospitals	Private hospitals	Total	Separations
Indigenous status				
Indigenous	23.4	0.3	23.7	13,972
Other Australians	10.9	1.7	12.6	300,288
Remoteness area of usual residence				
Major cities	10.4	1.8	12.2	209,830
Inner regional	12.2	1.4	13.7	61,686
Outer regional	12.8	1.0	13.7	29,710
Remote	15.9	0.9	16.8	5,374
Very remote	20.6	0.6	21.2	4,180
Socioeconomic status of area of usual residence				
1—Lowest	13.5	0.8	14.3	70,889
2	12.1	1.2	13.3	65,894
3	11.1	1.7	12.8	62,718
4	10.0	2.1	12.1	57,904
5—Highest	8.7	2.4	11.1	53,305
Total	**11.2**	**1.6**	**12.8**	**314,260**

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

How did people access these services?

Most emergency admissions involving surgery were a *New admission to hospital* (88%), which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 6.17). About 12% of emergency admissions involving surgery were transferred from another hospital.

Why did people receive the care?

The reason that a patient receives surgical care can be described in terms of the principal diagnosis. This section presents information for all principal diagnoses at the ICD-10-AM chapter level for those patients that received surgical care. For the 20 most common principal diagnoses, information is presented at the more detailed 3-character level.

In 2014–15, about 38% of emergency admissions involving surgery had principal diagnoses in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes* (Table 6.18). *Diseases of the digestive system* accounted for 23%, and *Diseases of the circulatory system* accounted for a further 12%.

Table 6.17: Emergency admissions involving surgery by mode of admission, public and private hospitals, 2014–15

	Public hospitals	Private hospitals	Total
New admission to hospital[(a)]	240,943	35,497	276,440
Admitted patient transferred from another hospital	31,561	5,960	37,521
Other/not reported	296	3	299
Total	**272,800**	**41,460**	**314,260**

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

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

Table 6.18: Emergency admissions involving surgery, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	2,371	244	2,615
C00–D48	Neoplasms	9,998	2,782	12,780
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	449	80	529
E00–E89	Endocrine, nutritional and metabolic diseases	3,711	355	4,066
F00–F99	Mental and behavioural disorders	117	9	126
G00–G99	Diseases of the nervous system	1,551	396	1,947
H00–H59	Diseases of the eye and adnexa	3,144	1,739	4,883
H60–H95	Diseases of the ear and mastoid process	376	128	504
I00–I99	Diseases of the circulatory system	31,205	6,038	37,243
J00–J99	Diseases of the respiratory system	4,905	641	5,546
K00–K93	Diseases of the digestive system	62,725	9,620	72,345
L00–L99	Diseases of the skin and subcutaneous tissue	7,060	919	7,979
M00–M99	Diseases of the musculoskeletal system and connective tissue	8,190	2,660	10,850
N00–N99	Diseases of the genitourinary system	11,788	2,587	14,375
O00–O99	Pregnancy, childbirth and the puerperium	11,511	557	12,068
P00–P96	Certain conditions originating in the perinatal period	316	5	321
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,323	111	1,434
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4,270	1,088	5,358
S00–T98	Injury, poisoning and certain other consequences of external causes	106,997	11,335	118,332
Z00–Z99	Factors influencing health status and contact with health services	792	166	958
Total		**272,800**	**41,460**	**314,260**

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

The 20 most common principal diagnoses for emergency admissions involving surgery accounted for over half of the principal diagnoses reported (Table 6.19). The most common principal diagnosis for emergency admissions was *Acute appendicitis*, with 88% of those separations occurring in public hospitals.

Table 6.19: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for emergency admissions involving surgery, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
K35	Acute appendicitis	25,815	3,412	29,227
S72	Fracture of femur	18,081	2,553	20,634
I21	Acute myocardial infarction	13,624	1,889	15,513
S82	Fracture of lower leg, including ankle	11,446	1,297	12,743
K80	Cholelithiasis	9,312	1,781	11,093
S52	Fracture of forearm	8,530	1,064	9,594
S61	Open wound of wrist and hand	6,562	558	7,120
S62	Fracture at wrist and hand level	6,185	548	6,733
T81	Complications of procedures, not elsewhere classified	5,351	933	6,284
K61	Abscess of anal and rectal regions	5,474	541	6,015
S42	Fracture of shoulder and upper arm	5,014	552	5,566
K56	Paralytic ileus and intestinal obstruction without hernia	3,883	746	4,629
S66	Injury of muscle and tendon at wrist and hand level	4,065	295	4,360
O03	Spontaneous abortion	3,723	199	3,922
S01	Open wound of head	3,075	267	3,342
L02	Cutaneous abscess, furuncle and carbuncle	3,120	203	3,323
E11	Type 2 diabetes mellitus	2,997	258	3,255
S81	Open wound of lower leg	2,859	341	3,200
O00	Ectopic pregnancy	3,028	132	3,160
O02	Other abnormal products of conception	2,947	128	3,075
	Other	127,709	23,763	151,472
Total		**272,800**	**41,460**	**314,260**

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

What care was provided?

This section presents information on emergency admissions involving surgery describing care using:

- MDCs and AR-DRGs—based on the AR-DRG classification of acute care separations
- type of surgical procedure undertaken.

MDCs and AR-DRGs

About 26% of emergency admissions involving surgery were for *Diseases and disorders of the musculoskeletal system and connective tissue* (Table 6.20). However, comparing this table with Table 6.33, the majority of separations involving surgery for this category were elective admissions (84%). In contrast, 59% of separations involving surgery for *Injuries, poisoning and toxic effects of drugs* were emergency admissions.

Table 6.20: Emergency admissions involving surgery, by Major Diagnostic Category[a], AR-DRG version 7.0, public and private hospitals, 2014–15

Major Diagnostic Category		Public hospitals	Private hospitals	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	7,523	365	7,888
01	Diseases and disorders of the nervous system	9,587	1,036	10,623
02	Diseases and disorders of the eye	4,542	1,816	6,358
03	Diseases and disorders of the ear, nose, mouth and throat	6,661	673	7,334
04	Diseases and disorders of the respiratory system	2,808	458	3,266
05	Diseases and disorders of the circulatory system	29,231	6,183	35,414
06	Diseases and disorders of the digestive system	53,422	7,872	61,294
07	Diseases and disorders of the hepatobiliary system and pancreas	13,318	2,449	15,767
08	Diseases and disorders of the musculoskeletal system and connective tissue	71,212	10,201	81,413
09	Diseases and disorders of the skin, subcutaneous tissue and breast	8,397	2,204	10,601
10	Endocrine, nutritional and metabolic diseases and disorders	2,708	277	2,985
11	Diseases and disorders of the kidney and urinary tract	5,091	2,169	7,260
12	Diseases and disorders of the male reproductive system	2,974	407	3,381
13	Diseases and disorders of the female reproductive system	6,410	749	7,159
14	Pregnancy, childbirth and puerperium	11,500	557	12,057
15	Newborns and other neonates	864	14	878
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	759	106	865
17	Neoplastic disorders (haematological and solid neoplasms)	1,297	193	1,490
18	Infectious and parasitic diseases	4,183	675	4,858
21	Injuries, poisoning and toxic effects of drugs	25,546	2,453	27,999
22	Burns	2,005	24	2,029
23	Factors influencing health status and other contacts with health services	196	47	243
ED	Error DRGs[b]	2,566	532	3,098
Total		**272,800**	**41,460**	**314,260**

AR-DRG—Australian Refined-Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) The MDCs *Mental diseases and disorders* and *Alcohol/drug use and alcohol/drug induced organic mental disorders* are not listed as there were no separations involving surgery for these MDCs.

(b) An *Error* DRG is assigned to hospital records that contain clinically atypical or invalid information.

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

In 2014–15, the 20 most common AR-DRGs accounted for almost half of the AR-DRGs reported for emergency admissions involving surgery (Table 6.21). About 7% of emergency admissions involving surgery had an AR-DRG of *Appendicectomy without malignancy or peritonitis without catastrophic or severe complications or comorbidities*. For *Implantation or replacement of pacemaker, total system without catastrophic complications or comorbidities*, about 33% of emergency admissions involving surgery were in private hospitals.

Table 6.21: The 20 most common AR-DRGs version 7.0 reported for emergency admissions involving surgery, public and private hospitals, 2014–15

AR-DRG		Public hospitals	Private hospitals	Total
G07B	Appendicectomy without malignancy or peritonitis without CSCC	18,428	2,655	21,083
I30Z	Hand procedures	10,633	1,043	11,676
F10B	Interventional coronary procedures admitted for AMI without catastrophic CC	9,362	1,403	10,765
G07A	Appendicectomy with malignancy or peritonitis or with CSCC	8,257	736	8,993
I13B	Humerus, tibia, fibula and ankle procedures without CC, age >=17	7,481	1,104	8,585
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	6,572	1,426	7,998
X06B	Other procedures for other injuries without CSCC	7,287	668	7,955
O05Z	Abortion with OR procedures	7,595	355	7,950
I08B	Other hip and femur procedures without catastrophic CC	6,797	1,060	7,857
I19B	Other elbow and forearm procedures without CC	6,825	924	7,749
G11Z	Anal and stomal procedures	6,236	785	7,021
I08A	Other hip and femur procedures with catastrophic CC	5,906	532	6,438
X05B	Other procedures for injuries to hand without CC	5,149	484	5,633
G02A	Major small and large bowel procedures with catastrophic CC	4,391	642	5,033
H08A	Laparoscopic cholecystectomy with closed CDE or with CSCC	4,087	709	4,796
F12B	Implantation or replacement of pacemaker, total system without catastrophic CC	2,625	1,275	3,900
X06A	Other procedures for other injuries with CSCC	3,342	339	3,681
I03B	Hip replacement without catastrophic CC	2,840	759	3,599
G04C	Peritoneal adhesiolysis without CC	2,880	648	3,528
I13A	Humerus, tibia, fibula and ankle procedures with CC	3,260	264	3,524
	Other	142,847	23,649	166,496
Total		**272,800**	**41,460**	**314,260**

AMI—acute myocardial infarction; CC—complications or comorbidities; CDE—Common bile duct exploration; CSCC—catastrophic or severe complications or comorbidities; OR—operating room.

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

Procedures

This section presents information for all procedures at the ACHI chapter level. For the 20 most common procedures, information is also presented at the more detailed procedure block level.

In 2014–15, almost 395,000 surgical procedures were reported for emergency admissions involving surgery.

Almost 32% of all surgical procedures reported for emergency admissions involving surgery were in the ACHI chapter *Procedures on musculoskeletal system* (Table 6.22), with 87% of these occurring in public hospitals.

Table 6.22: Procedures[(a)(b)] reported for emergency admissions involving surgery by ACHI chapter, public and private hospitals, 2014–15

Procedure chapter		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	13,256	2,650	15,906
110–129	Procedures on endocrine system	219	45	264
160–256	Procedures on eye and adnexa	6,084	1,897	7,981
300–333	Procedures on ear and mastoid process	415	102	517
370–422	Procedures on nose, mouth and pharynx	3,906	755	4,661
450–490	Dental services	40	55	95
520–571	Procedures on respiratory system	12,413	948	13,361
600–777	Procedures on cardiovascular system	45,331	10,091	55,422
800–817	Procedures on blood and blood-forming organs	2,188	251	2,439
850–1011	Procedures on digestive system	76,827	12,081	88,908
1040–1129	Procedures on urinary system	6,486	2,208	8,694
1160–1203	Procedures on male genital organs	3,938	718	4,656
1240–1299	Gynaecological procedures	17,458	1,369	18,827
1330–1347	Obstetric procedures	535	46	581
1360–1580	Procedures on musculoskeletal system	109,271	15,873	125,144
1600–1718	Dermatological and plastic procedures	37,478	4,892	42,370
1740–1759	Procedures on breast	313	130	443
1786–1799	Radiation oncology procedures	22	1	23
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	4,110	290	4,400
1940–2016	Imaging services	4	0	4
Total surgical procedures		**340,294**	**54,402**	**394,696**

ACHI—Australian Classification of Health Interventions; n.e.c.— not elsewhere classified.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as *Surgical*.

(b) Only 1 procedure is counted for the chapter if a separation has more than 1 procedure reported within the chapter.

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

In 2014–15, *Appendicectomy* was the most common surgical procedure (at the procedure block level) for emergency admissions involving surgery (Table 6.23). Around 89% of emergency admissions for *Appendicectomy* procedures were performed in public hospitals. *Insertion of cardiac pacemaker generator* was the surgical procedure with the highest proportion of emergency admissions in private hospitals (29%).

Table 6.23: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for emergency admissions involving surgery, public and private hospitals, 2014–15

Procedure block		Public hospitals	Private hospitals	Total
926	Appendicectomy	27,550	3,447	30,997
671	Transluminal coronary angioplasty with stenting	13,251	2,677	15,928
1566	Excision procedures on other musculoskeletal sites	13,748	1,879	15,627
1628	Other debridement of skin and subcutaneous tissue	13,518	630	14,148
965	Cholecystectomy	11,264	2,187	13,451
1479	Fixation of fracture of pelvis or femur	10,222	1,287	11,509
1265	Curettage and evacuation of uterus	7,976	414	8,390
1489	Arthroplasty of hip	6,222	1,163	7,385
1539	Open reduction of fracture of ankle or toe	6,468	803	7,271
569	Ventilatory support	6,462	295	6,757
986	Division of abdominal adhesions	5,425	1,103	6,528
930	Incision procedures on rectum or anus	5,602	559	6,161
1429	Open reduction of fracture of radius	5,236	764	6,000
650	Insertion of cardiac pacemaker generator	3,768	1,522	5,290
1466	Repair of tendon of hand	3,934	294	4,228
1636	Repair of nail	3,893	217	4,110
913	Colectomy	2,789	569	3,358
1256	Procedures for management of ectopic pregnancy	3,035	134	3,169
1486	Reduction of fracture of pelvis or femur	2,434	232	2,666
1414	Open reduction of fracture of humerus or elbow	2,369	286	2,655
	Other	185,128	33,940	219,068
Total		**340,294**	**54,402**	**394,696**

ACHI—Australian Classification of Health Interventions.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as *Surgical*.

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

Length of stay

The length of stay for emergency admissions involving surgery was similar for both public and private hospitals. For overnight separations, the average length of stay for emergency admissions involving surgery was about 7 days (Table 6.24).

Table 6.24: Patient days and average length of stay for emergency admissions involving surgery, public and private hospitals, 2014–15

	Public hospitals		Private hospitals		Total	
	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Same-day	23,161	1.0	5,281	1.0	28,442	1.0
Overnight	1,881,944	7.5	281,920	7.8	2,163,864	7.6
Total	**1,905,105**	**7.0**	**287,201**	**6.9**	**2,192,306**	**7.0**

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

Who paid for the care?

About 75% of emergency admissions involving surgery in public hospitals were for *Public patients*; *Private health insurance* funded about 18% (Table 6.25).

For private hospitals, *Private health insurance* funded about 85% of emergency admissions involving surgery and the *Department of Veterans' Affairs* funded about 6%.

Table 6.25: Emergency admissions involving surgery, by principal source of funding, public and private hospitals, 2014–15

Principal source of funding	Public hospitals	Private hospitals	Total
Public patients[(a)]	204,461	1,566	206,027
Private health insurance	49,105	35,112	84,217
Self-funded	2,386	653	3,039
Workers compensation	5,943	1,166	7,109
Motor vehicle third party personal claim	4,733	73	4,806
Department of Veterans' Affairs	3,680	2,670	6,350
Other[(b)]	2,492	220	2,712
Total	**272,800**	**41,460**	**314,260**

(a) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) *Other* includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 84% of emergency admissions involving surgery had a mode of separation of *Discharged home* (Table 6.26). A relatively high proportion of emergency admissions involving surgery were *Discharged/transferred to an (other) acute hospital* for both public and private hospitals (9% and 8% respectively).

Where to go for more information:

More information about emergency admissions involving surgery is in Chapter 5 'What services were provided?' in section 5.1 'Broad categories of service'.

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

Table 6.26: Emergency admissions involving surgery, by mode of separation, public and private hospitals, 2014–15

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home[(a)]	227,096	35,891	262,987
Discharge/transfer to an (other) acute hospital	24,479	3,133	27,612
Discharge/transfer to residential aged care service[(b)]	2,877	325	3,202
Discharge/transfer to an (other) psychiatric hospital	79	3	82
Discharge/transfer to other health care accommodation[(c)]	1,007	297	1,304
Statistical discharge: type change	9,902	1,245	11,147
Left against medical advice/discharge at own risk	2,677	27	2,704
Statistical discharge from leave	96	2	98
Died	4,532	535	5,067
Not reported	55	2	57
Total	**272,800**	**41,460**	**314,260**

(a) *Discharged home* is equivalent to *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services) in the mode of separation definition.

(b) Unless this is the usual place of residence.

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

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

6.5 Elective surgery

This section presents an overview of care provided for elective admissions involving surgery in both public and private hospitals, over time and for 2014–15. It includes information covering who used these services (and whether access was the same for all), why they received care, who paid for the care and how the episode ended.

Elective admissions involving surgery are identified as acute care separations with a 'surgical procedure' reported, based on the procedures used to define 'surgical' DRGs in AR-DRG version 7.0 (NCCC 2012b) and for which the urgency of admission was reported as *Elective (*indicating that admission could be delayed).

The elective admissions involving surgery using admitted patient care data from the NHMD are not necessarily the same as elective surgery as defined for the National Elective Surgery Waiting Times Data Collection (NESWTDC). This is due to several factors including:

- the data in the NESWTDC relate to patients who have been placed on a public hospital waiting list, whereas the elective admissions involving surgery sourced from the NHMD can include patients who were not placed on a waiting list, including in private hospitals
- the procedures defined as surgical differ between those used to describe the scope of the NESWTDC and those used to define surgical separations in the NHMD
- the data in the NESWTDC can include separations for which the urgency of admission was *Emergency*. See Section 6.4 for emergency admissions involving surgery.

Changes over time

Between 2010–11 and 2014–15, the number of elective admissions involving surgery rose by an average of 2.4% per year (Table 6.27). The average annual rise in elective admissions involving surgery was higher in private hospitals than in public hospitals (3.0% and 1.3% per year, respectively).

States and territories

Between 2010–11 and 2014–15, the number of elective admissions involving surgery for public hospitals increased in most states and territories (Table 6.27). Western Australia had the highest average annual rise in elective admissions involving surgery (4.5%) in private hospitals.

Over this period, private hospitals accounted for the majority (66% to 67%) of elective admissions involving surgery.

Between 2013–14 and 2014–15, there were relatively large increases in the numbers of elective admissions involving surgery for public hospitals in Queensland and Tasmania.

Table 6.27: Elective admissions involving surgery, public and private hospitals, states and territories, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
New South Wales							
Public hospitals	189,681	193,730	196,926	195,813	201,054	1.5	2.7
Private hospitals	391,822	409,531	410,613	401,341	422,756	1.9	5.3
All hospitals	*581,503*	*603,261*	*607,539*	*597,154*	*623,810*	*1.8*	*4.5*
Victoria							
Public hospitals	202,715	199,876	198,973	212,505	214,875	1.5	1.1
Private hospitals	313,182	331,335	337,107	343,744	353,303	3.1	2.8
All hospitals	*515,897*	*531,211*	*536,080*	*556,249*	*568,178*	*2.4*	*2.1*
Queensland							
Public hospitals	114,288	115,709	114,334	116,560	123,087	1.9	5.6
Private hospitals	275,223	288,108	295,551	305,938	319,197	3.8	4.3
All hospitals	*389,511*	*403,817*	*409,885*	*422,498*	*442,284*	*3.2*	*4.7*
Western Australia							
Public hospitals	69,188	70,892	73,498	75,461	72,819	1.3	–3.5
Private hospitals	145,057	153,090	157,876	167,899	173,126	4.5	3.1
All hospitals	*214,245*	*223,982*	*231,374*	*243,360*	*245,945*	*3.5*	*1.1*
South Australia							
Public hospitals	64,087	65,644	64,458	63,107	62,683	–0.6	–0.7
Private hospitals	100,106	101,816	105,699	108,295	108,948	2.1	0.6
All hospitals	*164,193*	*167,460*	*170,157*	*171,402*	*171,631*	*1.1*	*0.1*
Tasmania							
Public hospitals	13,832	13,945	13,818	13,749	14,331	0.9	4.2
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Australian Capital Territory							
Public hospitals	10,149	10,317	10,421	11,344	11,522	3.2	1.6
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Northern Territory[(a)]							
Public hospitals	5,944	6,035	6,656	6,396	6,423	2.0	0.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All hospitals	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*	*n.p.*
Total							
Public hospitals	**669,884**	**676,148**	**679,084**	**694,935**	**706,794**	**1.3**	**1.7**
Private hospitals	**1,279,501**	**1,339,422**	**1,363,566**	**1,385,221**	**1,438,722**	**3.0**	**3.9**
All hospitals	**1,949,385**	**2,015,570**	**2,042,650**	**2,080,156**	**2,145,516**	**2.4**	**3.1**

(a) For 2012–13, urgency of admission was missing for all records for private hospitals in the Northern Territory. All Northern Territory private hospital separations involving surgery were categorised as elective admissions. Therefore, the counts of elective admissions involving surgery are likely to be overestimated.

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

How much activity was there in 2014–15?

In 2014–15, there were over 2.1 million elective admissions involving surgery in Australia's public and private hospitals.

Nationally, there were 86 elective admissions involving surgery per 1,000 population (Table 6.28). There was some variation among states and territories in separation rates, ranging from 77 per 1,000 in New South Wales to 95 per 1,000 in Western Australia. For public hospitals, rates ranged from 25 per 1,000 in New South Wales and Queensland to 35 per 1,000 in Victoria.

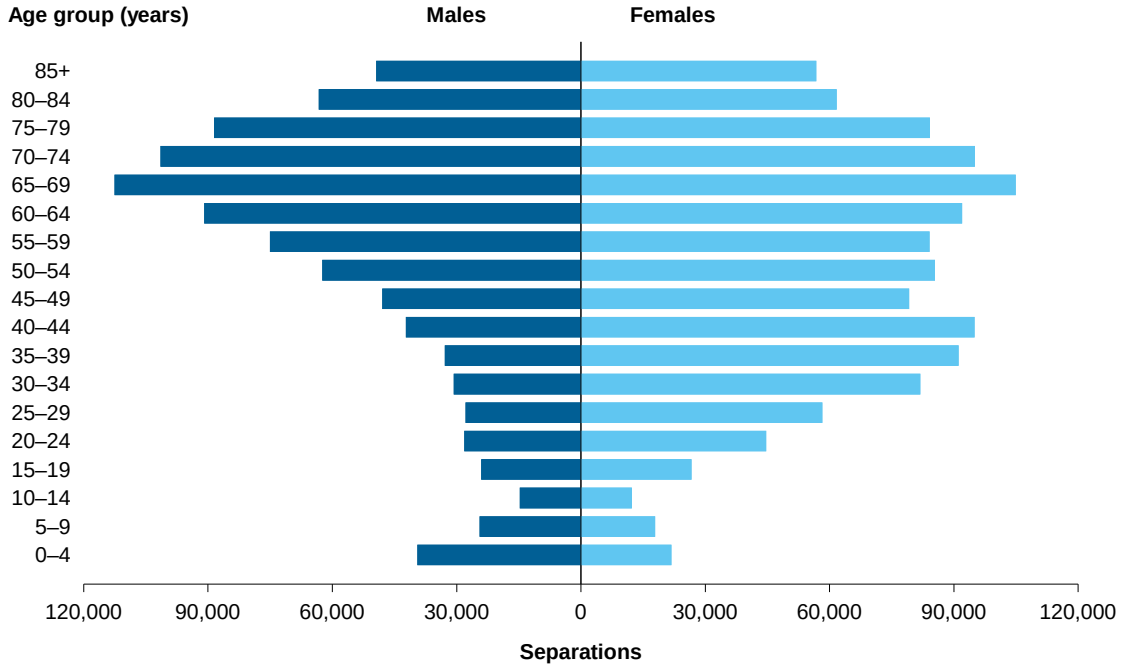
Public hospitals provided about 29 elective admissions involving surgery per 1,000 population and private hospitals provided about 58 per 1,000.

Who used these services?

This section presents information by the patient's sex, age group, Indigenous status and for the remoteness and SES of the patient's area of usual residence.

Sex and age group

Females accounted for more than half (56%) of elective admissions involving surgery (Figure 6.2). There were more elective admissions involving surgery for females than males in the age groups from 15 to 64 and 85 and over. In particular, for the age groups from 30 to 39, there were more than two and half times as many elective admissions involving surgery for females as for males.



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

Figure 6.2: Elective admissions involving surgery, by sex and age group, all hospitals, 2014–15

Table 6.28: Elective admissions involving surgery per 1,000 population, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[(a)]
Public hospitals									
Separations	201,054	214,875	123,087	72,819	62,683	14,331	11,522	6,423	706,794
Separations per 1,000 population	25.1	35.2	25.3	28.2	34.3	25.5	30.6	29.8	28.8
Private hospitals									
Separations	422,756	353,303	319,197	173,126	108,948	n.p.	n.p.	n.p.	1,438,722
Separations per 1,000 population	51.9	56.9	64.9	66.4	56.9	n.p.	n.p.	n.p.	57.6
All hospitals									
Separations	**623,810**	**568,178**	**442,284**	**245,945**	**171,631**	**n.p.**	**n.p.**	**n.p.**	**2,145,516**
Separations per 1,000 population	**77.1**	**92.1**	**90.2**	**94.6**	**91.2**	**n.p.**	**n.p.**	**n.p.**	**86.4**

(a) The total includes private hospital data for Tasmania, Australian Capital Territory and Northern Territory.

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

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-counted. The quality of the data provided for Indigenous status in 2014–15 for admitted patient care varied by jurisdiction. See Chapter 3 'Who used these services?' and Appendix A for more information on the quality of Indigenous data in the NHMD.

The separation rate for elective admissions involving surgery for other Australians (87 per 1,000) was about 1.6 times of the rate for Indigenous Australians (54 per 1,000) (Table 6.29).

Remoteness

In 2014–15, the rate of elective admissions involving surgery was lowest for those living in *Very remote* areas (57 per 1,000) and highest for those living in *Inner regional* areas (92 per 1,000) (Table 6.29).

For public hospitals, the rate of elective admissions involving surgery was lowest for those living in *Major cities* (26 per 1,000) and highest for those living in *Remote* areas (39 per 1,000). In contrast, for private hospitals the rate was highest for those living in *Major cities* (60 per 1,000) and fell with increasing remoteness to 24 per 1,000 for *Very remote* areas. This may reflect relatively lower availability of private hospital services in the more remote areas of Australia.

Socioeconomic status

Separation rates ranged from 79 per 1,000 population for those living in areas classified as being in the lowest SES group to 92 per 1,000 for those living in areas classified as being in the highest SES group (Table 6.29).

In 2014–15, the separation rate in public hospitals was highest for people living in areas classified as being in the lowest SES group (38 per 1,000) and fell with increasing SES to 17 per 1,000 for people living in areas classified in the highest SES group. In contrast, the rate in private hospitals was highest for people living in areas classified as being in the highest SES group (75 per 1,000) and lowest for people living in areas classified in the lowest SES group (41 per 1,000).

How did people access these services?

Most elective admissions involving surgery were a *New admission to hospital* (98%), which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 6.30).

Table 6.29: Elective admissions involving surgery per 1,000 population by Indigenous status, remoteness and socioeconomic status of area of usual residence, public and private hospitals, 2014–15

	Separations per 1,000 population			
	Public hospitals	Private hospitals	Total	Separations
Indigenous status				
Indigenous	42.7	11.5	54.2	27,307
Other Australians	28.2	58.3	86.6	2,118,209
Remoteness area of usual residence				
Major cities	25.5	60.0	85.5	1,469,755
Inner regional	35.6	55.9	91.5	442,789
Outer regional	37.5	45.9	83.4	191,827
Remote	38.5	36.8	75.3	24,350
Very remote	32.3	24.3	56.6	10,189
Socioeconomic status of area of usual residence				
1—Lowest	38.1	40.7	78.8	403,881
2	34.8	49.2	84.0	429,268
3	29.3	57.7	87.0	434,595
4	24.2	65.3	89.5	428,157
5—Highest	16.5	75.0	91.5	442,576
Total	**28.8**	**57.6**	**86.4**	**2,145,516**

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

Table 6.30: Elective admissions involving surgery by mode of admission, public and private hospitals, 2014–15

	Public hospitals	Private hospitals	Total
New admission to hospital[(a)]	692,977	1,418,180	2,111,157
Admitted patient transferred from another hospital	11,493	11,408	22,901
Other/not reported	2,324	9,134	11,458
Total	**706,794**	**1,438,722**	**2,145,516**

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

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

Why did people receive the care?

This section presents information for all principal diagnoses at the ICD-10-AM chapter level. For the 20 most common principal diagnoses, information is presented using the more detailed 3-character ICD-10-AM groupings.

In 2014–15, 17% of elective admissions involving surgery had a principal diagnosis in the *Diseases of the eye and adnexa* ICD-10-AM chapter. Over 15% had a principal diagnosis in the *Neoplasms* chapter (Table 6.31).

When comparing Table 6.31 with Table 6.18, almost 99% of separations involving surgery for *Diseases of the eye and adnexa* and *Diseases of the ear and mastoid process* were elective admissions.

For elective admissions involving surgery, the 20 most common principal diagnoses accounted for about 46% of the principal diagnoses reported (Table 6.32).

The most common principal diagnosis for elective admissions involving surgery was *Other cataract*, with 70% of those separations coming from private hospitals. About 95% of elective admissions involving surgery with a principal diagnosis of *Other retinal disorders* and about 93% with a principal diagnosis of *Procreative management* were from private hospitals.

Table 6.31: Elective admissions involving surgery, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	1,492	1,490	2,982
C00–D48	Neoplasms	127,919	199,064	326,983
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	470	358	828
E00–E89	Endocrine, nutritional and metabolic diseases	9,114	28,605	37,719
F00–F99	Mental and behavioural disorders	11	14	25
G00–G99	Diseases of the nervous system	22,271	34,955	57,226
H00–H59	Diseases of the eye and adnexa	90,344	275,411	365,755
H60–H95	Diseases of the ear and mastoid process	14,173	27,663	41,836
I00–I99	Diseases of the circulatory system	32,143	51,370	83,513
J00–J99	Diseases of the respiratory system	28,058	57,373	85,431
K00–K93	Diseases of the digestive system	70,202	102,119	172,321
L00–L99	Diseases of the skin and subcutaneous tissue	16,938	26,471	43,409
M00–M99	Diseases of the musculoskeletal system and connective tissue	81,717	253,319	335,036
N00–N99	Diseases of the genitourinary system	90,944	137,395	228,339
O00–O99	Pregnancy, childbirth and the puerperium	16,041	44,648	60,689
P00–P96	Certain conditions originating in the perinatal period	202	16	218
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	12,933	8,189	21,122
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	9,841	14,461	24,302
S00–T98	Injury, poisoning and certain other consequences of external causes	45,030	66,838	111,868
Z00–Z99	Factors influencing health status and contact with health services	36,951	108,963	145,914
Total		**706,794**	**1,438,722**	**2,145,516**

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

Table 6.32: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for elective admissions involving surgery, public and private hospitals, 2014–15

Principal diagnosis		Public hospitals	Private hospitals	Total
H26	Other cataract	62,540	147,126	209,666
C44	Other malignant neoplasms of skin	30,586	74,328	104,914
Z31	Procreative management	4,424	62,218	66,642
H35	Other retinal disorders	3,243	61,952	65,195
M17	Gonarthrosis [arthrosis of knee]	18,170	43,614	61,784
M23	Internal derangement of knee	13,014	48,279	61,293
K40	Inguinal hernia	17,735	24,929	42,664
O04	Medical abortion	7,289	34,787	42,076
J35	Chronic diseases of tonsils and adenoids	14,201	25,283	39,484
G56	Mononeuropathies of upper limb	12,390	21,102	33,492
K80	Cholelithiasis	16,742	15,200	31,942
N92	Excessive, frequent and irregular menstruation	15,555	15,531	31,086
M75	Shoulder lesions	4,950	25,135	30,085
M16	Coxarthrosis [arthrosis of hip]	9,080	19,833	28,913
H25	Senile cataract	7,952	19,964	27,916
J34	Other disorders of nose and nasal sinuses	7,511	18,361	25,872
Z47	Other orthopaedic follow-up care	10,946	11,004	21,950
C50	Malignant neoplasm of breast	8,968	11,257	20,225
H65	Nonsuppurative otitis media	5,836	13,810	19,646
N20	Calculus of kidney and ureter	8,303	10,978	19,281
	Other	427,359	734,031	1,161,390
Total		**706,794**	**1,438,722**	**2,145,516**

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

What care was provided?

This section presents information on elective admissions involving surgery, describing care using:

- MDCs and AR-DRGs—based on the AR-DRG classification of acute care separations
- type of surgical procedure undertaken.

MDCs and AR-DRGs

About 20% of elective admissions involving surgery were for the MDC *Diseases and disorders of the musculoskeletal system and connective tissue*, and 18% were for *Diseases and disorders of the eye* (Table 6.33).

For elective admissions involving surgery, the 20 most common AR-DRGs accounted for over half (54%) of the AR-DRGs reported (Table 6.34). The most common AR-DRG for elective admissions was for *Lens procedures*, of which 71% were carried out in private hospitals and which accounted for about 11% of elective admissions involving surgery.

Table 6.33: Elective admissions involving surgery, by Major Diagnostic Category[a], AR-DRG version 7.0, public and private hospitals, 2014–15

Major Diagnostic Category		Public hospitals	Private hospitals	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	3,987	3,648	7,635
01	Diseases and disorders of the nervous system	21,584	33,527	55,111
02	Diseases and disorders of the eye	93,452	280,951	374,403
03	Diseases and disorders of the ear, nose, mouth and throat	53,691	110,640	164,331
04	Diseases and disorders of the respiratory system	11,318	12,825	24,143
05	Diseases and disorders of the circulatory system	38,743	57,213	95,956
06	Diseases and disorders of the digestive system	58,423	77,867	136,290
07	Diseases and disorders of the hepatobiliary system and pancreas	23,207	20,687	43,894
08	Diseases and disorders of the musculoskeletal system and connective tissue	124,014	306,439	430,453
09	Diseases and disorders of the skin, subcutaneous tissue and breast	85,443	181,166	266,609
10	Endocrine, nutritional and metabolic diseases and disorders	10,325	28,540	38,865
11	Diseases and disorders of the kidney and urinary tract	32,722	41,139	73,861
12	Diseases and disorders of the male reproductive system	20,902	36,964	57,866
13	Diseases and disorders of the female reproductive system	89,705	172,029	261,734
14	Pregnancy, childbirth and puerperium	16,043	44,649	60,692
15	Newborns and other neonates	307	25	332
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	1,674	1,183	2,857
17	Neoplastic disorders (haematological and solid neoplasms)	4,991	4,263	9,254
18	Infectious and parasitic diseases	1,072	2,066	3,138
21	Injuries, poisoning and toxic effects of drugs	6,849	12,433	19,282
22	Burns	1,616	133	1,749
23	Factors influencing health status and other contacts with health services	4,712	7,320	12,032
ED	Error DRGs[b]	2,014	3,015	5,029
Total		**706,794**	**1,438,722**	**2,145,516**

AR-DRG—Australian Refined-Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) The MDCs *Mental diseases and disorders and Alcohol/drug use* and *alcohol/drug induced organic mental disorders* are not listed as there were no separations involving surgery for these MDCs.

(b) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

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

Table 6.34: The 20 most common AR-DRGs version 7.0 reported for elective admissions involving surgery, public and private hospitals, 2014–15

AR-DRG		Public hospitals	Private hospitals	Total
C16Z	Lens procedures	69,249	167,105	236,354
J11Z	Other skin, subcutaneous tissue and breast procedures	38,583	64,289	102,872
C03Z	Retinal procedures	8,379	74,206	82,585
I18Z	Other knee procedures	16,196	63,411	79,607
N07B	Other uterus and adnexa procedures for non-malignancy, same-day	16,301	56,412	72,713
G10B	Hernia procedures without CC	25,371	35,682	61,053
O05Z	Abortion with OR procedures	15,279	43,521	58,800
D11Z	Tonsillectomy and/or adenoidectomy	17,236	30,213	47,449
I30Z	Hand procedures	17,111	30,015	47,126
I16Z	Other shoulder procedures	7,251	35,627	42,878
N10Z	Diagnostic curettage and diagnostic hysteroscopy	19,916	22,887	42,803
J08C	Other skin grafts and debridement procedures, same-day	8,356	34,143	42,499
J10Z	Plastic OR procedures for skin, subcutaneous tissue and breast disorders	10,377	27,874	38,251
I04B	Knee replacement without CSCC	11,044	25,533	36,577
N11Z	Other female reproductive system OR procedures	2,334	29,238	31,572
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	15,207	15,299	30,506
B05Z	Carpal tunnel release	11,347	18,019	29,366
N09Z	Other vagina, cervix and vulva procedures	14,914	13,671	28,585
I03B	Hip replacement without catastrophic CC	8,710	19,338	28,048
G11Z	Anal and stomal procedures	10,523	15,810	26,333
	Other	363,110	616,429	979,539
Total		**706,794**	**1,438,722**	**2,145,516**

CC—complications or comorbidities; CDE—common bile duct exploration; CSCC—catastrophic or severe complications or comorbidities; OR—operating room.

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

Procedures

This section presents information for all procedures at the ACHI chapter level. For the 20 most common procedures, information is presented at the more detailed procedure block level.

In 2014–15, over 2.7 million surgical procedures were reported for elective admissions involving surgery.

About 20% of the surgical procedures were in the ACHI chapter *Procedures on musculoskeletal system*, with 73% of these occurring in private hospitals (Table 6.35).

In 2014–15, *Extracapsular crystalline lens extraction by phacoemulsification* (a cataract extraction procedure) was the most common surgical procedure block for elective admissions, accounting for 8% of elective admissions (Table 6.36). Around 93% of elective admissions for *Procedures for reproductive medicine* were reported for private hospitals.

Table 6.35: Procedures[(a)(b)] reported for elective admissions involving surgery by ACHI chapter, public and private hospitals, 2014–15

Procedure chapter		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	28,967	71,554	100,521
110–129	Procedures on endocrine system	7,617	8,950	16,567
160–256	Procedures on eye and adnexa	98,680	341,712	440,392
300–333	Procedures on ear and mastoid process	12,305	23,194	35,499
370–422	Procedures on nose, mouth and pharynx	47,488	107,371	154,859
450–490	Dental services	351	2,786	3,137
520–571	Procedures on respiratory system	9,488	8,555	18,043
600–777	Procedures on cardiovascular system	57,772	85,827	143,599
800–817	Procedures on blood and blood-forming organs	17,913	17,181	35,094
850–1011	Procedures on digestive system	98,274	140,345	238,619
1040–1129	Procedures on urinary system	41,730	55,570	97,300
1160–1203	Procedures on male genital organs	23,315	42,915	66,230
1240–1299	Gynaecological procedures	122,787	261,267	384,054
1330–1347	Obstetric procedures	278	442	720
1360–1580	Procedures on musculoskeletal system	150,343	405,881	556,224
1600–1718	Dermatological and plastic procedures	109,016	264,075	373,091
1740–1759	Procedures on breast	16,152	45,298	61,450
1786–1799	Radiation oncology procedures	1,103	599	1,702
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	1,004	531	1,535
1940–2016	Imaging services	4	4	8
Total surgical procedures		**844,587**	**1,884,057**	**2,728,644**

ACHI—Australian Classification of Health Interventions; n.e.c.— not elsewhere classified.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as *Surgical*.

(b) Only 1 procedure is counted for the chapter if a separation has more than 1 procedure reported within the chapter.

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

Table 6.36: Procedures[(a)] reported for the 20 most common ACHI procedure blocks for elective admissions involving surgery, public and private hospitals, 2014–15

Procedure block		Public hospitals	Private hospitals	Total
197	Extracapsular crystalline lens extraction by phacoemulsification	66,623	160,048	226,671
1620	Excision of lesion(s) of skin and subcutaneous tissue	35,145	59,086	94,231
1265	Curettage and evacuation of uterus	30,436	56,374	86,810
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	3,306	64,719	68,025
1297	Procedures for reproductive medicine	4,367	62,287	66,654
412	Tonsillectomy or adenoidectomy	23,594	38,072	61,666
1518	Arthroplasty of knee	14,858	30,721	45,579
1517	Arthroscopic meniscectomy of knee with repair	6,453	38,555	45,008
990	Repair of inguinal hernia	17,479	23,774	41,253
1651	Local skin flap, single stage	8,098	29,637	37,735
965	Cholecystectomy	18,513	17,461	35,974
1489	Arthroplasty of hip	10,104	21,074	31,178
76	Release of carpal and tarsal tunnel	11,464	18,381	29,845
1554	Other application, insertion or removal procedures on other musculoskeletal sites	12,668	10,631	23,299
1566	Excision procedures on other musculoskeletal sites	6,193	16,960	23,153
1266	Excision of lesion of uterus	8,263	14,112	22,375
1649	Other full thickness skin graft	7,979	13,846	21,825
889	Procedures for morbid obesity	2,123	19,187	21,310
309	Myringotomy	6,283	14,693	20,976
1503	Arthroscopic excision of knee	6,191	13,738	19,929
	Other	544,447	1,160,701	1,705,148
Total surgical procedures		**844,587**	**1,884,057**	**2,728,644**

ACHI—Australian Classification of Health Interventions.

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as *Surgical*.

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

Length of stay

The length of stay for elective admissions involving surgery varied between public and private hospitals. For overnight separations, the length of stay was 3.6 days for public hospitals and 3.1 days for private hospitals (Table 6.37).

Table 6.37: Patient days and average length of stay for elective admissions involving surgery, public and private hospitals, 2014–15

	Public hospitals		Private hospitals		Total	
	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Same-day	371,365	1.0	856,568	1.0	1,227,933	1.0
Overnight	1,220,287	3.6	1,818,700	3.1	3,038,987	3.3
Total	**1,591,652**	**2.3**	**2,675,268**	**1.9**	**4,266,920**	**2.0**

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

Who paid for the care?

For elective admissions involving surgery, 89% of separations in public hospitals were for *Public patients* and *Private health insurance* funded about 8% of separations (Table 6.38). In private hospitals, *Private health insurance* funded about 81% of elective admissions involving surgery and 11% were *Self-funded*.

Table 6.38: Elective admissions involving surgery, by principal source of funding, public and private hospitals, 2014–15

Principal source of funding	Public hospitals	Private hospitals	Total
Public patients[(a)]	625,790	19,006	644,796
Private health insurance	53,736	1,170,244	1,223,980
Self-funded	18,301	151,790	170,091
Workers compensation	2,790	37,041	39,831
Motor vehicle third party personal claim	1,582	2,873	4,455
Department of Veterans' Affairs	2,563	45,547	48,110
Other[(b)]	2,032	12,221	14,253
Total	**706,794**	**1,438,722**	**2,145,516**

(a) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) *Other* includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

About 97% of separations involving surgery had a mode of separation of *Discharged home*, suggesting that most patients go home after their episode of care (Table 6.39).

Where to go for more information:

More information about elective admissions involving surgery is available in:

- Section 6.6 'Elective surgery waiting times'
- Chapter 5 'What services were provided?'—for broad categories of service.

More information about public hospital elective surgery is available in *Australian hospital statistics 2014–15: elective surgery waiting times* (AIHW 2015c).

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

Table 6.39: Elective admissions involving surgery, by mode of separation, public and private hospitals, 2014–15

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home[(a)]	686,116	1,387,134	2,073,250
Discharge/transfer to an (other) acute hospital	11,204	25,618	36,822
Discharge/transfer to residential aged care service[(b)]	1,182	561	1,743
Discharge/transfer to an (other) psychiatric hospital	34	17	51
Discharge/transfer to other health care accommodation[(c)]	620	12,468	13,088
Statistical discharge: type change	4,726	11,672	16,398
Left against medical advice/discharge at own risk	1,956	354	2,310
Statistical discharge from leave	117	204	321
Died	753	662	1,415
Not reported	86	32	118
Total	**706,794**	**1,438,722**	**2,145,516**

(a) *Discharged home* is equivalent to *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services) in the mode of separation definition.

(b) Unless this is the usual place of residence.

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

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

6.6 Elective surgery waiting times

This section presents waiting times information for patients admitted from public hospital elective surgery waiting lists in 2014–15. The waiting times data presented are for patients who complete their wait and are admitted for surgery as either an elective or emergency admission.

The information in the section includes separation rates and waiting times statistics for surgical (indicator) procedures by Indigenous status, remoteness and SES of area of usual residence of the patient. Indicator procedures are defined as those of high volume, and are often associated with long waits. Surgical procedures that were not one of the 15 indicator procedure categories were included in the category *Not applicable/not stated*.

This section also presents waiting times information by the principal diagnosis of the patient, with a focus on waiting times for patients with a cancer-related principal diagnosis.

Admissions from public hospital elective surgery waiting lists (presented in this section) are sourced from the National Elective Surgery Waiting Times Data Collection (NESWTDC), linked with admitted patient care data from the NHMD to allow analysis of public hospital waiting times for elective surgery by Indigenous status, remoteness area and SES of the patient's usual residence. This section supplements the information reported in *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015c).

Limitations in coverage of the linked NHMD and NESWTDC data should be considered when interpreting the information because information was only available for about 98% of admissions from public hospital elective surgery waiting lists in 2014–15. There was some variation in the linked data coverage between states and territories; from 92% in the Northern Territory to 100% for the Australian Capital Territory. Therefore, the waiting times presented in this section may differ from those previously reported in *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015c).

Admissions from public hospital elective surgery waiting lists are not necessarily the same as elective admissions involving surgery (see Section 6.5) that are sourced from the NHMD admitted patient care data. This is due to several factors including:

- the data in the NESWTDC relate to patients who have been placed on a public hospital waiting list, whereas elective admissions involving surgery sourced from the NHMD can include patients who were not placed on a waiting list, including in private hospitals
- the procedures defined as surgical differ between those used to describe the scope of the NESWTDC and those used to define surgical separations in the NHMD
- the data in the NESWTDC can include separations for which the urgency of admission was *Emergency*. See Section 6.4 for emergency admissions involving surgery.

In 2014–15, there were 685,044 admissions from public hospital elective surgery waiting lists for which linked NHMD data were available.

How long did people wait for care?

The median waiting time for care was 36 days (Table 6.40) and the 90th percentile waiting time was 253 days.

Indigenous status

In 2014–15, there were 22,000 admissions from public hospital waiting lists for elective surgery for patients identified as Aboriginal and/or Torres Strait Islander.

How did waiting times differ for Indigenous and other Australians?

Overall, the median waiting time for Indigenous Australians was greater than the median waiting time for other Australians (43 days and 36 days respectively; Table 6.40).

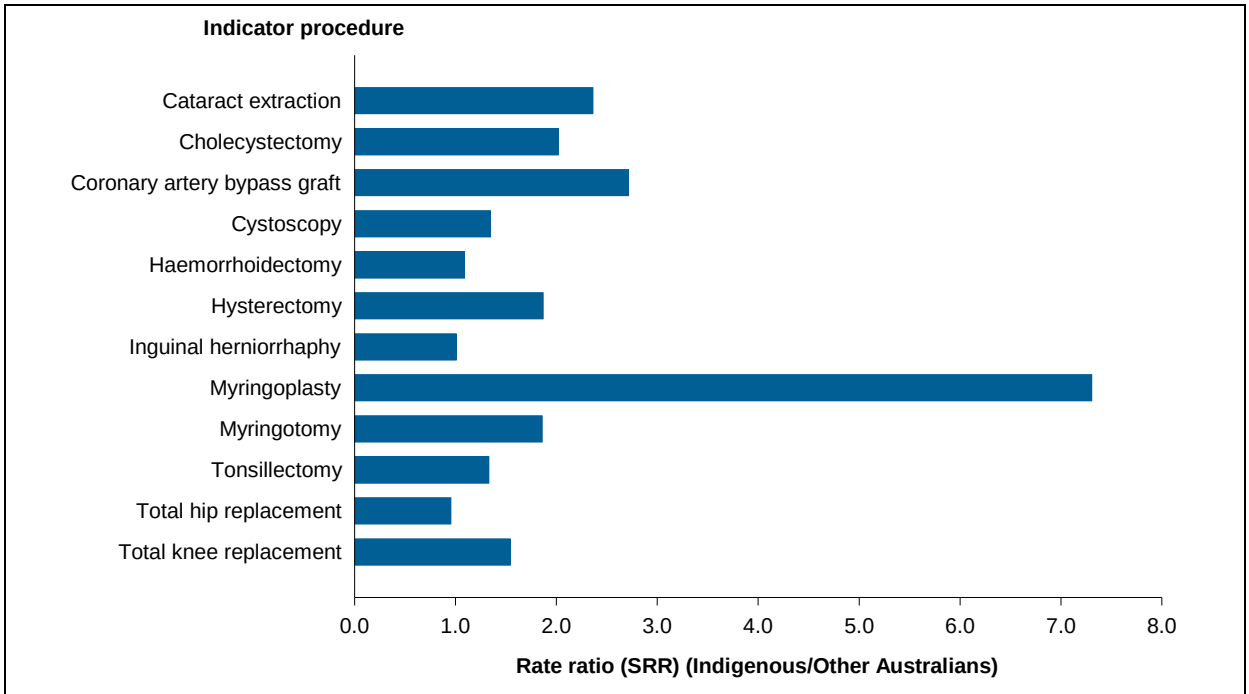
Surgical procedures—population rates

The standardised SRRs presented in Figure 6.3 compare the separation rates for surgical procedures for Indigenous Australians with the rates for other Australians in 2014–15.

An SRR greater than 1.0 indicates that the separation rate for the surgical procedure for Indigenous Australians was higher than for other Australians admitted for the same surgical procedure. The SRR is not shown for surgical procedures for which there were fewer than 100 separations for Indigenous Australians.

For 9 of the 12 surgical procedures (for which there were greater than 100 separations for Indigenous Australians), the SRRs suggest that the separation rates for Indigenous Australians were markedly different from the rates for other Australians. The rates were not notably different for *Haemorrhoidectomy, Inguinal herniorrhaphy* and *Total hip replacement*.

The highest SRRs were reported for *Myringoplasty* (7.3) and *Coronary artery bypass graft* (2.7).



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

Figure 6.3: Standardised separation rate ratios for admissions from elective surgery waiting lists by surgical (indicator) procedure and Indigenous status, public hospitals, 2014–15

Surgical procedures—waiting times

Indigenous Australians had higher median waiting times for 12 of the 15 surgical procedures for which there were at least 100 separations for Indigenous Australians. The greatest difference in median waiting times was for *Total knee replacement* (273 days for Indigenous Australians and 196 days for other Australians). *Cholecystectomy*, *Cystoscopy* and *Coronary artery bypass graft* had the smallest differences in median waiting times by Indigenous status.

Table 6.40: Median waiting time (days) to admission for elective surgery by surgical (indicator) procedure and Indigenous status, public hospitals, 2014–15

Surgical (indicator) procedure	Indigenous Australians	Other Australians	Total
Cataract extraction	142	83	84
Cholecystectomy	47	44	44
Coronary artery bypass graft	11	14	14
Cystoscopy	26	23	23
Haemorrhoidectomy	64	57	57
Hysterectomy	64	52	53
Inguinal herniorrhaphy	49	53	53
Myringoplasty	144	137	139
Myringotomy	64	55	55
Prostatectomy	n.p.	41	41
Septoplasty	n.p.	214	213
Tonsillectomy	110	121	120
Total hip replacement	164	112	112
Total knee replacement	273	196	196
Varicose veins stripping and ligation	n.p.	100	100
Not applicable/not stated	32	28	28
Total	**43**	**36**	**36**
Number of separations	**21,947**	**663,195**	**685,142**

Notes

1. The median waiting times for some indicator procedures are not shown due to small numbers of admissions for Indigenous Australians.
2. See boxes 1.1, 1.2, and 1.3, and appendixes A and B for notes on definitions and data limitations.

Remoteness area

Overall, about 64% of admissions from waiting lists for elective surgery were for patients living in *Major cities*, 22% were for patients in *Inner regional* areas and 11% were for patients in *Outer regional* areas (Table 6.41).

For people living in *Very remote* areas, the rate for *Myringoplasty* was 11 times the national rate and the rate for *Myringotomy* was about twice the national rate.

Table 6.41: Admissions from public hospital elective surgery waiting lists per 1,000 population, by surgical (indicator) procedure and remoteness area of usual residence, public hospitals, 2014–15

	Remoteness area of usual residence					
Surgical (indicator) procedure	Major cities	Inner regional	Outer regional	Remote	Very remote	Total[(a)]
Cataract extraction	2.2	2.2	3.3	3.8	3.9	2.3
Cholecystectomy	0.7	0.9	0.9	1.0	0.7	0.7
Coronary artery bypass graft	0.1	0.2	0.2	0.1	0.2	0.1
Cystoscopy	1.8	1.9	1.6	2.0	1.7	1.8
Haemorrhoidectomy	0.2	0.1	0.2	0.4	0.2	0.2
Hysterectomy	0.4	0.6	0.6	0.6	0.4	0.4
Inguinal herniorrhaphy	0.6	0.7	0.7	0.9	0.5	0.6
Myringoplasty	0.1	0.1	0.1	0.3	1.1	0.1
Myringotomy	0.2	0.3	0.2	0.4	0.5	0.2
Prostatectomy	0.3	0.3	0.3	0.2	0.2	0.3
Septoplasty	0.2	0.2	0.1	0.2	0.1	0.2
Tonsillectomy	0.7	1.2	0.8	0.9	0.5	0.8
Total hip replacement	0.3	0.5	0.5	0.5	0.4	0.4
Total knee replacement	0.5	0.7	0.7	0.6	0.5	0.6
Varicose veins stripping and ligation	0.2	0.2	0.2	0.2	0.1	0.2
Not applicable/not stated	17.5	21.7	22.6	26.4	19.0	18.9
Total	**25.9**	**31.7**	**32.9**	**38.5**	**29.9**	**27.9**
Number of separations	**441,014**	**149,425**	**75,146**	**12,450**	**5,459**	**685,142**

(a) The total includes records for which *Remoteness area* was not recorded or not known.

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

How did waiting times vary by remoteness?

The median waiting time varied somewhat by remoteness, ranging from 31 days for people living in *Remote* areas to 40 days for people living in *Inner regional* areas (Table 6.42).

There was some variation in the median waiting time for remoteness areas by surgical procedure. For surgical procedures with at least 100 admissions in each remoteness area, *Cataract extraction* had the greatest variation in waiting times by remoteness area. People from *Inner regional* areas had the highest median waiting time of 168 days, and people from *Major cities* had the lowest (68 days). *Cystoscopy* had the least variation by remoteness area, ranging from 20 days for people from *Very remote* areas to 26 days for people from *Outer regional* areas.

Table 6.42: Median waiting time (days) to admission for elective surgery by surgical (indicator) procedure and remoteness area of usual residence, public hospitals, 2014–15

	Remoteness area of usual residence[(a)]					
Surgical (indicator) procedure	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Cataract extraction	68	168	160	95	91	84
Cholecystectomy	43	47	49	43	45	44
Coronary artery bypass graft	15	10	14	n.p.	n.p.	14
Cystoscopy	23	22	26	24	20	23
Haemorrhoidectomy	58	60	44	38	n.p.	57
Hysterectomy	52	57	53	43	n.p.	53
Inguinal herniorrhaphy	51	57.5	53	40	n.p.	53
Myringoplasty	148	160	93	n.p.	153	139
Myringotomy	56	55	51	21	89	55
Prostatectomy	40	41	47	n.p.	n.p.	41
Septoplasty	224	203	181	n.p.	n.p.	213
Tonsillectomy	134	108	89.5	61	71	120
Total hip replacement	105	127	139	119	n.p.	112
Total knee replacement	173	234	262	202	n.p.	196
Varicose veins stripping and ligation	106	103	71	n.p.	n.p.	100
Not applicable/not stated	28	29	28	26	28	28
Total	**35**	**40**	**38**	**31**	**36**	**36**

(a) Median waiting times are not published where there are fewer than 100 separations in a remoteness area for the indicator procedure.

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

Socioeconomic status

Overall, about 27% of admissions from waiting lists were for people living in areas classified as being in the lowest SES group, dropping to about 12% for people living in areas classified as being in the highest SES group (Table 6.43).

Across all surgical procedures, people living in areas classified as being in the highest SES group had the lowest separation rates for admissions from public hospital elective surgery waiting lists (17 per 1,000 population, overall) (Table 6.43).

The greatest variation in separation rates by SES were for *Myringoplasty*, with people living in areas classified as being in the lowest SES group having twice the overall rate. The rates for *Septoplasty* were more evenly distributed among SES groups, with people living in areas classified as being in the lowest SES group having separation rates about 50% higher than the overall rate, and those in the highest SES group having separation rates about 50% lower than the overall rate.

Table 6.43: Admissions from public hospital elective surgery waiting lists per 1,000 population, by surgical (indicator) procedure and socioeconomic status[a] of area of usual residence, public hospitals, 2014–15

	Socioeconomic status of area of usual residence					
Surgical (indicator) procedure	**1—Lowest**	**2**	**3**	**4**	**5—Highest**	**Total[b]**
Cataract extraction	3.2	2.7	2.3	2.0	1.3	2.3
Cholecystectomy	1.1	0.9	0.7	0.6	0.4	0.7
Coronary artery bypass graft	0.2	0.2	0.1	0.1	0.1	0.1
Cystoscopy	2.3	2.0	1.9	1.7	1.1	1.8
Haemorrhoidectomy	0.3	0.2	0.2	0.2	0.1	0.2
Hysterectomy	0.6	0.5	0.5	0.4	0.2	0.4
Inguinal herniorrhaphy	0.8	0.7	0.6	0.6	0.4	0.6
Myringoplasty	0.2	0.1	0.1	0.1	0.0	0.1
Myringotomy	0.3	0.2	0.3	0.2	0.1	0.2
Prostatectomy	0.3	0.3	0.3	0.2	0.2	0.3
Septoplasty	0.3	0.2	0.2	0.2	0.1	0.2
Tonsillectomy	1.1	1.0	0.9	0.7	0.4	0.8
Total hip replacement	0.5	0.5	0.4	0.3	0.2	0.4
Total knee replacement	0.8	0.7	0.5	0.4	0.3	0.6
Varicose veins stripping and ligation	0.2	0.2	0.2	0.1	0.1	0.2
Not applicable/not stated	25.1	21.6	19.2	16.3	11.9	18.9
Total	**37.3**	**32.0**	**28.3**	**24.0**	**17.0**	**27.9**
Number of separations	**188,027**	**161,084**	**139,422**	**113,748**	**81,109**	**685,142**

(a) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The SES of area of usual residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population.

(b) The total includes records for which records for which SES of area of usual residence was not recorded or not known.

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

How did waiting times vary by socioeconomic status?

Median waiting times varied by SES, ranging from 30 days for people living in areas classified as the highest SES group to 41 days for people living in areas classified as the lowest SES group (Table 6.44).

Septoplasty was the surgical procedure with the greatest variation in waiting times by socioeconomic status, ranging from 254 days for people living in areas classified as being in the lowest SES group to 185 days for people in the third highest SES group. *Cystoscopy* had the least variation by socioeconomic status group.

Table 6.44: Median waiting times (days) for elective surgery by surgical (indicator) procedure and socioeconomic status of area of usual residence, public hospitals, 2014–15

	Socioeconomic status of area of usual residence					
Surgical (indicator) procedure	**1—Lowest**	**2**	**3**	**4**	**5—Highest**	**Total**
Cataract extraction	126	103	68	61	56	84
Cholecystectomy	50	47	42	38	38	44
Coronary artery bypass graft	13	15	13	13	16	14
Cystoscopy	23	23	22	22	23	23
Haemorrhoidectomy	62	56	54	56	58	57
Hysterectomy	58	52	53	51	43	53
Inguinal herniorrhaphy	60	53	49	48	45	53
Myringoplasty	154	135	112	137	128	139
Myringotomy	63	56	52	50	51	55
Prostatectomy	43	42	36	41	41	41
Septoplasty	254	205	185	196	209	213
Tonsillectomy	137	122	118	104	112	120
Total hip replacement	127	117	112	104	95	112
Total knee replacement	218	218	187	168	148	196
Varicose veins stripping and ligation	104	103	92	100	105	100
Not applicable/not stated	29	29	27	27	25	28
Total	**41**	**39**	**34**	**33**	**30**	**36**

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

How did waiting times vary by diagnosis?

The diagnosis information available in the data from the NHMD can be used to compare the waiting times for patients for whom elective surgery may be more urgent with the waiting times for other patients. In this way, the waiting times for patients awaiting surgery for cancer can be compared with those for patients awaiting surgery for other conditions.

This section presents information for patients with any cancer-related principal diagnosis (ICD-10-AM diagnosis codes C00–C99, D00–D09, D45, D46, D47.1 and D47.3) by surgical specialty and for patients with a principal diagnosis of selected types of cancer.

Surgical specialty

In 2014–15, there were shorter overall waiting times for admissions with a principal diagnosis of a cancer (median of 17 days) compared with other admissions (40 days; Table 6.45). There were shorter waiting times for admissions with a principal diagnosis of a cancer compared with other admissions for most surgical specialties. Median waiting times varied according to the type of cancer (see Table 6.46).

The largest variation in median waiting times by surgical specialty (for which there were at least 100 cancer-related separations) was for *General surgery* for which patients with a cancer-related principal diagnosis had a median waiting time of 14 days, compared with 36 days for other diagnoses and 30 days overall.

The surgical specialties that had the least variation in median waiting times for separations with a cancer-related principal diagnosis compared with other diagnoses were *Urology* (22 days for cancer, compared with 25 days for other diagnoses) and *Cardiothoracic surgery* (13 days for cancer, compared with 19 days).

Table 6.45: Median waiting time (days) for patients admitted from waiting lists for elective surgery with a cancer-related principal diagnosis (or other principal diagnosis), by surgical specialty, public hospitals, 2014–15

Surgical specialty	Cancer-related principal diagnosis[(a)]	Other principal diagnosis	Overall
Cardio-thoracic surgery	13	19	17
Ear, nose and throat surgery	n.p.	73	73
General surgery	14	36	30
Gynaecology	21	34	31
Neurosurgery	n.p.	31	31
Ophthalmology	n.p.	70	70
Orthopaedic surgery	n.p.	66	66
Plastic surgery	14	25	24
Urology	22	25	24
Vascular surgery	n.p.	20	20
Other	21	24	24
Total	**17**	**40**	**36**

(a) Median waiting times are not published where there are fewer than 100 separations for the surgical specialty.

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

Waiting times for selected types of cancer

The selected types of cancer presented in Table 6.46 were defined as separations with a principal diagnosis of:

- Bladder cancer (C67, D09.0)
- Bowel cancer (C18–20, D01.0–D01.2)
- Breast cancer (C50, D05)
- Gynaecological cancer (C51–58, D06.9, D07.0–D07.3)
- Kidney cancer (C64)
- Lung cancer (C33–34, D02.1–D02.2)
- Melanoma (C43, D03)
- Prostate cancer (C61, D07.5).

In 2014–15, for patients with one of the selected types of cancer, patients with a principal diagnosis of lung cancer had the shortest median waiting time of 12 days, with 90% of patients admitted for surgery within 29 days (Table 6.46).

Patients with a principal diagnosis of prostate cancer had a median waiting time of 27 days and 90% of patients had been admitted for surgery within 89 days.

Table 6.46: Waiting time statistics for admissions from waiting lists for elective surgery, for selected principal diagnoses for cancer, public hospitals, 2014–15

Cancer type	Separations	Days waited at 50th percentile	Days waited at 90th percentile
Bladder cancer	7,946	20	68
Bowel cancer	5,261	14	31
Breast cancer	10,520	13	27
Gynaecological cancer	7,782	21	71
Kidney cancer	1,421	24	76
Lung cancer	1,417	12	29
Melanoma	4,763	14	30
Prostate cancer	6,626	27	89
All other principal diagnoses	639,406	40	266
Total	**685,142**	**36**	**255**

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

Where to go for more information:

More information about these procedures for public hospitals by Indigenous status, remoteness area of usual residence and SES of area of usual residence is in Section 6.6 'Elective surgery' and in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

For more information on elective surgery waiting times see *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015c).

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

7 Costliness and funding

This chapter presents some information on estimates of the relative costliness of care and who paid for the care (funding source). It also presents some information on how much care was contracted between hospitals.

In this chapter, average cost weights are presented as estimates of the relative costliness of admitted patient care. Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations. An average cost weight greater than 1.00 indicates that the casemix for the hospital/jurisdiction or other category was more complex than the average.

Key findings

Relative costliness of care

In 2014–15, *Public patients* and *Self-funded* separations generally had the lowest average cost weights in public hospitals. Separations funded by *Motor vehicle third party personal claim* generally had high average cost weights. For private hospitals, *Public patients* and *Self-funded* separations generally had the lowest average cost weights.

Separations involving surgery were approximately 3 times more costly on average than medical separations.

Funding source

Between 2010–11 and 2014–15, the number of separations with a funding source of *Private health insurance* increased by an average of 5.9% each year. Over the same period, separations with a funding source of *Department of Veterans' Affairs* decreased by an average of 3.8% each year.

In 2014–15, 50% of separations in all hospitals were for *Public patients* and 42% were funded by *Private health insurance*. For public hospitals, 82% of separations were for *Public patients* and for private hospitals, 83% of separations were funded by *Private health insurance*.

About 70% of same-day acute separations funded by the *Department of Veterans' Affairs* occurred in private hospitals.

Contracted care

In 2014–15, there were more than 80,000 episodes of inter-hospital contracted care. As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double-counting of hospital activity in the NHMD.

7.1 What was the relative costliness of the care?

This section includes information on estimates of the relative costliness of admitted patient care, based on average cost weights for public and private hospitals, over time and for 2014–15. It also includes cost weight-based expenditure estimates for public hospitals.

The AR-DRGs reported for admitted patients 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.

The estimated public and private hospital cost weights and cost estimates were prepared by the Independent Hospital Pricing Authority (IHPA) through the National Hospital Cost Data Collection (NHCDC) (IHPA 2015a, 2015b). The NHCDC estimates the average cost of each AR-DRG. The cost weight for each AR-DRG is the average cost for that AR-DRG divided by the average cost across all AR-DRGs.

Separate cost weights are usually estimated for the public and private sectors because of differences in the range of costs recorded in public and private hospitals. For example, imaging, pathology and medical costs are not generally reported for private hospitals as many of these services are outsourced or charged directly to the patients by providers.

The most recent public and private hospital cost weights (based on AR-DRG version 6.0x) relate to the 2012–13 reporting period.

For private hospitals, the 2012–13 cost weights were calculated using data provided by overnight private hospitals. Therefore, the private hospital cost weights may not accurately reflect the average cost weights for *Private free-standing day hospital facilities*.

For 2012–13, the national average cost for a public hospital separation (that is, for a cost weight of 1.00) was estimated as $5,052. The average cost for a private hospital separation was not reported for 2012–13; the most recent average cost estimate is based on data from 2008–09 and is therefore not used here.

The information presented in this section is limited to separations for which the care type was reported as *Acute*, as *Newborn* (with qualified days), or was not reported.

Average cost weights

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations (based on the year of the NHCDC cost weights).

The average cost weight for a hospital (or group of hospitals) is calculated as the sum of the average cost weights for each acute separation, divided by the total number of acute separations for the hospital. For example, a hospital with an average cost weight of 1.05 has a 5% more costly casemix than the national average.

The validity of comparisons of average cost weights across jurisdictions is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. Cost weights are of less use as a measure of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogenous than for other acute services. See Appendix B for more information.

Changes over time

As noted above, the range of costs differs between public and private hospitals and separate cost weights are applicable to the 2 sectors. However, in part of Table 7.1, public sector cost weights were used for both public and private hospitals to enable a comparison of the relative costliness of admitted patient care between sectors.

Using public cost weights for both public and private hospitals, average cost weights were similar for *Other private hospitals* and for *Public acute hospitals* between 2010–11 and 2014–15 (Table 7.1). Average cost weights were lowest for *Private free-standing day hospital facilities*.

Using private hospital cost weights for separations for private hospitals, the average cost weight for private hospitals increased by about 1.5% per year on average between 2010–11 and 2014–15.

Table 7.1: Average cost weight of separations[a], public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Average public cost weight of separations[b]							
Public hospitals							
Public acute hospitals	0.98	0.95	0.98	0.98	0.98	–0.2	–0.1
Public psychiatric hospitals	2.54	2.63	2.68	2.77	2.71	1.6	–2.3
Total public hospitals	*0.99*	*0.96*	*0.98*	*0.98*	*0.98*	*–0.2*	*–0.1*
Private hospitals							
Private free-standing day hospital facilities	0.46	0.45	0.45	0.44	0.45	–0.8	1.3
Other private hospitals	1.02	0.98	0.98	0.98	0.98	–0.9	0.1
Total private hospitals	*0.89*	*0.85*	*0.85*	*0.86*	*0.85*	*–0.9*	*–0.3*
All hospitals	**0.95**	**0.91**	**0.93**	**0.93**	**0.93**	**–0.5**	**–0.1**
Average private cost weight of separations[c]							
Private hospitals							
Private free-standing day hospital facilities	0.32	0.33	0.34	0.33	0.33	0.7	–0.1
Other private hospitals	0.91	0.96	0.96	0.96	0.97	1.7	0.5
Total private hospitals	*0.77*	*0.81*	*0.81*	*0.82*	*0.81*	*1.5*	*–0.3*

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

(b) AR-DRG version 6.0x public cost weights 2012–13 were used for both public and private hospitals.

(c) AR-DRG version 6.0x overnight private hospitals cost weights 2012–13 used.

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

Average cost weights in 2014–15

The average cost weight for public acute hospitals varied across states and territories. It ranged from 1.04 in South Australia to 0.62 in the Northern Territory (Table 7.2). The relatively low average cost weight for the Northern Territory reflects the relatively large proportion of same-day separations for dialysis in that territory (AR-DRG L61Z *Haemodialysis* had an average cost weight of 0.11 in 2012–13).

For public psychiatric hospitals, average cost weights ranged from 1.22 in Tasmania to 3.71 in Queensland.

For private hospitals, using public hospital cost weights, average cost weights ranged from 0.77 in Western Australia to 0.89 in New South Wales.

In public hospitals, separations for *Public patients* generally had lower average cost weights (0.96) than other patients, and separations funded by *Motor vehicle third party personal claim* had higher average cost weights (1.88) (Table 7.3).

In private hospitals, *Self-funded* separations had lower average costs (0.74) than other separations. The very low average cost weights for *Public patients* (0.12) in private hospitals for Western Australia and South Australia reflect large proportions of contracted care involving dialysis.

Cost weight-based expenditure estimates

An estimate of expenditure in public hospitals can be made using the AR-DRGs reported for each acute separation and the related estimated cost for each AR-DRG from the NHCDC. However, caution should be used in interpreting the information presented here as the costs are based on estimates for the 2012–13 reference period. Therefore, the estimated costs presented in Table 7.4 are not accurate reflections of the actual costs in 2014–15, but are useful in comparing the relative costliness of care provided in each MDC.

The 2012–13 AR-DRG version 6.0x national public sector estimated costs were applied to the AR-DRG version 6.0x AR-DRGs reported for each separation and summed to their MDCs.

The average cost for separations in each MDC was calculated by dividing the total MDC cost by volume by the total number of separations in the MDC.

The MDC with the highest average cost was *Pre-MDC (tracheostomies, transplants and extracorporeal membranous oxygenation)*.

The lowest average cost ($1,263) was reported for *Diseases and disorders of the kidney and urinary tract* (which includes L61Z *Haemodialysis*).

Separations involving surgery (those with *Surgical* DRGs) were approximately 3 times more costly than separations with *Medical* DRGs (Table 7.4).

An estimate of expenditure in private hospitals is not presented as the most recent estimated costs are for 2008–09.

Where to go for more information:

More information on the relative costliness of admitted patient care in 2014–15 will be available in:

- *Hospital resources 2014–15: Australian hospital statistics* (AIHW 2016a, forthcoming)
- *Health expenditure Australia, 2014–15* (AIHW 2016b, forthcoming).

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

Table 7.2: Average cost weights[(a)], public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average public cost weight of separations[(b)]									
Public hospitals									
Public acute hospitals	1.02	0.97	0.96	0.93	1.04	1.02	1.02	0.62	0.98
Public psychiatric hospitals	2.71	3.25	3.71	2.93	2.63	1.22	. .	. .	2.71
Total public hospitals	*1.02*	*0.97*	*0.96*	*0.93*	*1.05*	*1.02*	*1.02*	*0.62*	*0.98*
Private hospitals									
Private free-standing day hospital facilities	0.52	0.40	0.49	0.33	0.41	n.p.	n.p.	n.p.	0.45
Other private hospitals	1.02	1.00	0.93	0.96	1.03	n.p.	n.p.	n.p.	0.98
Total private hospitals	*0.89*	*0.86*	*0.83*	*0.77*	*0.87*	*n.p.*	*n.p.*	*n.p.*	*0.85*
Public acute and private hospitals	*0.97*	*0.93*	*0.90*	*0.86*	*0.97*	*n.p.*	*n.p.*	*n.p.*	*0.93*
All hospitals	**0.97**	**0.93**	**0.90**	**0.86**	**0.97**	**n.p.**	**n.p.**	**n.p.**	**0.93**
Average private cost weight of separations[(c)]									
Private hospitals									
Private free-standing day hospital facilities	0.41	0.28	0.37	0.25	0.30	n.p.	n.p.	n.p.	0.33
Other private hospitals	1.01	0.99	0.92	0.93	1.02	n.p.	n.p.	n.p.	0.97
Total private hospitals	*0.85*	*0.83*	*0.79*	*0.72*	*0.83*	*n.p.*	*n.p.*	*n.p.*	*0.81*

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

(b) AR-DRG version 6.0x public cost weights 2012–13 were used for both public and private hospitals.

(c) AR-DRG version 6.0x overnight private hospitals cost weights 2012–13 used.

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

Table 7.3: Average cost weight[(a)] of separations[(b)], by principal source of funds, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[(c)]	1.01	0.95	0.96	0.88	1.02	1.03	1.02	0.60	0.96
Private health insurance	1.05	1.01	0.93	1.36	1.30	0.91	0.99	1.26	1.04
Self-funded	1.22	0.77	1.09	0.79	0.77	0.60	1.33	1.04	1.08
Workers compensation	1.08	1.27	1.12	1.36	1.10	1.13	1.12	1.09	1.16
Motor vehicle third party personal claim	1.47	1.97	1.77	2.69	2.08	1.96	2.80	2.42	1.88
Department of Veterans' Affairs	1.11	1.20	0.99	1.42	1.17	1.10	0.78	1.08	1.12
Other[(d)]	1.41	1.16	1.24	1.13	1.23	1.39	1.17	0.66	1.18
Total	**1.02**	**0.97**	**0.96**	**0.93**	**1.05**	**1.02**	**1.02**	**0.62**	**0.98**
Private hospitals									
Public patients[(c)]	0.91	0.43	0.63	0.12	0.12	n.p.	n.p.	n.p.	0.34
Private health insurance	0.88	0.87	0.85	0.92	0.87	n.p.	n.p.	n.p.	0.88
Self-funded	0.86	0.63	0.67	0.72	0.77	n.p.	n.p.	n.p.	0.74
Workers compensation	1.28	1.28	1.15	1.18	1.34	n.p.	n.p.	n.p.	1.23
Motor vehicle third party personal claim	1.11	1.33	1.01	1.02	1.45	n.p.	n.p.	n.p.	1.20
Department of Veterans' Affairs	1.03	1.09	0.88	1.04	0.96	n.p.	n.p.	n.p.	0.97
Other[(d)]	0.91	0.88	0.65	0.85	0.96	n.p.	n.p.	n.p.	0.87
Total	**0.89**	**0.86**	**0.83**	**0.77**	**0.87**	**n.p.**	**n.p.**	**n.p.**	**0.85**

(a) AR-DRG version 6.0x public cost weights 2012–13 were used for both public and private hospitals.

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

(c) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a Public patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(d) *Other* includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a Public patient election status), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

Table 7.4: Selected cost statistics[a], by Major Diagnostic Category version 6.0x and Medical/Surgical/Other partition, public hospitals, 2014–15

Major Diagnostic Category		Estimated total cost[b] ($'000)	Estimated average cost[b] ($)
PR	Pre-MDC (tracheostomies, transplants, ECMO)	1,374,094	105,222
01	Diseases and disorders of the nervous system	1,973,422	6,437
02	Diseases and disorders of the eye	351,319	3,091
03	Diseases and disorders of the ear, nose, mouth and throat	741,412	3,591
04	Diseases and disorders of the respiratory system	2,273,531	6,769
05	Diseases and disorders of the circulatory system	2,990,335	6,481
06	Diseases and disorders of the digestive system	2,772,489	4,683
07	Diseases and disorders of the hepatobiliary system and pancreas	840,914	7,892
08	Diseases and disorders of the musculoskeletal system and connective tissue	3,359,268	7,967
09	Diseases and disorders of the skin, subcutaneous tissue and breast	1,022,886	4,637
10	Endocrine, nutritional and metabolic diseases and disorders	572,281	6,685
11	Diseases and disorders of the kidney and urinary tract	1,692,326	1,263
12	Diseases and disorders of the male reproductive system	209,375	4,534
13	Diseases and disorders of the female reproductive system	544,947	4,454
14	Pregnancy, childbirth and puerperium	1,893,136	5,092
15	Newborns and other neonates	1,027,284	11,724
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	332,709	2,883
17	Neoplastic disorders (haematological and solid neoplasms)	656,447	2,890
18	Infectious and parasitic diseases	669,278	8,592
19	Mental diseases and disorders	1,629,744	11,298
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	224,720	5,231
21	Injuries, poisoning and toxic effects of drugs	865,747	4,847
22	Burns	93,628	11,342
23	Factors influencing health status and other contacts with health services	385,391	2,572
ED	Error DRGs[c]	120,894	15,458
	Surgical DRG	*11,405,642*	*10,527*
	Medical DRG	*15,619,728*	*3,615*
	Other DRG	*1,592,205*	*4,202*
Total		**28,617,575**	**4,949**

DRG—Diagnosis related group; ECMO—extracorporeal membrane oxygenation; MDC—Major diagnostic category.

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

(b) Expenditure estimate is calculated using the 2012–13 Round 17 AR-DRG version 6.0x public hospital cost weights, with the average public cost for an AR-DRG with a cost weight of 1.00 of $5,052.

(c) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

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

7.2 Who paid for the care?

This section presents information on the principal source of funding for the admitted patient episode, for all separations and for acute care separations in 2014–15, and over time.

The data need to be interpreted noting that a separation may be funded by more than one funding source and information on those other funding sources is not available.

Changes over time

Between 2010–11 and 2014–15, the number of separations with a funding source of *Public patient* increased by an average of 2.7% each year, compared with 5.9% per year for separations with a funding source of *Private health insurance* (Table 7.5). Over the same period, separations with a funding source of *Department of Veterans' Affairs* decreased by an average of 3.8% each year.

Between 2010–11 and 2014–15, the number of separations in public hospitals with a funding source of *Private health insurance* increased by an average of 11.5% each year, and the number of separations for *Self-funded* patients decreased by an average of 6.8% each year.

For private hospitals, the number of separations with a funding source of *Public patient* increased by an average of 10.3% each year between 2010–11 and 2014–15.

Since 2013–14, separations with a funding source of *Public patient* and *Private health insurance* both increased by 5.6%.

Who paid in 2014–15?

In 2014–15 for all hospitals, 50% of all separations had a funding source of *Public patients*, and 42% had a funding source of *Private health insurance* (Table 7.6). About 83% of separations in public hospitals were for *Public patients*, compared with about 4% in private hospitals. For private hospitals, *Private health insurance* funded about 83% of separations.

There was some variation in funding sources across states and territories. For example, in public hospitals, the proportion of separations funded by *Private health insurance* ranged from about 1% in the Northern Territory to almost 20% in New South Wales. For private hospitals, the proportion of separations *Self-funded* ranged from less than 4% in Western Australia and South Australia to 9% in New South Wales.

Same-day acute separations

About 85% of same-day acute separations from public hospitals were *Public patients*, and *Private health insurance* funded about 81% of same-day acute separations from private hospitals (Table 7.7).

About 9% of same-day acute separations from private hospitals were *Self-funded*, with a higher proportion of these occurring in *Private free-standing day facilities* (15%) than in *Other private hospitals* (6%).

About 71% of same-day acute separations funded by the Department of Veterans' Affairs were from private hospitals.

Overnight acute separations

Around 81% of overnight acute separations from public hospitals were for *Public patients* and *Private health insurance* funded 86% of overnight acute separations from private hospitals (Table 7.7).

The *Department of Veterans' Affairs* funded 2% of overnight acute separations in public hospitals and 6% in private hospitals.

Table 7.5: Separations by principal source of funding, public and private hospitals, 2010–11 to 2014–15

						Change (%)	
	2010–11	2011–12	2012–13	2013–14	2014–15	Average since 2010–11	Since 2013–14
Public hospitals							
Public patients[(a)]	4,491,588	4,658,853	4,607,839	4,701,799	4,949,069	2.5	5.3
Private health insurance	526,546	584,429	686,076	755,901	814,702	11.5	7.8
Self-funded	65,466	73,711	53,318	52,781	49,331	–6.8	–6.5
Workers compensation	22,354	23,436	21,660	21,034	21,887	–0.5	4.1
Motor vehicle third party personal claim	27,666	28,609	27,818	28,846	27,779	0.1	–3.7
Department of Veterans' Affairs	117,284	113,551	104,154	95,901	90,788	–6.2	–5.3
Other[(b)(c)]	28,228	28,903	29,331	58,608	26,782	–1.3	–54.3
Total public hospitals	*5,279,132*	*5,511,492*	*5,530,196*	*5,714,870*	*5,980,338*	*3.2*	*4.6*
Private hospitals							
Public patients[(a)]	104,951	110,131	119,236	131,135	155,252	10.3	18.4
Private health insurance	2,865,002	3,025,841	3,148,087	3,288,535	3,456,176	4.8	5.1
Self-funded	291,358	299,009	290,716	287,194	286,403	–0.4	–0.3
Workers compensation	61,004	65,846	61,738	60,122	56,530	–1.9	–6.0
Motor vehicle third party personal claim	7,134	7,192	6,349	6,458	6,686	–1.6	3.5
Department of Veterans' Affairs	196,894	192,917	184,698	180,013	178,265	–2.5	–1.0
Other[(b)]	42,791	39,736	28,237	28,448	30,717	–8.0	8.0
Total private hospitals	*3,569,134*	*3,740,672*	*3,839,061*	*3,981,905*	*4,170,029*	*4.0*	*4.7*
All hospitals							
Public patients[(a)]	4,596,539	4,768,984	4,727,075	4,832,934	5,104,321	2.7	5.6
Private health insurance	3,391,548	3,610,270	3,834,163	4,044,436	4,270,878	5.9	5.6
Self-funded	356,824	372,720	344,034	339,975	335,734	–1.5	–1.2
Workers compensation	83,358	89,282	83,398	81,156	78,417	–1.5	–3.4
Motor vehicle third party personal claim	34,800	35,801	34,167	35,304	34,465	–0.2	–2.4
Department of Veterans' Affairs	314,178	306,468	288,852	275,914	269,053	–3.8	–2.5
Other[(b)(c)]	71,019	68,639	57,568	87,056	57,499	–5.1	–34.0
Total	**8,848,266**	**9,252,164**	**9,369,257**	**9,696,775**	**10,150,367**	**3.5**	**4.7**

(a) *Public patients* includes separations with a funding source of *Health Service budget* (including *Health Service budget due to Reciprocal health care agreements* and *Health Service budget—no charge raised due to hospital decision* in public hospitals) and *Other hospital or public authority* (with a *Public* patient election status).

(b) *Other* includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public* patient election status), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

(c) Change since 2013–14 reflects a markedly high number of records for which funding source was not reported in 2013–14.

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

Table 7.6: Separations by principal source of funding, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients[(a)]	1,373,501	1,331,689	1,022,772	540,202	374,232	93,880	85,580	127,213	4,949,069
Private health insurance	358,022	204,375	141,350	44,770	33,024	20,996	10,335	1,830	814,702
Self-funded	25,417	9,318	11,513	644	1,417	104	12	906	49,331
Workers compensation	7,161	5,139	5,621	1,549	1,083	405	464	465	21,887
Motor vehicle third party personal claim	8,178	8,665	4,421	2,656	2,485	863	239	272	27,779
Department of Veterans' Affairs	38,799	17,943	15,708	5,376	7,164	2,388	2,959	451	90,788
Other[(b)]	2,920	10,822	1,413	5,526	2,890	870	1,195	1,146	26,782
Total public hospitals	**1,813,998**	**1,587,951**	**1,202,798**	**600,723**	**422,295**	**119,506**	**100,784**	**132,283**	**5,980,338**
Private hospitals									
Public patients[(a)]	8,294	2,804	48,513	91,175	2,960	n.p.	n.p.	n.p.	155,252
Private health insurance	997,887	879,168	830,515	348,288	280,821	n.p.	n.p.	n.p.	3,456,176
Self-funded	111,885	79,827	60,421	17,535	12,332	n.p.	n.p.	n.p.	286,403
Workers compensation	17,719	11,002	13,269	7,720	5,138	n.p.	n.p.	n.p.	56,530
Motor vehicle third party personal claim	1,420	3,266	641	833	391	n.p.	n.p.	n.p.	6,686
Department of Veterans' Affairs	46,794	30,621	69,101	13,531	12,258	n.p.	n.p.	n.p.	178,265
Other[(b)]	540	2,649	10,497	1,658	1,956	n.p.	n.p.	n.p.	30,717
Total private hospitals	**1,184,539**	**1,009,337**	**1,032,957**	**480,740**	**315,856**	**n.p.**	**n.p.**	**n.p.**	**4,170,029**

(a) *Public patients* includes separations with a funding source of *Health Service budget* (including *Health Service budget due to Reciprocal health care agreements* and *Health Service budget—no charge raised due to hospital decision* in public hospitals) and *Other hospital or public authority* (with a *Public* patient election status).

(b) *Other* includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public* patient election status), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

Table 7.7: Same-day acute separations, by principal source of funding, public and private hospitals, 2014–15

Principal source of funding	Public hospitals	Private free-standing day facilities	Other private hospitals	Total
Public patients[(a)]	2,623,858	93,620	44,846	2,762,324
Private health insurance	371,209	671,355	1,502,904	2,545,468
Self-funded	26,165	137,783	99,636	263,584
Workers compensation	9,633	2,406	22,419	34,458
Motor vehicle third party personal claim	8,982	508	2,279	11,769
Department of Veterans' Affairs	35,142	25,830	58,767	119,739
Other[(b)]	11,085	5,903	13,899	30,887
Total	**3,086,074**	**937,405**	**1,744,750**	**5,768,229**

(a) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) *Other* includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public* patient election status), *Other*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

Table 7.8: Overnight acute separations, by principal source of funding, public and private hospitals, 2014–15

Principal source of funding	Public hospitals	Private hospitals	Total
Public patients[(a)]	2,180,454	13,299	2,193,753
Private health insurance	401,974	1,001,122	1,403,096
Self-funded	22,704	44,281	66,985
Workers compensation	11,709	25,860	37,569
Motor vehicle third party personal claim	17,161	2,371	19,532
Department of Veterans' Affairs	47,542	65,985	113,527
Other[(b)]	15,421	9,744	25,165
Total	**2,696,965**	**1,162,662**	**3,859,627**

(a) *Public patients* includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public* patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) *Other* includes separations with a funding source *of Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public* patient election status), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

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

Where to go for more information:

More information about principal source of funding is available in:

- Chapter 5 'What services were provided?'—for *Rehabilitation care* and *Palliative care*
- Chapter 6 'What procedures were performed?'—for emergency and elective admissions involving surgery.

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

Expenditure by public hospitals on admitted patient care will be reported in the AIHW report *Hospital resources 2014–15: Australian hospital statistics* (AIHW forthcoming).

7.3 How much care was contracted between hospitals?

Inter-hospital contracted patient separations are episodes of care for admitted patients whose treatment and/or care is provided under an arrangement between a hospital purchaser (the contracting hospital) of hospital care and a provider (the contracted hospital) of an admitted service. The activity for such arrangements is recorded by both hospitals. As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations are likely to represent double-counting of hospital activity in the NHMD.

These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdictional health department or between private hospitals and Local Hospital Networks. In addition, it is not possible to identify whether separations had multiple episodes of contracted care, as the inter-hospital contracted patient status is assigned only once by the contracting hospital.

Separations

In 2014–15, there were more than 80,000 episodes of inter-hospital contracted care. This figure represents the double counting of these episodes in the NHMD (Table 7.9). About 88,500 separations had an *Inter-hospital contracted patient status* indicating that the episode occurred at the contracted hospital ('contracted patient from public/private sector hospital'). About 81,100 separations had an *Inter-hospital contracted patient status* indicating that the episode occurred at the contracting hospital ('contracted patient to public/private sector hospital').

Most contracted care provided by private hospitals was purchased by public hospitals. There is a close match between the numbers of separations reported as public hospital separations contracted to the private sector (78,553) and the number of separations reported as private hospital separations contracted from the public sector (78,587).

Table 7.9: Separations by inter-hospital contracted patient status, public and private hospitals, 2014–15

Inter-hospital contracted patient status	Public hospitals	Private hospitals	Total
Inter-hospital contracted patient from public sector hospital	7,765	78,587	86,352
Inter-hospital contracted patient from private sector hospital	1,930	208	2,138
Total contracted separations reported by the contracted hospital	*9,695*	*78,795*	*88,490*
Inter-hospital contracted patient to public sector hospital	2,544	37	2,581
Inter-hospital contracted patient to private sector hospital	78,550	3	78,553
Total contracted separations reported by the contracting hospital	*81,094*	*40*	*81,134*

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

Where to go for more information:

More information about inter-hospital contracted care for states and territories is 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.

8 What was the safety and quality of the care?

The clinical information available in the NHMD can be used to provide some information on the safety and quality of admitted patient care in hospitals. However, the available information does not provide a complete picture. For example, there is no routinely available information on some aspects of quality, such as continuity or responsiveness of hospital services.

This section presents a range of information relevant to the safety and quality of the care for admitted patients in 2014–15 including:

- Adverse events in hospital—a performance indicator presenting counts of separations where selected diagnoses, external causes and places of occurrence were reported. These represent selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals.
- Conditions that arise during the hospital stay—presenting counts of separations where a diagnosis was reported as arising during the episode of care. Conditions that arise during the hospital stay include adverse events (some of which may have been preventable) and therefore may provide information about the safety and quality of the care.
- Hospital-acquired conditions—presenting counts of separations using the Classification of hospital-acquired diagnoses (CHADx); most of these had a condition reported as arising during the episode.
- Falls resulting in patient harm in hospitals—a performance indicator presenting counts of separations for which the data indicate that a fall occurred during the episode of care.
- Unplanned readmissions—a performance indicator presenting counts of separations for which a readmission occurred (following selected surgical procedures) and where the principal diagnosis was 1 of the diagnoses specified for the 'Adverse events' analysis.
- Patient experience—presenting survey results for questions related to admitted patient care.

It should be noted that the data in the NHMD are collected primarily for the purposes of recording care provided to admitted patients and that their use for purposes such as reporting adverse events has not been validated for accuracy in Australia. The results should therefore be treated with caution.

It should also be noted that the information presented for adverse events, conditions arising during the hospital stay, falls in hospitals, unplanned readmissions and hospital-acquired diagnoses is not mutually exclusive. For example, 'Unplanned readmissions' and 'Falls resulting in patient harm in hospitals' are subsets of 'Adverse events'. In addition, there is some overlap in the information presented for 'Adverse events', 'Conditions that arose during the hospital stay' and 'Hospital-acquired conditions'. For example, about 42% of separations with an adverse event were also reported under 'Conditions that arose during the hospital stay', and 97% of separations reported under 'Hospital-acquired conditions' are also reported under 'Conditions that arose during the hospital stay'.

Information for the NHA performance indicator Healthcare associated infections has been reported in Staphylococcus aureus *bacteraemia in Australian public hospitals 2014-15: Australian hospital statistics* (AIHW 2015d).

Key findings

Adverse events

In 2014–15, about 569,000 separations (5.6%) reported diagnoses or external causes that indicated adverse events had resulted in, or affected hospital admission (Table 8.1). Adverse events were indicated for about 6.7% of public hospital separations and 4.1% of private hospital separations.

Conditions not present on admission

In 2014–15, about 793,000 separations (8.8% of all separations for which data were available) recorded a condition with onset during the hospital stay.

Hospital-acquired conditions

In 2014–15, the most common hospital-acquired conditions were reported for the Major CHADx class *Labour, delivery and postpartum complications* (140,500 separations).

The most commonly reported hospital-acquired conditions included *Hypotension* (almost 69,000 separations), *Nausea and vomiting* (45,000) and *Urinary tract infections* (22,000).

Separations with at least 1 hospital-acquired condition had longer average lengths of stay compared with separations that did not have a hospital-acquired condition for both public hospitals (10.4 days and 4.3 days, respectively) and private hospitals (9.8 days and 4.0 days, respectively).

Unplanned readmissions

In 2014–15, about 3.6% (36 in 1,000) of surgeries for *Tonsillectomy and adenoidectomy* were followed by an unplanned readmission within 28 days.

For *Cataract extraction*, about 3 per 1,000 surgeries were followed by an unplanned readmission within 28 days.

Falls

In 2014–15, more than 33,000 falls resulting in patient harm in hospitals were recorded, at a rate of 3.3 falls per 1,000 separations. Rates were higher in public hospitals than in private hospitals (4.5 and 1.6 per 1,000, respectively).

Patient experience

In 2014–15, more than 90% of patients who were surveyed responded 'always' or 'often' to the question of whether the doctors or nurses showed respect to them in hospital.

More than 86% of patients who were surveyed responded 'always' or 'often' to the question of whether the doctors or nurses spent enough time with them in hospital.

8.1 Performance indicator: Adverse events

'Adverse events treated in hospitals' is a performance indicator under the domain 'Health System Performance—Safety' dimension of the NHPF. Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries and problems with medication and medical devices. Some of these adverse events may be preventable.

The information presented in this section can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals.

Hospital separations data include information on diagnoses, external causes of injury and poisoning, and their places of occurrence that can indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other diagnosis codes may also suggest that an adverse event has occurred, and some adverse events are not identifiable using these codes.

A separation may be recorded against more than 1 category in Table 8.1 as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning). Some of the adverse events included in this table may represent events that occurred before admission. Condition onset flag (COF) information can be used to provide other information about adverse events occurring, and treated within, single episodes of care.

Separations with adverse events in 2014–15

In 2014–15, about 569,000 separations (5.6%) reported 1 or more ICD-10-AM codes indicating 1 or more adverse events (Table 8.1). The proportion of separations with an adverse event was 6.7% for public hospitals and 4.1% for private hospitals. The data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may also be different.

The most common adverse event groups reported for public hospital separations were *Procedures causing abnormal reactions/complications* (51%) and *Adverse effects of drugs, medicaments and biological substances* (38%).

The most common adverse event group reported for private hospital separations was *Procedures causing abnormal reactions/complications* (68%).

Overnight separations reported higher rates of adverse events than same-day separations (11.3% and 1.8%, respectively; Table 8.2).

Separations for subacute and non-acute care had higher rates of adverse events than acute care separations (10.1% and 5.4%, respectively), and emergency admissions had higher rates of adverse events than non-emergency admissions (9.9% and 4.0%, respectively).

Table 8.1: Separations with an adverse event[a] per 100 separations, public and private hospitals, 2014–15

	Public hospitals		Private hospitals		Total	
Adverse event	Separations	Per 100	Separations	Per 100	Separations	Per 100
External cause of injury or poisoning						
Adverse effects of drugs, medicaments and biological substances	150,597	2.5	33,912	0.8	184,509	1.8
Misadventures to patients during surgical and medical care	19,674	0.3	10,396	0.2	30,070	0.3
Procedures causing abnormal reactions/complications	204,905	3.4	114,763	2.8	319,668	3.1
Other external causes of adverse events	13,348	0.2	1,381	0.0	14,729	0.1
Place of occurrence: Health service area	**386,788**	**6.5**	**163,345**	**3.9**	**550,133**	**5.4**
Diagnoses						
Selected post-procedural disorders	48,801	0.8	30,426	0.7	79,227	0.8
Haemorrhage and haematoma complicating a procedure	28,489	0.5	14,981	0.4	43,470	0.4
Infection following a procedure	24,244	0.4	12,740	0.3	36,984	0.4
Complications of internal prosthetic devices	78,788	1.3	48,756	1.2	127,544	1.3
Other diagnoses of complications of medical and surgical care	58,056	1.0	29,442	0.7	87,498	0.9
Total (any of the above)	**400,035**	**6.7**	**169,383**	**4.1**	**569,418**	**5.6**

(a) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation. For information on the codes used, see tables accompanying this report online.

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

Table 8.2: Separations with an adverse event[a] per 100 separations, by same-day/overnight status, type of care and urgency of admission[b], public and private hospitals, 2014–15

	Public hospitals		Private hospitals		Total	
Category of separation	Separations	Per 100	Separations	Per 100	Separations	Per 100
Length of stay						
Same-day separations	63,940	2.0	42,389	1.4	106,329	1.8
Overnight separations	336,095	11.8	126,994	10.2	463,089	11.3
Type of care						
Acute care separations	369,449	6.4	147,383	3.8	516,832	5.4
Subacute and non-acute care separations	30,586	15.5	22,000	6.8	52,586	10.1
Urgency of admission						
Emergency admissions	245,131	9.7	26,305	12.3	271,436	9.9
Non-emergency admissions	154,904	4.5	143,078	3.6	297,982	4.0

(a) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation. For information on the codes used, see tables accompanying this report online.

(b) The categories *Length of stay*, *Type of care* and *Urgency of admission* are not mutually exclusive. Each separation with an adverse event is included in 3 categories; for example, as a *Same-day* separation, an *Acute* care separation and an *Emergency* admission.

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

Where to go for more information:

More information on adverse events is available in:

- Section 8.2 'Conditions that arose during the hospital stay'
- Section 8.3 'Hospital-acquired conditions'
- Section 8.4 'Performance indicator: Unplanned readmissions'
- Section 8.5 'Performance indicator: Falls resulting in patient harm in hospital'
- Staphylococcus aureus *bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics* (AIHW 2015d).

More information on performance indicators is available in Appendix C.

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

Information on the ICD-10-AM codes used in analyses is available in tables accompanying this report online.

8.2 Conditions that arose during the hospital stay

This section presents information on conditions that were not present on admission (that is, they arose during the hospital stay). Conditions that arise during the hospital stay include adverse events (some of which may have been preventable) and therefore may provide information about the safety and quality of the care.

Conditions that arise during a hospital stay are identified using the condition onset flag (COF) that is required to be reported for each diagnosis and external cause of injury or poisoning in the NHMD.

The flag is assigned for conditions which arise during the episode of admitted patient care and would not have been present or suspected on admission. These can include:

- a condition resulting from a misadventure during surgical or medical care in the current episode of admitted patient care
- an abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care
- a condition newly arising during the episode of admitted patient care (for example, pneumonia, rash, confusion or cyst)
- a condition impacting on obstetric care arising after admission, including complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management
- for neonates, this also includes the condition(s) in the birth episode arising during the birth event (for example, respiratory distress, jaundice, feeding problems, neonatal aspiration, conditions associated with birth trauma or newborn affected by delivery or intrauterine procedures).

The flag is not assigned for conditions previously existing or suspected on admission—such as the presenting problem, a comorbidity, chronic disease or disease status.

For 2014–15, the COF data were provided for about 98% of public hospital separations and 77% of private hospital separations. The information presented in this section does not include separations for which the COF data were not provided. For New South Wales, data were not provided for 7.5% of public hospital separations and 86% of private hospital separations.

Conditions that arose during the hospital stay in 2014–15

In 2014–15, about 793,000 separations (8.8% of all separations for which COF data were provided) recorded a condition with onset during the episode of care (COF=1) (tables 8.3 and 8.4). These accounted for about 10.1% of public hospital separations (Table 8.3) and 6.3% of private hospital separations (Table 8.4).

For both same-day and overnight separations, in both public and private hospitals, the highest proportion of separations with a condition with onset during the episode was in the *Childbirth* category, reflecting conditions arising after admission that impact on obstetric care.

Emergency admissions involving surgery had relatively high rates of conditions with onset during the episode:

- for public hospitals, about 2.0% of same-day and 29.7% of overnight emergency admissions involving surgery had a condition with onset during the episode (Table 8.3)
- for private hospitals, about 0.9% of same-day and 28.4% of overnight emergency admissions involving surgery reported a condition with onset during the episode (Table 8.4).

Table 8.3: Proportion[(a)] (%) of separations[(b)] with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, public hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total rate	Separations with COF=1
Same-day separations										
Childbirth	28.6	36.5	32.2	34.2	32.3	35.9	42.2	40.0	32.7	2,938
Specialised mental health	0.1	0.8	1.1	1.5	0.2	. .	. .	. .	0.6	90
Surgical (emergency)	1.3	2.7	2.1	1.4	2.4	2.4	3.3	0.7	2.0	445
Medical (emergency)	1.0	1.3	0.9	0.9	1.6	1.1	1.4	0.7	1.1	6,836
Other (emergency)	1.9	3.4	1.1	1.5	3.0	2.2	. .	4.0	2.1	125
Total emergency	*1.0*	*1.4*	*0.9*	*0.9*	*1.7*	*1.2*	*1.5*	*0.7*	*1.1*	*7,406*
Surgical (non-emergency)	0.8	1.9	1.0	1.0	0.9	1.9	0.8	0.9	1.3	4,635
Medical (non-emergency)	0.4	0.6	1.1	0.5	2.0	0.9	2.2	0.2	0.7	12,539
Other (non-emergency)	0.6	1.2	0.7	0.7	0.6	1.5	1.0	0.4	0.9	2,727
Total non-emergency	*0.5*	*0.9*	*1.0*	*0.6*	*1.6*	*1.1*	*1.9*	*0.2*	*0.8*	*19,901*
Total same-day	*0.7*	*1.1*	*1.1*	*0.7*	*1.7*	*1.3*	*2.1*	*0.4*	*1.0*	*30,335*
Overnight separations										
Childbirth	47.4	66.3	60.5	58.7	63.7	44.2	60.9	59.6	57.8	122,407
Specialised mental health	9.4	19.2	16.0	16.5	13.7	6.8	18.0	4.7	14.1	14,397
Surgical (emergency)	22.4	39.4	30.7	26.1	31.8	34.6	33.6	16.2	29.7	72,548
Medical (emergency)	8.6	17.5	9.7	9.6	11.9	16.4	14.1	6.1	11.3	156,596
Other (emergency)	19.7	37.4	26.3	22.6	24.4	34.1	25.6	14.3	26.0	16,472
Total emergency	*10.9*	*21.8*	*13.0*	*12.7*	*15.1*	*20.3*	*18.3*	*8.0*	*14.5*	*245,616*
Surgical (non-emergency)	18.7	32.9	22.6	22.5	23.4	32.6	23.8	13.3	24.7	84,530
Medical (non-emergency)	15.2	27.8	25.6	24.1	19.9	23.5	32.0	12.2	21.9	90,219
Other (non-emergency)	14.8	22.5	16.8	19.5	13.3	23.2	24.7	9.3	17.9	4,385
Total non-emergency	*16.6*	*29.9*	*23.9*	*23.2*	*21.3*	*27.7*	*27.9*	*12.5*	*23.0*	*179,134*
Total overnight	*15.0*	*28.2*	*19.5*	*19.1*	*19.9*	*23.3*	*25.2*	*12.6*	*20.2*	*561,554*
Total	**8.5**	**12.5**	**9.6**	**9.2**	**11.3**	**11.6**	**12.9**	**4.2**	**10.1**	**591,889**

COF=1—Separation with a condition noted as arising during the episode of care.

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category as a percentage.

(b) Data exclude records for which the condition onset flag was not reported from both the numerator and denominator. For New South Wales, condition onset flag was not provided for about 8% of public hospital separations.

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

Table 8.4: Proportion[(a)](%) of separations[(b)] with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, private hospitals, states and territories, 2014–15

	NSW[(b)]	Vic	Qld	WA	SA	Tas	ACT	NT	Total rate	Separations with COF=1
Same-day separations										
Childbirth	0.0	57.1	35.7	14.3	60.0	n.p.	n.p.	n.p.	35.8	34
Specialised mental health	0.0	1.8	0.1	0.1	. .	n.p.	n.p.	n.p.	0.7	628
Surgical (emergency)	0.0	1.1	1.9	0.5	0.7	n.p.	n.p.	n.p.	0.9	44
Medical (emergency)	0.0	1.0	1.0	1.0	2.1	n.p.	n.p.	n.p.	1.2	130
Other (emergency)	25.0	1.8	1.1	2.1	0.5	n.p.	n.p.	n.p.	0.8	30
Total emergency	*3.6*	*1.1*	*1.1*	*1.0*	*1.0*	*n.p.*	*n.p.*	*n.p.*	*1.0*	*204*
Surgical (non-emergency)	4.4	0.6	0.5	0.5	0.6	n.p.	n.p.	n.p.	1.0	6,535
Medical (non-emergency)	8.0	0.6	0.4	0.2	1.0	n.p.	n.p.	n.p.	0.9	7,772
Other (non-emergency)	10.2	0.3	0.3	0.4	0.5	n.p.	n.p.	n.p.	1.0	6,361
Total non-emergency	*7.0*	*0.5*	*0.4*	*0.3*	*0.8*	*n.p.*	*n.p.*	*n.p.*	*1.0*	*20,668*
Total same-day	*6.6*	*0.5*	*0.4*	*0.3*	*0.8*	*n.p.*	*n.p.*	*n.p.*	*1.0*	*21,534*
Overnight separations										
Childbirth	58.5	55.6	48.5	55.3	72.1	n.p.	n.p.	n.p.	53.4	29,030
Specialised mental health	23.1	27.2	28.0	16.2	14.9	n.p.	n.p.	n.p.	23.8	7,085
Surgical (emergency)	22.2	38.2	24.1	19.1	28.9	n.p.	n.p.	n.p.	28.4	9,359
Medical (emergency)	10.7	18.5	13.2	13.3	14.3	n.p.	n.p.	n.p.	14.7	18,922
Other (emergency)	0.0	23.4	17.3	15.9	18.7	n.p.	n.p.	n.p.	19.2	2,243
Total emergency	*11.0*	*22.9*	*15.3*	*14.6*	*17.9*	*n.p.*	*n.p.*	*n.p.*	*17.6*	*30,524*
Surgical (non-emergency)	30.0	21.1	13.7	11.6	18.1	n.p.	n.p.	n.p.	16.3	69,511
Medical (non-emergency)	15.0	21.4	14.3	14.2	16.8	n.p.	n.p.	n.p.	17.0	39,513
Other (non-emergency)	11.6	12.6	10.5	12.8	11.3	n.p.	n.p.	n.p.	11.4	3,802
Total non-emergency	*20.8*	*20.7*	*13.7*	*12.3*	*17.5*	*n.p.*	*n.p.*	*n.p.*	*16.3*	*112,826*
Total overnight	*21.2*	*23.3*	*16.3*	*15.9*	*20.1*	*n.p.*	*n.p.*	*n.p.*	*18.9*	*179,465*
Total	**7.9**	**8.0**	**5.3**	**4.9**	**6.4**	**n.p.**	**n.p.**	**n.p.**	**6.3**	**200,999**

COF=1—Separation with a condition noted as arising during the episode of care.

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category as a percentage.

(b) Data exclude records for which the condition onset flag was not reported from both the numerator and denominator. For New South Wales, Condition onset flag was not provided for about 86% of private hospital separations.

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

There was marked variation among states and territories in the overall proportion of separations for which a condition was reported as arising during the episode of care. Differences in casemix between states and territories may account for some of this variation. However, this variation may indicate that there are differences in the allocation of COF values, and that there may be underreporting by some states and territories compared with others.

Where to go for more information:

More information on the condition onset flag is available in Section 8.3 'Hospital-acquired conditions'.

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

8.3 Hospital-acquired conditions

This section presents information on hospital-acquired conditions using the Classification of hospital-acquired diagnoses (CHADx). This includes post-procedural complications; adverse drug events; accidental injuries; specific infections and metabolic disorders. See Box 8.1.

For the most part, the occurrence of a hospital-acquired condition is identified using the condition onset flag, and therefore there is overlap with the numbers of separations that reported a condition that arose during the hospital stay (see Section 8.2).

The original purpose of the CHADx, was 'to allow Australian hospitals to monitor the range of hospital-acquired diagnoses coded in routine data in support of quality improvement efforts' (Jackson et al 2009). Its development was supported by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

Box 8.1: CHADx method and limitations

The CHADx is a comprehensive classification of hospital-acquired conditions available for use with ICD-10-AM. The CHADx includes over 4,500 categories arranged into 17 major classes and 145 minor classes (ACSQHC 2013).

Method

Hospital-acquired conditions are mainly identified using the condition onset flag. Conditions that arose during the episode were assigned to CHADx classes according to the algorithm that was published on the ACSQHC website (ACSQHC 2013). It should be noted that not all conditions that arise during the episode will be allocated to a CHADx class.

The exception to the use of the condition onset flag is for obstetric and perinatal conditions classified to the major CHADx classes (MCHADx) 11, 12 and 13, for which diagnoses are assigned to CHADx classes regardless of the value of the condition onset flag.

For some conditions, the CHADx method relies on the sequencing of diagnosis and external cause codes to identify whether a hospital-acquired condition occurred.

A separation is counted only once for each CHADx class where at least 1 condition (that is assigned to the class) was reported for the separation.

Limitations

Due to the specifications and structure required for submitting admitted patient care data for the NHMD, the original sequencing of ICD-10-AM codes (as recorded at the hospital) may be destroyed. Therefore, due to uncertainty about the sequencing of the diagnosis and external cause codes, a CHADx analysis of the NHMD may result in either over- or under-estimating hospital-acquired diagnoses.

For CHADx classes that require a combination of diagnosis and external cause codes, the AIHW has allocated a condition to a CHADx class if both the specified external cause and the diagnosis code had condition onset flags of '1', regardless of the sequence of the codes. This assumption is possible because the onset flag on the external cause is required to be the same as the onset flag for the related diagnosis code. However, this assumption may result in overestimation as the external cause may be related to a different condition, which also has an onset flag of '1'.

(continued)

Box 8.1 (continued): CHADx method and limitations

It should be noted that the data in the NHMD are collected primarily for the purposes of recording care provided to admitted patients and that their use for purposes such as reporting hospital-acquired conditions has not been validated for completeness or accuracy in Australia. The results should therefore be treated with caution.

How many separations included a hospital-acquired condition?

In 2014–15, almost 768,000 separations included a hospital-acquired diagnosis identified using the CHADx methodology (Table 8.5). About 9.7% of public hospital separations (585,000 separations) and 5.7% of private hospital separations (183,000) reported a hospital-acquired diagnosis.

For public hospitals, the most common Major CHADx classes were MCHADx12—*Labour, delivery and postpartum complications* for 1.9% of all separations (and accounting for 19.6% of separations that included a CHADx) and MCHADx5—*Cardiovascular complications* (1.6% of all separations).

For private hospitals, the most common Major CHADx classes were MCHADx7—*Gastrointestinal complications* for 1.1% of all separations (and accounting for 18.8% of separations that included a CHADx), MCHADx1—*Post-procedural complications* and MCHADx17—*Other complications* (both 1.0% of all separations).

MCHADx1—*Post-procedural complications* accounted for about 12.6% of hospital-acquired diagnoses in public hospitals and about 16.9% in private hospitals.

The 20 most common CHADx classes

There are 145 minor CHADx classes and the 20 most frequently reported CHADx classes accounted for about 45% of all hospital-acquired diagnoses (Table 8.6). The total counts in Table 8.5 differ from Table 8.6 as a separation may have more than 1 hospital-acquired diagnosis in a Major CHADx class.

CHADx 5.06—*Hypotension* was the most common hospital-acquired diagnosis, accounting for about 4.8% of hospital-acquired diagnoses in public and private hospitals combined.

CHADx 7.05—*Nausea and vomiting* accounted for about 6.0% of hospital-acquired diagnoses in private hospitals.

Average length of stay for separations with at least 1 hospital-acquired diagnosis

The average length of stay for overnight separations with at least 1 hospital-acquired diagnosis was 10.4 days in public hospitals and 9.8 days in private hospitals (Table 8.7).

This was longer than the respective average lengths of stay for overnight separations overall, which were 5.7 days for public hospitals and 5.2 days for private hospitals (see Table 2.17).

It should be noted that patients with longer lengths of stay in hospital may have a higher risk of acquiring a condition during the episode. In addition, the occurrence of a hospital-acquired condition may extend the hospital stay.

Table 8.5: Count of separations with a hospital-acquired diagnosis[(a)] by Major CHADx class, public and private hospitals, 2014–15

	Public hospitals		Private hospitals	
Major CHADx class	**Separations**	**Per 100**	**Separations**	**Per 100**
MCHADx1 Post-procedural complications	73,665	1.2	30,896	1.0
MCHADx2 Adverse drug events	50,654	0.8	13,906	0.4
MCHADx3 Accidental injuries	20,847	0.3	5,588	0.2
MCHADx4 Specific infections	19,879	0.3	4,272	0.1
MCHADx5 Cardiovascular complications	96,997	1.6	30,832	1.0
MCHADx6 Respiratory complications	44,851	0.7	13,011	0.4
MCHADx7 Gastrointestinal complications	72,315	1.2	34,338	1.1
MCHADx8 Skin conditions	35,683	0.6	11,279	0.4
MCHADx9 Genitourinary complications	56,051	0.9	17,304	0.5
MCHADx10 Hospital-acquired psychiatric states	33,134	0.6	9,102	0.3
MCHADx11 Early pregnancy complications	795	0.0	69	0.0
MCHADx12 Labour, delivery and postpartum complications	114,609	1.9	25,879	0.8
MCHADx13 Perinatal complications	59,149	1.0	10,659	0.3
MCHADx14 Haematological disorders	24,689	0.4	7,069	0.2
MCHADx15 Metabolic disorders	78,174	1.3	14,365	0.4
MCHADx16 Nervous system complications	8,928	0.1	2,538	0.1
MCHADx17 Other complications	87,465	1.5	32,753	1.0
Total	**585,022**	**9.7**	**182,831**	**5.7**

(a) Data exclude records for which the condition onset flag was not reported.

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

Where to go for more information:

More information about condition onset flag is available in Section 8.2 'Conditions that arose during the hospital stay'.

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

Table 8.6: Counts of hospital-acquired diagnoses[(a)] for the 20 most common CHADx classes, public and private hospitals, 2014–15

CHADx class		Public hospitals	Private hospitals	Total
05.06	Hypotension	51,421	17,271	68,692
15.02	Electrolyte disorders without dehydration	46,092	9,571	55,663
05.03	Cardiac arrhythmias, conduction disturbances and abnormal heart beat	39,841	12,822	52,663
12.07	Second degree perineal laceration	38,790	6,960	45,750
07.05	Nausea and vomiting	26,110	19,098	45,208
07.04	Constipation	25,660	10,084	35,744
12.09	Maternal haemorrhage	28,059	3,112	31,171
08.03	Dermatitis, rash and other skin effects	21,488	8,109	29,597
13.11	Other neonatal complications	25,052	3,873	28,925
12.01	Foetal heart rate abnormalities	22,604	4,671	27,275
10.04	Alterations to mental state	19,926	5,716	25,642
09.02	Urinary tract infection	16,669	5,076	21,745
12.14	Breast disorders associated with childbirth	15,083	6,602	21,685
12.15	Other disorders predominately related to pregnancy	18,623	2,597	21,220
15.01	Dehydration / volume depletion	18,514	2,380	20,894
02.16	Adverse effects due to other drugs	16,738	3,809	20,547
12.06	First degree and unspecified perineal laceration	15,449	5,031	20,480
09.04	Other complications and symptoms of the urinary system	14,299	6,168	20,467
17.12	Other symptoms	15,314	5,144	20,458
17.04	Chest pain	15,373	4,949	20,322
	Other	605,846	176,574	782,420
Total hospital-acquired diagnoses		**1,096,951**	**319,617**	**1,416,568**

(a) Data exclude records for which the condition onset flag was not reported.

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

Table 8.7: Average length of stay (days) for overnight separations with and without a hospital-acquired diagnosis, by Surgical/Medical/Other partition, public and private hospitals, 2014–15

	Public hospitals[(a)]			Private hospitals[(a)]		
	Separations with a CHADx condition	Separations without a CHADx condition	Total	Separations with a CHADx condition	Separations without a CHADx condition	Total
Surgical	10.2	3.5	5.4	7.9	2.5	3.5
Medical	10.6	4.5	5.5	11.8	5.8	7.0
Other	9.6	4.4	5.6	8.0	2.7	3.4
Total	**10.4**	**4.3**	**5.5**	**9.8**	**4.0**	**5.1**

(a) Data exclude records for which the condition onset flag was not reported.

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

8.4 Performance indicator: Unplanned readmissions

This section presents information on readmissions to the same public hospital following selected surgical procedures. It does not include information on all unplanned or unexpected readmissions, or readmission to another hospital. Therefore, the information presented here may differ from rates reported by states and territories.

'Unplanned or unexpected readmissions after surgery' is an NHA performance indicator in the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*. The measure is regarded as an indicator of the safety of care. It could also be regarded as an indicator of effectiveness of care.

'Unplanned or unexpected readmissions after surgery' is defined as the number of separations involving selected procedures where a readmission occurred within 28 days, and was considered to be 'unplanned or unexpected' because the principal diagnosis related to an adverse event. The specified principal diagnoses are the same as the diagnoses listed as adverse events in Table 8.1 for *Selected post-procedural disorders*, *Haemorrhage and haematoma complicating a procedure*, *Infection following a procedure*, *Complications of internal prosthetic devices* and *Other diagnoses of complications of medical and surgical care*.

This measure is restricted to readmissions to the same public hospital between 1 July 2014 and 30 June 2015, where the initial admission for the procedure occurred between 1 July 2014 and 19 May 2015. Where a patient is readmitted more than once within 28 days of the procedure, only the first readmission is included. These data do not include readmissions in Western Australia as it was not possible to identify readmissions for Western Australia in the NHMD.

It should be noted that the data in the NHMD are collected primarily for the purposes of recording care provided to admitted patients and that their use for purposes such as reporting unplanned readmissions has not been validated for completeness or accuracy in Australia. The results should therefore be treated with caution.

Unplanned readmissions in 2014–15

Rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy* (36 per 1,000 separations) and *Hysterectomy* (32 per 1,000 separations) (Table 8.8). For *Cataract extraction*, about 3 per 1,000 separations were readmitted within 28 days.

Where to go for more information:

Information about the specification used for this performance indicator is available at <http://meteor.aihw.gov.au/content/index.phtml/itemId/559020>.

More information on performance indicators is available in Appendix C.

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

Table 8.8: Separations[a] and rate per 1,000 separations, unplanned/unexpected readmissions within 28 days for selected procedures, public hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
Appendicectomy									
Separations	9,686	7,358	5,743	n.a.	1,870	685	699	424	26,465
Number of readmissions	199	146	137	n.a.	50	25	10	16	583
Per 1,000 separations	20.5	19.8	23.9	n.a.	26.7	36.5	14.3	37.7	22.0
Cataract extraction									
Separations	19,221	19,164	7,102	n.a.	6,117	1,226	1,105	592	54,527
Number of readmissions	49	55	36	n.a.	15	5	1	6	167
Per 1,000 separations	2.5	2.9	5.1	n.a.	2.5	4.1	0.9	10.1	3.1
Hip replacement									
Separations	3,426	2,736	1,533	n.a.	708	278	117	25	8,823
Number of readmissions	58	44	36	n.a.	5	6	1	1	151
Per 1,000 separations	16.9	16.1	23.5	n.a.	7.1	21.6	8.5	40	17.1
Hysterectomy									
Separations	3,043	2,994	2,200	n.a.	863	218	115	81	9,514
Number of readmissions	87	85	90	n.a.	22	6	9	2	301
Per 1,000 separations	28.6	28.4	40.9	n.a.	25.5	27.5	78.3	24.7	31.6
Knee replacement									
Separations	5,052	2,996	2,395	n.a.	805	218	143	48	11,657
Number of readmissions	98	58	87	n.a.	15	4	1	2	265
Per 1,000 separations	19.4	19.4	36.3	n.a.	18.6	18.3	7	41.7	22.7
Prostatectomy									
Separations	2,305	2,139	1,242	n.a.	463	129	78	26	6,382
Number of readmissions	53	50	41	n.a.	6	0	3	2	155
Per 1,000 separations	23	23.4	33	n.a.	13	0	38.5	76.9	24.3
Tonsillectomy and adenoidectomy									
Separations	6,466	7,919	3,697	n.a.	2,061	372	352	219	21,086
Number of readmissions	205	206	183	n.a.	111	13	11	23	752
Per 1,000 separations	31.7	26	49.5	n.a.	53.9	34.9	31.3	105	35.7

(a) Separations are counted in the denominator if the admission for the selected procedure occurred between 1 July 2014 and 19 May 2015.

(b) Total does not include data for Western Australia.

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

8.5 Performance indicator: Falls resulting in patient harm in hospital

This section presents information on separations for which an external cause of *Falls* was reported, and for which the place of occurrence was reported as *Health service area*.

'Falls resulting in patient harm in hospitals' is a performance indicator under the NHPF domain of 'Safety'. This indicator is intended to report hospital separations where a fall occurred in hospital, resulting in patient harm.

The rates presented here may underestimate falls occurring in hospitals as the place of occurrence was not specified for about 18% of separations with an external cause of injury of falls. It is also possible that these rates may overestimate falls as it is not currently possible to identify falls specifically in hospitals—the current data identify falls occurring in any health service area. However, separations with an injury or poisoning principal diagnosis are excluded to minimise the inclusion of falls that occurred before admission.

Falls in hospitals in 2014–15

In 2014–15, more than 33,000 separations reported a fall that occurred in a health service area (Table 8.9). More falls per 1,000 separations were reported for public hospitals (4.5 per 1,000 separations) than for private hospitals (1.6 per 1,000).

Table 8.9: Separations for falls resulting in patient harm in hospitals, per 1,000 separations, states and territories, 2014–15

									Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Rate	Number
Hospital sector										
Public	5.6	3.6	3.7	5.0	5.0	6.9	4.5	1.8	4.5	26,921
Private	1.5	1.5	1.8	1.5	1.1	n.p.	n.p.	n.p.	1.6	6,575
Indigenous status										
Indigenous	2.0	1.4	1.6	1.2	1.5	5.0	2.9	1.2	1.5	683
Other Australians	4.0	2.8	2.9	3.7	3.4	4.4	4.5	2.8	3.4	32,813
Remoteness area of usual residence										
Major cities	4.2	2.6	2.9	3.6	3.4	6.5	4.7	5.0	3.4	23,431
Inner regional	3.4	3.4	2.8	3.1	2.8	4.5	3.3	1.4	3.3	6,403
Outer regional	3.2	3.4	2.7	3.9	3.6	4.2	2.4	2.3	3.2	2,978
Remote and Very remote	2.6	3.5	1.8	1.9	3.4	3.5	. .	1.4	1.9	540
Socioeconomic status of area of usual residence										
1—Lowest	4.1	2.8	3.2	3.8	4.1	5.0	3.8	1.2	3.5	7,778
2	3.9	3.2	3.3	4.0	3.5	4.5	4.1	3.2	3.6	7,370
3	4.2	2.8	2.9	3.3	2.9	3.8	3.4	2.3	3.3	6,606
4	4.3	2.6	2.3	3.3	3.0	3.7	4.7	1.9	3.1	5,859
5—Highest	3.6	2.5	2.3	3.2	2.1	1.8	4.6	2.5	3.0	5,736
Total	**4.0**	**2.8**	**2.9**	**3.5**	**3.3**	**n.p.**	**n.p.**	**n.p.**	**3.3**	**33,496**

(a) Disaggregation by remoteness of area of usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of usual residence.

(b) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital.

(c) The total includes separations for which the place of usual residence was not reported.

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

Where to go for more information:

Information about the specification used for this performance indicator is available at <http://meteor.aihw.gov.au/content/index.phtml/itemId/443705>.

More information on performance indicators is available in Appendix C.

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

8.6 Patient experience

This section presents selected information from the Australian Bureau of Statistics' (ABS) 2014–15 Patient Experience Survey (ABS 2015). The ABS Patient Experience Survey is conducted annually and includes information on patient experience in a range of health care situations, including general practitioners, medical specialists, dental professionals, imaging and pathology tests, hospital admissions and emergency department visits.

About 19,000 people aged 15 and over were surveyed. Of these, more than 2,500 people (13.5%) had attended a hospital in the previous 12 months, either as an admitted patient or as an emergency department patient.

'Patient satisfaction/experience' is an NHA performance indicator in the outcome area of *Australians have positive health and aged care experiences which take account of individual circumstances and care needs*. The information presented here relates to the patient's satisfaction with their experience with hospital doctors and nurses (for those who had attended a hospital).

The ABS Patient Experience Survey asked patients to respond to whether the doctors or nurses:

- listened carefully to them
- showed respect to them
- spent enough time with them.

The survey found that at least 86% of patients responded 'always' or 'often' to each of these questions for both doctors and nurses (Table 8.10).

More than 90% of patients responded 'always' or 'often' to the questions about whether the doctors or nurses showed respect to them.

Table 8.10: Patient experience in hospital, persons aged 15 years and over, 2014–15

	Always	Often	Sometimes/ Rarely/Never
Hospital doctors and specialists			
Listened carefully	75.1	14.4	10.1
Showed respect	77.4	13.3	9.0
Spent enough time with person	72.2	14.7	12.8
Hospital nurses			
Listened carefully	76.0	14.8	9.0
Showed respect	77.8	13.9	8.1
Spent enough time with person	74.0	14.3	11.5

Source: Australian Bureau of Statistics' *Patient experiences in Australia: summary of findings, 2014–15* (ABS 2015).

Where to go for more information:

Information about the specification used for this performance indicator is available at <http://meteor.aihw.gov.au/content/index.phtml/itemId/559002>.

More information on the ABS's Patient Experience Survey is available online at the ABS' website at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0>.

Appendix A: Database quality statement summary

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

This appendix also contains information on other changes that may affect interpretation of the data presented in this report.

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

Information relevant to interpretation of the National Elective Surgery Waiting Times Data Collection is available in *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015c) and on the AIHW website at <http://meteor.aihw.gov.au/content/index.phtml/itemId/620766>.

Information relevant to interpretation of the ABS' *Patient experiences in Australia: summary of findings, 2014–15* (ABS 2015) is available on the ABS website at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0>.

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals.

The data supplied are based on the National minimum data set (NMDS) for Admitted patient care and include demographic, administrative and length of stay data, as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities, and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not in scope but some are included.

The reference period for this data set is 2014–15. The data set includes records for admitted patient separations between 1 July 2014 and 30 June 2015.

For the first time in 2014–15, data based on the Admitted subacute and non-acute hospital care Data Set Specification (ASNHC DSS) were also provided on a 'best efforts' basis by the states and territories for inclusion in the AIHW's NHMD. A summary of the data provided for the ASNHC DSS is included later in this appendix.

Summary of key issues

- The NHMD is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than 1 record in the NHMD.

- For 2014–15, almost all public hospitals provided data for the NHMD. The exception was an early parenting centre in the Australian Capital Territory. The great majority of private hospitals also provided data, the exception being the private free-standing day hospital facilities in the Australian Capital Territory.
- 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. In addition, hospitals may be re-categorised as public or private between or within years.
- Revised definitions for care types were implemented from 1 July 2013 with the aim to improve comparability in care type assignment among jurisdictions. Therefore, information presented by care type may not be comparable with data presented for earlier periods.
- There was variation between states and territories in the reporting of separations for *Newborns* (without qualified days).
- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly the case for the Australian Capital Territory. In 2014–15, about 18% of separations for Australian Capital Territory hospitals were for patients who resided in New South Wales.
- Although there are national standards for data on hospital services, there are some variations in how hospital services are defined and counted, between public and private hospitals, among the states and territories and over time. For example, there is variation in admission practices for some services, such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals and as non-admitted patients in other hospitals. In addition, some services are provided by hospitals in some jurisdictions and by non-hospital health services in other jurisdictions. The national data on hospital care does not include care provide by non-hospital providers, such as community health centres.
- Caution should be used in comparing diagnosis, procedure and external cause data over time, as the classifications and coding standards for those data can change over time.
- Between 2010–11 and 2014–15, there were changes in coverage or data supply for New South Wales, Victoria, Queensland and Western Australia that may affect the interpretation of the data:
  - For New South Wales, increases in the numbers of separations reported for private hospitals are, in part, accounted for by improvement in the coverage of reporting.
  - For Victoria, between 2011–12 and 2012–13, a relatively large decrease in public hospital separations reflects a change in Victoria's emergency department admission policy.
  - For Queensland, between 2013–14 and 2014–15, a relatively large increase in same-day separations in public hospitals partly reflects a change in admission practices for chemotherapy in some hospitals.
  - For Western Australia, between 2012–13 and 2013–14, the relatively large decrease in public hospital separations may reflect a change in Western Australia's emergency department admission policy which resulted in fewer admissions.
- The Indigenous status data in the NHMD for all states and territories are considered to be of sufficient quality for statistical reporting. In 2011–12, an estimated 88% of Indigenous patients were correctly identified in public hospitals (AIHW 2013). The

overall quality of the data provided for Indigenous status is considered to be in need of some improvement and varied between states and territories. It is unknown to what extent Indigenous Australians might be under-identified in private hospital admissions data.

Other factors affecting interpretation of the NHMD data

This section presents other information about the quality of the data provided for the NHMD and factors that may affect interpretation of the information presented in this report.

Newborn episodes of care

There is variation in the reporting of *Newborn* care between states and territories.

Between 2010–11 and 2011–12, the reporting of *Newborn* episodes with qualified days increased markedly for New South Wales public hospitals. Therefore, the data for *Newborn* care in New South Wales public hospitals for 2011–12 to 2014–15 are not comparable to the data reported by New South Wales in previous years.

For Victoria and the Northern Territory, private hospitals did not report all *Newborn* episodes without qualified days. Therefore, the count of newborn episodes is underestimated.

Information on reporting practices for *Newborn* episodes before 2014–15 is available in previous *Australian hospital statistics* reports.

Quality of Indigenous status data

Indigenous identification in hospital separations data: 2013 quality report

The 2013 AIHW report *Indigenous identification in hospital separations data – 2013 quality report*, (AIHW 2013) presented findings on the quality of Indigenous identification in hospital separations data in Australia, based on studies conducted in public hospitals during 2011. Private hospitals were not included in the assessment.

The results of the study indicated that, overall, the quality of Indigenous identification in hospital separations data was similar to that achieved in the previous study (AIHW 2010). However, the 2011–12 survey was performed on larger samples for each jurisdiction/region and is therefore considered more robust than the previous study.

The report recommends that the data for all jurisdictions are used in analysis of Indigenous hospitalisation rates, for hospitalisations in total in national analyses of Indigenous admitted patient care for data from 2010–11 onwards.

Based on the results of the survey data a correction factor of 1.09 was calculated, suggesting that the 'true' number of Indigenous people should be about 9% higher than indicated in hospital records.

Quality in 2014–15

The following information has been provided by the states and territories to provide some additional insight into the quality of Indigenous status data in the NHMD.

New South Wales

The New South Wales Ministry of Health (NSW) noted that NSW had achieved an overall weighted completeness of 80% for Indigenous identification in 2011–12. The low level of

completeness for hospitals in major cities (67% compared with 98% in remote areas) revealed that education in Indigenous status data collection should be focused on hospital staff in urban areas. NSW's Data Quality Audit and Assurance Program revealed that individual Local Health Districts have initiated, and are delivering, their own comprehensive programs to staff on cultural sensitivity and innovative methods of Indigenous data collection.

Victoria

The Victorian Department of Health and Human Services reports that Indigenous status data for 2014–15 is of an adequate standard for reporting, but should still be considered to under-count the number of Aboriginal and Torres Strait Islander patients. There is a continued effort to improve the quality of this data element through data validation processes and communication channels.

Queensland

Queensland Health noted that for 2014–15, Indigenous status was reported as 'not stated' for 4.8% of admitted patient separations (1.0% of public hospital separations and 9.3% for private hospital separations). The level of non-reporting of Indigenous status has continued to improve slightly for public hospitals, however, non-reporting in private hospitals has increased compared to the previous financial year (from 8.6% to 9.3%).

Western Australia

The Western Australian Department of Health regards its Indigenous status data as being of good quality, with all cases having a valid Indigenous status reported in 2014–15.
A sample survey conducted in 2011 concluded that Western Australia was collecting Indigenous status with a high degree of accuracy.

South Australia

South Australia considers the quality of Indigenous status data to be acceptable for reporting and analysis purposes. The department contracted the ABS to develop a training package for the collection of Indigenous identifier aimed at frontline staff in hospitals and other health-care units. The package is based on the best practice guidelines developed by the AIHW. State-wide training programs were undertaken between 2011 and mid-2013.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, are of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health considers the quality of its Indigenous status data to be of high quality. The Department participated in the national review of the quality of demographic data (coordinated by AIHW) in 2011 where Indigenous status was found to be accurately recorded in 98% of admitted patients, consistent with findings from previous surveys in 1997 and 2008. The Department retains historical reporting of Indigenous status and all reporting is based on the person's reported Indigenous status at the time of the event.

Quality of the coded clinical data

The comparability of the coded diagnosis, procedure and external cause data can be affected by variations in the quality of the coding, and the numbers of diagnoses and/or procedures reported. Comparability can also be influenced by state-specific coding standards.

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis.

The quality and comparability of the coded data can, however, be gauged by information provided by the states and territories on the quality of the data and by assessment of apparent variation in the reporting of additional diagnoses.

State-specific coding standards

The Australian Coding Standards (ACS) were developed for use in both public and private hospitals with the aim of satisfying sound coding convention according to the ICD-10-AM/ACHI. Although all states and territories instruct their coders to follow the ACS, some jurisdictions also apply state-specific coding standards to deal with state-specific reporting requirements. These standards may be in addition to or instead of the relevant ACS, and may affect the comparability of ICD-10-AM coded data.

State and territory comments on the quality of the data

The following information has been provided by the states and territories to provide some insight into the quality of the coded data in the NHMD.

New South Wales

For New South Wales (NSW), hospitals perform formal audits on ICD-10-AM coded data at a local level. Data edits are monitored regularly and consistent errors are identified and rectified by individual hospitals.

All NSW public hospital coded data is routinely processed, monitored and validated using Performance Indicators for Coding Quality (PICQ™) by the Ministry of Health and disseminated back to the Local Health Districts and individual hospitals. The data from PICQ™ is also used to benchmark Local Health District's/Network's performance.

Victoria

The Victorian Department of Health and Human Services conducts state-wide external audits of admitted patient data across public health services. The audits have recently expanded to include sub-acute and mental health records in addition to the approximately 13,000 acute records audited annually. These audits review the ICD-10-AM/ACHI coding and the application of ACSs along with some key demographic and administrative data. The rate of AR-DRG change reported for audited records remains at under 5%, indicating a high quality of coding. Coded data is also validated using PICQ™ with published state-wide results for both public and private hospitals.

Queensland

Hospitals in Queensland conduct their own coding quality audits, and ICD-10-AM/ACHI validations are automatically executed as part of the general processing of morbidity data in the corporate data collection. A Statewide Health Information Management Clinical Coding Network Steering Committee has been established to aid the improvement of Health

Information Management (HIM) and clinical coding services state-wide. It also fosters appropriate education and development of HIMs and clinical coders. The Queensland Department of Health complements this activity by undertaking a range of quality assurance processes.

Western Australia

The Western Australian Department of Health conducts in-house data quality activities and regular comprehensive external audits of hospital medical records and admitted patient data reporting processes. The Edit Protocol for Hospital Morbidity Data System and the Clinical Information Audit Program aims to provide assurances of data quality and integrity, promoting confidence in the use of health information by hospitals and throughout the system.

South Australia

The South Australian Department for Health and Ageing completed a major audit of coding practices in 2011. The rate of AR-DRG change for metropolitan hospitals was marginally above 10%. South Australia notes that a result of less than 10% is generally regarded as an indication of high-quality coding.

The Department conducts a number of coding improvement activities, aimed at improving compliance with national and state coding standards. PICQ™ has been implemented in South Australia, hospitals are provided with monthly reports and asked to review all critical errors and correct where necessary. A coding educator has been appointed to assist hospitals in further developing their coding knowledge.

Tasmania

Tasmania focuses on materiality of coded data error over simple error rates and, although there has been improvement in recent years, Tasmania still has concerns about the quality of some coded data (for example with respect to correct identification of the principal diagnosis; additional comorbidities and complications; and care type for some episodes). Tasmania is using a number of strategies to address these concerns:

- Hospitals continue to conduct coding quality improvement activities such as clinical clarification processes; internal data analyses and audits; and some use of PICQ™.
- State-wide validation of some episode data occurs routinely. There is potential for significant data quality improvement by correction of errors identified through validations; Tasmania plans to increase activity in this area.
- A state-wide coding auditor/educator is responsible for managing coded data validations; state-wide coded data reviews, and conducting audits and education in relation to findings from these.
- A Tasmanian Clinical Coding Strategic Committee has been formed to facilitate high level coding-related decisions through discussion between the Department and the Tasmanian Hospital Organisations.
- Tasmania is represented on the ICD Technical Group and the DRG Technical Group which provide responses and advice regarding changes/updates to the coding classifications and grouping systems to the Australian Consortium for Classification Development (ACCD) in their efforts to improve coded data quality generally.
- A small number of staff with high-level technical expertise in casemix, clinical costing, clinical coding, and health statistics and data analysis work together as a dedicated casemix risk team facilitating targeted activity to improve data quality.

Australian Capital Territory

The Australian Capital Territory conducts regular coding data quality improvement and integrity activities including analysis using the PICQ™ tool to ensure a high standard of coding quality. Validations are automatically undertaken as part of the processing data flow in the hospital-level and corporate-level data collections and further education and training supports these quality improvement activities.

Northern Territory

The Northern Territory (NT) Department of Health is committed to the continual improvement of clinical coding across NT hospitals, and continues to conduct coding quality improvement activities. Clinical coding audits at each hospital are performed by the NT Manager Coding Audit and Education, and follow-up includes focussed education sessions for clinical coders. The larger hospitals perform coding audits at a local level. The PICQ™ tool is also used to validate coded data and provide feedback to individual coders. Data validation checks are routinely performed by the department and results returned to the hospitals for follow-up to ensure data quality. The NT Coders Forum is also an inclusive committee which provides peer support and is an NT wide forum for discussion of coding issues and referral of queries to NCCH/ACCD for resolution to foster coding quality and consistency.

Apparent variation in reporting of additional diagnoses

A measure of apparent variation among Australian states and territories in the reporting and coding of additional diagnoses is the proportion of separations in the lowest resource split for adjacent AR-DRGs, standardised to the national distribution of adjacent AR-DRGs to take into account differing casemixes (Coory & Cornes 2005).

Method

An adjacent AR-DRG is a set of AR-DRGs that is split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping.

For many adjacent AR-DRGs, this split is based on the inclusion of significant additional diagnoses, also known as complications or comorbidities (CCs). Adjacent AR-DRGs are signified in the AR-DRG classification by having the first 3 characters in common. The allocation of a fourth character code is hierarchical, with the highest resource use level being assigned an A and the lowest resource use level being assigned the last letter in the sequence.

This analysis concentrates on differences in the reporting of additional diagnoses that are significant in AR-DRG assignment within the adjacent AR-DRG groupings. The analysis covers 4 categories of adjacent AR-DRGs:

1. all applicable adjacent AR-DRGs (that is, excluding adjacent AR-DRGs with other factors affecting partitioning)
2. adjacent AR-DRGs where the lowest split was without complications or comorbidities
3. adjacent AR-DRGs where the lowest split was without catastrophic or severe complications or comorbidities
4. Vaginal and caesarean deliveries.

Categories 2, 3 and 4 are subsets of category 1.

The category *Vaginal and caesarean deliveries* is included as it represents a sub-group of patients for which there is limited scope for differences in the admission threshold.

Therefore, it is expected that differences in the proportions in the lowest resource AR-DRGs for this group are likely to reflect variation in reporting additional diagnoses.

Standardised proportion

The underlying assumption of this analysis is that variation in the proportions of separations assigned to individual AR-DRGs within an adjacent AR-DRG is caused by variation in the reporting and coding of additional diagnoses that are relevant to the split of the adjacent AR-DRG. This assumption is less likely to be valid when comparing hospital sectors which have differing casemixes, or the smaller jurisdictions, because of differing population profiles and the limitations of the standardisation method.

The data were directly standardised by scaling the distribution of adjacent AR-DRGs in each jurisdiction/sector to the same distribution as the national total. The resulting proportions of separations in the lowest resource AR-DRG within the adjacent AR-DRG are considered comparable.

See tables accompanying this report online for additional detail on this analysis and the list of AR-DRGs included.

Results 2014–15

Table A1 shows that there is variation among jurisdictions, and by sector, in the proportion of separations grouped to the lowest resource split for adjacent AR-DRGs.

Overall for public hospitals, about 67% of separations were allocated to the lowest resource split for adjacent AR-DRGs, ranging from 62% for Victoria to 70% for New South Wales.

For private hospitals, about 73% of separations were allocated to the lowest resource split for adjacent AR-DRGs and there was less variation among jurisdictions, ranging from 71% in Victoria to 75% in South Australia.

For *Vaginal and caesarean deliveries*, the proportion allocated to the lowest resource split was 75% for public hospitals and 73% for private hospitals. There was some variation among jurisdictions, with public hospital proportions ranging from 72% in Western Australia and the Northern Territory to 77% in Queensland.

Table A1: Standardised proportion of separations[(a)] in lowest resource level AR-DRG for selected adjacent AR-DRGs version 7.0, public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All adjacent AR-DRGs split by complications only									
Public hospitals									
Separations	604,430	431,687	374,854	166,030	135,709	36,590	30,810	27,882	1,807,992
Standardised proportion in lowest resource level	0.69	0.62	0.68	0.68	0.67	0.68	0.67	0.64	0.67
Private hospitals									
Separations	183,698	185,351	183,867	78,942	59,322	n.p.	n.p.	n.p.	719,157
Standardised proportion in lowest resource level	0.72	0.71	0.72	0.73	0.75	n.p.	n.p.	n.p.	0.73
Adjacent AR-DRGs with 'without complication' as the lowest resource level AR-DRG									
Public hospitals									
Separations	249,651	180,409	143,988	66,312	53,050	14,241	13,512	12,037	733,200
Standardised proportion in lowest resource level	0.67	0.59	0.65	0.65	0.64	0.63	0.63	0.60	0.65
Private hospitals									
Separations	68,924	67,403	67,775	32,837	19,959	n.p.	n.p.	n.p.	266,401
Standardised proportion in lowest resource level	0.70	0.68	0.68	0.70	0.70	n.p.	n.p.	n.p.	0.70
Adjacent AR-DRGs with 'without catastrophic or severe complication' as the lowest resource level AR-DRG									
Public hospitals									
Separations	354,779	251,278	230,866	99,718	82,659	22,349	17,298	15,845	1,074,792
Standardised proportion in lowest resource level	0.70	0.64	0.69	0.69	0.70	0.70	0.69	0.67	0.68
Private hospitals									
Separations	114,774	117,948	116,092	46,105	39,363	n.p.	n.p.	n.p.	452,756
Standardised proportion in lowest resource level	0.73	0.74	0.75	0.76	0.79	n.p.	n.p.	n.p.	0.75
Adjacent AR-DRGs for vaginal and caesarean delivery									
Public hospitals									
Separations	72,923	57,619	44,609	23,583	15,450	4,347	5,181	3,271	226,983
Standardised proportion in lowest resource level	0.76	0.73	0.77	0.72	0.75	0.74	0.73	0.72	0.75
Private hospitals									
Separations	21,320	19,450	16,550	10,267	4,394	n.p.	n.p.	n.p.	75,647
Standardised proportion in lowest resource level	0.75	0.69	0.76	0.67	0.76	n.p.	n.p.	n.p.	0.73

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

Changes to ICD-10-AM/ACHI classifications

Information presented over time may be affected by changes to ICD-10-AM/ACHI coding standards. The major changes affecting the interpretation of information presented in this report are:

1. The reporting of 'past history' of hepatitis.
2. The deletion of the category I84 *Haemorrhoids* and the creation of the category K64 *Haemorrhoids and perianal venous thrombosis*.
3. Diabetes mellitus and intermediate hyperglycaemia.

Hepatitis

Changes to the Australian Coding Standard for *Viral hepatitis* (ACS 0104), implemented from 1 July 2013 in the 8th edition of ICD-10-AM clarified that, while it was acceptable to assign a code for a past history of hepatitis, the 'personal history' codes of Z22.51 *Carrier of viral hepatitis B*, Z22.52 *Carrier of viral hepatitis C* and Z22.59 *Carrier of other specified viral hepatitis* should not be assigned. Instead, the past history should be assigned to the codes B18.0 *Chronic viral hepatitis B with delta agent,* B18.1 *Chronic viral hepatitis B without delta agent* or B18.2 *Chronic viral hepatitis C*.

This change in coding standard had little effect on the reporting of principal diagnoses for *Hepatitis B*, as personal history codes should not be assigned as a principal diagnosis. However, the number of additional diagnoses reported for the ICD-10-AM codes B18.0 and B18.1 increased from about 2,200 in 2012–13 to about 16,000 in 2013–14 and increased to more than 20,000 in 2014–15.

Conversely, in 2012–13, there were more than 52,500 additional diagnoses reported for Z22.51, Z22.52 and Z22.59, and in 2013–14 and 2014–15 there were fewer than 300 reported.

This change in the coding standard affects the comparability over time in the reporting of the vaccine-preventable category of potentially preventable hospitalisations, which includes counts for additional diagnoses of *Hepatitis B* (see Chapter 4 'Why did people receive care?').

Haemorrhoids

For the 8th edition of the International Classification of Diseases (ICD), the World Health Organization deleted the category I84 *Haemorrhoids* from the ICD chapter *Diseases of the circulatory system*, and created a new category K64 *Haemorrhoids and perianal venous thrombosis* in the chapter *Diseases of the digestive system* under the sub-chapter of *Other disease of the intestines*. This resulted in a decrease in diagnoses reported for the chapter *Diseases of the circulatory system* and an increase in reporting for the chapter *Diseases of the digestive system*.

For example, in 2012–13, there were more than 50,000 separations with a principal diagnosis of I84 *Haemorrhoids*, in 2013–14 there were fewer than 300 and in 2014–15, there were fewer than 30 (which are invalid codes).

In 2014–15, there were about 50,000 separations with a principal diagnosis of K64 *Haemorrhoids and perianal venous thrombosis*.

Therefore, information presented by ICD-10-AM diagnosis chapters in this report will not be directly comparable with similar information presented in previous years for the ICD-10-AM chapters *Diseases of the circulatory system* and *Diseases of the digestive system*.

Diabetes mellitus and intermediate hyperglycaemia

Changes to the Australian Coding Standard for *Diabetes mellitus and intermediate hyperglycaemia* (ACS 0401) (formerly *Diabetes mellitus and impaired glucose regulation*) between 2011–12 and 2012–13 have affected the comparability over time of data reported for diabetes. Between 2012–13 and 2014–15, there were no changes to the ACS.

The reporting of diabetes as a principal diagnosis increased by 7.6% between 2011–12 and 2012–13, and increased by an average of 3.5% per year between 2012–13 and 2014–15 (Table A2).

The reporting of diabetes as an additional diagnosis increased by 229% between 2011–12 and 2012–13, and by an average of 11.4% between 2012–13 and 2014–15.

These changes in the coding standard should not affect the comparability over time in the reporting of the chronic condition category of potentially preventable hospitalisations, as the revised specification for the performance indicator only includes counts for principal diagnoses of *Diabetes mellitus* (see Chapter 4 'Why did people receive care?'). Information on potentially preventable hospitalisations presented in previous *Australian hospital statistics* reports (using the superseded specification) should be interpreted with caution.

Table A2: Diabetes mellitus and intermediate hyperglycaemia, all hospitals, 2010–11 to 2014–15

	ICD-10-AM 7th edition			Change (%) between 2011–12 and 2012–13	ICD-10-AM 8th edition		Average change (%) between 2012–13 and 2014–15
	2010–11	2011–12	2012–13		2013–14	2014–15	
Principal diagnoses	36,983	37,909	40,795	7.6	40,829	43,737	3.5
Additional diagnoses	291,371	322,368	1,060,087	228.8	1,183,994	1,314,966	11.4

(a) Diabetes mellitus diagnoses used were: E09—Intermediate hyperglycaemia; E10—Type 1 diabetes mellitus; E11—Type 2 diabetes mellitus; E13—Other specified diabetes mellitus; E14—Unspecified diabetes mellitus; E09–E14—Diabetes mellitus and intermediate hyperglycaemia.

Source: National Hospital Morbidity Database.

Condition onset flag data

The data element 'Episode of admitted patient care—condition onset flag' was mandated for national collection for the first time for the 2008–09 reporting period.

Condition onset flag (COF) information is included in Chapter 8 'What was the safety and quality of the care?' in:

- Section 8.2—'Condition that arose during the hospital stay'
- Section 8.3—'Hospital acquired conditions'.

Quality of the condition onset flag data for 2014–15

Overall, the provision of COF data for 2014–15 improved compared with that provided for 2010–11 to 2013–14.

In 2014–15, the coverage of COF data was 98% for public hospitals and 76% for private hospitals (Table A3). For New South Wales, COF data were missing for about 83% of separations in private hospitals and about 8% of separations in public hospitals.

There was marked variation between states and territories in the overall proportion of records for which a condition was reported as arising during the episode of care. For public hospitals, the proportion of overnight separations for which a condition was reported as

arising during the episode of care ranged from 12.6% for the Northern Territory to 28.2% in Victoria (Table 8.3).

For private hospitals, the proportion of overnight separations for which a condition was reported as arising during the episode of care ranged from 16.3% for Queensland to 23.3% for Victoria (Table 8.4).

Differences in casemix between states and territories may account for some of this variation. However, this variation may indicate that there are differences in the allocation of COF values.

Table A3: Proportion of separations with condition onset flag reported[(a)] (%), public and private hospitals, states and territories, 2014–15

	Public hospitals	Private hospitals
New South Wales	91.9	16.5
Victoria	100.0	100.0
Queensland	100.0	100.0
Western Australia	100.0	100.0
South Australia	100.0	100.0
Tasmania	100.0	100.0
Australian Capital Territory	100.0	99.9
Northern Territory	100.0	100.0
Australia	**97.5**	**76.3**

(a) The proportion of separations for which the condition onset flag was reported may include records where the flag was provided for some diagnoses and not for others.

AR-DRG versions used in this report

In this report, two different AR-DRG versions are presented:

- AR-DRG version 6.0x was used for time series presentations of average cost weights and relative stay indexes (tables 2.19, 7.1, 7.2 and 7.3). AR-DRG version 6.0x was also used for analysis of average cost weights for 2014–15 (Table 7.4).
- AR-DRG version 7.0 was used for all other presentations by MDCs or AR-DRGS, and for 2014–15 relative stay indexes (tables 2.20, 2.21, 5.6 to 5.12, 6.20, 6.21, 6.33, 6.34 and A1).

There are some major differences in the assignment of records to AR-DRGs between AR-DRG version 6.0x and version 7.0 that may affect the comparability of data across separate analyses and across reporting periods.

For a full list of changes, refer to the AR-DRG version 7.0 definitions manual (NCCC 2012b).

Differences in AR-DRG versions affecting reporting

Haemorrhoid procedures

In AR-DRG version 6.0x, the majority of records (94%) with a procedure for *Rubber band ligation of haemorrhoids* (ACHI procedure code 32135-00) were assigned to a *Surgical DRG* (G11Z *Anal and stomal procedures*) in MDC 06 *Diseases and disorders of the digestive system*.

In AR-DRG version 7.0, most of these records were allocated to AR-DRGs classified as *Other DRGs* in MDC 06. This difference in assignment means that the numbers of separations with *Surgical DRGs* and *Other DRGs* differs depending on the AR-DRG version used.

Normal deliveries

In AR-DRG version 6.0x, records with a principal diagnosis of O80 *Single spontaneous delivery* were assigned to O60A V*aginal delivery with catastrophic or severe complications or comorbidities*, O60B V*aginal delivery with severe complications or comorbidities* or O60C *Vaginal delivery single uncomplicated without other condition*. Using AR-DRG version 6.0x, about 16% of records for 'normal' deliveries are assigned to O60C.

Using AR-DRG version 7.0, the majority of records with a principal diagnosis of O80 are allocated to the AR-DRG version 7.0 O60C *Vaginal delivery, single uncomplicated*. Therefore, caution should be used in comparing the data for vaginal deliveries over time and across different AR-DRG versions. For this reason, the proportion of vaginal and caesarean deliveries in the lowest resource AR-DRG (using AR-DRG version 7.0) is not comparable to the same proportion presented in earlier reports using AR-DRG version 6.0x (see 'Apparent variation in reporting of additional diagnoses').

Summary of quality of data provided for the Admitted subacute and non-acute hospital care Data Set Specification

Some information on subacute and non-acute admitted patient care has been reported in the *Australian hospital statistics* reports since the first report on the 1993–94 and 1994–95 collection periods. Earlier reports presented counts of separations by the type of subacute and non-acute care. From the 2008–09 collection period, more detailed information on patient demographics, diagnoses and procedures have been included.

For the 2014–15 collection period, additional information based on the Admitted subacute and non-acute hospital care DSS (ASNHC DSS) has been provided to the AIHW by most states and territories for public hospitals. Information regarding contracted subacute and non-acute care for public patients provided in private hospitals has also been provided. This information was provided as part of the annual submission of admitted patient care data for the National Hospital Morbidity Database (NHMD).

The ASNHC DSS aims to collect information about care provided to subacute and non-acute admitted public and private patients in activity-based funded public hospitals.

The scope of the DSS is (METeOR id. 556874):

- Same-day and overnight admitted subacute and non-acute care episodes.
- Admitted public patients provided on a contracted basis by private hospitals.
- Admitted patients in rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric and maintenance care treated in the hospital-in-the-home.

For the purpose of analysing subset of separations in the NHMD that are considered in scope from reporting to the ASNHC DSS, the AIHW has defined the subset as all subacute and non-acute care episodes (for patients aged 16 and older, as specified for the DSS) in activity-based funded public hospitals (that is, not listed as block-funded hospitals for 2014–15), and subacute and non-acute care episodes for public patients with a funding source of *Other hospital or public authority* provided by private hospitals.

For 2014–15, approximately 185,000 episodes (accounting for about 35% of all subacute and non-acute separations in public and private hospitals) were in scope for the ASNHC DSS (Table A4). Table A4 also presents the numbers of subacute and non-acute activity-based funded episodes by care type.

The Australian Capital Territory did not provide data for the ASNHC DSS.

Clinical assessment only indicator

Table A5 presents the numbers of subacute and non-acute activity-based funded episodes by clinical assessment indicator, which is used to define the scope of records that are required to report the remaining data elements. If the *Clinical assessment only indicator* is reported as 'No' then the other data elements should be reported.

In 2014–15, the *Clinical assessment only indicator* was not reported/unknown or not stated for 28% of records in scope for the DSS. For South Australia, Tasmania and the Australian Capital Territory, the *Clinical assessment only indicator* was not reported/unknown or not stated for all records in scope for the DSS. For New South Wales, the *Clinical assessment only indicator* was not reported for about 36% of records in scope for the DSS. Therefore, it was not possible to determine whether these records were in scope for reporting the remaining ASNHC DSS data elements.

Table A6 presents a summary of the provision of data for the ASNHC DSS for 2014–15, by states and territories.

Primary impairment type

The data element *Primary impairment type* should be reported for all *Rehabilitation care* separations in scope for the ASNHC DSS for which the *Clinical assessment only indicator* was reported as Code 2 'No' (Other).

For 2014–15, there were 63,013 *Rehabilitation care* separations for which the *Clinical assessment only indicator* was reported as 'No'. *Primary impairment type* was provided for about 99% of these separations (Table A6). A valid *Primary impairment type* was also provided for a large proportion of *Rehabilitation care* separations for which the *Clinical assessment only indicator* was not reported in South Australia and Tasmania.

Primary impairment type was not stated/inadequately described for about 23,000 *Rehabilitation care* separations for which the *Clinical assessment only indicator* was reported as 'No' (23%), including about 16,000 records for New South Wales.

Type of maintenance care

The data element *Type of maintenance care* should be reported for all *Maintenance care* separations in scope for the ASNHC DSS for which the *Clinical assessment only indicator* was reported as Code 2 'No' (Other).

For 2014–15, there were 11,938 *Maintenance care* separations for which the *Clinical assessment only indicator* was reported as 'No'. *Type of maintenance care* was provided for about 99% of these separations (Table A6).

Functional independence measure scores

Functional independence measure scores should be reported for all *Rehabilitation care* and *Geriatric evaluation and management* separations in scope for the ASNHC DSS for which the *Clinical assessment only indicator* was reported as Code 2 'No' (Other).

For 2014–15, there were 63,013 *Rehabilitation care* and *Geriatric evaluation and management* separations for which the *Clinical assessment only indicator* was reported as 'No'. *Functional independence measure scores* were provided for about 71% of these separations (Table A6). A valid *Primary impairment type* was also provided for a large proportion of separations for

which the *Clinical assessment only indicator* was not reported in South Australia and Tasmania.

Resource Utilisation Groups - activities of daily living scores

Resource Utilisation Groups - activities of daily living scores should be reported for all *Palliative care* and *Maintenance care* separations in scope for the ASNHC DSS for which the *Clinical assessment only indicator* was reported as Code 2 'No' (Other).

For 2014–15, there were 11,938 *Maintenance care* separations for which the *Clinical assessment only indicator* was reported as 'No'. *Resource Utilisation Groups - activities of daily living scores* were provided for about 51% of in scope separations (Table A6). *Resource Utilisation Groups - activities of daily living scores* for *Palliative care* episodes were provided by 6 jurisdictions through the palliative care phase data.

Health of the Nation Outcome Scale 65+ scores

Health of the Nation Outcome Scale 65+ scores (HoNOS65+) should be reported for all *Psychogeriatric care* separations in scope for the ASNHC DSS for which the *Clinical assessment only indicator* was reported as Code 2 'No' (Other).

For 2014–15, there were 1,225 *Psychogeriatric care* for which the *Clinical assessment only indicator* was reported as 'No'. HoNOS65+ scores were provided for about 75% of these separations (Table A6).

Palliative care phase data

Up to 12 'phases' of palliative care could be provided for activity-based funding episodes with a palliative care type. About 58,400 records were provided for palliative care phase data by six jurisdictions. These corresponded to about 29,900 palliative care episodes in the NHMD, of which about 27,500 episodes were in scope for the DSS. For some jurisdictions, coverage was not complete (that is, there were fewer palliative care phase records than palliative care episodes that were in scope for the DSS). In addition, a palliative care phase linking key was not provided for all records, limiting the ability to analyse the data further.

About 85% of palliative care episodes in scope for the DSS could be linked to palliative care phase records (Table A8). Palliative care phase data were not provided by the Australian Capital Territory and the Northern Territory. For Queensland and Western Australia, palliative care phase data were also provided for some records not in scope for the DSS.

For Western Australia palliative care phase type was not reported for around 90% of records.

Table A4: Subacute and non-acute separations, public hospitals, private hospitals and activity-based funded episodes[(a)], states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	70,984	43,525	44,581	13,356	17,073	3,189	3,638	876	197,222
Private hospitals	195,262	31,028	53,829	7,985	24,146	n.p.	n.p.	n.p.	325,211
Subacute and non-acute separations	**266,246**	**74,553**	**98,410**	**21,341**	**41,219**	**n.p.**	**n.p.**	**n.p.**	**522,433**
Subacute and non-acute hospital care DSS in-scope episodes[(a)]									
Rehabilitation care	37,034	17,662	24,081	6,529	11,032	931	1,960	305	99,534
Palliative care	11,364	7,387	8,014	2,444	1,786	608	639	308	32,550
Geriatric evaluation and management	4,795	17,440	3,983	2,674	1,481	205	227	88	30,893
Psychogeriatric care	609	0	315	671	18	0	10	4	1,627
Maintenance care	9,682	638	5,701	1,237	2,170	476	805	120	20,829
Total	**63,484**	**43,127**	**42,094**	**13,555**	**16,487**	**2,220**	**3,641**	**825**	**185,433**

(a) Subacute and non-acute care episodes (for patients aged 16 years and older) in activity-based funded public hospitals, and for public patients with a funding source of *Other hospital or public authority* provided by private hospitals.

Table A5: Subacute and non-acute separations by clinical assessment only indicator, activity-based funded episodes[(a)], states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Clinical assessment only	149	3,018	3,486	138	0	0	0	0	6,791
Other	40,172	39,110	38,606	7,919	0	0	0	823	126,630
Not reported/unknown/not stated	23,163	999	2	5,498	16,487	2,220	3,641	2	52,012
Total	**63,484**	**43,127**	**42,094**	**13,555**	**16,487**	**2,220**	**3,641**	**825**	**185,433**

(a) Subacute and non-acute care episodes (for patients aged 16 years and older) in activity-based funded public hospitals, and for public patients with a funding source of *Other hospital or public authority* provided by private hospitals.

Table A6: Subacute and non-acute activity based funded episodes[a] — provision of data elements, states and territories, 2014–15

Data element	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Clinical assessment only indicator									
Number of in-scope episodes	63,484	43,127	42,094	13,555	16,487	2,220	3,641	825	185,433
In-scope episodes with valid values[b]	40,487	42,913	42,094	13,555	16,487	2,220	0	825	158,481
Invalid/not reported/unknown values (%)	36	2	<1	41	100	100	100	<1	28
Primary impairment type									
Number of in-scope episodes[c]	20,895	15,691	20,842	5,280	0	0	0	305	63,013
In-scope episodes with valid values	20,895	15,691	20,842	5,166	0	0	0	105	62,699
Other episodes with valid values[d]	84	1,700	0	0	8,108	598	0	66	10,490
Type of maintenance care									
Number of in-scope episodes[e]	6,132	0	5,687	0	0	0	0	119	11,938
In-scope episodes with valid values	6,121	0	5,687	0	0	0	0	0	11,808
Other episodes with valid values[f]	1	628	14	0	27	0	0	0	670
Functional independence measure scores									
Number of in-scope episodes[g]	24,642	31,780	24,756	7,466	0	0	0	392	89,036
In-scope episodes with valid values[h]	23,656	31,779	0[i]	7,466	0	0	0	110	63,011
Other episodes with valid values[d]	29	0	0	0	3,574	596	0	0	4,199
Resource Utilisation Groups - activities of daily living scores									
Number of in-scope episodes[j]	15,070	7,330	5,687	0	0	0	0	119	11,938
In-scope Maintenance care episodes with valid values[h]	6,121	0	0[i]	0	0	0	0	0	6,121
In-scope Palliative care episodes with valid values[h]	Yes[k]	0	0[i]	Yes[k]	Yes[k]	Yes[k]	0	0	Yes[k]

(continued)

Table A6 (continued): Subacute and non-acute activity-based funded episodes[a] — provision of data elements, states and territories, 2014–15

Data element	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Health of the Nation Outcome Scale 65+ scores									
Number of in-scope episodes[l]	460	0	308	453	0	0	0	4	1,225
In-scope episodes with valid values[h]	460	0	0[i]	453	0	0	0	0	913
Other episodes with valid values[d]	2	0	0	0	0	0	0	0	2

(a) Subacute and non-acute care episodes (for patients aged 16 years and older) in activity-based funded public hospitals, and for public patients with a funding source of *Other hospital or public authority* provided by private hospitals.

(b) Clinical assessment only indicator reported as Yes, No, Unknown or Not stated.

(c) Rehabilitation care episodes for which the Clinical assessment only indicator was reported as No.

(d) Rehabilitation care episodes for which the Clinical assessment only indicator was reported as Yes, unknown, Not stated or was invalid.

(e) Maintenance care episodes for which the Clinical assessment only indicator was reported as No.

(f) Maintenance care episodes for which the Clinical assessment only indicator was reported as Yes, unknown, Not stated or was invalid.

(g) Rehabilitation care and Geriatric evaluation and management for which the Clinical assessment only indicator was reported as No.

(h) Includes records for which at least one score was valid.

(i) Queensland provided aggregated scores, rather than individual scores as specified.

(j) Palliative care and Maintenance care episodes for which the Clinical assessment only indicator was reported as No.

(k) RUGADL scores were provided in the Palliative care phase data.

(l) Psychogeriatric care episodes for which the Clinical assessment only indicator was reported as No.

Table A7: Rehabilitation care separations by type of impairment, activity-based funded episodes[(a)], states and territories, 2014-15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Stroke—haemorrhagic	2,968	2,462	5,764	617	1,853	114	n.a.	39	13,817
Stroke—ischaemic	798	685	1,954	277	662	52	n.a.	19	4,447
Brain dysfunction—non-traumatic	869	1,430	1,401	247	1,110	18	n.a.	4	5,079
Brain dysfunction—traumatic	377	313	331	102	236	9	n.a.	2	1,370
Neurological conditions	447	462	546	107	691	28	n.a.	7	2,288
Non traumatic spinal cord dysfunction	110	106	83	30	12	5	n.a.	1	347
Traumatic spinal cord dysfunction	608	675	622	114	13	8	n.a.	1	2,041
Amputation of limb—not resulting from trauma	6,809	7,199	4,032	1,800	1,213	187	n.a.	14	21,254
Amputation of limb—resulting from trauma	632	438	263	92	38	11	n.a.	0	1,474
Arthritis	933	381	330	105	15	10	n.a.	0	1,774
Pain syndromes	0	29	119	6	3	0	n.a.	2	159
Orthopaedic conditions—fractures (includes dislocation)	5	27	20	0	14	0	n.a.	0	66
Post-orthopaedic surgery	248	253	1,973	44	26	2	n.a.	5	2,551
Soft tissue injury	211	112	167	72	167	13	n.a.	2	744
Cardiac	4	5	5	1	0	0	n.a.	0	15
Pulmonary	5,960	2,814	3,232	1,552	2,055	141	n.a.	9	15,763
Clinical assessment only	84	1,673	3,239	63	0	0	0	0	5,059
Not stated/inadequately described	16,055	271	0	1,300	2,924	336	1,960	202	23,048
Total	**37,034**	**17,662**	**24,081**	**6,529**	**11,032**	**931**	**1,960**	**305**	**99,534**

(a) Rehabilitation care episodes (for patients aged 16 years and older) in activity-based funded public hospitals, and for public patients with a funding source of *Other hospital or public authority* provided by private hospitals.

Table A8: Palliative care phase type, activity-based funded episodes[(a)], states and territories, 2014–15

	NSW	Vic	Qld[(a)]	WA[(a)]	SA	Tas	ACT	NT	Total
Palliative care phase data									
Stable	6,135	3,239	2,413	92	394	71	n.a.	n.a.	12,344
Unstable	6,716	4,537	2,203	87	325	165	n.a.	n.a.	14,033
Deteriorating	6,113	5,120	3,736	74	298	104	n.a.	n.a.	15,445
Terminal	4,942	3,388	4,123	127	184	173	n.a.	n.a.	12,937
Not reported	0	3	0	3,615	0	0	n.a.	n.a.	3,618
Total	**23,906**	**16,287**	**12,475**	**3,995**	**1,201**	**513**	**n.a.**	**n.a.**	**58,377**
NHMD palliative care									
Palliative care episodes in scope for DSS	11,364	7,387	8,014	2,444	1,786	608	639	308	32,550
Palliative care phase data provided for palliative care episodes	8,995	7,348	8,981	3,820	453	314	0	0	29,912
Palliative care phase data provided for palliative care episodes in scope for DSS	8,995	7,344	8014	2,444	453	314	0	0	27,564
Proportion of palliative care episodes in scope with palliative care phase data (%)[(b)]	79.2	99.4	100.0	100	25.4	51.6	0.0	0.0	84.7

(a) Palliative care phase data were provided for records not in scope for the DSS.

(b) The proportion of palliative care episodes in scope with palliative care phase data excludes records not in scope for the DSS from both numerator and denominator.

Appendix B: Technical appendix

This appendix covers:

- definitions and classifications used
- 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* (NHDD) (AIHW 2012) and NHDD updates (AIHW forthcoming) (summarised in the Glossary).

Data element definitions for the following National minimum data sets (NMDS) are also available online for:

- Admitted patient care NMDS 2014–15 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/535047>
- Admitted subacute and non-acute hospital care DSS 2014–15 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/556874>
- Elective surgery waiting times (removals data) NMDS 2014–15 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/520154>.

Geographical classifications

Remoteness areas

Data on geographical location of the patient's usual residence and of the hospital location are defined using the ABS' Australian Statistical Geography Standard (ASGS). Data on remoteness area of usual residence are defined using the ABS's ASGS Remoteness Structure 2011 (ABS 2011).

The ABS's ASGS Remoteness Structure 2011 categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website <www.abs.gov.au>. The classification is as follows:

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

Reporting data on geographical location of usual residence of the patient

Data on geographical location are collected on the area of usual residence of patients in the NHMD. These data are specified in the NMDS as state or territory of residence and Statistical Area level 2 (SA2), a small area unit within the ABS's ASGS.

In 2014–15, New South Wales provided SLA codes for geography of usual residence. All other states and territories were able to provide SA2 codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction, with the exception of 1 hospital included in the Victorian data collection, for which postcode of usual residence was provided.

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

For the NHMD, about 99.5% of records included data on the area of usual residence in the form of an SA2. For the remaining 0.5% of records, about 54% were for overseas residents, 12% were of no fixed abode, and the remainder had invalid SA2 data or no data were reported.

Socioeconomic status

Data on SES groups are defined using the ABS's Socio-Economic Indexes For Areas 2011 (SEIFA 2011 [ABS 2013]).

The SEIFA 2011 data are generated by the ABS using a combination of 2011 Census data such as income, education, health problems/disability, access to internet, occupation/unemployment, wealth and living conditions, dwellings without motor vehicles, rent paid, mortgage repayments, and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based on the Census collection districts. However, they are also compiled for higher levels of aggregation. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

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

Separation rates by SES were generated by the AIHW using the IRSD scores for the SA2 of usual residence of the patient reported or derived for each separation. The '1—Lowest' group represents the areas containing the 20% of the national population with the most disadvantage, and the '5—Highest' group represents the areas containing the 20% of the national population with the least disadvantage. These SES groups do not necessarily represent 20% of the population in each state or territory. Disaggregation by SES group is based on the area of usual residence of the patient, not the location of the hospital.

The following labels for each socioeconomic group have been used throughout this report:

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

Public hospital peer groups

This report uses a public hospital peer group 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. More information on the peer group classification is available in the AIHW report *Australian hospital peer groups* (AIHW 2015e).

Classifications of clinical data

ICD-10-AM/ACHI

Diagnosis, procedure and external cause data for 2014–14 were reported to the NHMD by all states and territories using the 8th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCC 2012a), incorporating the *Australian classification of health interventions* (ACHI).

In tables and figures presenting information on diagnoses, external causes and procedures, the codes and abbreviated descriptions of the ICD-10-AM/ACHI classification are used. Full descriptions of the categories are available in ICD-10-AM/ACHI publications (NCCC 2012a).

Diagnoses

One or more diagnoses can be reported for each separation. The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. An additional diagnosis is a condition or complaint that either co-exists with the principal diagnosis or arises during the episode of care. An additional diagnosis is reported if the condition affects patient management.

The ICD-10-AM comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization's version of ICD-10.

The disease classification is hierarchical, with 20 summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes). Most of the 3-character disease groupings can be divided into an even larger number of very specific disease categories represented by 4-character and 5-character codes.

Most of the information about principal diagnoses in this report is presented using 2 methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters—these 20 groups provide information aggregated at the ICD-10-AM chapter level

- 3-character ICD-10-AM groupings—1,674 categories describe the diseases at a specific level. Detailed information is presented for the 20 groupings with the highest number of separations. Summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>.

External causes

The external cause classification (Chapter 20 of ICD-10-AM) is hierarchical, consisting of 397 3-character categories (including place of occurrence and activity when injured). Some of the information in Chapter 4 is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes.

Procedures

One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions, so only some of the separation records include procedure data.

The ACHI classification is divided into 20 chapters by anatomical site, and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These subchapters are further divided into more specific procedure blocks, ordered from the least invasive to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure information.

The procedure information is presented using three methods of grouping procedures based on the ACHI procedure classification:

- ACHI procedure chapters—these 20 groups provide information aggregated at the ACHI chapter level
- ACHI procedure blocks—these 1,412 categories describe procedures at a specific level. Detailed information is presented for the 20 procedure blocks with the highest number of separations and summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>
- ACHI procedures—there are over 6,300 individual procedures. The section about most common procedures for *Rehabilitation care* in Chapter 5 'What services were provided?' presents information at this level.

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 hospital morbidity record.

The AR-DRG classification is partly hierarchical, with 23 MDCs, divided into *Surgical*, *Medical* and *Other* partitions, and then into 771 individual AR-DRGs.

The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. In general, episodes are allocated 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 allocated 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 the 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 2014–15, each separation in the NHMD was classified to AR-DRG versions 6.0x (DoHA 2010) and AR-DRG version 7.0 (NCCC 2012b) 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.

In this report, AR-DRG version 7.0 was used in tables presenting counts of separations by MDC or AR-DRG. For tables using cost weight information, AR-DRG version 6.0x was used, including in time series.

Table B1: ICD-10-AM and AR-DRG versions, 2010–11 to 2014–15

Year	ICD-10-AM edition	Relevant AR-DRG version	AR-DRG version reported in *Australian hospital statistics*
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
2014–15[(c)]	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.

(c) For *Admitted patient care 2014–15: Australian hospital statistics* in analyses where cost weights were required, AR-DRG version 6.0x Round 17 cost weights (2012–13) were applied to AR-DRG version 6.0x.

Presentation of data

For the majority of tables in this report, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exceptions are for tables presenting information on potentially preventable hospitalisations, which are based on data on the state or territory of usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in Chapter 2.

For tables presented by the state or territory of usual residence of the patient, the totals include unknown residence area (within a known state), overseas residents and unknown state of residence.

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated.

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

Suppression of data

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

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

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

Data have been suppressed to avoid attribute disclosure. Some measures have been suppressed if there if there were fewer than 100 separations in the category being presented (for example, for length of stay, separations rates and elective surgery waiting times). The abbreviation 'n.p.' has been used in tables to denote these suppressions. For these tables, the totals include the suppressed information.

The data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory were not published for confidentiality reasons.

In addition, private hospital data are suppressed for a particular diagnosis, procedure or AR-DRG where:

- there are fewer than 3 reporting units
- there are 3 or more reporting units and 1 contributed more than 85% of the total separations, or
- there are 3 or more reporting units and 2 contributed more than 90% of the total separations.

Analysis methods

Admitted patient care data analyses

Records for 2014–15 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2014 to 30 June 2015. Data on patients who were admitted on any date before 1 July 2014 are included, provided that they also separated between 1 July 2014 and 30 June 2015. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than 1 record in the NHMD.

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 2014 to 30 June 2015), 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 2014–15, but who were admitted before 1 July 2014, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2015 who will separate in future reporting periods.

The numbers of separations and patient days can be a less accurate measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported.

Unless otherwise noted in footnotes, records for *Hospital boarders* and *Posthumous organ procurement* have been excluded from statistics on separations.

Newborn episodes of care

Newborn care episodes can include 'qualified days' which are considered to be the equivalent of acute care days. In this report, *Newborn* episodes with at least 1 qualified day have been included in all tables reporting separations. Records for *Newborn* episodes with no qualified days do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in Chapter 4.

The number of patient days reported in this publication for *Newborn* episodes is equal to the number of qualified days, so for newborns with a mixture of qualified and unqualified days the number of patient days reported is less than the actual length of stay for the episode.

Age and sex of patient

The patient's age is calculated at the date of admission. In tables by age group and sex, separations for which age and/or sex were not reported are included in the totals.

In 2014–15, there were:

- 92 separations for which sex was not reported as male or female (that is, the sex of the patient was reported as 'intersex or indeterminate' or was not reported)
- 125 separations for which date of birth was not reported (and therefore age could not be calculated).

Estimated resident populations

All populations are based on the estimated resident population as at 30 June (that is, for the reporting period 2014–15, the estimated resident population as at 30 June 2014 was used), drawn from the 2011 Census data.

Age-standardised rates

Unless noted otherwise, population rates (separation rates and patient day rates) presented in this report are age-standardised, calculated using the direct standardisation method and 5-year age groups.

The ABS' population estimates for 30 June at the beginning of the reporting period (see tables B.S1 to B.S3 accompanying this report online) were used for the observed rates.

All populations are based on the 2011 Census data. For time series tables in this report, the age-standardised separation (and patient day) rates (per 1,000 population) have been calculated using estimated resident populations relevant to the reporting period.

The total Australian population for 30 June 2001 was used as the standard population against which expected rates were calculated.

There was some variation in the age group used for age-standardising. For example:

- Separation rates (by hospital state, residence state, remoteness areas and by quintiles of socioeconomic advantage/disadvantage) were directly age-standardised, using the estimated resident populations as at 30 June 2014. The estimated resident populations use a highest age group of 85 and over.
- Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2014. The population for other Australians was based on the estimated resident populations as at 30 June 2014. As the projected Indigenous population estimates use a highest age group of 65 and over, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented in this report that use a highest age group of 85 and over.

Standardised separation rate ratios

For some tables reporting comparative separation rates, standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison population (the expected rate). The calculation is as follows:

Standardised separation rate ratio (SRR) = observed rate/expected rate

An SSR of 1.0 indicates that the population of interest (for example, Indigenous Australians) had a separation rate similar to that of the comparison group (for example, other Australians). An SRR of 1.2 indicates that the population of interest had a rate that was 20% greater than that of the comparison population and an SRR of 0.8 indicates a rate 20% smaller.

The populations used for the observed and expected rates vary in this report, for example:

- For Indigenous status, the rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians (other Australians includes Indigenous status not reported).
- For analyses by residence state or territory, remoteness areas and SES of area of residence, the rate ratio is equal to the separation rate for the residence state or territory, remoteness area or SES group divided by the separation rate for Australia.

Counts of separations by groups of diagnoses, procedures and external causes

For tables with counts of separations by groups of diagnoses, procedures or external causes, a separation is counted once for the group if it has at least 1 diagnosis/procedure/external cause reported within the group. As more than 1 diagnosis, procedure or external cause can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

ICD-10-AM codes used for selected analyses

A number of tables in this report use ICD-10-AM/ACHI codes to define diagnoses and procedures. The codes are presented in tables accompanying this report online and relate to:

- selected AR-DRGs (see Chapter 2 'How much activity was there?')
- potentially preventable hospitalisations (see Chapter 4 'Why did people receive care?')
- selected procedures (see Chapter 6 'What procedures were performed?')
- adverse events (see Chapter 8 'What was the safety and quality of the care?')
- unplanned/unexpected readmissions (see Chapter 8 'What was the safety and quality of the care?').

Broad categories of service

Separations have been categorised as *Childbirth*, *Specialist mental health*, *Medical*, *Surgical* or *Other* based mainly on the AR-DRG version 7.0 recorded for the separation:

- *Childbirth*: separations for which the AR-DRG was associated with childbirth:
  - O01A *Caesarean delivery with catastrophic complication or comorbidity*
  - O01B *Caesarean delivery with severe complication or comorbidity*
  - O01C *Caesarean delivery without catastrophic or severe complication or comorbidity*
  - O02A *Vaginal delivery with operating room procedure with catastrophic or severe complication or comorbidity*
  - O02B *Vaginal delivery with operating room procedure without catastrophic or severe complication or comorbidity*
  - O60A *Vaginal delivery with catastrophic or severe complication or comorbidity*
  - O60B *Vaginal delivery without catastrophic or severe complication or comorbidity*
  - O60C *Vaginal delivery single uncomplicated.*

  Does not include newborn care. Includes separations for childbirth for which specialised psychiatric care days were reported.
- *Specialist mental health*: separations for which at least 1 specialised psychiatric care day was reported. Excludes separations for *Childbirth* that also reported specialised psychiatric care days.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

National elective surgery waiting times data analyses

Elective surgery waiting times

The waiting times data presented in this report are for patients who complete their wait and are admitted for their surgery as either an elective or emergency admission. In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data reported in previous *Australian hospital statistics* reports.

See *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015c) for information about 'Median and 90th percentiles'.

Relative stay index analysis

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Chapter 2.

The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or with a length of stay greater than 120 days. Excluded from the analysis were:

- AR-DRGs for rehabilitation (such as Z60A *Rehabilitation with catastrophic/severe complications or comorbidities*)
- predominantly same-day AR-DRGs (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*)
- AR-DRGs with a length of stay component in the definition (see tables accompanying this report online)
- *Error AR-DRGs*.

Comparisons with RSIs presented in earlier reports should be made with caution, due to the use of different AR-DRG versions.

RSI standardisation methods—direct and indirect RSIs

The two methods for standardisation of the length of stay data used in this report are analogous to direct and indirect age-standardisation methods.

Indirect RSI

The indirect RSI method applies the national average length of stay (ALOS) for each AR-DRG to the relevant population of interest (number of separations for each AR-DRG in the hospital group) to derive the expected number of patient days. This method is generally used when rate information (ALOS for each AR-DRG in this analysis) for the population of interest is unknown or subject to fluctuation because of small population sizes. It provides a measure of efficiency for a hospital, or group of hospitals, based on their actual activity.

However, an indirectly standardised rate compares a group with a 'standard population rate' so, using this method, rates for different groups are not strictly comparable because each group has a different casemix to which the national ALOS data have been applied. Therefore, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

Direct RSI

For the direct RSI method, the ALOS of each AR-DRG for the group of interest is multiplied by the national population (total number of separations in each AR-DRG) to derive the expected number of patient days. This method provides a measure of efficiency for a hospital, or group of hospitals, and is suitable if all or most AR-DRGs are represented in a hospital group.

Direct standardisation methods are generally used where the populations and their characteristics are stable and reasonably similar, for example for total separations for New South Wales and Victoria. Groups can be compared using the directly standardised rates as the activity of each group is weighted using the same set of weights, namely the national casemix.

However, the ALOS data for AR-DRGs which are not represented in a group need to be estimated. The method in this report uses the assumption that the missing AR-DRGs for the hospital group had a relative length of stay that was the same as that for the reported AR-DRGs for the hospital group, weighted by the national distribution of the reported AR-DRGs in the group. Also, this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group, which can be particularly problematic if the low-volume AR-DRGs are atypical.

For those jurisdictions and sectors for which RSI statistics are presented in Chapter 2 'How much activity was there?', there were between 502 and 672 AR-DRGs represented, meaning that ALOS data was estimated for up to 170 AR-DRGs (see Table BS.9, accompanying this report online). In particular, the data presented for the direct standardised method in the public sector for the Northern Territory should be interpreted with caution.

Due to the issues with the direct RSI detailed above, this report mainly presents RSI information using the indirect standardised method. However, the direct standardised method has also been presented to allow comparison between the 2 methods and more direct comparison for those jurisdictions and sectors for which the data are presented.

Appendix C: Hospital performance indicators

Performance indicators are defined as statistics or other units of information that, directly or indirectly, reflect either the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

National health performance reporting

In Australia, national public reporting of hospital performance is undertaken by a number of organisations under nationally agreed arrangements.

The national arrangements for hospital performance reporting in Australia comprise the:

- National Health Performance Framework (NHPF)—a conceptual framework for performance assessment that is not linked to any agreement related to health service provision or funding.
- National Healthcare Agreement (NHA)—agreed performance indicators and benchmarks are reported annually. The performance indicators presented here are based on data for 2014–15 and on specifications used for reporting the 2016 NHA performance indicators.
- National Health Reform Agreement (NHRA) and associated Performance and Accountability Framework—information on the performance of public and private hospitals and Local Hospital Networks are reported by the National Health Performance Authority (NHPA) on the *MyHospitals* website.
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) also has performance reporting-related roles under the NHRA, reporting publicly on the state of safety and quality, including performance against national standards (ACSQHC 2013).
- *Review of Government Service Provision*—information on the equity, efficiency and effectiveness of government services (including hospitals) are reported by the Steering Committee for the Review of Government Service Provision in the annual Report on Government Services (SCRGSP 2015).

The AIHW provides data from its national hospitals databases to support this range of reporting, and reports many of the hospitals-related performance indicators in the *Australian hospital statistics* series each year.

This appendix presents information about the hospital performance indicators and other performance indicators that are based on hospital data and reported in the *Australian hospital statistics* reports, within the context of the National Health Performance Framework (NHPF).

The National Health Performance Framework

The National Health Performance Framework (NHPF) was developed in 2001 by the National Health Performance Committee (NHPC) under the auspices of the Australian Health Ministers Advisory Committee (AHMAC) (AIHW 2014a). The NHPF was designed as an enduring framework—it is not linked to any particular agreement nor was it designed to support performance reporting relating to a specific policy agenda. Instead, it serves as a general support for performance assessment, planning and benchmarking in the health sector. It is consistent with health performance frameworks used internationally (International Organization for Standardization 2010, ISO 2010) and therefore can also support comparisons of Australia's performance internationally.

The NHPF provides a conceptual framework to understand and evaluate the health of Australians and the health system. It has 14 health dimensions under 3 domains: 'Health Status', 'Determinants of Health' and 'Health System Performance'.

A set of indicators was developed to populate these domains and, since 2008, at the request of health ministers, the AIHW has reported on these National Health Performance Indicators biennially in *Australia's health* (AIHW 2014 and previous reports). There are 40 indicators across the 14 dimensions of the 3 domains.

The Health System Performance domain is most directly relevant to the assessment of the provision of hospital and other health-care services. Its 6 dimensions are: *Effectiveness, Safety, Responsiveness, Continuity of care, Accessibility* and *Efficiency and sustainability* (Table C.1).

The questions asked for the Health System Performance domain in the NHPF are:

- How does the health system perform?
- What is the level of quality of care across the range of patient care needs?
- Does the system deliver value for money and is it sustainable?
- Is it the same for everyone?

Table C.1: The National Health Performance Framework—Health System Performance domain

Effectiveness Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.	**Safety** The avoidance or reduction to acceptable limits of actual or potential harm from health-care management or the environment in which health care is delivered.
Continuity of care Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	**Accessibility** People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.
Responsiveness Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.	**Efficiency and sustainability** Achieving desired results with most cost-effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.

What data are reported?

This report presents 14 hospital performance indicators and 5 other indicators based on data for 2014–15 have been included in other AIHW hospitals reports (see Table C.2).

Indicators related to hospital performance are listed in Table C.2 against the dimensions of the NHPF. Some indicators can be related to more than 1 dimension of the NHPF, even though they are presented here against only 1 dimension. Table C.2 also shows which set of nationally agreed performance indicators the indicator relates to.

Information for another 3 indicators that are calculated using hospitals data but do not relate to hospital performance is also included; they are listed in Table C.3.

Table C.2: National hospital performance indicators, by National Health Performance Framework dimension

Where in *Australian hospital statistics* (AHS) reports?	Indicator	Related national indicator set	
		NHA	NHPF
	Effectiveness		
	No indicators available		
	Safety		
Tables 8.1 and 8.2	Adverse events treated in hospitals		✓
Table 8.8	Unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital)	✓	
AHS: SAB 2014–15	Health-care associated infections	✓	
Table 8.9	Falls resulting in patient harm in hospitals		✓
	Responsiveness		
Table 8.10	Patient satisfaction/experience	✓	
	Continuity of care		
	No indicators available		
	Accessibility		
Figure 2.1	OECD indicator: Hospital discharge rates		
Table 6.11	OECD indicator: Number of caesarean sections per 100 live births		
Table 6.11	OECD indicator: Number of coronary revascularisation procedures per 100,000 population		
Table 6.11	OECD indicator: Number of hip and knee replacement surgeries per 100,000 population		
Tables 6.12, 6.13, S6.1, S6.2 and S6.3	Rates of services: hospital procedures		✓
AHS: ED 2014–15	Waiting time for emergency hospital care: proportion seen on time	✓	
AHS: ED 2014–15	Waiting time for emergency hospital care: proportion of emergency department presentations completed in 4 hours or less	✓	
AHS: ESWT 2014–15	Waiting times for elective surgery: waiting times in days	✓	
AHS: ESWT 2014–15	Waiting times for elective surgery: proportion seen on time[(a)]	✓	

(continued)

Table C.2 (continued): National hospital performance indicators, by National Health Performance Framework dimension

Where in *Australian hospital statistics* (AHS) reports?	Indicator	Related national indicator set	
		NHA	NHPF
	Efficiency & sustainability		
Method for this indicator is currently under review.	Cost per casemix-adjusted separation for acute care episodes		✓
Tables 2.19, 2.20 and 2.21	Relative stay index		✓
Table 2.18	Average length of stay for selected AR-DRGs		✓
Figure 2.2	OECD indicator: Length of stay		
Table 6.10	OECD indicator: Proportion of cataract surgeries that were performed on a same-day basis		
Table 6.10	OECD indicator: Proportion of tonsillectomies that were performed on a same-day basis		

AHS: ED 2014–15— *Emergency department care 2014–15: Australian hospital statistics*.

AHS: ESWT 2014–15— *Elective surgery waiting times 2014–15: Australian hospital statistics*.

AHS: SAB 2014–15—Staphylococcus aureus *bacteraemia in Australian public hospitals 2014–15: Australian hospitals statistics*.

AR-DRG—Australian Refined Diagnosis Related Group.

NHA—National Healthcare Agreement.

NHPF—National Health Performance Framework.

OECD—Organisation for Economic Cooperation and Development.

(a) The data presented for this indicator are not comparable among states and territories.

Table C.3: Other performance indicators that use hospitals data in this report

Indicator	Related national indicator set		Where
	NHA	NHPF	
Selected potentially preventable hospitalisations	✓	✓	**Chapter 4**. Tables 4.20, 4.21, 4.22 and 4.23.
Hospitalisations for injury and poisoning		✓	**Chapter 4**. Tables 4.16 and 4.17.
Hospital patient days used by those eligible and waiting for residential aged care	✓ Proxy		**Chapter 4.** Table 4.24.

NHA—National Healthcare Agreement.

NHPF—National Health Performance Framework.

Glossary

Some 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). METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

acute: Having a short and relatively severe course.

acute care: See **care type**.

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

additional diagnosis: A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment. METeOR identifier: 514271.

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.

adverse event: An incident in which harm resulted to a person receiving health care. This includes infections, falls and other injuries, and reactions or complications due to surgery and other procedures, medical devices or medication, some of which may be preventable.

age-standardisation: A set of techniques used to remove, as far as possible, the effects of differences in age when comparing 2 or more populations.

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

Australian Classification of Health Interventions (ACHI): ACHI was developed by the National Centre for Classification in Health. The 8th edition was used for the 2014–15 procedures data for admitted patients in Australian hospitals.

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 length of stay (ALOS): 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.

Admitted patient care consists of the following categories:

- acute care
- rehabilitation care
- palliative care
- geriatric evaluation and management
- psychogeriatric care
- maintenance care
- newborn care
- other admitted patient care—this is where the principal clinical intent does not meet the criteria for any of the above.

Care other than admitted care include:

- posthumous organ procurement
- hospital boarder.

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.

chronic: Persistent and long-lasting.

condition onset flag (COF): A means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. Having this information can provide an insight into the kinds of conditions patients already have when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies, particularly in relation to complications of medical care. METeOR identifier: 496512.

cost weight: The costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0, therefore, on average costs 10 times as much as a separation with a cost weight of 0.5.

There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors.

Department of Veterans' Affairs patient: A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the DVA. METeOR identifier: 270092.

Diagnosis Related Group (DRG): A widely used casemix classification system used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals, AR-DRGs are used. METeOR identifier: 391295.

elective surgery: Elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians. METeOR identifier: 327226.

elective admissions involving surgery: Separation for which the urgency of admission was reported as elective (admission could be delayed by at least 24 hours) and where the assigned AR-DRG was surgical (excluding childbirth-related AR-DRGs).

emergency admissions involving surgery: Separation for which the urgency of admission was reported as emergency (admission required within 24 hours) and where the assigned AR-DRG was surgical (excluding childbirth-related AR-DRGs).

episode of care: The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only 1 care type (see **care type** and **separation**). METeOR identifier: 491557 (Care type), METeOR identifier: 268956 (Episode of admitted patient care).

error DRGs: AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.

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

external cause: The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect. METeOR identifier: 514295.

funding source for hospital patient: The principal source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 339080.

geriatric evaluation and management: See **care type**.

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.

hospital boarder: See **care type**.

hospital-in-the-home care (HITH): Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary. METeOR identifier: 270305.

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

indicator procedure: A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. METeOR identifier: 514033.

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

> An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is

accepted as such by the community in which he or she lives. METeOR identifier: 291036.

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

International Classification of Diseases (ICD): The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th revision, Australian modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.

inter-hospital contracted care: An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital) and for which the activity is recorded by both hospitals. METeOR identifier: 472024.

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.

maintenance care: See **care type**.

Major Diagnostic Categories (MDCs): The category into which the patient's diagnosis and the associated AR-DRG falls. They correspond generally to the major organ systems of the body. METeOR identifier: 391298.

mode of admission: The mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976.

mode of separation: Status at separation of a person (discharge/transfer/death) and place to which a person is released (where applicable). METeOR identifier: 270094.

newborn care: See **care type**.

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.

other care: See **care type**.

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

overnight-stay patient: A patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night (that is, who is admitted to and separated from the hospital on different dates).

palliative care: See **care type**.

patient days: The total number of days for all patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated 1 patient day. METeOR identifier: 270045.

patient election status: Accommodation chargeable status elected by patient on admission. METeOR identifier: 326619. The categories are **public patient** and **private patient**.

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

percentile: Any 1 of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.

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.

place of occurrence of external cause: The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 514302.

posthumous organ procurement: See **care type**.

potentially preventable hospitalisation (PPH) (selected): Hospital separations from a specified range of conditions where hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals). The PPH conditions are classified as vaccine-preventable, chronic and acute.

Pre-MDC (Pre-Major Diagnostic Category): AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).

principal diagnosis: The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment. METeOR identifier: 514273.

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**.

private patient: Person admitted to a private hospital, or person admitted to a public hospital who decides to choose the doctor(s) who will treat them or to have private ward accommodation. This means they will be charged for medical services, food and accommodation.

procedure: A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in an acute care setting. METeOR identifier: 514040.

psychiatric hospital: See **establishment type**.

psychogeriatric care: See **care 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**.

public patient: A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared ward accommodation. This means that the patient is not charged. This includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a public patient election status), *Health service*

budget (*due to eligibility for Reciprocal health care agreements*) and *Health service budget – no charge raised due to hospital decision* (in public hospitals).

qualified days: The number of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are 9 days old or less. METeOR identifier: 268957 (Admitted patient). METeOR identifier: 327254 (Newborn qualification status). A newborn day is acute (qualified) when a newborn meets at least 1 of the following criteria:

- is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient
- is admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for the purpose of the provision of special care
- is admitted to, or remains in hospital without its mother.

rehabilitation care: See **care type**.

relative stay index (RSI): The actual number of patient days for acute care separations in selected AR–DRGs divided by the expected number of patient days, adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution.

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.

same-day patient: An admitted patient who is admitted and separated on the same date.

separation: An episode of care for an **admitted patient**, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation).

Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.

separation rate: The total number of episodes of care for admitted patients divided by the total number of persons in the population under study. Often presented as a rate per 1,000 or 10,000 members of a population. Rates may be crude or standardised.

separation rate ratio (SRR): The separation rate for 1 population divided by the separation rate of another.

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.

surgical specialty: The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146.

waiting time at admission: The time elapsed for a patient on the **elective surgery** waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure. METeOR identifier: 269477.

References

ABS (Australian Bureau of Statistics) 2011. 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 2013. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011. ABS cat. no. 2033.0. Canberra: ABS.

ABS 2015. Patient experiences in Australia: Summary of findings, 2014–15. ABS cat. no. 4839.0. Canberra: ABS.

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2013. Classification of Hospital Acquired Diagnoses. Viewed 19 December 2014, <http://www.safetyandquality.gov.au/our-work/information-strategy/health-information-standards/classification-of-hospital-acquired-diagnoses-chadx/>

AIHW 2012. National health data dictionary 2012 version 16. Cat. no. HWI 119. Canberra: AIHW. Viewed 27 September 2013, <http://www.aihw.gov.au/publication-detail/?id=10737422826>.

AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.

AIHW 2014. Australia's health 2014. Cat. no. AUS 156. 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. Emergency department care 2014–15: Australian hospital statistics. Health services series no. 65. Cat. no. HSE 168. Canberra: AIHW.

AIHW 2015c. Elective surgery waiting times 2014–15: Australian hospital statistics. Health services series no. 64. Cat. no. HSE 166. Canberra: AIHW.

AIHW 2015d. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.

AIHW 2015e. Australian hospital peer groups. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW.

AIHW 2016a (forthcoming). Hospital resources 2014–15: Australian hospital statistics. Canberra: AIHW.

AIHW 2016b (forthcoming). Health expenditure Australia, 2014–15. Canberra: AIHW.

Coory M & Cornes S 2005. Interstate comparisons of public hospital outputs using DRGs: are they fair? Australian and New Zealand Journal of Public Health 29:143–8.

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

IHPA (Independent Hospital Pricing Authority) 2015a. National Hospital Cost Data Collection Australian Public Hospitals Cost Report 2012-2013, Round 17. Viewed 25 January 2016, <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/NHCDC-lp >.

IHPA 2015b. Cost Report Round 17 (2012-2013) for Overnight Private Hospitals. Viewed 25 January 2016, <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/NHCDC-lp>.

ISO (International Organization for Standardization) 2010. ISO 21667:2010 Health informatics -- Health indicators conceptual framework. Viewed 22 February 2016, <https://www.iso.org/obp/ui/#iso:std:iso:21667:ed-1:v1:en>.

Jackson TJ, Michel JL, Roberts RF, Jorm CM, Wakefield JG (Jackson et al) 2009a. A classification of hospital-acquired diagnoses for use with routine hospital data. MJA 2009;191(10):544–548.

NCCC (National Casemix and Classification Centre) 2012a. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS), 8th edn. Wollongong: University of Wollongong.

NCCC 2012b. Australian Refined Diagnosis Related Groups, version 7.0. Wollongong: University of Wollongong.

OECD (Organisation for Economic Co-operation and Development) 2015. OECD Health statistics 2015: Frequently requested data. Viewed 25 January 2016, <http://www.oecd.org/health/healthdata>.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2015. Report on government services 2015. Canberra: Productivity Commission.

List of tables

List of figures

List of boxes

Related publications

This report, *Admitted patient care 2014–15: Australian hospital statistics*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the Australian Institute of Health and Welfare (AIHW) website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

Recent related reports include:

- AIHW 2015. Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.
- AIHW 2015. Australian hospital peer groups. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW.
- AIHW 2015. Australia's hospitals 2013–14: at a glance. Health services series no. 61. Cat. no. HSE 157. Canberra: AIHW.
- AIHW 2015. Emergency department care 2014–15: Australian hospital statistics. Health services series no. 65. Cat. no. HSE 168. Canberra: AIHW.
- AIHW 2015. Elective surgery waiting times 2014–15: Australian hospital statistics. Health services series no. 64. Cat. no. HSE 166. Canberra: AIHW.
- AIHW 2015. Hospital resources 2013–14: Australian hospital statistics. Health services series no. 63. Cat. no. HSE 160. 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. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics. Health services series Cat. no. HSE 171. Canberra: AIHW.
- AIHW 2014. Australian hospital statistics 2012–13: private hospitals. Health services series no. 57. Cat. no. HSE 152. 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.

In 2014–15, there were about 10.2 million separations in Australia's public and private hospitals:

- about 6.0 million of these occurred in public hospitals
- 94% of separations were for acute care and 4% for rehabilitation care.

Between 2010–11 and 2014–15:

- the number of separations increased overall by 3.5% on average each year; by 3.2% for public hospitals and by 4.0% for private hospitals
- private health insurance funded separations increased by an average of 5.9% each year, and
- public patient separations increased by 2.7% each year.