



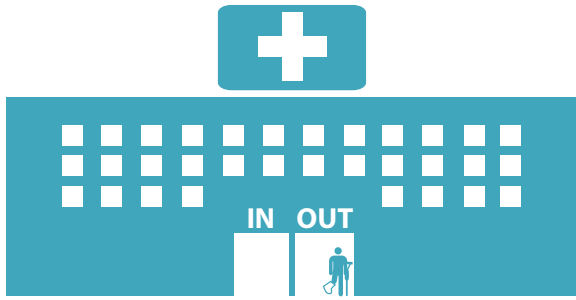
Australian Government

**Australian Institute of
Health and Welfare**

Australia's hospitals 2014–15



at a glance



10.2 million hospitalisations

Where?

698 Public hospitals

624 Private hospitals



3 in 5 in public hospitals

5,980,000

Public hospitalisations

4,170,000

Private hospitalisations

Average length of overnight stay

Public hospitals

5.7 days

Private hospitals

5.2 days

Who?



53%

were for females



4%

were for Indigenous Australians



41%

were for people aged over 65

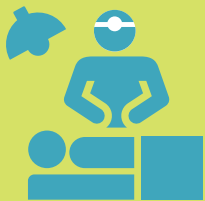


People living in *Very remote* areas were

1.6 times

more likely to be hospitalised

What care was provided?



1 in 4

hospitalisations involved a surgical procedure



1 in 4

were emergency admissions



131,000

hospitalisations involved a stay in intensive care units



1.4 million

hospitalisations for dialysis

← **ADMISSIONS**



60%

same-day hospitalisations (vs overnight hospitalisations)

Australia's hospitals 2014–15

at a glance

Health services series no. 70

July 2016

Australian Institute of Health and Welfare
Canberra

Contents

Introduction	3
Hospital resources	3
How many hospitals were there?	3
How many beds?	4
How diverse are Australia's public hospitals?	5
How were hospitals funded?	6
How much did hospitals spend?	8
How many people were employed in Australia's hospitals?	8
What services do Australia's hospitals provide?	9
Emergency department services	10
Outpatient clinics	14
Admitted patient care	15
How much activity was there?	15
Who used admitted patient care services?	19
Why did people receive care?	21
What services were provided?	26
What procedures were performed?	27
What was the safety and quality of the care?	28
How was the care completed?	31
Surgery in Australia's hospitals	31
Related information	34
References	35



Introduction

Hospitals are an important part of Australia's health landscape, providing services to many Australians each year. A summary measure of their significant role is the amount that is spent on them—an estimated \$59 billion in 2013–14, about 3.7% of Australia's gross domestic product, or about \$2,542 per person (AIHW 2015c). Hospital spending has been increasing faster than inflation—adjusted for inflation, it increased by 4.2% each year, on average, between 2009–10 and 2013–14.

Access to our hospital services, the quality of the services, and their funding and management arrangements are under constant public scrutiny. This summary report presents an overview of statistics on our hospitals to inform public discussion and debate on these issues.

While most data presented in this report are for 2014–15, data for hospital funding were for 2013–14.

More detailed statistics and information on how to interpret the data are in the companion reports:

- *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015a)
- *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015b)
- *Staphylococcus aureus bacteraemia in Australia's public hospitals 2014–15: Australian hospital statistics* (AIHW 2015d)
- *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a)
- *Hospital resources 2014–15: Australian hospital statistics* (AIHW 2016b)
- *Non-admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016c).

Information on private hospital resources and private hospital emergency department activity was sourced from the Australian Bureau of Statistics publication *Private hospitals, Australia, 2014–15* at <www.abs.gov.au>.

Further detail is also available in spreadsheets and interactive data cubes at <www.aihw.gov.au>.

Hospital resources

In Australia, hospital services are provided by both public and private hospitals. The state and territory governments largely own and manage public hospitals. Public acute hospitals mainly provide 'acute care' for short periods, although some provide longer-term care, such as for some types of rehabilitation. Public psychiatric hospitals specialise in the care of people with mental health problems, sometimes for long periods.

Private hospitals are mainly owned and managed by private organisations—either for-profit companies, or not-for-profit non-government organisations. They include day hospitals that provide services on a day-only basis, and hospitals that provide overnight care.

How many hospitals were there?

In 2014–15, there were 1,322 hospitals in Australia. There were 698 public hospitals (compared with 752 in 2010–11) and 624 private hospitals (compared with 593 in 2010–11) (Table 1). The decrease in public hospitals between 2010–11 and 2014–15 was mainly due to the reclassification of 46 very small hospitals in Queensland as non-hospital services.

Table 1: Public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	217	149	118	89	75	22	3	5	678
Public psychiatric hospitals	8	2	4	3	2	1	0	0	20
<i>Total public hospitals</i>	<i>225</i>	<i>151</i>	<i>122</i>	<i>92</i>	<i>77</i>	<i>23</i>	<i>3</i>	<i>5</i>	<i>698</i>
Private hospitals									
Private free-standing day hospital facilities	112	88	54	40	28	n.p.	n.p.	n.p.	342
Other private hospitals	91	79	55	20	27	n.p.	n.p.	n.p.	282
<i>Total private hospitals</i>	<i>203</i>	<i>167</i>	<i>109</i>	<i>60</i>	<i>55</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>624</i>
Total	428	318	231	152	132	n.p.	n.p.	n.p.	1,322

n.p. not published.

How many beds?

The number of hospital beds is a better indicator of the availability of hospital services than the number of hospitals, as the size of hospitals, and the range of services provided, can vary considerably. However, the range and types of patients that different hospitals treat (or their ‘casemix’) can also affect the comparability of hospital bed numbers.

Public hospitals

Between 2010–11 and 2014–15, public hospital bed numbers increased by an average of 1.1% per year—from 57,800 to almost 60,300 beds. This was despite the decrease in the number of public hospitals.

In 2014–15:

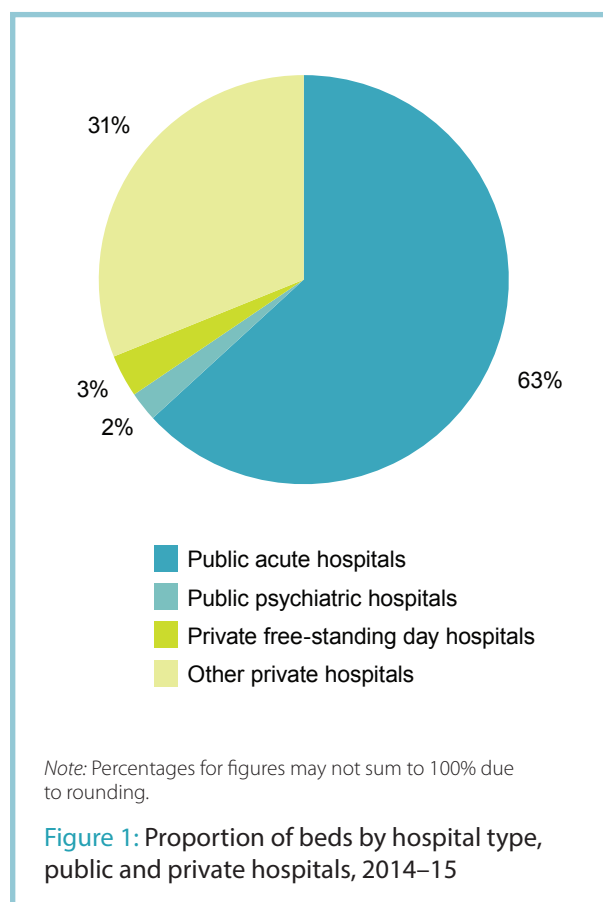
- there was about 1 public hospital bed per 400 people
- 2% of beds were in public psychiatric hospitals
- 12% of public hospital beds were same-day beds or chairs.

The majority of public hospital beds were in larger hospitals, located in the more densely populated areas. There were over 40,000 beds available in *Major cities*, compared with about 1,800 beds in *Remote* areas.

Private hospitals

Between 2010–11 and 2014–15, private hospital bed numbers increased by an average of 2.9% per year—from 28,400 to about 32,000. In 2014–15:

- 3% of beds were in private hospitals that specialised in same-day care (Figure 1)
- there was about 1 private hospital bed per 700 people



For more information on the numbers of public hospitals and beds in each state or territory, see Chapter 2 of *Hospital resources 2014–15: Australian hospital statistics*. For more information about the number of private hospitals and beds in each state or territory, see *Private hospitals, Australia, 2014–15* at <www.abs.gov.au>.

How diverse were Australia’s public hospitals?

The 698 public hospitals are very diverse in size and the types of services they provided for admitted and non-admitted patients (Table 2).

In 2014–15, the 30 *Principal referral hospitals*, accounted for more than 2.1 million separations—or hospitalisations—that is, almost 36% of the total for public hospitals (Figure 2). These hospitals also accounted for 36% of patient days (the number of days of admitted patient care provided) for public hospitals (Figure 3).

Most of the *Public acute group C*, *Public acute group D* and *Very small* hospitals are located in *Regional* and *Remote* areas. They delivered mainly acute care for admitted patients and most had outpatient clinics.

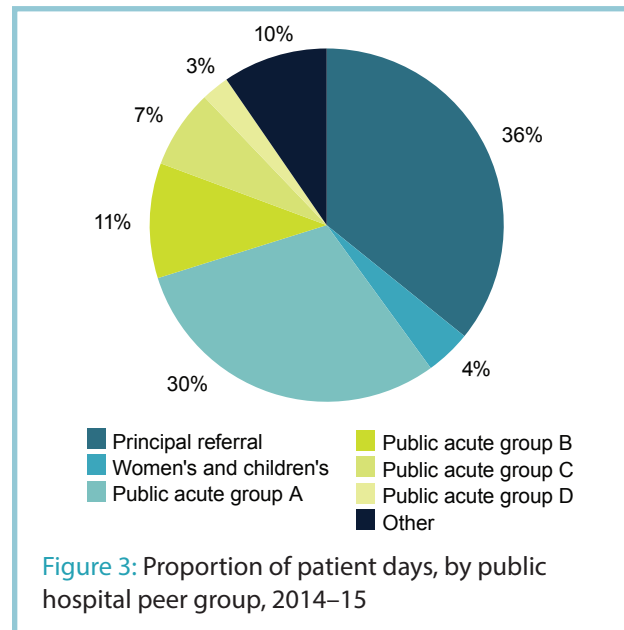
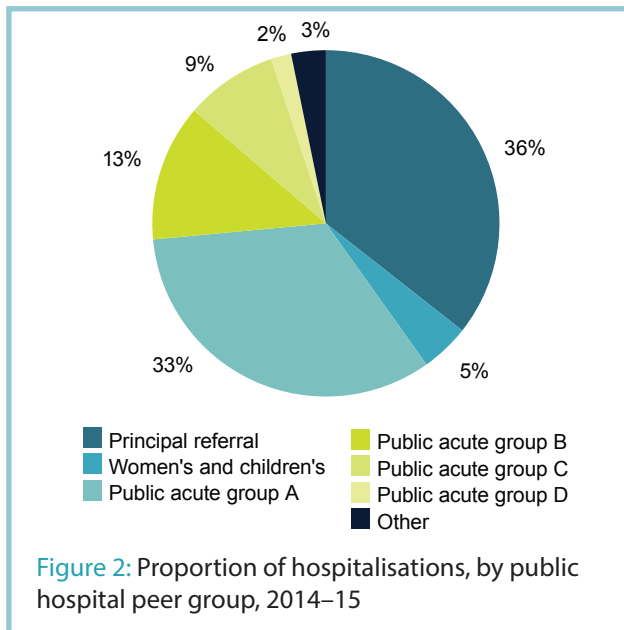
The 39 *Subacute and non-acute* hospitals mainly provided rehabilitation, geriatric evaluation and management, palliative care and maintenance care.

There were 8 *Outpatient* hospitals located in *Regional* and *Remote* areas. These provided a range of outpatient services and generally did not admit patients.

For more information on hospital diversity in each state and territory, see Chapter 3 of *Hospital resources 2014–15: Australian hospital statistics*.

Table 2: Public hospital peer groups, 2014–15

Hospital type	Location				Services provided					
	Major cities	Regional	Remote	Total	Emergency departments	Outpatient clinics	Elective surgery	Intensive care units	Average available beds	Separations (average)
Principal referral	27	3	0	30	30	30	30	30	650	70,988
Women’s and children’s	12	0	0	12	9	12	10	10	211	22,639
Public acute group A	33	28	1	62	60	62	57	48	267	32,175
Public acute group B	24	20	1	45	45	45	43	9	138	16,980
Public acute group C	11	114	18	143	55	141	86	2	40	3,595
Public acute group D	4	134	52	190	59	169	9	0	17	594
Very small	0	84	38	122	24	88	0	0	8	90
Psychiatric	16	4	0	20	0	5	0	1	103	599
Subacute and non-acute	28	11	0	39	0	32	0	0	65	1,532
Outpatient	0	4	4	8	5	7	0	0	1	31
Other	23	4	0	27	1	16	5	1	34	4,063
Total	178	406	114	698	288	607	240	101	86	8,567



How were hospitals funded?

Public and private hospitals are funded from a range of sources, reflecting the types of patients they treat and the services they provide.

About 90% of care in public hospitals and 32% of care in private hospitals is funded by governments. The remainder of funding for care in public and private hospitals is provided by *Individuals, Department of Veterans' Affairs and Other*.

Governments mainly fund emergency department and outpatient services, whereas admitted patient services are commonly funded by private (non-government) sources, as well as government sources.

Public hospitals

In general terms, the state and territory governments and the Australian Government provide most of the funds for public hospitals (AIHW 2015c) (Figure 4).

Between 2009–10 and 2013–14:

- after adjusting for inflation, funding for public hospitals increased by an average of 4.2% each year
- the proportion of public hospital funding by the Australian Government decreased from 38% to 37% (Figure 5).

Private hospitals

Private hospitals are mainly funded by private health insurance and out-of-pocket payments by patients (Figure 4).

Between 2009–10 and 2013–14:

- funding for private hospitals increased by an average of 5.0% each year
- the proportion of private hospital funding provided by the Australian Government decreased from 33% to 30% (Figure 6).

For more information on hospital funding, see Chapter 4 of *Hospital resources 2014–15: Australian hospital statistics* (AIHW 2016b) and *Health expenditure Australia 2013–14* (AIHW 2015c).

Hospital funding and expenditure

This report includes information about sources of funding for public and private hospitals and how they spent the money.

Hospital funding is the money received by hospitals to pay for the services they provide. Public and private hospitals receive funding from Australian Government, state and territory governments, private health insurance funds and out-of-pocket payments by individuals.

Hospital expenditure is the money spent by hospitals on the goods and services they use, such as salary payments, drugs, and medical and surgical supplies.

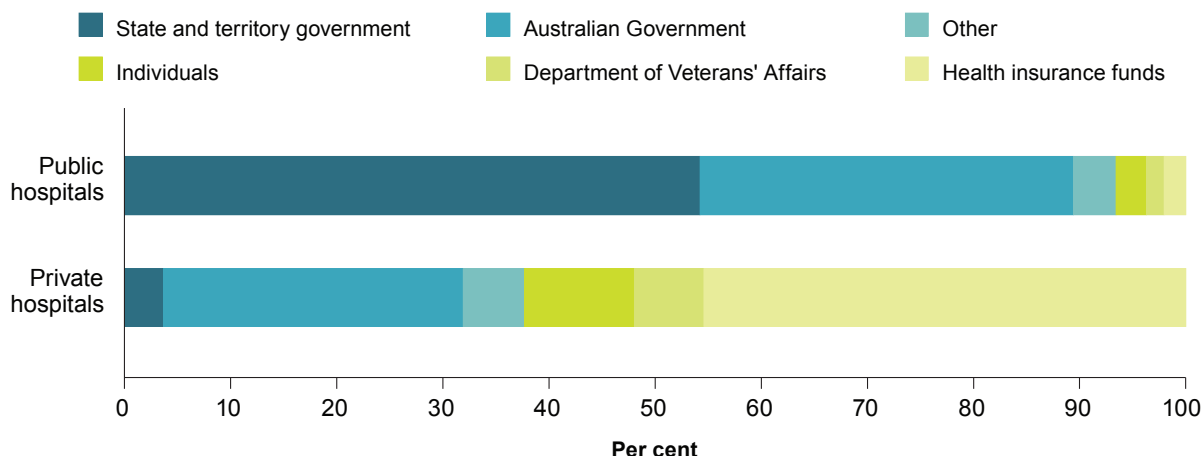


Figure 4: Funding sources for public and private hospitals, 2013–14

Sources of funding for admitted patients

Between 2010–11 and 2014–15, the number of hospitalisations with a principal funding source of *Private health insurance* increased by an average of 5.9% per year and hospitalisations with a funding source of *Department of Veterans' Affairs* decreased by an average of 3.8% each year.

In 2014–15:

- 50% of hospitalisations were for public patients (who were not charged for their stay, funded by governments) and 42% were funded by *Private health insurance*
- 82% of hospitalisations in public hospitals were for public patients
- 83% of hospitalisations in private hospitals were funded by *Private health insurance*
- fewer than 1% of hospitalisations in public hospitals and about 7% in private hospitals were *Self-funded*
- about 1% of hospitalisations in public hospitals and 2% in private hospitals were funded by *Workers compensation* and *Motor vehicle third party personal claim*.

For more information about admitted patient funding sources, see Chapter 7 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

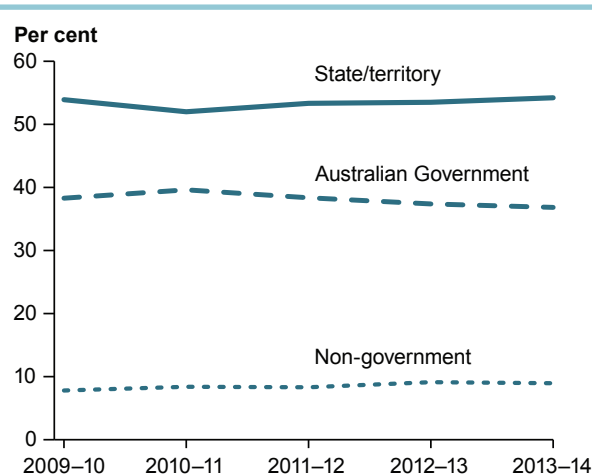


Figure 5: Funding sources for public hospitals, 2009–10 to 2013–14

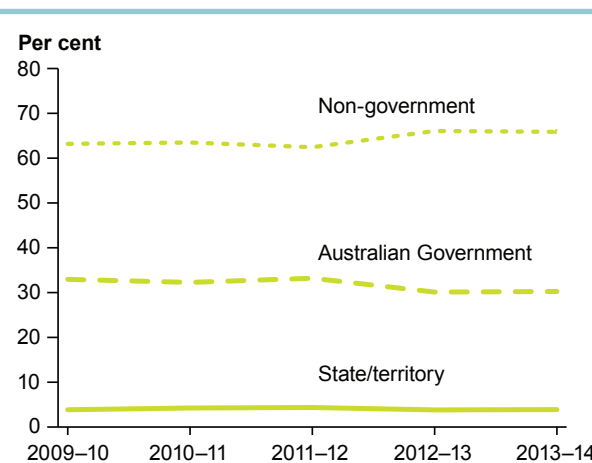


Figure 6: Funding sources for private hospitals, 2009–10 to 2013–14

How much did hospitals spend?

Recurrent expenditure includes:

- **salary expenditure**—including salaries and wages
- **non-salary expenditure**—including payments to Visiting medical officers; and costs of drug, medical and surgical supplies (other than large equipment which is regarded as capital expenditure, not reported here).

Public hospitals

In 2014–15:

- recurrent expenditure on public hospital services (including by Local hospital networks and state/territory health authorities, except in Queensland) was about \$57 billion (including depreciation)
- salary payments accounted for 61% of recurrent expenditure (Figure 7)
- *Principal referral* hospitals accounted for about 39% of recurrent expenditure on public hospital services.

For more information see Chapter 4 of *Hospital resources 2014–15: Australian hospital statistics* (AIHW 2016b).

Private hospitals

In 2014–15, recurrent expenditure by private hospitals was more than \$12 billion (including depreciation) (ABS 2016) and almost 50% of this expenditure was for salary payments.

Between 2010–11 and 2014–15, recurrent expenditure by private hospitals increased by an average of 4.0% per year (after adjusting for inflation).

How many people were employed in Australia's hospitals?

Hospital employees include medical officers (such as surgeons, anaesthetists and other specialists), nurses, diagnostic and allied health professionals (such as physiotherapists and occupational therapists), administrative and clerical staff, and domestic and other personal care staff.

For the first time in 2014–15, staff numbers were included for public hospital services managed or delivered at either the Local hospital network-level, or at the state/territory health authority-level (except for Queensland).

The staff numbers do not include visiting medical officers in public hospitals and most medical officers who provide services in private hospitals.

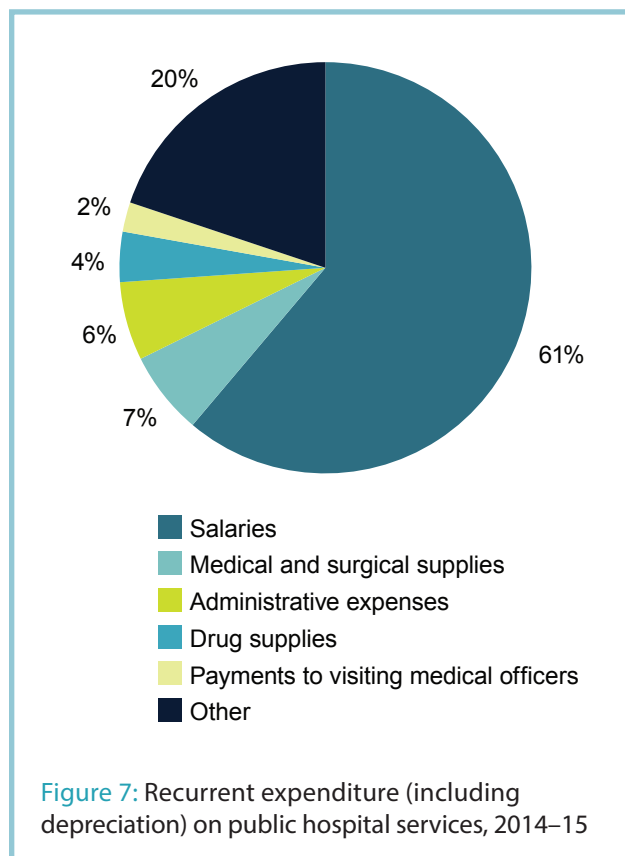
Public hospitals

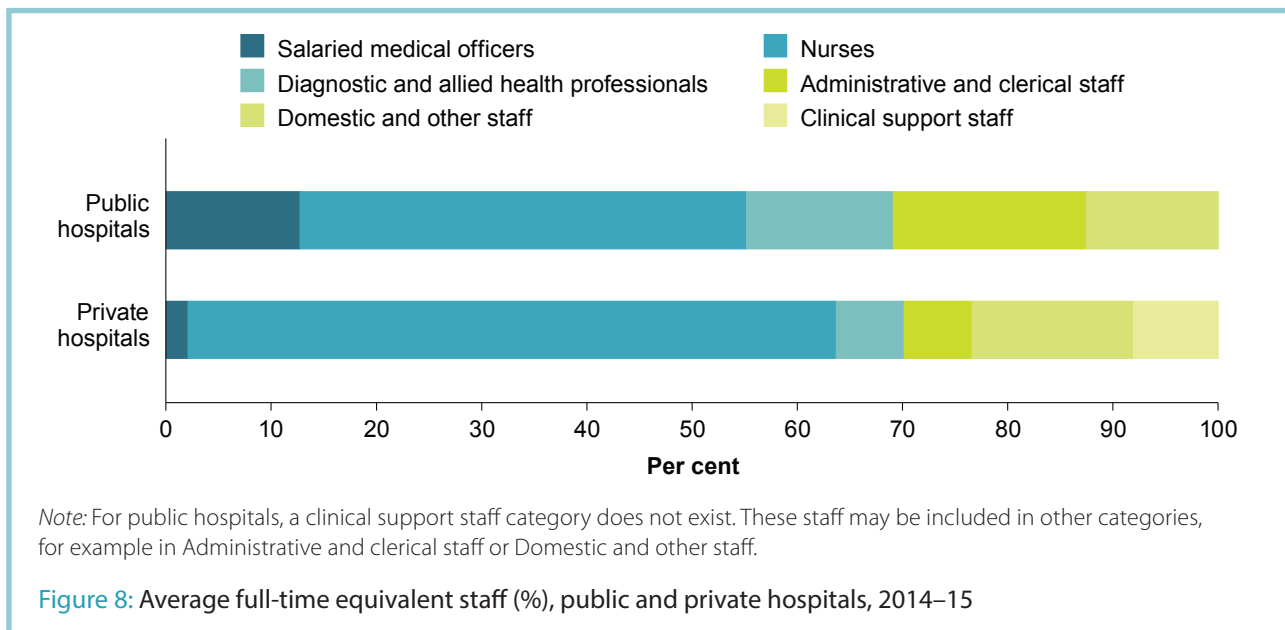
In 2014–15, about 330,000 full-time equivalent staff were employed in providing public hospital services, of which:

- 42% were nurses
- 13% were salaried medical officers
- 14% were diagnostic and allied health professionals (Figure 8).

About 28,000 of these staff were employed in Local hospital networks or at the state/territory health authority-level except for Queensland.

For more information on public hospital staffing in each state and territory, see Chapter 5 of *Hospital resources 2014–15: Australian hospital statistics* (AIHW 2016b).





Private hospitals

In 2014–15, Australia’s private hospitals employed about 64,400 full-time equivalent staff. Of these, 93% were employed in private hospitals not specialising in same-day care (Other private hospitals) (ABS 2016).

Of the staff employed in private hospitals:

- 56% were nurses
- 2% were salaried medical officers
- 6% were diagnostic and allied health professionals (Figure 8).

The staffing mix in private hospitals is somewhat different from that in public hospitals. This is because most medical services are provided by visiting medical specialists (who are not hospital employees), and the range of services provided is different.

For more information on private hospitals see *Private hospitals, Australia, 2014–15* (ABS 2016) at <www.abs.gov.au>.

What services do Australia’s hospitals provide?

Australia’s hospitals provide a range of services for:

- **non-admitted patients in:**
 - emergency department services
 - outpatient clinics
- **admitted patients**—including emergency and planned (elective) care, maternity services, and medical and surgical services.

Variation in data on hospital services

- There are national standards for data on hospital services. However, there are some variations in how hospital services are defined and counted between public and private hospitals but also among the states and territories, and over time.
- For example, admission practices vary 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 others. The national data on hospital care does not include care provided by non-hospital providers, such as community health centres.

Emergency department services

Emergency departments provide care for patients who may have an urgent need for medical, surgical or other care. Most emergency department services (93%) are provided by public hospitals. In 2014–15, 37 private hospitals reported about 533,000 accident and emergency presentations (ABS 2016).

Public hospitals

Between 2010–11 and 2014–15, emergency department presentations increased by 3.4% on average each year, after adjusting for coverage changes.

In 2014–15, there were almost 7.4 million emergency department presentations in public hospitals—that is, about 20,000 presentations each day.

Who used these services?

In 2014–15, 51% of emergency department presentations were for males (Figure 9), who account for just under 50% of the population.

The most common age group reported for emergency department presentations was 0–4 years (11%), followed by 20–24 years (8%).

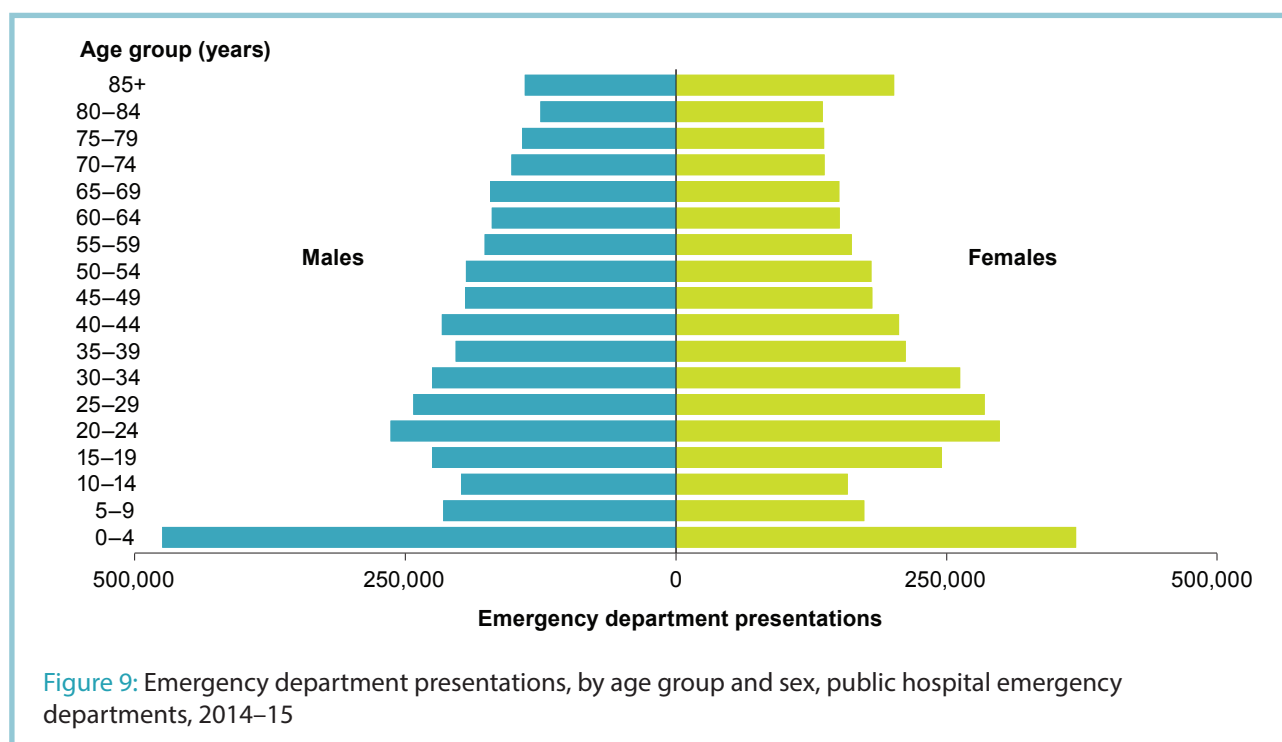
People aged 65 and over accounted for about 20% of all emergency department presentations in 2014–15, although they account for about 15% of the population.

How did people arrive and how urgent was the care?

Most people presenting to emergency departments had an arrival mode of *Other* (meaning they walked in to the emergency department or came by private transport, public transport, community transport or taxi). About 24% arrived by *Ambulance, air ambulance or helicopter rescue service*.

When patients arrive at an emergency department they are assigned a triage category of either *Resuscitation* (should be treated immediately), *Emergency* (within 10 minutes), *Urgent* (within 30 minutes), *Semi-urgent* (within 60 minutes) or *Non-urgent* (within 120 minutes).

In 2014–15, 77% of patients were assessed as *Urgent* or *Semi-urgent*. Fewer than 1% of patients required immediate treatment.



Performance indicator: waiting times for emergency hospital care—proportion seen on time

The proportion of emergency presentations that were seen on time increased from 70% to 75% between 2010–11 and 2013–14, and was 74% in 2014–15.

The proportion seen on time varied among jurisdictions, ranging from 59% in the Australian Capital Territory to 81% in New South Wales (Table 3).

Almost 100% of *Resuscitation* patients were seen immediately (within 2 minutes), 79% of *Emergency* patients were seen within 10 minutes, and 92% of *Non-urgent* patients were seen on time (within 120 minutes).

For more information, see Chapter 5 of *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015b).

Table 3: Presentations to public hospital emergency departments and proportion (%) seen on time by triage category, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total presentations ('000)	2,681	1,611	1,379	804	469	150	130	142	7,366
Triage category	%								
Resuscitation	100	100	99	100	100	100	100	100	100
Emergency	82	80	77	83	69	83	78	62	79
Urgent	76	73	64	57	57	64	48	54	68
Semi-urgent	81	73	74	69	69	67	53	59	74
Non-urgent	95	89	93	93	89	89	86	88	92
Total	81	75	71	68	66	70	59	60	74

How was the care completed?

Most patients who go to the emergency department go home after treatment (64%), but almost 1 in 3 patients (30%) were admitted to hospital for further care.

In 2014–15, about 77% of *Resuscitation* patients were subsequently admitted compared with fewer than 5% of *Non-urgent* patients.

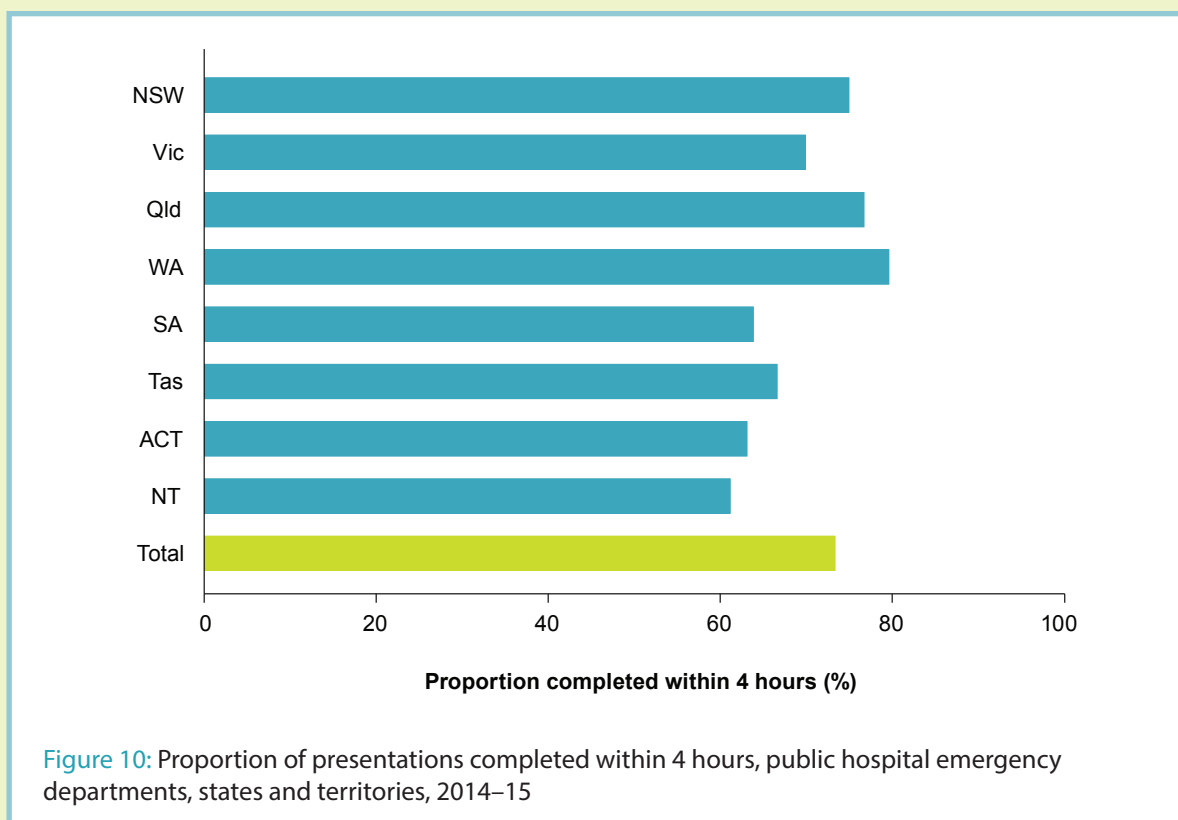
Performance indicator: waiting times for emergency hospital care—proportion completed within 4 hours

Between 2011–12 and 2014–15 the proportion of presentations completed (for example, the patient was discharged or admitted) within 4 hours increased from 64% to 73%.

In 2014–15:

- 73% of emergency department presentations were completed within 4 hours (Figure 10)
- the proportion completed within 4 hours varied among jurisdictions, ranging from 62% in the Northern Territory to 79% in Western Australia (Figure 10).

For more information, see Chapter 6 of *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015b).



Performance indicator: admission to hospital from emergency departments

For patients who are subsequently admitted, the length of stay indicates the amount of time spent in the emergency department before being moved to another ward in the hospital. This indicator is also known by the common name of 'Access block indicator'. It includes the percentage of presentations for patients who go on to be admitted where the length of stay is less than or equal to 4 hours, and the length of stay at the 90th percentile.

Proportion admitted within 4 hours

Between 2011–12 and 2014–15, the proportion of presentations completed within 4 hours increased from 30% to 47% for patients subsequently admitted to hospital.

In 2014–15, the proportion admitted within 4 hours varied among jurisdictions, ranging from 23% in the Northern Territory to 57% in Queensland (Figure 11).

90th percentile time to admission

Between 2011–12 and 2014–15, the 90th percentile time to admission decreased from 14 hours and 23 minutes to 11 hours and 41 minutes.

In 2014–15, the 90th percentile time to admission varied among jurisdictions, ranging from 8 hours 19 minutes for Western Australia to 21 hours and 34 minutes for Tasmania (Figure 12).

For more information, see Chapter 6 of *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015b).

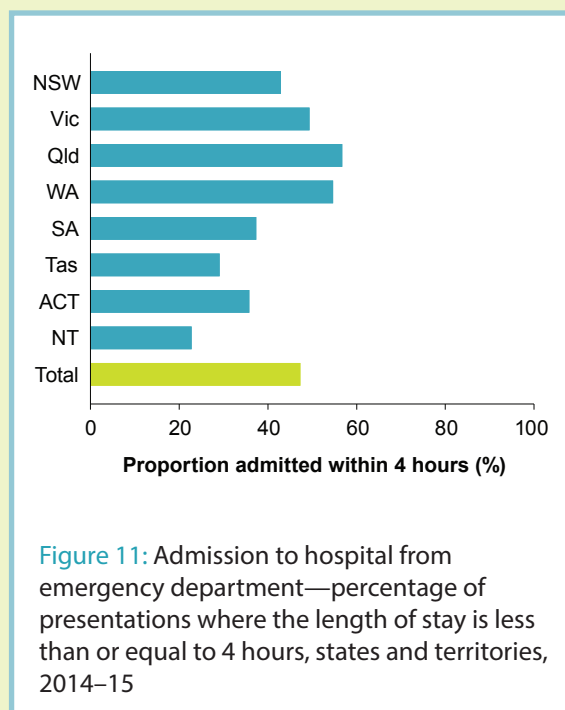


Figure 11: Admission to hospital from emergency department—percentage of presentations where the length of stay is less than or equal to 4 hours, states and territories, 2014–15

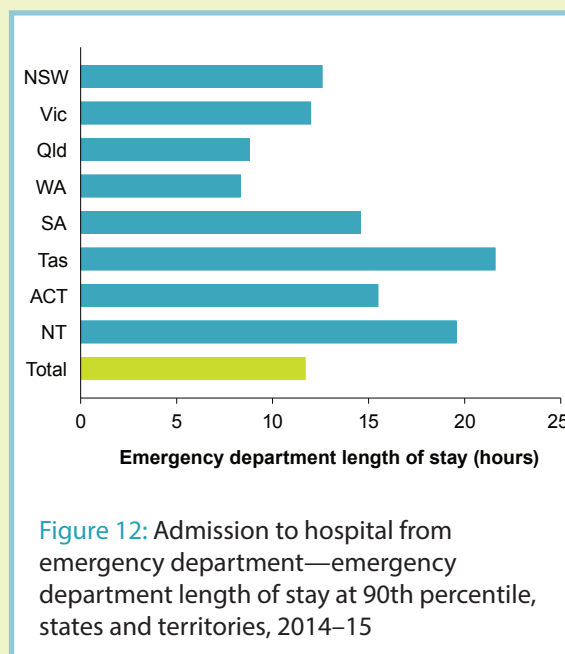


Figure 12: Admission to hospital from emergency department—emergency department length of stay at 90th percentile, states and territories, 2014–15

Outpatient clinics

Non-admitted patient care provided in public hospitals includes care provided in outpatient clinics at which patients consult specialist medical practitioners, or have diagnostic or other procedures, or are provided with allied health or specialist nursing care, without being admitted to hospital.

Outpatient care can also include the dispensing of medicines to patients not admitted to the hospital, and district nursing and some community health services provided by hospitals; those activities are not included in the information presented.

Changes in coverage and in reporting arrangements between 2012–13 and 2014–15 mean that data on outpatient care cannot be compared over time.

In 2014–15, 34.9 million outpatient service events were provided by 610 public hospitals and 41 other services (such as local hospital networks and private hospitals that provide public patient services).

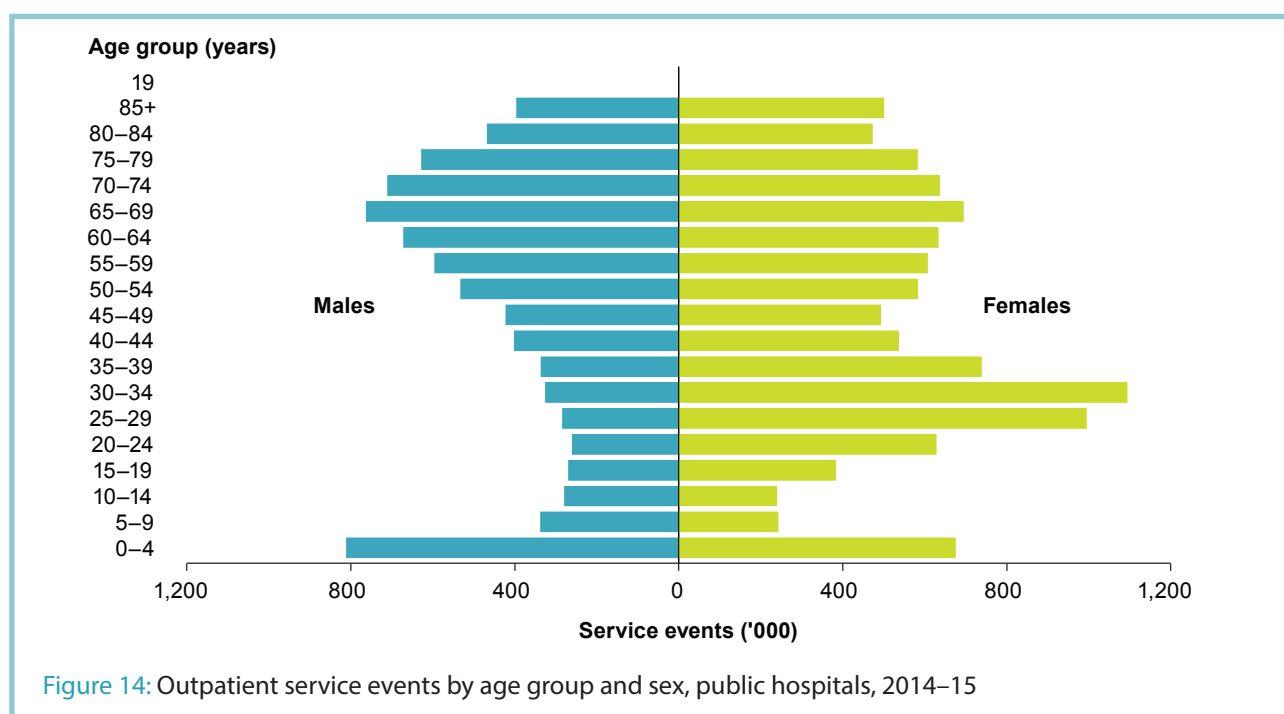
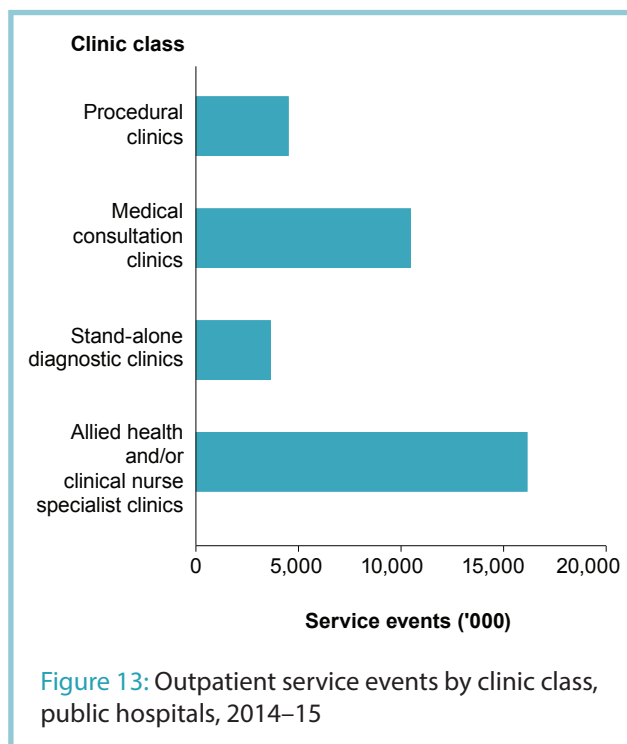
In 2014–15, about 46% of outpatient service events occurred in *Allied health and/or clinical nurse specialist clinics* and 30% in *Medical consultation clinics* (Figure 13).

About 56% of outpatient service events were for females and 31% of service events were for people aged 65 and over (Figure 14).

About 4.5% of outpatient service events were for Indigenous Australians.

People living in *Major cities* accounted for about 69% of outpatient service events.

For more information, see *Non-admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016c).



Admitted patient care

Admission to hospital is a formal process. It follows a medical officer's decision that a patient needs to be admitted for appropriate management or treatment of their condition, and/or for appropriate care or assessment of their needs.

Admitted patient services are either provided on a same-day basis or can involve a stay in hospital overnight or longer.

How much activity was there?

The main measure of admitted patient care provided in Australian hospitals is the number of hospitalisations, or episodes of admitted patient care. Because hospitalisations can vary in length, another useful measure is patient days, or the total number of days spent in hospital by patients, or days of patient care.

Hospitalisations

Between 2010–11 and 2014–15:

- the number of hospitalisations increased by an average of 3.2% in public hospitals and 4.0% in private hospitals each year
- overall, the number of hospitalisations increased an average of 3.5% each year, faster than the population growth of 1.6% over the same period
- same-day hospitalisations increased by an average of 4.3% each year, compared with 2.4% for overnight hospitalisations.

In 2014–15, there were almost 10.2 million hospitalisations in Australia (Table 4):

- 60% of these were same-day hospitalisations (6.0 million)
- 59% occurred in public hospitals (6.0 million), and just over half of these (3.1 million) were same-day hospitalisations
- 41% occurred in private hospitals (4.2 million), and over two-thirds of those (2.9 million) were same-day hospitalisations (Figure 15).

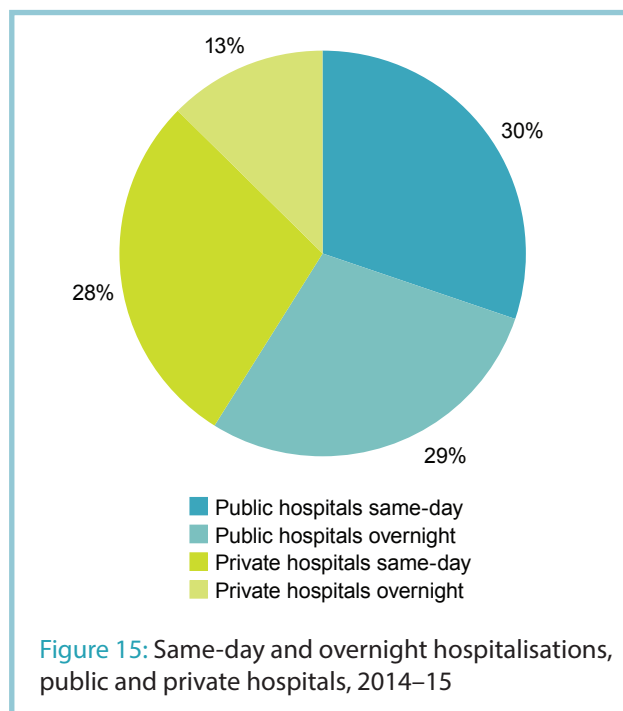


Figure 15: Same-day and overnight hospitalisations, public and private hospitals, 2014–15

Table 4: Hospitalisations ('000s), public and private hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	1,809	1,588	1,202	599	421	118	101	132	5,971
Public psychiatric hospitals	5	<1	<1	1	1	1	10
<i>Total public hospitals</i>	<i>1,814</i>	<i>1,588</i>	<i>1,203</i>	<i>601</i>	<i>422</i>	<i>120</i>	<i>101</i>	<i>132</i>	<i>5,980</i>
Private hospitals									
Private free-standing day hospital facilities	255	223	228	144	76	n.p.	n.p.	n.p.	941
Other private hospitals	930	786	805	337	240	n.p.	n.p.	n.p.	3,229
<i>Total private hospitals</i>	<i>1,185</i>	<i>1,009</i>	<i>1,033</i>	<i>481</i>	<i>316</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,170</i>
All hospitals	2,999	2,597	2,236	1,081	738	208	145	146	10,150

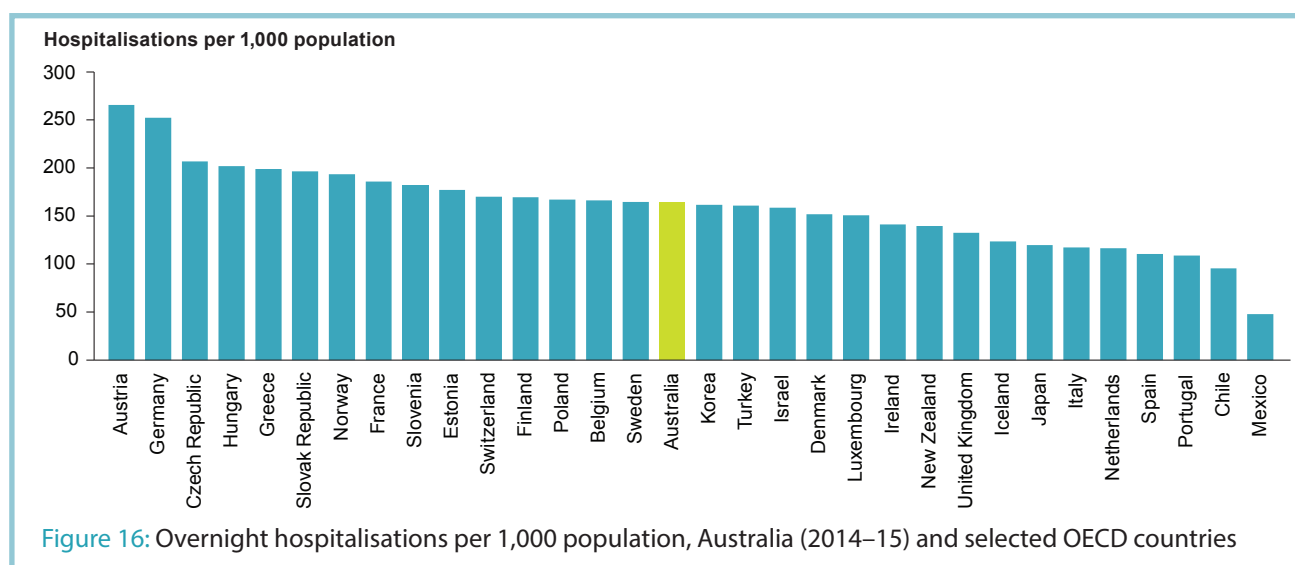
.. not applicable, n.p. not published.

How does Australia compare?

The number of overnight hospitalisations per 1,000 population in Australia for 2014–15 was in the middle of the range reported for other Organisation for Economic Co-operation and Development (OECD) countries in recent years (Figure 16) (OECD 2015).

Differences in definitions of hospitals, collection periods and admission practices are likely to affect the comparability of international separation rates.

For more international comparisons, see Chapter 2 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).



Days of patient care

Between 2010–11 and 2014–15:

- the number of patient days increased by an average of 1.7% each year—from 26.9 million to 28.8 million
- the number of patient days in public hospitals increased an average of 1.2% per year, and the proportion of patient days that were in public hospitals decreased from 69% to 67%
- the number of patient days in private hospitals increased an average of 2.8% per year, and the proportion of patient days that were in private hospitals increased from 31% to 33%.

In 2014–15, 3% of patient days in public hospitals were spent in *Public psychiatric hospitals* (Table 5).

For more information on patient days, see Chapter 2 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

Table 5: Patient days ('000s), 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	4,794	3,377	1,752	1,475	368	344	324	18,787
Public psychiatric hospitals	264	46	148	56	38	24	577
<i>Total public hospitals</i>	<i>6,617</i>	<i>4,840</i>	<i>3,525</i>	<i>1,808</i>	<i>1,513</i>	<i>392</i>	<i>344</i>	<i>324</i>	<i>19,364</i>
Private hospitals									
Private free-standing day hospital facilities	255	224	228	144	76	n.p	n.p	n.p	941
Other private hospitals	2,397	2,209	2,150	804	568	n.p	n.p	n.p	8,449
<i>Total private hospitals</i>	<i>2,652</i>	<i>2,432</i>	<i>2,378</i>	<i>948</i>	<i>644</i>	<i>n.p</i>	<i>n.p</i>	<i>n.p</i>	<i>9,390</i>
All hospitals	9,269	7,272	5,903	2,756	2,158	n.p	n.p	n.p	28,754

.. not applicable, n.p. not published.

Length of stay

Between 2010–11 and 2014–15, average lengths of stay for public and private hospitals fell slightly:

- from 3.5 to 3.2 days in public hospitals—an annual average decrease of 1.9%
- from 2.4 to 2.3 days in private hospitals—an annual average decrease of 1.1%.

In 2014–15, the average length of stay was generally higher for subacute and non-acute care than for acute care. The average length of stay was:

- 2.7 days in public hospitals and 2.1 days in private hospitals for acute care
- 17.4 days in public hospitals and 4.4 days in private hospitals for rehabilitation care, for example (Figure 17).

For patients who spent at least 1 night in hospital, the average length of stay was 5.7 days in public hospitals and 5.2 days in private hospitals.

For more information on length of stay, see chapters 2 and 4 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

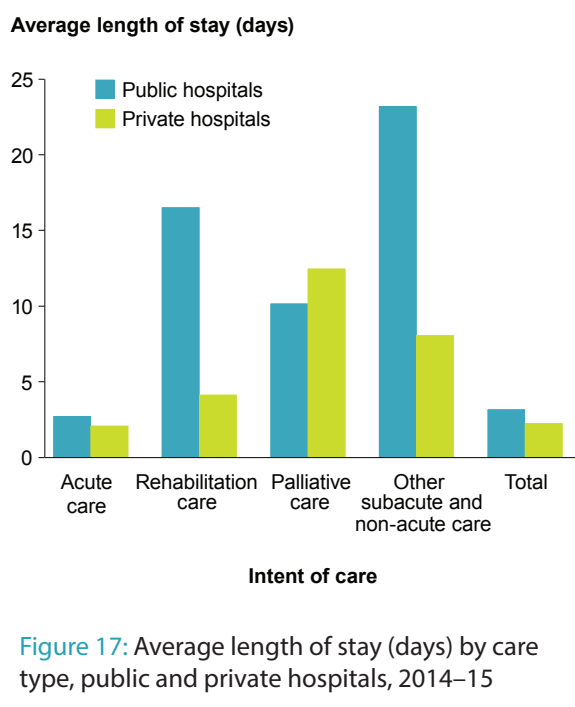


Figure 17: Average length of stay (days) by care type, public and private hospitals, 2014–15

Performance indicator: relative stay index

Relative stay indexes summarise the length of stay for admitted patients, with adjustments for 'casemix' (the types of patients treated and the types of treatments provided). They are regarded as indicators of the efficiency of hospitals.

A relative stay index greater than 1.0 indicates that an average patient's length of stay is higher than expected, given the casemix for the hospitalisations being considered. A relative stay index of less than 1.0 indicates that the length of stay was less than expected.

In 2014–15, the relative length of stay for public hospitals was lower than that for private hospitals. This has been a consistent trend since 2010–11.

There were relatively shorter lengths of stay for *Medical* hospitalisations in public hospitals (0.94, compared with 1.28 in private hospitals), and for *Surgical* hospitalisations in private hospitals (0.99, compared with 1.03 in public hospitals) (Figure 18).

For more information on relative stay indexes, see Chapter 2 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

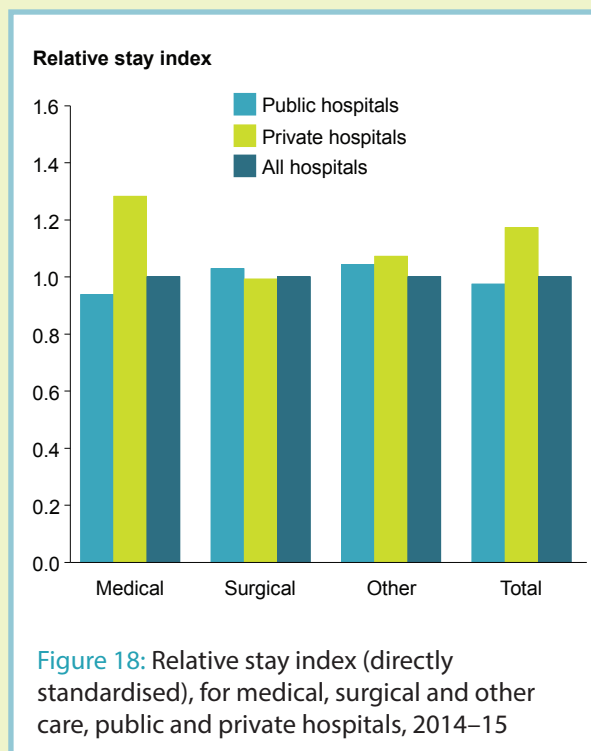


Figure 18: Relative stay index (directly standardised), for medical, surgical and other care, public and private hospitals, 2014–15

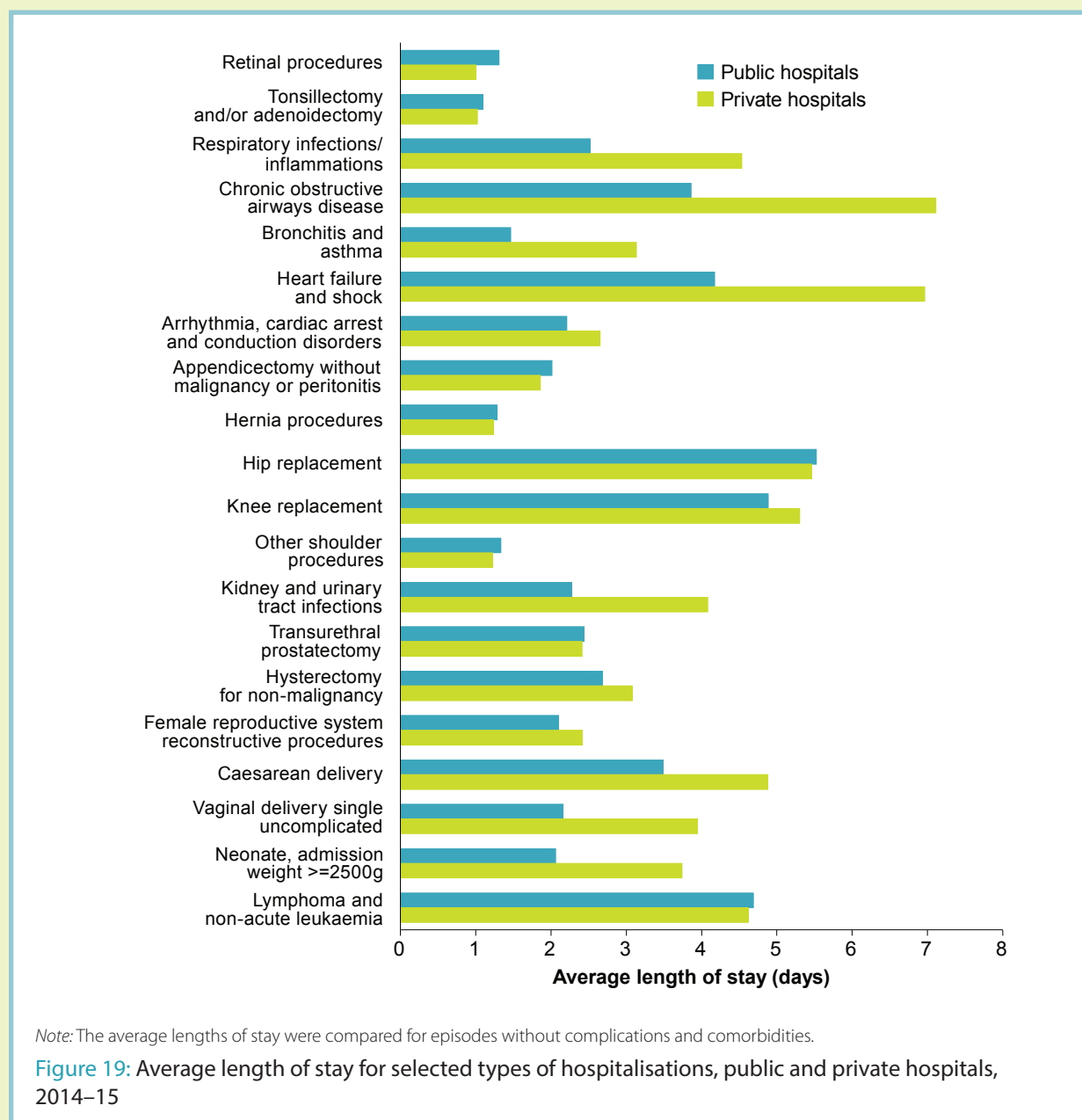
Performance indicator: average length of stay for selected types of hospitalisations

The average length of stay for selected types of hospitalisations is regarded as an indicator of the efficiency of hospitals.

There were notable differences (more than 1 day) in the average length of stay between public and private hospitals for 8 of the 20 selected types of hospitalisations. For example, the average length of stay for *Chronic obstructive airways disease* was 3.9 days for public hospitals and 7.1 days for private hospitals. The average lengths of stay were also notably longer in private hospitals for childbirth and neonate-related hospitalisations and for *Kidney and urinary tract infections*.

In contrast, for example, there was little difference in the average lengths of stay for *Tonsillectomy and/or adenoidectomy*, *Hernia procedures*, *Retinal procedures*, and *Knee replacement*.

For more information on length of stay, see Chapter 2 of *Admitted patient care 2014–15: Australian hospital statistics*.



Who used admitted patient care services?

Age group and sex

Between 2010–11 and 2014–15:

- hospitalisations for people aged 65 to 74 increased by an average of 6.0% each year, faster than the population growth for this age group which was about 4.6% each year over the same period
- hospitalisations for people aged 85 and over increased by an average of 5.8% each year, faster than the population growth for this age group which was about 4.1% each.

In 2014–15, there were over 5.3 million hospitalisations for females and 4.8 million hospitalisations for males. Females accounted for about 65% of hospitalisations for people aged 15 to 44.

People aged 65 and over, who make up 15% of Australia's population, accounted for 41% of hospitalisations (Figure 20) and 49% of patient days.

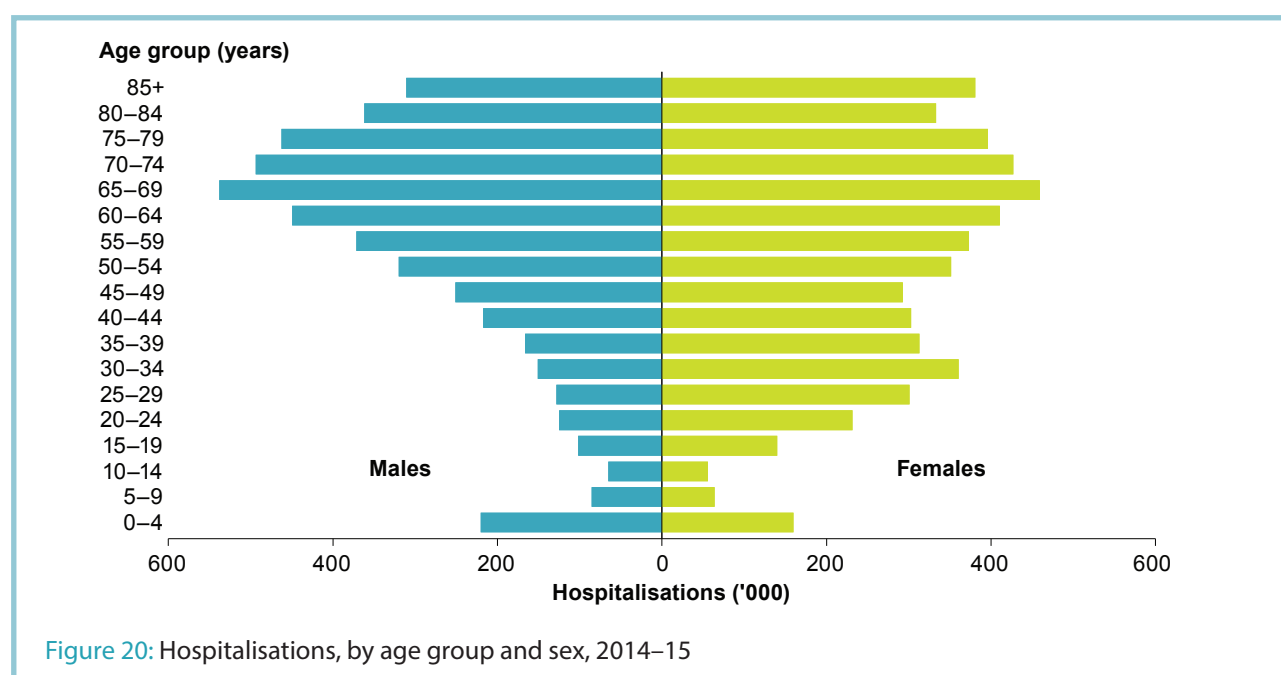


Figure 20: Hospitalisations, by age group and sex, 2014–15

Aboriginal and Torres Strait Islander people

In 2014–15, compared with other Australians, Aboriginal and Torres Strait Islander people were hospitalised:

- at more than twice the rate (after accounting for age)
- almost 2 times as often for overnight stays (Figure 21)
- almost 3 times as often for same-day care.

However, if same-day dialysis is excluded, Indigenous Australians were hospitalised for same-day care at a lower rate than other Australians.

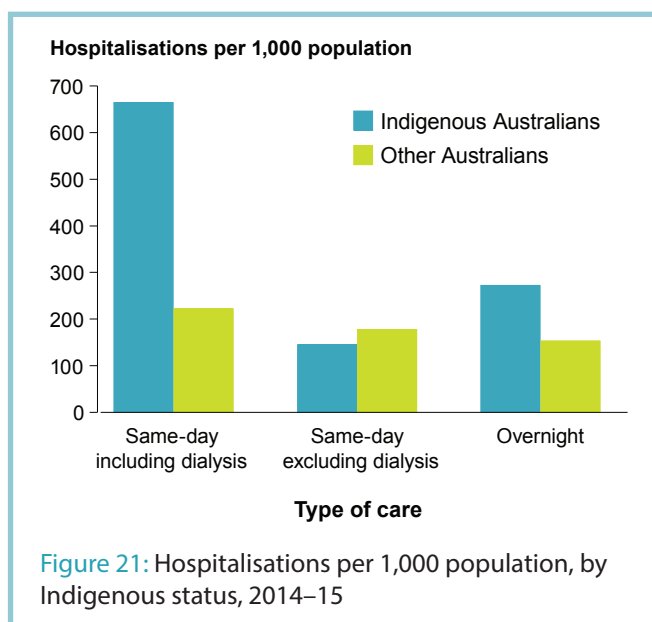


Figure 21: Hospitalisations per 1,000 population, by Indigenous status, 2014–15

Remoteness

Remoteness area categories divide Australia into areas depending on distances from population centres. Access to services can be measured by the number of hospitalisations per 1,000 population for these areas.

In 2014–15:

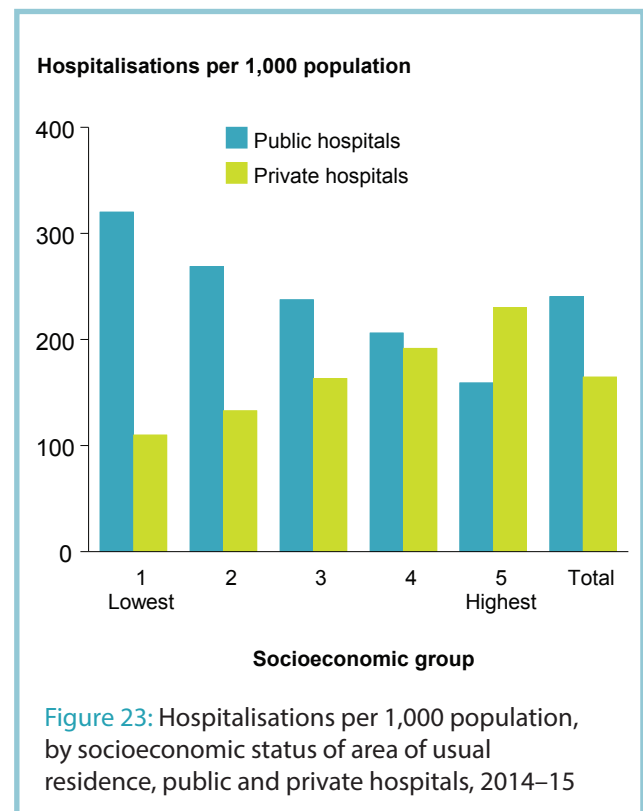
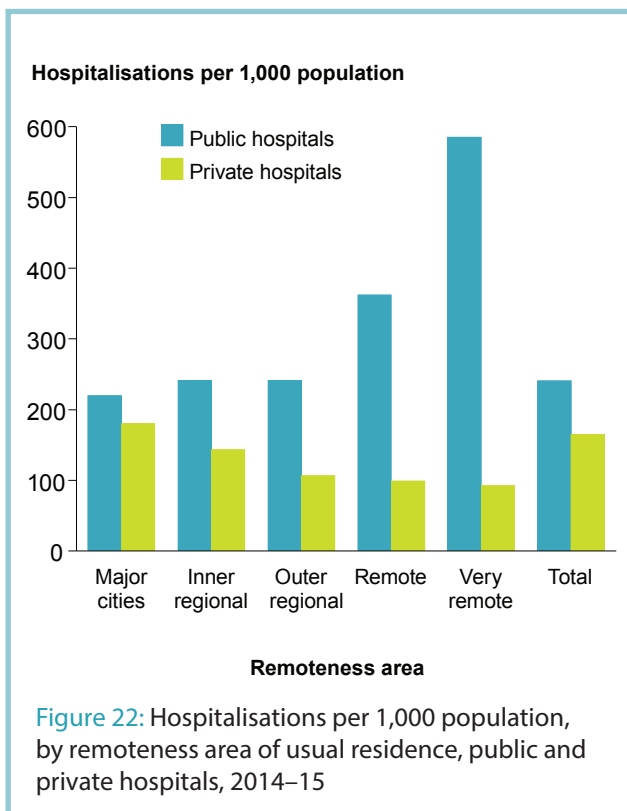
- overall, hospitalisation rates were highest for persons living in *Very remote* areas
- for public hospitals, the rates were highest for patients living in *Very remote* areas and lowest for patients living in *Major cities* (Figure 22)
- for private hospitals, the rates were highest for patients living in *Major cities* and lowest for patients living in *Very remote* areas
- for patients who stayed at least one night in hospital, the hospitalisation rate for patients living in *Very remote* areas was 60% higher than the national rate.

Socioeconomic status

Data describing where patients live can be used to derive an approximation of their socioeconomic status which, in turn, can be categorised into five equal population groups of socioeconomic disadvantage/advantage. If use of admitted patient services is equal for all socioeconomic status groups, we would expect an equal number of hospitalisations for each group.

Overall, hospitalisation rates varied across socioeconomic status groups. In 2014–15:

- for public hospitals, the rates were highest for patients living in areas classified in the lowest socioeconomic status group (Figure 23)
- for private hospitals, the rates were highest for patients living in areas classified in the highest socioeconomic status group.



Why did people receive care?

The reason that a patient receives admitted patient care can be described in a number of ways. These include how people are admitted to hospital, the urgency of admission, the type of care required and the principal diagnosis.

How people are admitted to hospital

There are 3 different modes of admission to hospital:

- *Admitted patient transferred from another hospital*
- *Statistical admission: care type change*, that is, where a new admitted patient episode is created as a result of a change of clinical intent of care, for example from acute care to rehabilitation or palliative care, within the same hospital
- *New admission to hospital* (all other planned and unplanned admissions where a patient was not transferred from another hospital or did not have a *Statistical admission: care type change* in the same hospital).

In 2014–15:

- 94% of hospitalisations in public hospitals and 96% in private hospitals were *New admissions to hospital*
- 4.7% of patients in public hospitals were transferred from another hospital compared with 3.0% in private hospitals.

Urgency of admission

Admissions to hospital can be categorised as *Emergency* (required within 24 hours), or *Elective* (required at some stage beyond 24 hours). Urgency is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis).

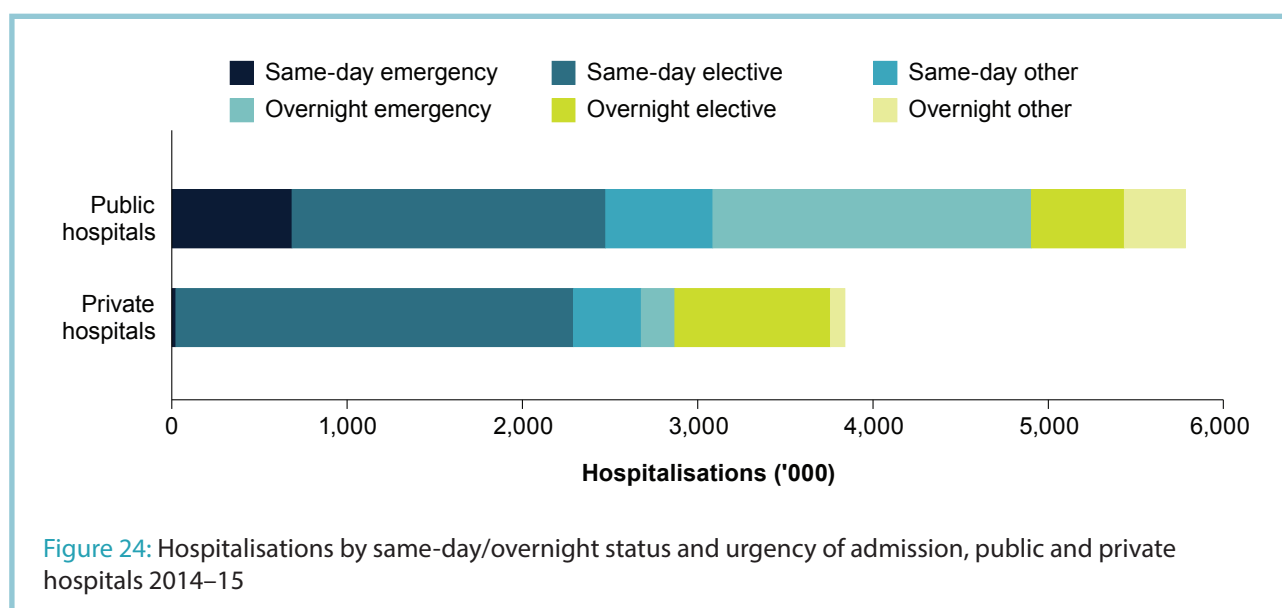
Between 2010–11 and 2014–15:

- emergency admissions in public hospitals increased by an average 3.4% each year compared with 2.2% in private hospitals
- elective admissions in private hospitals increased by an average of 4.1% each year, compared with 2.5% in public hospitals.

In 2014–15:

- public hospitals accounted for about 92% of emergency admissions, and 73% of these were overnight admissions
- private hospitals accounted for 59% of elective admissions, and 72% of these were overnight admissions (Figure 24).

For more information see Chapter 4 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).



Care type

The care type can be classified as:

- acute care, or
- subacute and non-acute care (such as *Rehabilitation, Palliative care, Geriatric evaluation and management, Maintenance care* and *Psychogeriatric care*).

Most hospitalisations are for acute care, that is, care with the intent to cure the condition, alleviate symptoms or manage childbirth, and newborns but only if they also require acute care.

Between 2010–11 and 2014–15:

- the care types with the highest average increase each year were *Newborn* in public hospitals and *Rehabilitation care* in private hospitals
- the number of hospitalisations for acute care increased on average by 3.0% each year for public hospitals and by 3.5% for private hospitals
- rehabilitation accounted for an increasing proportion of all subacute and non-acute care hospitalisations, rising from 76% in 2010–11 to 79% in 2014–15.

In 2014–15:

- there were 9.5 million acute care hospitalisations that accounted for:
 - 95% of hospitalisations (Figure 25) and 83% of patient days (Figure 26) overall
 - 91% of hospitalisations and 84% of patient days for private hospitals
- subacute and non-acute care accounted for 5% of all hospitalisations and 17% of patient days.

Why did people go to hospital?

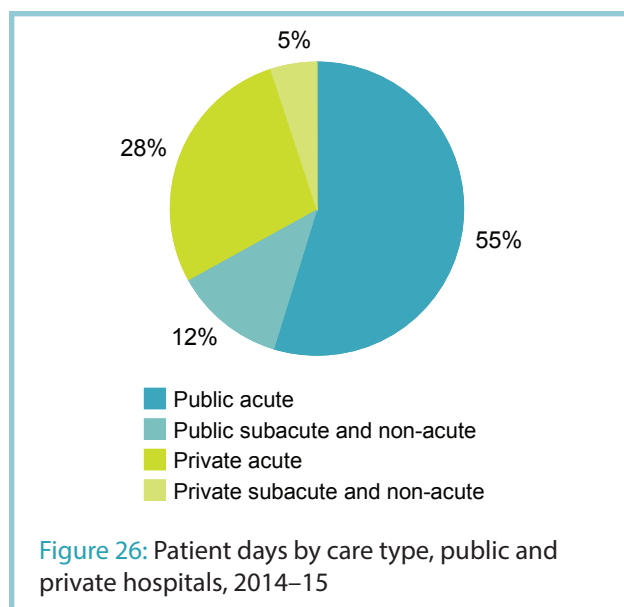
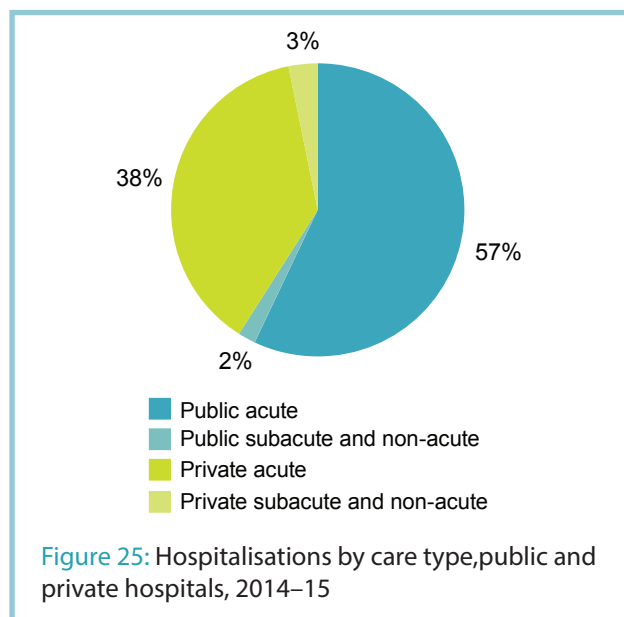
The reason that a patient receives admitted patient care can be described in terms of a principal diagnosis (of a disease, injury or poisoning) or as a treatment for an ongoing condition (for example, dialysis for kidney failure).

In 2014–15:

- there were 1.4 million hospitalisations for dialysis and 99% of these were same-day
- there were 1.1 million hospitalisations related to cancer, 640,000 had a principal diagnosis of cancer and an additional 440,000 were for chemotherapy
- 89% of hospitalisations for digestive system diseases involved surgery and 41% involved an endoscopy.

For more information about common principal diagnoses, see the info graphic on page 24.

For more information on principal diagnoses for same-day and overnight acute hospitalisations see Chapter 4 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).



Injury and poisoning

In 2014–15, 6.4% of hospitalisations (651,000) were for injury or poisoning. The majority (82%) were treated in public hospitals. About 44% of these were for injuries to arms and legs.

Indigenous Australians were hospitalised for injury or poisoning at about twice the rate for other Australians.

Performance indicator: potentially preventable hospitalisations

Potentially preventable hospitalisations are hospitalisations that are thought to have been avoidable if timely and adequate non-hospital care had been provided, either to prevent the condition occurring, or to prevent the hospitalisation for the condition. They are identified based on the diagnoses reported for admitted patients and divided into three categories—vaccine-preventable, acute and chronic conditions.

Between 2010–11 and 2014–15:

- the overall rate of potentially preventable hospitalisations fluctuated between 23.9 and 25.2 per 1,000 population
- rates of vaccine-preventable hospitalisations increased from 0.7 to 1.8 per 1,000 population
- for chronic conditions, the rate fluctuated around 11.4 per 1,000.

In 2014–15:

- 634,000 hospitalisations were thought to be potentially preventable—6.2% of all hospitalisations
- for Indigenous Australians, the overall rate of potentially preventable hospitalisations per 1,000 population was around 3 times the rate for other Australians
- people living in *Very remote* areas had the highest rates of potentially preventable hospitalisations for chronic and acute conditions
- the overall rate generally decreased with increasing levels of socioeconomic advantage (Figure 27).

For more information on potentially preventable hospitalisations, see Chapter 4 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

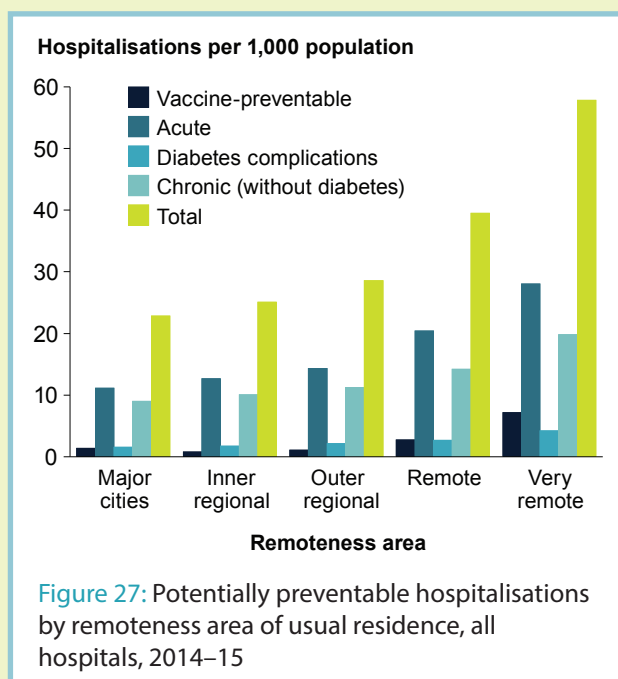


Figure 27: Potentially preventable hospitalisations by remoteness area of usual residence, all hospitals, 2014–15

Performance indicator: waiting for residential aged care

This indicator reports the number of hospital patient days for Australians eligible and waiting for a residential aged care place.

In 2014–15:

- about 10 out of every 1,000 patient days (1%) reported were for patients waiting for a residential aged care place
- the highest rates were reported for patients living in *Remote* areas and for those living in areas classified to the two most disadvantaged socioeconomic status groups.

Why did people go to hospital in 2014–15?

Dialysis for kidney disease



1.4 million hospitalisations

99%
Same-day

Cancer



1.1 million hospitalisations

89%
Same-day

Skin	146,000
Prostate	35,000
Breast	30,000
Bowel	29,000
Lung	19,000

Chemotherapy

440,000

Cancer screening

10,000

Palliative care

24,000

Follow-up examination

54,000

Digestive system



1 million hospitalisations

Diseases of the intestines	267,000
Hernia	94,000
Imbedded and impacted teeth	77,000
Reflux	71,000
Gallstones	66,000
Appendicitis	40,000

62%
Same-day

41%
Involved an
endoscopy

89%
Involved surgery

Injury and poisoning



651,000 hospitalisations

Fractures	206,000
Complications related to medical and surgical care	118,000
Open wounds	73,000
Dislocation/sprain	35,000

34%
Same-day

3%
Involved a stay
in ICU

36%
Involved surgery

Musculoskeletal and connective tissue



534,000 hospitalisations

Arthritis/osteoarthritis	123,000
Neck/back pain	67,000
Internal knee injury	66,000
Shoulder pain	32,000

42%
Same-day

65%
Involved surgery

Pregnancy and childbirth



559,000 hospitalisations

Vaginal delivery	197,000
Caesarean section	101,000
IVF treatment	68,000

8%
of normal
deliveries were
same-day

35%
of childbirth
hospitalisations
involved a
caesarean sections

Circulatory



490,000 hospitalisations

Arrhythmias	86,000
Heart failure	56,000
Heart attack	54,000
Angina	47,000
Stroke	38,000

24%
Same-day

7%
Involved a stay
in ICU

25%
Involved surgery

Respiratory



438,000 hospitalisations

Pneumonia	87,000
COPD	72,000
Tonsillectomy	41,000
Asthma	40,000

20%
Same-day

3%
Involved a stay
in ICU

21%
Involved surgery

Eye diseases



383,000 hospitalisations

Cataracts	242,000
Macular degeneration	53,000
Glaucoma	5,000

97%
of cataract
extractions
were same-day

97%
Involved surgery

What services were provided?

The broad nature of services provided for admitted patients can be described using a variety of classifications. The information presented here includes:

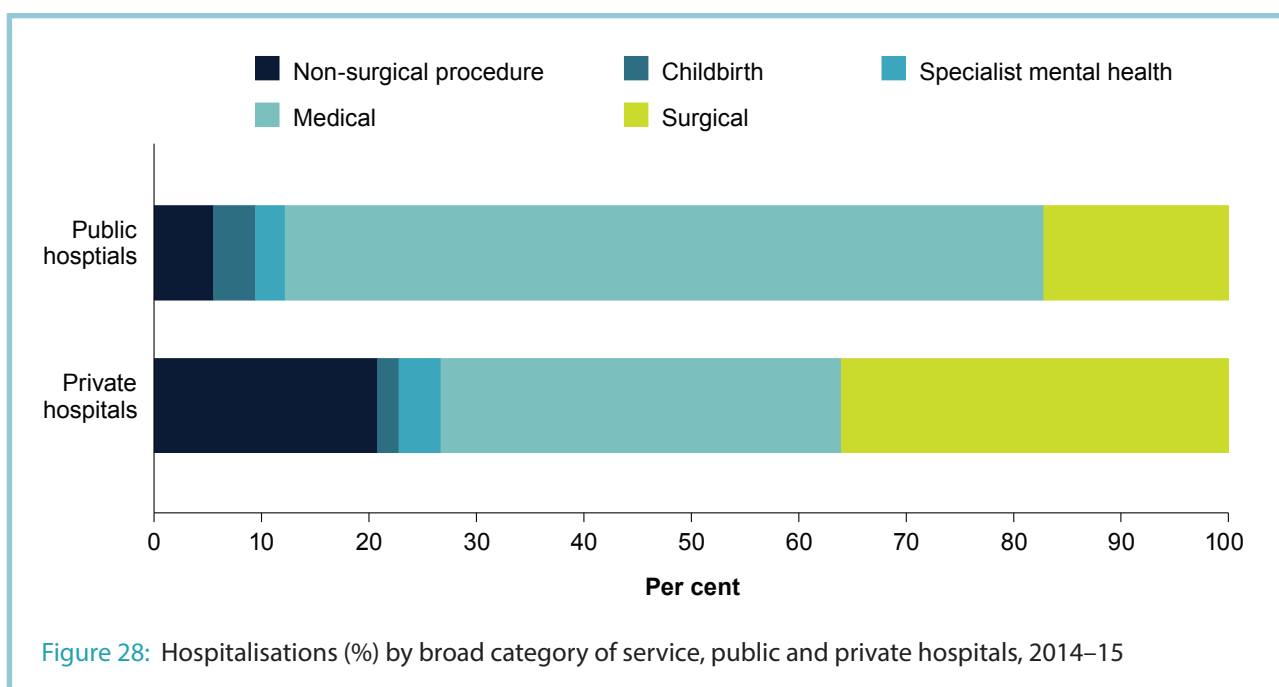
- broad category of service, including hospitalisations for *Childbirth*, *Specialist mental health care*, *Medical* (not involving a procedure), *Surgical* (involving an operating room procedure) or a non-surgical procedure, such as endoscopy (*Other*)
- intensive care
- the intent of care—including information for *Rehabilitation* and *Palliative care*.

Broad category of service

Between 2010–11 and 2014–15, *Specialist mental health* hospitalisations increased for both public and private hospitals (by an average of 4.5% and 7.2% each year, respectively).

In 2014–15:

- 71% of public hospitalisations were for *Medical* care and 3.7% were for *Childbirth* (Figure 28)
- 36% of private hospitalisations were for *Surgical* care and 1.8% were for *Childbirth*.



Intensive care

An intensive care unit can provide complex, multi-system life support. These units are mostly located in tertiary referral centres and can provide continuous mechanical ventilation, extracorporeal renal support and invasive cardiac monitoring for children or adults.

In 2014–15:

- overall, just under 1.3% of hospitalisations (131,000) involved a stay in an intensive care unit (information about intensive care hours was not available for 1.3 million private hospitalisations)
- 30,000 hospitalisations in private hospitals involved a stay in an intensive care unit, and 16% of these included a period of ventilator support
- 101,000 hospitalisations in public hospitals involved a stay in an intensive care unit and 32% of these included a period of ventilator support

- the average length of stay in an intensive care unit was almost 4 days in public hospitals and just over 2 days in private hospitals.

Rehabilitation care

Rehabilitation care is aimed at improved functioning. It accounted for 1.7% of hospitalisations and 8.8% of patient days for public hospitals, and 7.4% of hospitalisations and almost 14.0% of patient days for private hospitals.

Between 2010–11 and 2014–15, *Rehabilitation care* increased by an average of 12.0% per year in private hospitals and by 4.4% per year in public hospitals.

In 2014–15:

- 413,000 hospitalisations were reported for *Rehabilitation care*, with 75% occurring in private hospitals
- the most common reasons for *Rehabilitation care* were osteoarthritis of the knee and hip
- about 80% of hospitalisations for *Rehabilitation care* were for people aged over 60.

Palliative care

Palliative care is care in which the primary clinical purpose or treatment goal is to optimise the quality of life of a patient with an active and advanced life-limiting illness.

Between 2010–11 and 2014–15, *Palliative care* increased by an average of 3.1% per year for private hospitals and 5.2% for public hospitals.

In 2014–15:

- there were almost 41,000 hospitalisations for *Palliative care* (0.4% of hospitalisations)
- Indigenous Australians had a higher hospitalisation rate for *Palliative care* (2.6 per 1,000 population) than other Australians (1.5 per 1,000 population)
- the rate of *Palliative care* in public hospitals varied among socioeconomic status groups— from 0.9 per 1,000 population for people living in areas classified as the highest socioeconomic status group to 1.5 per 1,000 for people living in areas classified as being in the lowest socioeconomic status group
- 59% of *Palliative care* hospitalisations had a principal diagnosis that was related to cancer
- other common principal diagnoses included heart failure and respiratory disorders.

What procedures were performed?

Procedures reported for admitted patients can include surgical procedures, non-operating room procedures, procedures of a patient support nature and other interventions.

Haemodialysis is the most common procedure reported by Australian hospitals. Between 2010–11 and 2014–15, the number of procedures reported for *Haemodialysis* increased by an average of 3.6% each year, rising from 1.2 million to almost 1.4 million.

In 2014–15:

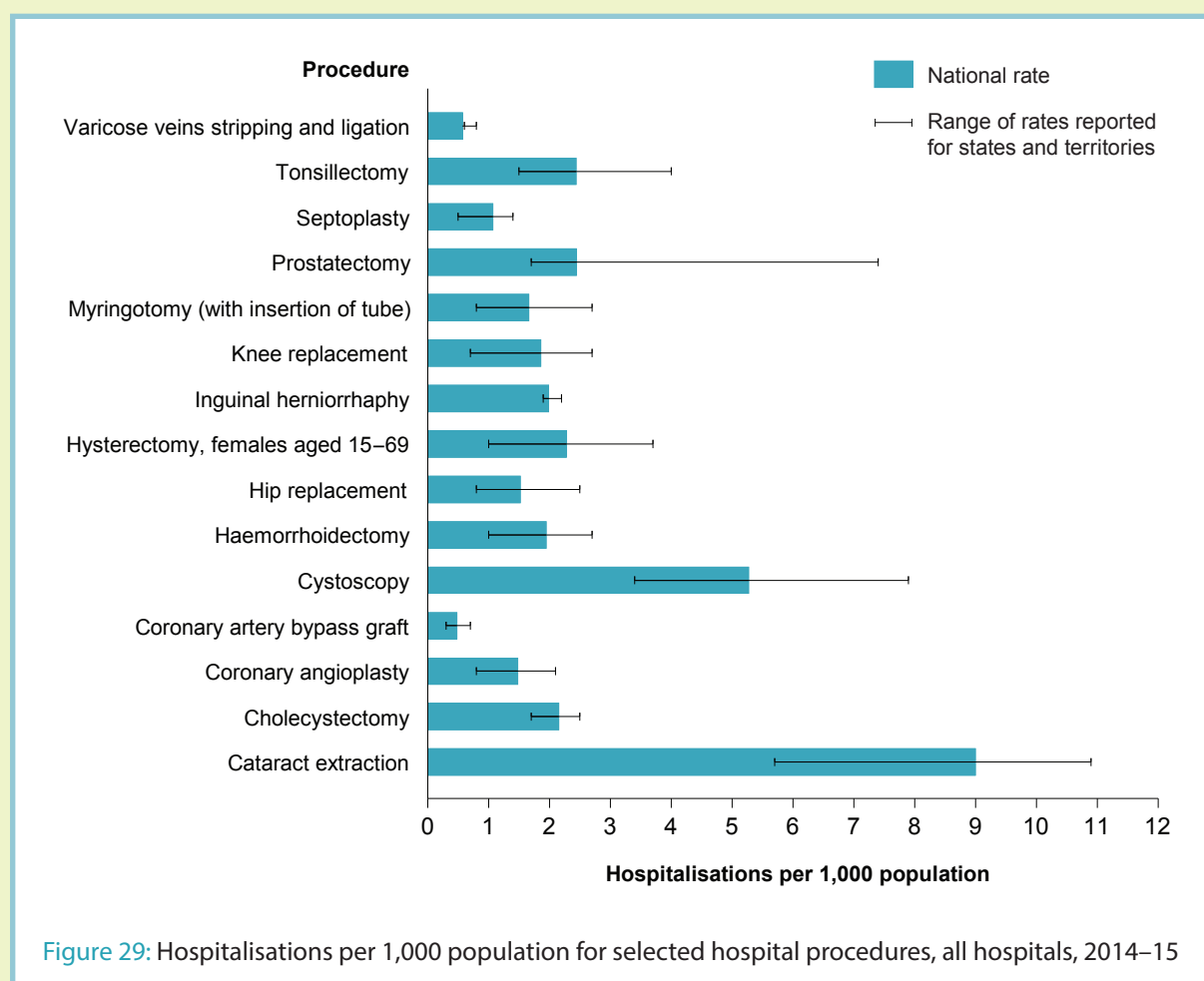
- about 20.3 million procedures were reported—10.4 million in public hospitals and 9.9 million in private hospitals
- about 75% of public hospital hospitalisations and 95% of private hospital hospitalisations involved a procedure
- public hospitals accounted for 73% of *Procedures on the urinary system* (mainly for dialysis), 76% of *Radiation oncology procedures*, 75% of *Procedures on the respiratory system* and 74% of *Obstetric procedures* (including for childbirth)
- private hospitals accounted for 71% of *Dental services procedures* and 75% of *Procedures on the eye and adnexa* (including cataract surgery).

For more information on surgical procedures, see the section 'Surgery in Australia's hospitals' in this report and Chapter 6 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

Performance indicator: rates of selected hospital procedures

The rates for these hospital procedures are presented as an indicator of appropriateness and may also be indicators of accessibility of care.

Figure 29 presents hospitalisations per 1,000 population for selected hospital procedures. The national rate is accompanied by the range of rates for these procedures for states and territories. There was some variation among states and territories for the selected procedures: for example, the national rate for cataract extraction was 9.3 per 1,000 population, but the state/territory rate ranged from 5.7 to 10.9 per 1,000 population.



What was the safety and quality of the care?

Some information is available on the safety and quality of admitted patient care in hospitals, but this does not provide a complete picture. There is no routinely available information on some aspects of quality, such as the continuity and responsiveness of hospital services.

Performance indicator: adverse events

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.

In 2014–15:

- 1 or more adverse events resulted in, or affected about 569,000 hospitalisations (5.6% of all hospitalisations) (Table 6)
- about 6.7% of hospitalisations in public hospitals and 4.1% in private hospitals had an adverse event recorded; the differences may reflect the different casemixes of public and private hospitals.

The proportion of hospitalisations for which an adverse event was reported was generally higher for:

- overnight hospitalisations compared with same-day hospitalisations (11.3% and 1.8%, respectively)
- subacute and non-acute care (for which lengths of stay are typically longer) compared with acute care hospitalisations (10.1% and 5.4%, respectively)
- emergency admissions compared with non-emergency admissions (9.9% and 4.0%, respectively).

Table 6: Hospitalisations with an adverse event per 100 hospitalisations, public and private hospitals, 2014–15

	Public hospitals	Private hospitals	Total
Hospitalisations with an adverse event	400,035	169,383	569,418
Hospitalisations with an adverse event per 100 hospitalisations			
Same-day hospitalisations	2.0	1.4	1.8
Overnight hospitalisations	11.8	10.2	11.3
Acute care hospitalisations	6.4	3.8	5.4
Subacute and non-acute care hospitalisations	15.5	6.8	10.1
Emergency admission	9.7	12.3	9.9
Non-emergency admission	4.5	3.6	4.0
Total	6.7	4.1	5.6

For more information on hospitalisations with adverse events, see Chapter 8 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

Performance indicator: falls resulting in patient harm in hospital

In 2014–15, a fall resulting in harm (that occurred in a health service area) was reported for more than 33,000 hospitalisations.

- a higher rate of falls was reported for public hospitals than for private hospitals (4.2 and 1.6 per 1,000 hospitalisations, respectively)
- a lower rate of falls was reported for Indigenous Australians than for other Australians (1.5 and 3.4 per 1,000 hospitalisations, respectively)
- patients living in *Major cities* had a higher rate of falls than those living in *Remote* and *Very remote* areas (3.4 and 1.9 per 1,000 hospitalisations, respectively).

Performance indicator: unplanned readmissions

Unplanned or unexpected readmissions within 28 days of surgery are identified as those with a principal diagnosis related to an adverse event.

In 2014–15:

- rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy*, *Prostatectomy* and *Hysterectomy*
- for *Cataract extraction*, 3 per 1,000 hospitalisations were followed by a readmission within 28 days (Figure 30).

For more information on unplanned or unexpected readmissions, see Chapter 8 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

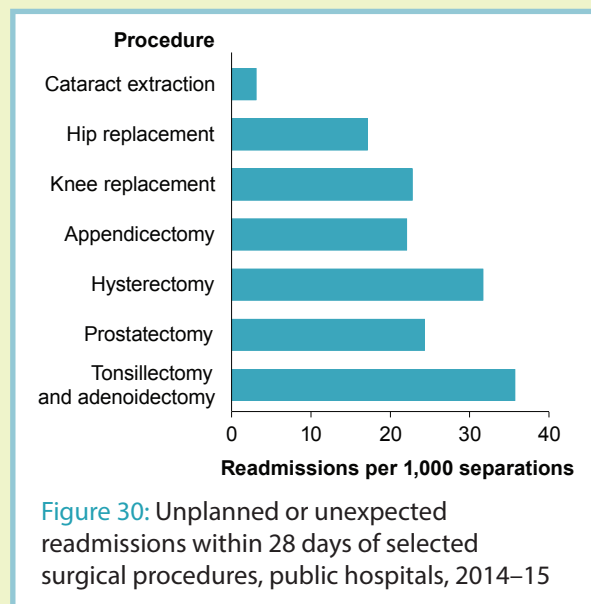


Figure 30: Unplanned or unexpected readmissions within 28 days of selected surgical procedures, public hospitals, 2014–15

Performance indicator: healthcare-associated infections—*Staphylococcus aureus* bacteraemia in public hospitals

The rate of *Staphylococcus aureus* bacteraemia (SAB), also known as golden staph bloodstream infection, is an important measure of the safety of hospital care. The aim is to have as few cases of SAB as possible. One of the most effective ways to minimise the risk of SAB and other healthcare-associated infections is good hand hygiene.

Between 2010–11 and 2014–15, the overall number of SAB cases decreased from 1,876 to 1,490. The number of methicillin-sensitive cases (MSSA), which would have been treatable with commonly used antibiotics, decreased from 1,371 to 1,159 and the number of methicillin-resistant cases (MRSA) decreased from 505 to 331 (Figure 31).

In 2014–15:

- 1,490 cases were reported for public hospitals over 19.5 million days of patient care under surveillance
- all states and territories had SAB rates below the national benchmark of 2.0 cases per 10,000 days of patient care
- more than three-quarters of SAB cases were methicillin-sensitive.

For more information, see *Staphylococcus aureus bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics* (AIHW 2015d).

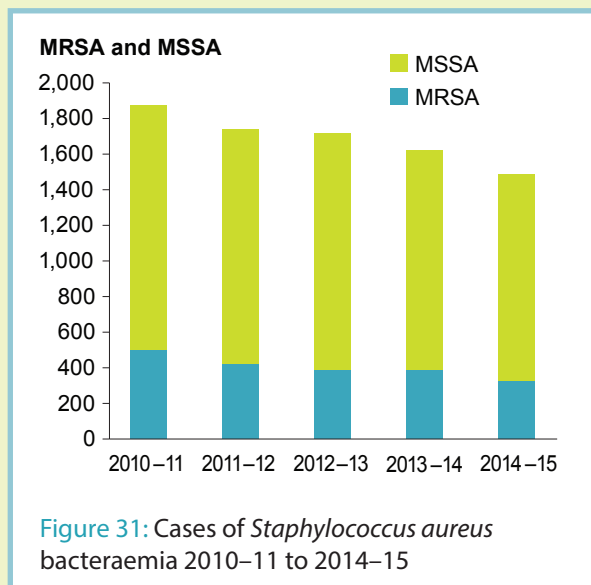


Figure 31: Cases of *Staphylococcus aureus* bacteraemia 2010–11 to 2014–15

How was the care completed?

Overall, about 92% of admitted patients were discharged home (to their place of usual residence) at the end of their episode of care. A small proportion of hospitalisations (less than 4%) were transferred to some other health care accommodation, including another hospital. Fewer than 1% died in hospital.

In 2014–15, 95% of hospitalisations in private hospitals were discharged home compared with 89% in public hospitals. However, a larger proportion of hospitalisations from public hospitals were discharged to some other health care accommodation, including another acute or psychiatric hospital, residential aged care or other health care accommodation.

For more information about how the care was completed, see Chapter 5 of *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016a).

Surgery in Australia's hospitals

In 2014–15:

- about 1 in 4 (24%) hospitalisations involved surgery (2.5 million)
- about 60% of hospitalisations involving surgery occurred in private hospitals.

Admissions involving surgery can be described as emergency or elective (non-emergency).

An emergency admission involving surgery is an acute care hospitalisation that included a surgical procedure for which the urgency of admission was reported as *Emergency*—indicating that the patient required admission within 24 hours.

An elective admission involving surgery is an acute care hospitalisation that included a surgical procedure for which the urgency of admission was reported as *Elective*—indicating that the admission could be delayed.

Emergency surgery

Between 2010–11 and 2014–15, the number of emergency admissions involving surgery increased by an average of 2.9% each year.

In 2014–15:

- there were about 314,000 emergency admissions involving surgery
- public hospitals accounted for 87% of emergency admissions involving surgery
- the average length of stay for overnight emergency admissions involving surgery was 7.6 days
- nationally, there were 13 emergency admissions involving surgery per 1,000 population, ranging from 12 per 1,000 population in New South Wales to 15 per 1,000 in South Australia
- the 3 most common reasons for an emergency admissions involving surgery were appendicitis, hip fracture and heart attack (acute myocardial infarction).

Elective surgery

Between 2010–11 and 2014–15:

- the number of elective admissions involving surgery rose by an average of 2.4% each year.
- this rise was higher in private hospitals (3.0%) than public hospitals (1.3%).

In 2014–15:

- there were over 2.1 million elective admissions involving surgery in Australia's public and private hospitals
- public hospitals provided 29 elective admissions involving surgery per 1,000 population and private hospitals provided 58 per 1,000
- the average length of stay for overnight elective admissions involving surgery was 3.6 days in public hospitals and 3.1 days in private hospitals

- the 3 most common reasons for an elective admissions involving surgery were cataracts, malignant skin lesions and procreative management (in vitro fertilisation procedures).

For more information on admissions involving surgery, see Chapter 6 of *Admitted patient care 2014–15: Australian hospitals statistics* (AIHW 2016a).

How many patients were admitted from elective surgery waiting lists?

Between 2010–11 and 2014–15, the number of admissions from public hospital elective surgery waiting lists increased by an average of 2.2% each year, and it decreased by 0.6% between 2013–14 and 2014–15.

In 2014–15, almost 698,000 patients were admitted from public hospital elective surgery waiting lists (Table 7).

Performance indicator: waiting times for elective surgery

Waiting times for elective surgery are an indicator of the provision of timely care.

In 2014–15:

- 50% of patients who had been placed on a public hospital elective surgery waiting list waited 35 days or less to be admitted for their surgery. Median waiting times have remained constant at 36 days between 2010–11 and 2013–14 and decreased to 35 days in 2014–15
- 50% of patients waiting for a coronary artery bypass graft were admitted within 14 days
- 50% of patients waiting for septoplasty were admitted after 214 days
- 50% of patients waiting for a total knee replacement were admitted within 191 days (Figure 32)
- the median waiting time varied between states and territories, ranging from 27 days in Queensland to 55 days in Tasmania (Table 7)
- patients with cancer-related principal diagnoses had shorter waiting times (50% admitted within 17 days) compared with patients overall (50% admitted within 36 days) (Figure 33)
- 1.8% of patients waited more than 1 year.

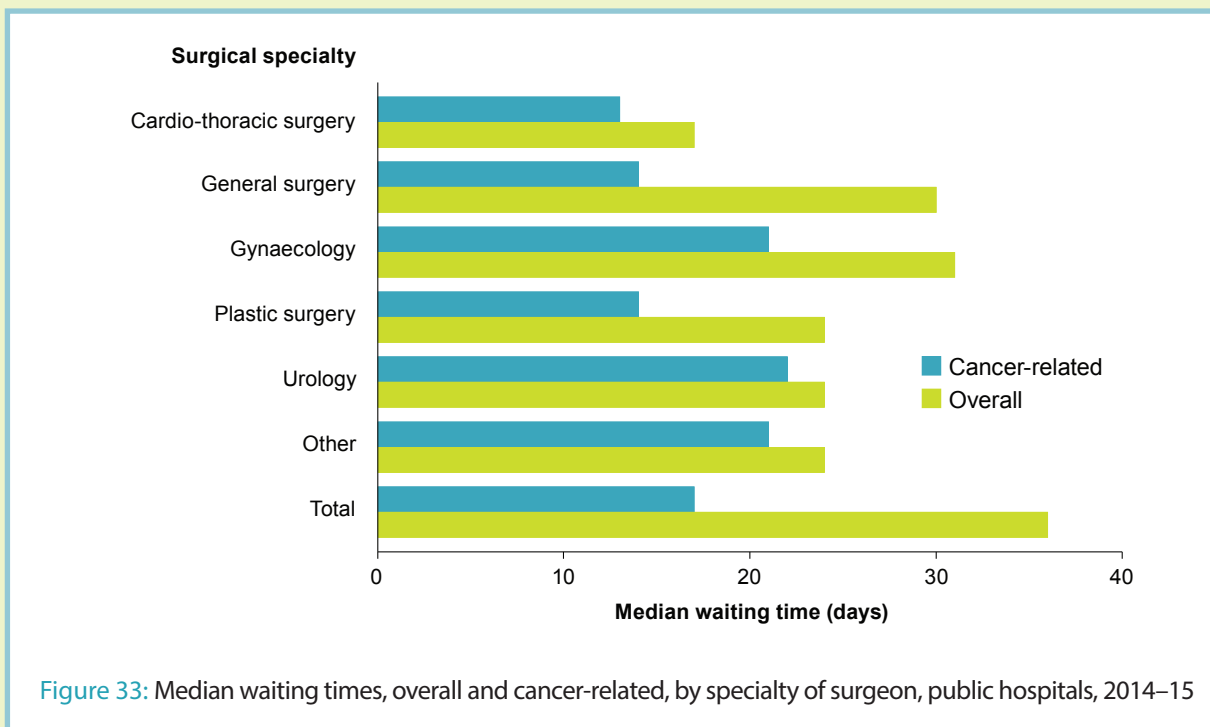
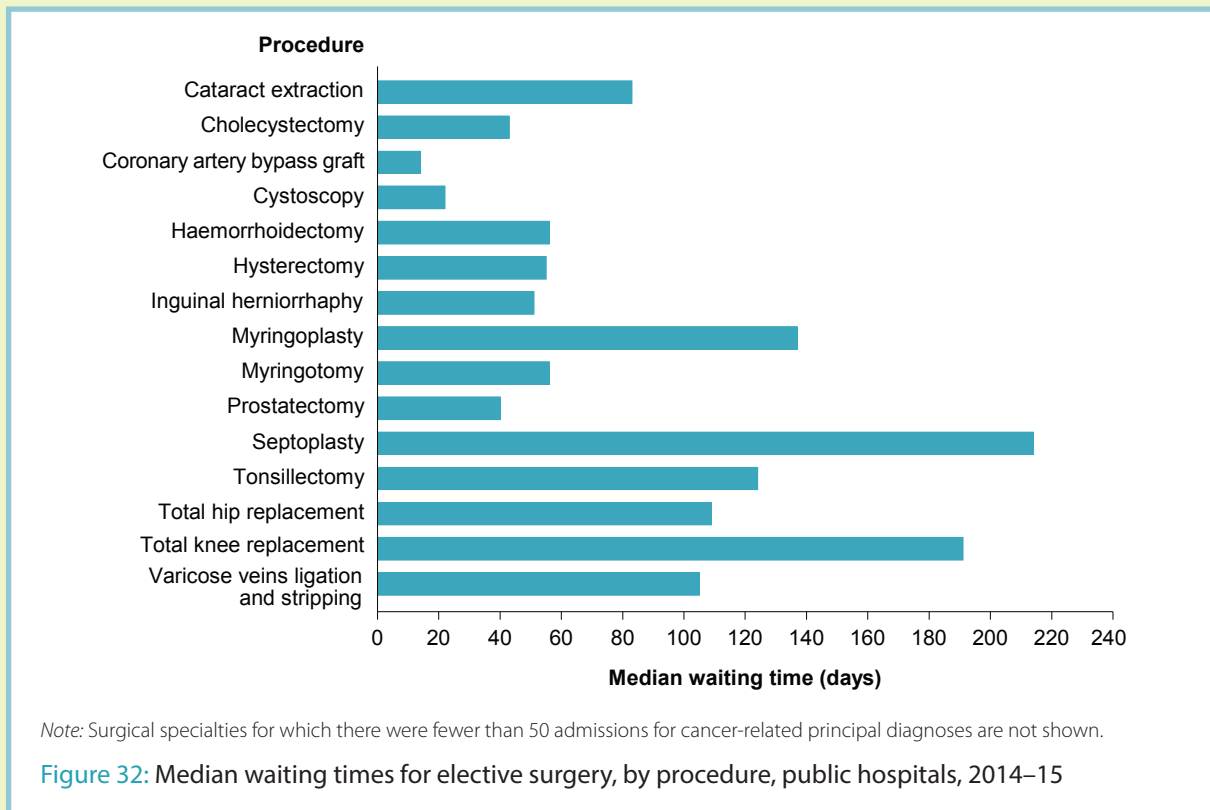
For more information on surgery in Australia's hospitals, see 'Performance indicator: Rates of selected hospital procedures' and 'Performance indicator: Unplanned readmissions' in this report, and Chapter 3 of *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015b).

Table 7: Admissions ('000) from elective surgery waiting lists and waiting time statistics, public hospitals, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total admissions ('000)	218	173	126	83	62	16	12	8	698
Waiting time statistics									
50th percentile time to admission (days)	54	29	27	29	37	55	45	32	35
90th percentile time to admission (days)	330	177	147	148	210	424	245	217	253
Per cent waited more than 365 days (%)	1.6	2.4	0.5	0.7	1.1	12.9	5.3	3.9	1.8

(continued)

Performance indicator: waiting times for elective surgery (continued)



Related information

More detailed statistics and more information on how to interpret the data here can be found in:

AIHW 2015: *Staphylococcus aureus* bacteraemia in Australian hospitals 2014–15: Australian hospital statistics. Health services series no. 67. Cat. no. HSE 171. 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 2016: Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. no. HSE 172. Canberra: AIHW.

It includes information on:

- activity in Chapter 2
- who used hospital services in Chapter 3
- why people received care in Chapter 4
- what services were provided in Chapter 5
- what procedures were performed in Chapter 6
- costliness and funding in Chapter 7
- safety and quality of care in Chapter 8.

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

AIHW 2016: Hospital resources 2014–15: Australian hospital statistics. Health services series no. 71. Cat. no. HSE 176. Canberra: AIHW.

It includes information on:

- how many hospitals in Chapter 2
- diversity of public hospitals in Chapter 3
- funding and hospital expenditure in Chapter 4
- staff employed in hospitals in Chapter 5.

Data quality statements relevant to the data sources used in this report are available online at <meteor.aihw.gov.au>.

Further detail is also available in spread sheets and in interactive data cubes at <www.aihw.gov.au>.



References

ABS (Australian Bureau of Statistics) 2016. Private hospitals, Australia 2014–15. ABS cat. no. 4390.0. Canberra: ABS.

AIHW 2015a: Elective surgery waiting times 2014–15: Australian hospital statistics. Health services series no. 64. Cat. no. HSE 166. 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. Health expenditure Australia 2013–14. Health and welfare expenditure series no. 54. Cat. no. HWE 63. Canberra: AIHW.

AIHW 2015d: *Staphylococcus aureus* bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics. Health services series no. 67. Cat. no. HSE 171. Canberra: AIHW.

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

AIHW 2016b. Hospital resources 2014–15: Australian hospital statistics. Health services series no. 71. Cat. no. HSE 176. Canberra: AIHW.

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

OECD (Organisation for Economic Co-operation and Development) 2015. OECD.stat <http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_PROC>. Paris: OECD. Viewed 20 March 2016.

The Australian Institute of Health and Welfare is a major national agency that provides reliable, regular and relevant information and statistics on Australia's health and welfare.
The Institute's purpose is to provide authoritative information and statistics to promote better health and wellbeing among Australians.

© Australian Institute of Health and Welfare 2016 

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

Enquiries relating to copyright should be addressed to the Head of the Digital and Media Communications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

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 978-1-74249-966-6 (PDF)

ISBN 978-1-74249-967-3 (Print)

Suggested citation

Australian Institute of Health and Welfare 2016. Australia's hospitals 2014–15 at a glance. Health services series no. 70. Cat. no. HSE 175. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Dr Mukesh C Haikerwal AO

Director

Mr Barry Sandison

Any enquiries about 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.

**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.**



Australia's hospitals 2014–15 at a glance provides summary information on Australia's public and private hospitals. In 2014–15, there were 10.2 million hospitalisations, including 2.5 million involving surgery. Public hospitals provided care for 7.4 million presentations to emergency departments, with 74% of patients seen within recommended times for their triage category and about 73% completed within 4 hours. This publication is a companion to the 2014–15 *Australian hospital statistics* suite of publications.