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Australian Institute of Health and Welfare

Australia's hospitals 2012–13 *at a glance*

Australia's hospitals 2012–13

at a glance

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Introduction

Hospitals are an important part of Australia's health landscape, providing services to many Australians each year. A summary measure of their significance is the amount that is spent on them—an estimated $53.5 billion in 2011–12, about 3.6% of Australia's gross domestic product, or about $2,377 per person (AIHW 2013a). Hospital spending has been increasing faster than inflation—adjusted for inflation, it increased by 5.2% each year, on average, between 2006–07 and 2011–12.

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 that inform public discussion and debate.

While most data in this report are for 2012–13, some data for private hospitals and for hospital funding were only available for 2011–12.

More detailed statistics and information on how to interpret the data is in the companion report, *Australian hospital statistics 2012–13* (AIHW 2014). Further detail is also available in spreadsheets and interactive data cubes at <www.aihw.gov.au>.

Public and private hospitals

In Australia, hospital services are provided by both public and private hospitals. The state and territory governments mainly own and manage public hospitals. Public acute hospitals mainly provide 'acute care' for short periods, although some provide longer term care, such as for 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 are there?

In 2012–13, there were 746 public hospitals and 592 private hospitals (Table 1).

Table 1: Public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	218	149	166	88	78	22	3	5	729
Public psychiatric hospitals	7	1	4	2	2	1	. .	. .	17
Total public hospitals	*225*	*150*	*170*	*90*	*80*	*23*	*3*	*5*	*746*
Private hospitals									
Private free-standing day hospitals	96	85	52	35	26	n.p.	n.p.	n.p.	311
Other private hospitals	89	79	53	22	28	n.p.	n.p.	n.p.	281
Total private hospitals	*185*	*164*	*105*	*57*	*54*	*n.p.*	*n.p.*	*n.p.*	*592*
All hospitals	**410**	**314**	**275**	**147**	**134**	**n.p.**	**n.p.**	**n.p.**	**1,338**

How many beds?

The number of hospital beds is a better indicator of the availability of hospital services than is the number of hospitals. However, the range and types of patients that different hospitals treat (or their 'casemix') can affect the comparability of hospital bed numbers.

In 2012–13:

- there were about 87,300 beds in Australia's public and private hospitals
- this was about 3.9 beds for every 1,000 people
- 65% of hospital beds were in public acute hospitals (Figure 1)
- 30% of beds were in private hospitals that did not specialise in same-day care.
- The majority of beds were in larger hospitals, located in the more densely populated areas. The largest public hospital had more than 1,000 beds, but over 70% of hospitals had fewer than 50 beds.

For more information on the numbers of hospitals and beds in each state or territory, see Chapter 4 of *Australian hospital statistics 2012–13*.

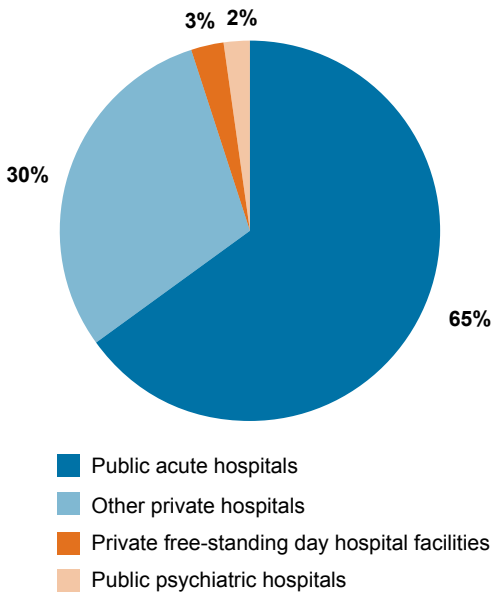


Figure 1: Proportion of beds by hospital type, public hospitals (2012–13) and private hospitals (2011–12)

How diverse are public hospitals?

The 746 public hospitals are very diverse in size and the types of services provided for admitted and non-admitted patients (Table 2).

A new peer group classification has recently been developed by the AIHW. Hospital peer group classifications define and delineate groups of similar hospitals based on shared characteristics (AIHW report to be published later in 2014).

In 2012–13, the 29 *Principal referral* hospitals, accounted for 2.0 million separations, or 35% of the total for public hospitals (Figure 2). These hospitals also accounted for 35% of patient days for public hospitals (Figure 3).

Most of the *Small acute* and *Very small* hospitals are located in regional areas and remote areas. They delivered mainly acute care for admitted patients and most provided emergency services (rather than formal emergency departments).

The 39 *Non-acute* hospitals include 8 specialist *Rehabilitation* hospitals.

The 27 hospitals in the *Other* category provided a variety of specialised services, including early parenting, drug and alcohol services and acute specialist services.

For more information on hospital diversity in each state or territory, see Chapter 4 of *Australian hospital statistics 2012–13*.

Table 2: The diversity of public hospitals, 2012–13

	Location				Services					
	Major cities	Regional	Remote	Total	Emergency departments	Other emergency services	Outpatient clinics	Elective surgery	Average available beds	Average admitted patient separations
Principal referral	26	3	0	**29**	29	0	29	29	639	67,192
Women's and children's	12	0	0	**12**	10	0	12	12	209	21,570
Large acute	33	28	1	**62**	60	0	60	58	257	29,532
Medium acute	24	20	1	**45**	45	0	26	43	131	15,350
Small acute	15	249	70	**334**	52	270	8	99	27	1,827
Very small	0	86	49	**135**	6	113	0	0	7	93
Psychiatric	15	5	0	**20**	0	0	0	0	108	712
Non-acute	28	11	0	**39**	0	3	0	0	69	1,562
Outpatient	0	10	33	**43**	1	30	0	0	0	3
Other	23	3	0	**27**	1	1	3	5	29	3,670
Total	**176**	**415**	**154**	**746**	**204**	**417**	**138**	**246**	**78**	**7,408**

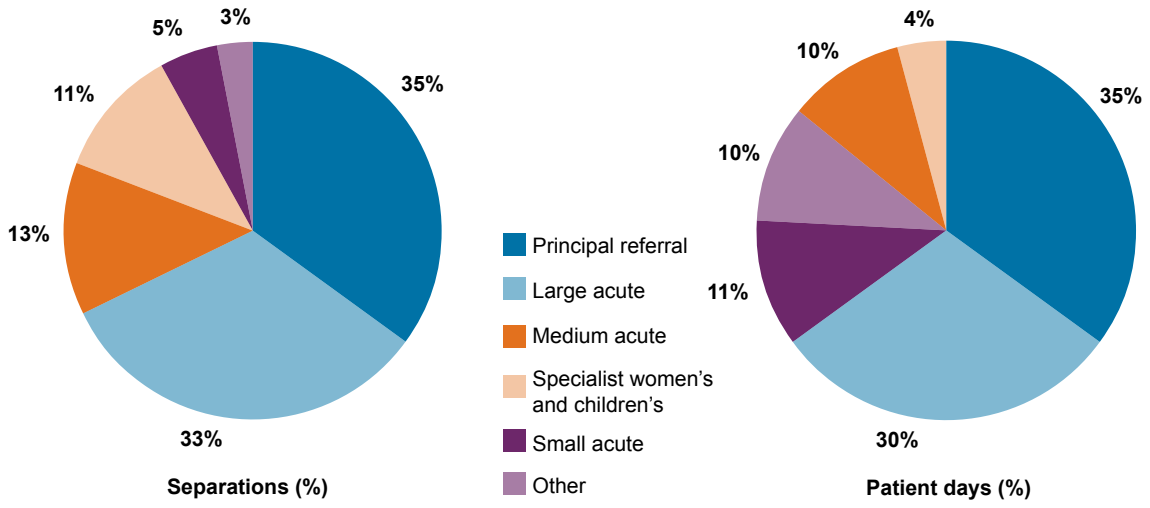


Figure 2: Separations for admitted patients, by public hospital type, 2012–13

Figure 3: Patient days for admitted patients, by public hospital type, 2012–13

How many people are 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.

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

Public hospitals

Australia's public hospitals employed about 275,000 full-time equivalent staff in 2012–13:

- 45% of staff were nurses (Figure 4)
- 13% were salaried medical officers
- 14% were diagnostic and allied health professionals.

Between 2008–09 and 2012–13:

- the number of salaried medical officers increased by 4.8% per year (Figure 4)
- the number of nurses increased by 2.7% per year.

For more information on public hospital staffing in each state or territory, see Chapter 4 of *Australian hospital statistics 2012–13*.

Private hospitals

Australia's private hospitals employed more than 53,800 full-time equivalent staff in 2011–12 (ABS 2013):

- 56% of staff were nurses
- 2% were salaried medical officers
- 5% were diagnostic and allied health professionals.

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

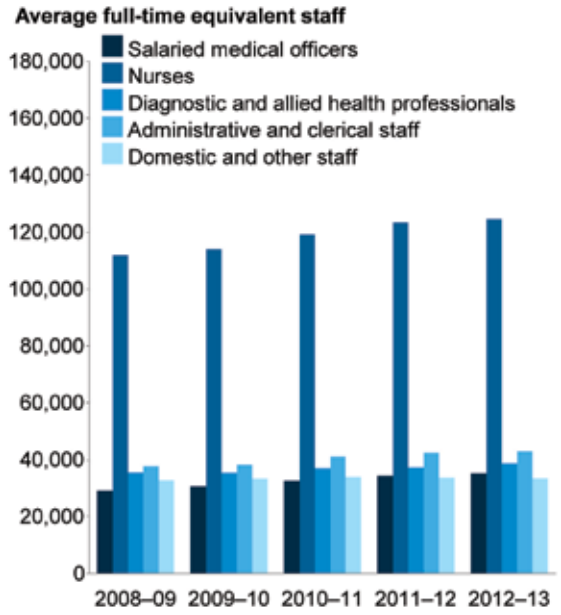


Figure 4: **Average full-time equivalent staff, public hospitals, 2008–09 to 2012–13**

How much do hospitals spend?

Hospital expenditure includes:

- recurrent expenditure—money that is spent on goods and services that are consumed during the year
- capital expenditure— money spent on buildings and large pieces of equipment.

Public hospitals

In 2012–13, recurrent expenditure by public hospitals was $41,741 million (excluding depreciation), and:

- about 70% was spent on admitted patient services
- more than 62% was for salary payments (Figure 5).

Between 2008–09 and 2012–13, recurrent expenditure by public hospitals increased from $35,000 million to $42,000 million, an average of 4.7% per year (after adjusting for inflation) (Figure 6).

Private hospitals

In 2011–12, recurrent expenditure by private hospitals was $9,610 million (including depreciation) (ABS 2013) and about 50% of this expenditure was for salary payments.

Between 2008–09 and 2011–12, recurrent expenditure by private hospitals increased by an average of 8.4% per year (after adjusting for inflation).

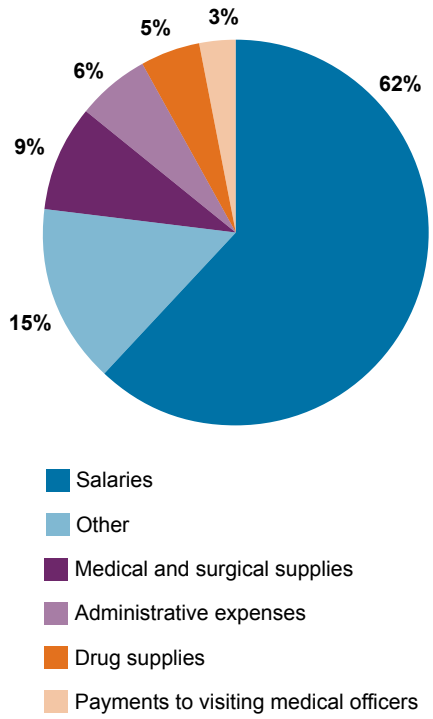


Figure 5: Recurrent expenditure, public hospitals, 2012–13

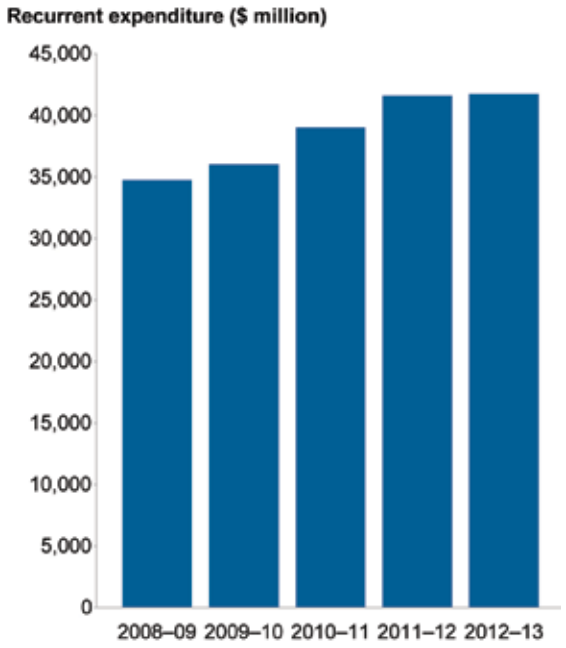


Figure 6: Recurrent expenditure, public hospitals, 2008–09 to 2012–13

How are our hospital services funded?

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

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

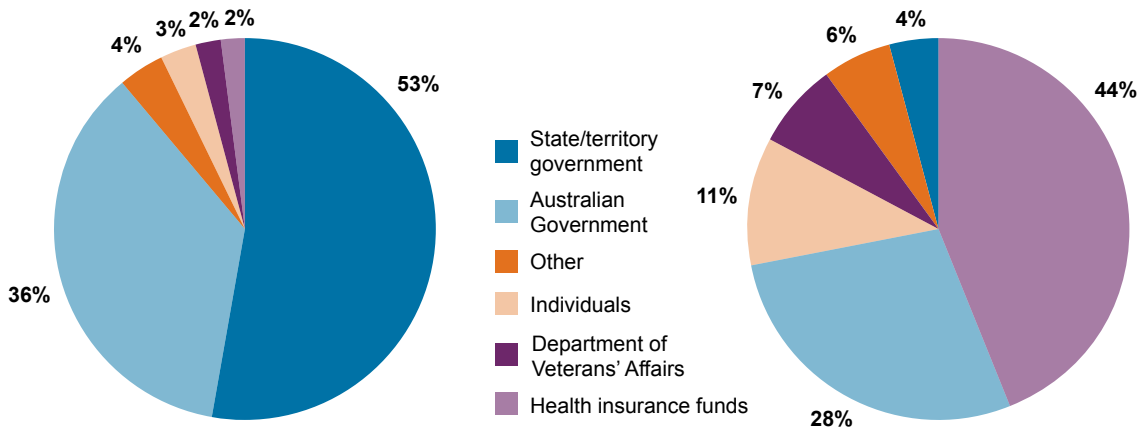


Figure 7: Funding sources for public hospitals, 2011–12

Figure 8: Funding sources for private hospitals, 2011–12

In general terms, the state and territory governments and the Australian Government provide most of the funds for public hospitals (AIHW 2013a) (Figure 7).

Private hospitals are mainly funded by private health insurance and out-of-pocket payments by patients (Figure 8).

The proportion of public hospital funding that was from the Australian Government fluctuated around 40% between 2007–08 and 2011–12 (Figure 9).

For more information on hospital funding, see Chapter 4 of *Australian hospital statistics 2012-13* and *Health expenditure Australia 2011–12*.

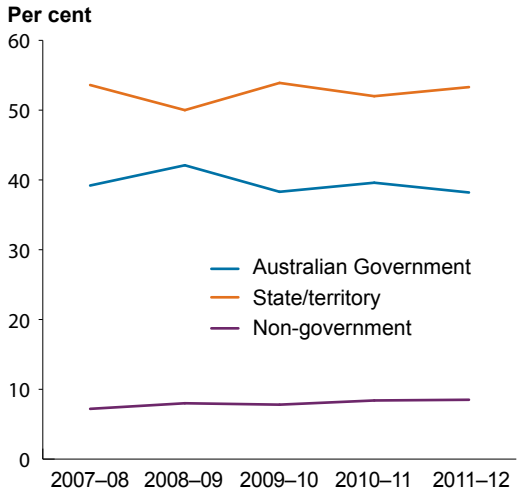


Figure 9: Funding sources for public hospitals, 2007–08 to 2011–12

What services do Australia's hospitals provide?

Australia's hospitals provide a range of services for:

- **non-admitted patients:**
  - 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

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.

More detailed information on these variations is in *Australian hospital statistics 2012–13* (AIHW 2014).

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 are provided by public hospitals. Private hospitals provided about 531,000 emergency department services in 2011–12 (ABS 2013), about 6% of the total for that year.

Public hospitals

There were about 6.7 million presentations to emergency departments in public hospitals in 2012–13.

Between 2008–09 and 2012–13, they increased by an average of 4.2% per year.

Who used these services?

In 2012–13, 51% of emergency department presentations were for men and boys, who account for just under 50% of the population (Figure 10).

The most common age group attending emergency departments were 0 to 4 years (12%), who were under-represented in emergency department presentations compared to the population (13%).

People aged 80 and over accounted for 4% of the population and 8% of emergency department presentations.

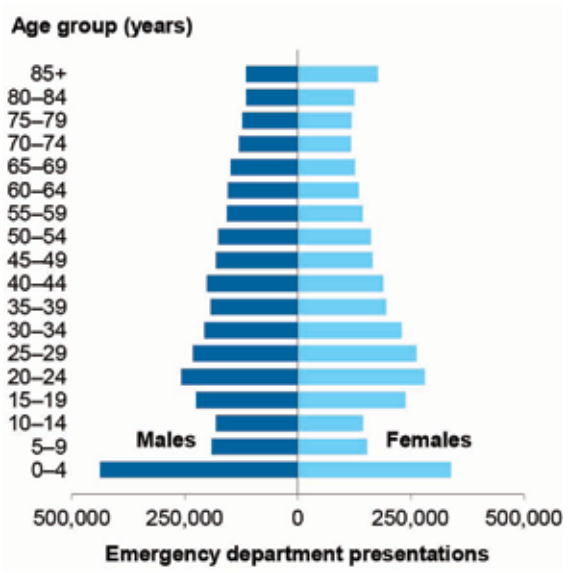


Figure 10: Emergency department presentations, by age group and sex, public hospital emergency departments, 2012–13

How urgent was the care?

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 2 hours).

In 2012–13, over half of patients were assessed as *Semi-urgent* or *Non-urgent*.

Fewer than 1% of patients required immediate treatment.

Hospital performance: waiting times for emergency department care—proportion seen on time

In 2012–13:

- 73% of patients were seen within the recommended time for their triage category (Table 3)
- 100% of *Resuscitation* patients were seen 'immediately' and 82% of *Emergency* patients were seen within 10 minutes
- the proportion seen on time varied between jurisdictions, ranging from 51% in the Australian Capital Territory to 78% in New South Wales.

Between 2008–09 and 2012–13, the proportion of patients seen on time improved, despite increasing numbers of emergency department presentations.

For more information on the proportion of emergency department presentations seen on time in each state or territory, see Chapter 3 of *Australian hospital statistics 2012–13: emergency department care*.

Table 3: Presentations to public hospital emergency departments and proportion seen on time by triage category, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total presentations ('000)	2,279	1,529	1,284	754	455	147	119	146	6,712
Triage category				**%**					
1—Resuscitation	100	100	100	100	100	100	100	100	100
2—Emergency	83	84	84	81	75	83	74	66	82
3—Urgent	73	72	68	52	66	65	43	52	68
4—Semi-urgent	77	68	74	67	78	70	46	52	72
5—Non-urgent	92	87	92	93	92	90	79	89	91
Total	**78**	**73**	**74**	**66**	**75**	**71**	**51**	**57**	**73**

How was the care completed?

Most patients who go to the emergency department go home after treatment (65%). About 1 in 4 patients (27%) are admitted to hospital for further care.

In 2012–13, about 76% of *Resuscitation* patients were subsequently admitted. For *Non-urgent* patients, fewer than 5% were subsequently admitted.

Hospital performance: waiting times for emergency department care—proportion completed within 4 hours

Length of stay is the amount of time between the patient presenting to the emergency department and when they left to go home, or were admitted to hospital.

In 2012–13:

- 67% of emergency department presentations were completed within 4 hours (Figure 11)
- this was an improvement compared with 64% completed within 4 hours in 2011–12
- the proportion completed within 4 hours varied between jurisdictions, ranging from 57% to 77%.

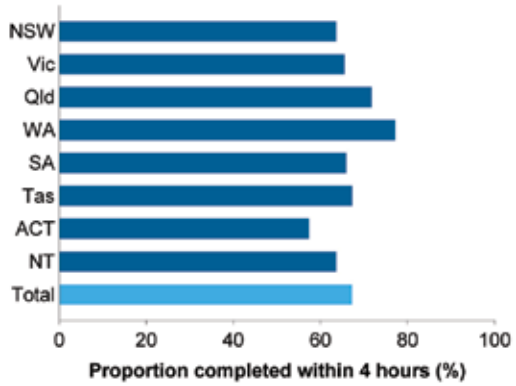


Figure 11: Proportion of presentations completed within 4 hours, public hospital emergency departments, states and territories, 2012–13

For more information on the proportion of emergency department presentations completed within 4 hours, see Chapter 4 of *Australian hospital statistics 2012–13: emergency department care*.

Hospital performance: admission to hospital from emergency departments

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.

Length of stay is the amount of time between the patient presenting to the emergency department and when they were admitted to hospital.

In 2012–13:

- 36% of patients who were subsequently admitted to the hospital were admitted within 4 hours (Figure 12)
- the proportion admitted within 4 hours varied between jurisdictions, ranging from 46% for Western Australia to 24% for the Northern Territory.

Between 2011–12 and 2012–13, the proportion admitted within 4 hours increased from 29% to 36%.

In 2012–13:

- 90% of patients who were subsequently admitted to the hospital were admitted within 13 hours and 41 minutes (Figure 13)
- the 90th percentile time to admission varied between jurisdictions, ranging from 9 hours and 42 minutes for Western Australia to 20 hours and 47 minutes for Tasmania.

Between 2011–12 and 2012–13, the 90th percentile time to admission decreased from 14 hours and 30 minutes to 13 hours and 41 minutes.

For more information on the emergency department stay length at the 90th percentile, see Chapter 4 of *Australian hospital statistics 2012–13: emergency department care*.

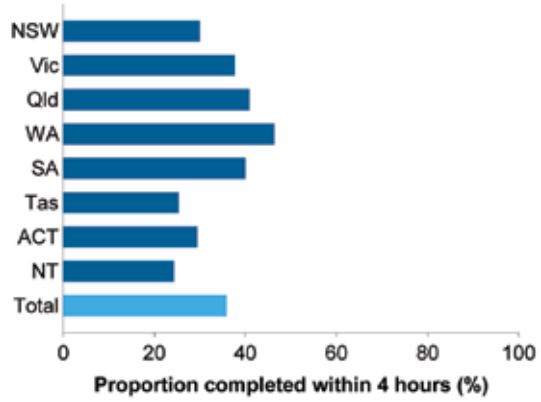


Figure 12: Admission to hospital from emergency department—percentage of presentations where the length of stay is less than or equal to 4 hours, states and territories, 2012–13

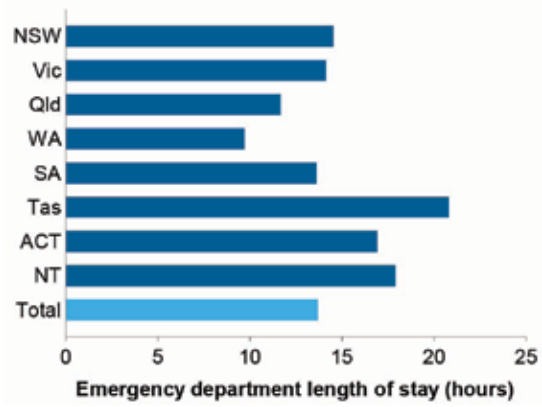


Figure 13: Admission to hospital from emergency department—emergency department length of stay at 90th percentile, states and territories, 2012–13

Outpatient services

Both public and private hospitals provide outpatient care and other non-admitted patient services.

Outpatient care is provided in outpatient clinics, particularly by public hospitals, but also by private hospitals.

Other non-admitted patient care includes the dispensing of medication, and diagnostic procedures, including pathology, X-rays and ultrasounds—often provided in association with admitted patient care or outpatient clinic services. District and community nursing services are also delivered from hospitals for non-admitted patients.

Public hospitals

In 2012–13, public hospitals provided:

- about 18.1 million outpatient clinic services (Figure 14)
- 17.7 million diagnostic services
- 10 million services for district and community nursing, outreach and mental health and alcohol and drug services.

Between 2008–09 and 2012–13, district nursing, outreach and community health services increased by 9% per year.

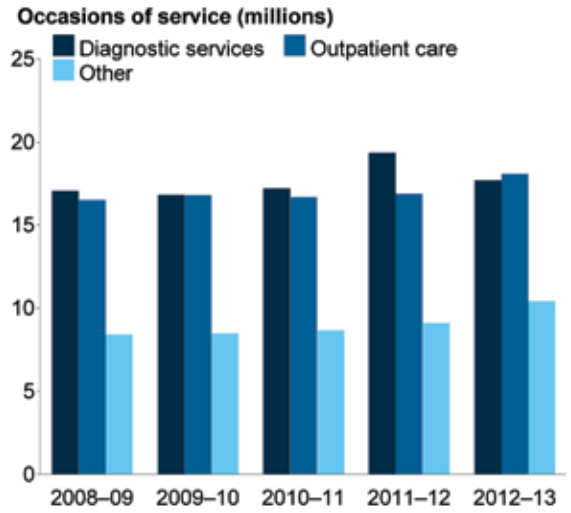


Figure 14: Outpatient and other non-admitted patient services, public hospitals, 2008–09 to 2012–13

Specialist outpatient clinics

Outpatient clinic care includes consultations with specialists to determine the most appropriate treatment for a patient's condition. This can result, for example, in the patient being placed on a waiting list for surgery.

In 2012–13, there were about 14.9 million individual outpatient care services delivered in specialist outpatient clinics in the larger hospitals.

The most common specialist outpatient clinic service was *Medical* (2.9 million services), followed by *Allied health* (2.6 million) and *Obstetrics* (2.2 million) (Figure 15).

For more information on the outpatient care provided by public hospitals, see Chapter 5 of *Australian hospital statistics 2012–13*.

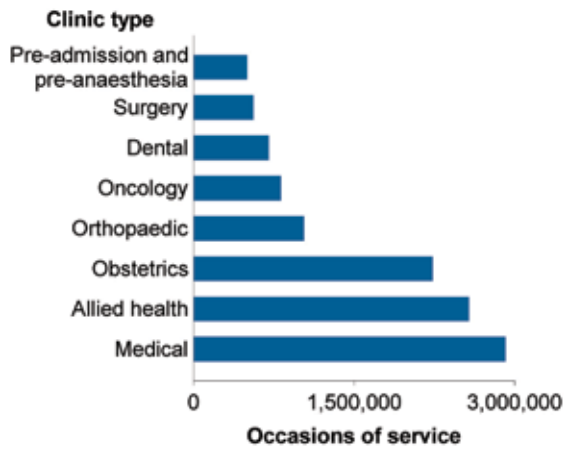


Figure 15: Selected specialist outpatient clinic services, public hospitals, 2012–13

Private hospitals

In 2011–12, private hospitals provided over 1.6 million non-admitted patient services, with about 1.5 million of these for outpatient services, including dialysis, radiology and organ imaging, endoscopy, psychiatric, alcohol and drug, other medical/surgical/diagnostic, dental, pharmacy and allied health services.

They also provided about 180,000 other services for non-admitted patients, comprising community health, district nursing and non-medical and social services (ABS 2013).

Admitted patient care

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

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

Separations (hospitalisations) and patient days (the number of days of care provided) are useful measures of admitted patient services.

In 2012–13, there were about 9.4 million separations from Australian hospitals (Table 4).

Of the 9.4 million separations:

- 60% occurred in public hospitals, and half were same-day separations (2.8 million)
- 40% occurred in private hospitals, and about two-thirds were same-day separations (2.6 million, Figure 16).

Over 27.6 million patient days were spent in hospital and over two-thirds of these were in public hospitals (Table 5).

Table 4: Separations ('000s), public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute	1,711	1,429	1,043	605	412	105	95	118	5,520
Public psychiatric	5	<1	<1	1	2	1	. .	. .	10
Total public hospitals	*1,717*	*1,429*	*1,044*	*607*	*414*	*106*	*95*	*118*	*5,530*
Private hospitals									
Private free-standing day hospitals	219	212	217	124	71	n.p.	n.p.	n.p.	855
Other private hospitals	864	732	717	327	227	n.p.	n.p.	n.p.	2,988
Total private hospitals	*1,083*	*943*	*934*	*452*	*298*	*n.p.*	*n.p.*	*n.p.*	*3,843*
All hospitals	**2,799**	**2,373**	**1,978**	**1,059**	**712**	**n.p.**	**n.p.**	**n.p.**	**9,374**

n.p. not published.

Table 5: Patient days ('000s), public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute	6,173	4,584	3,129	1,860	1,526	340	328	303	18,242
Public psychiatric	214	45	167	60	74	20	. .	. .	581
Total public hospitals	*6,387*	*4,630*	*3,295*	*1,920*	*1,600*	*360*	*328*	*303*	*18,823*
Private hospitals									
Private free-standing day hospitals	219	212	217	124	71	n.p.	n.p.	n.p.	855
Other private hospitals	2,245	2,099	2,003	786	568	n.p.	n.p.	n.p.	8,018
Total private hospitals	*2,464*	*2,311*	*2,220*	*911*	*639*	*n.p.*	*n.p.*	*n.p.*	*8,873*
All hospitals	**8,851**	**6,940**	**5,515**	**2,831**	**2,240**	**n.p.**	**n.p.**	**n.p.**	**27,696**

n.p. not published.

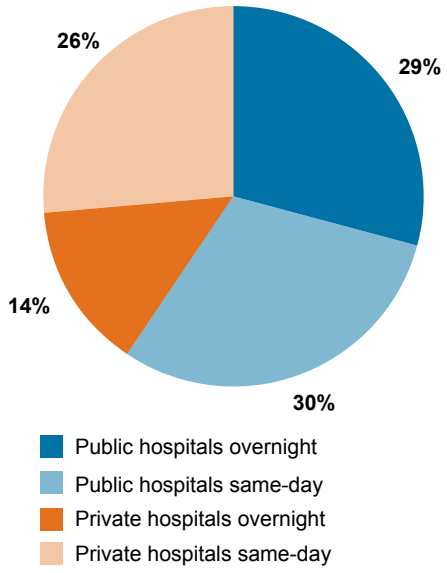


Figure 16: Same-day and overnight separations, public and private hospitals, 2012–13

How has this activity changed over time?

Between 2008–09 and 2012–13:

- the number of separations increased by 15% overall, an average of 3.6% each year, faster than the population growth of about 1.4% over the same period
- the number of patient days increased by an average of 1.8% each year
- same-day separations have increased from accounting for 57% of the total to 58% of the total.

How urgent was the care?

Admissions can be categorised 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).

In 2012–13:

- 2 out of 5 public hospital separations were emergency admissions (Figure 17)
- 1 out of 20 private hospital separations were emergency admissions
- almost three-quarters of same-day separations were elective admissions
- more than half of overnight separations were emergency admissions
- for subacute and non-acute care, less than 4% were emergency admissions.

Who used these services?

In 2012–13, for overall admitted patient care:

- 52% of separations were for women and girls (Figure 18). Women aged 15 to 45 years accounted for about 65% of separations for this age group
- 39% of separations were for people aged 65 and over (who account for about 13% of the population), and these accounted for 48% of patient days.

For subacute and non-acute care in 2012–13:

- 56% of separations were for women and girls
- more than 70% of separations were for people aged 65 and over.

Between 2008–09 and 2012–13, overall separations for persons aged 85 and over increased by 40% overall, an average increase of 9% each year, faster than the population growth for this age group of about 4.3% each year over the same period.

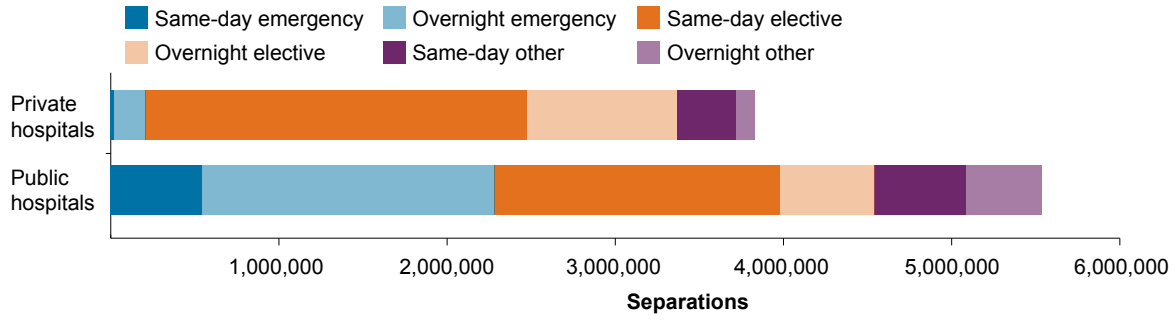


Figure 17: Separations by same-day/overnight status and urgency of admission, 2012–13

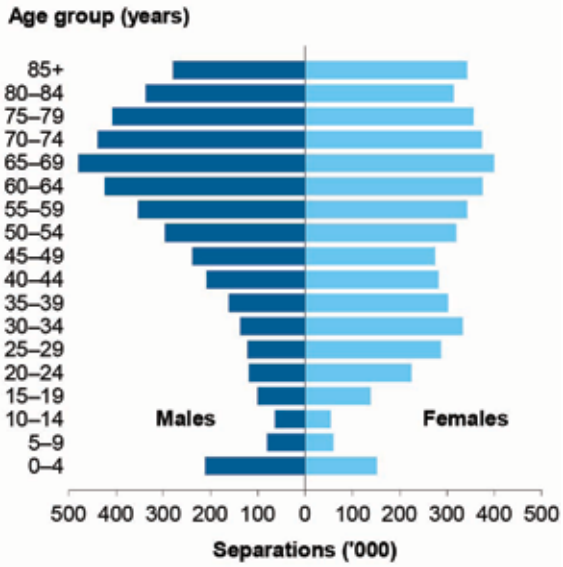


Figure 18: Separations, by age group and sex, all hospitals, 2012–13

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people were hospitalised more often in 2012–13 than other Australians (after accounting for age):

- overall, more than two and a half times as often
- about twice as often for overnight stays (Figure 19)
- about 3 times as often for same-day care. However, if care for dialysis is excluded, Indigenous Australians were hospitalised for same-day care at a lower rate than for other Australians
- at a lower rate for subacute and non-acute care—Indigenous Australians had about 13 separations per 1,000 population compared with 17 per 1,000 for other Australians.

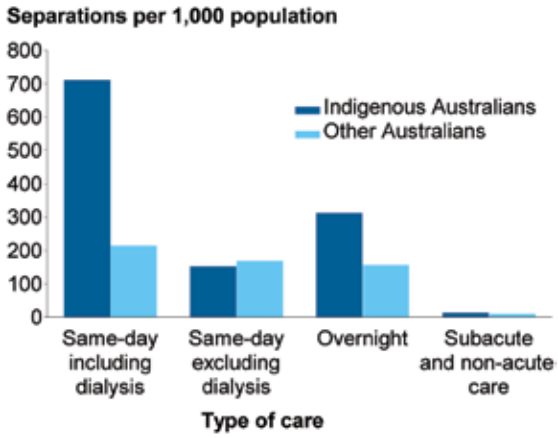


Figure 19: Separations per 1,000 population, by Indigenous status, all hospitals, 2012–13

Remoteness

Locations in Australia can be divided into remoteness area categories, depending on distances from population centres. Access to services can be measured by the number of separations per 1,000 population.

In 2012–13:

- overall, separation 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 20)
- for private hospitals, the rates were highest for patients living in *Major cities* and lowest for patients living in *Very remote* areas.

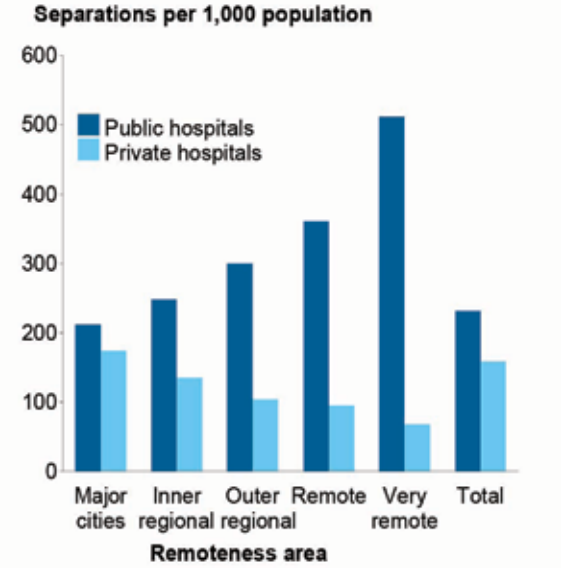


Figure 20: Separations per 1,000 population, by remoteness area of usual residence, public and private hospitals, 2012–13

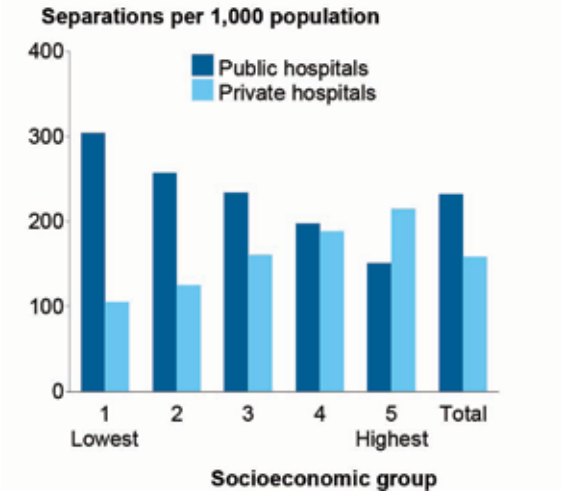


Figure 21: Separations per 1,000 population, by socioeconomic status of area of usual residence, public and private hospitals, 2012–13

Socioeconomic status

Data describing where patients live can be used to derive an approximation of their socioeconomic status (SES) 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 SES groups, we would expect an equal number of separations for each group.

Overall, there was little variation across the SES groups in the number of separations per 1,000 population in 2012–13. However, there was variation in across SES groups when comparing public and private hospitals:

- for public hospitals, the rates were highest for patients living in areas classified as being the lowest SES group (Figure 21)
- for private hospitals, the rates were highest for patients living in areas classified as being the highest SES group.

Why did people receive this care?

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

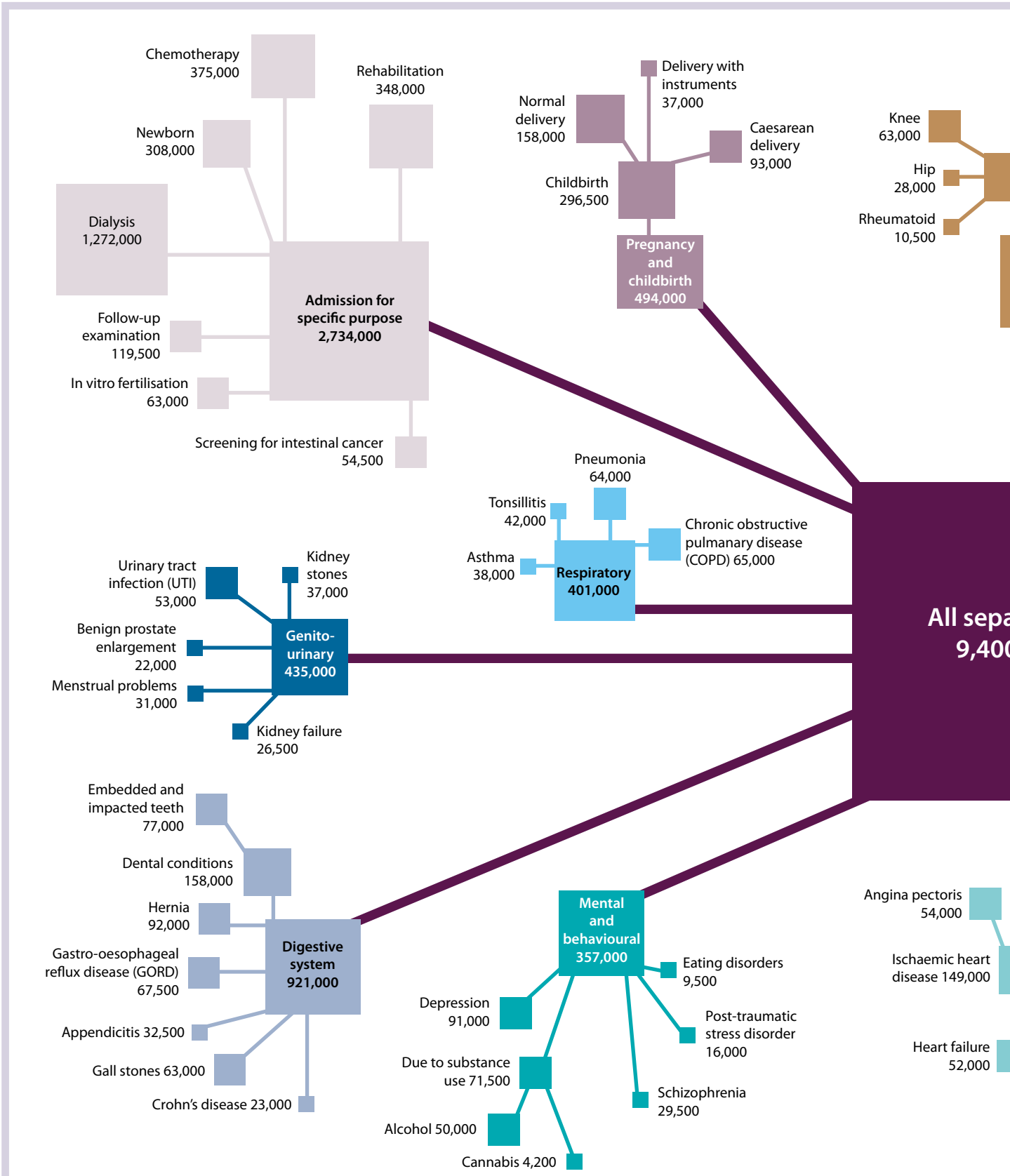
In 2012–13, for both public and private hospitals combined:

- about 27% of separations were admitted for a specific purpose, including dialysis, chemotherapy and rehabilitation (Figure 22)
- about 10% of separations had a principal diagnosis that was a disease of the digestive system
- about 7% of separations had a principal diagnosis that was an injury or poisoning.

For same-day acute separations, the most common principal diagnoses were:

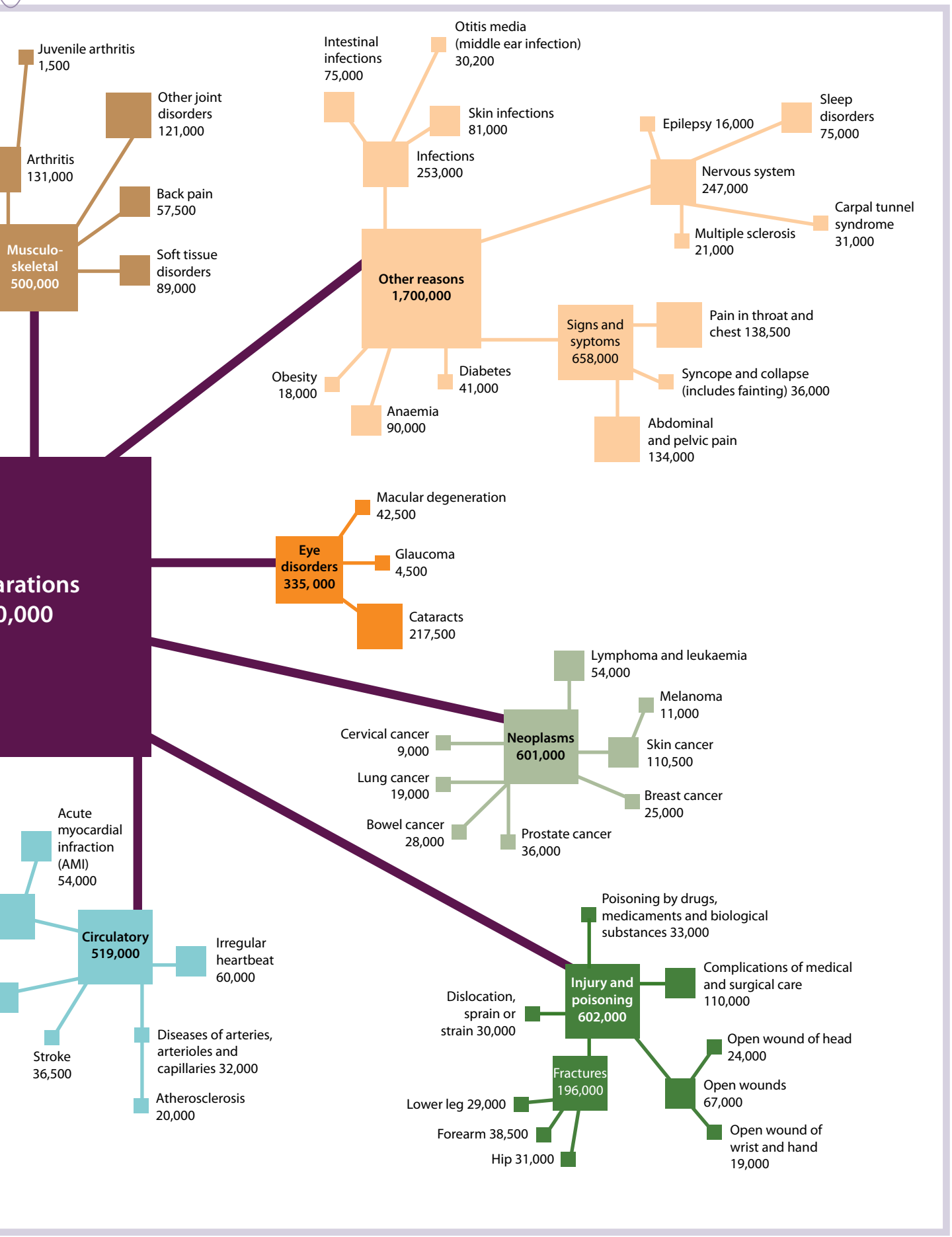
- care involving dialysis (more than 1.2 million separations for kidney failure)
- chemotherapy (375,000 separations, mainly for cancer)
- cataracts (179,000 separations).

For more information on principal diagnoses for same-day acute separations, see Chapter 7 of *Australian hospital statistics 2012–13*.



Note: Not all principal diagnoses shown. See Appendix B of *Australian hospital statistics 2012–13* for information on the ICD-10-AM 7th edition codes used to define these categories.

Figure 22: Number of separations by principal diagnosis, all hospitals, 2012–13


Juvenile arthritis 1,500
Other joint disorders 121,000
Arthritis 131,000
Back pain 57,500
Musculo-skeletal 500,000
Soft tissue disorders 89,000
Intestinal infections 75,000
Otitis media (middle ear infection) 30,200
Skin infections 81,000
Infections 253,000
Other reasons 1,700,000
Epilepsy 16,000
Sleep disorders 75,000
Nervous system 247,000
Carpal tunnel syndrome 31,000
Multiple sclerosis 21,000
Signs and syptoms 658,000
Pain in throat and chest 138,500
Syncope and collapse (includes fainting) 36,000
Abdominal and pelvic pain 134,000
Obesity 18,000
Diabetes 41,000
Anaemia 90,000
arations ,000
Eye disorders 335, 000
Macular degeneration 42,500
Glaucoma 4,500
Cataracts 217,500
Lymphoma and leukaemia 54,000
Melanoma 11,000
Neoplasms 601,000
Skin cancer 110,500
Cervical cancer 9,000
Lung cancer 19,000
Breast cancer 25,000
Bowel cancer 28,000
Prostate cancer 36,000
Acute myocardial infraction (AMI) 54,000
Circulatory 519,000
Irregular heartbeat 60,000
Stroke 36,500
Diseases of arteries, arterioles and capillaries 32,000
Atherosclerosis 20,000
Poisoning by drugs, medicaments and biological substances 33,000
Injury and poisoning 602,000
Complications of medical and surgical care 110,000
Dislocation, sprain or strain 30,000
Open wound of head 24,000
Fractures 196,000
Open wounds 67,000
Lower leg 29,000
Forearm 38,500
Hip 31,000
Open wound of wrist and hand 19,000

For overnight acute separations, the most common principal diagnoses were:

- childbirth (about 296,500 separations)
- pain in the throat and chest (almost 72,000 separations)
- sleep disorders (72,000 separations).

For more information on principal diagnoses for overnight acute separations, see Chapter 8 of *Australian hospital statistics 2012–13*.

For subacute and non-acute care, the most common principal diagnosis was for *Care involving use of rehabilitation procedures* (325,000 separations). The most common reasons for rehabilitation were:

- arthrosis of the knee (about 61,000 separations)
- arthrosis of the hip (25,000 separations)
- fracture of femur (hip fracture, 16,000 separations).

For more information on principal diagnoses for subacute and non-acute separations, see Chapter 10 of *Australian hospital statistics 2012–13*.

Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPHs) 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.

In 2012–13:

- 772,000 separations were thought to be PPHs—8.3% of all hospital separations
- people living in *Very remote* areas had the highest rates of chronic and acute condition PPHs (Figure 23)
- people living in *Major cities* had the lowest rates of chronic and acute condition PPHs.

For more information on potentially preventable hospitalisations, see Chapter 6 of *Australian hospital statistics 2012–13*.

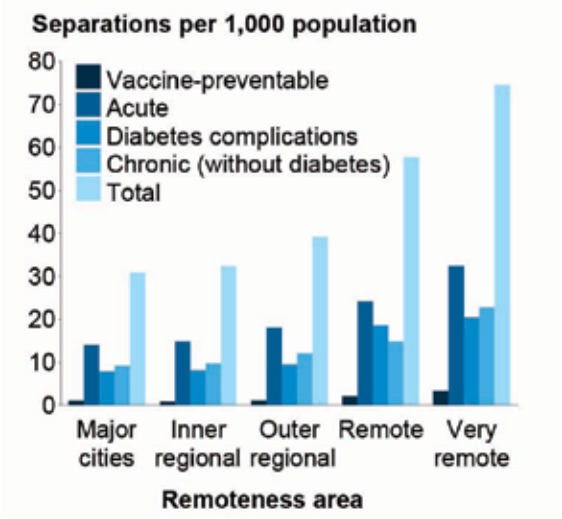


Figure 23: Potentially preventable hospitalisations by remoteness area of usual residence, all hospitals, 2012–13

What care was provided?

The care that is provided can be described in terms of the:

- intent of care—acute, subacute (such as rehabilitation or palliative), or non-acute (maintenance care)
- broad category of service
- type of surgical or other procedure undertaken.

Intent of care

Most hospital separations are for acute care, that is, care with the intent to cure the condition, alleviate symptoms or manage childbirth. Other types of care include subacute (such as rehabilitation and palliative care) and non-acute care (maintenance).

In 2012–13:

- acute care was reported for 8.9 million separations and accounted for:
  - 95% of separations (Figure 24) and 79% of patient days (Figure 25) for public hospitals
  - 93% of separations and 85% of patient days for private hospitals

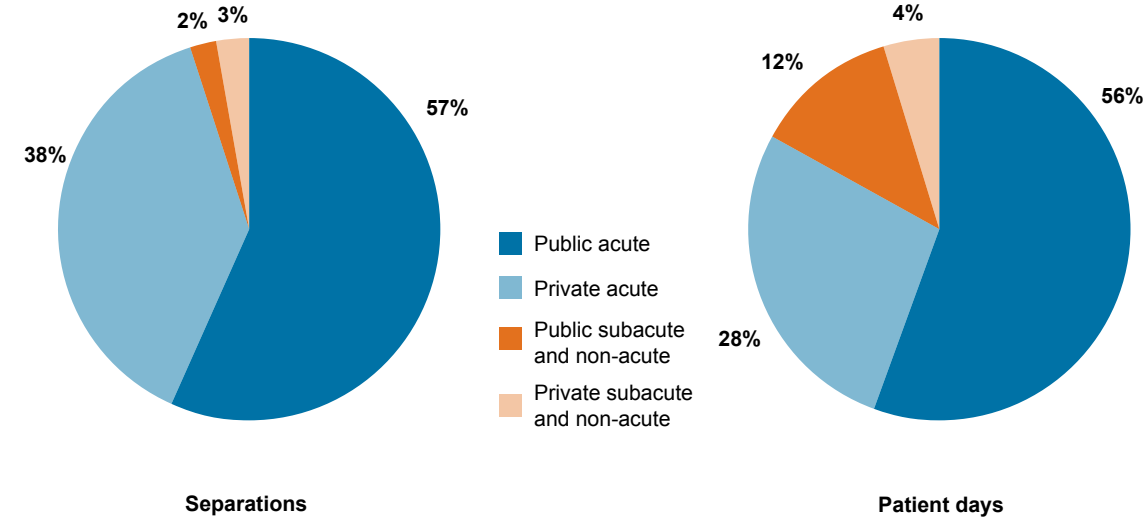


Figure 24: Separations by care type, public and private hospitals, 2012–13

Figure 25 Patient days by care type, public and private hospitals, 2012–13

- subacute and non-acute care accounted for about 4.8% of all separations (451,000) and 16.8% of patient days
  - rehabilitation, aimed at improved functioning, accounted for 1.9% of separations and 8.9% of patient days for public hospitals, and 6.3% of separations and 12.3% of patient days for private hospitals.

Between 2008–09 and 2012–13, rehabilitation care in private hospitals increased by an average of 15% per year.

Broad category of service

The broad categories of admitted patient service include childbirth, specialist mental health, medical (not involving a procedure), surgical (involving an operating room procedure), or a non-surgical procedure, such as endoscopy.

In 2012–13:

- 70% of public hospital separations were for medical care, and 4% were for childbirth (Figure 26)
- 37% of private hospital separations were for surgical care. Specialist mental health care was provided for 4% of private hospital separations.

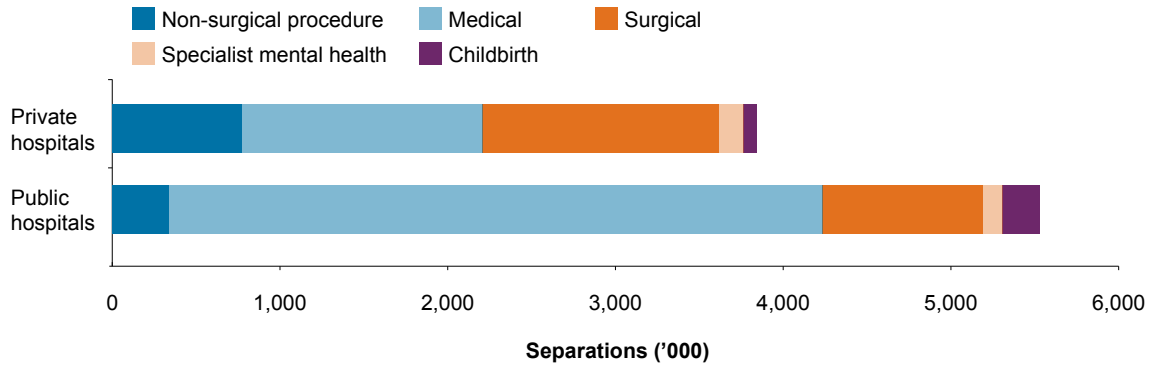


Figure 26: Separations by broad category of service, public and private hospitals, 2012–13

Procedures

Procedures can be surgical or non-surgical, can be used to treat or diagnose a condition, or can be of a patient support nature, such as anaesthesia.

In 2012–13:

- a total of 11.9 million procedures were reported
- more than 82% of separations reported a procedure (95% of private hospital separations and 74% of public hospital separations)
- for same-day acute care, haemodialysis was the most common procedure (1.26 million procedures), followed by pharmacotherapy (which includes chemotherapy)
- for overnight care, allied health interventions such as physiotherapy, social work and occupational therapy; and administration of blood and blood products were the most common procedures
- for subacute and non-acute care, allied health interventions were the most common procedures.

Hospital performance: rates of service—**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 27 presents separations per 1,000 population for selected hospital procedures. The national rate is accompanied by the range of rates for these procedures by state or territory. There was some variation among states and territories for the selected procedures. For example, the national rate for cataract extraction was 9.1 per 1,000 population, but the state/territory rate ranged from 7.4 per 1,000 to 11.0 per 1,000 population.

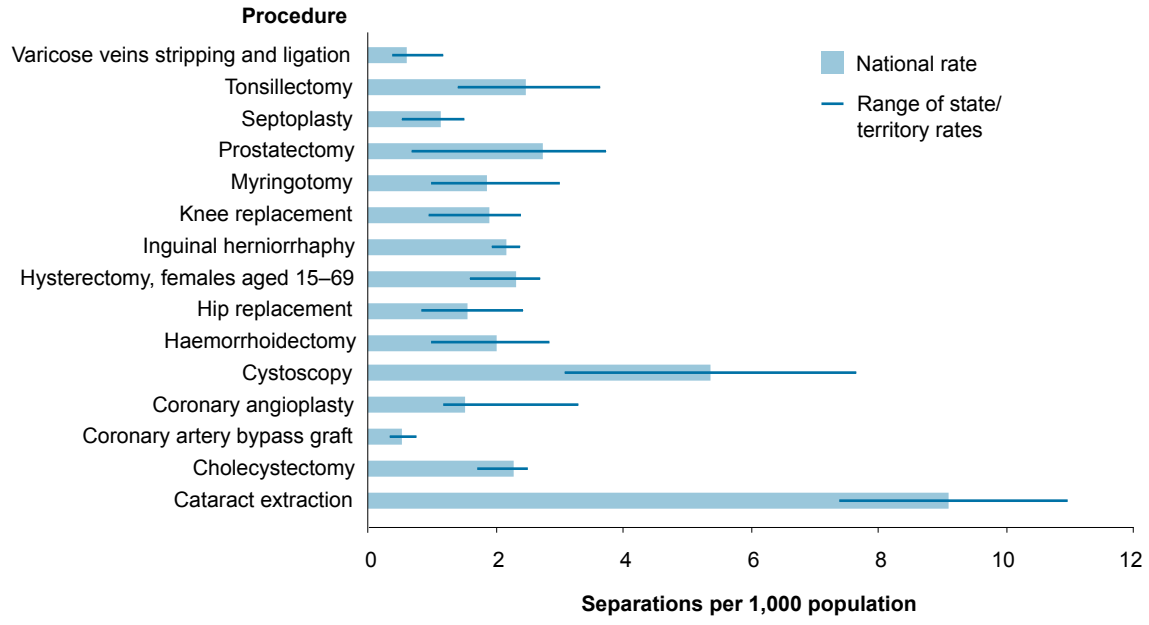


Figure 27: Separations per 1,000 population for selected hospital procedures, all hospitals, 2012–13

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 the available information does not provide a complete picture.

There is no routinely available information on some aspects of quality, such as continuity or responsiveness of hospital services.

Hospital performance: 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 2012–13:

- 5.5% of separations reported a diagnosis (or other clinical description) that indicated an adverse event had been treated and/or occurred during the hospitalisation.
- The rate of adverse events was higher in public hospitals than in private hospitals—6.5% and 4.0%, respectively.

The number of separations that reported an adverse event per 100 separations was generally higher for:

- overnight separations—11.2% in public hospitals and 9.6% in private hospitals (Table 6)
- subacute and non-acute care (for which lengths of stay are typically longer)—10.7% compared with 5.2% for acute care separations
- emergency admissions—9.7% compared with 3.9% for non-emergency admissions.

For more information on separations with adverse events, see Chapter 3 of *Australian hospital statistics 2012–13*.

Table 6: Separations with an adverse event per 100 separations, public and private hospitals, 2012–13

	Public hospitals	Private hospitals	Total
Separations with an adverse event	**359,390**	**153,178**	**512,568**
Separations with an adverse event per 100 separations			
Same-day separations	1.9	1.5	1.7
Overnight separations	11.2	9.6	10.7
Acute care separations	6.2	3.7	5.2
Subacute and non-acute care separations	14.9	7.6	10.7
Emergency admission	9.5	12.0	9.7
Non-emergency admission	4.4	3.5	3.9
Total	**6.5**	**4.0**	**5.5**

Hospital performance: unplanned/unexpected readmissions within 28 days of selected surgical procedures

'Unplanned or unexpected readmissions after surgery' are identified as those with a principal diagnosis related to an adverse event.

In 2012–13:

- rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy*, *Prostatectomy* and *Hysterectomy* (Figure 28)
- for *Cataract extraction*, fewer than 4 per 1,000 separations were followed by a readmission within 28 days.

For more information on unplanned or unexpected readmissions, see Chapter 3 of *Australian hospital statistics 2012–13*.

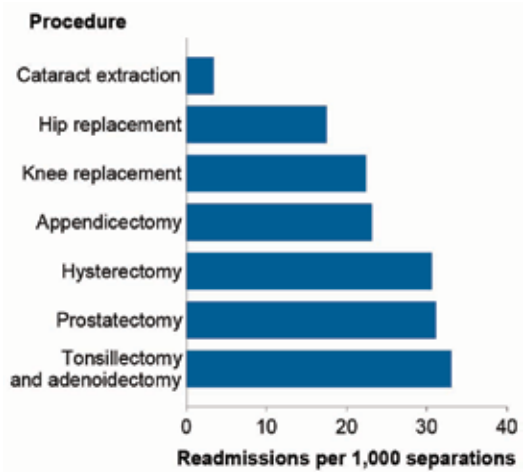


Figure 28: Unplanned/unexpected readmissions within 28 days of selected surgical procedures, public hospitals, 2012–13

Hospital performance: healthcare-associated infections—*Staphylococcus aureus* bacteraemia in public hospitals

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.

In 2012–13:

- 1,724 cases were reported for public hospitals over 18.8 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 (Figure 29)
- more than three-quarters of SAB cases were methicillin sensitive, and would have been treatable with commonly used antibiotics.

For more information, see *Australian hospital statistics 2012–13: Staphylococcus aureus bacteraemia in Australian hospitals* (AIHW 2013d).

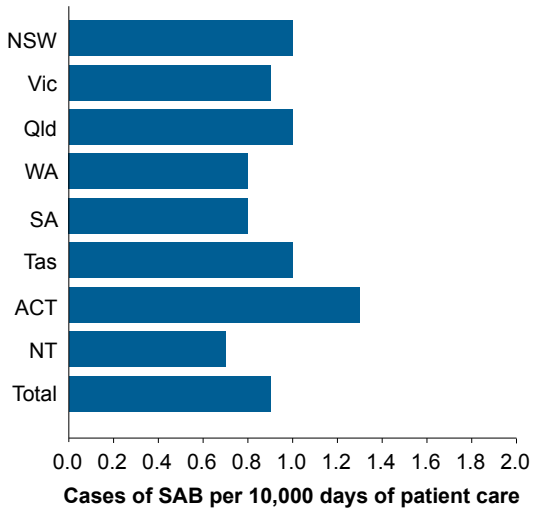


Figure 29: Cases of *Staphylococcus aureus* bacteraemia per 10,000 days of patient care in public hospitals, states and territories, 2012–13

How long did patients stay?

In 2012–13, the average length of stay was generally higher for subacute and non-acute care than for acute care. The average length of stay was:

- 2.8 days in public hospitals and 2.1 days in private hospitals for acute care (Figure 30)
- 16.2 days in public hospitals and 4.5 days in private hospitals for rehabilitation care.

For patients who spent at least one night in hospital, the average length of stay was 5.8 days for public hospitals and 5.2 days for private hospitals.

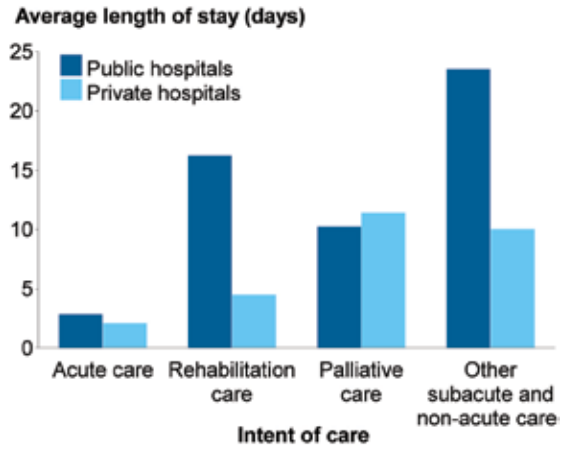


Figure 30: Average length of stay (days) by care type, public and private hospitals, 2012–13

Hospital performance: relative stay index

Relative stay indexes (RSIs) 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.

An RSI greater than 1.0 indicates that an average patient's length of stay is higher than expected, given the casemix for the separations being considered. An RSI of less than 1.0 indicates that the length of stay was less than expected.

Overall in 2012–13, the relative length of stay was lower in public hospitals than in private hospitals.

There were relatively shorter lengths of stay for medical separations (including specialist mental health) in public hospitals (0.95, compared with 1.24 in private hospitals), and for surgical separations in private hospitals (1.00, compared with 1.03 in public hospitals) (Figure 31).

For more information on relative length of stay, see Chapter 3 of *Australian hospital statistics 2012–13*.

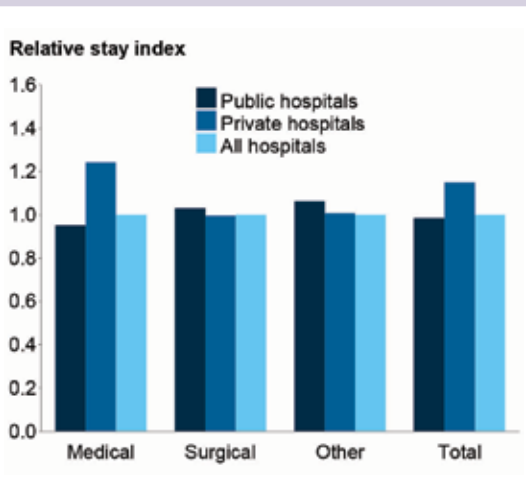


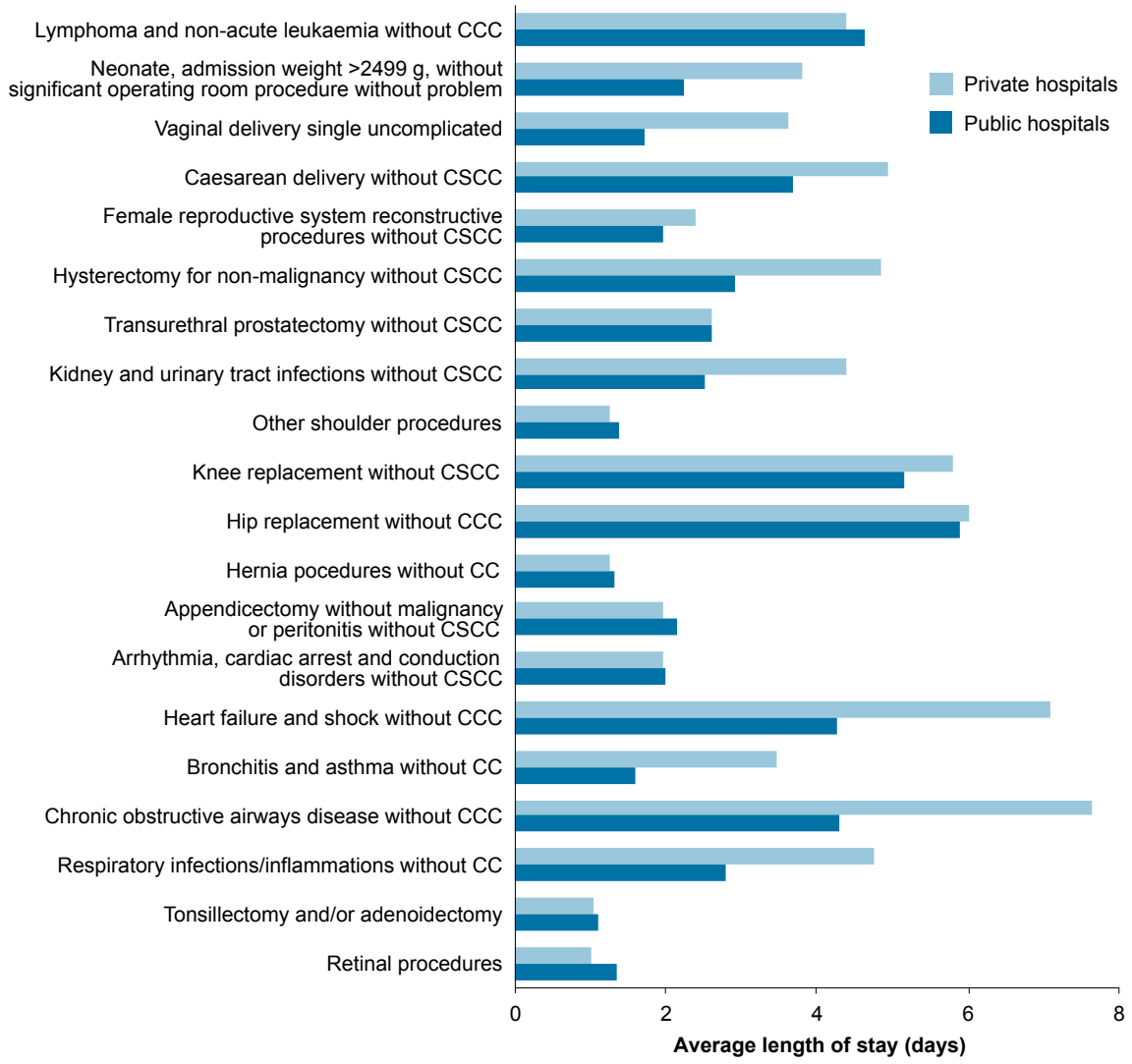
Figure 31: Relative stay index (directly standardised), for medical, surgical and other care, public and private hospitals, 2012–13

Hospital performance: average length of stay for selected types of separations

The average length of stay for selected types of separations 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 eight of these types of separations. The average length of stay for *Chronic obstructive airways disease without catastrophic complications or comorbidities* was 4.3 days for public hospitals and 7.7 days for private hospitals (Figure 32).

For more information, see Chapter 3 of *Australian hospital statistics 2012–13*.



CC—complications and/or comorbidities; CCC—catastrophic complications and/or comorbidities; CSCC—catastrophic or severe complications and/or comorbidities.

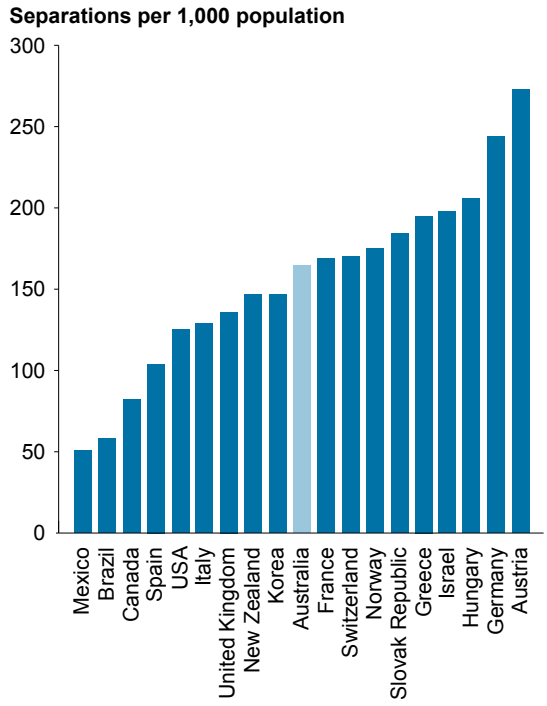
Figure 32: Average length of stay (days) for selected types of separations, public and private hospitals, 2012–13

How does Australia compare?

The number of overnight separations per 1,000 population in Australia for 2012–13 was in the middle of the range reported for other Organisation for Economic Co-operation and Development (OECD) countries in recent years (Figure 33) (OECD 2013).

The comparability of international separation rates is likely to be affected by differences in definitions of hospitals, collection periods and in admission practices.

For more international comparisons, see Chapters 4, 7 and 8 of *Australian hospital statistics 2012–13*.



Note: Data for OECD countries vary in collection periods, by financial year and calendar year. Data are for 2010 or 2011 except for Australia (2012–13).

Figure 33: **Overnight separations per 1,000 population, Australia, 2012–13 and selected OECD countries (2011)**

Who paid for the care?

In 2012–13:

- 50% of all separations were for public patients, who were not charged for their stay (Figure 34)
- 41% of separations were funded by private health insurance, and
- about 4% of separations were self-funded.

Between 2008–09 and 2012–13:

- separations funded by motor vehicle third-party personal claims increased by 5.3% per year
- private health insurance funded separations increased by 6.1% per year
- Department of Veterans' Affairs funded separations decreased by an average of 2.6% per year.

For more information about admitted patient funding sources, see Chapter 6 of *Australian hospital statistics 2012–13*.

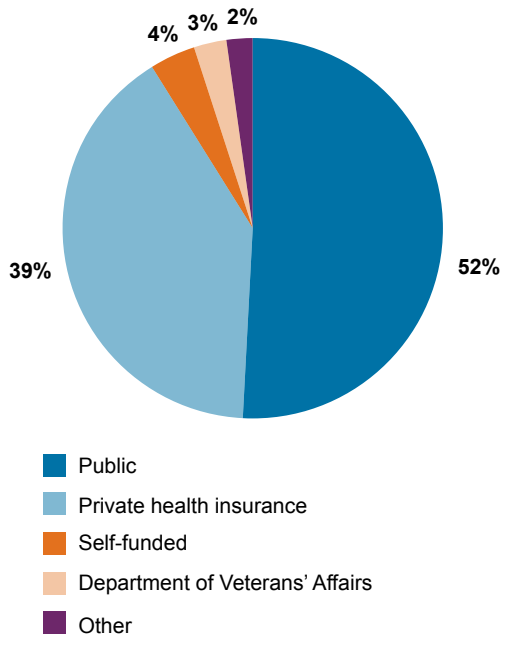


Figure 34: **Proportion of separations by principal source of funds, all hospitals, 2012–13**

How was the care completed?

Overall, about 91% of admitted patients are discharged home (to their place of usual residence) at the end of their episode of care. Almost 6% are transferred to some other health care accommodation, including another hospital.

Compared with acute care separations (Figure 35), a higher proportion of patients who received subacute and non-acute care, were:

- transferred to other health care accommodation (9%)
- transferred to a different type of care within the same hospital (5%)
- discharged to a residential aged care service (4%).

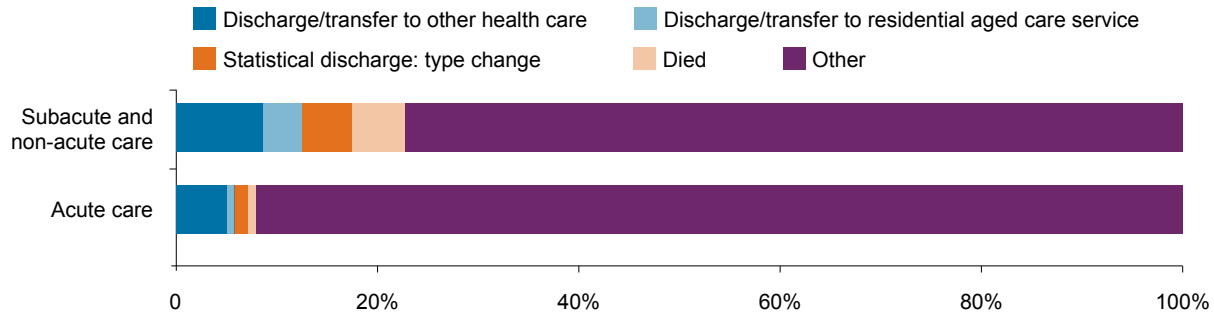


Figure 35: Proportion of separations by separation mode, by type of care, all hospitals, 2012–13

For more information about how the care was completed, see Chapter 6 of *Australian hospital statistics 2012–13*.

Surgery in Australia's hospitals

In 2012–13:

- 26% of separations included a surgical procedure (2.5 million)
- about 59% of surgical separations occurred in private hospitals.

Between 2008–09 and 2012–13, the number of surgical separations increased by an average of 2.0% for public hospitals and 3.3% for private hospitals each year.

How urgent was the care?

In 2012–13, about 12% of surgical separations were emergency admissions, and 83% were elective admissions. Of the remaining 5%, about 4 out of 5 were childbirth-related and the rest were other planned care (Figure 36).

About 87% of all emergency admissions involving surgery occurred in public hospitals.

For more information on surgical separations, see Chapter 9 of *Australian hospital statistics 2012–13*.

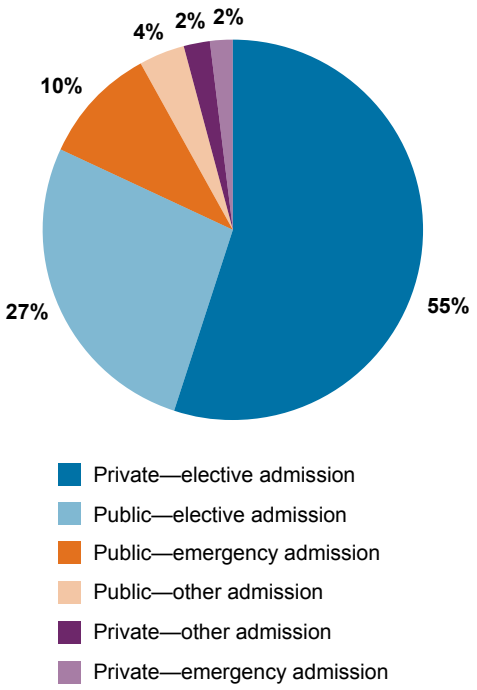


Figure 36: Admissions involving surgery by urgency of admission, public and private hospitals, 2012–13

How many patients were admitted for elective surgery from public hospital waiting lists?

In 2012–13, more than 673,000 patients were admitted from public hospital elective surgery waiting lists and:

- 1 in 4 was admitted for orthopaedic surgery, including knee and hip replacements
- 1 in 8 was admitted for a cataract extraction.

Hospital performance: waiting times for elective surgery

In 2012–13:

- 50% of patients who had been placed on a public hospital elective surgery waiting list waited 36 days or less. This was an increase from 33 days in 2008–09
- fewer than 3% of patients waited more than a year
- 50% of patients waiting for a coronary artery bypass graft were admitted within 16 days (Figure 37)
- 50% of patients waiting for a total knee replacement were admitted within 196 days
- patients with cancer-related principal diagnoses had shorter waiting times (50% admitted within 19 days) than for patients overall (50% admitted within 36 days) (Figure 38)
- the median waiting time varied between states and territories, ranging from 27 days in Queensland to 51 days in the Australian Capital Territory (Table 7).

For more information on the median waiting time for elective surgery in each state or territory, see Chapter 3 of *Australian hospital statistics 2012–13: elective surgery waiting times*.

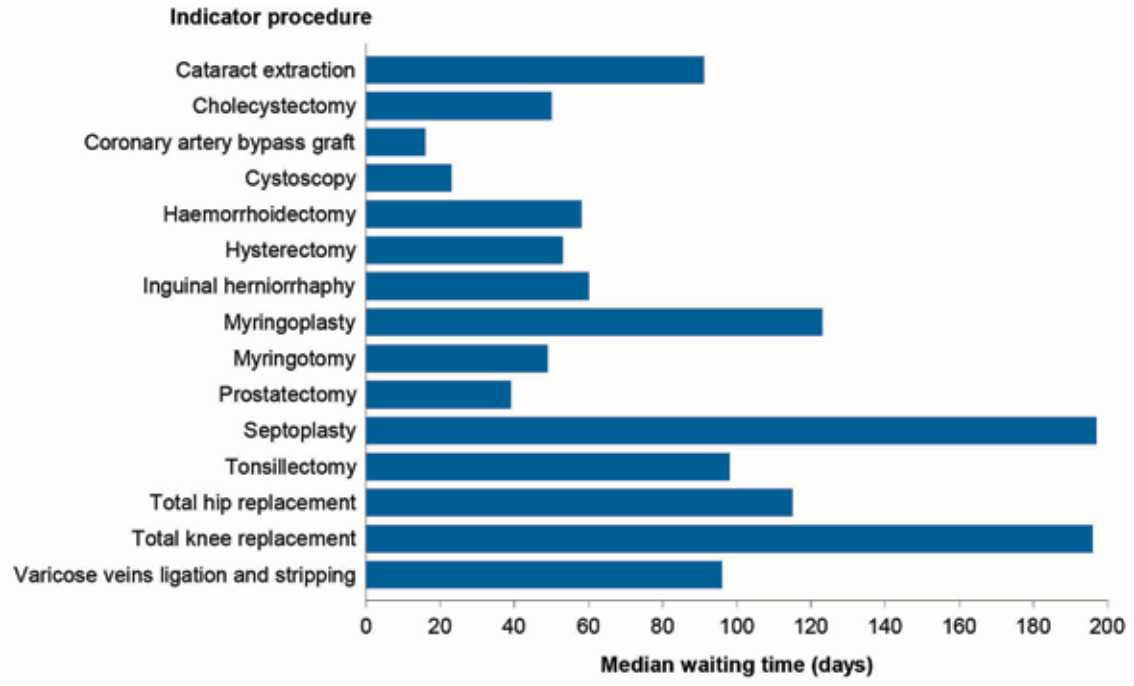


Figure 37: Median waiting times for elective surgery, by procedure, public hospitals, 2012–13

(*continued over page*)

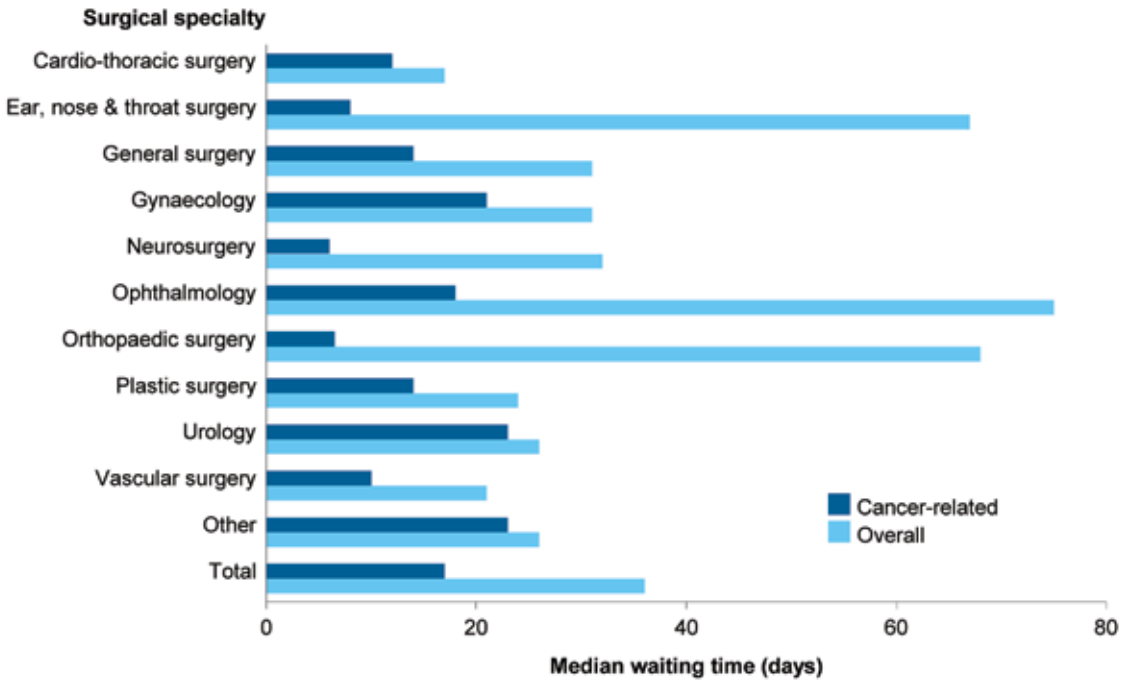


Figure 38: Median waiting times, overall and cancer-related, by specialty of surgeon, public hospitals, 2012–13

Table 7: Admissions from elective surgery waiting lists, public hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total admissions ('000)	216	153	120	85	64	15	12	8	673
Waiting time statistics									
50th percentile time to admission (days)	50	36	27	30	34	41	51	40	36
90th percentile time to admission (days)	335	223	163	159	182	406	277	196	265
Per cent waited more than 365 days (%)	2.8	3.3	2.5	1.5	1.0	11.5	4.1	3.3	2.7

Related information

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

AIHW 2014: Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.

It includes information on:

- performance indicators in Chapter 3
- public hospital establishments in Chapter 4
- non-admitted patient care in Chapter 5
- overall admitted patient care in Chapter 6
- same-day acute care in Chapter 7
- overnight acute care in Chapter 8
- admissions involving surgery in Chapter 9
- admitted patient subacute and non-acute care in Chapter 10.

AIHW 2013: Australian hospital statistics 2012–13: *Staphylococcus aureus* bacteraemia in Australian hospitals. Health services series no. 53. Cat. no. HSE 144. Canberra: AIHW.

AIHW 2013: Australian hospital statistics 2012–13: emergency department care. Health services series no. 52. Cat. no. HSE 142. Canberra: AIHW.

AIHW 2013: Australian hospital statistics 2012–13: elective surgery waiting times. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW.

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 spreadsheets and in interactive data cubes at <www.aihw.gov.au>.

References

ABS (Australian Bureau of Statistics) 2013. Private hospitals Australia 2011–12. ABS cat. no. 4390.0. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare) 2013a. Health expenditure Australia 2011–12. Health and welfare expenditure series no. 50. Cat. no. HWE 59. Canberra: AIHW.

AIHW 2013b. Australian hospital statistics 2012–13: emergency department care. Health services series no. 52. Cat. no. HSE 142. Canberra: AIHW.

AIHW 2013c. Australian hospital statistics 2012–13: elective surgery waiting times. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW.

AIHW 2013d. Australian hospital statistics 2012–13: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Health services series no. 53. Cat. no. HSE 144. Canberra: AIHW.

AIHW 2014. Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.

OECD (Organisation for Economic Co-operation and Development) 2013. OECD health data 2013: statistics and indicators for 30 countries. Paris: OECD. Viewed 20 March 2014, <www.oecd.org/health/healthdata>.

Australia's hospitals 2012–13 at a glance provides information on Australia's public and private hospitals. In 2012–13, there were 9.4 million hospitalisations, including 2.5 million admissions involving surgery. Public hospitals provided 7.9 million non-admitted patient emergency services, with 73% of patients seen within recommended times for their triage category and about 79% completed within 4 hours. This publication is a companion to Australian hospital statistics 2012–13.