



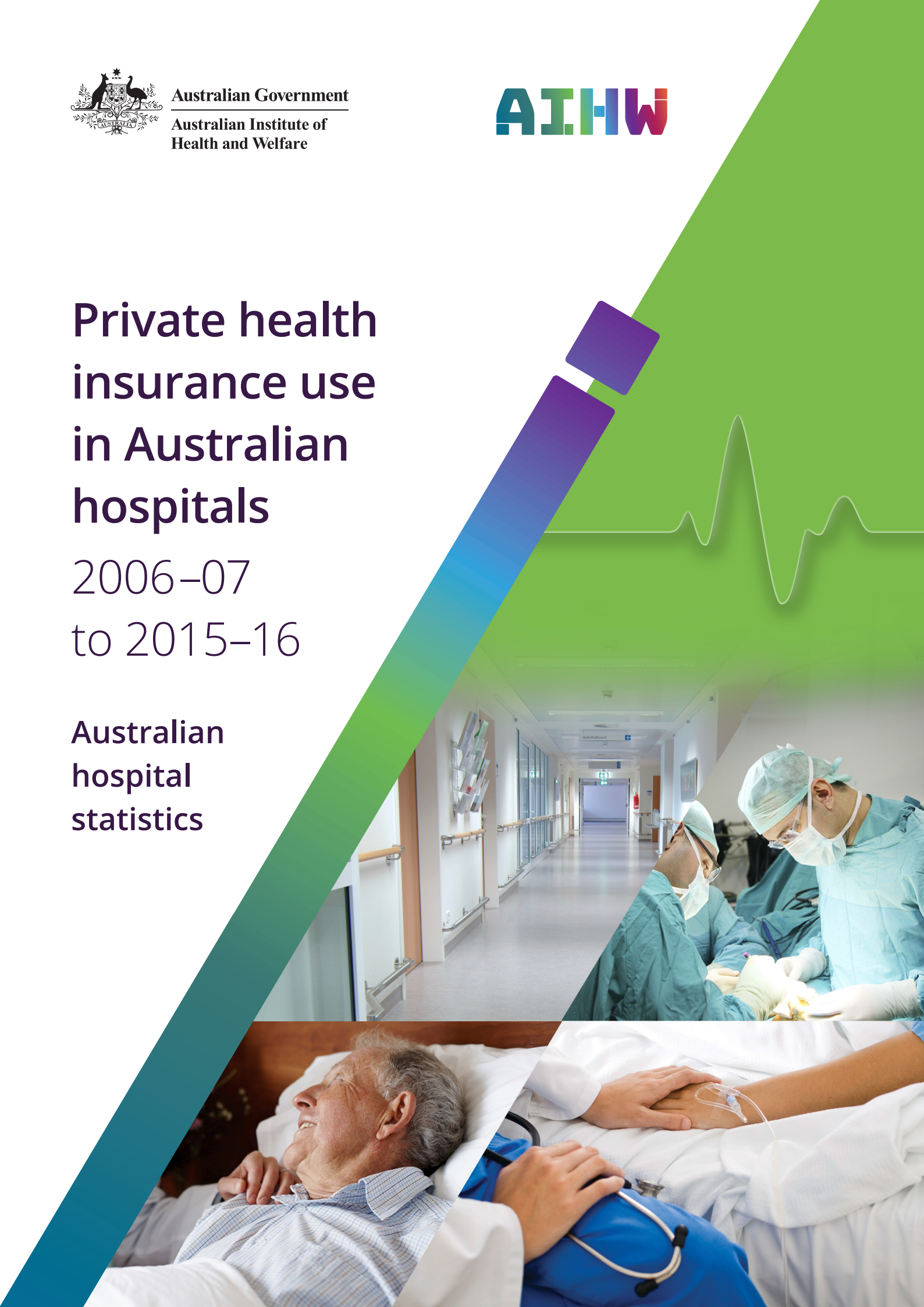
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AIHW

Private health insurance use in Australian hospitals

2006–07
to 2015–16

**Australian
hospital
statistics**





Australian Government
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**Private health insurance use
in Australian hospitals,
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Australian hospital statistics

Australian Institute of Health and Welfare
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Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
APC NMDS	Admitted patient care national minimum data set
AR-DRG	Australian Refined Diagnosis Related Group
METeOR	Metadata Online Registry
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHMD	National Hospital Morbidity Database
NMDS	national minimum data set
NSW	New South Wales
NT	Northern Territory
PHI	private health insurance
Qld	Queensland
SA	South Australia
SA2	Statistical Area level 2
SES	socioeconomic status
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

..	not applicable
n.a.	not available
n.e.c.	not elsewhere classified
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

Australians who have private health insurance can use that insurance to completely or partially fund their stay in public or private hospitals.

This report presents information on admitted patient separations (hospitalisations) that were completely or partially funded by private health insurance in Australia's public and private hospitals over the past 10 years. It includes comparisons of private health insurance-funded hospitalisations with hospitalisations for public patients and hospitalisations for patients funded by other sources. Also included are comparisons of funding for hospitalisations in public and private hospitals. As not all services are available at all hospitals, particularly in regional and remote areas, sometimes the type of care required may determine which type of hospital is used.

This summary provides examples of the statistics and information available in this report.

Private health insurance coverage

Almost half of the Australian population have private health insurance hospital cover. The proportion increased from 43.3% (at 30 June 2006) to 47.3% (at 30 June 2015) and then fell to 46.0% at 30 June 2017.

In 2016, people aged 60 to 64 had the highest rate of hospital insurance coverage (57.1%), and people aged 25 to 29 had the lowest rate (29.4%).

Private health insurance hospitalisations between 2006–07 and 2015–16

Private health insurance-funded hospitalisations in public and private hospitals combined, increased from 2.7 million in 2006–07 (36% of all hospitalisations) to 4.5 million in 2015–16 (42% of all hospitalisations), or an increase of 5.6% on average each year. This compares with a yearly average increase of 3.8% for all hospitalisations.

In 2006–07, about 1 in 7 (14.0%) private health insurance-funded hospitalisations occurred in public hospitals, and this increased to about 1 in 5 (19.5%) in 2015–16. Changes for states and territories during this period include:

- for New South Wales the proportion increased from 22.2% to 25.8%
- for Victoria the proportion increased from 12.8% to 19.4%
- for Queensland the proportion increased from 4.8% to 15.4%
- for Western Australia, the proportion decreased from 10.8% in 2006–07 to 9.3% in 2011–12, and increased to 10.8% in 2015–16
- for South Australia, the proportion decreased from 13.6% in 2006–07 to 9.9% in 2011–12, and increased to 11.6% in 2015–16.

For Tasmania, the Australian Capital Territory and the Northern Territory combined, the proportion increased from 20.3% to 23.5% between 2006–07 and 2015–16.

Public hospitals

For public hospitals, private health insurance-funded hospitalisations increased from 382,000 in 2006–07 (8.2% of hospitalisations) to 872,000 in 2015–16 (13.9%)—an increase of 9.6% on average each year.

Private health insurance-funded hospitalisations increased (on average each year) for:

- same-day hospitalisations (10.5%)
- overnight hospitalisations (8.9%)
- emergency admissions (11.7%)—with same-day emergency admissions increasing by 20.3%
- non-emergency admissions (7.9%).

Between 2006–07 and 2015–16, medical care (that is, not involving surgical or other procedures) was the most common type of service provided for private health insurance-funded hospitalisations in public hospitals. It accounted for an increasing proportion of private health insurance-funded hospitalisations in public hospitals over this period—rising from 67% to 73%.

Private hospitals

For private hospitals, private health insurance-funded hospitalisations increased from 2.3 million in 2006–07 (accounting for 80% of hospitalisations) to 3.6 million in 2015–16 (83%)—an increase of 4.9% on average each year.

Private health insurance-funded hospitalisations increased (on average each year) for:

- same-day hospitalisations (5.9%)
- overnight hospitalisations (2.9%)
- emergency admissions (1.3%)
- non-emergency admissions (5.1%).

Between 2006–07 and 2015–16, surgical care was the most common type of service provided for private health insurance-funded hospitalisations in private hospitals. Rehabilitation care increased by 16.9% on average each year and the proportion of private health insurance-funded hospitalisations in private hospitals that were for rehabilitation care increased from 3% to 8%.

Private health insurance hospitalisations, 2015–16

In 2015–16, private health insurance-funded hospitalisations accounted for varying proportions of hospitalisations in public hospitals (ranging from 8.5% in Western Australia to 19.9% in New South Wales).

About 70% of emergency admissions for private health insurance-funded hospitalisations were in public hospitals and 30% were in private hospitals.

For non-emergency admissions, 10% were in public hospitals and 90% in private hospitals.

About 71% of private health insurance-funded hospitalisations in public hospitals occurred in public hospitals located in *Major cities*, compared with 70% of public patients. National information was not available in the data used for this report on the location of private hospitals where private health insurance-funded hospitalisations occurred.

Types of patients who used private health insurance

Age of patient

Patients aged 75 and over, and those aged 19 and under accounted for higher proportions of private health insurance-funded hospitalisations in public hospitals (30% and 12%, respectively), compared with private hospitals (21% and 5%, respectively).

Where patients lived

About 65% of private health insurance-funded hospitalisations in public hospitals were for patients who lived in *Major cities*. About 76% of private health insurance-funded hospitalisations in private hospitals were for patients who lived in *Major cities*.

The proportion of private health insurance-funded hospitalisations that occurred in public hospitals increased with increasing remoteness of the patient. About 17% of private health insurance-funded hospitalisations for patients who lived in *Major cities* occurred in public hospitals and about 31% for patients who lived in *Remote areas*.

Socioeconomic status

For public hospitals, private health insurance-funded hospitalisations were evenly distributed across areas in all socioeconomic status groups—with 18%–21% of hospitalisations in each group. For private hospitals, private health insurance-funded hospitalisations were relatively more likely to be for people living in areas classified as being least disadvantaged (29%).

About 26% of private health insurance-funded hospitalisations were in public hospitals (rather than private hospitals) for patients who lived in areas classified as the most disadvantaged, compared with 15% for those in the least disadvantaged group.

Type of care provided to patients

Surgical care—emergency

Private health insurance-funded hospitalisations accounted for more than a quarter (27%) of all emergency admissions involving surgery—with 59% of these occurring in public hospitals, and 41% occurring in private hospitals.

Surgical care—non-emergency

Private health insurance-funded hospitalisations accounted for more than half (57%) of all non-emergency admissions involving surgery—with 95% of these occurring in private hospitals, and 5% occurring in public hospitals.

Elective surgery

Public patients accounted for 90% of hospitalisations for elective surgery (for patients who had been on public hospital elective surgery waiting lists), private health insurance patients accounted for about 7% and other patients accounted for about 3%.

Urgency category

Private health insurance patients were more likely to be assigned to clinical urgency category 1 (admission within 30 days) compared with public patients and other patients (39%, 27% and 23%, respectively).

Among surgical specialties, the largest differences in the proportion assigned to clinical urgency category 1 were for *Neurosurgery* (50% for private health insurance patients, 30% for public patients, and 32% for other patients).

Among common types of surgery, the largest differences in the proportion assigned to clinical urgency category 3 (admission within 365 days) were for *Tonsillectomy* (41% for private health insurance patients, 61% for public patients and 59% for other patients).

Median waiting times

The median waiting time is the number of days within which half of the patients were admitted for their surgery—the other patients waited longer.

Overall, private health insurance patients had shorter median waiting times than public patients and other patients (20 days, 42 days and 18 days, respectively).

For *Total knee replacement*, 50% of private health insurance patients were admitted within 76 days for their surgery, compared with 203 days for public patients and 54 days for other patients.

For patients who lived in *Major cities*, private health insurance patients (20 days) had shorter median waiting times compared with public patients (41 days) but longer median waiting times compared with other patients (15 days).

Medical care—emergency

Private health insurance-funded hospitalisations accounted for one-fifth of all emergency medical care hospitalisations, with 73% occurring in public hospitals and 27% in private hospitals.

Medical care—non-emergency

Private health insurance-funded hospitalisations accounted for two-fifths (38%) of all non-emergency medical care hospitalisations, with 23% occurring in public hospitals and 77% occurring in private hospitals.

Sources of information

Most of the data presented in this report are drawn from the AIHW's National Hospital Morbidity Database that includes data on admitted patient care in hospitals. Sources of funding of hospitalisations are presented in the following manner:

- Private health insurance patients—generally hospitalisations that had any funding from private health insurance, regardless of whether it was the majority source of funds
- Public patients—hospitalisations for patients admitted at no charge, mostly funded through public sector health or hospital service budgets (and no part funded by private health insurance)
- Other patients—mostly hospitalisations that were self-funded by the patient, or funded by workers compensation, motor vehicle third party personal claims or Department of Veterans' Affairs (and no part funded by private health insurance)

Information is not available on hospitalisations for patients who had private health insurance, but did not use it.

Data on private health insurance hospital cover presented in this report were sourced from the Australian Prudential Regulation Authority (APRA). APRA also reports information about patient hospitalisations funded by private health insurance. The data reported by the AIHW and by APRA are collected for different purposes, and are not necessarily comparable.

1 Introduction

Private health insurance use in Australian hospitals, 2006–07 to 2015–16: Australian hospital statistics presents information about separations for patients who used private health insurance (PHI) to fund all or part of their episode of admitted patient care (separation) in public and private hospitals, and includes comparisons with public patients and other patients.

A focus of this report is to compare patterns of activity in public and private hospitals.

This report expands on summary information about these separations in public hospitals, presented for the first time in *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

It should be noted that there are also separations for patients who had private health insurance, but did not use it. Information on those separations is not included in this report.

This chapter presents information on the data used in this report and their limitations, plus a summary of the methods and key terms used throughout the report.

What's in this report?

This chapter provides contextual information on the data used in this report, their limitations, as well as a summary of the methods and key terms used throughout the report.

Chapters 2 to 11 contain short self-contained sections on specific topics within the broad chapter topic, for example:

- 'Chapter 2 Who has private health insurance in Australia?'—presents information on the numbers of Australians who have PHI with hospital cover.
- 'Chapter 3 Funding sources for separations in Australia's hospitals, 2006–07 to 2015–16'—presents time series information on separations for both public and private hospitals by:
 - state or territory of hospitalisation
 - type of hospital—whether public or private
 - funding source reported for the separation
 - patient's age group
 - same-day/overnight status—whether the patient was admitted and discharged on the same day, or stayed at least 1 night
 - urgency of admission—whether the admission was an emergency (admission required within 24 hours) or could be delayed
 - broad category of service—whether for acute care (comprising childbirth, surgical care, medical care and other acute care), mental health care or subacute and non-acute care.
- 'Chapter 4 Funding sources for separations in Australian hospitals, 2015–16'—presents comparative information on separations for PHI-funded patients, public patients and other patients (that is, separations for non-public patients that were not funded by private health insurance), including information about the:
 - state or territory of hospitalisation
 - type of hospital—whether public or private

- patient's urgency of admission, and how the hospital episode began
- patient's age group
- remoteness of the patient's area of usual residence
- socioeconomic status (SES) group of the patient's area of usual residence.
- 'Chapter 5 Broad categories of service, 2015–16'—presents summary information on separations for PHI-funded patients, public patients and other patients by the type of care provided. It includes information about the:
 - average length of stay
 - average cost weight
 - remoteness of the patient's area of usual residence.
- Chapters 6 to 11 present summary information on separations for PHI-funded patients, public patients and other patients for individual broad categories of service including:
 - for acute care:
 - childbirth—see 'Chapter 6 Childbirth'
 - surgical care, involving an operating room procedure—see 'Chapter 7 Surgical care', including both emergency and non-emergency admissions. Chapter 7 also includes information on public hospital elective surgery waiting times
 - medical care that did not involve an operating room procedure—see 'Chapter 8 Medical care', including both emergency and non-emergency admissions
 - other acute care that involved a non-operating room procedure (such as endoscopy)—see 'Chapter 9 Other acute care', including both emergency and non-emergency admissions
 - for mental health care—see 'Chapter 10 Mental health care'
 - for subacute and non-acute care such as rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care and maintenance care—see 'Chapter 11 Subacute and non-acute care' (including a focus on rehabilitation care).
- Chapters 6 to 11 include summary information on:
 - state or territory of hospitalisation
 - patient's age group
 - remoteness of the patient's area of usual residence
 - SES of the patient's area of usual residence
 - the most common principal diagnoses
 - the most common procedures or interventions reported.

Appendix A presents summary data quality information.

Appendix B presents technical notes on the methods used in this report.

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

What data are drawn on for this report?

This report draws on the AIHW's National Hospital Morbidity Database (NHMD).

The report also includes summary information on PHI membership sourced from the Australian Prudential Regulatory Authority (APRA). Data about the numbers of

hospitalisations funded by PHI published by APRA have not been included in this report. See Box 1.1 for an explanation of the hospitalisations data held by APRA and how they differ from the hospital separations data held by the AIHW.

Box 1.1: Sources of data on hospital care funded by private health insurance

The AIHW and APRA both report information about admitted patient care episodes that are funded by private health insurance (PHI). Although the data collected by both AIHW and APRA are fit for purpose, the 2 sources of data are not necessarily comparable. The disparity in the counts of episodes of care reported by APRA and separations reported by the AIHW may be attributed to a number of causes, including differences in the categorisation of public and private hospitals, the scope of the collections, counting units and timing.

Australian Institute of Health and Welfare

The AIHW annually reports on the characteristics and activity of Australia's hospitals—including data about admitted patient separations—to meet its annual reporting requirements under the National Health Information Agreement, and other national reporting requirements. The admitted patient data are provided to the AIHW by state and territories for the Admitted patient care national minimum data set (APC NMDS) (METeOR identifier: 612171). These data include information on the source of funding for separations (see METeOR identifier: 553314). In the APC NMDS, the source of funding is generally recorded as 'Private health insurance' if any part of the separation was funded by PHI.

A separation is the period between a formal or statistical admission and a formal or statistical discharge (or separation), characterised by a single type of care. Therefore, a hospital stay that includes an episode of acute care followed by subacute care (for example, rehabilitation) would be counted as 2 separations—the first with a separation mode of 'statistical discharge: type change' and the second with an admission mode of 'statistical admission: type change'.

For 2015–16 for separations at least partially funded by PHI, the AIHW reported:

- 4.5 million separations—3,601,976 in private hospitals and 871,902 in public hospitals
- 11.2 million patient days—3.1 million in public hospitals and 8.1 million in private hospitals.

For the purposes of AIHW reporting:

- a separation is counted if the separation ended during the financial year (for example, between 1 July 2015 and 30 June 2016)
- the funding source reported for a separation generally reflects the funding source expected at the end of the episode, and this may differ from the finalised actual funding source (for example, if the PHI claim is rejected)
- the numbers of separations (and patient days) reported by the AIHW include episodes of hospital-in-the-home (HITH) care which may be reported as part of the separation, or as a distinct separation composed entirely of HITH days. HITH separations are provided for both public and private hospitals.

The states and territories are responsible for deciding which hospital sector that each hospital's activity should be reported against. In some cases, separations from a hospital may be reported by the jurisdiction as public hospital separations for some services and as private hospital separations for others.

(continued)

Box 1.1 (continued): Sources of data on hospital care funded by private health insurance

For example, the Hawkesbury District Health Service is a teaching hospital in Windsor, New South Wales operated by St John of God Health Care (a not-for-profit private health care group). It provides public patient services under a public-private partnership with the Nepean Blue Mountains Local Health District. Hawkesbury District Health Service is reported as a public hospital for the purposes of reporting to the AIHW.

Australian Prudential Regulation Authority

APRA has a monitoring role to ensure that PHI institutions are meeting the prudential standards and practices designed to ensure that, under all reasonable circumstances, financial promises made by PHI institutions are met within a stable, efficient and competitive financial system.

APRA receives aggregate jurisdiction-level data quarterly from each private health insurer. These data include the number of episodes of care, number of days of care and the total benefit paid. The provision of data to APRA is governed by *Reporting Standard HRS 601.0 Statistical Data by State* under section 13 of the *Financial Sector (Collection of Data) Act 2001*. Insurers report an episode of care to APRA if a benefit was paid for any part of the care provided in either a public or private hospital setting.

Under the *Private Health Insurance Act 2007* (PHI Act), the Minister for Health has the role of declaring if a 'facility' is defined as a hospital for the purposes of the PHI Act, and when deciding to declare a 'facility' a hospital, the Minister must include a statement noting that the hospital is either a public or private hospital.

For 2015–16, APRA reported:

- 4.4 million episodes of care funded by private health insurers—2,841,884 in private hospitals (plus an additional 620,673 in private day hospitals), 773,078 in public hospitals, and 174,074 as hospital substitute treatment episodes of care (in either the public or private sector, noting that this split was not available)
- 11.1 million patient days—2.8 million in public hospitals and 8.3 million in private hospitals (APRA 2017a).

For the purposes of APRA reporting:

- an episode of care is defined as the period between the insured person's admission to the hospital and discharge from that hospital (once a benefit has been paid). Therefore, one episode of care may include both acute and subacute care
- an episode of care does not necessarily reflect the period in which the episode occurred, since private health insurers often receive invoices and make benefit payments in another period
- APRA receives and reports on aggregate episodes of care from private health insurers and episodes of care in a private hospital setting are generally categorised as private hospital episodes
- APRA's reporting on 'Hospital substitute treatment' episodes of care (that is, any of, or any combination of, nursing, medical, surgical, podiatric surgical, diagnostic, therapeutic, prosthetic, pharmacological, pathology or other services or goods intended to manage a disease, injury or condition provided in a non-hospital setting), cannot be reported as being provided by either the public or private sector, and therefore are not included in the totals reported against each sector.

National Hospital Morbidity Database

This report draws on data from the NHMD to present information about separations funded by PHI in Australian hospitals.

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

Administrative data provide information on:

- how patients were admitted
- how patient care ended
- length of stay in hospital
- source of funding for the episode.

Demographic data provide information including:

- patient's age
- patient's sex
- patient's Indigenous status
- remoteness of the patient's area of usual residence
- SES of the patient's area of usual residence.

Clinical data provide information on:

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

Information on separations for elective surgery admitted from public hospital elective surgery waiting lists were provided by jurisdictions for inclusion in the NHMD as a 'cluster' of elective surgery waiting times data. The 'cluster' data allow analysis of public hospital waiting times for elective surgery for separations reported for the NHMD.

Most of the data collected were as specified in the APC NMDS. Terms relevant to admitted patient care data are summarised in Section 1.3. See the Glossary for more information and more terms relating to admitted patient care.

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

Issues to note when interpreting these data

Limitations of the data

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, and logical and historical consistency. Where possible, the AIHW checks data in individual data sets against data from other data sets. The AIHW queries potential errors with jurisdictions, and corrections and resubmissions may be made in response to these queries.

Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Data were not available for private free-standing day hospital facilities in the Australian Capital Territory and the Northern Territory.

Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes. See boxes 1.2 and 1.3 for information about variations in data.

For more information on the limitations of the data see *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

Box 1.2: 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 not only between public and private hospitals but also among the states and territories, and over time.

Admission practices vary for some services, such as chemotherapy, radiotherapy, dialysis, endoscopy, rehabilitation and same-day mental health programs. 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.

For more information on as practice variation, see *Variation in hospital admission policies and practices: Australian hospital statistics* (AIHW 2017b).

Box 1.3: Variations in reporting funding source

There are national standards for reporting the funding source for the admitted patient care episode. However, there is some variation among jurisdictions in the way that this information is reported.

Nationally agreed definitions

Between 2006–07 and 2011–12, the funding source for the admitted patient episode was to be reported as the ‘principal source of funds for an admitted patient episode’ (METeOR identifier: 339080).

From 2012–13, the funding source data element was revised and included the guidance that:

The source of funding should be assigned based on a best estimate of where the majority of funds come from, except for private health insurance, which should be assigned wherever there is a private health insurance contribution to the cost (METeOR identifiers: 472033, 553314).

Variation in the reporting of funding source

New South Wales, Queensland, South Australia, Australian Capital Territory and the Northern Territory advised the AIHW that their jurisdiction had changed how funding source data were reported to align with the change in definition between 2011–12 and 2012–13. Therefore, changes over time for PHI-funded separations should be interpreted with caution for those jurisdictions.

Victoria advised that the definition used for reporting funding source for the NHMD had not changed over time, as Victoria had been assigning private health insurance as the funding source based on any contribution before 2012–13.

Western Australia and Tasmania, did not advise of any changes in collection and reporting of these data due to changes in metadata between 2006–07 and 2015–16. Western Australia and Tasmania advised the AIHW that their jurisdictions had continued to record the funding source as ‘Private health insurance’ only if the majority of the separation was funded by PHI.

Variation in the point at which assignment of funding source occurs

States and territories use different methods for establishing and recording the funding source for a separation, for the purpose of reporting to the NHMD. The point at which assignment of funding source occurs varies between states and territories.

In Western Australia and the Australian Capital Territory, the funding source reported for the NHMD reflects the intended funding arrangements chosen by the patient and recorded at time of admission.

For New South Wales, Victoria, Queensland, South Australia, Tasmania and the Northern Territory the funding source reported for the NHMD is determined after the separation has been completed (or on the final day of the episode of admitted patient care).

Other data quality issues

Funding source data provided by private hospitals in the Northern Territory was incomplete between 2007–08 and 2011–12. Therefore, the proportion of PHI-funded separations in public hospitals over this period is likely to be overestimated to the extent of non-reporting for the Northern Territory private hospital.

Terms and methods used in this report

Key terms

The following terms are used in this report:

- **separation**—the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation care).
- **private health insurance-funded (PHI-funded) separation**—generally includes any separation that had any funding from private health insurance, regardless of whether it was the majority source of funds (METeOR identifier: 553314).
- **public patient separation**—a separation for which the funding source was reported as:
 - health service budget, including:
 - Reciprocal Health Care Agreements
 - no charge raised due to hospital decision in public hospitals
 - other hospital or public authority (with a *Public* patient election status)
- **other separation**—a separation for which the funding source was reported as:
 - self-funded
 - Department of Veterans' Affairs
 - Department of Defence
 - worker's compensation
 - motor vehicle third party personal claim
 - other compensation
 - correctional facilities
 - other hospital or public authority (without a *Public* patient election status),
 - health service budget—no charge raised due to hospital decision (in private hospitals)
 - other (funding source)
 - or for which the funding source was not reported.

Methods

Unless otherwise specified, all analyses sourced from the NHMD exclude *Newborns* without any qualified days and records for *Hospital boarders* and *Posthumous organ procurement*.

Changes over time

Some tables in this section present the average annual changes from 2006–07 to 2015–16, and annual change between 2014–15 and 2015–16.

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

Suppression of information

The data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed to preserve commercial confidentiality. As a result, any

comparisons of private hospital activity by jurisdiction in the text do not include Tasmania, the Australian Capital Territory and the Northern Territory. However, the totals for Australia include the data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory.

In a small number of tables, small numbers have been suppressed for confidentiality.

Waiting times data were suppressed if there were fewer than 100 separations recorded for the category.

Presentations by broad category of service

The broad categories of service presented in this report include:

- Acute care—separations for which the care type was reported as *Acute*, *Newborn* (with at least one qualified day), or was not reported—including:
 - Childbirth—separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (for *Caesarean delivery* (with or without complications) and *Vaginal delivery* (with or without procedures, and with or without complications). Childbirth separations do not include newborn care.
 - Surgical—separations for which the AR-DRG belonged to the *Surgical* partition of the AR-DRG classification (involving an operating room procedure).
 - Medical—separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room or other procedure).
 - Other acute—separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy).
- Mental health care
For 2015–16, mental health care includes separations for which the care type was reported as *Mental health care* (implemented from 1 July 2015). This differs from previous years, for which this category included separations for which specialised psychiatric care days were reported.
- Subacute and non-acute care
This includes separations for which the care type was reported as rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care and maintenance care.

Presentations by remoteness area

Remoteness area categories divide Australia into areas depending on distances from population centres. This report presents information on separations by remoteness area of usual residence of the patient and by remoteness area of the hospital.

Presentations by socioeconomic status

This report presents information by the socioeconomic status (SES) of the patient's area of usual residence. The information is presented by SES quintiles (fifths). The lowest SES group represents the areas containing the 20% of the population with the most disadvantage and the highest SES group represents the areas containing the 20% of the population with the least disadvantage.

Where to go for more information

Additional tables accompany this report on the AIHW website. They include:

- separations for public patients, private health insurance patients and other patients, states and territories, 2006–07 to 2015–16
- separations for public patients, private health insurance patients and other patients by age group and sex, hospital sector and broad category of service, 2015–16
- average length of stay for public patients, private health insurance patients and other patients, by hospital sector and broad category of service, 2015–16
- the 30 most common principal diagnoses for public patients, private health insurance patients and other patients, by hospital sector and broad category of service, 2015–16
- the 30 most common procedures for public patients, private health insurance patients and other patients, by hospital sector and broad category of service, 2015–16.

Other reporting/suggested reading

In March 2017, the Independent Hospital Pricing Authority released the report *Private Patient Public Hospital Service Utilisation* (EY 2017). It highlights an average increase of 10% per year in the number of separations for private patients in public hospitals between 2008–09 and 2014–15 and variation between jurisdictions in the use of public hospital services by private health insurance patients. It suggested that some state/territory health funding policies contributed to the trend of increased privately funded public hospital separations. The report is available from the website <www.ihoa.gov.au>.

The Australian Prudential Regulation Authority (APRA) reports on aggregate jurisdiction-level data quarterly. These data include the number of episodes of care, number of days of care and the total benefit paid. These reports are available from the website <www.apra.gov.au>.

2 Who has private health insurance in Australia?

This chapter presents an overview of the numbers of people insured, and the proportion of the population covered, by private health insurance for hospital treatment in Australia between 2007 and 2017.

Key data issues

Private health insurance changes, 2006 to 2017

Until 2006 there was a non-means tested rebate on PHI premiums. From 1 July 2012, the PHI rebate became income tested. The PHI rebate amounts include the rebate on health insurance premiums that can be claimed directly from the Australian Government through the taxation system, or through a reduced premium charged by the PHI fund.

Before the 2012 financial year, the Medicare levy surcharge was a flat rate of 1%. In July 2012, higher rates of the surcharge were introduced for higher income earners (above a specified income threshold).

Data source

Private health insurance data were sourced from the Australian Prudential Regulation Authority (APRA).

APRA collects and reports on the number of policies and insured persons for 'Hospital treatment only' and 'Hospital treatment and General treatment combined' policies, with 'Total hospital treatment' including the two categories. APRA reporting also includes the types of policies (for example, Exclusionary and Non-exclusionary, and Single and Family), the number of insured persons by age group and sex, and the type of cover (for example, Full cover and Reduced cover but no lifetime exclusions).

The information presented on PHI cover in this chapter refers to 'Total hospital treatment' insurance. It does not refer to PHI for 'General treatment only'.

The proportions of the Australian and states and territories populations covered by 'Total hospital treatment', for 2006 to 2017 were sourced from APRA (Table 2.1 and Figure 2.1).

The proportion of each age group covered by 'Total hospital treatment' was calculated using the APRA membership data by age group divided by the Australian Bureau of Statistics' estimated resident populations at 30 June 2006 and 30 June 2016 were used (figures 2.2 and 2.3) (ABS 2017).

Data limitations

The type of hospital policy affects the person's choice of hospitals and the services that are covered. There are 4 general levels of hospital policies:

- Top private hospital cover—which must cover all services for which Medicare benefits are payable.
- Medium private hospital cover—which may exclude some services such as: pregnancy and birth-related services, assisted reproductive services, cataract and eye lens procedures, joint replacements, dialysis and sterilisation.

- Basic private hospital cover—which excludes or restricts one or more of the following: cardiac and cardiac-related services, non-cosmetic plastic surgery, rehabilitation, psychiatric services and palliative care.
- Public hospital cover—which covers minimum benefits for treatment in public hospitals only. Public hospital waiting lists still apply. (PHIO 2017)

The information presented on private health insurance coverage cannot currently be disaggregated by the types of hospital cover policies available.

Information on the numbers (or proportions) of the population that had PHI hospital cover by Indigenous status, remoteness area of residence or by SES is also not available.

APRA also releases information on the numbers of hospital episodes for which PHI benefits were paid. The numbers of PHI-funded episodes in public hospitals reported by APRA differ from the numbers of PHI-funded separations in public hospitals that are presented in this report. This is due to differences in the methods used to collect and report the episodes/separations. For more information, see Box 1.1.

Key findings

Between 2006 and 2017, the proportion of the Australian population that was covered by PHI (Total hospital treatment) increased from 43.3% at 30 June 2006 to 47.3% at 30 June 2015 (Figure 2.1) and fell to 46.0% at 30 June 2017 (Figure 2.1) (APRA 2017b).

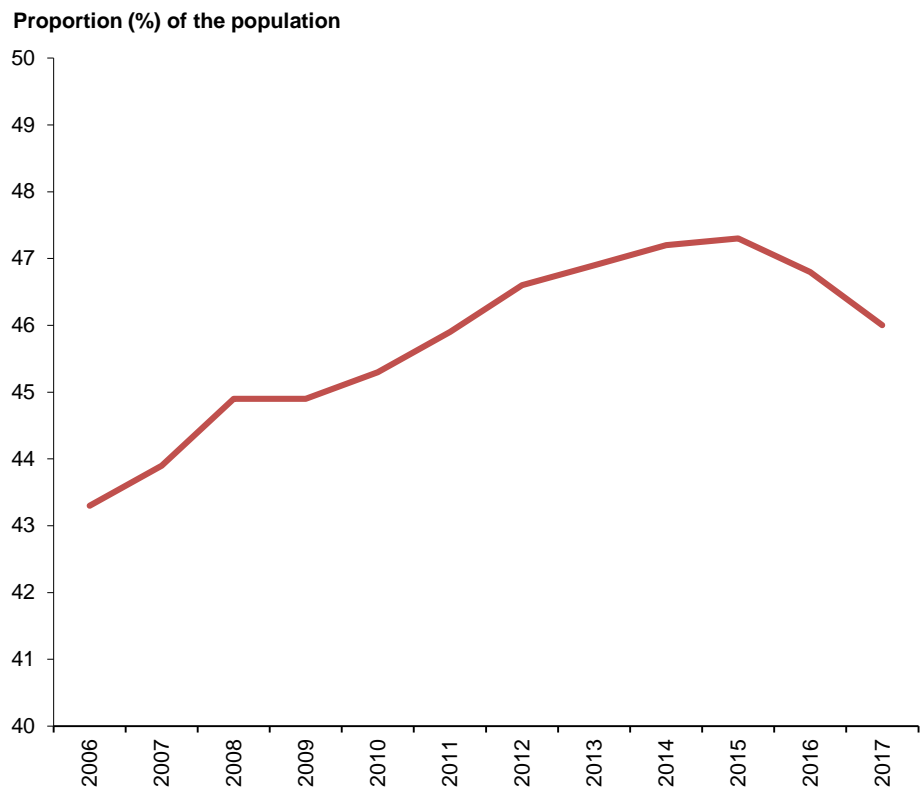
At 30 June 2017, the Australian Capital Territory had the highest proportion of the population with 'Total hospital treatment' cover (56.1% at 30 June 2017) and the Northern Territory had the lowest (40.8% at 30 June 2017) (Table 2.1).

Between 30 June 2006 and 30 June 2016:

- 'Total hospital treatment' coverage increased for most age groups for those aged 30 years or older (figures 2.2 and 2.3). Coverage decreased for those aged 50 to 59.
- 'Total hospital treatment' coverage for groups of people over the 10 year time span generally increased for those who were aged 30 or older at 30 June 2006. For example, 38.6% of people aged 30 to 34 had 'Total hospital treatment' cover at 30 June 2006, and 50.3% of people aged 40 to 44 (essentially the same age group cohort) had 'Total hospital treatment' cover at 30 June 2016 (APRA 2017b).

At 30 June 2016:

- People aged 60 to 64 had the highest rate of 'Total hospital treatment' cover (57.1%).
- People aged 25–29 were comparatively under-represented among those with 'Total hospital treatment' cover (29.4%) (Figure 2.3) (APRA 2017b).



Source: APRA 2017b: *Private Health Insurance Membership and Coverage September 2017*.

Figure 2.1: Proportion of the Australian population with 'Total hospital treatment' cover, 2006 to 2017 (%)

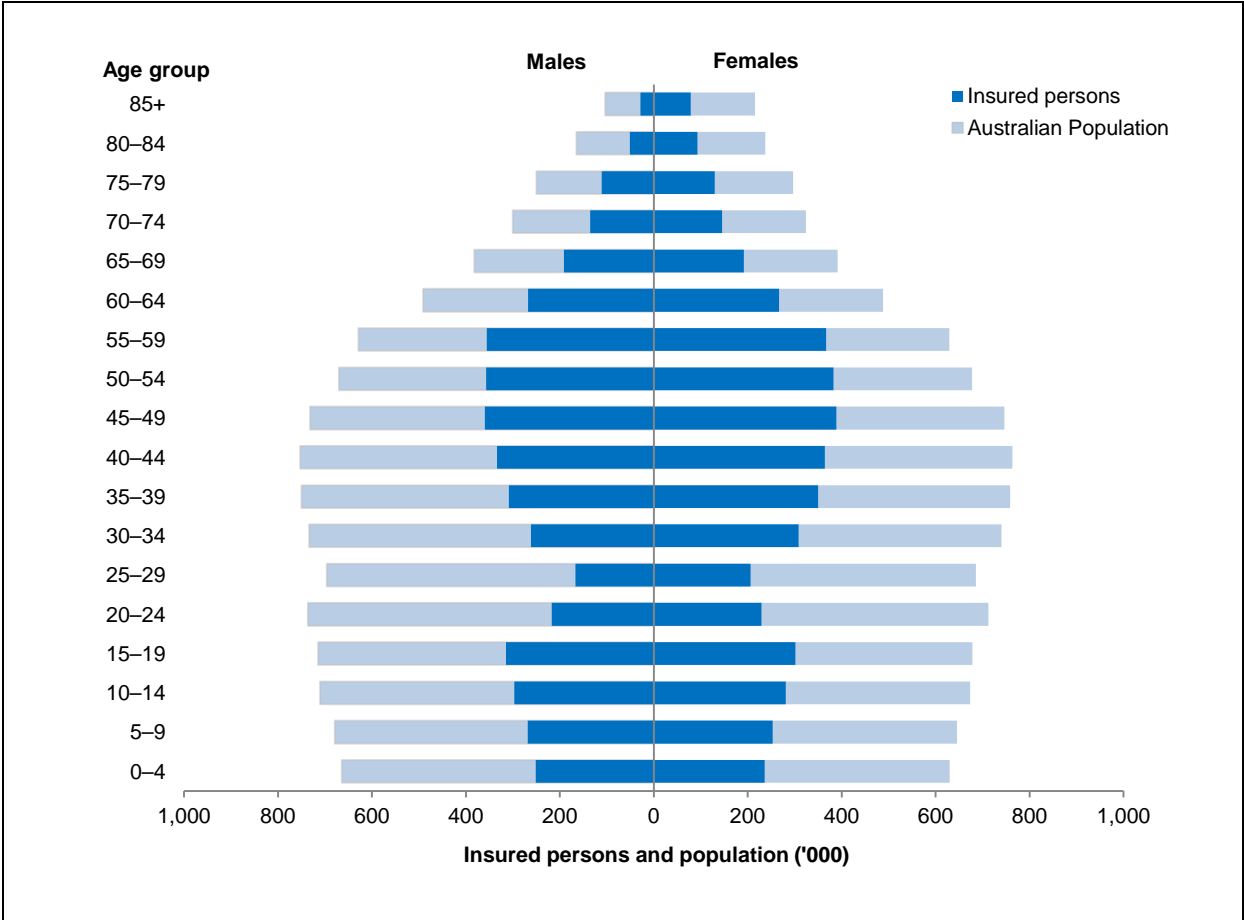
Table 2.1: Persons insured ('000) and proportion of population covered by private health insurance for 'Total hospital treatment' at 30 June, 2006 to 2017

	2006 ^(a)	2007 ^(a)	2008 ^(a)	2009 ^(a)	2010	2011	2012	2013	2014	2015	2016	2017 ^(b)
New South Wales												
Persons insured	3,175.0	3,251.5	3,355.7	3,404.7	3,277.4	3,360.7	3,454.5	3,523.4	3,598.9	3,666.0	3,698.5	3,711.5
Proportion of population	44.9	45.3	46.0	46.0	45.9	46.6	47.3	47.6	47.9	48.1	47.8	47.2
Victoria												
Persons insured	2,134.3	2,206.5	2,291.9	2,333.1	2,385.4	2,445.6	2,513.6	2,566.2	2,624.7	2,672.3	2,690.1	2,695.0
Proportion of population	42.2	42.8	43.6	43.4	43.7	44.2	44.5	44.4	44.5	44.3	43.5	42.6
Queensland												
Persons insured	1,629.5	1,705.5	1,809.5	1,866.7	1,914.0	1,973.5	2,048.3	2,106.3	2,148.2	2,163.7	2,151.9	2,132.5
Proportion of population	40.7	41.5	42.9	43.1	43.5	44.1	44.8	45.3	45.5	45.2	44.4	43.3
South Australia												
Persons insured	680.3	695.8	714.2	724.4	734.9	745.2	757.9	767.3	776.5	785.5	785.6	784.5
Proportion of population	43.8	44.3	45.0	45.0	45.2	45.4	45.7	45.9	46.0	46.2	45.9	45.5
Western Australia												
Persons insured	958.7	1,006.2	1,075.1	1,122.0	1,164.0	1,219.5	1,285.7	1,347.0	1,392.9	1,431.1	1,440.4	1,434.0
Proportion of population	46.8	47.8	49.5	50.1	50.8	51.8	53.0	54.0	55.2	56.2	56.3	55.6
Tasmania												
Persons insured	204.4	209.7	213.7	216.8	219.6	222.4	227.0	229.7	231.8	232.8	232.4	230.9
Proportion of population	41.8	42.5	42.9	43.0	43.2	43.5	44.3	44.8	45.2	45.2	44.9	44.3
Australian Capital Territory^(a)												
Persons insured	..	..	..	..	198.0	204.8	212.5	218.1	223.3	227.5	229.8	230.6
Proportion of population	..	..	..	..	54.7	55.7	56.4	56.9	57.4	57.4	57.0	56.1
Northern Territory												
Persons insured	63.8	69.4	73.8	77.5	80.6	84.0	88.2	92.2	95.1	97.5	99.9	99.9
Proportion of population	30.5	32.5	33.6	34.3	35.1	36.3	37.4	38.0	39.0	39.8	40.7	40.7
Total												
Persons insured	8,846.0	9,144.6	9,534.6	9,745.2	9,973.9	10,255.7	10,587.8	10,850.2	11,091.4	11,276.3	11,328.6	11,318.7
Proportion of population	43.3	43.9	44.9	44.9	45.3	45.9	46.6	46.9	47.2	47.3	46.8	46.0

(a) Data for the ACT was included with NSW data until the December quarter 2009 when ACT data were reported separately.

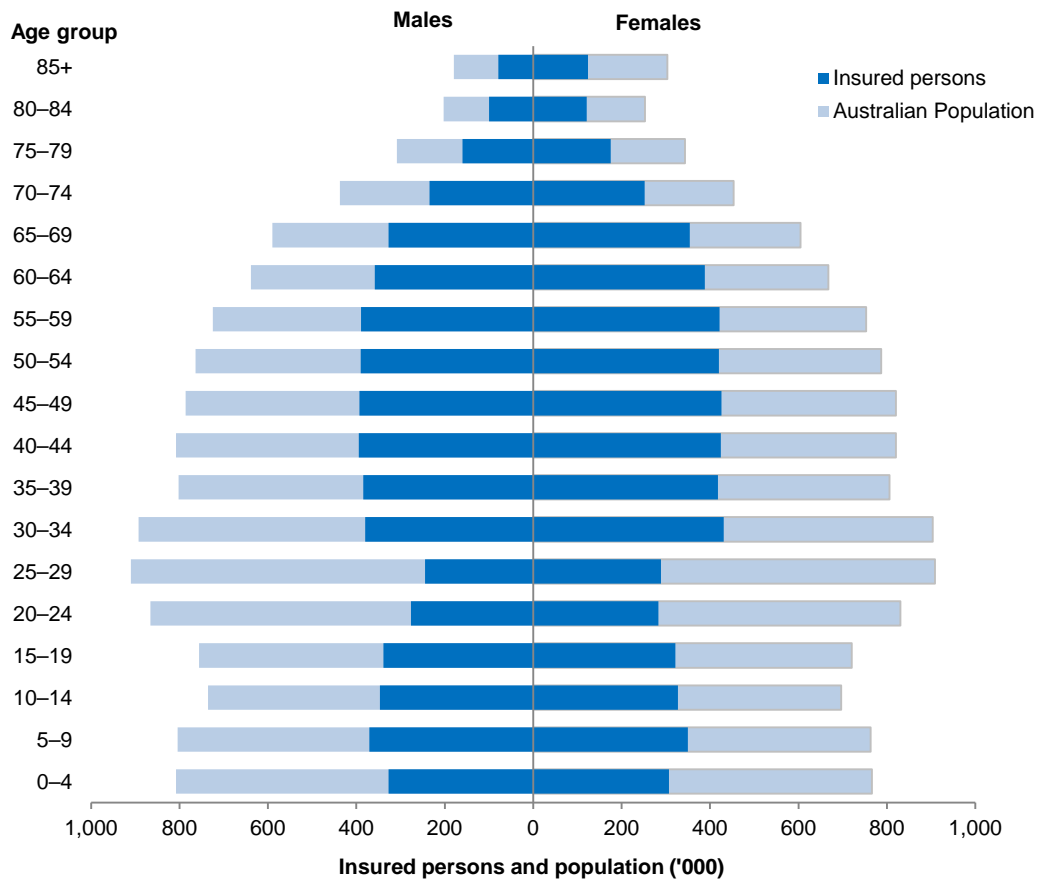
(b) Data for 2017 are preliminary.

Source: APRA 2017b: *Private Health Insurance Membership and Coverage September 2017*.



Source: APRA 2017b. *Private Health Insurance Membership and Coverage September 2017* and Australian demographic statistics, March 2017 (ABS 2017).

Figure 2.2: Proportion of persons insured for 'Total hospital treatment' cover by age and sex, Australia, at June 2006



Source: APRA 2017b. *Private Health Insurance Membership and Coverage September 2017* and Australian demographic statistics, March 2017 (ABS 2017).

Figure 2.3: Proportion of persons insured for 'Total hospital treatment' cover by age and sex, Australia, at June 2016

3 Funding sources for separations in Australian hospitals, 2006–07 to 2015–16

This chapter presents an overview of admitted patient care provided in Australia’s public and private hospitals between 2006–07 and 2015–16. The main measure of activity is the number of separations, or episodes of admitted patient care. Because episodes can vary in length from ‘same-day’ to many days or weeks, another useful measure of activity is patient days, or the total number of days of care provided to patients—a measure of activity that is independent of length of stay.

This chapter presents time series information for:

- separations and patient days by funding source, for both public and private hospitals
- private health insurance-funded separations in public and private hospitals, by:
 - state or territory of hospitalisation
 - same-day/overnight status
 - urgency of admission
 - broad category of service.

Tables 3.1 to 3.3 present the numbers of separations by detailed funding source between 2006–07 and 2015–16. In subsequent tables presenting funding source, three categories of funding source are presented:

- Public patients
- Private health insurance patients
- Other patients.

See Chapter 1 for more information on these funding source categories.

Key data issues

Changes in definition for funding source

The definition for the funding source data element changed between 2011–12 and 2012–13.

Between 2006–07 and 2011–12, the funding source for the admitted patient episode was to be reported as the ‘principal source of funds for an admitted patient episode’ (METeOR identifier: 339080).

From 2012–13, the funding source data element was revised and included the guidance that:

The source of funding should be assigned based on a best estimate of where the majority of funds come from, except for private health insurance, which should be assigned wherever there is a private health insurance contribution to the cost (METeOR identifiers: 472033, 553314).

This change in definition means that data provided for funding source from 2012–13 onwards are not entirely comparable with the data provided for 2011–12 (and earlier). PHI-funded separations in public hospitals increased by 17.4% between 2011–12 and 2012–13, while

self-funded separations decreased by 27.7% and public patient separations decreased by 1.1%.

For 2015–16, states and territories advised the AIHW of variations in the way that funding source information was recorded. Western Australia and Tasmania advised the AIHW that their jurisdictions had continued to record the funding source as *Private health insurance* only if the majority of the separation was funded by PHI. Therefore, PHI-funded separations data reported by Western Australia and Tasmania are not directly comparable with data provided by other states and territories (see Box 1.2).

Key findings

Separations

Private health insurance-funded separations in public and private hospitals combined increased from 2.7 million in 2006–07 (36% of all separations) to 4.5 million in 2015–16 (42% of all separations), or an increase of 5.6% on average each year (Table 3.1).

In 2006–07, 14.0% (about 1 in 7) of all PHI-funded separations occurred in public hospitals, and this increased to 19.5% in 2015–16 (about 1 in 5) (Table 3.4).

Changes for jurisdictions during this period include:

- for New South Wales the proportion increased from 22.2% to 25.8%
- for Victoria the proportion increased from 12.8% to 19.4%
- for Queensland the proportion increased from 4.8% to 15.4%
- for Western Australia, the proportion decreased from 10.8% in 2006–07 to 9.3% in 2011–12, and increased to 10.8% in 2015–16
- for South Australia, the proportion decreased from 13.6% in 2006–07 to 9.9% in 2011–12, and increased to 11.6% in 2015–16.

For Tasmania, the Australian Capital Territory and the Northern Territory combined, the proportion increased from 20.3% to 23.5% between 2006–07 and 2015–16.

For public hospitals, PHI-funded separations increased from 382,000 in 2006–07 (8.2% of separations) to 872,000 in 2015–16 (13.9% of separations), or an increase of 9.6% on average each year (Table 3.4).

Queensland (21.5%) had the highest average annual increase in PHI-funded separations in public hospitals between 2006–07 and 2015–16 (Table 3.4).

Between 2014–15 and 2015–16, Queensland, Western Australia, South Australia and the Northern Territory had large increases in PHI-funded separations in public hospitals.

For private hospitals, PHI-funded separations increased from 2.3 million in 2006–07 (80% of separations) to 3.6 million in 2015–16 (83% of separations), or an increase of 4.9% on average each year (Table 3.1).

Patient days

The number of patient days for PHI-funded separations in public and private hospitals combined increased from 7.5 million in 2006–07 (30% of all patient days) to 11.2 million in 2015–16 (37% of all patient days), or an increase of 4.5% on average each year (Table 3.3). This compares with a yearly average increase of 2.0% for all patient days.

For public hospitals, patient days for PHI-funded separations increased by an average of 7.1% each year. For private hospitals, they increased by 3.6% on average each year (Table 3.3).

Same-day/overnight separations

Between 2006–07 and 2015–16, in public and private hospitals combined:

- same-day separations increased by an average of 4.2% each year
- overnight separations increased by an average of 2.3% each year (AIHW 2017a).

Between 2006–07 and 2015–16, PHI-funded separations in public hospitals for:

- same-day and overnight separations both experienced large increases (10.5% and 8.9% on average per year, respectively) (Table 3.7)
- emergency admissions increased at a greater rate than non-emergency care—with the highest increases for same-day emergency admissions (increasing from 16,000 to 85,000, or by 20.3% each year, on average) (Table 3.7).

Between 2006–07 and 2015–16, PHI-funded separations in private hospitals for:

- same-day separations increased at a greater rate than overnight separations (5.9% compared with 2.9% on average per year) (Table 3.7)
- non-emergency admissions increased at a higher rate on average per year than emergency admissions—same-day emergency admissions decreased by 4.4% each year, on average (Table 3.7).

Broad categories of service for private health insurance-funded separations

For PHI-funded separations in public hospitals, between 2006–07 and 2015–16:

- medical care was the most common type of service provided (and increased from 67% to 73% of the total) (Table 3.8)
- other high annual average increases were for:
 - *Mental health care* (25.7% on average per year)
 - *Rehabilitation care* (15.0% on average per year)
 - *Emergency admissions for medical care* (12.1% on average per year).

For PHI-funded separations in private hospitals, between 2006–07 and 2015–16:

- surgical care was the most common type of service provided. However, it accounted for a decreasing proportion of PHI-funded separations in private hospitals over this period—falling from 37% to 35%.
- *Rehabilitation care* increased by 16.9% per year and accounted for an increasing proportion of PHI-funded separations in private hospitals, rising from 3% in 2006–07 to 9% in 2015–16 (Table 3.9)
- *Mental health care* increased by 5.0% on average each year.

Principal diagnosis for private health insurance-funded separations

Between 2006–07 and 2015–16, *Care involving dialysis* was the most common principal diagnosis for PHI-funded separations in public hospitals, with almost 152,000 separations in

2015–16 (Table 3.10). Over this period the average annual increase in *Care involving dialysis* was 10.1% per year, and this increase accounted for about 18% of the total increase in PHI-funded separations in public hospitals.

Other medical care (mostly chemotherapy) increased by 8.0% on average each year (rising to 30,000 separations in 2015–16), *Pain in throat and chest* increased by 13.1% on average each year (20,000 separations in 2015–16), and *Abdominal and pelvic pain* increased by 12.7% on average each year (13,000 separations in 2015–16).

Age of patient for private health insurance-funded separations

Patients aged 85 and over accounted for the largest percentage increase in PHI-funded separations in both public hospitals (15.0% on average each year) and private hospitals (10.5%) between 2006–07 and 2015–16 (tables 3.11 and 3.12 and Figure 3.1).

For public hospitals, the lowest increase in PHI-funded separations was for patients aged 50 to 54 (6.3% on average each year), followed by patients aged 45 to 49 (6.4%).

For private hospitals, the lowest increase in PHI-funded separations was for patients aged 15 to 19 (1.2% on average each year), followed by patients aged 35 to 39 (1.7%).

Table 3.1: Separations by funding source, public and private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
Public hospitals												
Public patient ^(b)	4,030,707	4,081,111	4,188,501	4,316,004	4,491,588	4,658,853	4,607,839	4,701,799	4,949,069	5,186,320	2.8	4.8
Private health insurance	382,085	415,919	451,591	501,416	526,546	584,429	686,076	755,901	814,702	871,902	9.6	7.0
Self-funded	53,385	54,765	58,226	58,675	65,466	73,711	53,318	52,781	49,331	46,921	-1.4	-4.9
Worker's compensation	22,550	23,296	22,478	21,563	22,354	23,436	21,660	21,034	21,887	22,422	-0.1	2.4
Motor vehicle third party personal claim	21,664	21,880	23,102	24,980	27,666	28,609	27,818	28,846	27,779	28,094	2.9	1.1
Department of Veterans' Affairs	130,908	124,664	122,656	118,301	117,284	113,551	104,154	95,901	90,788	85,008	-4.7	-6.4
Other ^(c)	19,981	22,425	24,469	28,349	28,228	28,903	29,331	58,608	26,782	31,814	5.3	18.8
<i>Public hospitals total</i>	<i>4,661,280</i>	<i>4,744,060</i>	<i>4,891,023</i>	<i>5,069,288</i>	<i>5,279,132</i>	<i>5,511,492</i>	<i>5,530,196</i>	<i>5,714,870</i>	<i>5,980,338</i>	<i>6,272,481</i>	<i>3.4</i>	<i>4.9</i>
Private hospitals												
Public patient ^(b)	49,095	76,227	100,619	102,014	104,951	110,131	119,236	131,135	155,252	162,522	14.2	4.7
Private health insurance	2,348,872	2,497,892	2,579,128	2,767,947	2,865,002	3,025,841	3,148,087	3,288,535	3,456,176	3,601,976	4.9	4.2
Self-funded	260,940	267,179	278,086	285,850	291,358	299,009	290,716	287,194	286,403	286,570	1.0	0.1
Worker's compensation	50,735	50,163	54,788	57,555	61,004	65,846	61,738	60,122	56,530	58,262	1.5	3.1
Motor vehicle third party personal claim	4,610	4,840	4,719	6,376	7,134	7,192	6,349	6,458	6,686	6,980	4.7	4.4
Department of Veterans' Affairs	207,511	199,629	198,277	199,732	196,894	192,917	184,698	180,013	178,265	174,290	-1.9	-2.2
Other ^(c)	19,874	33,955	41,808	42,241	42,791	39,736	28,237	28,448	30,717	36,687	7.0	19.4
<i>Private hospitals total</i>	<i>2,941,637</i>	<i>3,129,885</i>	<i>3,257,425</i>	<i>3,461,715</i>	<i>3,569,134</i>	<i>3,740,672</i>	<i>3,839,061</i>	<i>3,981,905</i>	<i>4,170,029</i>	<i>4,327,287</i>	<i>4.4</i>	<i>3.8</i>

(continued)

Table 3.1 (continued): Separations by funding source, public and private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
All hospitals												
Public patient ^(b)	4,079,802	4,157,338	4,289,120	4,418,018	4,596,539	4,768,984	4,727,075	4,832,934	5,104,321	5,348,842	3.1	4.8
Private health insurance	2,730,957	2,913,811	3,030,719	3,269,363	3,391,548	3,610,270	3,834,163	4,044,436	4,270,878	4,473,878	5.6	4.8
Self-funded	314,325	321,944	336,312	344,525	356,824	372,720	344,034	339,975	335,734	333,491	0.7	–0.7
Worker's compensation	73,285	73,459	77,266	79,118	83,358	89,282	83,398	81,156	78,417	80,684	1.1	2.9
Motor vehicle third party personal claim	26,274	26,720	27,821	31,356	34,800	35,801	34,167	35,304	34,465	35,074	3.3	1.8
Department of Veterans' Affairs	338,419	324,293	320,933	318,033	314,178	306,468	288,852	275,914	269,053	259,298	–2.9	–3.6
Other ^(c)	39,855	56,380	66,277	70,590	71,019	68,639	57,568	87,056	57,499	68,501	6.2	19.1
Total hospitals	7,602,917	7,873,945	8,148,448	8,531,003	8,848,266	9,252,164	9,369,257	9,696,775	10,150,367	10,599,768	3.8	4.4

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

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

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

Table 3.2: Proportion of separations by funding source, public and private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)
Public hospitals										
Public patient ^(b)	86.5	86.0	85.6	85.1	85.1	84.5	83.3	82.3	82.8	82.7
Private health insurance	8.2	8.8	9.2	9.9	10.0	10.6	12.4	13.2	13.6	13.9
Self-funded	1.1	1.2	1.2	1.2	1.2	1.3	1.0	0.9	0.8	0.7
Worker's compensation	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4
Motor vehicle third party personal claim	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.4
Department of Veterans' Affairs	2.8	2.6	2.5	2.3	2.2	2.1	1.9	1.7	1.5	1.4
Other ^(c)	0.4	0.5	0.5	0.6	0.5	0.5	0.5	1.0	0.4	0.5
<i>Public hospital total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Private hospitals										
Public patient ^(b)	1.7	2.4	3.1	2.9	2.9	2.9	3.1	3.3	3.7	3.8
Private health insurance	79.8	79.8	79.2	80.0	80.3	80.9	82.0	82.6	82.9	83.2
Self-funded	8.9	8.5	8.5	8.3	8.2	8.0	7.6	7.2	6.9	6.6
Worker's compensation	1.7	1.6	1.7	1.7	1.7	1.8	1.6	1.5	1.4	1.3
Motor vehicle third party personal claim	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Department of Veterans' Affairs	7.1	6.4	6.1	5.8	5.5	5.2	4.8	4.5	4.3	4.0
Other ^(c)	0.7	1.1	1.3	1.2	1.2	1.1	0.7	0.7	0.7	0.8
<i>Private hospital total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

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

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

Note: Percentages may not add to 100, due to rounding.

Table 3.3: Patient days ('000) by funding source, public and private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
Public hospitals												
Public patient ^(b)	14,494	14,705	14,647	14,813	15,085	15,424	15,077	14,907	15,486	16,193	1.2	4.6
Private health insurance	1,658	1,809	1,920	2,034	2,119	2,332	2,686	2,768	2,953	3,084	7.1	4.4
Self-funded	119	131	134	144	198	221	128	124	119	113	–0.5	–5.3
Worker's compensation	79	84	81	74	71	74	66	63	61	64	–2.3	5.7
Motor vehicle third party personal claim	130	130	146	152	164	161	160	156	147	144	1.2	–2.1
Department of Veterans' Affairs	787	789	737	687	644	624	541	482	453	406	–7.1	–10.3
Other ^(c)	174	188	224	200	206	155	166	324	145	181	0.4	24.6
<i>Public hospital total</i>	<i>17,439</i>	<i>17,836</i>	<i>17,889</i>	<i>18,103</i>	<i>18,487</i>	<i>18,991</i>	<i>18,823</i>	<i>18,824</i>	<i>19,364</i>	<i>20,184</i>	<i>1.6</i>	<i>4.2</i>
Private hospitals												
Public patient ^(b)	109	169	200	174	167	179	184	208	249	268	10.5	7.6
Private health insurance	5,875	6,142	6,201	6,564	6,689	7,002	7,239	7,461	7,798	8,070	3.6	3.5
Self-funded	357	364	367	410	452	470	445	418	406	394	1.1	–3.1
Worker's compensation	107	108	115	122	129	138	128	122	118	119	1.2	0.5
Motor vehicle third party personal claim	34	29	40	33	33	32	31	33	35	36	0.8	3.7
Department of Veterans' Affairs	970	921	882	867	841	829	783	756	722	705	–3.5	–2.5
Other ^(c)	34	74	88	91	92	91	59	58	61	71	8.4	16.6
<i>Private hospital total</i>	<i>7,485</i>	<i>7,807</i>	<i>7,893</i>	<i>8,262</i>	<i>8,404</i>	<i>8,741</i>	<i>8,869</i>	<i>9,056</i>	<i>9,390</i>	<i>9,662</i>	<i>2.9</i>	<i>2.9</i>

(continued)

Table 3.3 (continued): Patient days ('000) by funding source, public and private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
All hospitals												
Public patient ^(b)	14,603	14,875	14,848	14,987	15,252	15,603	15,261	15,115	15,735	16,461	1.3	4.6
Private health insurance	7,533	7,951	8,121	8,598	8,808	9,335	9,925	10,229	10,751	11,153	4.5	3.7
Self-funded	476	495	501	554	651	692	573	542	526	507	0.7	–3.6
Worker's compensation	185	192	196	196	200	211	194	185	179	183	–0.2	2.3
Motor vehicle third party personal claim	163	158	185	185	198	193	191	188	182	180	1.1	–1.0
Department of Veterans' Affairs	1,756	1,710	1,619	1,554	1,485	1,453	1,323	1,238	1,175	1,111	–5.0	–5.5
Other ^(c)	208	262	312	292	298	245	225	382	206	252	2.1	22.2
Total	24,925	25,643	25,782	26,365	26,891	27,732	27,692	27,880	28,754	29,846	2.0	3.8

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

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

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

Table 3.4: Private health insurance-funded separations by state/territory of hospital, public and private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
Public hospitals												
New South Wales	186,437	205,728	222,985	247,671	253,815	266,496	308,605	336,052	358,022	370,369	7.9	3.4
Victoria	94,003	102,886	116,224	131,580	140,181	155,326	178,137	190,005	204,375	214,329	9.6	4.9
Queensland	27,466	29,900	33,356	39,428	52,661	79,381	105,873	123,132	141,350	158,815	21.5	12.4
Western Australia	27,145	30,309	31,089	32,102	31,244	31,963	35,958	43,202	44,770	53,420	7.8	19.3
South Australia	30,945	29,698	29,932	30,099	27,709	27,895	30,282	32,915	33,024	37,885	2.3	14.7
Tasmania	11,421	12,185	11,919	14,498	14,313	15,931	18,104	20,156	20,996	21,523	7.3	2.5
Australian Capital Territory	4,002	4,572	5,433	5,508	6,029	6,761	8,278	9,481	10,335	11,857	12.8	14.7
Northern Territory	666	641	653	530	594	676	839	958	1,830	3,704	21.0	102.4
Public hospital total	382,085	415,919	451,591	501,416	526,546	584,429	686,076	755,901	814,702	871,902	9.6	7.0
Private hospitals												
New South Wales	653,199	706,636	741,102	773,605	817,637	870,729	895,043	918,492	997,887	1,066,832	5.6	6.9
Victoria	638,650	678,249	677,625	750,487	737,928	779,445	808,292	848,181	879,168	892,149	3.8	1.5
Queensland	548,114	584,853	615,766	654,211	676,320	716,287	751,030	796,178	830,515	871,660	5.3	5.0
Western Australia	224,429	241,108	262,709	271,480	295,710	311,673	323,036	338,902	348,288	361,412	5.4	3.8
South Australia	196,749	208,042	219,865	235,727	248,045	255,191	263,699	272,449	280,821	289,216	4.4	3.0
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Private hospital total	2,348,872	2,497,892	2,579,128	2,767,947	2,865,002	3,025,841	3,148,087	3,288,535	3,456,176	3,601,976	4.9	4.2

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

Table 3.5: Private health insurance-funded separations in public hospitals as a proportion of private health insurance-funded separations in public and private hospitals combined, states and territories, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)
New South Wales	22.2	22.5	23.1	24.3	23.7	23.4	25.6	26.8	26.4	25.8
Victoria	12.8	13.2	14.6	14.9	16.0	16.6	18.1	18.3	18.9	19.4
Queensland	4.8	4.9	5.1	5.7	7.2	10.0	12.4	13.4	14.5	15.4
Western Australia	10.8	11.2	10.6	10.6	9.6	9.3	10.0	11.3	11.4	12.9
South Australia	13.6	12.5	12.0	11.3	10.0	9.9	10.3	10.8	10.5	11.6
Tasmania	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total	14.0	14.3	14.9	15.3	15.5	16.2	17.9	18.7	19.1	19.5

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

Table 3.6: Private health insurance-funded separations as a proportion of all public hospital separations by state and territory of hospital, public hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)
New South Wales	12.8	14.0	14.8	16.1	16.0	16.0	18.0	19.0	19.7	19.9
Victoria	7.2	7.6	8.4	9.2	9.4	10.1	12.5	12.6	12.9	12.8
Queensland	3.5	3.6	3.8	4.3	5.5	7.9	10.1	11.3	11.8	12.3
Western Australia	6.0	6.6	6.7	6.3	5.7	5.4	5.9	7.3	7.5	8.5
South Australia	7.9	8.1	8.0	7.9	7.1	6.8	7.3	7.9	7.8	8.6
Tasmania	11.8	12.7	12.6	14.3	14.4	16.0	17.0	17.7	17.6	17.6
Australian Capital Territory	5.3	5.6	6.0	6.2	6.4	6.9	8.7	9.8	10.3	11.0
Northern Territory	0.8	0.7	0.7	0.5	0.6	0.6	0.7	0.8	1.4	2.5
Total	8.2	8.8	9.2	9.9	10.0	10.6	12.4	13.2	13.6	13.9

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

Table 3.7: Private health insurance-funded separations by same-day/overnight status and urgency of admission, public and private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
Public hospitals												
Same-day–emergency	15,999	18,207	19,977	22,288	25,946	32,072	46,216	62,924	76,082	84,627	20.3	11.2
Same-day–non-emergency	152,598	165,455	182,997	208,865	216,573	230,838	258,405	283,846	305,221	328,743	8.9	7.7
Overnight–emergency	140,860	155,479	168,954	184,399	199,036	228,277	275,080	299,155	319,316	339,220	10.3	6.2
Overnight–non-emergency	72,628	76,778	79,663	85,864	84,991	93,242	106,375	109,976	114,083	119,312	5.7	4.6
<i>Same-day total</i>	<i>168,597</i>	<i>183,662</i>	<i>202,974</i>	<i>231,153</i>	<i>242,519</i>	<i>262,910</i>	<i>304,621</i>	<i>346,770</i>	<i>381,303</i>	<i>413,370</i>	<i>10.5</i>	<i>8.4</i>
<i>Overnight total</i>	<i>213,488</i>	<i>232,257</i>	<i>248,617</i>	<i>270,263</i>	<i>284,027</i>	<i>321,519</i>	<i>381,455</i>	<i>409,131</i>	<i>433,399</i>	<i>458,532</i>	<i>8.9</i>	<i>5.8</i>
<i>Emergency total</i>	<i>156,859</i>	<i>173,686</i>	<i>188,931</i>	<i>206,687</i>	<i>224,982</i>	<i>260,349</i>	<i>321,296</i>	<i>362,079</i>	<i>395,398</i>	<i>423,847</i>	<i>11.7</i>	<i>7.2</i>
<i>Non-emergency total</i>	<i>225,226</i>	<i>242,233</i>	<i>262,660</i>	<i>294,729</i>	<i>301,564</i>	<i>324,080</i>	<i>364,780</i>	<i>393,822</i>	<i>419,304</i>	<i>448,055</i>	<i>7.9</i>	<i>6.9</i>
Total	382,085	415,919	451,591	501,416	526,546	584,429	686,076	755,901	814,702	871,902	9.6	7.0
Private hospitals												
Same-day–emergency	26,828	15,331	9,818	10,818	13,436	16,261	16,450	16,286	17,219	17,958	–4.4	4.3
Same-day–non-emergency	1,470,257	1,602,509	1,682,787	1,831,955	1,909,506	2,030,539	2,117,316	2,227,206	2,374,013	2,484,264	6.0	4.6
Overnight–emergency	138,630	129,209	123,506	135,371	146,003	151,319	155,071	155,067	160,241	167,176	2.1	4.3
Overnight–non-emergency	713,157	750,843	763,017	789,803	796,057	827,722	859,250	889,976	904,703	932,578	3.0	3.1
<i>Same-day total</i>	<i>1,497,085</i>	<i>1,617,840</i>	<i>1,692,605</i>	<i>1,842,773</i>	<i>1,922,942</i>	<i>2,046,800</i>	<i>2,133,766</i>	<i>2,243,492</i>	<i>2,391,232</i>	<i>2,502,222</i>	<i>5.9</i>	<i>4.6</i>
<i>Overnight total</i>	<i>851,787</i>	<i>880,052</i>	<i>886,523</i>	<i>925,174</i>	<i>942,060</i>	<i>979,041</i>	<i>1,014,321</i>	<i>1,045,043</i>	<i>1,064,944</i>	<i>1,099,754</i>	<i>2.9</i>	<i>3.3</i>
<i>Emergency total</i>	<i>165,458</i>	<i>144,540</i>	<i>133,324</i>	<i>146,189</i>	<i>159,439</i>	<i>167,580</i>	<i>171,521</i>	<i>171,353</i>	<i>177,460</i>	<i>185,134</i>	<i>1.3</i>	<i>4.3</i>
<i>Non-emergency total</i>	<i>2,183,414</i>	<i>2,353,352</i>	<i>2,445,804</i>	<i>2,621,758</i>	<i>2,705,563</i>	<i>2,858,261</i>	<i>2,976,566</i>	<i>3,117,182</i>	<i>3,278,716</i>	<i>3,416,842</i>	<i>5.1</i>	<i>4.2</i>
Total	2,348,872	2,497,892	2,579,128	2,767,947	2,865,002	3,025,841	3,148,087	3,288,535	3,456,176	3,601,976	4.9	4.2

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

Table 3.8: Private health insurance-funded separations by broad category of service, public hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
Acute care												
Childbirth	12,922	13,158	13,986	14,459	13,846	13,836	15,694	16,527	17,083	17,728	3.6	3.8
Surgical	69,705	72,581	75,956	80,344	80,058	85,710	95,406	101,929	106,351	110,360	5.2	3.8
Emergency	23,396	25,512	27,936	30,141	31,572	36,195	42,409	46,604	49,105	51,523	9.2	4.9
Non-emergency	46,309	47,069	48,020	50,203	48,486	49,515	52,997	55,325	57,246	58,837	2.7	2.8
Medical	256,749	284,837	308,939	347,188	368,719	414,141	491,753	544,529	588,205	635,044	10.6	8.0
Emergency	124,544	138,569	149,776	164,431	180,593	209,460	260,759	295,342	324,274	349,304	12.1	7.7
Non-emergency	132,205	146,268	159,163	182,757	188,126	204,681	230,994	249,187	263,931	285,739	8.9	8.3
Other acute care	27,959	28,153	32,559	35,084	36,113	36,910	41,351	46,165	54,334	57,075	8.3	5.0
Emergency	6,258	6,637	7,555	8,092	8,344	9,450	11,696	12,474	13,706	14,791	10.0	7.9
Non-emergency	21,701	21,516	25,004	26,992	27,769	27,460	29,655	33,691	40,628	42,284	7.7	4.1
Mental health care ^(b)	968	1,156	1,788	2,119	2,864	4,468	6,052	7,139	7,423	7,583	25.7	2.2
Subacute and non-acute care^(c)												
Rehabilitation care	7,105	8,628	9,711	12,155	13,624	15,983	19,252	22,455	23,039	25,014	15.0	8.6
Palliative care	2,991	3,128	3,695	4,437	4,700	5,365	6,660	6,531	7,237	7,719	11.1	6.7
Other subacute and non-acute care	3,686	4,278	4,957	5,630	6,622	8,016	9,908	10,626	11,030	11,379	13.3	3.2
Subacute and non-acute care total	13,782	16,034	18,363	22,222	24,946	29,364	35,820	39,612	41,306	44,112	13.8	6.8
Total^(d)	382,085	415,919	451,591	501,416	526,546	584,429	686,076	755,901	814,702	871,902	9.6	7.0

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

(b) The specification of the category *Mental health care* changed between 2014–15 and 2015–16.

(c) The definitions for care types for subacute and non-acute care changed between 2012–13 and 2013–14.

(d) The total includes records for which the care type was reported as *Other admitted patient care*.

Table 3.9: Private health insurance-funded separations by broad category of service, private hospitals, 2006–07 to 2015–16^(a)

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16 ^(b)	Change (%)	
											Average since 2006–07	Since 2014–15
Acute care												
Childbirth	77,072	77,051	77,096	79,004	74,866	75,856	77,756	74,671	71,856	72,681	-0.6	1.1
<i>Surgical</i>	872,517	930,376	963,102	1,018,264	1,046,288	1,104,523	1,140,983	1,179,514	1,210,520	1,242,676	4.0	2.7
Emergency	33,898	28,045	25,319	27,654	30,580	32,663	33,893	33,936	35,112	36,038	0.7	2.6
Non-emergency	838,619	902,331	937,783	990,610	1,015,708	1,071,860	1,107,090	1,145,578	1,175,408	1,206,638	4.1	2.7
<i>Medical</i>	745,996	787,617	768,884	818,863	857,549	909,449	955,892	1,003,702	1,012,871	1,074,388	4.1	6.1
Emergency	111,674	103,528	96,850	106,139	114,864	117,950	120,271	119,974	123,528	130,044	1.7	5.3
Non-emergency	634,322	684,089	672,034	712,724	742,685	791,499	835,621	883,728	889,343	944,344	4.5	6.2
<i>Other acute care</i>	480,001	511,456	547,527	590,191	615,514	634,811	648,713	673,848	740,075	756,240	5.2	2.2
Emergency	13,949	10,625	9,506	10,652	12,146	13,753	14,029	14,106	14,854	14,774	0.6	-0.5
Non-emergency	466,052	500,831	538,021	579,539	603,368	621,058	634,684	659,742	725,221	741,466	5.3	2.2
Mental health care ^(c)	96,986	98,682	110,511	124,739	106,662	115,172	121,224	135,529	146,740	150,257	5.0	2.4
Subacute and non-acute care^(d)												
Rehabilitation care	71,769	89,642	109,069	133,846	160,809	182,442	199,855	217,244	269,607	292,325	16.9	8.4
Palliative care	3,614	2,467	2,228	2,267	2,555	2,804	2,971	3,334	3,597	3,094	-1.7	-14.0
Other subacute and non-acute care	917	601	711	773	759	784	693	693	910	10,315	30.9	1,033.5
<i>Subacute and non-acute care total</i>	76,300	92,710	112,008	136,886	164,123	186,030	203,519	221,271	274,114	305,734	16.7	11.5
Total^(e)	2,348,872	2,497,892	2,579,128	2,767,947	2,865,002	3,025,841	3,148,087	3,288,535	3,456,176	3,601,976	4.9	4.2

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

(b) For 2015–16, approximately 6,000 records were reported with a care type of *Psychogeriatric care* and almost 4,000 records for *Maintenance care*.

(c) The specification of the category *Mental health care* changed between 2014–15 and 2015–16.

(d) The definitions for care types for subacute and non-acute care changed between 2012–13 and 2013–14.

(e) The total includes records for which the care type was reported as Other admitted patient care.

Table 3.10: The 20 principal diagnoses with the largest change^(a) in number of private health insurance-funded separations, public hospitals, 2006–07 to 2015–16

Principal diagnosis	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(b)	2013–14 ^(b)	2014–15 ^(b)	2015–16 ^(b)	Change (%) average since 2006–07
Z49 Care involving dialysis	64,028	74,928	86,032	99,539	103,645	113,031	122,764	132,698	141,036	151,960	10.1
Z51 Other medical care	15,035	13,546	14,670	15,951	17,602	18,149	21,593	23,670	27,122	30,116	8.0
R07 Pain in throat and chest	6,579	7,394	7,958	9,293	10,504	12,308	16,272	18,514	19,517	19,953	13.1
R10 Abdominal and pelvic pain	4,343	4,635	5,132	5,690	6,319	7,108	8,822	11,278	12,269	12,775	12.7
J18 Pneumonia, organism unspecified	4,611	5,771	6,155	6,463	7,615	8,131	8,984	9,637	11,459	12,119	11.3
L03 Cellulitis	2,633	3,045	3,209	3,397	3,923	4,435	5,656	6,726	7,404	7,856	12.9
N39 Other disorders of urinary system	3,115	3,510	3,871	4,185	5,029	5,563	6,864	7,360	8,169	8,085	11.2
A09 Other gastroenteritis and colitis of infectious and unspecified origin	1,443	1,075	2,876	3,678	3,933	4,438	5,508	5,984	5,961	6,387	18.0
I48 Atrial fibrillation and flutter	4,189	4,345	4,744	5,252	5,863	6,202	7,555	8,165	8,719	8,949	8.8
K35 Acute appendicitis	2,302	2,640	2,937	3,422	3,756	4,614	5,436	6,094	6,345	6,873	12.9
A41 Other sepsis	1,403	1,642	1,911	2,209	1,994	2,515	3,292	3,964	4,309	5,921	17.3
I50 Heart failure	3,417	3,784	4,051	4,141	4,780	5,435	6,276	6,701	7,443	7,765	9.5
R55 Syncope and collapse	2,208	2,521	2,823	3,198	3,435	3,954	5,106	5,753	6,432	6,550	12.8
J44 Other obstructive pulmonary disease	2,831	3,317	3,693	3,897	4,146	4,709	5,624	5,814	6,359	6,953	10.5
J45 Asthma	2,120	2,569	2,725	3,547	3,762	4,411	5,294	5,778	6,103	6,211	12.7
K57 Diverticular disease of intestines	2,281	2,327	2,439	2,758	3,060	3,567	4,459	5,090	5,510	6,011	11.4
I21 Acute myocardial infarction	5,151	5,575	5,645	6,084	6,206	6,777	7,731	8,196	8,484	8,760	6.1
G35 Multiple sclerosis	470	571	1,076	1,581	1,841	2,161	2,801	3,334	3,693	4,056	27.1
S72 Fracture of femur	2,781	3,022	3,219	3,624	3,834	4,376	4,910	5,530	6,049	6,330	9.6
T81 Complications of procedures, not elsewhere classified	2,760	2,867	3,051	3,631	3,264	3,875	4,511	5,305	5,857	6,078	9.2

(a) Principal diagnoses are presented in order of the largest change in the number of separations between 2006–07 and 2015–16. Excludes changes in numbers for separations with a childbirth-related principal diagnosis, as changes in coding standards between 2009–10 and 2010–11 resulted in large increases for some obstetric principal diagnoses and large decreases for others.

(b) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

Table 3.11: Private health insurance-funded separations by age group, public hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
0–4 ^(b)	25,493	27,621	29,172	31,871	31,967	35,119	41,014	43,265	43,910	48,437	7.4	10.3
5–9	9,251	9,563	9,932	11,197	11,758	14,207	16,490	17,285	17,877	19,954	8.9	11.6
10–14	8,344	9,127	9,217	10,238	10,889	11,964	13,759	15,136	15,610	17,539	8.6	12.4
15–19	8,807	9,742	9,907	10,934	11,423	12,900	16,345	17,510	18,152	19,464	9.2	7.2
20–24	7,373	8,139	8,629	9,614	9,709	11,224	14,434	15,932	17,318	17,904	10.4	3.4
25–29	9,853	10,516	12,123	14,008	13,565	14,589	17,006	19,362	20,464	21,565	9.1	5.4
30–34	15,509	16,216	17,612	18,957	19,621	20,520	24,971	28,821	30,921	33,283	8.9	7.6
35–39	15,768	16,967	17,951	19,257	19,055	19,871	23,570	26,800	29,035	30,924	7.8	6.5
40–44	14,295	15,014	15,981	17,209	18,186	20,418	24,009	27,307	28,515	30,463	8.8	6.8
45–49	18,745	18,304	19,913	21,785	20,600	23,024	27,430	28,614	30,583	32,649	6.4	6.8
50–54	23,770	25,444	25,398	28,000	28,880	30,579	35,247	38,669	40,407	41,131	6.3	1.8
55–59	30,150	30,173	31,346	34,648	35,197	39,695	45,555	49,497	54,484	56,076	7.1	2.9
60–64	31,133	36,293	38,886	43,309	44,671	48,490	55,581	60,552	62,642	67,375	9.0	7.6
65–69	35,214	36,305	39,642	44,719	48,220	52,629	64,240	71,191	80,085	84,864	10.3	6.0
70–74	32,500	39,108	43,171	46,927	49,627	56,739	66,206	74,145	78,804	86,197	11.4	9.4
75–79	41,393	44,675	49,881	54,445	56,735	62,217	70,685	78,197	85,963	94,663	9.6	10.1
80–84	29,413	34,744	41,427	48,682	54,791	61,082	68,103	75,322	79,695	81,512	12.0	2.3
85+	25,068	27,968	31,403	35,616	41,644	49,162	61,431	68,271	80,215	87,890	15.0	9.6
Total^(c)	382,085	415,919	451,591	501,416	526,546	584,429	686,076	755,901	814,702	871,902	9.6	7.0

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

(b) Excludes *Newborns* without qualified days.

(c) The totals include separations for which the age of the patient was not reported.

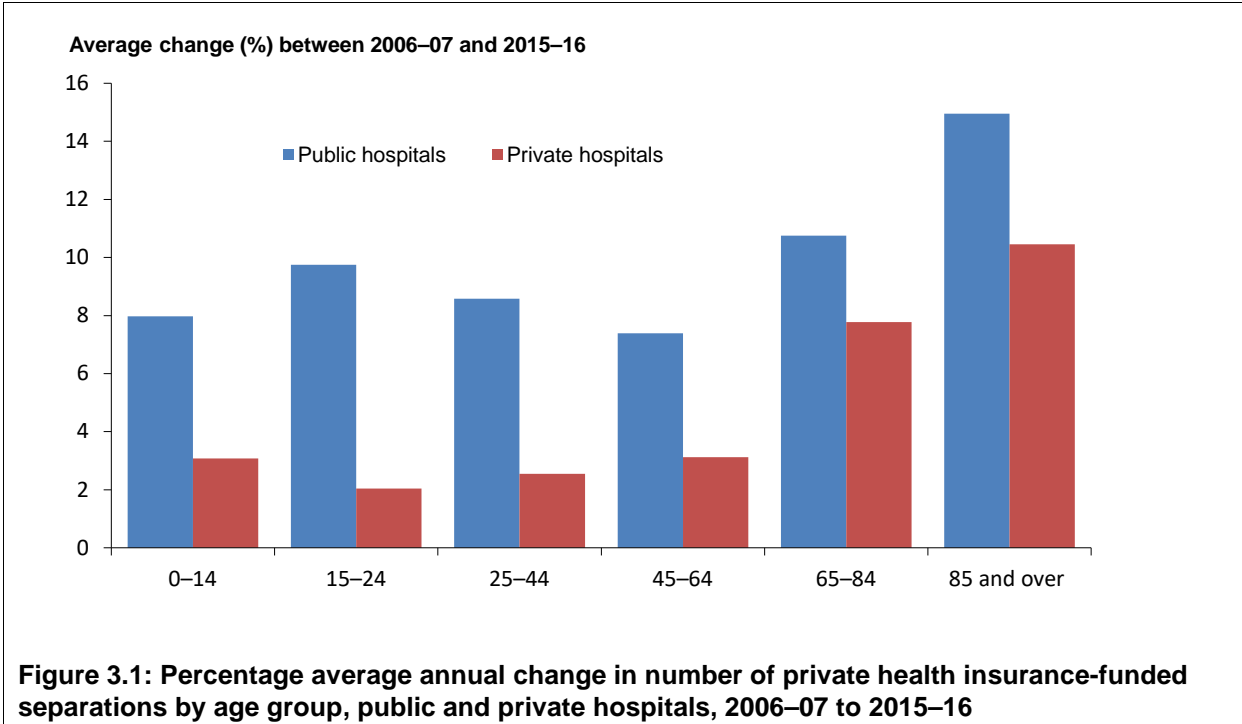
Table 3.12: Private health insurance-funded separations by age group, private hospitals, 2006–07 to 2015–16

	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13 ^(a)	2013–14 ^(a)	2014–15 ^(a)	2015–16 ^(a)	Change (%)	
											Average since 2006–07	Since 2014–15
0–4	46,878	53,177	55,956	56,072	58,535	59,008	59,492	58,724	59,684	58,615	2.5	–1.8
5–9	22,273	24,273	25,314	26,027	27,571	29,275	29,879	30,847	33,247	33,945	4.8	2.1
10–14	20,203	20,720	20,696	21,710	21,911	22,239	22,884	23,962	24,467	24,845	2.3	1.5
15–19	59,914	60,483	62,134	64,622	62,573	64,471	65,245	66,912	66,396	66,591	1.2	0.3
20–24	68,950	71,738	73,946	77,257	76,292	79,568	82,819	84,792	86,594	88,041	2.8	1.7
25–29	77,642	81,980	86,204	92,964	88,491	93,648	96,322	97,092	98,057	99,549	2.8	1.5
30–34	130,656	132,748	133,535	139,339	136,134	143,057	150,204	153,986	157,804	164,481	2.6	4.2
35–39	147,514	154,253	157,356	166,067	159,565	162,351	162,449	162,667	167,033	171,840	1.7	2.9
40–44	138,041	141,663	146,136	155,845	156,087	166,653	173,474	176,875	180,326	183,389	3.2	1.7
45–49	161,057	168,087	169,945	176,072	176,737	178,491	177,621	181,645	185,239	195,095	2.2	5.3
50–54	198,108	202,846	207,163	217,834	221,723	228,113	234,680	243,101	243,608	243,437	2.3	–0.1
55–59	237,565	249,357	245,302	258,311	264,852	269,971	277,788	285,804	294,385	300,173	2.6	2.0
60–64	239,898	264,881	275,984	300,155	318,858	329,606	331,367	346,482	356,964	364,751	4.8	2.2
65–69	218,639	239,934	253,401	281,064	304,392	335,885	365,650	392,437	417,793	437,937	8.0	4.8
70–74	193,441	211,088	223,914	249,137	271,630	294,477	313,434	337,862	373,661	406,327	8.6	8.7
75–79	190,611	200,127	206,704	222,123	230,911	248,079	263,499	282,315	309,959	336,548	6.5	8.6
80–84	120,741	136,365	149,117	167,670	182,757	198,747	205,288	214,625	230,277	238,638	7.9	3.6
85+	76,741	84,172	86,321	95,678	105,983	122,202	135,975	148,407	170,682	187,766	10.5	10.0
Total^(b)	2,348,872	2,497,892	2,579,128	2,767,947	2,865,002	3,025,841	3,148,087	3,288,535	3,456,176	3,601,976	4.9	4.2

(a) The specification for the funding source data element changed between 2011–12 and 2012–13. From 2006–07 to 2011–12, *Private health insurance* was reported as the funding source if it was the principal source of funds (that is, it accounted for the majority of funding). From 2012–13, *Private health insurance* was generally reported if the patient received any funding from private health insurance. See Box 1.3 for more information.

(b) Excludes *Newborns* without qualified days.

(c) The totals include separations for which the age of the patient was not reported.



4 Funding sources for separations in Australian hospitals, 2015–16

This chapter presents information on separations for public patients, private health insurance patients, and other patients in public and private hospitals in public and private hospitals in 2015–16 by:

- states and territories (tables 4.1, 4.2 and 4.3)
- hospital peer group/type (tables 4.1 and 4.2)
- remoteness of the hospital (Table 4.3)
- service related group (Figure 4.1)
- admission mode and urgency of admission (Table 4.4)
- patient's age group (Figure 4.2)
- remoteness of patient's area of usual residence (Table 4.5)
- SES of patient's area of usual residence (Table 4.6).

Key data issues

See Chapter 1 for general notes on variation in reporting and data limitations.

Key findings

Hospital type

In 2015–16, *Private free-standing day hospital facilities* accounted for 15% of PHI-funded separations, *Other private hospitals* accounted for 65%, and public hospitals accounted for about 20% (tables 4.1 and 4.2).

In 2015–16, the proportion of *Public hospital* separations that were at least partially funded by private health insurance varied among jurisdictions, ranging from 8.5% in Western Australia to 19.9% in New South Wales (Table 4.1).

For public hospitals, *Women's and children's hospitals* had the highest proportion of PHI-funded separations (17%), followed by *Principal referral hospitals* (15%) (tables 4.1 and 4.2).

Hospital remoteness

In 2015–16, 71% of PHI-funded separations in public hospitals occurred in public hospitals located in *Major cities*, compared with 70% of public patients (Table 4.3).

Fewer than 1% occurred in public hospitals located in *Remote* and *Very remote* areas, compared with 3% for public patients.

Admission mode and urgency

The majority of PHI-funded separations started as new admissions to hospital (92% in public hospitals and 97% in private hospitals) (Table 4.4).

About 49% of PHI-funded separations in public hospitals were emergency admissions, compared with 5% in private hospitals (Table 4.4).

Emergency admissions, regardless of funding source, were more likely to be to a public hospital. For PHI-funded separations, 70% of emergency admissions occurred in public hospitals.

Type of specialised care

The majority of PHI-funded separations for *Palliative care* (71% of 10,800 PHI-funded separations), *Extensive burns* (86% of 220), *Transplantation* (96% of 470), *Maintenance care* (55% of 8,900), *Endocrinology* (59% of 9,800) and *Cardiology* (53% of 111,500) occurred in public hospitals (Figure 4.1).

Private hospitals provided the majority of PHI-funded separations for *Dentistry* (98% of 82,500 PHI-funded separations), *Ophthalmology* (97% of 236,500), *Breast surgery* (94% of 33,000), *Diagnostic gastrointestinal* (96% of 418,000) and same-day mental health care and rehabilitation.

Patient demographics

Age group

Patients aged 75 and over, and those aged 19 and under, accounted for higher proportions of PHI-funded separations in public hospitals (30% and 12%, respectively), compared with private hospitals (21% and 5%, respectively) (Figure 4.2).

Remoteness

For PHI-funded separations in public hospitals, about 65% were for patients who lived in *Major cities*. For private hospitals, about 76% were for patients who lived in *Major cities* (Table 4.5).

The proportion of PHI-funded separations that occurred in public hospitals (rather than in private hospitals) increased with increasing remoteness. For PHI-funded separations for patients who lived in *Major cities*, about 17% occurred in public hospitals. For PHI-funded separations for patients who lived in *Remote areas*, about 31% occurred in public hospitals.

Socioeconomic status

PHI-funded separations in public hospitals were relatively evenly distributed for patients who lived in areas classified in all SES groups (18%–21% in each quintile). In private hospitals, they ranged from 13% for patients living in areas classified in the most disadvantaged SES to 29% in the least disadvantaged SES (Table 4.6).

About 26% of PHI-funded separations for patients who lived in areas classified in the most disadvantaged SES quintile occurred in public hospitals, compared with 15% of those in the least disadvantaged quintile.

Table 4.1: Separations by hospital peer group/type of hospital, by funding source, public and private hospitals, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Principal referral									
Public patient	545,970	386,090	374,818	213,295	135,458	32,878	67,345	65,846	1,821,700
Private health insurance	156,881	64,492	50,788	34,981	14,502	13,000	10,752	3,020	348,416
Other funding source	33,664	16,541	13,295	9,215	6,036	5,213	3,741	2,049	89,754
<i>Total</i>	<i>736,515</i>	<i>467,123</i>	<i>438,901</i>	<i>257,491</i>	<i>155,996</i>	<i>51,091</i>	<i>81,838</i>	<i>70,915</i>	<i>2,259,870</i>
Women's and children's									
Public patient	42,743	73,577	42,052	34,755	28,072	..	..	..	221,199
Private health insurance	18,494	10,788	9,269	6,146	2,253	..	..	..	46,950
Other funding source	2,172	2,910	264	1,064	1,137	..	..	..	7,547
<i>Total</i>	<i>63,409</i>	<i>87,275</i>	<i>51,585</i>	<i>41,965</i>	<i>31,462</i>	<i>..</i>	<i>..</i>	<i>..</i>	<i>275,696</i>
Public acute group A									
Public patient	467,798	483,416	451,828	121,469	110,376	45,221	24,159	55,133	1,759,400
Private health insurance	114,855	74,024	63,923	5,124	8,749	7,397	1,105	582	275,759
Other funding source	21,794	15,654	15,258	1,253	3,357	2,795	939	887	61,937
<i>Total</i>	<i>604,447</i>	<i>573,094</i>	<i>531,009</i>	<i>127,846</i>	<i>122,482</i>	<i>55,413</i>	<i>26,203</i>	<i>56,602</i>	<i>2,097,096</i>
Public acute group B									
Public patient	193,901	218,091	134,812	105,152	40,172	9,806	..	..	701,934
Private health insurance	32,681	17,917	20,897	2,984	2,206	613	..	..	77,298
Other funding source	10,173	5,156	4,664	1,404	1,018	329	..	..	22,744
<i>Total</i>	<i>236,755</i>	<i>241,164</i>	<i>160,373</i>	<i>109,540</i>	<i>43,396</i>	<i>10,748</i>	<i>..</i>	<i>..</i>	<i>801,976</i>
Public acute group C									
Public patient	106,761	130,410	59,018	61,848	54,996	460	..	20,623	434,116
Private health insurance	24,344	23,746	10,036	3,257	8,170	68	..	102	69,723
Other funding source	4,685	6,661	2,503	1,494	2,937	47	..	174	18,501
<i>Total</i>	<i>135,790</i>	<i>160,817</i>	<i>71,557</i>	<i>66,599</i>	<i>66,103</i>	<i>575</i>	<i>..</i>	<i>20,899</i>	<i>522,340</i>

(continued)

Table 4.1 (continued): Separations by hospital peer group/type, by funding source, public and private hospitals, states and territories, 2015–16

Principal funding source	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Other^(a)									
Public patient	55,690	111,039	34,660	25,787	16,726	4,069	..	..	247,971
Private health insurance	23,114	23,362	3,902	928	2,005	445	..	..	53,756
Other funding source	5,443	5,688	1,138	583	661	263	..	..	13,776
<i>Total</i>	<i>84,247</i>	<i>140,089</i>	<i>39,700</i>	<i>27,298</i>	<i>19,392</i>	<i>4,777</i>	..	..	<i>315,503</i>
Public hospitals total									
Public patient	1,412,863	1,402,623	1,097,188	562,306	385,800	92,434	91,504	141,602	5,186,320
Private health insurance	370,369	214,329	158,815	53,420	37,885	21,523	11,857	3,704	871,902
Other funding source	77,931	52,610	37,122	15,013	15,146	8,647	4,680	3,110	214,259
Total	1,861,163	1,669,562	1,293,125	630,739	438,831	122,604	108,041	148,416	6,272,481
Private hospitals									
Private free-standing day hospital facilities									
Public patient	5,399	0	4,151	84,062	381	n.p.	n.p.	n.p.	93,993
Private health insurance	193,753	179,701	181,104	54,150	65,352	n.p.	n.p.	n.p.	685,775
Other funding source	66,241	45,201	44,459	12,368	8,003	n.p.	n.p.	n.p.	179,975
<i>Total</i>	<i>265,393</i>	<i>224,902</i>	<i>229,714</i>	<i>150,580</i>	<i>73,736</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>959,743</i>
Other private hospitals									
Public patient	6,185	3,938	45,126	11,470	91	n.p.	n.p.	n.p.	68,529
Private health insurance	873,079	712,448	690,556	307,262	223,864	n.p.	n.p.	n.p.	2,916,201
Other funding source	116,513	80,625	107,161	28,186	24,057	n.p.	n.p.	n.p.	382,814
<i>Total</i>	<i>995,777</i>	<i>797,011</i>	<i>842,843</i>	<i>346,918</i>	<i>248,012</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,367,544</i>
Private hospitals total									
Public patient	11,584	3,938	49,277	95,532	472	n.p.	n.p.	n.p.	162,522
Private health insurance	1,066,832	892,149	871,660	361,412	289,216	n.p.	n.p.	n.p.	3,601,976
Other funding source	182,754	125,826	151,620	40,554	32,060	n.p.	n.p.	n.p.	562,789
Total	1,261,170	1,021,913	1,072,557	497,498	321,748	n.p.	n.p.	n.p.	4,327,287

(a) Other includes public hospitals that were not categorised as *Principal referral*, *Women's and Children's*, *Public acute group A*, *Public acute group B* or *Public acute group C*.

Table 4.2: Proportion (%) of private health insurance-funded separations, by hospital peer group/type of hospital, public and private hospitals, states and territories, 2015–16

Hospital peer group/type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Principal referral	10.9	5.8	4.9	8.4	4.4	n.p.	n.p.	n.p.	7.8
Women's and children's	1.3	1.0	0.9	1.5	0.7	..	..	..	1.0
Public acute group A	8.0	6.7	6.2	1.2	2.7	n.p.	n.p.	n.p.	6.2
Public acute group B	2.3	1.6	2.0	0.7	0.7	n.p.	..	..	1.7
Public acute group C	1.7	2.1	1.0	0.8	2.5	n.p.	..	n.p.	1.6
Other ^(a)	1.6	2.1	0.4	0.2	0.6	n.p.	..	n.p.	1.2
<i>Proportion in public hospitals</i>	<i>25.8</i>	<i>19.4</i>	<i>15.4</i>	<i>12.9</i>	<i>11.6</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>19.5</i>
Private hospitals									
Private free-standing day hospital facilities	13.5	16.2	17.6	13.1	20.0	n.p.	n.p.	n.p.	15.3
Other private hospitals	60.7	64.4	67.0	74.1	68.4	n.p.	n.p.	n.p.	65.2
<i>Proportion in private hospitals</i>	<i>74.2</i>	<i>80.6</i>	<i>84.6</i>	<i>87.1</i>	<i>88.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>80.5</i>
Total	100.0	100.0	100.0	100.0	100.0	n.p.	n.p.	n.p.	100.0

(a) Other includes public hospitals that were not categorised as *Principal referral*, *Women's and Children's*, *Public acute group A*, *Public acute group B* or *Public acute group C*.

Table 4.3: Separations by funding source and remoteness area of hospital, public hospitals, 2015–16

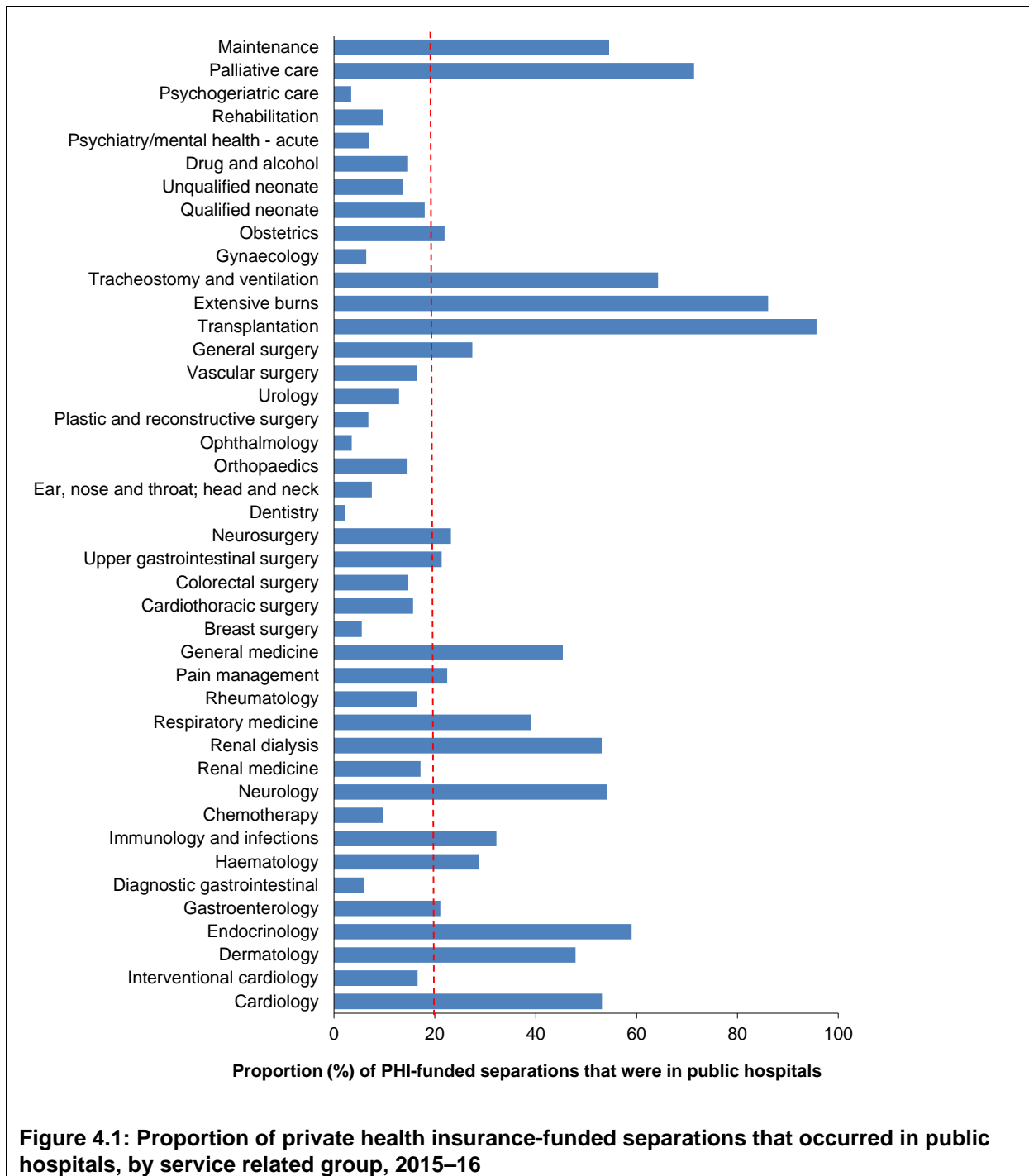
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Major cities									
Public patient	1,036,629	1,073,091	712,872	434,065	298,337	..	91,504	..	3,646,498
Private health insurance	284,242	158,004	90,822	46,916	26,958	..	11,857	..	618,799
Other non-public	61,480	39,137	22,929	11,974	11,199	..	4,680	..	151,399
<i>Total</i>	<i>1,382,351</i>	<i>1,270,232</i>	<i>826,623</i>	<i>492,955</i>	<i>336,494</i>	<i>..</i>	<i>108,041</i>	<i>..</i>	<i>4,416,696</i>
Inner regional									
Public patient	310,326	269,397	194,827	40,298	21,196	69,392	..	..	905,436
Private health insurance	70,457	45,585	42,583	1,196	2,500	19,938	..	..	182,259
Other non-public	13,277	10,428	6,659	812	1,076	7,402	..	..	39,654
<i>Total</i>	<i>394,060</i>	<i>325,410</i>	<i>244,069</i>	<i>42,306</i>	<i>24,772</i>	<i>96,732</i>	<i>..</i>	<i>..</i>	<i>1,127,349</i>
Outer regional									
Public patient	58,607	59,965	167,460	47,730	56,222	22,444	..	65,846	478,274
Private health insurance	14,582	10,669	24,086	4,079	6,484	1,506	..	3,020	64,426
Other non-public	2,793	3,028	6,867	1,107	2,419	1,202	..	2,049	19,465
<i>Total</i>	<i>75,982</i>	<i>73,662</i>	<i>198,413</i>	<i>52,916</i>	<i>65,125</i>	<i>25,152</i>	<i>..</i>	<i>70,915</i>	<i>562,165</i>
Remote									
Public patient	3,113	170	12,237	27,856	7,017	319	..	64,616	115,328
Private health insurance	575	71	645	1,099	1,770	40	..	666	4,866
Other non-public	164	17	282	954	365	23	..	984	2,789
<i>Total</i>	<i>3,852</i>	<i>258</i>	<i>13,164</i>	<i>29,909</i>	<i>9,152</i>	<i>382</i>	<i>..</i>	<i>66,266</i>	<i>122,983</i>
Very remote									
Public patient	1,075	..	9,792	12,357	2,192	279	..	11,140	36,835
Private health insurance	43	..	679	130	65	39	..	18	974
Other non-public	24	..	385	166	47	20	..	77	719
<i>Total</i>	<i>1,142</i>	<i>..</i>	<i>10,856</i>	<i>12,653</i>	<i>2,304</i>	<i>338</i>	<i>..</i>	<i>11,235</i>	<i>38,528</i>
Total^(a)									
Public patient	1,412,863	1,402,623	1,097,188	562,306	385,800	92,434	91,504	141,602	5,186,320
Private health insurance	370,369	214,329	158,815	53,420	37,885	21,523	11,857	3,704	871,902
Other non-public	77,931	52,610	37,122	15,013	15,146	8,647	4,680	3,110	214,259
Total	1,861,163	1,669,562	1,293,125	630,739	438,831	122,604	108,041	148,416	6,272,481

(a) The totals include separations for which the remoteness area could not be determined.

Table 4.4: Separations for public patients, private health insurance and other patients by admission mode and urgency of admission, public and private hospitals, 2015–16

	Public hospitals				Private hospitals			
	Public patients	Private health insurance	Other patients	Total	Public patients	Private health insurance	Other patients	Total
Admitted patient transferred from another hospital								
Emergency	102,857	20,066	5,448	128,371	6,074	18,863	3,116	28,053
Elective	83,329	18,038	4,449	105,816	4,333	76,271	13,986	94,590
Not assigned	44,848	11,669	2,501	59,018	281	4,478	699	5,458
Not reported	22	1	4	27	0	38	17	55
<i>Total</i>	<i>231,056</i>	<i>49,774</i>	<i>12,402</i>	<i>293,232</i>	<i>10,688</i>	<i>99,650</i>	<i>17,818</i>	<i>128,156</i>
Statistical admission—episode type change								
Emergency	0	0	0	0	0	2	0	2
Elective	10	0	0	10	0	334	60	394
Not assigned	83,279	18,280	5,574	107,133	207	20,522	4,183	24,912
<i>Total</i>	<i>83,289</i>	<i>18,280</i>	<i>5,574</i>	<i>107,143</i>	<i>207</i>	<i>20,858</i>	<i>4,243</i>	<i>25,308</i>
Other								
Emergency	2,005,602	403,580	116,361	2,525,543	3,203	166,269	25,335	194,807
Elective	1,953,096	308,737	60,349	2,322,182	39,249	2,936,246	481,498	3,456,993
Not assigned	902,406	90,494	18,630	1,011,530	109,175	374,785	32,643	516,603
Not reported	73	12	2	87	0	4,168	1,252	5,420
<i>Total</i>	<i>4,861,177</i>	<i>802,823</i>	<i>195,342</i>	<i>5,859,342</i>	<i>151,627</i>	<i>3,481,468</i>	<i>540,728</i>	<i>4,173,823</i>
All admission modes^(a)								
Emergency	2,109,541	423,847	121,991	2,655,379	9,277	185,134	28,451	222,862
Elective	2,044,093	327,386	65,515	2,436,994	43,582	3,012,851	495,544	3,551,977
Not assigned	1,032,137	120,656	26,745	1,179,538	109,663	399,785	37,525	546,973
Not reported	549	13	8	570	0	4,206	1,269	5,475
Total	5,186,320	871,902	214,259	6,272,481	162,522	3,601,976	562,789	4,327,287

(a) The totals include separations for which the admission mode was not reported.



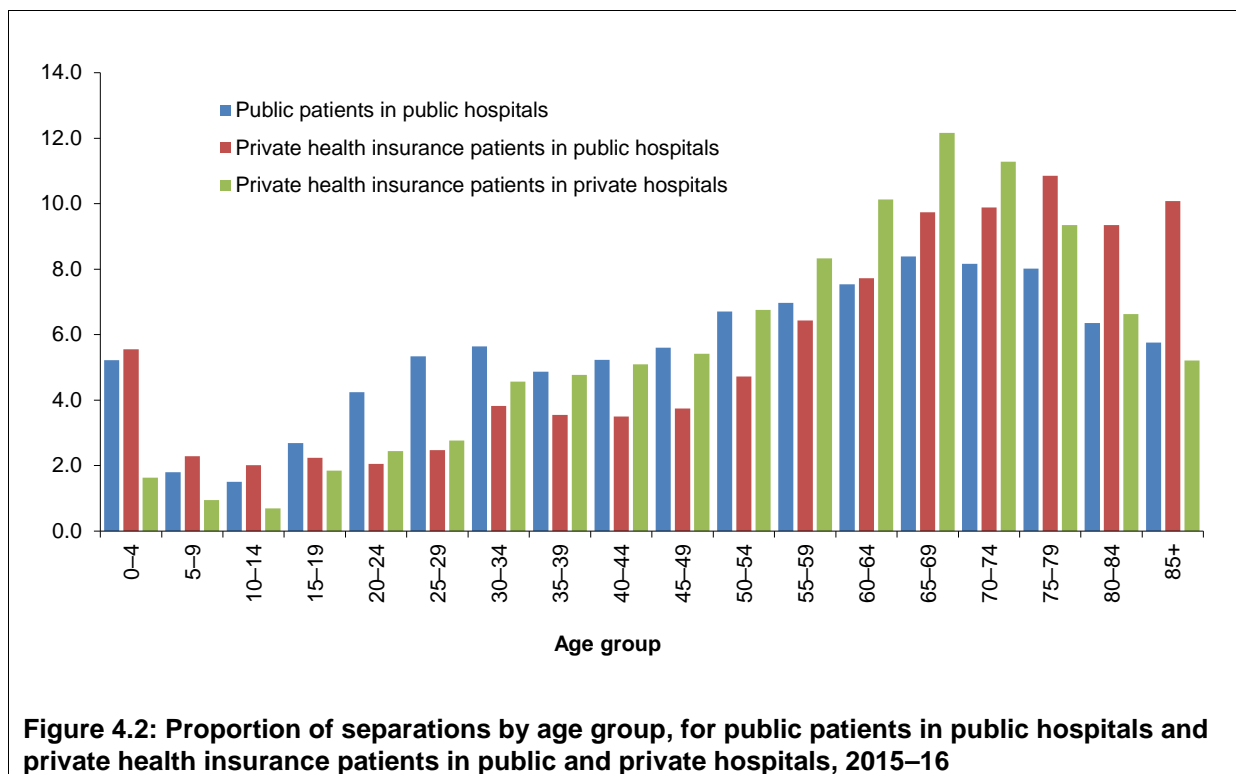


Table 4.5: Separations by funding source by remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	3,290,436	564,146	126,617	3,981,199
Inner regional	1,050,311	202,030	44,501	1,296,842
Outer regional	585,344	90,334	24,192	699,870
Remote	111,663	9,398	2,857	123,918
Very remote	118,759	2,641	1,783	123,183
Not reported	29,807	3,353	14,309	47,469
Public hospitals total^(a)	5,186,320	871,902	214,259	6,272,481
Private hospitals				
Major cities	96,164	2,753,470	407,157	3,256,791
Inner regional	29,724	608,366	109,903	747,993
Outer regional	17,213	204,594	37,919	259,726
Remote	9,525	20,665	3,354	33,544
Very remote	9,777	7,831	1,233	18,841
Not reported	119	7,050	3,223	10,392
Private hospitals total^(a)	162,522	3,601,976	562,789	4,327,287

(a) The totals include separations for which the remoteness area could not be determined.

Table 4.6: Separations by funding source by socioeconomic status of usual area of residence, public hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
1–lowest	1,488,561	160,689	52,354	1,701,604
2	1,201,763	180,432	46,393	1,428,588
3	1,031,896	177,014	37,351	1,246,261
4	840,005	168,591	34,502	1,043,098
5–highest	593,427	181,733	29,242	804,402
Not reported	30,668	3,443	14,417	48,528
Public hospitals total^(a)	5,186,320	871,902	214,259	6,272,481
Private hospitals				
1–lowest	36,852	452,449	112,610	601,911
2	42,302	570,522	109,845	722,669
3	41,408	707,468	116,639	865,515
4	22,257	818,278	114,018	954,553
5–highest	19,581	1,045,575	106,278	1,171,434
Not reported	122	7,684	3,399	11,205
Private hospitals total^(a)	162,522	3,601,976	562,789	4,327,287

(a) The totals include separations for which the socioeconomic status of the area of usual residence could not be determined.

5 Broad categories of service, 2015–16

This chapter presents summary information for 2015–16 on separations for public patients, private health insurance patients and other patients (that is, separations that were not funded publicly or by *Private health insurance*) for each of the following broad categories of service:

- Acute care including:
 - Childbirth (presented in more detail in Chapter 6)
 - Surgical care, for emergency and other admissions (see also Chapter 7)
 - Medical care, for emergency and other admissions (see also Chapter 8)
 - Other acute care, for emergency and other admissions (see also Chapter 9)
- Mental health care (see also Chapter 10)
- Subacute and non-acute care (see also Chapter 11), which includes:
 - Rehabilitation
 - Palliative care
 - Other subacute and non-acute care.

It includes information on:

- same-day separations (Table 5.2)
- average length of stay (Table 5.3)
- average cost weight (Table 5.4).

Key data issues

See Chapter 1 for information on the method used to assign separations to the broad categories of service.

Mental health care

The *Mental health* care type was implemented from 1 July 2015. However, variation in the reporting of this care type for 2015–16 among jurisdictions and across sectors may indicate that the implementation of the *Mental health* care type was not consistent or complete in the first year of collection. For more information on variation in the implementation of the *Mental health* care type, see *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

Average cost weights

In this chapter, average cost weights are presented as estimates of the relative cost of admitted patient care. Average cost weights are presented for acute care only and are based on the AR-DRG (version 7.0) reported for the separation. Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations. An average cost weight greater than 1.00 indicates that the casemix for the hospital/jurisdiction or other category was more complex than the average.

The average cost weight for a hospital (or group of hospitals) is calculated as the sum of the average cost weights for each acute separation (based on the diagnosis related group),

divided by the total number of acute separations for the hospital. For example, a hospital with an average cost weight of 1.05 has a 5% more costly casemix than the national average. For more information on cost weights and diagnosis related groups, see *Admitted patient care 2015–16: Australian hospital statistics* (AIHW 2017a).

Key findings

Emergency and other admissions

In 2015–16, 48% of PHI-funded separations in public hospitals were for emergency care, compared with 5% in private hospitals. That is, 70% of PHI-funded emergency admissions occurred in public hospitals.

Less than 5% of non-emergency surgery for PHI-funded separations patients occurred in public hospitals—that is, the majority (95% or 1.2 million separations) were in private hospitals (Table 5.1).

Childbirth

In 2015–16, 25% of all childbirth separations were in private hospitals and about 96% of these were for private health insurance patients (Table 5.1). Almost 100% of childbirth separations for public patients occurred in public hospitals. However, some Tasmanian contracted care childbirth separations in private hospitals (that are considered equivalent to public patient separations) were included in the category *Other patients* for childbirth in private hospitals.

Average lengths of stay were shorter for PHI-funded childbirth separations (3.5 days) in public hospitals compared with the average length of stay for these in private hospitals (4.6 days) (Table 5.3).

Surgical care

In 2015–16, 92% of all surgical care separations were in private hospitals and about 82% of these were for private health insurance patients (Table 5.1). About 97% of surgical care separations for public patients occurred in public hospitals and 3% occurred in private hospitals.

For emergency admissions involving surgery, 99% of public patients and 59% of private health insurance patients were admitted to public hospitals.

For non-emergency admissions involving surgery, 97% of public patients were admitted to public hospitals, while 95% of private health insurance patients were admitted to private hospitals.

Medical care

In 2015–16, 26% of all medical care separations were in private hospitals and about 82% of these were for private health insurance patients (Table 5.1). About 97% of medical care separations for public patients occurred in public hospitals and 3% occurred in private hospitals.

For emergency admissions for medical care, almost 100% of public patients and 73% of private health insurance patients were admitted to public hospitals.

For non-emergency admissions for medical care, 94% of public patients were admitted to public hospitals and 36% of private health insurance patients were admitted to private hospitals.

Other acute care

In 2015–16, 68% of all other acute care separations were in private hospitals and about 85% of these were for private health insurance patients (Table 5.1). About 97% of other acute care separations for public patients occurred in public hospitals and 3% occurred in private hospitals.

For emergency admissions for other acute care, almost 100% of public patients and 50% of private health insurance patients were admitted to public hospitals.

For non-emergency admissions for other acute care, 96% of public patients were admitted to public hospitals and 84% of private health insurance patients were admitted to private hospitals.

Mental health care

In 2015–16, 56% of all mental health-care separations were in private hospitals and about 88% of these were for private health insurance patients (Table 5.1). Almost 100% of mental health-care separations for public patients occurred in public hospitals.

In public hospitals, about 16% of all mental health-care separations were admitted and discharged on the same day, compared with 78% in private hospitals (Table 5.2).

Average lengths of stay were longer for PHI-funded separations for mental health care (14.2 days) in public hospitals compared with the average length of stay for these in private hospitals (5.0 days) (Table 5.3).

Subacute and non-acute care

In 2015–16, 64% of all subacute and non-acute care separations were in private hospitals and about 87% of these were for private health insurance patients (Table 5.1). About 98% of subacute and non-acute care separations for public patients occurred in public hospitals.

In public hospitals, about 19% of all subacute and non-acute care separations were admitted and discharged on the same day, compared with 74% in private hospitals (Table 5.2).

Average lengths of stay were longer for PHI-funded separations for subacute and non-acute care (13.9 days) in public hospitals compared with the average length of stay for these in private hospitals (3.8 days) (Table 5.3).

Average cost weights

Average cost weights are higher for PHI-funded separations in public hospitals (1.04) compared with private hospitals (0.88) (Table 5.4).

Table 5.1: Separations by funding source and broad category of service, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Childbirth	209,467	17,728	6,593	233,788
<i>Surgical total</i>	<i>864,472</i>	<i>110,360</i>	<i>48,283</i>	<i>1,023,115</i>
Emergency	212,141	51,523	19,540	283,204
Non-emergency	652,331	58,837	28,743	739,911
<i>Medical total</i>	<i>3,495,228</i>	<i>635,043</i>	<i>132,688</i>	<i>4,262,959</i>
Emergency	1,739,806	349,304	98,002	2,187,112
Non-emergency	1,755,422	285,739	34,686	2,075,847
<i>Other acute care total</i>	<i>352,264</i>	<i>57,075</i>	<i>10,542</i>	<i>419,881</i>
Emergency	57,898	14,791	2,276	74,965
Non-emergency	294,366	42,284	8,266	344,916
Mental health care	119,717	7,583	5,822	133,122
<i>Subacute and non-acute care total</i>	<i>145,157</i>	<i>44,112</i>	<i>10,331</i>	<i>199,600</i>
Rehabilitation	72,397	25,014	5,372	102,783
Palliative care	27,262	7,719	1,518	36,499
Other subacute and non-acute care	45,498	11,379	3,441	60,318
Public hospitals total^(a)	5,186,320	871,902	214,259	6,272,481
Private hospitals				
Childbirth ^(b)	n.p.	72,681	n.p.	75,881
<i>Surgical</i>	<i>23,158</i>	<i>1,242,676</i>	<i>255,452</i>	<i>1,521,286</i>
Surgical—emergency	2,087	36,038	4,613	42,738
Surgical—non-emergency	21,071	1,206,638	250,839	1,478,548
<i>Medical</i>	<i>124,043</i>	<i>1,074,388</i>	<i>116,319</i>	<i>1,314,750</i>
Medical—emergency	6,773	130,044	21,516	158,333
Medical—non-emergency	117,270	944,344	94,803	1,156,417
<i>Other acute care</i>	<i>12,000</i>	<i>756,240</i>	<i>126,497</i>	<i>894,737</i>
Other—emergency	207	14,774	1,634	16,615
Other—non-emergency	11,793	741,466	124,863	878,122
Mental health care	n.p.	150,257	n.p.	170,909
<i>Subacute and non-acute care total</i>	<i>3,307</i>	<i>305,734</i>	<i>40,683</i>	<i>349,724</i>
Rehabilitation	873	292,325	38,800	331,998
Palliative care	1,932	3,094	695	5,721
Other subacute and non-acute care	502	10,315	1,188	12,005
Private hospitals total^(a)	162,522	3,601,976	562,789	4,327,287

(a) The total includes records for which the care type was reported as *Other admitted patient care*.

(b) *Other patients for Childbirth* in private hospitals includes separations for public patients in Tasmania for whom care was contracted to a private hospital.

Table 5.2: Same-day separations by funding source and broad category of service, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Childbirth	8,832	514	271	9,617
<i>Surgical total</i>	<i>359,563</i>	<i>30,686</i>	<i>19,058</i>	<i>409,307</i>
Emergency	20,072	3,301	2,200	25,573
Non-emergency	339,491	27,385	16,858	383,734
<i>Medical total</i>	<i>2,105,044</i>	<i>329,802</i>	<i>59,616</i>	<i>2,494,462</i>
Emergency	595,415	80,146	33,023	708,584
Non-emergency	1,509,629	249,656	26,593	1,785,878
<i>Other acute care total</i>	<i>278,007</i>	<i>39,719</i>	<i>7,546</i>	<i>325,272</i>
Emergency	5,009	1,018	184	6,211
Non-emergency	272,998	38,701	7,362	319,061
Mental health care	16,795	968	3,239	21,002
<i>Subacute and non-acute care total</i>	<i>23,948</i>	<i>11,681</i>	<i>1,592</i>	<i>37,221</i>
Rehabilitation	22,010	11,314	1,481	34,805
Palliative care	1,354	288	79	1,721
Other subacute and non-acute care	584	79	32	695
Public hospitals total^(a)	2,792,190	413,370	91,322	3,296,882
Private hospitals				
Childbirth ^(b)	n.p.	88	n.p.	126
<i>Surgical total</i>	<i>14,194</i>	<i>692,340</i>	<i>174,822</i>	<i>881,356</i>
Emergency	51	4,398	749	5,198
Non-emergency	14,143	687,942	174,073	876,158
<i>Medical total</i>	<i>117,278</i>	<i>751,286</i>	<i>65,790</i>	<i>934,354</i>
Emergency	1,897	8,367	1,038	11,302
Non-emergency	115,381	742,919	64,752	923,052
<i>Other acute care total</i>	<i>11,491</i>	<i>705,657</i>	<i>121,018</i>	<i>838,166</i>
Emergency	32	3,397	560	3,989
Non-emergency	11,459	702,260	120,458	834,177
Mental health care	n.p.	115,801	n.p.	132,413
<i>Subacute and non-acute care total</i>	<i>394</i>	<i>237,050</i>	<i>27,660</i>	<i>257,437</i>
Rehabilitation	257	229,892	27,288	265,104
Palliative care	130	69	22	221
Other subacute and non-acute care	n.p.	7,089	n.p.	7,446
Private hospitals total^(a)	143,365	2,502,222	405,933	3,051,520

(a) The total includes records for which the care type was reported as *Other admitted patient care*.

(b) *Other patients* for *Childbirth* in private hospitals includes separations for public patients in Tasmania for whom care was contracted to a private hospital.

Table 5.3: Average length of stay (days), by funding source and broad category of service, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Childbirth	2.9	3.5	3.0	2.9
<i>Surgical total</i>	3.4	5.1	4.0	3.6
Emergency	6.7	7.0	7.0	6.8
Non-emergency	2.3	3.5	2.0	2.4
<i>Medical total</i>	2.2	2.5	2.8	2.2
Emergency	2.8	3.2	2.9	2.8
Non-emergency	1.6	1.6	2.4	1.6
<i>Other acute care total</i>	1.9	2.4	2.3	2.0
Emergency	5.8	5.8	6.3	5.8
Non-emergency	1.2	1.3	1.2	1.2
Mental health care	15.0	14.2	19.5	15.1
Subacute and non-acute care				
Rehabilitation	17.0	11.8	18.4	15.8
Palliative care	9.4	10.8	8.7	9.7
Other subacute and non-acute care	25.3	20.7	20.6	24.2
<i>Subacute and non-acute total</i>	18.2	13.9	17.7	17.2
Public hospitals total^(a)	3.1	3.5	4.2	3.2
Private hospitals				
Childbirth	n.p.	4.6	3.9	4.6
<i>Surgical total</i>	1.8	2.1	1.7	2.0
Emergency	4.7	6.9	8.0	6.9
Non-emergency	1.5	1.9	1.6	1.9
<i>Medical total</i>	1.3	2.2	3.4	2.2
Emergency	4.1	5.2	7.2	5.5
Non-emergency	1.1	1.8	2.5	1.8
<i>Other acute care total</i>	1.1	1.1	1.1	1.1
Emergency	5.3	4.5	5.4	4.6
Non-emergency	1.0	1.1	1.1	1.1
Mental health care	n.p.	5.0	4.8	5.0
Subacute and non-acute care				
Rehabilitation	17.8	3.7	5.6	4.0
Palliative care	11.9	12.2	13.6	12.3
Other subacute and non-acute care	n.p.	4.6	17.2	7.1
<i>Subacute and non-acute total</i>	16.8	3.8	6.1	4.2
Private hospitals total^(a)	1.6	2.2	2.4	2.2

(a) The totals include records for which the care type was reported as *Other admitted patient care*.

Table 5.4: Average cost weight^(a) for acute separations^(b) by funding source and broad category of service, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Childbirth	1.39	1.50	1.46	1.40
Surgical				
Emergency	3.22	3.36	3.76	3.28
Non-emergency	1.66	2.27	1.47	1.70
Medical				
Emergency	0.92	1.01	0.96	0.93
Non-emergency	0.35	0.37	0.48	0.35
Other acute care				
Emergency	2.56	2.47	2.66	2.54
Non-emergency	0.45	0.50	0.64	0.46
<i>Emergency total</i>	<i>1.21</i>	<i>1.36</i>	<i>1.45</i>	<i>1.24</i>
<i>Non-emergency total</i>	<i>0.67</i>	<i>0.67</i>	<i>0.89</i>	<i>0.68</i>
Public hospitals total	0.92	1.04	1.25	0.95
Private hospitals				
Childbirth	n.p.	1.53	1.47	1.53
Surgical				
Emergency	2.02	2.70	2.59	2.66
Non-emergency	1.20	1.40	1.18	1.36
Medical				
Emergency	1.02	1.08	1.22	1.10
Non-emergency	0.14	0.43	0.53	0.41
Other acute care				
Emergency	2.05	1.48	1.49	1.49
Non-emergency	0.47	0.42	0.41	0.42
<i>Emergency total</i>	<i>1.27</i>	<i>1.44</i>	<i>1.46</i>	<i>1.43</i>
<i>Non-emergency total</i>	<i>0.32</i>	<i>0.83</i>	<i>0.84</i>	<i>0.81</i>
Private hospitals total	0.37	0.88	0.88	0.86

(a) AR-DRG version 7.0 public cost weights 2013–14 were used for both public and private hospitals.

(b) Separations with a care type of *Acute*, *Newborn* (with at least one qualified day) and *Not reported*.

6 Childbirth

This chapter presents information on separations for childbirth—for public patients, private health insurance patients, and other patients in public and private hospitals.

For this analysis, childbirth separations are those for which the AR-DRG was associated with childbirth:

- O01A *Caesarean delivery with catastrophic complication or comorbidity*
- O01B *Caesarean delivery with severe complication or comorbidity*
- O01C *Caesarean delivery without catastrophic or severe complication or comorbidity*
- O02A *Vaginal delivery with operating room procedure with catastrophic or severe complication or comorbidity*
- O02B *Vaginal delivery with operating room procedure without catastrophic or severe complication or comorbidity*
- O60A *Vaginal delivery with catastrophic or severe complication or comorbidity*
- O60B *Vaginal delivery without catastrophic or severe complication or comorbidity*
- O60C *Vaginal delivery single uncomplicated.*

Childbirth separations do not include newborn care.

This chapter includes information on:

- state and territory of hospitalisation (Table 6.1)
- the age profile of the patients (Figure 6.1)
- remoteness of area of usual residence (Table 6.2)
- the 20 most common principal diagnoses (tables 6.3 and 6.4)
- the 20 most common procedures (tables 6.5 and 6.6).

Key data issues

See Chapter 1 for information on data issues.

Key findings

In 2015–16, PHI funded all or part of 29% of all childbirth separations in public and private hospitals combined, including:

- 8% of childbirth separations in public hospitals
- 96% of childbirth separations in private hospitals.

New South Wales had the highest proportion of PHI-funded childbirth separations that were in public hospitals (29%) rather than private hospitals, and Western Australia had the lowest (11%) (Table 6.1).

Patient demographics

Generally, private health insurance childbirth patients in public hospitals were older than public childbirth patients in public hospitals (Figure 6.1).

For PHI-funded childbirth separations for patients who lived in *Major cities*, about 14% occurred in public hospitals. For PHI-funded childbirth separations for patients who lived in *Remote areas*, about 50% occurred in public hospitals. (Table 6.2).

Principal diagnoses

About 32% of PHI-funded childbirth separations in public hospitals had a principal diagnosis indicating that the birth involved a caesarean section, compared with 26% for publicly-funded childbirth separations. In private hospitals, about 44% of PHI-funded childbirth separations involved a caesarean section (tables 6.3 and 6.4).

Procedures

In public hospitals, *Generalised allied health intervention* (which includes physiotherapy and social work) was the most commonly reported procedure for public patients and *Caesarean section* was the most commonly reported procedure for private health insurance patients (Table 6.5).

In private hospitals, *Caesarean section* was the most commonly reported procedure for all patients (Table 6.6).

Table 6.1: Childbirth separations by funding source, public and private hospitals, 2015–16

	Public patients ^(a)	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	62,391	9,119	3,238	74,748
Victoria	56,169	2,432	1,603	60,204
Queensland	41,128	3,519	512	45,159
Western Australia	23,012	1,186	646	24,844
South Australia	14,580	763	336	15,679
Tasmania	4,097	427	61	4,585
Australian Capital Territory	4,919	224	143	5,286
Northern Territory	3,171	58	54	3,283
Public hospitals total	209,467	17,728	6,593	233,788
Private hospitals				
New South Wales	1	21,928	607	22,536
Victoria	0	18,471	881	19,352
Queensland	0	15,706	406	16,112
Western Australia	5	9,923	206	10,134
South Australia	1	4,140	52	4,193
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total^(a)	7	72,681	3,193	75,881

(a) The number of childbirth separations for public patients in private hospitals is underestimated due to missing information for some Tasmanian records. These records are included in *Other patients*.

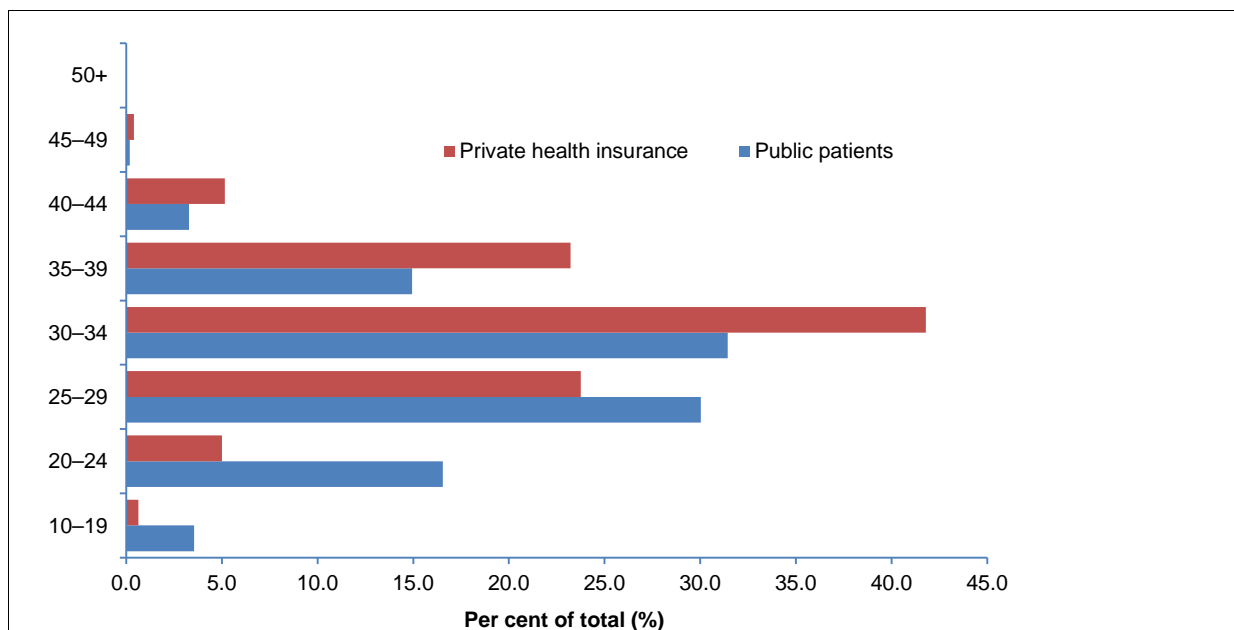


Figure 6.1: Proportion of childbirth separations by age group for public patients and private health insurance-funded patients, public hospitals, 2015-16

Table 6.2: Childbirth separations by funding source and remoteness area of usual residence, public and private hospitals, 2015-16

	Public patients ^(a)	Private health insurance	Other patients	Total
Public hospitals				
Major cities	145,470	10,375	4,940	160,785
Inner regional	38,091	4,290	545	42,926
Outer regional	19,507	2,463	187	22,157
Remote	3,564	419	89	4,072
Very remote	2,449	124	11	2,584
Not reported	386	57	821	1,264
Public hospitals total^(b)	209,467	17,728	6,593	233,788
Private hospitals				
Major cities	0	61,647	1,962	63,609
Inner regional	2	7,031	447	7,480
Outer regional	3	3,217	707	3,927
Remote	1	420	55	476
Very remote	0	240	13	253
Not reported	1	126	9	136
Private hospitals total^(b)	7	72,681	3,193	75,881

(a) The number of childbirth separations for public patients in private hospitals is underestimated due to missing information for some Tasmanian records. These records are included in *Other patients*.

(b) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 6.3: The 20 most common principal diagnoses for childbirth separations, by funding source, public hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
O80 Single spontaneous delivery	112,882	7,904	3,056	123,842
O82 Single delivery by caesarean section	55,373	5,662	1,966	63,001
O81 Single delivery by forceps and vacuum extractor	23,356	2,350	1,074	26,780
O83 Other assisted single delivery	6,738	468	166	7,372
O84 Multiple delivery	2,413	390	68	2,871
O36 Maternal care for other known or suspected fetal problems	1,721	130	63	1,914
O42 Premature rupture of membranes	1,558	175	50	1,783
O14 Pre-eclampsia	1,103	136	31	1,270
O46 Antepartum haemorrhage, not elsewhere classified	478	48	18	544
O35 Maternal care for known or suspected fetal abnormality and damage	444	33	14	491
O24 Diabetes mellitus in pregnancy	429	42	13	484
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	334	44	6	384
O48 Prolonged pregnancy	327	41	12	380
O44 Placenta praevia	322	45	4	371
O13 Gestational (pregnancy-induced) hypertension	298	35	6	339
O34 Maternal care for known or suspected abnormality of pelvic organs	182	33	9	224
O32 Maternal care for known or suspected malpresentation of fetus	183	19	2	204
O26 Maternal care for other conditions predominantly related to pregnancy	132	22	3	157
O45 Premature separation of placenta [abruptio placentae]	131	16	3	150
O11 Pre-eclampsia superimposed on chronic hypertension	124	15	5	144
<i>Other principal diagnoses</i>	939	120	24	1,083
Total	209,467	17,728	6,593	233,788

Table 6.4: The 20 most common principal diagnoses for childbirth separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
O82	Single delivery by caesarean section	5	31,815	1,253	33,073
O80	Single spontaneous delivery	1	26,472	1,300	27,773
O81	Single delivery by forceps and vacuum extractor	1	11,124	514	11,639
O84	Multiple delivery	0	1,097	37	1,134
O83	Other assisted single delivery	0	848	46	894
O14	Pre-eclampsia	0	201	5	206
O42	Premature rupture of membranes	0	187	6	193
O36	Maternal care for other known or suspected fetal problems	0	173	9	182
O13	Gestational [pregnancy-induced] hypertension	0	120	1	121
O44	Placenta praevia	0	88	1	89
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	79	3	82
O46	Antepartum haemorrhage, not elsewhere classified	0	67	1	68
O34	Maternal care for known or suspected abnormality of pelvic organs	0	61	1	62
O35	Maternal care for known or suspected fetal abnormality and damage	0	47	4	51
O24	Diabetes mellitus in pregnancy	0	40	5	45
O32	Maternal care for known or suspected malpresentation of fetus	0	42	1	43
O26	Maternal care for other conditions predominantly related to pregnancy	0	23	0	23
O47	False labour	0	19	1	20
O45	Premature separation of placenta [abruptio placentae]	0	18	1	19
O48	Prolonged pregnancy	0	15	0	15
	<i>Other principal diagnoses</i>	0	145	4	149
	Total	7	72,681	3,193	75,881

Table 6.5: Procedures^(a) reported for the 20 most common procedure blocks for childbirth separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	76,309	5,779	1,971	84,059
1344	Postpartum suture	71,273	6,249	2,570	80,092
1334	Medical or surgical induction of labour	63,082	5,473	2,183	70,738
1340	Caesarean section	60,985	6,510	2,133	69,628
1333	Analgesia and anaesthesia during labour and delivery procedure	53,816	5,019	1,926	60,761
1909	Conduction anaesthesia	45,898	5,071	1,562	52,531
1335	Medical or surgical augmentation of labour	40,005	3,026	1,316	44,347
1341	Fetal monitoring	35,011	2,271	953	38,235
1343	Other procedures associated with delivery	31,792	2,688	1,552	36,032
1338	Vacuum extraction	15,306	1,694	665	17,665
1336	Spontaneous vertex delivery	13,611	636	313	14,560
1337	Forceps delivery	12,002	1,070	586	13,658
1884	Immunisation	11,370	1,125	205	12,700
1910	Cerebral anaesthesia	9,323	844	308	10,475
1893	Administration of blood and blood products	5,447	426	181	6,054
1345	Postpartum evacuation of uterus	4,625	376	103	5,104
1822	Assessment of personal care and other activities of daily/independent living	4,499	468	29	4,996
1912	Postprocedural analgesia	3,791	605	158	4,554
1257	Procedures for female sterilisation	3,648	242	65	3,955
986	Division of abdominal adhesions	2,661	192	57	2,910
	<i>Other procedures</i>	18,927	1,418	657	21,002
	Total	583,381	51,182	19,493	654,056

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 6.6: Procedures^(a) reported for the 20 most common procedure blocks for childbirth separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1340	Caesarean section	5	38,870	1,393	40,268
1916	Generalised allied health interventions	1	35,742	893	36,636
1909	Conduction anaesthesia	4	27,933	1,093	29,030
1333	Analgesia and anaesthesia during labour and delivery procedure	0	26,536	1,038	27,574
1334	Medical or surgical induction of labour	1	24,021	1,025	25,047
1344	Postpartum suture	2	22,932	931	23,865
1343	Other procedures associated with delivery	0	12,199	569	12,768
1335	Medical or surgical augmentation of labour	1	12,041	628	12,670
1338	Vacuum extraction	1	9,998	383	10,382
1337	Forceps delivery	0	3,941	196	4,137
1884	Immunisation	0	3,607	139	3,746
1336	Spontaneous vertex delivery	1	3,550	87	3,638
1912	Postprocedural analgesia	0	2,523	51	2,574
1341	Fetal monitoring	0	1,868	110	1,978
1910	Cerebral anaesthesia	1	1,606	71	1,678
1345	Postpartum evacuation of uterus	0	1,141	48	1,189
1893	Administration of blood and blood products	0	870	42	912
1257	Procedures for female sterilisation	0	675	43	718
1347	Other postpartum procedures	0	576	22	598
1915	Other client support interventions	0	566	5	571
	<i>Other procedures</i>	0	4,433	156	4,589
	Total	17	235,628	8,923	244,568

(a) Numbers of procedures are counts ofACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

7 Surgical care

Surgical care separations are identified as separations with a 'surgical AR-DRG' in AR-DRG version 7.0 (NCCC 2012). A surgical procedure is also known as an 'operating room procedure'.

This chapter presents summary information for 2015–16 on emergency and non-emergency separations that involved surgical care for public patients, private health insurance patients and other patients.

In 2015–16, a surgical procedure was reported for about 1 in 4 separations in public and private hospitals combined, and 59% of these occurred in private hospitals.

This chapter includes information on:

- state and territory of hospitalisation (tables 7.1 and 7.7)
- the patient's age (figures 7.1 and 7.2)
- remoteness of the patient's area of usual residence (tables 7.2 and 7.8)
- the 20 most common principal diagnoses (tables 7.3, 7.4, 7.9 and 7.10)
- the 20 most common procedures (tables 7.5, 7.6, 7.11 and 7.12).

Waiting time statistics for public hospital elective surgery are presented for public patients, private health insurance patients, and other patients (tables 7.13 to 7.23).

7.1 Emergency admissions involving surgery

Tables 7.1 to 7.6 present data for care provided for emergency admissions involving surgery in both public and private hospitals in 2015–16.

Emergency admissions involving surgery are identified as acute care separations with a 'surgical AR-DRG' in AR-DRG version 7.0 (NCCC 2012), and for which the urgency of admission was reported as *Emergency*—indicating that the patient required admission within 24 hours. They do not include separations where the urgency of admission was *Elective*, *Not assigned* or was not reported.

It should be noted that not all *Emergency admissions* were admitted through an emergency department.

Key data issues

Emergency admissions involving surgery do not include separations for which the urgency of admission was not reported as *Emergency* but where the surgery was performed as an emergency (for example, the patient was admitted for childbirth and subsequently had an emergency caesarean section). See Chapter 1 for more information on data issues.

Key findings

In 2015–16, PHI funded all or part of 27% of all emergency admissions involving surgery in public and private hospitals combined, including:

- 18% of emergency admissions involving surgery in public hospitals
- 84% of emergency admissions involving surgery in private hospitals.

Overall, 59% of PHI-funded emergency admissions involving surgery occurred in public hospitals.

New South Wales had the highest proportion of PHI-funded emergency admissions involving surgery that were in public hospitals (87%) rather than private hospitals, and South Australia had the lowest (30%) (Table 7.1).

Patient demographics

Private health insurance-funded emergency admissions involving surgery in public hospitals were generally for younger patients than those in private hospitals (Figure 7.1).

About 56% of PHI-funded emergency admissions involving surgery for patients who lived in *Major cities* occurred in public hospitals, compared with 69% for patients who lived in *Outer regional* areas and 68% in *Remote* and *Very remote* areas (Table 7.2).

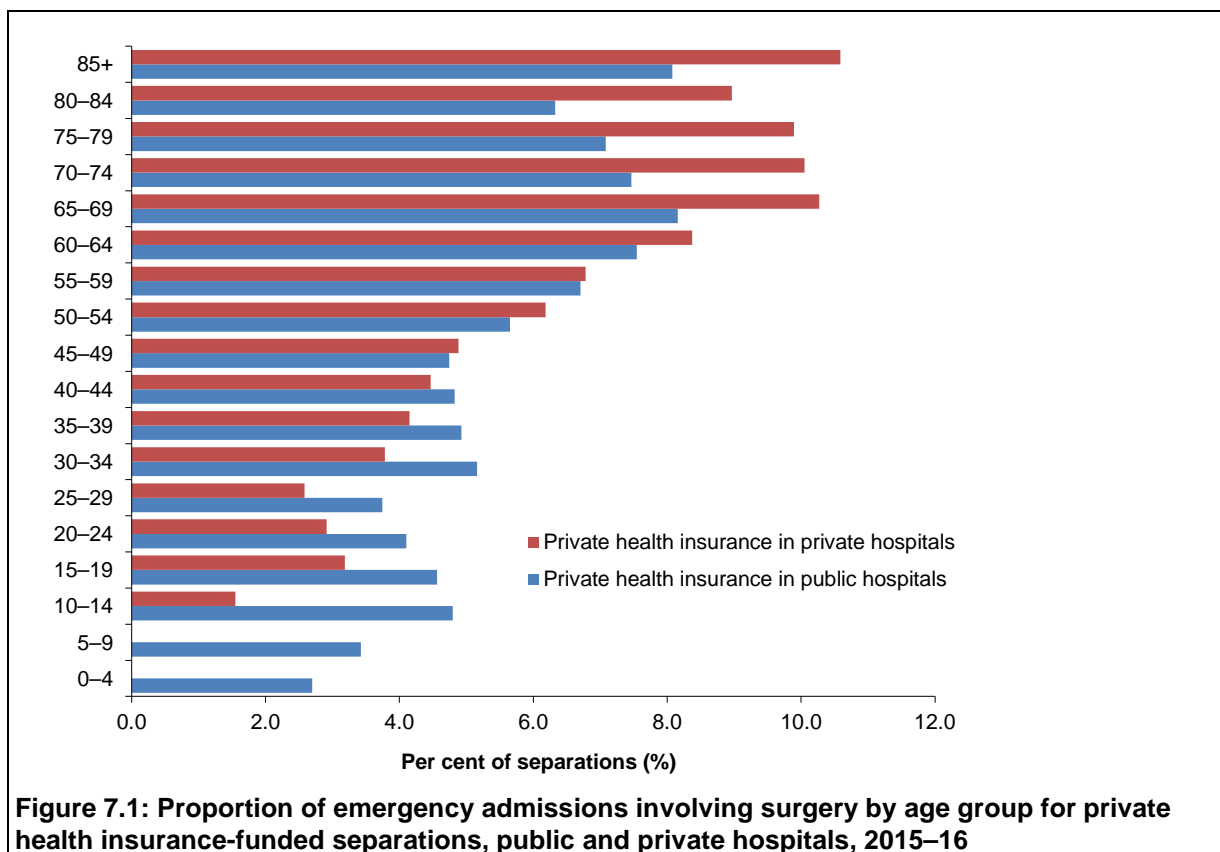
Principal diagnoses

Acute appendicitis, *Fracture of femur* and *Acute myocardial infarction* were the 3 most common principal diagnoses for emergency admissions involving surgery in both public and private hospitals (tables 7.3 and 7.4).

Procedures

In public hospitals, *Appendicectomy* was the most commonly reported procedure block for both public patients and private health insurance patients (Table 7.5).

In private hospitals, *Excision procedures on other musculoskeletal sites* was the most commonly block reported procedure for private health insurance patients (Table 7.6).



7.2 Non-emergency admissions involving surgery

Non-emergency admissions involving surgery

Tables 7.7 to 7.12 present data for care provided for non-emergency admissions involving surgery in both public and private hospitals in 2015–16.

Non-emergency admissions involving surgery are identified as separations with a ‘surgical AR-DRG’ in AR-DRG version 7.0 (NCCC 2012), and for which the urgency of admission was not reported as *Emergency*—that is, the urgency of admission was *Elective*, *Not assigned* or was not reported.

Separations for elective surgery, admitted from public hospital waiting lists

Tables 7.13 to 7.23 present data for separations for elective surgery admitted from public hospital waiting lists from 2012–13 to 2015–16.

Information on separations for elective surgery admitted from public hospital waiting lists were provided by jurisdictions for inclusion in the NHMD as a ‘cluster’ of elective surgery waiting times data. The ‘cluster’ data allow analysis of public hospital waiting times for elective surgery for separations reported for the NHMD. These data were available from 2012–13 to 2015–16.

Key data issues

In 2015–16, there were 680,147 separations for elective surgery admitted from public hospital waiting lists for which the ‘cluster’ data were available, compared with about 740,000 non-emergency admissions involving surgery in public hospitals.

‘Separations for elective surgery admitted from public hospital waiting lists’ (‘cluster’ data) are not necessarily the same as ‘non-emergency admissions involving surgery’, although both are sourced from the NHMD. This is due to several factors including:

- the data in the ‘cluster’ relate to patients who were admitted from a public hospital waiting list, whereas non-emergency admissions involving surgery sourced from the NHMD include patients who were not placed on a waiting list, including in private hospitals
- the surgical procedures defined for public hospital elective surgery waiting lists and ‘surgical AR-DRGs’ are defined using a different list of procedures. The public hospital elective surgery waiting list data include separations for which a ‘surgical AR-DRG’ was not reported (for example, waiting times statistics are reported for *Cystoscopy*, but for some records, an ‘other AR-DRG’ was assigned)
- the data for ‘separations for elective surgery admitted from public hospital waiting lists’ can include separations for which the urgency of admission was *Emergency*, rather than *Elective*, *Not assigned* or not reported.

Limitations in coverage of the ‘cluster’ data should be considered when interpreting this information, for example, data were only available for about 96% of admissions from public hospital elective surgery waiting lists in 2015–16. Therefore, the waiting times presented in this chapter may differ from those previously reported in *Elective surgery waiting times 2015–16: Australian hospital statistics* (AIHW 2016).

In addition, ‘cluster’ data for 2014–15 and 2015–16 for the Australian Capital Territory were not included for this report, as the data were not available.

Patients on public hospital waiting lists whose elective surgery was contracted out to (and performed at) a private hospital are included in the ‘cluster’ data as the elective surgery was performed ‘by or on behalf of the (public) hospital’ for the purposes of the elective surgery waiting lists data. For 2015–16, about 16,000 separations for elective surgery admitted from public hospital waiting lists were reported for private hospitals.

It should be noted that there are apparent variations among states and territories in the assignment of clinical urgency categories (Table 7.21).

Key findings

Non-emergency admissions involving surgery

In 2015–16, PHI funded all or part of 57% of all non-emergency admissions involving surgery in public and private hospitals combined, including:

- 8% of non-emergency admissions involving surgery in public hospitals
- 82% of all non-emergency admissions involving surgery in private hospitals.

Private hospitals accounted for 95% of PHI-funded non-emergency admissions involving surgery (1.2 million separations) and public hospitals accounted for 5% (59,000).

Victoria had the highest proportion of PHI-funded non-emergency admissions involving surgery that were in public hospitals (7%), rather than private hospitals, and Queensland and Western Australia had the lowest (3%) (Table 7.7).

Patient demographics

Private health insurance-funded non-emergency admissions involving surgery in public hospitals were generally for younger patients than those in private hospitals (Figure 7.2).

About 4% of PHI-funded non-emergency admissions involving surgery for patients who lived in *Major cities* occurred in public hospitals rather than private hospitals, compared with 11% for patients who lived in *Remote* areas (Table 7.8).

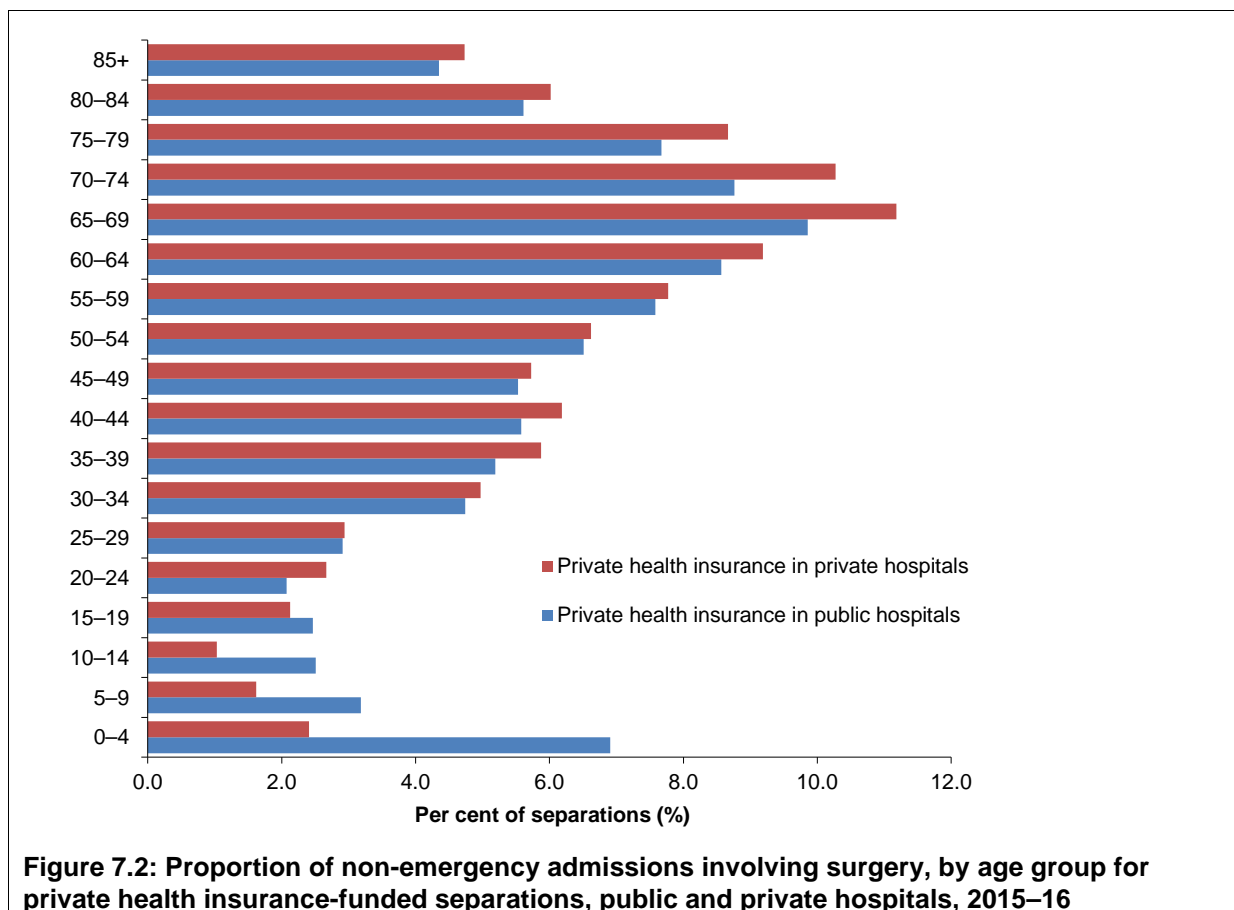
Principal diagnoses

The 20 most common principal diagnoses for non-emergency admissions involving surgery in public hospitals accounted for about 30% of PHI-funded non-emergency admissions involving surgery in public hospitals (tables 7.9 and 7.10). For private hospitals, the 20 most common principal diagnoses accounted for about 48%—indicating that a wider range of principal diagnoses were treated in public hospitals compared with private hospitals.

Other cataract and Other malignant neoplasms of skin were the 2 most common principal diagnoses for emergency admissions involving surgery in both public and private hospitals.

Procedures

Extracapsular crystalline lens extraction by phacoemulsification (cataract extraction) and *Curettage and evacuation of uterus* were the 2 most common procedures for non-emergency admissions involving surgery in both public and private hospitals (tables 7.11 and 7.12).



Separations for elective surgery admitted from public hospital waiting lists

Changes over time

Between 2012–13 and 2015–16:

- the number of PHI-funded separations for elective surgery admitted from public hospital waiting lists increased from 42,000 to 47,000—an increase of 3.8% on average each year (Table 7.13). However, after adjusting for the data missing for the Australian Capital Territory in 2015–16, they increased by 4.0% on average each year
- public patient separations for elective surgery admitted from public hospital waiting lists increased by 1.6% on average each year. After adjusting for missing data as above, they increased by 2.3% on average each year
- the proportion of separations for elective surgery admitted from public hospital waiting lists that were private health insurance funded increased from 6.5% in 2012–13 to 6.9% in 2015–16
- increases in PHI-funded separations for elective surgery admitted from public hospital waiting lists in Victoria, Queensland and Western Australia accounted for most of the national increase
- private health insurance-funded separations for elective surgery admitted from public hospital waiting lists decreased in New South Wales, South Australia and Tasmania
- the median waiting times for PHI-funded separations for elective surgery admitted from public hospital waiting lists were consistently lower than the median waiting times for public patients in all jurisdictions (Table 7.14).

Separations, 2015–16

In 2015–16, PHI-funded separations for elective surgery admitted from public hospital waiting lists:

- accounted for 14% of *Neurosurgery* admissions and 10% of *Cardiothoracic surgery* admissions (Table 7.17), compared with 7% overall
- were more likely to have a neoplasm-related principal diagnosis (including malignant and benign cancers) compared with public patients (22% and 17%, respectively) (Table 7.19).

Clinical urgency category

In 2015–16, PHI-funded separations for elective surgery admitted from public hospital waiting lists:

- were more likely to be assigned to clinical urgency category 1 (*Admission within 30 days*) compared with public patients and other patients (39%, 27% and 23%, respectively).
The largest differences in the proportion assigned to clinical urgency category 1 were for the surgical specialty *Neurosurgery* (50% for PHI-funded patients, 30% for public patients and 32% for other patients) (Table 7.22).
- were less likely to be assigned to clinical urgency category 3 (*Admission within 365 days*) (22%) than public patients and other patients (35% and 31%, respectively).
The largest difference in the proportion assigned to clinical urgency category 3 was for *Tonsillectomy* (41% for PHI-funded patients, 61% for public patients and 59% for other patients) (Table 7.23).

It should be noted that there are apparent variations among states and territories in the assignment of clinical urgency categories (Table 7.21).

Waiting times

In 2015–16, PHI-funded separations for elective surgery admitted from public hospital waiting lists:

- had shorter median waiting times (20 days), compared with public patients (42 days) and longer median waiting times compared with other patients (18 days) (Table 7.14)
- had shorter median waiting times compared with public patients in all states and territories (Table 7.14)
- had shorter 90th percentile waiting times (107 days), compared with public patients and other patients (273 days and 148 days, respectively) (Table 7.15)
- had lower proportions of patients who waited greater than 365 days for surgery (0.8%) compared with public patients and other patients (2.0% and 4.5%, respectively) (Table 7.15)
- had shorter waiting times for patients who lived in *Major cities* compared with *Very remote* areas (20 days and 25 days, respectively) (Table 7.15)
- for patients who lived in *Major cities*, had shorter median waiting times (20 days) compared with public patients (41 days), but longer median waiting times compared with other patients (15 days) (Table 7.15)
- had shorter waiting times for patients living in areas classified as being in the least disadvantaged SES group, compared with those living in areas classified as being in the most disadvantaged SES group (19 days and 22 days, respectively) (Table 7.16)

- for patients living in areas classified as being in the most disadvantaged socioeconomic group had shorter waiting times (22 days) compared with public patients and other patients (47 days and 23 days, respectively) (Table 7.16)
- had shorter median waiting times compared with public patients for all indicator procedures, with the largest difference in median waiting times recorded for *Septoplasty* (85 days and 238 days, respectively) (Table 7.18)
- had shorter median waiting times for neoplasm-related principal diagnoses compared with public patients (15 days and 21 days, respectively), with the largest differences in median waiting times recorded for *Ophthalmology surgery* and *Orthopaedic surgery* (Table 7.20).

Table 7.1: Emergency admissions involving surgery, by funding source, public and private hospitals, states and territories, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	61,210	23,364	6,963	91,537
Victoria	52,028	10,864	5,316	68,208
Queensland	40,877	7,205	2,524	50,606
Western Australia	25,170	5,307	2,115	32,592
South Australia	18,066	2,898	1,389	22,353
Tasmania	4,772	1,171	515	6,458
Australian Capital Territory	5,709	387	391	6,487
Northern Territory	4,309	327	327	4,963
Public hospitals total	212,141	51,523	19,540	283,204
Private hospitals				
New South Wales	34	3,511	424	3,969
Victoria	1	10,944	1,094	12,039
Queensland	2,010	9,775	1,502	13,287
Western Australia	38	4,454	682	5,174
South Australia	1	6,808	783	7,592
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	2,087	36,038	4,613	42,738

Table 7.2: Emergency admissions involving surgery, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	136,840	35,902	11,913	184,655
Inner regional	42,510	10,393	3,501	56,404
Outer regional	22,719	4,226	1,784	28,729
Remote	4,420	513	281	5,214
Very remote	3,877	178	167	4,222
Not reported	1,775	311	1,894	3,980
Public hospitals total^(a)	212,141	51,523	19,540	283,204
Private hospitals				
Major cities	1,297	27,671	3,382	32,350
Inner regional	736	6,036	828	7,600
Outer regional	29	1,895	303	2,227
Remote	6	240	37	283
Very remote	4	84	14	102
Not reported	15	112	49	176
Private hospitals total^(a)	2,087	36,038	4,613	42,738

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 7.3: The 20 most common principal diagnoses for emergency admissions involving surgery, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
K35	Acute appendicitis	19,484	6,019	897	26,400
S72	Fracture of femur	12,153	4,121	1,946	18,220
I21	Acute myocardial infarction	10,472	3,105	447	14,024
S82	Fracture of lower leg, including ankle	7,389	2,363	1,680	11,432
K80	Cholelithiasis	8,233	1,561	182	9,976
S52	Fracture of forearm	6,048	2,045	1,037	9,130
S61	Open wound of wrist and hand	4,889	1,037	1,030	6,956
S62	Fracture at wrist and hand level	4,623	1,055	1,026	6,704
K61	Abscess of anal and rectal regions	4,799	797	174	5,770
T81	Complications of procedures, not elsewhere classified	4,099	1,073	190	5,362
S42	Fracture of shoulder and upper arm	3,427	1,243	458	5,128
S66	Injury of muscle and tendon at wrist and hand level	2,972	498	641	4,111
L02	Cutaneous abscess, furuncle and carbuncle	3,591	368	121	4,080
K56	Paralytic ileus and intestinal obstruction without hernia	2,790	1,079	131	4,000
O02	Other abnormal products of conception	3,355	326	82	3,763
O03	Spontaneous abortion	3,064	331	75	3,470
S01	Open wound of head	2,415	426	282	3,123
O00	Ectopic pregnancy	2,584	323	136	3,043
E11	Type 2 diabetes mellitus	2,612	347	58	3,017
S81	Open wound of lower leg	1,990	568	415	2,973
	<i>Other principal diagnoses</i>	<i>101,152</i>	<i>22,838</i>	<i>8,532</i>	<i>132,522</i>
	Total	212,141	51,523	19,540	283,204

Table 7.4: The 20 most common principal diagnoses for emergency admissions involving surgery, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
K35	Acute appendicitis	279	3,036	68	3,383
S72	Fracture of femur	208	1,817	531	2,556
I21	Acute myocardial infarction	58	1,830	138	2,026
K80	Cholelithiasis	129	1,701	59	1,889
S82	Fracture of lower leg, including ankle	167	1,023	151	1,341
H26	Other cataract	1	1,071	148	1,220
S52	Fracture of forearm	85	1,012	117	1,214
T81	Complications of procedures, not elsewhere classified	33	866	86	985
N20	Calculus of kidney and ureter	37	818	40	895
I20	Angina pectoris	3	693	72	768
C44	Other malignant neoplasms of skin	1	684	72	757
S61	Open wound of wrist and hand	119	373	241	733
I25	Chronic ischaemic heart disease	4	670	51	725
K56	Paralytic ileus and intestinal obstruction without hernia	22	601	57	680
S42	Fracture of shoulder and upper arm	38	527	38	603
S62	Fracture at wrist and hand level	104	308	160	572
K61	Abscess of anal and rectal regions	58	441	21	520
M51	Other intervertebral disc disorders	7	458	32	497
I44	Atrioventricular and left bundle-branch block	2	399	87	488
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	13	391	45	449
	<i>Other principal diagnoses</i>	719	17,319	2,399	20,437
	Total	2,087	36,038	4,613	42,738

Table 7.5: Procedures^{(a)(b)} reported for the 20 most common surgical procedure blocks for emergency admissions involving surgery, by funding source, public hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
1566 Excision procedures on other musculoskeletal sites	23,203	4,931	5,300	33,434
926 Appendicectomy	23,879	7,045	1,004	31,928
1628 Other debridement of skin and subcutaneous tissue	23,315	4,206	4,203	31,724
671 Transluminal coronary angioplasty with stenting	11,625	3,414	472	15,511
986 Division of abdominal adhesions	10,777	3,062	463	14,302
965 Cholecystectomy	10,742	2,095	255	13,092
1479 Fixation of fracture of pelvis or femur	7,159	2,269	1,109	10,537
1265 Curettage and evacuation of uterus	8,328	885	218	9,431
1466 Repair of tendon of hand	6,177	959	1,462	8,598
1539 Open reduction of fracture of ankle or toe	4,543	1,559	907	7,009
1489 Arthroplasty of hip	4,472	1,575	572	6,619
1429 Open reduction of fracture of radius	4,097	1,441	895	6,433
930 Incision procedures on rectum or anus	5,217	886	189	6,292
648 Insertion of permanent transvenous electrode for cardiac pacemaker or defibrillator	4,432	1,144	193	5,769
1636 Repair of nail	3,700	929	1,038	5,667
987 Other incision procedures on abdomen, peritoneum or omentum	3,550	947	203	4,700
83 Repair of nerve or nerve trunk	3,203	586	783	4,572
1554 Other application, insertion or removal procedures on other musculoskeletal sites	2,702	658	666	4,026
754 Transluminal balloon angioplasty	3,089	563	124	3,776
1533 Amputation of ankle or foot	3,082	516	145	3,743
<i>Other surgical procedures</i>	<i>142,834</i>	<i>35,195</i>	<i>19,893</i>	<i>197,922</i>
Total	310,126	74,865	40,094	425,085

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

(b) Surgical procedures are also known as 'operating room procedures'. They do not include non-operating room procedures, or procedures of a patient support nature such as anaesthesia, sedation or allied health interventions.

Table 7.6: Procedures^{(a)(b)} reported for the 20 most common surgical procedure blocks for emergency admissions involving surgery, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1566	Excision procedures on other musculoskeletal sites	616	3,843	1,091	5,550
926	Appendectomy	314	3,835	86	4,235
671	Transluminal coronary angioplasty with stenting	66	2,897	252	3,215
986	Division of abdominal adhesions	84	2,815	166	3,065
965	Cholecystectomy	151	2,396	87	2,634
648	Insertion of permanent transvenous electrode for cardiac pacemaker or defibrillator	4	1,770	331	2,105
1628	Other debridement of skin and subcutaneous tissue	83	1,274	384	1,741
1479	Fixation of fracture of pelvis or femur	125	1,009	320	1,454
197	Extracapsular crystalline lens extraction by phacoemulsification	2	1,079	149	1,230
1489	Arthroplasty of hip	75	869	226	1,170
1429	Open reduction of fracture of radius	59	824	94	977
1539	Open reduction of fracture of ankle or toe	109	722	96	927
49	Other incision procedures on spinal canal or spinal cord structures	4	822	62	888
1651	Local skin flap, single stage	12	693	124	829
1466	Repair of tendon of hand	114	352	275	741
1074	Destruction procedures on ureter	21	663	34	718
1265	Curettage and evacuation of uterus	1	659	26	686
913	Colectomy	20	615	47	682
930	Incision procedures on rectum or anus	62	555	26	643
987	Other incision procedures on abdomen, peritoneum or omentum	10	603	30	643
	<i>Other surgical procedures</i>	<i>1,345</i>	<i>28,901</i>	<i>4,224</i>	<i>34,470</i>
	Total	3,277	57,196	8,130	68,603

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

(b) Surgical procedures are also known as 'operating room procedures'. They do not include non-operating room procedures, or procedures of a patient support nature such as anaesthesia, sedation or allied health interventions.

Table 7.7: Non-emergency admissions involving surgery, by funding source, public and private hospitals, states and territories, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	187,567	19,875	6,427	213,869
Victoria	186,977	21,158	9,330	217,465
Queensland	117,941	7,179	7,600	132,720
Western Australia	72,575	4,800	1,160	78,535
South Australia	54,528	4,006	1,634	60,168
Tasmania	14,627	1,083	2,005	17,715
Australian Capital Territory	12,030	224	358	12,612
Northern Territory	6,086	512	229	6,827
Public hospitals total	652,331	58,837	28,743	739,911
Private hospitals				
New South Wales	4,067	352,903	83,198	440,168
Victoria	1,601	303,765	50,737	356,103
Queensland	13,501	249,230	62,618	325,349
Western Australia	1,161	153,217	24,427	178,805
South Australia	6	96,736	15,574	112,316
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	21,071	1,206,638	250,838	1,478,547

Table 7.8: Non-emergency admissions involving surgery, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	401,261	34,804	17,524	453,589
Inner regional	156,237	14,242	6,130	176,609
Outer regional	76,494	7,975	3,640	88,109
Remote	10,772	1,247	439	12,458
Very remote	5,814	342	264	6,420
Not reported	1,753	227	746	2,726
Public hospitals total^(a)	652,331	58,837	28,743	739,911
Private hospitals				
Major cities	10,781	878,415	175,783	1,064,979
Inner regional	6,769	225,869	50,165	282,803
Outer regional	3,134	85,852	20,593	109,579
Remote	257	10,182	2,074	12,513
Very remote	121	3,670	815	4,606
Not reported	9	2,650	1,408	4,067
Private hospitals total^(a)	21,071	1,206,638	250,838	1,478,547

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 7.9: The 20 most common principal diagnoses for non-emergency admissions involving surgery, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
H26	Other cataract	57,392	3,149	5,389	65,930
C44	Other malignant neoplasms of skin	26,665	2,320	599	29,584
K40	Inguinal hernia	16,751	1,401	524	18,676
M17	Gonarthrosis [arthrosis of knee]	17,251	762	548	18,561
K80	Cholelithiasis	15,767	1,140	266	17,173
N92	Excessive, frequent and irregular menstruation	15,040	812	215	16,067
J35	Chronic diseases of tonsils and adenoids	12,960	769	730	14,459
G56	Mononeuropathies of upper limb	12,382	699	223	13,304
M23	Internal derangement of knee	12,231	477	548	13,256
Z47	Other orthopaedic follow-up care	8,866	1,248	768	10,882
M16	Coxarthrosis [arthrosis of hip]	9,068	517	334	9,919
N20	Calculus of kidney and ureter	8,245	569	106	8,920
C50	Malignant neoplasm of breast	8,026	772	94	8,892
H25	Senile cataract	7,720	282	187	8,189
J34	Other disorders of nose and nasal sinuses	7,242	409	412	8,063
N95	Menopausal and other perimenopausal disorders	6,727	495	57	7,279
G47	Sleep disorders	6,615	399	252	7,266
I25	Chronic ischaemic heart disease	6,293	764	208	7,265
O04	Medical abortion	6,473	154	521	7,148
K42	Umbilical hernia	6,313	492	167	6,972
	<i>Other principal diagnoses</i>	<i>384,304</i>	<i>41,207</i>	<i>16,595</i>	<i>442,106</i>
	Total	652,331	58,837	28,743	739,911

Table 7.10: The 20 most common principal diagnoses for non-emergency admissions involving surgery, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
H26	Other cataract	4,598	114,928	31,590	151,116
C44	Other malignant neoplasms of skin	952	65,894	11,235	78,081
H35	Other retinal disorders	451	54,552	10,275	65,278
Z31	Procreative management	0	50,065	15,082	65,147
M23	Internal derangement of knee	264	36,708	8,125	45,097
M17	Gonarthrosis [arthrosis of knee]	600	38,669	4,407	43,676
O04	Medical abortion	1,091	11,512	20,120	32,723
J35	Chronic diseases of tonsils and adenoids	737	22,296	2,995	26,028
K40	Inguinal hernia	459	21,010	3,633	25,102
M75	Shoulder lesions	138	17,740	7,074	24,952
G56	Mononeuropathies of upper limb	386	16,969	4,125	21,480
M16	Coxarthrosis [arthrosis of hip]	306	19,415	1,691	21,412
H25	Senile cataract	1,064	14,118	4,688	19,870
J34	Other disorders of nose and nasal sinuses	370	16,576	2,540	19,486
E66	Obesity	4	16,052	2,941	18,997
N92	Excessive, frequent and irregular menstruation	115	15,213	943	16,271
Z41	Procedures for purposes other than remedying health state	19	3,645	12,084	15,748
H02	Other disorders of eyelid	170	12,268	3,221	15,659
K80	Cholelithiasis	324	14,367	664	15,355
H65	Nonsuppurative otitis media	129	11,978	1,996	14,103
	<i>Other principal diagnoses</i>	<i>8,894</i>	<i>632,663</i>	<i>101,409</i>	<i>742,966</i>
	Total	21,071	1,206,638	250,838	1,478,547

Table 7.11: Procedures^{(a)(b)} reported for the 20 most common surgical procedure blocks for non-emergency admissions involving surgery, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
197	Extracapsular crystalline lens extraction by phacoemulsification	63,686	3,403	5,399	72,488
1265	Curettage and evacuation of uterus	50,917	3,127	1,362	55,406
412	Tonsillectomy or adenoidectomy	24,382	1,460	1,222	27,064
986	Division of abdominal adhesions	19,874	2,129	520	22,523
965	Cholecystectomy	18,832	1,639	313	20,784
990	Repair of inguinal hernia	17,480	1,545	550	19,575
1554	Other application, insertion or removal procedures on other musculoskeletal sites	13,991	1,897	1,328	17,216
1518	Arthroplasty of knee	15,025	689	467	16,181
1566	Excision procedures on other musculoskeletal sites	12,375	1,595	1,167	15,137
76	Release of carpal and tarsal tunnel	12,946	740	260	13,946
309	Myringotomy	11,330	710	604	12,644
1649	Other full thickness skin graft	10,384	936	296	11,616
1651	Local skin flap, single stage	9,904	995	374	11,273
1489	Arthroplasty of hip	10,116	660	387	11,163
1744	Excision of lesion of breast	9,688	840	143	10,671
808	Excision procedures on lymph node of axilla	9,372	994	134	10,500
984	Laparoscopy	9,420	806	195	10,421
992	Repair of umbilical, epigastric or linea alba hernia	9,027	761	243	10,031
1266	Excision of lesion of uterus	8,796	698	235	9,729
754	Transluminal balloon angioplasty	8,378	968	350	9,696
	<i>Other surgical procedures</i>	<i>524,019</i>	<i>56,728</i>	<i>24,340</i>	<i>605,087</i>
	Total	869,942	83,320	39,889	993,151

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

(b) Surgical procedures are also known as 'operating room procedures'. They do not include non-operating room procedures, or procedures of a patient support nature such as anaesthesia, sedation or allied health interventions.

Table 7.12: Procedures^{(a)(b)} reported for the 20 most common surgical procedure blocks for non-emergency admissions involving surgery, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
197	Extracapsular crystalline lens extraction by phacoemulsification	5,698	134,685	38,376	178,759
1265	Curettage and evacuation of uterus	1,339	73,388	25,421	100,148
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	486	68,068	13,343	81,897
1297	Procedures for reproductive medicine	0	54,270	16,417	70,687
412	Tonsillectomy or adenoidectomy	1,046	44,593	6,013	51,652
1651	Local skin flap, single stage	473	39,175	7,387	47,035
1566	Excision procedures on other musculoskeletal sites	303	30,561	8,883	39,747
1518	Arthroplasty of knee	560	34,076	3,135	37,771
1517	Arthroscopic meniscectomy of knee with repair	112	29,515	7,034	36,661
986	Division of abdominal adhesions	228	32,180	2,315	34,723
309	Myringotomy	276	25,729	3,885	29,890
990	Repair of inguinal hernia	483	24,116	4,122	28,721
1489	Arthroplasty of hip	327	23,331	2,090	25,748
76	Release of carpal and tarsal tunnel	399	20,036	4,620	25,055
1554	Other application, insertion or removal procedures on other musculoskeletal sites	187	19,165	5,506	24,858
49	Other incision procedures on spinal canal or spinal cord structures	118	19,040	4,641	23,799
889	Procedures for obesity	2	19,537	2,992	22,531
1649	Other full thickness skin graft	374	17,497	3,657	21,528
965	Cholecystectomy	389	19,883	917	21,189
379	Repair of nasal septum	426	17,797	2,628	20,851
	Other surgical procedures	13,485	1,085,367	209,921	1,308,773
	Total	26,711	1,832,009	373,303	2,232,023

(a) Numbers of procedures are counts ofACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

(b) Surgical procedures are also known as 'operating room procedures'. They do not include non-operating room procedures, or procedures of a patient support nature such as anaesthesia, sedation or allied health interventions.

Table 7.13: Separations for elective surgery admitted from public hospital waiting lists, by funding source, states and territories, 2012–13 to 2015–16

State/ territory	Funding source	2012–13	2013–14	2014–15 ^(a)	2015–16 ^(a)	Average change since 2012–13
NSW	Public patients	186,774	187,642	190,420	191,730	0.9
	Private health insurance	16,463	16,664	16,646	16,241	-0.5
	Other patients	5,356	5,259	4,783	4,761	-3.8
	<i>Total</i>	<i>208,593</i>	<i>209,565</i>	<i>211,849</i>	<i>212,732</i>	<i>0.7</i>
Vic	Public patients	130,925	135,206	149,193	150,479	4.7
	Private health insurance	11,413	12,414	13,699	14,192	7.5
	Other patients	6,059	16,363	5,928	6,453	2.1
	<i>Total</i>	<i>148,397</i>	<i>163,983</i>	<i>168,820</i>	<i>171,124</i>	<i>4.9</i>
Qld	Public patients	97,223	100,996	109,445	114,405	5.6
	Private health insurance	5,081	5,232	5,830	6,477	8.4
	Other patients	11,160	9,763	8,665	7,276	-13.3
	<i>Total</i>	<i>113,464</i>	<i>115,991</i>	<i>123,940</i>	<i>128,158</i>	<i>4.1</i>
WA	Public patients	77,684	79,472	75,195	79,058	0.6
	Private health insurance	3,765	4,191	4,186	5,089	10.6
	Other patients	1,328	1,328	1,000	1,174	-4.0
	<i>Total</i>	<i>82,777</i>	<i>84,991</i>	<i>80,381</i>	<i>85,321</i>	<i>1.0</i>
SA	Public patients	56,848	56,320	56,379	53,812	-1.8
	Private health insurance	4,106	3,961	3,836	3,840	-2.2
	Other patients	2,330	2,083	1,613	1,495	-13.7
	<i>Total</i>	<i>63,284</i>	<i>62,364</i>	<i>61,828</i>	<i>59,147</i>	<i>-2.2</i>
Tas ^(b)	Public patients	14,322	14,050	14,308	15,076	1.7
	Private health insurance	772	784	676	754	-0.8
	Other patients	343	357	271	1,705	70.7
	<i>Total</i>	<i>15,437</i>	<i>15,191</i>	<i>15,255</i>	<i>17,535</i>	<i>4.3</i>
ACT ^(a)	Public patients	10,897	11,032	n.a.	n.a.	n.a.
	Private health insurance	160	157	n.a.	n.a.	n.a.
	Other patients	148	129	n.a.	n.a.	n.a.
	<i>Total</i>	<i>11,205</i>	<i>11,318</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>
NT	Public patients	6,738	6,465	6,364	5,492	-6.6
	Private health insurance	258	275	400	443	19.7
	Other patients	216	244	230	195	-3.4
	<i>Total</i>	<i>7,212</i>	<i>6,984</i>	<i>6,994</i>	<i>6,130</i>	<i>-5.3</i>
Total^(c)	Public patients	581,411	591,183	601,288	610,052	2.3
	Private health insurance	42,018	43,678	45,272	47,036	4.0
	Other patients	26,940	35,526	22,489	23,059	-4.9
	Total	650,369	670,387	669,049	680,147	2.1

(a) Excludes data for 2014–15 and 2015–16 for the Australian Capital Territory, which were not available.

(b) For 2015–16, the number of *Public patient* separations may be underestimated for Tasmania due to changes in some data supplied by its public hospitals. These records are included under *Other patients*.

(c) The overall average percentage change between 2012–13 and 2015–16 has been adjusted to exclude data for the Australian Capital Territory for all years.

Table 7.14: Median waiting time (days) for separations for elective surgery admitted from public hospital waiting lists, by funding source, states and territories, 2012–13 to 2015–16

State/ territory	Funding source	2012–13	2013–14	2014–15 ^(a)	2015–16 ^(a)
NSW	Public patients	56	56	59	62
	Private health insurance	19	19	21	21
	Other patients	20	21	24	24
	<i>Total</i>	<i>49</i>	<i>49</i>	<i>54</i>	<i>55</i>
Vic	Public patients	42	39	33	34
	Private health insurance	17	19	19	19
	Other patients	15	28	15	14
	<i>Total</i>	<i>36</i>	<i>35</i>	<i>29</i>	<i>30</i>
Qld	Public patients	33	33	31	35
	Private health insurance	14	15	18	20
	Other patients	13	13	12	13
	<i>Total</i>	<i>28</i>	<i>28</i>	<i>28</i>	<i>31</i>
WA	Public patients	32	30	30	32
	Private health insurance	21	21	20	22
	Other patients	20	25	23	25
	<i>Total</i>	<i>31</i>	<i>29</i>	<i>29</i>	<i>31</i>
SA	Public patients	35	37	40	42
	Private health insurance	22	22	22	21
	Other patients	27	28	27	24
	<i>Total</i>	<i>34</i>	<i>35</i>	<i>37</i>	<i>40</i>
Tas ^(b)	Public patients	43	49	59	55
	Private health insurance	22	23	21	24
	Other patients	18	26	30	418
	<i>Total</i>	<i>41</i>	<i>45</i>	<i>55</i>	<i>64</i>
ACT ^(a)	Public patients	51	47	n.p.	n.a.
	Private health insurance	14	22	n.p.	n.a.
	Other patients	17	18	n.p.	n.a.
	<i>Total</i>	<i>50</i>	<i>45</i>	<i>n.p.</i>	<i>n.a.</i>
NT	Public patients	44	41	36	32
	Private health insurance	38	38	33	30
	Other patients	23	26	24	18
	<i>Total</i>	<i>43</i>	<i>40</i>	<i>36</i>	<i>31</i>
Total	Public patients	42	41	40	42
	Private health insurance	19	19	20	20
	Other patients	15	21	15	18
	Total	37	37	36	38

(a) Excludes data for 2014–15 and 2015–16 for the Australian Capital Territory, which were not available.

(b) The median waiting times by funding source for Tasmania in 2015–16 should be treated with caution. For 2015–16, the number of Public patient separations may be underestimated for Tasmania due to changes in some data supplied by its public hospitals. These records are included under Other patients.

Table 7.15: Waiting time statistics for separations for elective surgery admitted from public hospital waiting lists, by funding source and remoteness area of usual residence, 2015–16^(a)

Funding source	Remoteness area of residence					Total ^(b)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Public patient						
Admissions for elective surgery	391,818	135,844	65,407	10,332	5,130	610,052
Days waited at 50th percentile	41	44	44	34	37	42
Days waited at 90th percentile	254	301	307	222	247	273
Per cent waited greater than 365 days	1.8	2.3	2.3	1.3	2.7	2.0
Private health insurance						
Admissions for elective surgery	29,733	10,050	5,638	1,184	268	47,036
Days waited at 50th percentile	20	21	23	24	25	20
Days waited at 90th percentile	107	106	114	104	120	107
Per cent waited greater than 365 days	0.9	0.7	0.4	0.2	0.0	0.8
Other patients						
Admissions for elective surgery	14,722	4,596	2,674	385	125	23,059
Days waited at 50th percentile	15	26	26	25	22	18
Days waited at 90th percentile	77	435	486	134	200	148
Per cent waited greater than 365 days	0.2	12.8	14.8	1.3	6.4	4.5
Total						
Admissions for elective surgery	436,273	150,490	73,719	11,901	5,523	680,147
Days waited at 50th percentile	37	41	41	32	36	38
Days waited at 90th percentile	240	297	303	205	239	263
Per cent waited greater than 365 days	1.7	2.5	2.6	1.2	2.7	2.0

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

(b) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 7.16: Waiting time statistics for separations for elective surgery admitted from public hospital waiting lists, by funding source and socioeconomic status of area of usual residence, 2015–16^(a)

Funding source	Socioeconomic status of area of residence					Total ^(b)
	1–Lowest	2	3	4	5–Highest	
Public patients						
Admissions for elective surgery	174,854	145,593	126,235	98,089	63,691	610,052
Days waited at 50th percentile	47	43	39	38	37	42
Days waited at 90th percentile	298	291	253	239	226	273
Per cent waited greater than 365 days	2.2	2.0	1.9	1.8	1.5	2.0
Private health insurance						
Admissions for elective surgery	8,864	9,526	9,843	9,047	9,581	47,036
Days waited at 50th percentile	22	21	21	20	19	20
Days waited at 90th percentile	114	107	104	109	104	107
Per cent waited greater than 365 days	0.6	0.8	0.7	0.9	0.8	0.8
Other patients						
Admissions for elective surgery	5,894	4,775	4,739	4,260	2,832	23,059
Days waited at 50th percentile	23	18	17	15	15	18
Days waited at 90th percentile	379	124	102	96	79	148
Per cent waited greater than 365 days	10.3	3.3	3.7	1.9	0.2	4.5
Total						
Admissions for elective surgery	189,612	159,894	140,817	111,396	76,104	680,147
Days waited at 50th percentile	43	41	36	35	32	38
Days waited at 90th percentile	294	282	241	224	204	263
Per cent waited greater than 365 days	2.4	2.0	1.8	1.8	1.3	2.0

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

(b) The totals include separations for which the socioeconomic status of the area of usual residence could not be determined.

Table 7.17: Median waiting time (days) for separations for elective surgery admitted from public hospital waiting lists, by surgical specialty and funding source, 2015–16^(a)

Surgical specialty	Public patients		Private health insurance		Other patients		Total	
	Admissions	Median waiting time (days)	Admissions	Median waiting time (days)	Admissions	Median waiting time (days)	Admissions	Median waiting time (days)
Cardiothoracic	10,270	18	1,129	16	134	16	11,533	18
Ear, nose and throat	51,582	81	3,472	27	2,377	22	57,431	75
General surgery	137,011	33	12,441	20	3,107	21	152,559	30
Gynaecology	78,810	32	5,025	21	1,698	21	85,533	31
Neurosurgery	9,510	42	1,547	16	306	29	11,363	35
Ophthalmology	74,497	91	3,926	22	6,250	15	84,673	77
Orthopaedic	92,198	76	6,257	25	4,370	20	102,825	69
Plastic surgery	44,328	29	4,349	17	2,134	9	50,811	27
Urology	82,231	26	5,453	21	1,434	20	89,118	26
Vascular	13,529	22	1,284	13	411	11	15,224	21
Other	16,086	22	2,153	14	838	24	19,077	21
Total	610,052	42	47,036	20	23,059	18	680,147	38

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

Table 7.18: Median waiting time (days) for separations for elective surgery admitted from public hospital waiting lists, by indicator procedure and funding source, 2015–16^(a)

Indicator procedure	Public patients		Private health insurance		Other patients		Total	
	Admissions	Median waiting time (days)	Admissions	Median waiting time (days)	Admissions	Median waiting time (days)	Admissions	Median waiting time (days)
Cataract extraction	56,765	113	2,259	29	4,738	15	63,762	95
Cholecystectomy	16,037	45	1,104	27	248	33	17,389	43
Coronary artery bypass graft	3,110	14	207	7	24	5	3,341	14
Cystoscopy	43,034	24	2,686	21	554	20	46,274	24
Haemorrhoidectomy	4,033	55	199	41	61	34	4,293	55
Hysterectomy	9,324	54	588	28	222	38	10,134	51
Inguinal herniorrhaphy	14,934	56	1,069	25	410	25	16,413	53
Myringoplasty	1,668	184	56	65	46	27	1,770	175
Myringotomy	4,177	63	207	21	297	15	4,681	57
Prostatectomy	6,859	43	328	28	187	18	7,374	42
Septoplasty	4,481	238	238	85	257	28	4,976	218
Tonsillectomy	15,874	138	792	49	788	23	17,454	122
Total hip replacement	9,510	125	535	53	352	37	10,397	117
Total knee replacement	14,432	203	539	76	441	54	15,412	193
Varicose veins stripping and ligation	3,445	108	222	53	144	14	3,811	99
Other procedures	402,369	31	36,007	19	14,290	16	452,666	29
Total	610,052	42	47,036	20	23,059	18	680,147	38

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

Table 7.19: Separations for elective surgery admitted from public hospital waiting lists, by type of principal diagnosis and funding source, 2015–16^(a)

Diagnosis type	Public patients	Private health insurance	Other patients	Total
Neoplasm-related	104,583	10,115	1,998	116,696
Other	505,469	36,921	21,061	563,451
Total	610,052	47,036	23,059	680,147

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

Table 7.20: Median waiting time (days) for separations for elective surgery admitted from public hospital waiting lists, by principal diagnosis, surgical specialty and funding source, 2015–16^(a)

	Public patients	Private health insurance	Other patients	Total ^(a)
Cardiothoracic surgery				
Neoplasm-related principal diagnosis	13	10	n.p.	12
Other principal diagnosis	20	20	21	20
<i>Total</i>	18	16	16	18
Ear, nose and throat surgery				
Neoplasm-related principal diagnosis	16	12	16	16
Other principal diagnosis	89	37	23	83
<i>Total</i>	81	27	22	75
General surgery				
Neoplasm-related principal diagnosis	19	14	15	18
Other principal diagnosis	48	26	24	45
<i>Total</i>	33	20	21	30
Gynaecology				
Neoplasm-related principal diagnosis	27	20	26	26
Other principal diagnosis	34	22	20	33
<i>Total</i>	32	21	21	31
Neurosurgery				
Neoplasm-related principal diagnosis	13	8	n.p.	12
Other principal diagnosis	54	23	37	48
<i>Total</i>	42	16	29	35
Ophthalmology				
Neoplasm-related principal diagnosis	37	15	n.p.	30
Other principal diagnosis	94	23	15	79
<i>Total</i>	91	22	15	77
Orthopaedic surgery				
Neoplasm-related principal diagnosis	34	14	n.p.	29
Other principal diagnosis	77	26	20	70
<i>Total</i>	76	25	20	69
Plastic surgery				
Neoplasm-related principal diagnosis	26	20	20	25
Other principal diagnosis	39	14	8	32
<i>Total</i>	29	17	9	27

Table 7.20 (continued): Median waiting time (days) for separations for elective surgery admitted from public hospital waiting lists, by principal diagnosis, surgical specialty and funding source, 2015–16^(a)

	Public patients	Private health insurance	Other patients	Total ^(a)
Urology				
Neoplasm-related principal diagnosis	23	20	21	23
Other principal diagnosis	27	21	21	26
<i>Total</i>	26	21	20	26
Vascular surgery				
Neoplasm-related principal diagnosis	15	n.p.	n.p.	14
Other principal diagnosis	23	13	11	21
<i>Total</i>	22	13	11	21
Other				
Neoplasm-related principal diagnosis	19	12	n.p.	18
Other principal diagnosis	23	16	25	22
<i>Total</i>	22	14	24	21
Total				
Neoplasm-related principal diagnosis	21	15	18	21
Other principal diagnosis	51	22	18	47
Total	42	20	18	38

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

Note: Waiting times statistics are suppressed (n.p.) where there were fewer than 100 separations.

Table 7.21: Proportion of separations for elective surgery admitted from public hospital waiting lists, by urgency category, states and territories, 2015–16

	NSW	VIC	QLD	WA	SA	TAS	NT	ACT	Total ^(a)
Admissions									
Category 1	47,550	51,901	44,474	20,715	15,022	5,855	2,159	n.a.	187,676
Category 2	71,128	79,702	52,699	29,657	21,658	7,161	2,798	n.a.	264,803
Category 3	94,054	39,521	30,985	34,949	22,467	4,519	1,173	n.a.	227,668
Total	212,732	171,124	128,158	85,321	59,147	17,535	6,130	n.a.	680,147
Per cent									
Category 1	22.4	30.3	34.7	24.3	25.4	33.4	35.2	n.a.	27.6
Category 2	33.4	46.6	41.1	34.8	36.6	40.8	45.6	n.a.	38.9
Category 3	44.2	23.1	24.2	41.0	38.0	25.8	19.1	n.a.	33.5

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

Table 7.22: Proportion of separations for elective surgery admitted from public hospital waiting lists, by surgical specialty, clinical urgency category and funding source, 2015–16

Surgical specialty	Public patients	Private health insurance	Other patients	Total^(a)
Cardiothoracic surgery				
Category 1	50.0	52.3	47.0	50.2
Category 2	44.3	37.5	38.8	43.6
Category 3	5.7	10.3	14.2	6.2
Ear, nose and throat surgery				
Category 1	17.1	30.0	7.7	17.5
Category 2	36.3	41.1	43.4	36.9
Category 3	46.5	28.9	48.9	45.6
General surgery				
Category 1	31.1	42.1	22.4	31.8
Category 2	45.3	40.7	48.8	45.0
Category 3	23.7	17.2	28.8	23.3
Gynaecology surgery				
Category 1	29.5	33.4	30.9	29.8
Category 2	46.6	46.0	47.2	46.6
Category 3	23.9	20.7	21.9	23.6
Neurosurgery				
Category 1	29.7	49.8	32.0	32.5
Category 2	45.4	41.3	50.3	45.0
Category 3	24.9	8.9	17.6	22.5
Ophthalmology surgery				
Category 1	6.8	16.6	6.6	7.3
Category 2	22.1	35.1	54.5	25.1
Category 3	71.0	48.3	38.9	67.6
Orthopaedic surgery				
Category 1	16.9	35.8	31.4	18.8
Category 2	32.3	35.3	40.1	32.8
Category 3	50.7	28.9	28.5	48.4
Plastic surgery				
Category 1	42.6	50.9	48.3	43.6
Category 2	36.2	30.7	25.4	35.3
Category 3	21.2	18.4	26.3	21.1
Urology surgery				
Category 1	36.5	40.5	24.8	36.5
Category 2	43.7	45.9	57.5	44.1
Category 3	19.8	13.6	17.6	19.4

(continued)

Table 7.22 (continued): Proportion of separations for elective surgery admitted from public hospital waiting lists, by surgical specialty, clinical urgency category and funding source, 2015–16

Surgical specialty	Public patients	Private health insurance	Other patients	Total^(a)
Vascular surgery				
Category 1	45.3	58.8	28.2	46.0
Category 2	32.1	29.1	49.1	32.3
Category 3	22.6	12.1	22.6	21.7
Other				
Category 1	35.0	45.9	45.1	36.7
Category 2	41.9	35.5	45.5	41.4
Category 3	23.0	18.6	9.4	21.9
Total				
Admissions	610,052	47,036	23,059	680,147
Proportion of admissions by clinical urgency category				
Category 1	26.9	39.1	22.7	27.6
Category 2	38.6	39.2	46.3	38.9
Category 3	34.5	21.8	31.1	33.5

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

Category 1—Admission within 30 days; Category 2—admission within 90 days; Category 3—admission within 365 days.

Table 7.23: Proportion of separations for elective surgery admitted from public hospital waiting lists, by indicator procedure, clinical urgency category and funding source, 2015–16

	Public patients	Private health insurance	Other patients	Total ^(a)
Cataract extraction				
Category 1	1.6	4.2	2.4	1.7
Category 2	18.0	30.0	52.8	21.1
Category 3	80.4	65.9	44.7	77.2
Cholecystectomy				
Category 1	17.2	27.8	16.1	17.9
Category 2	63.7	60.0	66.5	63.5
Category 3	19.1	12.1	17.3	18.6
Coronary artery bypass graft				
Category 1	55.7	63.3	66.7	56.2
Category 2	41.8	35.7	33.3	41.3
Category 3	2.6	1.0	0.0	2.5
Cystoscopy				
Category 1	34.1	37.0	28.9	34.2
Category 2	44.3	46.0	53.4	44.5
Category 3	21.6	17.1	17.7	21.3
Haemorrhoidectomy				
Category 1	11.4	15.6	13.1	11.6
Category 2	58.1	61.3	57.4	58.3
Category 3	30.4	23.1	29.5	30.1
Hysterectomy				
Category 1	21.5	32.5	16.2	22.1
Category 2	46.5	38.9	53.2	46.2
Category 3	31.9	28.6	30.6	31.7
Inguinal herniorrhaphy				
Category 1	10.3	25.0	12.7	11.3
Category 2	55.1	51.6	59.0	55.0
Category 3	34.6	23.4	28.3	33.7
Myringoplasty				
Category 1	2.0	7.1	2.2	2.2
Category 2	31.8	37.5	41.3	32.3
Category 3	66.1	55.4	56.5	65.5
Myringotomy				
Category 1	8.2	16.4	3.4	8.3
Category 2	65.4	57.0	45.8	63.7
Category 3	26.4	26.6	50.8	28.0
Prostatectomy				
Category 1	27.2	33.2	15.5	27.1
Category 2	57.9	60.4	59.9	58.1
Category 3	14.9	6.4	24.6	14.8

(continued)

Table 7.23 (continued): Proportion of separations for elective surgery admitted from public hospital waiting lists by indicator procedure, clinical urgency category and funding source, 2015–16

	Public patients	Private health insurance	Other patients	Total ^(a)
Septoplasty				
Category 1	1.2	2.5	0.4	1.2
Category 2	19.1	27.3	33.1	20.2
Category 3	79.8	70.2	66.5	78.6
Tonsillectomy				
Category 1	3.1	11.2	2.5	3.4
Category 2	35.6	47.6	38.3	36.2
Category 3	61.3	41.2	59.1	60.3
Total hip replacement				
Category 1	3.5	10.5	4.8	3.9
Category 2	35.6	42.8	50.9	36.5
Category 3	60.9	46.7	44.3	59.6
Total knee replacement				
Category 1	1.2	4.3	1.4	1.3
Category 2	23.4	38.2	43.5	24.5
Category 3	75.4	57.5	55.1	74.2
Varicose veins stripping and ligation				
Category 1	4.1	4.1	4.2	4.1
Category 2	20.6	26.6	74.3	23.0
Category 3	75.2	69.4	21.5	72.9
Not applicable				
Category 1	33.9	44.5	33.0	34.7
Category 2	39.5	37.8	43.2	39.4
Category 3	26.6	17.7	23.9	25.8
Total				
Admissions	610,052	47,036	23,059	680,147
Category 1	26.9	39.1	22.7	27.6
Category 2	38.6	39.2	46.3	38.9
Category 3	34.5	21.8	31.1	33.5

(a) Excludes data for 2015–16 for the Australian Capital Territory, which were not available.

Category 1—Admission within 30 days; Category 2—admission within 90 days; Category 3—admission within 365 days.

8 Medical care

Medical care involves the diagnosis, treatment and/or prevention of disease. While all hospitalisations will involve some medical care, the information presented in this chapter is for separations that did not involve surgical (operating room) procedures or other (non-operating room) procedures.

This chapter presents summary information for 2015–16 on emergency and non-emergency medical separations for public patients, PHI-funded patients and other patients.

This chapter includes information on:

- state and territory of hospitalisation (tables 8.1 and 8.7)
- the patient's age (figures 8.1 and 8.2)
- remoteness of the patient's area of usual residence (tables 8.2 and 8.8)
- the 20 most common principal diagnoses (tables 8.3, 8.4, 8.9 and 8.10)
- the 20 most common procedures (tables 8.5, 8.6, 8.11 and 8.12).

8.1 Emergency medical care

Emergency medical separations are identified as acute care separations with a 'medical AR-DRG' in AR-DRG version 7.0 (NCCC 2012), and for which the urgency of admission was reported as *Emergency*—indicating that the patient required admission within 24 hours.

Tables 8.1 to 8.6 present data for emergency medical separations in both public and private hospitals in 2015–16.

Key data issues

See Chapter 1 for information on data issues.

Key findings

In 2015–16, private health insurance funded all or part of 20% of all emergency medical separations in public and private hospitals combined, including:

- 16% of all emergency medical care separations in public hospitals
- 82% of all emergency medical care separations in private hospitals.

Overall, 73% of PHI-funded emergency medical separations occurred in public hospitals.

New South Wales had the highest proportion that were in public hospitals (92%) rather than private hospitals, and South Australia had the lowest (54%) (Table 8.1).

Patient demographics

Private health insurance-funded emergency medical separations in public hospitals were generally for younger patients than those in private hospitals (Figure 8.1).

About 70% of private health insurance-funded emergency medical separations for patients who lived in *Major cities* occurred in public hospitals, compared with 90% for patients who lived in *Remote* areas (Table 8.2).

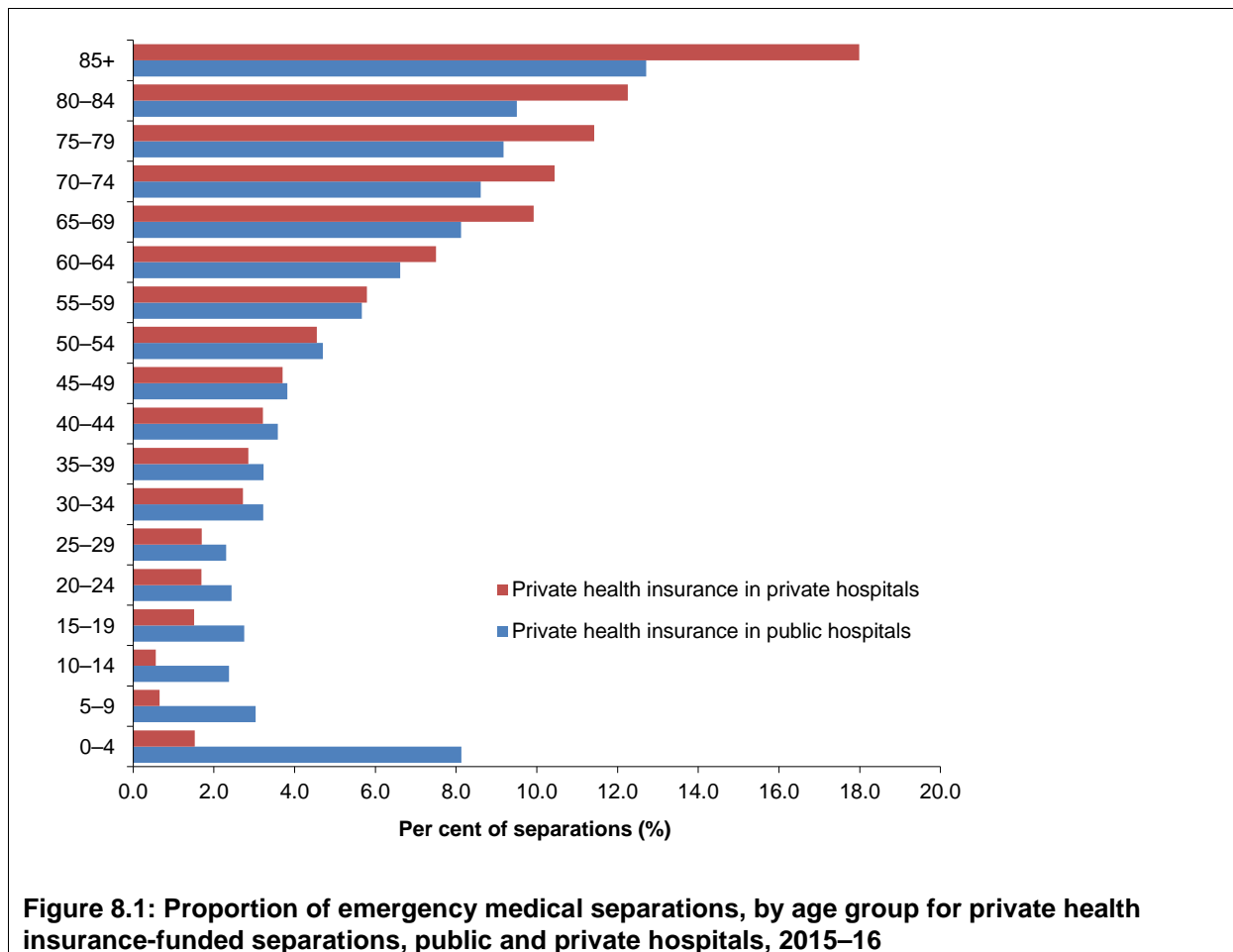
Principal diagnoses

Pain in throat and chest was the most common principal diagnosis for emergency medical separations in both public and private hospitals.

Fourteen of the 20 most common principal diagnoses for emergency medical separations in public hospitals were also in the 20 most common principal diagnoses for private hospitals (tables 8.3 and 8.4).

Procedures

The majority (85%) of *Lumbar puncture* procedures for PHI-funded emergency medical separations occurred in public hospitals, as did 92% of *Assessments of personal care and other activities of daily/independent living* interventions (tables 8.5 and 8.6).



8.2 Non-emergency medical care

Non-emergency medical separations are identified as separations with a 'medical AR-DRG' in AR-DRG version 7.0 (NCCC 2012), and for which the urgency of admission was not reported as *Emergency*—that is, the urgency of admission was *Elective*, *Not assigned* or was not reported.

Tables 8.7 to 8.12 present data for care provided for non-emergency medical separations in both public and private hospitals in 2015–16.

Key data issues

There is variation in the reporting of same-day care for chemotherapy, radiotherapy and dialysis among states and territories, with this activity being reported as admitted patient care for some hospitals and as non-admitted patient care for others (AIHW 2017b). Therefore, the data for same-day chemotherapy, radiotherapy, dialysis (and consequently for total non-emergency medical separations) may not be comparable among states and territories or between hospital sectors.

Key findings

In 2015–16, private health insurance funded all or part of 38% of non-emergency medical separations in public and private hospitals combined, including:

- 14% of non-emergency medical separations in public hospitals
- 82% of non-emergency medical separations in private hospitals (Table 8.7).

Overall, 23% of PHI-funded non-emergency medical separations occurred in public hospitals.

New South Wales had the highest proportion that were in public hospitals (33%) rather than private hospitals, and South Australia had the lowest (9%) (Table 8.7)

Patient demographics

Private health insurance -funded non-emergency medical separations in public hospitals had a higher proportion of patients aged 0 to 19 compared with those in private hospitals (9% and 4%, respectively) (Figure 8.2).

About 20% of PHI-funded non-emergency medical separations in *Major cities* occurred in public hospitals, compared with 38% in *Outer regional* areas (Table 8.8).

Principal diagnoses

Care involving dialysis was the most common principal diagnosis for non-emergency medical separations in public hospitals (151,000 separations) and the second most common in private hospitals (134,000). *Other medical care* (mostly chemotherapy) was the second most common principal diagnosis in public hospitals (30,000 separations) and the most common in private hospitals (270,000) (tables 8.9 and 8.10).

Procedures

About half (49%) of *Haemodialysis* procedures for PHI-funded non-emergency medical separations occurred in public hospitals, and this was the most common procedure for these separations in public hospitals. *Administration of pharmacotherapy* (chemotherapy) was the second most common procedure in public hospitals, but 87% of chemotherapy procedures for these separations occurred in private hospitals (tables 8.11 and 8.12).

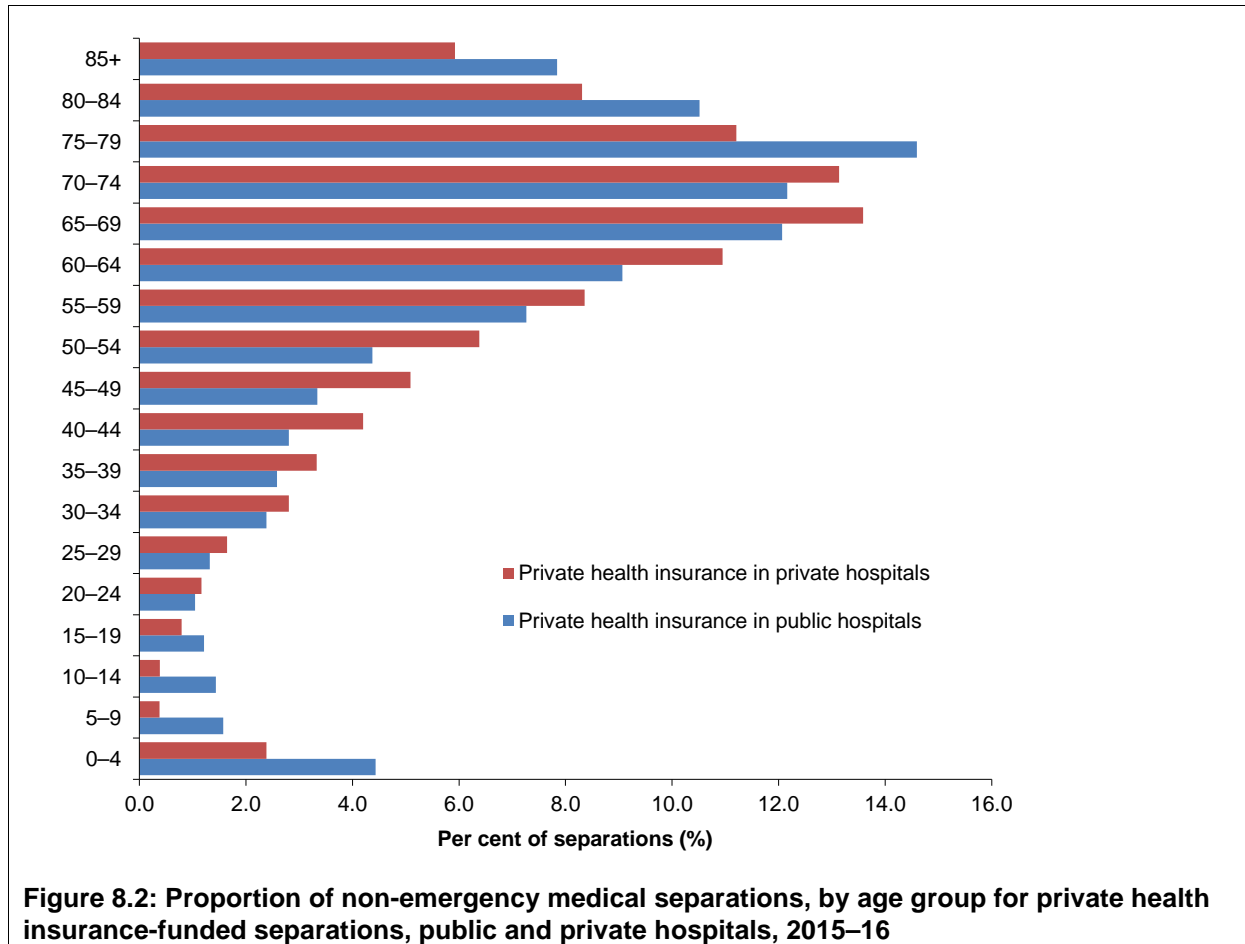


Table 8.1: Emergency medical separations, by funding source, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	486,787	162,986	35,904	685,677
Victoria	410,639	62,230	21,676	494,545
Queensland	436,047	76,577	18,838	531,462
Western Australia	161,771	22,372	7,131	191,274
South Australia	146,882	15,488	7,333	169,703
Tasmania	26,545	4,844	3,811	35,200
Australian Capital Territory	31,180	3,235	1,840	36,255
Northern Territory	39,955	1,572	1,469	42,996
Public hospitals total	1,739,806	349,304	98,002	2,187,112
Private hospitals				
New South Wales	526	13,892	1,960	16,378
Victoria	123	38,634	5,438	44,195
Queensland	6,064	46,167	9,180	61,411
Western Australia	52	15,695	3,008	18,755
South Australia	2	13,272	1,598	14,872
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	6,773	130,044	21,516	158,333

Table 8.2: Emergency medical separations, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	1,112,713	233,837	57,795	1,404,345
Inner regional	330,382	74,878	20,298	425,558
Outer regional	203,953	33,870	10,493	248,316
Remote	40,706	3,818	1,374	45,898
Very remote	36,381	1,181	739	38,301
Not reported	15,671	1,720	7,303	24,694
Public hospitals total^(a)	1,739,806	349,304	98,002	2,187,112
Private hospitals				
Major cities	5,046	102,542	17,269	124,857
Inner regional	1,559	21,088	3,282	25,929
Outer regional	105	5,486	761	6,352
Remote	13	420	44	477
Very remote	6	153	17	176
Not reported	44	355	143	542
Private hospitals total^(a)	6,773	130,044	21,516	158,333

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 8.3: The 20 most common principal diagnoses for emergency medical separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
R07	Pain in throat and chest	98,886	18,657	3,025	120,568
R10	Abdominal and pelvic pain	62,228	9,977	1,461	73,666
J18	Pneumonia, organism unspecified	42,036	10,660	2,612	55,308
J44	Other chronic obstructive pulmonary disease	43,620	5,861	1,845	51,326
L03	Cellulitis	35,591	6,921	1,699	44,211
N39	Other disorders of urinary system	31,296	7,053	1,941	40,290
I50	Heart failure	29,236	6,346	2,222	37,804
A09	Other gastroenteritis and colitis of infectious and unspecified origin	29,198	5,615	993	35,806
J45	Asthma	26,649	5,835	388	32,872
R55	Syncope and collapse	24,022	6,051	1,672	31,745
I48	Atrial fibrillation and flutter	22,260	7,009	1,183	30,452
M54	Dorsalgia	21,422	3,969	1,353	26,744
A41	Other sepsis	17,790	4,778	1,128	23,696
F10	Mental and behavioural disorders due to use of alcohol	20,332	1,024	332	21,688
T81	Complications of procedures, not elsewhere classified	16,475	4,090	607	21,172
I20	Angina pectoris	15,954	3,724	813	20,491
S01	Open wound of head	15,861	2,490	1,976	20,327
B34	Viral infection of unspecified site	16,426	3,460	367	20,253
S06	Intracranial injury	14,530	3,089	2,266	19,885
J22	Unspecified acute lower respiratory infection	15,576	3,337	793	19,706
	<i>Other principal diagnoses</i>	<i>1,140,418</i>	<i>229,358</i>	<i>69,326</i>	<i>1,439,102</i>
	Total	1,739,806	349,304	98,002	2,187,112

Table 8.4: The 20 most common principal diagnoses for emergency medical separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
R07	Pain in throat and chest	241	5,839	706	6,786
J18	Pneumonia, organism unspecified	368	4,830	1,025	6,223
I50	Heart failure	142	4,038	1,287	5,467
I48	Atrial fibrillation and flutter	87	4,350	496	4,933
N39	Other disorders of urinary system	206	3,489	803	4,498
L03	Cellulitis	235	3,584	636	4,455
J44	Other chronic obstructive pulmonary disease	287	3,100	939	4,326
R10	Abdominal and pelvic pain	144	3,514	251	3,909
R55	Syncope and collapse	100	2,525	487	3,112
K57	Diverticular disease of intestine	206	2,378	155	2,739
M54	Dorsalgia	60	2,176	410	2,646
A09	Other gastroenteritis and colitis of infectious and unspecified origin	85	2,122	280	2,487
T81	Complications of procedures, not elsewhere classified	83	2,146	209	2,438
J22	Unspecified acute lower respiratory infection	94	1,743	375	2,212
K56	Paralytic ileus and intestinal obstruction without hernia	116	1,730	191	2,037
A41	Other sepsis	60	1,502	204	1,766
R42	Dizziness and giddiness	38	1,382	250	1,670
K59	Other functional intestinal disorders	44	1,249	254	1,547
R50	Fever of other and unknown origin	57	1,375	114	1,546
S32	Fracture of lumbar spine and pelvis	68	1,042	315	1,425
	<i>Other principal diagnoses</i>	<i>4,052</i>	<i>75,930</i>	<i>12,129</i>	<i>92,111</i>
	Total	6,773	130,044	21,516	158,333

Table 8.5: Procedures^(a) reported for the 20 most common procedure blocks for emergency medical separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	1,097,305	274,214	80,987	1,452,506
1822	Assessment of personal care and other activities of daily/independent living	85,620	15,242	3,331	104,193
1910	Cerebral anaesthesia	69,398	16,172	3,378	88,948
1893	Administration of blood and blood products	57,335	16,621	3,329	77,285
1920	Administration of pharmacotherapy	20,990	5,189	629	26,808
570	Non-invasive ventilatory support	15,408	3,541	799	19,748
1635	Repair of wound of skin and subcutaneous tissue	13,788	2,458	1,910	18,156
1606	Incision and drainage of skin and subcutaneous tissue	15,404	1,793	492	17,689
30	Lumbar puncture	12,901	4,195	391	17,487
1060	Haemodialysis	11,125	2,039	226	13,390
1823	Mental, behavioural or psychosocial assessment	10,406	1,054	351	11,811
560	Application, insertion or removal procedures on chest wall, mediastinum or diaphragm	7,597	2,052	624	10,273
1427	Closed reduction of fracture of radius	6,767	1,812	328	8,907
569	Ventilatory support	6,904	934	464	8,302
983	Application, insertion or removal procedures on abdomen, peritoneum or omentum	6,672	1,299	161	8,132
1867	Counselling or education relating to personal care and other activities of daily/independent living	6,714	994	226	7,934
1067	Endoscopic insertion, replacement or removal of ureteric stent	5,331	1,211	185	6,727
1553	Aspiration of other musculoskeletal sites	4,315	1,051	201	5,567
1066	Endoscopic ureteric catheterisation	4,259	984	145	5,388
1856	Testing of cardiac pacemaker or defibrillator	3,379	1,305	302	4,986
	<i>Other procedures</i>	<i>117,800</i>	<i>28,375</i>	<i>6,811</i>	<i>152,986</i>
	Total	1,579,418	382,535	105,270	2,067,223

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 8.6: Procedures^(a) reported for the 20 most common procedure blocks for emergency medical separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	4,075	99,985	26,622	130,682
1910	Cerebral anaesthesia	414	9,552	1,056	11,022
1893	Administration of blood and blood products	189	8,009	1,252	9,450
1915	Other client support interventions	1	5,697	1,160	6,858
1920	Administration of pharmacotherapy	87	3,687	290	4,064
1822	Assessment of personal care and other activities of daily/independent living	36	1,384	190	1,610
1824	Other assessment, consultation, interview, examination or evaluation	15	1,268	262	1,545
560	Application, insertion or removal procedures on chest wall, mediastinum or diaphragm	42	1,206	199	1,447
1008	Panendoscopy with excision	28	1,203	180	1,411
1856	Testing of cardiac pacemaker or defibrillator	1	1,090	277	1,368
1890	Therapeutic interventions on cardiovascular system	13	1,143	82	1,238
1067	Endoscopic insertion, replacement or removal of ureteric stent	72	995	45	1,112
1942	Ultrasound of heart	13	1,008	72	1,093
1005	Panendoscopy	23	842	128	993
1066	Endoscopic ureteric catheterisation	72	857	45	974
63	Administration of anaesthetic agent around other peripheral nerve	9	751	122	882
911	Fibreoptic colonoscopy with excision	10	751	96	857
1606	Incision and drainage of skin and subcutaneous tissue	99	635	65	799
1552	Administration of agent into other musculoskeletal sites	4	603	174	781
30	Lumbar puncture	15	723	33	771
	Other procedures	692	15,441	2,273	18,406
	Total	5,910	156,830	34,623	197,363

(a) Numbers of procedures are counts ofACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 8.7: Non-emergency medical separations, by funding source, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	440,516	107,025	13,344	560,885
Victoria	523,396	90,137	8,304	621,837
Queensland	340,224	48,228	4,764	393,216
Western Australia	204,234	12,588	2,284	219,106
South Australia	108,914	9,130	2,184	120,228
Tasmania	29,630	11,910	1,408	42,948
Australian Capital Territory	26,500	5,961	1,503	33,964
Northern Territory	82,008	760	895	83,663
Public hospitals total	1,755,422	285,739	34,686	2,075,847
Private hospitals				
New South Wales	4,831	220,541	25,728	251,100
Victoria	2,138	244,450	19,380	265,968
Queensland	17,352	285,583	31,897	334,832
Western Australia	92,428	80,192	6,093	178,713
South Australia	383	88,902	4,843	94,128
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	117,268	944,343	94,801	1,156,412

Table 8.8: Non-emergency medical separations, by funding source by remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	1,104,714	179,838	17,468	1,302,020
Inner regional	340,365	74,172	8,534	423,071
Outer regional	197,190	28,787	5,252	231,230
Remote	43,802	1,963	357	46,122
Very remote	65,354	425	486	66,270
Not reported	3,997	554	2,589	7,140
Public hospitals total^(a)	1,755,422	285,739	34,686	2,075,847
Private hospitals				
Major cities	70,077	732,365	65,757	868,199
Inner regional	16,692	156,433	21,203	194,328
Outer regional	11,931	47,626	6,234	65,791
Remote	9,108	4,381	518	14,007
Very remote	9,415	1,707	128	11,250
Not reported	45	1,831	961	2,837
Private hospitals total^(a)	117,268	944,343	94,801	1,156,412

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 8.9: The 20 most common principal diagnoses for non-emergency medical separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
Z49	Care involving dialysis	972,807	151,367	16,209	1,140,383
Z51	Other medical care	173,875	29,549	2,265	205,689
D50	Iron deficiency anaemia	24,310	2,519	462	27,291
Z45	Adjustment and management of drug delivery or implanted device	16,819	3,429	416	20,664
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	15,064	1,498	269	16,831
G35	Multiple sclerosis	11,691	3,722	66	15,479
Z38	Liveborn infants according to place of birth	13,249	932	484	14,665
K50	Crohn's disease (regional enteritis)	11,602	2,539	70	14,211
D64	Other anaemias	11,028	2,180	336	13,544
G47	Sleep disorders	11,720	1,447	177	13,344
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	11,476	776	172	12,424
G61	Inflammatory polyneuropathy	8,692	3,205	199	12,096
D80	Immunodeficiency with predominantly antibody defects	7,561	2,847	150	10,558
O47	False labour	9,522	480	154	10,156
Z48	Other surgical follow-up care	7,380	1,190	441	9,011
E83	Disorders of mineral metabolism	6,743	1,712	103	8,558
Z46	Fitting and adjustment of other devices	7,549	728	130	8,407
E61	Deficiency of other nutrient elements	7,024	685	127	7,836
D46	Myelodysplastic syndromes	6,146	1,352	208	7,706
Z03	Medical observation and evaluation for suspected diseases and conditions	6,620	460	186	7,266
	<i>Other principal diagnoses</i>	<i>414,544</i>	<i>73,122</i>	<i>12,062</i>	<i>499,728</i>
	Total	1,755,422	285,739	34,686	2,075,847

Table 8.10: The 20 most common principal diagnoses for non-emergency medical separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
Z51	Other medical care	5,303	270,344	15,965	291,612
Z49	Care involving dialysis	106,592	134,086	12,155	252,833
G47	Sleep disorders	139	46,394	6,834	53,367
Z45	Adjustment and management of drug delivery or implanted device	468	43,589	2,326	46,383
D50	Iron deficiency anaemia	231	16,784	2,880	19,895
D64	Other anaemias	185	14,776	1,965	16,926
M54	Dorsalgia	61	12,798	4,045	16,904
Z12	Special screening examination for neoplasms	175	11,623	798	12,596
D80	Immunodeficiency with predominantly antibody defects	63	11,126	775	11,964
I48	Atrial fibrillation and flutter	36	10,612	886	11,534
C61	Malignant neoplasm of prostate	97	9,044	1,191	10,332
Z30	Contraceptive management	133	8,744	1,377	10,254
E61	Deficiency of other nutrient elements	29	7,167	823	8,019
Z48	Other surgical follow-up care	161	7,133	696	7,990
K50	Crohn's disease [regional enteritis]	42	7,291	567	7,900
Z46	Fitting and adjustment of other devices	43	5,909	912	6,864
G35	Multiple sclerosis	23	6,081	367	6,471
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	99	5,633	603	6,335
R06	Abnormalities of breathing	134	5,627	523	6,284
G61	Inflammatory polyneuropathy	95	5,744	390	6,229
	<i>Other principal diagnoses</i>	<i>3,159</i>	<i>303,838</i>	<i>38,723</i>	<i>345,720</i>
	Total	117,268	944,343	94,801	1,156,412

Table 8.11: Procedures^(a) reported for the 20 most common procedure blocks for non-emergency medical separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1060	Haemodialysis	970,931	151,143	16,203	1,138,277
1920	Administration of pharmacotherapy	329,038	57,095	4,760	390,893
1916	Generalised allied health interventions	174,083	37,990	7,248	219,321
1910	Cerebral anaesthesia	99,803	17,267	2,351	119,421
1893	Administration of blood and blood products	88,020	26,984	2,285	117,289
1611	Other phototherapy of skin	11,304	1,004	275	12,583
800	Biopsy of bone marrow	9,469	2,642	204	12,315
1888	Hyperbaric oxygen therapy	6,481	5,213	557	12,251
911	Fibreoptic colonoscopy with excision	10,639	1,404	152	12,195
570	Non-invasive ventilatory support	10,005	1,454	219	11,678
1922	Other procedures related to pharmacotherapy	9,856	1,441	138	11,435
1828	Sleep study	10,043	1,180	191	11,414
725	Other incision procedures on veins	9,034	2,002	123	11,159
1822	Assessment of personal care and other activities of daily/independent living	9,486	1,293	160	10,939
1008	Panendoscopy with excision	9,160	1,090	128	10,378
1914	Assistance interventions	9,202	551	39	9,792
1552	Administration of agent into other musculoskeletal sites	7,344	1,057	79	8,480
30	Lumbar puncture	5,716	1,773	164	7,653
2015	Magnetic resonance imaging	5,841	1,579	130	7,550
905	Fibreoptic colonoscopy	6,084	658	96	6,838
	<i>Other procedures</i>	<i>209,599</i>	<i>32,780</i>	<i>5,074</i>	<i>247,453</i>
	Total	2,001,138	347,600	40,576	2,389,314

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 8.12: Procedures^(a) reported for the 20 most common procedure blocks for non-emergency medical separations, by funding source, private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
1920 Administration of pharmacotherapy	6,175	397,326	25,305	428,806
1060 Haemodialysis	105,812	155,397	13,848	275,057
1910 Cerebral anaesthesia	1,549	137,512	19,259	158,320
1916 Generalised allied health interventions	1,700	114,944	25,061	141,705
1893 Administration of blood and blood products	761	77,737	7,035	85,533
1828 Sleep study	137	53,791	7,399	61,327
72 Percutaneous neurotomy of other peripheral nerve	785	41,512	10,998	53,295
1922 Other procedures related to pharmacotherapy	408	39,998	1,854	42,260
911 Fibreoptic colonoscopy with excision	443	30,292	3,066	33,801
1873 Psychological/psychosocial therapies	1	20,747	2,216	22,964
1008 Panendoscopy with excision	270	16,433	2,211	18,914
570 Non-invasive ventilatory support	92	12,883	2,175	15,150
1163 Closed biopsy of prostate or seminal vesicle	103	12,633	1,694	14,430
905 Fibreoptic colonoscopy	162	10,191	1,471	11,824
63 Administration of anaesthetic agent around other peripheral nerve	68	8,411	2,355	10,834
1183 Vasectomy and epididymectomy	94	8,385	873	9,352
1890 Therapeutic interventions on cardiovascular system	20	8,109	560	8,689
766 Vascular access device	49	7,857	317	8,223
62 Administration of agent into posterior primary rami of spinal nerve	1	5,651	1,691	7,343
1005 Panendoscopy	71	5,904	1,118	7,093
<i>Other procedures</i>	<i>4,156</i>	<i>172,869</i>	<i>24,303</i>	<i>201,328</i>
Total	122,857	1,338,582	154,809	1,616,248

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

9 Other acute care

Other acute care separations are those acute care separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions, and involved a non-operating room procedure, such as endoscopy.

This chapter presents summary information for 2015–16 on emergency and non-emergency separations that involved other acute care for public patients, PHI-funded patients and other patients.

It includes summary information on:

- state and territory of hospitalisation (tables 9.1 and 9.7)
- the patient's age (figures 9.1 and 9.6)
- remoteness of the patient's area of usual residence (tables 9.2 and 9.8)
- the 20 most common principal diagnoses (tables 9.3, 9.4, 9.9 and 9.10)
- the 20 most common procedures (tables 9.5, 9.6, 9.11 and 9.12).

Key data issues

There is variation in the reporting of same-day care for endoscopies among states and territories, with this activity being reported as admitted patient care for some hospitals and as non-admitted patient care for others (AIHW 2017b). Therefore, the data for same-day endoscopies (and consequently for total other acute care separations) may not be comparable among states and territories or between hospital sectors.

9.1 Emergency separations for other acute care

Tables 9.1 to 9.6 present data for emergency other acute care provided in both public and private hospitals in 2015–16.

Emergency other acute care separations are those for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions, and that involved a non-operating room procedure (such as endoscopy), and for which the urgency of admission was reported as *Emergency*—indicating that the patient required admission within 24 hours.

Key findings

In 2015–16, private health insurance funded all or part of 32% of emergency separations for other acute care in public and private hospitals combined, including:

- 20% of emergency separations for other acute care in public hospitals
- 89% of emergency separations for other acute care in private hospitals (Table 9.1).

Overall, 50% of PHI-funded emergency separations for other acute care occurred in public hospitals.

New South Wales had the highest proportion that were in public hospitals (86%) rather than private hospitals, and South Australia had the lowest (20%) (Table 9.1).

Patient demographics

Private health insurance-funded emergency other acute care separations in public hospitals had a very similar profile compared with those in private hospitals (Figure 9.1). However, 93% of emergency other acute care separations for patients aged 0 to 4 occurred in public hospitals.

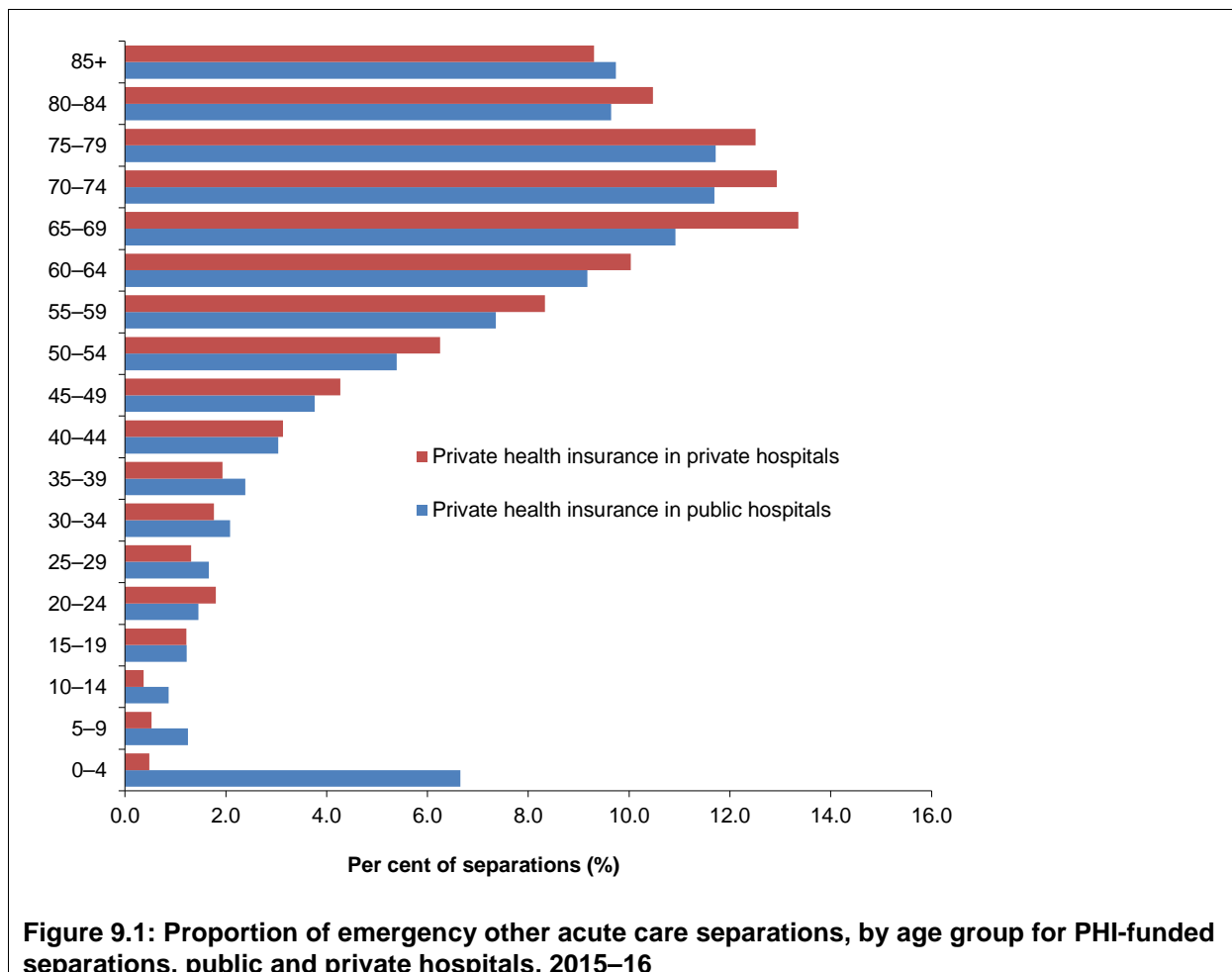
About 48% of PHI-funded emergency other acute care separations for patients who lived in *Major cities* occurred in public hospitals, compared with 66% for patients who lived in *Outer regional areas* (Table 9.2).

Principal diagnoses

Acute myocardial infarction was the most common principal diagnosis for emergency other acute care separations in public hospitals (1,300 separations). The most common principal diagnosis in private hospitals was *Pain in throat and chest* (1,300) (tables 9.3 and 9.4).

Procedures

About 87% of procedures for *Non-invasive ventilatory support* for PHI-funded emergency other acute care separations occurred in public hospitals (tables 9.5 and 9.6).



9.2 Non-emergency separations for other acute care

Tables 9.7 to 9.12 present data for non-emergency other acute care separations in both public and private hospitals in 2015–16.

Non-emergency other acute care separations are those for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions, and that involved a non-operating room procedure (such as endoscopy), and for which the urgency of admission was reported as *Elective*, *Not assigned* or was not reported.

Key findings

In 2015–16, private health insurance funded all or part of 64% of non-emergency other acute care separations in public and private hospitals combined, including:

- 12% of non-emergency other acute care separations in public hospitals
- 84% of non-emergency other acute care separations in private hospitals (Table 9.7).

Overall, 5% of PHI-funded non-emergency other acute care separations occurred in public hospitals. New South Wales had the highest proportion that were in public hospitals (7%), and Western Australia had the lowest (4%) (Table 9.7).

Patient demographics

About 3% of PHI-funded non-emergency other acute care separations for patients who lived in *Major cities* occurred in public hospitals, compared with 21% for patients who lived in *Remote areas*.

Principal diagnoses

Benign neoplasm of colon, rectum, anus and anal canal was the most common principal diagnosis for PHI-funded non-emergency other acute care separations in public hospitals (2,400 separations) and private hospitals (60,815) (tables 9.9 and 9.10).

Procedures

About 23% of procedures for *Administration of pharmacotherapy* for PHI-funded non-emergency other acute care separations occurred in public hospitals (tables 9.11 and 9.12).

Table 9.1: Emergency other acute care separations, by funding source, public and private hospitals, states and territories, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	17,611	6,837	964	25,412
Victoria	13,874	2,826	479	17,179
Queensland	11,646	2,084	270	14,000
Western Australia	6,737	1,439	253	8,429
South Australia	4,331	876	154	5,361
Tasmania	1,446	372	59	1,877
Australian Capital Territory	1,268	252	74	1,594
Northern Territory	985	105	23	1,113
Public hospitals total	57,898	14,791	2,276	74,965
Private hospitals				
New South Wales	20	1,158	107	1,285
Victoria	0	4,273	319	4,592
Queensland	141	4,122	439	4,702
Western Australia	41	1,375	149	1,565
South Australia	0	3,614	604	4,218
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	207	14,774	1,634	16,615

Table 9.2: Emergency other acute care separations, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	37,318	10,166	1,316	48,800
Inner regional	12,014	3,130	426	15,570
Outer regional	6,355	1,276	207	7,838
Remote	997	117	18	1,132
Very remote	817	44	12	873
Not reported	397	58	297	752
Public hospitals total^(a)	57,898	14,791	2,276	74,965
Private hospitals				
Major cities	115	11,212	1,264	12,591
Inner regional	77	2,747	257	3,081
Outer regional	13	671	89	773
Remote	0	75	9	84
Very remote	1	28	2	31
Not reported	1	41	13	55
Private hospitals total^(a)	207	14,774	1,634	16,615

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 9.3: The 20 most common principal diagnoses for emergency other acute care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
I21	Acute myocardial infarction	5,195	1,269	158	6,622
K92	Other diseases of digestive system	3,321	1,107	176	4,604
T18	Foreign body in alimentary tract	2,402	689	99	3,190
J44	Other chronic obstructive pulmonary disease	2,629	406	68	3,103
I20	Angina pectoris	2,058	552	49	2,659
R07	Pain in throat and chest	2,005	542	41	2,588
K80	Cholelithiasis	1,956	498	110	2,564
J21	Acute bronchiolitis	1,911	558	17	2,486
J18	Pneumonia, organism unspecified	1,628	476	82	2,186
I50	Heart failure	1,583	376	64	2,023
K25	Gastric ulcer	1,389	465	71	1,925
I25	Chronic ischaemic heart disease	1,230	301	42	1,573
K29	Gastritis and duodenitis	1,197	278	53	1,528
K26	Duodenal ulcer	1,063	324	81	1,468
R10	Abdominal and pelvic pain	1,180	235	31	1,446
K22	Other diseases of oesophagus	1,021	306	62	1,389
J96	Respiratory failure, not elsewhere classified	1,079	243	25	1,347
K83	Other diseases of biliary tract	705	249	45	999
I42	Cardiomyopathy	726	234	19	979
K51	Ulcerative colitis	744	200	23	967
	<i>Other principal diagnoses</i>	22,876	5,483	960	29,319
	Total	57,898	14,791	2,276	74,965

Table 9.4: The 20 most common principal diagnoses for emergency other acute care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
R07	Pain in throat and chest	15	1,322	72	1,409
R10	Abdominal and pelvic pain	15	888	46	949
I21	Acute myocardial infarction	17	848	76	941
K92	Other diseases of digestive system	15	803	105	923
I20	Angina pectoris	6	818	54	878
I25	Chronic ischaemic heart disease	7	656	58	721
D12	Benign neoplasm of colon, rectum, anus and anal canal	2	485	34	521
K02	Dental caries	0	127	302	429
I48	Atrial fibrillation and flutter	1	395	28	424
K21	Gastro-oesophageal reflux disease	6	347	23	376
K57	Diverticular disease of intestine	2	331	37	370
K29	Gastritis and duodenitis	3	310	24	337
K22	Other diseases of oesophagus	2	288	37	327
I50	Heart failure	6	269	47	322
K80	Cholelithiasis	7	256	30	293
A09	Other gastroenteritis and colitis of infectious and unspecified origin	6	250	22	278
T18	Foreign body in alimentary tract	2	241	15	258
K64	Haemorrhoids and perianal venous thrombosis	1	234	18	253
K25	Gastric ulcer	2	209	26	237
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	0	226	9	235
	<i>Other principal diagnoses</i>	92	5,471	571	6,134
	Total	207	14,774	1,634	16,615

Table 9.5: Procedures^(a) reported for the 20 most common procedure blocks for emergency other acute care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	68,178	15,706	3,186	87,070
1910	Cerebral anaesthesia	40,348	10,856	1,645	52,849
668	Coronary angiography	14,025	3,767	389	18,181
570	Non-invasive ventilatory support	11,883	2,940	478	15,301
1893	Administration of blood and blood products	10,162	3,003	519	13,684
607	Examination procedures on ventricle	8,117	2,335	236	10,688
1008	Panendoscopy with excision	7,521	1,995	322	9,838
1005	Panendoscopy	5,859	1,806	316	7,981
1822	Assessment of personal care and other activities of daily/independent living	5,458	1,046	131	6,635
911	Fibreoptic colonoscopy with excision	4,634	1,157	126	5,917
569	Ventilatory support	3,972	786	161	4,919
905	Fibreoptic colonoscopy	3,252	900	158	4,310
963	Incision of gallbladder, biliary tract or sphincter of Oddi	2,922	821	155	3,898
958	Stenting of biliary tract	1,530	434	69	2,033
870	Application, insertion or removal procedures on stomach	1,385	400	69	1,854
1006	Panendoscopy with removal of foreign body	1,373	415	59	1,847
1007	Panendoscopy with destruction	1,097	361	45	1,503
1920	Administration of pharmacotherapy	1,189	266	44	1,499
543	Examination procedures on bronchus	1,124	273	53	1,450
457	Non-surgical removal of tooth	1,153	89	18	1,260
	<i>Other procedures</i>	19,676	4,781	821	25,278
	Total	214,858	54,137	9,000	277,995

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 9.6: Procedures^(a) reported for the 20 most common procedure blocks for emergency other acute care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1910	Cerebral anaesthesia	161	13,723	1,524	15,408
1916	Generalised allied health interventions	127	6,257	1,014	7,398
668	Coronary angiography	62	5,062	376	5,500
607	Examination procedures on ventricle	33	3,980	259	4,272
1008	Panendoscopy with excision	35	3,401	283	3,719
911	Fibreoptic colonoscopy with excision	32	2,633	207	2,872
905	Fibreoptic colonoscopy	20	1,942	181	2,143
1005	Panendoscopy	38	1,495	157	1,690
1893	Administration of blood and blood products	23	1,287	174	1,484
469	Other restorative dental service	0	184	624	808
458	Surgical removal of tooth	3	323	271	597
466	Tooth-coloured restoration	0	144	437	581
1915	Other client support interventions	0	461	72	533
570	Non-invasive ventilatory support	23	424	68	515
963	Incision of gallbladder, biliary tract or sphincter of Oddi	9	411	46	466
543	Examination procedures on bronchus	1	336	30	367
1920	Administration of pharmacotherapy	5	278	27	310
958	Stenting of biliary tract	6	235	34	275
862	Dilation of oesophagus	0	239	33	272
457	Nonsurgical removal of tooth	1	72	189	262
	<i>Other procedures</i>	<i>50</i>	<i>4,730</i>	<i>615</i>	<i>5,395</i>
	Total	629	47,617	6,621	54,867

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

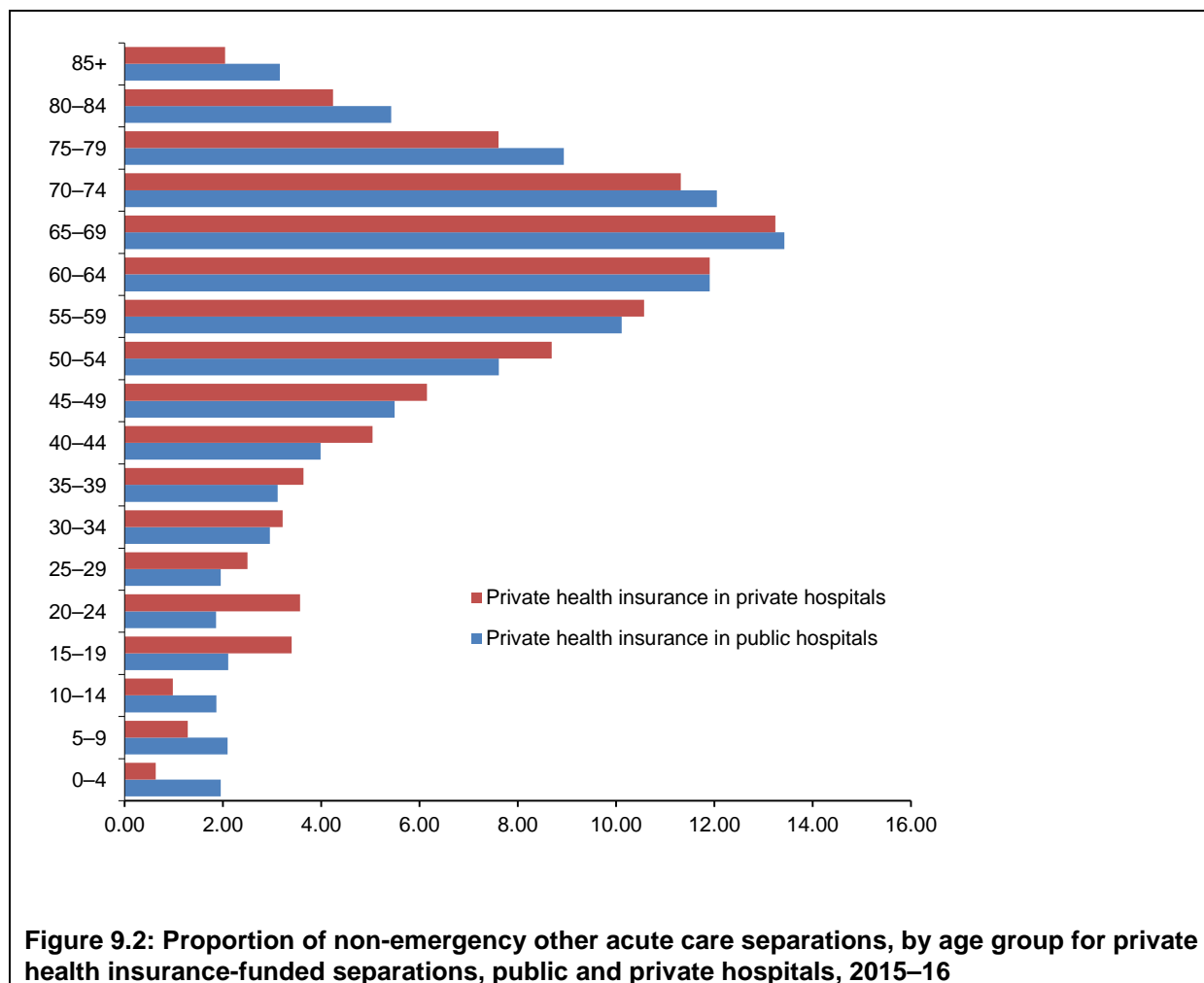


Table 9.7: Non-emergency other acute care separations, by funding source, public and private hospitals, states and territories, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	76,857	14,857	2,434	94,148
Victoria	102,837	14,330	3,343	120,510
Queensland	45,510	4,903	807	51,220
Western Australia	44,987	3,413	562	48,962
South Australia	9,932	2,912	603	13,447
Tasmania	6,072	941	411	7,424
Australian Capital Territory	4,969	639	52	5,660
Northern Territory	3,202	289	54	3,545
Public hospitals total	294,366	42,284	8,266	344,916
Private hospitals				
New South Wales	1,954	212,102	39,918	253,974
Victoria	69	209,886	41,239	251,194
Queensland	8,660	160,848	27,265	196,773
Western Australia	298	87,042	5,102	92,442
South Australia	4	51,508	4,912	56,424
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	11,793	741,466	124,862	878,121

Table 9.8: Non-emergency other acute care separations, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	167,044	19,766	3,885	190,695
Inner regional	82,360	12,516	2,586	97,462
Outer regional	37,009	8,469	1,363	46,841
Remote	5,082	1,124	164	6,370
Very remote	2,417	281	57	2,755
Not reported	454	128	211	793
Public hospitals total^(a)	294,366	42,284	8,266	344,916
Private hospitals				
Major cities	6,269	555,906	95,454	657,629
Inner regional	3,497	129,745	21,640	154,882
Outer regional	1,701	48,602	6,850	57,153
Remote	116	4,277	449	4,842
Very remote	208	1,627	187	2,022
Not reported	2	1,309	282	1,593
Private hospitals total^(a)	11,793	741,466	124,862	878,121

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 9.9: The 20 most common principal diagnoses for non-emergency other acute care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
R19	Other symptoms and signs involving the digestive system and abdomen	19,346	2,414	240	22,000
K92	Other diseases of digestive system	18,324	1,870	227	20,421
R10	Abdominal and pelvic pain	16,451	1,744	258	18,453
Z08	Follow-up examination after treatment for malignant neoplasms	16,087	1,177	188	17,452
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	14,872	2,329	246	17,447
D12	Benign neoplasm of colon, rectum, anus and anal canal	14,196	2,414	198	16,808
K21	Gastro-oesophageal reflux disease	10,446	1,569	197	12,212
K02	Dental caries	10,511	542	397	11,450
Z12	Special screening examination for neoplasms	7,398	1,519	184	9,101
R31	Unspecified haematuria	7,925	527	77	8,529
I25	Chronic ischaemic heart disease	5,453	1,098	803	7,354
K64	Haemorrhoids and perianal venous thrombosis	6,263	880	77	7,220
K57	Diverticular disease of intestine	5,871	1,069	87	7,027
K01	Embedded and impacted teeth	4,685	893	1,262	6,840
K22	Other diseases of oesophagus	5,479	1,191	111	6,781
K29	Gastritis and duodenitis	5,825	837	106	6,768
K63	Other diseases of intestine	4,933	907	116	5,956
Z46	Fitting and adjustment of other devices	5,151	559	67	5,777
R13	Dysphagia	4,606	674	81	5,361
M06	Other rheumatoid arthritis	3,717	926	51	4,694
	<i>Other principal diagnoses</i>	<i>106,827</i>	<i>17,145</i>	<i>3,293</i>	<i>127,265</i>
	Total	294,366	42,284	8,266	344,916

Table 9.10: The 20 most common principal diagnoses for non-emergency other acute care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
D12	Benign neoplasm of colon, rectum, anus and anal canal	656	60,815	7,518	68,989
K01	Embedded and impacted teeth	40	51,273	12,623	63,936
R10	Abdominal and pelvic pain	725	47,590	9,473	57,788
K21	Gastro-oesophageal reflux disease	875	42,809	6,759	50,443
R19	Other symptoms and signs involving the digestive system and abdomen	746	40,265	5,026	46,037
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	521	41,096	4,163	45,780
Z12	Special screening examination for neoplasms	411	33,517	2,786	36,714
K92	Other diseases of digestive system	807	29,242	3,500	33,549
K63	Other diseases of intestine	237	23,505	7,170	30,912
K64	Haemorrhoids and perianal venous thrombosis	322	20,958	5,009	26,289
K29	Gastritis and duodenitis	189	17,322	6,302	23,813
Z08	Follow-up examination after treatment for malignant neoplasms	181	21,566	1,955	23,702
K57	Diverticular disease of intestine	259	18,448	2,781	21,488
K02	Dental caries	77	15,863	4,317	20,257
K22	Other diseases of oesophagus	325	17,041	2,483	19,849
I25	Chronic ischaemic heart disease	747	13,926	1,201	15,874
K62	Other diseases of anus and rectum	96	12,867	2,591	15,554
M54	Dorsalgia	32	11,360	3,957	15,349
R13	Dysphagia	95	8,407	1,477	9,979
K59	Other functional intestinal disorders	138	7,797	1,799	9,734
	<i>Other principal diagnoses</i>	<i>4,314</i>	<i>205,799</i>	<i>31,972</i>	<i>242,085</i>
	Total	11,793	741,466	124,862	878,121

Table 9.11: Procedures^(a) reported for the 20 most common procedure blocks for non-emergency other acute care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1910	Cerebral anaesthesia	231,863	34,474	6,521	272,858
911	Fibreoptic colonoscopy with excision	75,912	10,422	962	87,296
1008	Panendoscopy with excision	66,831	9,469	978	77,278
905	Fibreoptic colonoscopy	63,517	9,760	1,019	74,296
1089	Examination procedures on bladder	38,325	2,259	454	41,038
466	Tooth-coloured restoration	21,158	1,106	635	22,899
668	Coronary angiography	13,766	2,854	1,812	18,432
1916	Generalised allied health interventions	13,556	2,707	407	16,670
1005	Panendoscopy	13,740	2,442	310	16,492
1920	Administration of pharmacotherapy	12,901	2,693	218	15,812
455	Other preventative dental service	13,617	660	530	14,807
458	Surgical removal of tooth	10,600	1,507	1,825	13,932
941	Procedures for haemorrhoids	10,418	1,463	112	11,993
607	Examination procedures on ventricle	8,114	1,903	1,303	11,320
469	Other restorative dental service	10,622	250	248	11,120
457	Nonsurgical removal of tooth	9,962	488	462	10,912
1067	Endoscopic insertion, replacement or removal of ureteric stent	7,296	713	77	8,086
1907	Electroconvulsive therapy	6,987	529	91	7,607
1066	Endoscopic ureteric catheterisation	3,529	269	38	3,836
543	Examination procedures on bronchus	2,854	757	121	3,732
	<i>Other procedures</i>	62,296	12,286	2,455	77,037
	Total	697,864	99,011	20,578	817,453

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 9.12: Procedures^(a) reported for the 20 most common procedure blocks for non-emergency other acute care separations, by funding source, private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
1910 Cerebral anaesthesia	10,317	673,707	112,134	796,158
911 Fiberoptic colonoscopy with excision	3,358	264,909	42,221	310,488
1008 Panendoscopy with excision	3,266	232,864	40,785	276,915
905 Fiberoptic colonoscopy	2,744	201,968	27,966	232,678
458 Surgical removal of tooth	65	96,337	24,091	120,493
1005 Panendoscopy	452	50,107	10,258	60,817
1089 Examination procedures on bladder	226	48,153	4,796	53,175
668 Coronary angiography	2,924	35,192	2,795	40,911
466 Tooth-coloured restoration	462	24,762	6,664	31,888
607 Examination procedures on ventricle	1,269	24,723	1,806	27,798
941 Procedures for haemorrhoids	350	23,785	2,970	27,105
31 Application, insertion or removal procedures on vertebra or intervertebral disc	69	19,318	6,665	26,052
455 Other preventative dental service	23	15,617	3,769	19,409
72 Percutaneous neurotomy of other peripheral nerve	134	14,445	4,203	18,782
469 Other restorative dental service	9	13,616	3,762	17,387
457 Nonsurgical removal of tooth	78	12,669	3,949	16,696
1920 Administration of pharmacotherapy	91	9,178	1,743	11,012
862 Dilation of oesophagus	20	8,749	1,676	10,445
1067 Endoscopic insertion, replacement or removal of ureteric stent	132	9,221	526	9,879
1916 Generalised allied health interventions	24	8,056	1,386	9,466
<i>Other procedures</i>	923	124,952	21,157	147,032
Total	26,936	1,912,328	325,322	2,264,586

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

10 Mental health care

Mental health care includes separations for which the care type was reported as *Mental health care* (implemented from 1 July 2015).

This chapter presents summary information for 2015–16 about mental health-care separations for public patients, PHI-funded patients and other patients.

It includes information on:

- state and territory of hospitalisation (Table 10.1)
- the patient's age (Figure 10.1)
- remoteness of the patient's area of usual residence (Table 10.2)
- the 20 most common principal diagnoses (tables 10.3 and 10.4)
- the 20 most common procedures (tables 10.5 and 10.6).

Key data issues

There is variation in the reporting of same-day care for mental health care among states and territories, and also between hospital sectors.

For example, in Queensland, patients who attend psychiatric day or partial day care programs at public hospitals should be recorded as non-admitted patients, but patients who attend psychiatric day or partial day care programs at private hospitals may be admitted under private hospital licensing agreements (AIHW 2017b).

Therefore, the data for same-day mental health care may not be comparable among states and territories or between hospital sectors.

Key findings

In 2015–16, private health insurance funded all or part of 52% of mental health-care separations in public and private hospitals combined, including:

- 6% of mental health-care separations in public hospitals
- 88% of mental health-care separations in private hospitals (Table 10.1).

Overall, 5% of PHI-funded mental health-care separations occurred in public hospitals. Western Australia had the highest proportion that were in public hospitals (7%) rather than private hospitals, and South Australia had the lowest (3%) (Table 10.1).

The majority of PHI-funded mental health-care separations in public hospitals (87%) involved a stay of at least 1 night (tables 5.1 and 5.2).

The majority of PHI-funded mental health-care separations in private hospitals (77%) were admitted and discharged on the same day (tables 5.1 and 5.2).

Patient demographics

Private health insurance-funded mental health-care separations in public hospitals were generally for younger patients than those in private hospitals (Figure 10.1).

About 4% of PHI-funded mental health-care separations for patients who lived in *Major cities* occurred in public hospitals, compared with 10% for patients who lived in *Remote areas* (Table 10.2).

Principal diagnoses

Depressive episode was the most common principal diagnosis for PHI-funded mental health-care separations in public hospitals (1,600 separations) and private hospitals (41,500) (tables 10.3 and 10.4).

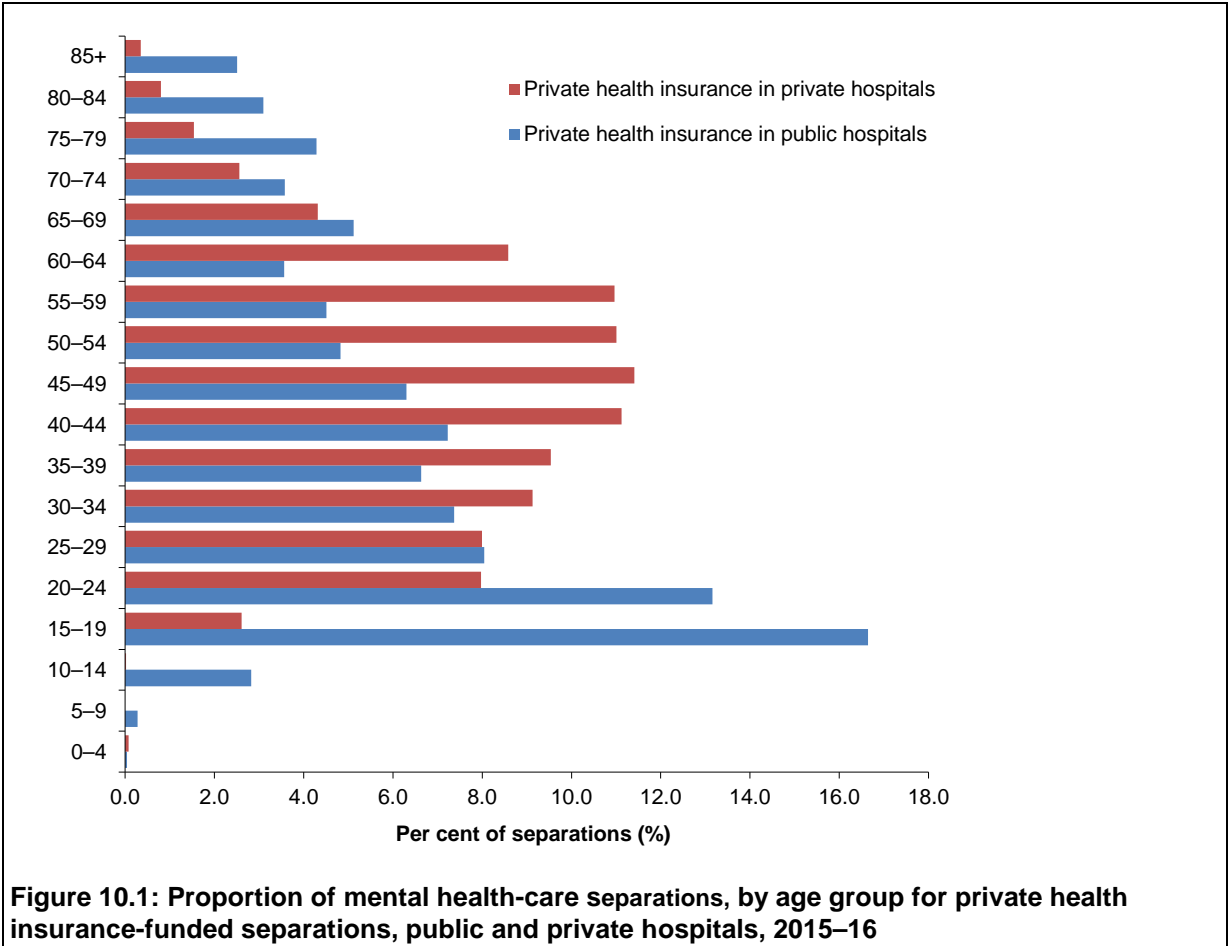


Figure 10.1: Proportion of mental health-care separations, by age group for private health insurance-funded separations, public and private hospitals, 2015-16

Table 10.1: Mental health-care separations, by funding source, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	36,047	3,669	4,239	43,955
Victoria	23,484	1,552	488	25,524
Queensland	28,611	1,757	298	30,666
Western Australia	12,729	376	170	13,275
South Australia	13,170	62	484	13,716
Tasmania	3,095	157	96	3,348
Australian Capital Territory	1,592	7	27	1,626
Northern Territory	989	3	20	1,012
Public hospitals total	119,717	7,583	5,822	133,122
Private hospitals				
New South Wales	7	51,516	7,727	59,250
Victoria	0	34,469	2,177	36,646
Queensland	0	49,986	10,167	60,153
Western Australia	0	5,136	290	5,426
South Australia	0	2,030	148	2,178
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	7	150,257	20,645	170,909

Table 10.2: Mental health-care separations, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	82,891	5,780	4,951	93,622
Inner regional	20,699	1,340	397	22,436
Outer regional	9,930	333	167	10,430
Remote	1,057	23	23	1,103
Very remote	683	5	10	698
Not reported	4,457	102	274	4,833
Public hospitals total^(a)	119,717	7,583	5,822	133,122
Private hospitals				
Major cities	7	127,906	14,412	142,325
Inner regional	0	17,915	4,968	22,883
Outer regional	0	4,086	1,108	5,194
Remote	0	205	126	331
Very remote	0	124	20	144
Not reported	0	21	11	32
Private hospitals total^(a)	7	150,257	20,645	170,909

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 10.3: The 20 most common principal diagnoses for mental health-care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
F20	Schizophrenia	22,387	477	487	23,351
F32	Depressive episode	16,449	1,609	1,083	19,141
F43	Reaction to severe stress, and adjustment disorders	10,520	577	612	11,709
F31	Bipolar affective disorder	9,287	745	176	10,208
F60	Specific personality disorders	8,260	562	84	8,906
F25	Schizoaffective disorders	8,017	251	114	8,382
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine	6,019	101	56	6,176
F41	Other anxiety disorders	3,286	327	1,503	5,116
R45	Symptoms and signs involving emotional state	4,543	182	72	4,797
F29	Unspecified nonorganic psychosis	2,982	160	147	3,289
F10	Mental and behavioural disorders due to use of alcohol	2,742	143	87	2,972
F33	Recurrent depressive disorder	2,244	226	180	2,650
F12	Mental and behavioural disorders due to use of cannabinoids	1,899	60	27	1,986
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	1,867	45	50	1,962
F23	Acute and transient psychotic disorders	1,438	99	74	1,611
F50	Eating disorders	930	520	5	1,455
T43	Poisoning by psychotropic drugs, not elsewhere classified	1,251	144	13	1,408
F22	Persistent delusional disorders	1,151	79	38	1,268
T42	Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs	1,064	166	23	1,253
T39	Poisoning by nonopioid analgesics, antipyretics and antirheumatics	806	123	16	945
	<i>Other principal diagnoses</i>	12,575	987	975	14,537
	Total	119,717	7,583	5,822	133,122

Table 10.4: The 20 most common principal diagnoses for mental health-care separations, by funding source, private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
F32 Depressive episode	n.p.	41,525	3,418	44,944
F10 Mental and behavioural disorders due to use of alcohol	n.p.	20,473	1,301	21,775
F43 Reaction to severe stress, and adjustment disorders	n.p.	8,972	12,586	21,558
F33 Recurrent depressive disorder	n.p.	17,054	1,066	18,120
F41 Other anxiety disorders	n.p.	14,326	1,020	15,346
F31 Bipolar affective disorder	n.p.	14,410	262	14,675
F60 Specific personality disorders	n.p.	6,570	93	6,663
F20 Schizophrenia	n.p.	4,152	115	4,267
F25 Schizoaffective disorders	n.p.	3,656	53	3,710
F50 Eating disorders	n.p.	3,351	25	3,376
F15 Mental and behavioural disorders due to use of other stimulants, including caffeine	n.p.	2,665	99	2,765
F11 Mental and behavioural disorders due to use of opioids	n.p.	2,253	57	2,310
F34 Persistent mood [affective] disorders	n.p.	1,698	53	1,751
F12 Mental and behavioural disorders due to use of cannabinoids	n.p.	1,512	83	1,595
F42 Obsessive-compulsive disorder	n.p.	1,451	38	1,489
F44 Dissociative [conversion] disorders	n.p.	657	74	731
F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	n.p.	654	57	711
F13 Mental and behavioural disorders due to use of sedatives or hypnotics	n.p.	658	2	660
F29 Unspecified nonorganic psychosis	n.p.	361	12	373
F14 Mental and behavioural disorders due to use of cocaine	n.p.	353	9	362
<i>Other principal diagnoses</i>	<i>n.p.</i>	<i>3,506</i>	<i>222</i>	<i>3,728</i>
Total	n.p.	150,257	20,645	170,909

Table 10.5: Procedures^(a) reported for the 20 most common procedure blocks for mental health-care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	97,291	7,607	3,022	107,920
1910	Cerebral anaesthesia	27,166	3,316	740	31,222
1907	Electroconvulsive therapy	8,556	777	193	9,526
1822	Assessment of personal care and other activities of daily/independent living	7,317	543	124	7,984
1823	Mental, behavioural or psychosocial assessment	5,564	158	359	6,081
1873	Psychological/psychosocial therapies	4,306	336	205	4,847
1867	Counselling or education relating to personal care and other activities of daily/independent living	736	81	5	822
1880	Therapies using agents, not elsewhere classified	759	0	55	814
1920	Administration of pharmacotherapy	699	77	3	779
1915	Other client support interventions	645	12	1	658
1855	Other electrocardiography [ECG]	590	55	8	653
1878	Skills training for personal care and other activities of daily/independent living	542	91	6	639
1635	Repair of wound of skin and subcutaneous tissue	557	60	7	624
1872	Alcohol and drug rehabilitation and detoxification	278	15	120	413
569	Ventilatory support	267	55	5	327
1868	Psychosocial counselling	225	22	6	253
1628	Other debridement of skin and subcutaneous tissue	185	12	3	200
1879	Other skills training	183	13	1	197
1952	Computerised tomography of brain	166	23	7	196
1893	Administration of blood and blood products	137	25	6	168
	<i>Other procedures</i>	2,923	324	140	3,387
	Total	159,092	13,602	5,016	177,710

(a) Numbers of procedures are counts ofACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 10.6: Procedures^(a) reported for the 20 most common procedure blocks for mental health-care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1873	Psychological/psychosocial therapies	3	91,633	15,484	107,120
1916	Generalised allied health interventions	0	32,997	5,039	38,036
1910	Cerebral anaesthesia	0	27,123	2,377	29,500
1872	Alcohol and drug rehabilitation and detoxification	0	11,746	1,154	12,900
1907	Electroconvulsive therapy	0	11,610	939	12,549
1867	Counselling or education relating to personal care and other activities of daily/independent living	0	9,942	722	10,664
1869	Other counselling or education	3	8,898	486	9,387
1823	Mental, behavioural or psychosocial assessment	0	5,053	696	5,749
1880	Therapies using agents, not elsewhere classified	0	5,221	290	5,511
1868	Psychosocial counselling	0	3,019	745	3,764
1920	Administration of pharmacotherapy	0	1,693	531	2,224
1878	Skills training for personal care and other activities of daily/independent living	0	1,665	139	1,804
1876	Skills training in movement	0	959	193	1,152
1824	Other assessment, consultation, interview, examination or evaluation	0	678	420	1,098
1822	Assessment of personal care and other activities of daily/independent living	0	839	99	938
1915	Other client support interventions	0	674	117	791
1879	Other skills training	0	279	235	514
1871	Nutritional support interventions	0	176	2	178
72	Percutaneous neurotomy of other peripheral nerve	0	6	164	170
1005	Panendoscopy	0	66	12	78
	<i>Other procedures</i>	0	372	363	735
	Total	6	214,649	30,207	244,862

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

11 Subacute and non-acute care

Subacute and non-acute care is care in which the primary treatment goal is improvement in functioning, support of functioning and optimising quality of life and includes:

This chapter presents summary information for 2015–16 on admitted patient subacute and non-acute care separations for public patients, PHI-funded patients and other patients. It also includes a focus on rehabilitation care. The information in this chapter includes:

- separations by state and territory (tables 11.1 and 11.7)
- the age profile of the patients (figures 11.1 and 11.2)
- remoteness area of usual residence (tables 11.2 and 11.8)
- the 5 most common principal diagnoses (tables 11.3, 11.4, 11.9 and 11.10)
- the 5 most common procedures (tables 11.5, 11.6, 11.11 and 11.12).

11.1 All subacute and non-acute care

Subacute and non-acute care includes:

- Subacute care:
 - rehabilitation care
 - palliative care
 - geriatric evaluation and management and
 - psychogeriatric care.
- Non-acute care—maintenance care.

In tables 11.1 to 11.6, rehabilitation care is included in all subacute and non-acute care.

Key data issues

There is variation in the reporting of same-day care for rehabilitation care among states and territories, with this activity being reported as admitted patient care for some hospitals and as non-admitted patient care for others (AIHW 2017b).

Therefore, the data for same-day rehabilitation (and consequently for total subacute and non-acute care separations) may not be comparable among states and territories or between hospital sectors.

Key findings

In 2015–16, private health insurance funded all or part of 64% of subacute and non-acute care separations in public and private hospitals combined, including:

- 22% of subacute and non-acute care separations in public hospitals
- 87% of subacute and non-acute care separations in private hospitals (Table 11.1).

Overall, 13% of PHI-funded subacute and non-acute care separations occurred in public hospitals. Western Australia had the highest proportion that were in public hospitals (31%), and South Australia had the lowest (7%) (Table 11.1).

The majority of PHI-funded subacute and non-acute care separations in public hospitals (73%) involved a stay of at least one night (tables 5.1 and 5.2).

The majority of PHI-funded subacute and non-acute care separations in private hospitals (78%) were admitted and discharged on the same day (tables 5.1 and 5.2).

Rehabilitation care was the most common form of subacute care reported for PHI-funded separations in public hospitals (25,000 separations). It accounted for about 8% of PHI-funded rehabilitation care separations (see Section 11.2).

About 71% of PHI-funded palliative care separations occurred in public hospitals (Table 5.1).

Patient demographics

Private health insurance-funded subacute and non-acute care separations in public hospitals had a higher proportion of patients aged 70 and over compared with those in private hospitals (71% and 53%, respectively) (Figure 11.1).

About 12% of PHI-funded subacute and non-acute care separations for patients who lived in *Major cities* occurred in public hospitals, compared with 29% for patients who lived in *Outer regional* areas (Table 11.2).

Principal diagnoses

About 40% of PHI-funded subacute and non-acute care separations with a principal diagnosis of *Cerebral infarction* (ischaemic stroke) were in public hospitals (2,900 separations) (tables 11.3 and 11.4).

Procedures

The numbers of procedures reported for the 20 most common procedures blocks for subacute and non-acute care are presented in tables 11.5 and 11.6.

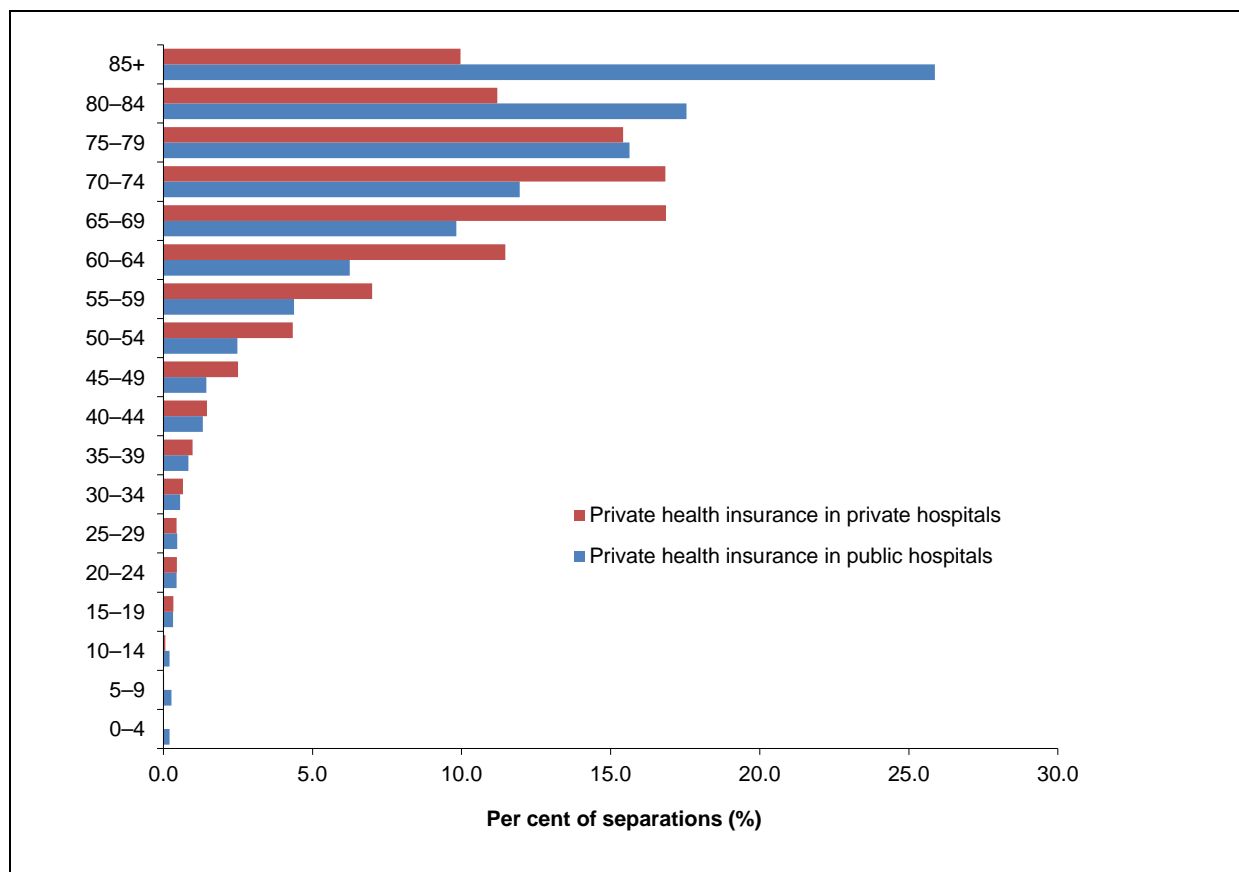


Figure 11.1: Proportion of subacute and non-acute separations by age group for private health insurance-funded separations, public and private hospitals, 2015–16

11.2 Rehabilitation care

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation
- and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

Rehabilitation care excludes care which meets the definition of *Mental health care* (METeOR identifier: 584408).

Rehabilitation care is also included in the information presented for subacute and non-acute care, in tables 11.1 to 11.6.

Key data issues

There is variation in the reporting of same-day rehabilitation care among states and territories, with this activity being reported as admitted patient care for some hospitals and as non-admitted patient care for others (AIHW 2017b).

Therefore, the data for same-day rehabilitation may not be comparable among states and territories or between hospital sectors.

Key findings

In 2015–16, private health insurance funded all or part of 73% of rehabilitation care separations in public and private hospitals combined, including:

- 24% of rehabilitation care separations in public hospitals
- 88% of rehabilitation care separations in private hospitals (Table 11.7).

Overall, 8% of PHI-funded rehabilitation care separations occurred in public hospitals. Western Australia had the highest proportion that were in public hospitals (20%), and South Australia had the lowest (3%) (Table 11.7).

About half of PHI-funded rehabilitation care separations in public hospitals (55%) involved a stay of at least one night (tables 5.1 and 5.2).

The majority of PHI-funded rehabilitation care separations in private hospitals (79%) were admitted and discharged on the same day (tables 5.1 and 5.2).

Patient demographics

About 8% of PHI-funded emergency admissions involving surgery for patients who lived in *Major cities* occurred in public hospitals, compared with 16% for patients who lived in *Very remote areas* (Table 11.8).

Principal diagnoses

About 37% of PHI-funded rehabilitation care separations with a principal diagnosis of *Cerebral infarction* (ischaemic stroke) were in public hospitals (2,600 separations) and this was the most common principal diagnosis in public hospitals (tables 11.9 and 11.10).

In private hospitals, more than half (53%) of PHI-funded rehabilitation care separations had a principal diagnosis of a musculoskeletal disease or disorder.

Procedures

The numbers of procedures reported for the 20 most common procedures blocks for rehabilitation care are presented in tables 11.11 and 11.12.

Table 11.1: Subacute and non-acute care separations, by funding source, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	43,877	22,637	4,418	70,932
Victoria	33,219	8,800	2,071	44,090
Queensland	35,204	7,363	1,509	44,076
Western Australia	11,091	1,939	692	13,722
South Australia	15,397	1,750	1,029	18,176
Tasmania	2,141	617	281	3,039
Australian Capital Territory	3,337	928	292	4,557
Northern Territory	891	78	39	1,008
Public hospitals total	145,157	44,112	10,331	199,600
Private hospitals				
New South Wales	144	189,281	23,085	212,510
Victoria	6	27,257	4,561	31,824
Queensland	1,549	50,243	8,144	59,936
Western Australia	1,509	4,378	597	6,484
South Australia	75	22,206	3,546	25,827
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	3,307	305,734	40,683	349,724

Table 11.2: Subacute and non-acute care separations, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	102,185	33,678	6,825	142,688
Inner regional	27,645	7,068	2,084	36,797
Outer regional	12,186	2,935	1,099	16,220
Remote	1,263	174	112	1,549
Very remote	961	61	37	1,059
Not reported	917	196	174	1,287
Public hospitals total^(a)	145,157	44,112	10,331	199,600
Private hospitals				
Major cities	2,572	255,806	31,872	290,250
Inner regional	392	41,502	7,113	49,007
Outer regional	297	7,158	1,273	8,728
Remote	24	465	42	531
Very remote	20	198	36	254
Not reported	2	605	347	954
Private hospitals total^(a)	3,307	305,734	40,683	349,724

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 11.3: The 20 most common principal diagnoses for subacute and non-acute care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
Z75	Problems related to medical facilities and other health care	15,735	3,655	1,257	20,647
I63	Cerebral infarction	7,314	2,898	453	10,665
S72	Fracture of femur	7,516	2,269	736	10,521
M17	Gonarthrosis (arthrosis of knee)	3,554	1,864	162	5,580
R26	Abnormalities of gait and mobility	4,059	898	262	5,219
R29	Other symptoms and signs involving the nervous and musculoskeletal systems	3,207	712	242	4,161
S32	Fracture of lumbar spine and pelvis	2,526	840	382	3,748
C34	Malignant neoplasm of bronchus and lung	2,911	622	108	3,641
I50	Heart failure	2,441	672	217	3,330
J44	Other chronic obstructive pulmonary disease	2,484	446	110	3,040
G20	Parkinson's disease	1,636	1,236	44	2,916
S82	Fracture of lower leg, including ankle	1,881	642	273	2,796
G81	Hemiplegia	2,348	405	26	2,779
S06	Intracranial injury	1,676	600	493	2,769
I61	Intracerebral haemorrhage	1,703	892	169	2,764
F05	Delirium, not induced by alcohol and other psychoactive substances	1,877	619	186	2,682
M16	Coxarthrosis (arthrosis of hip)	1,953	600	49	2,602
C79	Secondary malignant neoplasm of other and unspecified sites	1,950	578	70	2,598
J18	Pneumonia, organism unspecified	1,861	529	178	2,568
Z74	Problems related to care-provider dependency	1,838	413	143	2,394
	<i>Other principal diagnoses</i>	<i>74,687</i>	<i>22,722</i>	<i>4,771</i>	<i>102,180</i>
	Total	145,157	44,112	10,331	199,600

Table 11.4: The 20 most common principal diagnoses for subacute and non-acute care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
M17	Gonarthrosis (arthrosis of knee)	36	85,496	5,089	90,621
M16	Coxarthrosis (arthrosis of hip)	14	33,815	1,857	35,686
M54	Dorsalgia	62	11,392	2,926	14,380
M25	Other joint disorders, not elsewhere classified	37	10,630	1,334	12,001
S72	Fracture of femur	73	8,906	1,612	10,591
R26	Abnormalities of gait and mobility	5	6,832	1,636	8,473
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	15	6,382	593	6,990
M48	Other spondylopathies	10	5,827	1,069	6,906
M51	Other intervertebral disc disorders	9	5,592	1,044	6,645
R53	Malaise and fatigue	3	4,560	1,093	5,656
I25	Chronic ischaemic heart disease	4	5,048	408	5,460
S32	Fracture of lumbar spine and pelvis	36	4,138	1,250	5,424
R29	Other symptoms and signs involving the nervous and musculoskeletal systems	17	3,917	1,361	5,295
G20	Parkinson's disease	6	4,455	402	4,863
I63	Cerebral infarction	26	4,316	373	4,715
S82	Fracture of lower leg, including ankle	22	3,739	871	4,632
G81	Hemiplegia	12	2,729	207	2,948
S42	Fracture of shoulder and upper arm	24	2,155	522	2,701
M19	Other arthrosis	0	2,273	264	2,537
I50	Heart failure	60	1,711	501	2,272
	<i>Other principal diagnoses</i>	2,836	91,821	16,271	110,928
	Total	3,307	305,734	40,683	349,724

Table 11.5: Procedures^(a) reported for the 20 most common procedure blocks for subacute and non-acute care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	392,382	117,342	29,771	539,495
1822	Assessment of personal care and other activities of daily/independent living	9,946	1,924	504	12,374
1880	Therapies using agents, not elsewhere classified	2,459	4,910	522	7,891
1893	Administration of blood and blood products	2,844	788	191	3,823
1823	Mental, behavioural or psychosocial assessment	2,189	633	236	3,058
1824	Other assessment, consultation, interview, examination or evaluation	1,954	605	174	2,733
1910	Cerebral anaesthesia	2,201	410	104	2,715
1876	Skills training in movement	1,139	954	87	2,180
1628	Other debridement of skin and subcutaneous tissue	1,532	485	114	2,131
1873	Psychological/psychosocial therapies	1,524	392	61	1,977
1915	Other client support interventions	1,484	233	96	1,813
1920	Administration of pharmacotherapy	1,134	262	53	1,449
1867	Counselling or education relating to personal care and other activities of daily/independent living	894	150	37	1,081
1060	Haemodialysis	716	252	26	994
1878	Skills training for personal care and other activities of daily/independent living	723	133	36	892
1552	Administration of agent into other musculoskeletal sites	552	96	60	708
983	Application, insertion or removal procedures on abdomen, peritoneum or omentum	543	144	10	697
1788	Megavoltage radiation treatment	473	136	19	628
570	Non-invasive ventilatory support	461	117	32	610
1871	Nutritional support interventions	505	52	23	580
	Other procedures	7,193	1,755	534	9,482
	Total	432,848	131,773	32,690	597,311

(a) Numbers of procedures are counts ofACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 11.6: Procedures^(a) reported for the 20 most common procedure blocks for subacute and non-acute care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	5,079	560,555	83,865	649,499
1876	Skills training in movement	2	132,307	19,967	152,276
1880	Therapies using agents, not elsewhere classified	11	124,477	10,930	135,418
1867	Counselling or education relating to personal care and other activities of daily/independent living	0	19,684	3,478	23,162
1869	Other counselling or education	95	13,105	1,479	14,679
1822	Assessment of personal care and other activities of daily/independent living	0	9,023	2,119	11,142
1878	Skills training for personal care and other activities of daily/independent living	0	6,357	2,766	9,123
1877	Skills training in body system functions	0	7,762	855	8,617
1820	Physiological assessment	0	5,146	1,117	6,263
1910	Cerebral anaesthesia	15	5,503	537	6,055
1905	Therapeutic interventions on musculoskeletal system	0	5,525	515	6,040
1873	Psychological/psychosocial therapies	57	4,056	811	4,924
1908	Other therapeutic interventions	0	4,434	474	4,908
1915	Other client support interventions	320	2,429	446	3,195
1823	Mental, behavioural or psychosocial assessment	3	2,170	542	2,715
1875	Skills training in relation to learning, knowledge and cognition	0	2,159	547	2,706
1870	Interventions involving assistive or adaptive device, aid or equipment	0	1,850	167	2,017
1824	Other assessment, consultation, interview, examination or evaluation	259	1,482	226	1,967
1914	Assistance interventions	0	1,445	330	1,775
1893	Administration of blood and blood products	144	1,117	200	1,461
	<i>Other procedures</i>	277	10,366	1,646	12,289
	Total	6,262	920,952	133,017	1,060,231

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 11.7: Rehabilitation care separations, by funding source, public and private hospitals, states and territories, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
New South Wales	21,924	14,984	2,276	39,184
Victoria	13,866	3,516	866	18,248
Queensland	18,892	4,297	768	23,957
Western Australia	5,012	865	406	6,283
South Australia	10,093	609	740	11,442
Tasmania	687	187	153	1,027
Australian Capital Territory	1,632	538	148	2,318
Northern Territory	291	18	15	324
Public hospitals total	72,397	25,014	5,372	102,783
Private hospitals				
New South Wales	2	185,771	22,778	208,551
Victoria	5	20,084	4,125	24,214
Queensland	482	48,848	7,374	56,704
Western Australia	364	3,490	411	4,265
South Australia	0	21,997	3,511	25,508
Tasmania	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory	n.p.	n.p.	n.p.	n.p.
Northern Territory	n.p.	n.p.	n.p.	n.p.
Private hospitals total	873	292,325	38,800	331,998

Table 11.8: Rehabilitation care separations, by funding source and remoteness area of usual residence, public and private hospitals, 2015–16

	Public patients	Private health insurance	Other patients	Total
Public hospitals				
Major cities	53,671	20,468	3,763	77,902
Inner regional	12,520	3,092	963	16,575
Outer regional	4,736	1,208	431	6,375
Remote	513	69	74	656
Very remote	396	37	22	455
Not reported	561	140	119	820
Public hospitals total^(a)	72,397	25,014	5,372	102,783
Private hospitals				
Major cities	793	243,829	30,428	275,050
Inner regional	48	40,327	6,778	47,153
Outer regional	14	6,927	1,173	8,114
Remote	14	450	39	503
Very remote	4	191	36	231
Not reported	0	601	346	947
Private hospitals total^(a)	873	292,325	38,800	331,998

(a) The total includes records for which the remoteness of area of usual residence could not be determined due to missing information.

Table 11.9: The 20 most common principal diagnoses for rehabilitation care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
I63	Cerebral infarction	6,156	2,552	320	9,028
S72	Fracture of femur	5,772	1,762	549	8,083
M17	Gonarthrosis (arthrosis of knee)	3,336	1,841	159	5,336
R26	Abnormalities of gait and mobility	3,292	711	188	4,191
R29	Other symptoms and signs involving the nervous and musculoskeletal systems	2,369	503	174	3,046
G81	Hemiplegia	2,297	394	23	2,714
S32	Fracture of lumbar spine and pelvis	1,664	579	306	2,549
M16	Coxarthrosis (arthrosis of hip)	1,804	585	45	2,434
G20	Parkinson's disease	1,256	1,068	22	2,346
S82	Fracture of lower leg, including ankle	1,434	528	234	2,196
S06	Intracranial injury	1,253	443	448	2,144
I61	Intracerebral haemorrhage	1,246	726	133	2,105
M25	Other joint disorders, not elsewhere classified	889	889	136	1,914
M54	Dorsalgia	901	565	118	1,584
R47	Speech disturbances, not elsewhere classified	1,299	257	8	1,564
E11	Type 2 diabetes mellitus	1,235	130	97	1,462
G35	Multiple sclerosis	847	244	2	1,093
S42	Fracture of shoulder and upper arm	759	254	71	1,084
J44	Other chronic obstructive pulmonary disease	834	184	38	1,056
I64	Stroke, not specified as haemorrhage or infarction	692	281	38	1,011
	<i>Other principal diagnoses</i>	33,062	10,518	2,263	45,843
	Total	72,397	25,014	5,372	102,783

Table 11.10: The 20 most common principal diagnoses for rehabilitation care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
M17	Gonarthrosis (arthrosis of knee)	35	85,421	5,083	90,539
M16	Coxarthrosis (arthrosis of hip)	11	33,789	1,854	35,654
M54	Dorsalgia	56	11,376	2,924	14,356
M25	Other joint disorders, not elsewhere classified	35	10,598	1,327	11,960
S72	Fracture of femur	69	8,891	1,604	10,564
R26	Abnormalities of gait and mobility	5	6,831	1,636	8,472
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	15	6,363	590	6,968
M48	Other spondylopathies	10	5,822	1,069	6,901
M51	Other intervertebral disc disorders	4	5,587	1,042	6,633
R53	Malaise and fatigue	3	4,555	1,093	5,651
I25	Chronic ischaemic heart disease	0	5,044	406	5,450
S32	Fracture of lumbar spine and pelvis	29	4,131	1,245	5,405
R29	Other symptoms and signs involving the nervous and musculoskeletal systems	15	3,910	1,357	5,282
G20	Parkinson's disease	4	4,448	402	4,854
I63	Cerebral infarction	12	4,296	367	4,675
S82	Fracture of lower leg, including ankle	21	3,723	869	4,613
G81	Hemiplegia	12	2,729	207	2,948
S42	Fracture of shoulder and upper arm	17	2,137	517	2,671
M19	Other arthrosis	0	2,259	263	2,522
S22	Fracture of rib(s), sternum and thoracic spine	2	1,612	610	2,224
	<i>Other principal diagnoses</i>	518	78,803	14,335	93,656
	Total	873	292,325	38,800	331,998

Table 11.11: Procedures^(a) reported for the 20 most common procedure blocks for rehabilitation care separations, by funding source, public hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	216,447	67,272	17,677	301,396
1880	Therapies using agents, not elsewhere classified	2,441	4,890	520	7,851
1822	Assessment of personal care and other activities of daily/independent living	4,659	1,077	310	6,046
1876	Skills training in movement	1,043	949	87	2,079
1823	Mental, behavioural or psychosocial assessment	1,317	365	167	1,849
1824	Other assessment, consultation, interview, examination or evaluation	980	331	84	1,395
1893	Administration of blood and blood products	1,002	279	87	1,368
1910	Cerebral anaesthesia	1,037	195	78	1,310
1628	Other debridement of skin and subcutaneous tissue	761	252	50	1,063
1873	Psychological/psychosocial therapies	729	151	37	917
1915	Other client support interventions	722	88	43	853
1060	Haemodialysis	439	161	23	623
1552	Administration of agent into other musculoskeletal sites	432	73	56	561
1878	Skills training for personal care and other activities of daily/independent living	398	109	28	535
1867	Counselling or education relating to personal care and other activities of daily/independent living	364	64	15	443
1920	Administration of pharmacotherapy	293	84	12	389
1820	Physiological assessment	195	56	15	266
570	Non-invasive ventilatory support	154	54	16	224
1868	Psychosocial counselling	182	9	3	194
1871	Nutritional support interventions	146	11	5	162
	<i>Other procedures</i>	<i>3,121</i>	<i>731</i>	<i>348</i>	<i>4,200</i>
	Total	236,862	77,201	19,661	333,724

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Table 11.12: Procedures^(a) reported for the 20 most common procedure blocks for rehabilitation care separations, by funding source, private hospitals, 2015–16

		Public patients	Private health insurance	Other patients	Total
1916	Generalised allied health interventions	2,724	554,761	81,905	639,390
1876	Skills training in movement	2	132,073	19,950	152,025
1880	Therapies using agents, not elsewhere classified	9	124,059	10,913	134,981
1867	Counselling or education relating to personal care and other activities of daily/independent living	0	19,646	3,476	23,122
1869	Other counselling or education	1	12,985	1,467	14,453
1822	Assessment of personal care and other activities of daily/independent living	0	8,980	2,112	11,092
1878	Skills training for personal care and other activities of daily/independent living	0	6,332	2,766	9,098
1877	Skills training in body system functions	0	7,762	855	8,617
1820	Physiological assessment	0	5,146	1,117	6,263
1905	Therapeutic interventions on musculoskeletal system	0	5,517	509	6,026
1908	Other therapeutic interventions	0	4,430	473	4,903
1873	Psychological/psychosocial therapies	0	2,517	723	3,240
1875	Skills training in relation to learning, knowledge and cognition	0	2,159	547	2,706
1823	Mental, behavioural or psychosocial assessment	0	2,117	536	2,653
1915	Other client support interventions	2	1,949	383	2,334
1870	Interventions involving assistive or adaptive device, aid or equipment	0	1,848	167	2,015
1914	Assistance interventions	0	1,443	330	1,773
1824	Other assessment, consultation, interview, examination or evaluation	2	1,336	216	1,554
1893	Administration of blood and blood products	22	843	158	1,023
1871	Nutritional support interventions	0	557	123	680
	Other procedures	32	2,803	827	3,662
	Total	2,794	899,263	129,553	1,031,610

(a) Numbers of procedures are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than 1 code. Therefore, the number of procedure codes reported does not precisely reflect the number of separate procedures performed.

Appendix A: Data Quality Statement summary

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

It also contains information on other changes that may affect interpretation of the data presented in this report.

A complete data quality statement for the NHMD is available online at <http://meteor.aihw.gov.au>.

Information relevant to interpretation of the National Elective Surgery Waiting Times Data Collection is available in *Elective surgery waiting times 2015–16: Australian hospital statistics* (AIHW 2016) and at <http://meteor.aihw.gov.au/content/index.phtml/itemId/620766>.

National Hospital Morbidity Database

The NHMD is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals.

The data supplied are based on the National minimum data set (NMDS) for Admitted patient care and include demographic, administrative and length of stay data, as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities, and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not in scope but some are included.

The reference period for this data set is 2015–16. The data set includes records for admitted patient separations between 1 July 2015 and 30 June 2016.

Summary of key data quality issues

- The NHMD is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than 1 record in the NHMD.
- For 2015–16, almost all public hospitals provided data for the NHMD. The exception was an early parenting centre in the Australian Capital Territory. The great majority of private hospitals also provided data, the exception being the private free-standing day hospital facilities in the Australian Capital Territory.
- There is some variation between jurisdictions as to whether hospitals that predominantly provide public hospital services, but are privately owned and/or operated, are reported as public or private hospitals. In addition, hospitals may be re-categorised as public or private between or within years.

- The care type *Mental health* was introduced on 1 July 2015. Mental health admitted patient activity was previously assigned to one of the other care types (for example, as *Acute care*, *Rehabilitation care*, *Psychogeriatric care* and *Geriatric evaluation and management*). The implementation of the *Mental health* care type may not be complete. Not all episodes for patients who received mental health care and were admitted before 1 July 2015 and who subsequently separated during 2015–16 were recorded with a *Mental health* care type. In addition, Queensland statistically discharged and readmitted a number of long stay patients in *Public psychiatric hospitals* on 1 July 2015 to record the change in care type, resulting in an apparent increase in separations and patient days. Therefore, information presented by care type for 2015–16 will not be comparable with data presented for earlier periods.
- Other revised definitions for care types were introduced from 1 July 2013 with the aim to improve comparability in care type assignment among jurisdictions. Therefore, information presented by care type from 2013–14 may not be comparable with data presented for earlier periods.
- Data on state or territory of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly the case for the Australian Capital Territory. In 2015–16, about 17% of separations for Australian Capital Territory hospitals were for patients who lived in New South Wales.
- Although there are national standards for data on hospital services, there are some variations in how hospital services are defined and counted, between public and private hospitals, among the states and territories and over time. For example, there is variation in admission practices for some services, such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals and as non-admitted patients in other hospitals. In addition, some services are provided by hospitals in some jurisdictions and by non-hospital health services in other jurisdictions. The national data on hospital care does not include care provide by non-hospital providers, such as community health centres.
- Caution should be used in comparing diagnosis, procedure and external cause data over time, as the classifications and coding standards for those data can change over time.
- Between 2011–12 and 2015–16, changes in coverage or data supply for New South Wales, Victoria, Queensland and Western Australia may affect the interpretation of the data:
 - For New South Wales, increases in the numbers of separations for private hospitals are, in part, accounted for by improvements in the coverage of reporting.
 - For Victoria, between 2011–12 and 2012–13, a relatively large decrease in public hospital separations reflected a change in Victoria’s emergency department admission policy.
 - For Queensland, between 2013–14 and 2014–15, a relatively large increase in same-day separations in public hospitals partly reflects a change in admission practices for chemotherapy in some hospitals.
 - For Western Australia, between 2012–13 and 2013–14, the relatively large decrease in public hospital separations may reflect a change in the state’s emergency department admission policy, which resulted in fewer admissions.

Appendix B: Technical notes

Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary, versions 16, 16.1 and 16.2* (AIHW 2012, 2015b, 2015c), summarised in the Glossary.

Data element definitions for the following NMDS are also available online for:

- Admitted patient care NMDS 2015–16 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/588909>.
- Elective surgery waiting times (removals data) NMDS 2015–16 at <http://meteor.aihw.gov.au/content/index.phtml/itemId/600056>.

Geographical classifications

Remoteness areas

Data on geographical location of the patient's usual residence and of the hospital location are defined using the ABS' Australian Statistical Geography Standard (ASGS). Data on remoteness area of usual residence are defined using the ABS' ASGS Remoteness Structure 2011 (ABS 2011).

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

Socioeconomic status

Data on SES groups are defined using the ABS's Socio-Economic Indexes For Areas 2011 (SEIFA 2011 [ABS 2013]).

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

Public hospital peer groups

This report uses a public hospital peer group classification, developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee and the Australian Private Hospital Statistics Advisory Committee in 2013 and 2014. More information on the peer group classification is available in *Australian hospital peer groups* (AIHW 2015a).

Classifications of clinical data

ICD-10-AM/ACHI

Diagnosis, procedure and external cause data for 2015–16 were reported to the NHMD by all states and territories using the 9th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (ACCD 2014), incorporating the *Australian classification of health interventions* (ACHI) (ACCD 2015).

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

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRG) is an Australian admitted patient classification system that provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources expected to be used by the hospital. This system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected use of hospital resources, based on information in the hospital morbidity record.

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

Relative stay index analysis

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Chapter 5.

The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or had a length of stay greater than 120 days. Excluded from the analysis were:

- AR-DRGs for rehabilitation (such as Z60A Rehabilitation with catastrophic/severe complications or comorbidities)
- predominantly same-day AR-DRGs (such as R63Z Chemotherapy and L61Z Admit for renal dialysis)
- AR-DRGs with a length of stay component in the definition (see tables accompanying this report online)
- Error AR-DRGs.

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

Glossary

Some definitions in the Glossary contain an identification number from the Metadata Online Registry (METeOR). METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics and specifications for related national minimum data sets (NMDs). METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

acute: Having a short and relatively severe course.

acute care: See **care type**.

admitted patient: A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR identifier: 268957.

admitted patient: A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR identifier: 268957.

Australian Classification of Health Interventions (ACHI): ACHI was developed by the Australian Consortium for Classification Development. The 9th edition was used for the 2015–16 procedures data for admitted patients in Australian hospitals.

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

care type: The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (care other than admitted care). METeOR identifier: 584408.

Admitted patient care consists of the following categories:

- acute care
- rehabilitation care
- palliative care
- geriatric evaluation and management
- psychogeriatric care
- maintenance care
- newborn care
- mental health care
- other admitted patient care—this is where the principal clinical intent does not meet the criteria for any of the above.

Care other than admitted care include:

- posthumous organ procurement
- hospital boarder.

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

cost weight: The costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0, therefore, on average costs 10 times as much as a separation with a cost weight of 0.5.

There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors.

Department of Veterans' Affairs patient: A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the DVA. METeOR identifier: 270092.

elective surgery: Elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians. METeOR identifier: 568780.

elective admissions involving surgery: Separation for which the urgency of admission was reported as elective (admission could be delayed by at least 24 hours) and where the assigned AR-DRG was surgical (excluding childbirth-related AR-DRGs).

emergency admissions involving surgery: Separation for which the urgency of admission was reported as emergency (admission required within 24 hours) and where the assigned AR-DRG was surgical (excluding childbirth-related AR-DRGs).

episode of care: The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only 1 care type (see **care type and separation**). METeOR identifier: 584408 (Care type), METeOR identifier: 268956 (Episode of admitted patient care).

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

funding source for hospital patient: The source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 553314.

geriatric evaluation and management: See **care type**.

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

hospital-in-the-home (HITH) care: Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary. METeOR identifier: 270305.

Index of Relative Socio-Economic Disadvantage: One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

indicator procedure: A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a

specific indication of performance in particular areas of elective care provision.
METeOR identifier: 514033.

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

International Classification of Diseases (ICD): The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th revision, Australian modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.

inter-hospital contracted care: An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital) and for which the activity is recorded by both hospitals.
METeOR identifier: 472024.

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

mode of admission: The mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976.

mode of separation: Status at separation of a person (discharge/transfer/death) and place to which a person is released (where applicable). METeOR identifier: 270094.

overnight-stay patient: A patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night (that is, who is admitted to and separated from the hospital on different dates).

palliative care: See **care type**.

patient days: The total number of days for all patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated 1 patient day. METeOR identifier: 270045.

patient election status: Accommodation chargeable status elected by patient on admission. METeOR identifier: 326619. The categories are public patient and private patient.

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

percentile: Any 1 of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.

posthumous organ procurement: See **care type**.

principal diagnosis: The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment. METeOR identifier: 588987.

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

private patient: Person admitted to a private hospital, or person admitted to a public hospital who decides to choose the doctor(s) who will treat them or to have private ward accommodation. This means they will be charged for medical services, food and accommodation.

procedure: A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in an acute care setting. METeOR identifier: 589101.

psychogeriatric care: See **care type**.

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

public patient: A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared ward accommodation. This means that the patient is not charged. This includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a public patient election status), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

rehabilitation care: See **care type**.

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

same-day patient: An admitted patient who is admitted and separated on the same date.

separation: An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation).

Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.

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

surgical specialty: The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146.

waiting time at admission: The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure. METeOR identifier: 471744.

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This report, *Private health insurance use in Australian hospitals, 2006–07 to 2015–16: Australian hospital statistics*, is part of an annual series. Earlier reports and any published subsequently can be downloaded for free from the Australian Institute of Health and Welfare (AIHW) website <www.aihw.gov.au/hospitals-publications/>.

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This report presents information on admitted patient hospitalisations that were completely or partially funded by private health insurance in Australia's public and private hospitals over the past 10 years. It compares private health insurance-funded hospitalisations with hospitalisations for public patients and patients funded by other sources. Private health insurance is funding a growing proportion of public hospital admissions—rising from about 1 in 12 in 2006–07, to 1 in 7 in 2015–16.

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