



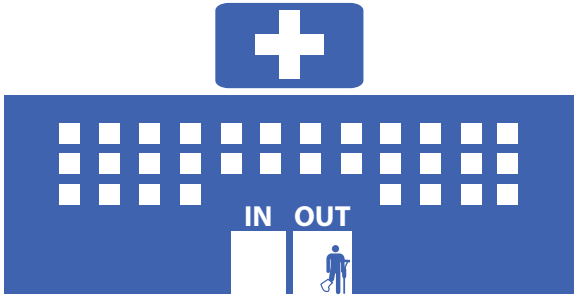
Australian Government

**Australian Institute of
Health and Welfare**

Australia's hospitals 2015–16



at a glance

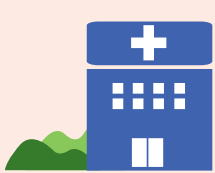


10.6 million hospitalisations

Where?

701 Public hospitals

630 Private hospitals



3 in 5 in public hospitals

6,272,000

Public hospitalisations

4,327,000

Private hospitalisations

Average length of overnight stay

Public hospitals

5.7 days

Private hospitals

5.2 days

Who?



53%

were for females



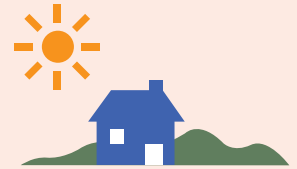
5%

were for Indigenous Australians



41%

were for people aged over 65

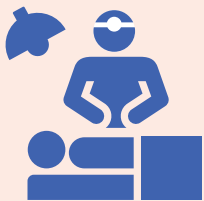


People living in *Very remote* areas were

1.8 times

more likely to be hospitalised

What care was provided?



1 in 4

hospitalisations involved a surgical procedure



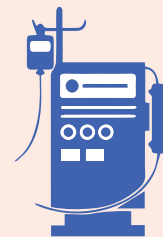
27%

were emergency admissions



149,000

hospitalisations involved a stay in intensive care



1.4 million

hospitalisations for dialysis

← ADMISSIONS



60%

same-day hospitalisations (vs overnight hospitalisations)

Australia's hospitals
2015–16
at a glance

Health services series no. 77

July 2017

Australian Institute of Health and Welfare
Canberra

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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 significant role is the amount that is spent on them—an estimated \$62 billion in 2014–15, about 3.9% of Australia's gross domestic product, or about \$2,639 per person (AIHW 2016c). Hospital spending has been increasing faster than inflation—adjusted for inflation, it increased by 5.2% each year, on average, between 2010–11 and 2014–15.

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 2015–16, data for hospital funding were for 2014–15.

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

- *Elective surgery waiting times 2015–16: Australian hospital statistics* (AIHW 2016a)
- *Emergency department care 2015–16: Australian hospital statistics* (AIHW 2016b)
- *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a)
- *Hospital resources 2015–16: Australian hospital statistics* (AIHW 2017b)
- *Non-admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017c)
- *Staphylococcus aureus bacteraemia in Australia's public hospitals 2015–16: Australian hospital statistics* (AIHW 2017d).

Information on private hospital resources and private hospital emergency department activity was sourced from the Australian Bureau of Statistics' publication *Private hospitals, Australia, 2015–16* (ABS 2017) at <www.abs.gov.au>.

Further detail is also available in spread sheets and interactive data cubes at <www.aihw.gov.au>. Selected hospital-level information is available at <www.myhospitals.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 hospitals (other than psychiatric) 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 2015–16, there were:

- 1,331 hospitals in Australia (Table 1)
- 701 public hospitals (compared with 753 in 2011–12)
- 630 private hospitals (compared with 592 in 2011–12).

The decrease in public hospitals between 2011–12 and 2015–16 was mainly due to the reclassification of about 50 very small hospitals as non hospital services in 2012–13.

Table 1: Public and private hospitals, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public hospitals (other than psychiatric)	218	148	118	90	75	22	3	5	679
Public psychiatric hospitals	8	3	4	4	2	1	0	0	22
<i>Total public hospitals</i>	<i>226</i>	<i>151</i>	<i>122</i>	<i>94</i>	<i>77</i>	<i>23</i>	<i>3</i>	<i>5</i>	<i>701</i>
Private hospitals									
Private free-standing day hospital facilities	109	91	53	40	30	n.p.	n.p.	n.p.	341
Other private hospitals	96	78	56	22	26	n.p.	n.p.	n.p.	289
<i>Total private hospitals</i>	<i>205</i>	<i>169</i>	<i>109</i>	<i>62</i>	<i>56</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>630</i>
Total	431	320	231	156	133	n.p.	n.p.	n.p.	1,331

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 2011–12 and 2015–16, public hospital bed numbers increased by an average of 1.0% per year—from 58,500 to almost 61,000 beds. This was despite the decrease in the number of public hospitals.

In 2015–16, for public hospitals:

- there were 2.6 beds per 1,000 people
- 13% of beds were same-day beds or chairs, not for overnight stays
- about 4% of beds were in public psychiatric hospitals—and these accounted for 2% of beds in public and private hospitals combined (Figure 1)
- the majority of beds were in larger hospitals, located in the more densely populated areas—over 41,000 beds were in *Major cities*, compared with about 1,800 beds in *Remote* areas.

Private hospitals

Between 2011–12 and 2015–16, private hospital bed numbers increased by an average of 3.3% per year—from 29,000 to about 33,100.

In 2015–16, for private hospitals:

- there were 1.4 beds for every 1,000 people
- 10% of beds were in hospitals that specialised in same-day care—and these accounted for 3% of beds in public and private hospitals combined (Figure 1).

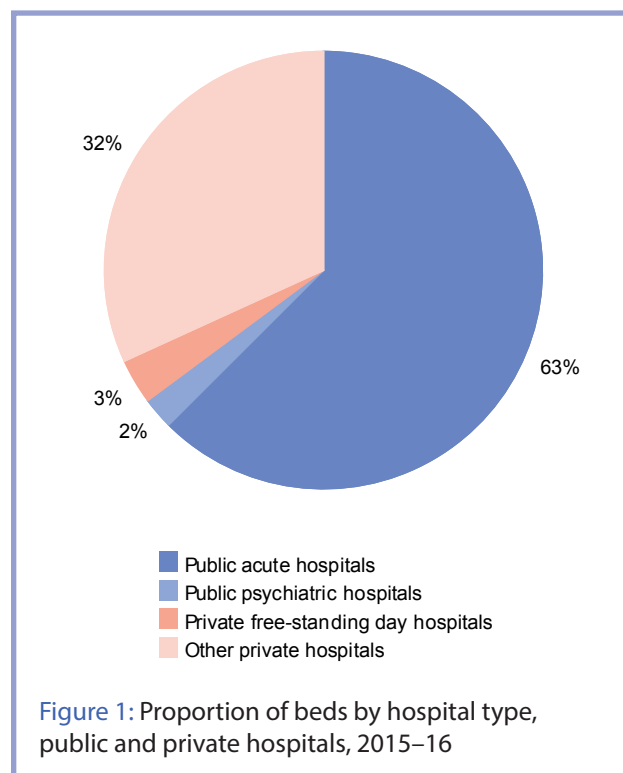


Figure 1: Proportion of beds by hospital type, public and private hospitals, 2015–16

For more information on the numbers of public hospitals and beds in each state or territory, see Chapter 2 of *Hospital resources 2015–16: Australian hospital statistics* (AIHW 2017b). For more information about the number of private hospitals and beds, see *Private hospitals, Australia, 2015–16* (ABS 2017) at <www.abs.gov.au>.

How diverse were Australia’s public hospitals?

The 701 public hospitals are very diverse in size and the types of services they provided for admitted and non-admitted patients (Table 2).

In 2015–16, the 30 *Principal referral* hospitals, accounted for almost 2.3 million separations—or hospitalisations—about 36% of the total for public hospitals (Figure 2). These hospitals also accounted for 35% of patient days (the number of days of admitted patient care provided) for public hospitals (Figure 3). *Principal referral* hospitals provide some very specialised services that are not available in other types of hospitals.

Most *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 non-admitted patient clinics.

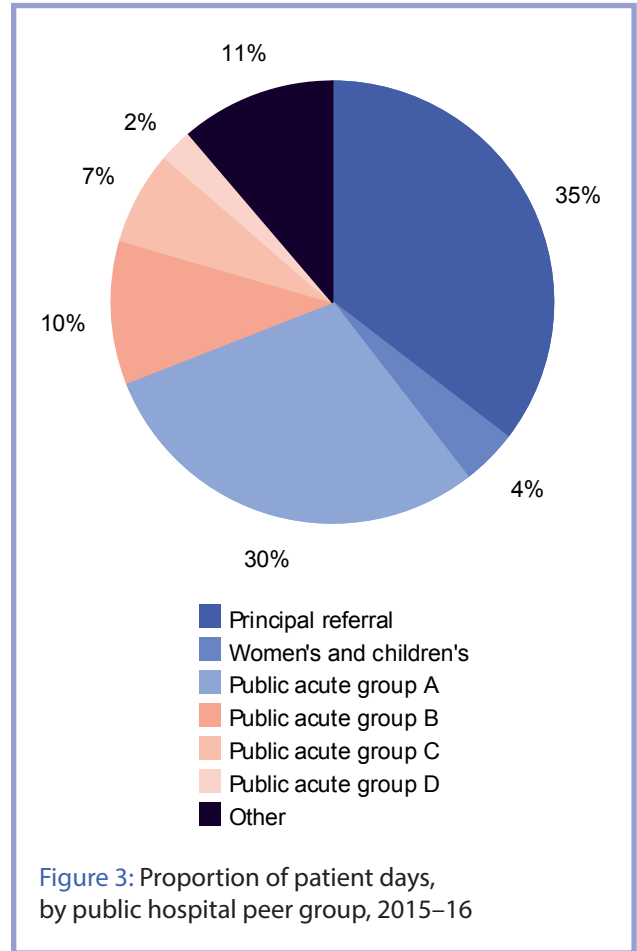
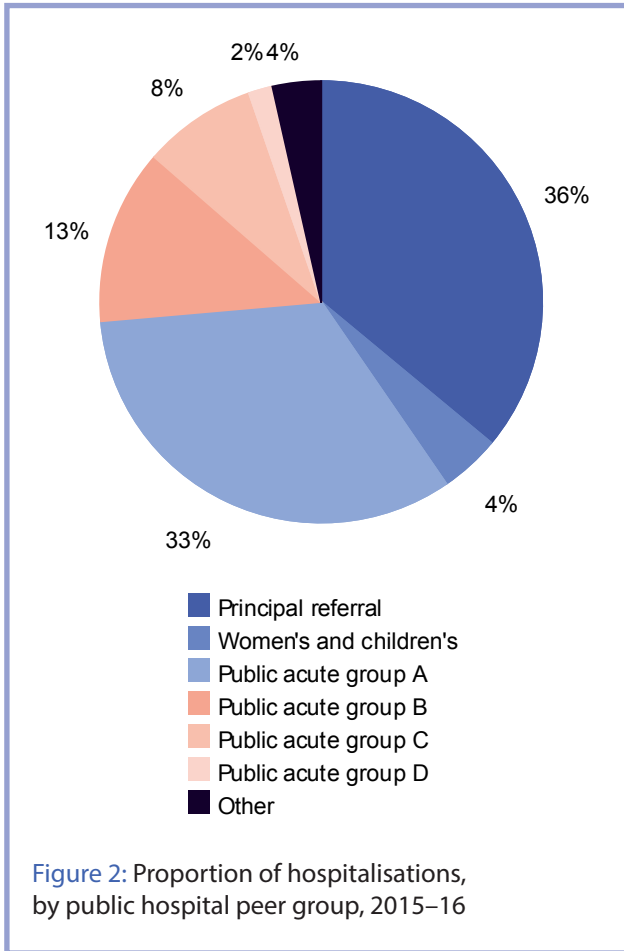
The 39 *Subacute and non-acute* hospitals mainly provided rehabilitation, geriatric evaluation and management, psychogeriatric care and non-acute (maintenance) care.

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

For more information on hospital diversity in each state and territory, see Chapter 3 of *Hospital resources 2015–16: Australian hospital statistics* (AIHW 2017b).

Table 2: Public hospital peer groups, 2015–16

	Location				Services provided					
	Major cities	Regional	Remote	Total	Emergency departments	Intensive care units	Non-admitted patient clinics	Elective surgery	Average available beds	Separations (average)
Principal referral	27	3	0	30	30	30	30	30	659	75,455
Women’s and children’s	12	0	0	12	9	9	12	12	212	22,975
Public acute group A	34	28	1	63	60	49	62	59	266	33,287
Public acute group B	24	20	1	45	45	12	44	43	138	17,822
Public acute group C	11	115	18	144	55	2	140	100	40	3,627
Public acute group D	4	134	52	190	58	0	167	11	17	577
Very small	0	84	38	122	24	0	89	0	8	84
Psychiatric	17	5	0	22	0	1	4	0	99	704
Subacute and non-acute	28	11	0	39	0	0	32	0	65	1,654
Outpatient	0	4	4	8	5	0	7	0	1	28
Other	23	3	0	26	1	1	15	5	30	4,296
Total	180	407	114	701	287	104	605	260	87	8,948



How were hospitals funded?

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, medical and surgical supplies.

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

About 91% of care in public hospitals and 33% of care in private hospitals is funded by governments. Most of the remainder of funding for care in private hospitals is provided by *Health insurance funds* and *Individuals*.

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 indirectly provide most of the funds for public hospitals (AIHW 2016c) (Figure 4).

Between 2010–11 and 2014–15:

- after adjusting for inflation, funding increased by an average of 4.7% each year
- the proportion of funding by the Australian Government decreased from 40% to 38% (Figure 5).

Private hospitals

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

Between 2010–11 and 2014–15:

- after adjusting for inflation, funding increased by an average of 7.1% each year
- the proportion of funding provided by the Australian Government decreased from 32% to 28% (Figure 6).

For more information on hospital funding, see Chapter 4 of *Hospital resources 2015–16: Australian hospital statistics* (AIHW 2017b) and *Health expenditure Australia 2014–15* (AIHW 2016c).

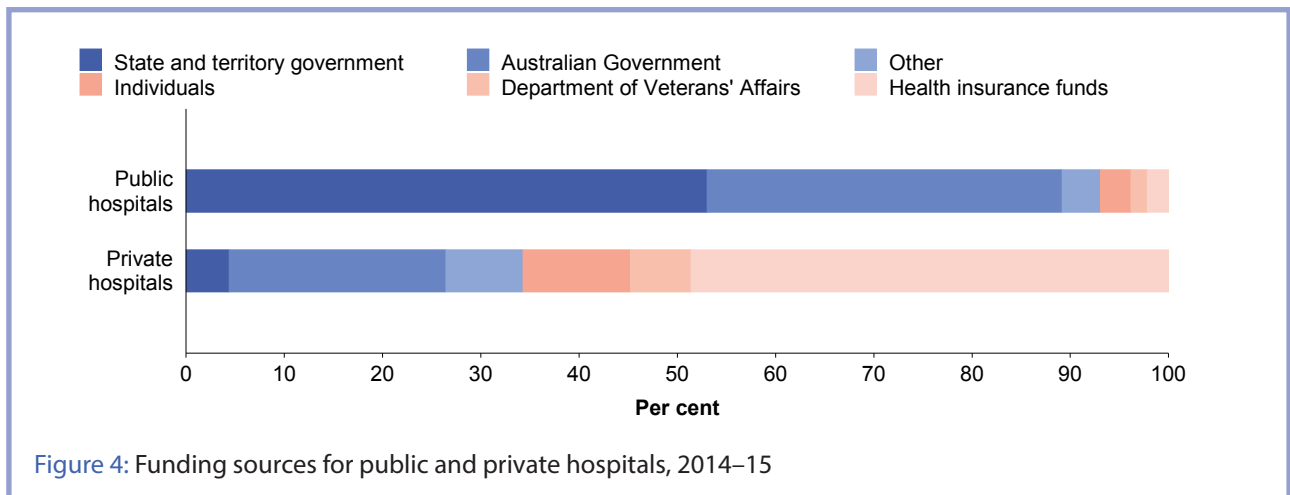


Figure 4: Funding sources for public and private hospitals, 2014–15

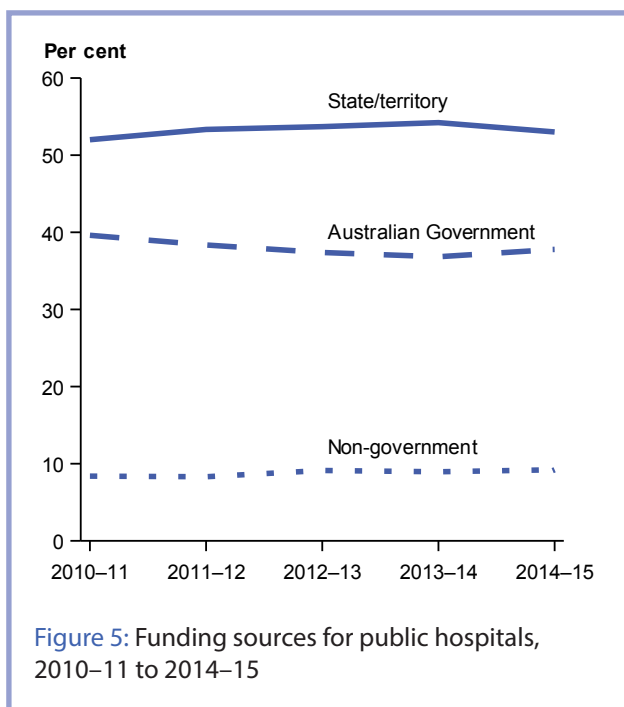


Figure 5: Funding sources for public hospitals, 2010–11 to 2014–15

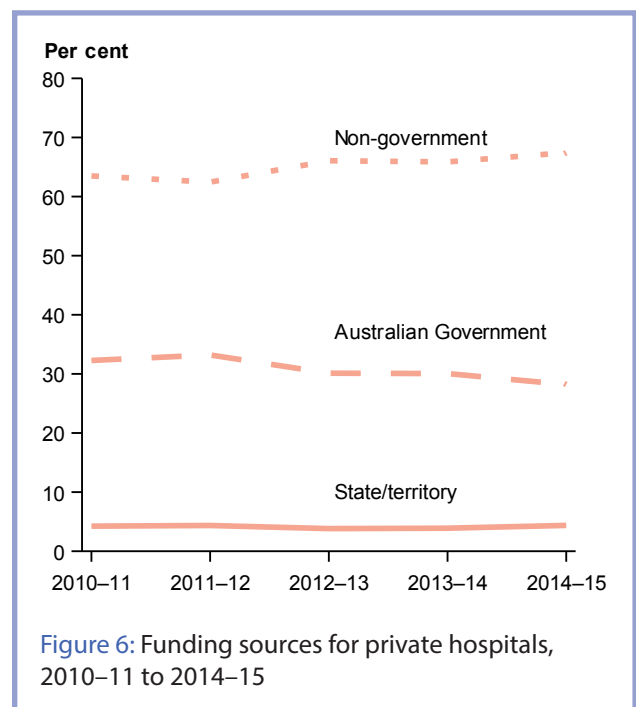


Figure 6: Funding sources for private hospitals, 2010–11 to 2014–15

Source of funding for admitted patients

Between 2011–12 and 2015–16, the number of hospitalisations for which *Private health insurance* was used to fund all or part of the admission increased by an average of 5.5% each year, while hospitalisations for public patients increased by 2.9% on average and those funded by the *Department of Veterans' Affairs* decreased by an average of 4.1% each year.

In 2015–16:

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

For more information about admitted patient funding sources, see Chapter 7 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

How much did hospitals spend?

Recurrent expenditure includes:

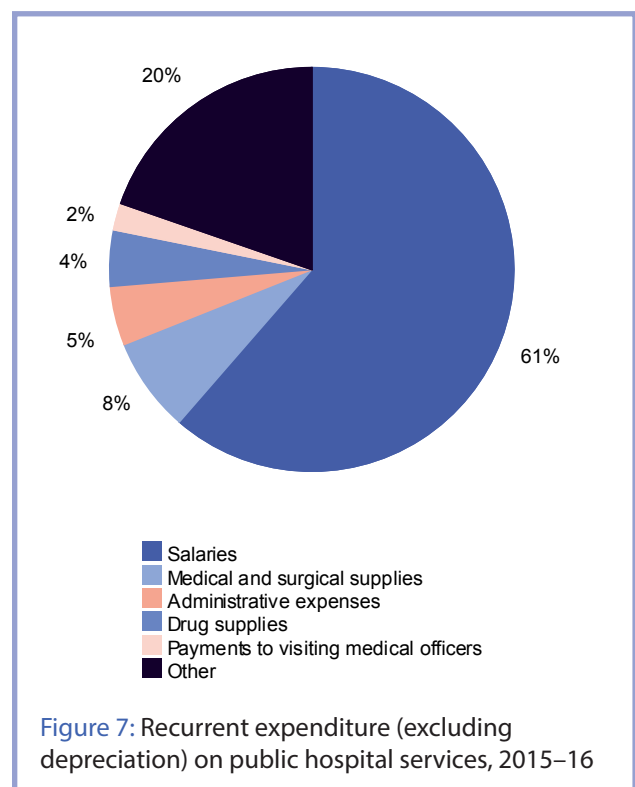
- **salary expenditure**—including salaries and wages
- **non-salary expenditure**—including payments to visiting medical officers; and costs of drug, medical and surgical supplies (other than large equipment which is regarded as capital expenditure, not reported here).

Public hospitals

In 2015–16:

- recurrent expenditure on public hospital services (including by Local hospital networks and state/territory health authorities) was about \$61 billion (excluding depreciation)
- salary payments accounted for 61% of recurrent expenditure (Figure 7)
- *Principal referral hospitals* accounted for about 36% of recurrent expenditure on public hospital services.

For more information see Chapter 4 of *Hospital resources 2015–16: Australian hospital statistics* (AIHW 2017b).



Private hospitals

In 2015–16, recurrent expenditure by private hospitals was more than \$13 billion (including depreciation) (ABS 2017) and almost 49% of this expenditure was for salary payments.

Between 2011–12 and 2015–16, recurrent expenditure by private hospitals increased by an average of 4.9% 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.

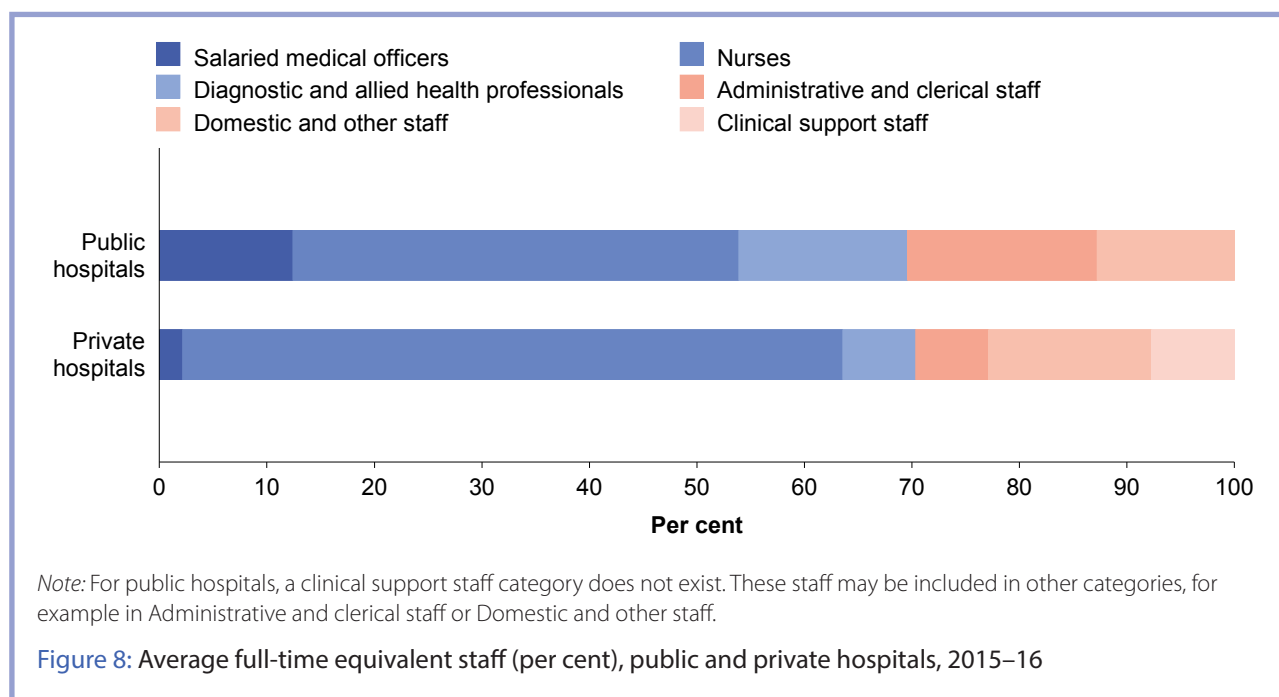
For 2015–16, staff numbers were included for public hospital services managed or delivered at either the local hospital network-level, or at the state/territory health authority-level, as well as in public hospitals.

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

In 2015–16, about 360,000 full-time equivalent staff were employed in providing public hospital services, of whom:

- 41% were nurses
- 12% were salaried medical officers
- 16% were diagnostic and allied health professionals (Figure 8).



For more information on public hospital staffing in each state and territory, see Chapter 5 of *Hospital resources 2015–16: Australian hospital statistics* (AIHW 2017b).

Private hospitals

In 2015–16, Australia's private hospitals employed about 66,800 full-time equivalent staff. Of these, 93% were employed in private hospitals not specialising in same-day care (*Other private hospitals*) (ABS 2017).

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, 2015–16* (ABS 2017) at <www.abs.gov.au>.

What services do Australia's hospitals provide?

Australia's hospitals provide a range of services for:

- non-admitted patients—including in emergency departments and 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.

Non-admitted patient care

This section includes information about non-admitted patient care provided in outpatient clinics and emergency departments.

Non-admitted patient 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 here.

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.

Changes in coverage, reporting arrangements and counting rules between 2012–13 and 2015–16 mean that data on non-admitted patient care cannot be compared over time.

In 2015–16, 33.4 million non-admitted patient service events were provided by 604 public hospitals (excludes data for the Australian Capital Territory) and 19 other services (such as local hospital networks and private hospitals that provide public patient services).

In 2015–16:

- about 46% of service events occurred in *Allied health and/or clinical nurse specialist clinics*
- 29% were in *Medical consultation clinics* (Figure 9)
- 56% were for females (Figure 10)
- more than 32% were for people aged 65 and over (Figure 10).
- 5% of were for Indigenous Australians.
- 70% were for people living in *Major cities*.

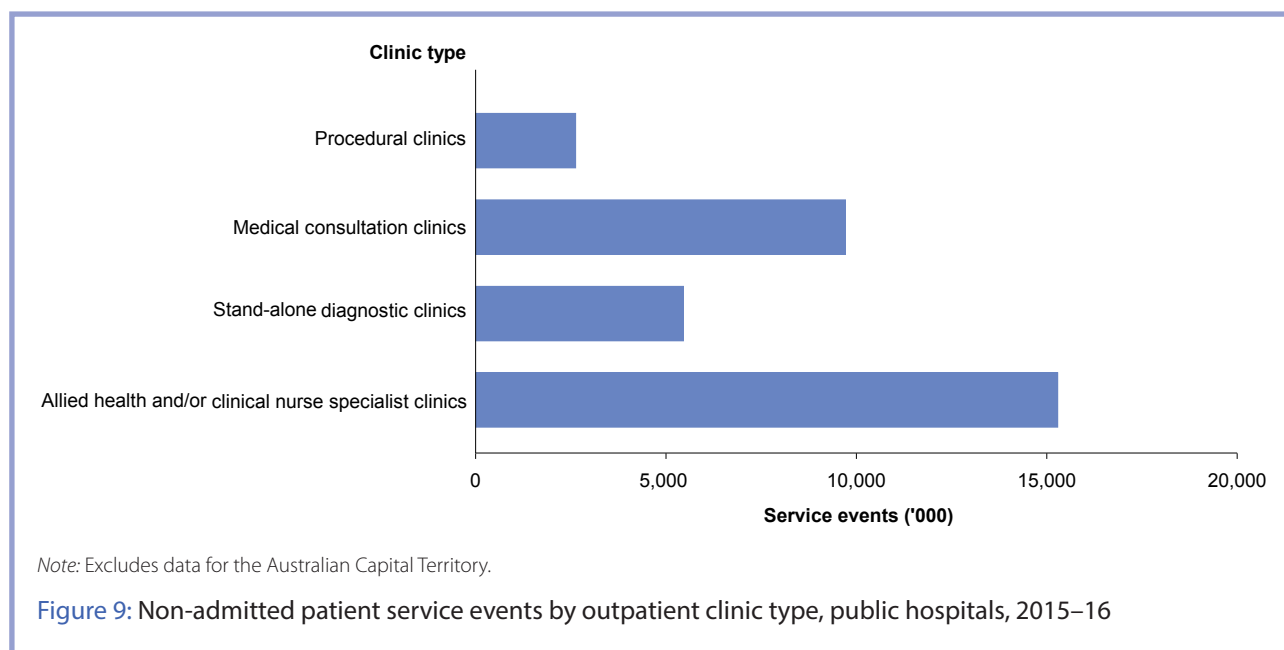


Figure 9: Non-admitted patient service events by outpatient clinic type, public hospitals, 2015–16

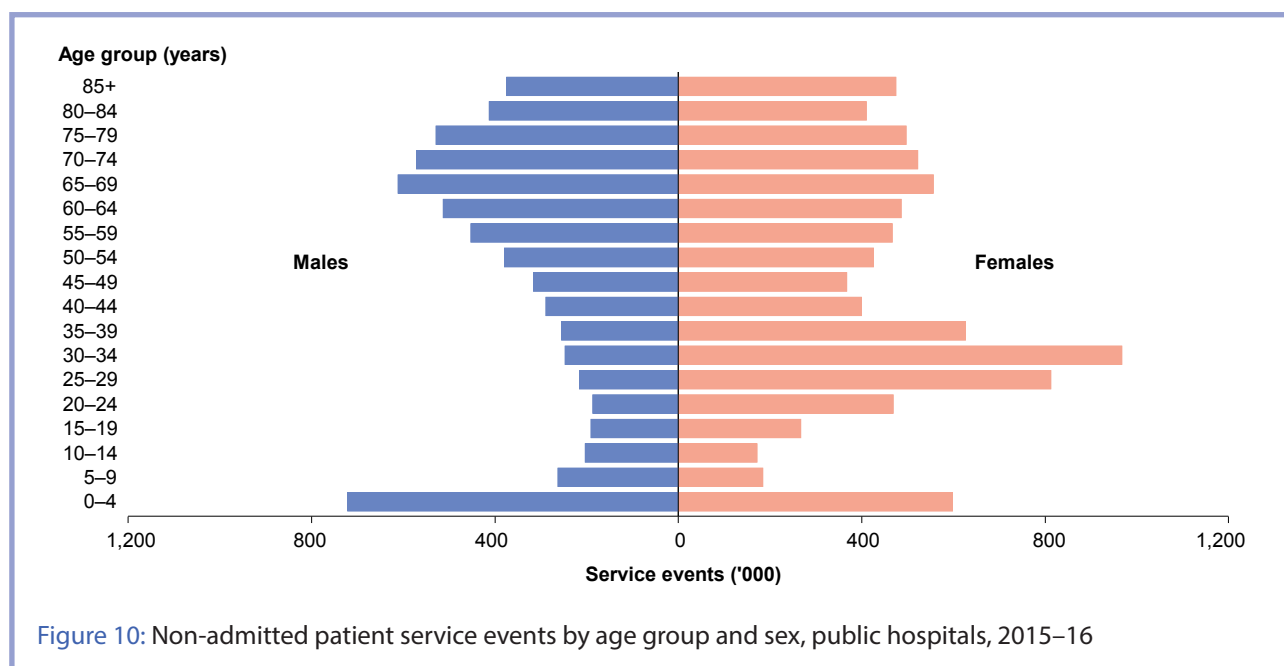


Figure 10: Non-admitted patient service events by age group and sex, public hospitals, 2015–16

For more information, see *Non-admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017c).

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 2015–16, 34 private hospitals reported about 538,000 accident and emergency presentations (ABS 2017).

Public hospitals

Between 2011–12 and 2015–16, emergency department presentations increased by 2.7% on average each year, after adjusting for coverage changes (such as changes in the number of hospitals reporting over this period).

In 2015–16, there were 7.5 million emergency department presentations in public hospitals (excludes data for the Australian Capital Territory)—over 20,000 presentations each day.

Who used these services?

In 2015–16, 51% of emergency department presentations were for males (Figure 11), who account for just under 50% of the population. However, substantially more boys than girls aged 0 to 14 presented to emergency departments (56% and 44%, respectively).

This was particularly the case for patients aged 4 and under, which was the most common age group reported for emergency department presentations (11%).

People aged 65 years and over accounted for about 20% of all emergency department presentations in 2015–16, although they account for 15% of the population.

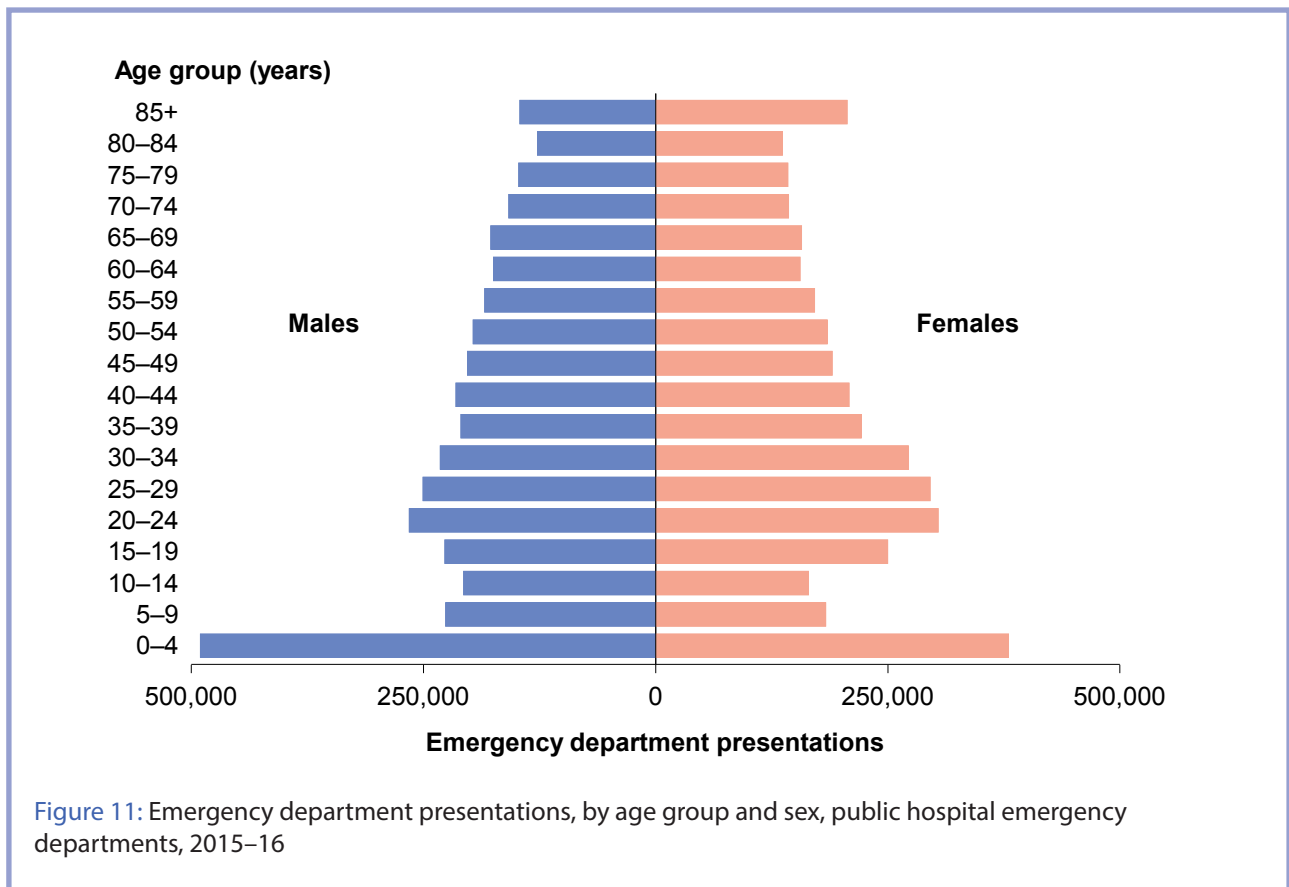


Figure 11: Emergency department presentations, by age group and sex, public hospital emergency departments, 2015–16

How did people arrive and how urgent was the care?

Most people presenting to emergency departments (75%) 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 2 hours).

In 2015–16, 78% 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 72% to 75% between 2011–12 and 2013–14 and was 74% in 2014–15 and 2015–16.

The proportion seen on time varied among jurisdictions, ranging from 61% in the Northern Territory to 81% in New South Wales (Table 3).

Almost 100% of *Resuscitation* patients were seen immediately (within 2 minutes), 77% of *Emergency* patients were seen within 10 minutes, and 93% of *Non-urgent* patients were seen on time (within 120 minutes).

For more information, see Chapter 5 of *Emergency department care 2015–16: Australian hospital statistics* (AIHW 2016b).

Table 3: Presentations to public hospital emergency departments and proportion (%) seen on time by triage category, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total presentations ('000)	2,618	1,655	1,430	821	477	150	n.a.	145	7,301
Triage Category									%
Resuscitation	100	100	100	100	100	100	n.a.	100	100
Emergency	82	78	74	77	70	80	n.a.	63	77
Urgent	76	71	61	53	56	59	n.a.	53	67
Semi-urgent	80	72	74	67	70	64	n.a.	60	74
Non-urgent	94	89	94	93	92	87	n.a.	89	93
Total	81	74	70	65	66	66	n.a.	61	74

Note: Excludes data for the Australian Capital Territory which were not available at the time of publication.
n.a. not applicable.

How was the care completed?

Most patients who go to the emergency department go home after treatment (63%), but almost a third of patients (29%) were admitted to hospital for further care.

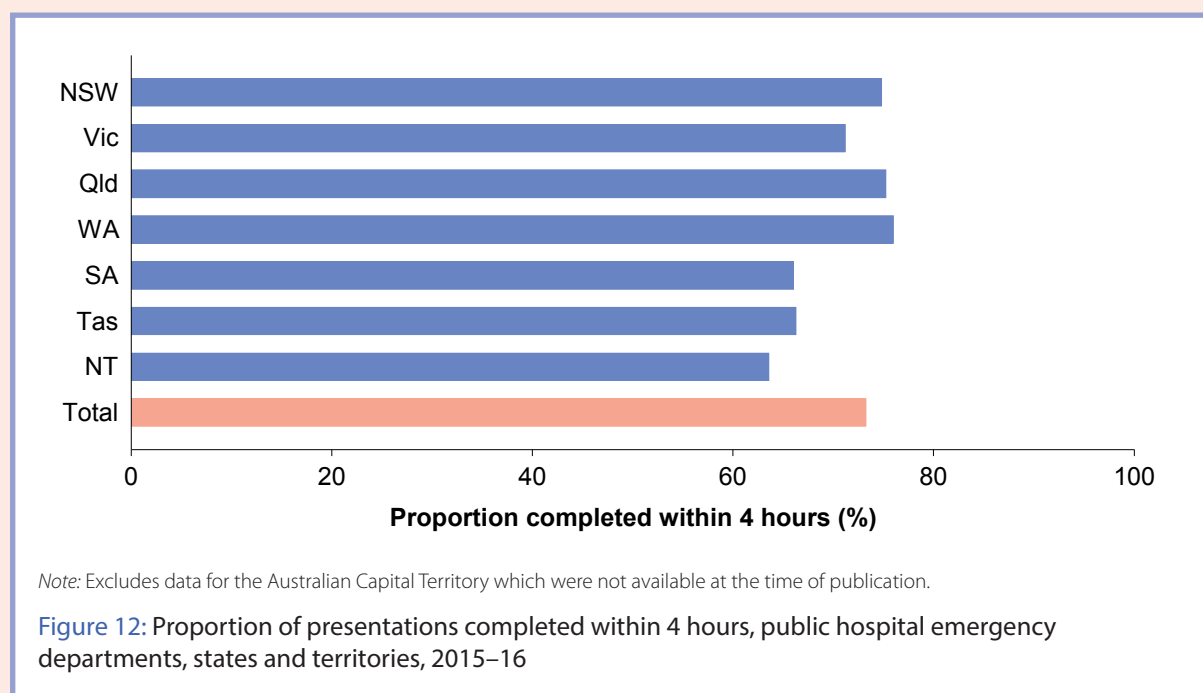
In 2015–16, about 75% of *Resuscitation* patients were subsequently admitted compared with fewer than 5% of *Non-urgent* patients.

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

Between 2011–12 and 2015–16, the proportion of presentations completed (for example, the patient was discharged or admitted) within 4 hours increased from 64% to 73% (not adjusted for coverage changes).

In 2015–16, the proportion completed within 4 hours varied among jurisdictions, ranging from 64% in the Northern Territory to 76% in Western Australia (Figure 12).

For more information, see Chapter 6 of *Emergency department care 2015–16: Australian hospital statistics* (AIHW 2016b).



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 2015–16, the proportion of presentations completed within 4 hours increased from 30% to 49% for patients subsequently admitted to hospital.

In 2015–16, the proportion admitted within 4 hours ranged from 27% in the Northern Territory to 56% in Queensland (Figure 13).

90th percentile time to admission

Between 2011–12 and 2015–16, the 90th percentile time to admission decreased from 14 hours and 23 minutes to 10 hours and 43 minutes.

In 2015–16, the 90th percentile time to admission ranged from 8 hours and 17 minutes for Western Australia to 19 hours and 24 minutes for Tasmania (Figure 14).

For more information, see Chapter 6 of *Emergency department care 2015–16: Australian hospital statistics* (AIHW 2016b).

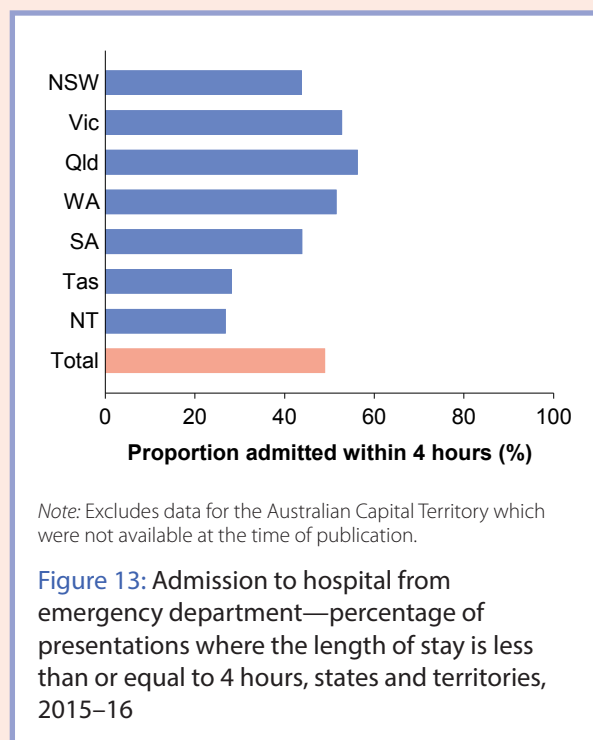


Figure 13: Admission to hospital from emergency department—percentage of presentations where the length of stay is less than or equal to 4 hours, states and territories, 2015–16

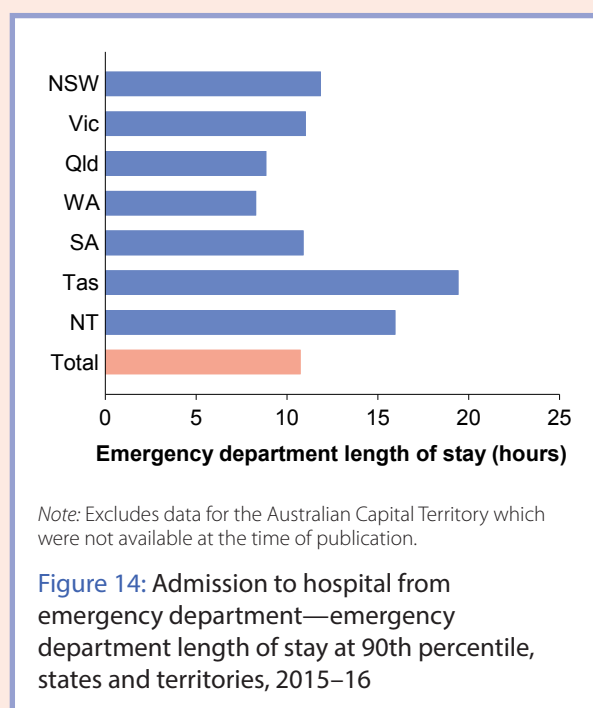


Figure 14: Admission to hospital from emergency department—emergency department length of stay at 90th percentile, states and territories, 2015–16

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 2011–12 and 2015–16:

- overall, hospitalisations increased by an average of 3.5% each year, faster than the population growth of 1.6% over the same period
- hospitalisations increased by an average of 3.3% in public hospitals and 3.7% in private hospitals each year
- same-day hospitalisations increased by an average of 4.2% each year, compared with 2.3% for overnight hospitalisations.

In 2015–16, there were 10.6 million hospitalisations in Australia (Table 4):

- 60% were same-day hospitalisations (6.3 million)
- 59% occurred in public hospitals (almost 6.3 million), and over half of these (3.3 million) were same-day hospitalisations
- 41% occurred in private hospitals (4.3 million), and over 70% of these (3.1 million) were same-day hospitalisations (Figure 15).

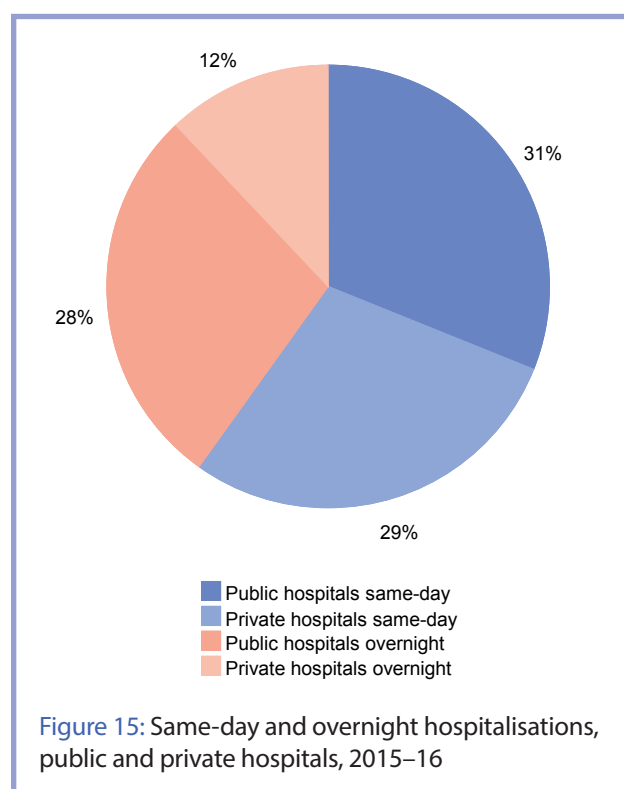


Figure 15: Same-day and overnight hospitalisations, public and private hospitals, 2015–16

Table 4: Hospitalisations ('000s), public and private hospitals, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public hospitals (other than psychiatric)	1,854	1,668	1,292	627	437	122	108	148	6,257
Public psychiatric hospitals	7	1	1	3	2	1	15
<i>Total public hospitals</i>	<i>1,861</i>	<i>1,670</i>	<i>1,293</i>	<i>631</i>	<i>439</i>	<i>123</i>	<i>108</i>	<i>148</i>	<i>6,272</i>
Private hospitals									
Private free-standing day hospital facilities	265	225	230	151	74	n.p.	n.p.	n.p.	960
Other private hospitals	996	797	843	347	248	n.p.	n.p.	n.p.	3,368
<i>Total private hospitals</i>	<i>1,261</i>	<i>1,022</i>	<i>1,073</i>	<i>497</i>	<i>322</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,327</i>
All hospitals	3,122	2,691	2,366	1,128	761	n.p.	n.p.	n.p.	10,600

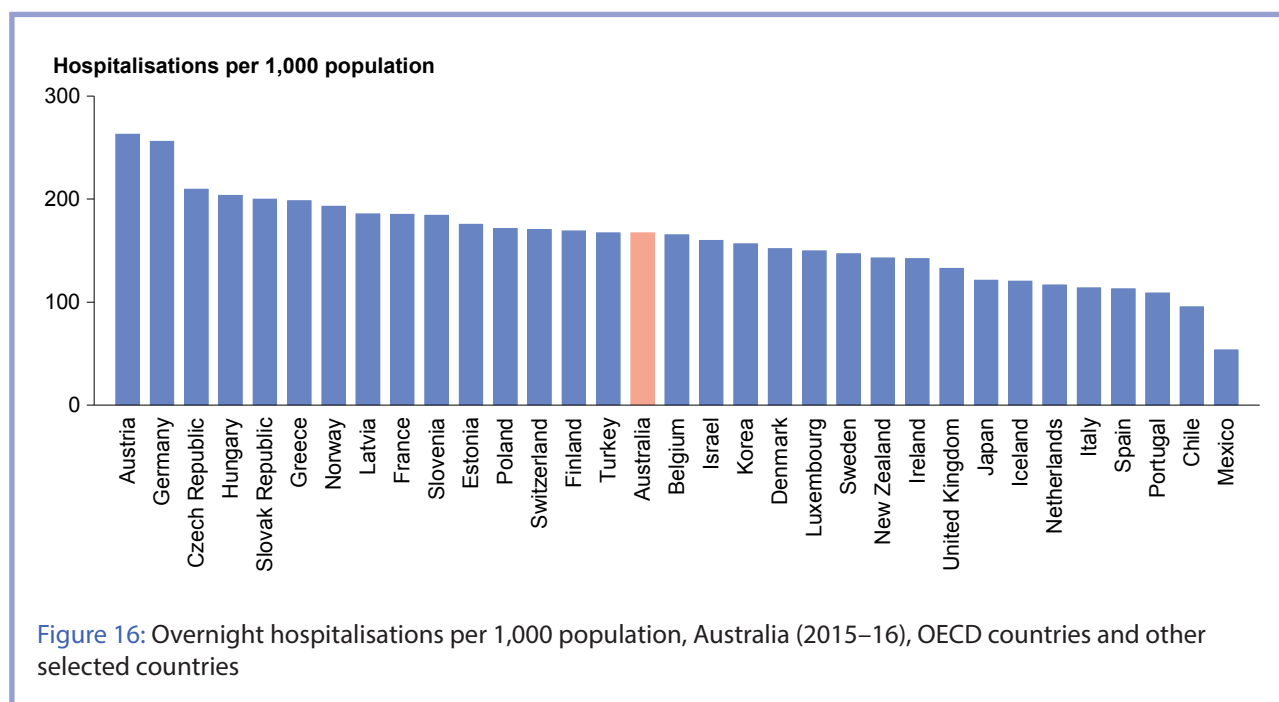
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How does Australia compare?

For the number of overnight hospitalisations per 1,000 population, Australia ranked around the middle of the range reported for Organisation for Economic Co-operation and Development (OECD) countries and other selected countries in 2015–16 (Figure 16) (OECD 2016).

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 chapters 2 and 6 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).



Days of patient care

Between 2011–12 and 2015–16:

- patient days increased by an average of 1.4% each year—from 27.7 million to 29.8 million (after adjusting for the effect of a change in definitions for mental health care)
- patient days in public hospitals increased an average of 1.5% each year (unadjusted), and the proportion of patient days that were in public hospitals was around 68% each year
- patient days in private hospitals increased an average of 2.5% each year, and the proportion of patient days that were in private hospitals was around 32%.

In 2015–16, 5% of public hospital patient days were spent in *Public psychiatric hospitals* (Table 5).

For more information on patient days, see Chapter 2 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

Table 5: Patient days ('000s), public and private hospitals, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public hospitals (other than psychiatric)	6,388	4,920	3,607	1,754	1,473	379	359	329	19,208
Public psychiatric hospitals	320	47	446	82	58	23	976
<i>Total public hospitals</i>	<i>6,708</i>	<i>4,968</i>	<i>4,053</i>	<i>1,836</i>	<i>1,531</i>	<i>401</i>	<i>359</i>	<i>329</i>	<i>20,184</i>
Private hospitals									
Private free-standing day hospital facilities	266	225	230	151	74	n.p.	n.p.	n.p.	961
Other private hospitals	2,513	2,251	2,201	838	570	n.p.	n.p.	n.p.	8,701
<i>Total private hospitals</i>	<i>2,779</i>	<i>2,476</i>	<i>2,431</i>	<i>989</i>	<i>644</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>9,662</i>
All hospitals	9,487	7,444	6,484	2,825	2,175	n.p.	n.p.	n.p.	29,846

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

Length of stay

Between 2011–12 and 2015–16, average lengths of stay in public and private hospitals fell slightly:

- from 3.4 to 3.2 days in public hospitals—a decrease of 1.7% on average each year
- from 2.3 to 2.2 days in private hospitals—a decrease of 1.1% on average each year.

In 2015–16, the average length of stay was generally higher for subacute and non-acute care than for acute care. The average length of stay was:

- 2.4 days in public hospitals and 1.9 days in private hospitals for acute care (Figure 17)
- 15.8 days in public hospitals and 4.0 days in private hospitals for rehabilitation care.

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 2015–16: Australian hospital statistics* (AIHW 2017a).

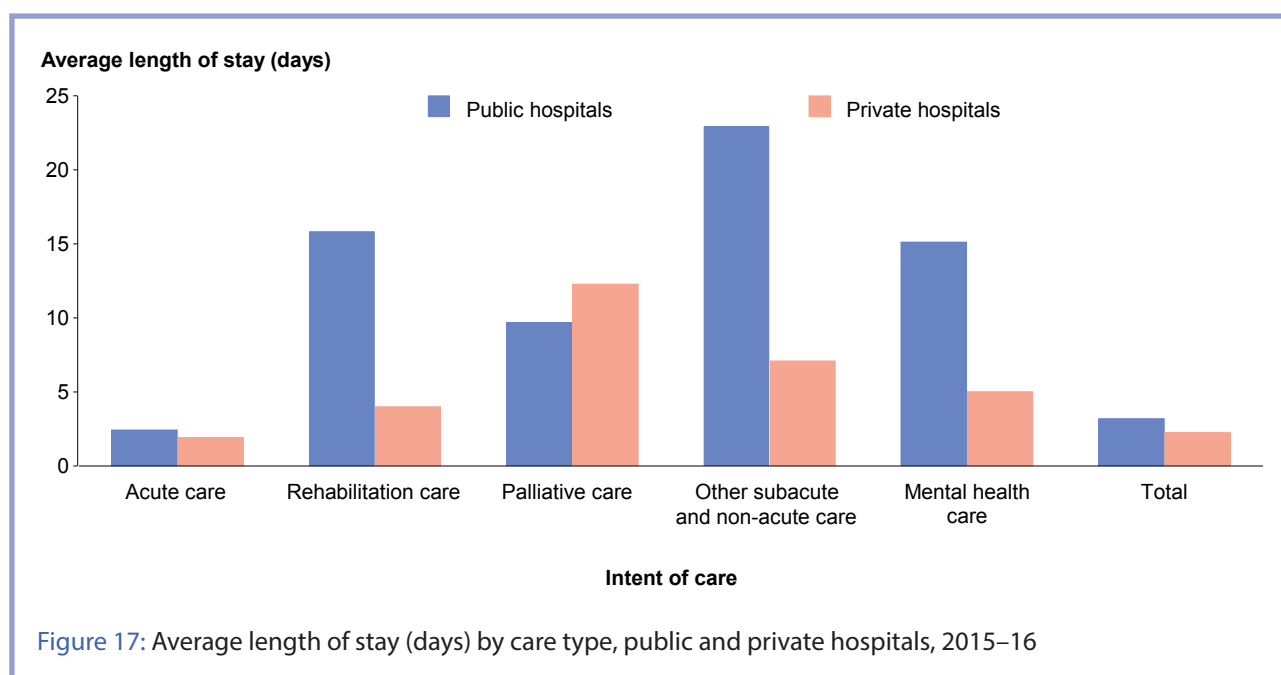


Figure 17: Average length of stay (days) by care type, public and private hospitals, 2015–16

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. An index of less than 1.0 indicates that the length of stay was less than expected.

In 2015–16, the relative length of stay for public hospitals was lower than that for private hospitals.

There were relatively shorter lengths of stay for *Medical* hospitalisations in public hospitals (0.93, compared with 1.35 in private hospitals), and for *Surgical* hospitalisations in private hospitals (1.01, compared with 1.02 in public hospitals) (Figure 18).

For more information on relative stay indexes, see Chapter 2 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

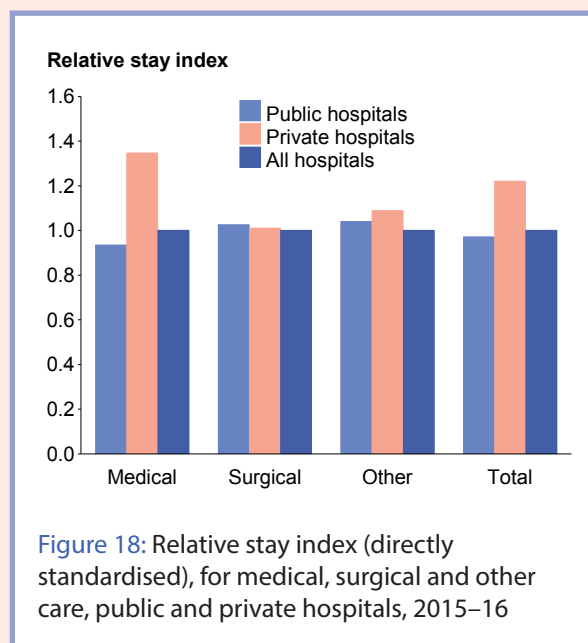


Figure 18: Relative stay index (directly standardised), for medical, surgical and other care, public and private hospitals, 2015–16

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.

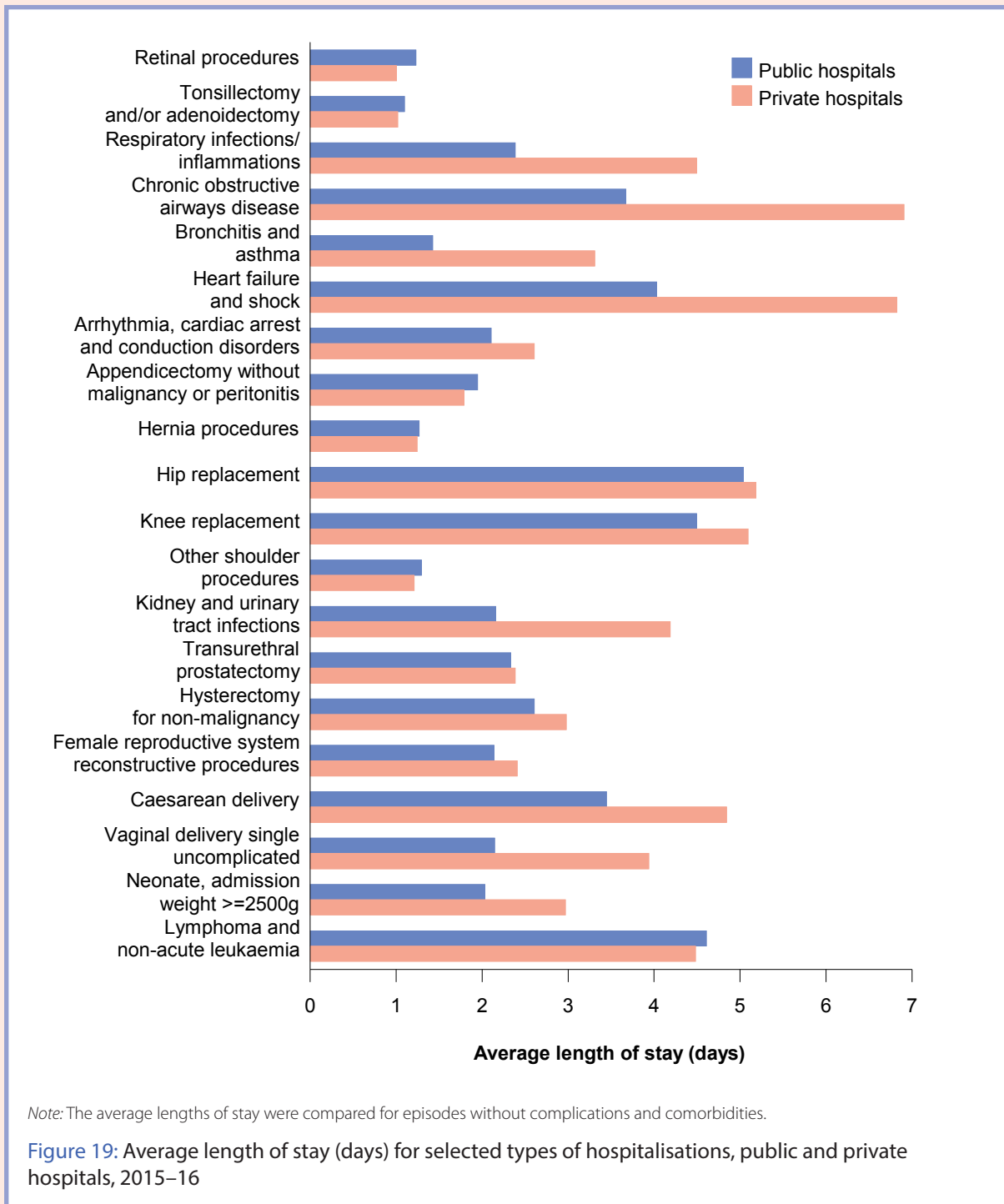
There were notable differences (more than 1 day) in the average length of stay between public and private hospitals for 8 of the 20 selected types of hospitalisations. For example, the average length of stay for *Chronic obstructive airways disease* was 3.7 days for public hospitals and 6.9 days for 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 *Hip replacement*.

For more information on length of stay, see Chapter 2 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

(continued next page)

Performance indicator: Average length of stay for selected types of hospitalisations (continued)



Who used admitted patient care services?

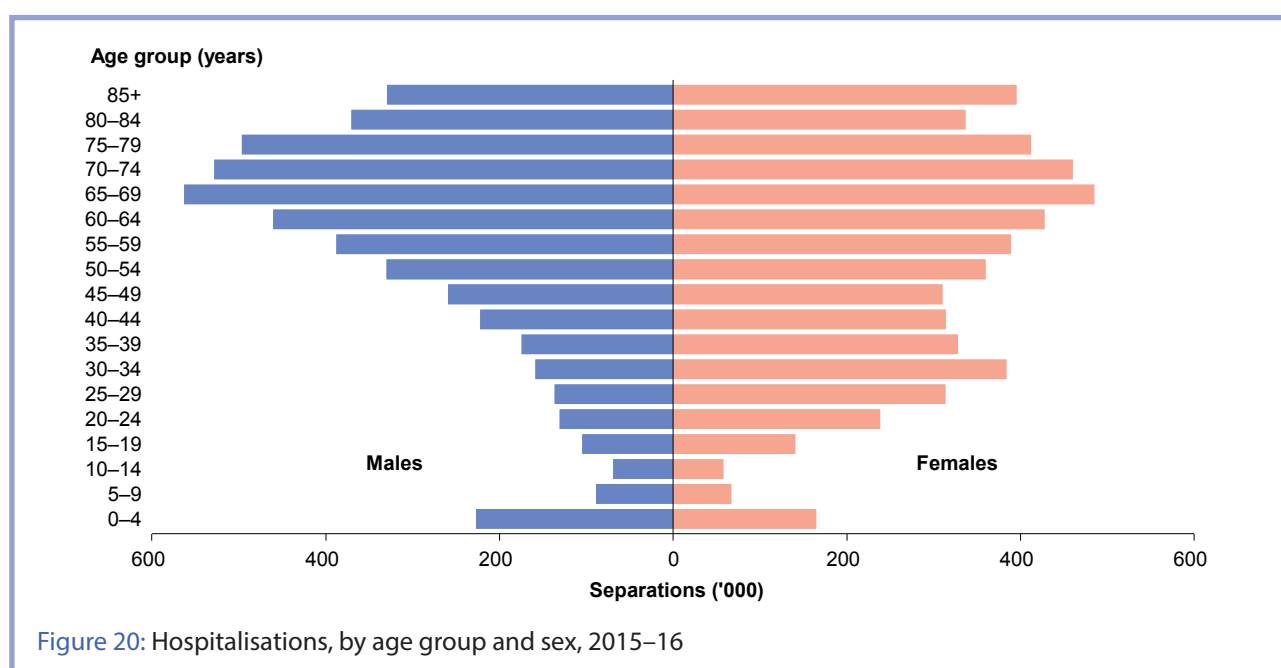
Age group and sex

Between 2011–12 and 2015–16:

- hospitalisations for people aged 65 to 74 increased by an average of 5.9% each year, faster than the population growth for this age group (4.3% each year over the same period)
- hospitalisations for people aged 85 and over increased by an average of 5.1% each year, faster than the population growth for this age group (3.9% each year).

In 2015–16, there were over 5.6 million hospitalisations for females and 5.0 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 48% of patient days.

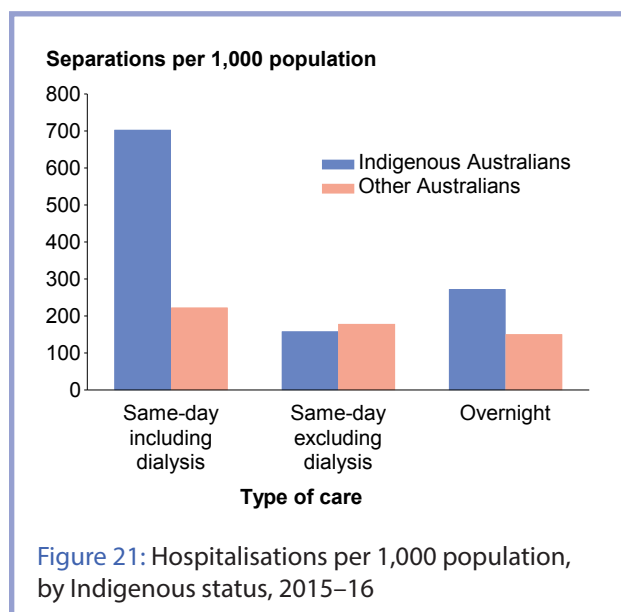


Aboriginal and Torres Strait Islander people

In 2015–16, compared with other Australians, Aboriginal and Torres Strait Islander people were hospitalised:

- about 2.5 times as often overall (after accounting for age)
- about 1.8 times as often for overnight stays (Figure 21)
- about 3.2 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.



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 2015–16:

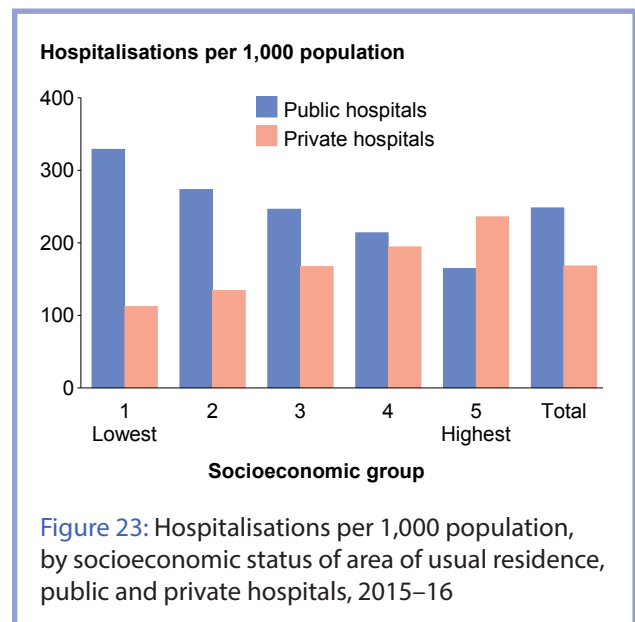
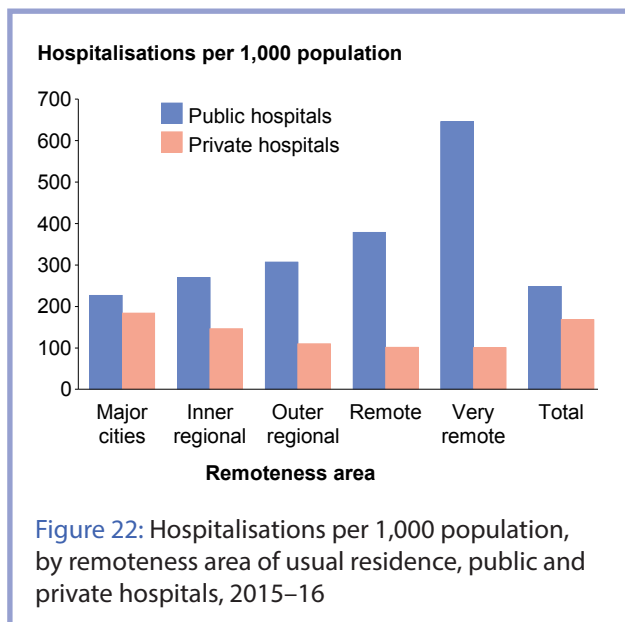
- overall, hospitalisation rates were highest for persons living in *Very remote* areas (Figure 22)
- for public hospitals, the rates were highest for patients living in *Very remote* areas and lowest for patients living in *Major cities*
- for private hospitals, the rates were highest for patients living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

Socioeconomic status

The patient's area of residence data 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 2015–16:

- 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

In 2015–16:

- most hospitalisations (94%) began as a new admission to hospital
- about 5% of hospitalisations in public hospitals and 3% in private hospitals began as a transfer from another hospital
- the remaining hospitalisations began as a statistical admission: care type change—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.

Urgency of admission

Admission 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 2011–12 and 2015–16:

- emergency admissions in public hospitals increased by an average 3.6% each year compared with 2.3% each year in private hospitals
- elective admissions in private hospitals increased by an average of 3.8% each year, compared with 2.5% in public hospitals.

In 2015–16:

- public hospitals accounted for about 92% of emergency admissions, and 71% of these were overnight admissions
- in public hospitals, separations both for *Public patients* and for *Private health insurance* patients were more likely to be emergency admissions (41% and 49%, respectively) than elective or other planned admissions
- private hospitals accounted for 56% of elective admissions, and 72% of these were same day admissions (Figure 24)
- in private hospitals, separations both for *Public patients* and for *Private health insurance* patients were more likely to be elective or other planned admissions (94% and 95%, respectively) than emergency admissions.

For more information see Chapter 4 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

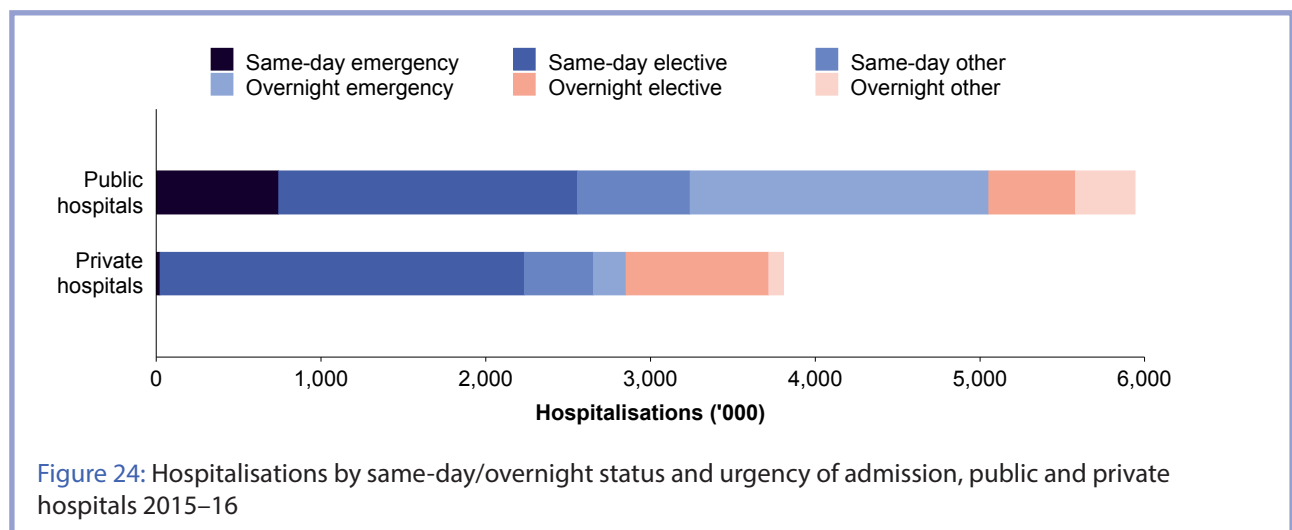


Figure 24: Hospitalisations by same-day/overnight status and urgency of admission, public and private hospitals 2015–16

Care type

The care type can be classified as:

- acute care (including newborns if they required acute care)
- mental health care
- subacute and non-acute care (such as *Rehabilitation, Palliative care, Geriatric evaluation and management, Maintenance care* and *Psychogeriatric care*).

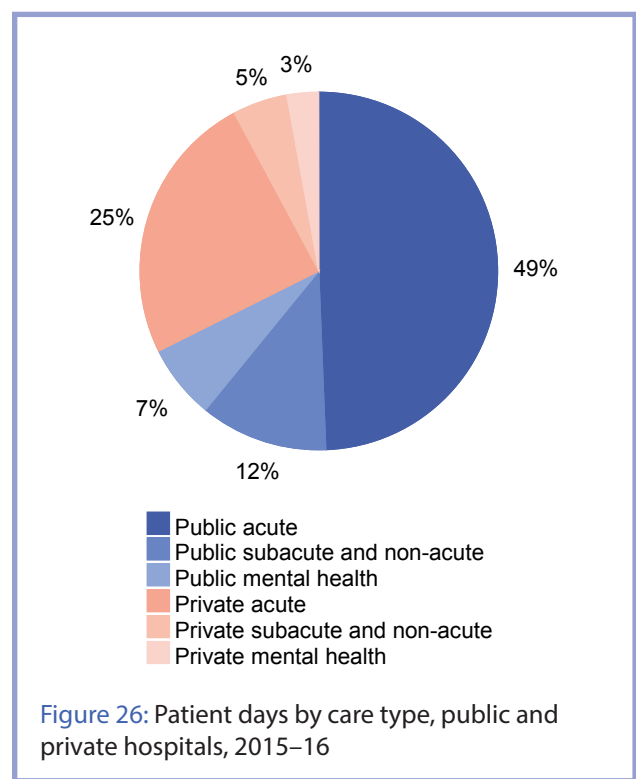
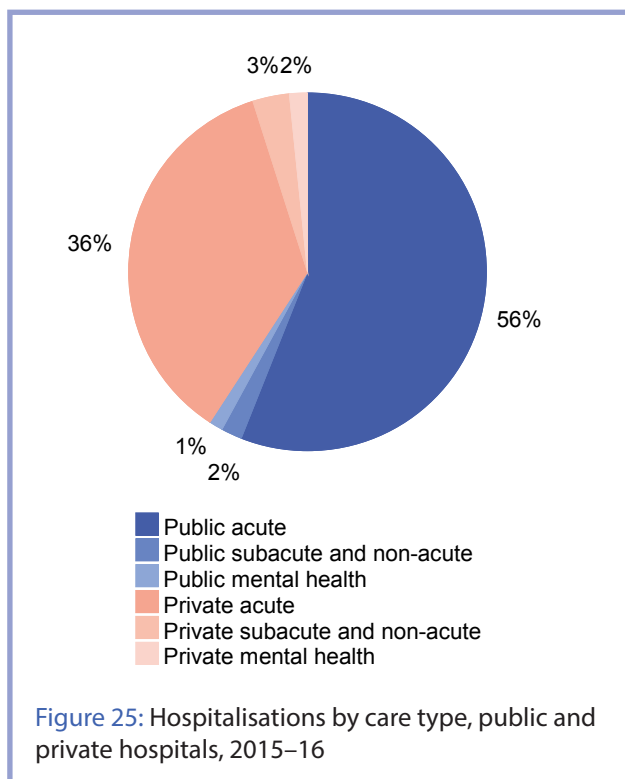
Most hospitalisations are for acute care, that is, care with the intent to cure the condition, alleviate symptoms or manage childbirth.

Between 2011–12 and 2015–16:

- *Maintenance care* had the highest average increases in hospitalisations each year in both public hospitals and private hospitals (4.6% and 17.6%, respectively)
- *Rehabilitation care* increased by an average of 10.0% each year in private hospitals.

In 2015–16:

- there were about 9.7 million acute care hospitalisations that accounted for:
 - 91% of hospitalisations (Figure 25) and 72% of patient days (Figure 26) overall
 - 93% of hospitalisations and 70% of patient days for public hospitals
 - 88% of hospitalisations and 75% of patient days for private hospitals
- subacute and non-acute care accounted for 5% of hospitalisations and 16% of patient days
- mental health care accounted for 3% of hospitalisations and 10% of patient days.



Principal diagnosis

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 2015–16:

- almost 2.5 million hospitalisations had a principal diagnosis in the ICD-10-AM chapter titled *Factors influencing health status and contact with health services*—which includes dialysis, radiotherapy, chemotherapy and palliative care
- the most common single reason for care was dialysis for kidney disease, and this was also the most common principal diagnosis for same day acute care hospitalisations
- the most common principal diagnoses reported for overnight acute hospitalisations in public hospitals were *Single spontaneous delivery* and *Single delivery by caesarean section* followed by *Pneumonia, organism unspecified*.

For more information about common principal diagnoses, see the infographic on page 26.

For more information on principal diagnoses for same-day and overnight acute hospitalisations see Chapter 4 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

Injury and poisoning

In 2015–16:

- 7.1% of all hospitalisations (748,000) were for injury or poisoning. Of these, about 8.7% were admitted for rehabilitation care
- the majority (78%) of hospitalisations for injury or poisoning were treated in public hospitals
- about 45% of these hospitalisations (including those for rehabilitation) were for injuries to arms and legs
- Indigenous Australians were hospitalised for injury or poisoning at about twice the rate for other Australians
- the most frequently reported cause of hospitalisation for injury or poisoning was falls (34%).

Why did people go to hospital in 2015–16?

Dialysis for kidney disease



1.4 million hospitalisations

99%
Same-day

Cancer



1.3 million hospitalisations

Skin	124,000
Breast	35,000
Prostate	34,000
Bowel	32,000
Lung	20,000

78%
Same-day

Chemotherapy

489,000

Cancer screening

63,000

Follow-up examination

56,000

Palliative care

24,000

Digestive system



1 million hospitalisations

Diseases of the intestines	340,000
Hernia	98,000
Embedded and impacted teeth	76,000
Reflux	73,000
Gallstones	67,000
Appendicitis	40,000

62%
Same-day

40%
Involved an
endoscopy

23%
Involved surgery

Musculoskeletal and connective



763,000 hospitalisations

Arthritis/osteoarthritis	267,000
Neck/back pain	88,000
Internal knee injury	61,000
Shoulder pain	35,000

52%
Same-day

28%
Involved
rehabilitation

46%
Involved surgery

Injury and poisoning



748,000 hospitalisations

Fractures	260,000
Complications related to medical and surgical care	129,000
Open wounds	77,000
Dislocation/sprain	38,000

37%
Same-day

2%
Involved a stay
in ICU

32%
Involved surgery

9%
Involved
rehabilitation

Circulatory



557,000 hospitalisations

Arrhythmias	90,000
Heart failure	62,000
Stroke	59,000
Heart attack	56,000
Angina	45,000

28%
Same-day

7%
Involved a stay
in ICU

9%
Involved
rehabilitation

23%
Involved
surgery

Pregnancy and childbirth



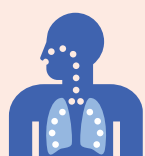
568,000 hospitalisations

Vaginal delivery	202,000
Caesarean section	104,000
IVF treatment	71,000

6%
of normal
deliveries were
same-day

34%
of childbirth
hospitalisations
involved a
caesarean sections

Respiratory



468,000 hospitalisations

Pneumonia	95,000
COPD	79,000
Tonsillectomy	41,000
Asthma	39,000

21%
Same-day

3%
Involved a stay
in ICU

2%
Involved
rehabilitation

20%
Involved surgery

Eye diseases



397,000 hospitalisations

Cataracts	248,000
Macular degeneration	56,000
Glaucoma	6,000

97%
of cataract
extractions
were same-day

97%
Involved surgery

Performance indicator: Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPH) 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.

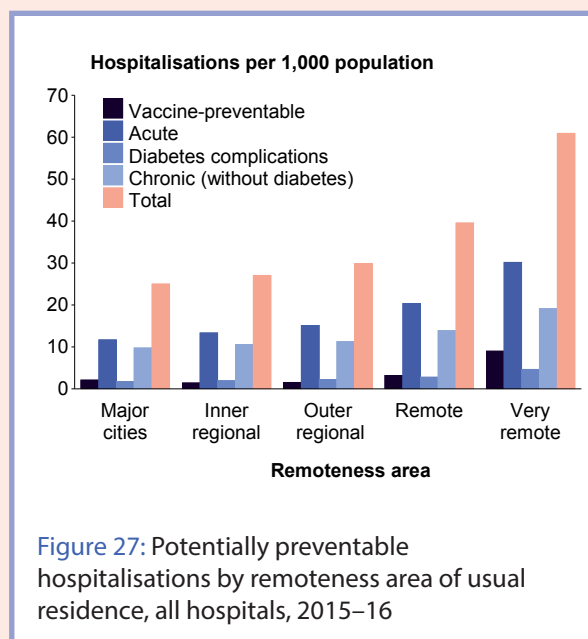
Between 2011–12 and 2015–16:

- the overall rate of PPHs fluctuated between 24.2 and 26.4 per 1,000 population
- for vaccine-preventable conditions, the PPH rate increased from 0.7 to 2.0 per 1,000 population
- for acute conditions, the PPH rate fluctuated between 11.9 to 12.6 per 1,000 population
- for chronic conditions, the PPH rate fluctuated between 11.4 to 12.0 per 1,000 population.

In 2015–16:

- 6.4% of all hospitalisations were thought to be potentially preventable (678,000)
- for Indigenous Australians, the overall rate of PPHs was around 3 times the rate for other Australians
- people living in *Very remote* areas had the highest PPH rates for vaccine-preventable conditions (9 per 1,000), chronic conditions (including diabetes, 24 per 1,000), and acute conditions (30 per 1,000)
- the overall PPH rate generally decreased with increasing levels of socioeconomic advantage (Figure 27).

For more information on PPHs, see Chapter 4 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).



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 2015–16:

- about 11 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.

What services were provided?

The nature of services provided for admitted patients is described here by 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*).

Information is also presented on hospitalisations that include intensive care and hospitalisations for *Rehabilitation* and *Palliative care*.

Broad category of service

Between 2011–12 and 2015–16, *Specialist mental health* hospitalisations increased for both public and private hospitals (by an average of 6.4% and 7.2% each year, respectively).

In 2015–16:

- 71% of hospitalisations in public hospitals were for *Medical care* and almost 4% were for *Childbirth* (Figure 28)
- public hospitals accounted for the majority of *Childbirth* (75%) and *Medical* hospitalisations (73%)
- 35% of hospitalisations in private hospitals were for *Surgical* care and 1.8% were for *Childbirth*
- private hospitals accounted for 60% of all *Surgical* and 56% of all *Specialist mental health* hospitalisations.

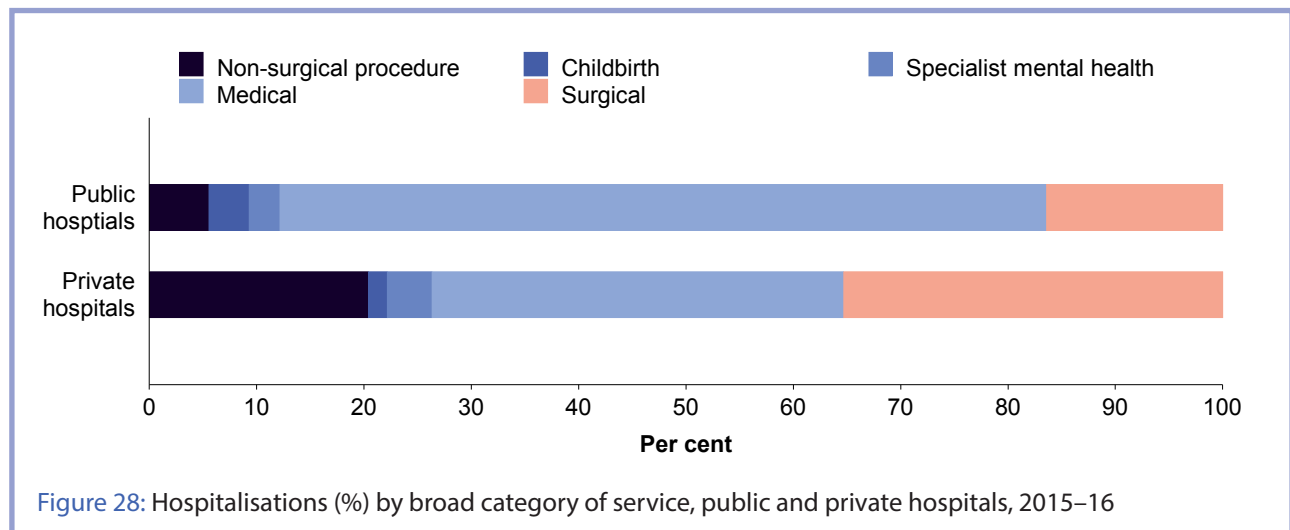


Figure 28: Hospitalisations (%) by broad category of service, public and private hospitals, 2015–16

Intensive care

An intensive care unit can provide complex, multi-system life support. These units are mostly located in *Principal referral*, *Women's and children's* and *Public acute group A* hospitals and can provide continuous mechanical ventilation, extracorporeal renal support and invasive cardiac monitoring for children or adults.

In 2015–16:

- overall, about 1.4% of hospitalisations (149,000) involved a stay in an intensive care unit:
 - 104,000 of these were in public hospitals and 32% included a period of ventilation support
 - 45,000 were in private hospitals and 17% included a period of ventilation support. This information was not available for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory
- 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.

Between 2011–12 and 2015–16, rehabilitation care increased by an average of 10.0% per year in private hospitals and by 1.8% per year in public hospitals. For private hospitals, the number of rehabilitation care separations increased by 7.1% between 2014–15 and 2015–16.

In 2015–16:

- 435,000 hospitalisations were reported for rehabilitation care overall, with 76% occurring in private hospitals
- for public hospitals, it accounted for 1.6% of hospitalisations and 8.0% of patient days
- for private hospitals, it accounted for 7.7% of hospitalisations and more than 13.7% of patient days
- the most common reasons for rehabilitation care were osteoarthritis of the knee or hip
- more than 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 2011–12 and 2015–16, hospitalisations for palliative care decreased by an average of 0.7% per year for private hospitals and increased by an average of 3.9% for public hospitals.

In 2015–16:

- there were more than 42,000 hospitalisations for palliative care (0.4% of all hospitalisations)
- Indigenous Australians had a higher hospitalisation rate for palliative care (2.7 per 1,000 population) than other Australians (1.5 per 1,000)
- the rate of palliative care in public hospitals varied among socioeconomic status groups—from 1.0 per 1,000 population for people living in areas classified as the highest socioeconomic status group to 1.6 per 1,000 for people living in areas classified as being in the lowest socioeconomic status group
- 57% 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.

Apart from general anaesthesia, *Haemodialysis* (dialysis) is the most common single procedure reported by Australian hospitals. Between 2011–12 and 2015–16, the number of procedures reported for dialysis increased by an average of 3.3% each year, rising from almost 1.3 million to more than 1.4 million.

In 2015–16:

- about 21.6 million procedures were reported—10.9 million in public hospitals and 10.7 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), 64% of *Radiation oncology procedures*, 75% of *Procedures on the respiratory system* and 74% of *Obstetric procedures* (including for childbirth)
- private hospitals accounted for 73% of *Dental services* procedures and 73% of *Procedures on the eye and adnexa* (including cataract surgery).

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 8.0 to 12.6 per 1,000 population (not including the Australian Capital Territory, Tasmania and the Northern Territory).

For more information on surgical procedures, see the section 'Surgery in Australia's hospitals' in this report and Chapter 6 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

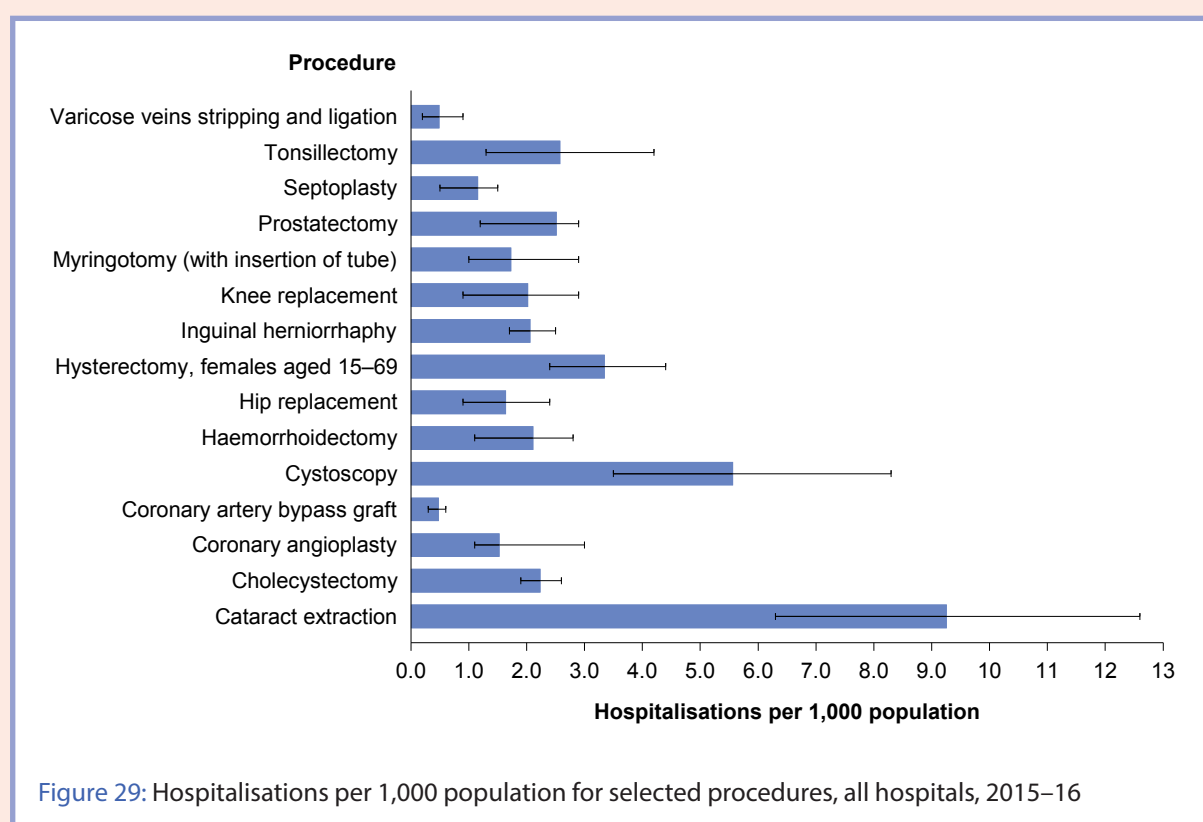


Figure 29: Hospitalisations per 1,000 population for selected procedures, all hospitals, 2015–16

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 2015–16:

- 1 or more adverse events resulted in, or affected about 576,000 hospitalisations (5.4% of all hospitalisations) (Table 6)
- about 6.6% of hospitalisations in public hospitals and 3.8% 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 (11.0% and 1.7%, respectively)
- subacute and non-acute care (for which lengths of stay are typically longer) compared with acute care hospitalisations (7.4% and 5.3%, respectively)
- emergency admissions compared with non-emergency admissions (9.7% and 3.9%, respectively).

Table 6: Hospitalisations with an adverse event per 100 hospitalisations, public and private hospitals, 2015–16

	Public hospitals	Private hospitals	Total
Hospitalisations with an adverse event	412,137	164,058	576,195
Hospitalisations with an adverse event per 100 hospitalisations			
Same-day hospitalisations	2.1	1.3	1.7
Overnight hospitalisations	11.6	9.6	11.0
Acute care hospitalisations	6.3	3.7	5.3
Sub- and non-acute care hospitalisations	11.6	4.7	7.4
Emergency admission	9.5	11.7	9.7
Non-emergency admission	4.4	3.4	3.9
Total	6.6	3.8	5.4

For more information on hospitalisations with adverse events, see Chapter 8 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

Performance indicator: Falls resulting in patient harm in hospital

In 2015–16:

- a fall resulting in harm that occurred in a health service area was reported for more than 34,000 hospitalisations
- the rate of falls was higher for public hospitals than for private hospitals (4.6 and 1.3 per 1,000 hospitalisations, respectively)
- the rate of falls was lower for Indigenous Australians compared with the rate for other Australians (1.5 and 3.3 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 (3.3 and 1.6 per 1,000 hospitalisations, respectively).

Performance indicator: Unplanned readmissions

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

In 2015–16:

- rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy* and *Hysterectomy* (35 and 33 per 1,000, respectively)
- 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 2015–16: Australian hospital statistics* (AIHW 2017a).

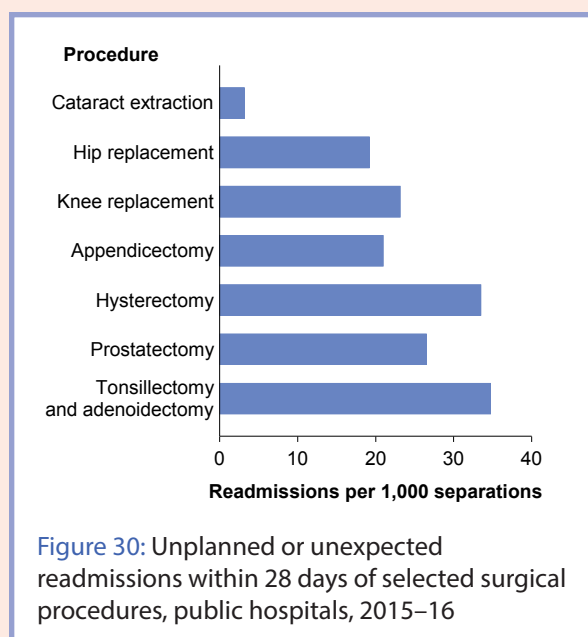


Figure 30: Unplanned or unexpected readmissions within 28 days of selected surgical procedures, public hospitals, 2015–16

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 2011–12 and 2015–16, the overall number of SAB cases decreased from 1,732 to 1,440. The number of methicillin-sensitive cases (MSSA) (treatable with commonly used antibiotics) decreased from 1,310 to 1,160 and the number of methicillin-resistant cases (MRSA) decreased from 422 to 280 (Figure 31).

In 2015–16:

- 1,440 cases were reported for public hospitals for almost 19.7 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
- four out of five SAB cases were methicillin-sensitive.

For more information, see *Staphylococcus aureus bacteraemia in Australian public hospitals 2015–16: Australian hospital statistics* (AIHW 2017d).

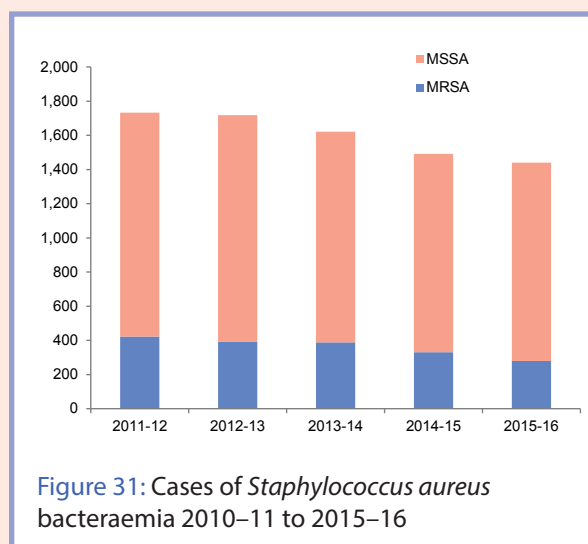


Figure 31: Cases of *Staphylococcus aureus* bacteraemia 2010–11 to 2015–16

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 5%) were transferred to some other health care accommodation, including another hospital. Fewer than 1% died in hospital.

In 2015–16, 97% of hospitalisations in private hospitals were discharged home compared with 89% in public hospitals. About 7% 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 2015–16: Australian hospital statistics* (AIHW 2017a).

Surgery in Australia's hospitals

In 2015–16:

- 1 in 4 (25%) hospitalisations involved surgery (2.7 million)
- about 59% of hospitalisations involving surgery occurred in private hospitals.

Admissions involving surgery can also be categorised as emergency or elective. An emergency admission involving surgery is a 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 a 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 2011–12 and 2015–16, emergency admissions involving surgery:

- increased by an average of 2.5% each year, for both public and private hospitals
- for public hospitals, Queensland had the highest increase (4.3% on average each year)
- for private hospitals, Victoria had the highest increase (4.8% on average each year).

In 2015–16:

- about 331,000 emergency admissions involved surgery
- public hospitals accounted for 87% of emergency admissions involving surgery
- for overnight emergency admissions involving surgery, the average length of stay was 7.4 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 16 per 1,000 in South Australia
- the 3 most common reasons for emergency admissions involving surgery were appendicitis, hip fracture (fracture of femur) and heart attack (acute myocardial infarction).

Elective surgery

Between 2011–12 and 2015–16, elective admissions involving surgery:

- rose by an average of 2.2% each year—2.5% in private hospitals and 1.7% in public hospitals.
- in public hospitals, increased in all states and territories, except South Australia
- in private hospitals, increased in all states and territories. Western Australia had the highest increase (3.9% on average each year).

In 2015–16:

- there were over 2.2 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
- for overnight elective admissions involving surgery, the average length of stay was 3.6 days in public hospitals and 3.1 days in private hospitals
- the 3 most common reasons for 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 2015–16: Australian hospitals statistics* (AIHW 2017a).

How many patients were admitted from elective surgery waiting lists?

Between 2011–12 and 2015–16, the number of admissions from public hospital elective surgery waiting lists increased by an average of 2.4% each year, and by 3.8% between 2014–15 and 2015–16.

In 2015–16, about 712,000 patients were admitted from public hospital elective surgery waiting lists (Table 7).

Table 7: Admissions ('000) from elective surgery waiting lists and waiting time statistics, public hospitals, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT ^(a)	NT	Total
Total admissions ('000)	218	179	141	87	60	19	n.a.	8	712
Waiting time statistics									
50th percentile time to admission (days)	55	30	29	30	40	72	n.a.	29	37
90th percentile time to admission (days)	328	174	163	161	233	452	n.a.	229	260
Per cent waited more than 365 days (%)	2.0	2.3	0.4	0.8	1.8	15.5	n.a.	4.2	2.0

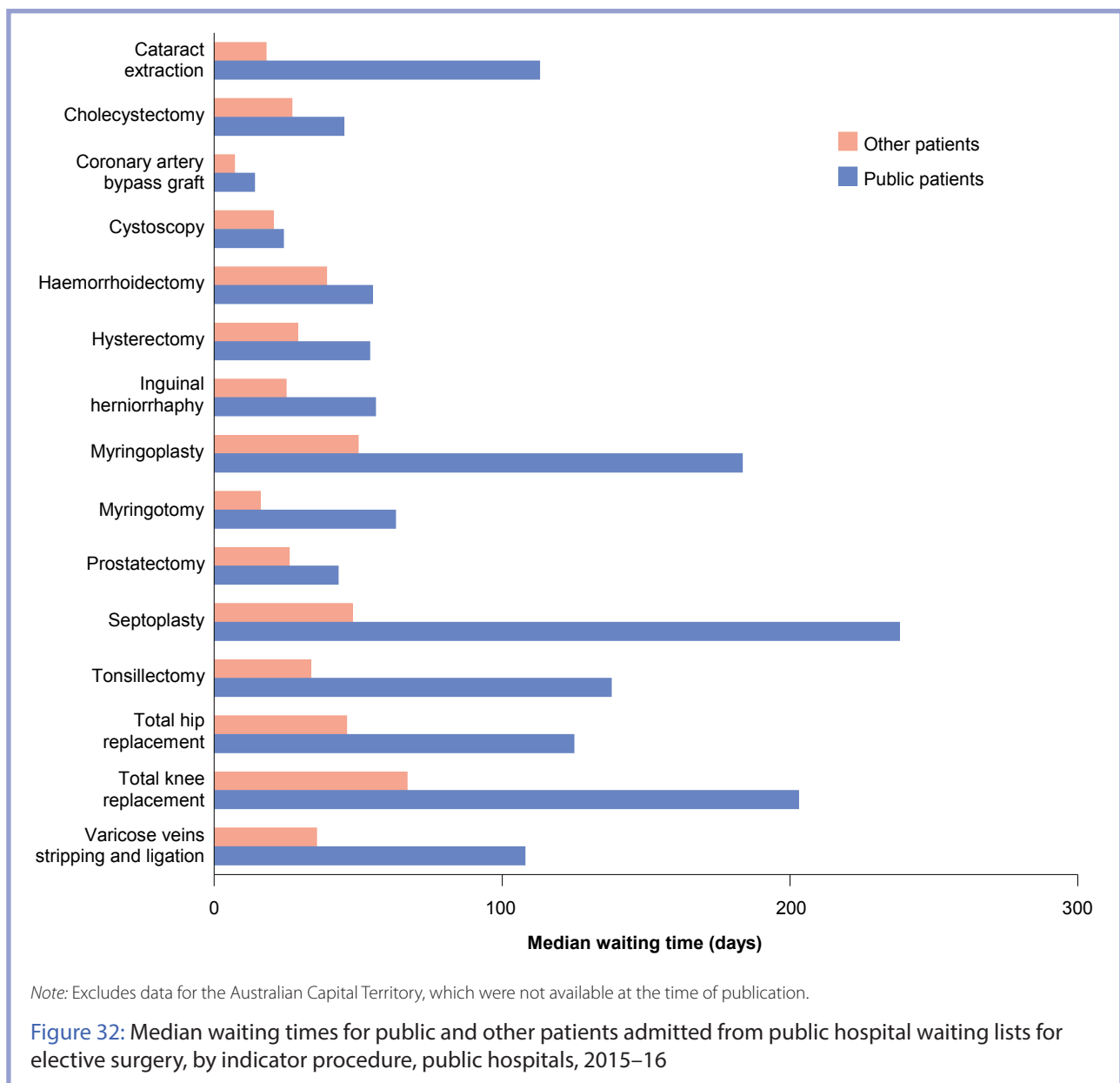
(a) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

How long did patients wait to be admitted from elective surgery waiting lists?

Waiting times for admission from elective surgery waiting lists vary by the remoteness area and socioeconomic status of an individual's usual residence, and funding source.

In 2015–16, the median waiting time (the number of days within which 50% of patients were admitted):

- ranged from 32 days for people living in areas classified as the highest SES group to 43 days for people living in areas classified as the lowest SES group
- varied by remoteness, ranging from 31 days for people living in *Remote* areas to 41 days for people living in *Inner regional* and *Outer regional* areas
- varied by the source of funding used:
 - overall, public patients had a median waiting time of 42 days, compared with 20 days for other patients
 - public patients had higher median waiting times for all of the 15 indicator procedures compared with other patients
 - the greatest difference in median waiting times was for *Septoplasty*, followed by *Total knee replacement* (Figure 32).



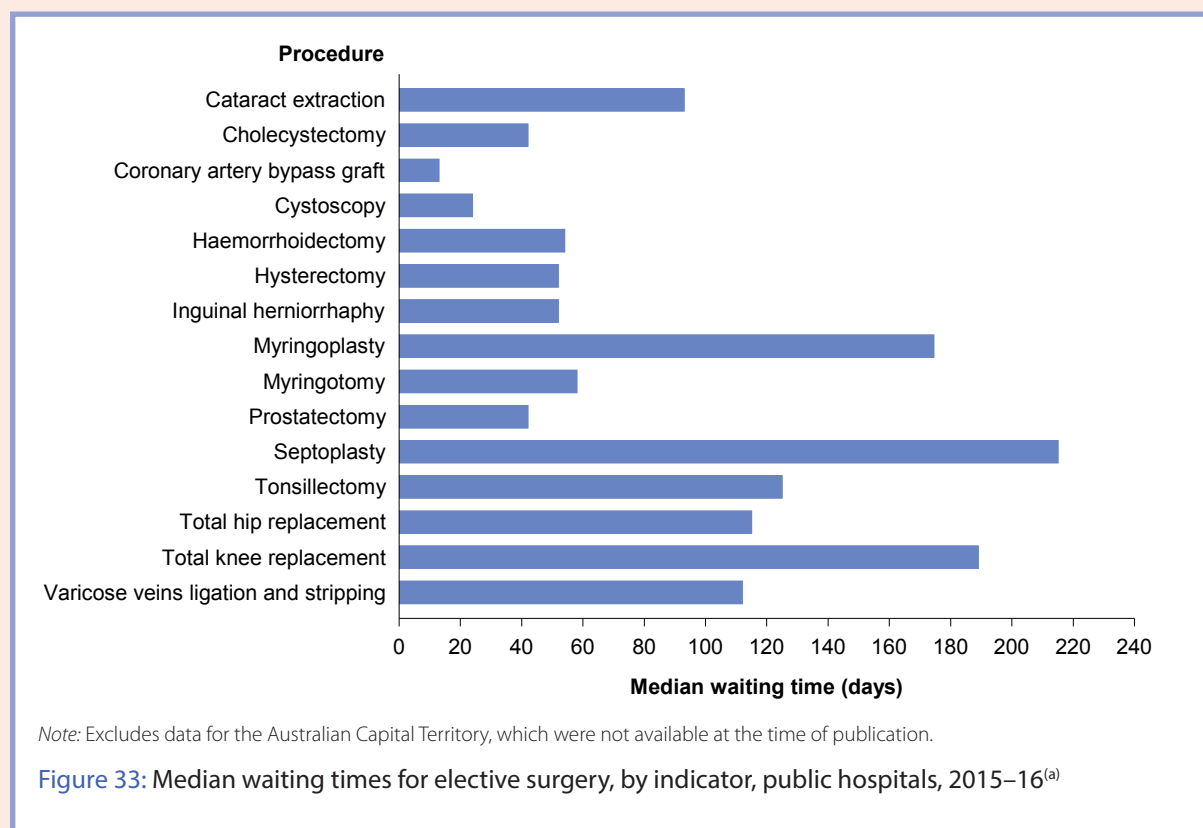
Performance indicator: Waiting times for elective surgery

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

In 2015–16:

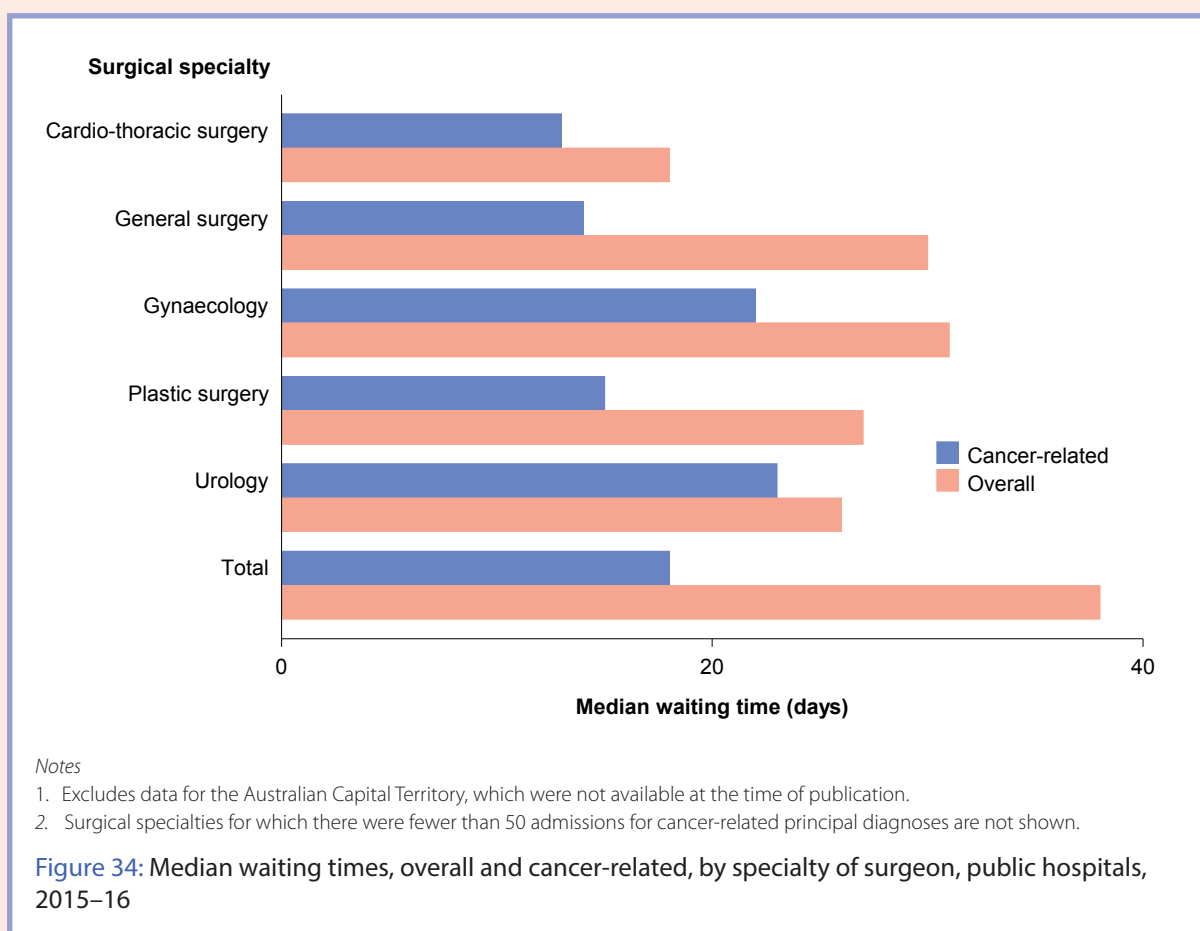
- 50% of patients who had been placed on a public hospital elective surgery waiting list waited 37 days or less to be admitted for their surgery. Median waiting times increased from 36 days in 2011–12 and from 35 days in 2014–15.
- 50% of patients waiting for:
 - a coronary artery bypass graft were admitted within 13 days
 - a septoplasty were admitted within 209 days
 - a total knee replacement were admitted within 188 days (Figure 33)
- the median waiting time varied between states and territories, ranging from 29 days in Queensland and the Northern Territory to 72 days in Tasmania (Table 7)
- patients with cancer-related principal diagnoses had shorter waiting times (50% admitted within 18 days) compared with patients overall (50% admitted within 38 days) (Figure 34)
- 2.0% 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, Chapter 6 of *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a) and Chapter 3 of *Elective surgery waiting times 2015–16: Australian hospital statistics* (AIHW 2016a).



(continued next page)

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 2017: Staphylococcus aureus bacteraemia in Australian public hospitals 2015–16: Australian hospital statistics. Health services series no. 74. Cat. no. HSE 184. Canberra: AIHW.

AIHW 2016: Emergency department care 2015–16: Australian hospital statistics. Health services series no. 72. Cat. no. HSE 182. Canberra: AIHW.

AIHW 2016: Elective surgery waiting times 2015–16: Australian hospital statistics. Health services series no. 73. Cat. no. HSE 183. Canberra: AIHW.

AIHW 2017: Admitted patient care 2015–16: Australian hospital statistics. Health services series no. 75. Cat. no. HSE 185. 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
- costs and funding in Chapter 7
- safety and quality of care in Chapter 8.

AIHW 2017: Non-admitted patient care 2015–16: Australian hospital statistics. Health services series no. 76. Cat. no. HSE 188. Canberra: AIHW.

AIHW 2017: Hospital resources 2015–16: Australian hospital statistics. Health services series no. 78. Cat. no. HSE 190. 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>.

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AIHW 2016b: Emergency department care 2015–16: Australian hospital statistics. Health services series no. 72. Cat. no. HSE 182. Canberra: AIHW.

AIHW 2016c. Health expenditure Australia, 2014–15. Health and welfare expenditure series no. 57. Cat. no. HWE 67. Canberra: AIHW.

AIHW 2017a: Admitted patient care 2015–16: Australian hospital statistics. Health services series no. 75. Cat. no. HSE 185. Canberra: AIHW.

AIHW 2017b. Hospital resources 2015–16: Australian hospital statistics. Health services series no. 78. Cat. no. HSE 190. Canberra: AIHW.

AIHW 2017c. Non-admitted patient care 2015–16: Australian hospital statistics. Health services series no. 76. Cat. no. HSE 188. Canberra: AIHW.

AIHW 2017d: *Staphylococcus aureus* bacteraemia in Australian public hospitals 2015–16: Australian hospital statistics. Health services series no. 74. Cat. no. HSE 184. Canberra: AIHW.

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Australia's hospitals 2015–16 at a glance provides summary information on Australia's public and private hospitals.

In 2015–16, there were 10.6 million hospitalisations in public and private hospitals combined, including 2.7 million involving surgery.

Public hospitals also provided care for 7.5 million patients presenting 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 2015–16 *Australian hospital statistics* suite of publications.